

# Southwest Michigan

## BEHAVIORAL HEALTH

### Substance Use Disorder Oversight Policy Board (SUDOPB) Meeting

Please join the meeting from your computer, tablet or smartphone.

<https://global.gotomeeting.com/join/250012069>

and join the conference call:

1-844-655-0022

Access Code: 738-811-844

**Monday, January 18, 2021**

4:00-5:30

1. **Welcome and Introductions (Randall Hazelbaker)**
2. **Public Comment**
3. **Agenda Review and Adoption (Randall Hazelbaker) (d) pg.1**
4. **Financial Interest Disclosure and Conflict of Interest Handling**
5. **Consent Agenda (Randall Hazelbaker)**
  - November 16, 2020 Meeting Minutes (d) pg. 2
6. **Board Education**
  - a) Fiscal Year 2020 YTD Financials – (G. Guidry) (d) pg. 6
  - b) Fiscal Year 2020 YTD PA2 Utilization – (G. Guidry) (d) pg. 8
  - c) 2020 SWMBH Admission Data (J. Smith) (d) pg. 9
  - d) 2020 SWMBH Prevention Outcomes (A. Malta) (d) pg. 23
  - e) 2020 Naloxone Reporting (A. Malta) (d) pg. 25
7. **Board Actions to be Considered (Randall Hazelbaker)**
  - a) PA2 Budget Amendment Requests (d) pg. 26
    - i. Woodlands Behavioral Health/Cass County (d) pg. 31
    - ii. Barry CMHA/Barry County (d) pg. 34
    - iii. Prevention Works/Kalamazoo County (d) pg. 38
  - b) 2021 SUDOPB Election of Officers (Randall Hazelbaker)
8. **Communication and Counsel**
  - a) Legislative and Policy Updates (B. Casemore) (d) pg. 43
  - b) Intergovernmental Contract (B. Casemore)
  - c) Regional Strategic Planning (B. Casemore)
  - d) State/Regional Reports – Grant Updates (J. Smith)

### 9. **Adjourn**

The meeting will be held in compliance with the Open Meetings Act, 1976 PA 267, MCL 15.261 to 15.275

# Southwest Michigan

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## BEHAVIORAL HEALTH

### Substance Use Disorder Oversight Policy Board (SUDOPB) Meeting Minutes

November 16, 2020

4:00 – 5:30 pm

Draft: 11/19/20

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**Members Present:** Randall Hazelbaker (Branch County); Richard Godfrey (Van Buren County); Michael Majerek (Berrien County); Gary Tompkins (Calhoun County); Allen Balog (St. Joseph County); Don Meeks, (Berrien County); Paul Schincariol (Van Buren County); Ben Geiger (Barry County); Kathy-Sue Vette (Calhoun County)

**Members Absent:** Daniel Doehrman (Kalamazoo County); Lisa White (Kalamazoo County); Skip Dyes (Cass County); Tara Smith (Cass County);

**Staff and Guests Present:**

Brad Casemore, Executive Officer, SWMBH; Joel Smith, Substance Use Treatment and Prevention Director, SWMBH; Mila Todd, Chief Compliance Officer, SWMBH; Michelle Jacobs, Senior Operations Specialist and Rights Advisor, SWMBH; Garyl Guidry, Senior Financial Analyst, SWMBH; Achilles Malta, Regional Coordinator for SUD Prevention Services, SWMBH; Anastasia Miliadi, SUD Treatment Specialist, SWMBH; Justin Rolin, Gambling Disorder Prevention Specialist, SWMBH; Emily Flory, Opioid Health Homes Coordinator, SWMBH; Megan Banning

**Welcome and Introductions**

Randall Hazelbaker called the meeting to order at 4:05 pm and read a brief statement regarding remote participation in today's meeting. Introductions were made.

**Public Comment**

None

**Agenda Review and Adoption**

Motion	Richard Godfrey moved to approve the agenda.
Second	Paul Schincariol
Roll Call Vote	
Randall Hazelbaker	yes
Richard Godfrey	yes
Gary Tompkins	yes
Kathy-Sue Vette	yes
Ben Geiger	yes
Allen Balog	yes
Michael Majerek	yes

Don Meeks	yes
Paul Schincariol	yes
Motion carried	

## Financial Interest Disclosure Handling

None

## Consent Agenda

Motion	Ben Geiger moved to accept the September 14, 2020 meeting minutes with one revision of changing Dunn to Vette.
Second	Gary Thompkins
Roll Call Vote	
Randall Hazelbaker	yes
Richard Godfrey	yes
Gary Tompkins	yes
Kathy-Sue Vette	yes
Ben Geiger	yes
Allen Balog	yes
Michael Majerek	yes
Don Meeks	yes
Paul Schincariol	yes
Motion carried	

## Board Actions to be Considered

### Open Meetings Act and PA 228 of 2020

Brad Casemore reported as documented. Discussion followed

Motion	Richard Godfrey moved "After consideration the Board has determined that the SWMBH Board room cannot adhere to the October 29, 2020 MDHHS COVID-19 Executive Orders. Therefore, so long as those Orders remain in effect the Substance Use Disorder Oversight Policy Board shall maintain remote Board Meetings. Management is instructed to follow subsequent MDHHS or other related Executive Orders or Court opinions and advise the Board accordingly."
Second	Ben Geiger
Roll Call Vote	
Randall Hazelbaker	yes
Richard Godfrey	yes
Gary Tompkins	yes
Kathy-Sue Vette	yes
Ben Geiger	yes
Allen Balog	yes
Michael Majerek	yes
Don Meeks	yes

Paul Schincariol      yes  
Motion carried

### **2021 SUDOPB Calendar**

Randall Hazelbaker reported as documented.

Motion	Allen Balog moved to approve the 2021 SUDOPB Calendar of meetings as presented.
Second	Paul Schincariol
Roll Call Vote	
Randall Hazelbaker	yes
Richard Godfrey	yes
Gary Tompkins	yes
Kathy-Sue Vette	yes
Ben Geiger	yes
Allen Balog	yes
Michael Majerek	yes
Don Meeks	yes
Paul Schincariol	yes
Motion carried	

### **Board Education**

#### **Fiscal Year 19/20 YTD Financials**

Garyl Guidry reported as documented, highlighting numbers for Medicaid, Healthy Michigan, MI Child, Block Grant, and PA2.

#### **PA2 Utilization FY20 YTD**

Garyl Guidry reported as documented.

#### **Fiscal Year 2021 SUD Block Grant Update**

Joel Smith reported as documented and stated a December meeting may be called to discuss PA2 usage for Block Grant expenses.

#### **Fiscal Year 21 Grant Update – State Opioid Response No Cost Extension Proposal**

Joel Smith reported as documented.

#### **Licensing and Regulatory Affairs (LARA)**

Joel Smith reported as documented.

#### **PA2 Reports**

Anastasia Miliadi reported as documented. Discussion followed. Both Calhoun and Van Buren Counties requested detailed reports of which measures were not met for their respective counties.

#### **January 2021 Board Elections**

Randall Hazelbaker reminded the Board that Elections for Chair and Vice Chair will be held at the January 2021 SUDOPB meeting.

## **Communication and Counsel**

### **Legislative Updates**

Brad Casemore shared the following updates:

- 5th Annual SWMBH Legislative Event took place on October 16<sup>th</sup> and was successful
- MDHHS Behavioral Health Pillars Feedback-SWMBH responded to proposed pillars
- SWMBH received letter from Sarah Esty announcing the tabling of future behavioral health transformations
- 2020 Lame Duck session bills

### **State Award**

Brad Casemore acknowledged the recent award presented to Achilles Malta and signed by Governor Gretchen Whitmer, Lt. Governor Garlin Gilchrist II and State Senator, John Bizon, MD. The special tribute recognizes Achilles Malta's commitment in working with Summit Pointe and Substance Abuse Prevention Services to improve the lives of persons served.

### **Intergovernmental Contract**

Brad Casemore stated that the current Intergovernmental Contract relating to PA2 funding expires on 12/31/20. SWMBH still needs signed contracts from Cass, Kalamazoo and St. Joseph counties.

## **2020 SWMBH Successes and Accomplishments**

### **Miscellaneous**

Allen Balog announced that as of December 31, 2020 he will no longer be a St. Joseph County Commissioner. Both Brad Casemore and Joel Smith thanked Allen Balog for his years of service the SUDOP Board.

### **Adjourn**

Randall Hazelbaker asked for a motion to adjourn the meeting at 5:05pm

Motion Don Meeks moved to adjourn

Second Gary Tompkins

Unanimous voice vote

Motioned carried

	A	D	E	F	G	H	I	J	K
1	<b>Substance Use Disorders Revenue &amp; Expense Analysis Fiscal Year 2020</b>								
2	<b>For the Fiscal YTD Period Ended 11/30/2020</b>								
3									
4		<b>MEDICAID</b>				<b>Healthy MI</b>			
5		<b>Budgeted</b>	<b>Actual</b>	<b>YTD</b>	<b>Fav</b>	<b>Budgeted</b>	<b>Actual</b>	<b>YTD</b>	<b>Fav</b>
6		<b>YTD Revenue</b>	<b>YTD Revenue</b>	<b>Expense</b>	<b>(Unfav)</b>	<b>YTD Revenue</b>	<b>YTD Revenue</b>	<b>Expense</b>	<b>(Unfav)</b>
7	Barry	61,916	30,958	13,643	17,315	37,161	69,718	18,581	51,137
8	Berrien	242,309	121,154	58,087	63,067	222,362	284,312	111,181	173,131
9	Branch	64,677	32,339	10,409	21,929	33,362	67,471	16,681	50,790
10	Calhoun	258,857	129,429	82,280	47,148	351,748	260,002	175,874	84,129
11	Cass	73,983	36,992	16,072	20,919	184,757	83,095	92,378	(9,283)
12	Kazoo	334,275	167,138	48,948	118,190	190,780	404,694	95,390	309,304
13	St. Joe	94,037	47,019	31,247	15,772	115,734	108,038	57,867	50,171
14	Van Buren	126,729	63,365	33,016	30,348	85,046	135,434	42,523	92,910
15	DRM	469,555	486,151	518,926	(32,775)	945,867	1,000,412	1,012,121	(11,708)
16	Admin/Access	0	0	0	0	0	0	0	0
17	<b>Grand Total</b>	<b>1,726,339</b>	<b>1,114,542</b>	<b>812,628</b>	<b>301,914</b>	<b>2,166,817</b>	<b>2,413,177</b>	<b>1,622,596</b>	<b>790,581</b>
18									
19		<b>BLOCK GRANT</b>				<b>BLOCK GRANT BY COUNTY</b>			
20	<b>EGRAMS</b>	<b>Budgeted</b>	<b>Actual</b>	<b>YTD</b>	<b>Fav</b>	<b>Budgeted</b>	<b>Actual</b>	<b>YTD</b>	<b>Fav</b>
21	<b>SUD Block Grant</b>	<b>YTD Revenue</b>	<b>YTD Revenue</b>	<b>Expense</b>	<b>(Unfav)</b>	<b>YTD Revenue</b>	<b>YTD Revenue</b>	<b>Expense</b>	<b>(Unfav)</b>
22	Community Grant	3,283,604	435,648	435,648	0	Barry	8,314	8,314	0
23	WSS	250,000	12,575	12,575	0	Berrien	53,461	53,461	0
24	Prevention	1,204,535	154,827	154,827	0	Branch	11,394	11,394	0
25	Admin/Access	80,000	21,010	21,010	0	Calhoun	61,828	61,828	0
26	Partnership for Success*	126,000	0	0	0	Cass	18,242	18,242	0
27	Gambling Prevention*	188,684	12,997	12,997	0	Kazoo	103,226	103,226	0
28	State's Opioid Response NCE	1,305,000	64,508	64,508	0	St. Joe	35,321	35,321	0
29	State's Opioid Response 2	1,899,739	19,014	19,014	0	Van Buren	19,451	19,451	0
30	State Disability Assistance	128,219	10,584	10,584	0	DRM	291,812	291,812	0
31						Admin/Access	21,010	21,010	0
32	<b>Mental Health Block Grant</b>								
33	Transitional Navigators	298,880	7,675	7,675	0				
34	Clubhouse Engagement*	100,000	0	0	0				
35	Veterans Navigator*	100,000	14,001	14,001	0				
36	Crisis Transportation	101,120	3,035	3,035	0				
37									
43	<b>Grand Total</b>	<b>9,065,781</b>	<b>755,874</b>	<b>755,874</b>	<b>0</b>		<b>624,061</b>	<b>624,061</b>	<b>0</b>
45		<b>PA2</b>				<b>PA2 Carryforward</b>			
46		<b>Budgeted</b>	<b>Actual</b>	<b>YTD</b>	<b>Fav</b>		<b>Current</b>	<b>Prior Year</b>	<b>Projected</b>
47		<b>YTD Revenue</b>	<b>YTD Revenue</b>	<b>Expense</b>	<b>(Unfav)</b>		<b>Utilization</b>	<b>Balance</b>	<b>Year End Balance</b>
48	Barry	13,150	13,150	0	13,150	Barry	13,150	515,148	528,297
49	Berrien	61,014	118,773	12,427	106,346	Berrien	106,346	503,772	610,118
50	Branch	10,882	10,882	0	10,882	Branch	10,882	364,424	375,306
51	Calhoun	11,496	11,496	36,131	(24,635)	Calhoun	(24,635)	357,654	333,019
52	Cass	56,573	56,573	0	56,573	Cass	56,573	385,399	441,972
53	Kazoo	112,973	112,973	26,341	86,633	Kazoo	86,633	1,784,112	1,870,744
54	St. Joe	16,935	16,935	5,280	11,655	St. Joe	11,655	267,606	279,261
55	Van Buren	24,977	24,977	0	24,977	Van Buren	24,977	290,493	315,470
56	<b>Grand Total</b>	<b>308,001</b>	<b>365,759</b>	<b>80,179</b>	<b>285,581</b>		<b>285,581</b>	<b>4,468,607</b>	<b>4,754,188</b>

	A	D	E	F	G	H	I	J	K
57	* Quarterly Financial Status Reporting								

Program	FY21 Approved	Utilization FY 21		YTD	
	Budget	Oct-Nov	PA2 Remaining	Utilization	
<b>Barry</b>	<b>54,500.00</b>	<b>-</b>	<b>54,500</b>	<b>0%</b>	
BCCMHA - Outpatient Services	54,500	-	54,500	0%	
<b>Berrien</b>	<b>383,033.60</b>	<b>12,427</b>	<b>370,607</b>	<b>3%</b>	
Abundant Life - Healthy Start	74,000	12,427	61,573	17%	
Berrien County - Drug Treatment Court	15,000	-	15,000	0%	
Berrien County - Trial courts	48,610	-	48,610	0%	
Berrien MHA - Riverwood Jail Based Assessment	18,058	-	18,058	0%	
CHC - Niles Family & Friends	5,739	-	5,739	0%	
CHC - Wellness Grp	9,328	-	9,328	0%	
CHC - Women's Recovery House	37,730	-	37,730	0%	
Sacred Heart - Juvenile and Detention Ctr	74,569	-	74,569	0%	
Berrien County Health Department - Prevention Ser	100,000	-	100,000	0%	
<b>Branch</b>	<b>36,430.00</b>	<b>-</b>	<b>36,430</b>	<b>0%</b>	
Pines BHS - Outpatient Treatment	34,430	-	34,430	0%	
Pines BHS - WSS	2,000	-	2,000	0%	
<b>Calhoun</b>	<b>393,699.17</b>	<b>56,952</b>	<b>336,748</b>	<b>14%</b>	
Calhoun County 10th Dist Drug Sobriety Court	124,929	27,502	97,426	22%	
Calhoun County 10th Dist Veteran's Court	6,450	-	6,450	0%	
Calhoun County 37th Circuit Drug Treatment Court	175,225	25,283	149,943	14%	
Haven of Rest	37,095	-	37,095	0%	
Michigan Rehabilitation Services - Calhoun	25,000	4,167	20,833	17%	
Summit Pointe - Juvenile Home	25,000	-	25,000	0%	
<b>Cass</b>	<b>82,500.00</b>	<b>-</b>	<b>82,500</b>	<b>0%</b>	
Woodlands - Meth Treatment and Drug Court Outp	82,500	-	82,500	0%	
<b>Kalamazoo</b>	<b>799,541.50</b>	<b>3,568</b>	<b>795,974</b>	<b>0%</b>	
8th District Probation Court	8,500	-	8,500	0%	
8th District Sobriety Court	26,500	-	26,500	0%	
8th District Young Adult Diversion Court	5,000	-	5,000	0%	
9th Circuit Drug Court	60,000	-	60,000	0%	
CHC - Adolescent Services	19,619	-	19,619	0%	
CHC - Bethany House	27,200	-	27,200	0%	
CHC - New Beginnings	77,627	-	77,627	0%	
CHC - Healing House	19,476	-	19,476	0%	
Gryphon Gatekeeper - Suicide Prevention	20,000	-	20,000	0%	
Gryphon Helpline/Crisis Response	36,000	-	36,000	0%	
Interact - IDDT	26,600	-	26,600	0%	
KCHCS Healthy Babies	87,000	-	87,000	0%	
ISK - EMH	56,400	-	56,400	0%	
ISK - FUSE	25,000	-	25,000	0%	
ISK - Mental Health Court	65,000	-	65,000	0%	
ISK - Oakland Drive Shelter	34,000	-	34,000	0%	
KPEP Social Detox	20,000	-	20,000	0%	
Michigan Rehabilitation Services - Kalamazoo	17,250	2,875	14,375	17%	
Prevention Works - Task Force	50,000	-	50,000	0%	
Recovery Institute - Recovery Coach	60,623	-	60,623	0%	
WMU - BHS SBIRT	51,747	-	51,747	0%	
WMU - BHS Text Messaging	6,000	693	5,307	12%	
<b>St. Joseph</b>	<b>83,040.00</b>	<b>5,280</b>	<b>77,760</b>	<b>6%</b>	
3B District - Sobriety Courts	2,200	-	2,200	0%	
3B District - Drug/Alcohol Testing	16,640	4,200	12,440	25%	
CHC - Hope House	21,000	-	21,000	0%	
CMH - Court Ordered Drug Testing	43,200	1,080	42,120	3%	
<b>Van Buren</b>	<b>134,359.10</b>	<b>-</b>	<b>134,359</b>	<b>0%</b>	
Van Buren CMHA	94,359	-	94,359	0%	
Van Buren County Drug Treatment Court	40,000	-	40,000	0%	
<b>Totals</b>	<b>1,967,103</b>	<b>78,227</b>	<b>1,888,877</b>	<b>4%</b>	



