MSHN
Mid-State Health Network

Substance Use Disorder (SUD) Oversight Policy Advisory Board Meeting

October 20, 2021 ~ 4:00 p.m.

This meeting will be held at a physical location with appropriate social distancing and/or masking requirements

Community Mental Health Association of Michigan
426 S. Walnut
Lansing, MI 48933

Members of the public and others unable to attend in person can participate in this meeting via teleconference
Teleconference: Call 1.312.626.6799 Meeting ID: 5624476175

1) Call to Order
2) Roll Call
3) **ACTION ITEM:** Approval of the Agenda for October 20, 2021
4) **ACTION ITEM:** Approval of Minutes of June 16, 2021 *(Page 4)*
5) Public Comment
6) Board Chair Report
   A. Welcome to New Board Members, Sandra Bristol (Clare County) and Scott Painter (Montcalm County)
   B. **ACTION ITEM:** Approval of FY22 Board Calendar *(Page 8)*
7) Deputy Director Report *(Page 9)*
8) Chief Financial Officer Report
   A. FY21 PA2 Funding & Expenditures by County *(Page 62)*
   B. FY21 PA2 Use of Funds by County and Provider *(Page 64)*
   C. FY21 SUD Financial Summary Report of August 2021 *(Page 67)*
   D. Block Grant Reduction Update & Projections *(Page 68)*
   E. FY2022 Budget Overview *(Page 72)*
9) **ACTION ITEM**: FY22 Substance Use Disorder PA2 Contract Listing *(Page 81)*
10) SUD Operating Update *(Page 90)*
    A. FY2021 Q3 SUD County Reports *(Page 91)*

MSHN SUD Oversight Policy Advisory Board Officers

Chair: John Hunter (Tuscola)
Vice-Chair: Deb Thalison (Ionia)
Secretary: Bruce Caswell (Hillsdale)

Meeting Location:

Community Mental Health Association of Michigan (CMHAM)
426 S. Walnut, Lansing

Via Teleconference:
Call 1.312.626.6799
Meeting ID: 5624476175

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

Upcoming FY22 SUD Oversight Policy Advisory Board Meetings

PENDING BOARD APPROVAL

October 20, 2021
December 15, 2021
February 16, 2022
April 20, 2022
June 15, 2022
August 17, 2022

All meetings will be held from 4:00-5:30 p.m. at CMHAM unless noted otherwise.

MSHN Board Approved Policies May be Found at:
http://www.midstatehealthnetwork.org/policies/

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

11) Other Business
12) Public Comment
13) Board Member Comment
14) Adjournment

MSHN
Mid-State Health Network

FY22 MSHN SUD Oversight Policy Board Roster

Last Name	First Name	Email 1	Phone 1	Phone 2	County	Term Expiration
Anderson	Jim	jdeweya@yahoo.com	989.667.1313	989.327.0734	Bay	2022
Ashley	Lisa	ashleyl@clareco.net	989.630.5256		Gladwin	2019
Badour	Nichole	nbadour@gihn-mi.org	989.264.5045	989.466.4124	Gratiot	2022
Bristol	Sandra	toadhall2@hotmail.com	989.339.7841		Clare	2024
Caswell	Bruce	bcaswell@frontier.com	517.425.5230	517.523.3067	Hillsdale	2021
Glaser	Steve	sglaser@co.midland.mi.us	989.264.4933		Midland	2021
Guernsey	Susan	sguernsey@co.mecosta.mi.us	231.592.9252		Mecosta	2024
Harrington	Christina	charrington@saginawcounty.com	989.758.3818		Saginaw	2022
Hunter	John	hunterjohn74@gmail.com	989.673.8223	989.551.2077	Tuscola	2022
Kolk	Bryan	bryank@co.newaygo.mi.us	616.780.5751		Newaygo	2021
Luce	Robert	lucerobert37@yahoo.com	989.654.5700		Arenac	2023
Moreno	Jim	j.moreno@frontier.com	989.954.5144		Isabella	2021
Murphy	Joe	jmurphy0504@comcast.net	989.670.1057		Huron	2023
Painter	Scott	spainter@montcalm.us	517.444.1556		Montcalm	2024
Schultz	Vicky	vschultz@ccsgc.org	810.232.9950 x.118		Shiawassee	2023
Tennis	Todd	commissionertennis@gmail.com	517.202.2303		Ingham	2023
Thalison	Deb	dthalison@ioniacounty.org	517.647.1783	616.902.5608	Ionia	2022
Thalison	Kimberly	kthalison@eatonresa.org	517.541.8711		Eaton	2022
Turner	David	davidturner49665@gmail.com	231.908.0501		Osceola	2021
Washington	Dwight	washindwi@gmail.com	517.974.1658		Clinton	2023
Woods	Ed	ejw1755@yahoo.com	517.796.4501	517.392.8457	Jackson	2023

Alternates:

Kroneck	John	jkroneck@mmdhd.org	989.831.3659	616.302.6009	Montcalm - Alternate	
Jaloszynski	Jerry	jjaloszynski@isabellacounty.org	989.330.4890		Isabella - Alternate	
Whittum	Jeremy	jwhittum@eatoncounty.org	517.243.5692		Eaton-Alternate	
Mitchell	Ken	kmitchellcc@gmail.com	517.899.5334		Clinton-Alternate	

Mid-State Health Network SUD Oversight Policy Advisory Board
Wednesday, June 19, 2021, 4:00 p.m.
Zoom Meeting

Meeting Minutes

1. Call to Order

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

Board Member(s) Present: Jim Anderson (Bay), Nichole Badour (Gratiot), Bruce Caswell (Hillsdale), Steve Glaser (Midland), Susan Guernsey (Mecosta), John Hunter (Tuscola), Bryan Kolk (Newaygo), Robert Luce (Arenac), Joe Murphy (Huron), Vicky Schultz (Shiawassee), Todd Tennis (Ingham), Deb Thalison (Ionia), Kim Thalison (Eaton), David Turner (Osceola), Dwight Washington (Clinton)., Ed Woods (Jackson)

Board Member(s) Absent: Lisa Ashley (Gladwin), Christina Harrington (Saginaw), Tom Lindeman (Montcalm), Jim Moreno (Isabella), Leonard Strouse (Clare)

Alternate Members Present: John Kroneck (Montcalm)

Staff Members Present: Amanda Ittner (Deputy Director), Joe Sedlock (Chief Executive Officer), Sherry Kletke (Executive Assistant), Dr. Trisha Thrush (Lead Treatment Specialist), Carolyn Tiffany (Director of Provider Network Management Systems), Dr. Dani Meier (Chief Clinical Officer), Kim Zimmerman (Director of Compliance, Quality & Customer Services), Leslie Thomas (Chief Financial Officer), Michael Scott (Veterans Navigator), Kari Gulvas (Prevention Specialist)

2. Roll Call

Ms. Amanda Ittner provided the Roll Call for Board Attendance.

3. Approval of Agenda for June 16, 2021

Board approval was requested for the Agenda of the June 16, 2021 Regular Business Meeting, as presented.

MOTION BY STEVE GLASER, SUPPORTED BY BRYAN KOLK, FOR APPROVAL OF THE JUNE 16, 2021 REGULAR BUSINESS MEETING AGENDA, AS PRESENTED. MOTION CARRIED: 16-0.

4. Approval of Minutes from the February 17, 2021 Regular Business Meeting

Board approval was requested for the draft meeting minutes of the February 17, 2021 Regular Business Meeting.

MOTION BY STEVE GLASER, SUPPORTED BY DEB THALISON, FOR APPROVAL OF THE MINUTES OF THE FEBRUARY 17, 2021 MEETING, AS PRESENTED. ROLL CALL VOTE: VOTING YES: VOTING NO: N/A. MOTION CARRIED: 16-0.

5. Public Comment

There was no public comment.

6. Board Chair Report

- Welcomed New Member:
  - Joe Murphy (Huron County)
- Annual Board Member Disclosure Forms: Board members were reminded of the requirement to fill out the annual disclosure form which will be distributed electronically this year via DocuSign.

Ms. Nicole Badour joined the meeting at 4:15pm.

7. Deputy Director Report

Ms. Amanda Ittner provided an overview of the written report available in the meeting packet that included; MSHN internal updates, COVID supplemental block grant funding, MSHN Statement on System Redesign, Open Meetings Act, Michigan Opioids Task Force Annual Report, and the Suicide Prevention Commission Report. . Mr. Todd Tennis updated the Board that the Ingham County Board of Commissions are not expecting to extend the Public Health Emergency and will let it expire on June 30, 2021..

8. Chief Financial Officer Report

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

- FY2021 PA2 Funding and Expenditures by County
- FY2021 PA2 Use of Funds by County and Provider
- FY2021 Substance Use Disorder (SUD) Financial Summary Report of April 2021
- Block Grant Reduction Update & Projections

Ms. Kim Thalison left the meeting at 4:30pm.

9. FY21 Substance Use Disorder PA2 Contract Listing

Ms. Carolyn Tiffany provided an overview and information on the FY21 Substance Use Disorder PA2 Contract listing, recommended for board approval, as presented.

MOTION BY DWIGHT WASHINGTON, SUPPORTED BY TODD TENNIS, TO APPROVE THE FY21 SUBSTANCE USE DISORDER PA2 CONTRACT LISTING, AS PRESENTED. ROLL CALL VOTE: VOTING YES: VOTING NO: N/A. MOTION CARRIED: 16-0.

10. SUD Operating Update

Dr. Dani Meier provided an overview and update on SUD Operations including information on the following:

- FY2021 Q2 SUD County Reports

11. Other Business

- MSHN Strategic Planning Presentation: MSHN Leadership presented an overview of the draft FY2022-2023 Strategic Plan, including the five Board Priorities; Better Health, Better Equity, Better Care, Better Value and the new priority of Betty Equity.
    - Mr. Todd Tennis inquired about advocacy efforts for SAPTR providers. MSHN has been supporting SAPTR providers and their inclusion in related advocacy efforts.
    - Mr. Dwight Washington inquired about the system redesign concept from Senator Shirkey. The system redesign legislation introduced in the House by Representative Whiteford would eliminate the PIHPs and dismantle the current managed care system at a time when provider and service stabilization is a priority, especially as it relates to the effects of COVID-19.

- Mr. John Kroneck states that Michigan Psychiatric Association is available to support advocacy efforts.

Ms. Vicky Schultz left meeting at 5:26 p.m.
Mr. Bruce Caswell left meeting at 5:37 p.m.

12. Public Comment

There was no public comment.

13. Board Member Comment

Mr. Bryan Kolk inquired about the intergovernmental agreements asking if the final executed agreement has been distributed to all counties. Ms. Amanda Ittner mentioned that determining the status of the executed agreement was on our project list along with Ms. Sherry Kletke. The intergovernmental agreement is a three-year agreement which started in 2019 and a new agreement will be due for 2022. MSHN will review for any updates to be brought to the board and distribute to the counties for signature.

14. Adjournment

MOTION BY STEVE GLASER, SUPPORTED BY DEB THALISON TO ADJOURN THE JUNE 16, 2021, SUBSTANCE USE DISORDER OVERSIGHT POLICY ADVISORY BOARD MEETING AT 5:46 P.M.

Meeting minutes submitted respectfully by:
MSHN Executive Assistant

TENTATIVE

FY22 MID-STATE HEALTH NETWORK

SUBSTANCE USE DISORDER (SUD)

OVERSIGHT POLICY ADVISORY BOARD OF DIRECTORS

(All meetings are scheduled to convene at 4:00 p.m. unless otherwise noted)

Meeting Date	Meeting Location
October 20, 2021	CMH Association of Michigan 426 S. Walnut, Lansing (Meeting room to be determined)
December 15, 2021	CMH Association of Michigan 426 S. Walnut, Lansing (Meeting room to be determined)
February 16, 2022	CMH Association of Michigan 426 S. Walnut, Lansing (Meeting room to be determined)
April 20, 2022	CMH Association of Michigan 426 S. Walnut, Lansing (Meeting room to be determined)
June 15, 2022	CMH Association of Michigan 426 S. Walnut, Lansing (Meeting room to be determined)
August 17, 2022	CMH Association of Michigan 426 S. Walnut, Lansing (Meeting room to be determined)

Calendar is tentative until Board approved

MSHN
Mid-State Health Network

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

MSHN/REGIONAL MATTERS

1. FY2022-2023 Strategic Plan:

Attached to my report is the final MSHN Board of Directors approved FY2022-2023 Strategic Plan. The SUD Oversight Policy Board was presented with a draft version of the strategic plan in June 2021. Feedback from the board has been incorporated into the plan. The final plan includes not only the board approved strategic priorities and goals, but the MSHN Leadership developed objectives, tasks, and target dates.

2. COVID Updates:

BHDDA has approved Provider Stabilization Funds to continue through September 30, 2022. MSHN updated the regional guidance, located on the website to reflect continuation through FY22. To date, MSHN has distributed Provider Stabilization Funds to SUD providers:

- FY20 $$2,091,370
- FY21 $1,757,165

In addition, On September 29, 2021, Governor Whitmer signed Enrolled Senate Bill 82 into law. The statue raises the direct care worker premium pay from $2.25 per hour to $2.35 plus 12% employer costs. These amounts are to be paid in addition to the wage the direct care worker was earning prior to April 1, 2020, and are intended to be permanent. Regional guidance related to implementation of the direct care worker premium is located on MSHN's website.

Lastly, MSHN is in the final process of evaluating our position in relation to staff working arrangements. MSHN staff completed a survey that requested feedback on the efficiency and effectiveness of working remotely. A Provider Survey is being conducted until October 22, 2021, to obtain provider input on the same, regarding MSHN's staff continued remote operations, onsite or hybrid. Leadership will utilize this data to inform our strategy. We encourage all providers and stakeholders to provide feedback. To complete the survey, click here.

3. NEW COVID-specific SAPT Block Grant funding Approved

Per the Substance Abuse and Mental Health Services Administration (SAMHSA) recently issued guidance to apply for COVID testing and mitigation; "People with mental illness and substance use disorder are more likely to have co-morbid physical health issues like diabetes, cardiovascular disease, and obesity. Such chronic illnesses are associated with higher instances of contracting coronavirus disease (COVID-19) as well as higher risk of death or a poor outcome from an episode of COVID-19. To address this concern, the U.S. Department of Health and Human Services (HHS), through SAMHSA, will invest $100 million dollars to expand dedicated testing and

mitigation resources for people with mental health and substance use disorders." To view the full guidance, see link here.

Michigan Department of Health and Human Services (MDHHS) received the Substance Abuse and Mental Health Services Administration (SAMHSA) Notices of Award (NOA) to provide COVID-19 testing and mitigation to persons with Substance Use and Mental Health Disorders in Michigan through the Prepaid Inpatient Health Plans (PIHPs). The NOAs include $1.43 Million for the Substance Use Disorder Block Grant and $1.44 Million for the Mental Health Block Grant. To draw down the funding, PIHPs had to submit a spending plan and budget to SAMHSA for approval by October 1, 2021, with funds being spent by September 30, 2025.
MSHN submitted the below strategies for MDHHS consideration that would be distributed through our SUD Provider Network.

- Provide onsite COVID-19 testing
- Develop & implement strategies to address consumer hesitancy around testing
- Promote behaviors that prevent the spread of COVID-19 and other infectious diseases

4. Intergovernmental Agreement:

Attached to my report is the fully executed Substance Use Disorder Intergovernmental Agreement (IA). Based on the IA language as stated in Section 4.1. "The Intergovernmental Agreement will commence as of the date it is fully executed and signed by all parties and shall continue for 3 years. After confirmation and receipt of all twenty-one counties approval via signature, MSHN's Chief Executive Officer, Joseph Sedlock fully executed the agreement on July 29, 2021. Therefore, the IA will not be required to be renewed until July 2024. MSHN will ensure the board's review beginning in October 2023, to allow for sufficient review, edits, approval, and communication to the county commissions by the renewal date.

5. Population Health Activities: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET)

MSHN has been working with Zenith Technology Solutions (MSHN's data analytics platform) to develop reports for monitoring treatment initiation and engagement of individuals served for alcohol and other drug dependence. The reports are also stratified by race/ethnicity in order to identify any existing health disparities. Initial data review indicates there is a disparity in the rates of substance use treatment initiation and engagement for African American individuals compared to White individuals. During Q4 MSHN will perform additional data analysis at the county level. MSHN intends to share data for this measure with SUD provider organizations in order to develop strategies for increasing engagement.

STATE OF MICHIGAN/STATEWIDE ACTIVITIES

Governor Whitmer Proposes MI Healthy Communities

On September 14, 2021, Governor Gretchen Whitmer announced her MI Healthy Communities plan, a $1.4 billion proposal to expand care for families, build up facilities, and invest in local public health with federal relief dollars from President Biden's American Rescue Plan. The plan will address many of the deficiencies in Michigan's health infrastructure that were revealed during the pandemic and provide resources to meet Michigan families' mental health needs, expand access to behavioral care and telemedicine, upgrade nursing homes, and bolster local public health departments. The investments outlined below will help meet the mental health and behavioral care needs of Michiganders by expanding access to critical service and increasing and diversifying treatment access across the state.

- $335 million to increase capacity for **community-based behavioral health and substance use disorder treatments**. Grants will improve access across the state for:
    - Interventions for people with autism spectrum disorder
    - Mental health crisis supports
    - Residential and community-based services for children
    - Community-based wrap-around behavioral health services
    - Substance Use Disorder detoxification
    - Inpatient hospital services
- $20 million in **telemedicine infrastructure** support to build, equip, and operate secure rooms to access telehealth services at public locations including MDHHS local offices, homeless shelters, and community centers.
- $20 million to provide **respite care services to relieve families** who are providing continuous direct care to a family member typically done by a paid caregiver, ensuring families have the opportunity for a brief reprieve from providing care while juggling other responsibilities.
- $19 million in additional **financial support for foster parents** and foster youth living independently to mitigate the financial impacts of COVID, based on need. Support will come in the form of $1,500 lump sum payments to caregivers and independent living foster children to help with childcare costs, education, and technology supporting virtual school or work.

FEDERAL/NATIONAL ACTIVITIES

Kaiser Family Foundation: *Substance Use Issues Are Worsening*

The Kaiser Family Foundation has released an issue brief entitled *Substance Use Issues Are Worsening Alongside Access to Care*. "Amid the crisis of the COVID-19 pandemic, the United States is also facing a worsening substance use crisis. More than one in ten adults have reported starting or increasing the use of alcohol or drugs to cope with the pandemic. Additionally, deaths due to drug overdose spiked during the pandemic, primarily driven by opioids. Recently released data shows that over 93,000 drug overdose deaths were reported in 2020 – the highest on record and nearly a 30% increase from 2019." The brief makes the following points:

- "The recent uptick in substance use issues is disproportionately affecting many people of color**.**
- White people continue to account for the largest share of deaths due to drug overdose, but people of color are accounting for a growing share of drug overdose deaths over time.
- These recent trends are contributing to emerging disparities in drug overdose deaths among Black and American Indian and Alaska Native (AIAN) people, which may worsen if they continue**.**
- Substance use issues were a concern even before the pandemic, yet many of those in need of care, particularly people of color, were not receiving treatment.
- There is some reporting and evidence indicating that access and utilization of substance use services has further worsened during the pandemic.
- There have been some recent policy actions to address the worsening substance use crisis.**"**

Additional information is available at https://www.kff.org/policy-watch/substance-use-issues-are-worsening-alongside-access-to-care/?utm_campaign=KFF-2021-Coronavirus&utm_medium=email&_hsmi=148826992&_hsenc=p2ANqtz--ITjmBeVZGQ4x21BYlXziUoYKtC3iqJui-2opufyHudllEYlj7uKuINOFle2zHfZCdYwtAWxXP0ZV9hI-5a5QucU3RAQ&utm_content=148826992&utm_source=hs_email.

Health Insurance Marketplace – Open Enrollment

Centers for Medicare & Medicaid Services (CMS) has announced "that consumers will have an extra 30 days to review and choose health plans through Open Enrollment, which will run from November 1, 2021 through January 15, 2022, on HealthCare.gov. CMS is also expanding services provided by Federally-facilitated Marketplace Navigators and will re-launch its Champions for Coverage program that currently includes more than 1,000 local organizations that are active in providing outreach and education about the Health Insurance Marketplace and how consumers can enroll in coverage through HealthCare.gov, Medicaid, or CHIP. In addition, CMS established a new monthly special enrollment period targeting certain low-income individuals in Marketplaces through HealthCare.gov. The provisions also include important flexibilities for state partners. For example, state Marketplaces with their own eligibility and enrollment platforms will be able to set their own annual Open Enrollment Period end dates, so long as these dates are on or after December 15, 2021."

Additional information is available at https://www.cms.gov/newsroom/fact-sheets/patient-protection-and-affordable-care-act-updating-payment-parameters-section-1332-waiver.

Substance Abuse and Mental Health Systems Administration (SAMHSA)

SAMHSA has announced the award of "more than $123 million in funding through six grant programs to provide multifaceted support to communities and health care providers as the Nation continues to combat the overdose epidemic. These SAMHSA grant programs reflect the agency's and administration's ongoing mission to connect people who have substance use disorders (SUD) to culturally appropriate, evidence-based treatments and supports." SAMHSA is awarding funding throughout the Nation for the following grant programs:

Medication Assisted Treatment for Prescription Drug and Opioid Addiction (MAT-PDOA)

The MAT-PDOA grant program expands and enhances communities' access to medication-assisted treatment (MAT) services for people who have opioid use disorder (OUD). The five-year program seeks to increase the number of Americans receiving MAT and decrease their illicit opioid use and/or prescription misuse by their six-month follow-ups. Awards totaling $71.3 million are headed to 127 grantees, including 10 awards to tribal entities, which will receive up to $331.2 million over five years. A listing of all awardees is available at https://www.samhsa.gov/grants/2021/mat-prescription-drug-opioid-addiction, and the Michigan awardee is the M.G.H. Family Health Center, Muskegon, receiving $525,000.

Tribal Opioid Response Grants (TOR)

The TOR program addresses the opioid crisis in tribal communities by increasing access to culturally appropriate and evidence-based treatment, including MAT. In addition to focusing on OUD-related needs, grant recipients also address stimulant misuse and use disorders, focusing on such substances as cocaine and methamphetamine. Two-year funding awards totaling $19.5 million are headed to 40 grantees although none are in Michigan. A listing of all awardees is available at https://www.samhsa.gov/grants/2021/tribal-opioid-response, and there is no Michigan awardee.

Screening, Brief, Intervention, and Referral to Treatment (SBIRT)

The SBIRT program guides clinicians in the practice of screening for SUD; providing needed, brief intervention; and referring children, adolescents, and/or adults in primary care and community health settings to treatment services. Funding awards totaling $10.6 million are headed to 11 SBIRT grantees, who will receive up to $53.6 million over five years. A listing of all awardees is available at https://www.samhsa.gov/grants/2021/sbirt, and there is no Michigan awardee.

Strategic Prevention Framework for Prescription Drugs (SPF Rx)
The SPF Rx program provides funding to states, territories, and some tribal entities to raise community awareness and bring prescription drug misuse prevention activities and education to schools, communities, parents, prescribers, and their patients. The program is designed to raise awareness about the dangers of sharing medications and work with pharmaceutical and medical communities on the risks of overprescribing to young adults. Funding awards totaling $9.9 million are headed to 21 SPF Rx grantees, who will receive up to $40.3 million over five years. A listing of all awardees is available at https://www.samhsa.gov/grants/2021/spf-prescription-drugs while the Michigan awardee is the Little Traverse Bay Bands of Odawa Indians, Harbor Springs, receiving $384,000.

First Responder-Comprehensive Addiction and Recovery Act Grants (FR-CARA)
The FR-CARA program encourages first responders and members of other key community sectors to administer a federally-approved or device to use for the emergency reversal of a known or suspected opioid overdose. Grantees will train and provide resources to first responders and other community members at the state, tribal, and local governmental levels in safely implementing these lifesaving procedures. The grant recipients will also establish protocols for referring at-risk individuals to appropriate treatment and recovery support services. Funding awards totaling $8.2 million are headed to 16 FR-CARA grantees, who will receive up to $32.9 million over four years. A listing of all awardees is available at https://www.samhsa.gov/grants/2021/first-responder-addiction-recovery-act, and there is no Michigan awardee.

