

**Substance Use Disorder (SUD)
Oversight Policy Advisory Board Meeting
June 15, 2022 ~ 4:00 p.m.**

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

*Best Western Okemos/East Lansing Hotel & Suites
Stadium Room
2209 University Park Drive
Okemos, MI 48864*

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

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

and Teleconference

Call 1.312.626.6799 Meeting ID: 5624476175#

- 1) Call to Order
- 2) Roll Call
- 3) **ACTION ITEM:** Approval of the Agenda for June 15, 2022
- 4) **ACTION ITEM:** Approval of Minutes of April 20, 2022 *(Page 4)*
- 5) Public Comment
- 6) Board Chair Report
 - A. Annual Board Member Disclosure Forms *(Page 8)*
- 7) Deputy Director Report *(Page 11)*
- 8) Chief Financial Officer Report
 - A. FY22 PA2 Funding & Expenditures by County *(Page 17)*
 - B. FY22 PA2 Use of Funds by County and Provider *(Page 19)*
 - C. FY22 SUD Financial Summary Report of April 2022 *(Page 21)*
- 9) **ACTION ITEM:** FY22 Substance Use Disorder PA2 Contract Listing *(Page 22)*
- 10) SUD Operating Update *(Page 25)*
 - A. FY2022 Q2 SUD County Reports *(Page 27)*
- 11) Other Business
- 12) Public Comment

**MSHN SUD Oversight Policy
Advisory Board Officers**

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

MEETING LOCATION:

Best Western Okemos/East
Lansing Hotel & Suites
Stadium Room
2209 University Park Drive
Okemos, MI 48864

VIDEOCONFERENCE:

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TELECONFERENCE:

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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**

August 17, 2022
Best Western Okemos/East
Lansing Hotel & Suites

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

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

13) Board Member Comment

14) Adjournment

FY22 MSHN SUD Oversight Policy Board Roster

Last Name	First Name	Email 1	Email 2	Phone 1	Phone 2	County	Term Expiration
Ashley	Lisa	lgashley5@yahoo.com		989.630.5256		Gladwin	2025
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	2022
Glaser	Steve	sglaser@co.midland.mi.us		989.264.4933		Midland	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	2024
Luce	Robert	rluce850@gmail.com		989.654.5700		Arenac	2023
Mitchell	Ken	kmitchellcc@gmail.com		517.899.5334	989.224.5120	Clinton	2023
Moreno	Jim	j.moreno@frontier.com		989.954.5144		Isabella	2022
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
Strong	Jerrilynn	jeristrong64@gmail.com		989.382.5452		Mecosta	2024
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	2024
Vacant	Vacant					Bay	2022
Woods	Ed	ejw1755@yahoo.com		517.796.4501	517.392.8457	Jackson	2023

Alternates:

DeLaat	Ken	kdelaat1@aol.com		231.414.4173		Newaygo - Alternate	
Howard	Linda	lhoward8305@gmail.com		989.560.8305		Mecosta-Alternate	2024
Jaloszynski	Jerry	jjaloszynski@isabellacounty.org		989.330.4890		Isabella - Alternate	2022
Kroneck	John	jkroneck@mmdhd.org		989.831.3659	616.302.6009	Montcalm - Alternate	
Washington	Dwight	washindwi@gmail.com		517.974.1658		Clinton - Alternate	2023
Whittum	Jeremy	jwhittum@eatoncounty.org		517.243.5692		Eaton-Alternate	

Mid-State Health Network SUD Oversight Policy Advisory Board

**Wednesday, April 20, 2022, 4:00 p.m.
CMH Association of Michigan (CMHAM)**

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 4:02 p.m.

Board Member(s) Present: Jim Anderson (Bay), Sandra Bristol (Clare), Bruce Caswell (Hillsdale), Steve Glaser (Midland), John Hunter (Tuscola), Bryan Kolk (Newaygo), Robert Luce (Arenac), Jim Moreno (Isabella), Vicky Schultz (Shiawassee), Deb Thalison (Ionia), Kim Thalison (Eaton), Ed Woods (Jackson)

Board Member(s) Remote: Nichole Badour (Gratiot)

Board Member(s) Absent: Lisa Ashley (Gladwin); Christina Harrington (Saginaw); Ken Mitchell (Clinton); Joe Murphy (Huron), Scott Painter (Montcalm), Jerrilynn Strong (Mecosta), Todd Tennis (Ingham), David Turner (Osceola)

Alternate Members Present: John Kroneck (Montcalm); Linda Howard (Mecosta), Dwight Washington (Clinton)

Staff Members Present: Amanda Ittner (Deputy Director), Joseph Sedlock (Chief Executive Officer), Sherry Kletke (Executive Assistant), Dr. Dani Meier (Chief Clinical Officer), Dr. Trisha Thrush (Director of SUD Services and Operations), Sarah Andreotti (Lead Prevention Specialist), Sarah Surna (Prevention Specialist)

2. Roll Call

Secretary Bruce Caswell provided the Roll Call for Board Attendance and informed the Board Chair, John Hunter, that a quorum was present for Board meeting business.

3. Approval of Agenda for April 20, 2022

Board approval was requested for the Agenda of the April 20, 2022 Regular Business Meeting, as presented.

MINUTES ARE CONSIDERED DRAFT UNTIL BOARD APPROVED

MOTION BY BRYAN KOLK, SUPPORTED BY ROBERT LUCE, FOR APPROVAL OF THE APRIL 20, 2022 REGULAR BUSINESS MEETING AGENDA, AS PRESENTED. MOTION CARRIED: 15-0.

4. Approval of Minutes from the December 15, 2021 and February 16, 2022 Regular Business Meetings

Board approval was requested for the draft meeting minutes of the December 15, 2021 and February 16, 2022 Regular Business Meetings.

MOTION BY DEB THALISON, SUPPORTED BY STEVE GLASER, FOR APPROVAL OF THE MINUTES OF THE DECEMBER 15, 2021 MEETING, AS PRESENTED. MOTION CARRIED: 15-0.

MOTION BY STEVE GLASER, SUPPORTED BY VICKY SCHULTZ, FOR APPROVAL OF THE MINUTES OF THE FEBRUARY 16, 2022 MEETING, AS PRESENTED. MOTION CARRIED: 15-0.

5. Public Comment

There was no public comment.

6. Board Chair Report

Mr. John Hunter welcomed members to the annual organizational meeting that was postponed due to no quorum at the February 16, 2022 meeting. No officer elections are slated to occur this evening due to the bylaws specification of 2-year terms and elections were held in 2021. No members expressed interest as candidates and the current officers continue their interest in their respective office positions.

7. Deputy Director Report

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

- **Open Meetings Act Update:** There is no update yet. If the proposed legislation is finalized, MSHN will present an amendment to the bylaws in accordance with Section 7.2.
- **COVID-19 Update:**
 - On March 11, 2022, MDHHS indicated that Michigan has entered the post-surge, recovery phase.
 - On March 1, 2022 MSHN Board of Directors approved the Provider Stabilization Program allocating \$13million in funds to support providers in their efforts to address staff recruitment, attraction, commitment, existing workforce retention strategies, and other staffing stabilization crises. As of April 7, 2022 MSHN has approved over \$380,000.

MINUTES ARE CONSIDERED DRAFT UNTIL BOARD APPROVED

- **COVID-19 Telehealth Report & Future Planning:** The written report states the Public Health Emergency (PHE) was scheduled to end on April 16, 2022, however since the date of the report, the PHE was extended an additional 90 days to July 15, 2022.
- **MDHHS Issues Three-Year Report for the State Opioid Response (SOR) Grant Funding:** MSHN has received the state-wide report on the SOR grant expenditures, with a summary of the PIHPs involved included in the packet. MSHN appreciates all involved with participating in the projects funded under the grants.

8. Chief Financial Officer Report

Ms. Amanda Ittner provided an overview of the financial reports included in board meeting packets:

- FY2022 PA2 Funding and Expenditures by County
- FY2022 PA2 Use of Funds by County and Provider
- FY2022 Substance Use Disorder (SUD) Financial Summary Report as of February 2022

Board members raised the question as to why there were no PA2 expenditures reported for Hillsdale County. MSHN will investigate and report back to the appointed member for Hillsdale County.