# Behavioral Health Treatment Episode Data Set Admission Data: Fiscal Year 2020

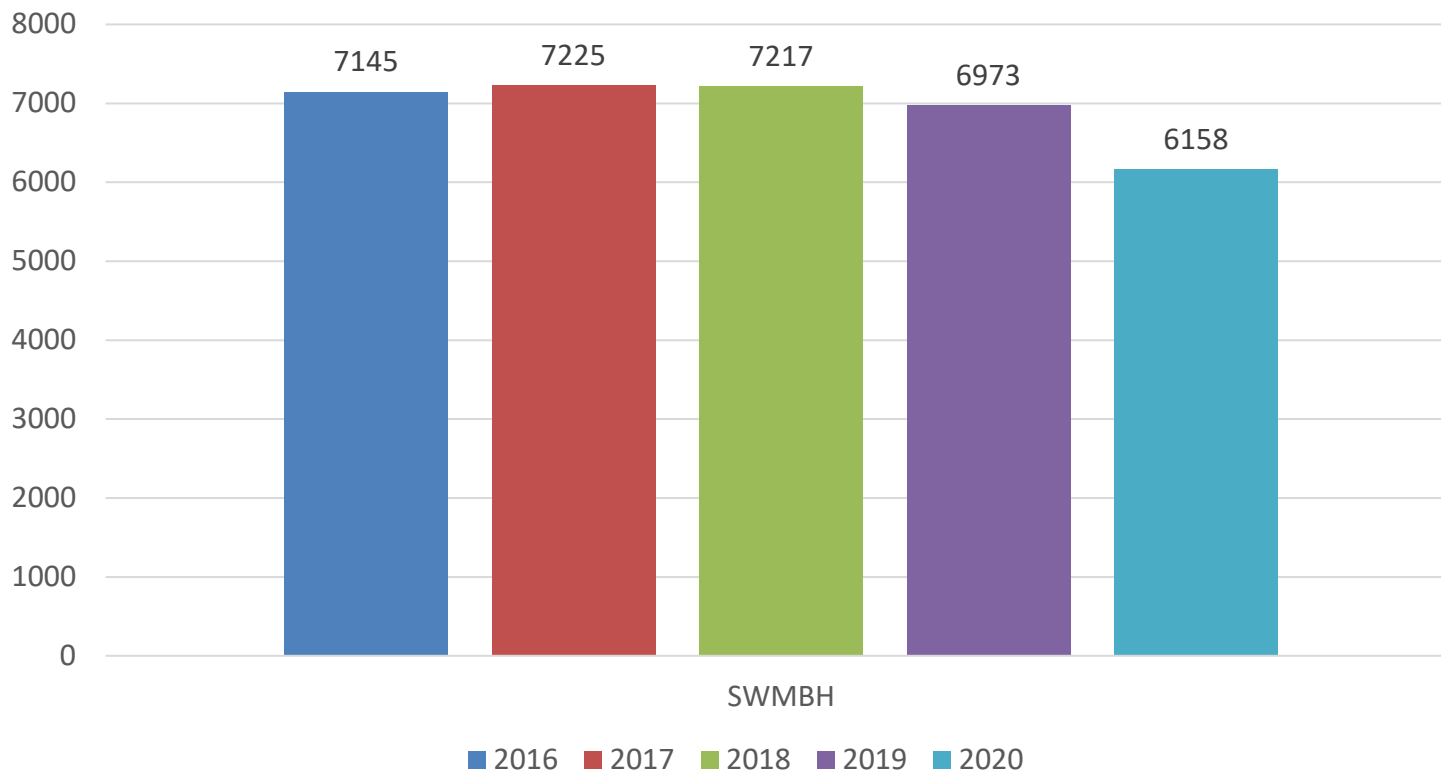
SWMBH Substance Use Disorder Oversight Policy Board,  
January 20, 2020



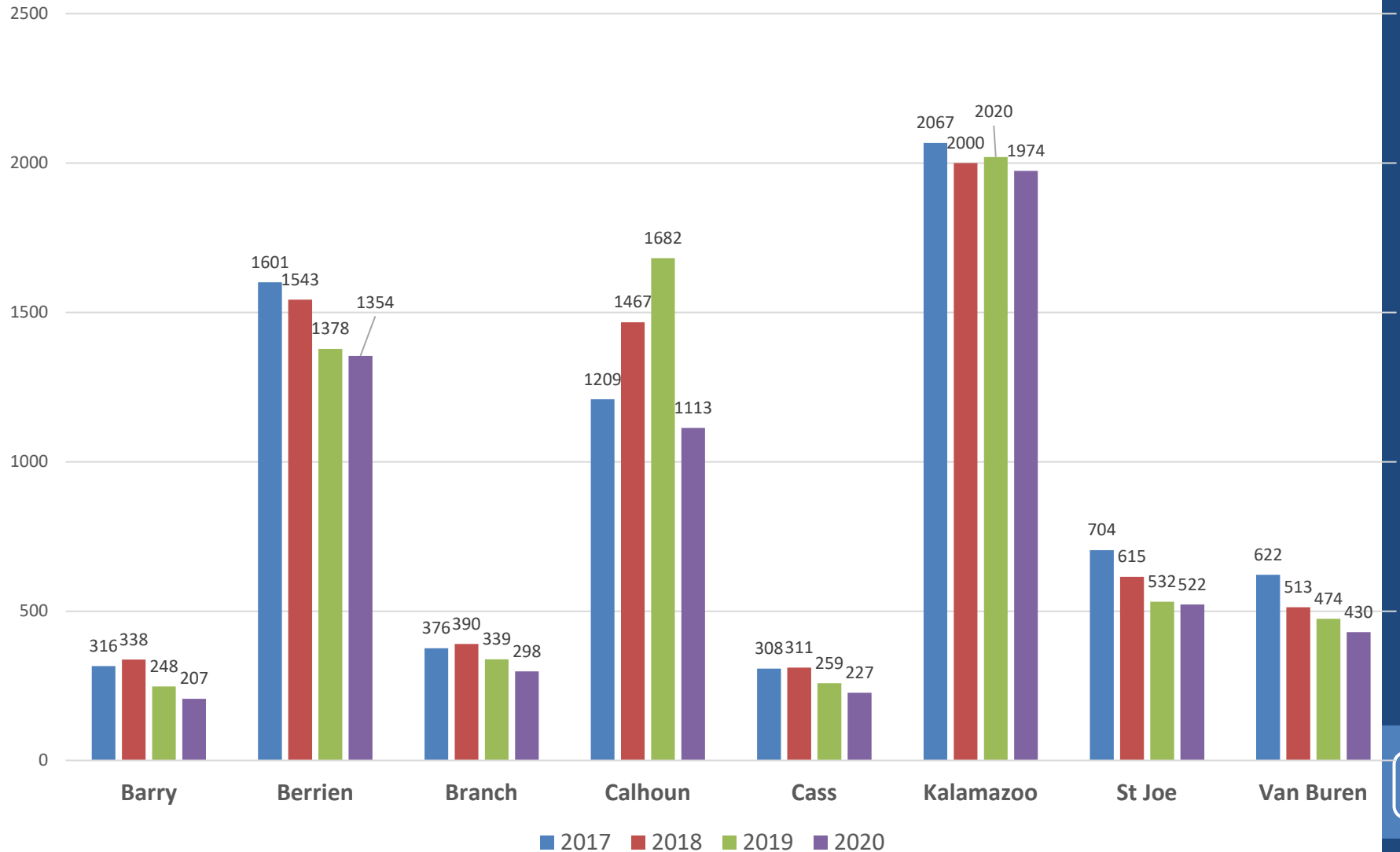
# Overview:

As required by the MDHHS contract, a Behavioral Health Treatment Episode Data Set (BH-TEDS) is completed for every admission to SUD treatment. In fiscal year (FY) 2020, the SWMBH region had **6,158** treatment admissions to service. This count includes all customers for all levels of care. For example, if a customer went to detoxification services first and then to outpatient services, they would be counted twice (two separate services).

