Southwest Michigan
BEHAVIORAL HEALTH

Substance Use Disorder Oversight Policy Board (SUDOPB)

Four Points by Sheraton, Fairmount Room, 3600 E. Cork St. Kalamazoo, MI 49001

Monday, March 21, 2022

4:00-5:30

Draft: 3/14/22

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**
    - Melissa Fett – Kalamazoo County
    - Jeremiah Jones – Cass County
5. **Consent Agenda (Randall Hazelbaker)**
    a) September 13, 2021 Meeting Minutes (d) pg.2
    b) November 15, 2021 Meeting Minutes (d) pg.5
6. **Board Education**
    a) Fiscal Year 2022 YTD Financials (G. Guidry) (d) pg.8
    b) PA2 Utilization Fiscal Year 22 YTD (G. Guidry) (d) pg.9
    c) 2021 Admission Data (J. Smith) (d) pg.10
    d) 2021 Prevention Outcomes (A. Malta) (d) pg.24
    e) 2021 Naloxone Report (A. Malta) (d) pg.25
    f) Opioid Health Home Update (E. Flory) (d) pg.26
7. **Board Actions to be Considered (Randall Hazelbaker)**
    a) 2022 Meetings (d) pg.34
    b) Amendment Request: Substance Abuse Council – Calhoun (d) pg.36
    c) Amendment Request: Substance Abuse Prevention Services – Calhoun (d) pg.51
    d) New Funding Request: Integrated Services of Kalamazoo – Kalamazoo (d) pg.58
8. **Board Action**
    a) SUDOPB Bylaws quorum definition revision (R. Hazelbaker)
    b) Election of Officers– Chair and Vice-Chair (R. Hazelbaker) (d) pg.63
9. **Communication and Counsel**
    a) Legislative and Policy Updates (B. Casemore) (d) pg.64
    b) Intergovernmental Contract Amendment (B. Casemore) (d) pg.96
    c) Opioid Settlement Dollars and Plans (B. Casemore) (d) pg.97
    d) May Board Retreat (B. Casemore)
10. **Public Comment**
11. **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
September 13, 2021
3:00 – 5:30 pm
Draft: 9/14/21

Members Present: Randall Hazelbaker (Branch County); Richard Godfrey (Van Buren County); Michael Majerek (Berrien County); Jared Hoffmaster (St. Joseph County); Kathy-Sue Vette (Calhoun County); Joanna McAfee (Kalamazoo County); Paul Schincariol (Van Buren County); Rochelle Hatcher (Calhoun County)

Members Absent: Don Meeks, (Berrien County); Jeremiah Jones (Cass County); Ben Geiger (Barry County)

Staff and Guests Present:
Brad Casemore, Executive Officer, SWMBH; Joel Smith, Substance Use Treatment and Prevention Director, SWMBH; Mila Todd, Chief Compliance Officer, SWMBH; Michelle Jacobs, Senior Operations Specialist and Rights Advisor, SWMBH; Garyl Guidry, Senior Financial Analyst, SWMBH; Achiles Malta, Regional Coordinator for SUD Prevention Services, SWMBH; Anastasia Miliadi, SUD Treatment Specialist, SWMBH; Emily Flory, Opioid Health Homes Coordinator, SWMBH; Cathy Hart, Clinical Projects and Grants Specialist, SWMBH; Megan Banning, Chris Dale, Marletta Seats, Terra Ballista, Hailey Richards, Shay Pounds, Kari Johnson, Jeanne Holton, Jessica Singer, Hollywood Watkins, Kendall Kasey, Samantha Rantz, Ashley Kipp, Stefanie Belote

Welcome and Introductions
Randall Hazelbaker called the meeting to order at 3:03 pm. Introductions were made.

Public Comment
None

Agenda Review and Adoption

Motion	Paul Schincariol moved to approve the agenda.
Second	Richard Godfrey
Motion carried	

Financial Interest Disclosure Handling
Mila Todd stated that Financial Interest Disclosure and Conflict of Interest forms were sent to Joanna McAfee, Kalamazoo County, and Jared Hoffmaster, St. Joseph County for completion. The completed forms have not been received and Mila Todd asked that this agenda topic be added to the November Board Meeting.

Public Act 2 Dollars

SWMBH Fiscal Year 2022 PA2 Budget Summary
Garyl Guidry reported as documented

Board Questions and Answers
None

Public Comment
Several providers and clients shared stories of the impact that the PA dollars have had on services, included lives changed and saved due to SWMBH SUD treatment services.

Consent Agenda

Motion	Richard Godfrey moved to accept the July 19, 2021 meeting minutes as presented.
Second	Paul Schincariol
Motion carried	

Board Actions to be Considered

Conflict of Interest Management Memo
Mila Todd reported as documented and questioned the Board if any Board Members or their immediate family had any financial interests, or if anyone otherwise felt they could not act in the best interests of SWMBH, in considering and voting on the PA2 budgets. All Board members in attendance disclosed none.

Board Actions

Fiscal Year 2022 PA2 Budget
Randall Hazelbaker asked for a motion regarding the fiscal year 2022 PA2 budget.

Motion	Kathy-Sue Vette moved to adopt the appropriations act for Southwest Michigan Behavioral Health's Fiscal Year 2022, 1986 Public Act 2 (MCL 211.24e[11]) funds for the treatment and/or prevention of substance use disorders.
Second	Paul Schincariol

Upon a roll call vote, the following members of the Board voted yes: Michael Majerek, Randall Hazelbaker, Kathy-Sue Vette, Joanna McAfee, Jared Hoffmaster, Richard Godfrey, Paul Schincariol
The following voted no: None
Motion Carried

Board Education

Fiscal Year 20/21 YTD Financials
Garyl Guidry reported as documented, highlighting numbers for Medicaid, Healthy Michigan, MI Child, Block Grant, and PA2. Discussion followed.

PA2 Utilization FY20 YTD
Garyl Guidry reported as documented.

International Overdose Awareness Day
Achiles Malta reported as documented, noting SWMBH's support of the August 31, 2021, International Overdose Awareness Day by providing Narcan to regional local pharmacies.

Opioid Health Home Update

Emily Flory reported as documented.

SOR 2 Grant and COVID Supplemental Funding
Joel Smith reported as documented.

Orientation for New Members
Joel Smith asked for input from new Members on Orientation needed. Brief discussion followed and Michelle Jacobs will reach out to new members to schedule an orientation before the November meeting.

Opioid Settlement Funding Update
Joel Smith stated that opioid settlement lawsuits are final, and dollars awarded will go directly to local governments and townships with probably parameters on spending.

Communication and Counsel

Legislative Updates
Brad Casemore shared the following updates:

- 6th Annual Healthcare Policy Forum scheduled for October 1, 2021 at the Four Points Sheraton in Kalamazoo
- Recent Behavioral Health transformation proposals from Rep. Mike Shirkey and Rep. Mary Whiteford
- 9/14/21 streaming session initiated by Senator Shirkey – link to listen will be sent out to Board members

6th Annual Healthcare Forum Event
Brad Casemore reported as documented and encouraged Board members to invite constituents to attend the event as well.

Provider Network Stability Report
Mila Todd reported as documented.

SUDOPB Attendance Report
Michelle Jacobs reported as documented noting that the attendance report will be sent to County Commissioner Board Chairs at the end of the year.

November 15, 2021, SUDOPB meeting and luncheon
Brad Casemore asked the Board members if they would like to meet in person on November 15th for a luncheon and then regular meeting. Board members agreed to meet in person. Details and location to be determined and communicated soon.

Adjourn

Motion	Kathy-Sue Vette moved to adjourn.
Second	Richard Godfrey
Motion carried	

Meeting was adjourned at 5:00pm.

Southwest Michigan
BEHAVIORAL HEALTH

Substance Use Disorder Oversight Policy Board (SUDOPB) Meeting Minutes

November 15, 2021
4:00 – 5:30 pm
Draft: 11/16/21

Members Present: Randall Hazelbaker (Branch County); Richard Godfrey (Van Buren County); Michael Majerek (Berrien County); Jared Hoffmaster (St. Joseph County) Ben Geiger (Barry County)

Members Absent: Kathy-Sue Vette (Calhoun County); Joanna McAfee (Kalamazoo County); Don Meeks (Berrien County); Paul Schincariol (Van Buren County; Rochelle Hatcher (Calhoun County); Jeremiah Jones (Cass County)

Staff and Guests Present:
Brad Casemore, Executive Officer, SWMBH; Joel Smith, Substance Use Treatment and Prevention Director, SWMBH; Alison Strasser, Compliance Specialist, SWMBH; Michelle Jacobs, Senior Operations Specialist and Rights Advisor, SWMBH; Garyl Guidry, Senior Financial Analyst, SWMBH; Achiles Malta, Regional Coordinator for SUD Prevention Services, SWMBH; Anastasia Miliadi, SUD Treatment Specialist, SWMBH; Emily Flory, Opioid Health Homes Coordinator, SWMBH; Cathy Hart, Grants Coordinator, SWMBH; Megan Banning, Calhoun County

Welcome and Introductions
Randall Hazelbaker called the meeting to order at 4:05 pm and introductions were made.

Public Comment
None

Agenda Review and Adoption
This was tabled due to lack of quorum.

Financial Interest Disclosure Handling
Alison Strasser stated that Joanna McAfee's financial interest disclosure forms were received and there were no conflict of interests noted. No action is needed from the Board.

Consent Agenda
This was tabled due to lack of quorum.

Board Actions to be Considered

2022 SUDOPB Calendar and Open Meetings Act
Brad Casemore reminded the members that the revisions to the Open Meetings Act has not been revised for 2022 and will require this Board to meet in person. Randall Hazelbaker stated that the first meeting in 2022 is January 17, 2022, and asked SWMBH to explore another venue for meeting due to size of current meeting rooms at SWMBH and Board members in attendance agreed. Brad Casemore and Michelle Jacobs will follow up with the Board's request. The 2022 SUDOPB Calendar was noted voted on due to lack of quorum.

Amendment Request: Substance Abuse Council
This was tabled due to lack of quorum.

Amendment Request: Substance Abuse Prevention Services
This was tabled due to lack of quorum.

Board Education

Fiscal Year 20/21 YTD Financials
Garyl Guidry reported as documented, highlighting numbers for Medicaid, Healthy Michigan, MI Child, Block Grant, and PA2.

PA2 Utilization FY21 YTD
Garyl Guidry reported as documented.

PA2 Year End Outcomes Report
Anastasia Miliadi reported as documented. Discussion followed.

American Rescue Plan Act Proposal
Joel Smith reported as documented.

January 2022 Board Elections
Randall Hazelbaker reminded the Board that Elections for Chair and Vice Chair will be held at the January 17, 2022 SUDOPB meeting.

Communication and Counsel

Legislative Updates
Brad Casemore shared the following updates:

- Brabec Listening Tours
- Representative Whiteford Bills
- Senator Shirkey revised Bills 597 & 598 and 4 phases plan going to the Senate floor
- Allegations brought against Senator Bizon

2021 SWMBH Successes and Accomplishments

Brad Casemore reported as documented and thanked SWMBH leadership and staff for all of their hard work and efforts in 2021.

SUDOPB Attendance and Contact Information
Michelle Jacobs reminded the Members that the SUDOPB attendance record will be sent to each County Administrator and County Commissioner Board Chair for their review of appointees' attendance to the SWMBH SUDOPB. Michelle Jacobs also stated that she would be contacting each Board member to update their contact information.

Public Comment
None

Adjourn
Randall Hazelbaker adjourned the meeting at 4:50pm

Southwest Michigan Behavioral Health

Substance Use Disorders Revenue & Expense Analysis Fiscal Year 2022

For the Fiscal YTD Period Ended 1/31/2022

	MEDICAID				Healthy MI			
	Budgeted YTD Revenue	Actual YTD Revenue	YTD Expense	Fav (Unfav)	Budgeted YTD Revenue	Actual YTD Revenue	YTD Expense	Fav (Unfav)
Barry	268,124	67,031	7,138	59,893	78,654	164,573	19,663	144,910
Berrien	1,021,467	255,367	112,858	142,509	697,038	652,521	174,260	478,261
Branch	285,718	71,430	45,530	25,900	487,864	153,449	121,966	31,483
Calhoun	1,109,544	277,386	207,242	70,144	1,500,527	621,002	375,132	245,870
Cass	314,089	78,522	48,585	29,938	713,538	192,897	178,384	14,513
Kazoo	1,419,927	354,982	86,910	268,072	755,720	969,366	188,930	780,436
St. Joe	400,181	100,045	5,404	94,641	253,287	258,007	63,322	194,685
Van Buren	527,571	131,893	49,932	81,961	410,698	311,828	102,674	209,154
DRM	939,109	1,034,093	872,857	161,236	1,891,734	2,353,551	1,983,483	370,068
Grand Total	**6,285,731**	**2,370,749**	**1,436,455**	**934,293**	**6,789,060**	**5,677,193**	**3,207,814**	**2,469,379**

	BLOCK GRANT				BLOCK GRANT BY COUNTY			
EGRAMS	Budgeted	Actual	YTD	Fav	Budgeted	Actual	YTD	Fav
SUD Block Grant	YTD Revenue	YTD Revenue	Expense	(Unfav)	YTD Revenue	YTD Revenue	Expense	(Unfav)
Community Grant	3,283,604	682,262	682,262	0	Barry	129,082	129,082	0
WSS	250,000	37,584	37,584	0	Berrien	104,617	104,617	0
Prevention	1,204,535	381,811	381,811	0	Branch	18,076	18,076	0
Admin/Access	80,000	59,561	59,561	0	Calhoun	106,923	106,923	0
State Disability Assistance	128,219	65,693	65,693	0	Cass	21,297	21,297	0
Gambling Prevention*	188,684	6,742	6,742	0	Kazoo	204,492	204,492	0
State's Opioid Response 2	1,365,000	264,421	264,421	0	St. Joe	40,997	40,997	0
Substance Use Disorder - Toba	4,000	0	0	0	Van Buren	25,007	25,007	0
COVID Community Grant Trea	1,474,009	0	0	0	DRM	451,166	451,166	0
COVID Prevention	848,961	107,369	107,369	0	Admin/Access	59,561	59,561	0
COVID SUD Admin	125,000	0	0	0				
COVID WSS	274,462	0	0	0				
Mental Health Block Grant								
Transitional Navigators	298,880	53,138	53,138	0				
Clubhouse Engagement*	100,000	0	0	0	Legend			
Veterans Navigator*	100,000	31,327	31,327	0	DRM - Detox, Residential, and Methadone			
Crisis Transportation	101,120	0	0	0	WSS - Women's Specailty Services			
MHBG Childrens Covid-19	1,100,000	62,658	62,658	0				
SMI Adult Covid-19	875,000	23,738	23,738	0				
Admin/Access	0	0	6,616	(6,616)				
Grand Total	**11,801,474**	**1,776,304**	**1,782,920**	**(6,616)**		**1,161,219**	**1,161,219**	**0**

	PA2				PA2 Carryforward			
	Budgeted YTD Revenue	Actual YTD Revenue	YTD Expense	Fav (Unfav)		Current Utilization	Prior Year Balance	Projected Year End Balance
Barry	26,299	26,851	7,260	19,591	Barry	19,591	569,659	589,249
Berrien	122,029	118,575	50,397	68,177	Berrien	68,177	605,319	673,496
Branch	21,765	21,034	2,911	18,122	Branch	18,122	419,798	437,920
Calhoun	224,146	333,000	104,938	228,062	Calhoun	228,062	315,826	543,888
Cass	22,993	19,574	0	19,574	Cass	19,574	427,499	447,073
Kazoo	225,947	222,341	129,441	92,900	Kazoo	92,900	1,846,148	1,939,049
St. Joe	33,870	33,008	17,416	15,592	St. Joe	15,592	308,673	324,265
Van Buren	49,954	62,749	16,374	46,376	Van Buren	46,376	339,144	385,520
Grand Total	**727,002**	**837,131**	**328,737**	**508,394**		**508,394**	**4,832,066**	**5,340,460**

* Quarterly Financial Status Reporting

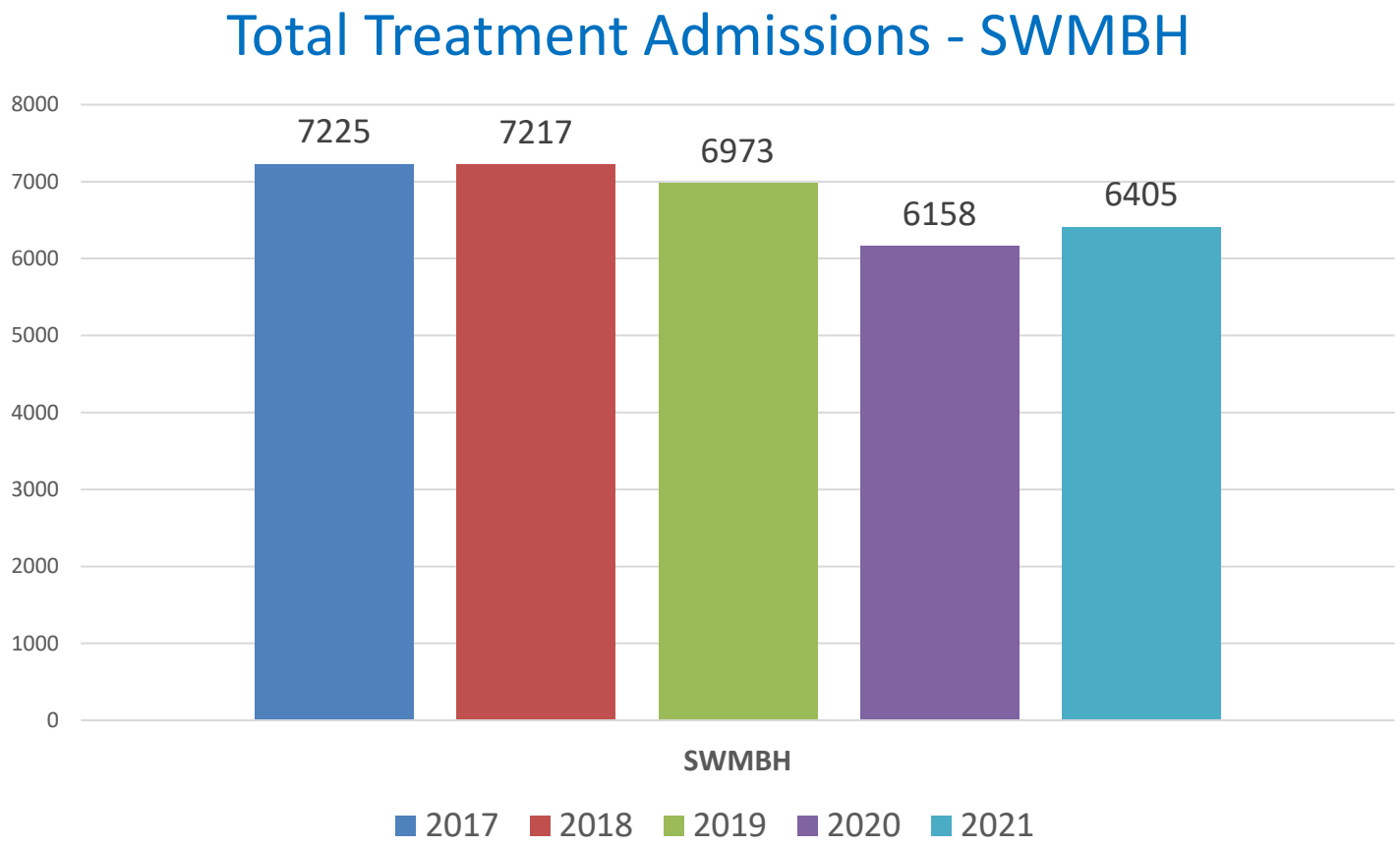
Program	FY22 Approved Budget	Utilization FY 22 Oct-Jan	PA2 Remaining	YTD Utilization
Barry	**76,880.00**	**8,580**	**68,300**	**11%**
BCCMHA - Outpatient Services	76,880	8,580	68,300	11%
Berrien	**427,528.52**	**70,186**	**357,343**	**16%**
Abundant Life - Healthy Start	73,025	30,452	42,573	42%
Berrien County - Drug Treatment Court	15,000	-	15,000	0%
Berrien County - Trial courts	48,280	-	48,280	0%
Berrien MHA - Riverwood Jail Based Assessment	18,058	-	18,058	0%
CHC - Jail Group	36,421	2,913	33,508	8%
CHC - Niles Family & Friends	6,545	-	6,545	0%
CHC - Wellness Grp	11,220	-	11,220	0%
CHC - Women's Recovery House	40,000	7,646	32,354	19%
Sacred Heart - Juvenile and Detention Ctr	78,979	4,162	74,817	5%
Berrien County Health Department - Prevention Ser	100,000	25,012	74,988	25%
Branch	**80,190.00**	**2,911**	**77,279**	**4%**
Pines BHS - Outpatient Treatment	18,000	2,911	15,089	16%
Pines BHS - Jail Based Services	62,190	-	62,190	0%
Calhoun	**517,859.73**	**118,285**	**399,575**	**23%**
Calhoun County 10th Dist Drug Sobriety Court	171,582	33,402	138,180	19%
Calhoun County 10th Dist Veteran's Court	6,950	3,589	3,361	52%
Calhoun County 37th Circuit Drug Treatment Court	232,233	57,504	174,729	25%
Haven of Rest	37,095	15,456	21,639	42%
Michigan Rehabilitation Services - Calhoun	25,000	8,333	16,667	33%
Summit Pointe - Jail	20,000	-	20,000	0%
Summit Pointe - Juvenile Home	25,000	-	25,000	0%
Cass	**82,500.00**	**-**	**82,500**	**0%**
Woodlands - Meth Treatment and Drug Court Outp	82,500	-	82,500	0%
Kalamazoo	**735,176.42**	**175,936**	**559,241**	**24%**
8th District Probation Court	12,100	2,248	9,852	19%
8th District Sobriety Court	26,400	1,045	25,355	4%
9th Circuit Drug Court	60,000	12,371	47,629	21%
CHC - Adolescent Services	21,876	5,946	15,930	27%
CHC - New Beginnings	77,627	26,731	50,896	34%
Gryphon Gatekeeper - Suicide Prevention	20,000	9,000	11,000	45%
Gryphon Helpline/Crisis Response	36,000	5,100	30,900	14%
KCHCS Healthy Babies	87,000	4,240	82,760	5%
ISK - EMH	56,400	18,800	37,600	33%
ISK - FUSE	25,000	6,250	18,750	25%
ISK - Mental Health Court	65,000	21,667	43,333	33%
ISK - Oakland Drive Shelter	34,000	8,500	25,500	25%
Michigan Rehabilitation Services - Kalamazoo	17,250	5,750	11,500	33%
Prevention Works - Task Force	50,000	22,340	27,660	45%
Recovery Institute - Recovery Coach	60,623	23,785	36,838	39%
WMU - BHS Text Messaging	7,000	2,164	4,836	31%
WMU - Jail Groups	78,900	-	78,900	0%
St. Joseph	**83,040.00**	**16,215**	**66,825**	**20%**
3B District - Sobriety Courts	2,200	-	2,200	0%
3B District - Drug/Alcohol Testing	16,640	9,650	6,990	58%
CHC - Hope House	21,000	2,434	18,566	12%
CMH - Court Ordered Drug Testing	43,200	4,131	39,069	10%
Van Buren	**145,000.00**	**16,374**	**128,626**	**11%**
Van Buren CMHA	100,000	-	100,000	0%
Van Buren County Drug Treatment Court	45,000	16,374	28,626	36%
Totals	**2,148,175**	**408,486**	**1,739,689**	**19%**

