Southwest Michigan
BEHAVIORAL HEALTH

Substance Use Disorder Oversight Policy Board (SUDOPB)

Four Points by Sheraton, 3600 E. Cork St. Kalamazoo, MI 49001
Monday, May 15, 2023
4:00-5:30
Draft: 5/8/23

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**
    - None
5. **Consent Agenda (Randall Hazelbaker)**
    - March 20, 2023 Meeting Minutes (d) pg.2
6. **Board Actions**
    a) Intergovernmental Contract (B. Casemore) (d) pg.6
    b) St. Joseph County Court Budget Amendment (d) pg.20
7. **Communication and Counsel**
    a) Legislative, Policy and Other Updates (B. Casemore) https://micounties.org/opioid-settlement-resource-center/ (d) pg.30
    b) 8th Annual Healthcare Policy Forum, October 6, 2023 (d) pg.39
8. **Board Education**
    a) Tara King, Program Coordinator, Opioid Advisory Commission (d) pg.40
    b) Fiscal Year 2023 YTD Financials (G. Guidry) (d) pg.75
    c) PA2 Utilization Fiscal Year 22 YTD (G. Guidry) (d) pg.76
    d) Fiscal Year 2024 Overview and Budget Planning (G. Guidry) (d) pg.77
    e) 2022 Mid-Year PA2 Reporting (A. Miliadi) (d) pg.92
    f) Overdose Updates (J. Smith) (d) pg.99
    g) Stipend Policy and Request Form (G. Guidry) (d) pg.104
    h) 2023 SUDOPB Attendance (d) pg.107
    i) MDHHS SUD Three Year Strategic Plan (J. Smith)
    j) Remaining 2023 Meetings: 7/17/23; 9/18/23; and 11/20/23
9. **Public Comment**
10. **Adjourn**

The meeting will be held in compliance with the Michigan Open Meetings Act

Southwest Michigan
BEHAVIORAL HEALTH

Substance Use Disorder Oversight Policy Board (SUDOPB) Meeting Minutes

March 20, 2023
4:00 – 5:30 pm
Draft: 3/21/23

Members Present: Randall Hazelbaker (Branch County); Richard Godfrey (Van Buren County); Michael Majerek (Berrien County); Jared Hoffmaster (St. Joseph County); Diane Thompson (Calhoun County); Mark Doster (Barry County);

Members Absent: Paul Schincariol (Van Buren County); Melissa Fett (Kalamazoo County); Joanna McAfee (Kalamazoo County); RJ Lee (Cass County) Rochelle Hatcher (Calhoun County); Rayonte Bell (Berrien County)

Staff and Guests Present:
Brad Casemore, CEO, 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, Chief Financial Officer, SWMBH; Achiles Malta, Regional Coordinator for SUD Prevention Services, SWMBH; Anastasia Miliadi, SUD Treatment Specialist, SWMBH; Ella Philander, Strategic Initiatives Project Manager, SWMBH

Welcome and Introductions
Randall Hazelbaker called the meeting to order at 4:02 pm. Introductions were made.

Public Comment
None

Agenda Review and Adoption

Motion	Jared Hoffmaster moved to approve the agenda as presented.
Second	Richard Godfrey
Motion Carried	

Financial Interest Disclosure (FID) Handling
Mila Todd stated that SWMBH has received completed Financial Interest Disclosure Statements from the following members and there is no Board action required:
Michael Majerek
Jared Hoffmaster
Melissa Fett
Richard Godfrey
RJ Lee
Randall Hazelbaker

Mila Todd will email SUDOPB members who have not yet completed their FIDs.
Mila Todd stated that Mark Doster completed a Financial Interest Disclosure Statement and indicates he serves as a Board Member for Barry County Community Mental Health, an SUD provider with which SWMBH holds a contract.

Motion	Jared Hoffmaster moved that this Board is not, with reasonable efforts able to obtain a more advantageous transaction or arrangement from someone other than Mr. Doster and the interest disclosed is not so significant as to affect the integrity of the services SWMBH can expect to receive from Mr. Doster, and a waiver should be granted.
Second	Diane Thompson
Motion Carried	

Consent Agenda

Motion	Jared Hoffmaster moved to approve the 1/30/23 meeting minutes as presented.
Second	Richard Godfrey
Motion Carried	

Board Actions

Per Diem for SUDOPB Attendance

Randall Hazelbaker and Board Members discussed a per diem for SUDOPB attendance to be paid by SWMBH.

Motion	Randall Hazelbaker moved to approved a $50 per diem for SUDOPB meeting attendance for Board Members that currently do not received a per diem from their respective county.
Second	Jared Hoffmaster
Motion Carried	

Calhoun County Budget Amendments

Joel Smith and Garyl Guidry presented the Calhoun County Budget Amendment requests. Discussion regarding the impact on Calhoun County PA2 balance and Fiscal Year 2024 PA2 available was had between management and Board.

Motion	Jared Hoffmaster moved to approve the 37th Circuit Court-Calhoun County Budget Amendment as presented.
Second	Michael Majerek
Roll Call Vote	
Diane Thompson	yes
Jared Hoffmaster	yes
Michael Majerek	yes
Randall Hazelbaker	yes
Richard Godfrey	yes
Mark Doster	yes
Motion Carried	

Motion	Jared Hoffmaster moved to approve the 10th District Court-Calhoun County Budget Amendment as presented.
Second	Richard Godfrey
Roll Call Vote	
Diane Thompson	yes
Jared Hoffmaster	yes

Michael Majerek	yes
Randall Hazelbaker	yes
Richard Godfrey	yes
Mark Doster	yes
Motion Carried	

Motion	Jared Hoffmaster moved to approve the Summit Pointe-Calhoun County Budget Amendment as presented.
Second	Richard Godfrey
Roll Call Vote	
Diane Thompson	yes
Jared Hoffmaster	yes
Michael Majerek	yes
Randall Hazelbaker	yes
Richard Godfrey	yes
Mark Doster	yes
Motion Carried	

Board Education

Fiscal Year 2022 YTD Financials
Garyl Guidry reported as documented, highlighting numbers for Medicaid, Healthy Michigan, MI Child, Block Grant, and PA2. Discussion followed.

PA2 Utilization Fiscal Year 2022 YTD
Garyl Guidry reported as documented.

Substance Use Vulnerability Index
Ella Philander reported as documented. Discussion followed.

2022 Admission Data
Joel Smith reported as documented. Discussion followed.

2022 Prevention Outcomes
Achiles Malta reported as documented.

2022 Naloxone Report
Achiles Malta reported as documented. Discussion followed.

Communication and Counsel

Intergovernmental Contract
Brad Casemore reviewed the history of the Intergovernmental Contract and timeline for renewal of the contract which expires 12/31/23. A red line version of the Intergovernmental Contract will be presented to the Board for approval at the May 15, 2023 meeting.

Legislative and Policy Updates
Brad Casemore reported as documented.

Opioid Advisory Commission and Opioid Task Force
Brad Casemore reported as documented and noted that the Opioid Advisory Commission will be releasing their report on March 30, 2023.

8th Annual Healthcare Policy Forum, October 6. 2023
Brad Casemore reminded the Board Members of the 8th Annual Healthcare Policy Forum on October 6, 2023 and asked the members to hold the date for attendance.

2023 SUDOPB Attendance
Michelle Jacobs reported as documented.

Public Comment
None

Adjourn
Randall Hazelbaker adjourned the meeting at 5:40pm

Inter-Governmental Contract Renewal 2023

- Public Acts 500 and 501 of 2012 called for full integration of Michigan's Mental Health and Substance Abuse Service Authorities into Regional Entities as state-designated Community Mental Health Entities to
  - achieve greater administrative efficiencies
  - increase integration in the delivery of mental health, intellectual and developmental disabilities, and substance use disorder treatment services
- Relevant Sections of the Michigan Mental Health Code PA 258 of 1974, as revised are 330.1210, 330.1269, 330.1274 and 330.1287
- Eight (8) county Commissions and Southwest Michigan Behavioral Health have twice executed an Intergovernmental Contract which expires 12/31/23
- The Intergovernmental Contract needs to be renewed

Next Steps

- The current Substance Use Disorder Oversight Policy Board will review the renewal Intergovernmental Agreement as prepared by SWMBH Counsel in May 2023
- Each County Commission will be provided for review and approval the Inter-Governmental Contract.
- Direct questions to Bradley Casemore at SWMBH at Brad.Casemore@swmbh.org or (269) 425-6767
- SWMBH representative(s) are willing to attend County Commission meetings
- All nine parties must approve the same version of the Intergovernmental Agreement

June 12, 2023

County Board of Commissioners

RE: Intergovernmental Contract, Action Required

Dear

As you know, Kalamazoo County is a signatory to the PA 2 SWMBH Intergovernmental Contract stemming from MCL 330.1287(5).

That Contract expires 12/31/23, so it is time to renew.

Attached please find the contract as generated by Southwest Michigan Behavioral Health General Counsel and approved by the Substance Use Disorder Oversight Policy Board. Only the effective dates have been changed.

Please initiate movement of this document through your approval process to culminate in execution of the Contract by your applicable County official, with return to Michelle Jacobs at Southwest Michigan Behavioral Health, 5250 Lovers Lane, Portage, MI 49002 or michelle.jacobs@swmbh.org. Once signed by all nine parties we will provide you with a fully executed version for your records.

Please direct questions to Bradley P. Casemore, Chief Executive Officer, Southwest Michigan Behavioral Health at (269) 488-6956. Mr. Casemore or Joel Smith, SWMBH Substance Use Treatment and Prevention Director both of whom are willing to appear before the Commission upon request. Kindly provide as much notice of the invitation to michelle.jacobs@swmbh.org as possible.

Sincerely,

Bradley Casemore, MHSA, LMSW, FACHE

Chief Executive Officer

Cc: County Administrator

MENTAL HEALTH CODE (EXCERPT)
Act 258 of 1974

330.1210 Community mental health services program; election to establish; coordination of services.

Sec. 210. (1) Any single county or any combination of adjoining counties may elect to establish a community mental health services program by a majority vote of each county board of commissioners.

(2) A department-designated community mental health entity shall coordinate the provision of substance use disorder services in its region and shall ensure services are available for individuals with substance use disorder.

History: 1974, Act 258, Eff. Aug. 6, 1975;—Am. 1995, Act 290, Eff. Mar. 28, 1996;—Am. 2012, Act 500, Imd. Eff. Dec. 28, 2012.

330.1269 Department-designated community mental health entity and community mental health services program provider network; ability to contract for and spend funds; purposes.

Sec. 269. The department-designated community mental health entity and its community mental health services program provider network may contract for and spend funds for the prevention of substance use disorder and for the counseling and treatment of individuals with substance use disorder. A department-designated community mental health entity and other community mental health services program may make contracts with the governing bodies of other department-designated community mental health entities and other community mental health services programs and other persons for these purposes.

History: Add. 2012, Act 500, Imd. Eff. Dec. 28, 2012.

MENTAL HEALTH CODE (EXCERPT)
Act 258 of 1974

330.1274 Duty of department-designated community mental health entity to assume responsibility for providing services for county or multicounty region.

Sec. 274. A department-designated community mental health entity designated by the director to assume responsibility for providing substance use disorder services for a county or multicounty region, with assistance from its community mental health services program provider network, shall do all of the following:

(a) Develop comprehensive plans for substance use disorder treatment and rehabilitation services and substance use disorder prevention services consistent with guidelines established by the department.

(b) Review and comment to the department of licensing and regulatory affairs on applications for licenses submitted by local treatment, rehabilitation, and prevention organizations.

(c) Provide technical assistance for local substance use disorder service programs.

(d) Collect and transfer data and financial information from local programs to the department of licensing and regulatory affairs.

(e) Submit an annual budget request to the department for use of state administered funds for its substance use disorder treatment and rehabilitation services and substance use disorder prevention services in accordance with guidelines established by the department.

(f) Make contracts necessary and incidental to the performance of the department-designated community mental health entity's and community mental health services program's functions. The contracts may be made with public or private agencies, organizations, associations, and individuals to provide for substance use disorder treatment and rehabilitation services and substance use disorder prevention services.

(g) Annually evaluate and assess substance use disorder services in the department-designated community mental health entity in accordance with guidelines established by the department.

History: Add. 2012, Act 500, Imd. Eff. Dec. 28, 2012.

MENTAL HEALTH CODE (EXCERPT)
Act 258 of 1974

330.1287 Department-designated community mental health entity; composition of board; use of funds; contracts; allocation formula; establishment of substance use disorder oversight policy board; report on redistricting of regions; administrative and reporting requirements; entities as coordinating agencies.

Sec. 287. (1) The composition of the department-designated community mental health entity board shall consist of representatives of mental health, developmental or intellectual disabilities, and substance use disorder services.

(2) The department-designated community mental health entity shall ensure that funding dedicated to substance use disorder services shall be retained for substance use disorder services and not diverted to fund services that are not for substance use disorders.

(3) A department-designated community mental health entity designated by the director to assume the responsibilities of providing substance use disorder services for a county or region shall retain the existing providers who are under contract to provide substance use disorder treatment and prevention services for a period of 2 years after the effective date of the amendatory act that added this section. Unless another plan is approved by the county board of commissioners, counties or regions that have local public health departments that contract with substance use disorder providers on the effective date of the amendatory act that added this section shall continue to allow the local public health department to carry out that function for 2 years after the effective date of the amendatory act that added this section.

(4) The department and the department-designated community mental health entity shall continue to use the allocation formula based on federal and state data sources to allocate and distribute nonmedical assistance substance use disorder services funds.

(5) A department-designated community mental health entity shall establish a substance use disorder oversight policy board through a contractual agreement between the department-designated community mental health entity and each of the counties served by the community mental health services program under 1967 (Ex Sess) PA 8, MCL 124.531 to 124.536, or other appropriate state law. The substance use disorder oversight policy board shall include the members called for in the establishing agreement, but shall have at least 1 board member appointed by the county board of commissioners for each county served by the department-designated community mental health entity. The substance use disorder oversight policy board shall perform the functions and responsibilities assigned to it through the establishing agreement, which shall include at least the following responsibilities:

(a) Approval of any department-designated community mental health entity budget containing local funds for treatment or prevention of substance use disorders.

(b) Advice and recommendations regarding department-designated community mental health entities' budgets for substance use disorder treatment or prevention using other nonlocal funding sources.

(c) Advice and recommendations regarding contracts with substance use disorder treatment or prevention providers.

(d) Any other terms as agreed to by the participating parties consistent with the authorizing legislation.

(6) The department shall report to the house of representatives and the senate appropriations subcommittee on community health on the redistricting of regions not later than 30 days before implementation of the plan.

(7) The department shall work with department-designated community mental health entities and community mental health services programs to simplify the administrative and reporting requirements for mental health services and substance use disorder services.

(8) Beginning not later than October 1, 2014, or at the time the implementation of the changes in this chapter are complete, whichever is sooner, department-designated community mental health entities are coordinating agencies for purposes of receiving any funds statutorily required to be distributed to coordinating agencies.

History: Add. 2012, Act 500, Imd. Eff. Dec. 28, 2012.

INTERGOVERNMENTAL CONTRACT

This Contract (this "Contract") is made as of this ___day of _____, 2023~~0~~, by and among Southwest Michigan Behavioral Health Regional Entity ("SWMBH"), Barry County, Berrien County, Branch County, Cass County, Calhoun County, Kalamazoo County, St. Joseph County and Van Buren County (individually referred to as the "County," and collectively referred to as the "Counties").

RECITALS

SWMBH is a community mental health R~~r~~egional E~~e~~ntity formed under the Mental Health Code, MCL 330.1204b.

The Counties are located in a region designated by the Michigan Department of Health and Human Services, as defined under MCL 300.1100a(22)~~.~~ ("MDHHS"), as Region 4 under MDHHS's restructuring of PIHPs in Michigan.

Under 2012 PA 500 and 2012 PA 501, the coordination of the provision of substance use disorder services were transferred from prior existing coordinating agencies to community mental health entities designated by MDHHS to represent a region of community mental health authorities, community mental health organizations, community mental health services programs or county community mental health agencies.~~, as defined under MCL 300.1100a(22).~~

SWMBH represents eight (8) community mental health authorities in Region 4, and is a MDHHS-designated C~~c~~ommunity M~~m~~ental H~~h~~ealth E~~e~~ntity ("CMHE") to coordinate the provision of substance use disorder services in Region 4.

SWMBH, as a MDHHS-designated community mental health entity, is required, under MCL 330.1287(5) to establish a S~~s~~ubstance U~~u~~se D~~d~~isorder O~~o~~versight P~~p~~olicy B~~b~~oard ("SUD Oversight Policy Board") through a contractual agreement, under appropriate law, between SWMBH and each of the Counties in Region 4.

SWMBH and the Counties are authorized to enter into contracts under 1951 PA 35, Intergovernmental Contracts Between Municipal Corporations, MCL 124.1 et. seq.

SWMBH and the Counties desire to enter into this Contract, under 1951 PA 35, to establish a SUD Oversight Policy Board.

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

ARTICLE I

PURPOSE

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

ARTICLE II

SUD POLICY BOARD

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

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

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

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

Formatted: Indent: Left: 1"

2.1.4 A~~A~~ny other function or responsibilities consistent with 2012 P.A. 500 and MCL 330.1287 ~~(5)~~ (d) and as requested by SWMBH~~the Community Mental Health Entities (CMHE).~~

Formatted: Heading 3, Justified

Section 2.2 **APPOINTMENT/COMPOSITION.** The Board of Commissioners of each of the Counties shall appoint up to two (2) members of the SUD Oversight Policy Board. The Board of Commissioners may appoint any combination of County Commissioners or others, as allowed by Michigan law, that it deems best represents the interests of its County. Records of appointments shall be provided to SWMBH upon request.

Section 2.3 **VACANCIES.** A vacancy on the SUD Oversight Policy Board shall be filled by the County that originally filled the vacated position.

Section 2.4 **REMOVAL.** The County that appointed a SUD Oversight Policy Board member may remove its appointee at any time. The SUD Oversight Policy Board is responsible for informing the relevant County of any lack of participation or attendance by the County's appointed SUD Oversight Policy Board member. Attendance records shall be provided to County Commissions at least twice annually.