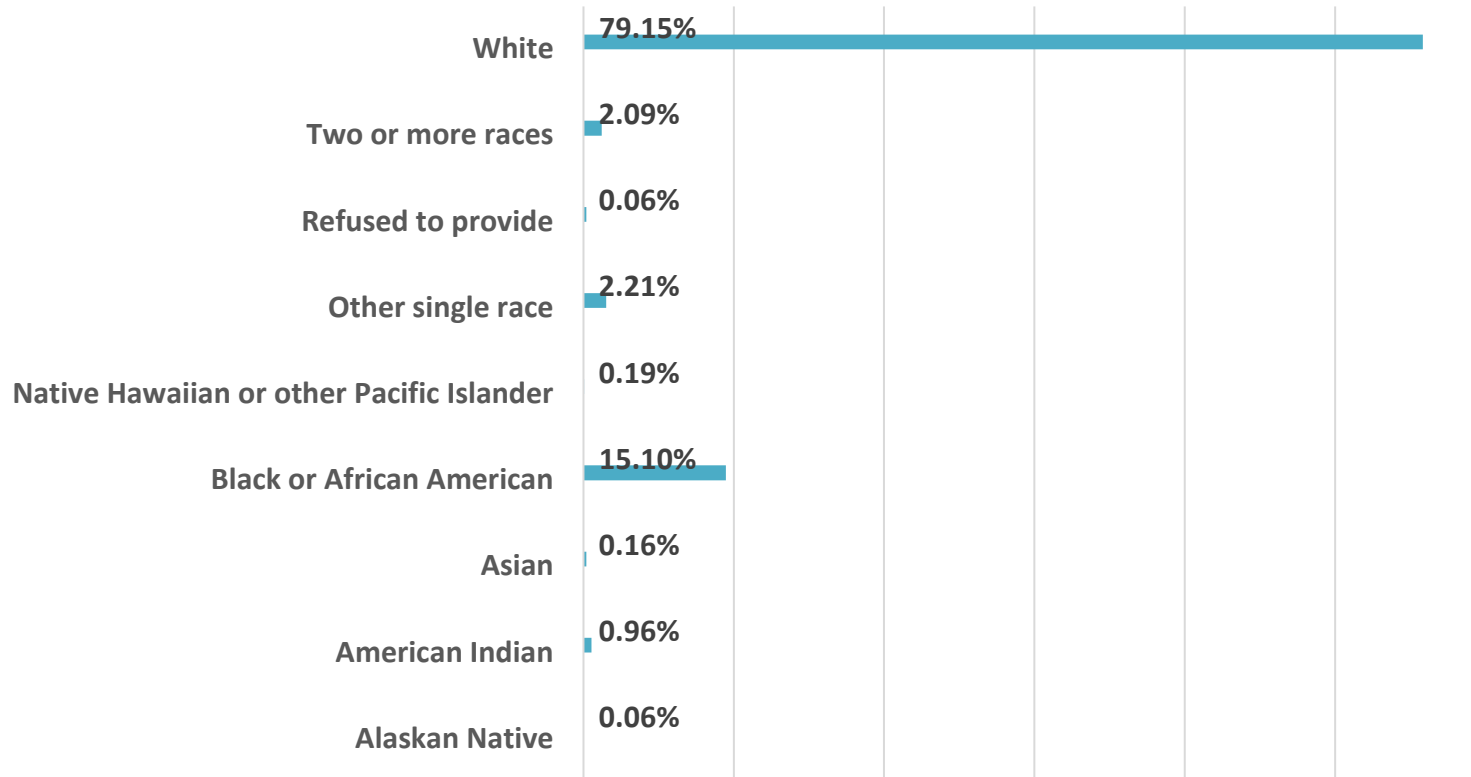
Total Treatment Admissions - SWMBH



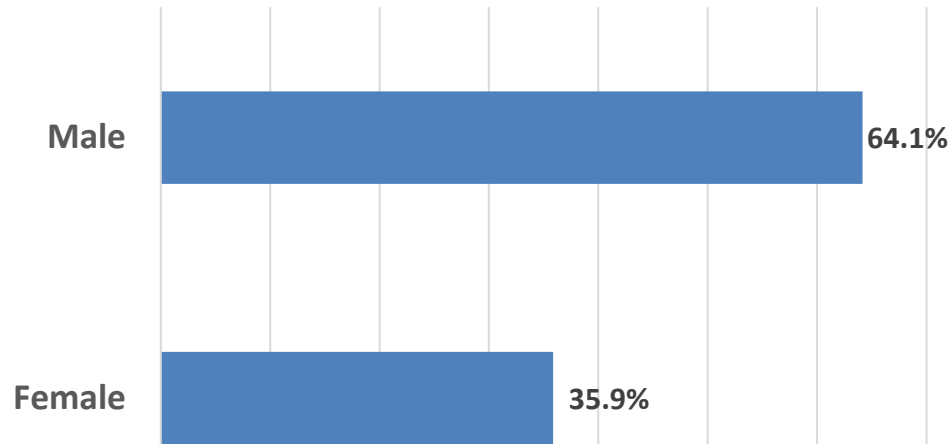
## Treatment Admissions by County



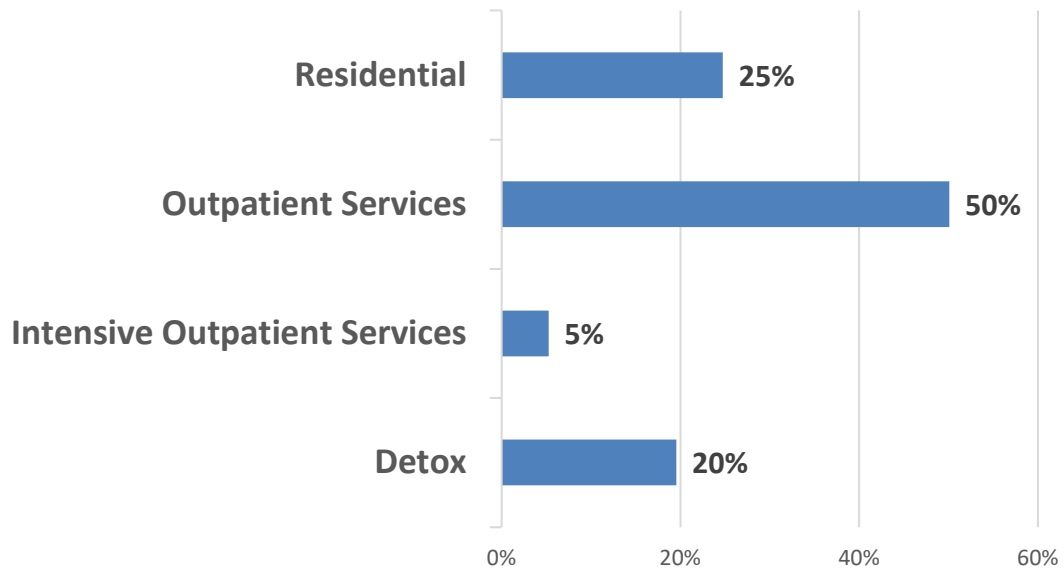
# SWMBH Region: Race



## SWMBH Region: Gender

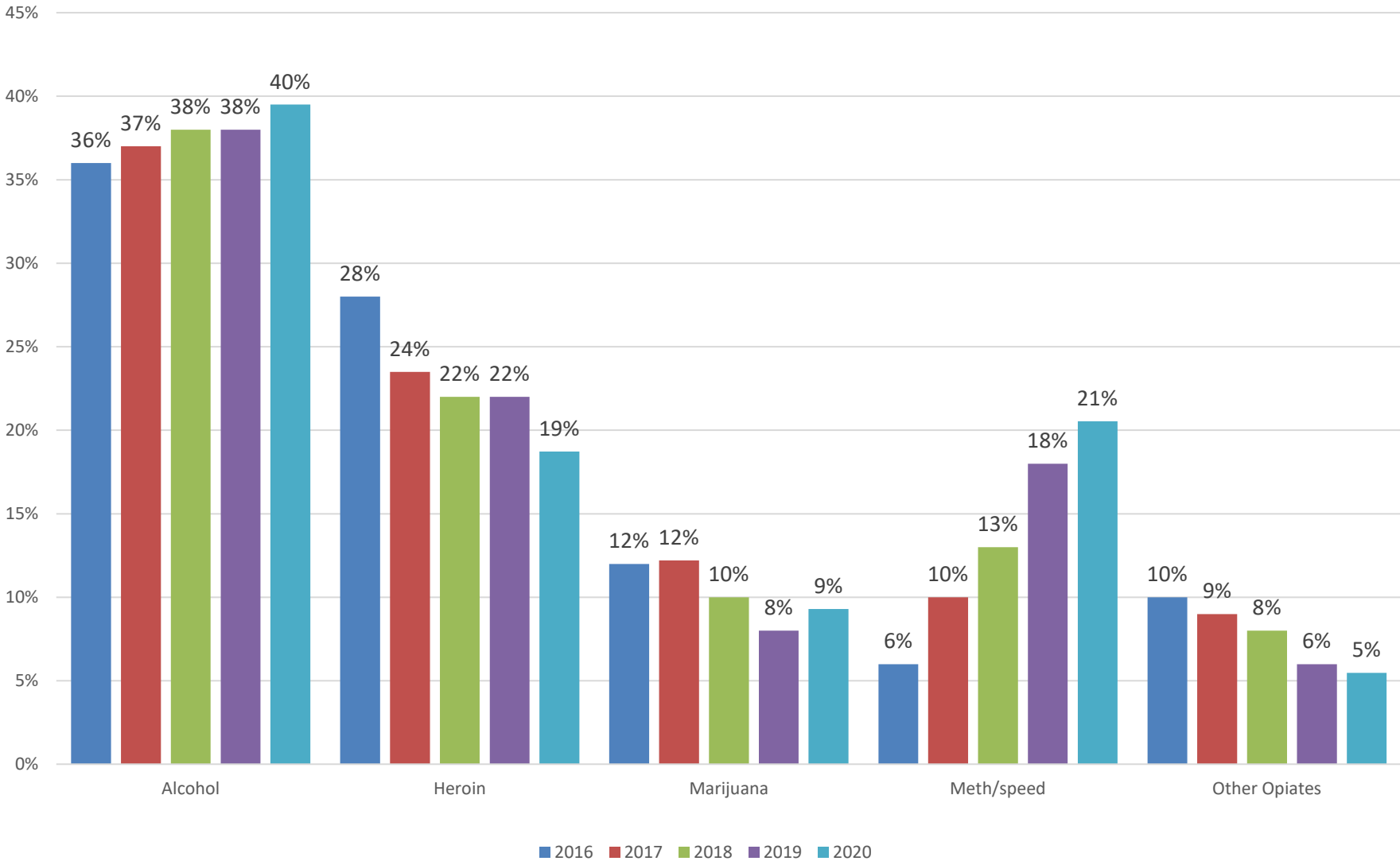


## SWMBH Region: Treatment Service Setting

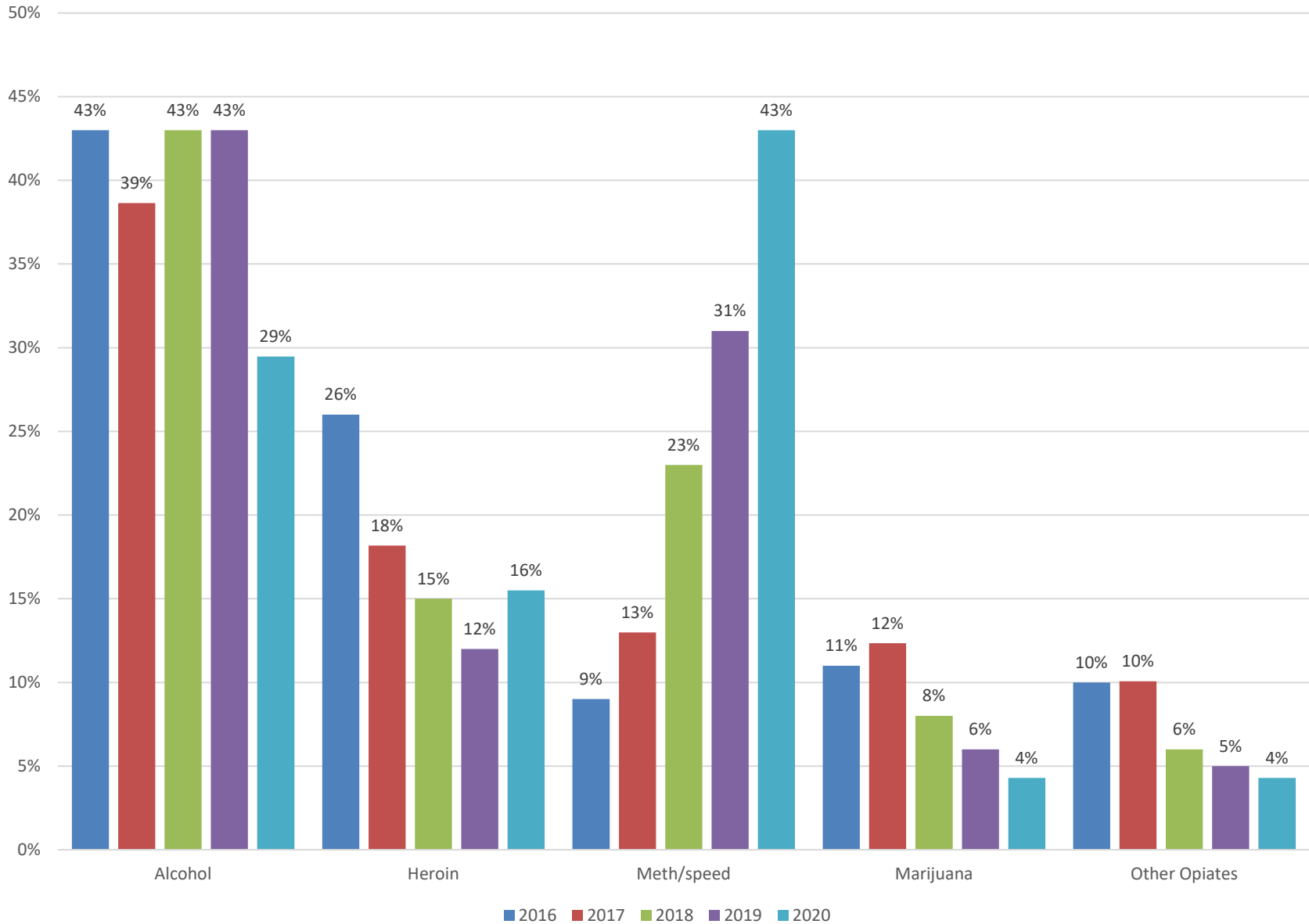


# SWMBH Region

## Primary Substance of Abuse at Admission

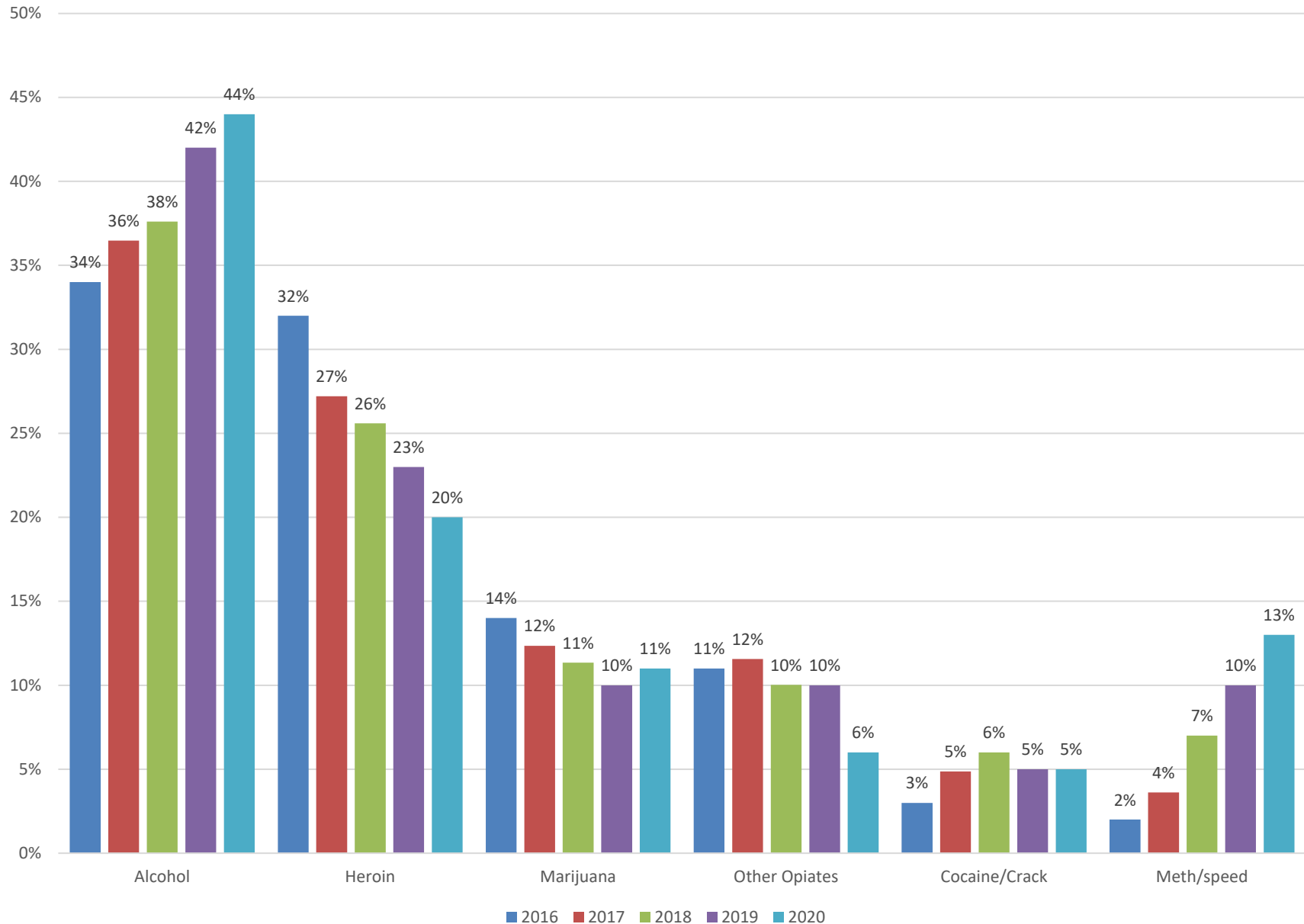


# Barry County Primary Substance of Abuse at Admission



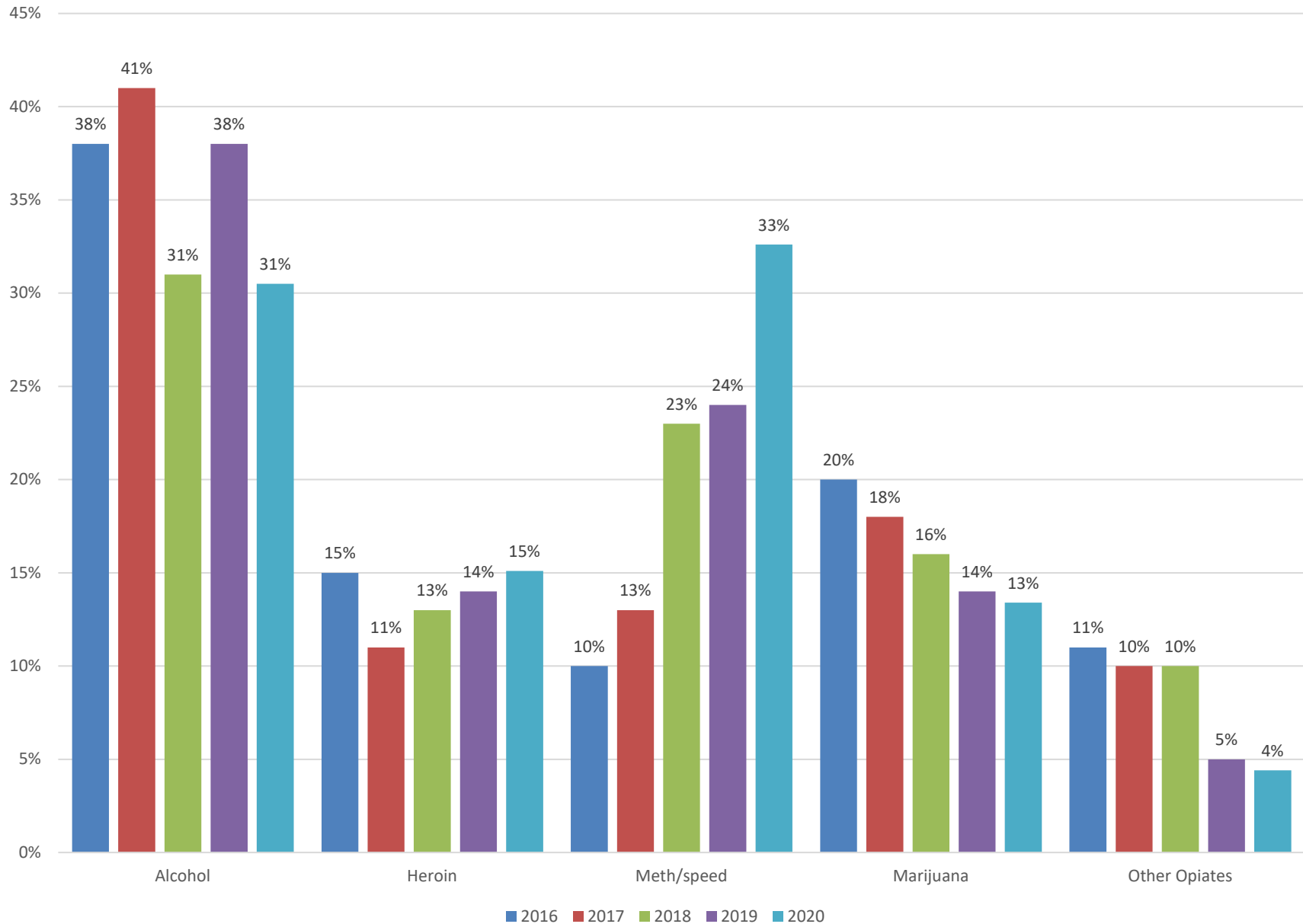
# Berrien County

## Primary Substance of Abuse at Admission



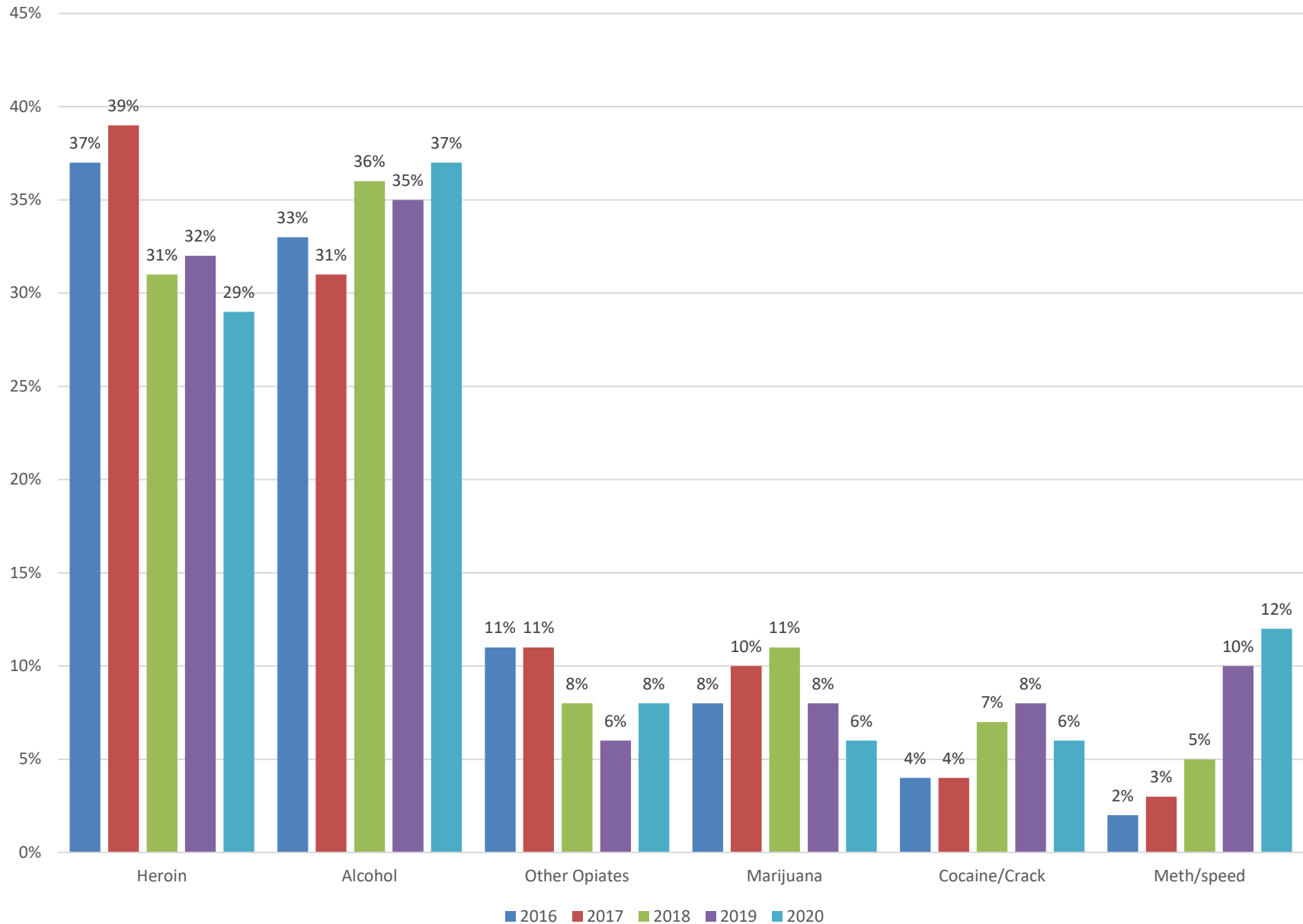


# Branch County Primary Substance of Abuse at Admission

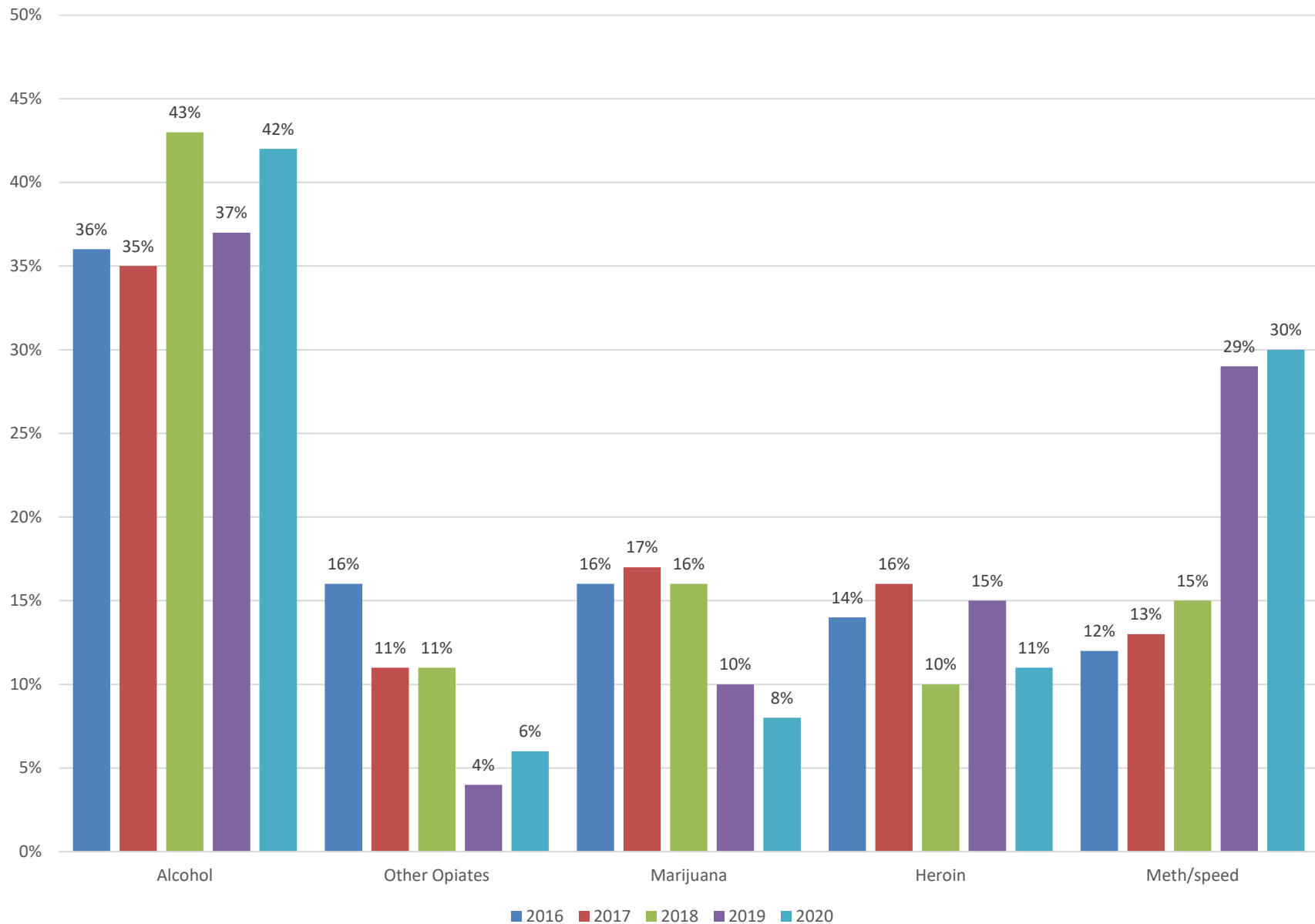


# Calhoun County

## Primary Substance of Abuse at Admission

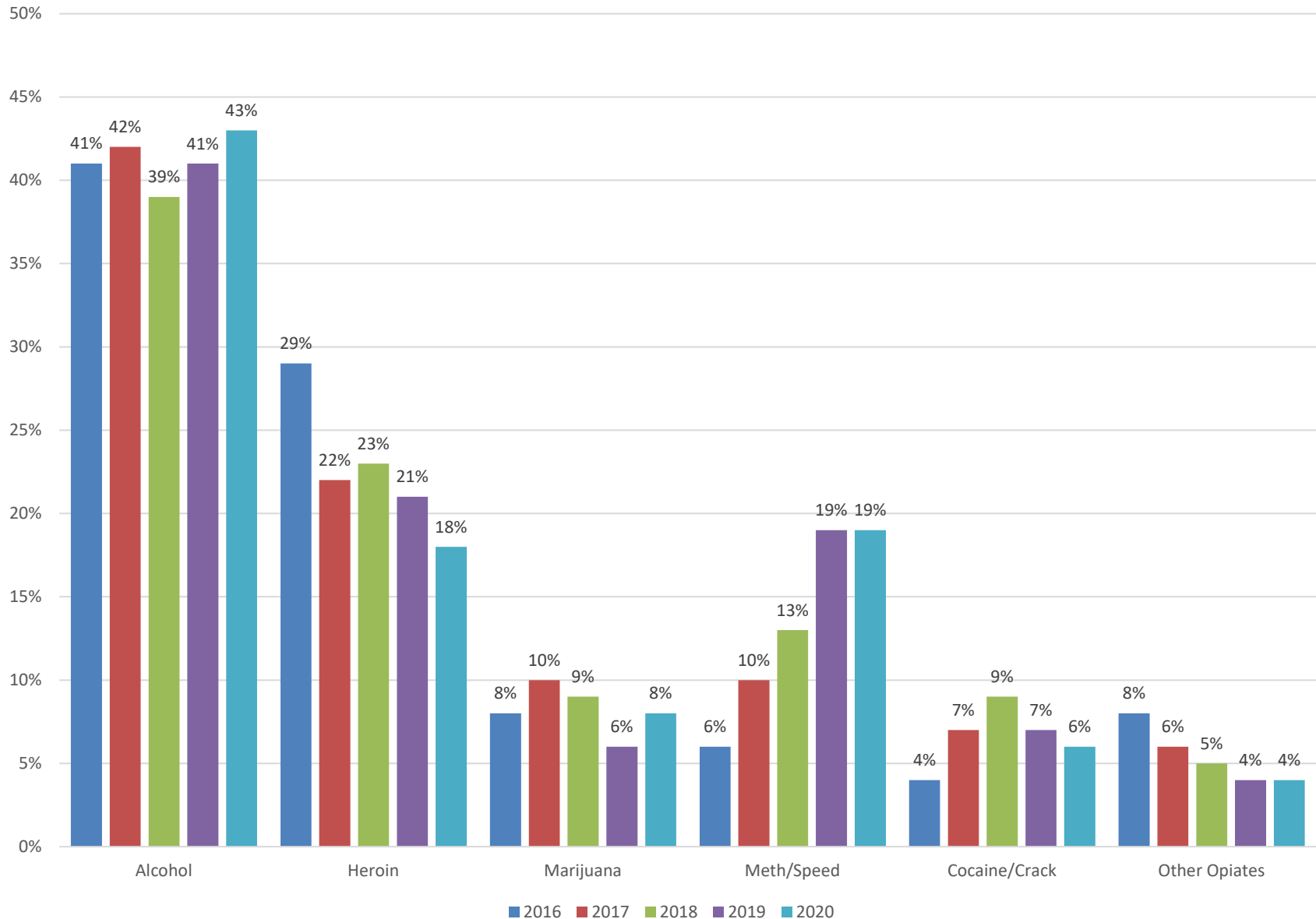


## Cass County Primary Substance of Abuse at Admission



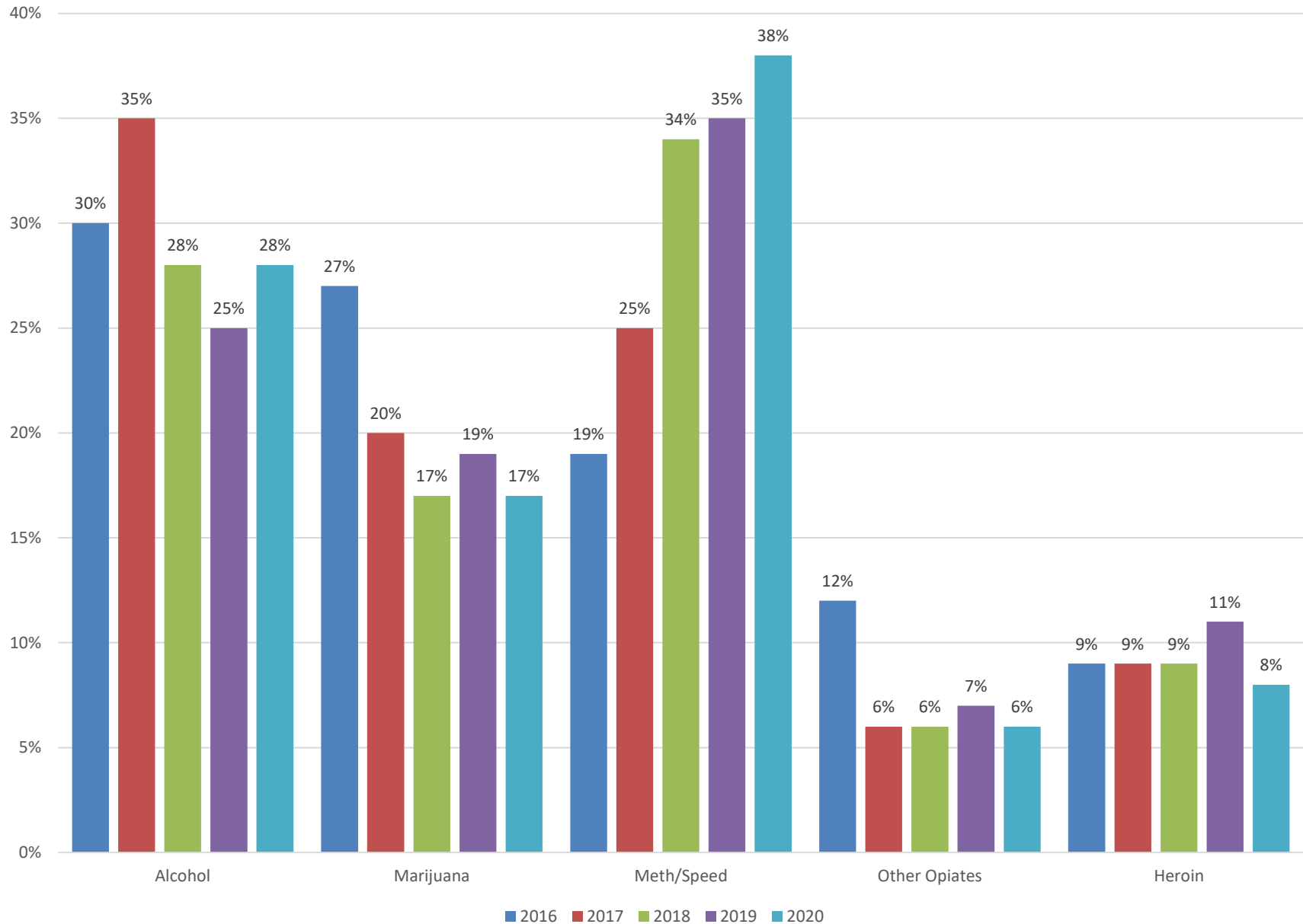
# Kalamazoo County

## Primary Substance of Abuse at Admission

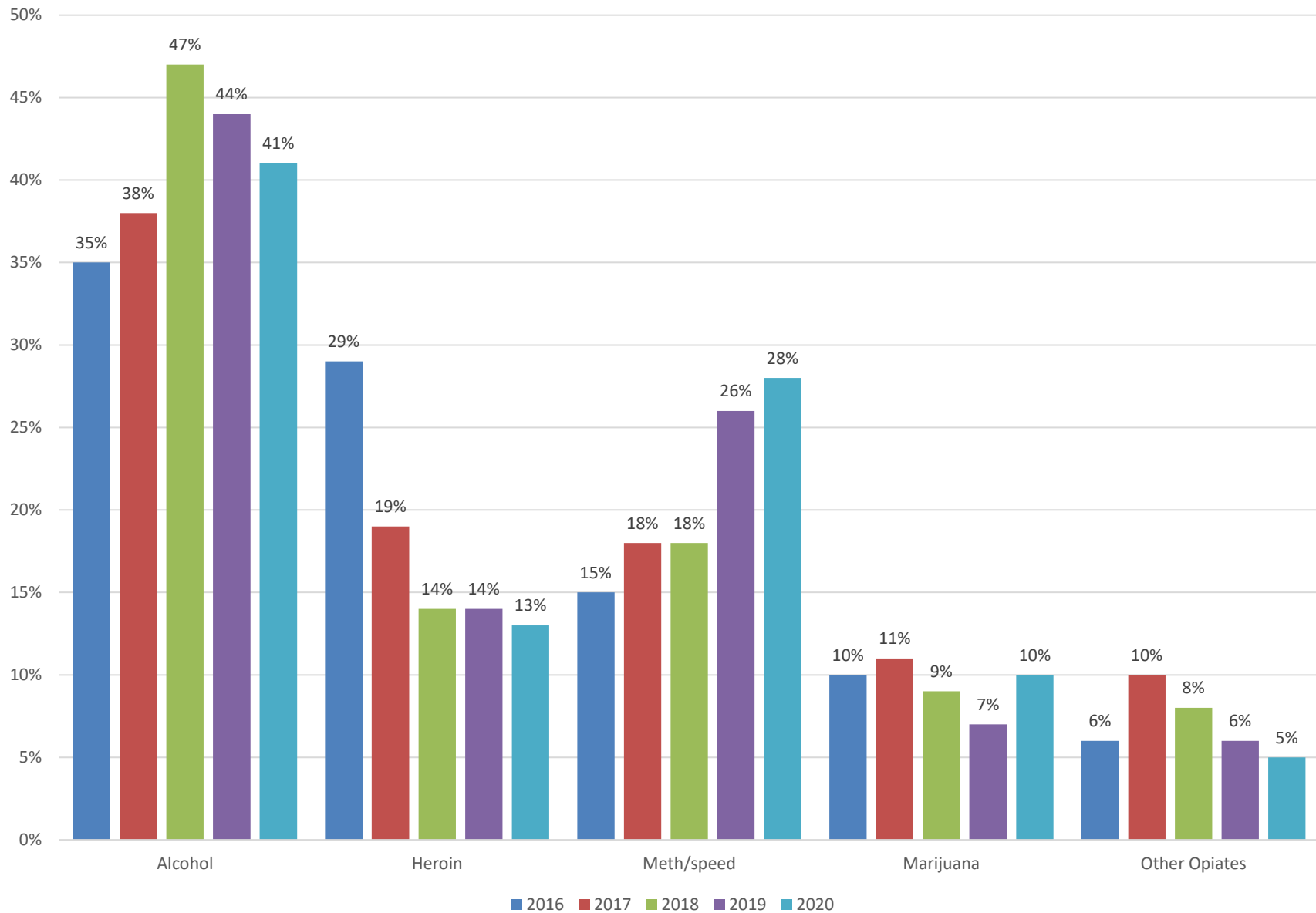


# St Joe County

## Primary Substance of Abuse at Admission



## Van Buren County Primary Substance of Abuse at Admission



# Prevention Outcome Measures Performance Report: Fiscal Year 2020

SWMBH Substance Use Disorder Oversight Policy Board,  
January 18, 2021



# FY2020 SUD Prevention Outcome Measures

## Performance Report

<b>Prevention Outcome Measure Domains</b>	<b>Domain Value (%)</b>	<b>Barry (BCCMHA)</b>	<b>Berrien (BCHD)</b>	<b>Branch (PBH)</b>	<b>Calhoun (SAC)</b>	<b>Calhoun (SAPS)**</b>	<b>Cass (WBHN)</b>	<b>Kazoo (CHC)**</b>	<b>Kazoo (PW)</b>	<b>St. Joe (CMHSAS)</b>	<b>VB (CMH)</b>
<b>I - SUD Community Indicators</b> • HS Youth past 30-day use (Drugs, etc.) • Alcohol-related Traffic Fatalities/Accidents	3%	0.0%	0.3%	0.3%	0.0%	0.0%	0.3%	0.0%	0.0%	2.2%	1.9%
