final minutes

Opioid Advisory Commission (OAC) Meeting
10:00 a.m. • Thursday, October 13, 2022
Legislative Conference Room • 3rd Floor Boji Tower Building
124 W. Allegan Street • Lansing, MI

Members Present:
Ms. Kelly Ainsworth
Mr. Brad Casemore
Ms. Katharine Hude
Ms. Mona Makki
Mr. Scott Masi
Mr. Mario Nanos
Mr. Patrick Patterson
Dr. Cara Poland
Mr. Kyle Rambo
Dr. Cameron Risma

Members Excused:
Judge Linda Davis
Dr. Sarah Stoddard

Judge Davis and Dr. Stoddard joined virtually; therefore, was unable to be counted present for the purposes of quorum or act on voting items before the Commission per the Open Meetings Act.

Ms. Ainsworth arrived at 10:02.

Ms. Jennifer Dettloff serving as an Ex-officio member to the Commission was in attendance.

I. Call to Order
The Chair called the meeting to order at 10:00 a.m.

II. Roll Call
The Chair asked the clerk to take roll. The clerk reported a quorum was present. The Chair asked for absent members to be excused.

III. Presentations to the Commission
- Regional Entity/state-designated Community Mental Health Entity/Prepaid Inpatient Health Plan
    - Dani Meier, PhD, MSW, MA: Chief Clinical Officer Mid-State Health Network
    - Jim Johnson: CEO and Acting Substance Use Disorder Director Regin 10 PIHP
- Michigan Department of Health and Human Services Opioid Strategy
    - Jared Welehodsky: State Assistant Administrator, MDHHS

IV. Commission Outreach

The Chair confirmed the Attorney General's office will address the Commission at the November meeting. The Chair directed attention to the information received from the Michigan Association of Counties on the opioid settlement funding estimates counties will receive in a series of payments over approximately 18 years from the two settlement funds, Distributor and Janssen. Further discussion was had in regards to inviting additional entities to address the Commission on information that will help assist with the Commission's work.

V. Approval of the September 22, 2022 Meeting Minutes

The Chair directed attention to the proposed minutes of the September 22, 2022 meeting and asked if there were any changes. **Mr. Casemore moved, supported by Ms. Ainsworth, to approve the minutes of the September 22, 2022 meeting. There was no further discussion and the Chair asked for a role call vote. The motion prevailed and the minutes were approved.**

VI. OAC Program Coordinator Position

The Chair reported interviews for the Commission's Program Coordinator have been scheduled with prospective candidates. The Chair indicated Mr. Patterson, serving as Vice Chair to the Commission, will join on the interview panel along with the Chair, the Legislative Council Administrator Jennifer Dettloff, and the Legislative Council Administrator's Human Resources Director. Further discussion was had to include asking prospective candidates for writing samples after the first stage of interview process.

VII. Subcommittee Updates

The Chair called to confirm the members of the subcommittee to include Mr. Rambo, Mr. Casemore, Ms. Hude, Dr. Stoddard and Ms. Ainsworth. Subcommittee members confirmed the addition of Ms. Ainsworth on the subcommittee. The Chair directed attention to the subcommittee's report summary and called on Mr. Rambo for a subcommittee update.

- Current Funding and Programmatic Impact (Mr. Rambo)
  Mr. Rambo referred to the subcommittee's report summary. Ms. Ainsworth suggested a secure online location to assist in sharing large documents and reports with subcommittee members. Further discussion was had in regard to information subcommittee members collect is public information. Ms. Hude expressed the need for MDHHS collaboration during Commission meetings to assist in the Commission's work and asked to confirm MDHHS Director Hertel, serving the Commission as an Ex-officio member, or a representative from MDHHS availability to attend Commission meetings.

  Mr. Nanos noted he is working to obtain the New York opioid settlement report for reference and will share with Commission members once received.

VIII. Commission Member Comment

The Chair asked if there were additional comments from Commission members.
Mr. Nanos directed attention to Dr. Stoddard in reference to a musical relating to an opioid prevention program. Dr. Stoddard shared the University of Michigan in collaboration with its students created a musical as an approach to share stories and information regarding opioid addiction and prevention. Dr. Stoddard expressed the first performance was well received based on student surveys and will be performed at high schools across Michigan while continuing to survey students after each performance.