Section 2.5 ETHICS AND CONFLICTS OF INTEREST. The SUD Oversight Policy Board shall adhere to all conflict of interest and ethics laws applicable to public officers and public servants, serving as members of the SUD Oversight Policy Board.

Section 2.6 COMPLIANCE WITH LAWS. The SUD Oversight Policy Board shall fully comply with all applicable laws, regulations and rules, including without limitation 1976 PA 267 (the "Open Meetings Act"), 1976 PA 422 (the "Freedom of Information Act"), 2012 PA 500, 2012 PA 501 and 1986 PA 2.

~~Section 2.7~~ **BYLAWS.** The SUD Oversight Policy Board shall maintain and periodically review its Bylaws. The

~~Section 2.8~~Section 2.7 Bylaws may be amended by the SUD Oversight Policy Board in accordance with all applicable Michigan state laws and regulations~~as provided in those Bylaws~~. The parties hereto agree that said Bylaws are not subject to SWMBH's approval.

ARTICLE III

SWMBH

Section 3.1 FUNDING. SWMBH shall ensure that PA2 funding dedicated to substance use disorder services shall be retained for substance use disorder services and not diverted to fund services that are not for substance use disorders. MCL 330.1287(2).

ARTICLE IV

TERM AND TERMINATION

Section 4.1 TERM. The Term of this Contract shall commence on January 1, 2024~~1~~, and continue for a term of three (3) years ending December 31, 2026, unless terminated at an earlier date as provided in Section 4.2.

Section 4.2.1 TERMINATION. Any party may terminate their participation in this Contract at any time for any or no reason by giving all other parties thirty (30) days written notice of the termination. Any notice of termination of this Contract shall not relieve either party of its obligations incurred prior to the effective date of such termination.

Section 4.2.2 TERMINATION of CMHE STATUS~~status~~. This contract shall automatically and simultaneously terminate in the event MDHHS withdraws its designation~~authorization~~ of SWMBH as ~~an~~ CMHE ~~for PA2~~.

Formatted: No underline
Formatted: Indent: Left: 0.13", First line: 0.38"
Formatted: No underline
Formatted: Underline
Formatted: Font: Not Bold
Formatted: Indent: Left: 0", First line: 0.5"
Formatted: Font: Not Bold

ARTICLE V

LIABILITY

Section 5.1 LIABILITY/RESPONSIBILITY. No party shall be responsible for the acts or omissions of the other party or the employees, agents or servants of any other party,

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

ARTICLE VI

MISCELLANEOUS

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

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

Section 6.3 **NOTICES.** All notices or other communications authorized or required under this Contract shall be given in writing, either by personal delivery or certified mail (return receipt requested) and shall be deemed to have been given on the date of personal delivery or the date of the return receipt of certified mail. Notices shall be delivered to the Executive Officer of SWMBH and the County Administrator of each County ~~in the (8) eight county region~~.

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

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

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

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

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

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

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

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

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

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

ARTICLE VII

CERTIFICATION OF AUTHORITY TO SIGN THIS CONTRACT

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

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

SOUTHWEST MICHIGAN BEHAVIORAL HEALTH REGIONAL ENTITY

By: _____ Date: _____
Its: _____

BARRY COUNTY

By: _____ Date: _____
Its: _____

BERRIEN COUNTY

By: _____ Date: _____
Its: _____

BRANCH COUNTY

By: _____ Date: _____
Its: _____

CASS COUNTY

By: _____ Date: _____
Its: _____

CALHOUN COUNTY

By: _____ Date: _____
Its: _____

KALAMAZOO COUNTY

By: _____ Date: _____
Its: _____

ST. JOSEPH COUNTY

By: _____ Date: _____
Its: _____

VAN BUREN COUNTY

By: _____ Date: _____
Its: _____

~~IA 7-1-20~~
~~MJ~~

3B District Court – St. Joseph County Amendment Request Summary:

Original Approval:
Interlock: $2,200.00
Drug Testing: $16,640
Total Funding: $18,840

Amended Request:
Interlock: $1,000
Drug Testing: $26,540
Total Funding Request: $27,540 (total additional funding of $8,700)

FY 2023 Work Plan
REQUESTING ADDITIONAL FUNDING FOR REMAINING FY 2023

3B District Court – St. Joseph County, Michigan
Court Services

Licensure
The Provider will maintain a substance abuse license as required by section 6321 of P.A. 368 of 1978.

Services:
1. Ignition Interlock

Services
Through the use of an ignition interlock device, 3-B District Court Sobriety Court Program (SOBC) participants will be allowed access to employment, treatment services and other positive community resources with the reinstatement of their driving privileges through the Michigan Ignition Interlock Project which began in January 2011. Participants are eligible to have an Ignition Interlock device installed in their vehicle after 45 days of compliance with the SOBC program. Once installed, participants provide random breath tests while operating the vehicle.

The mission of this services is to reduce the number of participants who engage in subsequent Operating While Intoxicated (OWI) or other drug/alcohol related criminal behavior and to reduce substance abuse by participants through referrals to appropriate levels of treatment, regardless of ability to pay. Sobriety Courts are a valuable resource that when utilized appropriately, by specifically following the 10 guiding principles of DWI courts, maximizes the benefits to not only it's participants, but the community as well.

Procedures
Sobriety Court participants who are referred for the interlock device, available PA2 funding for the device will be at the sole discretion of the 3-B District Court and its representatives. **The amount for this service is estimated at $200 per occurrence for approximately 5 participants, and will not exceed $1,000 during this fiscal year.(Asking for additional funding for May 2023 thru September, 2023)**

Outcome Measures

1. Of the Sobriety Court participants who are enrolled in the Interlock device program, 80% will test negative for alcohol.

2. Drug/Alcohol Testing – Sobriety Court Participants

Services

Within a treatment court such as Sobriety Court, there are very few opportunities to objectively measure compliance. Drug/alcohol testing, when following evidence-based practices, can provide an objective measurement to determine if a participant is progressing. These tests can provide guidance on appropriateness of treatment levels, holds participants accountable, and gives timely and accurate assessment of substance use during a program. Sobriety court participants are required to be given frequent and random tests for the duration of the program.

PA2 funding provides drug and/or alcohol testing, using the Day Reporting Center (DRC) as a primary vendor. The DRC is a component of the Twin County Community Probation Center located in Three Rivers, Michigan. Funds requested for these services are a necessary component of the treatment court, as most participants face an inability to pay for increased testing costs with the testing frequency required as part of evidence-based best practices. The average total annual cost per Sobriety Court participant for drug/alcohol testing in a testing facility is $3,500-$4,200, depending upon the length of time spent in each phase.

Procedures

Sobriety Court participants are required to test for drugs and alcohol one to three times per week, depending upon the phase of participation.

These services are to include appropriate collection and technical examination of urine, breath, or oral fluid samples to determine the presence or absence of drugs, alcohol, or related metabolites, for Sobriety Court participants only.

Qualified participants include those in Sobriety Court who have a documented Substance Use Disorder (SUD) moderate or severe, have had a validated risk assessment and are assessed at moderate or high risk of recidivism, and are actively enrolled in SUD treatment. Qualification is confirmed by the Sobriety Court Program Coordinator, Judge, and/or Probation Officer to the vendor prior to testing and billing.

The amount for this service is estimated at $30 per week for approximately 15 participants and will not exceed $9,900 for the remaining fiscal year 2023, May thru September.

Outcome Measures

1. 85% of Sobriety Court participants receiving PA2-funded drug/alcohol testing will demonstrate sobriety from unapproved substances, evaluated using data from the Michigan State Court Administrative Office's Drug Court Case Management Information System (DCCMIS).

SOUTHWEST MICHIGAN BEHAVIORAL HEALTH
PROGRAM BUDGET SUMMARY

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

PROGRAM:			PROGRAM	CFDA	DATE PREPARED:
Court Services			**PUBLIC ACT 2 - PA2**	N/A	4/20/2023
			- Please Select -	#N/A	BUDGET PERIOD:
			- Please Select -	#N/A	From: 10/1/2022
CONTRACTOR NAME:			**- Please Select -**	#N/A	
3B District Court -St. Joseph County					To: 9/30/2023
MAILING ADDRESS (Number and Street):			BUDGET AGREEMENT:		
125 W Main St			☐ ORIGINAL		☑ AMENDMENT
CITY:	STATE:	ZIP CODE:	AMENDMENT NO:		FEDERAL TAX ID:
Centreville	MI	49032			36-60006524

EXPENDITURE CATEGORY	Ignition Interlock	Drug/Alcohol Testing-Sobrierty Court	0	**TOTAL BUDGET**
1. SALARIES AND WAGES	-	-	-	**-**
2. FRINGE BENEFITS	-	-	-	**-**
3. TRAVEL	-	-	-	**-**
4. SUPPLIES AND MATERIALS	-	-	-	**-**
5. CONTRACTUAL	-	-	-	**-**
6. EQUIPMENT	-	-	-	**-**
7. UTILITIES	-	-	-	**-**
8. INSURANCE	-	-	-	**-**
9. REPAIRS AND MAINTENANCE	-	-	-	**-**
10. RENTAL/ LEASE	-	-	-	**-**
11. OTHER EXPENSES	1,000.00	26,540.00	-	**27,540.00**
12. TOTAL DIRECT EXPENDITURES (Sum of Lines 1-11)	$ 1,000.00	$ 26,540.00	$ -	**$ 27,540.00**
13. INDIRECT COSTS Rate %	-	-	-	**-**
14. TOTAL EXPENDITURES FUNDED (Sum of Lines 12-13)	**$ 1,000.00**	**$ 26,540.00**	**$ -**	**$ 27,540.00**
SOURCE OF FUNDS				
15. FEES AND COLLECTIONS	-	-	-	**-**
16. SWMBH	-	-	-	**-**
17. LOCAL/MATCH	-	-	-	**-**
18.- 21. SWMBH FUNDING SOURCE	-	-	-	**-**
PUBLIC ACT 2 - PA2	1,000.00	26,540.00	-	**27,540.00**
- Please Select -	-	-	-	**-**
- Please Select -	-	-	-	**-**
- Please Select -	-	-	-	**-**
22. OTHERS	-	-	-	**-**
23. TOTAL FUNDING	**$ 1,000.00**	**$ 26,540.00**	**$ -**	**$ 27,540.00**

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:	BUDGET PERIOD:		DATE PREPARED:
Ignition Interlock	From: 10/01/22	To: 09/30/23	04/20/23
CONTRACTOR NAME:	BUDGET AGREEMENT:		AMENDMENT NO:
3B District Court -St. Joseph County	☑ ORIGINAL	☐ AMENDMENT	0

1. SALARIES AND WAGES			
POSITION DESCRIPTION	COMMENTS	FTE REQUIRED	TOTAL SALARY
			-
1. TOTAL SALARIES AND WAGES		0.000	$ -

2. FRINGE BENEFITS (SPECIFY)				COMPOSITE RATE %	
☐ FICA	☐ HEALTH INS	☐ HEARING INS	☐ SHORT TERM DISB		-
☐ UNEMPLOY INS	☐ LIFE INS	☐ DENTAL INS	☐ LONG TERM DISB		
☐ RETIREMENT	☐ VISION INS	☐ WORK COMP	☐ OTHER: specify		
2. TOTAL FRINGE BENEFITS					$ -

3. TRAVEL (Specify if category exceeds 10% of Total Expenditures)	
	-
3. TOTAL TRAVEL	$ -

4. SUPPLIES AND MATERIALS (Specify if category exceeds 10% of Total Expenditures)	
4. TOTAL SUPPLIES AND MATERIALS	$ -

5. CONTRACTUAL (Subcontracts)		
Name	Address	Amount
5. TOTAL CONTRACTUAL		$ -

6. EQUIPMENT (Specify)	Amount
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)	Amount
Ignition Interlock devices (installation, maintenance) (Remaining FY 23 May-September)	1,000.00
11. TOTAL OTHER EXPENSES	$ 1,000.00

12. TOTAL DIRECT EXPENDITURES (Sum of Totals 1-11)	$ 1,000.00

13. INDIRECT COSTS			
	INDIRECT RATE	0.00%	-
13. TOTAL INDIRECT COSTS			$ -

14. TOTAL EXPENDITURES FUNDED (Sum of Lines 12-13)	**$ 1,000.00**

SOUTHWEST MICHIGAN BEHAVIORAL HEALTH
PROGRAM BUDGET - COST DETAIL

PROGRAM:	BUDGET PERIOD:		DATE PREPARED:
Drug/Alcohol Testing-Sobrierty Court	From: 10/01/22	To: 09/30/23	04/20/23
CONTRACTOR NAME:	BUDGET AGREEMENT:		AMENDMENT NO:
3B District Court -St. Joseph County	☐ ORIGINAL	☐ AMENDMENT	0

1. SALARIES AND WAGES			
POSITION DESCRIPTION	COMMENTS	FTE REQUIRED	TOTAL SALARY
1. TOTAL SALARIES AND WAGES		0.000	$ -

2. FRINGE BENEFITS (SPECIFY)				COMPOSITE RATE %	
☐ FICA	☐ HEALTH INS	☐ HEARING INS	☐ SHORT TERM DISB		-
☐ UNEMPLOY INS	☐ LIFE INS	☐ DENTAL INS	☐ LONG TERM DISB		
☐ RETIREMENT	☐ VISION INS	☐ WORK COMP	☐ OTHER: specify		
2. TOTAL FRINGE BENEFITS					$ -

3. TRAVEL (Specify if category exceeds 10% of Total Expenditures)	
3. TOTAL TRAVEL	$ -

4. SUPPLIES AND MATERIALS (Specify if category exceeds 10% of Total Expenditures)	
4. TOTAL SUPPLIES AND MATERIALS	$ -

5. CONTRACTUAL (Subcontracts)		
Name	Address	Amount
5. TOTAL CONTRACTUAL		$ -

6. EQUIPMENT (Specify)	Amount
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)	Amount
Drug/Alcohol Testing for Sobriety Court Participants (Remaining FY 2023 May-September)	26,540.00
11. TOTAL OTHER EXPENSES	$ 26,540.00

12. TOTAL DIRECT EXPENDITURES (Sum of Totals 1-11)	$ 26,540.00

13. INDIRECT COSTS	
INDIRECT RATE	-
13. TOTAL INDIRECT COSTS	$ -

14. TOTAL EXPENDITURES FUNDED (Sum of Lines 12-13)	**$ 26,540.00**

SOUTHWEST MICHIGAN BEHAVIORAL HEALTH
ALCOHOL TAX PLAN - FY23

	Approved Budget FY 22 Oct - Sep	Approved Budget FY 23 Oct - Sep	Amended Budget FY 23 Oct - Sep	Inc/(Dec) over approved FY 23 Budget
Revenue:				
Prior Year(s) Carryover	4,894,188	5,086,268	5,086,268	-
PA2 Revenue	2,180,407	1,844,728	1,844,728	-
Total Revenue	**7,074,595**	**6,930,996**	**6,930,996**	**-**
Expenses:				
RESIDENTIAL TREATMENT SERVICES	132,627	135,106	135,106	-
OUTPATIENT TREATMENT SERVICES	1,819,548	1,772,378	1,886,064	113,686
PREVENTION SERVICES	252,795	196,097	196,097	-
Total Expenses	**2,204,970**	**2,103,581**	**2,217,267**	**113,686**
Total Carryover	**4,869,625**	**4,827,414**	**4,713,729**	**(113,686)**

SOUTHWEST MICHIGAN BEHAVIORAL HEALTH
ALCOHOL TAX PLAN - FY23

	Approved Budget FY 22 Oct - Sep	Approved Budget FY 23 Oct - Sep	Amended Budget FY 23 Oct - Sep	Inc/(Dec) over approved FY 23 Budget
Barry				
OUTPATIENT TREATMENT SERVICES	76,880.00	61,260.00	61,260.00	-
PREVENTION SERVICES	-	-	-	-
Total	76,880.00	61,260.00	61,260.00	-
Berrien				
OUTPATIENT TREATMENT SERVICES	327,528.52	323,419.63	323,419.63	-
PREVENTION SERVICES	100,000.00	100,000.00	100,000.00	-
Total	427,528.52	423,419.63	423,419.63	-
Branch				
OUTPATIENT TREATMENT SERVICES	80,190.00	18,000.00	18,000.00	-
PREVENTION SERVICES	-	-	-	-
Total	80,190.00	18,000.00	18,000.00	-
Calhoun				
OUTPATIENT TREATMENT SERVICES	517,859.73	518,619.00	623,604.96	104,985.96
PREVENTION SERVICES	96,795.38	40,097.17	40,097.17	-
Total	614,655.11	558,716.17	663,702.13	104,985.96
Cass				
OUTPATIENT TREATMENT SERVICES	82,500.00	93,940.00	93,940.00	-
PREVENTION SERVICES				-
Total	82,500.00	93,940.00	93,940.00	-
Kalamazoo				
RESIDENTIAL TREATMENT SERVICES	111,627.00	107,781.00	107,781.00	-
OUTPATIENT TREATMENT SERVICES	527,549.42	543,353.25	543,353.25	-
PREVENTION SERVICES	56,000.00	56,000.00	56,000.00	-
Total	695,176.42	707,134.25	707,134.25	-
St Joseph				
RESIDENTIAL TREATMENT SERVICES	21,000.00	27,325.00	27,325.00	-
OUTPATIENT TREATMENT SERVICES	62,040.00	62,040.00	70,740.00	8,700.00
PREVENTION SERVICES				-
Total	83,040.00	89,365.00	98,065.00	8,700.00
Van Buren				
OUTPATIENT TREATMENT SERVICES	145,000.00	151,746.20	151,746.20	-
PREVENTION SERVICES				-
Total	145,000.00	151,746.20	151,746.20	-
All Counties				
RESIDENTIAL TREATMENT SERVICES	132,627.00	135,106.00	135,106.00	-
OUTPATIENT TREATMENT SERVICES	1,819,547.67	1,772,378.08	1,886,064.04	113,685.96
PREVENTION SERVICES	252,795.38	196,097.17	196,097.17	-
	2,204,970.05	2,103,581.25	2,217,267.21	113,685.96

