

**Substance Use Disorder (SUD)
Oversight Policy Advisory Board Meeting
June 26, 2024 ~ 4:00 p.m.**

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

Members of the public and others unable to attend in person can participate in this meeting via Zoom Videoconference
Meeting URL: <https://us02web.zoom.us/j/5624476175>
and Teleconference
Call 1.312.626.6799 Meeting ID: 5624476175#

- 1) Call to Order
- 2) Oversight Policy Board Member Ten Year Service Recognition
- 3) Roll Call
- 4) **ACTION ITEM:** Approval of the Agenda for June 26, 2024
- 5) **ACTION ITEM:** Approval of Minutes of April 17, 2024 (Page 4)
- 6) Public Comment
- 7) Board Chair Report
- 8) Deputy Director Report (Page 8)
- 9) Chief Financial Officer Report
 - A. FY24 PA2 Funding & Expenditures by County (Page 31)
 - B. FY24 PA2 Use of Funds by County and Provider (Page 33)
 - C. FY24 SUD Financial Summary Report of April 2024 (Page 35)
- 10) **ACTION ITEM:** FY24 Substance Use Disorder PA2 Contract Listing
- 11) SUD Operating Update (Page 36)
FY2024 Q2 SUD County Reports (Page 39)
- 12) Other Business
- 13) Public Comment
- 14) Board Member Comment
- 15) Adjournment

**MSHN SUD Oversight Policy
Advisory Board Officers**

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

MEETING LOCATION:

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

VIDEOCONFERENCE:

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

TELECONFERENCE:

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**

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

Pending approval:
October 16, 2024
CMHAM
507 S. Grand Ave
Lansing, MI 48933

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

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

FY24 MSHN SUD Oversight Policy Board Roster

Last Name	First Name	Address 1	Address 2	City	State	Zip	Email 1	Email 2	Phone 1	Phone 2	County	Term Expiration
Ashley	Lisa	400 E. Wisconsin St.		Mt. Pleasant	MI	48858	ashleyl@clareco.net		989.630.5256		Gladwin	2025
Badour	Nichole	8211 S. Mission Rd.		Mt. Pleasant	MI	48858	nbadour@ghn-mi.org		989.264.5045	989.466.4124	Gratiot	2025
Burke	Lori	3797 W. Boulder Lane		Perry	MI	48872	lori.burke@myconnectedhealth.com		989.217.0412		Shiawassee	2026
Cahill	Irene	657 Virginia Ave		East Lansing	MI	48823	icahill@ingham.org	irenecahill@icloud.com	517.488.1486		Ingham	2026
Caswell	Bruce	8940 E. Bacon Road		Hillsdale	MI	49242	bcaswell@frontier.com		517.425.5230	517.523.3067	Hillsdale	2026
Gilmore	George	2153 E. Ludington Dr		Clare	MI	48617	gilmoreg@clareco.net		989.329.5776		Clare	2024
Glaser	Steve	1186 Meadowlark Lane		Midland	MI	48640	sglaser@co.midland.mi.us		989.264.4933		Midland	2024
Harrington	Christina	1600 N. Michigan Ave.		Saginaw	MI	48602	charrington@saginawcounty.com		989.758.3818		Saginaw	2025
Hemminger	Charlean	170 E. Garden St		Muir	MI	48860	chemminger@ioniacounty.org		989.855.5235		Ionia	2025
Hunter	John	Po Box 9		Caro	MI	48723	hunterjohn74@gmail.com		989.673.8223	989.551.2077	Tuscola	2025
Kolk	Bryan	5646 W. 72nd Street		Fremont	MI	49412	bryank@newaygocountymi.gov		616.780.5751		Newaygo	2024
Kroneck	John	11472 Cherry Drive		Lakeview	MI	48850	jkroneck@mmdhd.org		989.831.3659	616.302.6009	Montcalm	2024
Luce	Robert	5304 Ousterbout Drive		Sterling	MI	48659	rluce850@gmail.com		989.654.5700		Arenac	2026
Moreno	Jim	316 S. Arnold St		Mt. Pleasant	MI	48858	jmoreno@isabellacounty.org		989.954.5144		Isabella	2024
Murphy	Joe	312 S. Huron Ave		Harbor Beach	MI	48441	jmurphy0504@comcast.net		989.670.1057		Huron	2023
Peters	Justin	367 Old Orchard		Essexville	MI	48732	comicmonkey1@outlook.com		989.280.1369		Bay	2025
Strong	Jerrilynn	1137 17 Mile Road		Remus	MI	49340	jeristrong64@gmail.com		989.382.5452		Mecosta	2024
Thalison	Kimberly	1771 S. Krepps Road		St. Johns	MI	48879	kthalison@eatonresa.org		517.541.8711		Eaton	2025
Turner	David	215 W. Main St		Marion	MI	49665	davidturner49665@gmail.com		231.908.0501		Osceola	2027
Washington	Dwight	4600 Clark Road		Bath	MI	48808	washindwi@gmail.com		517.974.1658		Clinton	2026
Woods	Ed	724 17th Street		Jackson	MI	49203	ejw1755@yahoo.com		517.796.4501	517.392.8457	Jackson	2026
Alternates:												
Briggs	Margery	307 Kent St.		Portland	MI	48875	briggsmmb@sbcglobal.net		517.647.4747		Ionia-Alternate	2025
DeLaat	Ken	9082 Redwood Dr.		Newaygo	MI	49337	kdeLaat1@aol.com		231.414.4173		Newaygo - Alternate	2024
Howard	Linda	10235 75th Ave		Mecosta	MI	49332	lhoward8305@gmail.com		989.560.8305		Mecosta-Alternate	2024
Jaloszynski	Jerry						jjaloszynski@isabellacounty.org		989.330.4890		Isabella - Alternate	2024
Pawar	Simar						spawar@ingham.org		517.290.6974		Ingham-Alternate	2026
Pohl	David	1180 S. Hinman Rd		Fowler	MI	48835	dwpohl@yahoo.com		517.927.2282	989.593.2688	Clinton - Alternate	2026
Smith	Alaynah	406 E. Grove St		Midland	MI	48640	asmith@co.midland.mi.us		989.837.6587	989.832.6389	Midland-Alternate	2024
Svetcos	Susan	215 S. Antler St	Apt. 612	Gladwin	MI	48624	ssvetcos@gmail.com		989.701.5516		Gladwin-Alternate	2025
Administration:												
Ittner	Amanda	Deputy Director					amanda.ittner@midstatehealthnetwork.org		517.253.7551			
Sedlock	Joe	Chief Executive Officer					joseph.sedlock@midstatehealthnetwork.org		517.657.3036			
Thomas	Leslie	Chief Financial Officer					leslie.thomas@midstatehealthnetwork.org		517.253.7546			
Kletke	Sherry	Executive Assistant					sheryl.kletke@midstatehealthnetwork.org		517.253.8203			



MSHN Substance Use Disorder Oversight Policy Board Attendance - FY2024

OPB Member	Attendance						Rate	***Notes
	10/18/2023	12/20/2023	2/21/2024	4/17/2024	6/26/2024	8/21/2024		
Ashley, Lisa (Gladwin)	P	P	A	P				
Badour, Nichole (Gratiot)	A	A	P*	A				
Burke, Lori (Shiawassee)		P	P	P				appointed 1/1/24
Cahill, Irene (Ingham)	P	P	P	P				
Caswell, Bruce (Hillsdale)	P	A	P*	P				
Gilmore, George (Clare)	P*	P*	A	A				
Glaser, Steve (Midland)	P	P	P	P				
Harrington, Christina (Saginaw)	P*	A	A	A				
Hemminger, Charlean (Ionia)		P	P	P				appointed 12/5/23
Hunter, John (Tuscola)	P	P	P	P				
Kolk, Bryan (Newaygo)	P	P	P	P				
Kroneck, John (Montcalm)	P	P	P	P				
Luce, Robert (Arenac)	A	A	A	A				
Moreno, Jim (Isabella)	P	A	P	P				
Murphy, Joe (Huron)	A	A	A	A				
Peters, Justin (Bay)	P	A	P	P				
Schultz, Vicky (Shiawassee)	A	P						resigned 12/31/23
Strong, Jerrilynn (Mecosta)	P	A	P	P				
Thalison, Deb (Ionia)	P*							resigned 10/31/23
Thalison, Kim (Eaton)	A	P	P	A				
Turner, David (Osceola)	A	A	A	A				
Washington, Dwight (Clinton)	P	P	P	P				
Woods, Ed (Jackson)	P	P	P	A				

P=Present
P*=Present via phone
A=Absent
Meeting Cancelled

Alternate OPB Member:

Briggs, Margery (Ionia)			P*					
DeLaat, Ken (Newaygo)								
Howard, Linda (Mecosta)		P						
Jaloszynski, Jerry (Isabella)								
Pawar, Simar (Ingham)		P*	P	P				
Pohl, David (Clinton)								
Smith, Alaynah (Midland)			P					
Svetcos, Susan				P*				appointed 4/9/2024

Mid-State Health Network SUD Oversight Policy Advisory Board

Wednesday, April 17, 2024, 4:00 p.m.

CMH Association of Michigan (CMHAM)

507 S. Grand Ave

Lansing, MI 48933

Meeting Minutes

1. Call to Order

Chairperson Steve Glaser called the MSHN SUD Regional Oversight Policy Board (OPB) of Directors Meeting to order at 4:00 p.m. Mr. Glaser reminded members participating virtually may not participate in or vote on matters before the board. Mr. Glaser extended a warm welcome to the new alternate member, Susan Svetcos, recently appointed by Gladwin County.

Board Member(s) Present: Lisa Ashley (Gladwin)-joined at 4:20 p.m., Lori Burke (Shiawassee), Irene Cahill (Ingham), Bruce Caswell (Hillsdale)-departed at 5:05 p.m., Steve Glaser (Midland), Charlean Hemminger (Ionia), John Hunter (Tuscola), Bryan Kolk (Newaygo), John Kroneck (Montcalm), Jim Moreno (Isabella), Justin Peters (Bay), Jerrilynn Strong (Mecosta), and Dwight Washington (Clinton)

Board Member(s) Remote: None

Board Member(s) Absent: Nichole Badour (Gratiot), George Gilmore (Clare), Christina Harrington (Saginaw), Robert Luce (Arenac), Joe Murphy (Huron), Kim Thalison (Eaton), David Turner (Osceola), and Ed Woods (Jackson)

Alternate Members Present: Simar Pawar (Ingham)-joined at 4:13 p.m.

Alternate Members Remote: Susan Svetcos (Gladwin)-joined at 4:03 p.m.