Behavioral Health Treatment Episode Data Set Admission Data: Fiscal Year 2021

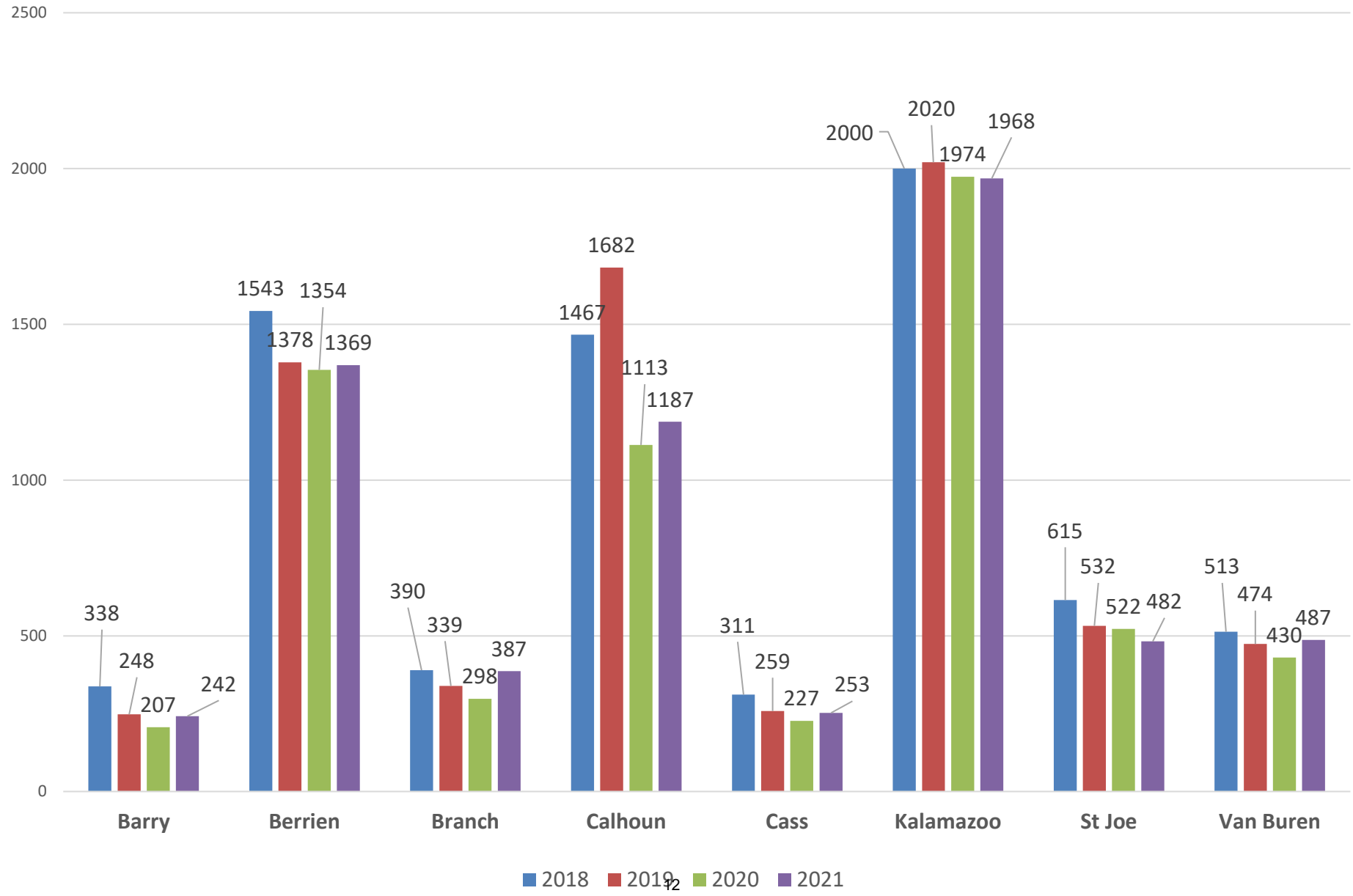
Southwest Michigan BEHAVIORAL HEALTH

Overview:

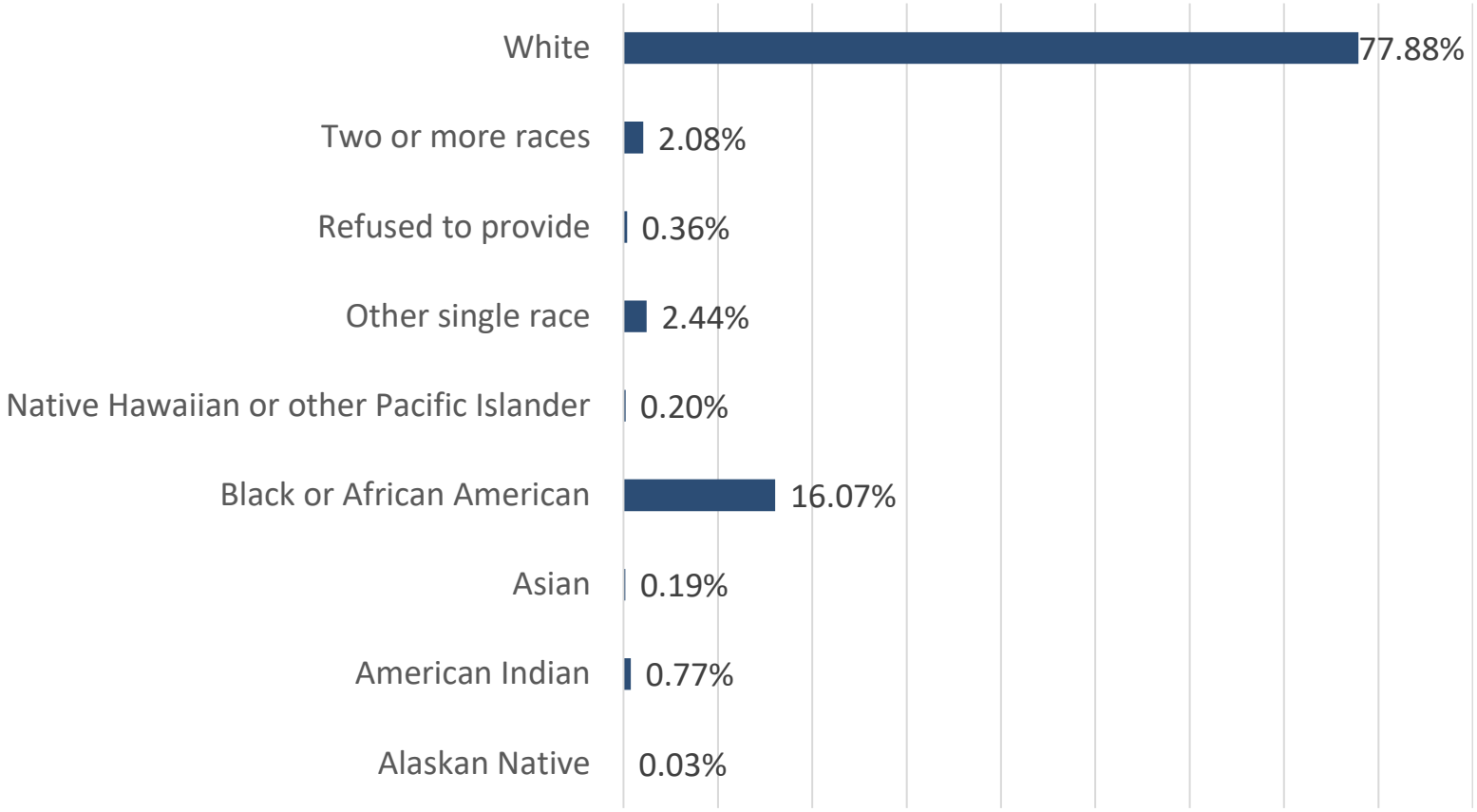
As required by the MDHHS contract, a Behavioral Health Treatment Episode Data Set (BH-TEDS) is completed for every admission to SUD treatment. In fiscal year (FY) 2021, the SWMBH region had ***6,405*** treatment admissions to service. This count includes all customers for all levels of care. For example, if a customer went to detoxification services first and then to outpatient services, they would be counted twice (two separate services).