Providers Clinical Support System – Universities (PCSS-Universities)
SAMHSA's Providers Clinical Support System (PCSS) is a national training and clinical mentoring project developed in response to the prescription opioid misuse epidemic. PCSS trains health professionals to provide effective, evidence-based treatments to patients with OUD in primary care, psychiatric care, substance use disorder treatment, and pain management settings. The PCSS-Universities grant will expand or enhance access to MAT services at the community level by investing in the Nation's medical workforce educational system. This grant program funds education and training in MAT for students pursuing careers in the medical, physician assistant, and nurse practitioner fields. Funding awards totaling $3.9 million are headed to 27 PCSS-Universities grantees, who will receive up to $11.9 million over three years. A listing of all awardees is available at https://www.samhsa.gov/grants/2021/pcss-universities, and a Michigan awardee is Saginaw Valley State University, University Center, $149,989.

Submitted by:

Amanda L. Ittner

Finalized: 10.7.21

Attachments:
FY2022-FY2023 Strategic Plan
Substance Use Disorder Intergovernmental Agreement

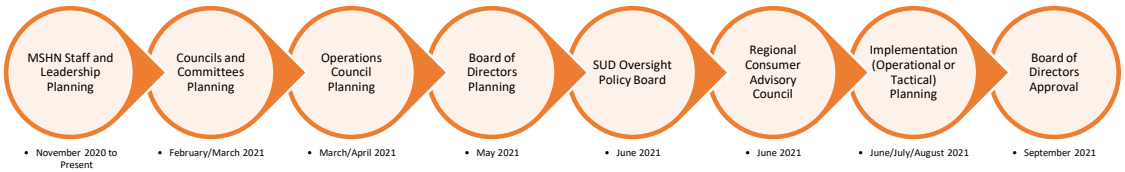
FY 2022 – FY 2023 STRATEGIC PLAN UPDATE

The pages that follow constitute the update to the Mid-State Health Network Strategic Plan covering fiscal years (FY) 2022 and 2023. This plan incorporates broad internal and external stakeholder input.

This strategic plan update represents a continuation of the strategic priorities of Mid-State Health Network to align with the "Quintuple Aim". The Quintuple Aim is the national framework for healthcare reform. This framework may be stated differently in the literature. For the Mid-State Health Network region, the quintuple aim includes these five strategic priorities: "*Better Health*", "*Better Care*", "*Better Value*", "*Better Provider Systems*" and new for this plan, "*Better Equity.*" These are referred to throughout the remainder of this document as our *strategic priorities*.

Of note, the previous MSHN regional strategic plan was extended for FY 21 due to the Coronavirus pandemic.

As depicted below, strategic priorities, strategic goals, and strategic objectives were discussed and developed with input from MSHN staff, various councils and committees, the MSHN Regional Consumer Advisory Council, the MSHN Operations Council, the MSHN SUD Oversight Policy Board, the MSHN Governing Board and the Michigan Department of Health and Human Services. Meetings and other activities to gather this broad input occurred from November 2020 through July 2021.



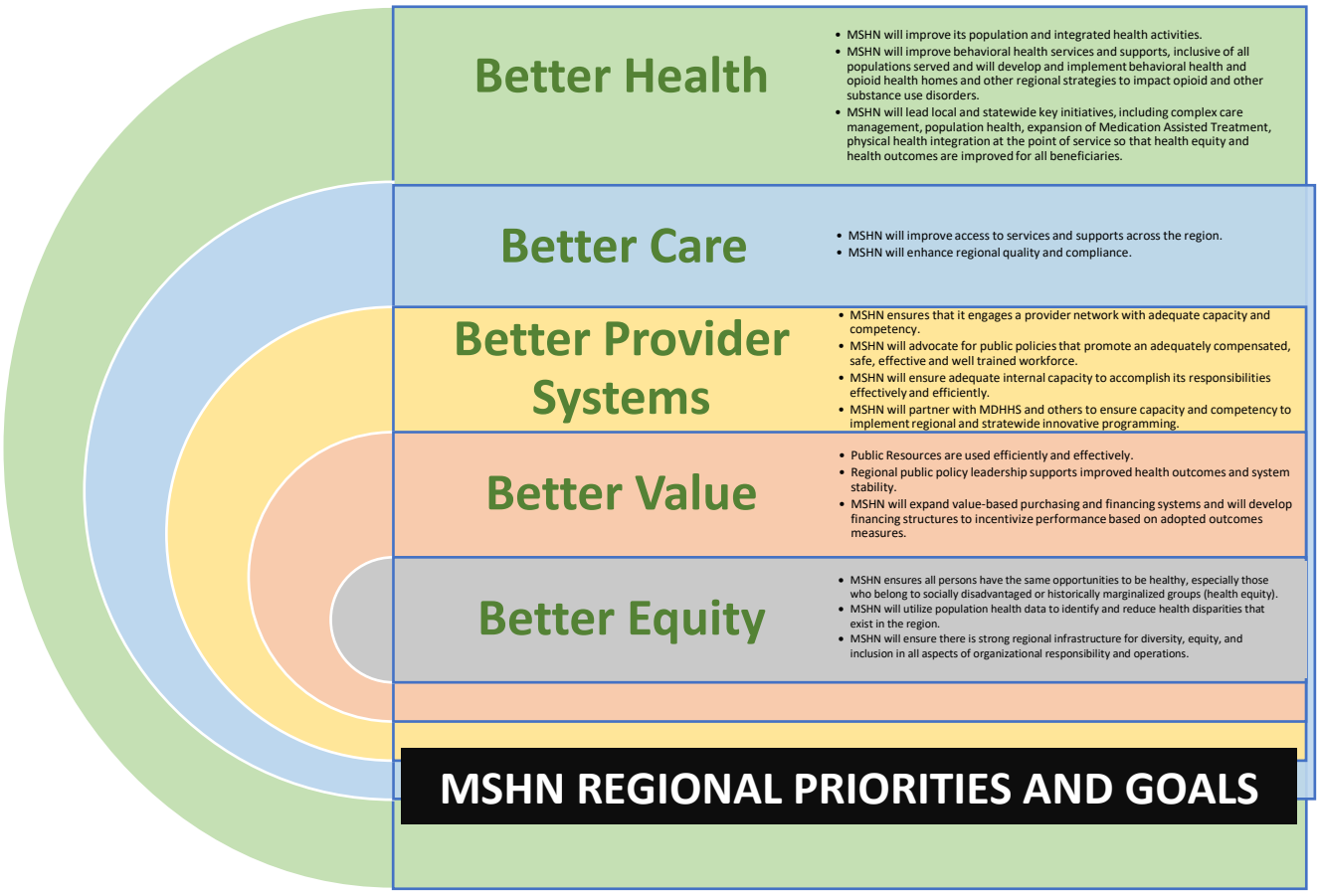
Based on this broad input, MSHN executive leadership extracted the strategic goals that emerged around common themes and which accurately correspond with its view of the accountabilities of the Mid-State Health Network, current environmental opportunities and threats, and its mission to support services within the 21-county region which best meet the needs of Medicaid, Healthy Michigan, Substance Abuse Prevention and Treatment (SAPT) Block Grant and Liquor Tax-Funded beneficiaries. MSHN's strategic goals and related strategic objectives are shown within the strategic priorities framework.

Our strategic plan is based on our *founding principles*, which include cooperative, open, and frank discussion of the strengths, weaknesses, and capacities of MSHN and each CMHSP partner as well as partnership with our SUD provider network; planning and operations that reflect a realistic evolutionary process; flexible and robust managed care operations not favoring any provider or any particular CMHSP or CMHSP service model; and many others. In partnership, MSHN and its CMHSP participants are committed to effective health integration activities, equity, and accountability.[1]

[1] Extracted from "Principles to Guide the New PIHP", MSHN Operations Council, December 13, 2012

The following pages present the strategic plan elements for fiscal years 2022 and 2023. These include new priorities, goals, and objectives developed in the process described above and continued or revised strategies from the previous MSHN Strategic Plan.

The MSHN Strategic Plan is based on the Strategic Priorities identified in the graphic below. The MSHN Strategic Goals are identified on the right of this graphic. The remainder of this document includes this material as well as strategic objectives for the region.



There is a significant amount of crossover among the strategic goals that are placed within the strategic priorities framework. Assignment of a strategic goal to a particular strategic priority is therefore somewhat arbitrary but has been mostly guided by the expected outcome of achieving the strategic goal.

Significant themes have emerged in the process of strategic planning, in particular the need to *improve consistency*, *improve standardization*, and *improve cost-effectiveness*. We have used these themes as guideposts in our development of regional and MSHN-specific strategic goals, as we have since our inception.

PLANNING RESPONSIBILITY AND TIMELINES CHART

MID-STATE HEALTH NETWORK LEADERSHIP TEAM

Joseph Sedlock,
Chief Executive Officer

Amanda Ittner,
Deputy Director

Todd Lewicki,
Chief Behavioral Health Officer

Forest Goodrich,
Chief Information Officer

Dani Meier,
Chief Clinical Officer

Skye Pletcher
Director of Care and Utilization Management

Kim Zimmerman,
Chief Compliance and Quality Officer

Leslie Thomas,
Chief Financial Officer

MSHN
Mid-State Health Network

KEY ASSUMPTIONS AND KEY QUESTIONS FOR STRATEGIC PLANNING

Mid-State Health Network stakeholders developed what were considered to be important or key assumptions and questions to address in the strategic planning process. These can certainly be expanded and debated but represent the major themes revealed during the regional planning process. There were more key questions and assumptions (See Appendix 1), which have been narrowed down to the following top considerations:

KEY ASSUMPTIONS
Carve in remains a material threat even while a COVID-19 pandemic response is likely to continue well into FY 22 (and beyond). Legislation has been drafted (and introduced) that would eliminate Pre-paid Inpatient Health Plans (PIHPs) as the public managed care entities in Michigan.
By their own statements, MDHHS/BHDDA will not have the necessary staffing and other resources to drive major system reform/redesign. There continues to be legislative and advocate community desire to reform the public system. MDHHS/BHDDA wants reform, too, but is under-resourced to carry it out.
MSHN should lead reform, innovation, and collaboration efforts in the region and statewide. Unless there are changes to MSHN bylaws or regional endorsement to take on these roles, MSHN has no independent ability to pursue multi-PIHP or public/private partnerships, multi-regional or statewide opportunities.
Regional revenues will likely be pressured in future years. Revenue/Rates for FY21 and FY22 will likely be adjusted down due to low utilization during the pandemic, which should be an anomaly. • *May be offset by new federal funding under the MH and SAPT block grant and may require that the region conduct additional planning to effectively use these funds.* • *Strong commitment to Certified Community Behavioral Health Clinics (CCBHCs) and Behavioral Health Homes and Opioid Health Homes – may require additional planning to effectively implement and use these funds and may have implications for regional entity (MSHN) staffing.* • *KB lawsuit may have implications for financing and system design.* • *Post COVID utilization may increase (without necessary funding to support it).*
Performance matters. PIHP staff must be retained and MSHN must continue to fulfill (and exceed) expectations especially in light of the threat of elimination of PIHPs by the legislature/others.
Information technologies are expanding rapidly. The region may need better surveillance, awareness and participation in information sharing initiatives (such as eConsents, ADT feeds, EMR interoperability initiatives, electronic visit verification, and more).
Health integration, including behavioral/physical health integration, pressures our systems to look more like traditional healthcare delivery systems in spite of the fact that there are significant differences in the financing, delivery, and management models. Continued pressure to conform to traditional healthcare system structures and delivery modalities will have to be faced by the public behavioral health system.

KEY QUESTIONS
What is the role for MSHN and how should MSHN be preparing for CCBHC, State Innovation Model (SIM), Opioid Health Homes, Behavioral Health Homes? And to what extent does the regional delegation model impact future options and current effectiveness/efficiency?
Will MDHHS continue to seek to strengthen the existing public behavioral health system (even if "reformed") in a manner than retains the public nature of our system, keeps the county-based CMHSP structure, and the regional-entity managed substance use disorder prevention and treatment system structures largely intact?
To what extent should MSHN partner with like-minded PIHPs/Regional Entities to address key reform issues (i.e., "criticisms" upon which reform/redesign are largely based), address threats, leverage opportunities?
To what extent should MSHN position itself to partner with other entities (including Federally Qualified Health Clinics [FQHCs], Health Plans in and outside of Michigan, and other entities) in anticipation of future redesign initiatives, to address threats and leverage opportunities?
Should (National Committee for Quality Assurance, NCQA) accreditation for MSHN be revisited in light of current and predicted future environment (threats and opportunities)? (PIHPs/Regional Entities operating with accredited managed care operations include Detroit/Wayne, Southwest Michigan Behavioral Health, NorthCare, Oakland, Beacon Health Options). MSHN and CMHSPs are already stretched and should consider accreditation if it strengthens the public system and enhances support of various public system initiatives (such as CCBHCs, SIM, OHH, BHH and others).

ENVIRONMENTAL SCAN FOR STRATEGIC PLANNING

Mid-State Health Network stakeholders developed important environmental scan observations. These are arranged by strengths and weaknesses (internal-looking), threats and opportunities (external-looking). These can certainly be expanded and debated but represent the themes identified in the planning process. There are more strengths, weaknesses, opportunities, and threats that were identified (See Appendix 2), which have been narrowed down to the following considerations:

SUMMARY OF STRENGTHS AND WEAKNESSES:

Strengths:

MSHN INTERNAL STAFFING AND STRUCTURE:

- MSHN staff have a high workload capacity, are strong, dedicated, and competent who can work independently. In addition, they are highly effective in the remote work environment.

REGIONAL/STATEWIDE LEADERSHIP:

- The MSHN board has consistently demonstrated strength, fortitude and leadership, a high degree of cohesion, and a documented history of getting things done.

- MSHN maintains an excellent reputation in Michigan, is viewed as highly collaborative in-region and with external partners, and a statewide leader in many initiatives. MSHN is known to "listen" to the needs of the region and incorporate network feedback into services and operations. MSHN is a trailblazer in PIHP operations and state initiatives leading to positive impacts on people and their quality of life, health status, and more. MSHN has advanced public policy priorities as well as regional priorities to improve quality and effectiveness of services and supports.
- MSHN is developing its depth and governance in regional change management processes and communications.

MSHN OPERATIONS:

- MSHN has been a consistently high performing PIHP since its inception: Penetration rates, Medical Loss Ratio, Financial Stability and other standard performance on metrics have been exemplary; MSHN has earned 100% of its performance bonuses in all periods prior to FY 2020. Quality/performance metrics; Compliance to state requirements; and data reporting. Highly developed IT system and support infrastructure, including data analytics, have been exceptional. MSHN uses innovative techniques to accomplish objectives. Transparency in operations, providing a lot of data and metrics, and tracking a lot of data points are features of our day-to-day operations. MSHN has established an efficient administration/process. CCBHC participation in region is significant, with PIHP-level supports evolving.

PROVIDER NETWORK:

- MSHN has a strong rapport with the provider network which includes fiscal oversight, contract monitoring, and an especially strong and open communication strategy. This was noted during the COVID-19 pandemic where MSHN was envied among other regions related to a rapid response to provider needs including provider stabilization funds. In turn, MSHNs region boasts robust network adequacy.

Weaknesses:

MSHN INTERNAL STAFFING AND STRUCTURE:

- Even with a strong performance driven culture, at times, the capacity of MSHN staff is stretched due to a lean staffing model. At times, filling vacancies due to attrition can take several months as a candidate with matching credentials and experience is sought.

REGIONAL/STATEWIDE LEADERSHIP:

- MSHN endeavors to be a leading PIHP in Michigan though is not currently participating in all the possible state innovative projects and initiatives, like opioid health homes (because of State roll-out scheduling).

MSHN OPERATIONS:

- Although some see this as a strength or a feature of how MSHN was designed, MSHN lacks the ability to act independently, for example, the current provider governance model/operating agreement restricts its flexibility with financing our CMHSPs, a lack of local

PIHP funds. While this is recognized, because of lean operations we lack the required time and resources to complete change management (i.e., approval processes) in a timely manner.

- The MSHN PIHP is not accredited. (Since the NCQA readiness assessment was conducted several years ago, seeking accreditation in the near term may be more readily implemented and accepted in the region).
- There is limited CMHSP data sharing and lack of access of integrated health data within PIHPs. To that end, there is a deficiency of well-defined outcome metrics. For example, MSHN is tracking an abundance of data points without the resources to act (follow-through/monitor).
- The current MDHHS model and guidance related to CCBHCs is deficient (although a framework is expected in near future), MSHN requires additional direction related to rules and regulations and to ascertain impacts on MSHN operations (if any).

PROVIDER NETWORK:

- MSHN SUD Provider Network includes a significant level of duplication for some types of services due to delegated "no wrong door" access system. In addition, value-based purchasing (VBP) is under-developed and requires the providers understanding the concept and embracing the strategy to move in this direction. The SUD Provider network does not feel adequately compensated for the indirect/admin requirements. In addition, MDHHS encounter reporting system is not developed in this area. Case rates and other similar fiscal arrangements would be reported by the PIHP under specific Current Procedure Terminology (CPT) and Healthcare Common Procedural Coding System (HCPCS) codes which would not reflect the actual "service activity". MSHN has not conducted a regional review of how to better integrate services for SAPTR at the local level.
- At MSHN, and across all providers and CMHSP Participants, staff resources are strained in providing an abundance of technical assistance to providers who have an inconsistent level of performance and depth of knowledge.
- Workforce recruitment, retention, recognition, compensation, and related factors are causing a region (and state) wide workforce crisis.

SUMMARY OF THREATS AND OPPORTUNITIES:

THREATS:

SYSTEM REFORM/REDESIGN:

- Legislative and MDHHS system reform/redesign elements include the threat of carve in (including separately carving in the SUD benefit to Medicaid Health Plans (MHPs), which will likely be addressed in the MHP contract rebid concluding 09/30/2023), elimination of the PIHPs, of which MSHN is one (of 10), all of which could affect the service array, CMHSP operations, PIHP role and operations, and requires clarity on what the MSHN Board and regional CMHSPs will support MSHN being or becoming, including which potential

partnerships with physical health payers, partnerships with other PIHPs, and other initiatives, can take place and under what conditions.

RESOURCES:

- State budget shortfalls (due to COVID-19 and decreased service utilization during the pandemic response, federal changes to the ACA and/or federal appropriations), PIHP fiscal instability for some PIHPs, reductions in SUD block grant funding, lack of availability of MSHN local funds earned but fully distributed to CMHSPs per the Operating Agreement, reductions in rates associated with standard cost allocation initiative, perceived high costs, and other factors may influence how PIHP rates are set and may result in decreased revenue and pressure on the public system to drive costs down. The COVID pandemic response has increased awareness of mental health and substance abuse issues that may wane as the pandemic resolves. Funding may suffer as a result.
- Behavioral Health workforce shortages, attrition, retention, attraction and (especially with the SAPT workforce adequacy of compensation) will continue to pressure providers and resource SAPT network competency pressures to breaking points; MSHN capacity for adequate technical assistance and provider performance monitoring. An additional concern with legislative and other proposals to eliminate PIHPs is the potential for MSHN employees to leave and the ongoing ability of MSHN to carry out its responsibilities.

OPPORTUNITIES:

SYSTEM REFORM/REDESIGN

MDHHS has stated that it will not intentionally pursue system redesign, but the public system should take advantage of this opportunity to develop/implement reforms (even as legislative proposals call for elimination of PIHPs). MSHN and the region should prepare itself and delineate boundaries, if any, on MSHN latitude to pursue dialogs that may lead to partnerships that strengthen the region (such as complex care management for the unenrolled; partnerships with physical health payers, partnerships with other PIHPs and reducing health disparities). The MSHN Operations Council and the MSHN Board of Directors strongly supports MSHN continuously planning, researching, and developing strategic relationships and bringing forward proposals that would strengthen the public system, specifically CMHSPs, in the region.

RESOURCES

National healthcare reform is focused on the expansion of value-based purchasing and alternative payment models, which require the development of meaningful outcome measures associated with expanded evidence based practices, robust and inter-operable information technology and consent management systems capable of gathering and reporting data on physical and behavioral health conditions, social determinants of health, and health equity parameters and should result in a more standardized benefit, access criteria, and utilization management criteria within and between regions.

LEADERSHIP

MSHN has a history and experience being a leader on many initiatives among PIHPs in the state and should use this reputation to partner/collaborate on key initiatives, including population health, complex care management, physical health integration at the point of service, and influence the

outcomes of a variety of statewide initiatives (including but not limited to reducing health disparities and improving health outcomes for beneficiaries, collaborations with physical health payers, standard cost allocation, potential redesign/reform, expansion of Medication Assisted Treatment (MAT), Home and Community Based Services (HCBS) systems, etc.).

STRATEGIC PRIORITIES:

- MSHN has five strategic priorities. Strategic Priorities are the broadest strategic statement and require board approval:
    - Better Health

      Improve the health of the beneficiary population in the Mid-State Health Network region by supporting evidence-based interventions and other innovations to address behavioral, social, and environmental determinants of health.

    - Better Care

      Improve the overall experience of persons in services and the quality of services and supports by ensuring services and supports are person centered, family driven/youth guided, reliable, accessible, safe and effective.

    - Better Value

      Increase value for resources used by achieving balance between quality, cost, and outcomes and providing where permitted incentives to achieve better value.

    - Better Provider Systems

      Ensure availability of and beneficiary access to an adequate, competent, capable, broad, accessible, well-compensated and satisfied provider system and workforce members.

    - Better Equity

      Reduce and work toward the elimination of disparities – whatever their causes – so that communities and individuals can achieve their highest desired level of health.

STRATEGIC GOALS:

Like Strategic Priorities, Strategic Goals are board approved. The following tables are formatted to show the Strategic Priority followed by an indented Strategic Goal, followed by another indented Strategic Objective and tasks/activities. Strategic Objectives and related activities are management developed prerogatives about which the board advises.