SOUTHWEST MICHIGAN BEHAVIORAL HEALTH
ST. JOSEPH COUNTY
ALCOHOL TAX PLAN - FY23

	Approved Budget FY 22 Oct - Sep	Approved Budget FY23 Oct - Sep	Amended Budget FY23 Oct - Sep	Inc/(Dec) over approved FY 23 Budget
Revenue:				
Prior Year(s) Carryover	314,676	352,242	352,242	-
PA2 Revenue	101,011	106,590	106,590	-
Total Revenue	**415,687**	**458,832**	**458,832**	**-**
Expenses:				
RESIDENTIAL TREATMENT SERVICES				
Hope House	21,000	27,325	27,325	-
OUTPATIENT TREATMENT SERVICES				
3B District - Sobriety Courts	2,200	2,200	1,000	(1,200)
3B District - Drug/Alcohol Testing	16,640	16,640	26,540	9,900
CMH Drug Testing	43,200	43,200	43,200	-
CMH Jail Program	-	-		-
Total Expenses	**83,040**	**89,365**	**98,065**	**8,700**
Total Carryover	**332,647**	**369,467**	**360,767**	**(8,700)**

Note(s)

Opioid Settlement Funding Estimates

County	Estimated Amount	County	Estimated Amount
Alcona	$289,131	Lake	$252,355
Alger	$272,085	Lapeer	$1,413,916
Allegan	$1,379,792	Leelanau	$428,724
Alpena	$1,098,999	Lenawee	$2,729,671
Antrim	$824,961	Livingston	$4,467,578
Arenac	$558,539	Luce	$221,230
Baraga	$256,778	Mackinac	$162,438
Barry	$773,257	Macomb	$27,718,299
Bay	$3,678,134	Manistee	$1,081,335
Benzie	$482,501	Marquette	$1,867,033
Berrien	$4,440,155	Mason	$861,788
Branch	$1,182,665	Mecosta	$593,172
Calhoun	$5,520,279	Menominee	$282,210
Cass	$1,276,843	Midland	$961,673
Charlevoix	$662,901	Missaukee	$179,096
Cheboygan	$944,804	Monroe	$5,496,299
Chippewa	$858,743	Montcalm	$2,152,430
Clare	$836,806	Montmorency	$304,976
Clinton	$1,671,335	Muskegon	$5,908,768
Crawford	$892,873	Newaygo	$1,618,480
Delta	$834,482	Oakland	$18,754,955
Dickinson	$857,815	Oceana	$754,093
Eaton	$3,106,028	Ogemaw	$1,927,660
Emmet	$541,944	Ontonagon	$174,745
Genesee	$6,669,986	Osceola	$666,695
Gladwin	$642,681	Oscoda	$175,326
Gogebic	$223,180	Otsego	$983,499
Grand Traverse	$2,958,527	Ottawa	$2,648,468
Gratiot	$1,090,524	Presque Isle	$504,199
Hillsdale	$1,292,998	Roscommon	$1,330,788
Houghton	$771,132	Saginaw	$5,784,139
Huron	$523,236	Sanilac	$1,201,710
Ingham	$7,396,892	Schoolcraft	$141,011
Ionia	$1,638,982	Shiawassee	$2,513,819
Iosco	$1,113,046	St Clair	$6,915,681
Iron	$381,983	St Joseph	$761,825
Isabella	$1,981,913	Tuscola	$1,535,665
Jackson	$1,938,708	Van Buren	$1,362,485
Kalamazoo	$6,630,451	Washtenaw	$8,233,534
Kalkaska	$294,036	Wayne	$35,293,377
Kent	$9,290,789	Wexford	$1,034,905
Keweenaw	$12,087	TOTAL	$220,075,782

STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

GRETCHEN WHITMER
GOVERNOR

ELIZABETH HERTEL
DIRECTOR

MEMORANDUM

DATE: 4/27/2023

TO: PIHP Directors, SUDS Directors

FROM: Jeff Wieferich, Director, Bureau of Specialty Behavioral Health Services

SUBJECT: Substance Use Prevention, Treatment, and Recovery Services Block Grant

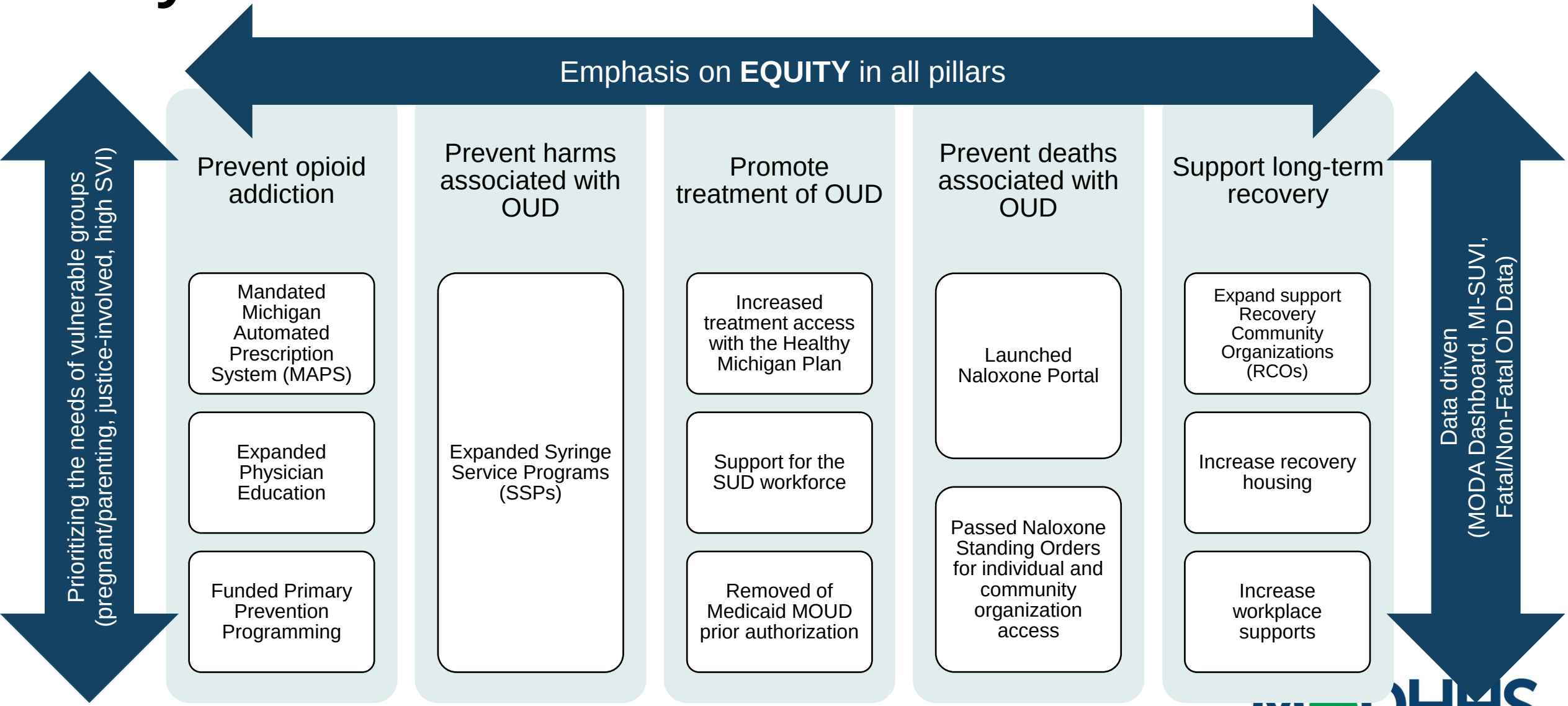
The Substance Abuse and Mental Health Services Administration (SAMHSA) recently sent a letter to all states from Miriam Delphin-Rittmon, Assistant Secretary for Mental Health and Substance Use, outlining additional allowable intervention strategies for the Substance Use Prevention, Treatment and Recovery Services Block Grant (SUPTRS BG), including supplemental funds through the Coronavirus Response and Relief Supplement Appropriations (CRRSA) and American Rescue Plan (ARP).

- Preventing overdose and promoting low barrier access to SUD prevention, intervention, treatment, and recovery support services:
  - Promoting comprehensive overdose information, education, and training
  - Widespread naloxone distribution, education, and training
  - Syringe Service Program support and harm reduction
  - Quick Response Teams/Post Overdose Rapid Response Teams
  - Emergency Department bridge programs
  - Assertive outreach and culturally responsive service initiatives to underserved communities.
- Enhancing access to SUD prevention and crisis care, facilitating pathways for referral to SUD Treatment services:
  - Comprehensive SUD education, prevention, and response programs
  - SUD crisis services programs at all levels of the SUD continuum of care
  - SUD mobile services outreach, intervention and treatment resources and services
  - Continuing to advance SUD telehealth services, supports, resources and expanding crisis services to hard-to-reach populations and locations.
  - Developing and implementing specialized care and wellness services for SUD caregivers, provider, and associated professionals.
- Promoting a robust array of recovery services and supports for individuals, families, and communities:
  - Expand recovery support services including peer specialists, recovery housing recovery cafes, recovery-friendly workplaces, recovery high schools, collegiate recovery programs, and family caregiving.
  - Recovery Housing, including promoting recovery housing for individuals leaving SUD residential treatment programs, hospitals, and incarceration facilities.

    - Supporting SUD Recovery Community Center programs,
    - Promoting peer-based coaching and mentoring
    - Expanding all peer-based recovery support services
    - Assistance with education, employment, and training opportunities
    - Promoting high school and collegiate recovery programs
    - Supporting culturally based recovery programs and practices
- Promoting resilience and emotional health for children, youth and families with evidence-based SUD services and supports:
    - SUD primary prevention
    - Family-centered services
    - Promoting SUD high school and collegiate recovery programs and youth empowerment programs
    - Providing timely and comprehensive prenatal and postpartum SUD and primary care services for women with substance use issues, their dependent children, and their families.
    - Sponsoring SUD criminal and juvenile justice initiatives and support for families of incarcerated individuals with SUD problems
    - Media campaigns, web-based applications, and other electronic means to educate, inform, and education individuals and families about SUD.
- Strengthening the behavioral health workforce, and enhancing SUD program and provider infrastructure:
    - Advancing SUD Diversity, Equity, Inclusion and Accessibility (DEIA) initiatives
    - Improving SUD program infrastructure, data systems, and technology innovations and applications for increased efficiency, productivity and accountability while paying attention to promoting healthy workplace norms
    - Information technology infrastructure, including the availability of broadband and cellular technology for providers, and use of GPS to expedite response times and to remotely meet with individuals in need of services.

Questions should be directed to Angie Smith-Butterwick at smitha8@michigan.gov.

Key Initiatives



Michigan Department of Health & Human Services
GRETCHEN WHITMER, GOVERNOR | ELIZABETH HERTEL, DIRECTOR

Treatment of Opioid Use Disorder

What's been done?

Increasing treatment access through the Healthy Michigan Plan

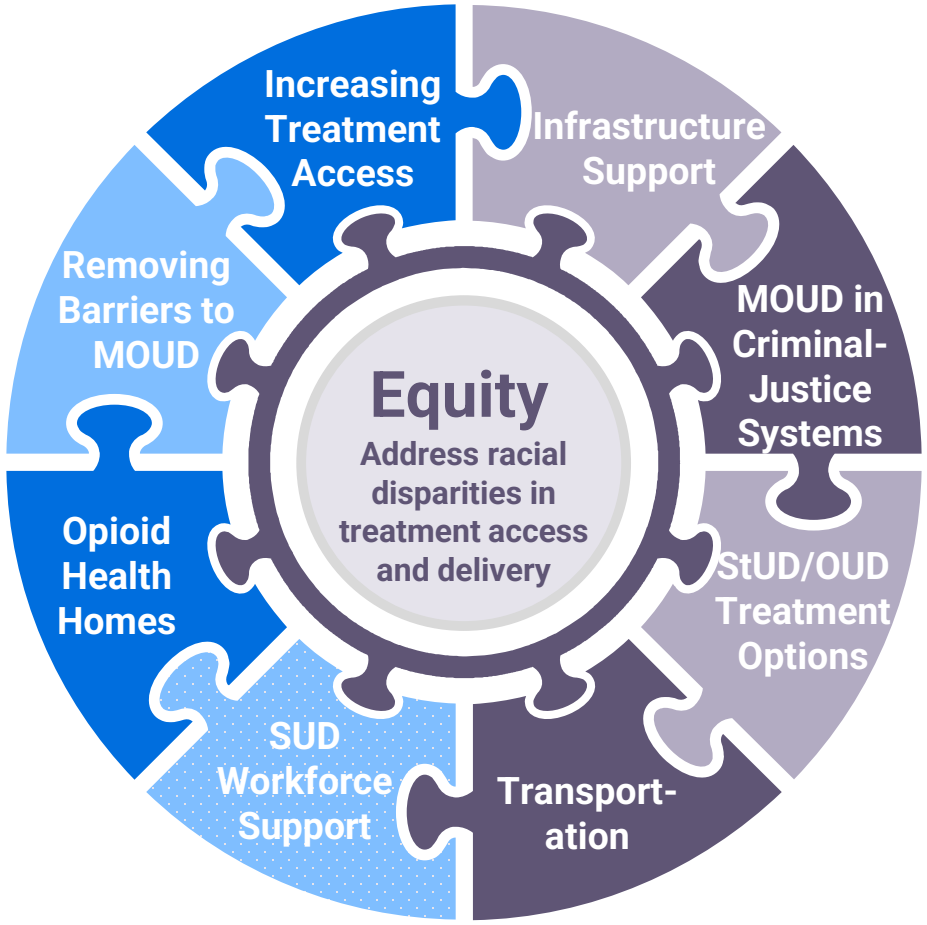
2014 Medicaid expansion has allowed for more individuals to receive SUD services.

Removing Medicaid MOUD Prior Authorization

Removed a key barrier in prescribing MOUD and helped increase access and prevent treatment delays.

Opioid Health Homes

Provide higher level of care management for qualifying individuals with OUD/Co-occurring Disorders.



What's next/continuing?

Provider infrastructure support

Enhancements and expansion of SUD providers physical infrastructure will increase capacity to serve clients needing services.

MOUD in criminal justice systems

Expansion of MOUD treatment to jails and prisons can prevent overdose risk and build connections to community treatment for individuals post-release.

Expansion of evidence-based treatment options for StUD & OUD

A rise in stimulant and polysubstance use has called for expansion of treatment options to include Contingency Management, the only evidence-based treatment for StUD.

Transportation

Reliable transportation is a significant barrier to treatment access and retention and better options need to be supported.

Support the SUD Workforce

Direct care wage increases, loan repayment programs for SUD professionals, and addiction fellowships implemented to support SUD workforce, **but more efforts needed under the Settlement to address continued workforce capacity challenges.**

Opioids Settlement: Spending timeline

- ✓ July 2022: Legislature approved funding authorization
- ✓ October 2022: Notified of delayed payment due to Ottawa County litigation
- ✓ December 2022: First payment received by the State of Michigan from the Distributors
- ✓ January 2023: First payment received by the State of Michigan from Janssen

Opioid Settlement FY23 Spend Plan Initiatives ($39 million)

Prevention

FY23: $4.5 million

- Adverse Childhood Experiences (ACEs) initiatives.
- Awareness campaigns.
- Quick Response Teams.

Treatment

FY23: $9.1 million

- Staffing incentives.
- Infrastructure grants.
- Expanding capacity to treat stimulant and polysubstance use.

Recovery

FY23: $7.6 million

- Recovery Community Organization grants.
- Recovery housing.
- Additional recovery supports.

Harm Reduction

FY23: $8.5 million

- Naloxone Portal.
- Syringe Service Programs Operations.

Other Initiatives

FY23: $9.3 million

- Medications for opioid use disorder in prisons and jails.
- Overdose surveillance system improvements, maintenance, and rapid toxicology from medical examiners.
- High Touch High-Tech screening expansion for pregnant individuals.
- Rooming-In for infants born with Neonatal Abstinence Syndrome (NAS).
- Technical assistance to local governments on best practices.
- Projects related to opioids task force Racial Equity Workgroup.

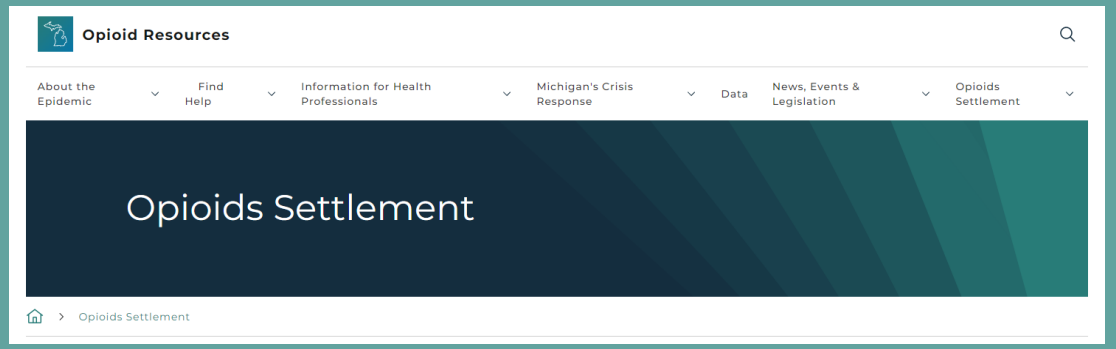
Local Partnerships

The Michigan Opioid Settlement Technical Assistance Collaborative

- ✓ In 2023, MDHHS contracted 3 universities to assist in providing technical assistance to county governments as they plan for investing Opioid Settlement funds
- ✓ Michigan State University, Wayne State University, and the University of Michigan will provide individualized technical assistance to priority counties
- ✓ Universities will also host learning collaboratives, and provide other resources, that will be made available to all local governments

Opioid Settlement Website

Goal launch date: May 2023



Website content will include:

- Overview and status of settlements
- Resources to support implementation of local opioid abatement strategies
- Allowable uses for funds and resources to aid in creation of strategies and spend plans
- A request form for accessing no-cost technical assistance for local governments
- A detailed description of state opioid abatement investments
- Program monitoring and evaluation dashboard for state initiatives
- Information on equity specific investments and equity considerations in all investments
- Contact information, including a link to a settlement-specific inbox at: MDHHS-opioidsettlementhelp@michigan.gov

SAVE THE DATE!