<b>II - Pre/Post Test Scores</b> • Curriculum-based programs	24%	24.0%	24.0%	24.0%	22.7%	24.0%	24.0%	24.0%	21.9%	24.0%	24.0%
<b>III - Stakeholder Input Surveys</b> • Feedback from Community partner	9%	9.0%	9.0%	9.0%	9.0%	14.0%	9.0%	9.0%	9.0%	8.4%	9.0%
<b>IV - Problem ID. &amp; Service Referral</b> • Reaching those already using or with high risk level for use	9%	9.0%	9.0%	9.0%	9.0%	14.0%	9.0%	9.0%	9.0%	9.0%	9.0%
<b>V - Community Education Campaigns</b> • RX Drug Abuse, UAD, M/J/Kids, Vaping/Tobac, Other	22%	22.0%	22.0%	22.0%	21.3%	21.3%	14.3%	22.0%	21.4%	20.0%	20.9%
<b>VI - Alcohol, Tobacco &amp; ENDS Retailer Activities</b> • Under-age retailer access (Education, Compliance Inspections, etc.)	10%	10.0%	8.8%	6.7%	10.0%	NA	10.0%	10.0%	10.0%	10.0%	10.0%
<b>VII - Community-based Projects</b> • Community Prevention activities w/ a Survey (or formal instrument to measure effectiveness/impact/results)	15%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%
<b>VIII - Community-based Accomplishments</b> • Community Prevention activities w/o a Survey	6%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	5.6%
<b>IX - Outputs Efficiency Indicators</b> • Staff time employed to implement Prevention Strategies	2%	2.0%	1.4%	1.2%	1.2%	1.0%	0.8%	1.0%	0.8%	0.4%	0.6%
<b>Provider Performance Rating (Annual Goal: ≥ 85%)</b>	<b>94.6%</b>	<b>97.0%</b>	<b>95.4%</b>	<b>93.1%</b>	<b>94.2%</b>	<b>95.3%</b>	<b>88.3%</b>	<b>96.0%</b>	<b>93.2%</b>	<b>94.9%</b>	<b>96.1%</b>
<b>Outcome Measure (#s)</b>	<b>SWMBH</b>	<b>Barry (BCCMHA)</b>	<b>Berrien (BCHD)</b>	<b>Branch (PBH)</b>	<b>Calhoun (SAC)</b>	<b>Calhoun (SAPS)**</b>	<b>Cass (WBHN)</b>	<b>Kazoo (CHC)**</b>	<b>Kazoo (PW)</b>	<b>St. Joe (CMHSAS)</b>	<b>VB (CMH)</b>
# Outcome Measures (listed in OMI)	1050	124	144	88	93	71	61	94	172	89	114
# OMs Achieved	905	113	131	74	77	57	41	80	152	77	103
# OMs Partially Achieved	14	0	1	2	2	0	1	2	0	4	2
# OMs not Achieved	57	2	3	3	4	5	10	3	11	8	8
# OMs	976	115	135	79	83	62	52	85	163	89	113