IX. Public Comment

The Chair asked if there were any comments from the public. Mr. Lindsay Huddleston from Michigan's Children expressed appreciation for the Commission's work and welcomed the Commission to utilize Michigan's Children as a resource in its work.

X. Next Meeting Date: Thursday, November 10, 2022 at 10:00am

The Chair announced the next meeting date for Thursday, November 10, 2022 at 10:00am. The Chair indicated she will not be able to attend the November 10 meeting and in her place Mr. Patterson, serving as Vice Chair to the Commission, will serve as Acting Chair for the November 10 meeting. The Chair reminded Commission members a majority of seven Commission members in attendance is required to conduct Commission business and instructed Commission members to let the clerk know if availability has changed.

XI. Adjournment

There being no further business before the Commission the Chair adjourned the meeting at 11:48 a.m. with unanimous support.

Michigan's Substance Use Disorder Prevention, Treatment & Recovery Services: Delivered through State-Designated Prepaid Inpatient Health Plans (PIHPs)

Presentation to the Opioid Advisory Commission
Date: October 13, 2022
Presenters: Jim Johnson & Dani Meier
Contributors: Dani Meier, Joseph Sedlock, Bradley Casemore & Ella Philander

Michigan's Medicaid Managed Care Programs

provide health services to Medicaid beneficiaries

2021 $3.6b budget for 300K citizens

Medicaid Health Plans (HMO)

- Physical Care
- Mild–Moderate Mental Illness

9 Organizations as of 10/1/2022

Prepaid Inpatient Health Plans (PIHP)

- Substance Use Disorder
- Severe Persistent Mental Illness
- Youth with Serious Emotional Disturbance
- Individuals with Intellectual & Developmental Disabilities or Autism Spectrum Disorders

10 PIHP Regions

* PIHP = Prepaid Inpatient Health Plan, a term contained in federal regulations from the Centers for Medicare & Medicaid Services.

Prepaid Inpatient Health Plans (PIHPs)

State Designated Community Mental Health Entities

Assure availability and accessibility to all Medicaid services

- Responsible for enrollee rights and protection
- Provides and manages the use and risk of over $100 million annually in federal mental health and substance abuse block grant funds earmarked for substance use disorder services
- Receives Medicaid funds that are managed through capitated payments (a given payment for each Medicaid enrollee living in the region)
- Overseen and monitored by MDHHS and its contractors

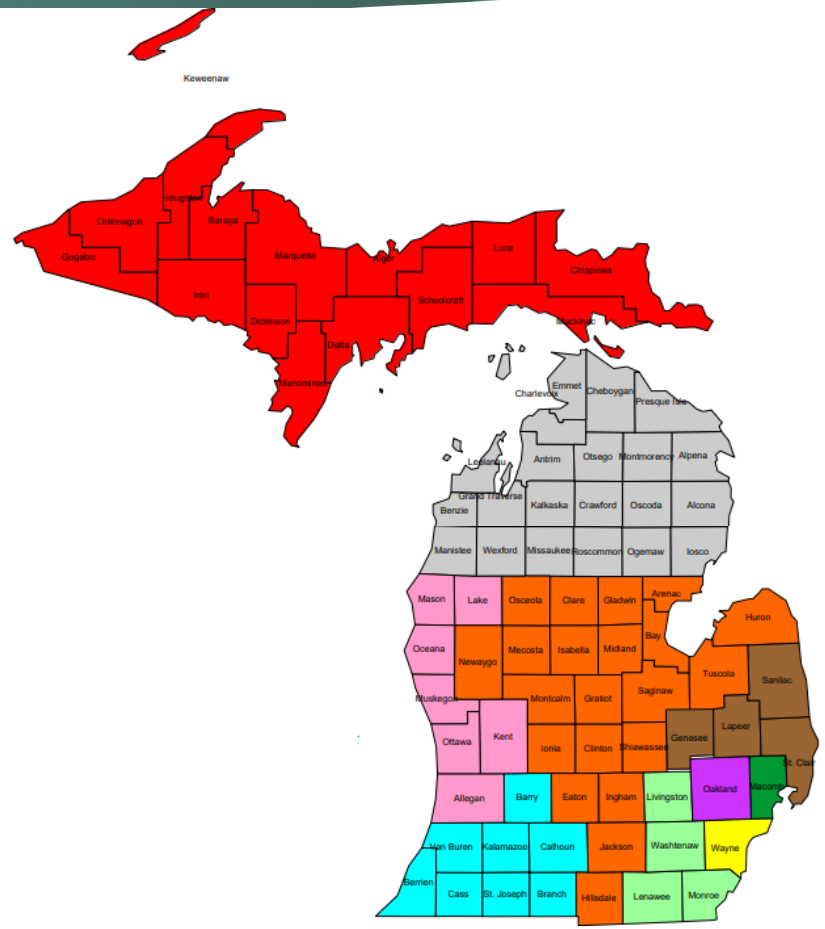
Mental Health Code (Excerpt) Act 258 of 1974