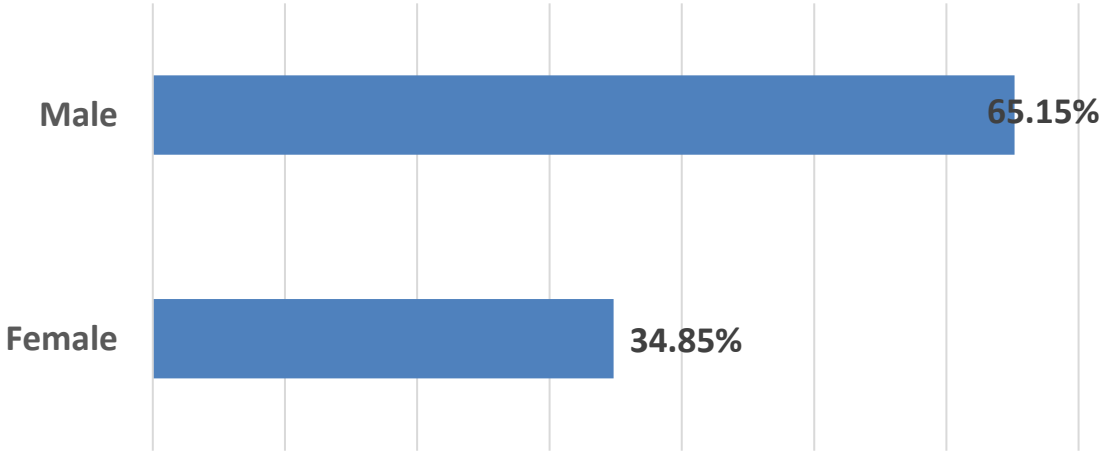
Treatment Admissions by County



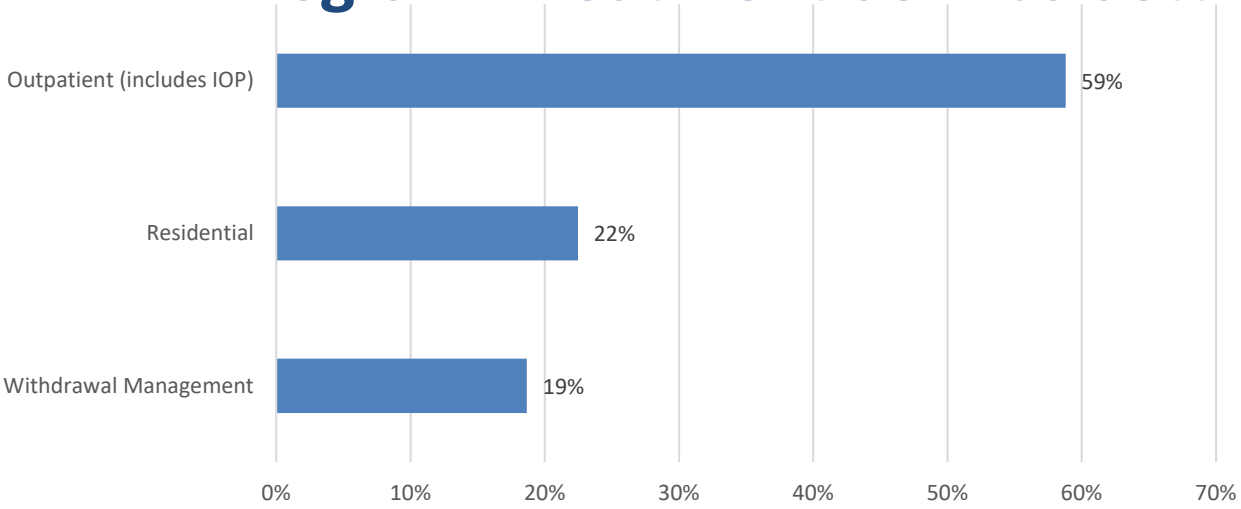
SWMBH Region: Race



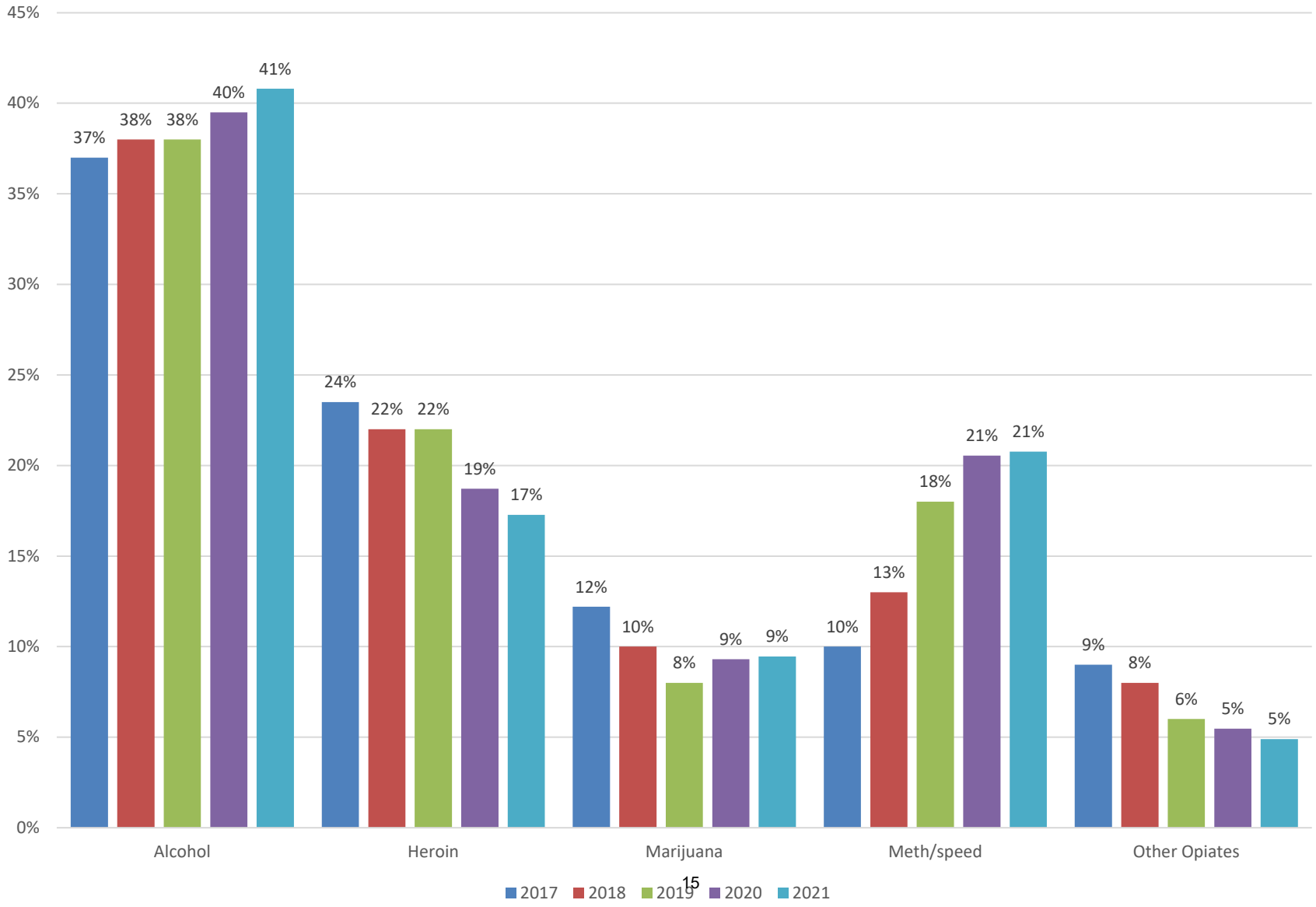
SWMBH Region: Gender



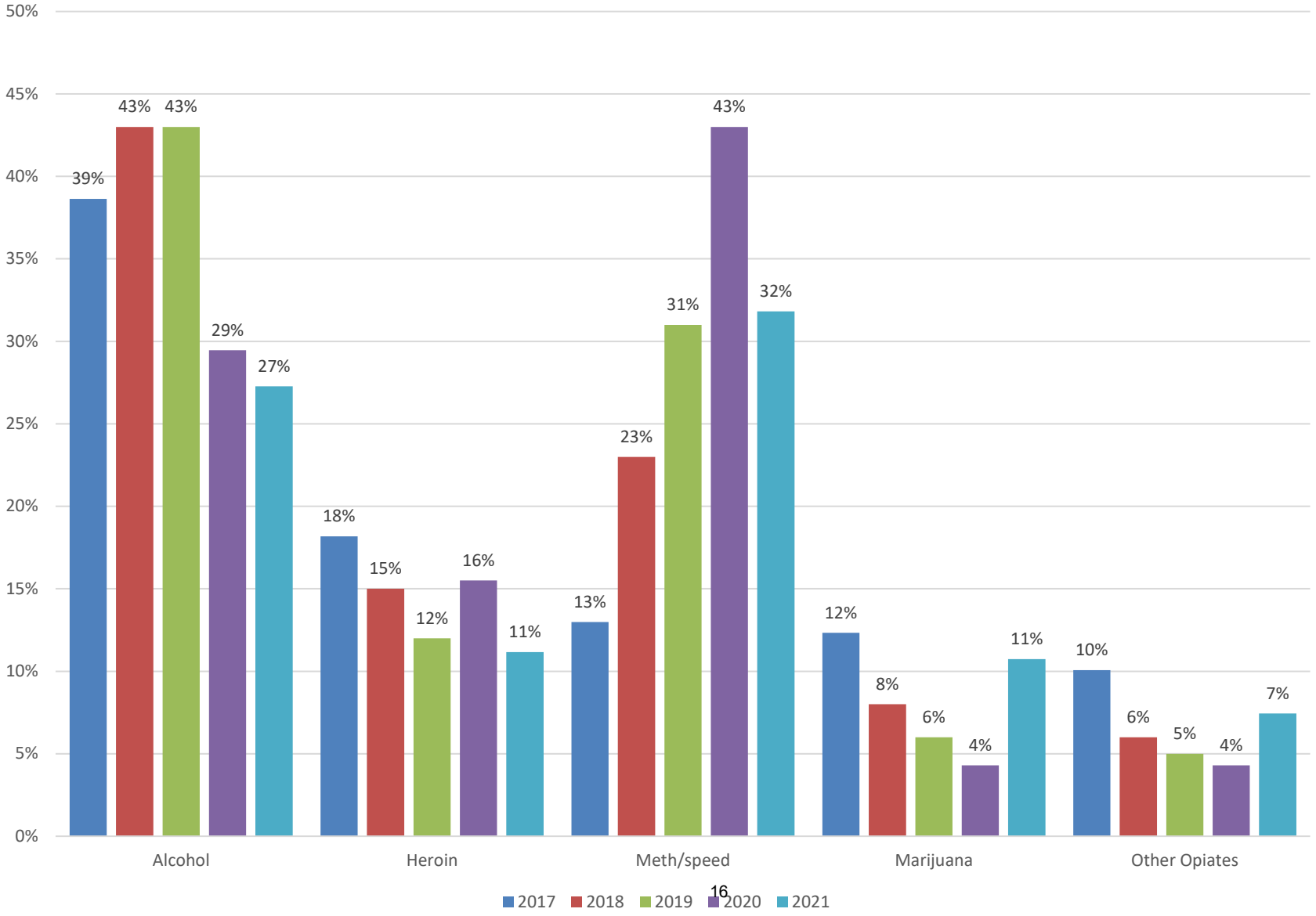
SWMBH Region: Treatment Service Setting



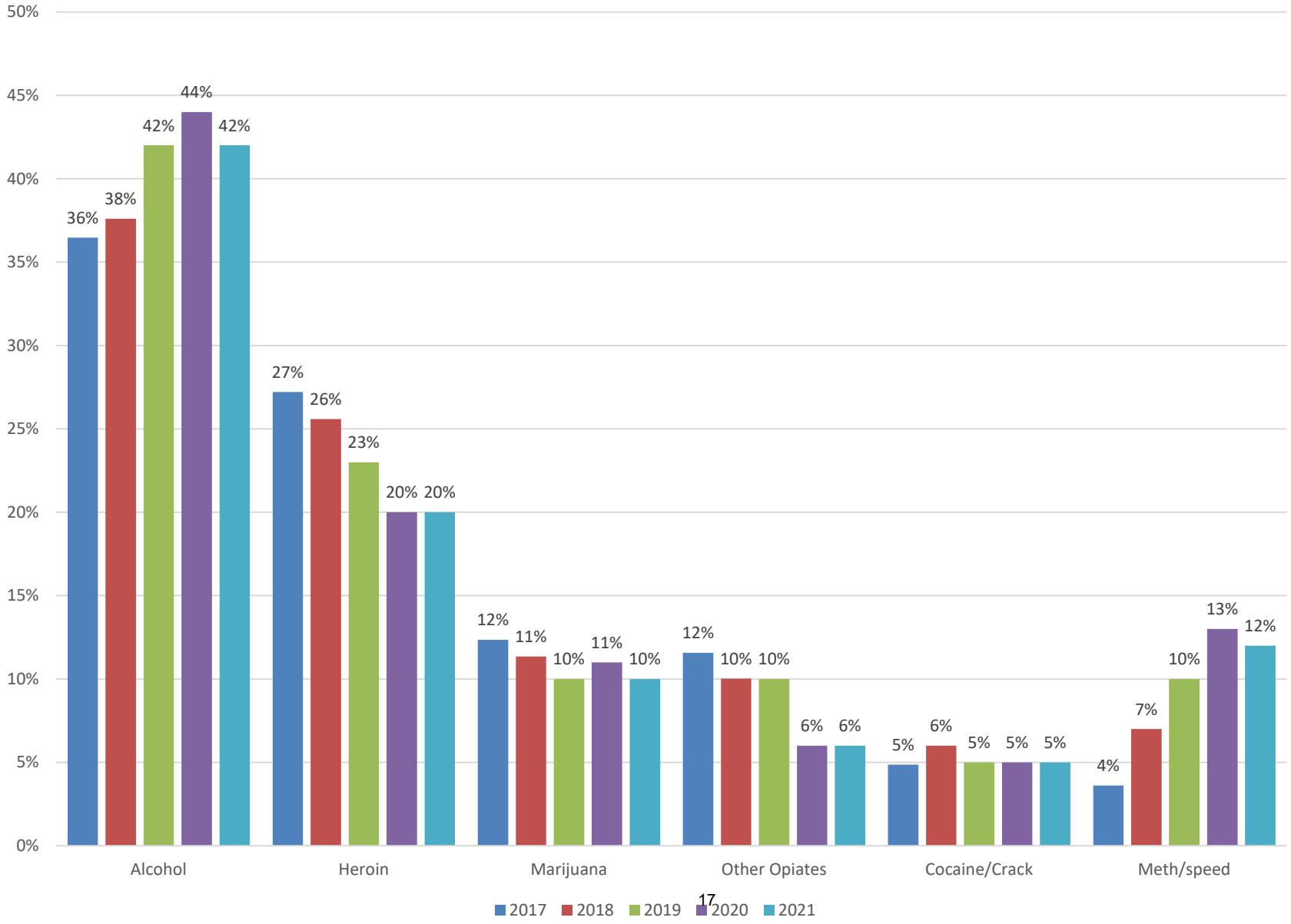
SWMBH Region
Primary Substance of Abuse at Admission



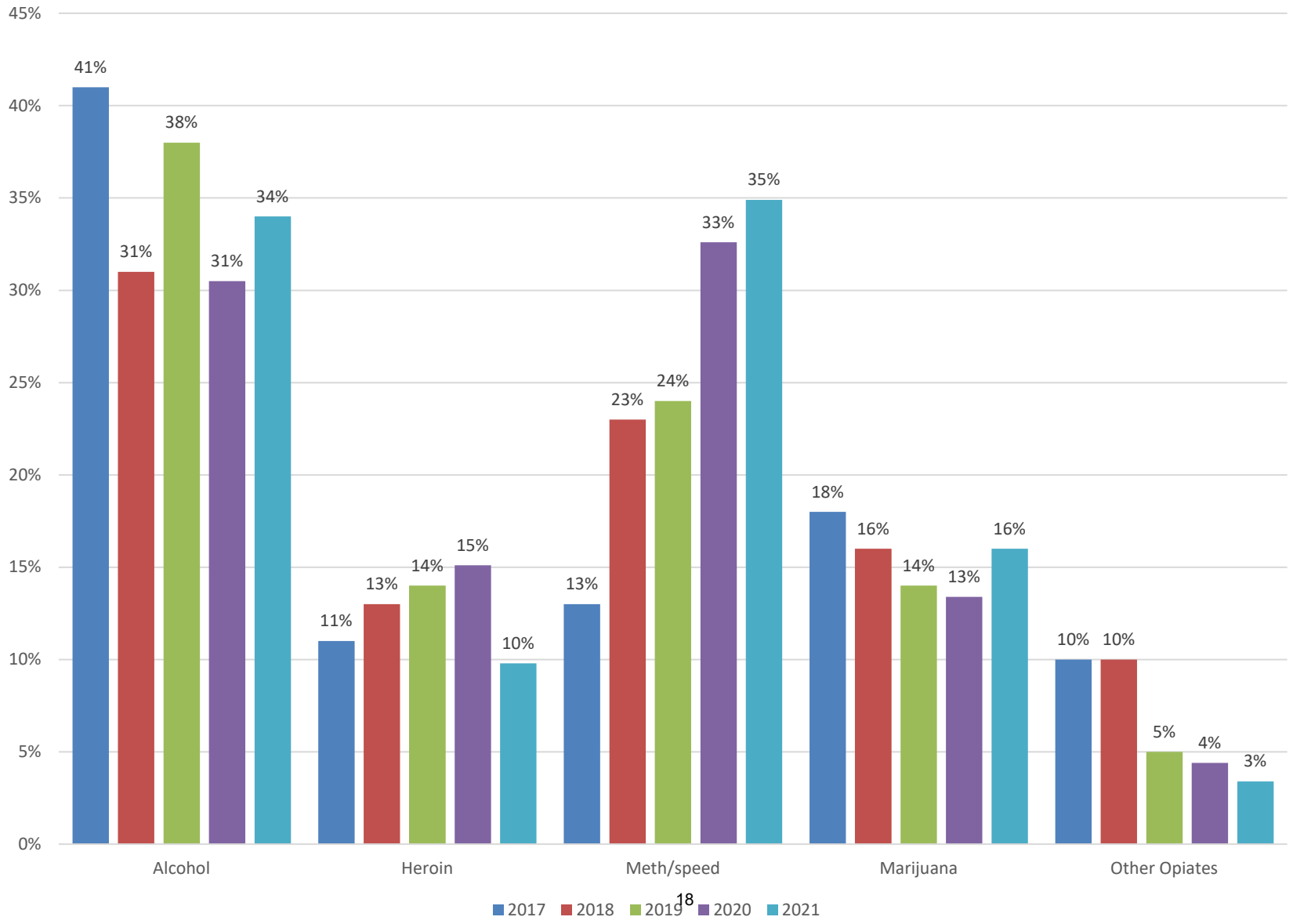
Barry County
Primary Substance of Abuse at Admission



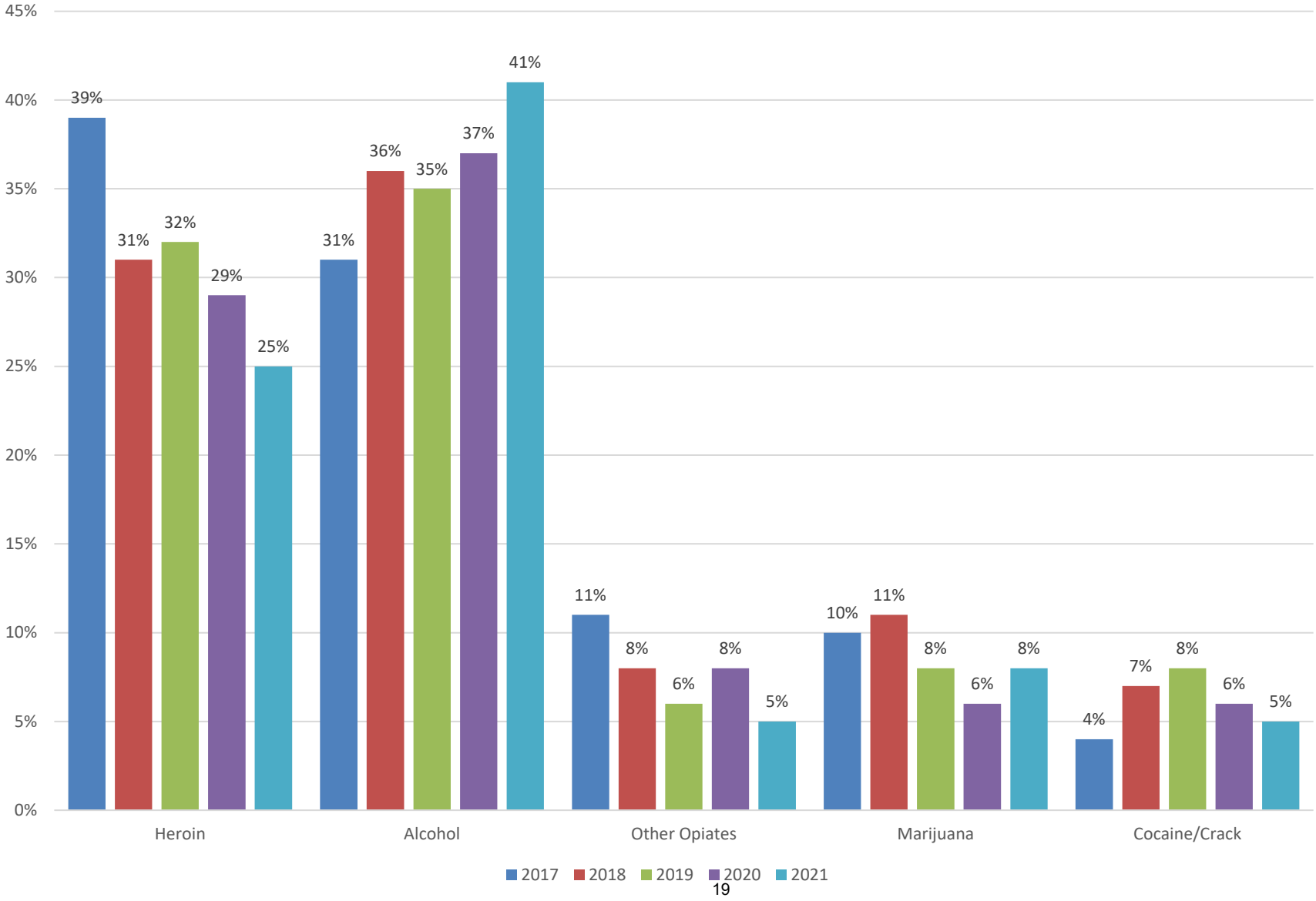
Berrien County
Primary Substance of Abuse at Admission



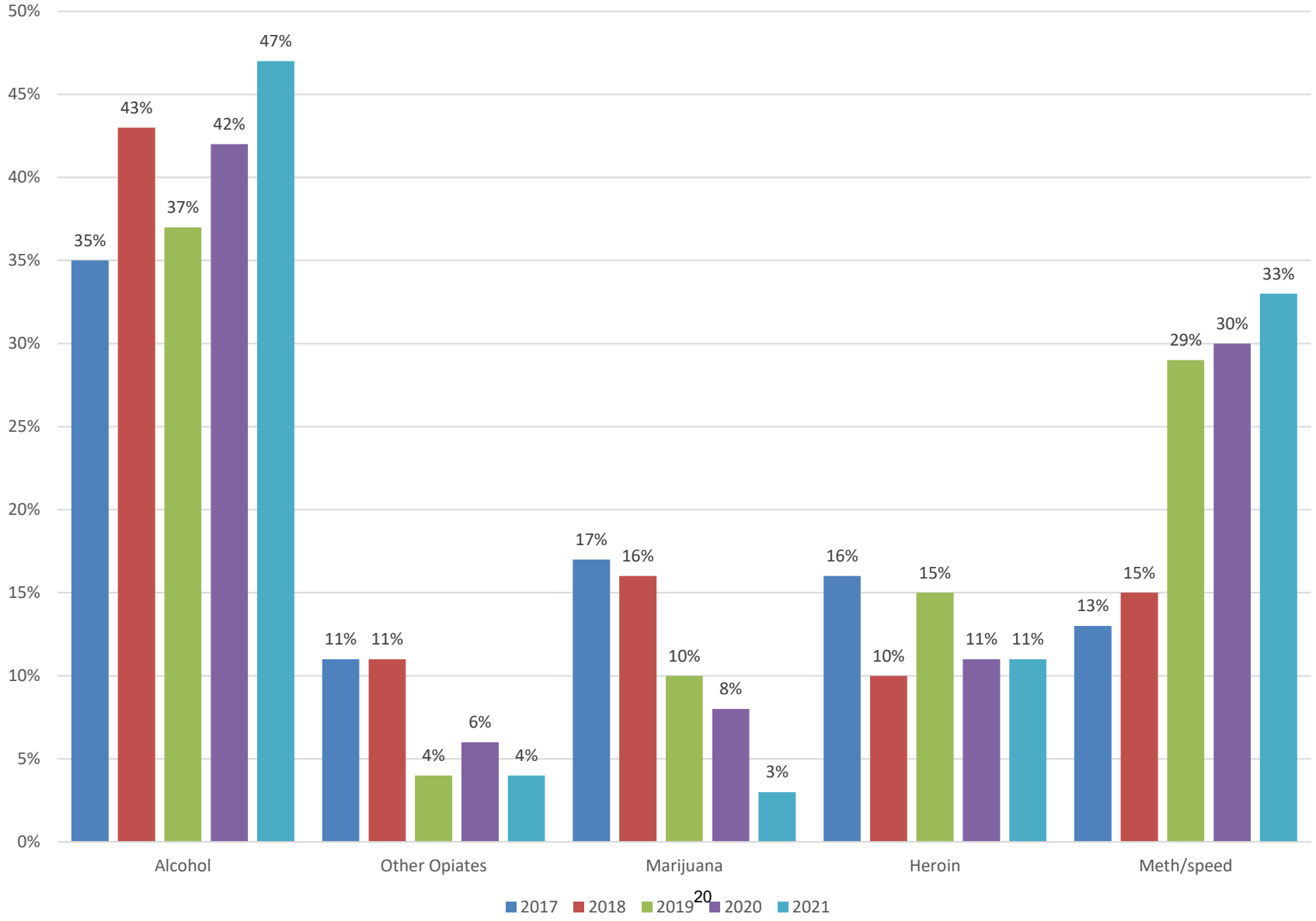
Branch County
Primary Substance of Abuse at Admission



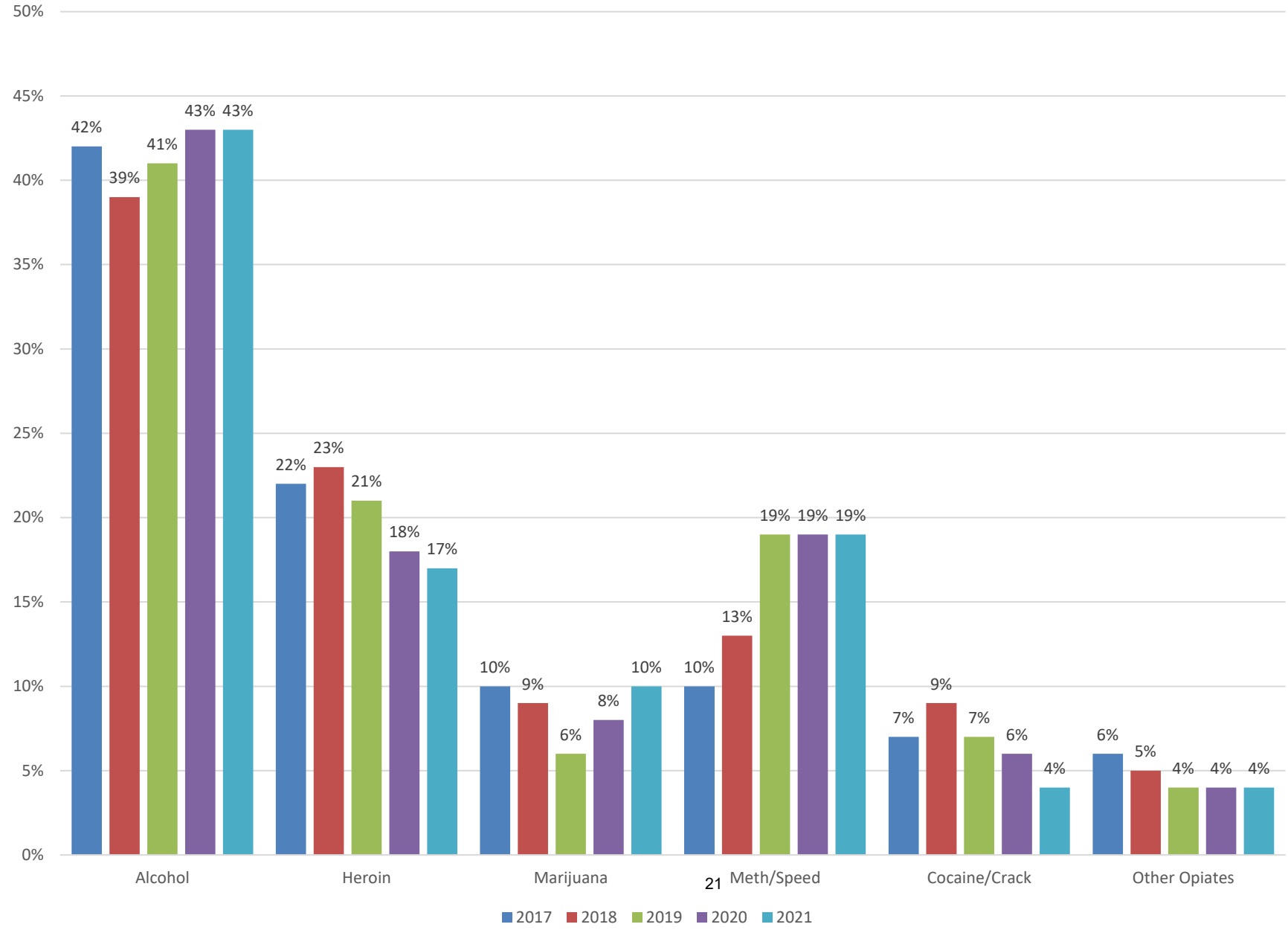
Calhoun County
Primary Substance of Abuse at Admission



