



**Northern Michigan Regional Entity**

**Board Meeting**

**July 26, 2023**

**1999 Walden Drive, Gaylord**

**10:00AM**

**Agenda**

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1. Call to Order	
2. Roll Call	
3. Pledge of Allegiance	
4. Acknowledgement of Conflict of Interest	
5. Approval of Agenda	
6. Approval of Past Minutes – June 28, 2023	Pages 2 – 6
7. Correspondence	Pages 7 – 36
8. Announcements	
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c. Operations Committee Report – Did not meet	
e. NMRE SUD Oversight Board Report – July 10, 2023	Pages 60 – 72
11. New Business	
a. FY24 Liquor Tax Requests (with Running County Balances)	
i. Single County	Pages 73 – 107
ii. Multi County	Pages 108 – 121
b. Prevention RFP Recommendations	Page 122
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12. Old Business	
a. Grand Traverse County and Northern Lakes	
13. Presentation/Discussion	
NMRE Substance Use Disorder Three-Year Strategic Plan	Pages 126 – 137
14. Comments	
a. Board	
b. Staff/CMHSP CEOs	
c. Public	
15. Next Meeting Date – August 23, 2023 at 10:00AM	
16. Adjourn	

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Conference ID: 497 719 399#

**NORTHERN MICHIGAN REGIONAL ENTITY  
BOARD OF DIRECTORS MEETING  
10:00AM – JUNE 28, 2023  
GAYLORD BOARDROOM**

<b>ATTENDEES:</b>	<b>Tom Bratton, Ed Ginop, Gary Klacking, Terry Larson, Greg McMorrow, Michael Newman, Gary Nowak, Jay O’Farrell, Ruth Pilon, Richard Schmidt, Karla Sherman, Don Smeltzer, Don Tanner,</b>
<b>VIRTUAL ATTENDEES:</b>	<b>Eric Lawson</b>
<b>ABSENT:</b>	<b>Chuck Varner</b>
<b>NMRE/CMHSP STAFF:</b>	<b>Bea Arsenov, Brian Babbitt, Jodie Balhorn, Chip Johnston, Eric Kurtz, Brian Martinus, Tema Pefok, Diane Pelts, Brandon Rhue, Nena Sork, Deanna Yockey, Carol Balousek, Lisa Hartley</b>
<b>PUBLIC:</b>	<b>Kari Barker, Chip Cieslinski</b>

CALL TO ORDER

Let the record show that Chairman Don Tanner called the meeting to order at 10:00AM.

ROLL CALL

Let the record show that Chuck Varner was excused from the meeting on this date; all other NMRE Board Members were in attendance either in person or virtually.

PLEDGE OF ALLEGIANCE

Let the record show that the Pledge of Allegiance was recited as a group.

ACKNOWLEDGEMENT OF CONFLICT OF INTEREST

Let the record show that no conflicts of interest to any of the meeting Agenda items were declared.

APPROVAL OF AGENDA

Let the record show that no changes to the meeting agenda were proposed.

**MOTION BY RICHARD SCHMIDT TO APPROVE THE NORTHERN MICHIGAN REGIONAL ENTITY BOARD OF DIRECTORS MEETING AGENDA FOR JUNE 28, 2023; SUPPORT BY GARY NOWAK. MOTION CARRIED.**

APPROVAL OF PAST MINUTES

Let the record show that the May minutes of the NMRE Governing Board were included in the materials for the meeting on this date.

**MOTION BY GARY NOWAK TO APPROVE THE MINUTES OF THE MAY 24, 2023 MEETING OF THE NORTHERN MICHIGAN REGIONAL ENTITY BOARD OF DIRECTORS; SUPPORT BY KARLA SHERMAN. MOTION CARRIED.**

## CORRESPONDENCE

- 1) Community Mental Health Association of Michigan (CMHAM) document titled "Concerns and Recommendations regarding the MDHHS-Proposed Conflict-Free Access and Planning Options."
- 2) MDHHS Service Delivery Transformation Section June 2023 Update.
- 3) Michigan Medicaid Policy Bulletin 23-39 regarding Psychiatric Residential Treatment Facilities (PRTF) issued May 30, 2023.
- 4) CMHAM document titled, "Sample of Efforts by Member Organizations to Address Michigan's Behavioral Health Workforce Shortage" dated June 2023.
- 5) CMHAM document titled, "Proposal for Rural-Oriented Public Mental Health Policies and Practices in Michigan" dated May 2023.
- 6) Email correspondence from CMHAM CEO, Robert Sheehan, dated June 16, 2023 announcing that the CMHA Board approved the Rural Caucus Recommendations.
- 7) A letter to Eric Kurtz dated June 1, 2023 from Jeffery Wieferich approving the New Hope Adult Crisis Residential Facility located in Traverse City.
- 8) Media report titled, "For Those Struggling with their Mental Health, Hope is There" by Marc Schollett (UpNorthLive) dated June 21, 2023.
- 9) Nomination of Joe Stone for the CMHAM Hal Madden Outstanding Public Service Award.
- 10) List of NMRE Board Member terms and renewal dates.
- 11) The draft minutes of the June 14, 2023 regional Finance Committee meeting.

Mr. Kurtz drew attention to the passing of the rural-oriented public mental health policies and practices by the CMHAM Board of Directors. Mr. Tanner observed that Michigan State Police was not listed under the local allies. Mr. Kurtz noted that other (rural) areas of the state would like to be included in the proposal.

Mr. Kurtz mentioned the nomination of former NMRE Board Member, Joe Stone, for the Hal Madden Outstanding Public Service Award; Board Members supported this effort.

Board member terms and appointment dates were shared for informational purposes.

## ANNOUNCEMENTS

Let the record show that there were no announcements during the meeting on this date.

## PUBLIC COMMENT

Let the record show that the members of the public attending the meeting virtually were recognized.

## **Executive Committee Report**

Let the record show that no meetings of the NMRE Executive Committee have occurred since the May Board Meeting.

## **CEO Report**

The NMRE CEO Monthly Report for June 2023 was included in the materials for the meeting on this date. Mr. Kurtz thanked Mr. Johnston for presenting his "Red Book" training on the history of the mental health system to NMRE staff.

## **April 2023 Financial Report**

- Net Position showed net surplus Medicaid and HMP of \$5,332,150. Budget stabilization was reported as \$16,369,542. The total Medicaid and HMP Current Year Surplus was reported as

\$21,701,692. Medicaid and HMP combined ISF was reported as \$16,369,542; the total Medicaid and HMP net surplus, including carry forward and ISF was reported as \$38,071,234.

- Traditional Medicaid showed \$115,760,019 in revenue, and \$112,701,515 in expenses, resulting in a net surplus of \$3,058,504. Medicaid ISF was reported as \$9,306,578 based on the current FSR. Medicaid Savings was reported as \$7,742,649.
- Healthy Michigan Plan showed \$20,757,795 in revenue, and \$18,484,149 in expenses, resulting in a net surplus of \$2,273,646. HMP ISF was reported as \$7,062,964 based on the current FSR. HMP savings was reported as \$8,626,893.
- Health Home showed \$1,297,430 in revenue, and \$1,118,296 in expenses, resulting in a net surplus of \$179,134.
- SUD showed all funding source revenue of \$17,249,548, and \$15,106,237 in expenses, resulting in a net surplus of \$2,143,311. Total PA2 funds were reported as \$5,227,061.

Ms. Yockey reported that she anticipates that the internal service fund (ISF) and carry forward will be fully funded at the end of FY23, with a lapse back to the state likely. It was noted that benefit stabilization efforts have been made but Medicaid funding is quite restricted.

Revised rates for May through September reduced monthly revenue by \$116K (\$580K total). FY24 rates are expected in August.

**MOTION BY KARLA SHERMAN TO APPROVE THE NORTHERN MICHIGAN REGIONAL ENTITY MONTHLY FINANCIAL REPORT FOR APRIL 2023; SUPPORT BY DON SMELTZER. MOTION CARRIED.**

**Operations Committee Report**

The minutes from June 20, 2023 were included in the materials for the meeting on this date. The meeting began with a preliminary conversation with attorney Chris Cooke (Secrest Wardle) to discuss the lack of children's pediatric beds and state hospital beds in the state. Youth are being denied inpatient hospitalization (even when court ordered) resulting in situations that put the youth and/or the community at risk. There is great concern that it is just a matter of time before there is a very adverse outcome, leaving CMHSPs in a bad position. The NMRE would like to take proactive measures.

Mr. Johnston noted that a 1985 map showed 6 children's hospitals in the state; currently there is 1 (Hawthorne Center) which is being reduced to 33 beds during the construction of a new facility (there will be an additional 20 children's beds in 2026 when construction is complete). There are zero children's psychiatric hospital beds in the NMRE 21-county region. The State has reached out to the NMRE to inquire about what is being done to increase capacity; the creation of children's inpatient psychiatric beds is the responsibility of the state though its certificate of need process.

The regional CEOs would like Mr. Cooke to compose a "legal letter" on behalf of the region, detailing concerns (supported with data) to share with MDHHS and state legislators to shed light to this issue.

Ms. Pelts shared that Rep. Mike Hoadley (99<sup>th</sup> District) is interested in transforming the Standish Correctional Facility (built in 1990) into a site to be used for behavioral health services. Although the facility has been empty since 2012, the cost of renovations is currently unknown. It is not known whether the site was considered as an alternative to the Hawthorne rebuild.

## **NMRE SUD Oversight Committee Report**

Let the record show that the next SUD Oversight Committee meeting is scheduled for July 10, 2023 at 10:00AM. Mr. Kurtz sent a memorandum to SUD Oversight Committee members on June 2, 2023 explaining that the SUD Oversight Committee will operate as a subcommittee of the NMRE Governing Board. Although meetings will continue to be posted publicly, the SUD Oversight Committee will not be subject to all the requirements of the Michigan Open Meetings Act.

### NEW BUSINESS

#### **Expanded Agreement with Roslund, Prestage & Company, PC**

Email communication from Derek Miller, CPA, of Roslund, Prestage & Company to Mr. Kurtz dated June 22, 2023 was distributed to Board Members on this date. Because there has been confusion about the Standard Cost Allocation (SCA) methodology and how the state is calculating the PIHP's medical loss ratio (MLR), the NMRE would like to engage Roslund, Prestage & Company to conduct a "Standard Cost Allocation Research Project" on behalf of the region. Work to be done through this project will include but is not limited to:

- A detailed comparison of the allocation methodology for each standard expense category identified in the SCA to its comparable allocation methodology in 2 CFR 200.
- A detailed comparison of the Medical Loss Ratio Reporting (MLR) requirements to relevant guidance (including 42 CFR and 45 CFR).

**MOTION BY KARLA SHERMAN TO APPROVE THE ENGAGEMENT OF ROSLUND, PRESTAGE AND COMPANY TO PERFORM A STANDARD COST ALLOCATION RESEARCH PROJECT ON BEHALF OF THE NORTHERN MICHIGAN REGIONAL ENTITY AND ITS FIVE-MEMBER COMMUNITY MENTAL HEALTH SERVICES PROGRAMS AT A COST NOT TO EXCEED SIXTY-SIX THOUSAND DOLLARS (\$66,000.00); SUPPORT BY GARY NOWAK. ROLL CALL VOTE.**

**"Yea" Votes:** T. Bratton, E. Ginop, G. Klacking, T. Larson, G. McMorrow, M. Newman, G. Nowak, J. O'Farrell, R. Pilon, R. Schmidt, K. Sherman, D. Smeltzer, D. Tanner

**"Nay" Votes:** Nil

**MOTION CARRIED.**

### OLD BUSINESS

#### **Grand Traverse County and Northern Lakes CMHA**

Mr. Kurtz announced that Northern Lakes received \$5M in American Rescue Plan Act (ARPA) funding from Grand Traverse County for a regional mental health crisis center. The center is intended to provide 24-hour crisis services to adults and children, regardless of insurance type or ability to pay.

A memorandum from Mr. Kurtz to Northern Lakes Board Chair, Ben Townsend, dated June 5, 2023 was included in the materials for the meeting on this date. In the memorandum, Mr. Kurtz requested that the Northern Lakes CMHA Board delay the CEO search until the bylaws have been reviewed/revised and NMRE continues its contractual oversight obligation by conducting a targeted services and financial audit, including a deeper review of grant sustainability and some delegated function reviews. After these tasks have been completed, the NMRE will conduct an RFP to secure a search firm (likely in September). Mr. Kurtz agreed to attend the Northern Lakes CMHA Board meeting on July 20<sup>th</sup>.

## PRESENTATION

### **NMRE Quality Assurance and Performance Improvement Program Update**

NMRE Compliance Director, Tema Pefok, was in attendance to provide an update on the NMRE's Quality Assurance and Performance Improvement Program (QAPIP). Ms. Pefok explained that the FY23 QAPIP was revised to include recommendations made by the Health Services Advisory Group (HSAG) during the NMRE's Compliance Examination.

Ms. Pefok next presented the results of the FY23 regional mental health services satisfaction survey. The survey was administered to individuals who receive outpatient, medical, Assertive Community Treatment (ACT) peer support, clubhouse/psychosocial rehabilitation, and long-term support services that are funded in whole or in part by the NMRE. A total of 920 survey responses were received, for a participation rate of 6%. The objectives of the survey were identified as:

- Receive feedback about how providers are meeting the needs of their clients.
- Identify opportunities for quality and performance improvement activities.
- Access clients' perspectives about quality of care, access to care, interpersonal relationships, service delivery, and service environment.

The survey revealed that:

- 98% of recipients reported being involved in their healthcare decisions and the development of their treatment plan.
- 95% of recipients reported feeling that staff explained information in a way that they can understand.
- 99% of recipients reported feeling that they were treated with dignity and respect.

### **MOTION BY JAY O'FARRELL TO APPROVE THE NORTHERN MICHIGAN REGIONAL ENTITY REVISED 2022 QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT PROGRAM EVALUATION AND THE FISCAL YEAR 2023 QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT PROGRAM DESCRIPTION AND WORKPLAN; SUPPORT BY RICHARD SCHMIDT. MOTION CARRIED.**

## COMMENTS

### **Board Members**

Mr. McMorro congratulated Mr. Martinus (and Northern Lakes staff) on securing the ARPA grant. It was noted that, although the NMRE will not have any direct involvement with the crisis center, Mr. Kurtz will continue to attend meetings with NLCMHA and Munson as needed.

Mr. Nowak stated that he saw a billboard for North Country CMHA in Presque Isle County.

### **Staff/CMHSP CEOs**

Mr. Johnston acknowledged the NMRE "Red Book" training he provided to NMRE staff on June 19<sup>th</sup>. He emphasized that a lot of newer MDHHS staff lack this historical knowledge. He will continue to provide the training to interested entities and future leaders.

## NEXT MEETING DATE

The next meeting of the NMRE Board of Directors was scheduled for 10:00AM on July 26, 2023.

## ADJOURN

Let the record show that Mr. Tanner adjourned the meeting at 11:44AM.

# Conflict-Free Access and Planning

## *Listening Sessions: August 1 and 9*

HOSTED BY:



Michigan Developmental  
Disabilities Institute



Michigan Developmental Disabilities Council



*The Arc*  
Michigan

Are you a person, or family member of a person, receiving Medicaid services through a community mental health (CMH) service provider?

The State wants to understand your experiences as it decides how to limit conflict of interest between service providers and beneficiaries.

Join us for one of two sessions to help shape policies to promote choice and independence for people receiving services.

### **Session 1: Tuesday, August 1, 2023**

#### **9 AM - 11 PM**

Register in advance for this meeting:

<https://us02web.zoom.us/meeting/register/tZYkcO-tqTwpHNN8Xq6xNp8X21HctP-7na4L>

### **Session 2: Wednesday, August 9, 2023**

#### **3:30 PM - 5:30 PM**

Register in advance for this meeting:

[https://us02web.zoom.us/meeting/register/tZAtde2hqTMvG9GLXO3SBJLxoV7\\_LWuzyhe9](https://us02web.zoom.us/meeting/register/tZAtde2hqTMvG9GLXO3SBJLxoV7_LWuzyhe9)

The deadline to register and to request an accommodation is:

## **July 24, 2023**

Automated captioning will be available during the listening sessions.

After registering, you will receive a confirmation email with additional information.

# What is Conflict-Free Access and Planning?

The 2014 Home and Community-Based Services (HCBS) final rule established requirements for conflict-free case management for beneficiaries obtaining HCBS.

In Michigan, agencies can have more than one role: access, plan development, and service delivery. If one agency is helping you to access services and also providing services, there could be a conflict of interest. A conflict of interest happens when a professional uses their role to benefit themselves or their employer. This conflict of interest may not be intended, but could still affect your experience.

Conflict-free access and planning (CFAP) requires that assessment and coordination of services are separate from the delivery of services. This means that case management and support coordination activities are separate from the delivery of services.

The goal of CFAP is to promote choice and independence for people receiving services. Your planning process should not be influenced by provider's self interests.

**Sign-up to share your experiences and provide your feedback to limit conflict of interest between service providers and beneficiaries.**

**For more information, visit:**  
**[MDHHS Conflict Free Access and Planning Workgroup](#)**



MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

NOTICE OF PROPOSED POLICY

Public Act 280 of 1939, as amended, and consultation guidelines for Medicaid policy provide an opportunity to review proposed changes in Medicaid policies and procedures.

Please review the policy summary and the attached materials that describe the specific changes being proposed. Let us know why you support the change or oppose the change.

Submit your comments to the analyst by the due date specified. Your comments must be received by the due date to be considered for the final policy bulletin.

Thank you for participating in the consultation process.



Director, Program Policy Division  
Bureau of Medicaid Policy, Operations, and Actuarial Services

**Project Number:** 2325-PRTF      **Comments Due:** July 3, 2023      **Proposed Effective Date:** July 1, 2023

**Mail Comments to:** Kristen Jordan

**Telephone Number:**

**Fax Number:**

**E-mail Address:** [JordanK4@michigan.gov](mailto:JordanK4@michigan.gov)

**Policy Subject:** Psychiatric Residential Treatment Facilities (PRTF)

**Affected Programs:** Medicaid, Healthy Michigan Plan, MI Choice

**Distribution:** Prepaid Inpatient Health Plans (PIHPs), Community Mental Health Services Programs (CMHSPs), Medicaid Health Plans (MHPs), State Psychiatric Hospitals

**Policy Summary:** The policy establishes a Michigan Department of Health and Human Services (MDHHS) Medicaid Provider Manual chapter specific to Psychiatric Residential Treatment Facility (PRTF) service providers.

**Purpose:** To establish a Medicaid PRTF benefit for Michigan. A PRTF is a non-hospital facility that provides short-term, intense, comprehensive mental health treatment to children and adolescents with the goal of returning youth to the family or another less restrictive setting as soon as clinically possible.

Public Comment Cover (11/18)

**Bulletin Number:** MMP 23-39

**Distribution:** Prepaid Inpatient Health Plans (PIHPs), Community Mental Health Services Programs (CMHSPs), Medicaid Health Plans (MHPs), State Psychiatric Hospitals

**Issued:** May 30, 2023

**Subject:** Psychiatric Residential Treatment Facilities (PRTF)

**Effective:** July 1, 2023

**Programs Affected:** Medicaid, Healthy Michigan Plan, MI Choice

This purpose of this policy is to establish a Michigan Department of Health and Human Services (MDHHS) Medicaid Provider Manual chapter specific to Psychiatric Residential Treatment Facility (PRTF) service providers.

### **SECTION 1 – General Information**

This chapter applies to PRTF service providers. According to the Centers for Medicare & Medicaid Services (CMS), a PRTF is any non-hospital facility with a provider agreement with a State Medicaid Agency to provide the inpatient psych under 21 benefit. PRTFs provide services under the direction of a physician. According to CMS, A PRTF provides comprehensive mental health treatment to children and adolescents (youth) who, due to mental illness, substance abuse, or severe emotional disturbance, need treatment that can most effectively be provided in a residential treatment facility. All other ambulatory care resources available in the community must have been identified, and if not accessed, determined not to meet the immediate treatment needs of the youth. PRTF programs are designed to offer a short term, intense, focused mental health treatment program to promote a successful return of the youth to the community. Specific outcomes of the mental health services include the youth returning to the family or to another less restrictive community living situation as soon as clinically possible and when treatment in a PRTF is no longer medically necessary. The residential treatment facility is expected to work actively with the family, other agencies, and the community to offer strengths-based, culturally competent, medically appropriate treatment designed to meet the individual needs of the youth including those identified with emotional and behavioral issues.

### **SECTION 2 – Common Terms**

**Behavior Treatment Plan (BTP)** A behavior treatment plan, where needed, is developed through the person-centered planning process that involves the beneficiary. The person-centered planning process should determine whether a comprehensive assessment should be done to rule out any physical or environmental cause for the behavior. Any behavior treatment plan that proposes aversive, restrictive, or intrusive techniques, or psycho-active medications for behavior control purposes and where the target behavior is not due to an active



substantiated psychotic process, must be reviewed and approved by a specially constituted body comprised of at least three individuals, one of whom shall be a fully- or limited-licensed psychologist and one of whom shall be a licensed physician/psychiatrist. The psychologist or physician must be present during the review and approval process. At least one of the committee members shall not be the developer or implementer of the behavior treatment plan. The approved behavioral plan shall be based on a comprehensive assessment of the behavioral needs of the beneficiary. Any proposed aversive, intrusive, or restrictive technique not supported in current peer-reviewed psychological/psychiatric literature must be reviewed and approved by the Michigan Department of Health and Human Services (MDHHS) prior to implementing.

**PRTF Certification – (CMS Certification of Need [CoN])** – As defined by CMS, CoN for services involves an assessment of medical necessity of this level of care. The CoN must be made by an independent team that includes a physician who has competence in diagnosis and treatment of mental illnesses, preferably child psychiatry, and has knowledge of the child's situation. For emergency situations, the CoN must be made within 14 days of admission.

**Individualized Plan of Service (IPOS)** - The document that identifies the needs and goals of the individual beneficiary and the medical necessity, amount, duration, and scope of the services and supports to be provided. For beneficiaries receiving mental health or developmental disabilities services, the individual plan of services must be developed through a person-centered planning process. In the case of minors with developmental disabilities, serious emotional disturbance or mental illness, the child and his family are the focus of service planning, and family members are an integral part of the planning process.

**Person Centered Planning** - A process for planning and supporting the individual (and family for children) receiving services that builds upon the individual's (and families for children) capacity to engage in activities that promote community life and honors the individual's preferences, choices, and abilities. (MHC 330.1700[g]) - See also: MDHHS Person-Centered Planning Practice Guideline.

**Psychiatric Residential Treatment Facility (PRTF)** – A non-hospital facility with a provider agreement with Michigan Medicaid to provide the inpatient services benefit, consistent with CMS and MDHHS standards, to Medicaid-eligible individuals under the age of 21 years.

### **Section 3 - Provider Certification Criteria**

Per state law, PRTFs must meet certain requirements to participate. Those entities requesting enrollment as a PRTF provider must meet the requirements and selection criteria to be eligible to provide PRTF services as reimbursed by the Michigan Medicaid program. The requirements include, but may not be limited to:

- (a) Compliance with 42 CFR Part 441.151-441.182.
- (b) Compliance with all applicable federal, state, and local emergency preparedness requirements as outlined in 42 CFR 441.184.
- (c) Licensed as a CCI by Division of Child Welfare Licensing, Michigan Department of Health and Human Services.

- (d) For those facilities serving individuals aged 18 and over, licensed as Adult Foster Care by Michigan Department of Licensing and Regulatory Affairs.
- (e) Certification by MDHHS.
- (f) Accreditation by the Joint Commission, Commission on Accreditation of Rehabilitation Facilities, or Council on Accreditation of Services for Families and Children.
- (g) Enrollment in the Community Health Automated Medicaid Processing System (CHAMPS).

#### **SECTION 4 – Eligibility**

Medicaid-enrolled children and youth whose intensity of behavioral health needs necessitates an inpatient level of treatment without the need for the safety, security, and monitoring of an inpatient psychiatric hospital will be eligible for services in a PRTF.

Eligibility requirements are:

- Under the age of 21 upon admission. Services may continue until the youth meets criteria for discharge or reaches 22 years of age, whichever comes first. If the individual turns 22 while in a PRTF, payment ends the day prior to the 22<sup>nd</sup> birthday.
- Establishment of medical necessity through comprehensive evaluation and assessment, and the Child and Adolescent Needs Assessment. Clinical documentation and justification indicate treatment level is inpatient and cannot be provided through home and community-based services.
- Have a primary mental health diagnosis as defined in the most recent edition of the Diagnostic and Statistical Manual for Mental Disorders.
- Have a severe functional impairment.
- Evidence of difficulty functioning safely and successfully in the community, school, or home due to their mental health needs and functional impairment.
- Require an inpatient level of psychiatric treatment which is beyond the reasonable duration of an acute care hospital to improve the youth's condition or prevent further regression without necessitating the safety, security, and monitoring of an inpatient hospital.

#### **SECTION 5 – Service Authorization**

MDHHS will manage certification and enrollment of PRTF providers, issue payment for services to Medicaid beneficiaries served, and monitor the quality and performance of the PRTF providers. The MDHHS will, when appropriate, authorize admissions to PRTF services, particularly when the individual is currently in a state operated inpatient facility.

The Prepaid Inpatient Health Plan (PIHP) is responsible for managing Medicaid mental health services for all Medicaid beneficiaries residing within the service area covered by the PIHP. This includes the responsibility for timely screening, referral, and certification of requests for admission to, PRTF services, defined as follows:

- Screening means the PIHP has been notified of the youth and has been provided enough information to support a referral to a PRTF based on the admission criteria

established below. The screening may be provided on-site, face-to-face by PIHP personnel, the telephone, or via a video conferencing platform.

- Certification means that the PIHP has screened the youth and has documented that the services requested seem appropriate. Telephone screening must be followed up by the written certification.
- All PRTF service authorizations will be made by MDHHS. The PIHP should make referrals when appropriate and will be actively involved in treatment planning/monitoring meetings, discharge planning and transition to the community.

### PIHP Responsibilities

- Receive and process requests for PRTF admissions when coming from individuals not currently in a state hospital.
- Review to determine that all admission requests/referrals for individuals not currently in a state hospital meet medical necessity criteria and are complete and justified.
- Work with the local MDHHS office to determine Medicaid eligibility and secure enrollment for individuals who meet PRTF eligibility criteria but who are not currently a Medicaid beneficiary. (Refer to the Beneficiary Eligibility chapter of the MDHHS Medicaid Provider Manual for more information).
- Provision of notice regarding rights to a second opinion in the case of denials.
- If coverage of a PRTF is not appropriate, provision of, or referral to and linkage with, alternative services, when appropriate.
- Communication with the treating and/or referring provider such as a Community Mental Health Services Program (CMHSP) or State of Michigan Hospital and ensuring PRTF communication with the family and, as applicable, custodial agency.
- Facilitate coordination with the primary care physician.
- Planning in conjunction with the youth, family, custodial agency (as applicable), PRTF and CMHSP and, if necessary, state hospital personnel, for the beneficiary's after-care services.

### Referring Provider Responsibilities

The requesting provider/entity making the referral must do the following to request PRTF admission for a beneficiary:

- Coordinate with the PIHP to complete the Eligibility for Admission form (to be created).
- Child and family team meeting with all involved parties must be completed prior to making a formal referral for PRTF care to clearly identify:
  - Child's needs that can't currently be met in the community
  - The expected living situation for the youth after discharge from the PRTF
  - The child and family team members
  - CMHSP services which will be active during child's stay focused on building aftercare support networks in child's home and the community
- IPOS specifying PRTF service and concurrent community-based services
- Updated diagnostic assessment completed by an appropriately credentialed professional.

### PRTF Responsibilities

The PRTF must submit a child's IPOS to MDHHS and the PIHP/CMHSP no later than 10 calendar days after admission. The IPOS should include a tentative discharge plan and a request for anticipated dates beyond the initial 30 days. The IPOS must meet the following criteria:

- Must be based on a diagnostic evaluation that includes examination of the medical, psychological, social, behavioral, and developmental aspects of the member's and member's family situation and reflects the need for inpatient psychiatric care.
- Must include an integrated program of therapies, activities and experiences designed to meet treatment goals.
- May include other services that are provided under arrangement by licensed professionals who are not part of the treatment team as well as educational services, recreation and socialization, and family engagement and visitation.
- Must include discharge plans for aftercare services and coordination to ensure continuity of care with the child's family, school, and community upon discharge.
- The PRTF provider will enter all admissions and discharges into CHAMPS.

### **5.1 Admissions**

Request for PRTF admissions will be submitted by PIHP/CMHSPs or other qualifying providers/entities, to MDHHS for authorization. State inpatient facilities will submit request for PRTF admissions to MDHHS. Requesting/referring providers will use the PRTF Eligibility for Admission Form (to be created).

- The MDHHS will make authorization and approval decisions for PRTF services according to guidelines established by MDHHS cited in 4.2 below. All admission and continuing stay responsibilities and procedures must be conducted in accordance with the terms of the contract between the contracting entity and MDHHS. MDHHS will monitor and audit all enrollments as necessary and appropriate.
- While MDHHS is paying for PRTF services, MDHHS will review and approve/deny authorization for PRTF services according to guidelines established by MDHHS cited in 4.2 below. All admission and continuing stay responsibilities and procedures must be conducted in accordance medical necessity and need criteria and will be communicated to the PIHP.

### **5.2 PRTF Admission Guidelines**

Michigan PRTFs must adhere to the following admission guidelines:

- Admission and the first five days of treatment are authorized by the MDHHS with the PRTF Eligibility for Admission Form (to be created); continued admission beyond the first five days must follow Continued Stay Authorization Requirements
- Certification of need for care: A physician, physician assistant, or nurse practitioner, acting within the scope of practice as defined by state law, must verify a member's need

for continued stay at an inpatient hospital level of care. The initial certification, meeting the requirements stated below, consists of the admitting provider's written order and plan of care documented in the medical record.

- Information about general appeals procedures is described in the MDHHS PIHP Contract.
- A provider's signature is required on the IPOS for initial admissions and continued stay reviews to certify and/or recertify the need for care at a PRTF.
- PRTF must have appropriate medical clearance documented in the individual's record.

### Certification of Need

A Certification of Need for PRTF must be completed by a referring provider with an independent, multi-disciplinary treatment team and submitted to MDHHS for review and approval. The treatment team, as specified below must certify that:

- Ambulatory care resources available in the community do not meet the treatment needs of the individual.
- Proper treatment of the individual's psychiatric condition required services on an inpatient basis under the direction of a physician, and
- The services can reasonably be expected to improve the individual's condition or prevent further regression so that the services will no longer be needed.

The certification specified satisfies the utilization control requirement for physician certification.