Established Prepaid Inpatient Health Plans (PIHPs)

- Section 330.1210 Sec 210: "Any single… combination of adjoining counties may…establish a community mental health services program . . . ."
- 330.1269 Sec. 269: "community mental health services provider network may contract for and spend funds for the prevention of substance use disorder and for the counseling and treatment of individuals with substance use disorder."
- 330.1274 Sec. 274: "assume responsibility for providing substance use disorder services…."
- 330.1287 Sec. 287: "shall establish a substance use disorder Oversight Policy Board…."

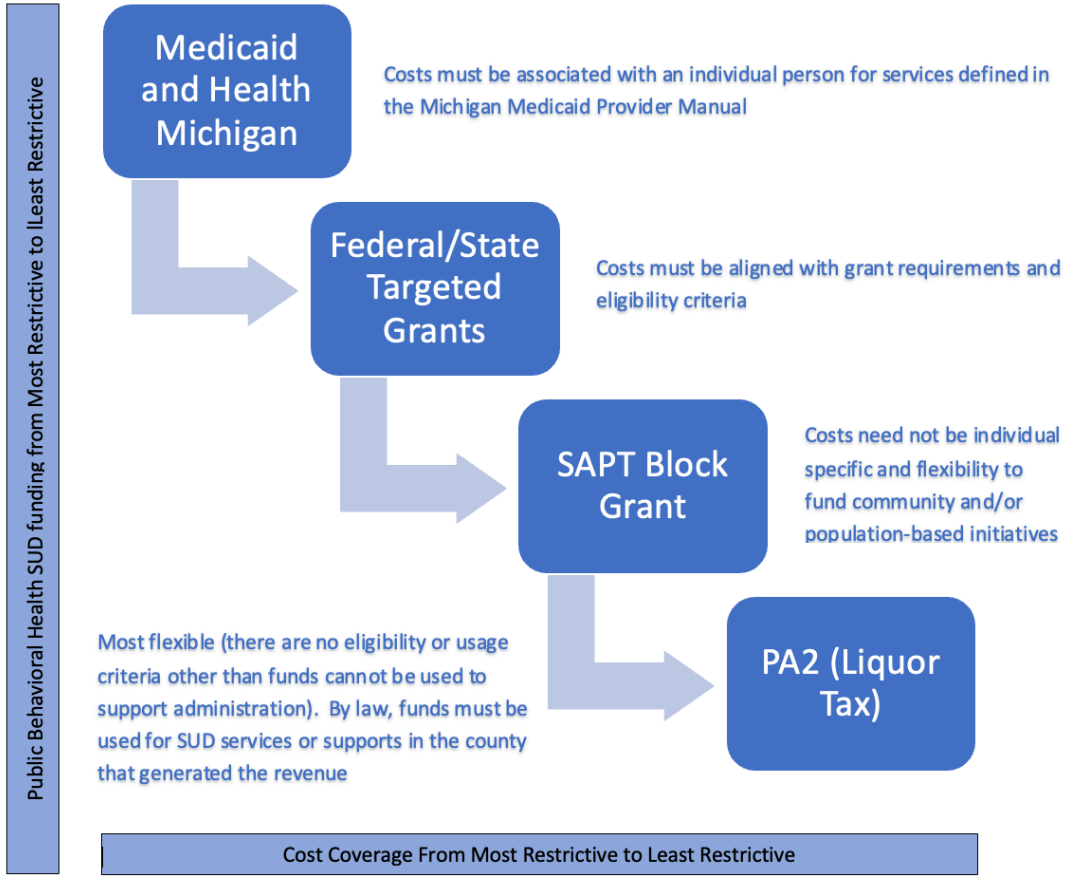
Michigan's Prepaid Inpatient Health Plan (PIHP) Regions