Staff Members Present: Joe Sedlock (Chief Executive Officer), Amy Keinath (Finance Manager), Dr. Dani Meier (Chief Clinical Officer), Dr. Trisha Thrush (Director of Substance Use Disorder Services and Operations); Sarah Andreotti (SUD Prevention Administrator), and Sherry Kletke (Executive Support Specialist)

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

MINUTES ARE CONSIDERED DRAFT UNTIL BOARD APPROVED

2. Roll Call

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

3. Approval of Agenda for April 17, 2024

Board approval was requested for the Agenda of the April 17, 2024 Regular Business Meeting, as presented.

MOTION BY BRYAN KOLK, SUPPORTED BY JERRILYNN STRONG FOR APPROVAL OF THE APRIL 17, 2024 REGULAR BUSINESS MEETING AGENDA, AS PRESENTED. MOTION CARRIED: 12-0.

4. Approval of Minutes from the February 21, 2024 Regular Business Meeting

Board approval was requested for the draft meeting minutes of the February 21, 2024 Regular Business Meeting.

MOTION BY JOHN HUNTER, SUPPORTED BY BRYAN KOLK, FOR APPROVAL OF THE MINUTES OF THE FEBRUARY 21, 2024 MEETING, AS PRESENTED. MOTION CARRIED: 12-0.

5. Public Comment

There was no public comment.

6. Board Chair Report

Chair Steve Glaser reported he is glad to see many counties are appointing alternates to the board.

7. Deputy Director Report

Mr. Joe Sedlock, covering for Ms. Amanda Ittner, provided an overview of the written report included in the board meeting packet, and available on the MSHN website, highlighting:

Regional Matters:

- Substance Use Disorder (SUD) Oversight Policy Board (OPB) Intergovernmental Agreement
- 1115 Behavioral Health Demonstration Renewal
- FY2023 Annual Compliance Report
- SUD Value Based Purchasing (VBP)

State of Michigan/Statewide Activities

- Michigan Opioid Advisory Commission 2024 Annual Report Available

8. Chief Financial Officer Report

Ms. Amy Keinath, covering for Ms. Leslie Thomas, provided an overview of the financial reports included in board meeting packets:

MINUTES ARE CONSIDERED DRAFT UNTIL BOARD APPROVED

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

9. FY24 Substance Use Disorder PA2 Contract Listing

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

MOTION BY IRENE CAHILL, SUPPORTED BY DWIGHT WASHINGTON, FOR APPROVAL OF THE FY24 SUBSTANCE USE DISORDER (SUD) PA2 CONTRACT LISTING, AS PRESENTED. MOTION CARRIED: 13-0.

10. SUD Operating Update

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

- Annual Prevention Conference being held May 7-8, 2024 in Frankenmuth
- New Prevention Provider in Newaygo County – District Health Department #10 replacing Newaygo RESA.
- New team member, Jodie Smith hired as the Data and Grant Coordinator
- Planning and Coordination of monthly Lunch & Learn topics
- MSHN's Equity Upstream Learning Collaborative Action Plans

11. Harm Reduction Presentation

Ms. Tammy Maidlow from the Ingham County Health Department's overdose prevention and harm reduction group presented board members information on Narcan training and harm reduction strategies. Ms. Maidlow provided members with harm reduction materials and had Narcan available for anyone interested.

12. Other Business

There was no other business.

13. Public Comment

There was no public comment.

14. Board Member Comment

Board members expressed appreciation to Ms. Tammy Maidlow for the Harm Reduction presentation.

Chairperson Steve Glaser reminded members that the next meeting is scheduled on June 26, 2024, due to the adjustment for the Juneteenth holiday.

15. Adjournment

MINUTES ARE CONSIDERED DRAFT UNTIL BOARD APPROVED

Chairperson Steve Glaser adjourned the MSHN SUD Oversight Policy Advisory Board Meeting at 5:32 p.m.

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

DRAFT

MINUTES ARE CONSIDERED DRAFT UNTIL BOARD APPROVED

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)**

April/May

MSHN/REGIONAL MATTERS

Substance Use Oversight Intergovernmental Agreement

Attached to my report is the Mid-State Health Network fully executed version of the Intergovernmental Agreement with all twenty-one counties. Thank you to Ingham, Eaton and Jackson counties for inviting us to speak to the commissions on the agreement and thank you to those board members who communicated with your local county to ensure presentation of the agreement, approval, signature, and return.

Substance Use Disorder Oversight Policy Board – Term Renewals

According to our records, many of the SUD OPB Board members 3-year term for the appointment to the MSHN Substance Use Disorder Oversight Policy Board (OPB) will be expiring on August 31, 2024. Sherry Kletke has been in communication with the county Board of Commissioners to request appointments and alternatives (as appropriate). A copy of the board terms and attendance has been included in the packet.

FY23 Substance Use, State Opioid Response (SOR) Site Review Results

The Michigan Department of Health and Human Services' Behavioral and Physical Health and Aging Services Administration Section staff conducted a review to ensure the SOR grant activities and services for opioid use disorder (OUD) are following federal and state requirements to support prevention, treatment, and recovery activities. The review found MSHN was in substantial compliance with the Substance Abuse and Mental Health Services Administration's Funding Opportunity Announcements and the Michigan Department of Health and Human Services Contract. Congratulations and appreciation to the SUD Department and MSHN's provider network for a successful review.

25th Annual Substance Use and Co-Occurring Disorder Hybrid Conference

The 25th Annual Substance Use and Co-Occurring Disorder Conference will be hybrid this year and take place on September 16-17, 2024. The in-person option will take place at the Suburban Collection Showplace, 46100 Grand River Ave., Novi, MI 48374. MSHN sponsors board members to participate and provides reimbursement for travel related costs. SUD Oversight Policy Board members interested in attending should contact me or Sherry Kletke.

Annual Disclosure of Ownership, Controlling Interest, and Criminal Convictions

MSHN is contractually responsible for monitoring ownership and control interests within its provider network and disclosing criminal convictions of any staff member, director, or manager of MSHN, any individual with beneficial ownership of five percent or more, or an individual with an employment, consulting, or other arrangement with MSHN. Therefore, Board of Directors must complete an annual disclosure statement that ensures MSHNs compliance with the contractual and federal regulations to obtain,

maintain, disclose, and furnish required information about ownership and control interests, business transactions, and criminal convictions.

Included in the Board Members folders is the disclosure form required to be filled out, signed, and returned. For Board Members not in attendance, the form will be emailed/mailed directly to the member. Common questions that arise when completing the form:

- **Do I have to provide my social security number?** 42 CFR § 455.104 requires names, address, DOB, and Social Security numbers in the case of an individual.
- **How will my information be kept confidential and secure?** MSHN maintains policies and practices that protect the confidentiality of personal information, including Social Security numbers, obtained from its providers and associates in the course of its regular business functions. MSHN is committed to protecting information about its providers and associates, especially the confidential nature of their personal information. Access to this, and other confidential documentation, is limited to MSHN staff who need to access information in order to perform their duties, relative to monitoring disclosures.
- **What does MSHN do with the information it obtains through disclosure statements?** MSHN is required to ensure it does not have a 'relationship' with an 'excluded' individual and must search the Office of Inspector General's (OIG) exclusions database to ensure that the provider entity, and any individuals with ownership or control interests in the provider entity (direct or indirect ownership of five percent or more or a managing employee), have not been excluded from participating in federal health care programs. MSHN must search the OIG exclusions database monthly to capture exclusions and reinstatements that have occurred since the last search, or at any time new disclosure information is provided.

If Board Members have questions about the disclosures or need assistance completing the form, please feel free to reach out to Sherry or myself.

Provider Network Adequacy Assessment (NAA) – FY23

The Code of Federal Regulations (CFR) at 42 CFR Parts 438.68 and 457.1218 charges states holding managed care contracts with the development and implementation of network adequacy standards. Michigan Department of Health and Human Services (MDHHS) developed parameters for Pre-paid Inpatient Health Plans (PIHPs) to ensure compliance with CFR requirements that includes time and distance standards as well as Medicaid Enrollee-Provider Ratio standards. MDHHS requires each PIHP to submit plans on how the standards will be effectuated by region. Understanding regional diversity, MDHHS expects to see nuances within the PIHPs to best accommodate the local populations served. PIHPs must consider at least the following parameters for their plans:

- 1) Maximum time and distance
- 2) Timely appointments
- 3) Language, Cultural competence, and Physical accessibility

MSHN delegates Network Management to the Community Mental Health Service Programs (CMHSPs), including assurance of sufficient capacity to meet the community needs. MSHN and the CMHSPs began assessing the adequacy of our regional Network. The NAA plan was updated with FY23 data points, including the state required analysis on the above three (3) elements. After a review of the results, MSHN developed a list of recommendations to address identified gaps, areas for improvement and future demand considerations.

The Board of Directors received a presentation on the results of the FY23 Network Adequacy Assessment. More detailed information including regional, SUD Provider Network and CMHSP specific results, related to information above is available via *the link below: **FY23 Provider Network Adequacy Assessment***

STATE OF MICHIGAN/STATEWIDE ACTIVITIES

Public Meetings – House Bill 5725

House Bill 5725 was introduced yesterday to the Local Government and Municipal Finance Committee which authorizes remote participation for members of a public body meeting as a board of a PIHP in certain circumstances. The **attached bill** would allow our members to participate remotely provided we have passed a resolution permitting remote participation and there is a physical quorum and the member participating remotely must be visible to other members and any public that may be attending either remotely or in-person.

House Approves Naloxone Distribution at State Agencies

The House approved a bipartisan bill package that would allow employees of government agencies to distribute Naloxone, a nasal spray that quickly brings people experiencing an opioid overdose to a stable condition. HB 5077 and HB 5078 both passed 96-11.

Government agencies can administer naloxone for free and many agencies can also give it away for free. It's widely available at public health facilities, usually free of charge.

"Opioid antagonists are a lifeline for overdoses situations, which have taken so many lives in our state," said Rep. Curt VanderWall (R-Ludington), who sponsored HB 5077. "Empowering our government agency employees to distribute naloxone is a creative solution that will fight the epidemic of opioid overdoses and save lives."

The legislation expands the legal distribution of naloxone to all government agencies that are currently only permitted to administer it, said Rep. Carrie Rheingans (D-Ann Arbor), who sponsored HB 5078, and the bills provide clarity for agencies that want to increase access to naloxone.

"This could apply to jails, libraries and other public use locations," VanderWall said. "When we get this life saving drug into people's hands, we save lives."