Team certifying need for services must include:

- A Physician, competent in diagnosis and treatment of mental illness, preferably in child psychiatry, psychologist, physician assistant or psychiatric nurse practitioner and knowledgeable of the individual's situation.
- For emergency admissions, the certification must be made by the team responsible for the plan of care within 14 days of admission.

### **5.3 Appeals**

MDHHS will make authorization and approval decisions for PRTF services according to guidelines established by MDHHS and appearing in this chapter. If a youth or their legal representative disagrees with a decision related to admission authorization/approval or approved days of care, they may request a reconsideration and second opinion from MDHHS. If MDHHS's initial decision is upheld, the beneficiary has further redress through the Medicaid fair hearing process. Medicaid beneficiaries can request the Medicaid fair hearing after receiving notice that MDHHS is, after appeal, upholding an Adverse Benefit Determination, or when MDHHS fails to adhere to the notice and timing requirements for resolution of Grievances and Appeals, as described in federal regulation (42 CFR 438.408. 42 CFR 438.408[f][1][i]).

## 5.4 Continued Stay Authorization Requirements

MDHHS must review the IPOS every 30 days to determine continued medical necessity for treatment and to authorize an additional 30 days of treatment. This includes verification that a child continues to meet criteria for PRTF services and requires continued PRTF services. It also requires an assurance that the child and family is making progress towards treatment goals, discharge, and successful transition into a home and community-based setting. Specifically, the following is required for continued stay authorization:

- The PRTF must submit an updated IPOS before the 30th day of the last authorized date of service.
- The PRTF must submit an updated authorization request when the IPOS changes.
- The PRTF must submit an updated IPOS when the provider does any of the following:
  - Requests additional days beyond the initial 30 days of treatment.
  - Adds or changes arranged services to the IPOS that require authorization.
  - Adds or changes concurrent services to the IPOS as part of the discharge plan.
  - Adds or changes therapeutic leave days.

## SECTION 6 - Discharge Planning

Discharge planning must begin at the onset of treatment in the inpatient unit. Comprehensive discharge planning is essential for individuals to successfully function in their community. Discharge Planning will include the youth and family, the treatment team and the PIHP. The following criteria must be met:

- Development of a transitional process specific to the youth for discharge to a less restrictive or family-based setting.
- IPOS that includes discharge plans for aftercare services and coordination to ensure continuity of care with the recipient's family, school, and community upon discharge, including referrals for treatment, opportunities for home visits, and inclusion of community-based treatment providers in team meetings.
- IPOS that includes a tentative discharge plan and a request for anticipated dates beyond the initial 30 days.

## SECTION 7 - Provider Requirements

### 7.1 Environment of Care Provisions

A PRTF must provide a 24/7 structured therapeutic environment with individualized and intensive treatment based as delineated by a beneficiary's IPOS. A PRTF must:

- 1) Secure appropriately credentialed or trained staff. Positions must include, but are not limited to:
  - a) Medical Director who is an MD or a DO and Board Certified or Board Eligible
  - b) Direct Care Staff (required 24/7)
  - c) Registered Nurses
  - d) Psychiatrists



- e) Pediatrician, or a Family Physician, or an Internist
  - f) Behavior Analysts
  - g) Social Workers
  - h) Occupational or Recreational Therapists
  - i) Necessary staff to ensure quality nutrition and well-balanced food that meets the dietary requirements of the youth; housekeeping and maintenance staff; and administrative and business personnel to ensure all necessary reporting, documentation, communication, oversight, financial accountability, transportation, information technology, and emergency preparedness functions.
- 2) Other services that are required on an as-needed basis include but are not limited to:
    - a) Psychological testing
    - b) Speech therapy
    - c) Physical therapy
  - 3) Initiate meetings with potential placements identified by MDHHS or the PIHP if the youth will not be returning to their own home upon discharge from the PRTF.
  - 4) Provide individual treatment and therapeutic interventions daily.
  - 5) Provide crisis response and de-escalation training and support to staff and limit seclusion and restraint to physical management techniques only. Require debriefing with Medical Director and treatment team after a restraint.
  - 6) Provide educational services for youth within the community in coordination with the local school district. (Collaborate with the youth's local school district on amending IEP, hospitalized services – resource [Providing Homebound and Hospitalized Educational Services for Michigan Public School Pupils](#))
  - 7) Ensure that transportation is provided to address behavioral health, medical health, and educational services, and for services intended to accomplish goals of the youth's PCP IPOS.
  - 8) Work with the beneficiary's treatment team to develop a behavioral treatment plan (BTP), if appropriate.
  - 9) Propose and develop a transitional process specific to the beneficiary for discharge to a less restrictive or family-based setting. Develop a parent/guardian training plan into the plan of care.
  - 10) Meet with the beneficiary weekly to assess, plan, and deliver services. These meetings must include, but are not necessarily limited to:
    - a) The beneficiary.
    - b) The beneficiary's aftercare family/guardian.
    - c) The beneficiary's PRTF treatment team.
    - d) The CMHSP primary caseworker or clinician.
    - e) The beneficiary's child welfare worker or juvenile justice probation officer (if appropriate).
  - 11) Maintain the following related to care of a beneficiary:
    - a) Individualized services based on input from the beneficiary and their family.
    - b) Treatment at the program is beneficiary-guided and family-driven with the beneficiary voice incorporated.
    - c) Staff are trained in cultural competency and the treatment environment supports diversity and equity.

- d) Treatment that is strength and resiliency-based and trauma-responsive with a focus on skill building and supporting the youth and family to meet their needs in their own home and community.
  - e) Comprehensive care that provides for family engagement with partnerships to support sustained, successful outcomes for the beneficiary with their families and the community following treatment.
  - f) Standardized behavioral approaches to prevent predictable and continuing behaviors that place the beneficiaries or others at risk of harm.
  - g) Treatment plans and interventions that can be integrated into the beneficiary's natural environment and based on real world approaches.
  - h) Collect and report on data regarding measures to assess outcomes and improve treatment, care, and services. Data must include but is not limited to youth and family satisfaction, length of stay, active treatment, and restrictive interventions. Data must be reported at least quarterly, and more frequently if required by MDHHS based on identified need or developing trends.
  - i) Ensure metabolic monitoring for youth on psychotropic medications.
  - j) Ensure and actively monitor for appropriate use of psychotropic medications, including attention to reducing polypharmacy use and reducing the use of psychotropic medications to treat sleep disturbances.
- 12) Abide by any additional terms and conditions of the RFP and the completed contract with MDHHS.

## 7.2 Reimbursement

Established rates are per diem and include all services provided to the beneficiary by the PRTF provider. Rates are tiered to reflect the severity of the treatment services and staffing ratios. Adjustments to the tiered rate authorized will be based on the youth's needs as determined in regular treatment planning and review meetings. Specific criteria and processes for review are found in the program specific operating procedures.

The per diem rate includes, but may not be limited to:

- 1) Personal care and community living supports.
- 2) Psychiatry.
- 3) Group and individual behavioral health therapy.
- 4) Case management.
- 5) Behavior treatment plan development, implementation, and monitoring.
- 6) Room and board.
- 7) All transportation services. This includes transportation to accomplish PRTF treatment goals, education, and non-emergency non-ambulance medical transportation.

Billing and reimbursement for professional or institutional services not rendered within the context of a beneficiary's treatment goals within a PRTF (e.g., physician, vision, or dental services) must be billed according to requirements of the MDHHS Medicaid Provider Manual. (Refer to the applicable chapter for more information.) Professional or institutional services required by a beneficiary are covered by Medicaid if they are billed and provided in accordance with the MDHHS Medicaid Provider Manual and requisite policy.

### **7.3 Education and Training of Staff**<sup>1</sup>

The facility must require staff to have ongoing education, training, and education activities in the required areas outlined below. The facility must identify and provide for the training needs of staff based upon their responsibilities to include direct care staff as well as administrative, clerical, and housekeeping staff. The facility must review documentation in staff files to verify that the training is occurring and provide MDHHS with an annual report.

- Techniques to identify staff and resident behaviors, events, and environmental factors that may trigger emergency safety situations.
- The use of nonphysical intervention skills, such as de-escalation, mediation conflict resolution, active listening, and verbal and observational methods, to prevent emergency safety situations.
- The safe use of physical restraint (mechanical and chemical restraint not allowed) and the safe use of seclusion, including the ability to recognize and respond to signs of physical distress in residents who are restrained or in seclusion.
- Certification in the use of cardiopulmonary resuscitation, including periodic recertification, is required.
- Trainings must be conducted by individuals who are qualified by education, training, and experience.
- Staff training must include training exercises in which staff members successfully demonstrate in practice the techniques they have learned for managing emergency safety situations.
- Staff must be trained and demonstrate competency before participating in an emergency safety intervention.
- Staff must demonstrate their competencies as specified in 42 CFR 483.376(b) on an annual basis.
- The facility must document in the staff personnel records that the training and demonstration of competency were successfully completed. Documentation must include the date training was completed and the name of persons certifying the completion of training; and
- All training programs and materials used by the facility must be available for review by CMS, the State Medicaid agency, and the State survey agency.

### **SECTION 8 - Coverage for Out of State Services**

When feasible, the beneficiary will receive services in the geographically closest PRTF to the individual's home community. There may be instances when a PIHP/MDHHS is responsible for a youth that has been admitted to a PRTF out-of-state. In these cases, MDHHS is responsible, in consultation with the PIHP, for authorizing admission and/or continuing stay. MDHHS will contract with, and issue payment to the out of state provider.

Out-of-state PRTF services will be covered in the same manner as EPSDT benefits, consistent with the MDHHS Medicaid Provider Manual.

<sup>1</sup> [https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap\\_n\\_prtf.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap_n_prtf.pdf)

## Public Comment

The public comment portion of the policy promulgation process is being conducted concurrently with the implementation of the change noted in this bulletin. Any interested party wishing to comment on the change may do so by submitting comments to Kristen Jordan at [JordanK4@michigan.gov](mailto:JordanK4@michigan.gov).

Please include “Psychiatric Residential Treatment Facilities” in the subject line.

Comments received will be considered for revisions to the change implemented by this bulletin.

## Manual Maintenance

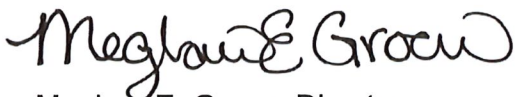
Retain this bulletin until the information is incorporated into the MDHHS Medicaid Provider Manual.

## Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mailed to [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov). When you submit an e-mail, be sure to include your name, affiliation, NPI number, and phone number so you may be contacted if necessary. Typical Providers may phone toll-free 800-292-2550. Atypical Providers may phone toll-free 800-979-4662.

An electronic copy of this document is available at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) >> Policy, Letters & Forms.

## Approved



Meghan E. Groen, Director  
Behavioral and Physical Health and Aging Services Administration



## FY24 Conference Report – Final Budget

### Specific Mental Health/Substance Abuse Services Line items

	<u>FY'22 (Final)</u>	<u>FY'23 (Final)</u>	<u>FY'24 (Final)</u>
-CMH Non-Medicaid services	\$125,578,200	\$125,578,200	\$125,578,200
-Medicaid Mental Health Services	\$3,124,618,700	\$3,044,743,000	\$3,160,958,400
-Medicaid Substance Abuse services	\$83,067,100	\$94,321,800	\$95,264,000
-State disability assistance program	\$2,018,800	\$2,018,800	\$2,018,800
-Community substance abuse (Prevention, education, and treatment programs)	\$79,705,200	\$79,705,200	\$79,599,700
-Health Homes Program	\$33,005,400	\$61,337,400	\$53,400,100
-Autism services	\$339,141,600	\$292,562,600	\$279,257,100
-Healthy MI Plan (Behavioral health)	\$603,614,300	\$570,067,600	\$590,860,800
-CCBHC	\$25,597,300	\$101,252,100	\$386,381,700
-Total Local Dollars	\$15,285,600	\$10,190,500	\$10,190,500

### Other Highlights of the FY24 Final Budget:

Medicaid Actuarial Soundness – estimated 2.5% actuarial soundness adjustment for prepaid inpatient health plans (PIHPs)

Direct Care Wage Increase – Conference includes \$120.2 million Gross (\$42.7 million GF/GP) to support a \$0.85 per hour wage increase

Behavioral Health Recruiting and Retention – Conference includes \$2.5 million SFRF on a one-time basis for recruitment and retention programs for behavioral health professionals.

Behavioral Health Accelerated Degree Program – Conference includes \$5.0 million GF/GP on a one-time basis to provide grants to individuals who agree to enter into an accelerated social work degree program and to work for at least 2 years within the public behavioral health sector after completion of their degree.

Certified Community Behavioral Health Clinics – Conference includes \$279.7 million Gross (\$65.4 million GF/GP) to expand the current 13 CCBHC provider organizations/sites by 19 additional provider organizations/sites.

Local Match draw down – not included in the conference report

Court-Appointed Guardian Reimbursements – Conference eliminates \$5.0 million GF/GP allocated for court-appointed guardian reimbursements. Funding for a workgroup to determine funding method is included in FY 2022-23 supplement.

Behavioral Health – One-time funding – Conference includes \$79.8 million GF/GP for the following:

- ACCESS substance use disorder clinic (\$10.0 million)
- Multicultural integration funding (\$8.6 million)
- Corewell Health/Beaumont psychiatric outpatient clinic (\$8.0 million)
- Child and Family Services Ingham behavioral health campus (\$6.0 million)
- Families Against Narcotics (\$5.0 million)
- First responder mental health funding (\$5.0 million)
- Michigan Crisis and Access Line (MiCAL) (\$5.0 million)
- CEI CMH (4.0 million)
- Western Michigan University Autism Center (\$4.0 million)
- Biomarker testing Team Wellness (\$3.5 million)
- Sacred Heart Rehabilitation Center (\$3.5 million)
- Tecumseh Psychiatric Hospital (\$3.0 million)
- Jail Diversion Fund (\$2.5 million)
- Kalasho Education and Youth Services (KEYS) (\$2.5 million)
- Michigan Clinical Consultation and Care (MC3) (\$2.5 million)
- Altarum behavioral health integration software (\$2.0 million)
- Recovery Community Organization (\$1.8 million)
- Hype Athletics SUD (\$1.0 million)
- Developmental milestones toolkit (\$500,000)
- Michigan Osteopathic Association – Safe Opioid Use Task Force (\$500,000)
- Preserve Independence adult day center (\$500,000)
- Dutton Farms (\$250,000)
- Living and Learning Center (\$150,000)

## **Boilerplate Items**

**Sec. 908. Uniform Community Mental Health Credentialing** – **DELETED** States that contracts with PIHPs and CMHSPs must work toward implementing section 206b of the Mental Health Code on uniform community mental health services credentialing.



**Sec. 917. Michigan Opioid Healing and Recovery Fund – REVISED (Agrees with House language)**

(1) From the funds appropriated in part 1 for opioid response activities, the department shall allocate \$23,200,000.00 from the Michigan opioid healing and recovery fund created under section 3 of the Michigan trust fund act, 2000 PA 489, MCL 12.253, to create or supplement opioid-related programs and services in a manner consistent with the opioid judgement judgment, settlement, or compromise of claims pertaining to violations, or alleged violations, of law related to the manufacture, marketing, distribution, dispensing, or sale of opioids.

(2) On a semiannual basis, the department shall provide a report to the report recipients required in section 246 of this part on all of the following: (a) Total revenues deposited into and expenditures and encumbrances from the Michigan opioid healing and recovery fund since the creation of the fund. (b) Revenues deposited into and expenditures and encumbrances from the Michigan opioid healing and recovery fund during the previous 6 months. (c) The estimated revenues to be deposited into and the spending plan for the Michigan opioid healing and recovery fund for the next 12 months.

**Sec. 927. Uniform Behavioral Health Service Provider Audits – DELETED** Requires DHHS to create a uniform community mental health services auditing process for CMHSPs and PIHPs, outlines auditing process requirements, and requires a report.

**Sec. 950. Court-Appointed Public Guardians – DELETED** Requires DHHS to provide cost offsets to CMHSPs that reimburse court-appointed public guardians for recipients who receive CMHSP services. Cost offsets are capped at \$50.00 per paid public guardian, per month.

**Sec. 1005. Health Home Programs – REVISED** Requires DHHS to maintain the number of behavioral health homes in PIHP regions 1, 2, 6, 7, and 8 and the number of opioid health homes in PIHP regions 1, 2, 4, 6, 7, 9 and 10, and permits expansion into additional PIHP regions; requires a report. Executive revises to update location of health homes, permits expansion into at least one additional PIHP region and strikes report. Conference concurs with Executive update, with technical revisions, and expansion into at least one additional PIHP region and revises to a semiannual report.

**Sec. 1012. Medicaid Reimbursement for Justice-Involved Individuals – DELETED** States legislative intent that DHHS pursue any and all federal Medicaid waivers to maximize the use of Medicaid reimbursements for justice involved individuals, and requires a report.

**FY23 Supplemental Budget – Included in HB 4437**

- Certified Community Behavioral Health Clinic (CCBHC) – Includes an additional \$25.0 million in federal funds to support greater than anticipated program costs.
- Behavioral Health Federal Funding Adjustments – Includes \$16.4 million of federal funding based on available federal matching funds for the Michigan Crisis and Access Line (\$12.4 million) and additional federal mental health block grant funding (\$4.0 million).
- Court-Appointed Guardian Workgroup – Includes a net \$0 reappropriation to authorize funds for a workgroup facilitator to develop a funding method for clients for which a court-appointed guardian receives no reimbursement.

Community Mental Health Association of Michigan

## Focused set of concrete approaches to strengthening the partnership between Michigan's child welfare and community mental health systems

June 2023

The following concrete action steps, designed to strengthen the partnership between Michigan's child welfare and community mental health systems – to better serve Michigan's children in the state's child welfare system – emerged from a discussion, in May 2023, involving MDHHS leadership, children's mental health services leaders from across the state, and the Community Mental Health Association of Michigan (CMHA).

This focused set of approaches was selected from a longer list of approaches. The full list of approaches is provided as Attachment A.

### **Clarity of roles of key parties and coordination of care and problem resolution**

1. Ensure that all parties, at the local and state level, including children, youth, families and staff, understand the roles of each of the key parties involved in serving children, youth, and families served in Michigan's child welfare system.
2. Foster problem resolution at the local level, among local partners, to address service delivery and coordination issues/problems when they occur. State level intervention would be used only when repeated attempts at local problem resolution are unsuccessful.

### **Support to foster parents**

1. Training models that address attachment and reacting to placement behaviors for all foster parents. Framing of function of behaviors is key here to avoid pathology approach and instead educate parents on typical behaviors.

### **Access to mental health care and behavioral health assessments of children in foster care system**

1. Determine a coordinated and collaborative approach to providing bio/psycho/social assessments of and services to children, youth, and families in Michigan's child welfare system
2. Broaden role and funding of CMH system to provide behavioral health assessments of children and youth in the state's foster care system.
3. Add or expand, where they exist, Navigators (persons with lived experience) to the teams of CMHSPs and local MDHHS CSA offices – to serve, in many cases, as the first contact with children in foster care and other out-of-home settings
4. Create and support workforce recruitment and retention strategies that address the causes of behavioral health providers leaving the field – the high risk and complex work with families and the significant demand on them for compliance -focused tasks.

### **Consistent and stable home with sufficient supports**

1. Design and expand resources to support children in the least restrictive settings whenever possible while ensuring access to psychiatric inpatient, specialized residential, foster/kinship care, family home, and other safe and stable settings when needed.



## Foundational principles

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1. Collaborative partnerships are the best way to support children and families across all child serving systems at the child, family, community and state level.
2. Blending and Braiding funding can be an effective vehicle to serving children seamlessly across systems.
3. Legal mandates of the child serving systems are important to each system and roles should be specifically defined based on those mandates. A system of care recognizing those legal mandates are important but mandates should remain system specific as an effective way to approach needs and risks., e.g. child welfare=child protection; juvenile justice=community safety, mental health=voluntary treatment; etc.
4. Stability of foster care placements are essential to increase access and effectiveness of services.
5. A strong system of care utilizes a partnership approach between local and state partners where the state takes leadership in busting barriers at policy, program and funding to support local initiatives.
6. There is a need to have a sense of urgency to address the current crisis of lack of placement options, workforce shortages and the impact on improving outcomes.

## Concrete approaches

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### **Clarity of roles of key parties and coordination of care and problem resolution**

1. Ensure that all parties, at the local and state level, including children, youth, families and staff, understand the roles of each of the key parties involved in serving children, youth, and families served in Michigan's child welfare system.
2. Foster problem resolution at the local level, among local partners, to address service delivery and coordination issues/problems when they occur. State level intervention would be used only when repeated attempts at local problem resolution are unsuccessful.

### **State-Level System Design, Practice, and Workforce Strengthening**

1. Co-development of system refinements and new initiatives to serve children involving local and state CSA and CMH/CMH provider representatives.
2. Focus on partnership development/fostering, outcomes, and innovation rather than a process-compliance-oriented philosophy – the latter leading to parties drawing away from working with complex issues and children and families with complex needs.
3. Create and support workforce recruitment and retention strategies that address the causes of behavioral health providers leaving the field – the high risk and complex work with families and the significant demand on them for compliance -focused tasks.
4. Reduce clinical documentation for CMH and providers in CMH networks serving children and families - via a joint MDHHS/CMH workgroup to identify and retain only clinically-relevant documentation requirements with a "treat-first" approach
5. Pursue funding under the Family Preservation Act to support the system-level design and implementation of family-focused evidence-based treatment specifically targeting family preservation outcomes. Note: Family Preservation Act funds require an application from MDHHS and are implemented through CMHSPs and their providers.

### **Mandated and Funded Collaboration**

1. Quarterly meetings between DHHS and CMH Directors and high-level supervisors in each area to discuss successes, gaps, clarifications and problem solving.
2. Joint Staff meetings between Child Welfare and CMH that are led by Director and Supervisor level Management to include: frame collaboration as an expectation amongst PARTNERS for shared outcomes, shared vision and values, role/responsibilities, successes, clarifications, etc.
3. Ensure a strong locally driven problem-solving process to address service delivery and coordination issues/problems when they occur.
4. Participation in Wraparound meetings for involved parties. Including the ability to finance the implications of this.
5. Pilot EBP implementation similar to Breakthrough Series
6. Create Liaison roles in each entity.
7. Flesh out needed clinical recommendations and expectations.
8. Communication structures, regarding topics like, Moves to new homes, etc.
9. Implement Child Welfare Coordinating Council. Quarterly meetings between all system partners to give updates to Director level staff.
10. Consider specific training that help teams tolerate risk, which would include how hospitals are and are not best utilized.
11. Communication between team members when placement changes, etc.

### **Support to Foster Parents**

1. Training models that address attachment and reacting to placement behaviors for all foster parents. Framing of function of behaviors is key here to avoid pathology approach and instead educate parents on typical behaviors.
2. Respite homes/therapeutic group homes)
  - Options via CMH's and options via foster care network
  - Allow for emergency physical intervention in respite homes/therapeutic group homes (often confused with Seclusion and Restraint policies).
  - Support development of regional respite homes/therapeutic group homes.
3. Evidence Based Structures
  - Refer to TFC models that include: 24/7 trained on call that includes more than behavioral health, monthly "regular" respite homes that are trained foster homes.
4. Co-deployed mobile crisis teams – DHHS worker paired with a CMH worker.
5. Daily rate increases for all Foster Care Parents outside the Level of Difficulty Scale.
6. Financial support to CMH system to support this level of on-going family education and family strengthening.
7. Michigan to apply for federal family preservation dollars to support evidence-based family treatment and supports.

### **Access to Mental Health Care and Bio-Psycho-Social Assessment of Children in Child Welfare System:**

1. Determine a coordinated and collaborative approach to providing bio/psycho/social assessments of and services to children, youth, and families in Michigan's child welfare system
2. Add or expand, where they exist, Navigators (persons with lived experience) to the teams of CMHSPs and local MDHHS CSA offices – to serve, in many cases, as the first contact with children in foster care and other out-of-home settings

3. Pilot models that locally examine/map referral process and revise the referral process based on this examination/mapping.
4. Broaden mandate and funding of CMH system to provide these initial assessments.
5. Incentivize behavioral health workforce in the areas of Trauma and Parenting Skills (we have practices and codes that set the stage for this).
6. Create and support workforce recruitment and retention strategies that address the causes of behavioral health providers leaving the field – the high risk and complex work with families and the significant demand on them for compliance -focused tasks.
7. Ensure that all parties understand the behavioral health benefit currently managed by the Medicaid Health Plans to the CMHSP/PIHP system. Benefit boundary is described on page 2 of the Behavioral Health section of the Michigan Medicaid Manual.

### **Consistent and Stable Home**

1. Involve biological parents, at the onset of treatment.
2. Train and support foster parents to keep kids in their home as opposed to disrupted placement. See recommendations above.
3. Design and expand resources to support children in the least restrictive settings whenever possible while ensuring access to psychiatric inpatient, specialized residential, foster/kinship care, family home, and other safe and stable settings when needed.
4. Allow for emergency physical intervention in respite homes/therapeutic group homes to ensure that those settings are available to children, youth, and family as needed (often confused with Seclusion and Restraint policies).

Community Mental Health Association of Michigan

## Summary of concerns and recommendations:

### MDHHS-proposed Conflict-Free Access and Planning options

June 26, 2023

MDHHS has proposed options, in pursuit of compliance with CMS rules, that call for organizations that carry out the access, person centered planning, and casemanagement/supports coordination functions of Michigan's public mental health system be separate organizations from those that provide other mental health services.

**While CMHA and its members strongly support the aim of the CMS rule**, the Community Mental Health Association of Michigan (CMHA) and its members have concerns regarding the options, proposed by MDHHS, to achieve this aim. These concerns center around the **threat that these options hold for persons served and to the integrity of Michigan's public mental health system**. These concerns and related recommendations for action are outlined below.

#### Support for the intent of CMS rule and for freedom of choice for persons served

**CMHA and its members strongly support the aim of the CMS rule** - to ensure that conflicts of interest in the provision and financing of services are mitigated.

Additionally, **CMHA and its members strongly support the foundational principle that persons served be empowered by exercising their rights to make choices regarding the services and supports** that they receive. These rights include:

- o the right to select an independent facilitator of their person-centered planning (PCP) (not employed by or affiliated with the CMHSP/PIHP) to facilitate the PCP process.
- o the **right to lead the person-centered planning (PCP) process** with the **involvement of allies** chosen by the person served.
- o the right to be provided with full information regarding the **array of services and supports available** and the **choice of providers**.
- o The **right to choose their casemanager/supports coordinator** – from those employed by the CMHSP, the CMHSP contractor, or to choose an independent supports coordinator ((not employed directly by a CMHSP or by a current CMH contracted provider)

#### Concerns around options proposed by MDHHS

**1.** This structural separation of access, planning, and casemanagement from service delivery, proposed by MDHHS, **makes an already complex system more complex for persons served** and creates an **artificial access barrier to persons seeking services and weakens continuity and coordination/integration of care**.

The comments of persons served, obtained during the MDHHS listening sessions underscore the **concerns of persons served around the complexity, loss of access, and continuity of care that will occur as a result of the Department's proposed system restructuring**. These comments are provided below:

- o "I think [Separating access/planning from direct service] could be problematic due to a person having to repeat providing their info..."
- o "Having to go from here, to here, to here to do it when being in a place where I need help would be a lot. It's a lot to ask one person to go through."
- o "The concern is the challenge is managing [different organizations] that need to be in alignment with one another. The management now is already a concern. Does this make it worse."

- "...if no communication or miscommunication this will be hard because it will be left to person with disabilities to relay info."
- "[I have] mixed feelings. [It is] Protecting people getting these services, but I can get frantic going places to places."
- "Between the point of access and referral, things get dropped and lost."
- "It feels like the game it goes through several people and it is not the same in the end after it has moved through all the steps."

**2. The CMS rules were intended to prevent inappropriate financial gain/inappropriate profit taking by providers. CMHSPs are governmental bodies, prohibited from profit-taking.** Additionally, because Michigan's CMHSPs, unlike nearly every other state in the country, are **financed via a prepaid capitated basis, there is no risk of revenues being generated, for the CMHSP, as would be true in a fee-for-service financing model.**

**3. The MDHHS options dismantle and are in conflict with:**

- The **statutorily required core functions of Michigan's CMHSPs** – access and assessment, clinical plan development, and provision of services directly or through a directly managed provider network.
- The **federally required core functions of Michigan's Certified Community Behavioral Health Clinics (CCBHC)** – access and assessment, clinical plan development, and provision of services directly and through a directly managed provider network.

**4. MDHHS already has the approval of CMS of the innovative set of sound conflict-mitigation design elements and can apply the CMS-outlined exception to the CMS rule.** These approaches reflect the unique nature of Michigan's system and are included in Michigan's HCBS plan amendment. These conflict mitigation approaches include

- The **person facilitating the Person Centered Planning process are not providers of any Home and Community Based Services (HCBS) for that individual** and are not the same persons responsible for the independent HCBS needs assessment.
- The person facilitating the PCP process does not authorize the services contained in the plan
- The development of the IPOS through **the person-centered planning (PCP) process is led by the person served with the involvement of allies chosen by the person served** to ensure that the service plan development is conducted in the best interests of the beneficiary.
- The person served **can choose an independent facilitator** (not employed by or affiliated with the CMHSP/PIHP) to facilitate the PCP process.
- The CMHSPs are **required to provide full information regarding the array of services and supports available and the choice of providers.**
- The person served can choose their casemanager/supports coordinator employed by a CMHSP or PIHP contractor **or can choose an independent supports coordinator** (not employed directly by or affiliated with the PIHP except through the provider network)

The public structure of and the state statutes that guide Michigan's CMH **system provides Michigan with the ability to apply the exception to the CMS rule which would allow the use of these conflict mitigation approaches.** The basis for such an exception is contained on page 6 of the legal opinion of the firm of Feldesman Tucker (one of the nation's leading Medicaid managed care law firms).

**5. Rather than harm access and cause unnecessary system complexity, what is needed are efforts to ensure that these conflict mitigation approaches are widely known and used by persons served.** If these options are not often requested by persons served, **what is needed is a strengthened effort to ensure that all persons served are informed of and supported in pursuing these options** – with the vigor that is found in the system's work to ensure that persons served are aware of their Recipient Rights.

## Recommendations

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1. Build upon and strengthen the **wide range of conflict mitigation processes and tools currently existing in Michigan's system and described in Michigan's HCBS plan amendment** – jointly with the members of the MDHHS CFAP Workgroup, the state's major advocacy groups, CMHSP/PIHP leadership, and CMHA – and **apply the exception to the CMS rule** that would allow for the conflict mitigation approaches outlined in the state's HCBS plan.