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STRATEGIC PLAN LEADERSHIP AND DASHBOARD TRACKING WORKSHEET
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STRATEGIC PRIORITY	STRATEGIC GOAL	STRATEGIC OBJECTIVE	CHAMPION	TASK/ACTIVITY	MSHN Lead	TARGET DATE
BETTER HEALTH						
	MSHN will improve its population health and integrated care activities.				Director of Utilization and Care Management	09/30/23
		MSHN will explore initiatives to address social determinants of health that contribute to undesirable health outcomes for persons served.	Director of Utilization and Care Management	MSHN will identify strategies to improve access to care such as telehealth, transportation assistance, and others.	Director of Utilization and Care Management	09/30/22
				MSHN will explore the use of geographic information systems in order to better understand neighborhood-level characteristics and areas of need.	Director of Utilization and Care Management; Chief Information Officer	09/30/22
				MSHN will work with its partner CMHSPs to develop a standardized process for collecting and sharing data related to social determinants of health.	Director of Utilization and Care Management; Chief Information Officer	09/30/23
	MSHN will improve behavioral health services and supports, inclusive of all populations served and will develop and implement behavioral health and opioid health homes and other regional strategies to impact opioid and other substance use disorders.				Chief Behavioral Health Officer	09/30/23
		MSHN will ensure regional readiness for implementation of opioid health homes.	Chief Clinical Officer	MSHN will complete a review of the requirements for opioid health homes and designate a point person to oversee the project.	Chief Clinical Officer	09/30/22
				MSHN will assess regional readiness for implementation of opioid health homes.	Chief Clinical Officer	09/30/22
				MSHN will develop a workplan for identified areas of improvement based on assessment results including meeting with Region 2 to determine implementation successes and barriers.	Chief Clinical Officer	09/30/22
				MSHN will use a procurement process to select an Opioid Health Home within the region ensuring they meet all the requirements identified by the MDHHS and SAMHSA.	Chief Clinical Officer	09/30/23

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STRATEGIC PRIORITY	STRATEGIC GOAL	STRATEGIC OBJECTIVE	CHAMPION	TASK/ACTIVITY	MSHN Lead	TARGET DATE
		MSHN will ensure regional readiness for implementation of behavioral health homes.	Chief Behavioral Health Officer	MSHN will complete a review of the requirements for behavioral health homes (including what, who, by when, related metrics (if any).	Chief Behavioral Health Officer	09/30/22
				MSHN will assess regional readiness for implementation of behavioral health homes (including what, who, by when, related metrics (if any).	Chief Behavioral Health Officer	09/30/22
				MSHN will develop a workplan for identified areas of improvement based on assessment results (including what, who, by when, related metrics (if any).	Chief Behavioral Health Officer	09/30/22
				MSHN will use a procurement process to select a behavioral health home within the region ensuring they meet all the requirements identified by the MDHHS and SAMHSA.	Chief Behavioral Health Officer	09/30/23
		MSHN will discuss and identify any other regional strategies to impact opioid and other substance use disorders.	Chief Clinical Officer	MSHN will monitor its Provider Network to ensure Evidence Based Practices are included in substance use disorder treatment as part of the annual site review process.	Chief Clinical Officer	09/30/23
				MSHN prevention team will work with community partners to increase awareness of opioid use in older adults, including risk for overdose when prescription opioids are mixed with alcohol.	Chief Clinical Officer	09/30/23
				MSHN will add information on obtaining free Naloxone and the link to order Naloxone to our website to ensure people in the region have access to life saving medication.	Chief Clinical Officer	09/30/23
				MSHN will work to increase access to re-entry services and will work with contracted providers to expand access to services within the jail setting.	Chief Clinical Officer	09/30/23

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STRATEGIC PRIORITY	STRATEGIC GOAL	STRATEGIC OBJECTIVE	CHAMPION	TASK/ACTIVITY	MSHN Lead	TARGET DATE
	MSHN will lead local and statewide key initiatives, including complex care management, population health, expansion of Medication Assisted Treatment, physical health integration at the point of service so that health equity and health outcomes are improved for all beneficiaries.				Deputy Director	09/30/23
		MSHN will support care coordination and complex care management for the unenrolled population within the region.	Deputy Director	MSHN will develop a standard data validation and reporting on the unenrolled population, including frequency and distribution to the network via ICDP.	Chief Information Officer	09/30/22
				MSHN will review/determine risk stratification criteria and desired improvement metrics that include both process and outcome metrics.	Deputy Director	06/30/22
				MSHN will track and monitor improvement efforts, identify barriers and reassess initiatives annually through CLC, UMC and QIC.	Chief Behavioral Health Officer, Director of Utilization and Care Management, Quality Manager	03/31/22
		MSHN will review the region's Population Health via standardized, nationally recognized metrics, to update (replace, remove or add) the region's process and outcome strategies to improve access to care and overall health.	Director of Utilization and Care Management	MSHN will increase regional use of information technology data systems to support population health management.	Chief Information Officer	04/30/23
				MSHN will pursue e-consent management opportunities to improve care coordination between behavioral health, physical health, and SUD systems of care.	Chief Information Officer, Director of Utilization and Care Management	09/30/22

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STRATEGIC PRIORITY	STRATEGIC GOAL	STRATEGIC OBJECTIVE	CHAMPION	TASK/ACTIVITY	MSHN Lead	TARGET DATE
BETTER CARE						
	MSHN will improve access to services and supports across the region.				Chief Behavioral Health Officer	09/30/23
		MSHN ensures a consistent service array (benefit) across the region and improves access to specialty behavioral health and substance use disorder services in the region.	Chief Behavioral Health Officer	MSHN will review and determine SUD screening and access needs and recommend improvements as appropriate.	Director of Utilization and Care Management	09/30/22
				MSHN will review and address need for increasing access to children's acute care services.	Chief Behavioral Health Officer	09/30/22
				MSHN will participate in PRTF discussions through MDHHS planning workgroup as appropriate.	Chief Behavioral Health Officer	09/30/22
				MSHN will review and determine capacity needs for ABA services and work with region and providers.	Waiver Manager (BG)	09/30/22
		MSHN takes actions to improve access to psychiatric inpatient care, reduce denials and improve emergency and crisis support continuum of care available in the region and across the State.	Chief Behavioral Health Officer	MSHN to review the use of a psychiatric inpatient denial database.	Director of Provider Network Management Systems	03/01/22
				MSHN will implement a regionally-operated crisis residential unit.	Chief Behavioral Health Officer	03/01/22
				MSHN will monitor mobile crisis response (intensive crisis stabilization services) activities, and suggest process and outcomes metrics.	Chief Behavioral Health Officer; Director of Utilization and Care Management	09/30/22
				MSHN will work with MDHHS to determine readiness to bring the Michigan Crisis and Access Line (MiCAL) function to the region and establish workplan.	Chief Behavioral Health Officer; Director of Utilization and Care Management	04/30/22
				MSHN will work with MDHHS to implement relevant process and outcomes measures for MiCAL.	Director of Utilization and Care Management	12/31/22
				MSHN will monitor the number of emergency room visits and the time spent in emergency room for substance use in the Jackson community to measure the reduction of emergency room services now that the Engagement Center is open.	Chief Clinical Officer	03/31/22
				MSHN will monitor the amount of project ASSERT screenings that are completed in the emergency department that result in substance use disorder and behavioral health referrals and track the percentage of referrals that attend a referred service within the MSHN network of providers.	Chief Clinical Officer	12/31/22

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STRATEGIC PRIORITY	STRATEGIC GOAL	STRATEGIC OBJECTIVE	CHAMPION	TASK/ACTIVITY	MSHN Lead	TARGET DATE
		MSHN's network of providers establish processes to assist individuals served in establishing and maintaining eligibility for Medicaid and/or Healthy Michigan Program coverage.	Chief Compliance and Quality Officer	Coordinate a review of individuals whose services are funded by Block Grant and connect those who are not Medicaid or Healthy Michigan covered to DHHS for eligibility review.	Customer Services Specialist	09/30/22
		MSHN ensures expanded SAPT and CMHSP service access and utilization for Veterans and Military Families through implementation of the regional and statewide Veteran and Military Family Member strategic plan.	Chief Clinical Officer	Provide trainings to improve Military Cultural Competency in the provider network and reduce the stigma associated with accessing treatment services and support for behavioral health and substance use disorders.	Veteran's Navigator	09/30/23
				MSHN will increase access to services for veterans by monitoring data regarding the number of veterans in MSHN's network who connect with the Veteran Navigator and developing strategies to connect veterans to services either through the VA or MSHN's BH/SUD network.	Veteran's Navigator	09/30/23
				Reduce veteran suicide within the MSHN region through participation in local suicide prevention coalitions.	Veteran's Navigator	09/30/23
				MSHN will increase access to veteran peer specialist, veteran peer recovery coaches, and veteran recreation therapy to increase access and engagement in treatment and recovery services for veterans and military families.	Veteran's Navigator	09/30/23
	MSHN will enhance regional quality and compliance				Chief Compliance and Quality Officer	09/30/23
		MSHN will provide leadership on improving the consistency and implementation of person-centered planning, self-determination, conflict free case management, and independent facilitation in the region.	Chief Compliance and Quality Officer	PCP toolkit/training resource will be updated on a quarterly basis and made available to the provider network.	Chief Compliance and Quality Officer	06/30/22
				Identification of additional training(s) and resources will be based on findings/outcomes from annual internal (DMC) and external (MDHHS) site reviews.	Chief Compliance and Quality Officer	12/31/22
				MSHN will provide templates, formats and/or guidelines as identified through semi-annual review by CLC and QIC.	Chief Compliance and Quality Officer	03/30/23

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STRATEGIC PRIORITY	STRATEGIC GOAL	STRATEGIC OBJECTIVE	CHAMPION	TASK/ACTIVITY	MSHN Lead	TARGET DATE
		On a regional basis, effectively engage like-minded partners in leading initiatives to address system reform objectives, especially those that improve beneficiary access to and benefit from services and to promote long-term stabilization of the public behavioral health system.	Chief Behavioral Health Officer	MSHN through its CLC, UMC, and QIC, will identify relevant system reform objectives (including what, who, by when, related metrics (if any).	Chief Behavioral Health Officer; Director of Utilization and Care Management; Quality Manager	04/30/22
				MSHN will identify the group most appropriate to address system reform objectives (including what, who, by when, related metrics (if any).	Chief Behavioral Health Officer; Director of Utilization and Care Management; Quality Manager	09/30/22
				MSHN will work with its partners to establish a workplan to address system reform objectives (including what, who, by when, related metrics (if any).	Chief Behavioral Health Officer; Director of Utilization and Care	09/30/23
		Expand penetration rates in specialty populations (in particular, older adults, adolescents and veterans).	Chief Behavioral Health Officer	MSHN will establish baseline penetration rate for its specialty populations including utilization rates of SUD and BH services.	Chief Behavioral Health Officer; Chief Clinical Officer	09/30/22
				MSHN will identify strategies to address increased penetration rates for adolescents and older adults (including what, who, by when, related metrics (if any).	Director of Utilization and Care Management; Quality Manager	09/30/22
				MSHN will work with substance use disorder providers to engage community partners such as schools, senior centers, MDHHS, courts, faith-based agencies, etc. to establish a support network for adolescents and older adults in services and to build relationships to increase referrals for people who need substance use disorder services.	Lead Treatment Specialist; Lead Prevention Specialist	09/30/23
				MSHN will increase access to services for veterans by monitoring data regarding the number of veterans in MSHN's network who connect with the Veteran Navigator and developing strategies to connect veterans to services either through the VA or MSHN's BH/SUD network.	Veteran's Navigator	09/30/23

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STRATEGIC PRIORITY	STRATEGIC GOAL	STRATEGIC OBJECTIVE	CHAMPION	TASK/ACTIVITY	MSHN Lead	TARGET DATE
		MSHN will have well established compliance processes that are recurring, consistent and measurable and aimed at preventing, detecting, and deterring fraud, waste and abuse.	Director of Quality, Compliance and Customer Services	The Medicaid Event Verification site review results will be analyzed for trends of non-compliance with required standards on a quarterly basis and utilize MSHN's Compliance Committee and the Regional Compliance Committee to develop processes/education/training to promote compliance.	Chief Compliance and Quality Officer	12/31/22
				Develop a compliance webpage on MSHN's website providing current information on healthcare rules and regulations, education on current trends of non-compliance as identified through internal and external site reviews and identification of trainings on compliance related activities. The webpage will be updated as new information is available.	Chief Compliance and Quality Officer	12/31/22
				Identify trends of non-compliant activities as reported on the Office of Inspector General quarterly activity report and utilize MSHN's Compliance Committee and the Regional Compliance Committee to develop processes/education/training to promote compliance.	Chief Compliance and Quality Officer	12/31/22
				Research options and determine feasibility for the completion of a compliance risk assessment region wide.	Chief Compliance and Quality Officer	12/31/22

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STRATEGIC PRIORITY	STRATEGIC GOAL	STRATEGIC OBJECTIVE	CHAMPION	TASK/ACTIVITY	MSHN Lead	TARGET DATE
BETTER VALUE						
	Public Resources are used efficiently and effectively.				Chief Financial Officer	09/30/23
		MSHN will participate in the State's development of various monitoring and reporting processes to ensure continual input and outcomes that are supportive to the MSHN region and its system. State-engineered systems for financing and determining value (such as Behavioral Health Fee Screens, Standard Cost Allocation Models, Rate development, and others) require full MSHN regional participation to shape them appropriately.	Chief Financial Officer	MSHN will ensure through the work of its regional Finance Council each CMHSP implements all MDHHS fiscal guidelines. Finance Council will engage in monthly discussions and problem solving to ensure standardization and consistency.	Chief Financial Officer	09/30/22
				MSHN's Fiscal Officers will ensure MDHHS feedback regarding State changes are addressed and corrected in a timely manner.	Chief Financial Officer	09/30/22
	Regional public policy leadership supports improved health outcomes and system stability.				Chief Executive Officer	09/30/23
		MSHN continues to evaluate the feasibility and appropriateness of pursuing NCQA (or other) accreditation in light of system redesign initiatives, potential for partnerships in the future and the potential for long-term value added to the region.	Deputy Director	MSHN will assess new design initiatives for application/appropriateness of accreditation of the PIHP.	Deputy Director	09/30/22
				MSHN will assess long-term planning and readiness for accreditation.	Deputy Director	03/30/23
		MSHN will ensure consistent, standardized, and cost-effective operations and will position the region for continued success regardless of payer structure – MDHHS processes for standardized cost allocation and independent rate models once promulgated will be followed to promote regional consistency.	Chief Financial Officer	MSHN will ensure through the work of its regional Finance Council each CMHSP implements all MDHHS fiscal guidelines. Finance Council will engage in monthly discussions and problem solving to ensure standardization and consistency.	Chief Financial Officer	09/30/23
				MSHN and its Regional Finance Council will monitor budget trends to evaluate cost-effectiveness.	Chief Financial Officer	09/30/22

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STRATEGIC PRIORITY	STRATEGIC GOAL	STRATEGIC OBJECTIVE	CHAMPION	TASK/ACTIVITY	MSHN Lead	TARGET DATE
		MSHN will advocate for public policies, statutes and financing necessary to advance beneficiary health outcomes improvements that demonstrate good stewardship of public resources and partnership with persons served and their advocates.	Chief Executive Officer	MSHN will participate in MDHHS and State Government meetings as necessary to ensure structured advocacy occurs for Behavioral Health and Substance Use Disorder persons served.	Chief Executive Officer	09/30/23
				MSHN will engage with providers to develop strategies to improve outcomes for persons served. The success of this task will require cross functional department efforts.	Chief Executive Officer	08/01/22
		MSHN will expand value-based purchasing and financing systems and will develop financing structures to incentivize performance based on adopted outcomes measures.	Chief Financial Officer	MSHN will expand its Value Based purchasing efforts mutually agreeable outcomes and measures are developed with providers.	Chief Financial Officer	09/30/23
				MSHN will evaluate, at least annually, existing Value Based purchasing agreements to determine efficacy and identify updates to improve persons served outcomes or better service value.	Chief Financial Officer	09/30/22
		Increase overall efficiencies and effectiveness by streamlining and standardizing business tasks and processes as appropriate.	Chief Compliance and Quality Officer	Identify capacity within REMI for building reports, data collection, and reporting.	Chief Information Officer	04/30/22
				Develop list of available reports in REMI inclusive of the purpose (what is the intended purpose, what data is included, who the intended audience is, etc.), source(s) of data, frequency data is updated, and how this will be communicated to staff.	Chief Information Officer	09/30/22
				Identify if there are similar reports that could be combined, discontinued, etc. and any needed additional reports.	Chief Information Officer	09/30/22
				Develop and implement of standardized Plans of Correction template and process.	Chief Compliance and Quality Officer	03/30/23
				Develop a process map to include how plans of correction are developed, implemented, and utilized for providers. Include required plans of corrections for internal and external reviews inclusive of DMC, department reviews, HSAG, MDHHS, etc. to eliminate/reduce duplication of plans of correction.	Chief Compliance and Quality Officer	03/30/23
				Identify a centralized place to store plan of correction that is easily accessible by MSHN staff.	Chief Compliance and Quality Officer	06/30/22
				Develop a consistent internal communication process that is meaningful and accessible.	Chief Compliance and Quality Officer	09/30/22
				Review current types of information being shared with all staff and identify if any additional types of information should be shared.	Chief Compliance and Quality Officer	09/30/22

MID-STATE HEALTH NETWORK
STRATEGIC PLAN LEADERSHIP AND DASHBOARD TRACKING WORKSHEET
FY 2022- FY 2023

STRATEGIC PRIORITY	STRATEGIC GOAL	STRATEGIC OBJECTIVE	CHAMPION	TASK/ACTIVITY	MSHN Lead	TARGET DATE
				Review current methods for sharing relevant information to MSHN Staff. Determine if information is being shared in a meaningful and easily understandable manner and determine whether other methods of disseminating information be used.	Chief Compliance and Quality Officer	12/31/22
				Review internal (DMC) site review standards.	QAPI Manger; Quality Manager	12/31/22
				Complete a crosswalk of review elements to other internal (annual plans, etc.) and external (HSAG, MDHHS, etc.) reviews to eliminate redundancies.	QAPI Manger; Quality Manager	03/30/23
				Identify content expert staff involvement per content area as well as staff responsibility for plan of correction review and approval, implementation and effectiveness.	QAPI Manger; Quality Manager	12/31/22
				Review use of management systems to increase efficiency with completing required functions.	QAPI Manger; Quality Manager	12/31/22
				Develop process for when to discontinue monitoring of a standard, how it is communicated to staff and the provider network.	QAPI Manger; Quality Manager	09/30/22
				Define internal processes that drive workflows; Develop workflows for job functions/tasks for MSHN positions, inclusive of communication lines; Identify functions to be automated for efficiency/effectiveness.	QAPI Manger; Quality Manager	06/30/23

MID-STATE HEALTH NETWORK
STRATEGIC PLAN LEADERSHIP AND DASHBOARD TRACKING WORKSHEET
FY 2022- FY 2023

STRATEGIC PRIORITY	STRATEGIC GOAL	STRATEGIC OBJECTIVE	CHAMPION	TASK/ACTIVITY	MSHN Lead	TARGET DATE
BETTER PROVIDER SYSTEMS						
	MSHN ensures that it engages a provider network with adequate capacity and competency (and addresses any network adequacy deficiencies) in partnership with its CMHSP participants and providers.				Deputy Director	09/30/22
		Ensure MSHN's network is adequate to meet consumer demand.	Deputy Director	Address recommendations from the Annual Network Adequacy Assessment (NAA) FY21.	Contracts Specialist	09/30/22
				Conduct Geomapping analysis.	Database and Reports Coordinator; Deputy Director	01/31/22
				Revise and update NAA FY22.	IT Reports Manager; Deputy Director	04/30/22
		Ensure MSHN's network is competent to provide quality services with positive outcomes for individuals served.	Deputy Director	Review quarterly/annual QAPI summary results and develop training based on low performing areas.	Chief Clinical Officer	09/30/22
				Review quarterly/annual QAPI summary results and develop performance incentives based on low performing areas.	Chief Financial Officer; Deputy Director	01/31/22
				MSHN will conduct an assessment of Certified Clinical Supervisor (CCS) capacity within the region for licensed SUD treatment programs.	Deputy Director	03/31/22
				MSHN will request feedback through the SUD Providers to develop a workplan to increase CCS capacity and competency within the region.	Deputy Director	06/30/22
		MSHN will advocate for public policies that promote an adequately compensated, safe, effective and well-trained workforce.	Chief Executive Officer	Advocate to make the direct care workforce wage increase permanent to address the long-standing staffing crisis created by low wages and high turnover among direct care workers and develop a regional strategy to address the continuation of direct care worker wage increases initiated during the COVID pandemic response and make recommendations for consideration by the regional CMHSP participants and the MSHN governing board.	Chief Executive Officer	03/01/22
				Advocate for long-term funding and other supports to reduce turnover, improve retention and ability to attract new workers into the regional workforce.	Chief Executive Officer	03/01/22
		To the extent required under or necessary to fulfill its contractual obligations, MSHN will ensure adequate internal capacity to accomplish its responsibilities effectively and efficiently.	Deputy Director	MSHN will ensure sufficient internal resources by evaluating current requirements/new requirements and external network capacity, including the proposed system redesign.	Deputy Director; Chief Executive Officer	07/01/22
				FY22 Contractual requirements will be assessed to determine implementation of 1115 Waiver responsibilities -SIS Child, Waiver Supports.	Chief Behavioral Health Officer	07/01/22
				Assess proposed system redesign for changes to the PIHP role and responsibilities, including possible closeout through staff retention planning.	Deputy Director; Chief Executive Officer	09/30/22

MID-STATE HEALTH NETWORK
STRATEGIC PLAN LEADERSHIP AND DASHBOARD TRACKING WORKSHEET
FY 2022- FY 2023

STRATEGIC PRIORITY	STRATEGIC GOAL	STRATEGIC OBJECTIVE	CHAMPION	TASK/ACTIVITY	MSHN Lead	TARGET DATE
BETTER EQUITY						
	MSHN and its regional provider and CMHSP partners ensure all persons have the same opportunities to be healthy, especially those who belong to socially disadvantaged or historically marginalized groups (health equity).				Director of Utillization and Care Management	09/30/23
		MSHN will increase access to health services for historically marginalized groups by monitoring penetration rate data and developing initiatives around outreach and engagement to underserved individuals & communities.	Director of Utilization and Care Management	MSHN will identify other underserved populations for which penetration rate data is not currently collected/monitored and develop strategies to obtain data that more accurately represents diverse populations in our region.	Director of Utillization and Care Management	04/30/22
				MSHN will obtain input from the affected populations around barriers to engaging in treatment and effective outreach strategies.	Director of Utillization and Care Management	09/30/22
		MSHN will plan and develop a regional Health Equity Advisory Committee to guide its health equity and inclusion activities.	Chief Clinical Officer	Consult with other stakeholders in the region who have existing Diversity, Equity, Inclusion (DEI) committees or workgroups in the development of the MSHN Health Equity Advisory Committee Charter.	Chief Clinical Officer	03/31/22
				Develop outreach strategies to ensure that committee composition is inclusive of diverse representation and lived experience.	Chief Clinical Officer	06/30/22
				Identify scope of committee's responsibilities and develop processes for the committee to inform MSHN health equity initiatives.	Chief Clinical Officer	06/30/22
		MSHN will utilize population health data to identify and reduce health disparities that exist in the region.	Director of Utilization and Care Management	MSHN will ensure adequate data is collected about persons served, their health status and needs, social determinants of health (SDOH), and other impactful variables in order to better focus interventions.	Director of Utillization and Care Management	09/30/22
				MSHN will conduct a thorough assessment of existing data points that are already collected in order to reduce potential duplication and identify information that is missing.	Chief Information Officer	06/30/22
				Build capacity at PIHP for increased data sharing with CMHSP and SUDSP partners.	Chief Information Officer	09/30/22
				MSHN will use predictive modeling to identify at-risk groups and individuals in order to offer targeted prevention and intervention (including review of related software tools/products).	Director of Utillization and Care Management; Chief Information Officer	09/30/22

MID-STATE HEALTH NETWORK
STRATEGIC PLAN LEADERSHIP AND DASHBOARD TRACKING WORKSHEET
FY 2022- FY 2023

STRATEGIC PRIORITY	STRATEGIC GOAL	STRATEGIC OBJECTIVE	CHAMPION	TASK/ACTIVITY	MSHN Lead	TARGET DATE
		MSHN will ensure there is strong regional infrastructure for diversity, equity, and inclusion in all aspects of organizational responsibility and operations.	Chief Clinical Officer	MSHN will engage in an organizational diversity, equity, inclusion (DEI) self-assessment and develop a workplan to address areas for improvement.	Chief Clinical Officer	06/30/22
				MSHN will conduct a review of organizational assessment tools and identify one or more that can be applied to behavioral health systems of care.	Chief Clinical Officer	06/30/22
				MSHN will assess the feasibility of applying standards related to DEI competency within its provider networks.	Chief Clinical Officer	09/30/22
				Assess the training needs of the provider networks related to increasing competency in the areas of diversity, equity and inclusion.	Chief Clinical Officer	09/30/22
				Once training needs have been identified develop a workplan to address gaps in knowledge/competency.	Chief Clinical Officer	03/31/23

Appendix 1 – Key Questions and Key Assumptions

Mid-State Health Network leadership developed what the team considered to be important or key assumptions and questions to address in the strategic planning process. These can certainly be expanded and debated but represent the best judgment and point of MSHN leadership.

KEY QUESTIONS	KEY ASSUMPTIONS
External System Reform/Redesign:	
Will the Specialty Integrated Plan (SIP) proposal made by MDHHS materialize?	MDHHS will not have the necessary staffing and other resources to drive major system reform/redesign.
Will MDHHS pursue management of the Medicaid unenrolled population through all or a single PIHP?	Carve in remains a material threat.
Should MSHN implement coordination and improvement efforts related to unenrolled population?	PIHP/Re-consolidation is favored (regionalism is not).
To what extent should MSHN partner with like-minded PIHPs/Regional Entities to address key "criticisms" upon which reform/redesign are largely based?	Autism benefit is placing a strain on the state budget despite continued increase in eligible cases.
To what extent should MSHN position itself to partner with Health Plans in anticipation of future redesign initiatives?	HCBS Final Rule requires that individuals receiving Medicaid services have full access to their community, including opportunities to seek employment and work in competitive, integrated settings.
What will be the future of CMHSPs?	
What key lessons were learned during the 298 and subsequent redesign discussions that we should be responding to as a regional PIHP collaborative?	
Internal Key Redesign Questions:	
Does MSHN Board and CMHSPs still support MSHN's effort to be the Premier PIHP? If so, what does that mean to them?	PIHP staff must be retained and MSHN must continue to fulfill (and exceed) expectations.
Is there value in other regional approaches to service delivery to demonstrate MSHN/PIHP as an efficient, coordinated, successful PIHP?	Regional finances will likely be pressured in future years (unlike prior years).
Will the CMHSPs in the MSHN region support MSHN pursuing:	Unless there are changes to MSHN bylaws, MSHN has no independent ability to pursue

KEY QUESTIONS	KEY ASSUMPTIONS
	multi-PIHP or public/private partnerships, multi-regional or statewide opportunities.
• a partnership with a physical health payer?	
• Partnerships with likeminded PIHPs to address key "criticisms" upon which reform/redesign are largely based?	
Does NCQA Managed Behavioral Healthcare Organization (MBHO) accreditation for MSHN bring value to PIHP and CMHSPs? And should NCQA accreditation be pursued anticipating that it will be required of the PIHP or by a future potential partner of the PIHP?	
What is the role for MSHN and how should MSHN be preparing for CCBHC, SIM, Opioid Health Homes, Behavioral Health Homes?	
If PIHPs are no longer contracted to MDHHS due to System Reform/Redesign, what role does the region envision for MSHN? What eventualities should MSHN be planning for?	
How does the region and the MSHN Board view MSHN engaging in partnerships that may expand its role, including geographic considerations?	
External Policy Issues:	
Will MDHHS continue delegating responsibilities for monitoring and oversight of key/new initiatives (i.e., 1915(i), HCBS Rule, etc.)?	HCBS Final Rule requires that individuals receiving Medicaid services have full access to their community, including opportunities to seek employment and work in competitive, integrated settings.
Will MDHHS alter autism budgeting/services due to continued benefit growth rate?	Autism benefit is placing a strain on the state budget despite continued increase in eligible cases.
Will MDHHS seek to strengthen a partnership between MRS and the PIHPs to increase efforts to improve beneficiary employment?	
Will MDHHS consider increasing attention and oversight on beneficiary rights and protections as person-driven initiatives and systems are implemented?	
How will MDHHS measure "success" for Healthcare Effectiveness Data and Information Set [HEDIS] and other quality measures when pandemic conditions impact performance?	