FEDERAL/NATIONAL ACTIVITIES

Center for Medicare and Medicaid Services (CMS)

CMS has released an Informational Bulletin (CIB) "to encourage state Medicaid and Children's Health Insurance Program (CHIP) agencies to expand their efforts to increase access to Mental Health (MH) and SUD treatment and support services among Medicaid and CHIP eligible individuals and families experiencing homelessness, and to highlight recent opportunities in Medicaid and CHIP for enhancing access to MH and SUD treatment and services for enrollees. CMS urges states to review the CIB and to consider leveraging available Medicaid and CHIP opportunities to improve access to MH and SUD services for individuals experiencing homelessness." The Bulletin is available at <https://www.medicare.gov/federal-policy-guidance/downloads/mh-sud-med-chip-enrol-expncg-hmls.pdf>.

CMS has published the final rule entitled *Medicaid Program; Ensuring Access to Medicaid Services*. "This final rule takes a comprehensive approach to improving access to care, quality and health outcomes, and better

addressing health equity issues in the Medicaid program across fee-for-service (FFS), managed care delivery systems, and in home and community-based services (HCBS) programs. These improvements increase transparency and accountability, standardize data and monitoring, and create opportunities for States to promote active beneficiary engagement in their Medicaid programs, with the goal of improving access to care. These regulations are effective on July 9.”

The final rule is available at <https://www.govinfo.gov/content/pkg/FR-2024-05-10/pdf/2024-08363.pdf>.

CMS has published the final rule entitled *Medicaid Program; Medicaid and Children’s Health Insurance Program (CHIP) Managed Care Access, Finance, and Quality*. “This final rule will advance CMS’s efforts to improve access to care, quality and health outcomes, and better address health equity issues for Medicaid and Children’s Health Insurance Program (CHIP) managed care enrollees. The final rule addresses standards for timely access to care and States’ monitoring and enforcement efforts, reduces State burdens for implementing some State directed payments (SDPs) and certain quality reporting requirements, adds new standards that will apply when States use in lieu of services and settings (ILOSs) to promote effective utilization and that specify the scope and nature of ILOSs, specifies medical loss ratio (MLR) requirements, and establishes a quality rating system for Medicaid and CHIP managed care plans. These regulations are effective on July 9.

The final rule is available at <https://www.govinfo.gov/content/pkg/FR-2024-05-10/pdf/2024-08085.pdf>.

Mid-State Health Network, as the Pre-paid Inpatient Health Plan (managed care entity), is reviewing the new rules to provide feedback and guidance to MDHHS as they update state specific policy and contract language. While the fact sheet links above provide a summary of the changes, some highlights related to both rules that MSHN will be watching closely include the following:

Ensuring Access

- Strengthens oversight of person-centered service planning in HCBS
- Requires that states meet nationwide incident management system standards for monitoring HCBS programs
- Requires over four years reporting of Medicaid Payments to Home Health Aids, Personal Care and Habilitation Services
- Requires reporting of a waiting list for 1915c Waivers
- Promotes transparency of administration for HCBS services through quality, performance and compliance measures

Access, Finance and Quality

- Establishes maximum appointment wait time standards: 10 business days for outpatient mental health and substance use disorder services (adult and pediatric).
- Requires states to conduct an annual enrollee experience survey for each managed care plan.
- Removes regulatory barriers to help states use state directed payments to implement value-based purchasing payment arrangements
- Requires managed care plans to report any identified or recovered overpayments to states within 30 calendar days

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

SAMHSA Grant Opportunities

SAMHSA has released a grant opportunity entitled *National Peer-Run Training and Technical Assistance Center for Addiction Recovery Support* (TI-24-014).

Application Due Date: July 22

Description: The purpose of this program is to provide training and technical assistance (TTA) to domestic public and private non-profit entities that provide or support services intended for people who are experiencing challenges related to a substance use or co-occurring condition.

Eligibility: Domestic public and private non-profit entities.

Funding Mechanism: Cooperative Agreement

Anticipated Total Available Funding: \$1,900,000

Anticipated Number of Awards: One (1)

Anticipated Award Amount: \$1,900,000

Length of Project: Up to 5 years

Additional information is available at <https://www.samhsa.gov/grants/grant-announcements/ti-24-014>.

Submitted by:



Amanda L. Ittner

Finalized: 6.14.24

Attachments:

SUD Intergovernmental Agreement

House Bill 5725

Links:

[**FY23 Provider Network Adequacy Assessment**](#)

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

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

RECITALS

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

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

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

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

MSHN, as a MDHHS-designated community mental health entity, is required, under MCL 330.1287(5) to establish a Substance Use Disorder Oversight Policy Board (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:

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

2.1.5.2 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;

2.1.5.3 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;

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

2.1.5.5 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;

2.1.5.6 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;

2.1.5.7 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;

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

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

Section 2.3 TERM. The term of membership for a member of the MSHN SUD Policy Board shall be three (3) years, beginning in 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 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: [Signature] Date: 05/22/2024
Its: Chief Executive Officer

ARENAC COUNTY

By: [Signature] Date: 3-27-2024
HAROLD WOOLHISER
Its: CHAIRMAN

BAY COUNTY

By: [Signature] Date: 3-25-2024
Its: Vaughn Begick, Bay County Board of Commissioners, Chair
APPROVED AS TO LEGAL FORM ONLY
[Signature]
BAY COUNTY CORPORATION COUNSEL
DATE: 3-21-2024

CLARE COUNTY

By: [Signature] Date: 3-21-24
Its: County Administrator

CLINTON COUNTY

By: Robert Showers

Date: March 26, 2024

Its: Robert Showers,
Board Chairperson

EATON COUNTY

By: Jim Mott

Date: 5-15-24

Its: Board Chairman

GLADWIN COUNTY

By: A. Abernethy

Date: 4/9/24

Its: Board Chair

GRATIOT COUNTY

By: Dave Owens

Date: 3/19/24

Its: Chair

HILLSDALE COUNTY

By: Bob E. Wiley

Date: 3-27-24

Its: BOC CHAIR

HURON COUNTY

By: [Signature]

Date: 03-12-2024

Its: CHAIRMAN

INGHAM COUNTY

By: Ry DeBolt

Date: 4/30/24

Its: Board Chairperson

IONIA COUNTY

By: David R. Hodges

Date: 3/26/24

Its: Board Chairperson

ISABELLA COUNTY

By: [Signature]

Date: March 19th, 2024

Its: Chairperson, Isabella County Board of Commissioners

JACKSON COUNTY

By: [Signature]

Date: 4-19-2024

Its: Chair of the Board

MECOSTA COUNTY

By: Roy Steinke

Date: 3-21-24

Its: Board Chair


MIDLAND COUNTY

By: [Signature]

Date: 4-16-2024

Its: Chairman

MONTCALM COUNTY

By: 

Date: 3-11-24

Its: Patrick D. Carr, Board Chair

NEWAYGO COUNTY

By: 
Bryan Kolk

Date: 05/08/2024

Its: Board Chairman

OSCEOLA COUNTY

By: 
Mark Gregory

Date: 4-2-24

Its: Chairman


SAGINAW COUNTY

By: Please See Attached

Date: _____

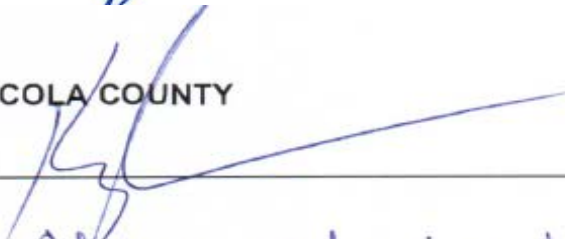
Its: _____

SHIAWASSEE COUNTY

By: 
Its: County Administrator

Date: March 27, 2024

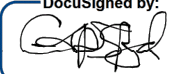
TUSCOLA COUNTY

By: 
Its: Chairman of Board of Commissioners

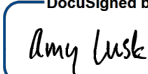
Date: 3-28-24

**MID-STATE HEALTH NETWORK (MSHN)
Saginaw County**

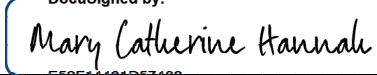
APPROVED BY:

DocuSigned by:

By 35507DD20474408...
Date: 3/28/2024 | 1:39 PM PDT
Christopher S. Boyd, Chairman
Board of Commissioners

APPROVED AS TO LEGAL FORM:

DocuSigned by:

By EB227CDC6A744B8...
Date: 3/28/2024 | 9:53 AM CDT
Gilbert & Smith P.C.
Civil Counsel

APPROVED AS TO SUBSTANCE:

DocuSigned by:

By E52F14401D57408...
Date: 3/28/2024 | 1:45 PM CDT
Mary Catherine Hannah
County Administrator

HOUSE BILL NO. 5725

May 14, 2024, Introduced by Reps. Alexander, St. Germaine, Martin, Kunse and Bierlein and referred to the Committee on Local Government and Municipal Finance.

A bill to amend 1976 PA 267, entitled
"Open meetings act,"
by amending section 3a (MCL 15.263a), as amended by 2023 PA 214.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

1 Sec. 3a. (1) A meeting of a public body held, in whole or in
2 part, electronically by telephonic or video conferencing in
3 compliance with this section and, except as otherwise required in
4 this section, all of the provisions of this act applicable to a
5 nonelectronic meeting, is permitted by this act in the following
6 circumstances:

7 (a) Before March 31, 2021 and retroactive to March 18, 2020,

1 any circumstances, including, but not limited to, any of the
 2 circumstances requiring accommodation of absent members described
 3 in section 3(2).

4 (b) Subject to subdivision (d), on and after March 31, 2021
 5 through December 31, 2021, only those circumstances requiring
 6 accommodation of absent members described in section 3(2). For the
 7 purpose of permitting an electronic meeting due to a local state of
 8 emergency or state of disaster, this subdivision applies only as
 9 follows:

10 (i) To permit the electronic attendance of a member of the
 11 public body who resides in the affected area.

12 (ii) To permit the electronic meeting of a public body that
 13 usually holds its meetings in the affected area.

14 (c) Subject to subdivisions (d) ~~, (e), and (f),~~ **to (g)**, after
 15 December 31, 2021, only in the circumstances requiring
 16 accommodation of members absent due to military duty as described
 17 in section 3(2).

18 (d) On and after March 31, 2021, for a public body that is an
 19 agricultural commodity group, any circumstances, including, but not
 20 limited to, any of the circumstances requiring accommodation of
 21 absent members described in section 3(2). As used in this
 22 subdivision, "agricultural commodity group" means any of the
 23 following:

24 (i) A committee as that term is defined in section 2 of the
 25 agricultural commodities marketing act, 1965 PA 232, MCL 290.652.

26 (ii) The state beef industry commission created in section 3 of
 27 the beef industry commission act, 1972 PA 291, MCL 287.603.