2. **Significantly strengthen efforts to ensure that all persons served are informed of and supported in the exercise of the rights outlined in the state's HCBS plan** – with the vigor that is found in the system's work to ensure that persons served are aware of their Recipient Rights. This effort involves:

- o accessible, frequent, and readily available information to persons served regarding these rights.
- o education, training, supervision, and coaching of CMH, PIHP, and provider staff around these rights.
- o the use of contractual powers, required corrective actions, and sanctions, when needed, to ensure that these rights are afforded persons served.

## email correspondence

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**From:** Monique Francis <MFrancis@cmham.org>  
**Sent:** Wednesday, June 28, 2023 4:24 PM  
**To:** Monique Francis  
**Cc:** Robert Sheehan; Alan Bolter; Robert Sheehan  
**Subject:** [EXTERNAL]Staffing Announcement - Bureau of Specialty Behavioral Health Services

**From:** Robert Sheehan <[rsheehan@cmham.org](mailto:rsheehan@cmham.org)>  
**Date:** June 28, 2023 at 4:09:16 PM EDT  
**To:** CMHA Officers; Members of the CMHA Board of Directors and Steering Committee; CEOs of CMHs, PIHPs, and Provider Alliance members  
**Subject:** Staffing Announcement - Bureau of Specialty Behavioral Health Services

Begin forwarded message:

**From:** "Hanley, Farah (DHHS)" <[hanleyf@michigan.gov](mailto:hanleyf@michigan.gov)>  
**Date:** June 28, 2023 at 12:52:58 PM EDT  
**To:** Robert Sheehan <[rsheehan@cmham.org](mailto:rsheehan@cmham.org)>  
**Subject:** Fwd: Staffing Announcement - Bureau of Specialty Behavioral Health Services

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*From Meghan Groen.....*

*I am pleased to announce that Kristen Jordan, senior advisor to Chief Deputy for Health Farah Hanley has accepted the role of bureau director for the Bureau of Specialty Behavioral Health Services, effective July 24<sup>th</sup>. In this role, she will oversee policy development, implementation, and management of home and community-based services for adults in the areas of substance abuse disorders, severe mental illness, and developmental disabilities.*

*Kristen started her career in public service in 2000 with the Department of Transportation, followed by the Department of Natural Resources. We are fortunate to have been able to rely on Kristen for that last eleven years at MDHHS with her work in budget management, Medicaid, and behavioral health programs. She has a wealth of knowledge in developing policies, processes, and procedures that span across multiple administrations. She has significant knowledge of Michigan's behavioral health delivery system, Medicaid financing, and MDHHS systems.*

*Most recently, Kristen has demonstrated a record of success developing and implementing department priorities including expanding behavioral health capacity through a new Medicaid policy for Psychiatric Residential Treatment Facilities (PRTF), strengthening crisis stabilization programs, and growing our behavioral health workforce. I am confident she will lead the Bureau of Specialty Behavioral Health Services forward as it makes*

*progress in improving access to behavioral health care and providing better health outcomes for our friends and neighbors.*

*Please help me in welcoming Kristen to her new role.*

*Meghan*



**NORTHERN MICHIGAN REGIONAL ENTITY  
FINANCE COMMITTEE MEETING  
10:00AM – JULY 12, 2023  
VIA TEAMS**

**ATTENDEES: Brian Babbitt, Connie Cadarette, Lauri Fischer, Ann Friend, Chip Johnston, Nancy Kearly, Eric Kurtz, Brian Martinus, Donna Nieman, Larry Patterson, Brandon Rhue, Nena Sork, Erinn Trask, Jennifer Warner, Tricia Wurn, Deanna Yockey, Carol Balousek**

REVIEW AGENDA & ADDITIONS

A discussion about purchasing United Training credits was added to the meeting agenda.

Ann asked whether Finance Committee meetings can be recorded. Brandon explained that Microsoft Teams has a back-end retention of meetings for 10 years (which can be FOIAd), so NMRE opted not to. The decision was made to send draft minutes to the Finance Committee at the time they are included in the NMRE Board meeting packet.

REVIEW PREVIOUS MEETING MINUTES

The June minutes were included in the materials packet for the meeting.

**MOTION BY LAURI FISCHER TO APPROVE THE MINUTES OF THE JUNE 14, 2023 NORTHERN MICHIGAN REGIONAL ENTITY REGIONAL FINANCE COMMITTEE MEETING; SUPPORT BY CONNIE CADARETTE. MOTION APPROVED.**

MONTHLY FINANCIALS

**May 2023**

- Net Position showed net surplus Medicaid and HMP of \$5,080,994. Budget stabilization was reported as \$16,369,542. The total Medicaid and HMP Current Year Surplus was reported as \$21,450,536. Medicaid and HMP combined ISF was reported as \$16,369,542; the total Medicaid and HMP net surplus, including carry forward and ISF was reported as \$37,820,078.
- Traditional Medicaid showed \$131,927,505 in revenue, and \$129,094,179 in expenses, resulting in a net surplus of \$2,833,326. Medicaid ISF was reported as \$9,306,578 based on the current FSR. Medicaid Savings was reported as \$7,742,649.
- Healthy Michigan Plan showed \$23,584,367 in revenue, and \$21,336,699 in expenses, resulting in a net surplus of \$2,247,668. HMP ISF was reported as \$7,062,964 based on the current FSR. HMP savings was reported as \$8,626,893.
- Health Home showed \$1,515,033 in revenue, and \$1,316,788 in expenses, resulting in a net surplus of \$198,245.
- SUD showed all funding source revenue of \$19,757,989, and \$17,332,957 in expenses, resulting in a net surplus of \$2,425,032. Total PA2 funds were reported as \$5,066,632.

During the meeting, it was noted that Medicaid and HMP numbers for Centra Wellness needed to be updated, as did the Medicaid revenue for North Country. The decision was made to postpone approval of the May Financial report until the changes were made. Deanna agreed to send the revised report following the meeting.

Mr. Johnson commented that OHH program admissions may have plateaued, as opioids are much harder to acquire these days due to better controls being in place. Increased use of methamphetamines has been observed; admission data shows methamphetamines as the second primary substance reported (behind alcohol) at 17%. The OHH service rate was provided as \$328.03.

Lauri asked Connie why Northeast isn't reporting 1<sup>st</sup> and 3<sup>rd</sup> party receipts. Connie responded that, per Amy Rottman (Rehmann), 1<sup>st</sup> and 3<sup>rd</sup> party receipts no longer need to be separated out. Eric noted that if SSI is being collected, it needs to be shown under 1<sup>st</sup> and 3<sup>rd</sup>. Erinn stated that AuSable Valley doesn't report SSI under 1<sup>st</sup> and 3<sup>rd</sup>; it is reported under Section O of the FSR (room & board).

Let it be noted that Deanna sent the revised May Financial report to the committee via email at 1:57PM on July 12, 2023.

**MOTION BY LAURI FISCHER VIA EMAIL TO RECOMMEND APPROVAL OF THE NORTHERN MICHIGAN REGIONAL ENTITY MONTHLY REVISED FINANCIAL REPORT FOR MAY 2023; DONNA NIEMAN SUPPORTED THE MOTION VIA EMAIL. MOTION APPROVED.**

#### EDIT UPDATE

The next EDIT meeting is scheduled for July 20<sup>th</sup> at 10:00AM. Agenda topics include:

- Discussion about the H0018 & H0019 codes and clarification on included costs
- Activities included in the Independent Facilitation (IF) code
- EQI Update
- COB Subgroup
- Appendix Subgroup
- CCBHC Update
- H0002 for SUD
- Code Chart and Provider Qualifications Chart Updates
- Institutional SUD Encounters

#### INTERIM FSR

The Interim FSR will be due August 15<sup>th</sup>. Deanna requested reports from the Boards by August 1<sup>st</sup>; the reporting templates were shared with committee members.

#### EQI UPDATE

The next EQI is due October 2<sup>nd</sup> for October 2022 through May 2023. Tricia indicated that she would like to submit the report on September 29<sup>th</sup>. She requested reports from the Boards by September 20<sup>th</sup>. The data pull date will be decided in August.

#### HSW OPEN SLOTS

Deanna reported that there are over 30 open slots in the region. Each slot is equivalent to \$5,000 in monthly revenue. Deanna referenced the "Regional Revenue Trending" page of the May Financial report which shows that HAB revenue has dipped in FY23.

#### 1010 PROCESS

Brandon asked the Boards if they are using the 1010 reports and wish to continue to receive them.

Ann responded that North Country takes the 1010 report (individuals who have received renewal letters) and runs it against a Power BI report to compare what MDHHS has mailed to clients and the due dates entered in PCE. North Country then reaches out to MDHHS workers. Supports coordinators/case managers follow-up as needed. Ann indicated that six discrepancies were found between the 1010 and PCE reports.

Donna shared that Centra Wellness uses the 1010 report and compares it against the PCE report; she has found the two reports to be consistent. Case managers work with consumers and MDHHS on renewals. Donna indicated that Centra Wellness no longer needs the 1010 report.

#### FY24 BUDGET

A rate setting meeting took place on Monday, July 10<sup>th</sup>, during which area factors were not discussed (expected this week). There was a lot of discussion about the interplay between CCBHC rates and base rates. The mild/moderate population is moving to a fee schedule basis for CCBHCs which affects base rate for those regions. A decrease in HMP likely. More information is expected later in the week. The DCW increase is waiting for final approval. The wage increase reflects \$2.64 increase per hour inclusive of the corresponding 12% add-on for employer-related costs, consistent with FY23 amended rates.

The anticipated impact of the continuous eligibility expiration assumes a decrease in enrollment of approximately 60% of the growth between pre-pandemic and current enrollment levels. Erinn recommended using the first six months of FY20 or FY19 enrollment numbers and current PM/PM rates for budgeting, using carry forward funds as cushion. Final rates expected in mid-August.

#### FY24 CLS RATES

Lauri asked that Boards whether they plan to increase CLS rates for FY24. She provided Northern Lakes' current rate as \$5.55 per unit (\$22.20 per hour) for contractors. Northern Lakes is proposing a 4.5% increase for FY24 to \$5.80 per unit (\$23.20 per hour). Lauri asked if this is consistent with the other CMHSPs' rates.

- **AuSable Valley** – Erinn reported that AuSable Valley's CLS rate is \$6.26 per unit (25.04 per hour).
- **Centra Wellness** – Donna reported that Centra Wellness' CLS rates vary from \$7.90 – \$9.07 per unit.
- **North Country** – Ann reported that North Country's rates fall between \$5.88 - \$5.98 per unit (labor only).
- **Northeast Michigan** – Connie reported that Northeast Michigan's CLS rates fall between \$6.50 - \$7.50 per unit (cost based).

#### UNITED TRAINING

Brandon sent an email to the Committee on July 11<sup>th</sup> explaining that the regional training funds with United Training have been expended with 17 class registrations pending (\$10,605). A breakdown of the past two years' utilization was provided with the email.

Brandon emphasized that during promotional periods, United Training matches purchase credits dollar for dollar (\$20,000 minimum). Nena commented that she has received positive comments from staff on the quality of the trainings provided and recommended that they continue to be offered.

Eric recommended that the region purchase \$50,000 to cover the pending class registrations and meet the ongoing needs of the region. The committee agreed with the recommendation. The purchase of \$50,000 in United Training credits will be presented to the Operations Committee for approval on August 15<sup>th</sup>.

DCW

Erinn asked whether the DCW needs to be tracked separately and cost settled for FY24. Eric responded that it will not be cost settled but does need to be tracked separately.

NEXT MEETING

The next meeting was scheduled for August 9<sup>th</sup> at 10:00AM.

DRAFT



## **Chief Executive Officer Report**

**July 2023**

This report is intended to brief the NMRE Board of the CEO's activities since the last Board meeting. The activities outlined are not all inclusive of the CEO's functions and are intended to outline key events attended or accomplished by the CEO.

**June 26:** Attended and participated in PIHP Regional Compliance Officers Group.

**June 29:** Attended and participated in NLCMHA Crisis Center Meeting.

**July 6:** Attended and participated in MichiCANS launch.

**July 7:** Attended and participated in GT County AG meeting regarding Opioid Settlement Funds.

**July 10:** Attended and participated in NMRE SUD Oversight Committee meeting.

**July 10:** Attended and participated in MDHHS Rate setting meeting.

**July 12:** Attended and participated in Regional Finance Committee meeting.

**July 12:** Attended and participated in NMRE IOC meeting.

**July 17:** Attended and participated in NLCMHA County Administrators meeting.

**July 18 & 19:** Attended and participated in CMHAM Directors Forum.

**July 20:** Attended NLCMHA Board Meeting.



May 2023

Finance Report

# May 2023 Financial Summary

Funding Source	YTD Net Surplus (Deficit)	Carry Forward	ISF
Medicaid	2,833,326	7,742,649	9,306,578
Healthy Michigan	2,247,668	8,626,893	7,062,964
	<u>\$ 5,080,994</u>	<u>\$ 16,369,542</u>	<u>\$ 16,369,542</u>

	NMRE MH	NMRE SUD	Northern Lakes	North Country	Northeast	AuSable Valley	Centra Wellness	PIHP Total
Net Surplus (Deficit) MA/HMP	896,282	2,106,987	(1,491,398)	2,217,489	(14,800)	1,759,017	(392,582)	\$ 5,080,994
Budget Stabilization Full Year		1,878,908	4,919,342	4,095,691	2,272,462	1,955,236	1,247,903	16,369,542
<b>Total Med/HMP Current Year Surplus</b>	<u>896,282</u>	<u>3,985,895</u>	<u>3,427,944</u>	<u>6,313,180</u>	<u>2,257,662</u>	<u>3,714,253</u>	<u>855,321</u>	<u>\$ 21,450,536</u>
Medicaid & HMP Internal Service Fund								16,369,542
<b>Total Medicaid &amp; HMP Net Surplus</b>								<u>\$ 37,820,078</u>

# Northern Michigan Regional Entity

## Funding Source Report - PIHP

Mental Health

October 1, 2022 through May 31, 2023

	NMRE MH	NMRE SUD	Northern Lakes	North Country	Northeast	AuSable Valley	Centra Wellness	PIHP Total
<b>Traditional Medicaid (inc Autism)</b>								
<b>Revenue</b>								
Revenue Capitation (PEPM)	\$ 127,703,423	\$ 4,224,082						\$ 131,927,505
CMHSP Distributions	(123,043,117)		40,272,098	33,851,263	20,803,652	17,347,908	10,768,196	-
1st/3rd Party receipts			-	-	-	-	-	-
<b>Net revenue</b>	<u>4,660,306</u>	<u>4,224,082</u>	<u>40,272,098</u>	<u>33,851,263</u>	<u>20,803,652</u>	<u>17,347,908</u>	<u>10,768,196</u>	<u>131,927,505</u>
<b>Expense</b>								
PIHP Admin	1,610,327	42,963						1,653,291
PIHP SUD Admin		57,267						57,267
SUD Access Center		29,286						29,286
Insurance Provider Assessment	1,144,134	27,037						1,171,171
Hospital Rate Adjuster Services	1,078,000							1,078,000
		3,251,062	41,066,732	32,473,197	21,298,156	15,908,939	11,107,079	125,105,165
<b>Total expense</b>	<u>3,832,461</u>	<u>3,407,615</u>	<u>41,066,732</u>	<u>32,473,197</u>	<u>21,298,156</u>	<u>15,908,939</u>	<u>11,107,079</u>	<u>129,094,179</u>
<b>Net Actual Surplus (Deficit)</b>	<u>\$ 827,845</u>	<u>\$ 816,467</u>	<u>\$ (794,634)</u>	<u>\$ 1,378,066</u>	<u>\$ (494,504)</u>	<u>\$ 1,438,969</u>	<u>\$ (338,883)</u>	<u>\$ 2,833,326</u>

### Notes

Medicaid ISF - \$9,306,578 - based on current FSR

Medicaid Savings - \$7,742,649



# Northern Michigan Regional Entity

## Funding Source Report - PIHP

Mental Health

October 1, 2022 through May 31, 2023

	NMRE MH	NMRE SUD	Northern Lakes	North Country	Northeast	AuSable Valley	Centra Wellness	PIHP Total
<b>Healthy Michigan</b>								
<b>Revenue</b>								
Revenue Capitation (PEPM)	\$ 14,853,713	\$ 8,730,654						\$ 23,584,367
CMHSP Distributions	(13,569,574)		4,936,926	4,111,518	1,686,070	1,703,876	1,131,184	-
1st/3rd Party receipts			-	-	-	-	-	-
<b>Net revenue</b>	<u>1,284,139</u>	<u>8,730,654</u>	<u>4,936,926</u>	<u>4,111,518</u>	<u>1,686,070</u>	<u>1,703,876</u>	<u>1,131,184</u>	<u>23,584,367</u>
<b>Expense</b>								
PIHP Admin	167,580	93,767						261,347
PIHP SUD Admin		124,983						124,983
SUD Access Center		63,916						63,916
Insurance Provider Assessment	107,490	62,095						169,585
Hospital Rate Adjuster	940,632							940,632
Services		7,095,373	5,633,690	3,272,095	1,206,366	1,383,829	1,184,883	19,776,236
<b>Total expense</b>	<u>1,215,702</u>	<u>7,440,134</u>	<u>5,633,690</u>	<u>3,272,095</u>	<u>1,206,366</u>	<u>1,383,829</u>	<u>1,184,883</u>	<u>21,336,699</u>
<b>Net Surplus (Deficit)</b>	<u>\$ 68,437</u>	<u>\$ 1,290,520</u>	<u>\$ (696,764)</u>	<u>\$ 839,423</u>	<u>\$ 479,704</u>	<u>\$ 320,047</u>	<u>\$ (53,699)</u>	<u>\$ 2,247,668</u>

### Notes

HMP ISF - \$7,062,964 - based on current FSR

HMP Savings - \$8,626,893

Net Surplus (Deficit) MA/HMP	<u>\$ 896,282</u>	<u>\$ 2,106,987</u>	<u>\$ (1,491,398)</u>	<u>\$ 2,217,489</u>	<u>\$ (14,800)</u>	<u>\$ 1,759,017</u>	<u>\$ (392,582)</u>	<u>\$ 5,080,994</u>
Medicaid Carry Forward								16,369,542
<b>Total Med/HMP Current Year Surplus</b>								<b>\$ 21,450,536</b>
Medicaid & HMP ISF - based on current FSR								16,369,542
<b>Total Medicaid &amp; HMP Net Surplus (Deficit) including Carry Forward and ISF</b>								<b>\$ 37,820,078</b>

# Northern Michigan Regional Entity

## Funding Source Report - PIHP

Mental Health

October 1, 2022 through May 31, 2023

	NMRE MH	NMRE SUD	Northern Lakes	North Country	Northeast	AuSable Valley	Centra Wellness	PIHP Total
<b>Health Home</b>								
<b>Revenue</b>								
Revenue Capitation (PEPM)	\$ 311,557		435,554	213,390	81,425	115,820	357,287	\$ 1,515,033
CMHSP Distributions	-							-
1st/3rd Party receipts								-
<b>Net revenue</b>	<u>311,557</u>	<u>-</u>	<u>435,554</u>	<u>213,390</u>	<u>81,425</u>	<u>115,820</u>	<u>357,287</u>	<u>1,515,033</u>
<b>Expense</b>								
PIHP Admin	16,818							16,818
BHH Admin	27,353							27,353
Insurance Provider Assessment	-							-
Hospital Rate Adjuster Services	69,141		435,554	213,390	81,425	115,820	357,287	1,272,617
<b>Total expense</b>	<u>113,312</u>	<u>-</u>	<u>435,554</u>	<u>213,390</u>	<u>81,425</u>	<u>115,820</u>	<u>357,287</u>	<u>1,316,788</u>
<b>Net Surplus (Deficit)</b>	<u>\$ 198,245</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 198,245</u>

# Northern Michigan Regional Entity

## Funding Source Report - SUD

Mental Health

October 1, 2022 through May 31, 2023

	Medicaid	Healthy Michigan	Opioid Health Home	SAPT Block Grant	PA2 Liquor Tax	Total SUD
<b>Substance Abuse Prevention &amp; Treatment</b>						
<b>Revenue</b>	\$ 4,224,082	\$ 8,730,654	\$ 2,865,177	\$ 2,782,246	\$ 1,155,830	\$ 19,757,989
<b>Expense</b>						
Administration	100,230	218,750	73,825	178,776		571,581
OHH Admin			78,736	-		78,736
Access Center	29,286	63,916	-	16,104		109,307
Insurance Provider Assessment	27,037	62,095	-			89,132
Services:						
Treatment	3,251,062	7,095,373	2,394,570	1,787,757	1,155,830	15,684,592
Prevention	-	-	-	720,196	-	720,196
ARPA Grant	-	-	-	79,413	-	79,413
<b>Total expense</b>	<u>3,407,615</u>	<u>7,440,134</u>	<u>2,547,131</u>	<u>2,782,246</u>	<u>1,155,830</u>	<u>17,332,957</u>
<b>PA2 Redirect</b>			-	(0)	0	-
<b>Net Surplus (Deficit)</b>	<u>\$ 816,467</u>	<u>\$ 1,290,520</u>	<u>\$ 318,046</u>	<u>\$ -</u>	<u>\$ 0</u>	<u>\$ 2,425,032</u>

# Northern Michigan Regional Entity

## Statement of Activities and Proprietary Funds Statement of

Revenues, Expenses, and Unspent Funds

October 1, 2022 through May 31, 2023

	PIHP MH	PIHP SUD	PIHP ISF	Total PIHP
<b>Operating revenue</b>				
Medicaid	\$ 127,703,423	\$ 4,224,082	\$ -	\$ 131,927,505
Medicaid Savings	7,742,649	-	-	7,742,649
Healthy Michigan	14,853,713	8,730,654	-	23,584,367
Healthy Michigan Savings	8,626,893	-	-	8,626,893
Health Home	1,515,033	-	-	1,515,033
Opioid Health Home	-	2,865,177	-	2,865,177
Substance Use Disorder Block Grant	-	2,782,246	-	2,782,246
Public Act 2 (Liquor tax)	-	1,155,829	-	1,155,829
Affiliate local drawdown	446,112	-	-	446,112
Performance Incentive Bonus	626,931	-	-	626,931
Miscellaneous Grant Revenue	-	2,001	-	2,001
Veteran Navigator Grant	65,590	-	-	65,590
SOR Grant Revenue	-	1,062,293	-	1,062,293
Gambling Grant Revenue	-	51,728	-	51,728
Other Revenue	960	-	5,409	6,369
<b>Total operating revenue</b>	<b>161,581,304</b>	<b>20,874,010</b>	<b>5,409</b>	<b>182,460,723</b>
<b>Operating expenses</b>				
General Administration	2,011,731	463,882	-	2,475,613
Prevention Administration	-	78,278	-	78,278
OHH Administration	-	78,736	-	78,736
BHH Administration	27,353	-	-	27,353
Insurance Provider Assessment	1,251,624	89,132	-	1,340,756
Hospital Rate Adjuster	2,018,632	-	-	2,018,632
Payments to Affiliates:				
Medicaid Services	121,248,015	3,251,062	-	124,499,077
Healthy Michigan Services	11,644,636	7,095,373	-	18,740,009
Health Home Services	1,272,617	-	-	1,272,617
Opioid Health Home Services	-	2,394,570	-	2,394,570
Community Grant	-	1,787,757	-	1,787,757
Prevention	-	641,918	-	641,918
State Disability Assistance	-	-	-	-
ARPA Grant	-	79,413	-	79,413
Public Act 2 (Liquor tax)	-	1,155,830	-	1,155,830
Local PBIP	2,184,506	-	-	2,184,506
Local Match Drawdown	446,112	-	-	446,112
Miscellaneous Grant	-	3,335	-	3,335
Veteran Navigator Grant	65,590	-	-	65,590
SOR Grant Expenses	-	1,062,293	-	1,062,293
Gambling Grant Expenses	-	51,728	-	51,728
<b>Total operating expenses</b>	<b>142,170,816</b>	<b>18,233,307</b>	<b>-</b>	<b>160,404,123</b>
<b>CY Unspent funds</b>	<b>19,410,488</b>	<b>2,640,703</b>	<b>5,409</b>	<b>22,056,600</b>
<b>Transfers In</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Transfers out</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
Unspent funds - beginning	2,636,590	5,413,045	16,369,542	24,419,177
<b>Unspent funds - ending</b>	<b>\$ 22,047,078</b>	<b>\$ 8,053,748</b>	<b>\$ 16,374,951</b>	<b>\$ 46,475,777</b>

# Northern Michigan Regional Entity

## Statement of Net Position

May 31, 2023

	PIHP MH	PIHP SUD	PIHP ISF	Total PIHP
<b>Assets</b>				
<b>Current Assets</b>				
Cash Position	\$ 32,351,582	\$ 7,099,375	\$ 16,374,951	\$ 55,825,908
Accounts Receivable	18,637,353	1,817,120	-	20,454,473
Prepays	65,928	-	-	65,928
<b>Total current assets</b>	<b>51,054,863</b>	<b>8,916,495</b>	<b>16,374,951</b>	<b>76,346,309</b>
<b>Noncurrent Assets</b>				
Capital assets	125,002	-	-	125,002
<b>Total Assets</b>	<b>51,179,865</b>	<b>8,916,495</b>	<b>16,374,951</b>	<b>76,471,311</b>
<b>Liabilities</b>				
<b>Current liabilities</b>				
Accounts payable	28,914,150	862,747	-	29,776,897
Accrued liabilities	218,637	-	-	218,637
Unearned revenue	-	-	-	-
<b>Total current liabilities</b>	<b>29,132,787</b>	<b>862,747</b>	<b>-</b>	<b>29,995,534</b>
<b>Unspent funds</b>	<b>\$ 22,047,078</b>	<b>\$ 8,053,748</b>	<b>\$ 16,374,951</b>	<b>\$ 46,475,777</b>

# Northern Michigan Regional Entity

## Proprietary Funds Statement of Revenues, Expenses, and Unspent Funds

Budget to Actual - Mental Health

October 1, 2022 through May 31, 2023

	Total Budget	YTD Budget	YTD Actual	Variance Favorable (Unfavorable)	Percent Favorable (Unfavorable)
<b>Operating revenue</b>					
Medicaid					
* Capitation	\$ 187,752,708	\$ 125,168,472	\$ 127,703,423	\$ 2,534,951	2.03%
Carryover	11,400,000	11,400,000	7,742,649	(3,657,351)	(0)
Healthy Michigan					
Capitation	19,683,372	13,122,248	14,853,713	1,731,465	13.19%
Carryover	5,100,000	5,100,000	8,626,893	3,526,893	69.15%
Health Home	1,451,268	967,512	1,515,033	547,521	56.59%
Affiliate local drawdown	594,816	446,112	446,112	-	0.00%
Performance Bonus Incentive	1,334,531	1,334,531	626,931	(707,600)	(53.02%)
Miscellaneous Grants	-	-	-	-	0.00%
Veteran Navigator Grant	110,000	73,336	65,590	(7,746)	(10.56%)
Other Revenue	-	-	960	960	0.00%
<b>Total operating revenue</b>	<b>227,426,695</b>	<b>157,612,211</b>	<b>161,581,304</b>	<b>3,969,093</b>	<b>2.52%</b>
<b>Operating expenses</b>					
General Administration	3,591,836	2,377,504	2,011,731	365,773	15.38%
BHH Administration	-	-	27,353	(27,353)	0.00%
Insurance Provider Assessment	1,897,524	1,265,016	1,251,624	13,392	1.06%
Hospital Rate Adjuster	4,571,328	3,047,552	2,018,632	1,028,920	33.76%
Local PBIP	1,737,753	-	2,184,506	(2,184,506)	0.00%
Local Match Drawdown	594,816	446,112	446,112	-	0.00%
Miscellaneous Grants	-	-	-	-	0.00%
Veteran Navigator Grant	110,004	61,144	65,590	(4,446)	(7.27%)
Payments to Affiliates:					
Medicaid Services	176,618,616	117,745,744	121,248,015	(3,502,271)	(2.97%)
Healthy Michigan Services	17,639,940	11,759,960	11,644,636	115,324	0.98%
Health Home Services	1,415,196	943,464	1,272,617	(329,153)	(34.89%)
<b>Total operating expenses</b>	<b>208,177,013</b>	<b>137,646,496</b>	<b>142,170,816</b>	<b>(4,524,320)</b>	<b>(3.29%)</b>
<b>CY Unspent funds</b>	<b>\$ 19,249,682</b>	<b>\$ 19,965,715</b>	<b>19,410,488</b>	<b>\$ (555,227)</b>	
Transfers in			-		
Transfers out			-	142,170,816	
Unspent funds - beginning			2,636,590		
Unspent funds - ending			\$ 22,047,078	19,410,488	

# Northern Michigan Regional Entity

## Proprietary Funds Statement of Revenues, Expenses, and Unspent Funds

Budget to Actual - Substance Abuse

October 1, 2022 through May 31, 2023

	Total Budget	YTD Budget	YTD Actual	Variance Favorable (Unfavorable)	Percent Favorable (Unfavorable)
<b>Operating revenue</b>					
Medicaid	\$ 4,678,632	\$ 3,119,088	\$ 4,224,082	\$ 1,104,994	35.43%
Healthy Michigan	11,196,408	7,464,272	8,730,654	1,266,382	16.97%
Substance Use Disorder Block Grant	6,467,905	4,311,935	2,782,246	(1,529,689)	(35.48%)
Opioid Health Home	3,419,928	2,279,952	2,865,177	585,225	25.67%
Public Act 2 (Liquor tax)	1,533,979	511,326	1,155,829	644,503	126.05%
Miscellaneous Grants	4,000	2,667	2,001	(666)	(24.96%)
SOR Grant	2,043,984	1,362,656	1,062,293	(300,363)	(22.04%)
Gambling Prevention Grant	200,000	133,333	51,728	(81,605)	(61.20%)
Other Revenue	-	-	-	-	0.00%
<b>Total operating revenue</b>	<b>29,544,836</b>	<b>19,185,229</b>	<b>20,874,010</b>	<b>1,688,781</b>	<b>8.80%</b>
<b>Operating expenses</b>					
Substance Use Disorder:					
SUD Administration	1,082,576	681,720	463,882	217,838	31.95%
Prevention Administration	118,428	78,952	78,278	674	0.85%
Insurance Provider Assessment	113,604	75,736	89,132	(13,396)	(17.69%)
Medicaid Services	3,931,560	2,621,040	3,251,062	(630,022)	(24.04%)
Healthy Michigan Services	10,226,004	6,817,336	7,095,373	(278,037)	(4.08%)
Community Grant	2,074,248	1,382,832	1,787,757	(404,925)	(29.28%)
Prevention	634,056	422,704	641,918	(219,214)	(51.86%)
State Disability Assistance	95,215	63,479	-	63,479	100.00%
ARPA Grant	-	-	79,413	(79,413)	0.00%
Opioid Health Home Admin	-	-	78,736	(78,736)	0.00%
Opioid Health Home Services	3,165,000	2,110,000	2,394,570	(284,570)	(13.49%)
Miscellaneous Grants	4,000	2,667	3,335	(668)	(25.06%)
SOR Grant	2,043,984	1,362,656	1,062,293	300,363	22.04%
Gambling Prevention	200,000	133,333	51,728	81,605	61.20%
PA2	1,533,978	511,326	1,155,830	(644,504)	(126.05%)
<b>Total operating expenses</b>	<b>25,222,653</b>	<b>16,263,781</b>	<b>18,233,307</b>	<b>(1,969,526)</b>	<b>(12.11%)</b>
<b>CY Unspent funds</b>	<b>\$ 4,322,183</b>	<b>\$ 2,921,448</b>	<b>2,640,703</b>	<b>\$ (280,745)</b>	
Transfers in			-		
Transfers out			-		
Unspent funds - beginning			<u>5,413,045</u>		
<b>Unspent funds - ending</b>			<u>\$ 8,053,748</u>		