KEY QUESTIONS	KEY ASSUMPTIONS
Financing:	
How did the pandemic change our view on service delivery? And planning for service demand increases with expected reductions in rates (due to low utilization in FY20/FY21)?	Rates for FY21 and FY22 will be adjusted down due to low utilization during pandemic.
Other:	
What goals/objectives should be developed to promote diversity, equity and inclusion and where should that work be focused?	
How will the ongoing pandemic response affect internal and regional operations?	Pandemic response will continue at least through FY 21 and may carry over to FY 22
How will a PIHP/Re-attract replacement workers if staff move to other jobs (outside of the PIHP)?	
To what extent does the regional delegation model impact future options and current effectiveness/efficiency?	
Credit for our work and efforts. Concern that mental health on a whole needs an upgrade. Our workers are front-line workers that do not get appropriate appreciation outside of the mental health system. It is vital and needs to be a higher priority. The media coverage we do get seems to be negative. We could use getting more good stories covered.	
Performance Matters. Health systems are experts on looking and promoting the good things that they do based on universally accepted measures. We need to show the metrics that matter. That whole way of measuring performance for behavioral health is an area that the Health Plans are great at – marketing how they do well. MSHN is a leader of the PIHPs on virtually every metric the state and others say is important. We should promote this.	
Opioid engagement. We do need to see what is being done to honor our commitments to our clients addressing the opioid addiction epidemic.	
MSHN should lead reform, innovation and collaboration efforts in region and statewide efforts. Right now, it requires approval by the counties. Our bylaws require their approval, and	

KEY QUESTIONS	KEY ASSUMPTIONS
we need to do our best to get everyone on the same page.	
There is a significant stigma against the people we serve. For years, persons served were not considered important until there was substantial money poured into Behavioral Healthcare.	
The political leadership/environment that will be changing in our state. This can cause changes in how we are seen and how things are handled with future opportunities/threats.	

APPENDIX 2: Environmental Scan - Strengths, Weaknesses, Opportunities and Threats

Mid-State Health Network leadership developed what the team considered to be important environmental scan observations. These are arranged by strengths and weaknesses (internal-looking), threats and opportunities (external-looking). These can certainly be expanded and debated but represent the best judgment and point of view of MSHN leadership.

Priority	STRENGTHS	Priority	WEAKNESSES
A	High capacity, strong, dedicated and competent staff. Strong in independent work.	A	Too much duplication in region.
A	Consistently high performing PIHP: • Financial Stability • Quality/performance metrics • Compliance to state requirements • Data reporting	A	Value based purchasing is under-developed; lack of provider availability and understanding this move toward value-based purchasing; lack of acceptance to general outcomes (limited by funding streams-esp. SUD- that apply here/ lack of incentive $$) – Please see page 7 for additional details.
A	Highly collaborative in region and with external partners, a statewide leader in reciprocity. Listen to needs of region and incorporate network feedback.	A	MSHN lean staffing model.
A	Seen as a leader among PIHPs by many external stakeholders. Leader in new state waiver initiatives: HCBS, Autism. Influence, leading to systems change.	A	Governance model/operating agreement restricts our flexibility with financing our CMHSPs. Lack of ability to act independently.
A	Excellent reputation	A	Limited CMH data sharing/lack of access of integrated health data with PIHP.
A	Highly developed IT system and support infrastructure, including data analytics	A	Lack of well-defined outcome metrics.
A	MSHN provides strong fiscal oversight of provider network.	B	PIHP is not accredited.
A	Strong monitoring of provider network.	B	Inconsistent level of performance and depth of knowledge across provider network. Strains staff resources.
A	Innovation. We have the only Mobile Care Unit (MCU) providing	B	Lack of local PIHP funds.

Priority	STRENGTHS	Priority	WEAKNESSES
	Medication Assisted Treatment (MAT) in MI.		
A	Highly effective in remote work environment. Agile in our environment.	B	Much time and effort in getting things done related to change management (i.e., approval processes).
A	Developed strong communication with providers, especially during the COVID-19 pandemic. Envied among other regions. Including provider stabilization funds.	B	SUD Provider network does not feel adequately compensated for the indirect/admin requirements.
B	Established and efficient administration/processes	B	Inconsistency within MSHN departments related to how MSHN shares/monitors requirements to provider network (Site reviews, monitoring, etc.).
B	Network Adequacy	C	Tracking too many data points- ability to act on them/follow-through/monitoring
B	Transparency in operations, providing a lot of data and metrics; tracking a lot of data points	C	Not currently participating in state innovative projects, like opioid health homes.
C	Developing strength in regional change management processes, communications.	C	Challenges with attracting qualified staff to PIHP.
C	CCBHC participation in region.	C	Too many initiatives
	State keeps asking for more and more. We've tried to keep providing this information. If this were a private health plan, they would demand more money. We absorb too many responsibilities and new requirements without asking for more money. Unfunded mandates are a real issue.	C	Lack of CCBHC clarification, we don't know enough about the rules and regulations. Department hasn't provided guidance/model.
	CCBHC includes all populations and care needed. Mild/moderate services are opportunities – need to leverage the federal funds and new payment models of CCBHCs. PIHP needs to keep on top of this.		
	Opportunity to co-locate/co-operate integrated healthcare services. Supportive of health homes, PIHP initiatives that are already being promoted by the state. Supportive of expanding populations. But we need		

Priority	STRENGTHS	Priority	WEAKNESSES
	to truly "become" a medical home. Need to promote more physical health services. Get imaginative regarding how we can address individual's physical health care and develop a plan for caring for these individuals.		
	FQHCs and other funders may be able to help us understand how we can continue centering care around persons and family members served.		

PRIORITY	THREATS	PRIORITY	OPPORTUNITIES
A	Medicaid Health Plans continue to pursue carve in.	A	Expand value-based purchasing.
A	Some CMHSP (and some SAPTR) costs are high/above "market"; overhead costs have been considered high by some.	A	Statewide (and/or multi-regional) leadership opportunities for MSHN/PIHPs.
A	Effort to 'carve in' SUD benefit to health plans .	B	Further work to improve health integration at the point of service, especially in the SAPTR system but also in our CMHSP systems.
A	MHP mandatory "Rebid": 09/30/2023 – would likely start in FY 22.	C	Regional v. Statewide SIPs (or similar Public/Private arrangements).
A	If carve in, CMHSPs will not be able to continue status quo – what would change and …	B	…how can/should MSHN position itself to be of value to CMHSPs?
A	Milliman Fee Schedule project could be a threat to the system, their rate models and schedules are guides. They are not going to use this info and potential to drive how the PIHPs rates are set. (RE: Cost caps; Not recognizing full cost.) May be accelerated by budget shortfalls.	B	Standard cost allocation workgroup to reduce rate variance.
A	State budget shortfalls result in less available funding.	A	Example from above: (COMBINE INTO SINGLE REFORM/REDESIGN ITEM).
A	Reduction is rates due to COVID 19 service utilization decreases.	B	Health IT integration consent systems; can lead to expanded data sharing between physical/behavioral health payers.

PRIORITY	THREATS	PRIORITY	OPPORTUNITIES
C	ACA remains under threat- even under Biden administration as states challenge constitutionality (Medicaid Expansion, HMP, remains at risk). Track/monitor/react	B	Data sharing Social Determinants of Health (SDOH) with local health departments, MHPs other potential service providers.
A	Behavioral Health workforce shortage, attrition (institutional knowledge leaving org) due to COVID-19 pandemic. Retention strategies don't exist or can't be financially supported. • SUD labor force under compensation relative to CMHSP workforce.	B	MSHN can partner/collaborate demonstrate leadership to other PIHPs/regions and State regarding health equity and reducing health disparities.
B	IT-EMR-The physical health care systems are propriety and so much larger in nature/more robust versus the BH IT EMR are customized that makes data sharing difficult/impossible.	A	Lead development of legislature education strategy.
C	Parity isn't well understood and applied in the BH system even more impact on the person-centered planning, processes.	B	PIHPs should work toward a standardized benefit, access criteria across the region and among/between regions.
C	PIHPs fiscal health remains a concern statewide- MSHN is current exception.	C	EBPs introduce the opportunity for MSHN to be more data and outcomes driven. MSHN can partner/collaborate demonstrate leadership to other PIHPs/regions.
A	Lack of clarity regarding regional partners will support MSHN being or becoming. • Many of these threats described can lead to increase in compliance related activities (investigations, sanctions). Supervision of staff may be insufficient. Funding pressures lead to increase in sanctions/investigations.	A	MSHN can be more of a leader with physical health payers collaboration, including broadening/deepening population health initiatives.
B	State initiatives (such as MiCAL, etc.) may create more complex, less accessible public systems. State is making decisions and creating processes that are typically the responsibility of the PIHPs/CMHSPs		MSHN may get into a position to broaden services/supports provided to our regional partners.

PRIORITY	THREATS	PRIORITY	OPPORTUNITIES
	being assumed/orchestrated by the State. May create a more complex, less accessible public system.		
A	Legislature and their lack of understanding of public health and behavioral health systems.		
A	Reductions to SUD block grant may impair access for individuals and families to the SUD benefit.	B	Assess/evaluate delegated functions (esp. SUD system, but including CMHSP) to determine whether we can improve efficiency, effectiveness, value, equity.
C	Reduction/reticent to engage in activities that are not required in the MDHHS/PIHP contract that limit advances the region could be making in many areas.		
B	Continued issues with access of beneficiaries to psych inpatient care.		
B	SUD providers increasingly rely on MSHN for direction on how to perform, what to perform ("how to do their job"), lack of certified clinical supervisors, lack of access to best practices and published guidelines, technical assistance, required exceeds MSHN capacity.		
	Threats: Public system keeps trying to serve clients in a better more efficient way. If the health plans are the payers, they don't want to hear about problems or how to make things better. It will be all about the money.		

APPENDIX 3: Additional Stakeholder Input of Note

- Incorporating that we help consumers to be more self-reliant. Include this under better care.
- Helping the community. Need to reflect to how we help our communities. Connects very well to the population health activities to lift ALL the boats in the community up.
- Focus on consumer care, communities, and helping people. We are part of the community, and this will be lost in a privatized market.
- CMHSPs need to be able to continue to receive the money necessary to do their job. The primary focus of the PIHP should be to save the public system.
- Important to bring community care to people in a mental health crisis. Allows for people to have great access. We must remain accountable to the communities that we serve, especially the consumers and family members in the communities we serve.
- High percentage of minority kids do not like the public mental health system and how they are seen, talked to, and addressed. They dislike this system, and we have to fix that.
- Need to sit down at the table and have good, honest dialogs with people. Some of the best solutions have not been easy, but it comes out of being honest with each other and sharing your plans.
- PIHPs were created by the CMHSPs to hold off the last attack against the public system. Bottom line should be the continuation and protection of the public system. Every time we address the concerns, we give away the firm. Most CMHSPs will be challenged to continue the system.
- Need to protect capitation otherwise you won't be able to keep them in place. We need to convince the legislators that we're the best bang for the buck. We have to say we want a public system. It's the only thing that works for our consumers.
- Metrics –Are there programs in other regions that we could use to model our metrics? MSHN was actually tracking these initiatives and metrics before some other PIHPs and are seen as a model across the state. Metrics include how people access care, initiation and engagement, what care they are accessing, how long do they stay in care, health risks and how those are addressed, outcomes of care, and differences in outcomes based on race, age, etc.
- Standardized national measures – we are more and more tracking HEDIS measures and other national metrics so we can compare ourselves easily to other health plans.
- Is this data something that can be easily accessed? MSHN data is published on the MSHN website and you can see this in an aggregated manner in very accessible ways. Data is also available to the CMHSPs at a more granular level.
- Transportation is such a huge issue. Need to consider this as we look at "access to better health".
- Data collection – It's sometimes good to go back and look at what is already collected, so we are not always adding new things to measure.
- Dialog regarding how aggressively can we pursue an organization if something is not happening according to our standards or expectations. (i.e.: gaps in care, lack of follow up). MSHN noted we can and do assertive outreach based on alerts. At times it's the CMHSPs that really need to act on these things.
- The data metrics, tracking, identifying gaps in care, HEDIS measures, and clinical care pathways MSHN is discussing are all very consistent with the CCBHC model.

- Concerns about children – at risk youth – need to focus on prevention initiatives and kids who are underserved.
- Occasionally CMHSP will obtain/provide services to other CMHSPs and they note significant cost differences. Rate variation is certainly a threat to our system. Will be talking about that next session and where there may be "undesired cost variation". Big risks for the system related to rates that would be paid for under a health plan model.
- Concerns expressed regarding standardized benefits and costs – no one size fits all across all of these organizations. May even "punish" innovative programs and CMHSPs. May result in reducing everyone to the floor.
- The more we expand and innovate into the community -schools, police, and expand our reach, the more we demonstrate that we are different than a health plan.
- Need to be more visible and share what we're doing and the impacts we are having. Walk a Mile – positive stories of recovery, impacts, etc.
- Acknowledgement that this was a very complex and detailed area.
- Veteran's. It was raised that we need to center on Veteran's, many of whom are coming home at grave risk for mental illness.
- Accountability. These measurements and goals help identify and promote accountability of this public system. This is especially important in the times of privatization threats.
- Compliance Processes. Appreciation expressed for the goals of creating systems that detect and identify fraud and waste.
- Crisis Residential/Inpatient: Criteria is very similar. MSHN has led the state in providing access to psych inpatient, as the first region to quantify the number of denials. There were 19-21 per person per episode before admission. A statewide light was shown on the situation as the organization providing the initial energy to improve this problem across Michigan.
- Beds for Crisis/Inpatient: Has there been an increase or decrease? For children, it has decreased. Sometimes, it is about "who a hospital will take" – and were not about bed availability, but the level of acuity is too high for the unit. In some ways, this says "we don't want to take *your* referral". This is a significant civil rights issue for our system today. We would never do that for a stroke or cardiac issue.
- Education Regarding Services: Need more information and awareness for our citizens. Wonder if our strategic plan has an education and outreach component. Michigan is saying that it's important to have a crisis continuum within each community. MICAL is working on a statewide initiative to unify crisis efforts for PIHPs and CMHSPs.
- Integration of other services with crisis needs: What are we doing to address integration across served populations, include veteran's and those that would choose to commit 'death by cop'. Mobile crisis and other models are established. The relative degree of engagement has been negatively impacted by the pandemic.
- Measuring Consistency: How are we measuring consistency in the region? How are we comparing CMHSPs in MSHN? We have similar intakes across the counties. We also use standardized assessment tools (e.g., CAFAS, SIS, LOCUS, etc.) to aid in identifying need throughout the region. Depending on the area, there may be certain local features where service provision may be different based on the community.
- Our CMHSPs and portals of entry are operating under the same set of criteria for admission. A person admitted in one county is likely to be admitted by another CMHSP. Now it's important to consider how much services they get – amount, scope and duration – is individualized and could vary from place-to-place depending on a number of factors. Need to ensure care meets standards without losing its person-centeredness.

- Support for compliance areas – Confidence in the monitoring and oversight that is in place.
- How does MSHN define Better Value ---answer – value proposition = Quality /Cost and Outcomes. This is a weakness overall in public mental health system. We don't always look at our financial performance.
- Unpredictable costs ----cost of "habilitation", cost of "recovery" is difficult to quantify.
- Concerns about how we define this in an area without competition. Concerns regarding having to compete on costs.
- How do we help prepare the CMHSPs and/or the Providers for a potential future with a private payer? This should not be an area of focus. We should focus on implementing the advocacy plan, fight and see what happens.
- General Support for goals/objectives as presented.
- Keep doing what we're doing… be a shining star… show the state that it really does work. We have numbers to show that we're performing.
- Concerns about spending too much time focusing on the threat and potential things that might happen. If anything, we need to talk about putting up a fight, and in the meantime do the job we do.
- Value Based pricing – not clear how that could be helpful at this time given the current payment models. For SUD, there is more opportunity for this.
- Clarification that at times the PIHP has and will address spending concerns if a CMHSP is out of budget.
- Support for what MSHN is doing ---keep it up.
- Need to consider both the politics plus the marketing to support a public system
- How are we affirming/confirming how we're doing at the individual provider/health home level? There are a TON of direct care/support workers in this region. With the exception of the SUD providers, it is all delegated to the CMHSP, and there is no state reporting on this. This is especially challenging for direct care workers.
- How is this different than the rest of Michigan's workforce? Is the culture of the workforce part of the problem? It is challenging… What do we do to prevent burnout? How do we continue to support? What can we do to address the issues (i.e., funding, Fee For Service (FFS), staffing shortages, etc.)? We can listen well, assist with administrative functions where we can, create career pathways and ladders, help them to compete, etc.
- As we look at equity issues, it's important to carefully consider - Why does this matter and what can we do about it? Need to look carefully at what's happening within the service delivery within MSHN. What are the actual impacts of the system we have created? (i.e.: lack of follow up care? Discrepancies in prescribing patterns?)
- Need to better understand the causes for the inequities. Why isn't follow up after DC happening consistently for all? Need to get to the bottom of this and understand the root causes.
- Very supportive of this initiative. Difficult to know where to start.
- Taking some good first steps in being honest with each other and really looking at the data.
- Starts with understanding and creating safe spaces.
- Goals may need to be modified based on input from people in the community and insights of the advisory panel. Focus on the population data and what we can learn about the inequities.
- Seek first to understand. Then take actions within the scope of our responsibilities.
- Consider fewer goals/objectives and focus on the things that are within MSHN scope/ability to impact.

INTERGOVERNMENTAL CONTRACT FOR THE ESTABLISMENT 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 300.1100a(22).

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 MHSN's budgets for substance use disorder treatment or prevention using non-PA 2 Funds; and

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

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

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

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

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

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

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

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

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

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

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

Section 2.3 **TERM.** The term of membership for a member of the MSHN SUD Policy Board shall be three (3) years, beginning in January and ending in December. 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, national origin, age, sex, disability that is unrelated to the individual's ability to perform the duties of a particular job or position, height, weight, or marital status. 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 RESOLTUION. The Chief Executive Officer of MSHN will attempt to resolve disputes through discussion with the Chairperson of the SUD Policy Board or County Controller or Administrator, as needed. Occasionally disputes may arise between the SUD Policy Board and MSHN, or one or more of the Counties and MSHN, arising out of and relating to this Agreement or a breach thereof which cannot be resolved through amicable discussion. In such cases, if the dispute remains unresolved:

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

4.3.2 If the dispute is between MSHN and one or more of the Counties, the governing board of either party may by majority vote request a meeting of designated representatives of the MSHN Board and representatives of one or more County Boards in an effort to resolve the matter. Any mutual agreement by the parties will be reduced to writing and voted upon by each Party's governing board. If MSHN or one or more of the Counties remain dissatisfied, the Parties may mutually agree to non-binding mediation. If non-binding mediation is agreed to, the Parties may mutually agree upon a mediator or submit a request that mediation be administered by the American Arbitration Association under its Mediation Procedures before resorting to arbitration, litigation, or some other

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

ARTICLE V

LIABILITY

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

ARTICLE VI

MISCELLANEOUS

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

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

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

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

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

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

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

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

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

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

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

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

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

ARTICLE VII

CERTIFICATION OF AUTHORITY TO SIGN THIS CONTRACT

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

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

MID-STATE HEALTH NETWORK REGIONAL ENTITY

By: _____ Date: 07/29/2021

Its: Chief Executive Officer

ARENAC COUNTY

By: Bobbi Burke Date: 12/4/18

Its: Vice-Chair

BAY COUNTY

By: _____ Date: 3-5-2019
Michael J. Duranczyk

Its: Board Chairperson

CLARE COUNTY

By: _____ Date: 11-21-18

Its: Chairperson

CLINTON COUNTY

By: _____ Date: 12/14/18

Its: CHAIRMAN

EATON COUNTY

By: _____ Date: 12-19-18

Its: Chairman, Board of Commissioners

GLADWIN COUNTY

By: _____ Date: 12-11-18

Its: Chairperson

GRATIOT COUNTY

By: _____ Date: 12-4-18

Its: Chair

HILLSDALE COUNTY

By: _____ Date: November 27, 2018

Its: Chairperson

HURON COUNTY

By: _____ Date: 12-11-18

Its: Bd. of Commrs. Chairman

INGHAM COUNTY

By: _____ Date: 6/25/15

Its: Bryan Crenshaw, Chairperson
Ingham County Board of Commissioners

IONIA COUNTY

By: Stephanie Fox Date: 12/12/18

Stephanie Fox

Its: County Administrator

ISABELLA COUNTY

By: Date: December 18, 2018

George A. Green

Its: Board of Commissioners Chairperson

JACKSON COUNTY

By: Date: 12-18-18

Its: Board Chair

MECOSTA COUNTY

By: Date: 1-17-2019

Its: Board Chair

MIDLAND COUNTY

By: Date: 12-18-18

Its: Chairman

MONTCALM COUNTY

By: Date: 12.20.18

Its: Controller

NEWAYGO COUNTY

By: _____ Date: 12/19/18

Its: Board Chairman

OSCEOLA COUNTY

By: _____ Date: 12-4-18

Larry Emig

Its: Chairman

SAGINAW COUNTY

By _____ Date 12-3-18

Carl E. Ruth, Chairman
Board of Commissioners

SHIAWASSEE COUNTY

By: _____ Date: 12-13-18

Its: Board Chairman

TUSCOLA COUNTY

By: _____ Date: 12-17-18

Its: BOARD CHAIR

ADDENDUM TO 2019 MID-STATE HEALTH NETWORK SUBSTANCE USE DISORDER OVERSIGHT POLICY ADVISORY BOARD INTERGOVERNMENTAL AGREEMENT:

Background: The 2019 MSHN SUD OPB Intergovernmental Agreement and Addendum represent continuation of the state required original agreement/addendum, fully executed in January 2016 and expired as of December 31, 2018.

Action Required: As per motion ROPB 18-19-008 at the Mid-State Health Network (MSHN) Substance Use Disorder (SUD) Oversight Policy Advisory Board (OPB) Meeting on February 20, 2019, Addendum to the 2019 MSHN/Region 5 SUD OPB Intergovernmental Agreement (IGA) is presented for county commission review and signature. This addendum is inclusive of two (2) changes, highlighted below in bold print. The previous wording of the IGA follows the change in red. ***This addendum requires signatures from authorized agents of each of the 21 county commissions within the Mid-State Health Network region to finalize approval and fully execute the 2019 Substance Use Disorder Oversight Policy Advisory Board Intergovernmental Agreement.***

SECTIONS WITH AMENDMENTS

RECITALS (p.1)

MSHN is a community mental health regional entity formed under the Mental Health Code, MCL 330.1204b, that, submitted its Application for Participation to the Michigan Department of Health and Human Services (formerly the Michigan Department of Community Health) in 2013 as a prepaid inpatient health plan ("PIHP") under 42 CFR Part 438.