9. FY22 Substance Use Disorder PA2 Contract Listing Report Format Changes

Ms. Amanda Ittner provided an overview and information on the FY22 Substance Use Disorder (SUD) PA2 Contract Listing as provided in the packet.

MOTION BY ROBERT LUCE, SUPPORTED BY JIM MORENO, FOR APPROVAL OF THE FY2022 SUBSTANCE USE DISORDER (SUD) PA2 CONTRACT LISTING, AS PRESENTED. MOTION CARRIED: 15-0.

10. SUD Operating Update

Dr. Dani Meier presented updated information on MSHN SUD Grants. The presentation can be found on the MSHN website at: [MSHN SUD Grants April 2022](#).

Board members requested an interest in knowing the utilization numbers associated with the mobile unit. MSHN staff will provide this information to OPB members.

Members also inquired if a date is known yet when the ARPA Funds will be distributed. MSHN staff will inquire at the upcoming SUD Directors meeting with MDHHS and report back to the OPB members.

Dr. Dani Meier provided an overview of the written SUD Operations Report as included in the board meeting packet and also reviewed the FY2022 Quarter 1 SUD County reports as provided in the board packet.

MINUTES ARE CONSIDERED DRAFT UNTIL BOARD APPROVED

11. Other Business

There was no other business.

12. Public Comment

There was no public comment.

13. Board Member Comment

Board members discussed the Michigan Profile for Healthy Youth (MiPHY). Members can request the MiPHY data from the schools in their respective counties.

Board members had discussions regarding initiatives happening in their respective counties.

14. Adjournment

Chairperson John Hunter adjourned the MSHN SUD Oversight Policy Advisory Board Meeting at 5:04 p.m.

*Meeting minutes submitted respectfully by:
MSHN Executive Assistant*

MINUTES ARE CONSIDERED DRAFT UNTIL BOARD APPROVED



Annual Disclosure of Ownership, Controlling Interest, and Criminal Convictions

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

In short order, Board Members will receive an email from DocuSign, with a request to complete and electronically sign a disclosure form. The form can be completed on a smart phone or computer.

Common questions that arise when completing the form:

Question: Do I have to provide my social security number?

Answer: 42 CFR § 455.104 requires names, address, DOB, and Social Security numbers in the case of an individual.

Question: How will my information be kept confidential and secure?

Answer: MSHN maintains policies and practices that protect the confidentiality of personal information, including Social Security numbers, obtained from its providers and associates in the course of its regular business functions. MSHN is committed to protecting information about its providers and associates, especially the confidential nature of their personal information. Access to this, and other confidential documentation, is limited to MSHN staff who need to access information in order to perform their duties, relative to monitoring disclosures.

Question: What does MSHN do with the information it obtains through disclosure statements?

Answer: MSHN is required to ensure it does not have a 'relationship' with an 'excluded' individual and must search the Office of Inspector General's (OIG) exclusions database to ensure that the provider entity, and any individuals with ownership or control interests in the provider entity (direct or indirect ownership of five percent or more or a managing employee), have not been excluded from participating in federal health care programs. MSHN must search the OIG exclusions database monthly to capture exclusions and reinstatements that have occurred since the last search, or at any time new disclosure information is provided.

MSHN understands this is a new platform to obtain the information, so if you have questions about the disclosures or need assistance completing the electronic form, please feel free to reach out to Sherry Kletke at 517.253.8203 or via email at Sheryl.Kletke@MidStateHealthNetwork.org.

Ownership & Controlling Interest Disclosure Statements

42 C.F.R. §455 Subpart B; 42 CFR 438.610; MDHHS Contract Section 34.0

Purpose:	<p>In order to comply with 42 CFR 438.610, the PIHP may not knowingly have a “relationship” of the type described below with any of the following:</p> <ol style="list-style-type: none"> An individual or entity that is debarred, suspended, or otherwise excluded from participating in procurement activities under the Federal Acquisition Regulation or from participating in non-procurement activities under regulations issued under Executive Order No. 12549 or guidelines implementing Executive Order No. 12549; An individual or entity who is an “affiliate”, as defined in the Federal Acquisition Regulation at 48 CFR 2.101, of a person described in the immediately preceding subsection 1(a). <p>The PIHP will not have a “relationship” of the type described below (each a “prohibited relationship”) with any individual or entity that is excluded from participation in any Federal health care program under section 1128 or 1128A of the Social Security Act.</p> <p>For purposes of this section, a “relationship” means someone who the PIHP interacts with in any of the following capacities:</p> <ol style="list-style-type: none"> A director, officer, or partner of the PIHP; A subcontractor of the PIHP; A person with beneficial ownership of five (5) percent or more of the PIHP's equity; or A network provider or person with an employment, consulting or other arrangement for the provision of items and services which are significant and material to the Board’s obligations under the PIHP Contract. <p>“Excluded” individuals or entities are individuals or entities that have been excluded from participating, but not reinstated, in the Medicare, Medicaid, or any other Federal health care programs.</p>
Determining who to collect disclosures from:	<p>The MDHHS requires the PIHP to provide written disclosure in the case that any of the following is or becomes affiliated with any individual or entity that is debarred, suspended, or otherwise excluded from participating in procurement activities under the Federal Acquisition Regulation or from participating in non-procurement activities under regulations issued under Executive Order No. 12549 or guidelines implementing Executive Order No. 12549:</p> <ol style="list-style-type: none"> Any director, officer, or partner; Any subcontractor; Any person with ownership of 5% or more of the PIHPs equity; A network provider; and/or Any party to an employment, consulting, or other agreement with the PIHP for the provision of contract items or services
Frequency of Screening:	<p>MSHN collects disclosure statements during board orientation and annually thereafter.</p> <ul style="list-style-type: none"> Original disclosures may be signed on subsequent years if all information disclosed remains current and accurate. A new disclosure statement must be completed if any information has changed since the last disclosure.

<p>Reporting:</p>	<p>PIHPs are required to promptly notify the Division of Program Development, Consultation and Contracts, Behavioral Health and Developmental Disabilities Administration in MDHHS if:</p> <ul style="list-style-type: none"> a. Any disclosures are made by providers with regard to the ownership or control by a person that has been convicted of a criminal offense described under sections 1128(a) and 1128(b)(1), (2), or (3) of the Act, or that have had civil money penalties or assessments imposed under section 1128A of the Act. (See 42 CFR 1001.1001(a)(1): or b. Any staff member, director, or manager of the PIHP, individual with beneficial ownership of five percent or more, or an individual with an employment, consulting, or other arrangement with the PIHP has been convicted of a criminal offense described under sections 1128(a) and 1128(b)(1), (2), or (3) of the Act, or that have had civil money penalties or assessments imposed under section 1128A of the Act. (See 42 CFR 1001.1001(a)(1))
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Frequently Asked Questions

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

Community Mental Health Member Authorities

Bay Arenac
Behavioral Health



CMH of
Clinton.Eaton.Ingham
Counties



CMH for Central
Michigan



Gratiot Integrated
Health Network



Huron Behavioral Health



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



LifeWays CMH



Montcalm Care Center



Newaygo County
Mental Health Center



Saginaw County CMH



Shiawassee
Health & Wellness



Tuscola Behavioral
Health Systems

Board Officers

Edward Woods
Chairperson

Irene O'Boyle
Vice-Chairperson

Kurt Peasley
Secretary

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

April/May

MSHN/REGIONAL MATTERS

1. Open Meetings Act – Continue to await finalization:

There have been no further updates to the Open Meetings Act that apply to MSHN's SUD OPB. NOTE: Governor Whitmer signed House Bill 4705, on May 2, 2022, which expands the Open Meetings Act to require certain state public bodies to create and maintain audio recordings of their meetings, expanding transparency and accountability. However, this is only applicable to state licensing boards, state commission panels, and state rule-making boards.

Therefore, as indicated in my previous reports, the only legal basis for a member of a public body to participate in a meeting via telephonic or video conferencing as a member of the public body, is if that member is absent due to military duty. Senate Bill 854 proposes to add back the medical condition as a circumstance for allowing remote participation.