# Northern Michigan Regional Entity

## Proprietary Funds Statement of Revenues, Expenses, and Unspent Funds

Budget to Actual - Mental Health Administration

October 1, 2022 through May 31, 2023

	Total Budget	YTD Budget	YTD Actual	Variance Favorable (Unfavorable)	Percent Favorable (Unfavorable)
<b>General Admin</b>					
Salaries	\$ 1,921,812	\$ 1,281,208	\$ 1,116,512	\$ 164,696	12.85%
Fringes	666,212	422,416	382,321	40,095	9.49%
Contractual	683,308	455,544	304,301	151,243	33.20%
Board expenses	18,000	12,000	10,777	1,223	10.19%
Day of recovery	14,000	14,000	1,192	12,808	91.49%
Facilities	152,700	101,800	92,950	8,850	8.69%
Other	135,804	90,536	103,678	(13,142)	(14.52%)
<b>Total General Admin</b>	<u>\$ 3,591,836</u>	<u>\$ 2,377,504</u>	<u>\$ 2,011,731</u>	<u>\$ 365,773</u>	<u>15.38%</u>



# Northern Michigan Regional Entity

## Proprietary Funds Statement of Revenues, Expenses, and Unspent Funds

Budget to Actual - Substance Abuse Administration

October 1, 2022 through May 31, 2023

	Total Budget	YTD Budget	YTD Actual	Variance Favorable (Unfavorable)	Percent Favorable (Unfavorable)
<b>SUD Administration</b>					
Salaries	\$ 502,752	\$ 335,168	\$ 191,872	\$ 143,296	42.75%
Fringes	145,464	96,976	49,846	47,130	48.60%
Access Salaries	220,620	147,080	78,263	68,817	46.79%
Access Fringes	67,140	44,760	31,044	13,716	30.64%
Access Contractual	-	-	-	-	0.00%
Contractual	129,000	50,000	89,151	(39,151)	(78.30%)
Board expenses	5,000	3,336	3,110	226	6.77%
Day of Recover	-	-	11,040	(11,040)	0.00%
Facilities	-	-	-	-	0.00%
Other	12,600	4,400	9,556	(5,156)	(117.18%)
<b>Total operating expenses</b>	<b>\$ 1,082,576</b>	<b>\$ 681,720</b>	<b>\$ 463,882</b>	<b>\$ 217,838</b>	<b>31.95%</b>

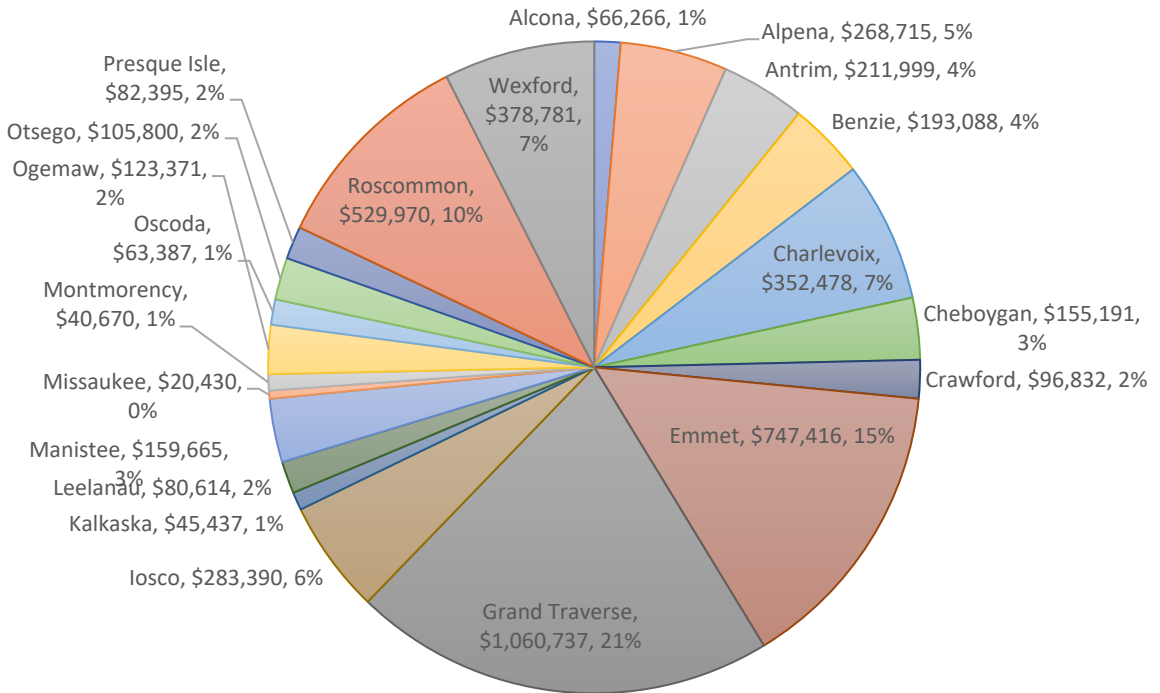
# Northern Michigan Regional Entity

## Schedule of PA2 by County

October 1, 2022 through May 31, 2023

County	Projected FY23 Activity				Actual FY23 Activity			
	Beginning Balance	FY23 Projected Revenue	FY23 Approved Projects	Projected Ending Balance	Current Receipts	County Specific Projects	Region Wide Projects by Population	Ending Balance
	Actual Expenditures by County							
Alcona	\$ 59,376	\$ 20,389	\$ 4,410	\$ 75,355	\$ 10,242	3,352	\$ -	\$ 66,266
Alpena	263,254	69,040	45,317	286,976	35,963	30,501	-	268,715
Antrim	219,249	59,729	80,820	198,158	30,499	37,749	-	211,999
Benzie	173,705	52,923	14,857	211,771	27,616	8,233	-	193,088
Charlevoix	359,548	89,334	110,699	338,183	45,993	53,063	-	352,478
Cheboygan	191,247	74,954	138,728	127,472	38,386	74,442	-	155,191
Crawford	92,406	31,228	17,903	105,731	16,476	12,050	-	96,832
Emmet	716,610	155,245	115,175	756,679	84,017	53,211	-	747,416
Grand Traverse	1,282,987	406,430	1,248,209	441,208	205,034	427,283	-	1,060,737
Iosco	329,202	70,865	180,735	219,332	36,897	82,709	-	283,390
Kalkaska	74,226	31,700	83,823	22,103	17,878	46,667	-	45,437
Leelanau	102,658	56,613	117,817	41,454	28,594	50,638	-	80,614
Manistee	131,924	68,873	10,407	190,390	35,651	7,910	-	159,665
Missaukee	37,771	18,044	48,883	6,931	9,401	26,742	-	20,430
Montmorency	54,974	27,338	42,322	39,990	13,175	27,479	-	40,670
Ogemaw	154,130	50,286	142,919	61,497	28,758	59,517	-	123,371
Oscoda	65,061	20,039	36,568	48,532	9,077	10,752	-	63,387
Otsego	108,477	88,483	94,620	102,340	45,150	47,827	-	105,800
Presque Isle	75,221	22,256	5,450	92,027	11,315	4,142	-	82,395
Roscommon	524,550	74,697	72,090	527,157	37,648	32,229	-	529,970
Wexford	396,468	79,925	108,457	367,936	41,646	59,333	-	378,781
	<u>5,413,044</u>	<u>1,568,386</u>	<u>2,720,209</u>	<u>4,261,221</u>	<u>809,417</u>	<u>1,155,829</u>	<u>-</u>	<u>5,066,632</u>
PA2 Redirect								<u>-</u>
								<u>5,066,632</u>

## PA2 FUND BALANCES BY COUNTY



# Northern Michigan Regional Entity

## Proprietary Funds Statement of Revenues, Expenses, and Unspent Funds

Budget to Actual - ISF

October 1, 2022 through May 31, 2023

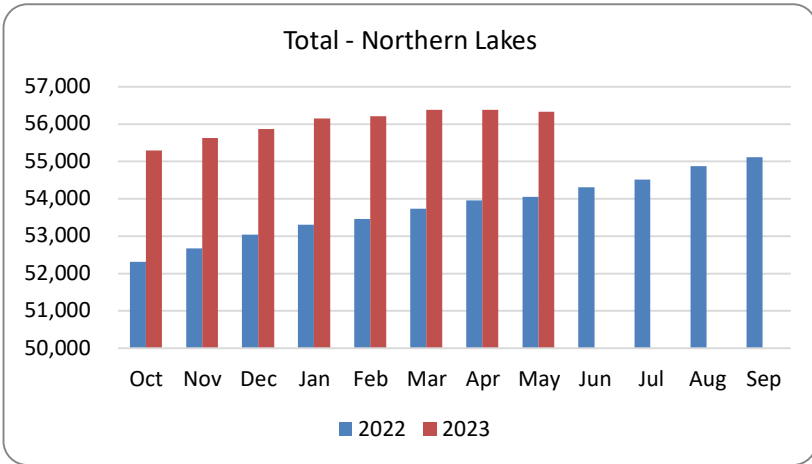
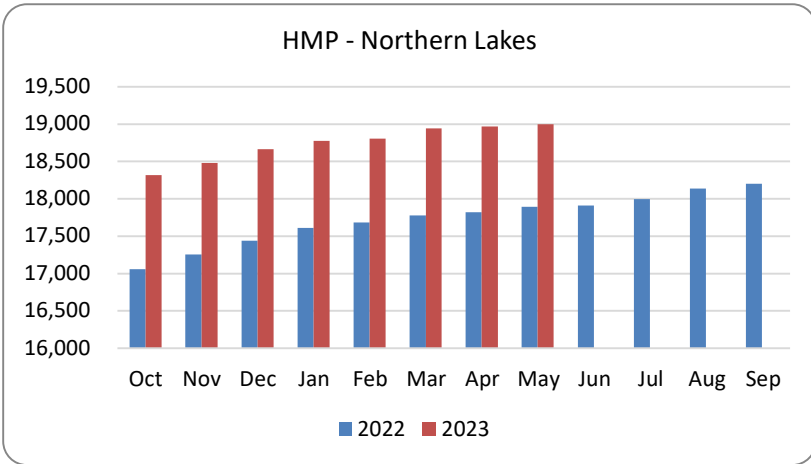
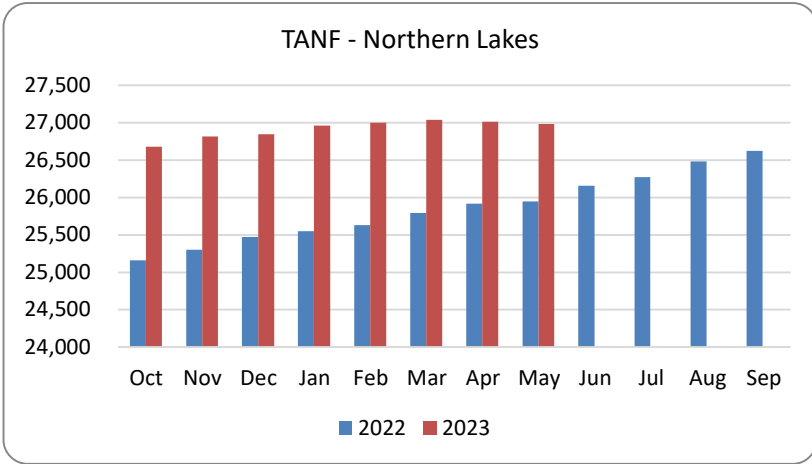
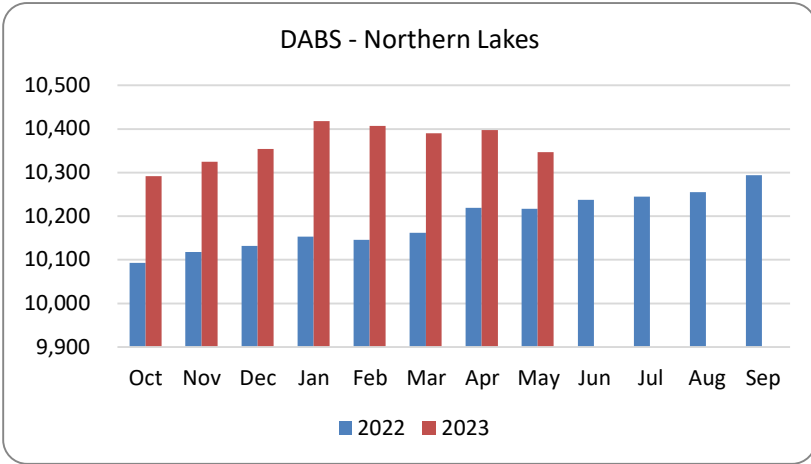
	Total Budget	YTD Budget	YTD Actual	Variance Favorable (Unfavorable)	Percent Favorable (Unfavorable)
<b>Operating revenue</b>					
Charges for services	\$ -	\$ -	\$ -	\$ -	0.00%
Interest and Dividends	7,500	5,000	5,409	409	8.18%
<b>Total operating revenue</b>	<b>7,500</b>	<b>5,000</b>	<b>5,409</b>	<b>409</b>	<b>8.18%</b>
<b>Operating expenses</b>					
Medicaid Services	-	-	-	-	0.00%
Healthy Michigan Services	-	-	-	-	0.00%
<b>Total operating expenses</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>0.00%</b>
<b>CY Unspent funds</b>	<b>\$ 7,500</b>	<b>\$ 5,000</b>	<b>5,409</b>	<b>\$ 409</b>	
Transfers in			-		
Transfers out			-	-	
Unspent funds - beginning			16,369,542		
<b>Unspent funds - ending</b>			<b>\$ 16,374,951</b>		

# Northern Michigan Regional Entity

## Narrative

October 1, 2022 through May 31, 2023

## Northern Lakes Eligible Members Trending - based on payment files

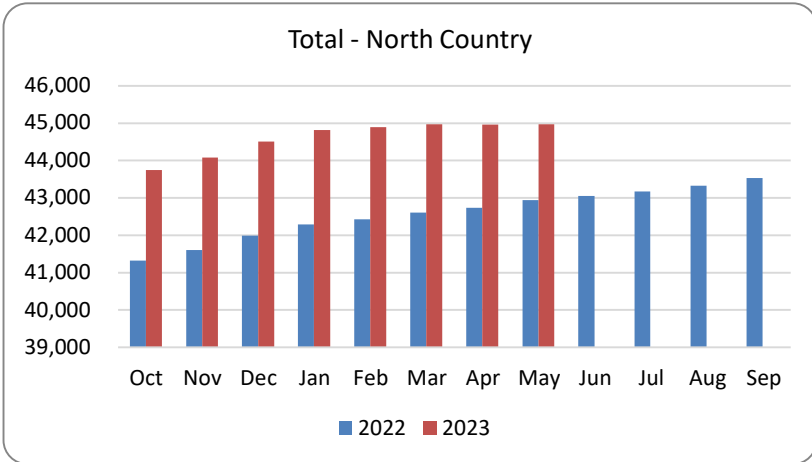
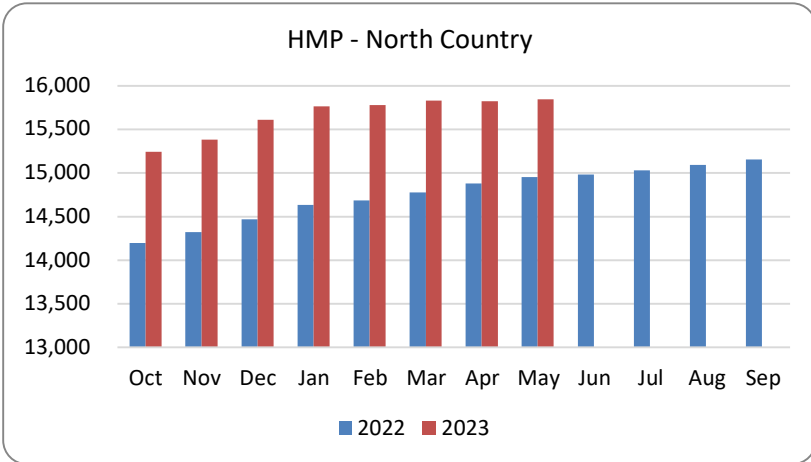
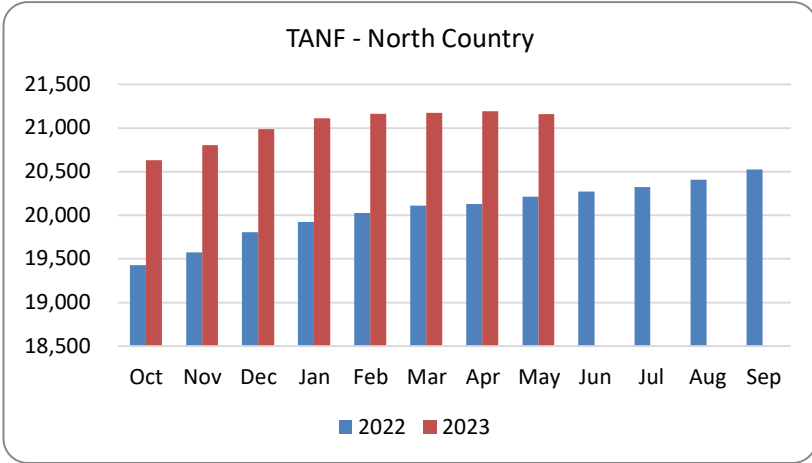
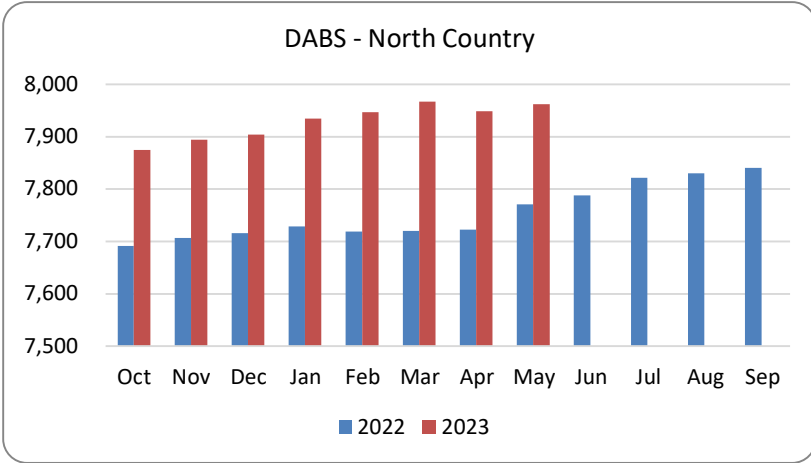


# Northern Michigan Regional Entity

## Narrative

October 1, 2022 through May 31, 2023

## North Country Eligible Members Trending - based on payment files

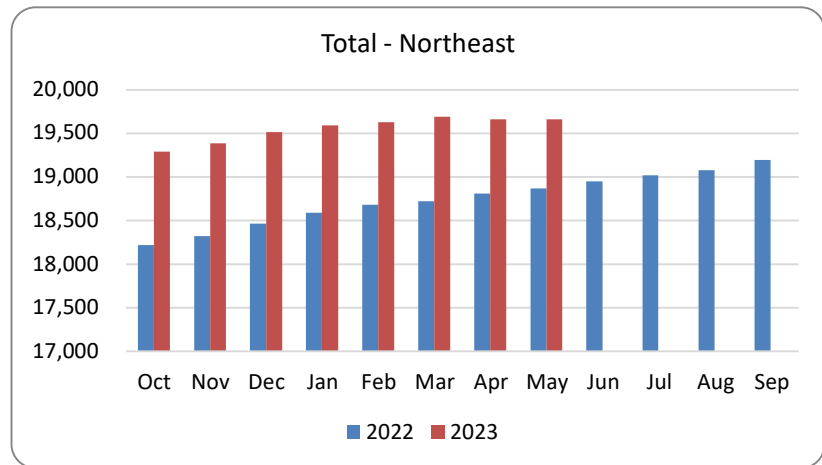
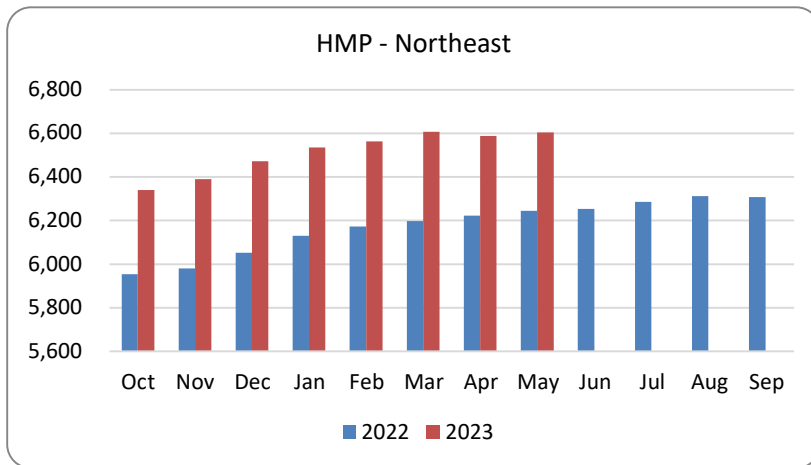
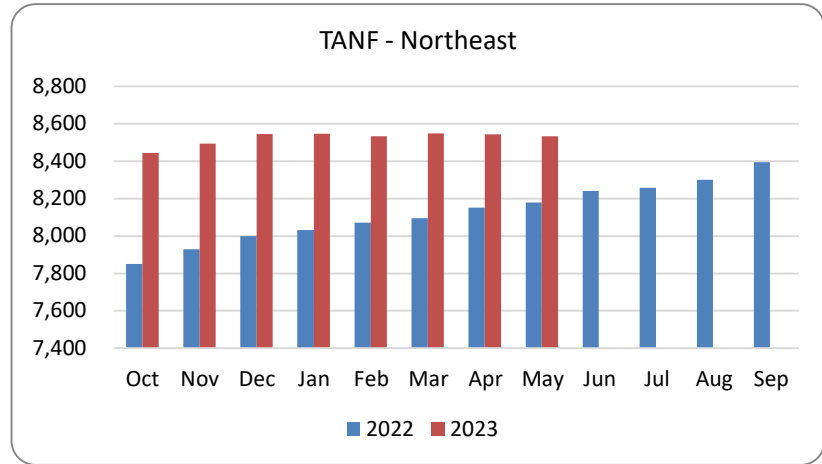
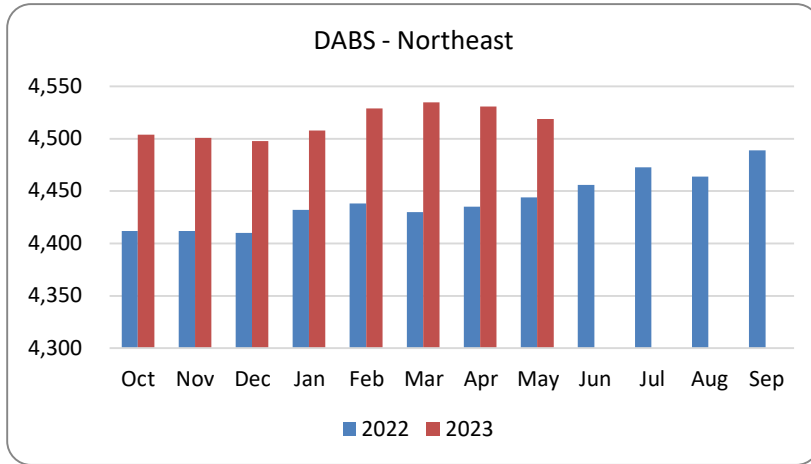


# Northern Michigan Regional Entity

## Narrative

October 1, 2022 through May 31, 2023

## Northeast Eligible Members Trending - based on payment files

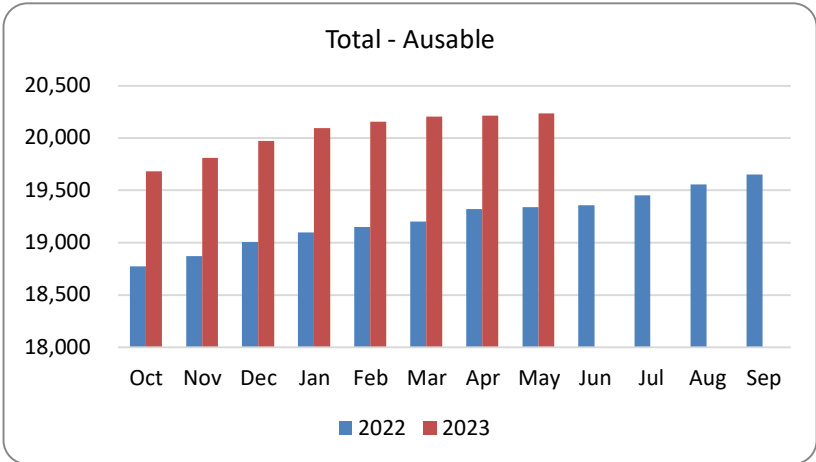
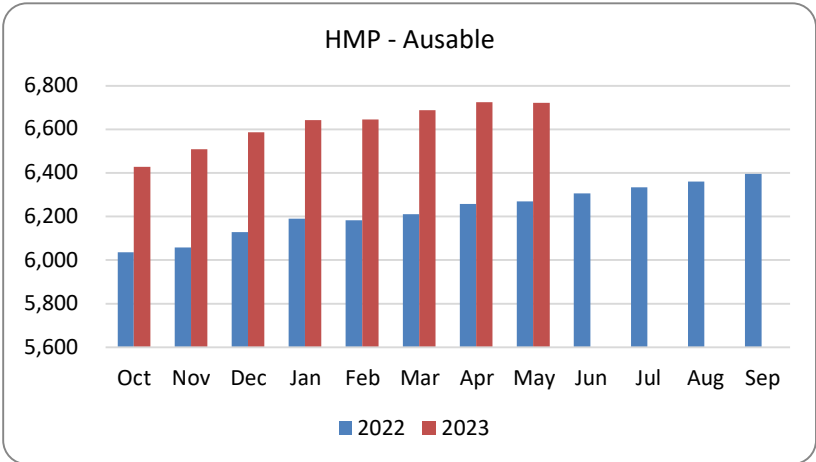
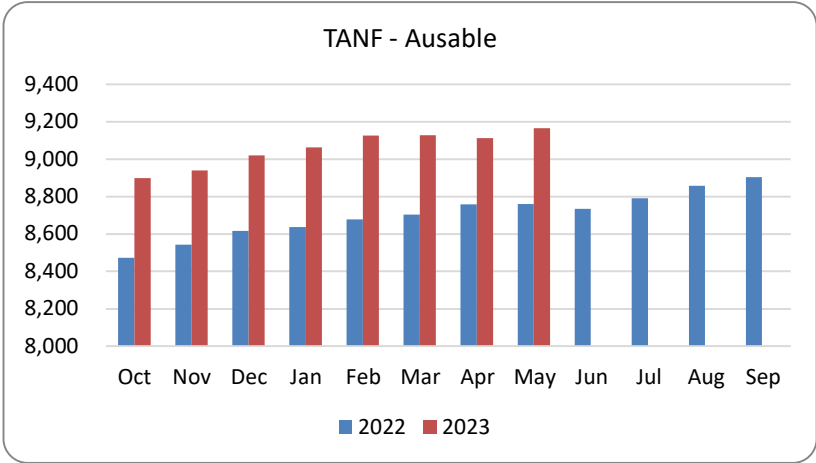
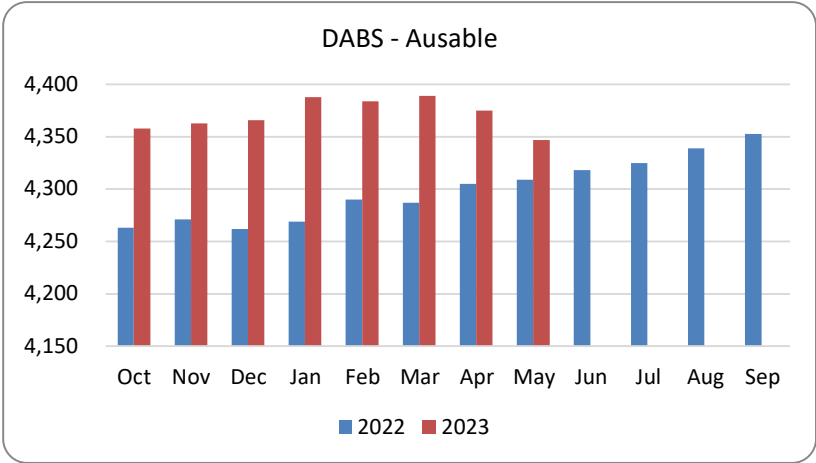