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 the Michigan Department of Health and Human Services (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**. *(previous version said "MCL300.1100a(22)"*

COMPLIANCE WITH LAWS (pp.3-4): Section 2.7

MSHN, the Counties and the SUD Oversight Policy Advisory 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, national origin, age, sex, height, weight, marital status, familial status, or disability that is unrelated to the individual's ability to perform the duties of a particular job."** (*previous version said "because of race, color, religion, national origin, age, sex, disability that is unrelated to the individual's ability to perform the duties of a particular job or position, height, weight, or marital status*").

CERTIFICATION OF AUTHORITY TO SIGN THIS CONTRACT

The persons signing this Contract Addendum on behalf of the parties hereto certify by said signatures that they are duly authorized to sign this Contract Addendum on behalf of said parties, and that this Contract Addendum 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 **Addendum** as of the dates noted below.

Mid-State Health Network Regional Entity

By: _____ Date: 07/29/2021 Its: Chief Executive Officer

Arenac County

By: _____ Date: 3-12-19 Its: Chairman of the Board

Bay County

By: _____ Date: 3/5/2019 Its: Board Chairperson
Michael J. Duranczyk

Clare County

By: _____ Date: 7/28/2021 Its: BOC Chair

Clinton County

By: _____ Date: 7/27/21 Its: CHAIRMAN

Eaton County

By: _____ Date: 3/22/19 Its: Chairperson

Gladwin County

By: Harrison L Smith Date: 3-26-19 Its: Board Chair

Gratiot County

By: L Bailey Date: 3-19-19 Its: Chair

Hillsdale County

By: [signature] Date: 7-27-2021 Its: CHAIRPERSON

Huron County

By: [signature] Date: 03-28-19 Its: Bd of Commrs. Chairman

Ingham County

By: [signature] Date: 6/25/19 Its: Chairperson, County Board of Commissioners

Bryan Crenshaw

Ionia County

By: Stephanie Fox Date: 4-2-19 Its: County Administrator.

Isabella County

By: [signature] Date: April 2, 2019 Its: Board of Commissioners Chairperson

Jackson County

By: [signature] Date: 4/17/19 Its: Chairperson

Mecosta County

By: Jerrilynn Strong Date: 3-21-2019 Its: Chairperson

Midland County

By: _____ Date: 4/16/19 Its: Chairman

Montcalm County

By: _____ Date: 4-1-19 Its: Controller

Newaygo County

By: _____ Date: 03-28-2019 Its: Board Chairman

Osceola County

By: _____ Date: 3-19-19 Its: Chairman
Jack Nehmer

Saginaw County

By: _____ Date: 3.27.19 Its: Chairman

Shiawassee County

By: _____ Date: 7/15/21 Its: Board Chairman

Tuscola County

By: _____ Date: 3-14-19 Its: BOARD CHAIR

Mid-State Health Network
FY2021 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	Interest	Beginning PA2 Fund Balance and Receipts
Arenac	76,431	15,112	05.14.21	14,980	08.19.21			34,960	30,092	41	106,564
Bay	1,007,790	88,606	05.20.21	87,834	09.09.21			205,048	176,440	460	1,184,689
Clare	207,257	23,047	07.02.21	22,846	09.16.21			51,253	45,893	88	253,237
Clinton	449,115	56,523	06.25.21	56,031	09.24.21			124,880	112,553	231	561,899
Eaton	599,531	103,445	07.27.21	102,544				228,509	205,989	308	805,828
Gladwin	78,312	16,668	07.16.21	16,523				38,510	33,191	42	111,544
Gratiot	111,762	21,471	06.11.21	21,313	09.03.21			50,780	42,784	49	154,594
Hillsdale	121,230	22,950	05.07.21	22,750	08.10.21			49,079	45,700	79	167,008
Huron	191,125	28,772	06.14.21	28,521	09.08.21			63,982	57,293	98	248,515
Ingham	806,542	297,423		294,833				678,015	592,255	466	1,399,263
Ionia	451,620	33,779	06.29.21	33,484	09.20.21			76,540	67,263	211	519,094
Isabella	676,608	58,510	06.29.21	58,000	09.20.21			135,120	116,510	299	793,416
Jackson	626,551	146,654	06.22.21	145,377	09.16.21			323,618	292,031	350	918,932
Mecosta	395,797	39,034	06.21.21	38,694	09.20.21			91,312	77,727	161	473,685
Midland	462,247	66,561	06.18.21	65,981	09.10.21			153,648	132,542	219	595,007
Montcalm	330,585	46,255	09.16.21	45,852	09.16.21			104,489	92,107	157	422,848
Newaygo	109,449	36,458	07.21.21	36,141				87,981	72,599	66	182,113
Osceola	150,367	14,540	06.21.21	14,414	09.20.21			32,877	28,954	59	179,380
Saginaw	2,000,969	224,191	07.07.21	222,239	09.16.21			475,526	446,430	913	2,448,312
Shiawassee	552,362	42,190	06.10.21	41,822	09.08.21			96,419	84,012	223	636,596
Tuscola	250,351	25,055	06.15.21	24,837	09.14.21			56,919	49,892	118	300,361
	$ 9,656,000	$ 1,407,238		$ 1,395,013		$ -		$ 3,159,460	$ 2,802,251	$ 4,636	$ 12,462,888

Mid-State Health Network
FY2021 PA2 Expenditure Summary by County

County	Beginning PA2 Fund Balance and Receipts	County Code	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	YTD Payments	Ending PA2 Fund Balance
Arenac	106,564	06	1,452	2,859	966	2,689	2,448	2,734	1,967	4,246	800	1,649	2,500		24,309	$ 82,255
Bay	1,184,689	09	10,312	29,425	22,371	22,030	17,431	16,493	19,305	28,622	24,559	31,019	45,967		267,534	$ 917,156
Clare	253,237	18	6,610	7,439	7,191	7,357	7,041	6,704	7,088	7,690	6,319	6,910	7,567		77,916	$ 175,321
Clinton	561,899	19	11,861	7,169	11,761	7,226	7,328	7,584	8,311	7,226	7,682	12,073	12,238		100,456	$ 461,443
Eaton	805,828	23	18,539	16,144	24,054	16,570	16,046	16,387	16,489	15,892	15,333	21,944	14,468		191,866	$ 613,962
Gladwin	111,544	26	2,363	2,450	2,878	2,241	1,987	1,735	1,916	1,836	2,849	4,571	2,958		27,784	$ 83,760
Gratiot	154,594	29	5,028	4,599	5,901	4,766	5,287	3,834	5,713	3,463	4,764	7,364	5,699		56,419	$ 98,175
Hillsdale	167,008	30	524	2,165	-	2,390	1,396	823	-	947	(290)	1,166	937		10,059	$ 156,950
Huron	248,515	32	4,173	4,123	2,777	3,339	5,300	5,066	4,271	12,000	2,778	4,741	5,312		53,880	$ 194,635
Ingham	1,399,263	33	55,727	40,671	52,568	42,584	37,158	39,529	43,403	38,489	44,366	41,655	33,531		469,682	$ 929,581
Ionia	519,094	34	4,423	13,629	5,867	6,533	5,706	15,958	12,463	7,650	10,161	7,012	8,151		97,554	$ 421,540
Isabella	793,416	37	14,905	15,493	18,133	19,450	14,049	17,513	18,389	14,442	26,229	21,534	17,486		197,623	$ 595,793
Jackson	918,932	38	8,485	32,945	20,516	21,003	32,426	5,490	16,893	21,334	23,343	19,641	19,632		221,706	$ 697,225
Mecosta	473,685	54	12,352	13,926	13,278	14,600	13,407	14,338	14,075	14,861	16,553	14,648	9,943		151,981	$ 321,704
Midland	595,007	56	9,016	9,943	6,893	6,750	10,459	18,953	26,290	19,687	5,094	23,819	21,162		158,066	$ 436,942
Montcalm	422,848	59	2,040	2,121	2,071	2,142	2,104	50,785	1,820	2,118	1,822	1,860	41,536		110,421	$ 312,427
Newaygo	182,113	62	3,439	2,861	2,426	2,734	2,630	2,944	8,859	7,099	8,163	4,550	5,442		51,146	$ 130,968
Osceola	179,380	67	5,064	5,204	5,271	6,095	5,367	5,837	5,882	5,650	5,912	4,980	5,608		60,870	$ 118,510
Saginaw	2,448,312	73	43,801	54,200	54,950	71,839	67,575	64,563	51,567	67,258	29,280	89,492	32,550		627,074	$ 1,821,239
Shiawassee	636,596	78	19,053	17,089	26,729	21,747	8,914	17,959	17,602	23,572	15,991	15,345	8,666		192,668	$ 443,928
Tuscola	300,361	79	5,228	5,858	3,480	4,184	6,700	6,348	5,351	8,193	4,000	6,074	9,466		64,883	$ 235,479
	$ 12,462,888		$ 244,393	$ 290,315	$ 290,080	$ 288,267	$ 270,758	$ 321,577	$ 287,654	$ 312,274	$ 255,709	$ 342,048	$ 310,819	$ -	3,213,895	$ 9,248,993

Mid-State Health Network

Summary of PA2 Use of Funds by County and Provider

October 1, 2020 through August 31, 2021

County and Provider	Case Management	Early Intervention	Prevention	Recovery Support	Grand Total
Arenac					
Peer 360 Recovery				19,054	19,054
Sterling Area Health Center			5,255		5,255
Arenac Total			**5,255**	**19,054**	**24,309**
Bay					
Boys and Girls Club Bay Region			62,523		62,523
Neighborhood Resource Center			63,631		63,631
Peer 360 Recovery				37,626	37,626
Sacred Heart Rehabilitation			12,017		12,017
Sterling Area Health Center			18,800		18,800
Ten Sixteen Recovery		11,358		61,579	72,937
Bay Total		**11,358**	**156,971**	**99,205**	**267,534**
Clare					
Ten Sixteen Recovery		13,204	43,865	20,847	77,916
Clare Total		**13,204**	**43,865**	**20,847**	**77,916**
Clinton					
Eaton Regional Education Service Agency			90,443		90,443
St. John's Police Department			5,013		5,013
State of Michigan MRS	5,000				5,000
Clinton Total	**5,000**		**95,456**		**100,456**
Eaton					
Barry Eaton District Health			7,062		7,062
Eaton Regional Education Service Agency			100,004		100,004
Prevention Network			11,995		11,995
State of Michigan MRS	5,000				5,000
Wellness, InX		67,805			67,805
Eaton Total	**5,000**	**67,805**	**119,061**		**191,866**
Gladwin					
Ten Sixteen Recovery		8,562	12,101	7,121	27,784
Gladwin Total		**8,562**	**12,101**	**7,121**	**27,784**
Gratiot					
Gratiot County Child Advocacy Association			41,994		41,994
Ten Sixteen Recovery		14,425			14,425
Gratiot Total		**14,425**	**41,994**		**56,419**
Hillsdale					
McCullough, Vargas, and Associates		4,297	5,762		10,059
Hillsdale Total		**4,297**	**5,762**		**10,059**
Huron					
Peer 360 Recovery				53,880	53,880
Huron Total				**53,880**	**53,880**

Mid-State Health Network

Summary of PA2 Use of Funds by County and Provider

October 1, 2020 through August 31, 2021

County and Provider	Case Management	Early Intervention	Prevention	Recovery Support	Grand Total
Ingham					
Child and Family Charities			25,878		25,878
Cristo Rey Community Center		57,920	11,160		69,080
Eaton Regional Education Service Agency			15,723		15,723
Ingham County Health Department			15,336		15,336
State of Michigan MRS	15,000				15,000
Wellness, InX		135,781		192,884	328,665
Ingham Total	**15,000**	**193,701**	**68,097**	**192,884**	**469,682**
Ionia					
County of Ionia			66,261		66,261
Wedgwood Christian Services				31,292	31,292
Ionia Total			**66,261**	**31,292**	**97,554**
Isabella					
Addiction Solutions Counseling Center			5,268		5,268
Peer 360 Recovery				9,588	9,588
Ten Sixteen Recovery		13,804	54,944	114,019	182,767
Isabella Total		**13,804**	**60,212**	**123,607**	**197,623**
Jackson					
Big Brothers Big Sisters of Jackson County, Inc			12,591		12,591
Family Service and Childrens Aid (Born Free)			97,112		97,112
Henry Ford Allegiance			4,459		4,459
Home of New Vision		11,646		95,899	107,545
Jackson Total		**11,646**	**114,161**	**95,899**	**221,706**
Mecosta					
Ten Sixteen Recovery		28,506	36,662	86,813	151,981
Mecosta Total		**28,506**	**36,662**	**86,813**	**151,981**
Midland					
Peer 360 Recovery				50,322	50,322
Ten Sixteen Recovery		29,016		8,455	37,471
The Legacy Center for Community Success			70,273		70,273
Midland Total		**29,016**	**70,273**	**58,777**	**158,066**
Montcalm					
Mid-Michigan District Health Department			73,944	16,396	90,340
Wedgwood Christian Services		20,081			20,081
Montcalm Total		**20,081**	**73,944**	**16,396**	**110,421**
Newaygo					
Arbor Circle			36,703		36,703
Newaygo County RESA			14,442		14,442
Newaygo Total			**51,146**		**51,146**
Osceola					
Ten Sixteen Recovery		20,471	40,399		60,870
Osceola Total		**20,471**	**40,399**		**60,870**

Mid-State Health Network

Summary of PA2 Use of Funds by County and Provider

October 1, 2020 through August 31, 2021

County and Provider	Case Management	Early Intervention	Prevention	Recovery Support	Grand Total
Saginaw					
First Ward Community Service			168,647		168,647
Great Lakes Bay Health Center			72,803		72,803
Parishioners on Patrol			5,000		5,000
Peer 360 Recovery				67,567	67,567
Sacred Heart Rehabilitation			33,312		33,312
Saginaw County Youth Protection Council			159,155		159,155
Saginaw Police Department			16,285		16,285
Ten Sixteen Recovery		11,390		92,916	104,306
Saginaw Total		**11,390**	**455,201**	**160,483**	**627,074**
Shiawassee					
Catholic Charities of Shiawassee and Genesee			112,443		112,443
Peer 360 Recovery				2,362	2,362
Prevention Network			63,972		63,972
Shiawassee County			8,891		8,891
State of Michigan MRS	5,000				5,000
Shiawassee Total	**5,000**		**185,306**	**2,362**	**192,668**
Tuscola					
List Psychological Services			1,096		1,096
Peer 360 Recovery				63,787	63,787
Tuscola Total			**1,096**	**63,787**	**64,883**
Grand Total	**30,000**	**448,266**	**1,703,221**	**1,032,408**	**3,213,895**

Mid-State Health Network
Summary of SUD Revenue and Expenses as of August 2021 (91.7% of budget)

	Year to Date Actual	Full Year Budget	Remaining Budget	% to Budget
Revenue				
Block Grant	7,353,154.63	9,899,381.00	2,546,226.37	74.28%
SOR Grants	1,074,432.34	2,963,194.00	1,888,761.66	36.26%
Medicaid	13,676,411.14	14,375,672.00	699,260.86	95.14%
Healthy Michigan	28,348,381.50	27,267,312.00	(1,081,069.50)	103.96%
PA2	3,213,894.76	4,872,596.00	1,658,701.24	65.96%
Totals	53,666,274.37	59,378,155.00	5,711,880.63	90.38%
Direct Expenses				
Block Grant	7,353,154.63	8,842,150.00	1,488,995.37	83.16%
SOR Grants	1,074,432.34	2,839,958.00	1,765,525.66	37.83%
Medicaid	9,429,008.06	10,800,000.00	1,370,991.94	87.31%
Healthy Michigan	19,430,983.97	20,900,000.00	1,469,016.03	92.97%
PA2	3,213,894.76	4,872,596.00	1,658,701.24	65.96%
Totals	40,501,473.76	48,254,704.00	7,753,230.24	83.93%
Surplus / (Deficit)	13,164,800.61			

Surplus / (Deficit) by Funding Source	
Block Grant	-
SOR Grants	-
Medicaid	4,247,403.08
Healthy Michigan	8,917,397.53
PA2	-
Totals	13,164,800.61

Actual revenue greater than budgeted revenue
Actual expenses greater than budgeted expenses

Block Grant Update

Federal Substance Abuse Prevention & Treatment Block Grant (SAPTBG) Funds are available to pay the cost of services for individuals who have no insurance or are underinsured. These dollars may also be used to fund discretionary services that are not funded by Medicaid or HMP (examples: transportation assistance, recovery housing). Beginning January 1, 2021, MSHN implemented numerous Block Grant Spending Reductions strategies to align actual expenses with a nearly 37% decrease in MDHHS funding. The summary of changes includes benefit plan modifications such asauthorization adjustments and reduced service episodes. In addition, some services were impacted by implementing lower reimbursement rates and applying higher consumer copays.

Please Note: MSHN committed that individuals already in treatment prior to January 1,2021, would not be subject to the new Block Grant benefit limits. As such, the UtilizationManagement team continued to authorize accordingly at previous levels. As we move throughout the remainder of Fiscal Year 2021, we anticipate a more noticeable reduction in costs as those individuals phase out of treatment. Persons who entered treatment on or after January 1, 2021, are subject to benefit limits.

The strategies implemented are helping MSHN see lower overall trends in paid amounts, cases, and units since January 2021. The attached document displays spending from July 2020 through August 2021. The Analytical Summary box on page two examines the average for July - December 2020 as compared to January and then the next month February is compared to the prior one and so on. The analysis highlights that we are moving in the right direction to achieve the goal of bringing actualexpenses closer to available Block Grant Revenue. A few items to note regarding the analysis:

- August 2021 data is not included in the **summary box information** as claims for this month are incomplete (claimslag). In addition, report totals for months included in the attached analysis mayvary as more claims trickle in, but significant changes are not anticipated.
- Case count decreases should be primarily related to Block Grant changes.
- Unit decreases result from Block Grant changes and shifting multiple servicesinto one bundled reimbursement.

AUGUST 2021 UPDATE: Through August 2021, MSHN used approximately $7.35 M in Block Grant Funds. The updated budget amount is $9.9 M which leaves a balance of $2.5 M for the remainder of Fiscal Year 2021. The $2.5 balance reflects all Block Grant categories such as Treatment, Women's Specialty, Prevention, Administration, and other miscellaneous grants (Gambling Disorder). Unspent funds in one category may not be used to cover cost overruns in another. Preliminary review of the Treatment Services category indicates the margin of revenue compared to expenses will be close. Although we do not anticipate a request for use of PA2 funds to offset regional Block Grant spending we are unable to definitively state this. If a request is needed, MSHN will provide sufficient detail for OPB action.

This report format will be used to keep you updated for the remainder of this fiscal year-end (9.30.2021).

Mid-State Health Network
Summary of Block Grant Funded Claims for Dates of Service July 1, 2020 through August 31, 2021

	2020			2021											Reduction
	July	August	September	October	November	December	January	February	March	April	May	June	July	August	Strategy
90791 - Psychiatric Evaluation															Benefit Plan Change
Sum of PAID AMOUNT	225.00				112.50			112.50		112.50	135.00	337.50	450.00		
Sum of ALLOWED UNITS	2				1			1		1	2	3	4		
Distinct Count of CASE #	2				1			1		1	2	3	4		
90832 - Individual Therapy															Benefit Plan Change
Sum of PAID AMOUNT	16,044.40	10,056.34	9,259.86	8,401.99	5,788.28	4,424.55	4,955.23	5,750.73	4,905.50	3,182.00	2,258.41	2,570.50	1,706.70	766.00	
Sum of ALLOWED UNITS	303	196	181	167	118	92	95	110	92	59	43	47	32	14	
Distinct Count of CASE #	150	130	119	113	83	65	72	73	65	40	32	29	28	12	
90834 - Individual Therapy															Benefit Plan Change
Sum of PAID AMOUNT	9,268.00	17,364.39	18,484.19	16,579.13	9,904.54	9,799.50	11,128.66	11,851.14	5,414.73	4,985.24	5,923.48	8,554.50	7,147.69	5,336.00	
Sum of ALLOWED UNITS	126	220	231	212	134	135	142	150	71	69	74	101	86	63	
Distinct Count of CASE #	84	149	142	126	98	91	98	106	56	51	57	62	66	42	
90837 - Individual Therapy															Benefit Plan Change
Sum of PAID AMOUNT	22,627.92	23,195.80	26,252.38	24,084.72	14,396.65	13,782.73	10,936.17	12,731.46	19,496.13	15,819.84	13,817.41	14,312.49	11,107.44	6,367.50	
Sum of ALLOWED UNITS	233	232	268	245	151	148	113	134	194	150	132	134	110	60	
Distinct Count of CASE #	109	133	137	118	89	73	68	75	87	71	65	73	63	41	
90853 - Group Therapy															Benefit Plan Change
Sum of PAID AMOUNT	3,973.50	5,418.40	6,623.52	17,726.52	7,737.04	5,785.50	3,449.63	2,672.00	9,940.77	3,137.18	8,161.13	10,098.26	10,463.50	7,760.50	
Sum of ALLOWED UNITS	57	74	89	209	105	84	51	40	117	42	96	115	116	83	
Distinct Count of CASE #	22	32	39	78	52	35	25	19	41	22	33	42	52	36	
96372 - Medication Administration															Benefit Plan Change
Sum of PAID AMOUNT										58.00	29.00	58.00	29.00	58.00	
Sum of ALLOWED UNITS										2	1	2	1	2	
Distinct Count of CASE #										2	1	1	1	2	
99202 - E&M - New Consumer															Benefit Plan and Copay Changes
Sum of PAID AMOUNT	552.00	472.54	837.42	920.00	460.00	368.00	261.00	348.00	92.00	184.00	363.00	87.00	184.00	184.00	
Sum of ALLOWED UNITS	6	6	10	10	5	4	3	4	1	2	4	1	2	2	
Distinct Count of CASE #	6	6	10	10	5	4	3	4	1	2	4	1	2	2	
99203 - E&M - New Consumer															Benefit Plan and Copay Changes
Sum of PAID AMOUNT									271.00	77.25	414.00		271.00	133.00	
Sum of ALLOWED UNITS									2	1	3		2	1	
Distinct Count of CASE #									2	1	3		2	1	
99205 - E&M - New Consumer															Benefit Plan and Copay Changes
Sum of PAID AMOUNT										174.53					
Sum of ALLOWED UNITS										1					
Distinct Count of CASE #										1					
99211 - E&M - Existing Consumer															Benefit Plan and Copay Changes
Sum of PAID AMOUNT													29.00		
Sum of ALLOWED UNITS													1		
Distinct Count of CASE #													1		
99212 - E&M - Existing Consumer															Benefit Plan and Copay Changes
Sum of PAID AMOUNT							36.41					106.00	53.00	53.00	
Sum of ALLOWED UNITS							1					2	1	1	
Distinct Count of CASE #							1					2	1	1	
99213 - E&M - Existing Consumer															Benefit Plan and Copay Changes
Sum of PAID AMOUNT	4,514.18	4,888.11	5,303.73	4,849.64	4,697.31	4,039.35	3,010.81	2,539.55	1,859.05	1,358.24	1,547.24	1,019.05	609.05	758.00	
Sum of ALLOWED UNITS	54	60	67	64	60	52	38	33	23	18	20	13	8	9	
Distinct Count of CASE #	47	55	60	54	55	42	37	31	22	18	19	12	8	8	
99214 - E&M - Existing Consumer															Benefit Plan and Copay Changes
Sum of PAID AMOUNT										92.84	87.81	32.09	457.06	858.53	
Sum of ALLOWED UNITS										1	1	2	5	7	
Distinct Count of CASE #										1	1	1	3	3	
99215 - E&M - Existing Consumer															Benefit Plan and Copay Changes
Sum of PAID AMOUNT										41.06		227.00	227.00		
Sum of ALLOWED UNITS										1		1	1		
Distinct Count of CASE #										1		1	1		
A0110 - Transportation - Bus Token															Benefit Plan Change
Sum of PAID AMOUNT	481.96	414.00	645.98	549.96	576.99	601.99	12.50	56.97	151.96	46.99	61.99	394.45	178.95	154.94	
Sum of ALLOWED UNITS	23	23	36	31	32	27	2	3	7	4	3	9	8	7	
Distinct Count of CASE #	21	23	34	29	32	27	2	3	7	4	3	9	8	7	
G2067 - Methadone Weekly Bundle															Benefit Plan Change
Sum of PAID AMOUNT	400.00	300.00	180.00	80.00	100.00		521.74			24.00	24.00		12.00		
Sum of ALLOWED UNITS	10	12	8	4	5		5			2	2		1		
Distinct Count of CASE #	4	4	3	1	1		3			1	1		1		
G2078 - Methadone Take Home Supply															Benefit Plan Change
Sum of PAID AMOUNT	14.12	21.18	14.12				3.26								
Sum of ALLOWED UNITS	2	3	2				1								
Distinct Count of CASE #	1	1	2				1								
H0001 - Assessment															Benefit Plan Change
Sum of PAID AMOUNT	9,960.23	10,487.56	11,415.27	10,048.12	6,941.97	5,355.00	7,002.04	6,885.00	5,917.81	3,973.05	6,120.00	6,630.00	5,100.00	3,442.50	
Sum of ALLOWED UNITS	79	82	87	74	57	42	56	54	47	32	48	52	40	27	
Distinct Count of CASE #	79	82	87	74	57	42	56	54	47	32	48	52	40	27	
H0003 - Drug Screen															Benefit Plan Change
Sum of PAID AMOUNT	255.00	127.50	51.00	76.50	127.50	76.50	51.00	51.00	25.50		25.50		25.50	25.50	
Sum of ALLOWED UNITS	10	5	2	3	5	3	2	2	1		1		1	1	
Distinct Count of CASE #	7	4	2	2	4	2	2	2	1		1		1	1	
H0004 - Individual Counseling															Benefit Plan Change
Sum of PAID AMOUNT	7,987.50	7,226.00	6,795.50	7,234.00	6,729.50	7,487.50	6,667.00	4,602.00	3,968.50	1,754.50	941.50	1,155.50	1,081.00	1,099.00	
Sum of ALLOWED UNITS	367	345	324	348	313	361	311	224	186	84	45	56	52	53	
Distinct Count of CASE #	60	64	64	69	67	61	66	46	40	15	13	11	9	11	
H0005 - Group Counseling															Benefit Plan Change
Sum of PAID AMOUNT	748.00	1,767.00	1,260.00	2,178.00	1,476.00	2,019.00	1,563.00	784.00	492.00	820.00	656.00	697.00	328.00	451.00	
Sum of ALLOWED UNITS	18	42	30	53	36	49	38	19	12	20	16	17	8	11	
Distinct Count of CASE #	11	13	12	16	17	18	15	8	5	6	5	6	5	2	
H0006 - Case Management															Benefit Plan Change
Sum of PAID AMOUNT	14,787.00	14,932.00	15,163.00	17,459.00	13,751.50	16,391.00	14,766.50	11,422.00	13,358.00	10,660.50	8,785.00	10,381.00	8,930.00	7,923.50	
Sum of ALLOWED UNITS	358	360	367	414	332	395	356	276	323	259	210	247	206	180	
Distinct Count of CASE #	236	246	240	270	232	244	243	198	200	172	152	170	134	123	
H0010 - Withdrawal Management															Benefit Plan Change
Sum of PAID AMOUNT	8,970.00	3,450.00	4,485.00	7,590.00	3,450.00	4,830.00	2,415.00	6,900.00	3,795.00	3,105.00	2,415.00	4,830.00	5,865.00	3,105.00	
Sum of ALLOWED UNITS	26	10	13	22	10	14	7	20	11	9	7	14	17	9	
Distinct Count of CASE #	9	3	6	6	3	5	2	6	3	2	3	5	4	3	
H0012 - Withdrawal Management															Benefit Plan Change
Sum of PAID AMOUNT	1,875.00	937.50	1,290.00	1,562.50	937.50			625.00	3,125.00	1,250.00			625.00		
Sum of ALLOWED UNITS	6	3	4	5	3			2	10	4			2		
Distinct Count of CASE #	2	1	2	2	1			1	3	1			1		
H0018 - Residential Treatment															Benefit Plan and Copay Changes
Sum of PAID AMOUNT	2,123.50	890.50		68.50				598.50	399.00	66.50	1,944.00			332.50	
Sum of ALLOWED UNITS	31	13		1				9	6	1	28			5	
Distinct Count of CASE #	1	1		1				1	2	1	2			1	
H0019 - Residential Treatment															Benefit Plan and Copay Changes
Sum of PAID AMOUNT	29,109.50	29,032.00	28,519.00	29,257.50	23,117.00	28,327.50	33,537.50	25,832.00	18,066.00	17,844.50	10,647.00	23,888.00	19,388.00	8,657.00	
Sum of ALLOWED UNITS	190	191	187	191	152	187	229	182	126	116	70	161	131	56	
Distinct Count of CASE #	16	14	16	14	15	14	14	17	9	10	8	11	11	7	
H0020 - Methadone Dosing															Benefit Plan Change
Sum of PAID AMOUNT	29,960.00	28,408.00	26,672.00	26,488.00	23,384.00	22,176.00	19,512.00	14,272.00	12,144.00	7,688.00	6,952.00	4,896.00	3,224.00	2,528.00	
Sum of ALLOWED UNITS	3,745	3,551	3,334	3,311	2,923	2,772	2,439	1,784	1,518	961	869	612	403	316	
Distinct Count of CASE #	131	122	124	119	103	95	88	74	60	40	35	27	18	12	