Mid-State Health Network is still waiting for proposed legislation to be finalized prior to presenting any changes to the bylaws. MSHN will present an amendment to the SUD OPB in accordance with Section 7.2 as follows: " These bylaws may be amended by the members of the Board acting in accordance with the voting requirements set forth in Section 4.8. The agenda of the meeting shall set forth a summary of the proposed amendment(s) at ***least fourteen (14) days prior to the date of the meeting. An affirmative vote to amend the Bylaws must be approved by the Board of Directors of MSHN.*** Any amendment of these bylaws must be consistent with the Michigan law, the Code and the Intergovernmental Contract.

2. Federal Public Health Emergency Unwind

The U.S Department of Health and Human Services (HHS) has extended the federal public health emergency (PHE) for another 90 days effective April 16, 2022 - July 15, 2022. Extending or ending the PHE is the federal government's decision. The PHE can extend for up to 90-days at a time and has been renewed every 90 days for nearly 2 years. The federal government has indicated they will ***give states 60 days' notice*** prior to formally ending the PHE. Therefore, the current PHE 60-day notice to Michigan would need to occur by August 14, 2022, unless extended again past October 13, 2022.

Michigan Department of Health and Human Services (MDHHS) COVID-19 Response policies will remain in effect until an appointed time which MDHHS will inform providers of in the future (as indicated in [MSA 20-36](#)). These temporary policies ARE NOT contingent upon the end of the federal PHE and will not be terminated on July 15, even if the federal PHE is not extended. Instead, MDHHS will inform providers of the end dates of those policies.

In the meantime, MDHHS is preparing for the end of the federal PHE and creating a cross walk to assist providers in determining which “COVID-19 Response” policies have ended, been modified or continued beyond the PHE, or remain permanently. Medicaid and Healthy Michigan continuous coverage would also end on the last day of the month when the PHE ends. Therefore, eligibility enrollments/re-enrollments will be required. CMS guidance has allowed for a 14-month renewal unwind period.

Therefore, MDHHS has targeted the following timeline assuming PHE is not extended beyond October 13, 2022.

Target Date	Material
May 2022	Awareness campaign (initial intended audience is beneficiaries).
September 2022	Beneficiary alert PHE unwind letter
October 2022- September 2023	Eligibility renewal letters begin being mailed to beneficiaries, based on month of renewal.
December 2023	14-month time limit ends for renewal unwind process based on CMS guidance.

To stay informed with the latest information as the department restarts processes and releases updated policies, visit www.michigan.gov/mdhhs/end-phe.

Behavioral and Physical Health and Aging Services Administration Site Visit

On May 6, 2022, Michigan Department of Health and Human Services conducted a review of MSHN’s State Opioid Response (SOR) Grant. The SOR funding supports regional prevention, treatment and recovery for opioid use disorders. MDHHS conducted their review to ensure compliance with federal and state requirements. MSHN was found to be in substantial compliance with the Substance Abuse and Mental Health Services Administration’s Funding Opportunity Announcements and the Michigan Department of Health and Human Services Contract.

Congratulations and appreciation to MSHN’s substance use disorder department, finance department and other supports including the multiple SUD network providers for a successful review!

STATE OF MICHIGAN/STATEWIDE ACTIVITIES

Governor Whitmer Signs Bills Fighting Opioid Crisis

On May 19, 2022, Governor Gretchen Whitmer signed a package of legislation investing \$800 million dollars in treatment, prevention, mental health in response to the Opioid Crisis. Together, Senate Bills 993, 994, and 995 manage the disbursement of settlement funds as a result of opioid-related lawsuits and create the Opioid Advisory Commission to advance policy to prevent, treat, and support those with opioid use disorder.

Senate Bill 993 creates the Michigan Opioid Healing and Recovery Fund in the Department of the Treasury.

Senate Bill 993 was sponsored by Senator Michael MacDonald, R – Macomb, and a copy can be found [here](#).

Senate Bill 994 creates the Opioid Advisory Commission, which would review initiatives related to education, prevention, treatment, and services for individuals and families affected by substance abuse disorders and co-occurring mental health conditions, was sponsored by Senator Mark Huizenga, and a copy can be found [here](#).

Senate Bill 995 creates a threshold for certain civil actions related to opioids. Enacting the bill would allow the State and local governments that have settled to receive full incentives under the settlement payment plans and was sponsored by Senator Betty Jean Alexander, D – Detroit, and a copy can be found [here](#).

More information about the historic opioid settlements can be found through the [Department of Attorney General's website](#). Payments are expected to begin sometime this summer. The Department of Attorney General will release additional information when the payments begin.

FEDERAL/NATIONAL ACTIVITIES

The Mental Health Reform Reauthorization Act of 2022

Two Senators of the Senate HELP Committee (Murphy and Cassidy) on May 10 introduced legislation to reauthorize the 2016 *Mental Health Reform Act* set to expire in September. This action follows their October 6, 2021, call for input “requesting feedback from patients, families, health care providers, advocacy organizations, and state, local, tribal, and territorial governments on the effectiveness of the historic federal mental health and substance use disorder programs that were signed into law in 2016.” According to the Senators’ press release, “The *Mental Health Reform Reauthorization Act of 2022* also addresses COVID-19’s devastating impact on the national mental health crisis, especially among children, by building upon the 2016 legislation to improve and expand those programs...**Our hope is that we will be able to bring this bill to the [HELP] committee, perhaps including other priorities for members, and be able to report out this year a comprehensive mental health reform package.**” Further, the HELP Committee shares jurisdiction over matters of health with the Senate Finance Committee which has jurisdiction over CMS, including Medicaid and CHIP. “Specifically, the *Mental Health Reform Reauthorization Act of 2022* would:

Strengthen existing mental health and substance use disorder parity laws by:

- Authorizing \$25 million to support states’ ability to enforce existing laws around mental health and substance use disorder parity;
- Preventing health insurance plans that cover frontline workers from refusing to provide parity coverage.

Improve community mental health services by:

- Authorizing a significant increase in Mental Health Services Block Grant (MHBG) funding for states to provide mental health services and promoting increased quality of programs for those with a Serious Mental Illness (SMI);
- Reauthorize HRSA’s Promoting Integration of Primary and Behavioral Health Care (PIPBHC), which places behavioral health specialists in primary care offices.

Expanding access to pediatric mental health care by:

- Promoting increased mental health care access in schools and emergency departments through HRSA’s Pediatric Mental Health Care Access Program (PMHCAP);

- Expanding training in behavioral health for pediatricians and other primary care providers who treat children and adolescents through HRSA's Primary Care Training and Enhancement Program;
- Reauthorizing SAMHSA's Programs for Children with Serious Emotional Disturbances.

Increasing recruitment of a diverse mental health workforce by:

- Expanding SAMHSA's Minority Fellowship Program (MFP) through increased funding and inclusion of addiction medicine physicians use to meet the need for a diverse Substance Use Disorder treatment workforce;
- Reauthorizing HRSA's Mental and Behavioral Health Education and Training Grants to increase the supply of behavioral health professionals with a special focus on helping children, adolescents and youth at risk for behavioral health condition.

Providing a path to recovery for vulnerable individuals by:

- Ensuring those served by SAMHSA's Grants for Jail Diversion Programs (JDP) are treated the same as any other patient by preventing unnecessary destabilizing medication changes;
- Empowering SAMHSA's Projects for Assistance in Transition from Homelessness (PATH) program to support access to desperately needed housing for the unhoused with mental illness."

A one-pager on their proposed legislation is available at

https://www.murphy.senate.gov/imo/media/doc/mh_one_pager.pdf while an unnumbered (S. ____) version of the bill is available at https://www.murphy.senate.gov/imo/media/doc/mhrra_text.pdf.

Health and Human Services – Strengthening Behavioral Health

The HHS Secretary has been making the rounds of the congressional appropriations committees testifying in support of the President's FY23 Budget Request. His testimony remains substantially the same from committee to committee and is available at

<https://www.appropriations.senate.gov/imo/media/doc/Becerra%20Testimony%202022.pdf>. Most germane to PIHPs is the section on behavioral health which is summarized below.