# Northern Michigan Regional Entity

## Narrative

October 1, 2022 through May 31, 2023

## Ausable Valley Eligible Members Trending - based on payment files



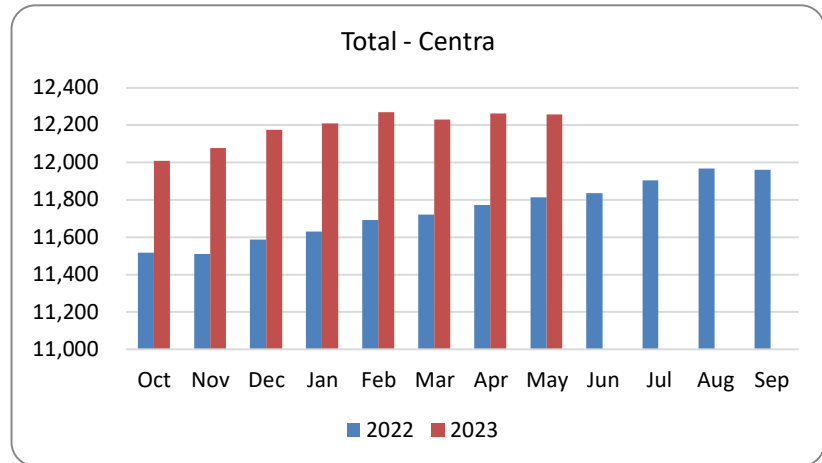
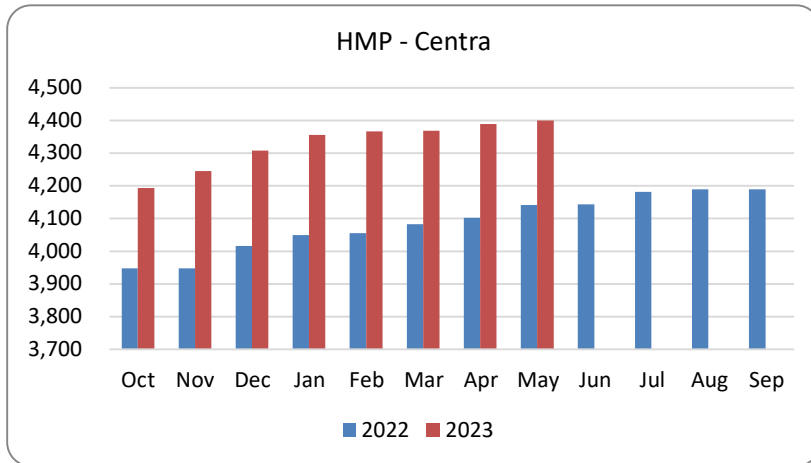
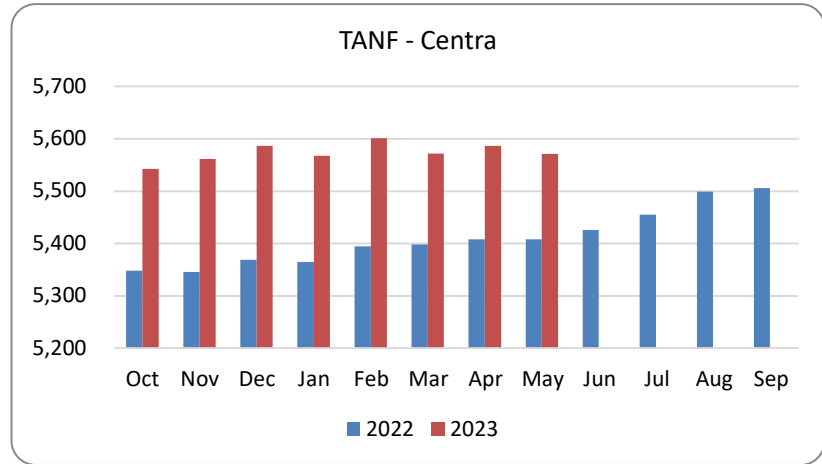
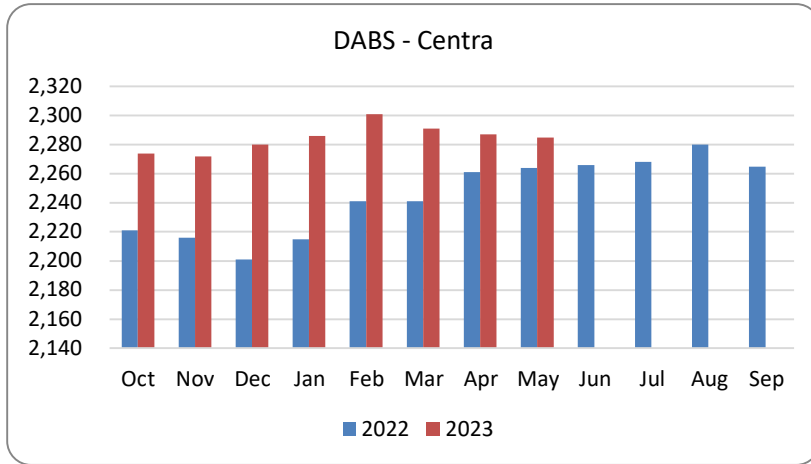


# Northern Michigan Regional Entity

## Narrative

October 1, 2022 through May 31, 2023

## Centra Wellness Eligible Members Trending - based on payment files

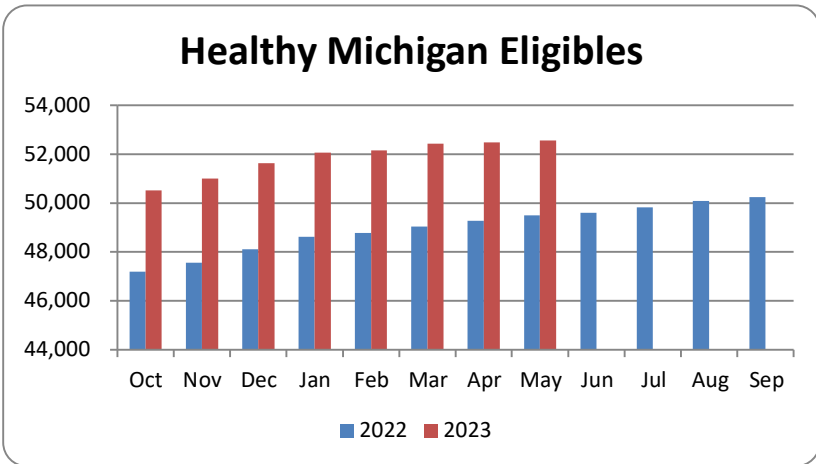
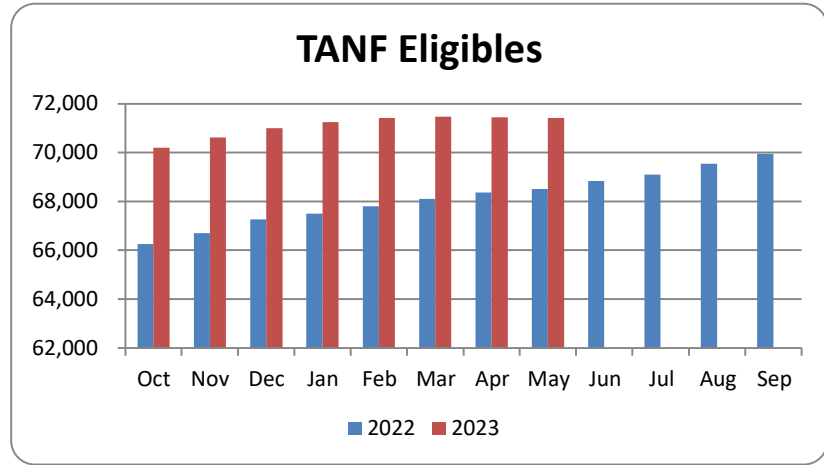
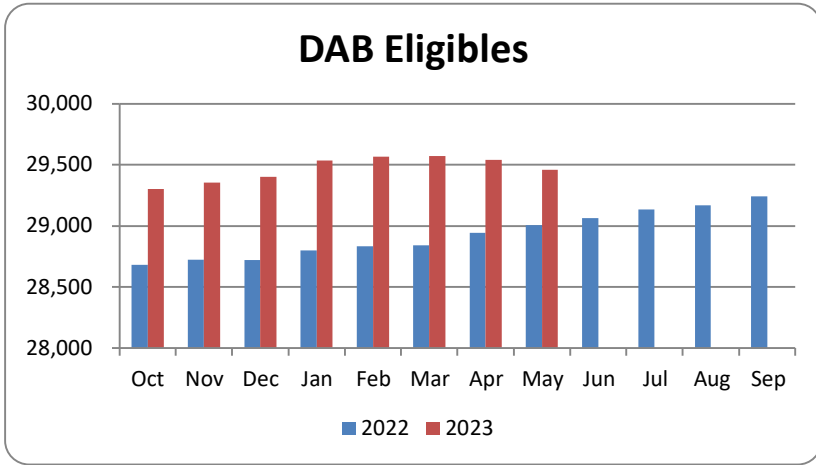


# Northern Michigan Regional Entity

## Narrative

October 1, 2022 through May 31, 2023

## Regional Eligible Trending

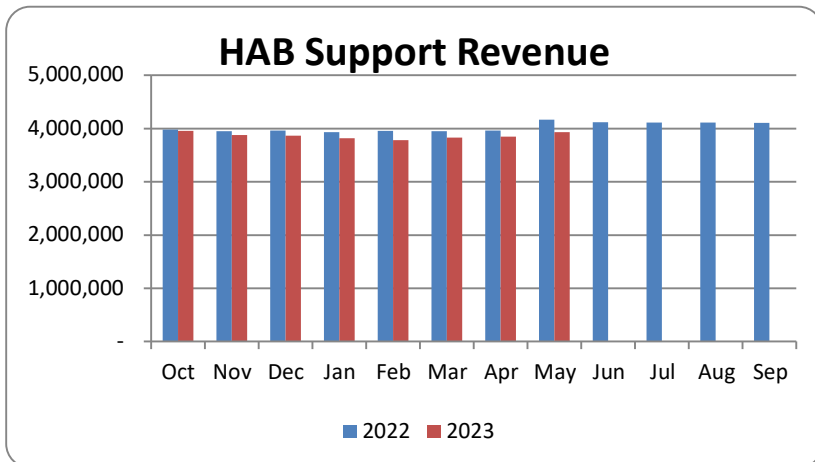
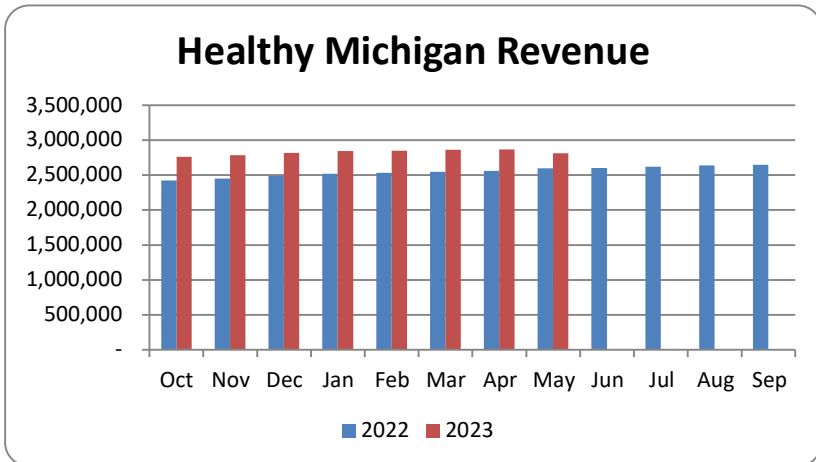
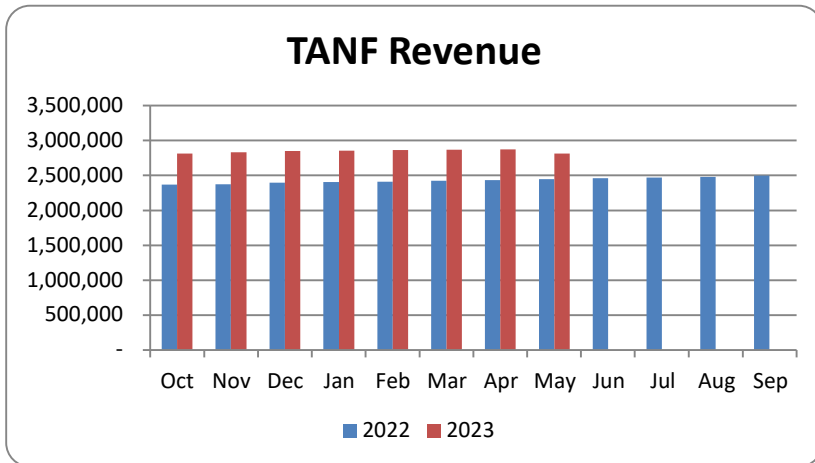
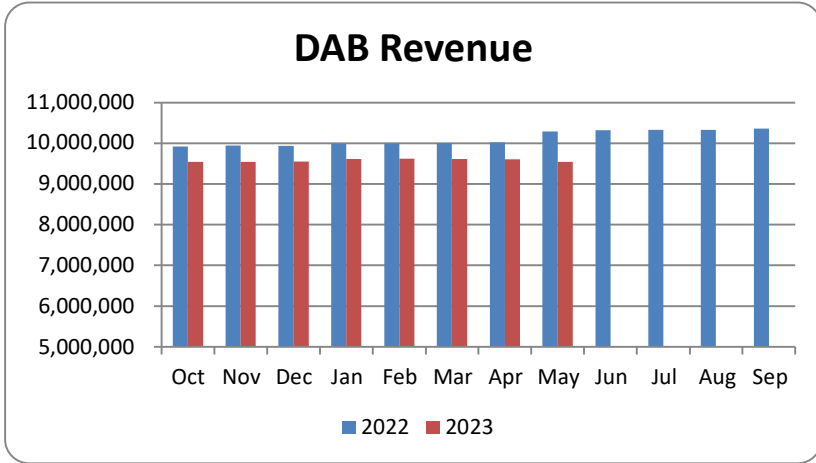


# Northern Michigan Regional Entity

## Narrative

October 1, 2022 through May 31, 2023

## Regional Revenue Trending



**NORTHERN MICHIGAN REGIONAL ENTITY  
SUBSTANCE USE DISORDER OVERSIGHT COMMITTEE MEETING  
10:00AM – JULY 10, 2023  
GAYLORD CONFERENCE ROOM & MICROSOFT TEAMS**

<b>Alcona</b>	<input checked="" type="checkbox"/> Carolyn Brummund	<b>Kalkaska</b>	<input type="checkbox"/> David Comai
<b>Alpena</b>	<input checked="" type="checkbox"/> Burt Francisco	<b>Leelanau</b>	<input checked="" type="checkbox"/> Greg McMorrow
<b>Antrim</b>	<input checked="" type="checkbox"/> Pam Singer	<b>Manistee</b>	<input checked="" type="checkbox"/> Richard Schmidt
<b>Benzie</b>	<input type="checkbox"/> Tim Markey	<b>Missaukee</b>	<input type="checkbox"/> Vacant
<b>Charlevoix</b>	<input checked="" type="checkbox"/> Josh Chamberlain	<b>Montmorency</b>	<input type="checkbox"/> Don Edwards
<b>Cheboygan</b>	<input checked="" type="checkbox"/> John Wallace	<b>Ogemaw</b>	<input checked="" type="checkbox"/> Ron Quackenbush
<b>Crawford</b>	<input type="checkbox"/> Sherry Powers	<b>Oscoda</b>	<input checked="" type="checkbox"/> Chuck Varner
<b>Emmet</b>	<input checked="" type="checkbox"/> Terry Newton	<b>Otsego</b>	<input checked="" type="checkbox"/> Doug Johnson
<b>Grand</b>		<b>Presque Isle</b>	<input type="checkbox"/> Terry Larson
<b>Traverse</b>	<input checked="" type="checkbox"/> Dave Freedman	<b>Roscommon</b>	<input checked="" type="checkbox"/> Darlene Sensor
<b>Iosco</b>	<input checked="" type="checkbox"/> Jay O'Farrell	<b>Wexford</b>	<input checked="" type="checkbox"/> Gary Taylor
<b>Staff</b>	<input checked="" type="checkbox"/> Bea Arsenov		Clinical Services Director
	<input checked="" type="checkbox"/> Jodie Balhorn		Prevention Coordinator
	<input checked="" type="checkbox"/> Carol Balousek		Executive Administrator
	<input checked="" type="checkbox"/> Eric Kurtz		Chief Executive Officer
	<input checked="" type="checkbox"/> Brandon Rhue		Chief Information Officer/Operations Director
	<input checked="" type="checkbox"/> Denise Switzer		Grant and Treatment Manager
	<input checked="" type="checkbox"/> Deanna Yockey		Chief Financial Officer
<b>Public</b>	Chip Cieslinski, Donna Hardies, Grayson Lewis, Susan Pulaski, Kara Steinke, Ellen Templeton, Sharon Vreeland, Sue Winter, Susan Wojtkowiak		

CALL TO ORDER

Let the record show that Mr. Schmidt called the meeting to order at 10:00AM.

ROLL CALL

Let the record show that Tim Markey, Sherry Powers, David Comai, Don Edwards, and Terry Larson were absent for the meeting on this date; all other SUD Oversight Committee members were in attendance either in Gaylord or virtually.

PLEDGE OF ALLEGIANCE

Let the record show that the Pledge of Allegiance was recited as a group.

APPROVAL OF PAST MINUTES

The March minutes were included in the materials for the meeting on this date.

**MOTION BY DOUG JOHNSON TO APPROVE THE MINUTES OF THE MARCH 6, 2023 NORTHERN MICHIGAN REGIONAL ENTITY SUBSTANCE USE DISORDER OVERSIGHT COMMITTEE MEETING; SUPPORT BY CAROLYN BRUMMUND. MOTION CARRIED.**

APPROVAL OF AGENDA

Let the record show that no additions or revisions to the meeting Agenda were proposed.

**MOTION BY JAY O'FARRELL TO APPROVE THE AGENDA FOR THE JULY 10, 2023 MEETING OF THE NORTHERN MICHIGAN REGIONAL ENTITY SUBSTANCE USE DISORDER OVERSIGHT COMMITTEE; SUPPORT BY RON QUACKENBUSH. MOTION CARRIED.**

ANNOUNCEMENTS

Let the record show that new NMRE SUD Oversight Committee Member, Pam Singer, representing Antrim County, was introduced to the group.

ACKNOWLEDGEMENT OF CONFLICT OF INTEREST

Let the record show that Mr. Schmidt called for any conflicts of interest to any of the meeting agenda items; none were declared.

INFORMATIONAL REPORTS

**Admissions**

The admissions report through May 31, 2023 was included in the materials for the meeting on this date. Admissions in the first eight months of FY23 were up 5.17% from the same period in FY22. The data showed that outpatient was the highest level of treatment admissions at 47.8%, and alcohol was the most prevalent primary substance at 54%, methamphetamine was second at 17%, and heroin was the third most prevalent primary substance at 13%.

Clarification was made that primary substances were recorded in the data; many individuals also have secondary substances, but those were not shown.

**April Financial Report**

SUD services through April 30, 2023 showed all funding source revenue of \$17,249,548 and \$15,106,237 in expenses, resulting in a net surplus of \$2,143,311. Total PA2 funds were reported as \$5,227,061.

FY24 LIQUOR TAX REQUESTS

It was noted that Catholic Human Services (CHS) has a high and often varying rate of fringes to salary calculations. Because CHS is part of the Michigan Catholic Conference, its fringes are locked into their rates and process. In contrast, CHS staff salaries are quite low, creating the high fringe to salary percentages.

Mr. Freedman noted that indirect costs were not clearly defined; he emphasized the importance of a consistent interpretation.

**Single County**

- 1) Catholic Human Services – Alcona Youth Coalition (Renewal)

Alcona	\$	24,200.00
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The recommendation by NMRE was to approve.

**MOTION BY CAROLYN BRUMMUND TO APPROVE THE REQUEST FROM CATHOLIC HUMAN SERVICES FOR ALCONA COUNTY LIQUOR TAX DOLLARS IN THE AMOUNT OF TWENTY-FOUR THOUSAND TWO HUNDRED DOLLARS (\$24,200.00) TO FUND**

**THE ALCONA YOUTH COALITION; SUPPORT BY TERRY NEWTON. MOTION CARRIED.**

- 2) Catholic Human Services – Alpena Prevention Youth Coalition (Renewal)

Alpena                                 \$     55,748.00

The recommendation by NMRE was to approve.

**MOTION BY BURT FRANCISCO TO APPROVE THE REQUEST FROM CATHOLIC HUMAN SERVICES FOR ALPENA COUNTY LIQUOR TAX DOLLARS IN THE AMOUNT OF FIFTY-FIVE THOUSAND SEVEN HUNDRED FORTY-EIGHT DOLLARS (\$55,748.00) TO FUND THE APENA PREVENTION YOUTH COALITION; SUPPORT BY CHUCK VARNER. MOTION CARRIED.**

- 3) Centra Wellness Network – Bay Area Youth (BAY) Initiative (Renewal)

Benzie                                 \$     7,790.00

The recommendation by NMRE was to approve.

**MOTION BY RICHARD SCHMIDT TO APPROVE THE REQUEST FROM CENTRA WELLNESS NETWORK FOR BENZIE COUNTY LIQUOR TAX DOLLARS IN THE AMOUNT OF SEVEN THOUSAND SEVEN HUNDRED NINETY DOLLARS (\$7,790.00) TO FUND THE BAY AREA YOUTH INITIATIVE; SUPPORT BY JAY O'FARRELL. MOTION CARRIED.**

- 4) Catholic Human Services – Cheboygan County Drug-Free Coalition "Pulling Together" (Renewal)

Cheboygan                             \$    69,934.00

The recommendation by NMRE was to approve.

**MOTION BY JOHN WALLACE TO APPROVE THE REQUEST FROM CATHOLIC HUMAN SERVICES FOR CHEBOYGAN COUNTY LIQUOR TAX DOLLARS IN THE AMOUNT OF SIXTY-NINE THOUSAND NINE HUNDRED THIRTY-FOUR DOLLARS (\$69,934.00) TO FUND THE CHEBOYGAN COUNTY DRUG FREE COALITION; SUPPORT BY TERRY NEWTON. MOTION CARRIED.**

- 5) Emmet County 57<sup>th</sup> Circuit Court – Emmet County Treatment Court (New Request)

Emmet                                 \$   147,956.00

The recommendation by NMRE was to approve.

**MOTION BY TERRY NEWTON TO APPROVE THE REQUEST FROM THE EMMET COUNTY FIFTY-SEVENTH (57<sup>TH</sup>) CIRCUIT COURT FOR EMMET COUNTY LIQUOR TAX DOLLARS IN THE AMOUNT OF ONE HUNDRED FORTY-SEVEN THOUSAND NINE**

**HUNDRED FIFTY-SIX DOLLARS (\$147,956.00) TO FUND THE EMMET COUNTY TREATMENT COURT; SUPPORT BY JOSH CHAMBERLAIN. MOTION CARRIED.**

- 6) Catholic Human Services – Dann’s House (Renewal)

Grand Traverse       \$     50,000.00

The recommendation by NMRE was to approve.

**MOTION BY DAVE FREEDMAN TO APPROVE THE REQUEST FROM CATHOLIC HUMAN SERVICES FOR GRAND TRAVERSE COUNTY LIQUOR TAX DOLLARS IN THE AMOUNT OF FIFTY THOUSAND DOLLARS (\$50,000.00) TO FUND DANN’S HOUSE IN TRAVERSE CITY; SUPPORT BY JOHN WALLACE. MOTION CARRIED.**

- 7) Catholic Human Services – Grand Traverse Drug Free Coalition (Renewal)

Grand Traverse       \$     79,038.00

The recommendation by NMRE was to approve.

**MOTION BY DAVE FREEDMAN TO APPROVE THE REQUEST FROM CATHOLIC HUMAN SERVICES FOR GRAND TRAVERSE COUNTY LIQUOR TAX DOLLARS IN THE AMOUNT OF SEVENTY-NINE THOUSAND THIRTY-EIGHT DOLLARS (\$79,038.00) TO FUND THE GRAND TRAVERSE DRUG FREE COALITION; SUPPORT BY JAY O’FARRELL. MOTION CARRIED.**

- 8) Catholic Human Services – Peer Recovery with Dr. Best (Renewal)

Grand Traverse       \$     48,773.00

The recommendation by NMRE was to approve.

**MOTION BY DAVE FREEDMAN TO APPROVE THE REQUEST FROM CATHOLIC HUMAN SERVICES FOR GRAND TRAVERSE COUNTY LIQUOR TAX DOLLARS IN THE AMOUNT OF FORTY-EIGHT THOUSAND SEVEN HUNDRED SEVENTY-THREE DOLLARS (\$48,773.00) TO FUND THE PEER RECOVERY PROGRAM WITH DR. BEST; SUPPORT BY TERRY NEWTON. MOTION CARRIED.**

- 9) Munson – Recovery Coach Patient Engagement (Renewal)

Grand Traverse       \$     64,398.00

The recommendation by NMRE was to approve.

**MOTION BY DAVE FREEDMAN TO APPROVE THE REQUEST FROM MUNSON MEDICAL CENTER FOR GRAND TRAVERSE COUNTY LIQUOR TAX DOLLARS IN THE AMOUNT OF SIXTY-FOUR THOUSAND THREE HUNDRED NINETY-EIGHT DOLLARS (\$64,398.00) TO FUND THE RECOVERY COACH PATIENT ENGAGEMENT PROGRAM; SUPPORT BY RON QUACKENBUSH. MOTION CARRIED.**

- 10) Catholic Human Services – Substance Free Coalition of Northwest Michigan (SFNM) Opioid Use Prevention and Medication Safety Campaign (Renewal)

Grand Traverse           \$    122,634.81

The recommendation by NMRE was to approve.

**MOTION BY DAVE FREEDMAN TO APPROVE THE REQUEST FROM CATHOLIC HUMAN SERVICES FOR GRAND TRAVERSE COUNTY LIQUOR TAX DOLLARS IN THE AMOUNT OF ONE HUNDRED TWENTY-TWO THOUSAND SIX HUNDRED THIRTY-FOUR DOLLARS AND EIGHTY-ONE CENTS (\$122,634.81) TO FUND THE SUBSTANCE FREE COALITION OF NORTHWEST MICHIGAN OPIOID USE PREVENTION AND MEDICATION SAFETY CAMPAIGN; SUPPORT BY CAROLYN BRUMMUND. MOTION CARRIED.**

- 11) Catholic Human Services – Teen Parent Substance Use Prevention “Generations Ahead” (Renewal)

Grand Traverse           \$    78,498.00

The recommendation by NMRE was to approve.

Clarification was made that although “Generations Ahead” is a non-profit organization, Catholic Human Services will act as the fiduciary. Liquor tax projects must flow through licensed providers or governmental agencies.

**MOTION BY DAVE FREEDMAN TO APPROVE THE REQUEST FROM CATHOLIC HUMAN SERVICES FOR GRAND TRAVERSE COUNTY LIQUOR TAX DOLLARS IN THE AMOUNT OF SEVENTY-EIGHT THOUSAND FOUR HUNDRED NINETY-EIGHT DOLLARS (\$78,498.00) TO FUND THE TEEN PARENT SUBSTANCE USE PREVENTION PROGRAM; SUPPORT BY JOSH CHAMBERLAIN. MOTION CARRIED.**

- 12) Child and Family Services of Northwest Michigan – Youth Empowerment for Success (YES!) Program (Renewal)

Grand Traverse           \$    11,137.00

The recommendation by NMRE was to approve.

**MOTION BY DAVE FREEDMAN TO APPROVE THE REQUEST FROM CHILD AND FAMILY SERVICES OF NORTHWEST MICHIGAN FOR GRAND TRAVERSE COUNTY LIQUOR TAX DOLLARS IN THE AMOUNT OF ELEVEN THOUSAND ONE HUNDRED THIRTY-SEVEN DOLLARS (\$11,137.00) TO FUND THE YOUTH EMPOWERMENT FOR SUCCESS PROGRAM; SUPPORT BY RON QUACKENBUSH. MOTION CARRIED.**

- 13) Catholic Human Services – Iosco Substance Free Coalition (Renewal)

Iosco                         \$    77,891.00



The recommendation by NMRE was to approve.

**MOTION BY JAY O'FARRELL TO APPROVE THE REQUEST FROM CATHOLIC HUMAN SERVICES FOR IOSCO COUNTY LIQUOR TAX DOLLARS IN THE AMOUNT OF SEVENTY-SEVEN THOUSAND EIGHT HUNDRED NINETY-ONE DOLLARS (\$77,891.00) TO FUND THE IOSCO SUBSTANCE FREE COALITION; SUPPORT BY CHUCK VARNER. MOTION CARRIED.**

14) Catholic Human Services – Live Well Kalkaska Substance Free Coalition (Renewal)

Kalkaska                   \$     42,627.00

The recommendation by NMRE was to deny based on the remaining county fund balance.

15) Catholic Human Services – Leelanau County Coordinated Youth SUD Prevention (Renewal)

Leelanau                   \$     31,000.00

The recommendation by NMRE was to approve.

**MOTION BY GREG MCMORROW TO APPROVE THE REQUEST FROM CATHOLIC HUMAN SERVICES FOR LEELANAU COUNTY LIQUOR TAX DOLLARS IN THE AMOUNT OF THIRTY-ONE THOUSAND DOLLARS (\$31,000.00) TO FUND THE LEELANAU COUNTY COORDINATED YOUTH SUBSTANCE USE DISORDER PREVENTION PROGRAM; SUPPORT BY PAM SINGER. MOTION CARRIED.**

16) Catholic Human Services – Ogemaw County Drug Free Coalition (Renewal)

Ogemaw                    \$     33,497.00

The recommendation by NMRE was to approve.

**MOTION BY RON QUACKENBUSH TO APPROVE THE REQUEST FROM CATHOLIC HUMAN SERVICES FOR OGEMAW COUNTY LIQUOR TAX DOLLARS IN THE AMOUNT OF THIRTY-THREE THOUSAND FOUR HUNDRED NINETY-SEVEN DOLLARS (\$33,497.00) TO FUND THE OGEMAW COUNTY DRUG FREE COALITION; SUPPORT BY JAY O'FARRELL. MOTION CARRIED.**

17) Health Department of Northwest Michigan – RISE Otsego Substance Free Coalition (Renewal)

Otsego                     \$     68,050.00

The recommendation by NMRE was to approve.

**MOTION BY DOUG JOHNSON TO APPROVE THE REQUEST FROM THE HEALTH DEPARTMENT OF NORTHWEST MICHIGAN FOR OTESEGO COUNTY LIQUOR TAX DOLLARS IN THE AMOUNT OF SIXTY-EIGHT THOUSAND FIFTY DOLLARS (\$68,050.00) TO FUND THE RISE OTSEGO SUBSTANCE FREE COALITION; SUPPORT BY GARY TAYLOR. MOTION CARRIED.**

18) Catholic Human Services – Presque Isle Prevention Coalition (Renewal)

Presque Isle           \$     52,800.00

The recommendation by NMRE was to approve.

**MOTION BY BURT FRANCISCO TO APPROVE THE REQUEST FROM CATHOLIC HUMAN SERVICES FOR PRESQUE ISLE COUNTY LIQUOR TAX DOLLARS IN THE AMOUNT OF FIFTY-TWO THOUSAND EIGHT HUNDRED DOLLARS (\$52,800.00) TO FUND THE PRESQUE ISLE PREVENTION COALITION; SUPPORT BY CAROLYN BRUMMUND. MOTION CARRIED.**

19) Catholic Human Services – Roscommon County Drug Free Coalition (Renewal)

Roscommon           \$     51,224.00

The recommendation by NMRE was to approve.

**MOTION BY DARLENE SENSOR TO APPROVE THE REQUEST FROM CATHOLIC HUMAN SERVICES FOR ROSCOMMON COUNTY LIQUOR TAX DOLLARS IN THE AMOUNT OF FIFTY-ONE THOUSAND TWO HUNDRED TWENTY-FOUR DOLLARS (\$51,224.00) TO FUND THE ROSCOMMON COUNTY DRUG FREE COALITION; SUPPORT BY PAM SINGER. MOTION CARRIED.**

20) Wexford County Sheriff's Office – Wexford County Sheriff's Office Preliminary Breath Test (New Project)

Wexford               \$     6,424.00

The recommendation by NMRE was to approve.