Southwest Michigan Behavioral Health

8th Annual Regional Healthcare Policy Forum: *Working Together*

Explore:

- *Michigan Legislative Leadership Views*
- *Regional Successes and Plans for System Improvement*

Friday, October 6, 2023

8:30 am to 3:00 pm

Four Points by Sheraton Kalamazoo

3600 E Cork St Ct, Kalamazoo, MI 49001

Barry County Community Mental Health Authority | Community Mental Health & Substance Abuse Services | Integrated Services of Kalamazoo | Pines Behavioral Health "Life should be enjoyed...not endured" | Riverwood Center | Summit Pointe | Van Buren Community Mental Health | Woodlands

Southwest Michigan Behavioral Health

8:30— 9:15 am **Continental Breakfast**
12:15—12:45 pm **Hors d'oevres**

Stayed tuned and check for updates at: www.swmbh.org/latest-news

Register at: eventbrite/

Barry County Community Mental Health Authority | Community Mental Health & Substance Abuse Services | Integrated Services of Kalamazoo | Pines Behavioral Health "Life should be enjoyed...not endured" | Riverwood Center | Summit Pointe | Van Buren Community Mental Health | Woodlands

EXHIBIT E

List of Opioid Remediation Uses

Schedule A
Core Strategies

States and Qualifying Block Grantees shall choose from among the abatement strategies listed in Schedule B. However, priority shall be given to the following core abatement strategies ("*Core Strategies*").[14]

A. **NALOXONE OR OTHER FDA-APPROVED DRUG TO REVERSE OPIOID OVERDOSES**

1. Expand training for first responders, schools, community support groups and families; and

2. Increase distribution to individuals who are uninsured or whose insurance does not cover the needed service.

B. **MEDICATION-ASSISTED TREATMENT ("*MAT*") DISTRIBUTION AND OTHER OPIOID-RELATED TREATMENT**

1. Increase distribution of MAT to individuals who are uninsured or whose insurance does not cover the needed service;

2. Provide education to school-based and youth-focused programs that discourage or prevent misuse;

3. Provide MAT education and awareness training to healthcare providers, EMTs, law enforcement, and other first responders; and

4. Provide treatment and recovery support services such as residential and inpatient treatment, intensive outpatient treatment, outpatient therapy or counseling, and recovery housing that allow or integrate medication and with other support services.

[14] As used in this Schedule A, words like "expand," "fund," "provide" or the like shall not indicate a preference for new or existing programs.

C. **PREGNANT & POSTPARTUM WOMEN**

1. Expand Screening, Brief Intervention, and Referral to Treatment ("*SBIRT*") services to non-Medicaid eligible or uninsured pregnant women;

2. Expand comprehensive evidence-based treatment and recovery services, including MAT, for women with co-occurring Opioid Use Disorder ("*OUD*") and other Substance Use Disorder ("*SUD*")/Mental Health disorders for uninsured individuals for up to 12 months postpartum; and

3. Provide comprehensive wrap-around services to individuals with OUD, including housing, transportation, job placement/training, and childcare.

D. **EXPANDING TREATMENT FOR NEONATAL ABSTINENCE SYNDROME ("*NAS*")**

1. Expand comprehensive evidence-based and recovery support for NAS babies;

2. Expand services for better continuum of care with infant-need dyad; and

3. Expand long-term treatment and services for medical monitoring of NAS babies and their families.

E. **EXPANSION OF WARM HAND-OFF PROGRAMS AND RECOVERY SERVICES**

1. Expand services such as navigators and on-call teams to begin MAT in hospital emergency departments;

2. Expand warm hand-off services to transition to recovery services;

3. Broaden scope of recovery services to include co-occurring SUD or mental health conditions;

4. Provide comprehensive wrap-around services to individuals in recovery, including housing, transportation, job placement/training, and childcare; and

5. Hire additional social workers or other behavioral health workers to facilitate expansions above.

F. **TREATMENT FOR INCARCERATED POPULATION**

1. Provide evidence-based treatment and recovery support, including MAT for persons with OUD and co-occurring SUD/MH disorders within and transitioning out of the criminal justice system; and

2. Increase funding for jails to provide treatment to inmates with OUD.

G. **PREVENTION PROGRAMS**

1. Funding for media campaigns to prevent opioid use (similar to the FDA's "Real Cost" campaign to prevent youth from misusing tobacco);

2. Funding for evidence-based prevention programs in schools;

3. Funding for medical provider education and outreach regarding best prescribing practices for opioids consistent with the 2016 CDC guidelines, including providers at hospitals (academic detailing);

4. Funding for community drug disposal programs; and

5. Funding and training for first responders to participate in pre-arrest diversion programs, post-overdose response teams, or similar strategies that connect at-risk individuals to behavioral health services and supports.

H. **EXPANDING SYRINGE SERVICE PROGRAMS**

1. Provide comprehensive syringe services programs with more wrap-around services, including linkage to OUD treatment, access to sterile syringes and linkage to care and treatment of infectious diseases.

I. **EVIDENCE-BASED DATA COLLECTION AND RESEARCH ANALYZING THE EFFECTIVENESS OF THE ABATEMENT STRATEGIES WITHIN THE STATE**

Schedule B
Approved Uses

Support treatment of Opioid Use Disorder (OUD) and any co-occurring Substance Use Disorder or Mental Health (SUD/MH) conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

PART ONE: TREATMENT

A. TREAT OPIOID USE DISORDER (OUD)

Support treatment of Opioid Use Disorder ("*OUD*") and any co-occurring Substance Use Disorder or Mental Health ("*SUD/MH*") conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:[15]

1. Expand availability of treatment for OUD and any co-occurring SUD/MH conditions, including all forms of Medication-Assisted Treatment ("*MAT*") approved by the U.S. Food and Drug Administration.

2. Support and reimburse evidence-based services that adhere to the American Society of Addiction Medicine ("*ASAM*") continuum of care for OUD and any co-occurring SUD/MH conditions.

3. Expand telehealth to increase access to treatment for OUD and any co-occurring SUD/MH conditions, including MAT, as well as counseling, psychiatric support, and other treatment and recovery support services.

4. Improve oversight of Opioid Treatment Programs ("*OTPs*") to assure evidence-based or evidence-informed practices such as adequate methadone dosing and low threshold approaches to treatment.

5. Support mobile intervention, treatment, and recovery services, offered by qualified professionals and service providers, such as peer recovery coaches, for persons with OUD and any co-occurring SUD/MH conditions and for persons who have experienced an opioid overdose.

6. Provide treatment of trauma for individuals with OUD (*e.g.*, violence, sexual assault, human trafficking, or adverse childhood experiences) and family members (*e.g.*, surviving family members after an overdose or overdose fatality), and training of health care personnel to identify and address such trauma.

7. Support evidence-based withdrawal management services for people with OUD and any co-occurring mental health conditions.

[15] As used in this Schedule B, words like "expand," "fund," "provide" or the like shall not indicate a preference for new or existing programs.

8. Provide training on MAT for health care providers, first responders, students, or other supporting professionals, such as peer recovery coaches or recovery outreach specialists, including telementoring to assist community-based providers in rural or underserved areas.

9. Support workforce development for addiction professionals who work with persons with OUD and any co-occurring SUD/MH conditions.

10. Offer fellowships for addiction medicine specialists for direct patient care, instructors, and clinical research for treatments.

11. Offer scholarships and supports for behavioral health practitioners or workers involved in addressing OUD and any co-occurring SUD/MH or mental health conditions, including, but not limited to, training, scholarships, fellowships, loan repayment programs, or other incentives for providers to work in rural or underserved areas.

12. Provide funding and training for clinicians to obtain a waiver under the federal Drug Addiction Treatment Act of 2000 ("*DATA 2000*") to prescribe MAT for OUD, and provide technical assistance and professional support to clinicians who have obtained a DATA 2000 waiver.

13. Disseminate of web-based training curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service–Opioids web-based training curriculum and motivational interviewing.

14. Develop and disseminate new curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service for Medication–Assisted Treatment.

B. SUPPORT PEOPLE IN TREATMENT AND RECOVERY

Support people in recovery from OUD and any co-occurring SUD/MH conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the programs or strategies that:

1. Provide comprehensive wrap-around services to individuals with OUD and any co-occurring SUD/MH conditions, including housing, transportation, education, job placement, job training, or childcare.

2. Provide the full continuum of care of treatment and recovery services for OUD and any co-occurring SUD/MH conditions, including supportive housing, peer support services and counseling, community navigators, case management, and connections to community-based services.

3. Provide counseling, peer-support, recovery case management and residential treatment with access to medications for those who need it to persons with OUD and any co-occurring SUD/MH conditions.

4. Provide access to housing for people with OUD and any co-occurring SUD/MH conditions, including supportive housing, recovery housing, housing assistance programs, training for housing providers, or recovery housing programs that allow or integrate FDA-approved mediation with other support services.

5. Provide community support services, including social and legal services, to assist in deinstitutionalizing persons with OUD and any co-occurring SUD/MH conditions.

6. Support or expand peer-recovery centers, which may include support groups, social events, computer access, or other services for persons with OUD and any co-occurring SUD/MH conditions.

7. Provide or support transportation to treatment or recovery programs or services for persons with OUD and any co-occurring SUD/MH conditions.

8. Provide employment training or educational services for persons in treatment for or recovery from OUD and any co-occurring SUD/MH conditions.

9. Identify successful recovery programs such as physician, pilot, and college recovery programs, and provide support and technical assistance to increase the number and capacity of high-quality programs to help those in recovery.

10. Engage non-profits, faith-based communities, and community coalitions to support people in treatment and recovery and to support family members in their efforts to support the person with OUD in the family.

11. Provide training and development of procedures for government staff to appropriately interact and provide social and other services to individuals with or in recovery from OUD, including reducing stigma.

12. Support stigma reduction efforts regarding treatment and support for persons with OUD, including reducing the stigma on effective treatment.

13. Create or support culturally appropriate services and programs for persons with OUD and any co-occurring SUD/MH conditions, including new Americans.

14. Create and/or support recovery high schools.

15. Hire or train behavioral health workers to provide or expand any of the services or supports listed above.

C. CONNECT PEOPLE WHO NEED HELP TO THE HELP THEY NEED (CONNECTIONS TO CARE)

Provide connections to care for people who have—or are at risk of developing—OUD and any co-occurring SUD/MH conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:

1. Ensure that health care providers are screening for OUD and other risk factors and know how to appropriately counsel and treat (or refer if necessary) a patient for OUD treatment.

2. Fund SBIRT programs to reduce the transition from use to disorders, including SBIRT services to pregnant women who are uninsured or not eligible for Medicaid.

3. Provide training and long-term implementation of SBIRT in key systems (health, schools, colleges, criminal justice, and probation), with a focus on youth and young adults when transition from misuse to opioid disorder is common.

4. Purchase automated versions of SBIRT and support ongoing costs of the technology.

5. Expand services such as navigators and on-call teams to begin MAT in hospital emergency departments.

6. Provide training for emergency room personnel treating opioid overdose patients on post-discharge planning, including community referrals for MAT, recovery case management or support services.

7. Support hospital programs that transition persons with OUD and any co-occurring SUD/MH conditions, or persons who have experienced an opioid overdose, into clinically appropriate follow-up care through a bridge clinic or similar approach.

8. Support crisis stabilization centers that serve as an alternative to hospital emergency departments for persons with OUD and any co-occurring SUD/MH conditions or persons that have experienced an opioid overdose.

9. Support the work of Emergency Medical Systems, including peer support specialists, to connect individuals to treatment or other appropriate services following an opioid overdose or other opioid-related adverse event.

10. Provide funding for peer support specialists or recovery coaches in emergency departments, detox facilities, recovery centers, recovery housing, or similar settings; offer services, supports, or connections to care to persons with OUD and any co-occurring SUD/MH conditions or to persons who have experienced an opioid overdose.

11. Expand warm hand-off services to transition to recovery services.

12. Create or support school-based contacts that parents can engage with to seek immediate treatment services for their child; and support prevention, intervention, treatment, and recovery programs focused on young people.

13. Develop and support best practices on addressing OUD in the workplace.

14. Support assistance programs for health care providers with OUD.

15. Engage non-profits and the faith community as a system to support outreach for treatment.

16. Support centralized call centers that provide information and connections to appropriate services and supports for persons with OUD and any co-occurring SUD/MH conditions.

D. ADDRESS THE NEEDS OF CRIMINAL JUSTICE-INVOLVED PERSONS

Address the needs of persons with OUD and any co-occurring SUD/MH conditions who are involved in, are at risk of becoming involved in, or are transitioning out of the criminal justice system through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:

1. Support pre-arrest or pre-arraignment diversion and deflection strategies for persons with OUD and any co-occurring SUD/MH conditions, including established strategies such as:

    1. Self-referral strategies such as the Angel Programs or the Police Assisted Addiction Recovery Initiative ("*PAARI*");

    2. Active outreach strategies such as the Drug Abuse Response Team ("*DART*") model;

    3. "Naloxone Plus" strategies, which work to ensure that individuals who have received naloxone to reverse the effects of an overdose are then linked to treatment programs or other appropriate services;

    4. Officer prevention strategies, such as the Law Enforcement Assisted Diversion ("*LEAD*") model;

    5. Officer intervention strategies such as the Leon County, Florida Adult Civil Citation Network or the Chicago Westside Narcotics Diversion to Treatment Initiative; or

    6. Co-responder and/or alternative responder models to address OUD-related 911 calls with greater SUD expertise.

2. Support pre-trial services that connect individuals with OUD and any co-occurring SUD/MH conditions to evidence-informed treatment, including MAT, and related services.

3. Support treatment and recovery courts that provide evidence-based options for persons with OUD and any co-occurring SUD/MH conditions.

4. Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions who are incarcerated in jail or prison.

5. Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions who are leaving jail or prison or have recently left jail or prison, are on probation or parole, are under community corrections supervision, or are in re-entry programs or facilities.

6. Support critical time interventions ("*CTI*"), particularly for individuals living with dual-diagnosis OUD/serious mental illness, and services for individuals who face immediate risks and service needs and risks upon release from correctional settings.

7. Provide training on best practices for addressing the needs of criminal justice-involved persons with OUD and any co-occurring SUD/MH conditions to law enforcement, correctional, or judicial personnel or to providers of treatment, recovery, harm reduction, case management, or other services offered in connection with any of the strategies described in this section.

E. ADDRESS THE NEEDS OF PREGNANT OR PARENTING WOMEN AND THEIR FAMILIES, INCLUDING BABIES WITH NEONATAL ABSTINENCE SYNDROME

Address the needs of pregnant or parenting women with OUD and any co-occurring SUD/MH conditions, and the needs of their families, including babies with neonatal abstinence syndrome ("*NAS*"), through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:

1. Support evidence-based or evidence-informed treatment, including MAT, recovery services and supports, and prevention services for pregnant women—or women who could become pregnant—who have OUD and any co-occurring SUD/MH conditions, and other measures to educate and provide support to families affected by Neonatal Abstinence Syndrome.

2. Expand comprehensive evidence-based treatment and recovery services, including MAT, for uninsured women with OUD and any co-occurring SUD/MH conditions for up to 12 months postpartum.

3. Provide training for obstetricians or other healthcare personnel who work with pregnant women and their families regarding treatment of OUD and any co-occurring SUD/MH conditions.

4. Expand comprehensive evidence-based treatment and recovery support for NAS babies; expand services for better continuum of care with infant-need dyad; and expand long-term treatment and services for medical monitoring of NAS babies and their families.

5. Provide training to health care providers who work with pregnant or parenting women on best practices for compliance with federal requirements that children born with NAS get referred to appropriate services and receive a plan of safe care.

6. Provide child and family supports for parenting women with OUD and any co-occurring SUD/MH conditions.

7. Provide enhanced family support and child care services for parents with OUD and any co-occurring SUD/MH conditions.

8. Provide enhanced support for children and family members suffering trauma as a result of addiction in the family; and offer trauma-informed behavioral health treatment for adverse childhood events.

9. Offer home-based wrap-around services to persons with OUD and any co-occurring SUD/MH conditions, including, but not limited to, parent skills training.

10. Provide support for Children's Services—Fund additional positions and services, including supportive housing and other residential services, relating to children being removed from the home and/or placed in foster care due to custodial opioid use.

PART TWO: PREVENTION

F. PREVENT OVER-PRESCRIBING AND ENSURE APPROPRIATE PRESCRIBING AND DISPENSING OF OPIOIDS

Support efforts to prevent over-prescribing and ensure appropriate prescribing and dispensing of opioids through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Funding medical provider education and outreach regarding best prescribing practices for opioids consistent with the Guidelines for Prescribing Opioids for Chronic Pain from the U.S. Centers for Disease Control and Prevention, including providers at hospitals (academic detailing).

2. Training for health care providers regarding safe and responsible opioid prescribing, dosing, and tapering patients off opioids.

3. Continuing Medical Education (CME) on appropriate prescribing of opioids.

4. Providing Support for non-opioid pain treatment alternatives, including training providers to offer or refer to multi-modal, evidence-informed treatment of pain.

5. Supporting enhancements or improvements to Prescription Drug Monitoring Programs ("*PDMPs*"), including, but not limited to, improvements that:

1. Increase the number of prescribers using PDMPs;

2. Improve point-of-care decision-making by increasing the quantity, quality, or format of data available to prescribers using PDMPs, by improving the interface that prescribers use to access PDMP data, or both; or

3. Enable states to use PDMP data in support of surveillance or intervention strategies, including MAT referrals and follow-up for individuals identified within PDMP data as likely to experience OUD in a manner that complies with all relevant privacy and security laws and rules.

6. Ensuring PDMPs incorporate available overdose/naloxone deployment data, including the United States Department of Transportation's Emergency Medical Technician overdose database in a manner that complies with all relevant privacy and security laws and rules.

7. Increasing electronic prescribing to prevent diversion or forgery.

8. Educating dispensers on appropriate opioid dispensing.

G. PREVENT MISUSE OF OPIOIDS

Support efforts to discourage or prevent misuse of opioids through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Funding media campaigns to prevent opioid misuse.

2. Corrective advertising or affirmative public education campaigns based on evidence.

3. Public education relating to drug disposal.

4. Drug take-back disposal or destruction programs.

5. Funding community anti-drug coalitions that engage in drug prevention efforts.

6. Supporting community coalitions in implementing evidence-informed prevention, such as reduced social access and physical access, stigma reduction—including staffing, educational campaigns, support for people in treatment or recovery, or training of coalitions in evidence-informed implementation, including the Strategic Prevention Framework developed by the U.S. Substance Abuse and Mental Health Services Administration ("*SAMHSA*").