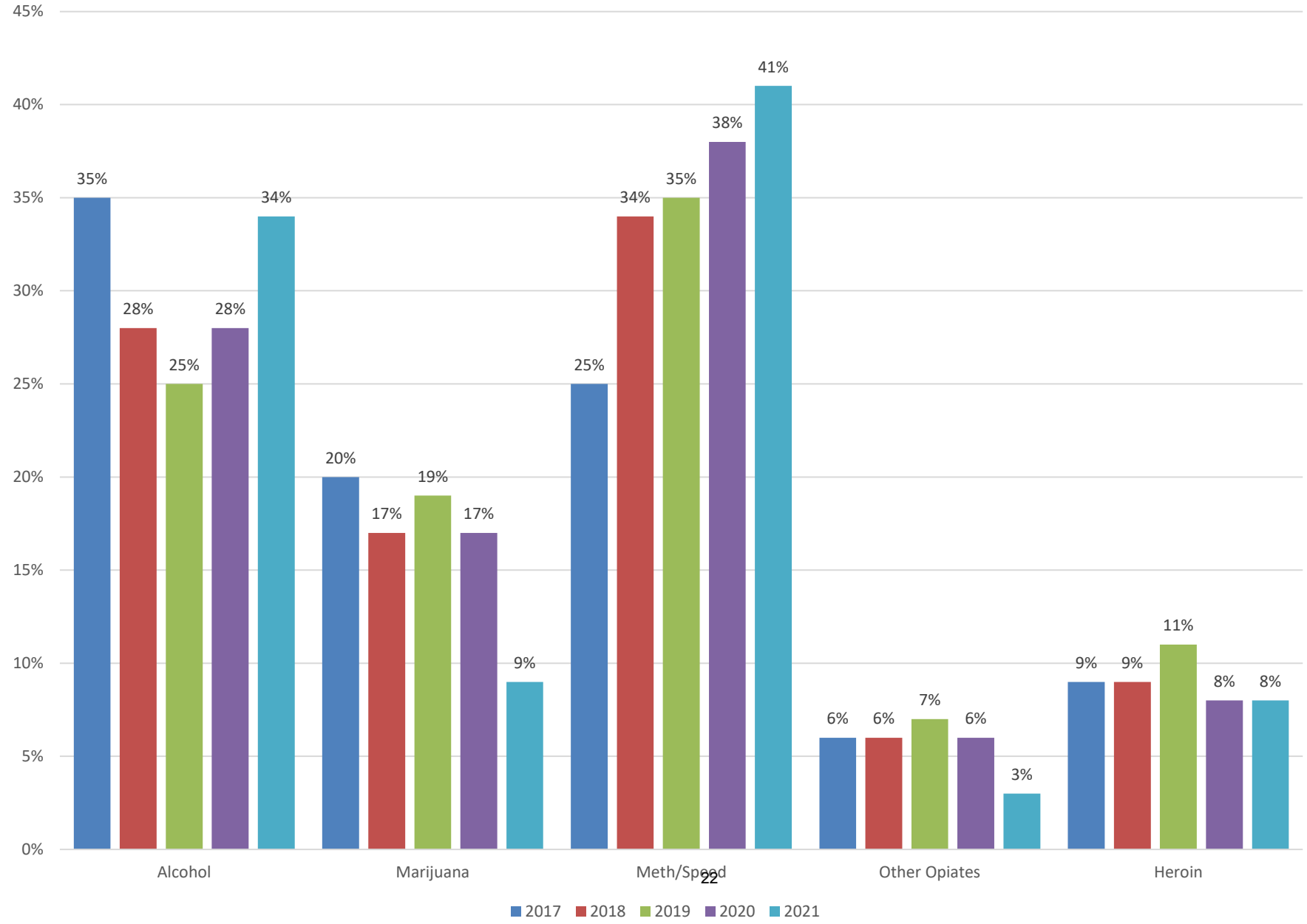
Cass County
Primary Substance of Abuse at Admission



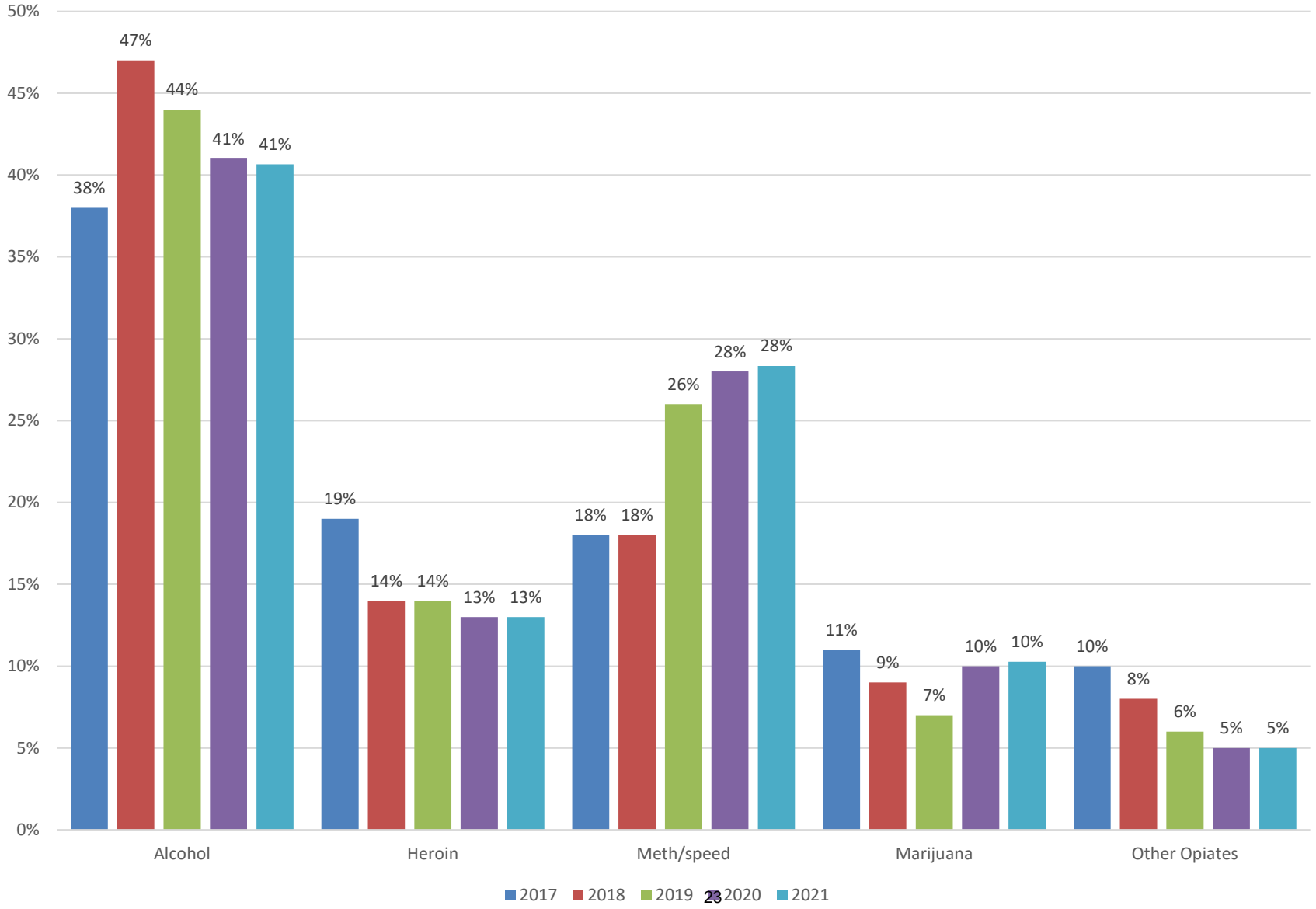
Kalamazoo County
Primary Substance of Abuse at Admission



St Joe County
Primary Substance of Abuse at Admission



Van Buren County
Primary Substance of Abuse at Admission



SUD Prevention Outcome Measures Instrument
Performance Report (10/01/20 - 09/30/21)

SUD Prevention Outcome Measure Domains	Domain Value (%)	Barry (BCCMHA)	Berrien (BCHD)	Branch (PBH)	Calhoun (SAC)	Calhoun (SAPS)	Cass (WBHN)	Kazoo (CHC)	Kazoo (PW)	St. Joe (CMHSAS)	VB (CMH)
I - SUD Community Indicators • HS Youth past 30-dayuse (Drugs, etc.) • Alcohol-related Traffic Fatalities/Accidents	3%	1.5%	0.0%	1.5%	1.5%	1.5%	0.8%	0.0%	0.0%	1.6%	1.6%
II - Pre/Post Test Scores • Curriculum-based programs	24%	24.0%	21.3%	22.3%	18.9%	17.0%	24.0%	24.0%	22.0%	24.0%	22.0%
III - Stakeholder Input Surveys • Feedback from Communitypartner	9%	9.0%	9.0%	9.0%	9.0%	18.0%	7.0%	13.0%	9.0%	9.0%	9.0%
IV - Problem ID. & Service Referral • Reaching those alreadyusing or with high risk level for use	9%	9.0%	9.0%	9.0%	9.0%	9.0%	3.0%	13.0%	9.0%	9.0%	9.0%
V - Community Education Campaigns • RX Drug Abuse, UAD, M J/Kids, Vaping/Tobac, Other	22%	22.0%	22.0%	22.0%	22.0%	30.0%	28.3%	17.0%	21.4%	21.4%	22.0%
VI - Alcohol, Tobacco & E-Cig Retailer Activities • Under-age retailer access (Education, Compliance	10%	10.0%	10.0%	10.0%	10.0%		10.0%	8.0%	8.6%	10.0%	10.0%
VII - Community-based Projects • Community/Prevention activities w/ a formal Instrument to measure effectiveness/results	15%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	12.0%	15.0%	15.0%	15.0%
VIII - Community-based Accomplishments • Community/Prevention activities w/o a Survey	6%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	8.0%	6.0%	6.0%	6.0%
IX - Outputs Efficiency Indicators • Staff time employed to implement Prevention Strategies	2%	2.0%	0.8%	2.0%	2.0%	1.0%	0.6%	2.0%	0.6%	0.0%	1.3%
Provider Performance Rating (Annual Goal: ≥ 85%)		**98.5%**	**93.1%**	**96.8%**	**93.4%**	**97.5%**	**94.6%**	**97.0%**	**91.6%**	**96.1%**	**95.9%**
Provider share of the overall SWMBH Prevention Performance Rating		12.8%	8.3%	9.7%	9.2%	6.2%	7.3%	6.4%	15.6%	11.6%	12.9%
Outcome Measure (#s)	0	Barry (BCCMHA)	Berrien (BCHD)	Branch (PBH)	Calhoun (SAC)	Calhoun (SAPS)	Cass (WBHN)	Kazoo (CHC)	Kazoo (PW)	St. Joe (CMHSAS)	VB (CMH)
# Outcome Measures (listed in OMI)	968	124	80	94	89	60	71	62	151	112	125
# OMs Achieved	897	122	72	91	84	56	62	58	137	100	115
# OMs Partially Achieved	5	0	0	0	0	1	2	0	1	0	1
# OMs not Achieved	66	2	8	3	5	3	7	4	13	12	9

Southwest Michigan
BEHAVIORAL HEALTH

January 1, 2021 – December 31, 2021
Law Enforcement and First Responder Naloxone (Narcan) Overdose Report

Year	Reversal	Deaths	No Effect	Attempts
2016	39	4	1	44
2017	93	7	5	105
2018	117	10	8	135
2019	114	12	11	137
2020	171	10	5	186
2021	**141**	**16**	**2**	**159**
Totals	675	59	32	766

Opioid Health Home
FY 21 Summary

What is Opioid Health Home?

- Although the name suggests it is a place, it's not! It is a program designed to help coordinate and manage all the care and services clients diagnosed with an Opioid Use Disorder need.
- Opioid Health Home (OHH) consists of a care team, including:
  - A Behavioral Health Specialist
  - A Nurse Care Manager
  - A Recovery Coach, Community Health Worker, and/or Medical Assistant
  - Access to a Medical Consultant
  - Access to a Psychiatric Consultant

Who is eligible for OHH?

- Clients who live in Kalamazoo or Calhoun counties (for Region 4)
- Clients with active Medicaid or Healthy Michigan Plan (in Kalamazoo or Calhoun counties)
  - Clients with dual Medicare/Medicaid are eligible if they are not enrolled in MI Health Link
  - Clients with spend down are not eligible
  - Clients enrolled in HHBH (Behavioral Health Home), HHMICare (Health Home MI Care Team), ICO-MC (Integrated Care MI Health Link), NH (Nursing Home), or Hospice are not eligible.
- Clients who are diagnosed with an Opioid Use Disorder

What does OHH do?

- OHH provides additional support from an integrated team of providers who can:
  - Coordinate care with other doctors/specialists/providers for clients.
  - Help advocate for proper care for clients.
  - Help clients understand and manage other conditions they may have.
  - Refer clients to resources focusing on overall health.
  - Assist clients with housing, legal issues, transportation, employment, educational goals, etc.
  - Connect clients to community resources.
- OHH is an additional service. Clients continue to participate in SUD therapy and/or Medication Assisted Treatment.

Current OHH Providers:

- Victory Clinical Services in Kalamazoo
- Victory Clinical Services in Battle Creek
- Summit Pointe in Battle Creek
- Expansion is being discussed for FY23

FY21 Summary

- 513 Unique Customers Enrolled in OHH
- Average of 340 Customers enrolled per month
- 6,758 Services Provided
- 163 Customers Discharged:

Discharge Reason
Voluntary (73%)
Unresponsive (6%)
Eligibility (13%)
Administrative (5%)
Death (1%)
Change in Health Home Setting (1%)

FY21 Summary

Retention in Services: Customers receiving at least one service per month

30 Days	98%
60 Days	88%
180 Days	72%

Why Retention Matters:

- Greater chance at sustained recovery
- Consistent support when relapse occurs
- In addition to skills learned in treatment, longer retention assures other social determinants of health needs are met.

FY21 Summary

Strengths:

- Many processes/paperwork have been refined
- Customers are getting physical health needs met
- Customers are receiving assistance and coordination with employment
- Customers are securing housing
- Disenrollment's are occurring due to customers meeting their care plan objectives

Areas for Improvement:

- No centralized way to track customers data related to outcomes
- Needs assessment and care plans are not standardized
- Limited to only two counties
- Billing, payment, and monitoring

Southwest Michigan Behavioral Health
Substance Use Disorder Oversight Policy Board Meetings

2022

January 17, 2022 4:00-5:30pm

March 21, 2022 4:00-5:30pm

May 16, 2022 4:00-5:30pm

July 18, 2022 4:00-5:30pm

September 12, 2022 3:00-5:30pm

November 14, 2022 4:00-5:30pm

All scheduled meetings take place at the Four Points by Sheraton, 3600 E. Cork St. Ct. Kalamazoo, MI 49001 unless otherwise communicated

SWMBH adheres to all applicable laws, rules, and regulations in the operation of its public meetings, including the Michigan Open Meetings Act, MCL 15.261 – 15.275
SWMBH does not limit or restrict the rights of the press or other news media.
Discussions and deliberations at an open meeting must be able to be heard by the general public participating in the meeting. Board members must avoid using email, texting, instant messaging, and other forms of electronic communication to make a decision or deliberate toward a decision and must avoid "round-the-horn" decision-making in a manner not accessible to the public at an open meeting.

DIRECTIONS TO COMPLETE BUDGET FORMS

Budget Summary Report - Form required to complete net cost contract.

1. Population - Check the appropriate box(s) for expected populations to be served by this budget.
2. Program - Select from the pull down menu (up to 3 programs per template).
3. CFDA # - If Federally funded a CFDA # will popluate once a program is selected.
4. Date Prepared - Enter date the budget summary was completed.
5. Contractor Name - Enter agency name.
6. Budget Period - Date range the budget submitted pertains to.
7. Mailing Address - Enter address of agency.
8. Budget Agreement:
   A. Original - first time submitting budget request.
   B. Amendment - corrected data submitted for previously submitted budget.
   C. Enter the number of Amendment, example 1,2 etc.
9. Detail 1, 2, & 3 - DO NOT ENTER DATA. All data is pulled from the Budget Detail.
10. Source of Funds - Enter total amount funded in appropriate funding category.
11. Section 2.3 & 2.4 - Check appropriate response.

Budget Detail Report(s) - Form required to complete net cost contract.

1. Budget period, date prepared, name and Amendment number are pulled from the budget summary.
2. Budget Agreement - select original or amendment.
3. Salaries and Wages:
   A. Position Description - Job title and/or brief description.
   B. Comments - use if explanation is needed, example, position is 40 hours a year.
   C. FTE Required - total FTE to be funded through this contract.
   D. Total Salary - Amount needed to fund the position.
4. Fringe Benefits - Check boxes that the fringe rate includes. Put fringe rate in composite rate cell. Fringe will automatically calculate based on composite rate.
5. Travel, Supplies & Materials, Equipment, Utilities, Insurance, Repairs and Maintenance, Rental/Lease and Other expenses - Enter brief description and annual amount.
6. Contractual - Enter contractors name, address and/or brief description, and annual amount.
   If this is a Prevention budget and you have contracted Direct service workers you must either enter number of hours worked per week/month or FTE.
7. Indirect Costs - Put indirect rate in indirect rate cell. Indirect amount is automatically calculated based on rate.

SOUTHWEST MICHIGAN BEHAVIORAL HEALTH
PROGRAM BUDGET SUMMARY

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

PROGRAM:			PROGRAM	CFDA	DATE PREPARED:
Drug Prevention Services			**COMMUNITY BLOCK G**	93.959	11/10/2021
			COVID - PREVENTION	93.959	BUDGET PERIOD:
			PUBLIC ACT 2 - PA2	N/A	From: 10/1/2021
CONTRACTOR NAME:					
Substance Abuse Council					To: 9/30/2022
MAILING ADDRESS (Number and Street):			BUDGET AGREEMENT:		
315 W. Green St.			☑ ORIGINAL		☐ AMENDMENT
CITY:	STATE:	ZIP CODE:	AMENDMENT NO:		FEDERAL TAX ID:
Marshall	MI	49068			38-2699513

EXPENDITURE CATEGORY	0	0	0	**TOTAL BUDGET**
1. SALARIES AND WAGES	177,000.00	-	-	**177,000.00**
2. FRINGE BENEFITS	14,160.00	-	-	**14,160.00**
3. TRAVEL	3,000.00	-	-	**3,000.00**
4. SUPPLIES AND MATERIALS	9,000.00	-	-	**9,000.00**
5. CONTRACTUAL	16,250.00	-	-	**16,250.00**
6. EQUIPMENT	2,000.00	-	-	**2,000.00**
7. UTILITIES	4,000.00	-	-	**4,000.00**
8. INSURANCE	1,400.00	-	-	**1,400.00**
9. REPAIRS AND MAINTENANCE	-	-	-	**-**
10. RENTAL/ LEASE	4,300.00	-	-	**4,300.00**
11. OTHER EXPENSES	1,000.00	-	-	**1,000.00**
12. TOTAL DIRECT EXPENDITURES (Sum of Lines 1-11)	$ 232,110.00	$ -	$ -	**$ 232,110.00**
13. INDIRECT COSTS Rate %	-	-	-	**-**
14. TOTAL EXPENDITURES FUNDED (Sum of Lines 12-13)	**$ 232,110.00**	**$ -**	**$ -**	**$ 232,110.00**
SOURCE OF FUNDS				
15. FEES AND COLLECTIONS	-	-	-	**-**
16. SWMBH		-	-	**-**
17. LOCAL/MATCH	-	-	-	**-**
18.- 20. SWMBH FUNDING SOURCE	-	-	-	**-**
COMMUNITY BLOCK GRANT - PREVENTION	102,053.29	-	-	**102,053.29**
COVID - PREVENTION II	71,807.34	-	-	**71,807.34**
PUBLIC ACT 2 - PA2	58,249.37	-	-	**58,249.37**
21. OTHERS	-	-	-	**-**
22. TOTAL FUNDING	**$ 232,110.00**	**$ -**	**$ -**	**$ 232,110.00**

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:
	From: 10/01/21 To: 09/30/22	11/10/21
CONTRACTOR NAME:	BUDGET AGREEMENT:	AMENDMENT NO:
Substance Abuse Council	☑ ORIGINAL ☐ AMENDMENT	0

1. SALARIES AND WAGES POSITION DESCRIPTION	COMMENTS	FTE REQUIRED	TOTAL SALARY
Staff 1			64,000.00
Staff 2			55,000.00
Staff 3			26,000.00
Decoys			2,000.00
Staff 4			30,000.00
1. TOTAL SALARIES AND WAGES		0.000	$ 177,000.00

2. FRINGE BENEFITS (SPECIFY)				COMPOSITE RATE % 8.00%	
☑ FICA	☐ HEALTH INS	☐ HEARING INS	☐ SHORT TERM DISB		14,160.00
☑ UNEMPLOY INS	☐ LIFE INS	☐ DENTAL INS	☐ LONG TERM DISB		
☐ RETIREMENT	☐ VISION INS	☑ WORK COMP	☐ OTHER: specify		
2. TOTAL FRINGE BENEFITS					$ 14,160.00

3. TRAVEL (Specify if category exceeds 10% of Total Expenditures)	
mileage	500.00
trainings	2,500.00
3. TOTAL TRAVEL	$ 3,000.00

4. SUPPLIES AND MATERIALS (Specify if category exceeds 10% of Total Expenditures)	
Program	3,500.00
Office	2,500.00
Recovery Walk/Volunteer Recognition	3,000.00
4. TOTAL SUPPLIES AND MATERIALS	$ 9,000.00

5. CONTRACTUAL (Subcontracts) Name	Address	Amount
Audit		1,750.00
Accountant		4,000.00
Payroll fees		500.00
Marketing (website & social media campaigns		10,000.00
5. TOTAL CONTRACTUAL		$ 16,250.00

SOUTHWEST MICHIGAN BEHAVIORAL HEALTH
PROGRAM BUDGET - COST DETAIL

6. EQUIPMENT (Specify)	Amount
Laptop for new employee	2,000.00
6. TOTAL EQUIPMENT	$ 2,000.00

7. UTILITIES (Specify)	
	4,000.00
7. TOTAL UTILITIES	$ 4,000.00

8. INSURANCE (Specify)	
	-
	1,400.00
8. TOTAL INSURANCE	$ 1,400.00

9. REPAIRS AND MAINTENANCE (Specify)	
	-
9. TOTAL REPAIRS AND MAINTENANCE	$ -

10. RENTAL/LEASE (Specify)	
	4,300.00
10. TOTAL RENTAL/LEASE	$ 4,300.00

11. OTHER EXPENSES (Specify)	Amount
Memberships	1,000.00
11. TOTAL OTHER EXPENSES	$ 1,000.00

12. TOTAL DIRECT EXPENDITURES (Sum of Totals 1-11)	$ 232,110.00

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

14. TOTAL EXPENDITURES FUNDED (Sum of Lines 12-13) [38]	**$ 232,110.00**

SOUTHWEST MICHIGAN BEHAVIORAL HEALTH
PROGRAM BUDGET - COST DETAIL

PROGRAM:	BUDGET PERIOD:	DATE PREPARED:
	From: 10/01/21 To: 09/30/22	11/10/21
CONTRACTOR NAME:	BUDGET AGREEMENT:	AMENDMENT NO:
Substance Abuse Council	☐ 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		$ -