**MOTION BY GARY TAYLOR TO APPROVE THE REQUEST FROM THE WEXFORD COUNTY SHERIFF'S OFFICE FOR WEXFORD COUNTY LIQUOR TAX DOLLARS IN THE AMOUNT OF SIX THOUSAND FOUR HUNDRED TWENTY-FOUR DOLLARS (\$6,424.00) TO PURCHASE PRELIMINARY BREATH TEST KITS; SUPPORT BY RON QUACKENBUSH. MOTION CARRIED.**

21) Catholic Human Services – Wexford Jail-Based Substance Use Disorder Program (Renewal)

Wexford               \$    102,340.00

The recommendation by NMRE was to approve.

**MOTION BY GARY TAYLOR TO APPROVE THE REQUEST FROM CATHOLIC HUMAN SERVICES FOR WEXFORD COUNTY LIQUOR TAX DOLLARS IN THE AMOUNT OF ONE HUNDRED TWO THOUSAND THREE HUNDRED FORTY DOLLARS (\$102,340.00) TO FUND THE WEXFORD JAIL-BASED SUBSTANCE USE DISORDER PROGRAM; SUPPORT BY DOUG JOHNSON. MOTION CARRIED.**

**Multi County**

22) Sunrise Centre – Building and Enhancing Recovery Capital in Northwest Michigan with Recovery Coaching and Mentoring (New Project)

Alcona	\$	7,683.42
Alpena	\$	21,127.01
Iosco	\$	18,677.45
Montmorency	\$	6,866.17
Oscoda	\$	6,151.34
Presque Isle	\$	9,494.61
Total	\$	<u>\$70,000.00</u>

The recommendation by NMRE was to approve. Carolyn/Pam. Motion carried.

**MOTION BY CAROLYN BRUMMUND TO APPROVE THE REQUEST FROM SUNRISE CENTRE FOR LIQUOR TAX DOLLARS IN THE AMOUNT OF SEVENTY THOUSAND DOLLARS (\$70,000.00) FOR A RECOVERY COACHING AND MENTORING PROGRAM IN ALCONA, ALPENA, IOSCO, MONTMORENCY, OSCODA, AND PRESQUE ISLE COUNTIES; SUPPORT BY PAM SINGER. MOTION CARRIED.**

23) Catholic Human Services – Peer Recovery Community-Based Project (Renewal)

Alcona	\$	6,244.51
Alpena	\$	17,170.45
Antrim	\$	14,051.51
Charlevoix	\$	15,769.04
Crawford	\$	8,309.76
Iosco	\$	15,179.64
Montmorency	\$	5,580.31
Oscoda	\$	4,999.35
Presque Isle	\$	7,716.51
Roscommon	\$	14,415.29
Wexford	\$	20,074.62
Total	\$	<u>\$129,591.00</u>

The recommendation by NMRE was to approve.

**MOTION BY JOSH CHAMBERLAIN TO APPROVE THE REQUEST FROM CATHOLIC HUMAN SERVICES FOR LIQUOR TAX DOLLARS IN THE AMOUNT OF ONE HUNDRED TWENTY-NINE THOUSAND FIVE HUNDRED NINETY-ONE DOLLARS (\$129,591.00) FOR A PEER RECOVERY COMMUNITY-BASED PROJECT IN ALCONA, ALPENA, ANTRIM, CHARLEVOIX, CRAWFORD, IOSCO, MONTMORENCY, OSCODA, PRESQUE ISLE, ROSCOMMON, AND WEXFORD COUNTIES; SUPPORT BY GARY TAYLOR. MOTION CARRIED.**

24) District Health Department #10 – Deterra Disposal and Medication Lockbox Project (Renewal)

Missaukee	\$	2,796.16
Wexford	\$	6,203.84
Total	\$	9,000.00

The recommendation by NMRE was to approve.

**MOTION BY GARY TAYLOR TO APPROVE THE REQUEST FROM DISTRICT HEALTH DEPARTMENT NUMBER TEN (#10) FOR LIQUOR TAX DOLLARS IN THE AMOUNT OF NINE THOUSAND DOLLARS (\$9,000.00) FOR THE DETERRA DISPOSAL AND MEDICATION LOCKBOX PROJECT IN MISSAUKEE AND WEXFORD COUNTIES; SUPPORT BY DOUG JOHNSON. MOTION CARRIED.**

25) Health Department of Northwest Michigan – Drug Free Northern Michigan (DFNM) 21-County Alliance Media Campaign (Renewal)

Alcona	\$	1,429.16
Alpena	\$	3,929.75
Antrim	\$	3,215.93
Benzie	\$	2,426.31
Charlevoix	\$	3,609.01
Cheboygan	\$	3,502.70
Crawford	\$	1,920.14
Emmet	\$	4,582.96
Grand Traverse	\$	12,675.80
Iosco	\$	3,474.12
Kalkaska	\$	2,434.73
Leelanau	\$	2,990.18
Manistee	\$	3,372.64
Montmorency	\$	1,277.15
Ogemaw	\$	2,896.85
Oscoda	\$	1,144.19
Otsego	\$	3,387.96
Presque Isle	\$	1,766.05
Roscommon	\$	3,299.18
Wexford	\$	4,594.42
Total	\$	67,929.23

The recommendation by NMRE was to approve.

**MOTION BY TERRY NEWTON TO APPROVE THE REQUEST FROM THE HEALTH DEPARTMENT OF NORTHWEST MICHIGAN FOR LIQUOR TAX DOLLARS IN THE AMOUNT OF SIXTY-SEVEN THOUSAND NINE HUNDRED TWENTY-NINE DOLLARS AND TWENTY-THREE CENTS (\$67,929.23) FOR THE DRUG FREE NORTHERN MICHIGAN 21-COUNTY ALLIANCE MEDIA CAMPAIGN IN ALCONA, ALPENA, ANTRIM, BENZIE, CHARLEVOIX, CHEBOYGAN, CRAWFORD, EMMET, GRAND TRAVERSE, IOSCO, KALKASKA, LEELANAU, MANISTEE, MONTMORENCY, OGEMAW, OSCODA, OTSEGO, PRESQUE ISLE, ROSCOMMON, AND WEXFORD COUNTIES; SUPPORT BY PAM SINGER. MOTION CARRIED.**

26) Health Department of Northwest Michigan – Michigan Profile for Healthy Youth (MIPHY) Incentive Program for School Participation (Renewal)

Alcona	\$	3,000.00
Alpena	\$	3,000.00
Antrim	\$	12,000.00
Benzie	\$	3,000.00
Charlevoix	\$	11,500.00
Cheboygan	\$	8,000.00
Crawford	\$	3,500.00
Emmet	\$	11,500.00
Grand Traverse	\$	9,000.00
Iosco	\$	6,000.00
Kalkaska	\$	3,000.00
Leelanau	\$	3,000.00
Manistee	\$	9,500.00
Missaukee	\$	2,000.00
Montmorency	\$	3,500.00
Ogemaw	\$	2,000.00
Oscoda	\$	3,000.00
Otsego	\$	5,500.00
Presque Isle	\$	7,000.00
Roscommon	\$	6,500.00
Wexford	\$	10,000.00
Total	\$	125,500.00

The recommendation by NMRE was to approve.

**MOTION BY PAM SINGER TO APPROVE THE REQUEST FROM THE HEALTH DEPARTMENT OF NORTHWEST MICHIGAN FOR LIQUOR TAX DOLLARS IN THE AMOUNT OF ONE HUNDRED TWENTY-FIVE THOUSAND FIVE HUNDRED DOLLARS (\$125,500.00) TO SUPPORT THE MICHIGAN PROFILE FOR HEALTHY YOUTH INCENTIVE PROGRAM FOR SCHOOL PARTICIPATION IN ALCONA, ALPENA, ANTRIM, BENZIE, CHARLEVOIX, CHEBOYGAN, CRAWFORD, EMMET, GRAND TRAVERSE, IOSCO, KALKASKA, LEELANAU, MANISTEE, MISSAUKEE, MONTMORENCY, OGEMAW, OSCODA, OTSEGO, PRESQUE ISLE, ROSCOMMON, AND WEXFORD COUNTIES; SUPPORT BY PAM SINGER. MOTION CARRIED.**

27) NMSAS Recovery Center – Peer Recovery Supports Program (Renewal)

Alcona	\$	4,418.19
Alpena	\$	12,148.64
Antrim	\$	9,941.89
Benzie	\$	7,500.81
Charlevoix	\$	11,157.09
Cheboygan	\$	10,828.43
Crawford	\$	5,936.02
Emmet	\$	14,168.00
Grand Traverse	\$	39,186.63

Iosco	\$	10,740.07
Kalkaska	\$	7,526.85
Leelanau	\$	9,244.01
Manistee	\$	10,426.35
Montmorency	\$	3,948.24
Ogemaw	\$	8,955.47
Oscoda	\$	3,537.20
Otsego	\$	10,473.73
Presque Isle	\$	5,459.67
Roscommon	\$	10,199.27
Wexford	\$	14,203.43
Total	\$	210,000.00

The recommendation by NMRE was to approve.

**MOTION BY PAM SINGER TO APPROVE THE REQUEST FROM THE NMSAS RECOVERY CENTER FOR LIQUOR TAX DOLLARS IN THE AMOUNT OF TWO HUNDRED TEN THOUSAND DOLLARS (\$210,000.00) FOR THE PEER RECOVERY SUPPORTS PROGRAM IN ALCONA, ALPENA, ANTRIM, BENZIE, CHARLEVOIX, CHEBOYGAN, CRAWFORD, EMMET, GRAND TRAVERSE, IOSCO, KALKASKA, LEELANAU, MANISTEE, MONTMORENCY, OGEMAW, OSCODA, OTSEGO, PRESQUE ISLE, ROSCOMMON, AND WEXFORD COUNTIES; SUPPORT BY TERRY NEWTON. MOTION CARRIED.**

28) Health Department of Northwest Michigan – SAFE in Northern Michigan (Renewal)

Antrim	\$	31,672.71
Charlevoix	\$	35,544.09
Emmet	\$	45,136.20
Total	\$	112,353.00

The recommendation by NMRE was to approve.

**MOTION BY TERRY NEWTON TO APPROVE THE REQUEST FROM THE HEALTH DEPARTMENT OF NORTHWEST MICHIGAN FOR LIQUOR TAX DOLLARS IN THE AMOUNT OF ONE HUNDRED TWELVE THOUSAND THREE HUNDRED FIFTY-THREE DOLLARS (112,353.00) TO FUND THE SAFE IN NORTHERN MICHIGAN COALITION IN ANTRIM, CHARLEVOIX, AND EMMET COUNTIES; SUPPORT BY JOSH CHAMBERLAIN. MOTION CARRIED.**

The total for all liquor tax fund projects recommended for approval during the meeting on this date was provided as **\$1,922,104.03**.

**21 County Overviews and NMRE Recommendations**

NMRE staff created county overview summaries to identify the balances for each county with the approval of the projects presented during the meeting on this date. SUD Oversight Committee members were encouraged to share these pages with their counties.

Clarification was made that unspent project funds remain in counties' fund balances. If at the end of the NMRE's fiscal year there is excess SUD Block Grant funding available, it will be used to offset liquor tax expenses as opposed to lapsing SUD Block Grant funding. In reverse, if SUD Block Grant funding runs a deficit, PA 2 funding is used for treatment deficits, normally for under or uninsured clients.

It was noted that 50% of the opioid settlement funds will be sent directly to counties and local governments; the state will retain the other 50%. PIHPs are not involved in the funding.

**RFP RESULTS**

**Prevention**

The NMRE issued an RFP for prevention services for FY24 for the seven counties of Alcona, Alpena, Iosco, Montmorency, Ogemaw, Oscoda, and Presque Isle Counties on May 1, 2023. After a review of the submitted proposals, NMRE staff recommended that contracts be awarded based on the following:

County	Provider	Amount Requested
Alcona	Catholic Human Services	\$16,453.00
Alpena	Catholic Human Services	\$38,258.00
Iosco	Catholic Human Services	\$39,435.00
Montmorency	Catholic Human Services	\$14,701.00
Ogemaw	Catholic Human Services	\$32,830.00
Oscoda	Catholic Human Services	\$14,623.00
Presque Isle	Catholic Human Services	\$18,497.00
<b>Total</b>		<b>\$174,797.00</b>

**MOTION BY GARY TAYLOR TO AWARD PREVENTION SERVICES CONTRACTS TO CATHOLIC HUMAN SERVICES FOR THE COUNTIES OF ALCONA, ALPENA, IOSCO, MONTMORENCY, OGEMAW, OSCODA, AND PRESQUE ISLE IN THE TOTAL AMOUNT OF ONE HUNDRED SEVENTY-FOUR THOUSAND SEVEN HUNDRED NINETY-SEVEN DOLLARS (\$174,797.00); SUPPORT BY DOUG JOHNSON. MOTION CARRIED.**

**Treatment**

The NMRE issued an RFP for SUD treatment services for FY24 for new providers or for new levels of care for existing providers for all its 21 counties. None of the submissions received met the requirements of the RFP. Providers were advised to correct their proposals and resubmit. The results of the RFP will be presented during the September meeting.

**STRATEGIC PLAN**

NMRE Clinical Services Director, Branislava Arsenov, was in attendance to present the NMRE's Three-Year Strategic Plan in response to state and federal guidelines for substance use disorder prevention, treatment, and recovery services.

Based on USDA Economic Research Service Rural-Urban Continuum Codes (2013), in the NMRE's 21-county region:

- 8 counties are considered completely rural (38.10%)
- 12 counties are considered urban population 2,500 – 19,000, not adjacent to a metropolitan area (57.14%)

- 1 county is considered an urban population of 20,000 or more, not adjacent to a metropolitan area (4.75%)

The NMRE contracts with five providers in its region for prevention services. Prevention goals include:

1. Reduce underage drinking.
2. Reduce marijuana use in youth and young adults.
3. Reduce prescription drug misuse, including a reduction in the misuse of opioids for non-medical purposes.
4. Increase prevention services for adults aged 55 and older.
5. Reduce youth access to tobacco.

The NMRE contracts with ten providers in its region for treatment services. Treatment goals include:

1. Increase access to medication assisted treatment services (Methadone specific OTP services).
2. Expand behavioral health and primary care services for persons at risk for and with mental health and substance use disorder.
3. Increase access to treatment and harm reduction for individuals living with an opioid use disorder.
4. Increase access to treatment for the criminal justice involved population returning to communities.
5. Increase access to trauma responsive services.
6. Reduce the percentage of substance exposed births/infants.
7. Increase access to treatment services for adults aged 55 and older.

The NMRE currently does not contract with any providers in its region only for recovery support services. Recovery support goals include:

1. Enhance coordination of prevention, follow-up, and continuing care in the recovery process.
2. Expand treatment services to include ongoing support and multiple coordinated strategies to support recovery.
3. Increase access to recovery services that promote life enhancing recovery and wellness for individuals and families.

**MOTION BY CAROLYN BRUMMUND TO APPROVE THE NORTHERN MICHIGAN REGIONAL ENTITY THREE-YEAR STRATEGIC PLAN IN RESPONSE TO STATE AND FEDERAL GUIDELINES FOR SUBSTANCE USE DISORDER PREVENTION, TREATMENT, AND RECOVERY SERVICES; SUPPORT BY TERRY NEWTON. MOTION CARRIED.**

#### PUBLIC COMMENT

Sue Winter, Executive Director of NMSAS Recovery Center, thanked the SUD Oversight Committee for its support of the NMSAS Peer Recovery Supports program.

#### NEXT MEETING

The next meeting was scheduled for September 11, 2023 at 10:00AM.

#### ADJOURN

Let the record show that Mr. Schmidt adjourned the meeting at 11:37AM.



# ALCONA YOUTH COALITION (RENEWAL)

<b>Organization/Fiduciary:</b>	Catholic Human Services
<b>County:</b>	Alcona
<b>Project Total:</b>	\$24,200

## DESCRIPTION:

Alcona County has been an isolated island in the prevention community due to minimal block grant funding. We have had staffing vacancies and staffing re-allocations that have meant a lack of consistent staffing for the past three years. In the spring of 2023 UNP/CHS was able to secure a local resident as a full-time prevention specialist specifically for Alcona County (this was made possible by blending a number of funding sources to serve a historically under serviced community). Les Thomas was hired to fill the position and he has 22 years of youth education and engagement experience and has an existing relationship with Alcona Schools. Program roll-out has already been substantial and a Students Leading Students (peer mentoring) group has already been established, with the blending of funding sources staffing is covered but we are lacking for funding of youth outreach events and activities. As such we are requesting funding to enhance the existing programming with youth training and outreach events and incentives, motivational speaker and coalition branding. We are excited about the engagement and interest from Alcona Schools, they have provided in-kind office space and unlimited youth access for the prevention specialist and have prioritized peer mentoring and are working closely with the specialist to ensure successfully program rollout.

**Recommendation:** Approve

County	Project	Requested Budget
Alcona	Alcona Youth Coalition	\$24,200

# ALCONA COUNTY OVERVIEW

**Projected FY24 Balance** **\$73,323.46**

This is the total amount available for projects while maintaining a one year fund balance

<b>Project</b>	<b>Requested Budget</b>	<b>Remaining County Running Balance</b>
NMSAS Peer Recovery Support Program	\$4,418.19	\$68,905.27
Michigan Profile for Healthy Youth (MiPHY)	\$3,000	\$65,905.27
Drug Free Northern Michigan 21 County Alliance – Media Campaign	\$1,429.16	\$64,476.11
Alcona Youth Coalition	\$24,200	\$40,276.11
Building and Enhancing Recovery Capital	\$7,683.42	\$32,592.69
Peer Recovery Community Based Project	\$6,244.51	\$26,348.18

<b>County</b>	<b>One Year Fund Balance (withheld)</b>	<b>Projected FY24 Available Balance</b>	<b>Sum of Requested Project Amounts</b>	<b>Projected Remaining Balance</b>
<b>Alcona</b>	<b>\$20,389</b>	<b>\$73,323.46</b>	<b>\$46,975.28</b>	<b>\$26,348.18</b>

# ALPENA PREVENTION YOUTH COALITION (RENEWAL)

<b>Organization/Fiduciary:</b>	Catholic Human Services
<b>County:</b>	Alpena
<b>Project Total:</b>	\$55,748

## DESCRIPTION:

This is our second request for funding for Alpena Prevention activities, the goal of the project is to help raise awareness of the risk factors of underage use of alcohol and drugs, increase the protective factors for families and students by providing options for prevention and recovery support, in the schools but also for families. We are also working to increase community norms with universal messaging, minimal risk choice normalization and raise awareness of underage use and reduce barriers for recovery in the community. The buy-in for prevention services is increasing exponentially as Chet's services have expanded to the Jr. High and Alternative Education settings. Alpena is the only school system in the County and the largest school in NE Michigan. The funding provided by PA2 for Alpena County allowed Alpena Prevention to increase its capacity and resources in the school(s). Chet has been able to deliver over 15 Botvins /Prime for Life Classes to selective youth and 100 hours of vape education classes to selective youth. The school continues to increase the prevention capacity following an excellent motivational speaker- Nathan Harmon. The interest in the permanent establishment of a SLS group is forging ahead with 12 youth signed up for summer trainings. This proposal is intended to create a collective and strategic framework to address community substance use issues, while expanding youth engagement at Alpena Public Schools.

**Recommendation:** Approve

County	Project	Requested Budget
Alpena	Alpena Prevention Youth Coalition	\$55,748

# ALPENA COUNTY OVERVIEW

**Projected FY24 Balance** **\$281,390.33**

This is the total amount available for projects while maintaining a one year fund balance

<b>Project</b>	<b>Requested Budget</b>	<b>Remaining County Running Balance</b>
NMSAS Peer Recovery Support Program	\$12,148.64	\$269,241.69
Michigan Profile for Healthy Youth (MiPHY)	\$3,000	\$266,241.69
Drug Free Northern Michigan 21 County Alliance – Media Campaign	\$3,929.75	\$262,311.94
Alpena County Prevention	\$55,748	\$206,563.94
Building and Enhancing Recovery Capital	\$21,127.01	\$185,436.93
Peer Recovery Community Based Project	\$17,170.45	\$168,266.48

<b>County</b>	<b>One Year Fund Balance (withheld)</b>	<b>Projected FY24 Available Balance</b>	<b>Sum of Requested Project Amounts</b>	<b>Projected Remaining Balance</b>
<b>Alpena</b>	<b>\$69,039.50</b>	<b>\$281,390.33</b>	<b>\$113,123.85</b>	<b>\$168,266.48</b>

# BENZIE AREA YOUTH (BAY) INITIATIVE (RENEWAL)

<b>Organization/Fiduciary:</b>	Centra Wellness Network
<b>County:</b>	Benzie
<b>Project Total:</b>	\$ 7,790

## DESCRIPTION:

The Benzie Area Youth Initiative focuses on preventing youth substance misuse and promoting mental well-being by reaching out to student groups, community members, and parents. Prevention efforts will be strengthened by dissemination of information about the health effects of vaping, alcohol, and cannabis use. We plan to engage the community by hosting a screening of the film, Screenagers Under the Influence, distributing lock boxes to prevent access to substances, and partnering with local businesses to put stickers on alcohol as a reminder to not share with minors.

**Recommendation:** Approve

County	Project	Requested Budget
Benzie	Benzie Area Youth (BAY) Initiative	\$7,790

# BENZIE COUNTY OVERVIEW

**Projected FY24 Balance** **\$208,322.11**

This is the total amount available for projects while maintaining a one year fund balance

<b>Project</b>	<b>Requested Budget</b>	<b>Remaining County Running Balance</b>
NMSAS Peer Recovery Support Program	\$7,500.81	\$200,821.30
Michigan Profile for Healthy Youth (MiPHY)	\$3,000	\$197,821.30
Drug Free Northern Michigan 21 County Alliance – Media Campaign	\$2,426.31	\$195,394.99
Benzie Area Youth (BAY) Initiative	\$7,790	\$187,604.99

<b>County</b>	<b>One Year Fund Balance (withheld)</b>	<b>Projected FY24 Available Balance</b>	<b>Sum of Requested Project Amounts</b>	<b>Projected Remaining Balance</b>
<b>Benzie</b>	<b>\$52,922.50</b>	<b>\$208,322.11</b>	<b>\$20,717.12</b>	<b>\$187,604.99</b>

# CHEBOYGAN COUNTY DRUG-FREE COALITION “PULLING TOGETHER” (RENEWAL)

<b>Organization/Fiduciary:</b>	Catholic Human Services
<b>County:</b>	Cheboygan
<b>Project Total:</b>	\$ 69,934

## DESCRIPTION:

The Cheboygan County Drug-Free Coalition “Pulling Together” has continued to grow and expand. In the last year, a youth coalition named “Prevent to Protect” (P2P) was also formed. Liquor Tax funds help support these efforts in Cheboygan County by employing a Prevention Specialist (Stephanie Weizer), a part-time Program Director (Amalia Harvey), and a part-time Prevention Secretary (Megan LaCross). This prevention team continues to build relationships between agencies as well as increase and sustain coalition engagement from all 12 sectors of the community. A continuation of the liquor tax funds in Cheboygan County would provide the support necessary to assist with adult and youth coalition expansion.

**Recommendation:** Approve

County	Project	Requested Budget
Cheboygan	Cheboygan County Drug-Free Coalition	\$69,934

# CHEBOYGAN COUNTY OVERVIEW

**Projected FY24 Balance** **\$92,629.62**

This is the total amount available for projects while maintaining a one year fund balance

<b>Project</b>	<b>Requested Budget</b>	<b>Remaining County Running Balance</b>
NMSAS Peer Recovery Support Program	\$10,828.43	\$81,801.19
Michigan Profile for Healthy Youth (MiPHY)	\$8,000	\$73,801.19
Drug Free Northern Michigan 21 County Alliance – Media Campaign	\$3,502.70	\$70,298.49
Cheboygan Coalition	\$69,934	\$364.49

<b>County</b>	<b>One Year Fund Balance (withheld)</b>	<b>Projected FY24 Available Balance</b>	<b>Sum of Requested Project Amounts</b>	<b>Projected Remaining Balance</b>
<b>Cheboygan</b>	<b>\$74,953.50</b>	<b>\$92,629.62</b>	<b>\$92,265.13</b>	<b>\$364.49</b>



# EMMET COUNTY TREATMENT COURT (NEW PROJECT)

<b>Organization/Fiduciary:</b>	Emmet County 57 <sup>th</sup> Circuit Court
<b>County:</b>	Emmet
<b>Project Total:</b>	\$147,956

## DESCRIPTION:

This project involves the creation and implementation of an adult treatment court to address high risk/high need populations who are involved in the criminal justice system and have an identified substance use disorder. The adult treatment court will utilize a multi-disciplinary team and evidence-based practices to assist participants in getting into long term recovery and reducing their risk to the community. The project will implement recovery-based programming for clients and provide monitoring, testing and compliance services to clients at reduced or no cost, and provide clients with manuals and forms to facilitate engagement in treatment programming.

**Recommendation:** Approve

County	Project	Requested Budget
Emmet	Emmet County Treatment Court	\$147,956

# EMMET COUNTY OVERVIEW

**Projected FY24 Balance** **\$689,209.76**

This is the total amount available for projects while maintaining a one year fund balance

<b>Project</b>	<b>Requested Budget</b>	<b>Remaining County Running Balance</b>
NMSAS Peer Recovery Support Program	\$14,168.00	\$675,041.76
Michigan Profile for Healthy Youth (MiPHY)	\$11,500	\$663,541.76
Drug Free Northern Michigan 21 County Alliance – Media Campaign	\$4,582.96	\$658,958.80
Emmet County Treatment Court	\$147,956	\$511,002.80
SAFE in Northern Michigan Coalition	\$45,136.20	\$465,866.60

<b>County</b>	<b>One Year Fund Balance (withheld)</b>	<b>Projected FY24 Available Balance</b>	<b>Sum of Requested Project Amounts</b>	<b>Projected Remaining Balance</b>
<b>Emmet</b>	<b>\$155,244.50</b>	<b>\$689,209.76</b>	<b>\$223,343.16</b>	<b>\$465,866.60</b>

# DANN'S HOUSE (RENEWAL)

<b>Organization/Fiduciary:</b>	Catholic Human Services
<b>County:</b>	Grand Traverse
<b>Project Total:</b>	\$ 50,000

## DESCRIPTION:

Dan's House provides housing for middle aged men suffering severe chronic substance abuse. We have a full-time house manager who schedules health care appointments for our residents, and we have a van for transporting them. NMSH case workers are assigned to each resident. Weekly house support group meetings are facilitated by a retired psychiatrist volunteer and attended by NMSH case workers and several board members. Residents are encouraged to maintain their bedrooms and shared living space and cook meals.

**Recommendation:** Approve

County	Project	Requested Budget
Grand Traverse	Dann's House	\$50,000

# GRAND TRAVERSE DRUG FREE COALITION (RENEWAL)

<b>Organization/Fiduciary:</b>	Catholic Human Services
<b>County:</b>	Grand Traverse
<b>Project Total:</b>	\$ 79,038

## DESCRIPTION:

The Grand Traverse County Drug Free Coalition began meeting in early 2015 after the then Prosecuting Attorney, Bob Cooney, called community leaders together to address the opioid epidemic. As our coalition has matured, we have expanded our focus to all types of substances, including alcohol, marijuana, opioids, nicotine, heroin, and cocaine. Today the coalition is made up of over 100 members from various sectors of the community including law enforcement, the medical community, schools, treatment facilities, tribal members, religious groups, youth, parents, and families.

Since its creation, the coalition has written and adapted by-laws, established an executive committee, developed a website, holds monthly coalition meetings, writes and distributes monthly newsletters, and has built many relationships in the community. As another piece of the coalition, student prevention leadership clubs (Students Together against Negative Decisions or STAND Clubs) have been established in four of the county's high schools, with the help of four youth engagement liaisons that were hired in the spring of 2018. An additional effort of the coalition included the launch of the Grand Traverse Chapter of Families Against Narcotics (FAN). The coalition has been running a successful fundraiser, Color for Hope, since late 2020. Color for Hope involves the sale of 18"x24" colorable posters that come in four unique designs, two Traverse City and two Leelanau posters. The designs include businesses, landmarks, and scenery specific to these areas. The local artist, Susan Alexander, lost her daughter to an overdose. She is a passionate supporter of this cause and donated these posters to the coalition to further efforts to curb addiction and increase availability of resources related to education, prevention, and treatment. Through this fundraiser, the coalition has been able to give back to the community. We have purchased wall mounted Naloxone Safety Kits that have been installed in many local businesses, organizations, and schools. We have also donated funds to address barriers for those seeking recovery.

With such success and momentum from the assistance of the previous liquor tax dollars, we are requesting funds to continue supporting the coalition, its coordinator, youth engagement, and educational community events.

This proposal is intended to continue creating and following a collective and strategic framework to address community substance misuse, while expanding youth engagement into additional schools in the county, including middle schools.

**Recommendation:** Approve

County	Project	Requested Budget
Grand Traverse	Grand Traverse Drug Free Coalition	\$79,038

# PEER RECOVERY WITH DR BEST (RENEWAL)

<b>Organization/Fiduciary:</b>	Catholic Human Services
<b>County:</b>	Grand Traverse
<b>Project Total:</b>	\$ 48,773

## DESCRIPTION:

A Substance Use Counselor will work directly with medication prescriber, Dr. Best, to provide screening, brief intervention and referral to treatment. This project will enable the program that has already been established to continue. Clients have been able to be linked with services quickly and have had success with ongoing treatment, both with the medication and counseling working together

**Recommendation:** Approve

County	Project	Requested Budget
Grand Traverse	Peer Recovery with Dr Best	\$48,773

# RECOVERY COACH PATIENT ENGAGEMENT (RENEWAL)

<b>Organization/Fiduciary:</b>	Munson
<b>County:</b>	Grand Traverse
<b>Project Total:</b>	\$ 64,397

## DESCRIPTION:

This project would fund one Recovery Coach to work with patients in Munson Medical Center within all medical floors including Emergency Department and In-patient psychiatric services. This Recovery Coach will utilize motivational interviewing and SBIRT model to engage with patients and connect them to treatment, recovery, and community supports (to address social determinants of health). All Recovery Coach interventions will be tracked to describe patient outcomes regarding this brief intervention. Other responsibilities for this Recovery Coach include increasing Recognition within the Health Care system by their participation at various MMC meetings including BH/Emergency Department meetings and Opioid Stewardship meetings to raise awareness of substance use disorder, treatment, and recovery pathways. Another role for this Recovery Coach includes advocacy in areas of reducing stigma in both substance use and mental health treatment. This Coach will participate in Regional Advocacy groups who are working in areas of stigma reduction and raise awareness within the healthcare setting and general population. There is also .1 FTE funding for Recovery Coach supervision that is needed to support Coaches in their clinical roles within the MMC and the follow-up that continues in the Outpatient Clinical services.