**January 1, 2020 – December 21, 2020**  
**Law Enforcement and First Responder Naloxone**  
**(Narcan) Overdose Report**

Year	Reversal	Deaths	No Effect	Attempts
2016	39	4	1	44
2017	93	7	5	105
2018	117	10	8	135
2019	114	12	11	137
2020	<b>171</b>	<b>10</b>	<b>5</b>	<b>186</b>
Totals	534	43	30	607

**SOUTHWEST MICHIGAN BEHAVIORAL HEALTH  
ALCOHOL TAX PLAN - FY21**

	<b>Approved Budget FY 20 Oct - Sep</b>	<b>Approved Budget FY 21 Oct - Sep</b>	<b>Amended Budget FY 21 Oct - Sep</b>	<b>Inc/(Dec) over approved FY 20 Budget</b>
<b>Revenue:</b>				
Prior Year(s) Carryover	4,575,621	4,712,916	4,712,916	-
PA2 Revenue	1,827,172	1,827,172	1,827,172	-
<b>Total Revenue</b>	<b>6,402,793</b>	<b>6,540,088</b>	<b>6,540,088</b>	<b>-</b>
<b>Expenses:</b>				
<b>RESIDENTIAL TREATMENT SERVICES</b>	141,972	179,303	179,303	-
<b>OUTPATIENT TREATMENT SERVICES</b>	1,763,074	1,581,800	1,581,800	-
<b>PREVENTION SERVICES</b>	216,000	206,000	473,030	267,030
<b>Total Expenses</b>	<b>2,121,046</b>	<b>1,967,103</b>	<b>2,234,134</b>	<b>267,030</b>
<b>Total Carryover</b>	<b>4,281,747</b>	<b>4,572,985</b>	<b>4,305,955</b>	<b>(267,030)</b>

**SOUTHWEST MICHIGAN BEHAVIORAL HEALTH  
ALCOHOL TAX PLAN - FY21**

	<b>Approved Budget FY 20 Oct - Sep</b>	<b>Approved Budget FY 21 Oct - Sep</b>	<b>Amended Budget FY 21 Oct - Sep</b>	<b>Inc/(Dec) over approved FY 21 Budget</b>
<b>Barry</b>				
OUTPATIENT TREATMENT SERVICES	51,650.00	54,500.00	54,500.00	-
PREVENTION SERVICES	-	-	78,614.33	78,614.33
Total	51,650.00	54,500.00	133,114.33	78,614.33
<b>Berrien</b>				
OUTPATIENT TREATMENT SERVICES	306,339.93	283,033.60	283,033.60	-
PREVENTION SERVICES	110,000.00	100,000.00	100,000.00	-
Total	416,339.93	383,033.60	383,033.60	-
<b>Branch</b>				
OUTPATIENT TREATMENT SERVICES	72,820.00	36,430.00	36,430.00	-
PREVENTION SERVICES	-	-	-	-
Total	72,820.00	36,430.00	36,430.00	-
<b>Calhoun</b>				
OUTPATIENT TREATMENT SERVICES	418,378.51	393,699.17	393,699.17	-
PREVENTION SERVICES	-	-	-	-
Total	418,378.51	393,699.17	393,699.17	-
<b>Cass</b>				
OUTPATIENT TREATMENT SERVICES	82,500.00	82,500.00	82,500.00	-
PREVENTION SERVICES	-	-	38,415.85	38,415.85
Total	82,500.00	82,500.00	120,915.85	38,415.85
<b>Kalamazoo</b>				
RESIDENTIAL TREATMENT SERVICES	111,627.00	158,303.00	158,303.00	-
OUTPATIENT TREATMENT SERVICES	597,463.19	535,238.50	535,238.50	-
PREVENTION SERVICES	106,000.00	106,000.00	256,000.00	150,000.00
Total	815,090.19	799,541.50	949,541.50	150,000.00
<b>St Joseph</b>				
RESIDENTIAL TREATMENT SERVICES	30,344.85	21,000.00	21,000.00	-
OUTPATIENT TREATMENT SERVICES	106,040.00	62,040.00	62,040.00	-
PREVENTION SERVICES	-	-	-	-
Total	136,384.85	83,040.00	83,040.00	-
<b>Van Buren</b>				
OUTPATIENT TREATMENT SERVICES	127,882.40	134,359.10	134,359.10	-
PREVENTION SERVICES	-	-	-	-
Total	127,882.40	134,359.10	134,359.10	-
<b>All Counties</b>				
RESIDENTIAL TREATMENT SERVICES	141,972	179,303	179,303	-
OUTPATIENT TREATMENT SERVICES	1,763,074	1,581,800	1,581,800	-
PREVENTION SERVICES	216,000	206,000	473,030	267,030.18
Total	2,121,046	1,967,103	2,234,134	267,030.18

**SOUTHWEST MICHIGAN BEHAVIORAL HEALTH  
BARRY COUNTY  
ALCOHOL TAX PLAN - FY21**

	<b>Approved Budget FY 20 Oct - Sep</b>	<b>Approved Budget FY 21 Oct - Sep</b>	<b>Amended FY 21 Oct - Sep</b>	<b>Inc/(Dec) over approved FY 21 Budget</b>	<b>Estimate FY22 Oct - Sep</b>	<b>Estimate FY23 Oct - Sep</b>	<b>Estimate FY24 Oct - Sep</b>
<b>Revenue:</b>							
Prior Year(s) Carryover	511,814	549,320	549,320	-	489,853	430,385	370,918
PA2 Revenue	73,647	73,647	73,647	-	73,647	73,647	73,647
<b>Total Revenue</b>	<b>585,461</b>	<b>622,967</b>	<b>622,967</b>		<b>563,500</b>	<b>504,032</b>	<b>444,565</b>
<b>Expenses:</b>							
<b>OUTPATIENT TREATMENT SERVICE</b>	51,650	54,500	54,500	-	54,500	54,500	54,500
<b>PREVENTION SERVICES</b>	-	-	78,614	78,614	78,614	78,614	78,614
<b>Total Expenses</b>	<b>51,650</b>	<b>54,500</b>	<b>133,114</b>	<b>78,614</b>	<b>133,114</b>	<b>133,114</b>	<b>133,114</b>
<b>Total Carryover</b>	<b>533,811</b>	<b>568,467</b>	<b>489,853</b>	<b>(78,614)</b>	<b>430,385</b>	<b>370,918</b>	<b>311,451</b>

Note(s)

**SOUTHWEST MICHIGAN BEHAVIORAL HEALTH  
CASS COUNTY  
ALCOHOL TAX PLAN - FY21**

	<b>Approved Budget FY 20 Oct - Sep</b>	<b>Approved Budget FY 21 Oct - Sep</b>	<b>Amended FY 21 Oct - Sep</b>	<b>Inc/(Dec) over approved FY 21 Budget</b>	<b>Estimate FY22 Oct - Sep</b>	<b>Estimate FY23 Oct - Sep</b>	<b>Estimate FY24 Oct - Sep</b>
<b>Revenue:</b>							
Prior Year(s) Carryover	366,250	412,240	412,240	-	365,353	318,466	271,579
PA2 Revenue	74,029	74,029	74,029	-	74,029	74,029	74,029
<b>Total Revenue</b>	<b>440,279</b>	<b>486,269</b>	<b>486,269</b>	<b>-</b>	<b>439,382</b>	<b>392,495</b>	<b>345,608</b>
<b>Expense:</b>							
<b>OUTPATIENT TREATMENT SERVICES</b>	82,500	82,500	82,500	-	82,500	82,500	82,500
<b>PREVENTION SERVICES</b>	-	-	38,416	38,416	38,416	38,416	38,416
<b>Total Expenses</b>	<b>82,500</b>	<b>82,500</b>	<b>120,916</b>	<b>38,416</b>	<b>120,916</b>	<b>120,916</b>	<b>120,916</b>
<b>Total Carryover</b>	<b>357,779</b>	<b>403,769</b>	<b>365,353</b>	<b>(38,416)</b>	<b>318,466</b>	<b>271,579</b>	<b>224,692</b>

Note(s)

**SOUTHWEST MICHIGAN BEHAVIORAL HEALTH  
KALAMAZOO COUNTY  
ALCOHOL TAX PLAN - FY21**

	Approved	Approved	Inc/(Dec)				
	Budget FY 20 Oct - Sep	Budget FY 21 Oct - Sep	Amended FY 21 Oct - Sep	over approved FY 21 Budget	Estimate FY22 Oct - Sep	Estimate FY23 Oct - Sep	Estimate FY24 Oct - Sep
<b>Revenue:</b>							
Prior Year(s) Carryover	1,739,053	1,833,387	1,833,387	-	1,544,574	1,255,761	899,723
PA2 Revenue	660,729	660,729	660,729	-	660,729	660,729	660,729
<b>Total Revenue</b>	<b>2,399,781</b>	<b>2,494,115</b>	<b>2,494,115</b>	<b>-</b>	<b>2,205,302</b>	<b>1,916,489</b>	<b>1,560,451</b>
<b>Expenses:</b>							
<b>RESIDENTIAL TREATMENT SERVICES</b>							
CHC - New Beginnings	77,627	77,627	77,627	-	77,627	77,627	77,627
CHC - Bethany House	-	27,200	27,200	-	27,200	27,200	27,200
CHC - Healing House	-	19,476	19,476	-	19,476	19,476	19,476
ISK - Oakland Drive Shelter	34,000	34,000	34,000	-	34,000	34,000	34,000
<b>OUTPATIENT TREATMENT SERVICES</b>							
8th District Sobriety Court	28,000	26,500	26,500	-	26,500	26,500	26,500
8th District Young Adult Diversion Court	5,000	5,000	5,000	-	5,000	5,000	5,000
8th District Probation Court	7,000	8,500	8,500	-	8,500	8,500	8,500
9th Circuit Drug Court	60,000	60,000	60,000	-	60,000	60,000	60,000
CHC - Adolescent Services	19,619	19,619	19,619	-	19,619	19,619	19,619
Interact - IDDT	26,600	26,600	26,600	-	26,600	26,600	26,600
KCHCS Healthy Babies	87,000	87,000	87,000	-	87,000	87,000	87,000
ISK - EMH	56,400	56,400	56,400	-	56,400	56,400	56,400
ISK - FUSE	25,000	25,000	25,000	-	25,000	25,000	25,000
ISK - MH Court	65,000	65,000	65,000	-	65,000	65,000	65,000
KPEP Social Detox	20,000	20,000	20,000	-	20,000	20,000	20,000
MRS	17,250	17,250	17,250	-	17,250	17,250	17,250
Recovery Institute - Recovery Coach	60,623	60,623	60,623	-	60,623	60,623	60,623
WMU - Jail Groups	67,225	-	-	-	-	67,225	67,225
WMU - BHS SBIRT	46,747	51,747	51,747	-	51,747	51,747	51,747
WMU - BHS Text Messaging	6,000	6,000	6,000	-	6,000	6,000	6,000
			-				
<b>PREVENTION SERVICES</b>							
Gryphon Gatekeeper - Suicide Prevention	20,000	20,000	20,000	-	20,000	20,000	20,000
Gryphon Helpline/Crisis Response	36,000	36,000	36,000	-	36,000	36,000	36,000
Prevention Works - ATOD	-	-	120,000	120,000	120,000	120,000	120,000
Prevention Works - Task Force	50,000	50,000	80,000	30,000	80,000	80,000	80,000
<b>Total Expenses</b>	<b>815,090</b>	<b>799,542</b>	<b>949,542</b>	<b>150,000</b>	<b>949,542</b>	<b>1,016,767</b>	<b>1,016,767</b>
<b>Total Carryover</b>	<b>1,584,691</b>	<b>1,694,574</b>	<b>1,544,574</b>	<b>(150,000)</b>	<b>1,255,761</b>	<b>899,723</b>	<b>543,685</b>

**Note(s)**

**SOUTHWEST MICHIGAN BEHAVIORAL HEALTH  
PROGRAM BUDGET SUMMARY**

POPULATION(S):    ☐ MIA    ☐ SED    ☐ DDA    ☐ DDC    ☒ SA

PROGRAM: <b>Prevention</b>			CFDA # 93.959 Community Block Grant - Prevention	DATE PREPARED: <b>7/30/2020</b>
CONTRACTOR NAME: <b>Woodlands BHN</b>			BUDGET PERIOD: From: <b>10/01/20</b> To: <b>09/30/21</b>	
MAILING ADDRESS (Number and Street): <b>960 M-60 East</b>			BUDGET AGREEMENT: <input checked="" type="checkbox"/> ORIGINAL <input type="checkbox"/> AMENDMENT	
CITY: <b>Cassopolis</b>	STATE: <b>MI</b>	ZIP CODE: <b>49031</b>	AMENDMENT NO:	FEDERAL TAX ID: <b>38-2470901</b>

EXPENDITURE CATEGORY	Prevention	0	0	TOTAL BUDGET
1. SALARIES AND WAGES	57,402.66	-	-	<b>57,402.66</b>
2. FRINGE BENEFITS	19,516.90	-	-	<b>19,516.90</b>
3. TRAVEL	1,781.25	-	-	<b>1,781.25</b>
4. SUPPLIES AND MATERIALS	1,875.00	-	-	<b>1,875.00</b>
5. CONTRACTUAL	-	-	-	-
6. EQUIPMENT	-	-	-	-
7. UTILITIES	-	-	-	-
8. INSURANCE	-	-	-	-
9. REPAIRS AND MAINTENANCE	-	-	-	-
10. RENTAL/ LEASE	-	-	-	-
11. OTHER EXPENSES	8,250.00	-	-	<b>8,250.00</b>
12. TOTAL DIRECT EXPENDITURES (Sum of Lines 1-11)	\$ 88,825.81	\$ -	\$ -	<b>\$ 88,825.81</b>
13. INDIRECT COSTS Rate %	4,441.29	-	-	<b>4,441.29</b>
<b>14. TOTAL EXPENDITURES FUNDED (Sum of Lines 12-13)</b>	<b>\$ 93,267.10</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 93,267.10</b>
SOURCE OF FUNDS				
15. FEES AND COLLECTIONS	-			-
16. SWMBH	-			-
17. LOCAL/MATCH	-			-
18. BLOCK GRANT	54,851.10			<b>54,851.10</b>
19. PA2	38,416.00			<b>38,416.00</b>
20. OTHER(S)	-			-
<b>21. TOTAL FUNDING</b>	<b>\$ 93,267.10</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 93,267.10</b>

**SECTION 2.3.: ABILITY TO PAY DETERMINATION**

☐ YES    ☒ NO

**SECTION 2.4: COORDINATION OF BENEFITS**

☐ YES    ☒ NO

**SOUTHWEST MICHIGAN BEHAVIORAL HEALTH  
PROGRAM BUDGET - COST DETAIL**

PROGRAM: <b>Prevention</b>	BUDGET PERIOD: From: 10/01/20 To: 09/30/21	DATE PREPARED: 07/30/20
CONTRACTOR NAME: Woodlands BHN	BUDGET AGREEMENT: <input checked="" type="checkbox"/> ORIGINAL <input type="checkbox"/> AMENDMENT	AMENDMENT NO: 0

1. SALARIES AND WAGES POSITION DESCRIPTION	COMMENTS	FTE REQUIRED	TOTAL SALARY
Prevention Coordinator		0.750	39,902.66
Prevention Specialist		0.500	17,500.00
			-
1. TOTAL SALARIES AND WAGES		1.250	\$ 57,402.66