SOUTHWEST MICHIGAN BEHAVIORAL HEALTH
PROGRAM BUDGET - COST DETAIL

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
11. TOTAL OTHER EXPENSES	$ -

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

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

14. TOTAL EXPENDITURES FUNDED (Sum of Lines 12-13) [40]	**$ -**

SOUTHWEST MICHIGAN BEHAVIORAL HEALTH
PROGRAM BUDGET - COST DETAIL

PROGRAM:	BUDGET PERIOD: From: 10/01/21 To: 09/30/22	DATE PREPARED: 11/10/21
CONTRACTOR NAME: Substance Abuse Council	BUDGET AGREEMENT: ☐ ORIGINAL ☐ AMENDMENT	AMENDMENT NO: 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		$ -

SOUTHWEST MICHIGAN BEHAVIORAL HEALTH
PROGRAM BUDGET - COST DETAIL

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
11. TOTAL OTHER EXPENSES	$ -

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

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

14. TOTAL EXPENDITURES FUNDED (Sum of Lines 12-13) [42]	**$ -**

SOUTHWEST MICHIGAN BEHAVIORAL HEALTH
ALCOHOL TAX PLAN - FY22

	Approved Budget FY 21 Oct - Sep	Approved Budget FY 22 Oct - Sep	Amended Budget FY 22 Oct - Sep	Inc/(Dec) over approved FY 22 Budget
Revenue:				
Prior Year(s) Carryover	4,751,340	4,894,188	4,894,188	-
PA2 Revenue	1,827,172	2,180,407	2,180,407	-
Total Revenue	**6,578,512**	**7,074,595**	**7,074,595**	**-**
Expenses:				
RESIDENTIAL TREATMENT SERVICES	179,303	132,627	132,627	-
OUTPATIENT TREATMENT SERVICES	1,581,800	1,809,548	1,809,548	-
PREVENTION SERVICES	473,030	206,000	302,795	96,795
Total Expenses	**2,234,134**	**2,148,175**	**2,244,970**	**96,795**
Total Carryover	**4,344,378**	**4,926,420**	**4,829,625**	**(96,795)**

SOUTHWEST MICHIGAN BEHAVIORAL HEALTH
ALCOHOL TAX PLAN - FY22

	Approved Budget FY 21 Oct - Sep	Approved Budget FY 22 Oct - Sep	Amended Budget FY 22 Oct - Sep	Inc/(Dec) over approved FY 22 Budget
Barry				
OUTPATIENT TREATMENT SERVICES	54,500.00	76,880.00	76,880.00	-
PREVENTION SERVICES	78,614.33	-	-	-
Total	133,114.33	76,880.00	76,880.00	-
Berrien				
OUTPATIENT TREATMENT SERVICES	283,033.60	327,528.52	327,528.52	-
PREVENTION SERVICES	100,000.00	100,000.00	100,000.00	-
Total	383,033.60	427,528.52	427,528.52	-
Branch				
OUTPATIENT TREATMENT SERVICES	36,430.00	80,190.00	80,190.00	-
PREVENTION SERVICES	-	-	-	-
Total	36,430.00	80,190.00	80,190.00	-
Calhoun				
OUTPATIENT TREATMENT SERVICES	393,699.17	517,859.73	517,859.73	-
PREVENTION SERVICES	-	-	96,795.38	96,795.38
Total	393,699.17	517,859.73	614,655.11	96,795.38
Cass				
OUTPATIENT TREATMENT SERVICES	82,500.00	82,500.00	82,500.00	-
PREVENTION SERVICES	38,415.85	-		-
Total	120,915.85	82,500.00	82,500.00	-
Kalamazoo				
RESIDENTIAL TREATMENT SERVICES	158,303.00	111,627.00	111,627.00	-
OUTPATIENT TREATMENT SERVICES	535,238.50	517,549.42	517,549.42	-
PREVENTION SERVICES	256,000.00	106,000.00	106,000.00	-
Total	949,541.50	735,176.42	735,176.42	-
St Joseph				
RESIDENTIAL TREATMENT SERVICES	21,000.00	21,000.00	21,000.00	-
OUTPATIENT TREATMENT SERVICES	62,040.00	62,040.00	62,040.00	-
PREVENTION SERVICES	-	-		-
Total	83,040.00	83,040.00	83,040.00	-
Van Buren				
OUTPATIENT TREATMENT SERVICES	134,359.10	145,000.00	145,000.00	-
PREVENTION SERVICES	-	-		-
Total	134,359.10	145,000.00	145,000.00	-
All Counties				
RESIDENTIAL TREATMENT SERVICES	179,303	132,627	132,627.00	-
OUTPATIENT TREATMENT SERVICES	1,581,800	1,809,548	1,809,547.67	-
PREVENTION SERVICES	473,030	206,000	302,795.38	96,795.38
	2,234,134	2,148,175	2,244,970.05	96,795.38

SOUTHWEST MICHIGAN BEHAVIORAL HEALTH
CALHOUN COUNTY
ALCOHOL TAX PLAN - FY22

	Approved Budget FY 21 Oct - Sep	Approved Budget FY 22 Oct - Sep	Amended FY 22 Oct - Sep	Inc/(Dec) over approved FY 22 Budget	Estimate FY23 Oct - Sep	Estimate FY24 Oct - Sep	Estimate FY25 Oct - Sep
Revenue:							
Prior Year(s) Carryover	346,538	314,835	314,835	-	372,619	358,390	344,160
PA2 Revenue	332,415	672,439	672,439	-	339,439	339,439	339,439
Total Revenue	**678,953**	**987,274**	**987,274**	**-**	**712,058**	**697,829**	**683,599**
Expense:							
OUTPATIENT TREATMENT SERVICES							
10th Dist Drug Sobriety Court	124,929	171,582	171,582	-	99,943	99,943	99,943
10th Dist Veteran's Court	6,450	6,950	6,950	-	6,450	6,450	6,450
37th Circuit Drug Treatment Court	175,225	232,233	232,233	-	140,180	140,180	140,180
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 - Court Liaison	-	-	-	-	-	-	-
Summit Pointe - Jail	-	20,000	20,000	-	20,000	20,000	20,000
Summit Pointe - Juvenile Home	25,000	25,000	25,000	-	25,000	25,000	25,000
PREVENTION SERVICES							
Substance Abuse Council	-	-	58,249	58,249	-	-	-
Substance Abuse Prevention Services	-	-	38,546	38,546	-	-	-
Total Expenses	**393,699**	**517,860**	**614,655**	**96,795**	**353,668**	**353,668**	**353,668**
Total Carryover	**285,253**	**469,414**	**372,619**	**(96,795)**	**358,390**	**344,160**	**329,931**

Note(s)

PREVENTION SERVICES							
Substance Abuse Council	204,574	232,110	232,110	-	232,110	232,110	
Substance Abuse Prevention Services	160,436	153,597	153,597	-	153,597	153,597	
Total Expenses	**365,009**	**385,707**	**385,707**	**-**	**385,707**	**385,707**	

Prevention services are funded through block grant

Notes:

Calhoun County has appropriates $333,000 of additional funding to the the fund balance for fiscal year 22
In the absence of Calhoun County's designation of future general fund appropriations to PA2 programs.
Calhoun County's PA2 expenditures will be reviewed/reduced to align with actual revenue apportionments.
FY23 - FY25 esimates for PA2 expenditures are based on a reduced spending plan.

SOUTHWEST MICHIGAN BEHAVIORAL HEALTH
ALCOHOL TAX PLAN - FY22

	Approved Budget FY 21 Oct - Sep	Approved Budget FY 22 Oct - Sep	Amended Budget FY 22 Oct - Sep	Inc/(Dec) over approved FY 22 Budget
Revenue:				
Prior Year(s) Carryover	4,751,340	4,894,188	4,894,188	-
PA2 Revenue	1,827,172	2,180,407	2,180,407	-
Total Revenue	**6,578,512**	**7,074,595**	**7,074,595**	**-**
Expenses:				
RESIDENTIAL TREATMENT SERVICES	179,303	132,627	132,627	-
OUTPATIENT TREATMENT SERVICES	1,581,800	1,809,548	1,819,548	10,000
PREVENTION SERVICES	473,030	206,000	302,795	96,795
Total Expenses	**2,234,134**	**2,148,175**	**2,254,970**	**106,795**
Total Carryover	**4,344,378**	**4,926,420**	**4,819,625**	**(106,795)**

SOUTHWEST MICHIGAN BEHAVIORAL HEALTH
ALCOHOL TAX PLAN - FY22

	Approved Budget FY 21 Oct - Sep	Approved Budget FY 22 Oct - Sep	Amended Budget FY 22 Oct - Sep	Inc/(Dec) over approved FY 22 Budget
Barry				
OUTPATIENT TREATMENT SERVICES	54,500.00	76,880.00	76,880.00	-
PREVENTION SERVICES	78,614.33	-	-	-
Total	133,114.33	76,880.00	76,880.00	-
Berrien				
OUTPATIENT TREATMENT SERVICES	283,033.60	327,528.52	327,528.52	-
PREVENTION SERVICES	100,000.00	100,000.00	100,000.00	-
Total	383,033.60	427,528.52	427,528.52	-
Branch				
OUTPATIENT TREATMENT SERVICES	36,430.00	80,190.00	80,190.00	-
PREVENTION SERVICES	-	-	-	-
Total	36,430.00	80,190.00	80,190.00	-
Calhoun				
OUTPATIENT TREATMENT SERVICES	393,699.17	517,859.73	517,859.73	-
PREVENTION SERVICES	-	-	96,795.38	96,795.38
Total	393,699.17	517,859.73	614,655.11	96,795.38
Cass				
OUTPATIENT TREATMENT SERVICES	82,500.00	82,500.00	82,500.00	-
PREVENTION SERVICES	38,415.85	-		-
Total	120,915.85	82,500.00	82,500.00	-
Kalamazoo				
RESIDENTIAL TREATMENT SERVICES	158,303.00	111,627.00	111,627.00	-
OUTPATIENT TREATMENT SERVICES	535,238.50	517,549.42	527,549.42	10,000.00
PREVENTION SERVICES	256,000.00	106,000.00	106,000.00	-
Total	949,541.50	735,176.42	745,176.42	10,000.00
St Joseph				
RESIDENTIAL TREATMENT SERVICES	21,000.00	21,000.00	21,000.00	-
OUTPATIENT TREATMENT SERVICES	62,040.00	62,040.00	62,040.00	-
PREVENTION SERVICES	-	-		-
Total	83,040.00	83,040.00	83,040.00	-
Van Buren				
OUTPATIENT TREATMENT SERVICES	134,359.10	145,000.00	145,000.00	-
PREVENTION SERVICES	-	-		-
Total	134,359.10	145,000.00	145,000.00	-
All Counties				
RESIDENTIAL TREATMENT SERVICES	179,303	132,627	132,627.00	-
OUTPATIENT TREATMENT SERVICES	1,581,800	1,809,548	1,819,547.67	10,000.00
PREVENTION SERVICES	473,030	206,000	302,795.38	96,795.38
	2,234,134	2,148,175	2,254,970.05	106,795.38

SOUTHWEST MICHIGAN BEHAVIORAL HEALTH
CALHOUN COUNTY
ALCOHOL TAX PLAN - FY22

	Approved Budget FY 21 Oct - Sep	Approved Budget FY 22 Oct - Sep	Amended FY 22 Oct - Sep	Inc/(Dec) over approved FY 22 Budget	Estimate FY23 Oct - Sep	Estimate FY24 Oct - Sep	Estimate FY25 Oct - Sep
Revenue:							
Prior Year(s) Carryover	346,538	314,835	314,835	-	372,619	358,390	344,160
PA2 Revenue	332,415	672,439	672,439	-	339,439	339,439	339,439
Total Revenue	**678,953**	**987,274**	**987,274**	**-**	**712,058**	**697,829**	**683,599**
Expense:							
OUTPATIENT TREATMENT SERVICES							
10th Dist Drug Sobriety Court	124,929	171,582	171,582	-	99,943	99,943	99,943
10th Dist Veteran's Court	6,450	6,950	6,950	-	6,450	6,450	6,450
37th Circuit Drug Treatment Court	175,225	232,233	232,233	-	140,180	140,180	140,180
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 - Court Liaison	-	-	-	-	-	-	-
Summit Pointe - Jail	-	20,000	20,000	-	20,000	20,000	20,000
Summit Pointe - Juvenile Home	25,000	25,000	25,000	-	25,000	25,000	25,000
PREVENTION SERVICES							
Substance Abuse Council	-	-	58,249	58,249	-	-	-
Substance Abuse Prevention Services	-	-	38,546	38,546	-	-	-
Total Expenses	**393,699**	**517,860**	**614,655**	**96,795**	**353,668**	**353,668**	**353,668**
Total Carryover	**285,253**	**469,414**	**372,619**	**(96,795)**	**358,390**	**344,160**	**329,931**

Note(s)

PREVENTION SERVICES							
Substance Abuse Council	204,574	232,110	232,110	-	232,110	232,110	
Substance Abuse Prevention Services	160,436	153,597	153,597	-	153,597	153,597	
Total Expenses	**365,009**	**385,707**	**385,707**	**-**	**385,707**	**385,707**	

Prevention services are funded through block grant

Notes:

Calhoun County has appropriated $333,000 of additional funding to the fund balance for fiscal year 22
In the absence of Calhoun County's designation of future general fund appropriations to PA2 programs.
Calhoun County's PA2 expenditures will be reviewed/reduced to align with actual revenue apportionments.
FY23 - FY25 estimates for PA2 expenditures are based on a reduced spending plan.

SOUTHWEST MICHIGAN BEHAVIORAL HEALTH
KALAMAZOO COUNTY
ALCOHOL TAX PLAN - FY22

	Approved Budget FY 20 Oct - Sep	Approved Budget FY 21 Oct - Sep	Projected Rev/Exp FY 21 Oct - Jul	Approved Budget FY 22 Oct - Sep	Amended Budget FY 22 Oct - Sep	Inc/(Dec) over approved FY 22 Budget	Estimate FY23 Oct - Sep	Estimate FY24 Oct - Sep	Estimate FY25 Oct - Sep
Revenue:									
Prior Year(s) Carryover	1,739,053	1,833,387	1,784,112	1,870,181	1,870,181	-	1,802,845	1,745,509	1,688,173
PA2 Revenue	660,729	660,729	677,841	677,841	677,841	-	677,841	677,841	677,841
Total Revenue	**2,399,781**	**2,494,115**	**2,461,952**	**2,548,021**	**2,548,021**	**-**	**2,480,685**	**2,423,349**	**2,366,013**
Expenses:									
RESIDENTIAL TREATMENT SERVICES									
CHC - New Beginnings	77,627	77,627	74,503	77,627	77,627	-	77,627	77,627	77,627
CHC - Bethany House	-	27,200	-	-	-	-	-	-	-
CHC - Healing House	-	19,476	-	-	-	-	-	-	-
ISK - Oakland Drive Shelter	34,000	34,000	34,000	34,000	34,000	-	34,000	34,000	34,000
OUTPATIENT TREATMENT SERVICES									
8th District Sobriety Court	28,000	26,500	8,172	26,400	26,400	-	26,400	26,400	26,400
8th District Young Adult Diversion Court	5,000	5,000	3,929	-	-	-	-	-	-
8th District Probation Court	7,000	8,500	3,346	12,100	12,100	-	12,100	12,100	12,100
9th Circuit Drug Court	60,000	60,000	56,328	60,000	60,000	-	60,000	60,000	60,000
CHC - Adolescent Services	19,619	19,619	18,805	21,876	21,876	-	21,876	21,876	21,876
Interact - IDDT	26,600	26,600	5,954	-	-	-	-	-	-
KCHCS Healthy Babies	87,000	87,000	69,307	87,000	87,000	-	87,000	87,000	87,000
ISK - EMH	56,400	56,400	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	25,000	25,000
ISK - MH Court	65,000	65,000	65,000	65,000	65,000	-	65,000	65,000	65,000
ISK - IDDT Transporation	-	-	-	-	10,000	10,000	-	-	-
KPEP Social Detox	20,000	20,000	-	-	-	-	-	-	-
MRS	17,250	17,250	17,250	17,250	17,250	-	17,250	17,250	17,250
Recovery Institute - Recovery Coach	60,623	60,623	42,445	60,623	60,623	-	60,623	60,623	60,623
WMU - Jail Groups	67,225	-	-	78,900	78,900	-	78,900	78,900	78,900
WMU - BHS SBIRT	46,747	51,747	-	-	-	-	-	-	-
WMU - BHS Text Messaging	6,000	6,000	4,662	7,000	7,000	-	7,000	7,000	7,000
PREVENTION SERVICES									
Gryphon Gatekeeper - Suicide Prevention	20,000	20,000	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	36,000	36,000
Prevention Works - ATOD	-	120,000	-				-	-	-
Prevention Works - Task Force	50,000	80,000	50,672	50,000	50,000	-	50,000	50,000	50,000
Total Expenses	**815,090**	**949,542**	**591,771**	**735,176**	**745,176**	**10,000**	**735,176**	**735,176**	**735,176**
Total Carryover	**1,584,691**	**1,544,574**	**1,870,181**	**1,812,845**	**1,802,845**	**(10,000)**	**1,745,509**	**1,688,173**	**1,630,837**

Note(s)

DIRECTIONS TO COMPLETE BUDGET FORMS

Budget Summary Report - Form required to complete net cost contract.

1. Population - Check the appropriate box(s) for expected populations to be served by this budget.
2. Program - Select from the pull down menu (up to 3 programs per template).
3. CFDA # - If Federally funded a CFDA # will popluate once a program is selected.
4. Date Prepared - Enter date the budget summary was completed.
5. Contractor Name - Enter agency name.
6. Budget Period - Date range the budget submitted pertains to.
7. Mailing Address - Enter address of agency.
8. Budget Agreement:
   A. Original - first time submitting budget request.
   B. Amendment - corrected data submitted for previously submitted budget.
   C. Enter the number of Amendment, example 1,2 etc.
9. Detail 1, 2, & 3 - DO NOT ENTER DATA. All data is pulled from the Budget Detail.
10. Source of Funds - Enter total amount funded in appropriate funding category.
11. Section 2.3 & 2.4 - Check appropriate response.

Budget Detail Report(s) - Form required to complete net cost contract.

1. Budget period, date prepared, name and Amendment number are pulled from the budget summary.
2. Budget Agreement - select original or amendment.
3. Salaries and Wages:
   A. Position Description - Job title and/or brief description.
   B. Comments - use if explanation is needed, example, position is 40 hours a year.
   C. FTE Required - total FTE to be funded through this contract.
   D. Total Salary - Amount needed to fund the position.
4. Fringe Benefits - Check boxes that the fringe rate includes. Put fringe rate in composite rate cell. Fringe will automatically calculate based on composite rate.
5. Travel, Supplies & Materials, Equipment, Utilities, Insurance, Repairs and Maintenance, Rental/Lease and Other expenses - Enter brief description and annual amount.
6. Contractual - Enter contractors name, address and/or brief description, and annual amount.
   If this is a Prevention budget and you have contracted Direct service workers you must either enter number of hours worked per week/month or FTE.
7. Indirect Costs - Put indirect rate in indirect rate cell. Indirect amount is automatically calculated based on rate.