Strengthening Behavioral Health

The President has outlined a bold strategy for tackling the nation's mental health crisis, calling for an increased focus on building system capacity, connecting more people to care, and creating a continuum of support to keep people healthy and help Americans thrive. I also recently launched a National Tour to Strengthen Mental Health, to hear directly from Americans across the country about the mental health and substance use challenges they're facing and to engage with local leaders to strengthen the mental health and crisis care system in our communities. We are also working with the Department of Education to develop and align resources to ensure children have the physical and behavioral health services and supports that they need to build resilience and thrive. Individuals who develop substance use disorders are often also diagnosed with mental disorders—the budget addresses the significant connection between mental health and substance use by investing in a broad spectrum of behavioral health services.

The Budget includes new, historic mandatory investments in totaling \$51.7 billion over ten years to address the nation's behavioral health crisis. In support of the President's call for reforming our mental health care system to fully meet the needs of our communities, the Budget includes a new \$7.5 billion Mental Health Transformation Fund, allocated over a 10 year period, to increase access to mental health services through workforce development and service expansion, including through health care and community settings that have not traditionally provided mental health services but that are well positioned to reach more people. The Mental Health Transformation Fund will also support the expanded use of evidence-based practices for mental health

care, to ensure that families and communities affected by mental illness receive the highest quality care and supports.

Additionally, the Budget establishes a Medicaid provider capacity demonstration program for mental health treatment and establishes a performance bonus fund to improve behavioral health services in Medicaid. The Budget also expands and converts the Demonstration Program to Improve Community Mental Health Services into a permanent program.

Further, the Budget prevents states from prohibiting same day billing and allows providers to be reimbursed for Medicaid mental health and physical health visits provided to a Medicaid beneficiary that occur on the same day and requires that Medicaid behavioral health services, whether provided under fee-for-service or managed care, be consistent with current and clinically appropriate treatment guidelines.

For people with private health insurance, the Budget requires all health plans to cover mental health and substance use disorder benefits and ensures that plans have an adequate network of behavioral health providers.

The Budget also establishes grants to states to enforce parity between mental and substance use disorder and other medical benefits.

The Budget also proposes \$20.8 billion in discretionary funding for behavioral health programs in FY 2023, including significant investments in mental health programs such as the National Suicide Prevention Lifeline, a free, confidential 24/7 phone line that connects individuals in crisis with trained counselors across the United States.

To support the health workforce, the Budget includes \$397 million for Behavioral Health Workforce Development Programs and \$25 million in the National Health Service Corps funding specifically for mental health providers. The Budget also includes \$50 million for HRSA for Preventing Burnout in the Health Workforce. This investment will provide crucial support for health workforce retention and recruitment, which is essential for addressing current and future behavioral health workforce shortages.

The Budget also includes \$308 million for Project AWARE and the Mental Health Awareness Training program to expand support for comprehensive, coordinated, and integrated state and tribal efforts to adopt trauma-informed approaches and increase access to mental health services. School and community-based programs like Project AWARE have been shown to improve mental health and emotional well-being of children at low cost and high benefit.

The Budget invests \$11.0 billion to combat the overdose crisis across HHS in support of four key target areas—primary prevention, harm reduction, evidence-based treatment, and recovery support – and reflects the Biden-Harris Administration principles of equity for underserved populations, reducing stigma, and evidence-based policy.

The Budget also proposes \$553 million for Certified Community Behavioral Health Centers Expansion Grants to provide coordinated, high-quality, comprehensive behavioral health services.

The Budget also proposes to remove the word “abuse” from the agency names within HHS—including the Substance Use and Mental Health Services Administration, the National Institute on Alcohol Effects and Alcohol Associated Disorders, and the National Institute on Drugs and Addiction.

Submitted by:



Amanda L. Ittner

Finalized: 6.3.22

**Mid-State Health Network
FY2022 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	Beginning PA2 Fund Balance and Receipts
Arenac	78,336	18,575						38,721	18,575	96,910
Bay	886,059	99,216	05.05.22					189,737	99,216	985,274
Clare	172,289	26,592	05.24.22					51,428	26,592	198,881
Clinton	467,322	63,681	05.13.22					121,375	63,681	531,003
Eaton	617,925	113,889	05.24.22					222,938	113,889	731,814
Gladwin	83,646	18,832						40,014	18,832	102,478
Gratiot	97,521	22,840	05.06.22					42,938	22,840	120,361
Hillsdale	161,762	25,837	05.06.22					50,828	25,837	187,598
Huron	187,359	33,426	05.09.22					68,510	33,426	220,785
Ingham	947,615	348,457	05.13.22					643,890	348,457	1,296,072
Ionia	411,104	37,136	05.17.22					70,234	37,136	448,239
Isabella	581,463	65,700	05.17.22					119,105	65,700	647,162
Jackson	690,218	170,163	05.11.22					339,281	170,163	860,381
Mecosta	319,791	43,794	05.11.22					81,503	43,794	363,585
Midland	435,893	86,459	05.06.22					174,016	86,459	522,352
Montcalm	263,542	50,297	05.27.22					97,070	50,297	313,838
Newaygo	133,127	40,828						81,492	40,828	173,955
Osceola	115,952	16,912	05.09.22					33,294	16,912	132,864
Saginaw	1,807,586	261,182	05.17.22					531,538	261,182	2,068,768
Shiawassee	443,461	47,493	05.09.22					93,104	47,493	490,954
Tuscola	218,811	26,751	05.10.22					53,489	26,751	245,562
	<u>\$ 9,120,783</u>	<u>\$ 1,618,054</u>		<u>\$ -</u>		<u>\$ -</u>		<u>\$ 3,144,505</u>	<u>\$ 1,618,054</u>	<u>\$ 10,738,837</u>

Mid-State Health Network
FY2022 PA2 Expenditure Summary by County

County	Beginning PA2 Fund Balance and Receipts	County Code	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	YTD Payments	Ending PA2 Fund Balance
Arenac	96,910	06	4,086	3,876	3,837	6,570	6,704	6,371	6,655						38,098	\$ 58,813
Bay	985,274	09	30,599	29,149	32,168	29,405	36,727	38,525	44,513						241,086	\$ 744,188
Clare	198,881	18	4,387	4,891	4,490	5,657	3,169	6,379	5,156						34,129	\$ 164,752
Clinton	531,003	19	12,950	8,250	12,095	9,006	2,294	17,633	8,952						71,180	\$ 459,823
Eaton	731,814	23	34,328	26,369	35,739	29,357	17,861	40,088	27,806						211,548	\$ 520,266
Gladwin	102,478	26	2,497	2,931	2,274	2,722	2,972	2,281	3,055						18,732	\$ 83,746
Gratiot	120,361	29	7,292	7,207	7,659	6,745	6,901	4,476	9,516						49,796	\$ 70,564
Hillsdale	187,598	30	-	-	-	-	-	-	-						-	\$ 187,598
Huron	220,785	32	5,649	5,788	5,403	5,855	5,923	6,268	6,035						40,921	\$ 179,864
Ingham	1,296,072	33	55,096	30,761	34,216	33,389	31,805	34,371	33,186						252,824	\$ 1,043,247
Ionia	448,239	34	7,889	12,223	8,947	10,393	15,631	2,562	17,997						75,641	\$ 372,598
Isabella	647,162	37	23,609	23,893	27,419	23,386	24,398	28,816	27,461						178,982	\$ 468,180
Jackson	860,381	38	13,009	24,135	28,160	21,043	16,752	30,020	18,059						151,178	\$ 709,202
Mecosta	363,585	54	10,583	9,642	9,481	9,877	9,955	14,754	14,251						78,543	\$ 285,042
Midland	522,352	56	9,387	10,434	15,652	9,839	5,384	6,294	5,870						62,861	\$ 459,491
Montcalm	313,838	59	1,963	1,889	2,071	2,124	1,967	1,934	2,182						14,130	\$ 299,708
Newaygo	173,955	62	1,433	2,788	2,598	3,742	4,821	6,876	6,611						28,869	\$ 145,086
Osceola	132,864	67	6,273	4,983	6,692	5,664	5,952	6,450	7,728						43,742	\$ 89,122
Saginaw	2,068,768	73	42,255	53,176	51,076	70,362	62,902	35,805	36,224						351,799	\$ 1,716,969
Shiawassee	490,954	78	21,469	3,750	22,850	9,773	10,504	12,943	10,663						91,952	\$ 399,002
Tuscola	245,562	79	10,068	10,252	11,749	11,002	10,822	10,922	10,594						75,407	\$ 170,155
	<u>\$ 10,738,837</u>		<u>\$ 304,820</u>	<u>\$ 276,387</u>	<u>\$ 324,576</u>	<u>\$ 305,913</u>	<u>\$ 283,443</u>	<u>\$ 313,767</u>	<u>\$ 302,513</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>2,111,419</u>	<u>\$ 8,627,418</u>