7. Engaging non-profits and faith-based communities as systems to support prevention.

8. Funding evidence-based prevention programs in schools or evidence-informed school and community education programs and campaigns for students, families, school employees, school athletic programs, parent-teacher and student associations, and others.

9. School-based or youth-focused programs or strategies that have demonstrated effectiveness in preventing drug misuse and seem likely to be effective in preventing the uptake and use of opioids.

10. Create or support community-based education or intervention services for families, youth, and adolescents at risk for OUD and any co-occurring SUD/MH conditions.

11. Support evidence-informed programs or curricula to address mental health needs of young people who may be at risk of misusing opioids or other drugs, including emotional modulation and resilience skills.

12. Support greater access to mental health services and supports for young people, including services and supports provided by school nurses, behavioral health workers or other school staff, to address mental health needs in young people that (when not properly addressed) increase the risk of opioid or another drug misuse.

H. PREVENT OVERDOSE DEATHS AND OTHER HARMS (HARM REDUCTION)

Support efforts to prevent or reduce overdose deaths or other opioid-related harms through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Increased availability and distribution of naloxone and other drugs that treat overdoses for first responders, overdose patients, individuals with OUD and their friends and family members, schools, community navigators and outreach workers, persons being released from jail or prison, or other members of the general public.

2. Public health entities providing free naloxone to anyone in the community.

3. Training and education regarding naloxone and other drugs that treat overdoses for first responders, overdose patients, patients taking opioids, families, schools, community support groups, and other members of the general public.

4. Enabling school nurses and other school staff to respond to opioid overdoses, and provide them with naloxone, training, and support.

5. Expanding, improving, or developing data tracking software and applications for overdoses/naloxone revivals.

6. Public education relating to emergency responses to overdoses.

7. Public education relating to immunity and Good Samaritan laws.

8. Educating first responders regarding the existence and operation of immunity and Good Samaritan laws.

9. Syringe service programs and other evidence-informed programs to reduce harms associated with intravenous drug use, including supplies, staffing, space, peer support services, referrals to treatment, fentanyl checking, connections to care, and the full range of harm reduction and treatment services provided by these programs.

10. Expanding access to testing and treatment for infectious diseases such as HIV and Hepatitis C resulting from intravenous opioid use.

11. Supporting mobile units that offer or provide referrals to harm reduction services, treatment, recovery supports, health care, or other appropriate services to persons that use opioids or persons with OUD and any co-occurring SUD/MH conditions.

12. Providing training in harm reduction strategies to health care providers, students, peer recovery coaches, recovery outreach specialists, or other professionals that provide care to persons who use opioids or persons with OUD and any co-occurring SUD/MH conditions.

13. Supporting screening for fentanyl in routine clinical toxicology testing.

PART THREE: OTHER STRATEGIES

I. FIRST RESPONDERS

In addition to items in section C, D and H relating to first responders, support the following:

1. Education of law enforcement or other first responders regarding appropriate practices and precautions when dealing with fentanyl or other drugs.

2. Provision of wellness and support services for first responders and others who experience secondary trauma associated with opioid-related emergency events.

J. LEADERSHIP, PLANNING AND COORDINATION

Support efforts to provide leadership, planning, coordination, facilitations, training and technical assistance to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, the following:

1. Statewide, regional, local or community regional planning to identify root causes of addiction and overdose, goals for reducing harms related to the opioid epidemic, and areas and populations with the greatest needs for treatment

intervention services, and to support training and technical assistance and other strategies to abate the opioid epidemic described in this opioid abatement strategy list.

2. A dashboard to (a) share reports, recommendations, or plans to spend opioid settlement funds; (b) to show how opioid settlement funds have been spent; (c) to report program or strategy outcomes; or (d) to track, share or visualize key opioid- or health-related indicators and supports as identified through collaborative statewide, regional, local or community processes.

3. Invest in infrastructure or staffing at government or not-for-profit agencies to support collaborative, cross-system coordination with the purpose of preventing overprescribing, opioid misuse, or opioid overdoses, treating those with OUD and any co-occurring SUD/MH conditions, supporting them in treatment or recovery, connecting them to care, or implementing other strategies to abate the opioid epidemic described in this opioid abatement strategy list.

4. Provide resources to staff government oversight and management of opioid abatement programs.

K. TRAINING

In addition to the training referred to throughout this document, support training to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, those that:

1. Provide funding for staff training or networking programs and services to improve the capability of government, community, and not-for-profit entities to abate the opioid crisis.

2. Support infrastructure and staffing for collaborative cross-system coordination to prevent opioid misuse, prevent overdoses, and treat those with OUD and any co-occurring SUD/MH conditions, or implement other strategies to abate the opioid epidemic described in this opioid abatement strategy list (*e.g.*, health care, primary care, pharmacies, PDMPs, etc.).

L. RESEARCH

Support opioid abatement research that may include, but is not limited to, the following:

1. Monitoring, surveillance, data collection and evaluation of programs and strategies described in this opioid abatement strategy list.

2. Research non-opioid treatment of chronic pain.

3. Research on improved service delivery for modalities such as SBIRT that demonstrate promising but mixed results in populations vulnerable to opioid use disorders.

4. Research on novel harm reduction and prevention efforts such as the provision of fentanyl test strips.

5. Research on innovative supply-side enforcement efforts such as improved detection of mail-based delivery of synthetic opioids.

6. Expanded research on swift/certain/fair models to reduce and deter opioid misuse within criminal justice populations that build upon promising approaches used to address other substances (*e.g.*, Hawaii HOPE and Dakota 24/7).

7. Epidemiological surveillance of OUD-related behaviors in critical populations, including individuals entering the criminal justice system, including, but not limited to approaches modeled on the Arrestee Drug Abuse Monitoring ("*ADAM*") system.

8. Qualitative and quantitative research regarding public health risks and harm reduction opportunities within illicit drug markets, including surveys of market participants who sell or distribute illicit opioids.

9. Geospatial analysis of access barriers to MAT and their association with treatment engagement and treatment outcomes.

Guide for Community Advocates
On the Opioid Settlement

Michigan

Vital Strategies

Total Funds	Allocation	Mechanism
$776 million[1]	50% to the state, 50% to local governments	Michigan State Subdivision Agreement; Legislation; and Executive Order No. 2022-12

Background

Key Takeaways

Michigan's allocation of settlement dollars is governed by a Subdivision Agreement, legislation, and executive order.

The legislature will direct use of funds from the Michigan Opioid Healing and Recovery Fund.

An Opioid Advisory Commission will provide input and recommendations to help guide the use of the state's funds.

Commission meetings and the Commission's annual report are opportunities to engage in and monitor the process.

In Michigan, the allocation and use of opioid settlement dollars are governed by a Subdivision Agreement,[2] legislation,[3] and executive order.[4] The Subdivision Agreement provides for the 50-50 split between state and local governments, as well as the level of funding offset for an administrative fund, a litigation local government attorney fee fund, and a special circumstances fund. Exhibit A of the subdivision Agreement establishes the allocation percentages for each locality (i.e., counties, cities, townships, etc.) that signed on. For example, Flint City will receive approximately 2.85% whereas Ionia County will receive approximately 0.53%.[5] Importantly, local governments whose final allocation percentage is less than .0023% will receive all of their funding up front in the first settlement payment.[6]

Two pieces of legislation lay out the parameters for the establishment of the Michigan Opioid Healing and Recovery Fund (SB 993) and the Opioid Advisory Commission (SB 994). These bills were signed in May 2022.[7]

- SB 993, codified at MCL § 12.253: The Michigan Opioid Healing and Recovery Fund sits within the state's Department of Treasury and the Department is responsible for expending money from the fund as directed by the legislature. Importantly, the Opioid Healing and Recovery Fund will receive proceeds resulting from *any* judgment or settlement related to the opioid overdose crisis.[8] Additionally, money from the fund may not be used to supplant existing government-funded programs and does not lapse at the end of the year into the General Fund.[9]
- SB 994, codified at MCL § 4.1850 and 4.1851: The Opioid Advisory Commission sits within the Legislative Council, which is a bipartisan, bicameral body

Michigan

Background
(Continued)

of legislators that supports the state legislature.[10] The Opioid Advisory Commission's overall mandate is to "review local, state, and federal initiatives and activities related to education, prevention, treatment, and services for individuals and families affected by substance use disorders and co-occurring mental health conditions, and establish priorities to address substance use disorders and co-occurring mental health conditions, for the purpose of recommending funding initiatives to the legislature,"[11] and to submit an annual report to the governor, attorney general, and legislative leaders that will be described later in this document.

Governor Whitmer's Executive Order No. 2022-12 updates the Michigan Opioids Task Force ("Task Force"), initially created by executive order in 2019. Specifically, the most recent Executive Order reconstitutes the Task Force as an advisory body within the Michigan Department of Health and Human Services ("MDHHS") and requires that the Task Force participate on behalf of the state in any opioid-related bankruptcy or settlement where government participation is required to collect funds,"[12] amongst a wide range of more general responsibilities and functions.

Decision-making Process

A **The Department of Treasury will manage the state's portion of the settlement funds, which are held in the Michigan Opioid Healing and Recovery Fund.** [13]

Beginning in 2023, the legislature will benefit from the Opioid Advisory Commission's ("Commission") recommendations on funding initiatives. The Commission must also produce an annual report that is submitted to legislative leadership which contains the following:

i. A statewide evidence-based needs assessment
ii. Goals and recommendations, including the rationale supporting the goals and recommendations, sustainability plans, and performance indicators
iii. An evidence-based assessment of the prior use of money appropriated from the state's Opioid Healing and Recovery Fund
iv. Recommended funding for tasks, activities, projects, and initiatives to support the Commission's objectives
v. As applicable, additional legislation needed to accomplish the objectives of the Commission[14]

Michigan

Vital Strategies

Decision-making Process
(Continued)

It is important to understand that the Commission's recommendations and the findings from its annual report are merely advisory and not binding on the legislature.

B **The Opioid Advisory Commission has twelve (12) voting members with experience in "substance abuse prevention, health care, mental health, law enforcement, local government, first response work, or similar fields"[15] and who are intended to reflect the state's geographic diversity. Seven (7) voting members constitutes a quorum and a majority is required for the Commission to take any action.[16]**

1. The Commission includes:
   - i. Ten (10) members appointed by legislative majority (8) and minority leadership (2)
   - ii. A member appointed by legislative leadership from a list of three (3) people provided by the Governor
   - iii. A member appointed by legislative leadership from a list of three (3) people provided by the Attorney General
   - iv. The Director of MDHHS or their designee serves as an ex officio member without a vote
   - v. The Legislative Council Administrator or their designee serves as an ex officio member without a vote.[17]
2. As of December 2022, current members are:

Cara Anne Poland, M.D., M.Ed. (Chair)	**Patrick Patterson (Vice Chair)**	**Kelly Ainsworth**
Bradley Casemore, MHSA, LMSW, FACHE	**Judge Linda Davis**	**Katharine Hude, Esq.**
Mona Makki	**Scott Masi**	**Mario Nanos**
Kyle Rambo, MPA	**Cameron Risma, M.D.**	**Sarah Stoddard, PhD, RN, CNP, FSAHM, FAAN**

3. The two ex officio members are Secretary Elizabeth Hertel and Jennifer Dettloff.[18]

C **The process at the local government level for how funds will be used will vary. The next section suggests strategies for engaging in the process.**

Michigan

Engaging in the Process

1. Attend Commission meetings, which must take place at least quarterly and be consistent with the Michigan Open Meetings Act.[19] The schedule and notes from prior meetings can be found here: http://council.legislature.mi.gov/Council/OAC
2. Monitor/advocate around the membership of the Commission and push for the meaningful inclusion of people with lived experience.
3. Reach out to the Commission to provide feedback and offer your perspective on your community's needs and priorities: OAC@legislature.mi.gov
4. Research and understand the process in your community, which may evolve over time. Attend meetings and provide feedback when local governments develop budgets or plans for allocation of the opioid settlement funds. Key decisionmakers could include a city council or a local health department, for example.

Tracking Funds and Accountability

1. The notes from the proceedings of the Opioid Advisory Commission's meetings are available online and any writing that is used by the Commission in performing its official duties is subject to the Michigan Freedom of Information Act.[20]
2. In 2022, Michigan conducted a survey among key stakeholders on priorities for the use of opioid settlement dollars: https://chrt.org/wp-content/uploads/2022/05/MDHHS_FinalOpioidsReport_May2022.pdf. The three topline priorities were recovery support services, prevention programming, and expansion of medications for opioid use disorder. Consider how stakeholders can ensure the legislature is responsive to community priorities in its appropriation of funds.
3. Remember that the Opioid Advisory Commission must provide an "evidence-based assessment of the prior use of money appropriated from the Michigan Opioid Healing and Recovery Fund" every year. This provides a natural leverage point for tracking and accountability.
4. Consider other mechanisms of promoting transparency in how funds are spent and related health outcomes, such as a state dashboard.

Michigan

Additional Resources

STATE-SPECIFIC RESOURCES

The Michigan Legislative Council

http://council.legislature.mi.gov/Council/OAC

Opioid Settlement Resource Center

https://micounties.org/opioid-settlement-resource-center/

TRIBAL RESOURCES

Tribal Opioid Settlements

https://www.tribalopioidsettlements.com/

TRACKER

OpioidSettlement Tracker.com (national)

https://www.opioidsettlementtracker.com/

WEBSITE

NACo Opioid Solutions Center

https://www.naco.org/resources/opioid-solutions-center

YOUTUBE VIDEO

Office Hours: Accessing Opioid Settlement Funding for Harm Reduction Programs with Christine Minhee

https://www.youtube.com/watch?v=X7cWmhThEDc

PRINCIPLES

Principles for the Use of Funds from the Opioid Litigation

https://opioidprinciples.jhsph.edu/

TOOLKIT

Opioid Settlement Toolkit for Community-Based Organizations

https://www.social-current.org/reports/opioid-settlement-toolkit-community-based-organizations/

Michigan

References

1. Note that this total is limited to funds received from settlements with McKesson, Cardinal Health, AmerisourceBergen, and Johnson & Johnson. Additional money may be available through other settlement agreements.
2. https://www.michigan.gov/ag/-/media/Project/Websites/AG/opioids/Resource-Documents/Michigan-State-Subdivision-Agreement-for-Distributor-and-Janssen-Settlement-Agreements.pdf?rev=7b72e1184d3f4dbd9ed200c5b8318cd7 , accessed November 29, 2022
3. SB 993 available at http://www.legislature.mi.gov/documents/2021-2022/publicact/pdf/2022-PA-0083.pdf; SB 994 available at http://www.legislature.mi.gov/documents/2021-2022/publicact/pdf/2022-PA-0084.pdf
4. https://content.govdelivery.com/attachments/MIEOG/2022/09/29/file_attachments/2283519/EO%202022-12%20Opioids%20Task%20Force%20%28220928%29%20%28with%20signature%29.pdf, accessed November 29, 2022.
5. https://www.michigan.gov/ag/-/media/Project/Websites/AG/opioids/Resource-Documents/Michigan-State-Subdivision-Agreement-for-Distributor-and-Janssen-Settlement-Agreements.pdf?rev=7b72e1184d3f4dbd9ed200c5b8318cd7, accessed November 29, 2022; see pages 169-176 for final allocation percentages.
6. Id. See Section II.6
7. https://www.michigan.gov/whitmer/news/press-releases/2022/05/19/governor-whitmer-signs-bills-fighting-opioid-crisis, accessed November 30, 2022.
8. MCL § 12.253(2) ("The state treasurer shall deposit all proceeds received by this state as a result of any judgment, settlement, or compromise of claims pertaining to violations, or alleged violations, of law related to the manufacture, marketing, distribution, dispensing, or sale of opioids into the Michigan opioid healing and recovery fund except for proceeds received under the Medicaid false claim act.").
9. MCL § 12.253(7)-(4).
10. "The Speaker of the House and the Senate Majority Leader each appoint six members of their chamber. At least two of each body must be members of the minority party. These leaders also appoint three alternates. The Constitution directs the legislature to appropriate funds for the Legislative Council's operations which include providing bill drafting, research, and other services to the members of the legislature." http://council.legislature.mi.gov/Council/Index, accessed November 30, 2022.
11. MCL § 4.1811(13)(b)
12. Subsection 2(a) of Executive Order No. 2022-12, https://content.govdelivery.com/attachments/MIEOG/2022/09/29/file_attachments/2283519/EO%202022-12%20Opioids%20Task%20Force%20%28220928%29%20%28with%20signature%29.pdf, accessed November 30, 2022.
13. Money from this fund must be appropriated by the state legislature. In 2022, the Michigan legislature appropriated $23,200,000 from the fund to MDHHS in order to "create or supplement opioid-related programs and services..." http://www.legislature.mi.gov/documents/2021-2022/publicact/pdf/2022-PA-0166.pdf. Accessed 12/7/2022.
14. MCL § 4.1811(13)(b)-(c)
15. MCL § 4.1811(2)(a)
16. MCL § 4.1811(9)
17. MCL § 4.1811(2)(a)-(c)
18. http://council.legislature.mi.gov/Council/OAC, accessed November 30, 2022. Note that terms of Commission members vary. Of the first voting members appointed, 4 are appointed to 1-year terms, 4 are appointed to 2-year terms, and 4 are appointed to 3-year terms, as determined by the senate majority leader and the speaker of the house of representatives. After the first appointments, the term of a voting member of the opioid advisory commission is 3 years. MCL § 4.1811(5). A Commission member may be removed by the senate majority leader and the speaker of the house of representatives for "incompetence, dereliction of duty, malfeasance, or nonfeasance in office, or any other good cause." MCL § 4.1811(7).
19. MCL § 4.1811(8) and (10)
20. MCL § 4.1811(11)

THE MICHIGAN LEGISLATIVE COUNCIL

MICHIGAN OPIOID ADVISORY COMMISSION

SOUTHWEST MICHIGAN BEHAVIORAL HEALTH
SUD OVERSIGHT POLICY BOARD
MAY 15, 2023

NATIONAL OPIOID SETTLEMENTS

National litigation involving the manufacturers, distributors and marketers of pharmaceutical opioids, has resulted in multiple, national settlements, commonly referred to as the "Opioid Settlements". Presently, Michigan is involved in eleven national lawsuits at various stages of litigation and settlement.