SOUTHWEST MICHIGAN BEHAVIORAL HEALTH
PROGRAM BUDGET SUMMARY

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

PROGRAM:			PROGRAM	CFDA	DATE PREPARED:
Prevention			**COMMUNITY BLOCK G**	93.959	11/10/2021
			COVID - PREVENTION	93.959	BUDGET PERIOD:
			PUBLIC ACT 2 - PA2	N/A	From: 10/1/2021
CONTRACTOR NAME:					
Substance Abuse Prevention Services (SAPS)					To: 9/30/2022
MAILING ADDRESS (Number and Street):			BUDGET AGREEMENT:		
600 East Michigan Avenue			☑ ORIGINAL		☐ AMENDMENT
CITY:	STATE:	ZIP CODE:	AMENDMENT NO:		FEDERAL TAX ID:
Albion	MI	49224			38-2872584

EXPENDITURE CATEGORY	Prevention	0	0	**TOTAL BUDGET**
1. SALARIES AND WAGES	63,650.00	-	-	**63,650.00**
2. FRINGE BENEFITS	6,046.75	-	-	**6,046.75**
3. TRAVEL	1,500.00	-	-	**1,500.00**
4. SUPPLIES AND MATERIALS	2,000.00	-	-	**2,000.00**
5. CONTRACTUAL	61,700.00	-	-	**61,700.00**
6. EQUIPMENT	-	-	-	**-**
7. UTILITIES	-	-	-	**-**
8. INSURANCE	1,100.00	-	-	**1,100.00**
9. REPAIRS AND MAINTENANCE	-	-	-	**-**
10. RENTAL/ LEASE	5,743.00	-	-	**5,743.00**
11. OTHER EXPENSES	11,857.00	-	-	**11,857.00**
12. TOTAL DIRECT EXPENDITURES (Sum of Lines 1-11)	$ 153,596.75	$ -	$ -	**$ 153,596.75**
13. INDIRECT COSTS Rate %	-	-	-	**-**
14. TOTAL EXPENDITURES FUNDED (Sum of Lines 12-13)	**$ 153,596.75**	**$ -**	**$ -**	**$ 153,596.75**
SOURCE OF FUNDS				
15. FEES AND COLLECTIONS	-	-	-	**-**
16. SWMBH		-	-	**-**
17. LOCAL/MATCH	-	-	-	**-**
18.- 20. SWMBH FUNDING SOURCE	-	-	-	**-**
COMMUNITY BLOCK GRANT - PREVENTION	67,532.87	-	-	**67,532.87**
COVID - PREVENTION II	47,517.87	-	-	**47,517.87**
PUBLIC ACT 2 - PA2	38,546.01	-	-	**38,546.01**
21. OTHERS	-	-	-	**-**
22. TOTAL FUNDING	**$ 153,596.75**	**$ -**	**$ -**	**$ 153,596.75**

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:
Prevention	From: 10/01/21 To: 09/30/22	11/10/21
CONTRACTOR NAME:	BUDGET AGREEMENT:	AMENDMENT NO:
Substance Abuse Prevention Services (SAPS)	☑ ORIGINAL ☐ AMENDMENT	0

1. SALARIES AND WAGES POSITION DESCRIPTION	COMMENTS	FTE REQUIRED	TOTAL SALARY
Harry J. Bonner, Sr.	50% direct prevention, 50% admin	1.000	63,650.00
1. TOTAL SALARIES AND WAGES		1.000	$ 63,650.00

2. FRINGE BENEFITS (SPECIFY)				COMPOSITE RATE % 9.50%	
☑ FICA	☐ HEALTH INS	☐ HEARING INS	☐ SHORT TERM DISB		6,046.75
☑ UNEMPLOY INS	☐ LIFE INS	☐ DENTAL INS	☐ LONG TERM DISB		
☐ RETIREMENT	☐ VISION INS	☑ WORK COMP	☐ OTHER: specify		
2. TOTAL FRINGE BENEFITS					$ 6,046.75

3. TRAVEL (Specify if category exceeds 10% of Total Expenditures)	
Travel expenses and mileage reimbursment	1,500.00
3. TOTAL TRAVEL	$ 1,500.00

4. SUPPLIES AND MATERIALS (Specify if category exceeds 10% of Total Expenditures)	
General office and project supplies Across Ages Mentoring Program	2,000.00
4. TOTAL SUPPLIES AND MATERIALS	$ 2,000.00

5. CONTRACTUAL (Subcontracts) Name	Address	Amount
Foote and Lloyd, CPAs	Two West Michigan, Ste 210, Battle Creek, MI 49017	10,000.00
Darrel Chris Farmer, Prevention Consultant	904 North Superior St. Albion, MI 49224	30,000.00
Aisha Ridley-Melton, Consultant/Administratio	1305 Hillside Road, Albion, MI 49224	5,000.00
Elijah Armstrong Jr, Consultant/Administratior	906 Boyd Drive, Apt 1, Albion,MI 49224	5,000.00
TBD by Provider		11,700.00
5. TOTAL CONTRACTUAL		$ 61,700.00

SOUTHWEST MICHIGAN BEHAVIORAL HEALTH
PROGRAM BUDGET - COST DETAIL

6. EQUIPMENT (Specify)	Amount
6. TOTAL EQUIPMENT	$ -

7. UTILITIES (Specify)	
7. TOTAL UTILITIES	$ -

8. INSURANCE (Specify)	
	1,100.00
Liability, bond, rental and lease insurance	
8. TOTAL INSURANCE	$ 1,100.00

9. REPAIRS AND MAINTENANCE (Specify)	
	-
9. TOTAL REPAIRS AND MAINTENANCE	$ -

10. RENTAL/LEASE (Specify)	
Copier Lease	1,633.00
Office Rent	3,600.00
Storage	510.00
10. TOTAL RENTAL/LEASE	$ 5,743.00

11. OTHER EXPENSES (Specify)	Amount
Communications and Web Services	1,550.00
	9,517.00
	790.00
11. TOTAL OTHER EXPENSES	$ 11,857.00

12. TOTAL DIRECT EXPENDITURES (Sum of Totals 1-11)	$ 153,596.75

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

14. TOTAL EXPENDITURES FUNDED (Sum of Lines 12-13) [53]	**$ 153,596.75**

SOUTHWEST MICHIGAN BEHAVIORAL HEALTH
PROGRAM BUDGET - COST DETAIL

PROGRAM:	BUDGET PERIOD: From: 10/01/21 To: 09/30/22	DATE PREPARED: 11/10/21
CONTRACTOR NAME: Substance Abuse Prevention Services (SAPS)	BUDGET AGREEMENT: ☐ ORIGINAL ☐ AMENDMENT	AMENDMENT NO: 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		$ -

SOUTHWEST MICHIGAN BEHAVIORAL HEALTH
PROGRAM BUDGET - COST DETAIL

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
11. TOTAL OTHER EXPENSES	$ -

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

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

14. TOTAL EXPENDITURES FUNDED (Sum of Lines 12-13) [55]	**$ -**

SOUTHWEST MICHIGAN BEHAVIORAL HEALTH
PROGRAM BUDGET - COST DETAIL

PROGRAM:	BUDGET PERIOD:	DATE PREPARED:
	From: 10/01/21 To: 09/30/22	11/10/21
CONTRACTOR NAME:	BUDGET AGREEMENT:	AMENDMENT NO:
Substance Abuse Prevention Services (SAPS)	☐ 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		$ -

SOUTHWEST MICHIGAN BEHAVIORAL HEALTH
PROGRAM BUDGET - COST DETAIL

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
11. TOTAL OTHER EXPENSES	$ -

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

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

14. TOTAL EXPENDITURES FUNDED (Sum of Lines 12-13) [57]	**$ -**

Integrated Service of Kalamazoo

Services

Integrated Services of Kalamazoo (ISK) provides mental health and substance use services to individuals through Kalamazoo County. In October 2021, ISK assumed responsibility of the SAMM team from InterAct of Michigan. The SAMM team has provided co-occurring mental health and substance use treatment for the past 20 years. Currently, SAMM uses Integrated Dual Disorder Treatment (IDDT), an evidence-based practice specifically designed for individuals who experience severe and persistent mental illness and meet criteria for a severe substance use disorder. IDDT works with individuals to address co-occurring conditions at the same time with the same team. The philosophy embedded in IDDT is to “meet people where they are.” From this perspective, IDDT works by providing that “stagewise treatment,” meaning interventions are provided for each stage of change.

Given the nature of co-occurring mental health and addiction, IDDT understands customers enter services with complex ancillary concerns, including housing, transportation, health, legal, and difficulty meeting basic needs or accessing resources. These concerns pose significant barriers that prevent people from participating in necessary treatment. Therefore, the components essential to provide IDDT at fidelity include a high level of case management, group work, specialized individual therapy, recovery coaching, and easy access and linkage to coordinate care to medical and employment specialists.

The SAMM-IDDT team employs assertive community outreach, case management, and behavioral principles to address concerns related to engagement and retention for our program participants. We believe basic needs must first be met in order to help clients move to later stages of change and thus work to help clients meet basic needs as an engagement strategy. In later stages of change, IDDT employs contingency management to reward and incentive folks to stay in treatment by assisting with removing barriers that impede engagement and participation.

ISK will utilize $10,000 in PA2 funding to directly increase engagement and retention in SAMM services for individuals with co-occurring disorders. Specifically, lack of access to transportation to treatment activities is a barrier for individuals engaged in the SAMM program. PA2 funds will be used to purchase bus tokens, gas cards and Lyft/Uber rides to increase the likelihood that customers will be able to attend treatment activities.

Procedures

SAMM staff will assess individuals’ transportation needs at their initial assessment and at each appointment. Individuals who do not have access to transportation will be provided bus tokens to be used for transport to treatment appointments. In cases where the individual has a vehicle and a bus is not available, they will be provided a gas card. In some cases, an individual served by the SAMM program may need transport to an inpatient detox or treatment facility. If transportation is an issue in these cases, funds may be used to assist with an Uber/Lyft ride. We anticipate we will be able to assist 133 individuals with transportation to treatment activities.

Goal: To increase treatment attendance for SAMM participants by addressing barriers to transportation.

Objective: The SAMM-IDDT team will provide transportation assistance to 133 individuals for attendance of treatment activities. SAMM staff will track the number and percentage of individuals served who receive transportation assistance and their attendance of scheduled appointments.

SOUTHWEST MICHIGAN BEHAVIORAL HEALTH
PROGRAM BUDGET SUMMARY

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

PROGRAM:			PROGRAM	CFDA	DATE PREPARED:
			PUBLIC ACT 2 - PA2	N/A	2/17/2022
SAS- IDDT Participant Supports			**- Please Select -**	#N/A	BUDGET PERIOD:
			- Please Select -	#N/A	From: 10/1/2021
CONTRACTOR NAME:					
Integrated Services of Kalamazoo					To: 9/30/2022
MAILING ADDRESS (Number and Street):			BUDGET AGREEMENT:		
2030 Portage Street			☑ ORIGINAL		☑ AMENDMENT
CITY:	STATE:	ZIP CODE:	AMENDMENT NO:		FEDERAL TAX ID:
Kalamazoo	MI	49001			

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

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:
SAS- IDDT Participant Supports	From: 10/01/21	To: 09/30/22	02/17/22
CONTRACTOR NAME:	BUDGET AGREEMENT:		AMENDMENT NO:
Integrated Services of Kalamazoo	☑ 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)	
Bus tokens, bus passes, gas cards, other transportation needs	10,000.00
3. TOTAL TRAVEL	$ 10,000.00

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
11. TOTAL OTHER EXPENSES	$ -

12. TOTAL DIRECT EXPENDITURES (Sum of Totals 1-11)	$ 10,000.00

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

14. TOTAL EXPENDITURES FUNDED (Sum of Lines 12-13)	**$ 10,000.00**

3/21/2022 Proposed SUDOPB Bylaws quorum definition revision

"A quorum is achieved when there are five or more members in attendance <u>and</u> at least one representative from five or more counties. For PA 2 budget amendment Board action a representative from the county effected by the amendment must be in attendance."

2022 Southwest Michigan Behavioral Health (SWMBH) Substance Use Disorder Oversight Policy Board (SUDOPB) Member Roster

Barry County

- Ben Geiger
- VACANT

Berrien County

- Michael Majerek
- Don Meeks

Branch County

- Randall Hazelbaker-Chair
- VACANT

Calhoun County

- Gary Tompkins
- Kathy-Sue Vette

Cass County

- Jeremiah Jones
- VACANT

Kalamazoo County

- Joanna McAfee
- Melissa Fett

St. Joseph County

- Jared Hoffmaster
- VACANT

Van Buren County

- Richard Godfrey-Vice Chair
- Paul Schincariol

*as of 1/21/2022

SWMBH SUD/SUDOPB Staff and Support

- Bradley P. Casemore-Executive Officer
  - Brad.Casemore@swmbh.org
  - 269-488-6956
- Joel Smith- Substance Use Treatment & Prevention Director
  - Joel.Smith@swmbh.org
  - 269-488-6958
- Garyl Guidry- Senior Financial Analyst
  - Garyl.Guidry@swmbh.org
  - 269-488-6940
- Anastasia Miliadi- SUD Treatment Specialist
  - Anastasia.Miliadi@swmbh.org
  - 269-488-6963
- Achiles Malta-SUD Prevention Specialist
  - Achiles.Malta@swmbh.org
  - 269-488-6925
- Emily Flory-Opioid Health Home Coordinator
  - Emliy.Flory@swmbh.org
  - 269-488-6598
- Michelle Jacobs-Senior Operations Specialist & Rights Advisor
  - Michelle.Jacobs@swmbh.org
  - 269-488-6845

MDHHS: FY23 Budget Executive Recommendation

Behavioral and Physical Health and Aging Services Administration

March 9, 2022

Farah A. Hanley, Chief Deputy Director for Health
Kate Massey, Senior Deputy Director, Health and Aging Services Administration
Al Jansen, Senior Deputy Director, Behavioral Health and Developmental Disabilities Administration

All Michiganders Should Have Access to Behavioral Health Services

Purpose

- To **improve behavioral health services,** the Behavioral Health and Developmental Disabilities Administration (BHDDA) programs are moving to different administrations and divisions within the department to **improve coordination of service** and **leverage expertise in these areas**.
- MDHHS will have **one voice** related to **adult physical** and **behavioral health** services.

Benefits

- Ensures **staff** and **resources** are available to address behavioral health service needs.
- Providers will have access to **more resources**, **expertise**, and **support**.
- External partners and stakeholders will have **better communication** and **collaboration** with MDHHS.
- Additional investments will be made in **workforce development** and **staffing**.

Behavioral and Physical Health and Aging Services Administration (BPHASA)

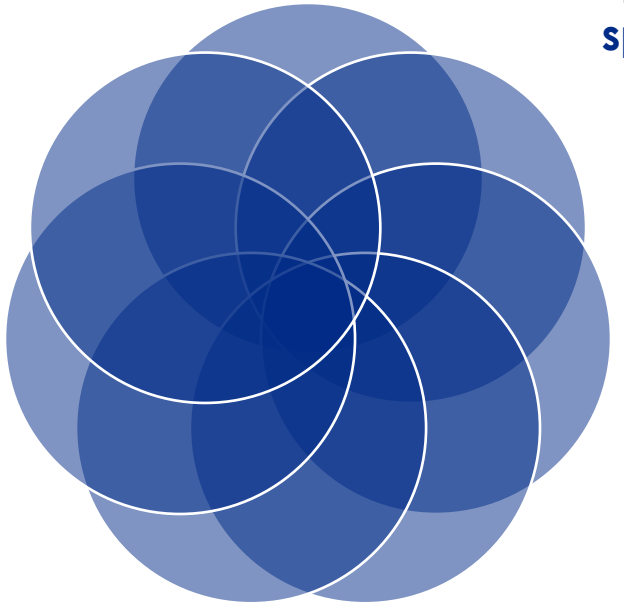
- The Health and Aging Services Administration will become the **Behavioral and Physical Health and Aging Services Administration** which will oversee:
  - Medicaid.
  - Aging services.
  - Community-based services for adults with intellectual and developmental disabilities, serious mental illness, and substance use disorders.
- Certain behavioral health operations will be aligned within BPHASA to avoid duplication, including customer service, managed care contract management, site reviews and financial management.

Bureau of Children's Coordinated Health Policy and Supports

Builds upon past work to **improve coordination and oversight** of children's behavioral health services.

Works hand-in-hand with other MDHHS administrations to **maximize use of all statewide resources**.

Proactively **restructures the delivery of specialty health services** to better serve children, youth, and families.



Establishes a **clinical review team** to remove barriers and secure access to care as it's needed.

Recognizes that **services must be specific** to the needs of children, youth and families.

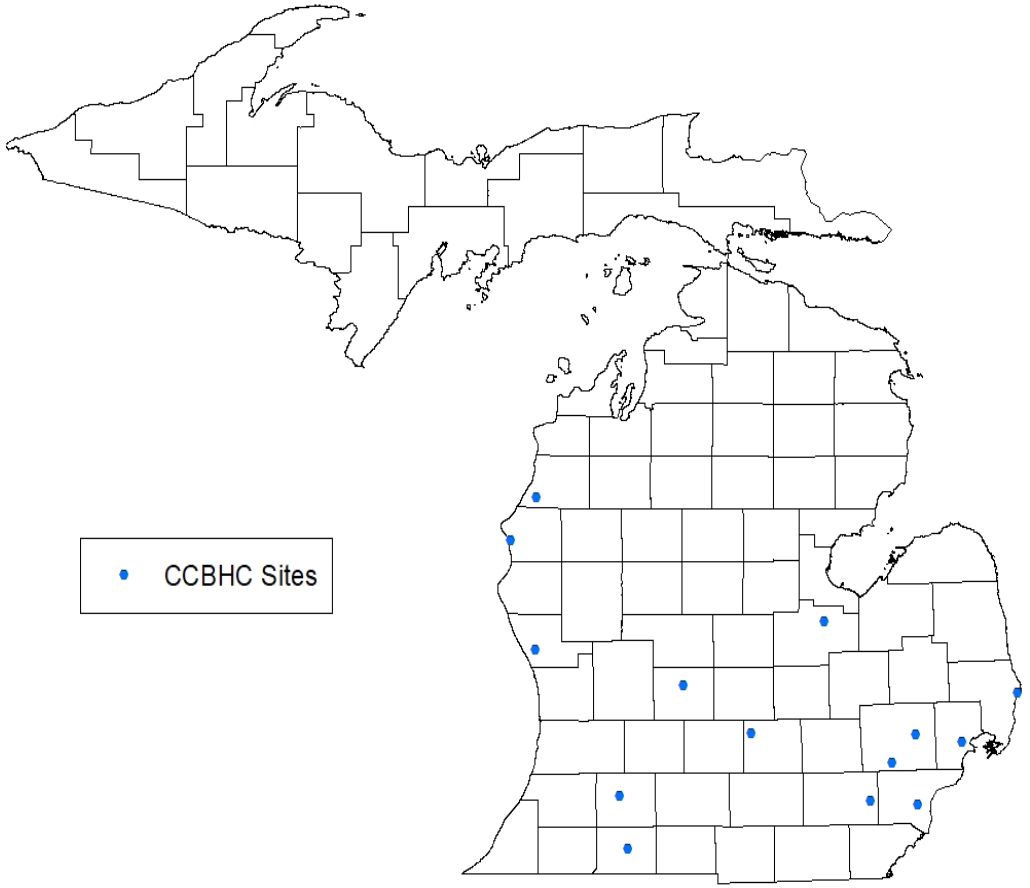
Ensures youth receive **appropriate services when they are needed**, rather than turning to an emergency room setting.

Emphasizes the importance of **including families** in addressing the health needs of children and youth.

Progress on FY 2022 Investments

Certified Community Behavioral Health Clinic (CCBHC) Demonstration

- **Michigan launched its CCBHC Demonstration on October 1, 2021.**
- **CCBHCs:**
  - Serve all Michiganders with a mental health and/or substance use disorder regardless of severity or insurance or ability to pay.
  - Provide a comprehensive set of physical, behavioral, and social services.
  - Meet stringent state-based certification criteria.
  - Reimbursed at an enhanced Medicaid prospective payment system rate.



CCBHC Demonstration Highlights

Assignment

- Over 18,000 Michiganders assigned to a CCBHC (over 90% are Medicaid beneficiaries).

Certification Status

- All 13 sites have obtained provisional CCBHC certification from MDHHS.
- All 13 sites are on track to complete full certification by April 2022.

Policy Implementation, Monitoring, and Continuous Quality Improvement

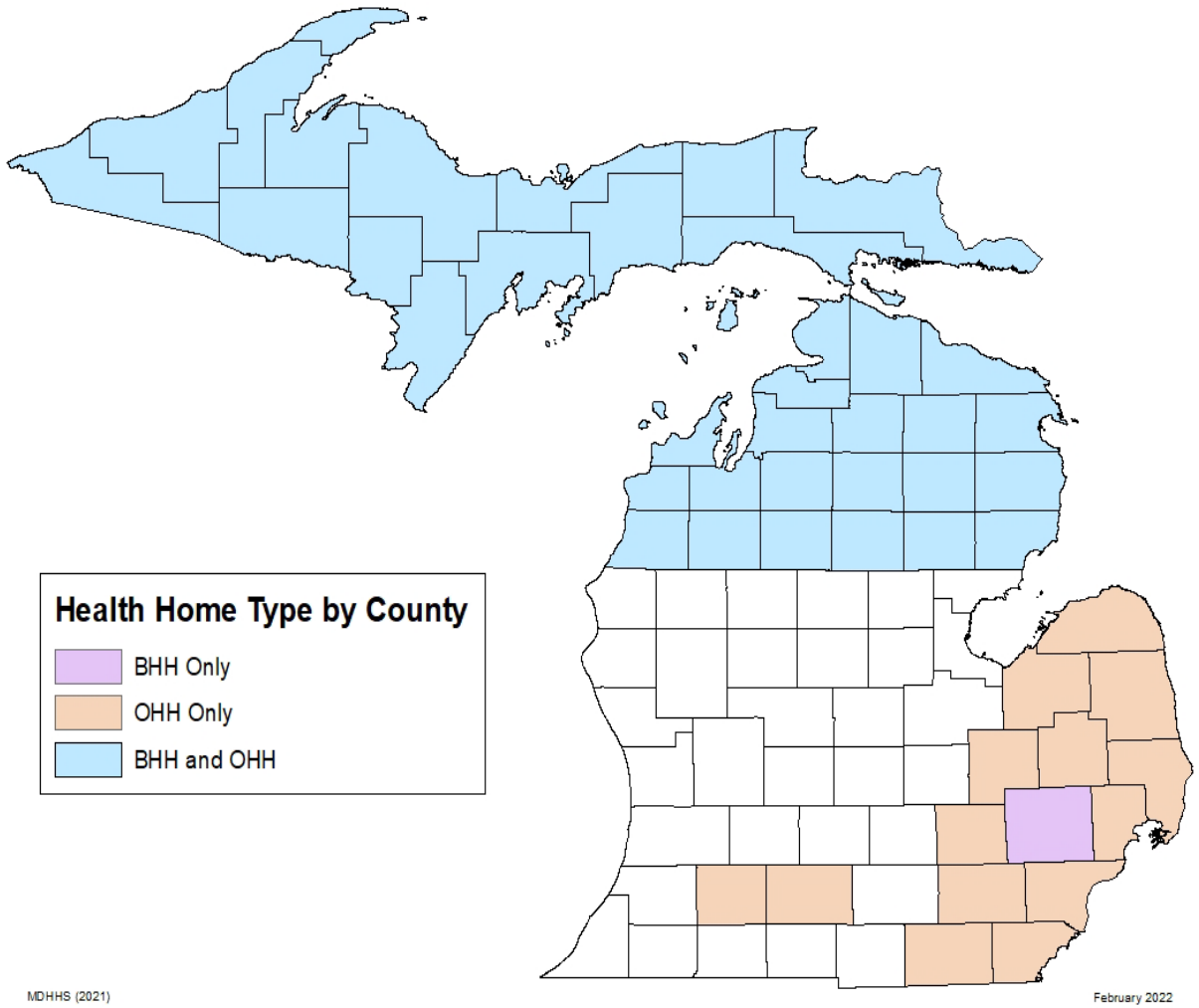
- MDHHS technical assistance meetings with PIHPs and CCBHCs established.
- Ad-hoc workgroups established for key program components (e.g., sliding fee scale, mild-to-moderate screening, incarceration).
- Developing a CCBHC operational dashboard.
- Developing quality metric monitoring dashboards and reporting templates.