Mid-State Health Network
Summary of Block Grant Funded Claims for Dates of Service July 1, 2020 through August 31, 2021

	2020 July	August	September	2021 October	November	December	January	February	March	April	May	June	July	August	Reduction Strategy
H0038 - Peer Recovery Supports															Benefit Plan and Copay Changes
Sum of PAID AMOUNT	37,553.30	50,334.00	47,739.00	54,802.74	51,611.00	43,667.00	31,332.50	25,262.25	20,955.00	5,953.50	6,867.00	10,866.50	13,386.20	7,136.50	
Sum of ALLOWED UNITS	2,711	3,682	3,555	4,042	3,979	3,436	2,841	2,098	2,031	619	714	1,165	1,273	585	
Distinct Count of CASE #	127	119	144	170	165	173	161	147	140	73	83	89	83	30	
H0048 - Drug Screen															Benefit Plan Change
Sum of PAID AMOUNT	1,756.00	2,157.20	2,211.30	2,388.60	1,939.60	2,063.60	2,204.89	2,453.00	2,167.50	1,984.00	1,931.00	2,695.00	2,478.50	2,511.00	
Sum of ALLOWED UNITS	143	177	182	194	158	168	179	198	175	160	156	218	200	202	
Distinct Count of CASE #	107	115	117	124	121	111	129	142	129	126	117	145	139	139	
H0050 - Brief Intervention															Benefit Plan Change
Sum of PAID AMOUNT					15.50										
Sum of ALLOWED UNITS					1										
Distinct Count of CASE #					1										
H2027 - Didactic Services															Benefit Plan Change
Sum of PAID AMOUNT	418.00	1,040.00	622.50	1,490.00	555.00	456.00	198.00			341.00	165.00		104.00	104.00	
Sum of ALLOWED UNITS	74	188	107	266	102	90	36			62	30		16	16	
Distinct Count of CASE #	7	6	7	10	7	4	2			2	2		1	1	
H2034 - Recovery Housing															Benefit Plan Change and Rate Reduction
Sum of PAID AMOUNT	116,409.36	120,358.85	118,926.22	121,582.66	132,299.91	148,104.97	103,245.90	82,205.25	75,469.50	60,134.00	44,022.50	36,949.00	36,528.00	34,147.50	
Sum of ALLOWED UNITS	5,033	5,178	5,150	5,264	5,746	6,040	5,574	4,443	4,240	3,069	2,374	2,100	2,058	1,881	
Distinct Count of CASE #	233	238	229	243	248	253	240	211	184	161	119	117	101	87	
S0215 - Transportation - Per Mile															Benefit Plan Change
Sum of PAID AMOUNT	1,371.26	1,835.04	1,258.38	2,084.16	1,394.61	459.76	590.80	731.92	712.32	789.60	1,038.80	590.80	229.60	504.00	
Sum of ALLOWED UNITS	2,447	3,246	2,193	3,636	2,427	793	1,055	1,307	1,272	1,410	1,855	1,055	410	900	
Distinct Count of CASE #	29	37	28	34	30	9	11	14	15	15	19	11	5	9	
S9976 - Residential Room and Board															Benefit Plan Change and Rate Reduction
Sum of PAID AMOUNT	174,316.75	177,454.50	195,266.25	205,493.00	183,094.00	184,115.00	137,897.00	135,933.00	147,798.00	132,090.00	129,618.00	130,326.00	144,732.00	111,932.00	
Sum of ALLOWED UNITS	6,240	6,353	6,987	7,349	6,552	6,593	6,582	6,474	7,055	6,294	6,175	6,206	6,893	5,332	
Distinct Count of CASE #	413	436	446	460	417	397	425	451	444	399	419	429	460	319	
T1009 - Childcare Services															Benefit Plan Change
Sum of PAID AMOUNT	5,247.00	7,587.00	6,854.00	5,904.00	3,707.00	5,723.00	6,402.00	6,477.00	5,952.00	5,660.00	2,856.00	800.00	200.00		
Sum of ALLOWED UNITS	82	109	114	91	58	70	88	70	85	72	30	14	4		
Distinct Count of CASE #	6	7	10	7	7	7	8	4	8	5	5	4	2		
T1012 - Peer Recovery Supports															Benefit Plan and Copay Changes
Sum of PAID AMOUNT	9,334.00	8,567.00	11,619.00	13,578.00	20,768.00	21,658.00	9,412.00	7,813.00	5,824.00	312.00	541.00	466.00	249.00	131.00	
Sum of ALLOWED UNITS	326	314	430	438	609	651	295	231	175	9	22	16	9	4	
Distinct Count of CASE #	63	60	74	81	79	82	62	45	36	5	6	7	6	3	
Total Sum of PAID AMOUNT	**510,282.48**	**528,722.41**	**547,748.62**	**582,477.24**	**519,072.90**	**531,711.45**	**411,112.54**	**368,909.27**	**362,300.27**	**283,719.82**	**258,347.77**	**272,967.64**	**275,399.19**	**206,459.47**	
Total Sum of ALLOWED UNITS	**22,702**	**24,675**	**23,958**	**26,644**	**24,074**	**22,206**	**20,539**	**17,868**	**17,780**	**13,534**	**13,031**	**12,363**	**12,101**	**9,827**	
Total Distinct Count of CASE #	**1,366**	**1,402**	**1,403**	**1,433**	**1,324**	**1,244**	**1,262**	**1,242**	**1,147**	**982**	**935**	**965**	**935**	**737**	

SUMMARY

	Prior Monthly Average	January	February	March	April	May	June	July	
Total Sum of PAID AMOUNT	**536,669.18**	**411,112.54**	**368,909.27**	**362,300.27**	**283,719.82**	**258,347.77**	**272,967.64**	**275,399.19**	
Total Sum of ALLOWED UNITS	**24,043**	**20,539**	**17,868**	**17,780**	**13,534**	**13,031**	**12,363**	**12,101**	
Total Distinct Count of CASE #	**1,362**	**1,262**	**1,242**	**1,147**	**982**	**935**	**965**	**935**	
Change in PAID AMOUNT		(125,556.64)	(42,203.27)	(6,609.00)	(78,580.45)	(25,372.05)	14,619.87	2,431.55	(261,269.99)
% Change in PAID AMOUNT		-23.40%	-10.27%	-1.79%	-21.69%	-8.94%	5.66%	0.89%	
Change in ALLOWED UNITS		(3,504)	(2,671)	(88)	(4,246)	(503)	(668)	(262)	
% Change in ALLOWED UNITS		-14.57%	-13.00%	-0.49%	-23.88%	-3.72%	-5.13%	-2.12%	
Change in CASES		(100)	(20)	(95)	(165)	(47)	30	(30)	
% Change in CASES		-7.34%	-1.58%	-7.65%	-14.39%	-4.79%	3.21%	-3.11%	

Fiscal Year (FY) 2022 Budget Presentation

Leslie Thomas, Certified Public Accountant (CPA)

Chief Financial Officer

Mid-State Health Network

530 W. Ionia Ste F.

Lansing, MI 48933

Budget Development

REVENUE ESTIMATES

Prior Fiscal Years:

- Michigan Department of Health and Human Services (MDHHS) along with Milliman its actuarial firm, provide a Rate Certification letter to PIHPs in July or August.
- PIHP Finance Staff use details from the letter and appendices to develop revenue estimates based on average past enrollees (adjusted or averaged).
- MSHN revenue estimates are reviewed several times throughout the FY to ensure actual amounts received align or are higher than projections and are sufficient to cover anticipated expenditures

Fiscal Year 2022:

- Final MDHHS Rate Certification letter will be received mid-September
- FY 2021 capitation rates used as the revenue basis without Direct Care Worker (DCW) premiums
- Enrollment numbers were reduced as the Public Health Emergency is expected to end

REVENUE – OTHER INFORMATION

- MDHHS **DRAFT** Rate Certification numbers indicate a significant increase in revenue than the amounts noted in this presentation
- Within FY 22 quarter one, MSHN will create updated revenue figures based on the final Rate Certification data which will include DCW premium pay information. An FY 22 budget amendment will be brought forward if needed in November 2021 or January 2022.

Budget Development

EXPENSE FIGURES

- Budgeted expense information provided from Community Mental Health Services Programs (CMHSPs) and projected for Substance Abuse Prevention and Treatment (SAPT) providers based on prior year utilization or negotiated contract/cost reimbursement funding levels
- Mid-State Health Network (MSHN) administrative expenses:
  - Strategic Plan Priorities such as CCBHC and Home and Community Based Services (HCBS) Waiver responsibilities:
  - Prior year trending:
    - Consultation needs
    - Technology needs assessment
    - Upcoming conferences and training
    - Other information gathered during staff interviews/meetings

FY 2022 SAPT Operating Revenue

- **Projected/Budgeted Substance Abuse Prevention and Treatment (SAPT) Revenue**

Type	Budget amount
Medicaid Capitation	14,017,947
HMP Capitation	26,221,167
Community Grant	15,149,457
PA2 Liquor Tax	4,712,059
Total	60,100,630

FY 2022 SAPT Operating Expense

- **Projected/Budgeted Substance Abuse Prevention and Treatment (SAPT) Expense**

Type	Budget amount
Medicaid	12,300,000
HMP	25,200,000
Community Grant	9,892,900
PA2 Liquor Tax	4,712,059
Total	52,104,959

FY 2022 SAPT Revenue Over/(Under) Expense

- **Revenue Over/Under Expense**

Type	Budget amount
Medicaid	1,717,947
HMP	1,021,167
Community Grant*	5,256,557
PA2 Liquor Tax	0
Total	7,995,671

Community Grant* - the surplus results from approximately $4.3 in unspent COVID specific funds. The remainder will cover salaries and other and administration expenses not listed in the service lines on page six

MSHN
Mid-State Health Network

FISCAL YEAR 2022 ORIGINAL BUDGET

DRAFT

	FY 2021 Original Budget	FY 2021 Amended Budget	FY 2022 Original Budget	FY 2022 Increase (Decrease) from Amended Budget	Notes
REVENUES					
Prior Year Savings	$ 22,057,111	$ 33,254,471	$ 51,407,120	$ 18,152,649	Budget based on maximum savings allowed
Medicaid Capitation SP/iSPA MH	372,200,501	413,815,172	387,375,014	(26,440,158)	Budget based on FY2021 capitation rates without direct care worker premiums along with adjustments for anticipated decline in enrollments; FY2022 capitation rates not available at the time of budget development
Medicaid Capitation SP/iSPA SUD	13,411,761	14,375,672	14,017,949	(357,724)	
Medicaid Capitation HSW	92,051,210	105,963,014	93,225,446	(12,737,568)	
Healthy Michigan Plan Capitation MH	56,262,487	64,079,447	62,976,885	(1,102,562)	
Healthy Michigan Plan Capitation SUD	23,362,573	27,267,312	26,221,167	(1,046,145)	
Medicaid Autism	53,890,080	57,396,686	55,155,351	(2,241,335)	
Medicaid DHS Incentive Payment	2,358,355	2,530,970	2,530,970	-	
Hospital Rate Adjustor	16,359,552	15,022,000	15,773,100	751,100	
Performance Bonus Incentive Payment	4,583,840	5,121,730	4,792,289	(329,441)	
Community Grant SUD	16,646,788	12,862,575	15,149,457	2,286,882	Budget based on DHHS allocations
PA2 Liquor Tax SUD	4,603,141	4,872,596	4,712,059	(160,537)	
Local Match Contribution	3,140,208	3,140,208	3,140,208	-	
Interest Income	218,000	30,000	80,000	50,000	
Other Grants	388,519	220,069	235,000	14,931	Includes Clubhouse Engagement and Veteran's Navigator
Other Income	62,250	54,600	58,800	4,200	
TOTAL REVENUE BUDGET	**$ 681,596,376**	**$ 760,006,521**	**$ 736,850,813**	**$ (23,155,708)**	
EXPENDITURES					
ADMINISTRATION:					
Salaries and Wages	$ 4,799,320	$ 4,271,348	$ 5,756,833	$ 1,485,485	Includes additional staff related to increased waiver and CCBHC responsibilities
Employee Benefits	1,775,693	1,497,265	2,082,083	584,819	Additional staff
Other Contractual Agreements	630,615	477,500	504,150	26,650	Includes ASAM Continuum training for the SUD Provider Network; also includes allowance for contracts not yet determined
IS Subscriptions and Maintenance	972,400	928,280	987,300	59,020	Includes software costs such as, but not limited to, Microsoft Office, managed care, parity, care coordination, document sharing
Consulting Services	130,000	90,000	130,000	40,000	Includes allowance for additional consulting services
Conference and Training Expense	49,820	21,850	91,545	69,695	Additional staff, in-person conferences
Human Resources Fees	60,040	50,240	64,540	14,300	Additional staff
Mileage Reimbursement	61,395	8,450	74,425	65,975	Reduced travel restrictions, in-person activities
Other Expenses	220,925	240,075	175,480	(64,595)	Includes technical support and Relias training; also includes a reduction for one-time activities grant funded in FY2021
Building Rent	83,131	73,131	73,879	748	
Telephone Expense	68,100	74,375	72,450	(1,925)	
Office Supplies	35,750	16,850	35,850	19,000	
Printing Expense	42,000	44,750	55,000	10,250	
Meeting Expense	32,175	11,750	44,575	32,825	Reduced travel restrictions, in-person activities
Liability Insurance	37,433	36,800	38,445	1,645	
Depreciation Expense	81,927	81,927	50,397	(31,530)	Software fully depreciated
Audit Services	25,500	25,300	35,500	10,200	
OPB and Council Per Diems	18,060	11,270	18,060	6,790	
Dues and Memberships	6,600	6,500	6,500	-	
Legal Services	5,000	5,000	5,000	-	
Equipment Rent	5,100	5,100	5,100	-	
Internet Services	2,460	2,760	2,940	180	
Subtotal Administration	**$ 9,143,444**	**$ 7,980,521**	**$ 10,310,053**	**$ 2,329,532**	
Percent Administration Expenses to Total Expenses	1.42%	1.18%	1.47%		

	FY 2021 Original Budget	FY 2021 Amended Budget	FY 2022 Original Budget	FY 2022 Increase (Decrease) from Amended Budget	Notes
CMHSP and SUD EXPENSES and TAXES:					
CMHSP Participant Medicaid	$ 450,220,277	$ 485,742,965	$ 492,816,745	$ 7,073,780	Budget based on CMHSP budgeted FY2022 expenses
CMHSP Participant Healthy Michigan Plan	54,431,413	53,235,155	64,334,217	11,099,062	
CMHSP Participant Medicaid Autism	47,427,267	50,567,003	52,816,366	2,249,363	
CMHSP Participant Other	4,830,666	4,556,244	5,256,730	700,486	Includes Performance Bonus Incentive Payments and Clubhouse Engagement
SUD Medicaid Contracts	12,300,000	10,800,000	12,300,000	1,500,000	Budget based on projected utilization along with reimbursement rate increases
SUD Healthy Michigan Plan Contracts	21,900,000	20,900,000	25,200,000	4,300,000	
SUD Community Grant	14,823,800	11,682,108	9,892,900	(1,789,208)	Budget based on projected utilization and SOR grant expenditures
SUD PA2 Liquor Tax	4,603,141	4,872,596	4,712,059	(160,537)	
Hospital Rate Adjustor	16,359,552	15,022,000	15,773,100	751,100	
Tax Insurance Provider Assessment	5,474,045	5,477,013	5,782,945	305,932	Budget based on annual assessment
Tax Local Match Contribution	3,140,208	3,140,208	3,140,208	-	
Subtotal CMHSP and SUD Expenses and Taxes	**$ 635,510,368**	**$ 665,995,292**	**$ 692,025,271**	**$ 26,029,979**	
TOTAL EXPENDITURE BUDGET	**$ 644,653,812**	**$ 673,975,813**	**$ 702,335,323**	**$ 28,359,510**	
Revenue Over/(Under) Expenditures	**$ 36,942,564**	**$ 86,030,708**	**$ 34,515,490**	**$ (51,515,218)**	

Mid-State Health Network
FY2022 PA2 Funding Recommendations by Provider
October 2021 Oversight Policy Board

Provider	PA2 County	PA2 Amount Recommended	*New Provider / Renewal Contract
Addiction Solutions Counseling Center	Isabella	29,320	Renewal
Arbor Circle	Newaygo	46,104	Renewal
Barry Eaton Health Department	Eaton	9,772	Renewal
Big Brothers Big Sisters of Jackson	Jackson	19,485	Renewal
Boys and Girls Club of Bay County	Bay	109,823	Renewal
Catholic Charities of Shiawassee and Genesee Counties	Shiawassee	134,384	Renewal
Child Advocacy Center	Gratiot	31,165	Renewal
Child and Family Charities	Ingham	27,125	Renewal
Cristo Rey Community Center	Ingham	17,873	Renewal
Eaton Regional Education Service Agency (RESA)	Clinton	123,505	Renewal
Eaton Regional Education Service Agency (RESA)	Eaton	139,078	Renewal
Eaton Regional Education Service Agency (RESA)	Ingham	27,013	Renewal
Family Services and Children's Aid	Jackson	216,532	Renewal
First Ward Community Center	Saginaw	168,377	Renewal
Great Lakes Bay Health Centers	Saginaw	75,000	Renewal
Henry Ford Allegiance Health	Jackson	23,524	Renewal
Home of New Vision	Jackson	114,000	Renewal
Huron County Health Department	Huron	13,619	Renewal
Ingham County Health Department	Ingham	15,656	Renewal
Ionia County Health Department	Ionia	128,000	Renewal
Lifeways Community Mental Health Authority	Hillsdale	39,336	Renewal
List Psychological Services	Tuscola	47,751	Renewal
McLaren Bay Region (Neighborhood Resource Center)	Bay	117,095	Renewal
Michigan Rehabilitation Services	Clinton	5,000	Renewal
Michigan Rehabilitation Services	Eaton	5,000	Renewal
Michigan Rehabilitation Services	Ingham	15,000	Renewal
Michigan Rehabilitation Services	Shiawassee	5,000	Renewal
Michigan Therapeutic Consultants	Eaton	2,000	Renewal
Michigan Therapeutic Consultants	Ingham	5,000	Renewal
Mid-Michigan District Health Department	Montcalm	96,136	Renewal
Newaygo Regional Education Service Agency (RESA)	Newaygo	17,500	Renewal
Parishioners on Patrol	Saginaw	5,000	Renewal
Peer 360 Recovery	Arenac	12,800	Renewal
Peer 360 Recovery	Bay	104,450	Renewal
Peer 360 Recovery	Huron	86,000	Renewal
Peer 360 Recovery	Isabella	52,000	Renewal
Peer 360 Recovery	Midland	100,000	Renewal
Peer 360 Recovery	Saginaw	150,000	Renewal
Peer 360 Recovery	Shiawassee	2,000	Renewal
Peer 360 Recovery	Tuscola	85,000	Renewal
Prevention Network	Eaton	25,000	Renewal
Prevention Network	Ingham	25,000	New
Prevention Network	Shiawassee	30,000	Renewal
Sacred Heart Rehabilitation Center	Bay	30,000	Renewal

Mid-State Health Network
FY2022 PA2 Funding Recommendations by Provider
October 2021 Oversight Policy Board