28 (iii) The potato industry commission created in section 2 of
 29 1970 PA 29, MCL 290.422.

1 (iv) The Michigan bean commission created in section 3 of 1965
2 PA 114, MCL 290.553.

3 (e) On and after ~~the effective date of the amendatory act that~~
4 ~~added this subdivision,~~ **February 13, 2024**, for a public body that
5 is responsible for the investment, administration, or management of
6 a municipal public employee retirement system, any circumstances,
7 including, but not limited to, any of the circumstances requiring
8 accommodation of absent members described in section 3(2). As used
9 in this subdivision, "municipal public employee retirement system"
10 means a retirement system as that term is defined in section 3 of
11 the protecting local government retirement and benefits act, 2017
12 PA 202, MCL 38.2803. A public body that is eligible to meet
13 remotely under this subdivision shall set and publish an attendance
14 policy that includes the determination of a quorum with 1 or more
15 members participating electronically.

16 (f) On and after ~~the effective date of the amendatory act that~~
17 ~~added this subdivision,~~ **February 13, 2024**, for a public body that
18 is a joint agency formed under article 3 of the Michigan energy
19 employment act of 1976, 1976 PA 448, MCL 460.831 to 460.848, any
20 circumstances, including, but not limited to, any of the
21 circumstances requiring accommodation of absent members described
22 in section 3(2). As used in this subdivision, "joint agency"
23 includes a joint agency's board of commissioners and any committee
24 of the joint agency.

25 (g) On and after the effective date of the amendatory act that
26 added this subdivision, any circumstances, including, but not
27 limited to, any of the circumstances requiring accommodation of
28 absent members described in section 3(2), for a public body that is
29 meeting as a board or other governing body of a prepaid inpatient

1 health plan, including a board or other governing body of a
2 regional entity described in section 204b of the mental health
3 code, 1974 PA 258, MCL 330.1204b, or of a community mental health
4 services program described in section 202 of the mental health
5 code, 1974 PA 258, MCL 330.1202, if all of the following conditions
6 are met:

7 (i) The public body has passed a resolution that permits its
8 members to participate remotely in meetings subject to this act.

9 (ii) At least a quorum of the public body attends the meeting
10 in person in a physical location open to the public as described in
11 section 3(1).

12 (iii) In addition to the 2-way communication required under
13 subsection (2), members of the public body participating remotely,
14 when speaking or voting, are visible to other members of the public
15 body and members of the general public who are attending the
16 meeting in person or remotely.

17 (2) A meeting of a public body held electronically under this
18 section must be conducted in a manner that permits 2-way
19 communication so that members of the public body can hear and be
20 heard by other members of the public body, and so that public
21 participants can hear members of the public body and can be heard
22 by members of the public body and other participants during a
23 public comment period. A public body may use technology to
24 facilitate typed public comments during the meeting submitted by
25 members of the public participating in the meeting that may be read
26 to or shared with members of the public body and other participants
27 to satisfy the requirement under this subsection that members of
28 the public be heard by others during the electronic meeting and the
29 requirement under section 3(5) that members of the public be

1 permitted to address the electronic meeting.

2 (3) Except as otherwise provided in ~~subsection~~**subsections**
3 **(1) (g) (ii) and** (8), a physical place is not required for an
4 electronic meeting held under this section, and members of a public
5 body and members of the public participating electronically in a
6 meeting held under this section that occurs in a physical place are
7 to be considered present and in attendance at the meeting for all
8 purposes.

9 (4) If a public body directly or indirectly maintains an
10 official internet presence that includes monthly or more frequent
11 updates of public meeting agendas or minutes, the public body
12 shall, in addition to any other notices that may be required under
13 this act, post advance notice of a meeting held electronically
14 under this section on a portion of the public body's website that
15 is fully accessible to the public. The public notice on the website
16 must be included on either the homepage or on a separate webpage
17 dedicated to public notices for nonregularly scheduled or
18 electronic public meetings that is accessible through a prominent
19 and conspicuous link on the website's homepage that clearly
20 describes its purpose for public notification of nonregularly
21 scheduled or electronic public meetings. Subject to the
22 requirements of this section, any scheduled meeting of a public
23 body may be held as an electronic meeting under this section if a
24 notice consistent with this section is posted at least 18 hours
25 before the meeting begins. Notice of a meeting of a public body
26 held electronically must clearly explain all of the following:

27 (a) Why the public body is meeting electronically.

28 (b) How members of the public may participate in the meeting
29 electronically. If a telephone number, internet address, or both

1 are needed to participate, that information must be provided
2 specifically.

3 (c) How members of the public may contact members of the
4 public body to provide input or ask questions on any business that
5 will come before the public body at the meeting.

6 (d) How persons with disabilities may participate in the
7 meeting.

8 (5) Beginning on October 16, 2020, if an agenda exists for an
9 electronic meeting held under this section by a public body that
10 directly or indirectly maintains an official internet presence that
11 includes monthly or more frequent updates of public meeting agendas
12 or minutes, the public body shall, on a portion of the website that
13 is fully accessible to the public, make the agenda available to the
14 public at least 2 hours before the electronic meeting begins. This
15 publication of the agenda does not prohibit subsequent amendment of
16 the agenda at the meeting.

17 (6) A public body shall not, as a condition of participating
18 in an electronic meeting of the public body held under this
19 section, require a person to register or otherwise provide the
20 person's name or other information or otherwise to fulfill a
21 condition precedent to attendance, other than mechanisms
22 established and required by the public body necessary to permit the
23 person to participate in a public comment period of the meeting.

24 (7) Members of the general public otherwise participating in a
25 meeting of a public body held electronically under this section are
26 to be excluded from participation in a closed session of the public
27 body held electronically during that meeting if the closed session
28 is convened and held in compliance with the requirements of this
29 act applicable to a closed session.

1 (8) At a meeting held under this section that accommodates
2 members absent due to military duty or a medical condition, only
3 those members absent due to military duty or a medical condition
4 may participate remotely. Any member who is not on military duty or
5 does not have a medical condition must be physically present at the
6 meeting to participate. This subsection does not apply to a meeting
7 of a public body held electronically under subsection (1)(d), (e),
8 ~~or (f)~~, or (g).

9 (9) **This section must not be construed to prevent a public**
10 **body from doing any of the following:**

11 (a) **Permitting members of the public to observe and**
12 **participate remotely in any meeting of the public body.**

13 (b) **As to a public body described in subsection (1)(d), (e),**
14 **(f), or (g), except when required to make an accommodation**
15 **described in subsection (1)(c), either of the following:**

16 (i) **Applying conditions in addition to those described in this**
17 **section to the remote meeting attendance and participation of**
18 **members of the public body.**

19 (ii) **Prohibiting remote meeting attendance and participation of**
20 **members of the public body altogether.**

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

County	Beginning PA2 Fund Balance	Payment Amount	Date Received	Payment Amount	Date Received	Payment Amount	Date Received	Total Amount Anticipated	Total Amount Received	PA2 Balance Available for Expenses
Arenac	49,276	3,992	02.05.24	10,522	05.06.24			38,688	14,515	63,791
Bay	487,417	22,423	02.15.24	59,100	05.09.24			225,618	81,522	568,940
Clare	168,296	6,130	02.12.24	16,156	05.20.24			61,418	22,286	190,582
Clinton	475,972	14,548	02.09.24	38,345	05.10.24			143,218	52,893	528,865
Eaton	473,491	26,662	02.26.24	70,274	05.24.24			272,110	96,937	570,428
Gladwin	85,372	4,180	02.16.24	11,017	05.20.24			38,875	15,197	100,569
Gratiot	61,854	5,024	02.09.24	13,242	05.03.24			50,537	18,266	80,120
Hillsdale	187,011	5,996	02.05.24	15,803	05.03.24			59,966	21,798	208,809
Huron	129,124	7,986	02.08.24	21,048	05.20.24			82,176	29,034	158,158
Ingham	1,316,833	78,708	02.16.24	207,450	05.28.24			792,322	286,158	1,602,991
Ionia	293,160	8,486	02.20.24	22,366	05.15.24			86,379	30,852	324,012
Isabella	277,583	14,589	03.11.24	38,452	05.20.24			146,746	53,040	330,624
Jackson	639,760	36,604	02.12.24	96,477	05.06.24			368,480	133,081	772,841
Mecosta	215,325	9,854	02.05.24	25,972	05.06.24			100,743	35,826	251,151
Midland	426,313	18,579	02.09.24	48,968	05.10.24			187,807	67,547	493,860
Montcalm	275,754	11,171	02.29.24	29,443	05.31.24			111,112	40,614	316,367
Newaygo	175,935	9,130	02.29.24	24,065				91,576	33,196	209,130
Osceola	76,009	4,059	02.12.24	10,698	05.13.24			41,306	14,758	90,767
Saginaw	1,214,574	52,206	02.13.24	137,600	05.09.24			530,323	189,806	1,404,380
Shiawassee	240,194	11,198	02.05.24	29,516	05.06.24			111,870	40,714	280,908
Tuscola	116,215	6,358	02.06.24	16,758	05.24.24			65,669	23,117	139,332
	<u>\$ 7,385,468</u>	<u>\$ 357,884</u>		<u>\$ 943,272</u>		<u>\$ -</u>		<u>\$ 3,606,939</u>	<u>\$ 1,301,156</u>	<u>\$ 8,686,624</u>