- NorthCare Network
- Northern Michigan Regional Entity
- Lakeshore Regional Entity
- Southwest Michigan Behavioral Health
- Mid-State Health Network
- CMH Partnership of Southeast Michigan
- Detroit Wayne Integrated Health Network
- Oakland Community Health Network
- Macomb County Mental Health Services
- Region 10 PIHP



PIHP SUD Funding Streams

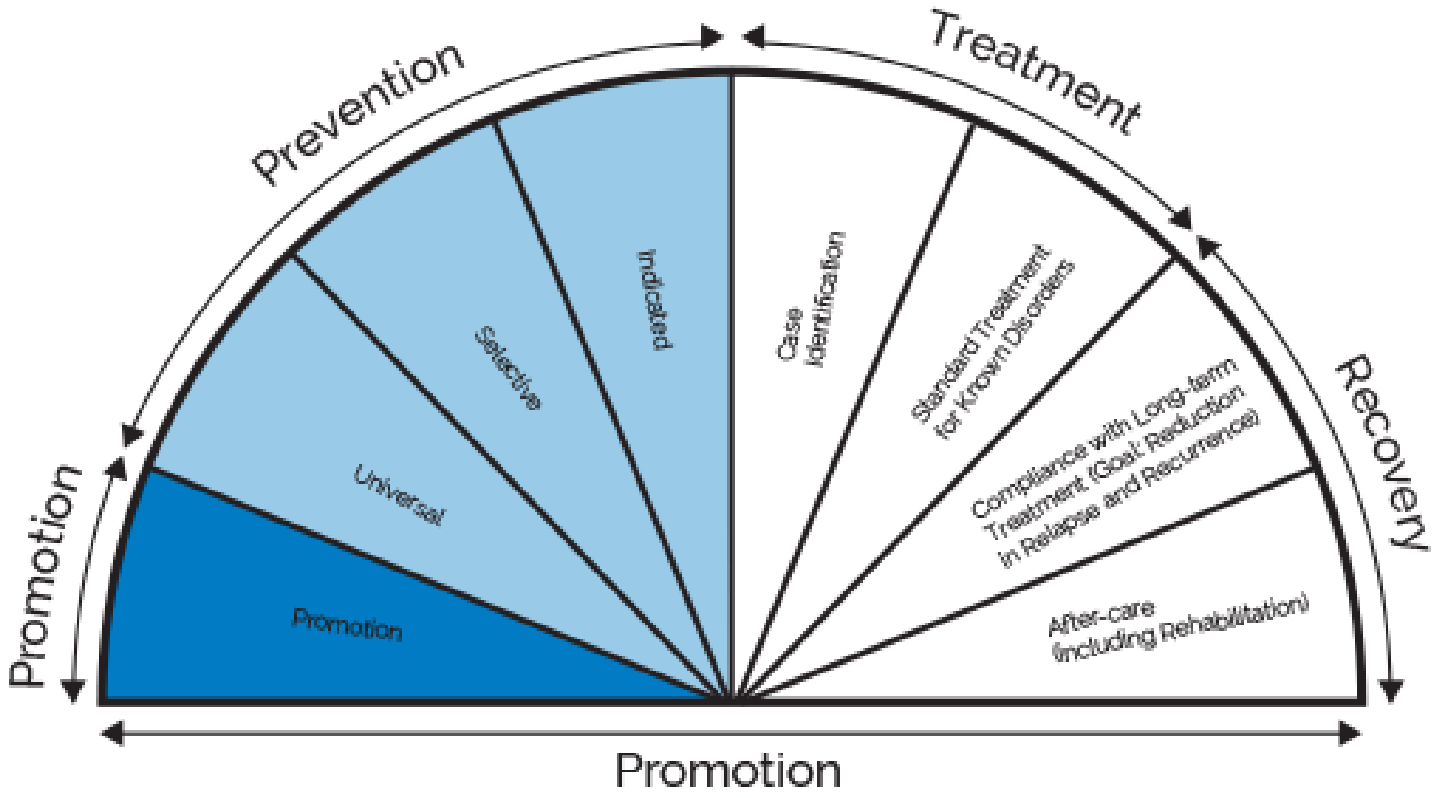
- Medicaid
- Healthy Michigan Plan (HMP)
- Federal Block Grant (annual allocation varies)
- County-Specific PA2 (liquor tax) revenues
  - PA2 funds must be spent in the county from which they originated.
  - Under local authority of county commission-appointed Substance Disorder Oversight Policy Board
- SAMHSA SUD Block Grants
  - Project-specific
  - Opioid epidemic primary focus through 2020
  - Since 2021 growing focus on Stimulants & Harm Reduction
- Substance Use and Services Grant (SUGS)