Mid-State Health Network
Summary of PA2 Use of Funds by County and Provider
October 1, 2021 through April 30, 2022

County and Provider	Case Management	Early Intervention	Outpatient	Prevention	Recovery Support	Grand Total
Arenac						
Peer 360 Recovery					25,219	25,219
Sterling Area Health Center				2,649		2,649
Ten Sixteen Recovery		9,799		431		10,230
Arenac Total		9,799		3,080	25,219	38,098
Bay						
Boys and Girls Club Bay Region				53,053		53,053
Neighborhood Resource Center				66,808		66,808
Peer 360 Recovery					49,700	49,700
Sacred Heart Rehabilitation				6,814		6,814
Sterling Area Health Center				22,511		22,511
Ten Sixteen Recovery					42,200	42,200
Bay Total				149,186	91,900	241,086
Clare						
Ten Sixteen Recovery		6,994	930	12,047	14,158	34,129
Clare Total		6,994	930	12,047	14,158	34,129
Clinton						
Eaton Regional Education Service Agency				63,886		63,886
State of Michigan MRS	5,000					5,000
Ten Sixteen Recovery					2,294	2,294
Clinton Total	5,000			63,886	2,294	71,180
Eaton						
Barry Eaton District Health				4,701		4,701
Eaton Regional Education Service Agency				71,908		71,908
Prevention Network				17,717		17,717
State of Michigan MRS	5,000					5,000
Wellness, InX		54,615			57,608	112,223
Eaton Total	5,000	54,615		94,325	57,608	211,548
Gladwin						
Ten Sixteen Recovery		4,377	1,340	2,691	10,324	18,732
Gladwin Total		4,377	1,340	2,691	10,324	18,732
Gratiot						
Gratiot County Child Advocacy Association				19,776		19,776
Ten Sixteen Recovery		11,498			18,522	30,020
Gratiot Total		11,498		19,776	18,522	49,796
Huron						
Peer 360 Recovery					40,921	40,921
Huron Total					40,921	40,921
Ingham						
Child and Family Charities				15,316		15,316
Cristo Rey Community Center				12,989		12,989
Eaton Regional Education Service Agency				11,034		11,034
Ingham County Health Department				7,453		7,453
Prevention Network				17,717		17,717
Punks With Lunch Lansing			1,948			1,948
State of Michigan MRS	15,000					15,000
Wellness, InX		94,403			76,965	171,367
Ingham Total	15,000	94,403	1,948	64,509	76,965	252,824
Ionia						
County of Ionia				56,122		56,122
Wedgwood Christian Services					19,519	19,519
Ionia Total				56,122	19,519	75,641

Mid-State Health Network
Summary of PA2 Use of Funds by County and Provider
October 1, 2021 through April 30, 2022

County and Provider	Case Management	Early Intervention	Outpatient	Prevention	Recovery Support	Grand Total
Isabella						
Addiction Solutions Counseling Center				10,520		10,520
Peer 360 Recovery					31,723	31,723
Ten Sixteen Recovery		9,868		36,300	90,571	136,739
Isabella Total		9,868		46,820	122,294	178,982
Jackson						
Big Brothers Big Sisters of Jackson County, Inc				9,116		9,116
Family Service and Childrens Aid (Born Free)				90,287		90,287
Home of New Vision					51,776	51,776
Jackson Total				99,402	51,776	151,178
Mecosta						
Ten Sixteen Recovery		18,109	1,365	22,163	36,906	78,543
Mecosta Total		18,109	1,365	22,163	36,906	78,543
Midland						
Peer 360 Recovery					34,691	34,691
Ten Sixteen Recovery		18,454				18,454
The Legacy Center for Community Success				9,716		9,716
Midland Total		18,454		9,716	34,691	62,861
Montcalm						
Wedgwood Christian Services		14,130				14,130
Montcalm Total		14,130				14,130
Newaygo						
Arbor Circle				28,869		28,869
Newaygo Total				28,869		28,869
Osceola						
Ten Sixteen Recovery		14,278		29,464		43,742
Osceola Total		14,278		29,464		43,742
Saginaw						
First Ward Community Service				101,262		101,262
Great Lakes Bay Health Center				12,877		12,877
Parishioners on Patrol				5,000		5,000
Peer 360 Recovery					71,376	71,376
Sacred Heart Rehabilitation				8,213		8,213
Saginaw County Youth Protection Council				81,868		81,868
Ten Sixteen Recovery					71,203	71,203
Saginaw Total				209,220	142,579	351,799
Shiawassee						
Catholic Charities of Shiawassee and Genesee				57,245		57,245
Peer 360 Recovery					1,503	1,503
Prevention Network				21,260		21,260
Shiawassee County				6,944		6,944
State of Michigan MRS	5,000					5,000
Shiawassee Total	5,000			85,449	1,503	91,952
Tuscola						
List Psychological Services				34,962		34,962
Peer 360 Recovery					40,445	40,445
Tuscola Total				34,962	40,445	75,407
Grand Total	30,000	256,525	5,583	1,031,687	787,624	2,111,419

Mid-State Health Network
Summary of SUD Revenue and Expenses as of April 2022 (58.3% of budget)

	Year to Date Actual	Full Year Budget	Remaining Budget	% to Budget
Revenue				
Block Grant	3,782,509.00	9,659,377.00	5,876,868.00	39.16%
SOR and Other Grants	602,084.52	5,490,080.00	4,887,995.48	10.97%
Medicaid	9,182,674.32	14,987,375.00	5,804,700.68	61.27%
Healthy Michigan	20,254,793.24	31,683,904.00	11,429,110.76	63.93%
PA2	2,111,419.13	4,712,059.00	2,600,639.87	44.81%
Totals	35,933,480.21	66,532,795.00	30,599,314.79	54.01%
Direct Expenses				
Block Grant	3,782,509.00	8,811,000.00	5,028,491.00	42.93%
SOR and Other Grants	602,084.52	4,081,900.00	3,479,815.48	14.75%
Medicaid	6,207,443.49	12,300,000.00	6,092,556.51	50.47%
Healthy Michigan	12,530,196.93	25,200,000.00	12,669,803.07	49.72%
PA2	2,111,419.13	4,712,059.00	2,600,639.87	44.81%
Totals	25,233,653.07	55,104,959.00	29,871,305.93	45.79%
Surplus / (Deficit)	10,699,827.14			

Surplus / (Deficit) by Funding Source

Block Grant	-
SOR Grants	-
Medicaid	2,975,230.83
Healthy Michigan	7,724,596.31
PA2	-
Totals	10,699,827.14

Actual revenue greater than budgeted revenue

Actual expenses greater than budgeted expenses

Surplus/(Deficit) by Funding Source - Please Note: A surplus or deficit listed above only relates to SUD. MSHN uses the amounts above in conjunction with behavioral health surpluses and deficits to determine a regional total. MSHN then applies MDHHS's set formula to calculate the portion of surplus dollars we can retain.