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

County	PA2 Balance Available for Expenses	County Code	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Final 2024	YTD Payments	Ending PA2 Fund Balance
Arenac	63,791	06	2,578	2,321	1,725	1,925	1,516	1,346	1,587							12,999	\$ 50,792
Bay	568,940	09	14,744	13,381	12,220	13,839	13,640	11,651	16,528							96,003	\$ 472,937
Clare	190,582	18	12,134	7,954	7,156	9,614	7,663	8,073	8,709							61,303	\$ 129,279
Clinton	528,865	19	13,529	-	19,081	8,945	10,626	10,025	2,362							64,568	\$ 464,296
Eaton	570,428	23	24,143	22,452	23,013	19,278	35,691	41,938	31,952							198,465	\$ 371,963
Gladwin	100,569	26	4,302	3,855	5,459	4,722	5,023	4,836	4,124							32,321	\$ 68,248
Gratiot	80,120	29	2,817	2,217	2,851	2,233	1,940	2,245	2,015							16,319	\$ 63,801
Hillsdale	208,809	30	9,351	7,378	6,659	9,387	8,369	7,088	-							48,231	\$ 160,578
Huron	158,158	32	5,460	3,782	4,237	4,281	5,071	4,324	5,103							32,258	\$ 125,900
Ingham	1,602,991	33	91,254	69,341	74,207	54,141	45,775	56,999	40,668							432,386	\$ 1,170,605
Ionia	324,012	34	8,720	13,244	13,152	4,623	5,939	13,729	7,352							66,759	\$ 257,253
Isabella	330,624	37	13,468	12,490	13,000	13,219	13,065	13,309	13,789							92,340	\$ 238,284
Jackson	772,841	38	35,956	27,796	32,177	31,641	34,305	32,587	31,188							225,650	\$ 547,191
Mecosta	251,151	54	10,604	10,774	10,539	9,972	10,710	10,847	12,004							75,450	\$ 175,701
Midland	493,860	56	10,901	10,646	24,450	26,603	28,011	22,085	27,646							150,341	\$ 343,519
Montcalm	316,367	59	-	-	-	5,694	-	-	12,053							17,747	\$ 298,620
Newaygo	209,130	62	5,755	-	34,167	13,315	6,981	6,312	7,944							74,473	\$ 134,657
Osceola	90,767	67	2,708	5,200	4,167	4,714	3,728	3,718	2,239							26,474	\$ 64,293
Saginaw	1,404,380	73	54,998	56,388	59,699	41,970	86,883	60,262	46,568							406,768	\$ 997,612
Shiawassee	280,908	78	13,980	9,388	8,217	8,147	10,666	11,023	14,189							75,610	\$ 205,297
Tuscola	139,332	79	9,465	8,719	10,815	8,968	10,892	9,112	4,984							62,955	\$ 76,377
	<u>\$ 8,686,624</u>		<u>\$ 346,868</u>	<u>\$ 287,326</u>	<u>\$ 366,990</u>	<u>\$ 297,228</u>	<u>\$ 346,495</u>	<u>\$ 331,510</u>	<u>\$ 293,004</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>2,269,422</u>	<u>\$ 6,417,202</u>

Mid-State Health Network
Summary of PA2 Use of Funds by County and Provider
October 1, 2023 through April 30, 2024

County and Provider	Case Management	Early Intervention	Prevention	Recovery Support	Grand Total
Arenac					
Peer 360 Recovery				6,366	6,366
Sterling Area Health Center			2,179		2,179
Ten Sixteen Recovery		4,454			4,454
Arenac Total		4,454	2,179	6,366	12,999
Bay					
Boys and Girls Club Bay Region			2,854		2,854
McLaren Prevention Services			3,315		3,315
Peer 360 Recovery				32,410	32,410
Sacred Heart Rehabilitation			8,519		8,519
Sterling Area Health Center			27,077		27,077
Ten Sixteen Recovery		11,813		10,015	21,828
Bay Total		11,813	41,765	42,425	96,003
Clare					
Ten Sixteen Recovery		857	23,150	37,296	61,303
Clare Total		857	23,150	37,296	61,303
Clinton					
Eaton Regional Education Service Agency			59,568		59,568
State of Michigan MRS	5,000				5,000
Clinton Total	5,000		59,568		64,568
Eaton					
Eaton Regional Education Service Agency			59,853		59,853
State of Michigan MRS	5,000				5,000
Wellness, InX		48,221		85,391	133,612
Eaton Total	5,000	48,221	59,853	85,391	198,465
Gladwin					
Ten Sixteen Recovery		4,297	13,713	14,311	32,321
Gladwin Total		4,297	13,713	14,311	32,321
Gratiot					
Gratiot County Child Advocacy Association			12,174		12,174
Ten Sixteen Recovery		4,145			4,145
Gratiot Total		4,145	12,174		16,319
Hillsdale					
LifeWays Community Mental Health Authority			48,231		48,231
Hillsdale Total			48,231		48,231
Huron					
Peer 360 Recovery				32,258	32,258
Huron Total				32,258	32,258
Ingham					
Child and Family Charities			32,279		32,279
Cristo Rey Community Center			33,690		33,690
Eaton Regional Education Service Agency			32,594		32,594
Ingham County Health Department			27,714		27,714
Lansing Syringe Access, Inc				51,900	51,900
Prevention Network			5,466		5,466
Punks With Lunch Lansing				18,642	18,642
State of Michigan MRS	15,000				15,000
Wellness, InX		151,974		63,129	215,102
Ingham Total	15,000	151,974	131,742	133,670	432,386
Ionia					
County of Ionia			66,759		66,759
Ionia Total			66,759		66,759
Isabella					
Peer 360 Recovery				24,039	24,039
Ten Sixteen Recovery		5,982	8,834	53,485	68,301
Isabella Total		5,982	8,834	77,524	92,340
Jackson					
Big Brothers Big Sisters of Jackson County, Inc			8,117		8,117
Family Service and Childrens Aid (Born Free)			163,518		163,518
Home of New Vision				54,016	54,016
Jackson Total			171,635	54,016	225,650

Mid-State Health Network
 Summary of PA2 Use of Funds by County and Provider
 October 1, 2023 through April 30, 2024

County and Provider	Case Management	Early Intervention	Prevention	Recovery Support	Grand Total
Mecosta					
Ten Sixteen Recovery		11,291	19,749	44,410	75,450
Mecosta Total		11,291	19,749	44,410	75,450
Midland					
Peer 360 Recovery				35,960	35,960
Ten Sixteen Recovery		28,085		13,102	41,187
The Legacy Center for Community Success			73,194		73,194
Midland Total		28,085	73,194	49,062	150,341
Montcalm					
Mid-Michigan District Health Department			6,599	11,148	17,747
Montcalm Total			6,599	11,148	17,747
Newaygo					
Arbor Circle			49,430		49,430
Randy's House of Greenville, Inc.				25,043	25,043
Newaygo Total			49,430	25,043	74,473
Osceola					
Ten Sixteen Recovery		11,135	15,339		26,474
Osceola Total		11,135	15,339		26,474
Saginaw					
First Ward Community Service			75,818		75,818
Parishioners on Patrol			5,000		5,000
Peer 360 Recovery				47,631	47,631
Sacred Heart Rehabilitation			24,535		24,535
Saginaw County Youth Protection Council			96,091		96,091
Saginaw Police Department			8,829		8,829
Ten Sixteen Recovery				63,417	63,417
Women of Colors			85,447		85,447
Saginaw Total			295,720	111,048	406,768
Shiawassee					
Catholic Charities of Shiawassee and Genesee			11,432		11,432
Peer 360 Recovery				52,876	52,876
Shiawassee County			6,302		6,302
State of Michigan MRS	5,000				5,000
Shiawassee Total	5,000		17,734	52,876	75,610
Tuscola					
List Psychological Services			37,000		37,000
Peer 360 Recovery				25,955	25,955
Tuscola Total			37,000	25,955	62,955
Grand Total	30,000	282,254	1,154,370	802,798	2,269,422

Mid-State Health Network
Summary of SUD Revenue and Expenses as of April 2024 (58.3% of budget)

	Year to Date Actual	Full Year Budget	Remaining Budget	% to Budget
Revenue				
Block Grant	5,248,198.42	10,103,932.00	4,855,733.58	51.94%
SOR and Other Grants	1,542,036.68	5,947,708.00	4,405,671.32	25.93%
Medicaid	11,251,369.51	20,517,394.08	9,266,024.57	54.84%
Healthy Michigan	17,033,398.17	31,252,084.68	14,218,686.51	54.50%
PA2	2,269,421.82	4,736,318.00	2,466,896.18	47.92%
Totals	37,344,424.60	72,557,436.76	35,213,012.16	51.47%
Direct Expenses				
Block Grant	5,248,198.42	10,104,562.00	4,856,363.58	51.94%
SOR and Other Grants	1,542,036.68	5,947,078.00	4,405,041.32	25.93%
Medicaid	9,365,283.32	20,049,480.00	10,684,196.68	46.71%
Healthy Michigan	16,820,641.62	32,500,000.00	15,679,358.38	51.76%
PA2	2,269,421.82	4,736,318.00	2,466,896.18	47.92%
Totals	35,245,581.86	73,337,438.00	38,091,856.14	48.06%
Surplus / (Deficit)	2,098,842.74			
Surplus / (Deficit) by Funding Source				
Block Grant	-			
SOR Grants	-			
Medicaid	1,886,086.19			
Healthy Michigan	212,756.55			
PA2	-			
Totals	2,098,842.74			

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.

OPB Operational Report June 2024

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

Prevention

- Prevention Contract and SUD Provider Manual Updates for FY25.
- FY25 Prevention & Community Recovery Annual Plan and budget reviews.
- Participation in PIHP Reciprocity workgroup for developing SUD Prevention & Community Recovery site review tools to be standard across the PIHPs for all providers.
- Continued our streaming TV commercial media campaign for problem gambling. The video was updated in mid-March and will run through the end of September.
- Our streaming TV commercial media campaign with an anti-stigma/recovery message that concluded at the end of February when COVID-BG funding ended will begin again with the extension of the COVID funds and run from June-August.
- DYTURs concluded Vendor Education and non-Synar compliance checks. They received their random sample draw from the state to begin their formal Synar compliance checks. The MSHN region has 74 compliance checks throughout 18 of our counties this year.
- Completed FY24 Prevention and Community Recovery provider program and coalition observations.
- 94 people attended the annual MSHN Region Prevention Conference held May 7-8. In addition to networking with colleagues from around the region, attendees could earn up to 7.5 CEUs in topics such as DEI, Community Recovery, Environmental Scans related to cannabis retailers, Developmental Assets, Evidence-Based Prevention, the use of Artificial Intelligence in Prevention and more.
- Continued working with coalitions and providers to offer guidance and technical assistance in the SOR OEND Mini Grant activities and expenditures.
- Continued offering technical assistance to providers for the FY25 Annual Plan process.
- Participated in MDHHS workgroup for Prevention requirement planning after the CAIT (Prevention) license is discontinued by LARA at an undetermined date in the near future
- Continued participation in the MDHHS Older Adult Prevention workgroup.
- Inter-regional coordination ongoing through Prevention Coordinators around the state.
- Review of prevention providers' entries into MPDS (Michigan Prevention Data System) where prevention providers log their activities, persons served, etc.
- Provision of technical assistance and training to existing providers on best practices for prevention and on how to document those in MPDS
- Attending coalition meetings across Region 5's 21 counties.
- Continued implementation of FY24-26 SUD Strategic Plan.
- Processing provider request for Evidence Base Practice Materials.