Medicaid Health Home Expansions

- In October 2021, MDHHS expanded the Opioid Health Home to three more PIHP Regions; the Behavioral Health Home will expand to two more PIHP Regions in April 2022.

- Since FY21, **enrollment has increased by 368%**
  - *Behavioral Health Home (BHH):*
    - increased 963% from 100 to 1063 enrollees
  - *Opioid Health Home (OHH):*
    - increased 260% from 550 to 1980 enrollees

- Health Homes provide comprehensive and integrated care management/ coordination to high-need Medicaid beneficiaries.



Direct Care Worker Wages

Context

- **Direct care workers** have been on the **front line of the COVID-19 public health crisis.**
- These individuals take care of our most **vulnerable** and ensures that they are included as a **valued part of their communities** and **empowered to live with the dignity** all people deserve.
- **A $2.35 hourly wage increase approved on an ongoing basis.**

Impact

- **Better attract and retain additional high-quality direct care workers.**
- **Improved health outcomes and quality of life for people served and cared for by direct care workers.**

Status

- **CMS approval secured.**
- **Implemented across all programs.**
- **MDHHS oversight underway.**

MI Choice Program Expansion

Context

- Through **MI Choice**, older or disabled persons who need help caring for themselves **can live independently,** while receiving nursing facility level of care.
- **70% of Michigan seniors** would like to be in their homes, but only about 50% are in this setting.
- Michigan **ranks 45th** in share of long-term care expenses on home- and community-based services.
- Currently ~**17,000 served** through MI Choice.

Impact

- **Improved health, welfare, and quality of life for elderly and disabled individuals.**
- **More cost-effective.**

Status

- **CMS approval for expansion secured.**
- **Waiver Agency contracts modified to include additional slots.**
- **Waiver Agencies working to fill slots but experiencing challenges due to DCW workforce shortages.**

Sickle Cell Disease Initiative

Context

- **Sickle Cell Disease (SCD)** is the **most common blood disorder** in the United States, affecting an estimated **3,500 to 4,000 Michiganders**.
- People with SCD are in **desperate need** of **pain crisis prevention** and **management**.
- **Timely** and **accurate diagnoses** are **imperative** to initiate preventative care measures, lifelong treatment, follow-up, and education.

Impact

- **Improved access to quality specialty care for all adults with SCD enrolled in CSHCS.**
- **Eligible children will have improved access to quality specialty care.**

Status

- **Eligibility expansion approved by CMS.**
- **Eligible individuals already enrolled.**
- **Education and outreach efforts with community partners ongoing.**

Governor Whitmer's Executive Budget Recommendation

FY 2023

Behavioral Health Capacity and Access

Context

- Nearly **68% of adults** with **mental disorders** have another **medical condition**.
- **Excessive demand** and **persistent waitlists** for inpatient psychiatric services at state operated hospitals.
- **Lack of community-based psychiatric beds** or facilities to immediately respond to patients transitioning out of state psychiatric hospitals.
- Long **admission delays** resulting in patients waiting in emergency rooms pending placement in a state facility.
- Michigan ranks **third in the nation** with the highest **shortages** of mental health professionals.

Response

- Purchase access to new **private behavioral health supports** for 48 adults and 12 children.
- Expand **behavioral health inpatient community-based** treatment programs.
- Extend **behavioral health and opioid health homes** to additional counties.
- Fund staff and operational costs for two new units at the **Hawthorn Center**.
- Fund staff and operational costs for a new **Center for Forensic Psychiatry** satellite facility.

Expected impact

- **Increased access** to and **quality** of behavioral health services.
- **Improved patient outcomes**.

Michigan Essential Health Provider Loan Repayment Program

Context

- Michigan ranks **third in the nation** with the highest **shortages** of mental health professionals.
- Michigan's state hospital system struggles to hire and **retain** enough **qualified** and **trained** staff to provide psychiatric services statewide.
- One primary cause of this problem is **lower compensation** compared to the private sector.

Response

- A one-year bonus payment will be provided to almost **1,000 state psychiatric hospital direct care staff** and to approximately **50,000 behavioral health workers** operating in Michigan communities.
- The Michigan State Loan Repayment Program will be **expanded** to eligible **behavioral health practitioners** working in federally designated health professional shortages areas (HPSA).

Expected impact

- Improved **recruitment and retention** of direct care staff in Michigan.

Additional Behavioral Health Investments

Investment	Description	Gross/GF
Jail Diversion Fund	Funding will support the jail diversion fund administered by the mental health diversion council, in accordance with recommendations of the Michigan joint task force on jail and pretrial incarceration.	$15 million
Multicultural Integration Organizations	Increased funding to Multicultural Integration organizations.	$8.6 million
First Responder Mental Health Funding	The program will primarily provide grants to behavioral health providers supporting firefighters, police officers, emergency medical services personnel, dispatchers, and correctional officers suffering from post-traumatic stress syndrome and other mental health conditions.	$2.5 million
	Total	**$26.1 million**

Medicaid Dental Program

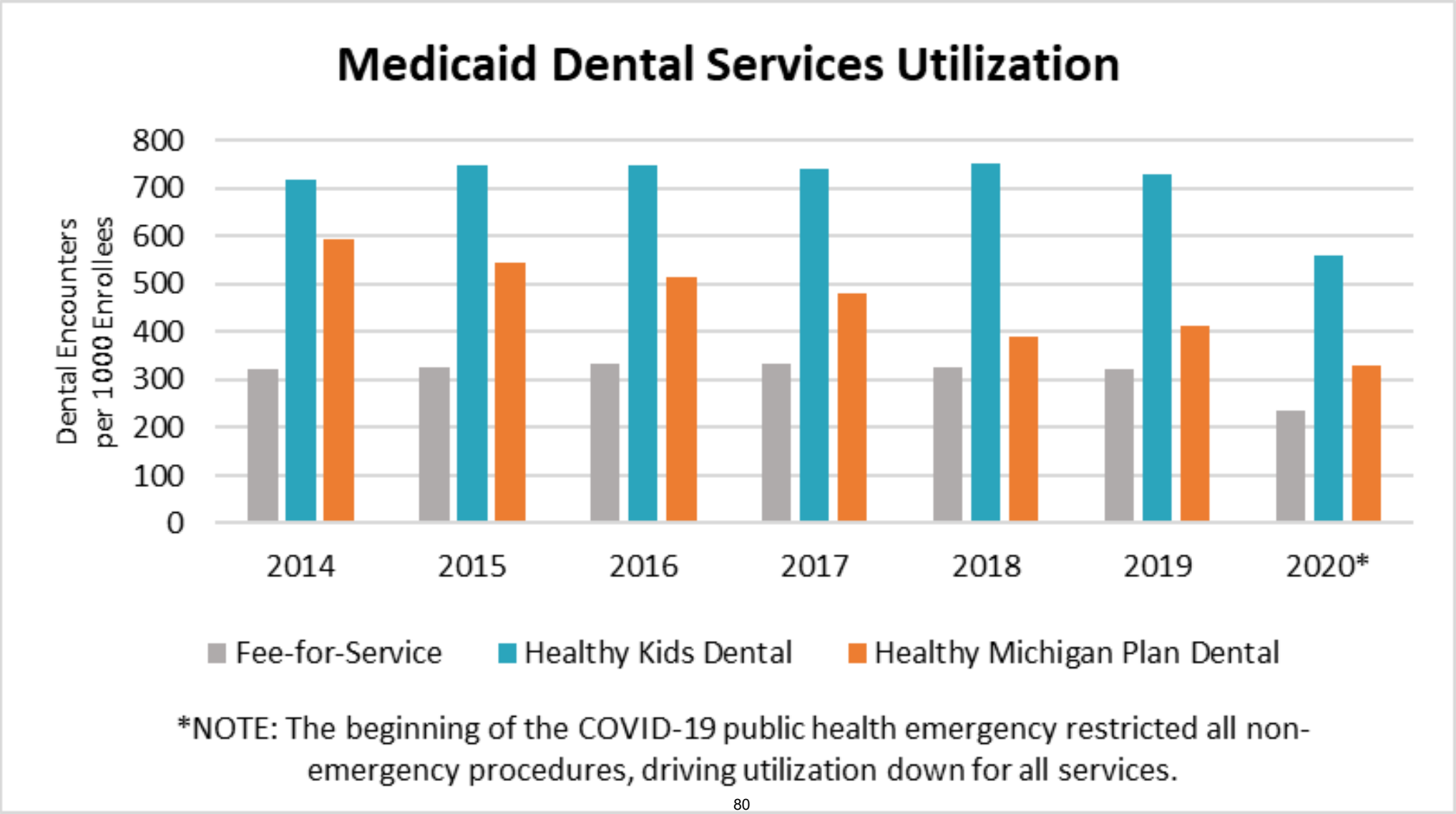
Current Landscape

Michigan currently has a fragmented and uncoordinated system for delivering dental services for the Medicaid population.

	Average Program Enrollment	Delivery System Today
Healthy Kids Dental	948,998	Two Statewide Dental Health Plans
Healthy Michigan Plan Dental	528,347*	Nine Comprehensive Medicaid Health Plans
Medicaid Adult Dental	711,378	Base Medicaid fee-for-service (FFS) program

**Reflects managed care enrollment only, does not include HMP fee-for-service enrollee. Also includes pregnant women through 60-day postpartum period.*

Medicaid Dental Program Redesign



$247.6M Gross | $69.8M GF

Medicaid Dental Program Redesign

Context

- **Oral health** is an important component of general health.
- Adults and children who lack access to dental care are **more susceptible to infection and disease**.
- Poor oral health **impacts socialization, education, job retention, self-esteem**, and communication.
- Access to dental care for Michigan Medicaid enrollees was restricted by **stagnant fee-for-service rates** paid to providers.

Response

- **$243.3 million** to consolidate child and adult Medicaid and Healthy Michigan Plan dental benefit into a single managed care contract with Dental Health Plans.
- **$4.3 million** to increase the dental procedure reimbursement rate for outpatient hospitals and ambulatory surgical centers across the state.

Expected impact

- Increasing access to dental care will **improve the lives of thousands of adults and children**.

Health Equity Across the Lifespan

Context

- **Health disparities** are persistent and increasing for both agricultural workers and Black and Hispanic people.
- Michigan's 2019 **infant mortality rate** of 6.3 per 1,000 live births is higher than the national average of 5.6 per 1,000 live births.
- There is a **disproportionate impact of recovering birth expenses** from Michigan's most vulnerable families.
- **Agricultural workers** face barriers to self-sufficiency due to undiagnosed and/or untreated medical conditions.

Response

- End the state's **Medicaid birth expenses recovery program**.
- Increase access to **doula care** for high-risk families.
- Support additional community health workers to help **migrants access health care services** at the four Federally Qualified Health Centers.

Expected impact

Reduce health disparities by improving health equity in vulnerable and marginalized populations from birth to adulthood.

$75.8M Gross | $27.4M GF

Fee, Wage, and Payment Adjustments

Vaccine Administration Fee Increase

$14.1 million gross, $4.5 million GF/GP for a Vaccine Administration Fee Increase.

Michigan's **vaccine administration fees** have not changed since 1994.

- **Current rate**: $7 for injectable vaccines & $3 for oral vaccines.
- **Proposed rate**: $16.13 for injectable vaccines & $12.25 for oral vaccines.

The proposed rates are comparable with Medicare, and other state Medicaid programs.

Nursing Home Non-Clinical Staff Adjustment

$60 million gross, $21.2 million GF/GP for a **Nursing Home Non-Clinical Staff Adjustment.**

Provides for the annual cost of a $2.35 hourly wage increase.

Hospice Room and Board Payments

$1.7 million gross and GF/GP to increase **Hospice Room and Board payments** to facilities not certified by Medicare.

One-Time Investments in Initiatives to Address Racial Disparities

Investment	Description	Gross	GF
Uterine fibroid disparities	Education and outreach programming to raise awareness of uterine fibroid disparities among minority populations.	$500,000	$500,000
Centering Pregnancy	Support for expansion of the number of Centering Pregnancy sites in the state.	$4.2 million	$4.2 million
Medicaid Health Plans Incentive Pool	New incentive pool to contracted Medicaid Health Plans to address racial disparities in medical services.	$10 million	$5 million
Michigan Area Health Education Centers	Statewide patient-centered training and technical assistance for health centers and hospitals.	$4 million	$4 million
Workforce development funds	Bolster efforts to enhance and diversify Michigan's healthcare workforce.	$1.3 million	$1.3 million
	Total	**$20 million**	**$15 million**

Contact: Chardae Burton
Phone: (517) 243-3221
Website: www.michigan.gov/mdhhs

Behavioral Health Restructuring

March 3, 2022

Updated 3/3/22

DISCLAIMER: This information is subject to change.

MDHHS Michigan Department of Health & Human Services

1

Effective march 21

Purpose of the Restructuring

- The administration of Behavioral Health and Developmental Disabilities Administration (BHDDA) programs is being moved to different administrations and divisions to improve coordination of service and leverage expertise in these areas.
- This is one step toward improving access to behavioral health services across Michigan and the desired outcomes for families and individuals who need those services. All Michiganders should have the same service experience – no matter where they live in our state.
- This new structure will prioritize the improvement of behavioral health services and quality of care, as well as access to those services. This includes more investment in workforce development, and contract enforcement and management.
- MDHHS will have one voice regarding policy development related to adult physical/behavioral health services, which are now located in one department.

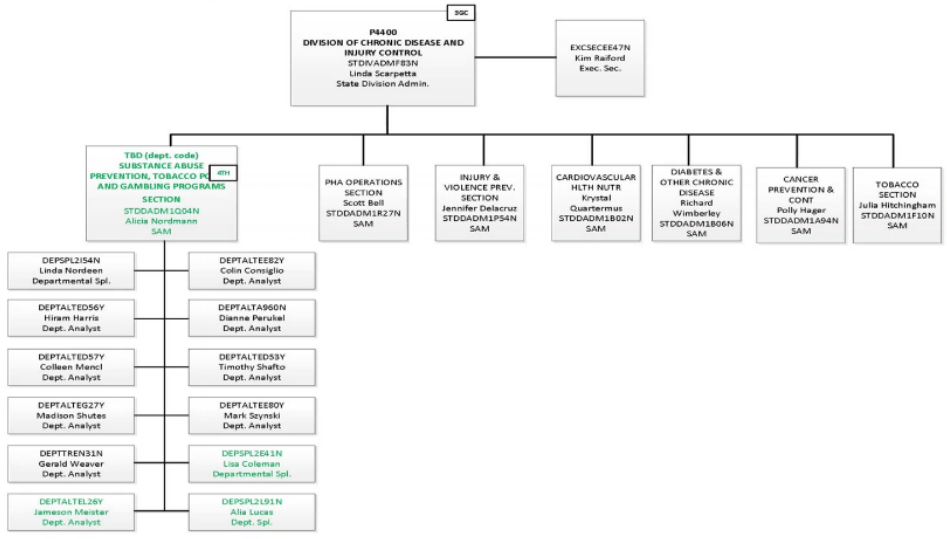
MDHHS Updated 3/3/22
DISCLAIMER: This information is subject to change.

2

Substance use and gambling disorder prevention programs

- Prevention services for substance use and gambling disorder programs will move to the Bureau of Health and Wellness under the Division of Chronic Disease within Public Health Administration.
- This will align prevention resources into one division as part of a broader strategy with public health operations.
- This will also support a unified response strategy to address the opioid epidemic.

Division of Chronic Disease



Bureau of Children's Coordinated Health Policy and Supports

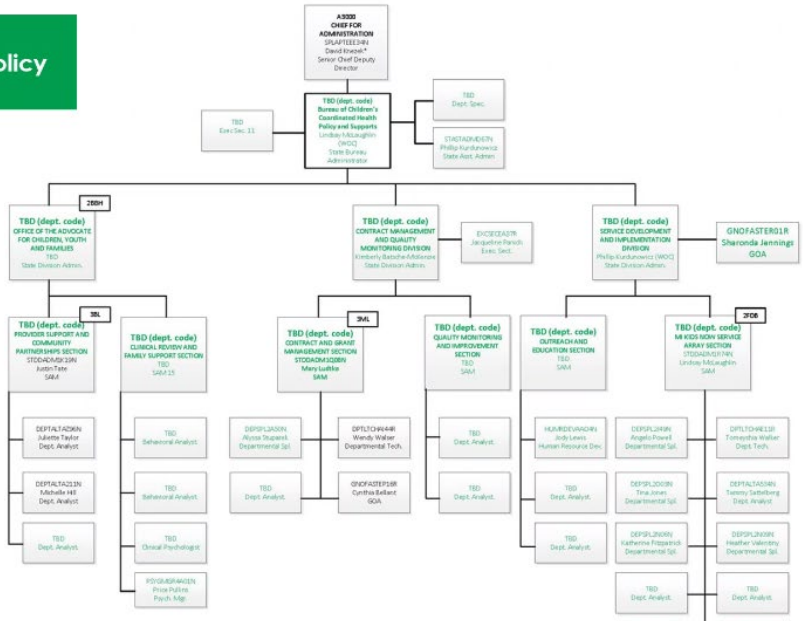
- Builds upon the work accomplished over the past 25 years to improve coordination and oversight of children's behavioral health services.
- Proactively restructures how we deliver publicly funded specialty health services to better serve Michigan children, youth and families.
- Recognizes that services must be designed specifically for the needs of children, youth and families.
- Emphasizes the critical importance of including families in addressing the health needs of children and youth.
- Reinforces protections for youth so they can access the appropriate services when they are needed, rather than turning to an emergency room setting.
- Establishes a clinical review team that will serve as a statewide resource, and review children's and families' needs and strengths to remove barriers to care.
- Works hand-in-hand with other MDHHS administrations to address children's behavioral health crises.

MDHHS Updated 3/3/22
DISCLAIMER: This information is subject to change.

5

Lindsay, McLaughlin, New Director

Bureau of Children's Coordinated Health Policy and Supports



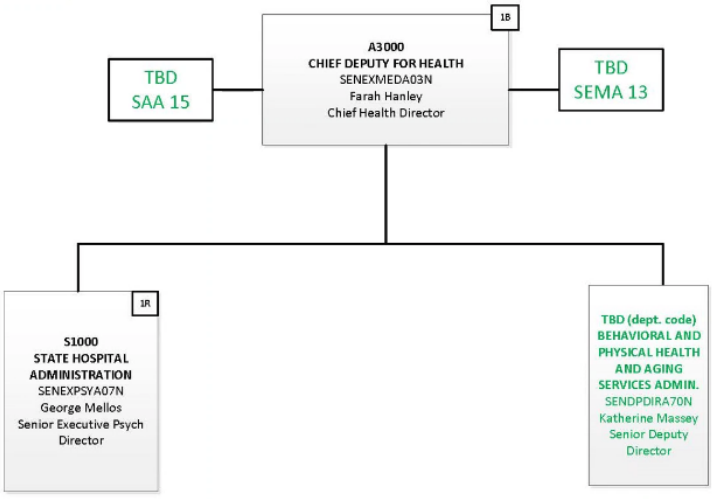
MDHHS Updated 3/3/22
DISCLAIMER: This information is subject to change.