Mid-State Health Network
FY2022 PA2 Funding Recommendations by Provider
June 2022 Oversight Policy Board

Provider	Provider Funding Total Requested	MSHN Funding Recommended	PA2 Amount Recommended*
Lansing Syringe Services	54,539	54,439	54,439
GRAND TOTAL	54,539	54,439	54,439

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

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 June	Projected Ending Reserve Balance
Arenac	78,336	38,721	51,404	-	65,653
Bay	886,059	189,737	498,125	-	577,671
Clare	172,289	51,428	120,738	-	102,979
Clinton	467,322	121,375	135,176	-	453,521
Eaton	617,925	222,938	377,643	-	463,220
Gladwin	83,646	40,014	47,360	-	76,300
Gratiot	97,521	42,938	50,165	-	90,294
Hillsdale	161,762	50,828	39,336	-	173,254
Huron	187,359	68,510	99,619	-	156,250
Ingham	947,615	643,890	440,649	54,439	1,096,417
Ionia	411,104	70,234	174,538	-	306,800
Isabella	581,463	119,105	331,470	-	369,098
Jackson	690,218	339,281	373,541	-	655,958
Mecosta	319,791	81,503	202,485	-	198,809
Midland	435,893	174,016	232,361	-	377,548
Montcalm	263,542	97,070	123,278	-	237,334
Newaygo	133,127	81,492	63,604	-	151,015
Osceola	115,952	33,294	83,000	-	66,246
Saginaw	1,807,586	531,538	954,562	-	1,384,562
Shiawassee	443,461	93,104	188,004	-	348,561
Tuscola	218,811	53,489	132,751	-	139,549
Total	\$ 9,120,783	\$ 3,144,505	\$ 4,719,809	\$ 54,439	\$ 7,491,040

*FY2022 projected distributions to counties from MDHHS made available 10.22.21

*FY2022 final projected beginning balance from MDHHS made available 1.14.22

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 June	*New Provider / Renewal Contract	Coalition Reviewed; New Providers (Yes/No)	Detail of Services Provided for FY2022 Requests
Ingham						
	Lansing Syringe Services			New Provider	No; Scheduled for Aug.	Syringe Services; Lansing Syringe Services has submitted a proposal and request for PA2 funding to support their syringe services program. They are requesting funding in the amount of \$54,539 for a few Program Coordinators to facilitate the process 5-1-2022 thru 9-30-2022. Starting in FY23, the MDHHS Harm Reduction program will cover their funding supports for the majority of the program and LSS would just request funds for supplies and materials.
		PA2	-	54,439		
		Grants	-	-		
		Total	-	54,439		
	County Total		-	54,439		
	PA2 Subtotal		-	54,439		
	Grants Subtotal		-	-		
	Grand Total		-	54,439		

****"Grants" refers to Community Grant/State Opioid Response & COVID Grants
Annual Plans/Budgets not reviewed by Coalitions

*New Provider / Renewal Contract:

New Provider could also indicate that provider did not receive PA2 funds from the identified county in FY2021

Coalition Reviews New Providers

Substance Use Disorder (SUD) Clinical Team Operational Updates – June 2022

Prevention

- Began planning for American Rescue Plan funds to offer training for providers and funding to implement the Wellness Initiative for Senior Education (WISE) curriculum that focuses on wellness during aging including mental health, prescription drugs and alcohol use
- Worked with MSHN Grant Coordinator to identify available OEND funding for coalitions in FY22
- Worked with DYTURs to offer Vendor Education to a minimum of 50% of region's tobacco vendors and prepare for the formal Synar period
- Sent Synar draw information to DYTURs for 117 Synar checks in the MSHN region for upcoming formal Synar period
- Continuing to complete Program and Coalition Observations for all Prevention providers
- Offered technical assistance to providers for FY23 annual planning and budgeting
- Developed new logic model for diversity, equity and inclusion work with prevention providers
- Supporting prevention providers in ongoing strategies during COVID
- Inter-regional coordination through Prevention Coordinators
- Review and clean-up of prevention providers' entries into MPDS, the Michigan Prevention Data System, where prevention providers log their activities, persons served, etc.
- Provision of technical assistance and training to existing providers on best practices for prevention and on how to document those in MPDS
- Attending coalition meetings across Region 5's 21 counties
- Continued implementation of FY21-23 SUD Strategic plan

Treatment

- Annual planning with treatment providers for FY23
- Continued Treatment Team attendance at prevention community coalition meetings
- Support of regional workgroups for WSS, residential, recovery, outpatient, ROSC and MAT
- Explore and evaluate MSHN region for implementation readiness of an Opioid Health Home in the Saginaw area. Worked with MDHHS and Victory Clinical Services to plan pre-implementation workgroup from 6-1-2022 thru 9-30-2022
- Implementation and completion of SUD Treatment annual planning process for FY23. Reviewed cost reimbursement budget requests and planning for FY23
- Provide review and recommendations for updates to SUD Provider Manual for FY23 to leadership team

- Collection of evidence and submission for MDHHS FY22 MSHN Region Site Review. MDHHS Site Review occurring from 6/13/22 thru 7/29/2022. SUD portion 6/13-14
- Providing consultation with CMHSPs supporting CCBHC functions with SUD service questions
- Implement MDHHS biennial ASAM Designation Re-enrollment process for MSHN regional providers from April 1 thru June 30th
- Support MDHHS roll out of MiCAL system and soft roll out of 988
- Coordinate with MDHHS to support Contingency Management Training for the MSHN region. Six providers currently participating
- Attendance at MDHHS Harm Reduction Summit May 2022
- Review SOR3 priority funding areas and develop FY23 workplan of activities
- Support treatment providers' strategies to stay open during COVID with telemedicine, etc. Shared MSHN stabilization program information
- Continuous evaluation and opportunities for expansion of access of services for specialty populations of older adults, adolescents, veterans and military families
- Support of QAPI with audits of existing SUD providers
- Monitoring of existing Performance Enhancement Plans (PEPs) as tool to help providers for whom progress has stalled despite voluminous TA efforts & monitoring of those PEPs
- Ongoing monitoring of progress for FY21-23 SUD Strategic Plan
- Participation in the MDHHS MDOC Pilot Biweekly Check-in Meetings as well as the Opioid Treatment Ecosystem Community of Practice meetings related to MAT initiatives around the state

Additional Activities in Q2:

- Scored 100% compliance with MDHHS SOR audit review
- Ongoing coordination with statewide SUD Directors on consistency 1) in audit tool for evaluating SUD providers, and 2) on procedure for between-region transfers
- Ongoing coordination with PIHP's SUD Directors on opioid settlement rollout and communication
- Oversight and coordination of SUD prevention and treatment teams and all activities listed above
- Facilitated March, April, and May meetings of MSHN Regional Equity Advisory Committee for Health (REACH) and transitioned to new facilitator starting in March
- Coordination with REACH around training with Michigan Department of Civil Rights
- Continued support and TA for Saginaw Health Endowment grant workgroup
- Expanded focus on harm reduction
- Presentations on racial and gender health disparities for Women's Speciality Workgroup and MSHN's Regional Consumer Advisory Council (RCAC)
- Finalization of formal procedure for CMHs and SUD providers to refer to MSHN's Veteran Navigator

OPB Quarterly Report
FY22– Q2
January – March 2022

FY22 - Q2

PREVENTION GOALS	RESULTS & PROGRESS
Reduce Underage Drinking	34 programs with multiple activities provided parent and community education/information across the region this quarter. Seven different social norming campaigns were conducted and 1 FAN forum held. 2 TIP trainings were held and 5 alcohol compliance checks were conducted. 24 evidence based programs are in use with over 100+ groups using those EBPs.
Reduce Marijuana Use	24 evidence based programs are in use with multiple groups/activities occurring using those EBPs. 14 Peer Assisted Leadership groups focus on marijuana misuse also as well as 4 student assistance programs conducting over 55+ activities during this quarter. 112 programs address AOD issues (most are Nurturing Parents groups/ activities. Six social norming campaigns across the entire region (all address AOD with inclusive focus on other drugs; anti-stigma).
Reduce prescription and over-the-counter drug abuse, including opiates	14 programs with multiple activities provide education/information on opioid misuse; prescription drug awareness, etc. 18 programs with multiple groups/activities provide recovery support/education in this quarter. Chances Are and facebook podcasts are two examples of social media campaigns conducted during this period.
Reduce youth access to tobacco	14 programs with multiple activities provide education/information on tobacco and OEND misuse conducted for parents and community members. 20 programs with multiple activities provided to youth across the entire region during this period. 51 vendor education sessions were completed this quarter as well as 6 non-formal SYNAR checks conducted.
Reduce Substance Use in Older Adults	11 programs focus on increasing awareness and providing education on opioid misuse and the intersection of alcohol misuse with prescription drug misuse. One drug disposal event conducted this quarter (14 last quarter – this is often tied to federal/national drug take back days held twice annually).