- Supported the Stephanie Covington – Beyond Trauma training on May 7-8, 2024 for 167 participants at the Kellogg Center in East Lansing, MI. Participants received the Beyond Trauma manual and workbook. Participants who completed the training and opted to receive an additional 25 workbooks will be provided those from Hazelden in June.
- Implementation of annual planning with all treatment/recovery providers for FY25, along with budget reviews.
- Participation in MDHHS ASAM Criteria 4th Edition Workgroup to update treatment policies and ASAM designations to new/revised standards. Utilize info provided within workgroup to plan for and implement ASAM Criteria 4 changes into MSHN internal processes.
- Participation in PIHP Reciprocity workgroup for developing SUD Treatment & Recovery site review tools to be standard across the PIHPs for all providers.
- MSHN Treatment, Utilization Management, and Integrated Care Team attendance at the American Association for the Treatment of Opioid Dependence (AATOD) conference May 19-23, 2024 in Las Vegas, NV.
- Support review and updates of FY25 Treatment and Recovery contracts and SUD Provider Manual.
- Planning for implementation of MDHHS Recovery Incentive Pilot for FY25 with Treatment providers.
- Supporting providers with technical assistance related to the LARA SUD Administrative Rules that went into effect on 6/26/2023. TA specifically focused on the Limited Certified Counselor, and assessment and treatment planning requirements within 24 hours for withdrawal management, residential, and MAT items continues.
- Implementation of a monthly Lunch & Learn series to support SUD provider network in FY24 with sessions provided by SUD Clinical, Utilization Management, QAPI, Quality, Customer Service & Recipient Rights, and Veteran Navigator. Schedule, topics, and links to sessions available in the weekly constant contact newsletter.
- Support Equity Upstream Learning Collaborative partners with review of DEI action plans and budgets to support activities in FY24 and FY25.
- Continued support for development of withdrawal management and residential levels of care with Bear River Health in Isabella County as the approved provider from WM/Residential RFP during FY23. Mt. Pleasant residential location has an anticipated implementation of October 2024.
- Continued support for value-based pilot for Project ASSERT with two regional providers and exploration of possible future VBP initiatives for FY25.
- MSHN has expanded the Opioid Health Home (OHH) resources in region 5 to include Victory Clinical Services in Jackson (Jackson County) and Lansing (Ingham County), along with Recovery Pathways in Essexville (Bay County). Currently the OHH locations have the following enrolled in services: 1) VCS – Saginaw: 197, 2) VCS – Jackson: 1, 3) VCS – Lansing: 0 (building renovations occurring with opening in June 2024), 4) Recovery Pathways – Essexville: 0. MSHN is also working with two FQHCs to support OHH services for the region as well.
- Harm Reduction Vending Machines currently approved for Arenac, Bay, Eaton, Hillsdale, Ingham, Tuscola, Ionia, Jackson, and Gratiot counties with SOR-3 grant funds. Please note, more harm reduction vending machines are available in region 5 through the SUD Prevention Coalition requests and through other fund sources as well.
- Planning and coordination of training opportunities for SUD provider network for summer/fall of FY24 and into FY25. A Scott Miller training for The Therapeutic Relationship – Building Rapport & Retaining Clients in Treatment is planned for 6-4-24 (virtual). A Seeking Safety training is planned for August 27, 2024 with the EBP creator Lisa Najavits (virtual).
- Participation and support for internal IDEA workgroup for DEI initiatives.

- Ongoing support of technical assistance needs with SUD treatment providers.
- Continued Treatment Team attendance at prevention community coalition meetings.
- Ongoing evaluation of opportunities to expand services for specialty populations of older adults, adolescents, veterans, and military families.
- Coordinate and facilitate regional Recovery workgroup, ROSC meetings, regional MAT workgroup meetings, regional WSS workgroup meetings, regional WM/residential workgroup, and Outpatient workgroup meetings.
- Planning for implementation of partial access through MSHN for withdrawal management, residential and recovery housing services.
- Conducted a Lunch and Learn virtual training on the topic of treatment planning for providers on June 6, 2024 that was attended by 63 participants.
- Processing Evidence Based Material Request from providers to finalize for delivery.

Additional Activities in May-June:

- Oversight and coordination of SUD prevention and treatment teams and all activities listed above.
- Ongoing coordination with statewide SUDS Directors & development of consensus as SUD content experts, e.g., opioid settlement fund support and direction to counties, etc.
- Ongoing support for provider best practices like group size in residential settings, etc.
- MSHN's *Equity Upstream's* Learning Collaborative (LC) includes 8 MSHN-contracted providers and multiple levels of care (residential, outpatient, MAT/methadone providers), recovery housing, a peer-led community recovery organization and a police dept. doing post-overdose community-based outreach. Each has developed action plans to reduce overdose deaths in the communities they serve.
- GVSU's Dorothy Johnson Center has done an overall evaluation of all the LC action plans and met on 6/17 to discuss their review. They will be doing individual agency-specific TA to finalize action plans over the rest of June and into July.
- MSHN has released an RFQ (Request for Quotes) to solicit interest in creating a media campaign to address stigma that's specific to SUD.

Substance Use Disorder (SUD)
 Clinical Team
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 FY24
 Quarter: 2

PREVENTION GOALS	RESULTS & PROGRESS
Reduce underage drinking	Multiple agencies/providers offered 143 activities promoting parent and community education/information on alcohol use/misuse this quarter. 24+ evidence based programs provide education to students/youth with hundreds of activities held this period. TIPS training for alcohol retailers was offered in Ionia County this period as well as education sessions to drivers training group in Saginaw County. Prevention Coordinators across the region participate in MCRUD (Michigan Coalition to Reduce Underage Drinking) focused issues as well as local Alcohol Policy Issues workgroups/sub-committees. Jackson County conducted MOST social norming campaign this quarter.
Reduce underage cannabis use	Preventionists across the region presented 21 education/information sessions on cannabis misuse/risks in this quarter. PFL 420 (cannabis curriculum) was conducted in Saginaw County this period. Peer Assisted Leadership (PAL) activities were held in Bay and Arenac counties which included education on cannabis misuse also as well as 348 student assistance groups with multiple ATOD activities (individual and group-based serving youth from middle school through collegiate level). Several Prevention Coordinators across the region continue to participate in the MYCAEA (Michigan Youth Cannabis Action and Education Alliance) and at least three counties (Bay, Clinton, Jackson) have developed local cannabis workgroups/sub-committees addressing local issues and concerns as part of their prevention or community coalitions.
Reduce prescription and over-the-counter drug misuse, including opioids	Prevention providers and Coalitions were awarded requests for \$1 million in SOR funds to continue OEND and harm reduction activities/supplies in late January. 55 naloxone/Narcan presentations were provided in the community this period. Hundreds of activities were held to provide opioid education and peer recovery support/education (this included groups, individual activities, and community events). Multiple coalitions/prevention staff sit on local

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	<p>community task forces addressing opioid/harm reduction issues or host opioid/harm reduction task forces/workgroups for the communities they live in. Several of those committees are working on establishing Narcan vending machines (or harm reduction materials) in their communities.</p>
<p>Reduce youth access to tobacco</p>	<p>44 groups (132 activities) provided educational and informational activities including sessions of NOT (Not on Tobacco), Catch My Breath, and INDEPTH. Vaping sessions continue to be very popular with schools/students/staff and parent groups. Many coalitions offer tobacco sub-committees and workgroups such as Tobacco Free Gratiot or CSAP Nicotine Sub-committee for community members and parents. These sub-committees sometimes assist in updating the Master Tobacco Retail (MRL) that was completed this quarter by the Prevention Coordinators/DYTUR representatives for each county. Multiple activities of vendor education occurred across at least 8 counties this period and non-Synar checks were conducted in Montcalm and Tuscola this quarter.</p>
<p>Increase access to prevention services for adults ages 55+</p>	<p>PEARLS (Program to Encourage Active Rewarding Lives for Seniors) continues this quarter in two different venues in Shiawassee County this period. 17 seniors completed PEARLS programming and 15 are currently enrolled. First Ward in Saginaw also hosts programming for 17 seniors on a regular basis. The second meeting of MSHN Older Adult Workgroup was held in February – topics included reviewing current available data; identifying local resources and eligible evidence-based programming (WISE). This workgroup is brainstorming ideas for meeting the goal of increasing access to prevention services for seniors across MSHN region.</p>

Substance Use Disorder (SUD)
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TREATMENT and RECOVERY GOALS	RESULTS & PROGRESS
<p>Increase access to treatment and re-entry treatment for criminal justice involved population returning to communities.</p>	<p>The Newaygo County Jail worked with Arbor Circle and Newaygo CMH to create a jail-based MAT program. The program will allow for an individual to continue on buprenorphine, or for an individual to receive Naltrexone along with treatment services while they serve their time, and to receive a Vivitrol injection prior to their release date. Arbor Circle will be ending their involvement in the programming as of April 1, however, Newaygo County CMH will continue the program.</p> <p>MSHN will be working in collaboration with MDHHS and the Health Management Association to make county jails aware of an opportunity to join a learning collaborative for supporting MAT in jail-based settings. At present, 4 counties have signed on to engage in the collaborative with MDHHS/HMA including Eaton, Hillsdale, Ingham, and Newaygo counties.</p>
<p>Increase access to OUD treatment and harm reduction for persons living with Opioid Use Disorder.</p>	<p>MSHN currently contracts with 27 sites that provide medication for opioid use Disorders along with treatment services. MSHN continues to fund harm reduction vending machines. A new machine will be placed at The Allen Neighborhood Center in Ingham County. These vending machines may hold Narcan kits, fentanyl test strips, xylazine test strips, Deterra bags, and other harm reduction items.</p>
<p>Increase access to behavioral health and primary care services for persons at-risk for and with mental health and substance use disorders.</p>	<p>All individuals entering SUD services at a MSHN contracted provider receives a needs assessment. If an individual identifies behavioral or primary health care as</p>