6

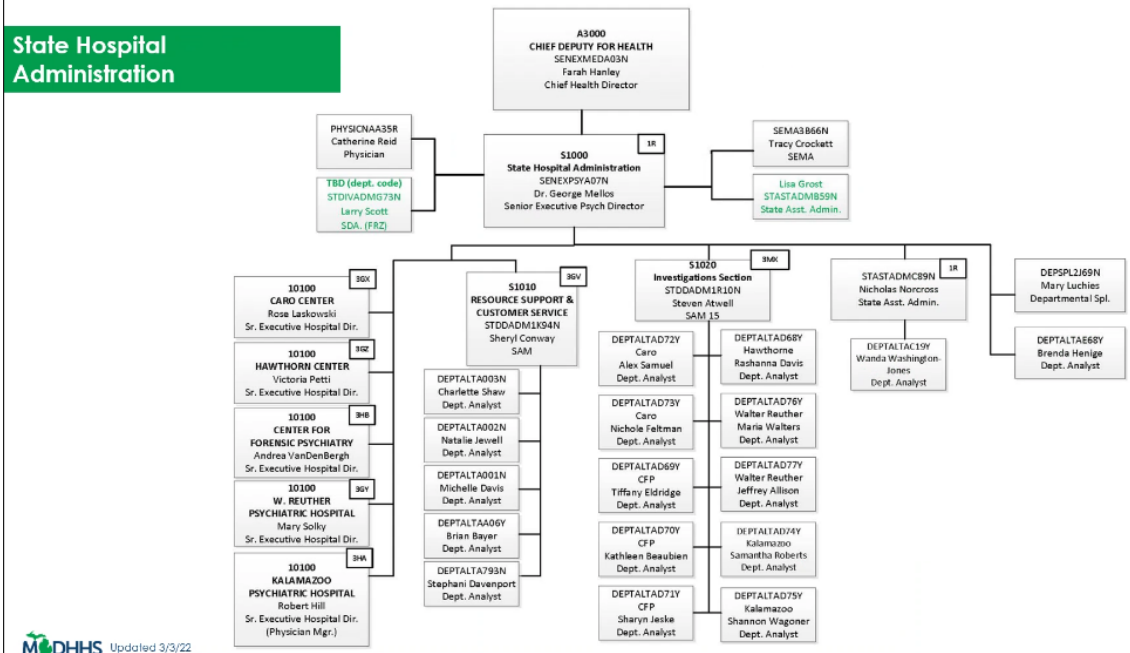
Chief Deputy for Health

- Farah Hanley will serve as the MDHHS Chief Deputy for Health effective March 7.
- She will oversee Behavioral and Physical Health and Aging Services, led by Kate Massey, Senior Deputy Director, and the State Hospital Administration, led by Dr. George Mellos, Senior Executive Psych Director.
- Hanley has served as the MDHHS Senior Deputy of Financial Operations since 2014; she also served as interim MDHHS Director in January 2019 during the transition to the new administration.

Chief Deputy for Health



State Hospital Administration



MDHHS Updated 3/3/22
DISCLAIMER: This information is subject to change.

9

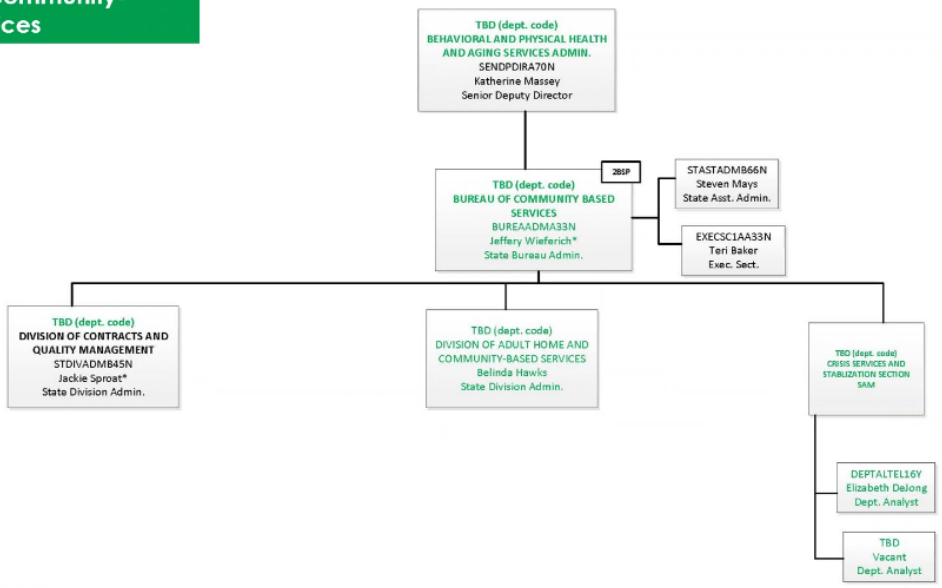
Behavioral and Physical Health and Aging Services Administration

- The Health and Aging Services Administration will become the Behavioral and Physical Health and Aging Services Administration.
- In addition to Medicaid and aging services, it will oversee community-based services for adults with intellectual and developmental disabilities, serious mental illness and substance use disorders.
  - This will build upon the administration's existing efforts to deliver services to adults with mild to moderate mental illness.
- Certain behavioral health operations will be aligned within BPHASA to avoid duplication, including customer service, managed care contract management, site reviews and financial management.

MDHHS Updated 3/3/22
DISCLAIMER: This information is subject to change.

10

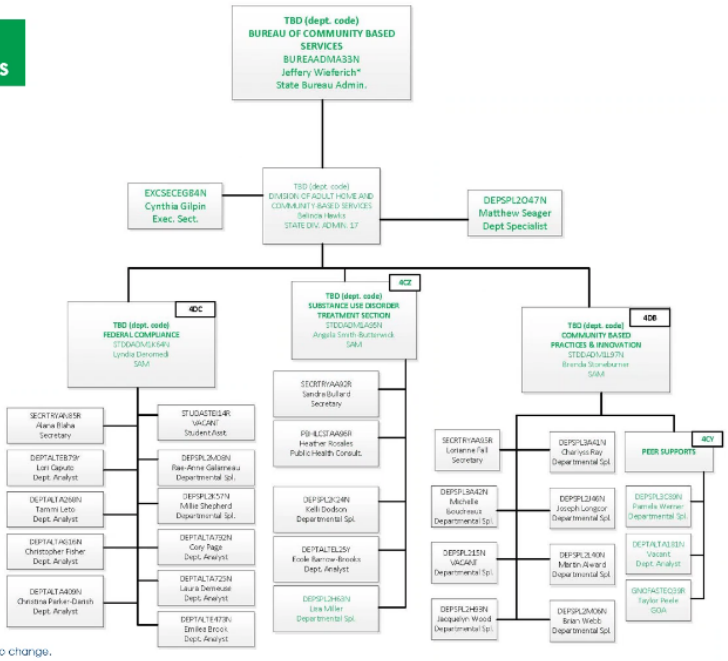
Bureau of Community-Based Services



MDHHS Updated 3/3/22
DISCLAIMER: This information is subject to change.

11

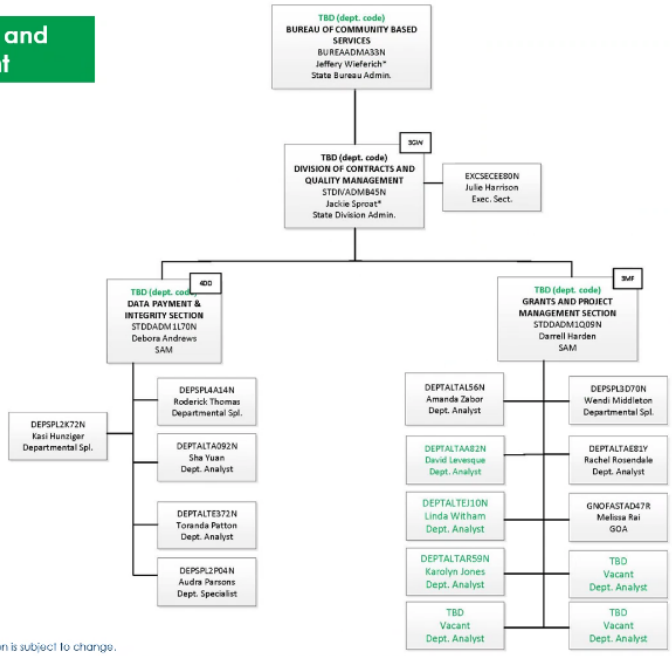
Adult Home and Community-Based Services



MDHHS Updated 3/3/22
DISCLAIMER: This information is subject to change.

12

Division of Contracts and Quality Management



MDHHS Updated 3/3/22
DISCLAIMER: This information is subject to change.

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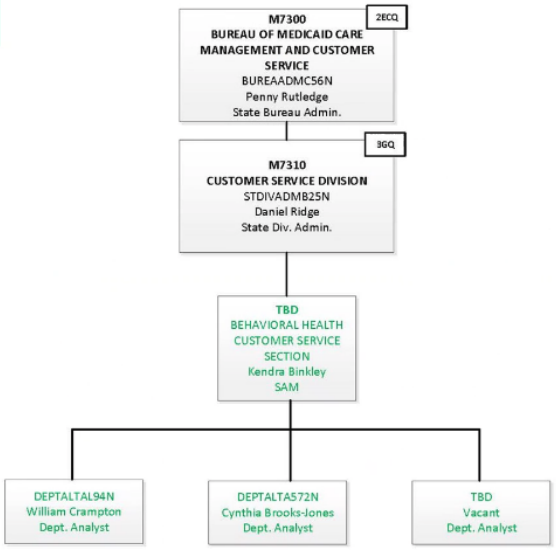
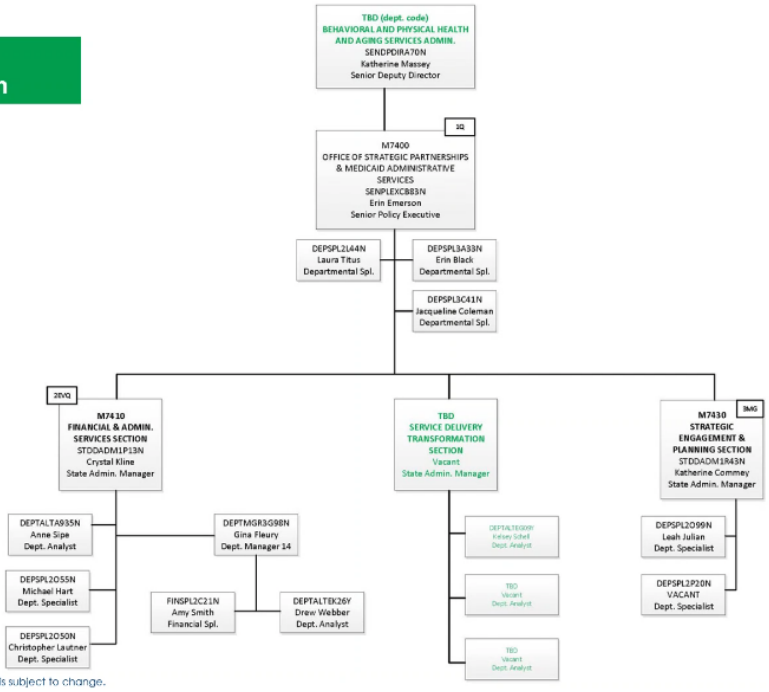
Behavioral Health Customer Service Section



MDHHS Updated 3/3/22
DISCLAIMER: This information is subject to change.

14

Service Delivery Transformation Section



MDHHS Updated 3/3/22
DISCLAIMER: This information is subject to change.

15

Benefits of the Restructuring

- The new structure ensures the staff and resources to guarantee success for Michigan children, youth, and families needing behavioral health services.
- Providers will now have access to even more resources, expertise and support.
- External partners and stakeholders will have better communication and collaboration with MDHHS.
- Additional investments will be made in workforce development and staffing. No current employees will lose their job or experience a decrease in wages.
  - New job roles are specific to necessary new departmental operations and are not duplicative of existing operations, including clinical review, quality monitoring, training and technical assistance, and more.

MDHHS Updated 3/3/22
DISCLAIMER: This information is subject to change.

16

ENHANCING OUR **Community Mental Health** SYSTEM

MENTAL HEALTH LISTENING TOUR
MICHIGAN HOUSE DEMOCRATS

Overview

Between September and December 2021, Michigan House Democrats held over 15 Mental Health Listening Tour stops throughout Michigan. The goal of these tours was to facilitate a guided discussion among local mental health practitioners, consumers, and their families on the current state of our Community Mental Health (CMH) system in Michigan. The tour was meant to ensure that any changes to our CMH system were consumer-centered. Consumers and families need to be actively involved in the planning and delivery of services at all levels of the system.

Through these listening tours, we were able to learn about the great work being done locally throughout our CMH system as well as identify areas for improvement. Issues such as access, workforce recruitment and retention, and funding were all common challenges across the state. Michiganders deserve and expect a strong public mental health system. By implementing key policy changes and making targeted investments, Michigan can continue to enhance the system it has built over the past 50 years and create a system that is accessible, person-centered, and community-driven.

Key Takeaways

1. **Keeping Community Mental Health in the Community:** Consumers and mental health practitioners alike support a community-based approach. Most people do not want to see services and decision-making taken out of the local setting. There are countless local partnerships that are working well and should not be disrupted. In fact, many argued that it is through local partnerships that consumers are able to get appropriate services.

2. **Elevating the CCBHC Model:** Certified Community Behavioral Health Clinics (CCBHCs) are a new provider type in Medicaid that must directly provide (or contract to provide) nine types of services. They emphasize 24-hour crisis care and integration with physical health care. CCBHCs are available to any individual in need of care, which is crucial in helping improve access to care for our mild-to-moderate population. Supporting the implementation of CCBHCs in the initial pilot sites (there are currently 36 sites in Michigan) and continuing to scale up statewide is imperative in improving access to care for all Michiganders.

3. **Constant Efforts to Restructure Creates Instability Within the System:** There have been numerous proposals over the years that would drastically alter how behavioral health care is delivered in Michigan. From drastic funding cuts to complete system overhauls, each measure (real or perceived) destabilizes the system and directly impacts consumers, their families, and workforce recruitment and retention.

Albion
Ann Arbor
Battle Creek
Detroit
Grand Rapids
Kalamazoo
Lansing
Livonia
Marquette
Novi
Saginaw
Traverse City (2)
Troy
Warren

15 Listening Tour Sessions

88 Panelists

30+ Hours Spent Listening

38 Survey Responses

450 Attendees

Report prepared by
State Representative Felicia Brabec
101st Legislature • December 2021

Key Takeaways (continued)

4. **Improving Workforce Recruitment and Retention:** The pandemic has only exacerbated already existing workforce issues. Across the state, we are seeing challenges in recruiting and maintaining a qualified workforce. Commonly cited challenges include low wages and benefits, overly burdensome documentation, increased workload, need for child care, lack of training reciprocity, and lack of professionalization of career paths – particularly for our direct care workers.

5. **Adopting a New Funding Strategy:** Over the years, a number of financing decisions have systematically restricted the ability of Michigan's public mental health system to meet the needs of Michiganders. Funding is far below what is needed to meet growing demand. General Fund cuts, the inability of the public system to retain savings, and insufficient Medicaid reimbursement rates are all issues that need to be addressed.

6. **Relieving Administrative Burdens:** In the behavioral health system, there is a tremendous amount of duplication and redundancy in the way the state reviews and audits. There needs to be oversight of the system, but we need to eliminate the duplication and non-value added requirements. These administrative burdens often take away time from helping consumers, and can create significant hurdles for those seeking care.

7. **Addressing Barriers to Access:** There are still barriers to access for consumers for a multitude of reasons. We need to continue to support the work of the system in coordinating the network of services necessary to address the range of social determinants of health: housing, employment, food access, transportation, family support, child care, etc. The shortage of acute and residential psychiatric beds and broadband capacity to access telehealth are also key to addressing access.

8. **Improving Stigma and Public Awareness:** Many people stressed the importance of destigmatization, education, and outreach. More needs to be done to lessen the impact stigma can have on seeking care. Similarly, there needs to be greater clarity in describing available services so that people know where the "front door" is.

MENTAL HEALTH LISTENING TOUR
MICHIGAN HOUSE DEMOCRATS

Conclusion

There are many aspects of the Community Mental Health system that are working well for consumers and should be celebrated. The system has demonstrated strong performance in providing a wide range of services to multiple populations in the community setting. Much of these successes can be attributed to local partnerships, a person-centered approach to care, and the system's proven ability to control costs.

These successes prove the system is working. However, it is equally important for us to recognize areas in which the system can be enhanced. Through thoughtful, responsive legislation, we can work to address barriers to access, issues with workforce recruitment and retention, better address social determinants of health, and improve funding. We can also work to revise departmental policies to reduce duplication and redundancy within the system. There is much work to be done, but we are committed to offering changes in a way that actively involves consumers and their families.

December 14, 2021

Lisa Henthorn
Kalamazoo County Administrator
201 W. Kalamazoo Ave.
Kalamazoo, MI 49007

Ms. Lisa Henthorn,

This serves to inform you of the status of your request to amend the Southwest Michigan Behavioral Health eight county Inter-Governmental Agreement.

In January 2021 SWMBH initiated the renewal of the statutorily required Intergovernmental Agreement amongst and between SWMBH and the eight County Commissions. That renewal was successfully concluded. As part of that process, Kalamazoo County requested an Amendment to that Agreement. As we committed to doing, we provided that proposed Amendment to the other seven County Commissions. We have communication of ratification of that Amendment from only three County Commissions. Unanimous ratification is required.

Therefore, the Amendment has not been adopted into the Agreement.

If you have questions, feel free to contact me.

Bradley Casemore, EO

SWMBH

Cc: Barry County Commission, Calhoun County Commission, Van Buren County Commission

Deadline to Register for Direct Payments from Historic Opioid Settlements Quickly Approaching

Agency: Attorney General

Media contact: Lynsey Mukomel 517-599-2746
Public inquiries: 517-335-7622

December 15, 2021

LANSING - Michigan Attorney General Dana Nessel is reminding eligible municipalities to voluntarily participate in two historic opioid settlements, which would bring nearly $800 million to Michigan over 18 years.

The participation cutoff date for local governments to receive direct payments is Jan 2, 2022.

"The participation we've seen thus far is promising, but there are still dozens of eligible municipalities that have not yet completed registration," Nessel said. "I urge all of our state's eligible municipalities to register for direct payments. This money will bolster prevention and treatment efforts in our communities that have been hardest hit by the opioid crisis."

Based on the settlement terms, there are 277 local units of government - called subdivisions in the settlement agreement - eligible to participate in Michigan.

Each of Michigan's counties are part of that 277 total. Other municipalities are eligible if:

- the municipality is currently litigating against the defendants; or
- the municipality has a population of 10,000 people or more.

The Department has a **full list of eligible subdivisions on its website**.

As of today, Wednesday, 92 eligible subdivisions had not yet initiated the registration process, including some counties. The Department will be contacting those individual subdivisions, the majority of which are eligible townships.

Additionally, there are currently 93 eligible subdivisions that have initiated but not yet completed the participation agreement process.

Again, the deadline is Jan. 2 to participate and receive direct payments. **Eligible subdivisions can email for help with the process**.

The State formally signed on to the proposed multibillion-dollar national settlements in August, which is with Johnson & Johnson and the three largest pharmaceutical distributors in the country: Cardinal Health, McKesson, and AmerisourceBergen.

The historic agreements were announced in July and were the result of ongoing efforts to hold these companies responsible for their roles in contributing to the opioid epidemic gripping this country.

Michigan stands to receive up to nearly $800 million over the life of the settlements, which is dependent in part on participation of local governments. Spending priority would be placed on treatment and prevention. Only **the 1998 national tobacco settlement** has involved more dollars than this proposed settlement.

Additional information on this historic settlement can be found on **the Department's website**.

ADDITIONAL SETTLEMENT BACKGROUND

State negotiations were led by Attorneys General Josh Stein (NC), Herbert Slatery (TN) and the attorneys general from California, Colorado, Connecticut, Delaware, Florida, Georgia, Louisiana, Massachusetts, New York, Ohio, Pennsylvania, and Texas. The agreement in principle was reached by all parties in October of 2019 and the parties have been working on the particulars of the settlement since then.

Funding Overview

- The three distributors collectively will pay up to $21 billion over 18 years.
- Johnson & Johnson will pay up to $5 billion over nine years with up to $3.7 billion paid during the first three years.
- The total funding distributed will be determined by the overall degree of participation by both litigating and non-litigating state and local governments.
- The substantial majority of the money is to be spent on opioid treatment and prevention.
- Each state's share of the funding has been determined by agreement among the states using a formula that takes into account the population of the state along with the impact of the crisis on the state - the number of overdose deaths, the number of residents with substance use disorder, and the number of opioids prescribed.

Injunctive Relief Overview

Requires Cardinal, McKesson, and AmerisourceBergen, through court orders, to:

- Establish a centralized independent clearinghouse to provide all three distributors and state regulators with aggregated data and analytics about where drugs are going and how

often, eliminating blind spots in the current systems used by distributors.
- Use data-driven systems to detect suspicious opioid orders from customer pharmacies.
- Terminate customer pharmacies' ability to receive shipments, and report those companies to state regulators, when they show certain signs of diversion.
- Prohibit shipping of and report suspicious opioid orders.
- Prohibit sales staff from influencing decisions related to identifying suspicious opioid orders.
- Require senior corporate officials to engage in regular oversight of anti-diversion efforts.

Requires Johnson & Johnson, through court orders, to:

- Stop selling opioids.
- Not fund or provide grants to third parties for promoting opioids.
- Not lobby on activities related to opioids.
- Share clinical trial data under the Yale University Open Data Access Project.

A breakdown of **how the settlement money is to be spent on opioid treatment and prevention is available here**.

A national website has been created to provide additional information on the settlement.

###

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.