2. FRINGE BENEFITS (SPECIFY)	COMPOSITE RATE %	34.00%	
<input checked="" type="checkbox"/> FICA <input checked="" type="checkbox"/> HEALTH INS <input type="checkbox"/> HEARING INS <input checked="" type="checkbox"/> SHORT TERM DISB <input checked="" type="checkbox"/> UNEMPLOY INS <input checked="" type="checkbox"/> LIFE INS <input checked="" type="checkbox"/> DENTAL INS <input checked="" type="checkbox"/> LONG TERM DISB <input checked="" type="checkbox"/> RETIREMENT <input checked="" type="checkbox"/> VISION INS <input checked="" type="checkbox"/> WORK COMP <input type="checkbox"/> OTHER: specify			19,516.90
2. TOTAL FRINGE BENEFITS			\$ 19,516.90

3. TRAVEL (Specify if category exceeds 10% of Total Expenditures)	1,781.25
3. TOTAL TRAVEL	\$ 1,781.25

4. SUPPLIES AND MATERIALS (Specify if category exceeds 10% of Total Expenditures)	1,875.00
4. TOTAL SUPPLIES AND MATERIALS	\$ 1,875.00

5. CONTRACTUAL (Subcontracts)		
<u>Name</u>	<u>Address</u>	<u>Amount</u>
5. TOTAL CONTRACTUAL		\$ -



**SOUTHWEST MICHIGAN BEHAVIORAL HEALTH  
PROGRAM BUDGET - COST DETAIL**

6. EQUIPMENT (Specify)	<u>Amount</u>
6. TOTAL EQUIPMENT	\$ -
7. UTILITIES (Specify)	
7. TOTAL UTILITIES	\$ -
8. INSURANCE (Specify)	
8. TOTAL INSURANCE	\$ -
9. REPAIRS AND MAINTENANCE (Specify)	
9. TOTAL REPAIRS AND MAINTENANCE	\$ -
10. RENTAL/LEASE (Specify)	
10. TOTAL RENTAL/LEASE	\$ -
11. OTHER EXPENSES (Specify)	<u>Amount</u>
Youth Conference	3,750.00
Community Conference	1,875.00
Facebook Ad Campaigns	1,875.00
Virtual Programs and Training	750.00
11. TOTAL OTHER EXPENSES	\$ 8,250.00
12. TOTAL DIRECT EXPENDITURES (Sum of Totals 1-11)	\$ 88,825.81
13. INDIRECT COSTS	
INDIRECT RATE 5.00%	4,441.29
13. TOTAL INDIRECT COSTS	\$ 4,441.29
14. TOTAL EXPENDITURES FUNDED (Sum of Lines 12-13)	\$ 93,267.10

**SOUTHWEST MICHIGAN BEHAVIORAL HEALTH  
PROGRAM BUDGET SUMMARY**

POPULATION(S):    ☐ MIA    ☐ SED    ☐ DDA    ☐ DDC    ☒ SA

PROGRAM: Substance Use Prevention			CFDA # 93.959 Community Block Grant - Prevention	DATE PREPARED: 8/20/2020
CONTRACTOR NAME: Barry County Community Mental Health Authority			BUDGET PERIOD: From: 10/01/20 To: 09/30/21	
MAILING ADDRESS (Number and Street): 500 Barfield Drive			BUDGET AGREEMENT: <input checked="" type="checkbox"/> ORIGINAL <input type="checkbox"/> AMENDMENT	
CITY: Hastings	STATE: MI	ZIP CODE: 49058	AMENDMENT NO:	FEDERAL TAX ID: d

EXPENDITURE CATEGORY	Substance Abuse Prevention	0	0	TOTAL BUDGET
1. SALARIES AND WAGES	128,559.50	-	-	128,559.50
2. FRINGE BENEFITS	64,279.75	-	-	64,279.75
3. TRAVEL	3,675.00	-	-	3,675.00
4. SUPPLIES AND MATERIALS	4,800.00	-	-	4,800.00
5. CONTRACTUAL	15,930.32	-	-	15,930.32
6. EQUIPMENT	728.69	-	-	728.69
7. UTILITIES	4,320.00	-	-	4,320.00
8. INSURANCE	728.69	-	-	728.69
9. REPAIRS AND MAINTENANCE	7,560.00	-	-	7,560.00
10. RENTAL/ LEASE	-	-	-	-
11. OTHER EXPENSES	4,517.86	-	-	4,517.86
12. TOTAL DIRECT EXPENDITURES (Sum of Lines 1-11)	\$ 235,099.81	\$ -	\$ -	\$ 235,099.81
13. INDIRECT COSTS Rate %	11,754.99	-	-	11,754.99
14. TOTAL EXPENDITURES FUNDED (Sum of Lines 12-13)	\$ 246,854.80	\$ -	\$ -	\$ 246,854.80
SOURCE OF FUNDS				
15. FEES AND COLLECTIONS	1,000.00			1,000.00
16. SWMBH	-			-
17. LOCAL/MATCH	25,000.00			25,000.00
18. BLOCK GRANT	137,240.47			137,240.47
19. PA2	78,614.33			78,614.33
20. OTHER(S)	5,000.00			5,000.00
21. TOTAL FUNDING	\$ 246,854.80	\$ -	\$ -	\$ 246,854.80

**SECTION 2.3.: ABILITY TO PAY DETERMINATION**

☐ YES    ☐ NO

**SECTION 2.4: COORDINATION OF BENEFITS**

☐ YES    ☐ NO

**SOUTHWEST MICHIGAN BEHAVIORAL HEALTH  
PROGRAM BUDGET - COST DETAIL**

PROGRAM: <b>Substance Abuse Prevention</b>	BUDGET PERIOD: From: 10/01/20 To: 09/30/21	DATE PREPARED: 08/20/20
CONTRACTOR NAME: Barry County Community Mental Health Authority	BUDGET AGREEMENT: <input checked="" type="checkbox"/> ORIGINAL <input type="checkbox"/> AMENDMENT	AMENDMENT NO: 0

1. SALARIES AND WAGES POSITION DESCRIPTION	COMMENTS	FTE REQUIRED	TOTAL SALARY
Prevention Supervisor		0.950	48,956.17
Community Prevention Specialist 1		1.000	31,783.91
Community Prevention Specialist 2		1.000	31,147.04
Community Prevention Specialist 3		0.550	16,672.38
1. TOTAL SALARIES AND WAGES		3.500	\$ 128,559.50

2. FRINGE BENEFITS (SPECIFY)	COMPOSITE RATE %	50.00%	
<input checked="" type="checkbox"/> FICA <input checked="" type="checkbox"/> HEALTH INS <input type="checkbox"/> HEARING INS <input checked="" type="checkbox"/> SHORT TERM DISB <input checked="" type="checkbox"/> UNEMPLOY INS <input checked="" type="checkbox"/> LIFE INS <input checked="" type="checkbox"/> DENTAL INS <input type="checkbox"/> LONG TERM DISB <input checked="" type="checkbox"/> RETIREMENT <input type="checkbox"/> VISION INS <input checked="" type="checkbox"/> WORK COMP <input type="checkbox"/> OTHER: specify			64,279.75
2. TOTAL FRINGE BENEFITS			\$ 64,279.75

3. TRAVEL (Specify if category exceeds 10% of Total Expenditures)	
Mileage at \$57.5/mile x 5000 miles	2,875.00
Conference/Training registrations	800.00
3. TOTAL TRAVEL	\$ 3,675.00

4. SUPPLIES AND MATERIALS (Specify if category exceeds 10% of Total Expenditures)	
\$400/month for office supplies, materials, etc.	4,800.00
4. TOTAL SUPPLIES AND MATERIALS	\$ 4,800.00

5. CONTRACTUAL (Subcontracts)		
<u>Name</u>	<u>Address</u>	<u>Amount</u>
J-Ad Graphics	Hastings, MI	1,500.00
WBCH Radio	Hastings, MI	500.00
AB Dick (copier/printer)	Grand Rapids, MI	5,246.55
Inspiration Studios	Hastings, MI	3,060.49
Adams Outdoor	Kalamazoo, MI	3,000.00
Kathleen Zimmerman-Oster, PhD, TEST	Fraser, MI	2,623.28
5. TOTAL CONTRACTUAL		\$ 15,930.32

**SOUTHWEST MICHIGAN BEHAVIORAL HEALTH  
PROGRAM BUDGET - COST DETAIL**

6. EQUIPMENT (Specify) Computer/Techology Upgrades	<u>Amount</u> 728.69
6. TOTAL EQUIPMENT	\$ 728.69
7. UTILITIES (Specify) Electricity, Phone, and IT expenses	4,320.00
7. TOTAL UTILITIES	\$ 4,320.00
8. INSURANCE (Specify)	728.69
8. TOTAL INSURANCE	\$ 728.69
9. REPAIRS AND MAINTENANCE (Specify) Prevention share of lawncare, snow removal, heating/cooling, garbage services Prevention share of building cleaning	7,560.00
9. TOTAL REPAIRS AND MAINTENANCE	\$ 7,560.00
10. RENTAL/LEASE (Specify)	-
10. TOTAL RENTAL/LEASE	\$ -
11. OTHER EXPENSES (Specify) Subscriptions (SurveyMonkey, Zoom, CADCA) Youth Leadership Summit Expenses Teens Against Tobacco Use Expenses	<u>Amount</u> 728.69 2,186.06 1,603.11
11. TOTAL OTHER EXPENSES	\$ 4,517.86
12. TOTAL DIRECT EXPENDITURES (Sum of Totals 1-11)	\$ 235,099.81
13. INDIRECT COSTS INDIRECT RATE 5.00%	11,754.99
13. TOTAL INDIRECT COSTS	\$ 11,754.99
14. TOTAL EXPENDITURES FUNDED (Sum of Lines 12-13)	\$ 246,854.80



BEN GEIGER  
COUNTY COMMISSIONER

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## Barry County

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December 14, 2020

Joel Smith  
Southwest Michigan Behavioral Health  
5250 Lovers Lane, Suite 200  
Portage, MI 49002

Dear Mr. Smith:

I am writing this letter to express my strong support for Barry County Community Mental Health's request for additional PA 2 funding. These funds would be used during FY 2021 for substance use disorder prevention services, offering more second chances for more people.

It is critical Barry County not reduce its level of prevention services during our current pandemic. As a member of the SWMBH SUD Oversight Policy Board, I have supported similar requests from other counties because of our shared regional commitment. I urge continuing this spirit of cooperation by approving, in full, the supplemental request from Barry County Community Mental Health.

Sincerely,

A handwritten signature in black ink, appearing to read "Ben Geiger". The signature is fluid and cursive, with a large initial "B" and "G".

Ben Geiger  
Barry County Commissioner

**SOUTHWEST MICHIGAN BEHAVIORAL HEALTH  
PROGRAM BUDGET SUMMARY**

POPULATION(S):    ☐ MIA    ☐ SED    ☐ DDA    ☐ DDC    ☒ SA

PROGRAM: <b>Prevention Works- ATOD - TF</b>			CFDA # 93.959 Community Block Grant - Prevention	DATE PREPARED: <b>7/7/2020</b>
CONTRACTOR NAME: <b>Prevention Works, Inc.</b>			BUDGET PERIOD: From: <b>10/01/20</b> To: <b>09/30/21</b>	
MAILING ADDRESS (Number and Street): <b>309 N. Burdick St.</b>			BUDGET AGREEMENT: <input checked="" type="checkbox"/> ORIGINAL <input type="checkbox"/> AMENDMENT	
CITY: <b>Kalamazoo</b>	STATE: <b>MI</b>	ZIP CODE: <b>49007</b>	AMENDMENT NO:	FEDERAL TAX ID: <b>38-3264831</b>

EXPENDITURE CATEGORY	ATOD Programming	Task Force	0	TOTAL BUDGET
1. SALARIES AND WAGES	152,448.41	77,155.61	-	<b>229,604.02</b>
2. FRINGE BENEFITS	33,538.65	16,974.23	-	<b>50,512.88</b>
3. TRAVEL	607.33	1,260.00	-	<b>1,867.33</b>
4. SUPPLIES AND MATERIALS	4,752.33	3,889.20	-	<b>8,641.53</b>
5. CONTRACTUAL	12,268.00	15,172.50	-	<b>27,440.50</b>
6. EQUIPMENT	-	-	-	-
7. UTILITIES	1,609.41	1,351.88	-	<b>2,961.29</b>
8. INSURANCE	1,222.25	997.50	-	<b>2,219.75</b>
9. REPAIRS AND MAINTENANCE	2,247.11	2,222.33	-	<b>4,469.44</b>
10. RENTAL/ LEASE	834.28	2,047.50	-	<b>2,881.78</b>
11. OTHER EXPENSES	3,947.62	5,512.50	-	<b>9,460.12</b>
12. TOTAL DIRECT EXPENDITURES (Sum of Lines 1-11)	\$ 213,475.38	\$ 126,583.25	\$ -	<b>\$ 340,058.64</b>
13. INDIRECT COSTS Rate %	-	-	-	-
<b>14. TOTAL EXPENDITURES FUNDED (Sum of Lines 12-13)</b>	<b>\$ 213,475.38</b>	<b>\$ 126,583.25</b>	<b>\$ -</b>	<b>\$ 340,058.64</b>
SOURCE OF FUNDS				
15. FEES AND COLLECTIONS	-			-
16. SWMBH	-			-
17. LOCAL/MATCH	-			-
18. BLOCK GRANT	93,475.39	46,583.25		<b>140,058.64</b>
19. PA2	120,000.00	80,000.00		<b>200,000.00</b>
20. OTHER(S)	-			-
<b>21. TOTAL FUNDING</b>	<b>\$ 213,475.39</b>	<b>\$ 126,583.25</b>	<b>\$ -</b>	<b>\$ 340,058.64</b>

**SECTION 2.3.: ABILITY TO PAY DETERMINATION**    ☐ YES    ☒ NO

**SECTION 2.4: COORDINATION OF BENEFITS**    ☐ YES    ☒ NO

**SOUTHWEST MICHIGAN BEHAVIORAL HEALTH  
PROGRAM BUDGET - COST DETAIL**

PROGRAM: <b>ATOD Programming</b>	BUDGET PERIOD: From: 10/01/20 To: 09/30/21	DATE PREPARED: 07/07/20
CONTRACTOR NAME: Prevention Works, Inc.	BUDGET AGREEMENT: <input checked="" type="checkbox"/> ORIGINAL <input type="checkbox"/> AMENDMENT	AMENDMENT NO: 0

1. SALARIES AND WAGES POSITION DESCRIPTION	COMMENTS	FTE REQUIRED	TOTAL SALARY
Chief Executive Officer			30,297.39
Program Director			28,779.09
Program Coordinators			43,715.25
Program Facilitators			22,423.05
Program Assistant			13,313.15
Prevention Specialist			13,920.48
1. TOTAL SALARIES AND WAGES		0.000	\$ 152,448.41

2. FRINGE BENEFITS (SPECIFY)	COMPOSITE RATE %	22.00%	
<input type="checkbox"/> FICA <input checked="" type="checkbox"/> HEALTH INS <input type="checkbox"/> HEARING INS <input checked="" type="checkbox"/> SHORT TERM DISB <input type="checkbox"/> UNEMPLOY INS <input type="checkbox"/> LIFE INS <input checked="" type="checkbox"/> DENTAL INS <input type="checkbox"/> LONG TERM DISB <input checked="" type="checkbox"/> RETIREMENT <input type="checkbox"/> VISION INS <input type="checkbox"/> WORK COMP <input type="checkbox"/> OTHER: specify			33,538.65
2. TOTAL FRINGE BENEFITS			\$ 33,538.65

3. TRAVEL (Specify if category exceeds 10% of Total Expenditures) Prevention Training related to curricula and programs	\$607
3. TOTAL TRAVEL	\$ 607.33

4. SUPPLIES AND MATERIALS (Specify if category exceeds 10% of Total Expenditures) Program supplies, copies, postage, office supplies, curricula	4,752.33
4. TOTAL SUPPLIES AND MATERIALS	\$ 4,752.33

5. CONTRACTUAL (Subcontracts)		Amount
Name	Address	
Cole Gavlas, CPA	2401 We. Centre Ave. Portage, MI 49024	7,773.78
Evaluation Consultant		1,761.25
Other Contractual		2,732.97
5. TOTAL CONTRACTUAL		\$ 12,268.00

**SOUTHWEST MICHIGAN BEHAVIORAL HEALTH  
PROGRAM BUDGET - COST DETAIL**

6. EQUIPMENT (Specify)	<u>Amount</u>
6. TOTAL EQUIPMENT	\$ -
7. UTILITIES (Specify) Electricity/Heating/AC/Water, etc.	1,609.41
7. TOTAL UTILITIES	\$ 1,609.41
8. INSURANCE (Specify) Liability Insurance	1,222.25
8. TOTAL INSURANCE	\$ 1,222.25
9. REPAIRS AND MAINTENANCE (Specify)	2,247.11
9. TOTAL REPAIRS AND MAINTENANCE	\$ 2,247.11
10. RENTAL/LEASE (Specify) Occupancy	834.28
10. TOTAL RENTAL/LEASE	\$ 834.28
11. OTHER EXPENSES (Specify) Communication Publicity for Programming	<u>Amount</u> 3,036.63 910.99
11. TOTAL OTHER EXPENSES	\$ 3,947.62
12. TOTAL DIRECT EXPENDITURES (Sum of Totals 1-11)	\$ 213,475.38
13. INDIRECT COSTS INDIRECT RATE 0.00%	-
13. TOTAL INDIRECT COSTS	\$ -
14. TOTAL EXPENDITURES FUNDED (Sum of Lines 12-13)	\$ 213,475.38