TREATMENT GOALS	RESULTS & PROGRESS
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Increase women's specialty service programs	DOT Caring Centers has been added as the most recent designated Women's Specialty provider. Women's Specialty Task Team (regional workgroup) met in March. MSHN is working on a new Women's Specialty brochure to be used with clients, as well as a new page for Women's Specialty services on the MSHN website.
Increase array of medication assisted treatment programs	North Kent Guidance is proposing offering Medication for Opioid Use Disorder (MOUD) services at their Greenville location. All other MOUD/MAT providers remain stable at this time in Region 5.
Expand Stimulant Use Disorder Treatment	MSHN continues to support providers wishing to expand treatment for stimulant use disorders. MDHHS has offered a Contingency Management Training to support providers with this area. MSHN is working with its SUD provider network to identify interested providers for participation.
Expand Jail Based Services	Jail-based services are opening back up in many counties in region 5 including; Midland, Clare, Isabella and Shiawassee. Arbor Circle continues to work with the Newaygo County Jail to begin a MOUD Jail-based program there. Although services for treatment are becoming again available, MOUD is not always an option in the jails due to the cost for the medication having to come out of the jail budget. For those who are eligible for Medicaid/Health Michigan, their insurance coverage lapses while incarcerated. Another barrier that we face are the concerns that jails have surrounding diversion of suboxone or methadone and therefore many of the jails are not supportive of those medications. MSHN continues to explore options with the jails within our region to hopefully establish new opportunities to open jail-based MOUD, MAT and/or other services within the jails.
Expand Trauma Informed Care	MSHN offered a virtual Seeking Safety training with author, Lisa Najavits March 8-9. It was very well attended by 165 newly trained provider staff who will now be able to offer Seeking Safety as an evidence-based practice option for those suffering with trauma. Each attendee who successfully completed the training also received the Seeking Safety Manual to support their implementation of the EBP in practice.
Expand penetration rates for adolescents, older adults, and veterans/military families.	PPPS has expressed interest in obtaining an ASAM designation for 0.5 and 1.0 for adolescents to support this population in Saginaw County. The MSHN Treatment Team is working with PPPS to support this item. Anticipate implementation in Q3.

FY 22 Quarter 2					
	COP	% COP	Continuing Treatment Transfer	%Continuing Treatment Transfer	Total Discharges
Outpatient	1585	22.2%	2014	28.2%	7146
Withdrawal Management (Detox)	148	34.4%	128	29.8%	430
Residential	410	29.2%	454	32.3%	1405

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

County:

Arenac

TREATMENT SERVICE	# of People Served
Outpatient:	Admissions: 9 Served: 32
Residential:	Admissions: 7 Served: 8
Withdrawal Management:	Admissions: 6 Served: 6
Medication Assisted Treatment:	Admissions: 7 Served: 8
Women's Specialty Services:	Admissions: 1 Served: 1

Count of intervention/Prevention programs/activities during the period	Total Attendees	# of Activities
Reduce underage drinking:	936	99
Reduce prescription and over-the-counter drug abuse, including opiates:		
Reduce youth access to tobacco:		

Synar	Planning-Results:
	Vendor Education and non-formal SYNAR conducted this quarter

County:

Bay

TREATMENT SERVICE	# of People Served
Outpatient:	Admissions: 113 Served: 483
Residential:	Admissions: 43 Served: 57
Withdrawal Management:	Admissions: 59 Served: 68
Medication Assisted Treatment:	Admissions: 55 Served: 137
Women's Specialty Services:	Admissions: 26 Served: 26

Count of intervention/Prevention programs/activities during the period	Total Attendees	# of Activities
Reduce underage drinking:	8,066	899
Reduce prescription and over-the-counter drug abuse, including opiates:		
Reduce youth access to tobacco:		

Synar	Planning-Results:
	Vendor Education and non-formal SYNAR conducted this quarter

County:

Clare

TREATMENT SERVICE	# of People Served
Outpatient:	Admissions: 41 Served: 143
Residential:	Admissions: 28 Served: 32
Withdrawal Management:	Admissions: 9 Served: 9
Medication Assisted Treatment:	Admissions: 10 Served: 32
Women's Specialty Services:	Admissions: 5 Served: 6

Count of intervention/Prevention programs/activities during the period	Total Attendees	# of Activities
Reduce underage drinking:	500	87
Reduce prescription and over-the-counter drug abuse, including opiates:		
Reduce youth access to tobacco:		

Synar	Planning-Results:
	Vendor Education and non-formal SYNAR conducted this quarter

County:

Clinton

TREATMENT SERVICE	# of People Served
Outpatient:	Admissions: 43 Served: 139
Residential:	Admissions: 24 Served: 29
Withdrawal Management:	Admissions: 20 Served: 22
Medication Assisted Treatment:	Admissions: 16 Served: 52
Women's Specialty Services:	Admissions: 4 Served: 6

Count of intervention/Prevention programs/activities during the period	Total Attendees	# of Activities
Reduce underage drinking:	650	58
Reduce prescription and over-the-counter drug abuse, including opiates:		
Reduce youth access to tobacco:		

Synar	Planning-Results:
	Vendor Education and non-formal SYNAR conducted this quarter

County:

Eaton

TREATMENT SERVICE	# of People Served
Outpatient:	Admissions: 106 Served: 306
Residential:	Admissions: 32 Served: 44
Withdrawal Management:	Admissions: 24 Served: 29
Medication Assisted Treatment:	Admissions: 27 Served: 94
Women's Specialty Services:	Admissions: 10 Served: 17

Count of intervention/Prevention programs/activities during the period	Total Attendees	# of Activities
Reduce underage drinking:	1,342	192
Reduce prescription and over-the-counter drug abuse, including opiates:		
Reduce youth access to tobacco:		

Synar	Planning-Results:
	Vendor Education and non-formal SYNAR conducted this quarter

County:

Gladwin

TREATMENT SERVICE	# of People Served
Outpatient:	Admissions: 20 Served: 82
Residential:	Admissions: 15 Served: 20
Withdrawal Management:	Admissions: 4 Served: 4
Medication Assisted Treatment:	Admissions: 7 Served: 17
Women's Specialty Services:	Admissions: 2 Served: 4

Count of intervention/Prevention programs/activities during the period	Total Attendees	# of Activities
Reduce underage drinking:	16	16
Reduce prescription and over-the-counter drug abuse, including opiates:		
Reduce youth access to tobacco:		

Synar	Planning-Results:
	Vendor Education and non-formal SYNAR conducted this quarter

County:

Gratiot

TREATMENT SERVICE	# of People Served
Outpatient:	Admissions: 31 Served: 125
Residential:	Admissions: 8 Served: 12
Withdrawal Management:	Admissions: 7 Served: 8
Medication Assisted Treatment:	Admissions: 10 Served: 48
Women's Specialty Services:	Admissions: 4 Served: 7

Count of intervention/Prevention programs/activities during the period	Total Attendees	# of Activities
Reduce underage drinking:	1,477	258
Reduce prescription and over-the-counter drug abuse, including opiates:		
Reduce youth access to tobacco:		

Synar	Planning-Results:
	Vendor Education and non-formal SYNAR conducted this quarter

County:

Hillsdale

TREATMENT SERVICE	# of People Served
Outpatient:	Admissions: 38 Served: 91
Residential:	Admissions: 23 Served: 32
Withdrawal Management:	Admissions: 1 Served: 3
Medication Assisted Treatment:	Admissions: 3 Served: 16
Women's Specialty Services:	Admissions: 5 Served: 9

Count of intervention/Prevention programs/activities during the period	Total Attendees	# of Activities
Reduce underage drinking:	1,265	158
Reduce prescription and over-the-counter drug abuse, including opiates:		
Reduce youth access to tobacco:		

Synar	Planning-Results:
	Vendor Education and non-formal SYNAR conducted this quarter

County:

Huron

TREATMENT SERVICE	# of People Served
Outpatient:	Admissions: 24 Served: 79
Residential:	Admissions: 2 Served: 2
Withdrawal Management:	Admissions: 5 Served: 6
Medication Assisted Treatment:	Admissions: 12 Served: 12
Women's Specialty Services:	Admissions: 0 Served: 6

Count of intervention/Prevention programs/activities during the period	Total Attendees	# of Activities
Reduce underage drinking:	2,749	233
Reduce prescription and over-the-counter drug abuse, including opiates:		
Reduce youth access to tobacco:		