OAC

NATIONAL OPIOID SETTLEMENTS

Distributor Settlement
AmerisourceBergen, Cardinal Health, McKesson

Janssen
Johnson & Johnson

CVS

Walmart

Walgreens

Teva

Allergan

Mallinckrodt

Endo

Purdue

McKinsey & Co.

OAC

NATIONAL LANDSCAPE

OPIOID ADVISORY COMMISSIONS

States are in the process of implementing administrative structures to disburse an expected $50 billion awarded to states and localities from opioid-related lawsuits, which includes $26 billion awarded to 46 states as part of the National Opioid Settlement. These structures include strategies for engaging a wide variety of stakeholders on priorities for **reducing opioid-related deaths and investing in SUD prevention, treatment, and recovery infrastructure**.

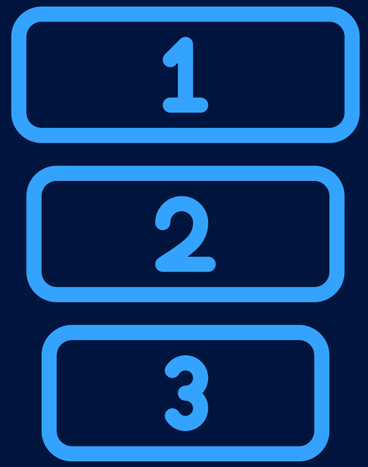
National Academy for State Health Policy (NASHP)

PA 84 of 2022 (SB 994)

CHARGE OF THE OAC

REVIEW STRATEGIES

Review local, state and federal initiatives and activites related to education, prevention, treatment and services for individuals and families affected by SUD and co-occurring mental health conditions



ESTABLISH PRIORITIES

Establish priorites to address SUD and co-occurring mental health conditions; conduct statewide evidence-based needs assessment

RECOMMEND FUNDING

Recommend funding initiatives to the legislature; recommend funding for tasks, projects and initiatives that support the objectives of the commission

PA 84 of 2022 (SB 994)

CHARGE OF THE OAC

REPORT TO LEADERSHIP

Annual, written report to Governor, Attorney General, Senate Majority Leader, Speaker of the House and chairs of the Senate and House aAppropriations committees.

DEVELOP GOALS & RECOMMENDATIONS

Provide goals and recommendations around SUD and co-occurring mental health conditions, prevention, treatment, recovery and harm reduction efforts. Provide goals and recommendations for **reducing disparities** in access to programs, services, supports and resources.

RECOMMEND POLICY

If applicable, recommend additional legislation needed to accomplish the objectives of the commission.

OAC

OPIOID ADVISORY COMMISSION

STRATEGIC PRIORITIES

SUBSTANCE USE DISORDERS, MENTAL HEALTH CONDITIONS AND CO-OCCURRING DISORDERS

prevention

Any strategy which helps educate, identify and prevent negative health or social outcomes from substance misuse, substance use disorders, mental health conditions or co-occurring disorders

treatment

Any intervention intended to treat symptoms, improve functioning, and support positive health and social outcomes for individuals with substance use disorders, mental health conditions or co-occurring disorders

recovery

Any non-clinical support which helps promote positive change and sustainable life outcomes for individuals with substance use disorders, mental health conditions or co-occurring disorders

harm reduction

Any effort intended to help reduce the negative health impacts and social harms associated with substance use and substance overdose (overdose prevention)

OAC

OPIOID ADVISORY COMMISSION

GUIDING PRINCIPLES

advancing
health equity

Ensuring that everyone has a fair and just opportunity to be as healthy as possible
Robert Wood Johnson Foundation

effecting
stigma change

Promotion of strategies to eliminate stigma associated with substance use disorders, mental health conditions and co-occurring disorders, by way of education, outreach, advocacy, engagement, training, collaboration and inclusion of voices with lived experience

expanding
cross-system collaboration

Development and maintenance of community partnerships across systems and sectors that enhance integrated care, advance health equity and reduce disparities in service access and delivery

enhancing
whole-person care

Consideration of the whole person, including regard for the individual, their biology, life experiences, circumstances, and connections, to better understand adverse health impacts, better support individual health needs and better promote positive health outcomes

promoting
service innovation

Commitment to creative, novel and promising approaches that support health equity and meaningfully address substance use disorders, mental health conditions and co-occurring disorders

OAC

OAC 2023 Annual Report

KEY TAKEAWAYS

Increase public transparency around planning, use, and management of “State Share” opioid settlement funds

Expand community engagement and inclusion in all planning and implementation efforts for opioid settlement funds

Enhance collaboration across branches, departments, jurisdictions, and communities to support meaningful strategies and innovative solutions for opioid remediation

Increase legislative oversight to improve alignment with national guidance for use of opioid settlement funds

OAC

RECOMMENDATIONS
for the state legislature

Support the OAC's FY 2023-2025 Strategic Plan

Dedicate appropriations not to exceed $5 million for:

- statewide needs assessment
- county and Tribal planning incentives
- community engagement activities
- public dashboard

Implement public reporting requirements for state departments administering opioid settlement funds

Develop boilerplate language that ensures submission of annual settlement spend plans and regular reporting on use of opioid settlement funds to the OAC and public

Compel the Department of Health and Human Services to collect and report data on co-occurring substance use disorders and mental health conditions

OAC

NEXT STEPS

1. **Continue ongoing engagement efforts** with community stakeholders and key state offices; distribute and discuss inaugural report; prepare for Opioid Planning Collaborative (Steering Committee)

2. **Consult with community leaders and equity experts** on considerations for the Opioid Planning Collaborative; ensure equitable organizational, community, and Tribal representation

3. **Expand outreach to community and Tribal leaders** to faciliate listening sessions, collaborative planning efforts and community engagement activities

4. **Determine parameters and identify community partners** for Opioid Planning Collaborative; outline group expectations, goals and objectives for further review

OAC

THE MICHIGAN LEGISLATIVE COUNCIL

MICHIGAN OPIOID ADVISORY COMMISSION

OAC@LEGISLATURE.MI.GOV

TARA KING, OAC COORDINATOR
TKING@LEGISLATURE.MI.GOV

MICHIGAN

OPIOID ADVISORY COMMISSION

Key Takeaways from the 2023 Annual Report

Increase public transparency around planning, use, and management of "State Share" opioid settlement funds

Expand community engagement and inclusion in all planning and implementation efforts for opioid settlement funds

Enhance collaboration across branches, departments, jurisdictions, and communities to support meaningful strategies and innovative solutions for opioid remediation

Increase legislative oversight to improve alignment with national guidance for use of opioid settlement funds

Findings

1. Michigan's advisory structure presents strengths for balanced and effective oversight, but statutory changes and appropriations oversight are needed to compel cross-branch collaboration, public transparency, and responsible management of the Michigan Opioid Healing and Recovery Fund.

2. The state must make deliberate efforts to facilitate community engagement and collaborative strategic planning to identify gaps in our state's opioid response activities and avoid redundancies in programming.

3. Existing sources of data are not being adequately leveraged to understand whether vulnerable, priority populations are receiving optimized care for co-occurring substance use disorders and mental health conditions.

View the OAC's 2023 Annual Report available at https://council.legislature.mi.gov/Council/OAC

MICHIGAN
OPIOID ADVISORY COMMISSION

Recommendations for the State Legislature Fiscal Year 2024

Support the OAC's FY 2023-2025 Strategic Plan

Dedicate appropriations not to exceed **$5 million** for a statewide needs assessment, county/tribal planning incentives, community engagement activities and a public dashboard

Section 5, Recommendations 1.6; 2.1-2.2; pages 43-44

1. Fund county and tribal planning incentives; incentive requirements to be determined by the OAC Opioid Planning Collaborative.
2. Fund a statewide needs assessment, as steered by the OAC Opioid Planning Collaborative.
3. Support ongoing community engagement activities, as directed by the OAC Opioid Planning Collaborative. Upon request of the OAC Opioid Planning Collaborative, ensure funding availability for community engagement activities.
4. Ensure creation of a consolidated, public dashboard specific to opioid settlement funds. Upon request of the OAC Opioid Planning Collaborative, ensure funding availability for development of a public dashboard.
5. Promote collaboration between legislators, the OAC and various state departments in the development of boilerplate language for the FY 2024 budget. Include language specific to "planning incentives", "statewide needs assessment", "community engagement activities" and a "public dashboard".

Implement detailed, public reporting requirements for state departments administering opioid settlement funds

Develop boilerplate language that ensures submission of annual settlement spend plans and regular reporting on use of opioid settlement funds to the OAC and public

Section 5, Recommendations 1.1-1.5; pages 40-42

1. Promote collaboration between legislators, the OAC and various state departments in the development of boilerplate language for the FY 2024 budget. Include language specific to "opioid settlement spend plans", "quarterly reports", "annual reports" and "data sharing agreements".
2. Establish reasonable statutory limits on annual legislative appropriations of monies from the Michigan Opioid Healing and Recovery Fund.
3. Compel the creation of "sub-funds" within the Michigan Opioid Healing and Recovery Fund.

Compel the Department of Health and Human Services to collect and report data on co-occurring substance use disorders and mental health conditions

Section 5, Recommendation 3.1; page 44

For more information, contact OAC Program Coordinator, Tara King, at tking@legislature.mi.gov
Visit the OAC website at https://council.legislature.mi.gov/Council/OAC

Southwest Michigan Behavioral Health

Substance Use Disorders Revenue & Expense Analysis Fiscal Year 2023

For the Fiscal YTD Period Ended 3/31/2023

	MEDICAID				Healthy MI			
	Budgeted YTD Revenue	Actual YTD Revenue	YTD Expense	Fav (Unfav)	Budgeted YTD Revenue	Actual YTD Revenue	YTD Expense	Fav (Unfav)
Barry	101,361	121,323	31,117	90,206	252,171	272,940	57,214	215,726
Berrien	386,451	456,948	309,485	147,462	997,499	1,084,870	806,031	278,839
Branch	107,737	127,738	55,010	72,728	235,369	253,650	154,508	99,141
Calhoun	420,007	506,190	431,728	74,463	949,234	1,019,993	666,677	353,316
Cass	119,040	142,020	104,427	37,592	296,491	330,100	59,306	270,794
Kazoo	538,424	643,962	78,280	565,682	1,490,678	1,599,665	200,661	1,399,004
St. Joe	151,865	181,643	2,179	179,464	395,277	423,000	22,571	400,429
Van Buren	199,818	235,970	49,712	186,258	477,514	516,353	88,772	427,581
DRM	1,566,396	1,868,960	2,182,403	(313,443)	3,607,349	3,895,087	4,076,339	(181,252)
Grand Total	**3,591,099**	**4,284,754**	**3,244,342**	**1,040,413**	**8,701,582**	**9,395,659**	**6,132,078**	**3,263,581**

EGRAMS	BLOCK GRANT				BLOCK GRANT BY COUNTY			
SUD Block Grant	Budgeted YTD Revenue	Actual YTD Revenue	YTD Expense	Fav (Unfav)	Budgeted YTD Revenue	Actual YTD Revenue	YTD Expense	Fav (Unfav)
Community Grant	1,716,802	1,283,185	1,283,185	0	Barry	172,261	172,261	0
WSS	125,000	62,196	62,196	0	Berrien	170,059	170,059	0
Prevention	602,268	755,844	755,844	0	Branch	50,115	50,115	0
Admin/Access	40,000	80,000	80,000	0	Calhoun	206,234	206,234	0
State Disability Assistance	64,110	62,235	62,235	0	Cass	274,712	274,712	0
Gambling Prevention*	94,342	11,672	11,672	0	Kazoo	294,962	294,962	0
State's Opioid Response 3	1,630,000	652,467	652,467	0	St. Joe	43,070	43,070	0
Partnership for Advancing Coalition	47,500	11,220	11,220	0	Van Buren	66,137	66,137	0
Substance Use Disorder - Tobacco 2	2,000	0	0	0	DRM	784,770	784,770	0
COVID Community Grant Treatment	829,888	243,229	243,229	0	Admin/Access	162,477	162,477	0
COVID Prevention	613,984	50,929	50,929	0				
COVID SUD Admin	65,000	43,572	43,572	0				
ARPA Treatment	180,000	52,317	52,317	0				
ARPA Prevention	84,530	88,971	88,971	0				
Mental Health Block Grant								
Transitional Navigators	100,000	74,364	74,364	0				
Clubhouse Engagement	12,500	4,508	4,508	0	Legend			
Veterans Navigator	55,000	52,620	52,620	0	DRM - Detox, Residential, and Methadone			
Behavioral Health Disparities	125,000	12,861	12,861	0	WSS - Women's Specialty Services			
MHBG Childrens Covid-19	225,000	119,373	119,373	0				
SMI Adult Covid-19	212,500	88,552	88,552	0				
CCBHC Non-Medicaid Operations	93,636	0	0	0				
Admin/Access	0	0	10,249	(10,249)				
Grand Total	**6,919,058**	**3,750,115**	**3,760,364**	**(10,249)**		**2,224,797**	**2,224,797**	**0**

	PA2				PA2 Carryforward		
	Budgeted YTD Revenue	Actual YTD Revenue	YTD Expense	Fav (Unfav)	Prior Year Balance	Current Utilization	Projected Year End Balance
Barry	37,734	50,561	0	50,561	631,178	50,561	681,739
Berrien	184,046	241,114	130,752	110,361	617,996	110,361	728,357
Branch	32,491	32,491	5,934	26,557	471,324	26,557	497,881
Calhoun	168,035	102,844	254,771	(151,927)	430,067	(151,927)	278,140
Cass	37,653	102,844	7,234	95,610	490,131	95,610	585,741
Kazoo	332,529	440,860	229,970	210,890	1,911,350	210,890	2,122,239
St. Joe	53,295	69,722	45,808	23,914	328,667	23,914	352,580
Van Buren	76,582	100,164	30,030	70,134	379,308	70,134	449,442
Grand Total	**922,364**	**1,140,598**	**704,498**	**436,100**	**5,260,019**	**436,100**	**5,696,119**

Southwest Michigan BEHAVIORAL HEALTH

Public Act 2 (PA2) Utilization Report
Fiscal Year 2023

Program	FY23 Approved Budget	Utilization FY 23 Oct-Mar	PA2 Remaining	YTD Utilization
Barry	**61,260**	**-**	**61,260**	**0%**
BCCMHA - Outpatient Services	61,260	-	61,260	0%
Berrien	**423,420**	**109,932**	**313,489**	**26%**
Abundant Life - Healthy Start	73,450	36,488	36,962	50%
Berrien County - Drug Treatment Court	15,000	-	15,000	0%
Berrien County - Trial courts	52,757	-	52,757	0%
Berrien MHA - Riverwood Jail Based Assess	18,058	318	17,740	2%
CHC - Jail Group	36,421	6,802	29,619	19%
CHC - Niles Family & Friends	6,545	-	6,545	0%
CHC - Wellness Grp	11,220	-	11,220	0%
CHC - Women's Recovery House	30,000	16,324	13,676	54%
Sacred Heart - Juvenile and Detention Ctr	79,969	-	79,969	0%
Berrien County Health Department - Prevei	100,000	50,000	50,000	50%
Branch	**18,000**	**5,934**	**12,066**	**33%**
Pines BHS - Outpatient Treatment	18,000	5,934	12,066	33%
Calhoun	**663,702**	**258,938**	**404,764**	**39%**
Calhoun County 10th Dist Drug Sobriety Co	182,016	76,395	105,621	42%
Calhoun County 10th Dist Veteran's Court	6,975	5,159	1,816	74%
Calhoun County 37th Circuit Drug Treatmei	327,519	101,534	225,985	31%
Haven of Rest	37,095	18,548	18,548	50%
Michigan Rehabilitation Services - Calhoun	25,000	12,500	12,500	50%
Substance Abuse Council	29,310	29,232	78	100%
Substance Abuse Prevention Services	10,788	7,881	2,906	73%
Summit Pointe - SMART Recovery - Jail	20,000	-	20,000	0%
Calhoun County Youth Center	25,000	7,690	17,310	31%
Cass	**93,940**	**7,234**	**86,706**	**8%**
Woodlands - Meth Treatment and Drug Co	82,500	5,344	77,156	6%
Family Education Group	11,440	1,890	9,550	17%
Kalamazoo	**707,134**	**256,574**	**450,560**	**36%**
8th District Probation Court	10,890	5,805	5,085	53%
8th District Sobriety Court	29,590	4,729	24,861	16%
8th District Mental Health Recovery Court	7,700	989	6,711	13%
9th Circuit Drug Court	60,000	39,281	20,719	65%
CHC - Adolescent Services	21,876	10,216	11,660	47%
CHC - Bethany House	26,154	11,528	14,626	44%
CHC - New Beginnings	47,627	12,051	35,576	25%
Gryphon Gatekeeper - Suicide Prevention	20,000	10,200	9,800	51%
Gryphon Helpline/Crisis Response	36,000	18,000	18,000	50%
KCHCS Healthy Babies	87,000	18,280	68,720	21%
ISK - EMH	56,400	28,200	28,200	50%
ISK - FUSE	25,000	12,500	12,500	50%
ISK - IDDT Transportation	13,750	770	12,980	6%
ISK - Mental Health Court	65,000	32,500	32,500	50%
ISK - Oakland Drive Shelter	34,000	17,000	17,000	50%
Michigan Rehabilitation Services - Kalamaz	17,250	8,625	8,625	50%
Recovery Institute - Recovery Coach	60,623	21,888	38,735	36%
WMU - BHS Text Messaging	7,623	4,011	3,612	53%
WMU - Jail Groups	80,651	-	80,651	0%
St. Joseph	**89,365**	**46,722**	**42,643**	**52%**
3B District - Sobriety Courts	2,200	2,200	-	100%
3B District - Drug/Alcohol Testing	16,640	16,640	-	100%
CHC - Hope House	27,325	6,531	20,794	24%
CMH - Court Ordered Drug Testing	43,200	21,352	21,848	49%
Van Buren	**151,746**	**31,202**	**120,544**	**21%**
Van Buren CMHA	106,746	-	106,746	0%
Van Buren County Drug Treatment Court	45,000	31,202	13,798	69%
Totals	**2,208,568**	**716,536**	**1,492,032**	**32%**

PA2 Overview and Budget Planning

Southwest Michigan
BEHAVIORAL HEALTH

Substance Use Disorder Oversight Policy Board, May 15, 2023

Liquor Tax (PA2)

History and Overview:

- Michigan Liquor Control Code:
  - Liquor Specific Tax 4% generated from each county
- Changes to legislation in 2022:
  - SB 1222-23: extends the collection of liquor tax revenue via the State Convention Facility Development Act.
  - Sets a new baseline allocation for each county's distribution in FY23 and is an estimated increase of 48% for the State of Michigan.
  - Changes the required total funds to be used on substance abuse treatment and prevention from 50% to 40% based on new baseline amount.
  - Baseline allocation is "re-set" every three years (2023, 2026, 2029, etc.).
- The proceeds of the taxing unit shall be distributed to the coordinating agency (PIHP) designated for that county
- Funding is county specific vs. regionally
- Must be used on treatment of prevention services

Liquor Tax (PA2)

SWMBH Budgeting Practice and Process:

- Prior to each fiscal year, SWMBH staff will determine/project the allocation of PA2 resources by county
- Multiple variables are taken into consideration when budgeting. These include, but are not limited to:
  - Projected PA2 revenue per county
  - County carry forward balances and projections
  - Availability of other available funding (Medicaid, Block Grant, other grants, etc.)
  - Needs of county, provider program, and budget submissions/prior performance
- PA2 revenue and allocations to specific providers may change from year to year based on the variables listed above
- PA2 can be carried over from year to year

Liquor Tax (PA2)

SWMBH Budgeting Practice and Process (continued):

- Carry forward reserves are monitored to assure adequate funding for current program expenditures and to assure future programming continues
- Ultimately the goal is to be fiscally responsible while providing SUD treatment and prevention services.
- SWMBH staff will meet and communicate with providers, key stake holders, and board members as needed.