Provider	PA2 County	PA2 Amount Recommended	*New Provider / Renewal Contract
Sacred Heart Rehabilitation Center	Saginaw	47,168	Renewal
Saginaw City Police	Saginaw	45,705	Renewal
Saginaw County Health Department	Saginaw	15,000	Renewal
Saginaw Youth Protection Council	Saginaw	216,922	Renewal
Shiawassee County Court	Shiawassee	16,620	Renewal
St. Johns Police Department	Clinton	6,671	Renewal
Sterling Area Health Center	Arenac	10,054	Renewal
Sterling Area Health Center	Bay	48,957	Renewal
Ten Sixteen Recovery Network	Arenac	28,000	New
Ten Sixteen Recovery Network	Bay	87,000	Renewal
Ten Sixteen Recovery Network	Clare	120,738	Renewal
Ten Sixteen Recovery Network	Gladwin	47,210	Renewal
Ten Sixteen Recovery Network	Gratiot	19,000	Renewal
Ten Sixteen Recovery Network	Isabella	250,000	Renewal
Ten Sixteen Recovery Network	Mecosta	202,485	Renewal
Ten Sixteen Recovery Network	Midland	64,000	Renewal
Ten Sixteen Recovery Network	Osceola	83,000	Renewal
Ten Sixteen Recovery Network	Saginaw	128,000	Renewal
The Legacy Center	Midland	67,811	Renewal
Victory Clinical Services - Lansing	Eaton	2,000	Renewal
Victory Clinical Services - Lansing	Ingham	5,000	Renewal
Wedgwood Christian Services	Ionia	46,538	Renewal
Wedgwood Christian Services	Montcalm	27,142	Renewal
Wellness, Inx	Eaton	194,793	Renewal
Wellness, InX	Ingham	297,982	Renewal
Women of Colors	Saginaw	102,840	Renewal
GRAND TOTAL		**4,712,059**	

*New Provider / Renewal Contract:
New Provider could also indicate that provider did not receive PA2 funds from the identified county in FY2021

Mid-State Health Network
FY2022 PA2 Funding Recommendations by County

County	Projected Beginning Reserve Balance	Projected FY2022 Treasury Revenue*	OPB Approved PA2 Provider Funding	MSHN Funding Recommendations October	Projected Ending Reserve Balance
Arenac	71,929	34,960	-	50,854	56,035
Bay	809,741	205,048	-	497,325	517,463
Clare	157,044	51,253	-	120,738	87,559
Clinton	420,480	124,880	-	135,176	410,184
Eaton	566,647	228,509	-	377,643	417,513
Gladwin	77,730	38,510	-	47,210	69,030
Gratiot	92,515	50,780	-	50,165	93,130
Hillsdale	120,041	49,079	-	39,336	129,783
Huron	148,739	63,982	-	99,619	113,101
Ingham	902,845	678,015	-	435,649	1,145,211
Ionia	355,713	76,540	-	174,538	257,714
Isabella	511,475	135,120	-	331,320	315,274
Jackson	569,628	323,618	-	373,541	519,705
Mecosta	280,543	91,312	-	202,485	169,369
Midland	363,688	153,648	-	231,811	285,525
Montcalm	200,464	104,489	-	123,278	181,675
Newaygo	127,609	87,981	-	63,604	151,986
Osceola	108,532	32,877	-	83,000	58,409
Saginaw	1,468,702	475,526	-	954,012	990,216
Shiawassee	405,082	96,419	-	188,004	313,496
Tuscola	183,717	56,919	-	132,751	107,885
Total	$ 7,942,864	$ 3,159,460	$ -	$ 4,712,059	$ 6,390,264

*FY2022 projected distributions to counties not available at the time of this report; used FY2021 projected distributions

Mid-State Health Network
Comparison of FY2021 and FY2022 PA2 by County and Provider

County	Provider		FY2021 OPB Approved PA2 Provider Funding	MSHN Funding Recommendations October	Detail of Services Provided for FY2022 Requests
Arenac					
	Peer 360 Recovery				Community Recovery Supports: Stigma reduction efforts; sober social activities; peer-led facilitation groups; CCAR training; recovery coach training; community outreach; emergency transportation.
		PA2	27,800	12,800	
		Block Grant	22,915	40,200	
		Total	**50,715**	**53,000**	
	Sterling Area Health Center				Prevention: Host coalition activities, $5,000 in coalition discretionary funding; PALS Program; Student Assistance Program; School based prevention education - Too Good for Drugs; DYTUR/Synar activities; Suicide Prevention efforts.
		PA2	7,876	10,054	
		Block Grant	84,500	80,000	
		Total	**92,376**	**90,054**	
	Ten Sixteen Recovery Network				Recovery Supports: Project ASSERT.
		PA2	-	28,000	
		Block Grant	-	40,000	
		Total	**-**	**68,000**	
	County Total		**143,091**	**211,054**	
Bay					
	Boys and Girls Club of Bay County				Prevention: Programs are conducted at the Bay City, Essexville and Pinconning sites: Smart Moves; Smart Kids; Street Smart, Be-Fit, An Apple a Day, Too Good for Drugs and Violence, Torch Club, National Photography Program along with community prevention coalition involvement.
		PA2	72,073	109,823	
		Block Grant	42,750	5,000	
		Total	**114,823**	**114,823**	
	McLaren Bay Region (Neighborhood Resource Center)				Prevention: Prime for Life; school programming (multiple); juvenile home groups; host coalition (BCPN) activities, $5,000 in coalition discretionary funding; Lead agency for - Safe Journeys Group, Teen Advocating Prevention Group, Project HOPE (Opiate) task force, Family Fun Club Group, Marijuana Awareness Team; Juvenile Court Day Treatment Program Education; SFP Parent Education; Suicide Prevention, Great Start Collaboration.
		PA2	83,065	117,095	
		Block Grant	39,030	5,000	
		Total	**122,095**	**122,095**	
	Peer 360 Recovery				Community Recovery Supports: Stigma reduction efforts; sober social activities; peer-led facilitation groups; CCAR training; recovery coach training; community outreach; emergency transportation.
		PA2	53,514	104,450	
		Block Grant	63,654	-	
		Total	**117,168**	**104,450**	
	Sacred Heart Rehabilitation Center				Prevention: NOT Tobacco education; Tobacco school; E-Cigarette school; STOP Education Group; local coalition activities (BCPN, CAAPT, Safe Journeys MCRUD) ; DYTUR/SYNAR activities; social norms campaigns for underage drinking and vaping activities.
		PA2	17,692	30,000	
		Block Grant	10,000	5,000	
		Total	**27,692**	**35,000**	
	Sterling Area Health Center				Prevention: PALS; peer mentor activities, classroom education; Student Assistance Program.
		PA2	30,135	48,957	
		Block Grant	16,500	-	
		Total	**46,635**	**48,957**	
	Ten Sixteen Recovery Network				Recovery Supports: Peers in FQHC.
		PA2	104,000	87,000	
		Block Grant	-	-	
		Total	**104,000**	**87,000**	
	County Total		**532,413**	**512,325**	
Clare					
	Ten Sixteen Recovery Network				Prevention: $5,000 in coalition discretionary funding - lead coalition agency; School Education Programs - Botvin's Life skills, Teen Intervene, Prime for Life 420; Rx Drug Prevention Initiate; Prime for Life; Active Parenting; Student Assistance Programs; MiPhy Data Collection Assistance; DYTUR/SYNAR activities. Community Recovery Services: MMU CREW Project. Recovery Supports: Project Assert, Drop-In Center.
		PA2	93,200	120,738	
		Block Grant	50,800	65,000	
		Total	**144,000**	**185,738**	
	County Total		**144,000**	**185,738**	
Clinton					
	Eaton Regional Education Service Agency (RESA)				Prevention: $5,000 in coalition discretionary funding, in-school probation, MiPhy data analysis and technical assistance, prevention education, behavioral health resource guide development, prescription drug disposal, community outreach, Alcohol Vendor Education DYTUR/Synar Activities, Clinton Youth Engagement (ECHO); PALS Program.
		PA2	117,829	123,505	
		Block Grant	10,700	5,000	
		Total	**128,529**	**128,505**	
	Michigan Rehabilitation Services				Treatment: Vocational rehabilitation services.
		PA2	5,000	5,000	
		Block Grant	-	-	
		Total	**5,000**	**5,000**	
	St. Johns Police Department				Prevention: DYTUR/SYNAR activities, Alcohol Vendor Education and Compliance Checks.
		PA2	8,556	6,671	
		Block Grant	-	-	
		Total	**8,556**	**6,671**	
	County Total		**142,085**	**140,176**	
Eaton					
	Barry Eaton Health Department				Prevention: DYTUR/SYNAR activities.
		PA2	7,062	9,772	
		Block Grant	-	-	
		Total	**7,062**	**9,772**	

Mid-State Health Network
Comparison of FY2021 and FY2022 PA2 by County and Provider

County	Provider		FY2021 OPB Approved PA2 Provider Funding	MSHN Funding Recommendations October	Detail of Services Provided for FY2022 Requests
	Eaton Regional Education Service Agency (RESA)				Prevention: $5,000 in coalition discretionary funding, CHOICES, in-school probation, Front Line Worker training, behavioral health resource guide development, prevention education, prescription drug disposal, community outreach, Capital Counties Commit, MiPHY; Michigan Model Curriculums for the schools; PALS Program; Parenting Program/Resources; School Consultation; Opioid Prevention Community Presentations, PALS Program.
		PA2	128,871	139,078	
		Block Grant	164,994	160,000	
		Total	**293,865**	**299,078**	
	Michigan Rehabilitation Services				Treatment: Vocational rehabilitation services.
		PA2	5,000	5,000	
		Block Grant	-	-	
		Total	**5,000**	**5,000**	
	Michigan Therapeutic Consultants				Treatment: Methadone delivery to county jails
		PA2	667	2,000	
		Block Grant	-	-	
		Total	**667**	**2,000**	
	Prevention Network				Prevention: Provide trainings for Regional Prevention Staff on how to conduct Teacher in-services; Provide trainings and technical assistance to Regional Prevention Coalitions; Implement SMART Recovery Groups; Organize and Host Recovery Month Activities; Convene Capital Area VOX Meetings and build memberships.
		PA2	12,000	25,000	
		Block Grant	-	-	
		Total	**12,000**	**25,000**	
	Victory Clinical Services - Lansing				Treatment: Methadone delivery to county jails
		PA2	667	2,000	
		Block Grant	-	-	
		Total	**667**	**2,000**	
	Wellness, Inx				Recovery Supports: Peer-led facilitation groups; CCAR; recovery coach training; community outreach; Peer Recovery mentoring, Chronic Pain Path Program; Project ASSERT.
		PA2	78,636	194,793	
		Block Grant	-	-	
		Total	**78,636**	**194,793**	
	County Total		**397,897**	**537,643**	
Gladwin					
	Ten Sixteen Recovery Network				Prevention: $5,000 in coalition discretionary funding - lead coalition agency; School Education Programs - Botvin's Life skills, Teen Intervene, Prime for Life 420; Rx Drug Prevention Initiate; Prime for Life; Active Parenting; Student Assistance Programs; MiPHY Data Collection Assistance; DYTUR/SYNAR activities. Recovery Supports: Project ASSERT; Drop-In Center.
		PA2	35,000	47,210	
		Block Grant	103,000	95,000	
		Total	**138,000**	**142,210**	
	County Total		**138,000**	**142,210**	
Gratiot					
	Child Advocacy Center				Prevention: It's All about Teens (multiple schools); host coalition activities, $5,000 in coalition discretionary funding; TIPS training; DYTUR/SYNAR activities; Positive Action; Live Well Gratiot; Early ID Referral; Suicide Prevention; Coalition Community Presentations.
		PA2	46,157	31,165	
		Block Grant	120,000	140,000	
		Total	**166,157**	**171,165**	
	Ten Sixteen Recovery Network				Recovery Supports: Project ASSERT.
		PA2	19,000	19,000	
		Block Grant	-	-	
		Total	**19,000**	**19,000**	
	County Total		**185,157**	**190,165**	
Hillsdale					
	Lifeways Community Mental Health Authority				Prevention: Prime for Life; Youth Engaged in Prevention (YEP); Nurturing Parenting; Botvin's Life Skills; DYTUR/SYNAR activities; Alcohol Vendor Education; TIPS Training; Marijuana Messaging; Develop Needs Assessments; Community Coalition/Committee meetings (Early Childhood, Trauma Focused Community Committee, Recovery Oriented Systems of Care, Suicide Prevention). Fiduciary responsibilities for Hillsdale Prevention Coalition.
		PA2	5,650	39,336	
		Block Grant	-	85,000	
		Total	**5,650**	**124,336**	
	County Total		**5,650**	**124,336**	
Huron					
	Huron County Health Department				Prevention: School Prevention -Project Alert, Too Good for Drugs, E-Cigs and Vaping, Life Skills; Teen Intervene; host coalition activities, $5,000 in coalition discretionary funding for Huron Prevention and Recovery Roundtable and E4P youth group; DYTUR/SYNAR activities; Alcohol Vendor Education; Community Coalition/Committee Group Involvement (FAN, ROSC, Suicide, MCCRUD); Opioid Prevention Presentations; Health Fairs; Naloxone Project; Rx Take Back Events; Chances Are Anti-Stigma campaign; MiPHY collection.
		PA2	18,619	13,619	
		Block Grant	145,000	150,000	
		Total	**163,619**	**163,619**	
	Peer 360 Recovery				Community Recovery Supports: Stigma reduction efforts; sober social activities; peer-led facilitation groups; CCAR training; recovery coach training; community outreach; emergency transportation.
		PA2	79,920	86,000	
		Block Grant	12,731	20,000	
		Total	**92,651**	**106,000**	
	County Total		**256,270**	**269,619**	
Ingham					
	Child and Family Charities				Prevention: Teen Court, TEAM Attendance; Too Good for Drugs; Family Education; Community Outreach.
		PA2	27,125	27,125	
		Block Grant	117,000	117,000	
		Total	**144,125**	**144,125**	

Mid-State Health Network
Comparison of FY2021 and FY2022 PA2 by County and Provider

County	Provider		FY2021 OPB Approved PA2 Provider Funding	MSHN Funding Recommendations October	Detail of Services Provided for FY2022 Requests
	Cristo Rey Community Center				Prevention: Roots & Wings, Nurturing Parenting; Community Coalition/Committee attendance (ISAP, ROSC); Community Presentations.
		PA2	75,982	17,873	
		Block Grant	157,960	81,000	
		Total	**233,942**	**98,873**	
	Eaton Regional Education Service Agency (RESA)				Prevention: $5,000 in coalition discretionary funding, community outreach, Capital Counties Commit, refugee outreach, behavioral health resource guide development, prevention education, MiPHY; Ingham PALS Program; Coalition Outreach and Development; School Consultation; Rx drug disposal; Family Matters; Front line Worker Training; Opioid Awareness Prevention; Parenting Education; Marijuana Summit; Community Coalition and Committee Group involvement, PALS Program .
		PA2	21,578	27,013	
		Block Grant	139,574	135,000	
		Total	**161,152**	**162,013**	
	Ingham County Health Department				Prevention: DYTUR/SYNAR information; Vendor education; coalition participation.
		PA2	15,656	15,656	
		Block Grant	81,000	81,000	
		Total	**96,656**	**96,656**	
	Michigan Rehabilitation Services				Treatment: Vocational rehabilitation services.
		PA2	15,000	15,000	
		Block Grant	-	-	
		Total	**15,000**	**15,000**	
	Michigan Therapeutic Consultants				Treatment: Methadone delivery to county jails
		PA2	1,667	5,000	
		Block Grant	-	-	
		Total	**1,667**	**5,000**	
	Prevention Network				Prevention: Provide trainings for Regional Prevention Staff on how to conduct Teacher in-services; Provide trainings and technical assistance to Regional Prevention Coalitions; Implement SMART Recovery Groups; Organize and Host Recovery Month Activities; Convene Capital Area VOX Meetings and build memberships.
		PA2	-	25,000	
		Block Grant	-	-	
		Total	**-**	**25,000**	
	Victory Clinical Services - Lansing				Treatment: Methadone delivery to county jails
		PA2	1,667	5,000	
		Block Grant	-	-	
		Total	**1,667**	**5,000**	
	Wellness, InX				Recovery Supports: Peer-led facilitation groups; CCAR; recovery coach training; community outreach; Peer Recovery mentoring, Chronic Pain Path Program; Project ASSERT.
		PA2	378,853	297,982	
		Block Grant	63,000	65,000	
		Total	**441,853**	**362,982**	
	County Total		**1,096,062**	**914,649**	
Ionia					
	Ionia County Health Department				Prevention: Too Good for Drugs; Teen Intervene; TIPS Training; Alcohol Vendor Education; host coalition activities, $5,000 in coalition discretionary funding; DYTUR/SYNAR activities; Driver Education Prevention Education; MiPHY data collection; Opioid Community Prevention Presentations; Community Events.
		PA2	106,980	128,000	
		Block Grant	36,000	15,000	
		Total	**142,980**	**143,000**	
	Wedgwood Christian Services				Recovery Supports: Drop-in Center.
		PA2	46,184	46,538	
		Block Grant	-	-	
		Total	**46,184**	**46,538**	
	County Total		**189,164**	**189,538**	
Isabella					
	Addiction Solutions Counseling Center				Prevention: Prime for Life.
		PA2	14,320	29,320	
		Block Grant	-	-	
		Total	**14,320**	**29,320**	
	Peer 360 Recovery				Community Recovery Supports: Stigma reduction efforts; sober social activities; peer-led facilitation groups; CCAR training; recovery coach training; community outreach; emergency transportation.
		PA2	10,500	52,000	
		Block Grant	-	-	
		Total	**10,500**	**52,000**	
	Ten Sixteen Recovery Network				Prevention: Active Parenting; Life Skills Training; Teen Intervene Program; Prime for Life 420 Program; Prime for Life Program; Rx Drug Prevention Presentations; Rx Drug Disposal; Student Assistance Program; Host coalition activities, $5,000 in coalition discretionary funding; DYTUR/SYNAR activities. Community Recovery Services: CMU CREW Project. Recovery Supports: Project ASSERT.
		PA2	248,000	250,000	
		Block Grant	10,000	10,000	
		Total	**258,000**	**260,000**	
	County Total		**282,820**	**341,320**	
Jackson					
	Big Brothers Big Sisters of Jackson				Prevention: Mentoring services, monthly group wellness activities; Monthly learning events; Opioid Community Prevention Presentations; Classroom to Classroom program; Most Teens Don't: Teen Pregnancy Prevention Initiate; Community Coalition involvement.
		PA2	19,985	19,485	
		Block Grant	29,500	30,000	
		Total	**49,485**	**49,485**	
	Family Services and Children's Aid				Prevention: Breakout, JUMP, Nurturing Parenting.
		PA2	140,851	216,532	
		Block Grant	242,681	167,000	
		Total	**383,532**	**383,532**	

Mid-State Health Network
Comparison of FY2021 and FY2022 PA2 by County and Provider

County	Provider		FY2021 OPB Approved PA2 Provider Funding	MSHN Funding Recommendations October	Detail of Services Provided for FY2022 Requests
	Henry Ford Allegiance Health				Prevention: $5,000 in coalition discretionary funding, lead agency for JCSPPC; Community outreach; ATOD Free events; Community prevention education; MiPHY; DYTUR/SYNAR activities; Drug Summit; School prevention presentations; Coalition leadership training; Various community coalition/committee attendance.
		PA2	23,524	23,524	
		Block Grant	100,000	90,000	
		Total	**123,524**	**113,524**	
	Home of New Vision				Community Recovery Services: Community Recovery Events; Peer Trainings; Peer Recruitment; CCAR Training; Peer Advisory Committee; Peer Coach Drop In hours; Speaker Bureau; Advocacy Trainings; Quarterly publications; Recovery Facebook page. Recovery Supports: Project ASSERT
		PA2	166,200	114,000	
		Block Grant	154,000	150,000	
		Total	**320,200**	**264,000**	
	County Total		**876,741**	**810,541**	
Mecosta					
	Ten Sixteen Recovery Network				Prevention: Active Parenting; Life Skills Training; Teen Intervene Program; Prime for Life 420 Program; Prime for Life Program; Rx Drug Prevention Presentations; Rx Drug Disposal; Student Assistance Program; Host coalition activities, $5,000 in coalition discretionary funding; DYTUR/SYNAR activities. Community Recovery Services: FSU CREW Project. Recovery Supports: Project ASSERT, Drop-in Center.
		PA2	191,800	202,485	
		Block Grant	90,200	90,000	
		Total	**282,000**	**292,485**	
	County Total		**282,000**	**292,485**	
Midland					
	Peer 360 Recovery				Community Recovery Supports: Stigma reduction efforts; sober social activities; peer-led facilitation groups; CCAR training; recovery coach training; community outreach; emergency transportation.
		PA2	92,310	100,000	
		Block Grant	-	-	
		Total	**92,310**	**100,000**	
	Ten Sixteen Recovery Network				Recovery Supports: Project ASSERT, Drop-in Center.
		PA2	54,000	64,000	
		Block Grant	20,000	10,000	
		Total	**74,000**	**74,000**	
	The Legacy Center				Prevention: Too Good For Drugs (multiple schools); Multiple School, Community, Legislative and Civic group education sessions on marijuana, opioids, alcohol, tobacco and vaping; host coalition activities, $5,000 in coalition discretionary funding; DYTUR/SYNAR activities; Community Narcan Trainings; Strategic Planning.
		PA2	87,111	67,811	
		Block Grant	63,700	83,000	
		Total	**150,811**	**150,811**	
	County Total		**317,121**	**324,811**	
Montcalm					
	Mid-Michigan District Health Department				Prevention and Recovery Supports: Project Success; HSLT leadership groups; recovery supports programming; host coalition activities, $5,000 in coalition discretionary funding; DYTUR/SYNAR activities; Integrated Wellness Initiative; Rx Drug Presentations; Community Coalition/Committee Involvement (Drug Tx Court, FAN, ROSC, RISC, Montcalm Prevention Coalition, SAP, HSC, Healthy Montcalm, Trauma Champions, MPA, MCBAP, Community of Care).
		PA2	195,421	96,136	
		Block Grant	66,950	145,000	
		Total	**262,371**	**241,136**	
	Wedgwood Christian Services				Recovery Supports: Project ASSERT.
		PA2	28,637	27,142	
		Block Grant	-	-	
		Total	**28,637**	**27,142**	
	County Total		**291,008**	**268,278**	
Newaygo					
	Arbor Circle				Prevention: Vaping and Tobacco Education; Botvin's Life Skills Youth Education; Total Trek Quest Program; Prime for Life; Coalition involvement.
		PA2	46,104	46,104	
		Block Grant	96,000	101,000	
		Total	**142,104**	**147,104**	
	Newaygo Regional Education Service Agency (RESA)				Prevention: Summer Magic (multiple); TIPS training; ; host coalition activities, $5,000 in coalition discretionary funding; DYTUR/SYNAR activities; Rx take back projects; Community Expos, MiPHY support; Alcohol Vendor Education; Coalition Capacity Building; Opioid prevention community presentations; Teen Leadership Groups; Coalition/community group involvement (Headway, Rx Drug Action Team, Breathe Well Coalition, Trauma work group, Suicide Prevention Work group, Newaygo Community Collaborative, Youth Prevention Coalition, FAN, Domestic Violence Sexual Assault task force, and Marijuana Action Team).
		PA2	17,000	17,500	
		Block Grant	76,500	76,000	
		Total	**93,500**	**93,500**	
	County Total		**235,604**	**240,604**	
Osceola					
	Ten Sixteen Recovery Network				Prevention: Active Parenting; Botvin's Life Skills Training; Prime for Life 420 Program; Prime for Life Program; Rx Drug Prevention Presentations; Rx Drug Disposal; Student Assistance Program; Host coalition activities, $5,000 in coalition discretionary funding; DYTUR/SYNAR activities; MiPHY support. Recovery Supports: Project ASSERT.
		PA2	69,000	83,000	
		Block Grant	44,000	30,000	
		Total	**113,000**	**113,000**	
	County Total		**113,000**	**113,000**	

Mid-State Health Network
Comparison of FY2021 and FY2022 PA2 by County and Provider