Synar	Planning-Results:
	Vendor Education and non-formal SYNAR conducted this quarter

County:

Ingham

TREATMENT SERVICE	# of People Served
Outpatient:	Admissions: 507 Served: 1617
Residential:	Admissions: 141 Served: 181
Withdrawal Management:	Admissions: 107 Served: 118
Medication Assisted Treatment:	Admissions: 172 Served: 481
Women's Specialty Services:	Admissions: 28 Served: 32

Count of intervention/Prevention programs/activities during the period	Total Attendees	# of Activities
Reduce underage drinking:	2,730	480
Reduce prescription and over-the-counter drug abuse, including opiates:		
Reduce youth access to tobacco:		

Synar	Planning-Results:
	Vendor Education and non-formal SYNAR conducted this quarter

County:

Ionia

TREATMENT SERVICE	# of People Served
Outpatient:	Admissions: 38 Served: 142
Residential:	Admissions: 16 Served: 25
Withdrawal Management:	Admissions: 8 Served: 8
Medication Assisted Treatment:	Admissions: 22 Served: 25
Women's Specialty Services:	Admissions: 10 Served: 21

Count of intervention/Prevention programs/activities during the period	Total Attendees	# of Activities
Reduce underage drinking:	567	85
Reduce prescription and over-the-counter drug abuse, including opiates:		
Reduce youth access to tobacco:		

Synar	Planning-Results:
	Vendor Education and non-formal SYNAR conducted this quarter

County:

Isabella

TREATMENT SERVICE	# of People Served
Outpatient:	Admissions: 45 Served: 284
Residential:	Admissions: 21 Served: 23
Withdrawal Management:	Admissions: 12 Served: 12
Medication Assisted Treatment:	Admissions: 12 Served: 125
Women's Specialty Services:	Admissions: 6 Served: 18

Count of intervention/Prevention programs/activities during the period	Total Attendees	# of Activities
Reduce underage drinking:	1790	191
Reduce prescription and over-the-counter drug abuse, including opiates:		
Reduce youth access to tobacco:		

Synar	Planning-Results:
	Vendor Education and non-formal SYNAR conducted this quarter

County:

Jackson

TREATMENT SERVICE	# of People Served
Outpatient:	Admissions: 167 Served: 681
Residential:	Admissions: 104 Served: 134
Withdrawal Management:	Admissions: 35 Served: 40
Medication Assisted Treatment:	Admissions: 57 Served: 288
Women's Specialty Services:	Admissions: 38 Served: 62

Count of intervention/Prevention programs/activities during the period	Total Attendees	# of Activities
Reduce underage drinking:	11,707	1209
Reduce prescription and over-the-counter drug abuse, including opiates:		
Reduce youth access to tobacco:		

Synar	Planning-Results:
	Vendor Education and non-formal SYNAR conducted this quarter

County:

Mecosta

TREATMENT SERVICE	# of People Served
Outpatient:	Admissions: 41 Served: 130
Residential:	Admissions: 15 Served: 22
Withdrawal Management:	Admissions: 3 Served: 5
Medication Assisted Treatment:	Admissions: 6 Served: 27
Women's Specialty Services:	Admissions: 8 Served: 12

Count of intervention/Prevention programs/activities during the period	Total Attendees	# of Activities
Reduce underage drinking:	1,497	137
Reduce prescription and over-the-counter drug abuse, including opiates:		
Reduce youth access to tobacco:		

Synar	Planning-Results:
	Vendor Education and non-formal SYNAR conducted this quarter

County:

Midland

TREATMENT SERVICE	# of People Served
Outpatient:	Admissions: 72 Served: 233
Residential:	Admissions: 33 Served: 42
Withdrawal Management:	Admissions: 13 Served: 19
Medication Assisted Treatment:	Admissions: 36 Served: 39
Women's Specialty Services:	Admissions: 8 Served: 20

Count of intervention/Prevention programs/activities during the period	Total Attendees	# of Activities
Reduce underage drinking:	6,293	446
Reduce prescription and over-the-counter drug abuse, including opiates:		
Reduce youth access to tobacco:		

Synar	Planning-Results:
	Vendor Education and non-formal SYNAR conducted this quarter

County:

Montcalm

TREATMENT SERVICE	# of People Served
Outpatient:	Admissions: 50 Served: 229
Residential:	Admissions: 27 Served: 38
Withdrawal Management:	Admissions: 16 Served: 19
Medication Assisted Treatment:	Admissions: 24 Served: 51
Women's Specialty Services:	Admissions: 12 Served: 19

Count of intervention/Prevention programs/activities during the period	Total Attendees	# of Activities
Reduce underage drinking:	2,159	153
Reduce prescription and over-the-counter drug abuse, including opiates:		
Reduce youth access to tobacco:		

Synar	Planning-Results:
	Vendor Education and non-formal SYNAR conducted this quarter

County:

Newaygo

TREATMENT SERVICE	# of People Served
Outpatient:	Admissions: 19 Served: 124
Residential:	Admissions: 13 Served: 22
Withdrawal Management:	Admissions: 10 Served: 11
Medication Assisted Treatment:	Admissions: 7 Served: 38
Women's Specialty Services:	Admissions: 8 Served: 14

Count of intervention/Prevention programs/activities during the period	Total Attendees	# of Activities
Reduce underage drinking:	2,533	205
Reduce prescription and over-the-counter drug abuse, including opiates:		
Reduce youth access to tobacco:		

Synar	Planning-Results:
	Vendor Education and non-formal SYNAR conducted this quarter

County:

Osceola

TREATMENT SERVICE	# of People Served
Outpatient:	Admissions: 22 Served: 83
Residential:	Admissions: 6 Served: 12
Withdrawal Management:	Admissions: 5 Served: 8
Medication Assisted Treatment:	Admissions: 3 Served: 17
Women's Specialty Services:	Admissions: 2 Served: 5

Count of intervention/Prevention programs/activities during the period	Total Attendees	# of Activities
Reduce underage drinking:	624	87
Reduce prescription and over-the-counter drug abuse, including opiates:		
Reduce youth access to tobacco:		

Synar	Planning-Results:
	Vendor Education and non-formal SYNAR conducted this quarter

County:

Saginaw

TREATMENT SERVICE	# of People Served
Outpatient:	Admissions: 260 Served: 912
Residential:	Admissions: 68 Served: 92
Withdrawal Management:	Admissions: 83 Served: 94
Medication Assisted Treatment:	Admissions: 91 Served: 243
Women's Specialty Services:	Admissions: 20 Served: 111

Count of intervention/Prevention programs/activities during the period	Total Attendees	# of Activities
Reduce underage drinking:	4,690	624
Reduce prescription and over-the-counter drug abuse, including opiates:		
Reduce youth access to tobacco:		

Synar	Planning-Results:
	Vendor Education and non-formal SYNAR conducted this quarter

County:

Shiawassee

TREATMENT SERVICE	# of People Served
Outpatient:	Admissions: 94 Served: 303
Residential:	Admissions: 26 Served: 32
Withdrawal Management:	Admissions: 10 Served: 15
Medication Assisted Treatment:	Admissions: 26 Served: 40
Women's Specialty Services:	Admissions: 10 Served: 14

Count of intervention/Prevention programs/activities during the period	Total Attendees	# of Activities
Reduce underage drinking:	4,534	950
Reduce prescription and over-the-counter drug abuse, including opiates:		
Reduce youth access to tobacco:		

Synar	Planning-Results:
	Vendor Education and non-formal SYNAR conducted this quarter

County:

Tuscola

TREATMENT SERVICE	# of People Served
Outpatient:	Admissions: 35 Served: 191
Residential:	Admissions: 5 Served: 7
Withdrawal Management:	Admissions: 12 Served: 14
Medication Assisted Treatment:	Admissions: 13 Served: 26
Women's Specialty Services:	Admissions: 4 Served: 28

Count of intervention/Prevention programs/activities during the period	Total Attendees	# of Activities
Reduce underage drinking:	3,460	368
Reduce prescription and over-the-counter drug abuse, including opiates:		
Reduce youth access to tobacco:		

Synar	Planning-Results:
	Vendor Education and non-formal SYNAR conducted this quarter