Role of the Oversight Policy Board:

- Approval of any portion of SWMBH's budget that contract PA2 funds for the treatment and prevention of substance use disorders

Budget Calendar

FY 2024 Budget Event	Date:
Initial Budgets Due	Monday, June 19
Revised Budgets Due (if necessary)	Monday, July 31
Final Budgets Due	Monday, August 14
Budget to SUD Oversight Policy Board	Tuesday, September 7
SUD Oversight Policy Board Meeting	Monday, September 13

SOUTHWEST MICHIGAN BEHAVIORAL HEALTH
ALCOHOL TAX PLAN - FY24

	Approved Budget FY 23 Oct - Sep	Approved Amended Budget FY 23 Oct - Sep	Projected Revenue/Expense FY 23 Oct - Sep	Proposed Budget FY 24 Oct-Sep	Inc/(Dec) over approved FY 24 Budget
Revenue:					
Prior Year(s) Carryover	5,086,268	5,086,268	5,261,019	5,681,031	594,763
PA2 Revenue	1,844,728	1,844,728	1,844,728	1,844,728	-
Total Revenue	**6,930,996**	**6,930,996**	**7,105,747**	**7,525,758**	**594,763**
Expenses:					
RESIDENTIAL TREATMENT SERVICES	135,106	135,106	94,219	135,106	-
					-
OUTPATIENT TREATMENT SERVICES	1,772,378	1,877,364	1,134,399	1,877,364	-
					-
PREVENTION SERVICES	196,097	196,097	196,098	196,097	-
Total Expenses	**2,103,581**	**2,208,567**	**1,424,716**	**2,208,567**	**-**
Total Carryover	**4,827,414**	**4,722,429**	**5,681,031**	**5,317,191**	**594,763**

SOUTHWEST MICHIGAN BEHAVIORAL HEALTH
ALCOHOL TAX PLAN - FY24

	Approved Budget FY 22 Oct - Sep	Approved Budget FY 23 Oct - Sep	Amended Budget FY 23 Oct - Sep	Proposed Budget FY24 Oct-Sep	Inc/(Dec) over approved FY 24 Budget
Barry					
OUTPATIENT TREATMENT SERVICES	76,880.00	61,260.00	61,260.00	61,260.00	-
PREVENTION SERVICES	-	-	-	-	-
Total	76,880.00	61,260.00	61,260.00	61,260.00	-
Berrien					
OUTPATIENT TREATMENT SERVICES	327,528.52	323,419.63	323,419.63	323,419.63	-
PREVENTION SERVICES	100,000.00	100,000.00	100,000.00	100,000.00	-
Total	427,528.52	423,419.63	423,419.63	423,419.63	-
Branch					
OUTPATIENT TREATMENT SERVICES	80,190.00	18,000.00	18,000.00	18,000.00	-
PREVENTION SERVICES	-	-	-	-	-
Total	80,190.00	18,000.00	18,000.00	18,000.00	-
Calhoun					
OUTPATIENT TREATMENT SERVICES	517,859.73	518,619.00	623,604.96	623,604.96	-
PREVENTION SERVICES	96,795.38	40,097.17	40,097.17	40,097.17	-
Total	614,655.11	558,716.17	663,702.13	663,702.13	-
Cass					
OUTPATIENT TREATMENT SERVICES	82,500.00	93,940.00	93,940.00	93,940.00	-
PREVENTION SERVICES	-	-	-	-	-
Total	82,500.00	93,940.00	93,940.00	93,940.00	-
Kalamazoo					
RESIDENTIAL TREATMENT SERVICES	111,627.00	107,781.00	107,781.00	107,781.00	-
OUTPATIENT TREATMENT SERVICES	527,549.42	543,353.25	543,353.25	543,353.25	-
PREVENTION SERVICES	56,000.00	56,000.00	56,000.00	56,000.00	-
Total	695,176.42	707,134.25	707,134.25	707,134.25	-
St Joseph					
RESIDENTIAL TREATMENT SERVICES	21,000.00	27,325.00	27,325.00	27,325.00	-
OUTPATIENT TREATMENT SERVICES	62,040.00	62,040.00	62,040.00	62,040.00	-
PREVENTION SERVICES					
Total	83,040.00	89,365.00	89,365.00	89,365.00	-
Van Buren					
OUTPATIENT TREATMENT SERVICES	145,000.00	151,746.20	151,746.20	151,746.20	-
PREVENTION SERVICES					
Total	145,000.00	151,746.20	151,746.20	151,746.20	-
All Counties					
RESIDENTIAL TREATMENT SERVICES	132,627.00	135,106.00	135,106.00	135,106.00	-
OUTPATIENT TREATMENT SERVICES	1,819,547.67	1,772,378.08	1,877,364.04	1,877,364.04	-
PREVENTION SERVICES	252,795.38	196,097.17	196,097.17	196,097.17	-
	2,204,970.05	2,103,581.25	2,208,567.21	2,208,567.21	-

SOUTHWEST MICHIGAN BEHAVIORAL HEALTH
BARRY COUNTY
ALCOHOL TAX PLAN - FY24

	Approved Budget FY23 Oct - Sep	Projected Revenue/Expense FY 23 Oct - Mar	Proposed Budget FY24 Oct - Sep	Estimate FY25 Oct - Sep	Estimate FY26 Oct - Sep	Estimate FY27 Oct - Sep
Revenue:						
Prior Year(s) Carryover	621,148	632,178	707,645	721,852	736,059	750,266
PA2 Revenue	75,467	75,467	75,467	75,467	75,467	75,467
Total Revenue	**696,615**	**707,645**	**783,112**	**797,319**	**811,526**	**825,733**
Expenses:						
OUTPATIENT TREATMENT SERVICES	61,260	-	61,260	61,260	61,260	61,260
PREVENTION SERVICES	-	-	-	-	-	-
Total Expenses	**61,260**	**-**	**61,260**	**61,260**	**61,260**	**61,260**
Total Carryover	**635,355**	**707,645**	**721,852**	**736,059**	**750,266**	**764,473**

Note(s)

SOUTHWEST MICHIGAN BEHAVIORAL HEALTH
BERRIEN COUNTY
ALCOHOL TAX PLAN - FY24

	Approved Budget FY23 Oct - Sep	Projected Revenue/Expense FY 23 Oct - Mar	Proposed Budget FY24 Oct - Sep	Estimate FY25 Oct - Sep	Estimate FY26 Oct - Sep	Estimate FY27 Oct - Sep
Revenue:						
Prior Year(s) Carryover	701,517	617,996	719,936	664,608	609,279	553,950
PA2 Revenue	368,091	366,086	368,091	368,091	368,091	368,091
Total Revenue	**1,069,608**	**984,081**	**1,088,027**	**1,032,699**	**977,370**	**922,041**
Expenses:						
OUTPATIENT TREATMENT SERVICES						
Abundant Life - Healthy Start	73,450	72,843	73,450	73,450	73,450	73,450
Berrien MHA - Riverwood Jail Based Assessment	18,058	954	18,058	18,058	18,058	18,058
Berrien County - DTC	15,000	-	15,000	15,000	15,000	15,000
Berrien County - Trial courts (Intake Coordinator)	52,757	46,743	52,757	52,757	52,757	52,757
CHC - Niles Family & Friends	6,545	-	6,545	6,545	6,545	6,545
CHC - Jail	36,421	13,604	36,421	36,421	36,421	36,421
CHC - Wellness Grp	11,220	-	11,220	11,220	11,220	11,220
CHC - Star of Hope Recovery House	30,000	30,000	30,000	30,000	30,000	30,000
Sacred Heart	79,969	-	79,969	79,969	79,969	79,969
PREVENTION SERVICES	100,000	100,000	100,000	100,000	100,000	100,000
Total Expenses	**423,420**	**264,145**	**423,420**	**423,420**	**423,420**	**423,420**
Total Carryover	**646,188**	**719,936**	**664,608**	**609,279**	**553,950**	**498,622**

Note(s)

SOUTHWEST MICHIGAN BEHAVIORAL HEALTH
BRANCH COUNTY
ALCOHOL TAX PLAN - FY24

	Approved Budget FY23 Oct - Sep	Projected Revenue/Expense FY 23 Oct - Mar	Proposed Budget FY24 Oct - Sep	Estimate FY25 Oct - Sep	Estimate FY26 Oct - Sep	Estimate FY27 Oct - Sep
Revenue:						
Prior Year(s) Carryover	475,984	471,324	524,438	571,421	618,403	665,386
PA2 Revenue	64,983	64,983	64,983	64,983	64,983	64,983
Total Revenue	**540,967**	**536,306**	**589,421**	**636,403**	**683,386**	**730,368**
Expenses:						
OUTPATIENT TREATMENT SERVICES						
Outpatient Treatment	18,000	11,868	18,000	18,000	18,000	18,000
PREVENTION SERVICES	-	-	-	-	-	-
Total Expenses	**18,000**	**11,868**	**18,000**	**18,000**	**18,000**	**18,000**
Total Carryover	**522,967**	**524,438**	**571,421**	**618,403**	**665,386**	**712,368**

Note(s)

SOUTHWEST MICHIGAN BEHAVIORAL HEALTH
CALHOUN COUNTY
ALCOHOL TAX PLAN - FY24

	Approved Budget FY23 Oct - Sep	Projected Revenue/Expense FY 23 Oct - Sep	Proposed Budget FY24 Oct - Sep	Estimate FY25 Oct - Sep	Estimate FY26 Oct - Sep	Estimate FY27 Oct - Sep
Revenue:						
Prior Year(s) Carryover	468,739	430,067	346,538	18,906	(308,726)	(636,357)
PA2 Revenue	336,071	336,071	336,071	336,071	336,071	336,071
Total Revenue	**804,810**	**762,185**	**682,608**	**354,976**	**27,345**	**(300,287)**
Expense:						
OUTPATIENT TREATMENT SERVICES						
10th Dist Drug Sobriety Court	182,016	152,789	182,016	182,016	182,016	182,016
10th Dist Veteran's Court	6,975	6,975	6,975	6,975	6,975	6,975
37th Circuit Drug Treatment Court	327,519	203,068	327,519	327,519	327,519	327,519
Haven of Rest	37,095	37,095	37,095	37,095	37,095	37,095
MRS	25,000	25,000	25,000	25,000	25,000	25,000
Summit Pointe - Jail	-	-	-	-	-	-
Summit Pointe - SMART Recovery - Jail	20,000	-	20,000	20,000	20,000	20,000
Calhoun County Youth Center	25,000	18,456	25,000	25,000	25,000	25,000
Summit Pointe - Court Program Liaison	-	-	-	-	-	-
Outpatient Treatment Pool	-	-	-	-	-	-
PREVENTION SERVICES						
Substance Abuse Council	29,310	29,310	29,310	29,310	29,310	29,310
Substance Abuse Prevention Services	10,788	10,788	10,788	10,788	10,788	10,788
Total Expenses	**663,702**	**415,647**	**663,702**	**663,702**	**663,702**	**663,702**
Total Carryover	**141,108**	**346,538**	**18,906**	**(308,726)**	**(636,357)**	**(963,989)**

Note(s)

SOUTHWEST MICHIGAN BEHAVIORAL HEALTH
CASS COUNTY
ALCOHOL TAX PLAN - FY24

	Approved Budget FY23 Oct - Sep	Projected Revenue/Expense FY 23 Oct - Mar	Proposed Budget FY24 Oct - Sep	Estimate FY25 Oct - Sep	Estimate FY26 Oct - Sep	Estimate FY27 Oct - Sep
Revenue:						
Prior Year(s) Carryover	543,885	490,131	543,885	525,250	506,615	487,980
PA2 Revenue	75,305	68,978	75,305	75,305	75,305	75,305
Total Revenue	**619,190**	**559,109**	**619,190**	**600,555**	**581,920**	**563,285**
Expense:						
OUTPATIENT TREATMENT SERVICES						
Outpatient Treatment Services	82,500	10,688	82,500	82,500	82,500	82,500
Family Education Group	11,440	4,536	11,440	11,440	11,440	11,440
Total Expenses	**93,940**	**15,224**	**93,940**	**93,940**	**93,940**	**93,940**
Total Carryover	**525,250**	**543,885**	**525,250**	**506,615**	**487,980**	**469,345**

Note(s)

SOUTHWEST MICHIGAN BEHAVIORAL HEALTH
KALAMAZOO COUNTY
ALCOHOL TAX PLAN - FY24

	Approved Budget FY23 Oct - Sep	Projected Rev/Exp FY 23 Oct - Mar	Proposed Budget FY24 Oct - Sep	Estimate FY25 Oct - Sep	Estimate FY26 Oct - Sep	Estimate FY27 Oct - Sep
Revenue:						
Prior Year(s) Carryover	1,929,396	1,911,350	2,058,797	2,016,720	1,974,642	1,946,315
PA2 Revenue	665,057	677,841	665,057	665,057	665,057	665,057
Total Revenue	**2,594,453**	**2,589,190**	**2,723,854**	**2,681,777**	**2,639,699**	**2,611,372**
Expenses:						
RESIDENTIAL TREATMENT SERVICES						
CHC - New Beginnings	47,627	24,102	47,627	47,627	47,627	47,627
CHC - Bethany House	26,154	23,056	26,154	26,154	26,154	26,154
ISK - Oakland Drive Shelter	34,000	34,000	34,000	34,000	34,000	34,000
OUTPATIENT TREATMENT SERVICES						
8th District Sobriety Court	29,590	9,458	29,590	29,590	29,590	29,590
8th District Young Adult Diversion Court	-	-	-	-	-	-
8th District Probation Court	10,890	10,890	10,890	10,890	10,890	10,890
8th District Mental Health Recovery Court	7,700	1,978	7,700	7,700	7,700	7,700
9th Circuit Drug Court	60,000	60,000	60,000	60,000	60,000	60,000
CHC - Adolescent Services	21,876	20,432	21,876	21,876	21,876	21,876
KCHCS Healthy Babies	87,000	73,118	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
ISK - IDDT Transporation	13,750	2,310	13,750	13,750	-	-
ISK - Oakland Drive Shelter			-	-		
MRS	17,250	17,250	17,250	17,250	17,250	17,250
Recovery Institute - Recovery Coach	60,623	43,776	60,623	60,623	60,623	60,623
WMU - Jail Groups	80,651	-	80,651	80,651	80,651	80,651
WMU - BHS Text Messaging	7,623	7,623	7,623	7,623	7,623	7,623
PREVENTION SERVICES						
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
Total Expenses	**707,134**	**530,393**	**707,134**	**707,134**	**693,384**	**693,384**
Total Carryover	**1,887,318**	**2,058,797**	**2,016,720**	**1,974,642**	**1,946,315**	**1,917,988**

Note(s)

SOUTHWEST MICHIGAN BEHAVIORAL HEALTH
ST. JOSEPH COUNTY
ALCOHOL TAX PLAN - FY24

	Approved Budget FY23 Oct - Sep	Projected Revenue/Expense FY 23 Oct - Mar	Proposed Budget FY24 Oct - Sep	Estimate FY25 Oct - Sep	Estimate FY26 Oct - Sep	Estimate FY27 Oct - Sep
Revenue:						
Prior Year(s) Carryover	352,242	328,667	360,652	377,877	395,102	412,327
PA2 Revenue	106,590	106,590	106,590	106,590	106,590	106,590
Total Revenue	**458,832**	**435,257**	**467,242**	**484,467**	**501,692**	**518,917**
Expenses:						
RESIDENTIAL TREATMENT SERVICES						
Hope House	27,325	13,061	27,325	27,325	27,325	27,325
OUTPATIENT TREATMENT SERVICES						
3B District - Sobriety Courts	2,200	2,200	2,200	2,200	2,200	2,200
3B District - Drug/Alcohol Testing	16,640	16,640	16,640	16,640	16,640	16,640
CMH Drug Testing	43,200	42,704	43,200	43,200	43,200	43,200
Total Expenses	**89,365**	**74,605**	**89,365**	**89,365**	**89,365**	**89,365**
Total Carryover	**369,467**	**360,652**	**377,877**	**395,102**	**412,327**	**429,552**

Note(s)

SOUTHWEST MICHIGAN BEHAVIORAL HEALTH
VAN BUREN COUNTY
ALCOHOL TAX PLAN - FY24

	Approved Budget FY23 Oct - Sep	Projected Revenue/Expense FY 23 Oct - Mar	Proposed Budget FY24 Oct - Sep	Estimate FY25 Oct - Sep	Estimate FY26 Oct - Sep	Estimate FY27 Oct - Sep
Revenue:						
Prior Year(s) Carryover	484,169	379,308	484,169	485,588	487,006	488,424
PA2 Revenue	153,165	149,862	153,165	153,165	153,165	153,165
Total Revenue	**637,334**	**529,169**	**637,334**	**638,752**	**640,170**	**641,589**
Expenses:						
OUTPATIENT TREATMENT SERVICES						
Van Buren CMHA	106,746	-	106,746	106,746	106,746	106,746
Van Buren Circuit Court	45,000	45,000	45,000	45,000	45,000	45,000
Total Expenses	**151,746**	**45,000**	**151,746**	**151,746**	**151,746**	**151,746**
Total Carryover	**485,588**	**484,169**	**485,588**	**487,006**	**488,424**	**489,842**

Note(s)

FY23 MID-YEAR PA2 FUNDED OUTCOMES REPORT

Reporting Period 10/1/22-3/31/23

Southwest Michigan
BEHAVIORAL HEALTH

BRIEF HISTORY

- Each County determines use of local PA2 SUD dollars.
- Each provider must submit their own outcome measures.
- SWMBH works with providers to make measures specific, measurable, attainable, and time limited.
- SWMBH works with providers to help determine the effectiveness of their programs.