**Recommendation:** Approve

County	Project	Requested Budget
Grand Traverse	Recovery Coach Patient Engagement	\$64,397

# SFCNM OPIOID USE PREVENTION AND MEDICATION SAFETY CAMPAIGN (RENEWAL)

<b>Organization/Fiduciary:</b>	Catholic Human Services
<b>County:</b>	Grand Traverse
<b>Project Total:</b>	\$ 122,634.81

## DESCRIPTION:

Continuation of successful multi-media (website, cable TV Ads, streaming ads, internet ads, brochures, billboards) "Know Dangers" opioid use prevention campaign funded with liquor tax dollars FY 2019-2022. Phase 4 messaging will include: managing pain safely, medication dangers and hazards, overdose reversal, safe handling and disposal of medications, and seeking help for treatment and recovery. This builds on the prior 3 phases of the campaign which were: Phase 1: Personal stories and general education about the opioid epidemic (10/19 - 5/20); Phase 2A: Risks of addiction to prescription opioids (6/20 - 1/21); Phase 2B: Risks of addiction to prescription opioids with messaging from local people in recovery (1/21 - 9/21); Phase 3: Alternatives to prescription opioids for pain management (10/21 - present), and Phase 4: Medication Safety and Fentanyl Awareness (11/22 - Present). This will also include a funding contract with SFCNM Coordinator for up to 240 hours during the grant period to manage all coalition alliance activities.

**Recommendation:** Approve

County	Project	Requested Budget
Grand Traverse	SFCNM Opioid Use Prevention and Medication Safety Campaign	\$122,634.81

# TEEN PARENT SUBSTANCE USE PREVENTION – GENERATIONS AHEAD (RENEWAL)

<b>Organization/Fiduciary:</b>	Catholic Human Services
<b>County:</b>	Grand Traverse
<b>Project Total:</b>	\$ 78,498

## DESCRIPTION:

Generations Ahead (GA) is a nonprofit supporting pregnant and parenting teens and young parents (up to age 22). Research demonstrates that this is a population at very high risk for substance use, both as teens/young adults and as they mature into older adults. They tend to come from families with high rates of substance use, they experience significant life stressors, many have a history of legal problems, including domestic violence and petty crime, and they are often disconnected and isolated from their peers and positive social supports (i.e. school, clubs, etc...). GA works with approximately 50 families over the course of a year. GA is requesting funding to continue and expand our work to prevent and reduce substance use in young parents. We offer a variety of services to meet the unique needs of each client, including: 1. Life skills and parenting education using the evidence-based Botvin Lifeskills Transition program 2. Trained volunteer mentors provide support, promote healthy alternative activities, and serve as positive role models for our clients 3. A summer career internship program that exposes them to different careers, healthy adult role models, and encourages them to set education and career goals 4. Positive Alternative activities for our families offered a minimum of 3X each month, allowing families opportunities to develop meaningful support systems with those in a similar life situation. GA also participates in several community collaboratives advocating for, and educating about, our clients' unique needs as teen parents. Lastly, GA provides SUD education for our staff, mentors, and clients utilizing presentations, speakers and sharing online resources.

**Recommendation:** Approve

County	Project	Requested Budget
Grand Traverse	Teen Parent Substance Use Prevention – Generations Ahead	\$78,498



# YOUTH EMPOWERMENT FOR SUCCESS (YES!) PROGRAM (RENEWAL)

<b>Organization/Fiduciary:</b>	Child and Family Services of Northwest MI
<b>County:</b>	Grand Traverse
<b>Project Total:</b>	\$ 11,137

## DESCRIPTION:

The Youth Empowerment for Success (YES!) Program is intended to reduce and prevent substance use by focusing on Trauma-Informed Care addressing cognitive, emotional and psychoeducational deficits in self-awareness, resilience, and creation/maintenance of supportive relationships among youth ages 12-20 in Grand Traverse County. YES! uses Solution Focused Brief Therapy, Motivational Interviewing, Positive Youth Development and Person-Centered Therapy, among other interventions, in a 10 session, semi-structured framework. We intend to provide 10 individual counseling sessions to 25-40 youth in Grand Traverse County, based on referrals from schools and other youth serving entities.

**Recommendation:** Approve

County	Project	Requested Budget
Grand Traverse	YES! Youth Empowerment for Success	\$11,137

# GRAND TRAVERSE COUNTY OVERVIEW

**Projected FY24 Balance** **\$559,989.07**

This is the total amount available for projects while maintaining a one year fund balance

<b>Project</b>	<b>Requested Budget</b>	<b>Remaining County Running Balance</b>
Dann's House	\$50,000	\$509,989.07
Peer Recovery with Dr. Best	\$48,773	\$461,216.07
Grand Traverse Drug Free Coalition	\$79,038	\$382,178.07
NMSAS Peer Recovery Support Program	\$39,186.63	\$342,991.44
Teen Parent Substance Use Prevention – Generations Ahead	\$78,498	\$264,493.44
Michigan Profile for Healthy Youth (MiPHY)	\$9,000	\$255,493.44
Recovery Coach Patient Engagement	\$64,397	\$191,096.44
Drug Free Northern Michigan 21 County Alliance – Media Campaign	\$12,675.80	\$178,420.64
Youth Empowerment for Success (YES!) Program	\$11,137	\$167,283.64
SFCNM Opioid Use Prevention and Medication Safety Campaign	\$122,634.81	\$44,648.83

<b>County</b>	<b>One Year Fund Balance (withheld)</b>	<b>Projected FY24 Available Balance</b>	<b>Sum of Requested Project Amounts</b>	<b>Projected Remaining Balance</b>
<b>Grand Traverse</b>	<b>\$406,429.50</b>	<b>\$559,989.07</b>	<b>\$515,340.24</b>	<b>\$44,648.83</b>

# IOSCO SUBSTANCE FREE COALITION (RENEWAL)

<b>Organization/Fiduciary:</b>	Catholic Human Services
<b>County:</b>	Iosco
<b>Project Total:</b>	\$ 77,891

## DESCRIPTION:

In Fall 2023, the Iosco Coalition kicks off its 3rd year of operation. As can be attested, the level of activity around substance misuse prevention, treatment access and recovery options have significantly improved since its inception. The membership roster of 32 for 2023, has embarked on penetrating systems not engaged to this level before, which now include a Wellness Response line at the county jail, where inmates can plan their safe release with a peer recovery coach, integration with the Commission on Aging, in keeping seniors informed and participating in Take Back Events for dangerous unused medicines, the new developments with schools, bringing evidence based school engagement programs into buildings and its first ever Recovery Month partnership with organizations and businesses this past year - enlisting the help and support for recovery with over a dozen businesses and 100 volunteers. Its success has been recognized by other community partners, most recently approved to receive \$20,000 to directly support basic human needs for Iosco residents being released from jail. The hard work of Wellness Response bags, the Post Overdose Response, the Coalition Membership, the Medical Community buy in - has garnered more supports for the people needing them most. The buzz of activity has sparked the interest and development of more school-based youth driven initiatives with leadership groups in schools like Tawas Intersect.

**Recommendation:** Approve

County	Project	Requested Budget
Grand Traverse	Iosco Substance Free Coalition	\$77,891

# IOSCO COUNTY OVERVIEW

**Projected FY24 Balance** **\$191,761.52**

This is the total amount available for projects while maintaining a one year fund balance

<b>Project</b>	<b>Requested Budget</b>	<b>Remaining County Running Balance</b>
NMSAS Peer Recovery Support Program	\$10,740.07	\$181,021.45
Michigan Profile for Healthy Youth (MiPHY)	\$6,000	\$175,021.45
Drug Free Northern Michigan 21 County Alliance – Media Campaign	\$3,474.12	\$171,547.33
Iosco Substance Free Coalition	\$77,891	\$93,656.33
Building and Enhancing Recovery Capital	\$18,677.45	\$74,978.88
Peer Recovery Community Based Project	\$15,179.64	\$59,799.24

<b>County</b>	<b>One Year Fund Balance (withheld)</b>	<b>Projected FY24 Available Balance</b>	<b>Sum of Requested Project Amounts</b>	<b>Projected Remaining Balance</b>
Iosco	\$70,865	\$191,761.52	\$131,962.28	\$59,799.24

# LIVE WELL KALKASKA SUBSTANCE FREE COALITION (RENEWAL)

<b>Organization/Fiduciary:</b>	Catholic Human Services
<b>County:</b>	Kalkaska
<b>Project Total:</b>	\$ 42,627

## DESCRIPTION:

Live Well Kalkaska Substance Free Coalition meets one time per month. At each meeting the coalition members discuss coalition projects and programs, how to improve community involvement, and recent substance use trends; as evidenced by reports from Kalkaska Public Schools staff, local law enforcement, and state and national reports. The coalition also hosts a monthly, "Coffee with the Coalition" forum which features a speaker/educator on a SUD topic. These educational events have created outreach and recognition for the coalition. There is time allocated for attendees to share updates, upcoming events, programs, services, or other resources. Each month the coalition features an activity or project on the Up North Prevention Webpage. The coalition Facebook/ Instagram page is updated regularly with upcoming events, links to training, resources as well as prevention and recovery tips. The Live Well Kalkaska Coalition holds regular education events such as their annual Serenity Vigil to remember those lost to substance use disorder and to those who continue to struggle. Other educational activities include weekly outreach at the Kalkaska Farmer's Market, the Coalition provides monthly outreach to the Kalkaska High School during lunch and other activities, with a goal of developing a youth-led coalition within the high school. The Live Well Kalkaska Substance Free Coalition participates in senior citizen education initiatives spearheaded by the county's Commission on Aging to keep the Senior population educated and aware of drug safety, storage, and disposal issues. The coalition's partners with the Kalkaska Conservation District to offer at risk youth an opportunity to connect with caring adults, while taking part in healthy and educational activities, such as biking, hiking, canoeing, and camping. The coalition coordinator/ county prevention specialist, facilitates the Families Against Narcotics Stronger Together family support group and provides referrals to assessment treatment and recovery options. The coordinator also maintains a local resource guide for distribution at all community and educational events. The coordinator actively seeks participation from all community sectors in reducing and preventing SUD in Kalkaska County. As part of this effort the coordinator participates in the Kalkaska County Community Collaborative, the Grand Traverse Region Families Against Narcotics, the Substance Free Coalition of NW Michigan, the 21 County Coalition Alliance, The Northwest CHIR Behavioral Health Initiatives Substance Use Stigma Response Team, The Community Crisis Assistance Team. The coalition approached several businesses for locations to place Naloxone Distribution Boxes. The coalition successfully placed and maintains four NMRE/ HRMI Naloxone distribution boxes in the county. In collaboration with the Kalkaska County Sheriff's Office, the Kalkaska Coalition offers 'Comeback Sacks' to individuals who are leaving incarceration and returning to the community. These string backpacks include personal hygiene products, a gift card for a meal, a local resource guide, and naloxone.

**Recommendation:** Approval Not Recommended Due to Remaining Fund Balance

County	Project	Requested Budget
Kalkaska	Live Well Kalkaska Substance Free Coalition	\$42,627

# KALKASKA COUNTY OVERVIEW

**Projected FY24 Balance** **\$18,642.64**

This is the total amount available for projects while maintaining a one year fund balance

<b>Project</b>	<b>Requested Budget</b>	<b>Remaining County Running Balance</b>
NMSAS Peer Recovery Support Program	\$7,526.85	\$11,115.79
Michigan Profile for Healthy Youth (MiPHY)	\$3,000	\$8,115.79
Drug Free Northern Michigan 21 County Alliance – Media Campaign	\$2,434.73	\$5,681.06
<b>Live Well Kalkaska Coalition</b>	<b>\$42,627</b>	<b>\$ -</b>

<b>County</b>	<b>One Year Fund Balance (withheld)</b>	<b>Projected FY24 Available Balance</b>	<b>Sum of Requested Project Amounts</b>	<b>Projected Remaining Balance</b>
<b>Kalkaska</b>	<b>\$31,699.50</b>	<b>\$18,642.64</b>	<b>\$12,961.58</b>	<b>\$5,681.06</b>

# LEELANAU COUNTY COORDINATED YOUTH SUD PREVENTION (RENEWAL)

<b>Organization/Fiduciary:</b>	Catholic Human Services
<b>County:</b>	Leelanau
<b>Project Total:</b>	\$31,000

## DESCRIPTION:

Leelanau County continues to enjoy lower youth use rates than neighboring counties, correlated to this programming which has been ongoing for over a decade. The SAMHSA Strategic Prevention Framework states that when an intervention is working, it needs to be continued. We meet capacity, readiness, resources, and fit the community needs; all the things SAMHSA says a prevention program should demonstrate. Our various programs mentor youth to build their protective factors and ability to make healthy life choices.

**Recommendation:** Approve

County	Project	Requested Budget
Leelanau	Leelanau County Coordinated Youth SUD Prevention	\$31,000

# LEELANAU COUNTY OVERVIEW

**Projected FY24 Balance** **\$51,502.81**

This is the total amount available for projects while maintaining a one year fund balance

<b>Project</b>	<b>Requested Budget</b>	<b>Remaining County Running Balance</b>
NMSAS Peer Recovery Support Program	\$9,244.01	\$42,258.80
Michigan Profile for Healthy Youth (MiPHY)	\$3,000	\$39,258.80
Drug Free Northern Michigan 21 County Alliance – Media Campaign	\$2,990.17	\$36,268.63
Leelanau County Coordinated Youth SUD Prevention	\$34,300	\$ 1,968.63

<b>County</b>	<b>One Year Fund Balance (withheld)</b>	<b>Projected FY24 Available Balance</b>	<b>Sum of Requested Project Amounts</b>	<b>Projected Remaining Balance</b>
<b>Leelanau</b>	<b>\$56,613</b>	<b>\$51,502.81</b>	<b>\$49,534.18</b>	<b>\$1,968.63</b>



# OGEMAW COUNTY DRUG FREE COALITION (RENEWAL)

<b>Organization/Fiduciary:</b>	Catholic Human Services
<b>County:</b>	Ogemaw
<b>Project Total:</b>	\$ 33,497

## DESCRIPTION:

The Drug Free Coalition of Ogemaw County is a community-data driven coalition representing all sectors and ages of the population. The needs identified are to prevent high risk use of tobacco/vape/alcohol/marijuana/Rx/ and illicit drug use in youth, raise awareness of community at risk behaviors and policy changes that need to prevent early and high-risk use of ATOD. The coalition is also advocating with MyMichigan recovery supports and MAT services within their system, in attempts to expand numbers of providers & peer recovery networks for recovery support. Ogemaw Coalition has already held several strategic planning events and will revisit this event on a yearly basis to ensure all members are engaged and community needs are impacted. The coalition also has helped other community groups and sub-groups accomplish strategic planning within their own groups for community resilience and best practice.

**Recommendation:** Approve

County	Project	Requested Budget
Ogemaw	Ogemaw County Drug Free Coalition	\$33,497

# OGEMAW COUNTY OVERVIEW

**Projected FY24 Balance** **\$47,602.72**

This is the total amount available for projects while maintaining a one year fund balance

<b>Project</b>	<b>Requested Budget</b>	<b>Remaining County Running Balance</b>
NMSAS Peer Recovery Support Program	\$8,955.47	\$38,647.25
Michigan Profile for Healthy Youth (MiPHY)	\$2,000	\$36,647.25
Drug Free Northern Michigan 21 County Alliance – Media Campaign	\$2,896.85	\$33,750.40
Ogemaw Coalition	\$33,497	\$253.40

<b>County</b>	<b>One Year Fund Balance (withheld)</b>	<b>Projected FY24 Available Balance</b>	<b>Sum of Requested Project Amounts</b>	<b>Projected Remaining Balance</b>
<b>Ogemaw</b>	<b>\$50,286</b>	<b>\$47,602.72</b>	<b>\$47,349.32</b>	<b>\$253.40</b>

# RISE OTSEGO SUBSTANCE FREE COALITION (RENEWAL)

<b>Organization/Fiduciary:</b>	Health Department of Northwest Michigan
<b>County:</b>	Otsego
<b>Project Total:</b>	\$68,050

## DESCRIPTION:

RISE: Otsego Substance Free Coalition empowers youth to achieve their fullest potential. Through education, we have the power to reduce youth alcohol, marijuana, nicotine, and other drug use in Otsego County. Together we can provide students, parents, and educators resources and information to create community level change. Requested funds will support continued work of substance use prevention youth coalition, RISE: Otsego Substance Free Coalition (RISE). The Health Department of Northwest Michigan (HDNW) serves as the fiduciary for the RISE coalition as RISE is not a free-standing nonprofit organization. RISE was established as a substance free coalition in Otsego County in January 2018. The mission of RISE is to empower Otsego youth to live substance free lives through education and advocacy. The vision of RISE is to create a substance free community for youth through empowerment. Initiatives are data driven and come directly from youth members and their peers served. RISE has worked hard to recruit both youth and adult members with the skills and passion to work toward its coalition's mission and vision. Due to successful recruitment, both sections of RISE have grown in the past year. Eight new youth joined RISE in FY23 and provided 152 volunteer coalition hours in FY23 from October 1, 2022, to the time of this submission.

**Recommendation:** Approve

County	Project	Requested Budget
Otsego	RISE Otsego Substance Free Coalition	\$68,050

# OTSEGO COUNTY OVERVIEW

**Projected FY24 Balance** **\$97,523.86**

This is the total amount available for projects while maintaining a one year fund balance

<b>Project</b>	<b>Requested Budget</b>	<b>Remaining County Running Balance</b>
NMSAS Peer Recovery Support Program	\$10,473.73	\$87,050.13
Michigan Profile for Healthy Youth (MiPHY)	\$5,500	\$81,550.13
Drug Free Northern Michigan 21 County Alliance – Media Campaign	\$3,387.96	\$78,162.17
RISE Coalition	\$68,050	\$10,112.17

<b>County</b>	<b>One Year Fund Balance (withheld)</b>	<b>Projected FY24 Available Balance</b>	<b>Sum of Requested Project Amounts</b>	<b>Projected Remaining Balance</b>
<b>Otsego</b>	<b>\$88,482.50</b>	<b>\$97,523.86</b>	<b>\$87,411.69</b>	<b>\$10,112.17</b>

# PRESQUE ISLE PREVENTION COALITION (RENEWAL)

<b>Organization/Fiduciary:</b>	Catholic Human Services
<b>County:</b>	Presque Isle
<b>Project Total:</b>	\$52,800

## DESCRIPTION:



In November of 2022, Presque Isle County was awarded a MIPAC Grant through the State of Michigan. Strides have been being made in growing community coalition growth, in both youth and adult demographics, which is critical to youth engagement and participation. The Presque Isle Coalition, originally the HSCC, began meeting in January of 2023 with a newly energized focus on community and youth. A steering committee met out of this group to work with a facilitator in understanding the issues that our youth are facing and the process of strategic planning. Throughout the last five months, the coalition has begun to grow in membership. A high-priority concern by the adult coalition was quickly determined to be vaping, with concerns also identified surrounding alcohol use and bullying. Though the coalition, with its new focus, is in the initial stages, the common concerns regarding risk factors most affecting our youth are uniting this highly diversified group of engaged individuals representing many sectors of our community.

**Recommendation:** Approve

County	Project	Requested Budget
Presque Isle	Presque Isle Prevention Coalition	\$52,800

# PRESQUE ISLE COUNTY OVERVIEW

**Projected FY24 Balance** **\$89,517.57**

This is the total amount available for projects while maintaining a one year fund balance

<b>Project</b>	<b>Requested Budget</b>	<b>Remaining County Running Balance</b>
NMSAS Peer Recovery Support Program	\$5,459.67	\$84,057.90
Michigan Profile for Healthy Youth (MiPHY)	\$7,000	\$77,057.90
Drug Free Northern Michigan 21 County Alliance – Media Campaign	\$1,766.05	\$75,291.85
Peer Recovery Community Based Project	\$7,716.51	\$67,575.34
Building and Enhancing Recovery Capital	\$9,494.61	\$58,080.73
Presque Isle Youth Coalition	\$52,800	\$5,280.73

<b>County</b>	<b>One Year Fund Balance (withheld)</b>	<b>Projected FY24 Available Balance</b>	<b>Sum of Requested Project Amounts</b>	<b>Projected Remaining Balance</b>
<b>Presque Isle</b>	<b>\$22,256</b>	<b>\$89,517.57</b>	<b>\$84,236.84</b>	<b>\$5,280.73</b>

# ROSCOMMON COUNTY DRUG FREE COALITION (RENEWAL)

<b>Organization/Fiduciary:</b>	Catholic Human Services
<b>County:</b>	Roscommon
<b>Project Total:</b>	\$51,224

## DESCRIPTION:

The Roscommon County Drug Free Coalition is a community-data driven coalition representing all sectors and ages of the population. The needs identified are to prevent high risk use of tobacco/vape/alcohol/marijuana/Rx/ and illicit drug use in youth, raise awareness of community at risk behaviors and policy changes that need to prevent early and high-risk use of ATOD. The coalition is also advocating with MidMichigan recovery supports and MAT services within their system, in attempts to expand numbers of providers & peer recovery networks for recovery support. We use Evidence Based Research from SAMHSA & CADCA supports Coalition efforts to develop community interventions through "Seven Behavior Change Strategies". Roscommon County Drug Free Coalition has already held strategic planning events and will revisit this event on a yearly basis to ensure all members are engaged and community needs are impacted. The coalition also has helped other community groups and sub-groups accomplish strategic planning within their own groups for community resilience and best practice.

**Recommendation:** Approve

County	Project	Requested Budget
Roscommon	Roscommon Country Drug Free Coalition	\$51,224

# ROSCOMMON COUNTY OVERVIEW

**Projected FY24 Balance**

**\$522,373.71**

This is the total amount available for projects while maintaining a one year fund balance

<b>Project</b>	<b>Requested Budget</b>	<b>Remaining County Running Balance</b>
NMSAS Peer Recovery Support Program	\$10,199.27	\$512,174.44
Michigan Profile for Healthy Youth (MiPHY)	\$6,500	\$505,674.44
Drug Free Northern Michigan 21 County Alliance – Media Campaign	\$3,299.18	\$502,375.26
Peer Recovery Community Based Project	\$14,415.29	\$487,959.97
Roscommon Drug Free Coalition	\$51,224	\$436,735.97

<b>County</b>	<b>One Year Fund Balance (withheld)</b>	<b>Projected FY24 Available Balance</b>	<b>Sum of Requested Project Amounts</b>	<b>Projected Remaining Balance</b>
<b>Roscommon</b>	<b>\$74,697</b>	<b>\$522,373.71</b>	<b>\$85,637.74</b>	<b>\$436,735.97</b>



# WEXFORD COUNTY SHERIFF'S OFFICE PRELIMINARY BREATH TEST (NEW PROJECT)

<b>Organization/Fiduciary:</b>	Wexford County Sheriff's Office
<b>County:</b>	Wexford
<b>Project Total:</b>	\$6,424

## DESCRIPTION:

Prevention, education and enforcement regarding the dangers of alcohol abuse and drunk driving. The Wexford County Sheriff's Office is seeking funding to purchase 22 Lifeloc FC10 Portable Breath Testers. The grant funding would also provide the Cadillac City Police Department with new Portable Breath Testers.

**Recommendation:** Approve

County	Project	Requested Budget
Wexford	Wexford County Sheriff's Office Preliminary Breath Test	\$6,424

# WEXFORD SUBSTANCE USE DISORDER PROGRAM – JAIL BASED (RENEWAL)

<b>Organization/Fiduciary:</b>	Catholic Human Services
<b>County:</b>	Wexford
<b>Project Total:</b>	\$ 102,340

## DESCRIPTION:

This is a collaboration between Wexford County and Catholic Human Services. Funds will go to dedicate a substance use disorder treatment counselor who will visit Wexford jail and provide treatment 5 days a week. CHS Counselor will go to the county jail and provide substance use disorder treatment to pretrial inmates and post-conviction inmates. CHS counselor will provide weekly substance use disorder assessment, individual, group and case management services that includes “brief” treatment is defined as up to 30 days, “short-term” treatment is defined as from 1 to 3 months, and “long-term” treatment is defined as 3 months. CHS counselor will provide ongoing consultation and education to jail administrators and other jail staff about substance use disorders, and work to establish a continuum of services in the jail and community for people with substance abuse problems. CHS counselor will create opportunities to improve partnerships between the jail and the community can allow for the development or enhancement of both in-jail treatment programs and coordination of offenders' transition into community diversion and aftercare/reentry programs.

**Recommendation:** Approve

County	Project	Requested Budget
Wexford	Wexford Substance Use Disorder Program – Jail Based	\$102,340

# WEXFORD COUNTY OVERVIEW

**Projected FY24 Balance** **\$363,611.03**

This is the total amount available for projects while maintaining a one year fund balance

<b>Project</b>	<b>Requested Budget</b>	<b>Remaining County Running Balance</b>
NMSAS Peer Recovery Support Program	\$14,203.43	\$349,407.60
Michigan Profile for Healthy Youth (MiPHY)	\$10,000	\$339,407.60
Drug Free Northern Michigan 21 County Alliance – Media Campaign	\$4,594.42	\$334,813.18
Peer Recovery Community Based Project	\$20,074.62	\$314,738.56
Wexford Substance Use Disorder Program -Jail Based	\$102,340	\$212,398.56
Wexford County Sheriff’s Office Preliminary Breath Test	\$6,424	\$205,974.56
Deterra Disposal and Medication Lockbox Project	\$6,203.84	\$199,770.72

<b>County</b>	<b>One Year Fund Balance (withheld)</b>	<b>Projected FY24 Available Balance</b>	<b>Sum of Requested Project Amounts</b>	<b>Projected Remaining Balance</b>
<b>Wexford</b>	<b>\$79,925</b>	<b>\$363,611.03</b>	<b>\$163,840.31</b>	<b>\$199,770.72</b>

# BUILDING AND ENHANCING RECOVERY CAPITAL IN NORTHEAST MICHIGAN WITH RECOVERY COACHING AND MENTORING (NEW PROJECT)

<b>Organization/Fiduciary:</b>	Sunrise Centre
<b>County:</b>	Multi County
<b>Project Total:</b>	\$ 70,000

## DESCRIPTION:

Sunrise Centre is strengthening, enhancing, and expanding the types of and quality of support offered to our outpatient clients and is planning to expand access to continuation of care supports through creation of a full time peer recovery coach position dedicated to our outpatient population. Healthy and engaging continuation of care is a vital part of sustaining recovery and is one of the missing components of recovery resources available to our clients. This request for funding for a staffing grant will provide the needed start up funds to build and establish this added layer of care, which will then be absorbed by Sunrise Centre to sustain this service at the point in time when grant funds are no longer available to sustain the position. The full time recovery coach will offer the following services not currently offered at Sunrise Centre: Recovery Coaching and mentoring support to outpatient clients and community members impacted by substance use disorders in the counties served, will support the development and expansion of recovery supportive activities and resources in the region with a focus on counties that do not have as many recovery supportive resources, will support the growth of and access to recovery capital for those navigating recovery in the region, will attend community events and coalitions to strengthen the presence of and engagement of Sunrise Centre with our community partners, will support the development of promotional materials that support healthy recovery messaging and aims to reduce stigma for the population we serve, and will participate in and support training of staff and community members on topics relevant to recovery coaching and recovery supportive messaging and community support.

**Recommendation:** Approve

County	Project	Requested Budget
Alcona	Building and Enhancing Recovery Capital	\$7,683.42
Alpena	Building and Enhancing Recovery Capital	\$21,127.01
Iosco	Building and Enhancing Recovery Capital	\$18,677.45
Montmorency	Building and Enhancing Recovery Capital	\$6,866.17
Oscoda	Building and Enhancing Recovery Capital	\$6,151.34
Presque Isle	Building and Enhancing Recovery Capital	\$9,494.61

# PEER RECOVERY COMMUNITY BASED PROJECT (RENEWAL)

<b>Organization/Fiduciary:</b>	Catholic Human Services
<b>County:</b>	Multi County
<b>Project Total:</b>	\$ 129,591

## DESCRIPTION:

Catholic Human Services has built a team of community based recovery coaches that engage in the following: providing ongoing, flexible, comprehensive, community-based, person centered coaching support to individuals in a range of stages in their addiction and recovery journey; coaches maintain routine contact, support individuals with access to recovery supportive resources, support individuals with access to treatment resources, support individuals during their recovery, helping them develop life and sobriety skills, help to navigate the challenges that arise and model how to maintain sobriety during those challenges, empower individuals during their journey. They collaborate with CHS Clinical team, community service organizations, community events, and represent long term recovery as healthy and contributing members of the communities in which they live. The CHS Recovery Coaches attend coalitions across the communities served to support development of stronger recovery capital, to educate on topics such as stigma, multiple pathways to recovery, and to strengthen a system level response to the epidemic of addiction.

**Recommendation:** Approve

County	Project	Requested Budget
Alcona	Peer Recovery Community Based Project	\$6,244.51
Alpena	Peer Recovery Community Based Project	\$17,170.45
Antrim	Peer Recovery Community Based Project	\$14,051.51
Benzie	Peer Recovery Community Based Project	\$ -
Charlevoix	Peer Recovery Community Based Project	\$15,769.04
Cheboygan	Peer Recovery Community Based Project	\$ -
Crawford	Peer Recovery Community Based Project	\$8,389.76
Emmet	Peer Recovery Community Based Project	\$ -
Grand Traverse	Peer Recovery Community Based Project	\$ -
Iosco	Peer Recovery Community Based Project	\$15,179.64
Kalkaska	Peer Recovery Community Based Project	\$ -
Leelanau	Peer Recovery Community Based Project	\$ -
Manistee	Peer Recovery Community Based Project	\$ -
Missaukee	Peer Recovery Community Based Project	\$ -
Montmorency	Peer Recovery Community Based Project	\$5,580.31
Ogemaw	Peer Recovery Community Based Project	\$ -
Oscoda	Peer Recovery Community Based Project	\$4,999.35
Otsego	Peer Recovery Community Based Project	\$ -
Presque Isle	Peer Recovery Community Based Project	\$7,716.51
Roscommon	Peer Recovery Community Based Project	\$14,415.29
Wexford	Peer Recovery Community Based Project	\$20,074.62

# DETERRA DISPOSAL AND MEDICATION LOCKBOX PROJECT (RENEWAL)

<b>Organization/Fiduciary:</b>	District Health Department #10
<b>County:</b>	Multi County
<b>Project Total:</b>	\$9,000

## DESCRIPTION:

Deterra™ Disposal Project: District Health Department #10 (DHD#10) will purchase Deterra™ Drug Deactivation Systems (pouches) to provide a safe, convenient, and permanent way to dispose of unused, expired, and unwanted medications at home. These pouches will be distributed to homebound individuals and those lacking transportation through a partnership with Meals on Wheels. Pouches will also be distributed to general community members at community events, food banks, farmer's market days, etc. to promote proper disposal of medications. A brief educational session will also be provided on why it's important to properly dispose of unused and/or expired medications. Medication Lock Box Project: DHD#10 will purchase medication lock boxes to promote securing medications in the home. This project will serve as an adjunct to promoting proper disposal of unused and/or expired medications through Deterra™ Disposal pouches and promotion of permanent disposal sites. A monitor-secure-dispose educational handout will accompany each lock box, along with a listing of local permanent disposal sites. This project will encompass monitor-secure-dispose related to prescription drug use prevention.