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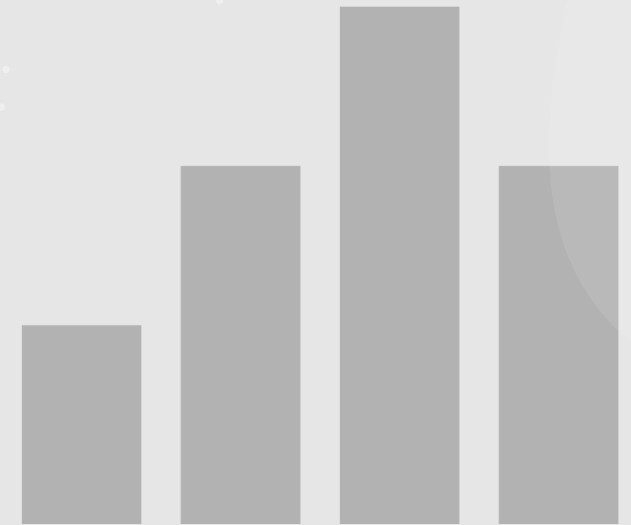
	a need, a referral will be made for that individual to receive these services. MSHN requires that this be documented in the individual's chart.
Increase access to trauma responsive services.	Stephanie Covington will be presenting May 7-8 at the Kellogg Center in Lansing on “Beyond Trauma, A Healing Journey for Women.” This training is being offered to all MSHN contracted treatment, prevention, and recovery providers as well as the CMHSP partners in Region 5, and PIHP partners across the state. This fiscal year, the majority of the contracted SUD treatment providers will complete the Trauma Informed Organizational Survey to assess and determine where there are needs within their agencies to improve.
Reduction in percentage of substance exposed births/infants with WSS/NAS/FAS.	The new Children’s Needs Assessment that was developed in the Region 5 Women’s Specialty Task Team has been finalized and distributed for use. The FASD screening is included in this Needs Assessment. MSHN requires that FASD education be included in the services provided by designated and/or enhanced women’s specialty providers.
Increase access to treatment services for older adults 55 and older.	An older adult workgroup has been formed in the MSHN region to discuss the current senior services available in individual communities and what services are being utilized.
Increase in supporting coordinated strategies to support recovery.	MSHN supported a lunch and learn webinar on Coordination of Care in February 2024 for the SUD provider network. There has been discussion of 7-day follow-up after discharge from Withdrawal Management services at the MSHN Outpatient provider meeting on 4/9/24. MSHN submitted for, and was awarded funding through the Recovery Incentives pilot offered by the state to provide Contingency Management funds up to \$599/year for eligible Medicaid recipients receiving outpatient services. MSHN currently has 9 sites enrolled in the pilot. In Contingency Management (CM) interventions, patients receive a reward for meeting a treatment goal.

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 FY24
 Quarter: 2

<p>Increase access to recovery services that promote life enhancing recovery and wellness for individuals and families.</p>	<p>SAMHSA issued a rule that will increase access to Opioid Treatment Programs (OTP). The SAMHSA final rule modifies and updates certain provisions of regulations related to Opioid Treatment Program accreditation, certification, and standards for the treatment of Opioid Use Disorder (OUD) with Medications for Opioid Use Disorder (MOUD) in OTPs. This includes making flexibilities put forth during the COVID-19 Public Health Emergency (PHE) permanent, as well as expanding access to care and evidence-based treatment for OUD. The final rule also removes all language and rules pertaining to the Drug Addiction and Treatment Act (DATA) Waiver from the regulations pursuant to the “Consolidated Appropriations Act, 2023”.</p> <p>DATES: The effective date of this final rule is April 2, 2024, and the compliance date is October 2, 2024.</p>
<p>Increase coordination of prevention, follow-up, and continuing care in recovery.</p>	<p>MSHN has made a commitment to working with our provider network to improve coordination of care efforts. On Feb. 8, 2024, MSHN staff hosted a lunch and learn webinar for the provider network covering care coordination. In Q3, the treatment team will be meeting with each provider for annual plans and will be identifying a primary and secondary contact for each agency for coordination of care needs. This will add additional support to our network in ensuring individuals' records are easily sent and received by agencies where services are being provided.</p>

OPB Quarterly Report

FY24 Q2: 1/1/24 – 3/31/24



Arenac

FY24 Q2

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:

1765

Total Attendees

96

of Activities

Admitted

Service	Adult
Outpatient	10
Residential	4
Withdrawal	3

WSS

Adult

|

MAT

Adult

| 4

Served

Service	Adult
Outpatient	39
Residential	5
Withdrawal	4

WSS

Adult

| 3

MAT

Adult

| 6

Primary Substance at Admission	Adult	Minor
Alcohol	11	
Other Opiates / Synthetics	5	
Heroin	4	

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

Bay

FY24 Q2

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:

5958

Total Attendees

508

of Activities

Admitted

Service	Adult	Minor
Outpatient	105	3
Residential	50	
Withdrawal	46	

WSS

Adult

| 27

MAT

Adult

| 58

Served

Service	Adult	Minor
Outpatient	423	7
Residential	65	
Withdrawal	53	

WSS

Adult

| 93

MAT

Adult

| 92

Primary Substance at Admission	Adult	Minor
Alcohol	73	1
Heroin	42	
Other Opiates / Synthetics	37	2
Cocaine / Crack	28	
Methamphetamine / Speed	23	
Marijuana/Hashish	5	
Other Drugs	3	
Benzodiazepines	1	
Other Sedatives / Hypnotics	1	
Other Stimulants	1	

Secondary Substance at Admission	Adult	Minor
Marijuana/Hashish	34	1
Cocaine / Crack	30	
Methamphetamine / Speed	25	
(None)	19	
Other Opiates / Synthetics	18	
Alcohol	17	
Benzodiazepines	6	
Heroin	4	
Other Drugs	4	
Other Stimulants	1	

Clare

FY24 Q2

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:

734

Total Attendees

66

of Activities

Admitted

Service	Adult
Outpatient	30
Residential	19
Withdrawal	11

WSS

Adult

2

MAT

Adult

5

Served

Service	Adult
Outpatient	143
Residential	28
Withdrawal	11

WSS

Adult

9

MAT

Adult

28

Primary Substance at Admission	Adult	Minor
Alcohol	33	
Methamphetamine / Speed	18	
Other Opiates / Synthetics	5	
Heroin	4	
Cocaine / Crack	2	
Marijuana/Hashish	1	

Secondary Substance at Admission	Adult	Minor
Marijuana/Hashish	10	
Methamphetamine / Speed	8	
(None)	5	
Heroin	3	
Other Opiates / Synthetics	3	
Alcohol	2	
Benzodiazepines	1	
Cocaine / Crack	1	

Clinton

FY24 Q2

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:

506

Total Attendees

64

of Activities

Admitted

Service	Adult
Outpatient	32
Residential	19
Withdrawal	12

WSS

Adult

2

MAT

Adult

3

Served

Service	Adult	Minor
Outpatient	112	1
Residential	26	
Withdrawal	15	

WSS

Adult

5

MAT

Adult

28

Primary Substance at Admission	Adult	Minor
Alcohol	33	
Methamphetamine / Speed	19	
Heroin	6	
Cocaine / Crack	4	
Benzodiazepines	2	
Other Opiates / Synthetics	2	

Secondary Substance at Admission	Adult	Minor
Cocaine / Crack	8	
Marijuana/Hashish	7	
(None)	4	
Heroin	2	
Methamphetamine / Speed	2	
Other Amphetamines	2	
Alcohol	1	

Eaton

FY24 Q2

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:

620

Total Attendees

85

of Activities

Admitted

Service	Adult	Minor
Outpatient	65	3
Residential	17	
Withdrawal	17	

WSS

Adult

2

MAT

Adult

18

Served

Service	Adult	Minor
Outpatient	244	7
Residential	28	
Withdrawal	18	

WSS

Adult

13

MAT

Adult

56

Primary Substance at Admission	Adult	Minor
Alcohol	45	
Methamphetamine / Speed	24	
Heroin	17	
Other Opiates / Synthetics	9	
Marijuana/Hashish	5	3
Cocaine / Crack	2	
Benzodiazepines	1	
Inhalants	1	
Over-the-Counter Medications	1	

Secondary Substance at Admission	Adult	Minor
Marijuana/Hashish	12	
Methamphetamine / Speed	12	
Cocaine / Crack	9	
(None)	7	
Other Opiates / Synthetics	6	
Heroin	3	
Alcohol	2	
Benzodiazepines	1	
Other Drugs	1	

Gladwin

FY24 Q2

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:

133

Total Attendees

27

of Activities

Admitted

Service	Adult
Outpatient	18
Residential	11
Withdrawal	6

WSS

Adult

MAT

Adult

5

Served

Service	Adult
Outpatient	90
Residential	12
Withdrawal	6

WSS

Adult

3

MAT

Adult

15

Primary Substance at Admission	Adult	Minor
Methamphetamine / Speed	18	
Alcohol	9	
Heroin	5	
Other Amphetamines	2	
Marijuana/Hashish	1	
Other Opiates / Synthetics	1	
Other Sedatives / Hypnotics	1	
Other Stimulants	1	

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

Gratiot

FY24 Q2

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:

1638

Total Attendees

223

of Activities

Admitted

Service	Adult
Outpatient	11
Residential	9
Withdrawal	3

WSS

Adult

1

MAT

Adult

8

Served

Service	Adult
Outpatient	85
Residential	15
Withdrawal	4

WSS

Adult

8

MAT

Adult

47

Primary Substance at Admission	Adult	Minor
Alcohol	16	
Methamphetamine / Speed	3	
Other Opiates / Synthetics	3	
Heroin	2	
Cocaine / Crack	1	

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

Hillsdale

FY24 Q2

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:

866

Total Attendees

94

of Activities

Admitted

Service	Adult
Outpatient	46
Residential	17
Withdrawal	3

WSS

Adult

3

MAT

Adult

6

Served

Service	Adult
Outpatient	94
Residential	21
Withdrawal	3

WSS

Adult

5

MAT

Adult

14

Primary Substance at Admission	Adult	Minor
Methamphetamine / Speed	34	
Alcohol	19	
Heroin	6	
Other Opiates / Synthetics	5	
Marijuana/Hashish	4	
Other Stimulants	2	
Benzodiazepines	1	

Secondary Substance at Admission	Adult	Minor
(None)	15	
Marijuana/Hashish	6	
Methamphetamine / Speed	6	
Alcohol	5	
Heroin	2	
Other Opiates / Synthetics	2	
Cocaine / Crack	1	
Other Drugs	1	
Other Stimulants	1	

Huron

FY24 Q2

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:

2439

Total Attendees

240

of Activities

Admitted

Service	Adult	Minor
Outpatient	16	
Residential	6	1
Withdrawal	5	

WSS

Adult

| 3

MAT

Adult

| 13

Served

Service	Adult	Minor
Outpatient	75	
Residential	7	1
Withdrawal	6	

WSS

Adult

| 7

MAT

Adult

| 7

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

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

Ingham

FY24 Q2

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:

3771

Total Attendees

358

of Activities

Admitted

Service	Adult	Minor
Outpatient	356	3
Residential	153	
Withdrawal	121	

WSS

Adult

14

MAT

Adult

127

Served

Service	Adult	Minor
Outpatient	1242	7
Residential	203	
Withdrawal	129	

WSS

Adult

32

MAT

Adult

404

Primary Substance at Admission	Adult	Minor
Alcohol	291	1
Methamphetamine / Speed	137	
Heroin	118	
Cocaine / Crack	71	
Other Opiates / Synthetics	42	
Marijuana/Hashish	29	2
Benzodiazepines	7	
Other Amphetamines	3	
Non-prescription methadone	1	
Other Drugs	1	
Other Stimulants	1	