OVERVIEW OF PA2 FUNDED PROGRAMS: MID YEAR FY23

25
Providers

49
Programs

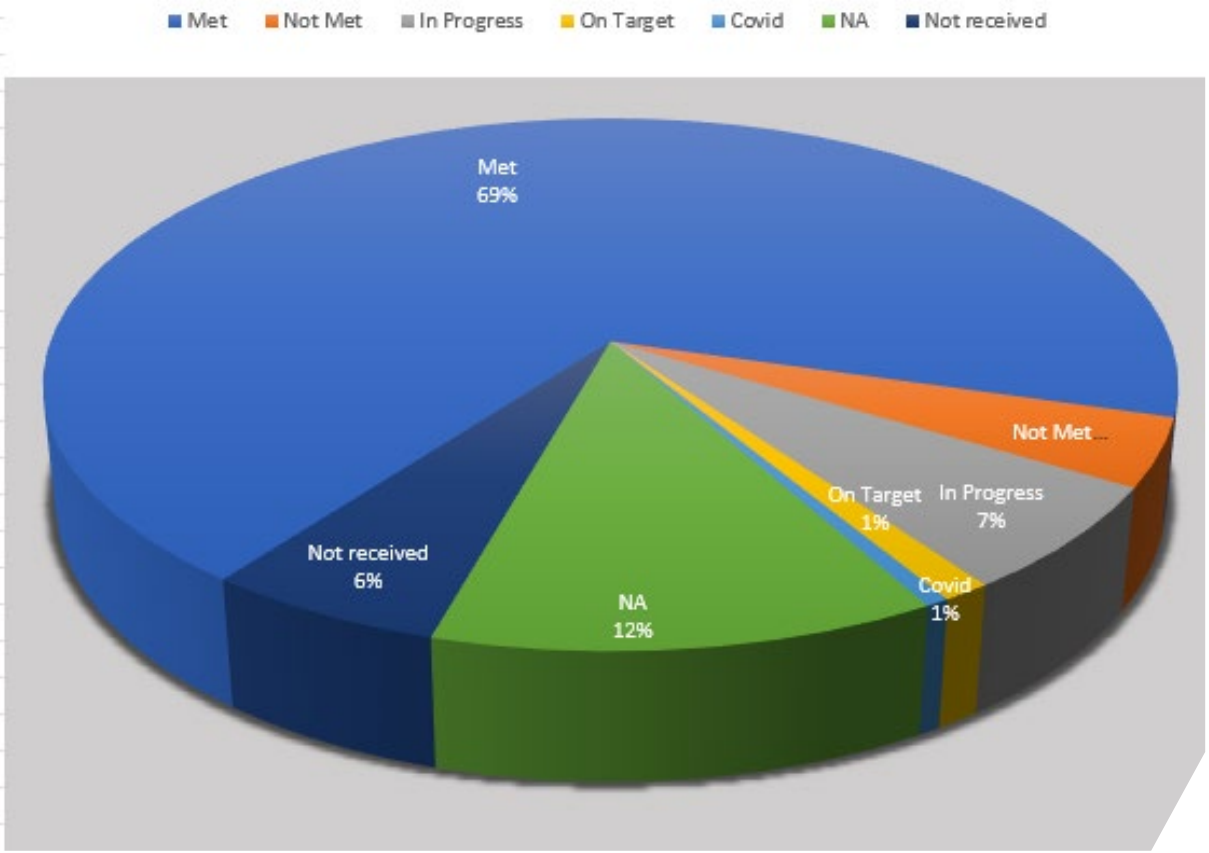
169
Outcome
Measures

MID YEAR MEASUREMENT DEFINITIONS

Met: Clearly meets or exceeds outcome.
Not Met: Not meeting outcome.
Not met Due to the Pandemic: COVID-19 affected services.
On Target: Program is either very close to meeting outcome or is on target to meeting the outcome at the end of the year (e.g.: within 10%).
In Progress: Longer term projects that involve more planning, delayed implementation, or data collection.
Information Not Applicable : No data due to no consumers fitting measurement requirements.
Not received: Provider did not submit their data.

County	Total measures	Met	Not Met	In Progres	On Target	Not Met Due To Pandemic	NA	Information Not Received
Barry	6	4	0	0	0	1	1	0
Berrien	25	12	3	5	1	0	4	0
Branch	6	0	0	0	0	0	0	6
Cass	4	4	0	0	0	0	0	0
Calhoun	38	33	0	1	0	0	0	4
Kalamazoo	72	54	4	4	1	0	9	0
Saint Joe	8	7	0	1	0	0	0	0
Van Buren	10	3	0	0	0	0	7	0
	169	**117**	**7**	**11**	**2**	**1**	**21**	**10**

FY23 PA2 Midyear Report



Observations:

- The impact of the pandemic has decreased.
- The turnover and shortage of staff are having a negative impact on service delivery.
- Specialty courts (drug treatment court, sobriety court, veteran's court, etc.) continue to experience significant demand for services.
- Follow through with services after an intervention continues to be a challenge.
- SWMBH continues to work closely with providers to create measures that are specific, measurable, timely, and simple and continues to review utilization of the programs.

Health Advisory

Telecopy/Facsimile Number: 269-373-5060 Telephone: 269-373-5044

Deliver To:	**The person responsible for distributing time-sensitive health information**
Distribution:	**PLEASE DISTRIBUTE TO EMS, HEALTHCARE, AND SUBSTANCE USE DISORDER PREVENTION, TREATMENT AND HARM REDUCTION SPECIALISTS**
From:	William Nettleton, MD, MPH, Medical Director Kalamazoo County
Re:	Kalamazoo County drug overdose cluster update and recommendations
Date:	04/19/2023

Pages: 2

If you do not receive all the pages, please call the office at 269-373-5044

Situation

This Health Advisory provides a situational update and further recommendations regarding the 4/13/23 Kalamazoo County HCS Health Alert on a spike in drug overdoses. No further cases since 4/13/23 associated with the overdose cluster have been identified through active surveillance.

Summary

Although other incidental drug overdoses or ingestions were identified, a cluster case was defined as a decedent identified by the Kalamazoo County Medical Examiner suspected of drug overdose on 4/12 or 4/13/23 or person found in in Kalamazoo County between 4/12/23 evening and 4/13/23 afternoon with signs of respiratory depression or encephalopathy with urine or blood toxicology that included cocaine or fentanyl. Eighteen cases were identified. Twelve cases initially presented to an emergency department; ten presented in a five-hour time span. Ten cases were hospitalized; eight required intensive care. Seven of the 18 cases have died. The following case characteristics were observed:

- 17/18 (94%) of the case incidents occurred within the City of Kalamazoo
- 16/18 (89%) of cases were residents of Kalamazoo County
- Hospital urine drug screen detected cocaine in 11/12 (92%) and fentanyl in 7/12 (58%)
- WMed STORM toxicology results among 14 specimens: 100% were fentanyl positive; 93% norfentanyl (a metabolite of fentanyl); 79% 4-ANPP (a metabolite of fentanyl and several fentanyl analogues; also may be used in the synthesis of illicit fentanyl);79% cocaine/cocaine

metabolite positive; 64% THC; 14% acetyl fentanyl; 7% para-flourofentanyl; 7% methamphetamine, 7%; 0% xylazine; one individual had MDMA and benzodiazepines present in addition to fentanyl and cocaine

Assessment

It is suspected that individuals intended cocaine use only. This observation supports the likelihood that cases were opioid naïve, i.e., had a lower physiologic tolerance for the effects of opioids and increased risk for rapid onset of severe respiratory depression due to the fentanyl exposure. The suspected routes of exposure appear to be snorting or smoking a white powdered substance. Those who overdosed and were found down after a prolonged period of time likely had brain injury or severe encephalopathy to a point where naloxone administration would not elicit the expected clinical improvement of an opioid overdose reversal. Although xylazine is an emerging threat contributing to the US drug overdose epidemic, none of the cases linked to the April 12-April 13 overdose spike tested positive for xylazine through the WMed Swift Toxicology of Opioid-Related Mortalities (STORM) surveillance project. Individual case interviews were not performed. Final Medical Examiner reports are pending.

Recommendations

For public health and harm reduction specialists

- People who use drugs (PWUD) should be advised of the potential presence of unknown substances within their preferred drug that increases risk for overdose and death
- In addition to messaging of not using alone and going slow, staggering use or having a designated person to first observe the condition of the exposed person should be emphasized
- Never Use Alone Inc. (800-484-3731) is an overdose prevention hotline that helps reduce the risk by having someone available over the phone to send medical help if needed
- PWUD should be advised that mixing substances increases risk of overdose
- Utilization of fentanyl test strips is a low-cost method of helping prevent drug overdoses
- Prevention and harm reduction outreach and communication should include Latino and Spanish-speaking populations
- Direct communication with public safety, emergency medical services, healthcare and public health facilitates timely identification of a potential overdose cluster event in addition to passive surveillance systems

For healthcare

- Physician reporting to public health of unusual events can inform timely public communication and intervention
- Obtaining a substance use history informs both individual and community risk assessment and treatment during individual presentations and overdose cluster events

For community

- A comprehensive approach to the drug overdose epidemic should include prevention and education, interventions for the supply and control of harmful substances, treatment, and harm reduction efforts

Health Alert

Telecopy/Facsimile Number: 269-373-5060 Telephone: 269-373-5044

Deliver To:	**The person responsible for distributing time-sensitive health information**
Distribution:	**PLEASE DISTRIBUTE TO COMMUNITY PARTNERS**
From:	William Nettleton, MD, MPH, Medical Director Kalamazoo County
Re:	Increase in fatal and nonfatal overdoses in Kalamazoo County
Date:	04/13/2023 **1**

If you do not receive all the pages, please call the office at 269-373-5044

Over the past 24 hours, more than a dozen nonfatal drug overdoses and likely six drug-associated deaths have been reported in Kalamazoo County. Kalamazoo County HCS, in concert with the Kalamazoo County Medical Examiner, is investigating and coordinating response with community partners. Initial clinical reports indicate the likely involvement of multiple substances contributing to these overdoses. These substances may include cocaine, fentanyl or an unknown substance at this time. Investigation remains ongoing.

People who use drugs, including both central nervous system (CNS) stimulants like cocaine or methamphetamine and CNS depressants like fentanyl and other opioids, are advised to take the following precautions:

-If you use, don't use alone

-If you use, take turns with a partner

-If you use, start with a lower dose or tester shot

-If you use, have naloxone available

-If someone overdoses, call 911 and administer naloxone; Michigan's Good Samaritan law prevents drug possession charges against those that seek medical assistance for overdose

Kalamazoo County HCS will communicate further information as it is gathered to inform additional harm reduction efforts.

Harm Reduction Strategies:

- Never use alone, always make sure that someone is there in case of an overdose and can administer Narcan. If you don't have Narcan, call 911 and begin rescue breathing.
- If you are alone, call the Never Use Alone Support line before using: 1-800-484-3791 and make sure others can check on you if there is a problem.
- Start slowly and use cautiously.
- If you have been without opioid use for 3 days or more, use less than what you think you need.
- Fentanyl is also now found in many drugs including stimulants, such as meth, crack and cocaine. A stimulant user without a tolerance to opioid is more likely to overdose.
- If you are with someone who overdoses, rescue breathing, calling 911 and administering Narcan can save a life.

Narcan (the drug that can reverse the effects of an opioid-related overdose) Resources:

By mail: https://nextdistro.org/michigan

Pharmacies: Many local pharmacies will provide naloxone at no cost to individuals who have Medicaid.

OpiRescue App: Smartphone app that provides information on how to respond to an opioid overdose, locate treatment providers, and locate pharmacies that have Narcan.

Narcan is available through the following partners:

Barry County:

Barry County Community Mental Health: 269-948-8041

Available at these locations:

• Barry County Community Mental Health Authority)

• Barry-Eaton Health Department

• Barry County Cares

• Barry County Public Defender's Office

• Barry County Serenity Club

• Family Support Center of Barry County

• Delton District Library

• Putnam District Library in Nashville

• Thornapple Valley Church (All Locations)

• Hastings Public Library

• Leftfield Cafe on Main in Middleville

• Delton Family Pharmacy

• Hastings Pharmacy

• Maple Valley Pharmacy in Nashville

Berrien County:

Berrien County Health Department	269-927-5690
Carol's Hope	269-556-1526

Calhoun County:

Battle Creek Homeless Shelter	269-753-1270
The Share Center	269-964-8133
Substance Abuse Council	269-326-4040
Substance Abuse Prevention Services (Albion)	517-629-2113
Summit Pointe First Step	269-966-1460
Washington Heights United Methodist Church	269-968-8773

Cass County:

Woodlands Behavioral Healthcare Network	269-445-2451

Available at this location:

1124 Austin Street, Cassopolis

Kalamazoo County:

COPE Network and Kalamazoo Harm Reduction	269-580-8290

Facebook: provides updates on various Narcan popup events and additional information on where and how to get Narcan.

St. Joseph County:

Community Mental Health and Substance Abuse Services of St. Joseph County	269-467-1000

Van Buren County:

Van Buren County Community Mental Health Authority	269-657-5574

Section: Finance	Policy Name: **Stipends to Substance Use Disorder Oversight Policy Board (SUDOPB) Members**	Policy Number:
Owner: **Garyl Guidry**	Reviewed By: **Brad Casemore**	Total Pages:
Required By: ☐ **BBA** ☐ **MDHHS** ☐ **NCQA** ☒ **Other (please specify):** **Substance Use Disorder Oversight Policy Board**	Final Approval By: **Garyl Guidry**	Date Approved:
Application: ☐ **SWMBH Staff/Ops** ☐ **Participant CMHSPs** ☐ **SUD Providers** ☐ **MH/IDD Providers** ☒ **Other (please specify):** **SUDOPB Members**	Line of Business: ☐ **Medicaid** ☒ **Other (Board Motion):** ☐ **Healthy Michigan** _____ ☐ **SUD Block Grant** ☐ **SUD Medicaid** ☐ **MI Health Link** ☒ **PA2**	Effective Date: **3/20/23**

Policy: Per SUDOPB action on 3/20/23 Southwest Michigan Behavioral Health (SWMBH) will provide a $50 stipend for live attendance.

Purpose: Stipends for SUDOPB Members live attendance. Remote attendance does not qualify.

Scope: SUDOPB

Responsibilities: SWMBH staff will ensure that SUDOPB Members live participation at SUDOPB meetings.

Definitions: None

Standards and Guidelines:

1. SWMBH will maintain a stipend rate of $50 per SUDOPB meeting attended in person.
2. SUDOPB Members must sign a check request form, identifying the services and amount to be paid (Exhibit A). A single agreement may cover multiple service activities.
3. Request for payment must be submitted within 60 days of the date of activity in order to be paid.
4. It must be signed by the SUDOPB Member and the Senior Operations Specialist and be approved by the SUD Director prior to submission to finance for payment.

5. Any payments that total $600.00 or more in any one calendar year will be reported to the IRS as required by regulations. Federal or State income taxes are not withheld from stipend payments. A 1099 shall be sent to the Board Member if required or requested.
6. Checks will be mailed directly to the address appearing on the request for payment.

B. Board Member is responsible for any impact on taxes or reporting elsewhere.

References:

Attachments: Stipend Agreement

Revision History

Revision #	Revision Date	Revision Location	Revision Summary	Revisor
1				
2				
3				
4				
5				

SWMBH
SUDOP Board Check Request

Hold Check: □ Yes □No **Date of Meeting:** _____

Make Check Payable: _____
Name

_____
Address

_____
City/State/Zip

Type of Meeting: **Check (✓) all that apply**

{ } SUD Board

Reason for Expenditure: Must check, if eligible.

{ } Stipend **$50.00**

NOTES:

Coding **Finance department**

Account#	Sub-Acct#	Amount
_____	_____	_____

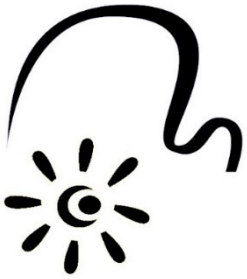
Total

$_____

Authorization

_____ _____
Requested By: Date

_____ _____
Approved By: Date



Note: All information on this form must be completed and appropriate documentation attached prior to processing
Revised 3/21/2023-RS

Southwest Michigan Behavioral Health (SWMBH)

2023 Substance Use Disorder Oversight Policy Board (SUDOPB) Attendance

Name	January	March	May	July	September	November
Mark Doster (Barry)						
Michael Majerek (Berrien)						
Rayonte Bell (Berrien)						
Randall Hazelbaker (Branch)						
Rochelle Hatcher (Calhoun)						
Diane Thompson (Calhoun)						
RJ Lee (Cass)						
Joanna McAfee (Kalamazoo)						
Melissa Fett (Kalamazoo)						
Jared Hoffmaster (St.Joe)						
Paul Schincariol (Van Buren)						
Richard Godfrey (Van Buren)						

Green = present
Red= absent
Black=not a member at that time
as of 3/20/23