**SOUTHWEST MICHIGAN BEHAVIORAL HEALTH  
PROGRAM BUDGET - COST DETAIL**

PROGRAM: <b>Task Force</b>	BUDGET PERIOD: From: 10/01/20 To: 09/30/21	DATE PREPARED: 07/07/20
CONTRACTOR NAME: Prevention Works, Inc.	BUDGET AGREEMENT: <input checked="" type="checkbox"/> ORIGINAL <input type="checkbox"/> AMENDMENT	AMENDMENT NO: 0

1. SALARIES AND WAGES POSITION DESCRIPTION	COMMENTS	FTE REQUIRED	TOTAL SALARY
Program Director			24,565.44
Program Coordinator			41,770.50
Prevention Specialist			10,819.68
1. TOTAL SALARIES AND WAGES		0.000	\$ 77,155.61

2. FRINGE BENEFITS (SPECIFY)	COMPOSITE RATE %	22.00%	
<input type="checkbox"/> FICA <input checked="" type="checkbox"/> HEALTH INS <input type="checkbox"/> HEARING INS <input checked="" type="checkbox"/> SHORT TERM DISB			16,974.23
<input type="checkbox"/> UNEMPLOY INS <input type="checkbox"/> LIFE INS <input checked="" type="checkbox"/> DENTAL INS <input type="checkbox"/> LONG TERM DISB			
<input checked="" type="checkbox"/> RETIREMENT <input checked="" type="checkbox"/> VISION INS <input type="checkbox"/> WORK COMP <input type="checkbox"/> OTHER: specify			
2. TOTAL FRINGE BENEFITS			\$ 16,974.23

3. TRAVEL (Specify if category exceeds 10% of Total Expenditures) CADCA Trainings	1,260.00
3. TOTAL TRAVEL	\$ 1,260.00

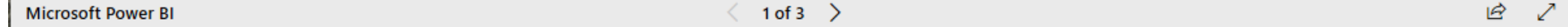
4. SUPPLIES AND MATERIALS (Specify if category exceeds 10% of Total Expenditures) Training supplies, office supplies, copies, postage, program materials, campaign materials	3,889.20
4. TOTAL SUPPLIES AND MATERIALS	\$ 3,889.20

5. CONTRACTUAL (Subcontracts)		Amount
Name	Address	
Black Lab Five-Campaign Materials	123 E Michigan Kalamazoo, MI 49007	1,575
Adams Outdoor Advertising	407 E Ransom, Kalamazoo, MI 49007	5,775
Cole Gavlas, CPA	2401 W. Centre Ave. Portage, MI 49024	5,408
Evaluation Consultant		2,415
5. TOTAL CONTRACTUAL		\$ 15,172.50

**SOUTHWEST MICHIGAN BEHAVIORAL HEALTH  
PROGRAM BUDGET - COST DETAIL**

6. EQUIPMENT (Specify)	<u>Amount</u>
6. TOTAL EQUIPMENT	\$ -
7. UTILITIES (Specify) Electricity/Heating/AC/Water, etc.	1,351.88
7. TOTAL UTILITIES	\$ 1,351.88
8. INSURANCE (Specify) Liability Insurance	997.50
8. TOTAL INSURANCE	\$ 997.50
9. REPAIRS AND MAINTENANCE (Specify)	2,222.33
9. TOTAL REPAIRS AND MAINTENANCE	\$ 2,222.33
10. RENTAL/LEASE (Specify) Occupancy	2,047.50
10. TOTAL RENTAL/LEASE	\$ 2,047.50
11. OTHER EXPENSES (Specify) Communication Printing	<u>Amount</u> 3,465.00 2,047.50
11. TOTAL OTHER EXPENSES	\$ 5,512.50
12. TOTAL DIRECT EXPENDITURES (Sum of Totals 1-11)	\$ 126,583.25
13. INDIRECT COSTS  INDIRECT RATE <span style="background-color: yellow;"> </span>	-
13. TOTAL INDIRECT COSTS	\$ -
14. TOTAL EXPENDITURES FUNDED (Sum of Lines 12-13)	\$ 126,583.25

<https://app.powerbigov.us/view?r=eyJrIjoiaNTQ4Y2YzMmQtMWM0Yy00ODUzLTg0YWYtMTBkNjAwMWMxMWM2IiwidCI6ImQ1Zm13MDg3LTM3NzctNDJhZC05NjZhLTg5MmVmNDcyMjVhMSJ9&pageName=ReportSectiona1bd1bb5eb5c45852eba>





1,707



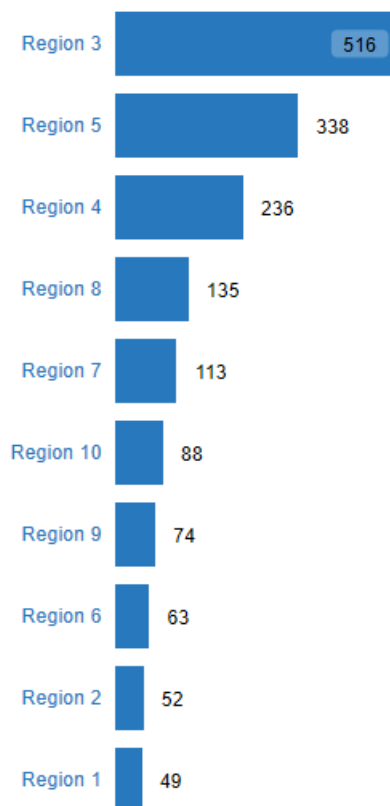
**Behavioral Health and Developmental  
Disabilities Administration**  
Department of Health and Human Services

COVID-19  DASHBOARD

## Adult Foster Care Facilities

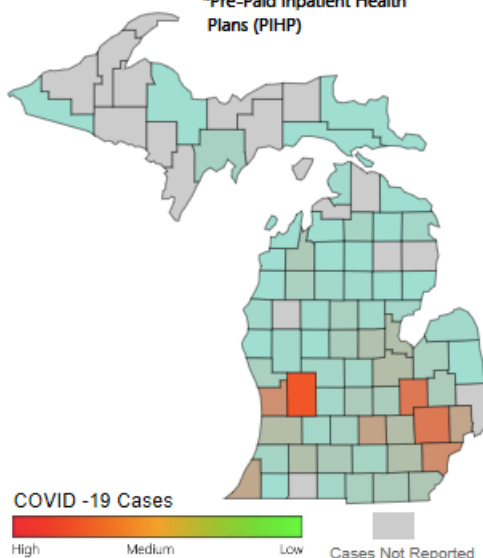
Data Source MDHHS Data refreshed by 4pm EST. Each Monday  
Data from Adult Foster Care Facilities (AFC)

## by PIHP Region



Select **PIHP Region** from list →  
and all graphics adjust.

\*Pre-Paid Inpatient Health Plans (PIHP)



*This information does not replace a thoughtful conversation with facility staff about their current infection control practices and mitigation strategies. Questions that families might ask a care facility include:*

- What are you doing currently to protect residents from COVID-19?
- What precautions do you take when you do identify a person who is symptomatic of COVID-19?
- How are families kept apprised of changes related to your infection control policies?

**Note:** Some facilities are actively performing regular testing on all staff and residents, so counts may fluctuate as pending results become available.

## PIHP Regions

- ☐ Region 1
  - ☐ Region 2
  - ☐ Region 3
  - ☐ Region 4
  - ☐ Region 5
  - ☐ Region 6
  - ☐ Region 7
  - ☐ Region 8
  - ☐ Region 9
  - ☐ Region 10

Facility Name	County	Cases
AC Flower House LLC	Barry	0
Addie's Acres, LLC	Clinton	0
Addington Place of Dewitt 2	Clinton	0
Addington Place of DeWitt 3	Clinton	0
Addington Place of East Paris #3	Kent	0
Addington Place of East Paris #5	Kent	0
Addington Place of East Paris #6	Kent	0
Addington Place of East Paris #7	Kent	4
Addington Place of East Paris #8	Kent	3
Addington Place of Grand Blanc 1	Genesee	0
Addington Place of Grand Blanc II	Genesee	0
Addington Place of Grand Rapids Bay Pointe	Kent	0
Addington Place of Grand Rapids Nantucket	Kent	0
Addington Place of Grand Rapids Peace Harbor	Kent	0
Addington Place of Grand Rapids Seaside	Kent	0
Agape Home At Blueberry Fields	Muskegon	14
AHSL Holland Bay Pointe	Ottawa	1
AHSL Holland Beachside	Ottawa	6
AHSL Holland Boardwalk	Ottawa	5
AHSL Holland Driftwood	Ottawa	0
AHSL Holland Lakeshore	Ottawa	0
AHSL Holland Lighthouse	Ottawa	1
AHSL Jenison Beechwood	Ottawa	0
AHSL Jenison Cherrywood	Ottawa	0
AHSL Jenison Cottonwood	Ottawa	5
AHSL Jenison Maplewood	Ottawa	5
AHSL Jenison Sandalwood	Ottawa	0
AHSL Jenison Willowood	Ottawa	10
AHSL Kentwood Cobblestone	Kent	0
AHSL Kentwood Fieldstone	Kent	5
<b>Total</b>		<b>1,707</b>

**Opportunities to Strengthen SUD Provider Capacity and Enhance SUD Treatment Services  
for Medicaid Beneficiaries in Michigan:  
Suggestions from Key Informant Interviews with PIHP Officials**

**Report from the  
University of Michigan Institute for Healthcare Policy & Innovation  
September 2020**

Effective treatment for substance use disorder (SUD) requires adequate provider capacity across the continuum of SUD care. In Michigan, public-sector SUD provider capacity is overseen and administered through ten regional Prepaid Inpatient Health Plans (PIHPs).

The Michigan Department of Health and Human Services (MDHHS) received a planning grant through the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act, Section 1003, to identify strategies to strengthen SUD provider capacity and improve access to SUD treatment for Medicaid beneficiaries. In its role providing technical assistance for the SUPPORT Act planning grant, a team from the University of Michigan conducted key informant interviews with officials from each of the ten PIHPs.

Following an introductory email by the MDHHS project director, the UM team emailed the CEO and SUD director for each PIHP, asking them to identify possible times for an interview. The invitation encouraged them to include other members of their leadership team whose roles intersected with provider capacity issues. The UM team prepared a general interview guide, with input from MDHHS colleagues. In advance of the interviews, the UM team reviewed available documents to facilitate tailoring of interview questions based on PIHP characteristics. The UM team conducted interviews via Zoom between July 8 and August 5, 2020.

The timing of the key informant interviews coincided with two other PIHP activities: (1) temporary changes in some payment and service delivery policies due to COVID-19, outlined in each PIHP's June 2020 Network Stability Plan; and (2) preparation of the PIHP's 3-year strategic plan for review and approval by MDHHS. Prior to the interviews, the UM team reviewed the COVID-related Network Stability Plans, but did not have access to the broader strategic plans. To respect the time of PIHP officials participating in the interviews, the UM team did not attempt to document specific network adequacy data expected to be included in the strategic plans; rather the interviews focused on policies and regulations that create challenges for PIHPs around maintaining their provider network and ensuring access to SUD services.

The UM team reviewed interview notes and call transcripts to prepare this high-level summary. The summary is organized in three sections: maintaining an SUD provider network; improving the quality of SUD care within the network; and enhancing beneficiary access to SUD services. Each section presents a series of challenges, along with policy, regulatory or funding options mentioned by at least two PIHPs as a potential strategy to address that challenge.

## Maintaining an SUD Provider Network

Maintaining an SUD provider network able to meet the needs of the population goes beyond meeting a minimum ratio for network adequacy. PIHPs consider a range of factors, such as whether the network offers the full range of SUD care levels outlined in the ASAM continuum, and accessibility across the region. Nine of ten PIHPs either have a closed network or utilize Request for Proposals (RFPs) for specific needs (e.g., certain provider types, geographic areas). PIHPs consider the financial viability of current network providers in determining whether, when, and where to seek additional providers. PIHPs generally reimburse network providers on a fee-for-service basis, with some exceptions. Specific challenges noted by one or more PIHPs include the following.

**Low reimbursement.** PIHPs noted that they are limited in their provider payment options by their state-established rates and other funding amounts (e.g., block grant); several PIHPs described SUD services as being underfunded relative to other behavioral health services, which results in lower wages to clinicians with like credentials serving different populations. This makes it difficult for SUD providers to attract and retain clinicians. As wages remain stagnant, the rates never improve because they aren't reflected in the rate setting process, resulting in low wages being carried forward for years – a vicious circle.

Within PIHP regions, reimbursement rates can vary; for example, SUD providers may negotiate a higher rate based on the type and/or combination of services they offer. Several PIHPs expressed interest in value-based payments, but are limited by available funding, difficulty attributing payment for service delivery that encompasses multiple providers, and need to outline appropriate options for value-based payment system that fits with Michigan's SUD delivery structure.

### Potential strategies:

- Refine actuarial models to ensure rates are appropriate for all levels of care, taking into account staffing requirements, costs to support clients as they transition through the SUD continuum of care, and costs to coordinate with mental and physical health providers
- Identify potential value-based payment models, and engage PIHPs in determining which models are appropriate for different SUD provider types and/or services

**Administrative and financial burden of licensure and accreditation.** The regulatory and administrative requirements for SUD provider organizations in the public system are substantial. PIHPs opined that this administrative burden – perhaps moreso than low reimbursement rates – is a major deterrent to recruitment of new provider organizations. For example, several PIHPs noted that the providers who do not participate in their networks tend to be the smaller “mom and pop” practices. PIHPs noted that they try to work with their peers in other regions, using available options to minimize the administrative burden. However, PIHPs expressed some reluctance around accepting administrative audits of SUD providers that were conducted by another PIHP.



Potential strategies:

- Allocate funding for PIHPs to assist providers with start-up costs
- Allow rural exceptions for certain certification/accreditation requirements
- Encourage LARA to adopt efficiency initiatives to reduce administrative requirements and fees (e.g., conduct agency/ organization-wide licensure rather than site-specific actions)
- Develop strategies to guide the sharing of administrative audits for providers who participate in multiple PIHP networks, such as systems to promote standardization of methods

**CMHSPs as SUD providers.** In six of the seven PIHPs that include multiple counties, some – but not all – CMHSPs are in the SUD provider network. Benefits of having CMHSPs in the SUD provider network include opportunities for efficient assessment and placement into treatment, particularly for beneficiaries with co-occurring SUD and mental health diagnoses. Challenges include CMHSPs crowding out smaller providers, thus limiting their financial viability and potentially reducing the options for beneficiaries; CMHSPs being less comfortable serving the SUD population; and CMHSP receiving higher levels of reimbursement relative to SUD providers in other settings, which can strain the PIHP budget.

Potential strategies:

- Convene a workgroup of representatives from PIHPs, CMHSP, and the Substance Abuse Prevention, Treatment and Recovery provider system to discuss issues and identify best practices related to CMHSPs as SUD providers

**Mismatch between state staffing requirements and SUD best practices.** PIHPs noted that certain staffing requirements are unnecessarily restrictive and do not reflect ASAM guidance. An example is the requirement to have a registered nurse on site for withdrawal management/detox services; this requirement does not distinguish between withdrawal management conducted at ASAM levels 3.7 vs 3.2. Such over-regulation creates additional expenses for SUD providers which may not be reflected in reimbursement levels. For example, when new staffing requirements are enacted, there is a long lag time before the increased costs are reflected in state rates.

Potential strategies:

- Continue to work with LARA to ensure licensing requirements are in alignment with national staffing standards, allowing flexibility of medical staffing when appropriate
- Establish avenues for regular, ongoing interaction between LARA and MDHHS behavioral health officials/PIHP representatives to allow LARA officials to gain a better understanding of SUD guideline and practices, including ASAM levels of care, in order to avoid overregulation
- Establish a standard practice for BHDDA review of the costs of implementing new staffing requirements and, when those costs are significant, allocate short-term funds to assist the affected providers until rates are recalculated



**Financial viability of provider organizations with low patient volume.** PIHPs with large rural areas may have certain counties or geographic areas with low-density populations that do not generate a consistent level of financial support for SUD providers. Additionally, PIHPs may not have a volume of beneficiaries in special populations (e.g., adolescent, pregnant women) who need certain types of SUD services (e.g., residential treatment) to generate a sustainable level of financial support for those providers.

Potential strategies:

- Allocate targeted funding for infrastructure support for rural providers with limited options to achieve financial viability due to low patient volume
- Work with PIHPs to design cross-regional, proactive (not punitive) options for certain low-volume services

**Staff recruitment and retention.** Although PIHPs are not directly responsible for delivery of SUD services, most PIHPs indicated that recruitment and retention of providers across their network impacts their overall capacity. Specific recruitment issues include lower salaries for SUD clinicians compared with other behavioral health areas (described previously), providers not wanting to live in certain geographic areas, and limited recognition of SUD work as a career path. PIHPs also noted issues with retaining SUD providers. Retention issues include staff burnout due to the unique challenges of SUD work and aging out of the workforce. Retention is also impacted by lack of funding and support for staff development, as well as uneven availability of professional development opportunities across the state. A related issue is that masters-level clinicians face the same certification requirements as untrained counselors despite their requirement for continuing education requirements. Finally, some PIHPs have heard provider reports that they do not receive regular professional supervision, which is required by the Michigan Certification Board for Addiction Professionals for many positions.