**Recommendation:** Approve

County	Project	Requested Budget
Missaukee	Deterra Disposal and Medication Lockbox Project	\$2,796.16
Wexford	Deterra Disposal and Medication Lockbox Project	\$6,203.84

# DRUG FREE NORTHERN MICHIGAN 21 COUNTY ALLIANCE – MEDIA CAMPAIGN (RENEWAL)

<b>Organization/Fiduciary:</b>	Health Department of Northwest Michigan
<b>County:</b>	Multi County
<b>Project Total:</b>	\$ 67,929

## DESCRIPTION:

The Alliance has been meeting since January of 2019 and is interested in continuing regional work related to teen substance use. The Alliance is planning to facilitate a Photovoice project, which is an evidence-based practice that is used to raise awareness, educate decision makers, and advocate for policy change around a specific issue. The purpose of this project will be to engage high school-aged youth from 20 of the 21 counties represented within the Alliance and ask them to submit photos and stories that illustrate their perspective on what influences youth to use substances, what keeps youth from using substances, and how youth substance use impacts their community.

<b>Recommendation:</b>	Approve
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County	Project	Requested Budget
Alcona	21 County – Media Campaign	\$1,429.16
Alpena	21 County – Media Campaign	\$3,929.75
Antrim	21 County – Media Campaign	\$3,215.93
Benzie	21 County – Media Campaign	\$2,426.31
Charlevoix	21 County – Media Campaign	\$3,609.01
Cheboygan	21 County – Media Campaign	\$3,502.70
Crawford	21 County – Media Campaign	\$1,920.14
Emmet	21 County – Media Campaign	\$4,582.96
Grand Traverse	21 County – Media Campaign	\$12,675.80
Iosco	21 County – Media Campaign	\$3,474.12
Kalkaska	21 County – Media Campaign	\$2,434.73
Leelanau	21 County – Media Campaign	\$2,990.18
Manistee	21 County – Media Campaign	\$3,372.64
Missaukee	21 County – Media Campaign	\$ -
Montmorency	21 County – Media Campaign	\$1,277.15
Ogemaw	21 County – Media Campaign	\$2,896.85
Oscoda	21 County – Media Campaign	\$1,144.19
Otsego	21 County – Media Campaign	\$3,387.96
Presque Isle	21 County – Media Campaign	\$1,766.05
Roscommon	21 County – Media Campaign	\$3,299.18
Wexford	21 County – Media Campaign	\$4,594.42

# MICHIGAN PROFILE FOR HEALTHY YOUTH (MIPHY) INCENTIVE FOR SCHOOLS (RENEWAL)

<b>Organization/Fiduciary:</b>	Health Department of Northwest Michigan
<b>County:</b>	Multi County
<b>Project Total:</b>	\$ 125,500

## DESCRIPTION:

The Michigan Profile for Healthy Youth (MiPHY) is an online student health survey offered by the Michigan Department of education and Health and Human Services to support local and regional needs assessment. The MiPHY results, along with other school-reported data, will help schools make data-driven decisions to improve prevention and health promotion programming. Results on health risk behaviors including substance use, violence, physical activity, nutrition, sexual behavior, and emotional health in grades 7,9, and 11. The request for this Liquor Tax Grant is that schools be granted an incentive to participate in the 2023-2024 MiPHY Survey. The school will receive \$500 for each grade/per school in a school district that participates in the MiPHY Survey.

**Recommendation:** Approve

County	Project	Requested Budget
Alcona	MiPHY Incentive	\$3,000
Alpena	MiPHY Incentive	\$3,000
Antrim	MiPHY Incentive	\$12,000
Benzie	MiPHY Incentive	\$3,000
Charlevoix	MiPHY Incentive	\$11,500
Cheboygan	MiPHY Incentive	\$8,000
Crawford	MiPHY Incentive	\$3,500
Emmet	MiPHY Incentive	\$11,500
Grand Traverse	MiPHY Incentive	\$9,000
Iosco	MiPHY Incentive	\$6,000
Kalkaska	MiPHY Incentive	\$3,000
Leelanau	MiPHY Incentive	\$3,000
Manistee	MiPHY Incentive	\$9,500
Missaukee	MiPHY Incentive	\$2,000
Montmorency	MiPHY Incentive	\$3,500
Ogemaw	MiPHY Incentive	\$2,000
Oscoda	MiPHY Incentive	\$3,000
Otsego	MiPHY Incentive	\$5,500
Presque Isle	MiPHY Incentive	\$7,000
Roscommon	MiPHY Incentive	\$6,500
Wexford	MiPHY Incentive	\$10,000



# PEER RECOVERY SUPPORTS PROGRAM (RENEWAL)

<b>Organization/Fiduciary:</b>	NMSAS
<b>County:</b>	Multi County
<b>Project Total:</b>	\$ 210,000.00

## DESCRIPTION:

NMSAS Recovery Center Peer Recovery Supports Program is designed to provide support to help individuals become and stay engaged in the recovery process and to assist in the development and sustainability of recovery supportive communities. These services reach into communities within the 21 counties of northern-lower Michigan served by the Northern Michigan Regional Entity.

**Recommendation:** Approve

County	Project	Requested Budget
Alcona	Peer Recovery Support Program	\$4,418.19
Alpena	Peer Recovery Support Program	\$12,148.64
Antrim	Peer Recovery Support Program	\$9,941.89
Benzie	Peer Recovery Support Program	\$7,500.81
Charlevoix	Peer Recovery Support Program	\$11,157.09
Cheboygan	Peer Recovery Support Program	\$10,828.43
Crawford	Peer Recovery Support Program	\$5,936.02
Emmet	Peer Recovery Support Program	\$14,168.00
Grand Traverse	Peer Recovery Support Program	\$39,186.63
Iosco	Peer Recovery Support Program	\$10,740.07
Kalkaska	Peer Recovery Support Program	\$7,526.85
Leelanau	Peer Recovery Support Program	\$9,244.01
Manistee	Peer Recovery Support Program	\$10,426.35
Missaukee	Peer Recovery Support Program	\$ -
Montmorency	Peer Recovery Support Program	\$3,948.24
Ogemaw	Peer Recovery Support Program	\$8,955.47
Oscoda	Peer Recovery Support Program	\$3,537.20
Otsego	Peer Recovery Support Program	\$10,473.73
Presque Isle	Peer Recovery Support Program	\$5,459.67
Roscommon	Peer Recovery Support Program	\$10,199.27
Wexford	Peer Recovery Support Program	\$14,203.43

# SAFE IN NORTHERN MICHIGAN (RENEWAL)

<b>Organization/Fiduciary:</b>	Health Department of Northwest Michigan
<b>County:</b>	Multi County
<b>Project Total:</b>	\$112,353

## DESCRIPTION:

The Health Department of Northwest Michigan (HDNW) serves as the fiduciary for the SAFE in Northern Michigan (SAFE in NM) coalition since SAFE in NM is not a free-standing nonprofit organization. The mission of SAFE in NM is to prevent youth substance use, increase community awareness and create change through collaboration, education, prevention initiatives and environmental strategies of tobacco, alcohol and other substance use in Antrim, Charlevoix and Emmet counties. SAFE was formed in 2007 after the Petoskey-Harbor Springs Area Community Foundation hosted a Community Convening and discovered that substance use problems among our youth were extremely high. When Charlevoix County learned of SAFE's accomplishments, it joined the efforts in 2008. In 2015, Antrim County joined SAFE.

SAFE utilizes evidence-based approaches to define its work: The Strategic Prevention Framework provides an effective planning model and CADCA's Seven Strategies for Community Change guide implementation based upon data-driven logic models. Logic models are informed by qualitative and quantitative data; youth select SAMHSA-developed strategies that are focused at both individual and environmental levels to achieve lasting community change. The coalition is organized around five integrated processes: In Assessment data is analyzed from a wide range of secondary sources as well as primary data collection methods such as focus groups and key informant interviews. Capacity focuses on engaging the cross-sector partners required to address the complex community problem of youth substance use. Planning ensures the implementation of the SAFE mission by updating logic models with current data and collaboratively developing action plans based on local conditions. In Implementation, SAFE maintains fidelity with planned adaptations to meet current community needs. Evaluation is completed in each phase to make needed mid-cycle adjustments. SAFE has demonstrated utilization of best practices that have led to national recognition numerous times. Most recently, SAFE received the 2022 Blue Ribbon Coalition Award, a top credential awarded by CADCA. The Blue-Ribbon Coalition Award recognizes high performing coalitions which do an exceptional job in creating a foundation for their work. Additionally, Blue-Ribbon Coalitions must demonstrate measurable success in community-level substance use outcomes to receive this credential.

**Recommendation:** Approve

County	Project	Requested Budget
Antrim	SAFE in Northern Michigan	\$31,672.71
Charlevoix	SAFE in Northern Michigan	\$35,544.09
Emmet	SAFE in Northern Michigan	\$45,136.20

# ANTRIM COUNTY OVERVIEW

**Projected FY24 Balance** **\$177,531.90**

This is the total amount available for projects while maintaining a one year fund balance

<b>Project</b>	<b>Requested Budget</b>	<b>Remaining County Running Balance</b>
NMSAS Peer Recovery Support Program	\$9,941.89	\$167,590.01
Michigan Profile for Healthy Youth (MiPHY)	\$12,000	\$155,590.01
Drug Free Northern Michigan 21 County Alliance – Media Campaign	\$3,215.93	\$152,374.08
SAFE in Northern Michigan Coalition	\$31,672.71	\$120,701.37
Peer Recovery Community Based Project	\$14,051.51	\$106,649.86

<b>County</b>	<b>One Year Fund Balance (withheld)</b>	<b>Projected FY24 Available Balance</b>	<b>Sum of Requested Project Amounts</b>	<b>Projected Remaining Balance</b>
<b>Antrim</b>	<b>\$59,728.50</b>	<b>\$177,531.90</b>	<b>\$70,882.04</b>	<b>\$106,649.86</b>

# CHARLEVOIX COUNTY OVERVIEW

**Projected FY24 Balance** **\$285,051.70**

This is the total amount available for projects while maintaining a one year fund balance

<b>Project</b>	<b>Requested Budget</b>	<b>Remaining County Running Balance</b>
NMSAS Peer Recovery Support Program	\$11,157.09	\$273,894.61
Michigan Profile for Healthy Youth (MiPHY)	\$11,500	\$262,394.61
Drug Free Northern Michigan 21 County Alliance – Media Campaign	\$3,609.01	\$258,785.60
SAFE in Northern Michigan Coalition	\$35,544.09	\$223,241.51
Peer Recovery Community Based Project	\$15,769.04	\$207,472.47

<b>County</b>	<b>One Year Fund Balance (withheld)</b>	<b>Projected FY24 Available Balance</b>	<b>Sum of Requested Project Amounts</b>	<b>Projected Remaining Balance</b>
<b>Charlevoix</b>	<b>\$89,333.50</b>	<b>\$285,051.70</b>	<b>\$77,579.23</b>	<b>\$207,472.47</b>

# CRAWFORD COUNTY OVERVIEW

**Projected FY24 Balance** **\$85,775.06**

This is the total amount available for projects while maintaining a one year fund balance

<b>Project</b>	<b>Requested Budget</b>	<b>Remaining County Running Balance</b>
NMSAS Peer Recovery Support Program	\$5,936.02	\$79,839.04
Michigan Profile for Healthy Youth (MiPHY)	\$3,500	\$76,339.04
Drug Free Northern Michigan 21 County Alliance – Media Campaign	\$1,920.14	\$74,418.90
Peer Recovery Community Based Project	\$8,389.76	\$66,029.14

<b>County</b>	<b>One Year Fund Balance (withheld)</b>	<b>Projected FY24 Available Balance</b>	<b>Sum of Requested Project Amounts</b>	<b>Projected Remaining Balance</b>
<b>Crawford</b>	<b>\$31,228</b>	<b>\$85,775.06</b>	<b>\$19,745.92</b>	<b>\$66,029.14</b>

# MANISTEE COUNTY OVERVIEW

**Projected FY24 Balance** **\$185,596.40**

This is the total amount available for projects while maintaining a one year fund balance

<b>Project</b>	<b>Requested Budget</b>	<b>Remaining County Running Balance</b>
NMSAS Peer Recovery Support Program	\$10,426.35	\$175,170.05
Michigan Profile for Healthy Youth (MiPHY)	\$9,500	\$165,670.05
Drug Free Northern Michigan 21 County Alliance – Media Campaign	\$3,372.64	\$162,297.41

<b>County</b>	<b>One Year Fund Balance (withheld)</b>	<b>Projected FY24 Available Balance</b>	<b>Sum of Requested Project Amounts</b>	<b>Projected Remaining Balance</b>
<b>Manistee</b>	<b>\$68,873</b>	<b>\$185,596.40</b>	<b>\$23,298.99</b>	<b>\$162,297.41</b>

# MISSAUKEE COUNTY OVERVIEW

**Projected FY24 Balance** **\$4,981.97**

This is the total amount available for projects while maintaining a one year fund balance

<b>Project</b>	<b>Requested Budget</b>	<b>Remaining County Running Balance</b>
Deterra Disposal and Medication Lockbox Project	\$2,796.16	\$2,185.81
Michigan Profile for Healthy Youth (MiPHY)	\$2,000	\$185.81

<b>County</b>	<b>One Year Fund Balance (withheld)</b>	<b>Projected FY24 Available Balance</b>	<b>Sum of Requested Project Amounts</b>	<b>Projected Remaining Balance</b>
<b>Missaukee</b>	<b>\$18,043.50</b>	<b>\$4,981.97</b>	<b>\$4,796.16</b>	<b>\$185.81</b>

# MONTMORENCY COUNTY OVERVIEW

**Projected FY24 Balance** **\$38,174.84**

This is the total amount available for projects while maintaining a one year fund balance

<b>Project</b>	<b>Requested Budget</b>	<b>Remaining County Running Balance</b>
NMSAS Peer Recovery Support Program	\$3,948.24	\$34,226.60
Michigan Profile for Healthy Youth (MiPHY)	\$3,500	\$30,726.60
Drug Free Northern Michigan 21 County Alliance – Media Campaign	\$1,277.15	\$29,449.45
Peer Recovery Community Based Project	\$5,580.31	\$23,869.14
Building and Enhancing Recovery Capital	\$6,866.17	\$17,002.97

<b>County</b>	<b>One Year Fund Balance (withheld)</b>	<b>Projected FY24 Available Balance</b>	<b>Sum of Requested Project Amounts</b>	<b>Projected Remaining Balance</b>
<b>Montmorency</b>	<b>\$27,338</b>	<b>\$38,174.84</b>	<b>\$21,171.87</b>	<b>\$17,002.97</b>



# OSCODA COUNTY OVERVIEW

**Projected FY24 Balance** **\$44,177.50**

This is the total amount available for projects while maintaining a one year fund balance

<b>Project</b>	<b>Requested Budget</b>	<b>Remaining County Running Balance</b>
NMSAS Peer Recovery Support Program	\$3,537.20	\$40,640.30
Michigan Profile for Healthy Youth (MiPHY)	\$3,000	\$37,640.30
Drug Free Northern Michigan 21 County Alliance – Media Campaign	\$1,144.19	\$36,496.11
Peer Recovery Community Based Project	\$4,999.35	\$31,496.76
Building and Enhancing Recovery Capital	\$6,151.34	\$25,345.42

<b>County</b>	<b>One Year Fund Balance (withheld)</b>	<b>Projected FY24 Available Balance</b>	<b>Sum of Requested Project Amounts</b>	<b>Projected Remaining Balance</b>
<b>Oscoda</b>	<b>\$20,039</b>	<b>\$44,177.50</b>	<b>\$18,832.08</b>	<b>\$25,345.42</b>

**NMRE Fiscal Year 2024**  
**Prevention Service Request for Proposal Recommendation for Contract Awards**  
**Issued May 1, 2023- June 2, 2023**

**Counties:**

Alcona, Alpena, Iosco, Montmorency, Ogemaw, Oscoda, Presque Isle

**Key Dates:**

RFP issue Date: May 1, 2023  
 Proposal Due Date: June 2, 2023  
 Scoring Team Meeting: June 26, 2023  
 Award Effective Dates: October 1, 2023-September 30, 2024

**Bids by county (only one provider bid per country):**

Alcona: Catholic Human Services  
 Alpena: Catholic Human Services  
 Iosco: Catholic Human Services  
 Montmorency: Catholic Human Services  
 Ogemaw: Catholic Human Services  
 Oscoda: Catholic Human Services  
 Presque Isle: Catholic Human Services

Recommendations for Contract Award, *contingent upon budget resubmission: County	Provider	Amount Requested (\$)
Alcona	Catholic Human Services	\$16, 453.00 (total available)
Alpena	Catholic Human Services	\$38, 258.00 (total available)
Iosco	Catholic Human Services	\$39, 435.00 (total available)
Montmorency	Catholic Human Services	\$14, 701.00(total available)
Ogemaw	Catholic Human Services	\$32, 830.00 (total available)
Oscoda	Catholic Human Services	\$14, 623.00 (total available)
Presque Isle	Catholic Human Services	\$18, 497.00 (total available)
<b>Total</b>		<b>\$174,797.00</b>

\*Budget submissions from both provider organizations, for each county, required minor correction for reporting compliance. NMRE is recommending the above approvals contingent upon correction to budget submissions, by county, based upon all other documentation submitted.



DAVID WOODS BARTLEY

## SPEAKING AGREEMENT

### **Speaker Contact**

David Woods Bartley  
[David@davidwoodsbartley.com](mailto:David@davidwoodsbartley.com)  
916-247-6389  
2133 Hannah Way  
Rocklin, CA 95765

### **Event Information**

Event Dates: July 24<sup>th</sup>, July 25<sup>th</sup>, and July 26<sup>th</sup>, 2023  
Event Name: Michigan VA/NMRE  
Location: Various Locations As Determined by the Host  
Host: NMRE; Eric Kurtz, CEO

### **Program Details**

David Woods Bartley will provide a wide variety of presentations on behalf of the host organization named above, on the dates referenced. Presentations will be made at time and location chosen by the host, with adjustments and changes made as needed to accommodate the host's goals and desires.

In addition to the presentations, David Woods Bartley will make himself available for unlimited Q&A, and to meet with those who are interested, before and after the presentations. In addition, the fee quoted is also good for any kind of media interviews, before, during or after any of the presentations or dates listed. There will be no added cost for any additional presentations or media events.

### **Finances**

*Please note: the fee below is all inclusive.*

**Total Due = \$11,000.00**

### **Content Rights and Permission to Use**

Audio or video taping of David's program is absolutely allowed with the understanding David will be provided a first generation copy for his files.

Regarding use of materials, host is hereby granted the full and complete use of any materials that are shared at the events (*i.e., PowerPoint, PDFs, Images, etc.*). Use of materials extend to copying, sharing, posting or any other means of making the content available to those the host organization feels might benefit.

### **Cancellation & Refund Policy Continued**

In the event of sickness of or accident to David Woods Bartley, or if the event is rendered impossible due to an emergency beyond control of David Woods Bartley or host, it is understood and agreed that there shall be no claim for damages by either party. In the event of such nonperformance for any of the reasons listed above, all fees will be waived for both David Woods Bartley and the host organization.

### **Other Speaker Needs**

It is agreed that the client will provide David with the physical space in which to present, a headset/lapel microphone, and an HDMI cord so images can be projected on a large screen.

**Accepted and Agreed:**

\_\_\_\_\_  
NMRE

\_\_\_\_\_  
Eric Kurtz, CEO

\_\_\_\_\_  
Date

\_\_\_\_\_  
David Woods Bartley

\_\_\_\_\_  
Date of Confirmation



DAVID WOODS BARTLEY

## Requirements/Rider

*In order to ensure the best possible environment for your audience, the following is hereby requested:*

### **MICROPHONE**

Order of preference for microphone:

1. Hands free microphone (i.e. lapel or over-the-ear style).
2. Wireless Handheld.
3. Handheld microphone with at least 30 feet of cord.

Please note: It is agreed the sound system will be tested prior for proper operation during event.

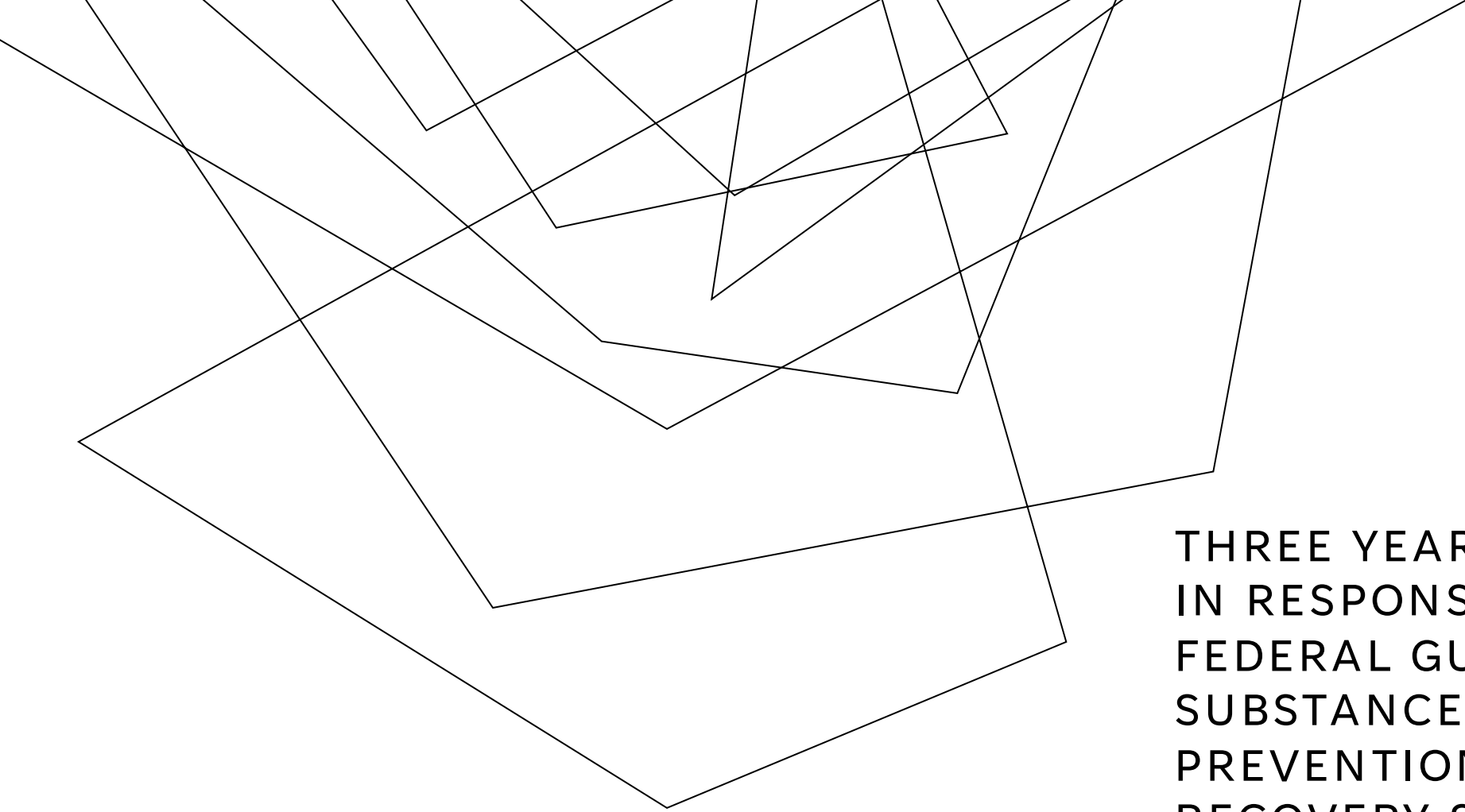
### **STAGE / LIGHTS**

- If possible, a well-lit stage that is open and empty (no podium needed, music stand requested).

### **RESOURCE TABLE**

- Please put a table close to exit so David can share resources and present items for sale.

If you have any questions, please contact David at [david@davidwoodsbartley.com](mailto:david@davidwoodsbartley.com) or 916-247-6389.



THREE YEAR STRATEGIC PLAN  
IN RESPONSE TO STATE AND  
FEDERAL GUIDELINES FOR  
SUBSTANCE USE DISORDER  
PREVENTION, TREATMENT &  
RECOVERY SERVICES

FISCAL YEARS 2024-2026

NMRE

# THE NORTHERN MICHIGAN REGIONAL ENTITY (NMRE) CONSISTS OF TWENTY-ONE (21) COUNTIES IN RURAL NORTHERN MICHIGAN.

Caucasian: 93%

American Indian (non-Alaskan): 3.12%

Unemployed: 63%

Pregnant: 2.88%

MAT (opioid specific): 19.38%



# OVERALL POPULATION

Based on the USDA Economic Research Service Rural-Urban Continuum Codes (2013):

8 counties are considered Completely rural (38.10% of the NMRE region);

12 counties are considered Urban population 2,500 to 19,999, not adjacent to a metro area (57.14% of the NMRE region);

1 county is considered an Urban population of 20,000 or more, not adjacent to a metro area (4.75% of the NMRE region).



# PREVENTION

Prevention Providers contracted with the Northern Michigan Regional Entity must have proper licensure, if applicable.

Prevention Providers	County(s)	Services	Grant(s)
Catholic Human Services	14	Prevention Services Coalitions DYTUR	SABG, COVID, ARPA, Liquor Tax, MIPAC, SOR
Health Department of NW Michigan	4	Prevention Services Coalitions	SABG, COVID, ARPA, Liquor Tax
District Health Department #10	2	Prevention	SABG, COVID, Liquor Tax
District Health Department #2	4	DYTUR	SABG
CentraWellness CMH	1	Coalition	Liquor Tax

# TREATMENT

Treatment Providers contracted with the Northern Michigan Regional Entity must be SUD licensed, accredited by an approved accrediting body, and have secured ASAM LOC designation from MDHHS for the services contracted for.

Treatment Provider	ASAM LOC	Service Type	Number of Locations	Specialty Services	In Region
<b>Addiction Treatment Services (ATS)</b>	.5, 1.0, 2.1, 3.5, 3.1, 3.2WM, 3.7WM	Outpatient, Residential, Withdrawal Management	4	OHH Provider AHH Provider	Yes
<b>Bay Area Substance Education Services Inc (BASES)</b>	1.0	Outpatient	1		Yes
<b>Bear River Health</b>	.5, 1.0, 2.1, 3.1, 3.3, 3.5, 3.2WM, 3.7WM	Outpatient, Residential, Withdrawal Management	6	OHH Provider	Yes
<b>Catholic Human Services</b>	1.0	Outpatient	13	OHH Provider AHH Provider	Yes
<b>GRACE Center</b>	1.0	Outpatient	1		Yes
<b>Harbor Hall</b>	.5, 1.0, 2.1, 2.5, 3.1, 3.5, 3.2WM	Outpatient, Residential, Withdrawal Management	4	OHH Provider AHH Provider	Yes
<b>Michigan Therapeutic Consultants (MTC)</b>	1.0	Outpatient	2	OTP	Yes
<b>Munson</b>	1.0, 2.1, 2.5	Outpatient	1		Yes
<b>NMSAS</b>	1.0	Outpatient	1	OTP OHH Provider	Yes
<b>Sunrise</b>	.5, 1.0, 2.1, 3.1, 3.5, 3.2WM, 3.7WM	Outpatient, Residential, Withdrawal Management	1		Yes

# RECOVERY SUPPORTS

The NMRE will focus on increasing the Recovery Support Providers within the region. Currently, we do not contract directly with any Provider who **only** provides recovery supports.

## PREVENTION GOALS:

**1. Goal: Reduce Underage Drinking**

Alcohol continues to be the highest primary substance of all admissions according to BH TEDS.

**2. Goal: Reduce Marijuana Use In Youth and Young Adults**

Marijuana is the second primary substance of all admissions according to BH TEDS.

**3. Goal: Reduce prescription drug misuse, including a reduction in the misuse of opioids for non-medical purposes**

Opioid use remains an issue for the NMRE region. BH TEDS indicate that 403 admissions out of 4225 stated the primary substance were prescription opiates

**4. Goal: Increase prevention services for adults ages 55 and older**

Prevention services for individuals ages 55 and older remain a need in our region and the state.

**5. Goal: Reduce Youth Access to Tobacco**

Youth access to tobacco is another issue for the NMRE region.

# TREATMENT GOALS

1. \_\_\_\_\_ **Goal: Increase access to Medication Assisted Treatment services; Methadone specific OTP services**
2. \_\_\_\_\_ **Goal: Expand Behavioral Health and Primary Care Services for Persons at-risk for and with Mental Health and Substance Use Disorder**
3. \_\_\_\_\_ **Goal: Increase access to treatment and harm reduction for individuals living with an Opioid Use Disorder**
4. \_\_\_\_\_ **Goal: Increase Access to treatment for Criminal Justice involved population returning to communities**

5. \_\_\_\_\_ **Goal: Increase in Access to Trauma Responsive Services**

6. \_\_\_\_\_ **Goal: Reduce in percentage of Substance exposed birth/infants**

7. \_\_\_\_\_ **Goal: Increase Access to Treatment Services for Older Adults 55 and Older**

Continued

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# RECOVERY SUPPORTS GOALS

- 1. Goal: Enhance Coordination of Prevention, Follow-up, and Continuing Care in the Recovery Process**
- 2. Goal: Expand Treatment Services to Include Ongoing Support and Multiple Coordinated Strategies to Support Recovery**
- 3. Goal: Increase in Access to Recovery Services that Promote Life Enhancing Recovery and Wellness for individuals and families**



# COORDINATION OF SERVICES

## Prevention

Continue the Drug Free Northern Michigan Coalition Alliance Meetings.

Continue to collaborate with other Prevention partners.

## Treatment

Increase coordination of care for individuals receiving Substance Use Disorder Treatment Services with Public and Private Service Delivery Systems.

## Recovery Supports

Increase coordination of care for individuals receiving Recovery Support Services with Public and Private Service Delivery Systems.





# QUESTIONS

Thank you!