County	Provider		FY2021 OPB Approved PA2 Provider Funding	MSHN Funding Recommendations October	Detail of Services Provided for FY2022 Requests
Saginaw					
	First Ward Community Center				Prevention: Botvin's Life Skills; Rx Drug Prevention Presentations; Saginaw Prevention Coalition involvement; Art in the Park, LEXIA computerized reading; Wise Owl's Drug Safety Kit; Wise Owl Bully Stopper Kit; Bully Proof Kit; Young Male Prevention Program; Rural Girls Prevention Program; Senior Citizens Wellness Program; Recovery Coaching.
		PA2	175,158	168,377	
		Block Grant	-	100,000	
		Total	**175,158**	**268,377**	
	Great Lakes Bay Health Centers				Early Intervention: Saginaw County jail program; programming provided to youth and adults in SUD facilities.
		PA2	75,000	75,000	
		Block Grant	18,000	18,000	
		Total	**93,000**	**93,000**	
	Parishioners on Patrol				Prevention: Community outreach activity.
		PA2	5,000	5,000	
		Block Grant	-	-	
		Total	**5,000**	**5,000**	
	Peer 360 Recovery				Community Recovery Supports: Stigma reduction efforts; sober social activities; peer-led facilitation groups; CCAR training; recovery coach training; community outreach; emergency transportation.
		PA2	134,580	150,000	
		Block Grant	-	-	
		Total	**134,580**	**150,000**	
	Sacred Heart Rehabilitation Center				Prevention: School Programs, Juvenile Home, Wolverine Center, high risk adult programs, utilizing the following curriculums: Life Skills Training, Catch My Breath, Building Skills, Too Good For Drugs; Drivers Education Prevention Education; Community Presentations; Marijuana Presentations; Health Fairs; Rx drug presentations.
		PA2	47,168	47,168	
		Block Grant	15,000	15,000	
		Total	**62,168**	**62,168**	
	Saginaw City Police				Prevention: Youth/Adult Mentoring; Saginaw Prevention Coalition involvement.
		PA2	65,029	45,705	
		Block Grant	-	10,000	
		Total	**65,029**	**55,705**	
	Saginaw County Health Department				Treatment: Syringe Services Program.
		PA2	15,000	15,000	
		Block Grant	-	-	
		Total	**15,000**	**15,000**	
	Saginaw Youth Protection Council				Prevention: Second Step pre-school; Active Parenting; Too Good for Drugs; Too Good for Drugs and Violence; Too Good for Violence; Project Alert; Real Talk; Nurturing Parenting; A Second Look; Towards No Drug Abuse; MARC - Cyber Skills; Alcohol Vendor Education; Community Health Improvement Plan; Coalition Engagement, Recruitment and Retention; Community Outreach Efforts; Community and School Presentations; Social and Emotional Learning Project; Community Coalition/Committee Group Involvement (Saginaw Prevention Coalition, School Based Health Center Collaborative, FAN, Great Start, Early 0-3 developmental delay coalition); DYTUR/Synar Activities.
		PA2	243,776	216,922	
		Block Grant	77,800	85,000	
		Total	**321,576**	**301,922**	
	Ten Sixteen Recovery Network				Recovery Supports: Davenport Project.
		PA2	123,600	128,000	
		Block Grant	19,400	-	
		Total	**143,000**	**128,000**	
	Women of Colors				Prevention: Botvin's Life Skills Program at the juvenile home, Learn to Earn Academy, The Next Generation. Expansion of Youth SUD Prevention; Community Forums; host coalition activities, $5,000 in coalition discretionary funding; Providing Women, Men and Youth community forums in Saginaw County.
		PA2	46,340	102,840	
		Block Grant	-	-	
		Total	**46,340**	**102,840**	
	County Total		**1,060,851**	**1,182,012**	
Shiawassee					
	Catholic Charities of Shiawassee and Genesee Counties				Prevention: STEP parenting classes; FAST Program; Anger management groups; School Education Groups: host coalition activities, $5,000 in coalition discretionary funding; DYTUR/SYNAR activities; Adult Rx Drug Prevention presentations; Michigan Model Youth Programming; PEARLS Program; Community and Environmental efforts; Community Presentations; Nurturing Fathers Parenting Program.
		PA2	134,384	134,384	
		Block Grant	-	-	
		Total	**134,384**	**134,384**	
	Michigan Rehabilitation Services				Treatment: Vocational rehabilitation services.
		PA2	5,000	5,000	
		Block Grant	-	-	
		Total	**5,000**	**5,000**	
	Peer 360 Recovery				Community Recovery Supports: Stigma reduction efforts; sober social activities; peer-led facilitation groups; CCAR training; recovery coach training; community outreach; emergency transportation.
		PA2	2,393	2,000	
		Block Grant	-	-	
		Total	**2,393**	**2,000**	
	Prevention Network				Prevention: Provide trainings for Regional Prevention Staff on how to conduct Teacher in-services; Provide trainings and technical assistance to Regional Prevention Coalitions; Attend and participate in local prevention coalition.
		PA2	64,000	30,000	
		Block Grant	-	-	
		Total	**64,000**	**30,000**	

Mid-State Health Network
Comparison of FY2021 and FY2022 PA2 by County and Provider

County	Provider		FY2021 OPB Approved PA2 Provider Funding	MSHN Funding Recommendations October	Detail of Services Provided for FY2022 Requests
	Shiawassee County Court				Prevention: Juvenile diversion programming for court-ordered youth.
		PA2	16,602	16,620	
		Block Grant	-	-	
		Total	**16,602**	**16,620**	
	County Total		**222,379**	**188,004**	
Tuscola					
	List Psychological Services				Prevention: Positive Action school groups, parent groups and deferral groups; Host coalition activities, $5,000 in coalition discretionary funding; Youth/Adult mentoring activities; DYTUR/Synar activities; Community Presentations; Vaping Prevention; Community Narcan Training; Suicide Prevention; Trauma Awareness and Wellness activities; anti-stigma campaign.
		PA2	13,751	47,751	
		Block Grant	54,000	20,000	
		Total	**67,751**	**67,751**	
	Peer 360 Recovery				Community Recovery Supports: Stigma reduction efforts; sober social activities; peer-led facilitation groups; CCAR training; recovery coach training; community outreach; emergency transportation.
		PA2	100,133	85,000	
		Block Grant	-	-	
		Total	**100,133**	**85,000**	
	County Total		**167,884**	**152,751**	
	PA2 Subtotal		4,420,358	4,712,059	
	Block Grant Subtotal		2,658,839	2,619,200	
Grand Total			**7,079,197**	**7,331,259**	

SUD Clinical Team
Operational Summary FY21 Q3 & Q4

Treatment Activities:

- FY22 Annual Plans and Contracts
- ASAM Continuum Statewide and Regional Implementation
- QAPI Site Reviews for CFC, Wedgwood, Lansing CTC, Cristo Rey, FSCA, PPPS, & MTC/BHG
- Review & update to QAPI Tools standards for FY22 to reflect changes from sources of truth
- MDHHS SOR Grant Site Review (7-22-2021) – 100% compliance in both Desk Audit and Financial
- Monitoring and increased TA for providers on Performance Enhancement Plans

Prevention Activities:

- Providers and MSHN Prevention team working on FY21 MPDS Closeout
- Wrapped up successful problem gambling prevention web-based campaign with over 1.65M impressions from April 1- September 30
- FY21 Desk Audits complete for all Prevention providers

Prevention & Treatment Activities:

- MDHHS Annual SUD & Co-occurring fall conference
- Grant Projects for FY22 with providers
    - SOR2
    - COVID – Supplemental
    - American Rescue Plan – waiting for info from State and funds to be confirmed

Additional CCO Activities in Q3:

- Ongoing outreach for DEI community partnerships
- Development of health disparities presentation for MIHEN Annual Conference in July
- Meetings to inform MDHHS policy expanding MAT billing to primary care settings
- Support MSHN strategic planning process in areas of better health and better equity
- Ongoing support to encourage sustainability for Jackson Engagement Center (Open House in June) and Andy's Place initiative
- Regular coordination with statewide SUD Directors & with statewide medical directors
- Support for Saginaw CMH-Jail-Community SUD Survey & coordination with stakeholders & researchers
- Oversight and coordination of SUD prevention and treatment teams and all activities listed above

Summarized by :
Dr. Dani Meier
Chief Clinical Officer

MSHN
Mid-State Health Network

Region 5 Quarterly Reports
FY21 Quarter # 3 (April – June)

PREVENTION GOALS	RESULTS & PROGRESS
Reduce Underage Drinking	COVID 19 restrictions continue to impact all prevention goals but began to be lifted late May. A few education classes and groups were conducted in schools across the region and relationships in all MSHN communities appear to be strong for returning to school curriculums (including meeting all prevention goals) in the fall. Most community coalitions/groups continue to implement meetings; events; and functions through virtual means (prevention and community recovery) with a few hoping to return to face-to-face meetings over the summer. MSHN Prevention staff continue to allow lower number of direct service hours requirement for FY21 and requested the same for FY22 planning because of continued COVID restrictions.
Reduce prescription and over-the-counter drug abuse, including opiates	Education/awareness presentations continue to be conducted in all MSHN communities regarding the opioid epidemic through virtual means (COVID restrictions in effect). SOR funding has greatly supported the implementation of community prescription drug boxes; medication lock boxes; medication disposal bags; protective gloves and drug collection drop-off during this time as well. This funding has allowed new partnership opportunities with law enforcement; court systems; and health providers across the region.
Reduce youth access to tobacco	The number of non-SYNAR checks and requested vendor education was also impacted by COVID restrictions during this quarter but formal SYNAR was conducted in June. Formal results reported in July included a 20.45% sale rate in MSHN counties. This is higher than previous years. Informal conversation

	reveals confusion among retailers regarding the new federal Tobacco 21 laws with 16 of the 18 sales occurring with 18; 19; and 20-year-old decoys. One county had 8 sales (of 17 total required) and will be required to complete 100% vendor education next year.

TREATMENT GOALS	RESULTS & PROGRESS
Increase women's specialty service programs	**Three providers have completed their necessary documentation and preparation to become newly designated Women's Specialty providers. The next step is to schedule a site visit with OROSC and have them audited to determine if they meet criteria for designation. These are welcome additions to our network as several of our Women's Specialty providers closed over the past year due to COVID and difficulty with hiring staff persons. Our regional providers have experienced difficulties overall with keeping and adding new staff during the pandemic which has greatly affected programming.**
Increase array of medication assisted treatment programs	**The Action In Motion (AIM) Mobile Health Unit (MHU) is fully functioning in various rural areas/counties in the MSHN region 5 days a week. This unit offers treatment and physician services for Buprenorphine or Naltrexone medication prescription for Opioid Use Disorder. The foot traffic has been light, and MSHN is working to determine best course of action moving forward.**
Increase engagement, retention & completion of treatment	**Please see below**
Increase inter-agency collaboration of service delivery	**MSHN continues to be open to new ventures in substance use disorder treatment services and to new collaborations in care. There have been no new collaborative efforts during this quarter.**

FY 21 Quarter 3					
	COP	% COP	Continuing Treatment Transfer	%Continuing Treatment Transfer	Total Discharges
Outpatient	1466	23.1%	952	15.0%	6359
Withdrawal Management	157	39.7%	86	21.8%	395
Residential	363	26.9%	320	23.7%	1351

The figures above focus on two out of eleven discharge reason codes; Completion of Treatment (COP) and Continuing in Treatment/Transfer.

FY2021 3rd Quarter Report

County: Arenac

TREATMENT SERVICE	# of People Served
Outpatient:	Admissions: 8 Served: 28
Residential:	Admissions: 3 Served: 5
Withdrawal Management:	Admissions: 4 Served: 4
Medication Assisted Treatment:	Admissions: 6 Served: 6
Women's Specialty Services:	Admissions: 2 Served: 4

Count of intervention/Prevention programs/activities during the period	# of People Served	# of Activities
Reduce underage drinking:		
Reduce prescription and over-the-counter drug abuse, including opiates:	1110	123

Synar	Planning-Results:
	Formal SYNAR conducted this quarter

FY2021 3rd Quarter Report

County: Bay

TREATMENT SERVICE	# of People Served
Outpatient:	Admissions: 129 Served: 575
Residential:	Admissions: 40 Served: 53
Withdrawal Management:	Admissions: 48 Served: 52
Medication Assisted Treatment:	Admissions: 63 Served: 147
Women's Specialty Services:	Admissions: 24 Served: 36

Count of intervention/Prevention programs/activities during the period	# of People Served	# of Activities
Reduce underage drinking:	4722	594
Reduce prescription and over-the-counter drug abuse, including opiates:		
Reduce youth access to tobacco:		

	Planning-Results:
Synar	Formal SYNAR conducted this quarter

FY2021 3rd Quarter Report

County: Clare

TREATMENT SERVICE	# of People Served
Outpatient:	Admissions: 53 Served: 152
Residential:	Admissions: 17 Served: 25
Withdrawal Management:	Admissions: 14 Served: 15
Medication Assisted Treatment:	Admissions: 10 Served: 31
Women's Specialty Services:	Admissions: 5 Served: 4

Count of intervention/Prevention programs/activities during the period	# of People Served	# of Activities
Reduce underage drinking:	150	77
Reduce prescription and over-the-counter drug abuse, including opiates:		
Reduce youth access to tobacco:		

	Planning-Results:
Synar	Formal SYNAR conducted this quarter

FY2021 3rd Quarter Report

County: Clinton

TREATMENT SERVICE	# of People Served
Outpatient:	Admissions: 33 Served: 124
Residential:	Admissions: 12 Served: 16
Withdrawal Management:	Admissions: 15 Served: 16
Medication Assisted Treatment:	Admissions: 11 Served: 58
Women's Specialty Services:	Admissions: 1 Served: 5

Count of intervention/Prevention programs/activities during the period	# of People Served	# of Activities
Reduce underage drinking:	557	79
Reduce prescription and over-the-counter drug abuse, including opiates:		
Reduce youth access to tobacco:		

	Planning-Results:
Synar	Formal SYNAR conducted this quarter

FY2021 3rd Quarter Report

County: Eaton

TREATMENT SERVICE	# of People Served
Outpatient:	Admissions: 82 Served: 262
Residential:	Admissions: 25 Served: 36
Withdrawal Management:	Admissions: 27 Served: 31
Medication Assisted Treatment:	Admissions: 28 Served: 118
Women's Specialty Services:	Admissions: 3 Served: 7

Count of intervention/Prevention programs/activities during the period	# of People Served	# of Activities
Reduce underage drinking:	1102	165
Reduce prescription and over-the-counter drug abuse, including opiates:		
Reduce youth access to tobacco:		

	Planning-Results:
Synar	Formal SYNAR conducted this quarter

FY2021 3rd Quarter Report

County: Gladwin

TREATMENT SERVICE	# of People Served
Outpatient:	Admissions: 23 Served: 80
Residential:	Admissions: 20 Served: 23
Withdrawal Management:	Admissions: 9 Served: 10
Medication Assisted Treatment:	Admissions: 8 Served: 14
Women's Specialty Services:	Admissions: 3 Served: 6

Count of intervention/Prevention programs/activities during the period	# of People Served	# of Activities
Reduce underage drinking:	126	36
Reduce prescription and over-the-counter drug abuse, including opiates:		
Reduce youth access to tobacco:		

Synar	Planning-Results:
	Formal SYNAR conducted this quarter

FY2021 3rd Quarter Report

County: Gratiot

TREATMENT SERVICE	# of People Served
Outpatient:	Admissions: 26 Served: 119
Residential:	Admissions: 12 Served: 19
Withdrawal Management:	Admissions: 11 Served: 12
Medication Assisted Treatment:	Admissions: 11 Served: 50
Women's Specialty Services:	Admissions: 3 Served: 6

Count of intervention/Prevention programs/activities during the period	# of People Served	# of Activities
Reduce underage drinking:	1059	189
Reduce prescription and over-the-counter drug abuse, including opiates:		
Reduce youth access to tobacco:		

Synar	Planning-Results:
	Formal SYNAR conducted this quarter

FY2021 3rd Quarter Report

County: Hillsdale

TREATMENT SERVICE	# of People Served
Outpatient:	Admissions: 31 Served: 106
Residential:	Admissions: 24 Served: 34
Withdrawal Management:	Admissions: 0 Served: 0
Medication Assisted Treatment:	Admissions: 4 Served: 20
Women's Specialty Services:	Admissions: 8 Served: 22

Count of intervention/Prevention programs/activities during the period	# of People Served	# of Activities
Reduce underage drinking:	50	17
Reduce prescription and over-the-counter drug abuse, including opiates:		
Reduce youth access to tobacco:		

Synar	Planning-Results:
	Formal SYNAR conducted this quarter

FY2021 3rd Quarter Report

County: Huron

TREATMENT SERVICE	# of People Served
Outpatient:	Admissions: 20 Served: 86
Residential:	Admissions: 8 Served: 11
Withdrawal Management:	Admissions: 3 Served: 4
Medication Assisted Treatment:	Admissions: 8 Served: 8
Women's Specialty Services:	Admissions: 2 Served: 14

Count of intervention/Prevention programs/activities during the period	# of People Served	# of Activities
Reduce underage drinking:	2052	165
Reduce prescription and over-the-counter drug abuse, including opiates:		
Reduce youth access to tobacco:		

Synar	Planning-Results:
	Formal SYNAR conducted this quarter

FY2021 3rd Quarter Report

County: Ingham

TREATMENT SERVICE	# of People Served
Outpatient:	Admissions: 394 Served: 1517
Residential:	Admissions: 123 Served: 169
Withdrawal Management:	Admissions: 135 Served: 160
Medication Assisted Treatment:	Admissions: 124 Served: 556
Women's Specialty Services:	Admissions: 21 Served: 27

Count of intervention/Prevention programs/activities during the period	# of People Served	# of Activities
Reduce underage drinking:	3279	359
Reduce prescription and over-the-counter drug abuse, including opiates:		
Reduce youth access to tobacco:		

	Planning-Results:
Synar	Formal SYNAR conducted this quarter.

FY2021 3rd Quarter Report

County: Ionia

TREATMENT SERVICE	# of People Served
Outpatient:	Admissions: 27 Served: 147
Residential:	Admissions: 11 Served: 27
Withdrawal Management:	Admissions: 5 Served: 5
Medication Assisted Treatment:	Admissions: 12 Served: 27
Women's Specialty Services:	Admissions: 11 Served: 22

Count of intervention/Prevention programs/activities during the period	# of People Served	# of Activities
Reduce underage drinking:	415	55
Reduce prescription and over-the-counter drug abuse, including opiates:		
Reduce youth access to tobacco:		

	Planning-Results:
Synar	Formal SYNAR conducted this quarter

FY2021 3rd Quarter Report

County: Isabella

TREATMENT SERVICE	# of People Served
Outpatient:	Admissions: 56 Served: 283
Residential:	Admissions: 19 Served: 32
Withdrawal Management:	Admissions: 8 Served: 8
Medication Assisted Treatment:	Admissions: 26 Served: 130
Women's Specialty Services:	Admissions: 5 Served: 16

Count of intervention/Prevention programs/activities during the period	# of People Served	# of Activities
Reduce underage drinking:	503	101
Reduce prescription and over-the-counter drug abuse, including opiates:		
Reduce youth access to tobacco:		

	Planning-Results:
Synar	Formal SYNAR conducted this quarter

FY2021 3rd Quarter Report

County: Jackson

TREATMENT SERVICE	# of People Served
Outpatient:	Admissions: 195 Served: 781
Residential:	Admissions: 88 Served: 127
Withdrawal Management:	Admissions: 33 Served: 39
Medication Assisted Treatment:	Admissions: 48 Served: 316
Women's Specialty Services:	Admissions: 14 Served: 46

Count of intervention/Prevention programs/activities during the period	# of People Served	# of Activities
Reduce underage drinking:	7576	1060
Reduce prescription and over-the-counter drug abuse, including opiates:		
Reduce youth access to tobacco:		

Synar	Planning-Results:
	Formal SYNAR conducted this quarter

FY2021 3rd Quarter Report

County: Mecosta

TREATMENT SERVICE	# of People Served
Outpatient:	Admissions: 50 Served: 172
Residential:	Admissions: 20 Served: 26
Withdrawal Management:	Admissions: 5 Served: 5
Medication Assisted Treatment:	Admissions: 10 Served: 33
Women's Specialty Services:	Admissions: 7 Served: 12

Count of intervention/Prevention programs/activities during the period	# of People Served	# of Activities
Reduce underage drinking:	1303	109
Reduce prescription and over-the-counter drug abuse, including opiates:		
Reduce youth access to tobacco:		

Synar	Planning-Results:
	Formal SYNAR conducted this quarter.

FY2021 3rd Quarter Report

County: Midland

TREATMENT SERVICE	# of People Served
Outpatient:	Admissions: 64 Served: 248
Residential:	Admissions: 32 Served: 51
Withdrawal Management:	Admissions: 23 Served: 27
Medication Assisted Treatment:	Admissions: 36 Served: 45
Women's Specialty Services:	Admissions: 1 Served: 17

Count of intervention/Prevention programs/activities during the period	# of People Served	# of Activities
Reduce underage drinking:	3463	187
Reduce prescription and over-the-counter drug abuse, including opiates:		
Reduce youth access to tobacco:		

	Planning-Results:
Synar	Formal SYNAR conducted this quarter.

FY2021 3rd Quarter Report

County: Montcalm

TREATMENT SERVICE	# of People Served
Outpatient:	Admissions: 69 Served: 277
Residential:	Admissions: 17 Served: 36
Withdrawal Management:	Admissions: 13 Served: 16
Medication Assisted Treatment:	Admissions: 23 Served: 59
Women's Specialty Services:	Admissions: 7 Served: 17

Count of intervention/Prevention programs/activities during the period	# of People Served	# of Activities
Reduce underage drinking:	1332	127
Reduce prescription and over-the-counter drug abuse, including opiates:		
Reduce youth access to tobacco:		

	Planning-Results:
Synar	Formal SYNAR conducted this quarter.

FY2021 3rd Quarter Report

County: Newyago

TREATMENT SERVICE	# of People Served
Outpatient:	Admissions: 39 Served: 159
Residential:	Admissions: 19 Served: 23
Withdrawal Management:	Admissions: 11 Served: 13
Medication Assisted Treatment:	Admissions: 13 Served: 37
Women's Specialty Services:	Admissions: 8 Served: 20

Count of intervention/Prevention programs/activities during the period	# of People Served	# of Activities
Reduce underage drinking:	1282	93
Reduce prescription and over-the-counter drug abuse, including opiates:		
Reduce youth access to tobacco:		

	Planning-Results:
Synar	Formal SYNAR conducted this quarter.

FY2021 3rd Quarter Report

County: Osceola

TREATMENT SERVICE	# of People Served
Outpatient:	Admissions: 24 Served: 83
Residential:	Admissions: 7 Served: 15
Withdrawal Management:	Admissions: 5 Served: 5
Medication Assisted Treatment:	Admissions: 4 Served: 14
Women's Specialty Services:	Admissions: 1 Served: 4

Count of intervention/Prevention programs/activities during the period	# of People Served	# of Activities
Reduce underage drinking:	966	79
Reduce prescription and over-the-counter drug abuse, including opiates:		
Reduce youth access to tobacco:		

	Planning-Results:
Synar	Formal SYNAR conducted this quarter.

FY2021 3rd Quarter Report

County: Saginaw

TREATMENT SERVICE	# of People Served
Outpatient:	Admissions: 257 Served: 1004
Residential:	Admissions: 71 Served: 89
Withdrawal Management:	Admissions: 81 Served: 92
Medication Assisted Treatment:	Admissions: 99 Served: 260
Women's Specialty Services:	Admissions: 29 Served: 131

Count of intervention/Prevention programs/activities during the period	# of People Served	# of Activities
Reduce underage drinking:	5697	672
Reduce prescription and over-the-counter drug abuse, including opiates:		
Reduce youth access to tobacco:		

	Planning-Results:
Synar	Formal SYNAR conducted this quarter.

FY2021 3rd Quarter Report

County: Shiawassee

TREATMENT SERVICE	# of People Served
Outpatient:	Admissions: 94 Served: 288
Residential:	Admissions: 10 Served: 21
Withdrawal Management:	Admissions: 20 Served: 26
Medication Assisted Treatment:	Admissions: 22 Served: 44
Women's Specialty Services:	Admissions: 1 Served: 7

Count of intervention/Prevention programs/activities during the period	# of People Served	# of Activities
Reduce underage drinking:	2480	599
Reduce prescription and over-the-counter drug abuse, including opiates:		
Reduce youth access to tobacco:		

	Planning-Results:
Synar	Formal SYNAR conducted this quarter.

FY2021 3rd Quarter Report

County: Tuscola

TREATMENT SERVICE	# of People Served
Outpatient:	Admissions: 38 Served: 192
Residential:	Admissions: 7 Served: 9
Detox/Withdrawal Management:	Admissions: 8 Served: 8
Medication Assisted Treatment:	Admissions: 14 Served: 23
Women's Specialty Services:	Admissions: 6 Served: 42

Count of intervention/Prevention programs/activities during the period	# of People Served	# of Activities
Reduce underage drinking:	2937	392
Reduce prescription and over-the-counter drug abuse, including opiates:		
Reduce youth access to tobacco:		

	Planning-Results:
Synar	Formal SYNAR conducted this quarter.