Potential strategies:

- Allocate funds for student loan forgiveness or recruitment/retention incentives for SUD providers in medically underserved areas
- Implement targeted educational programs in high-need areas (e.g., programs at rural community colleges/universities) to expand the pipeline of SUD providers
- Allocate funds to each PIHP to ensure equitable opportunities for staff training and professional development, including time spent in professional supervision
- Revise state regulations to allow masters-level clinicians to use continuing education credits in lieu of certification requirements

**Measuring and rewarding performance.** PIHPs expressed interest in utilizing value-based payment options, and several are actively working toward implementation of these models. Most PIHPs noted challenges with developing an effective and equitable value-based payment system. First, there is a lack of consensus around which outcomes and performance metrics are appropriate for value-based payments, as well as consensus on how to incorporate risk into the payment algorithm. Second, there is a desire to measure and reward support for transitions across the care continuum, but the short-term nature of those services and the common need for multiple care transitions makes it difficult to know whose performance should be measured.

Third, under Michigan's SUD administrative structure it is unclear what kind of value-based payments can be used effectively without penalizing PIHPs financially when rates are set by the state actuary; there may be conflicts of interest for PIHPs that are also CMHSPs. Fourth, rewarding effective case management likely includes outcomes not routinely documented (e.g., employment, housing) and may intersect with case management offered through Medicaid Health Plans. Finally, implementation of performance incentives will require specific training of providers and staff across a range of SUD care settings.

Potential strategies:

- Initiate a state-level effort, with substantial PIHP involvement, to develop consensus around key performance outcomes
- Identify potential incentive models and engage PIHPs in discussions of which models are appropriate for Michigan's SUD administrative structure
- Explore options to incentivize providers to participate in quality improvement and training related to performance measures and key outcomes

## Enhancing Beneficiary Access and Engagement

Beneficiary access to and engagement is essential to effective SUD treatment. PIHP comments about access and engagement coalesced around three areas: peer recovery coaches, transportation, and telehealth, and engaging with the justice system.

**Peer recovery coaches.** PIHPs lauded the value of peer recovery coaches in maintaining client engagement. The most common challenge involves regulations that are unnecessarily limiting, such as the requirement that peer recovery coaches have received SUD treatment in the public system. PIHPs noted that many SUD providers also serve privately insured patients, while many Healthy Michigan Plan enrollees have had employer-sponsored insurance, so the public and private systems are not as distinct as one may think. The requirement for coaches to have numerous years free of a felony conviction can be problematic for individuals who meet other requirements but have a more recent history of involvement with the justice system. The result is that PIHPs either cannot hire certain individuals who may be effective coaches, or they must use block grant or other flexible funding sources for peer recovery coaches who do not meet requirements for Medicaid reimbursement.

Other issues affect how PIHPs deploy peer recovery coaches. The Medicaid requirement for face-to-face peer recovery support does not allow for a more case management approach. Billing for peer support in recovery homes is complicated when patients also see a peer recovery coach in another setting, which is not uncommon. A unique issue for PIHPs with substantial rural areas is the lack of flexibility in funding peer recovery coaches across multiple grants, when the low per-grant caseload may not support a full-time coach.

Placement of peer recovery coaches can be challenging. Outpatient providers may not understand how to utilize peer recovery coaches, and also may not have sufficient volume of

patients with SUD to sustain an onsite coach. PIHP efforts to deploy peer recovery coaches in hospitals and emergency departments have hit road blocks due to liability concerns, as well as lack of understanding on how to utilize them effectively. Having a criminal background hinders placement of peer recovery coaches in jails or prisons. More generally, stigma toward both peer recovery coaches and SUD clients continues to be pervasive across all settings.

Finally, PIHPs emphasized that peer recovery coaches require substantial training and ongoing supervision, more so than masters-level clinicians. Despite progress in providing opportunities for certification, there is little discussion of a longer-term career path.

Potential strategies:

- Remove requirements related to receiving treatment in the public system and having numerous years free of felony
- Include peer recovery support in per diem rates for recovery housing
- Allow flexibility to use multiple grants to fund peer recovery coaches
- Increase reimbursement for peer recovery coaches in recognition of the increased need for supervision
- Identify longer-term career paths for peer recovery coaches beyond initial certification

**Transportation.** Engagement with services is essential for successful SUD treatment, but most PIHPs described transportation to SUD services as a substantial barrier to client engagement. In rural areas, SUD services can be located far away, with limited options for public transport. Clients in urban settings also have challenges with transportation.

Many PIHPs described Medicaid coverage for transportation as unclear and/or inequitable. In particular, PIHPs noted the disparity between transportation policies and reimbursement for the Medicaid Health Plans vs the PIHPs. Different systems for accessing transportation, and even requirements for advance notice, can create barriers for SUD clients. Even when clients are able to utilize their Medicaid transportation benefit, they often report disrespectful treatment from drivers.

When Medicaid is not an option, PIHPs use block grant or other flexible funds to cover transportation. However, these funds may not be consistently available throughout the year; for example, some PIHPs limit the use of block grant funds for transportation until later in the fiscal year, to ensure they have sufficient funds. This creates a problem for clients, who experience many changes in whether and how they can receive transportation assistance.

Some PIHPs have deployed peer recovery coaches to assist with transportation, with the additional benefit of supporting engagement with treatment. These PIHPs felt this is an unrecognized but valuable strategy.

Two PIHPs described their recent experiences with mobile units to address transportation barriers. Both PIHPs described regulatory challenges with deploying their mobile unit in the way they felt would be most effective; examples of restrictive regulations included a LARA

requirement that the mobile unit be linked to a physical address (which runs counter to the concept of a mobile unit) and limits on methadone treatment in mobile units.

Potential strategies:

- Provide clear guidelines on what Medicaid allows under transportation codes, including situations where clients receive both SUD and other types of services (e.g., physical health, other behavioral health)
- Review reimbursable transportation options to ensure there is equity for SUD treatment vs other services
- Implement a policy change to cover transportation for SUD services under Medicaid, by inclusion in PIHP capitation rates or direct billing to Medicaid
- Consider a carve-out for SUD transportation due to the frequency of services (e.g., with Medication Assisted Treatment) and the provider behavior issues
- Revise regulations around mobile units to maximize their use in delivering a broad array of SUD services, including methadone, in locations convenient for clients

**Telehealth.** Telehealth is an important way to maintain engagement with clients; it is a strategy to address transportation barriers and it allows clients to receive services while also fulfilling their family and/or work responsibilities. Based on their experiences during the COVID-19 pandemic, PIHPs were enthusiastic about the use of telehealth for SUD service delivery but noted several challenges. Common barriers were technology limitations for both clients (e.g., cell phone minutes/battery life, access to WiFi) and providers (e.g., lack of HIPAA-compliant telehealth technology) particularly smaller providers. Providers need additional training and guidance to ensure that they are appropriately using and billing for telehealth services.

Looking beyond the pandemic period, PIHPs expressed enthusiasm for continuing, or even expanding, telehealth options. However, they also expressed a desire for tracking outcomes to better understand the optimal balance of telehealth vs in-person services.

Potential strategies:

- Identify and disseminate information about options to assist clients with technology issues
- Continue pandemic-related relaxation of telehealth rules, particularly telehealth to home (not just site-to-site) and telephone-based service
- Allow telehealth to be used for intake
- Allocate infrastructure support funds for HIPAA-compliant telehealth technology
- Participate in statewide or national efforts to track key outcomes for telehealth (e.g., engagement with treatment, overdose)

**Engaging with the justice system.** PIHPs noted that many SUD clients have interactions with the justice system. For clients who are already receiving SUD treatment, involvement with the justice system can create a barrier to continuity of treatment. For individuals who have not yet begun SUD treatment, jail or prison can disrupt their Medicaid enrollment and create barriers

to assessment and treatment initiation. For example, clients may not realize their coverage has been terminated, or may be unclear on the process to reinstate their coverage. In the interim, they may be denied services or charged out-of-pocket for services.

Several PIHPs have attempted to place peer recovery coaches in jails and prisons, but restrictions of individuals with criminal backgrounds is a common barrier. Some PIHPs noted efforts to work with the court system to facilitate access to treatment, but stigma toward SUD clients and negative attitudes about medication-assisted treatment can impede buy-in from justice personnel.

Potential strategies:

- Ensure that Medicaid coverage is suspended, rather than terminated, when individuals enter jail or prison, and work for prompt re-enrollment as soon as the individual is released
- Expand advocacy and financial support for enhanced collaborations between PIHPs and jails, prisons, and courts to facilitate access to SUD treatment services, including medication assisted treatment

## **Coordinating with Providers Outside the PIHP Network**

PIHPs emphasized the importance of collaborating with the SUD providers in their network to improve the quality of SUD services. Nine of ten PIHPs described challenges related to the coordination of SUD care across settings. Other themes included lack of connections with primary care and provider turnover.

**Limited connections to primary care.** PIHPs described limited knowledge of the extent to which primary care providers offer SUD services, including medication assisted treatment. Primary care providers have closer ties to Medicaid Health Plans, so are less interested in educational or quality improvement opportunities through PIHPs. As such, PIHPs are uncertain if primary care providers have adequate knowledge about delivering SUD services and if they understand how to direct patients to SUD services in the PIHP system. Other concerns are the extent to which primary care practices are comfortable providing services to persons with SUD.

Potential strategies:

- Develop options for PIHPs to offer education to primary care providers affiliated with Medicaid Health Plans
- Continue to explore and expand demonstration projects that allow primary care practices to receive technical assistance from SUD specialists (e.g., Opioid Health Homes, Michigan Opioid Collaborative)

**Limitations on care coordination.** Many beneficiaries who need SUD services also need other behavioral health care and/or medical care; in short, beneficiaries routinely access services through multiple systems of care. Coordination of assessment and treatment services across SUD (PIHP), behavioral health (CMH) and medical (MHP) networks can be difficult; providers

typically are well-versed in one system, but have limited understanding of the processes to access services in the others. In addition, PIHPs note that the reimbursement is based on episodes of care or delivery of specific services, rather than ensuring continuity of care. Several PIHPs noted limitations on their ability to bill Medicaid for SUD-focused care coordination.

Potential strategies:

- Allow Medicaid care coordination codes to be used by PIHP and CMH provider networks

**Lack of data sharing.** Federal regulations limit sharing of data that denotes SUD diagnoses; this impacts PIHPs' ability to coordinate care outside their network. For example, the new quality indicator measuring follow-up services after an emergency department visits for alcohol or drug use was described as problematic because PIHPs don't consistently receive information about such visits. PIHPs who had experience with expanded data sharing (e.g., Opioid Health Homes) felt it was beneficial to their quality improvement efforts.

Potential strategies:

- Expedite state efforts to expand data sharing, including eConsent
- Provide ongoing opportunities for PIHPs and Medicaid Health Plans to explore shared responsibilities and collaboration, including data sharing options

**Working with MDHHS.** PIHPs described a cordial working relationship with BHDDA officials, and welcome opportunities to work collaboratively on addressing challenges. PIHPs expressed a range of ideas to enhance this partnership in the areas of communication, funding, and facilitation of administrative tasks.

Potential strategies:

- Engage PIHPs early on any new or modified funding or administrative changes
- Ensure that PIHPs are aware of supplementary or external funding (e.g., SOR grants) to enable coordination of SUD/behavioral health funding
- Continue to provide flexibility in allowing OUD-targeted funds to be used for activities that will benefit the broader SUD population, whenever possible
- Assist PIHPs in maximizing the use of block grant funds by removing state policies that are more restrictive than federal rules
- Consider ways to use existing information for internal assessment and innovation rather than punitive reasons (e.g., Medicaid Fair Hearings data)
- Provide guidance on how PIHPs can share/accept audit data for SUD providers participating /contracting with multiple PIHPs
- Engage PIHPs in efforts to address racial disparities in access to and use of services

## **SUMMARY**

PIHPs experience common challenges in overseeing the delivery of SUD services. This series of brief interviews with PIHP officials yielded an array of suggestions that would facilitate their efforts to build and maintain an adequate SUD provider network, coordinate with providers outside the PIHP system, and improve access to SUD services for beneficiaries. Some of the suggested policy, regulatory and programmatic changes would impact all PIHPs, while others would be applicable to a subset of PIHPs based on their administrative structure and/or population characteristics. Most importantly, PIHPs welcome opportunities to engage with MDHHS and with each other to refine these ideas and work toward implementation.

## Participants in PIHP Interviews

### **NorthCare Network**

CEO  
SUD director  
CFO

### **Northern MI Regional Entity**

CEO  
Managing Director of SUD Services  
Provider Network Manager

### **Lakeshore Regional Entity**

LSRE SUD director  
LSRE CEO  
LSRE Chief Information Officer  
LSRE Chief Financial Officer  
CMH/County Reps from all 5 counties

### **Southwest MI Behavioral Health**

CEO  
SUD Director  
Chief Compliance & Privacy Officer

### **Mid-State Health Network**

CEO  
Chief Clinical Officer (SUD Director)  
Chief Behavioral Health Officer  
Dir of Utilization and Care Management  
Dir of Provider Network Administration Systems  
Dir of Quality, Compliance and Customer Services  
CFO

### **CMH Partnership of Southeast MI**

CEO  
SUD director  
COO  
Clinical Treatment Coordinator  
Consultant (former SUD Clinical Director)

### **Detroit Wayne Integrated Health Network**

SUD director  
Deputy CEO, COO  
Clinical Officer

### **Oakland Community Health Network**

Director SUD Services  
Manager SUD Services  
Access Supervisor  
Lead Clinical Analyst SUD Services  
Director of Quality Improvement & Provider  
Network Management

### **Macomb County CMH Services**

COO  
CFO  
SUD director

### **Region 10 PIHP**

CEO  
Clinical Manager/Interim SUD Director  
Admin Director  
Quality Manager  
Finance Director





STATE OF MICHIGAN

GRETCHEN WHITMER  
GOVERNOR

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
LANSING

ROBERT GORDON  
DIRECTOR

**M E M O R A N D U M**

**DATE:** December 22, 2020

**TO:** PIHP Directors

**FROM:** Allen Jansen, Senior Deputy Director *AJ*  
Behavioral Health and Developmental Disabilities Administration

**SUBJECT:** Reduction on Substance Abuse Block Grant (SABG) Funding

In response to your request regarding information on the cause of the reduction in SABG funding, we provide the following explanation.

The reduction in federal Substance Abuse Block Grant (SABG) dollars to be received by Michigan's PIHPs in fiscal year (FY) 2021, from the FY 2020 funding level, is due to the fact that the Block Grant funds distributed to the PIHPs over the past several years included unspent dollars from prior years. Due to a number of causes – chief among them being increases in demand for Substance Use Disorder (SUD) services by persons with Medicaid or other insurance coverage – these unspent dollars, from prior years, are not available to be included in the Community Grant dollars which include federal Block Grant and matching state General Fund dollars allocated to the State's PIHPs in FY 2021.

In an effort to minimize the impact of the reduction in FY 2021 SABG funding to the State's PIHPs, Michigan Department of Health and Human Services (MDHHS) has increased the level of federal discretionary grant funding, such as the State Opioid Response (SOR and SOR 2) Grants, allocated to the PIHPs. As such, most PIHPs will receive a net increase in overall funding to provide SUD prevention and treatment services from federal resources. While some of the programs and costs currently supported by SABG dollars will be adversely affected, many of the programs can be now supported with SOR or SOR 2 dollars, provided the services conducted by the programs are consistent with the requirements of the SOR 2 Grant as specified in the Funding Opportunity Announcement.

MDHHS/BHDDA will continue to explore pathways to secure additional federal funding to enhance and increase prevention, treatment and recovery services provided to Michigan residents at risk or living with substance use disorders.

If you have additional questions, please let me know. As always, we appreciate your advocacy and support.

cc: Jeffery Wieferich  
Larry Scott



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES

LANSING

GRETCHEN WHITMER  
GOVERNOR

ROBERT GORDON  
DIRECTOR

December 10, 2020

Dear Stakeholder:

This letter is to strongly state the support of the Michigan Department of Health and Human Services (MDHHS) for Syringe Services Programs (SSP) expansion in Michigan. SSPs provide vital health services to people who use substances to help them stay safe and meet people where they are without judgment. Reversing the opioid crisis in Michigan requires helping people stay safe and alive, even if they are not ready for treatment.

Syringes may be offered to the public under authorized agencies (MCL 333.7457(f)). This law negates the paraphernalia status of syringes distributed by approved programs regardless of local ordinance stating the contrary.

In 2018, the CDC identified Michigan as having one of the highest number of counties vulnerable to Human Immunodeficiency Virus (HIV) and Hepatitis C Virus (HCV) outbreaks among injection drug users. Incidence of HCV has been rising in young adults in Michigan. 83.7% of these cases were injection drug users. Therefore, there is a high correlation between HCV cases and injection drug use in young Michigan adults.

To counteract the rise in HCV cases, the number of SSPs has grown greatly in the last few years. SSPs have been shown to be effective in positively affecting the health of Michiganders. There are currently 64 SSP locations in Michigan which serve the purpose of treating addiction, assisting with harm reduction, and promoting drug abuse prevention through various program offerings. In Fiscal Year 2019, Michigan SSPs distributed almost 1 million syringes and 9,000 naloxone kits. These programs also referred over 2,000 Michiganders to substance use treatment and conducted HIV and HCV tests. Areas with SSP locations have lower incidence rates of HCV than do areas without SSPs. Overall, Michigan can do its part to save lives through implementing SSPs.

Due to the positive contributions SSPs can make in preventing HIV, HCV, and overdose deaths, MDHHS supports the implementation of these programs and will work with interested local communities to make this service available statewide. We encourage your organization to contact MDHHS by emailing [MDHHS-syringeaccess@michigan.gov](mailto:MDHHS-syringeaccess@michigan.gov) with any questions regarding SSPs.

Sincerely,

Dr. Joneigh Khaldun  
Chief Medical Executive

Allen Jansen  
Senior Deputy Director, BHDDA

Larry Scott  
Director, OROSC