Secondary Substance at Admission	Adult	Minor
Cocaine / Crack	81	
Marijuana/Hashish	78	
Methamphetamine / Speed	71	
Alcohol	55	1
Other Opiates / Synthetics	32	
(None)	28	
Heroin	23	
Benzodiazepines	11	
Hallucinogens	3	
Other Stimulants	3	
Inhalants	2	
Other Amphetamines	2	
Other Drugs	1	
Other Sedatives / Hypnotics	1	
Over-the-Counter Medications	1	

Ionia

FY24 Q2

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:

539

Total Attendees

48

of Activities

Admitted

Service	Adult	Minor
Outpatient	57	1
Residential	11	
Withdrawal	4	

WSS

Adult

1

MAT

Adult

7

Served

Service	Adult	Minor
Outpatient	192	3
Residential	15	
Withdrawal	4	

WSS

Adult

5

MAT

Adult

16

Primary Substance at Admission	Adult	Minor
Alcohol	29	
Methamphetamine / Speed	23	
Heroin	9	
Marijuana/Hashish	6	1
Other Stimulants	3	
Cocaine / Crack	2	
Inhalants	1	

Secondary Substance at Admission	Adult	Minor
Marijuana/Hashish	10	
Methamphetamine / Speed	7	
Cocaine / Crack	6	
Other Opiates / Synthetics	6	
(None)	3	
Other Stimulants	3	
Alcohol	2	
Heroin	2	
Barbiturates	1	

Isabella

FY24 Q2

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:

1941

Total Attendees

301

of Activities

Admitted

Service	Adult
Outpatient	41
Residential	18
Withdrawal	9

WSS

Adult

2

MAT

Adult

16

Served

Service	Adult	Minor
Outpatient	266	3
Residential	23	
Withdrawal	9	

WSS

Adult

27

MAT

Adult

95

Primary Substance at Admission	Adult	Minor
Alcohol	24	
Methamphetamine / Speed	18	
Heroin	13	
Other Opiates / Synthetics	11	
Marijuana/Hashish	3	
Cocaine / Crack	2	
Non-prescription methadone	1	

Secondary Substance at Admission	Adult	Minor
Marijuana/Hashish	10	
Methamphetamine / Speed	9	
Cocaine / Crack	8	
Alcohol	4	
(None)	3	
Heroin	1	
Other Drugs	1	

Jackson

FY24 Q2

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:

13235

Total Attendees

1210

of Activities

Admitted

Service	Adult	Minor
Outpatient	173	1
Residential	99	1
Withdrawal	45	

WSS

Adult

29

MAT

Adult

44

Served

Service	Adult	Minor
Withdrawal	50	
Residential	128	1
Outpatient	567	1
	2	

WSS

Adult

55

MAT

Adult

223

Primary Substance at Admission	Adult	Minor
Alcohol	121	1
Methamphetamine / Speed	106	
Heroin	57	
Cocaine / Crack	22	
Other Opiates / Synthetics	14	1
Marijuana/Hashish	11	
Inhalants	1	
Non-prescription methadone	1	
PCP - phencyclidine	1	

Secondary Substance at Admission	Adult	Minor
Marijuana/Hashish	50	1
Methamphetamine / Speed	33	
Cocaine / Crack	27	1
Alcohol	22	
(None)	21	
Heroin	13	
Other Opiates / Synthetics	10	
Benzodiazepines	7	
Hallucinogens	2	
Inhalants	1	
Other Amphetamines	1	
Other Drugs	1	

Mecosta

FY24 Q2

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:

1972

Total Attendees

284

of Activities

Admitted

Service	Adult
Outpatient	21
Residential	16
Withdrawal	7

WSS

Adult

1

MAT

Adult

9

Served

Service	Adult
Outpatient	106
Residential	23
Withdrawal	8

WSS

Adult

5

MAT

Adult

27

Primary Substance at Admission	Adult	Minor
Alcohol	20	
Methamphetamine / Speed	18	
Heroin	4	
Other Opiates / Synthetics	3	
Other Drugs	2	

Secondary Substance at Admission	Adult	Minor
Marijuana/Hashish	6	
Alcohol	3	
(None)	2	
Benzodiazepines	2	
Heroin	1	
Methamphetamine / Speed	1	
Other Amphetamines	1	

Midland

FY24 Q2

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:

4402

Total Attendees

308

of Activities

Admitted

Service	Adult
Outpatient	38
Residential	25
Withdrawal	20

WSS

Adult

6

MAT

Adult

27

Served

Service	Adult
Outpatient	176
Residential	37
Withdrawal	23

WSS

Adult

18

MAT

Adult

25

Primary Substance at Admission	Adult	Minor
Alcohol	31	
Other Opiates / Synthetics	20	
Methamphetamine / Speed	16	
Heroin	12	
Cocaine / Crack	4	
Marijuana/Hashish	3	
Other Sedatives / Hypnotics	1	

Secondary Substance at Admission	Adult	Minor
Alcohol	12	
Cocaine / Crack	10	
Marijuana/Hashish	9	
Heroin	5	
Other Opiates / Synthetics	5	
(None)	4	
Methamphetamine / Speed	4	
Other Drugs	2	

Montcalm

FY24 Q2

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:

973

Total Attendees

77

of Activities

Admitted

Service	Adult	Minor
Outpatient	44	
Residential	24	1
Withdrawal	11	

WSS

Adult

5

MAT

Adult

11

Served

Service	Adult	Minor
Outpatient	165	
Residential	42	1
Withdrawal	12	

WSS

Adult

16

MAT

Adult

36

Primary Substance at Admission	Adult	Minor
Methamphetamine / Speed	34	
Alcohol	24	
Heroin	15	
Cocaine / Crack	5	
Other Stimulants	4	
Other Opiates / Synthetics	2	
Hallucinogens	1	
Other Amphetamines	1	
Other Sedatives / Hypnotics	1	
Marijuana/Hashish		1

Secondary Substance at Admission	Adult	Minor
Methamphetamine / Speed	16	
Heroin	9	
(None)	5	
Alcohol	3	1
Cocaine / Crack	3	
Other Opiates / Synthetics	3	
Marijuana/Hashish	2	
Other Drugs	2	

Newwaygo

FY24 Q2

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:

1739

Total Attendees

145

of Activities

Admitted

Service	Adult
Outpatient	12
Residential	17
Withdrawal	13

WSS

Adult

1

MAT

Adult

7

Served

Service	Adult	Minor
Outpatient	84	
Residential	23	1
Withdrawal	14	

WSS

Adult

13

MAT

Adult

21

Primary Substance at Admission	Adult	Minor
Alcohol	22	
Methamphetamine / Speed	10	
Heroin	5	
Other Opiates / Synthetics	5	
Marijuana/Hashish	3	
Cocaine / Crack	1	

Secondary Substance at Admission	Adult	Minor
Cocaine / Crack	5	
Other Opiates / Synthetics	5	
Other Drugs	4	
Marijuana/Hashish	2	
Alcohol	1	
Methamphetamine / Speed	1	

Osceola

FY24 Q2

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:

1308

Total Attendees

78

of Activities

Admitted

Service	Adult
Outpatient	15
Residential	9
Withdrawal	5

WSS

Adult

1

MAT

Adult

4

Served

Service	Adult
Outpatient	62
Residential	14
Withdrawal	6

WSS

Adult

3

MAT

Adult

12

Primary Substance at Admission	Adult	Minor
Alcohol	16	
Methamphetamine / Speed	9	
Heroin	2	
Cocaine / Crack	1	
Other Opiates / Synthetics	1	

Secondary Substance at Admission	Adult	Minor
(None)	4	
Marijuana/Hashish	3	
Methamphetamine / Speed	3	

Saginaw

FY24 Q2

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:

5901

Total Attendees

672

of Activities

Admitted

Service	Adult	Minor
Outpatient	115	1
Residential	75	
Withdrawal	90	

WSS

Adult

19

MAT

Adult

77

Served

Service	Adult	Minor
Outpatient	535	2
Residential	110	
Withdrawal	99	

WSS

Adult

96

MAT

Adult

173

Primary Substance at Admission	Adult	Minor
Alcohol	147	
Cocaine / Crack	52	
Heroin	51	
Other Opiates / Synthetics	30	
Methamphetamine / Speed	16	
Marijuana/Hashish	5	1
Other Sedatives / Hypnotics	2	
Benzodiazepines	1	
Other Drugs	1	
Other Stimulants	1	

Secondary Substance at Admission	Adult	Minor
Cocaine / Crack	44	
Marijuana/Hashish	39	
(None)	32	
Methamphetamine / Speed	21	
Alcohol	20	1
Other Opiates / Synthetics	10	
Heroin	7	
Benzodiazepines	3	
Other Amphetamines	2	
Other Drugs	2	
Other Stimulants	2	
Inhalants	1	

Shiawassee

FY24 Q2

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:

3643

Total Attendees

549

of Activities

Admitted

Service	Adult
Outpatient	38
Residential	24
Withdrawal	14

WSS

Adult

12

MAT

Adult

16

Served

Service	Adult
Outpatient	186
Residential	33
Withdrawal	16

WSS

Adult

25

MAT

Adult

34

Primary Substance at Admission	Adult	Minor
Alcohol	35	
Methamphetamine / Speed	19	
Heroin	14	
Other Opiates / Synthetics	6	
Cocaine / Crack	4	
Marijuana/Hashish	1	
Non-prescription methadone	1	
Over-the-Counter Medications	1	

Secondary Substance at Admission	Adult	Minor
Marijuana/Hashish	11	
Methamphetamine / Speed	10	
Other Opiates / Synthetics	7	
Cocaine / Crack	6	
(None)	5	
Heroin	4	
Other Drugs	4	
Alcohol	3	
Benzodiazepines	1	

Tuscola

FY24 Q2

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:

2375

Total Attendees

269

of Activities

Admitted

Service	Adult
Outpatient	31
Residential	4
Withdrawal	6

WSS

Adult

4

MAT

Adult

8

Served

Service	Adult
Outpatient	194
Residential	7
Withdrawal	7

WSS

Adult

21

MAT

Adult

19

Primary Substance at Admission	Adult	Minor
Alcohol	17	
Methamphetamine / Speed	8	
Heroin	7	
Other Opiates / Synthetics	6	
Cocaine / Crack	5	
Benzodiazepines	2	
Marijuana/Hashish	1	
Other Tranquilizers	1	

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