PIHPs Work with SUD Providers

- Contract with credentialed public & private SUD prevention, treatment, & recovery providers
- Oversight for implementation of best practices
- Ensure compliance with MDHHS & Federal Rules
- Recipient Rights
- Utilization Management
- Claims adjudication
- Audits & Performance improvement
- Technical Assistance & Support
- Corrective Action Plans
- Distribution of Substance Abuse and Mental Health Services Administration (SAMHSA), MDHHS & PA2 Funding
- SUD Grant Coordination

PIHPs Ensure Access to a SUD Continuum of Care



People Served: SUD Services in 2021

- Healthy Michigan Plan 32,568* members served
- Medicaid 18,287* members served
- Total Served 50,855*

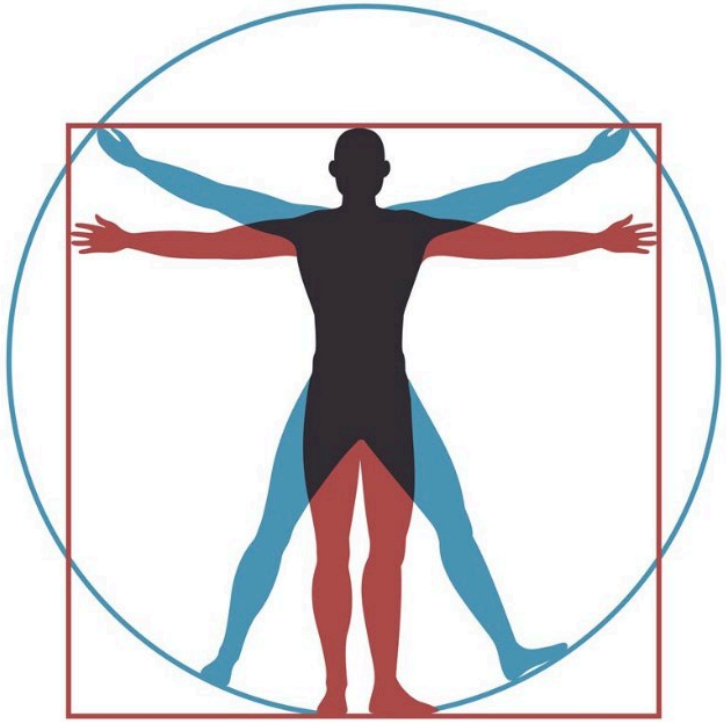
- Behavioral Health – Treatment Episode Data Set (BH-TEDS) 63,243

** Note: Verified HMP and Medicaid numbers are not duplicated.*

Data provided by Substance Use, Gambling and Epidemiology Section Manager, Bureau of Community Based Services, Behavioral and Physical Health and Aging Services Administration, MDHHS (via email dated September 22, 2022)

Serving the Whole Person

- **Addressing Social Determinants of Health**
  - Recovery-oriented inter-system collaboration
  - Faith-based & neighborhood supports
  - Social service, housing & educational resources
- **Supporting Integrated Care**
  - SUD & Co-Occurring Programs
  - Opioid Health Homes
  - Certified Community Behavioral Health Clinic
- **Care Coordination with the Legal System**
  - Treatment Courts
  - Jail-Based MAT
  - Coordination with MDOC upon release from incarceration



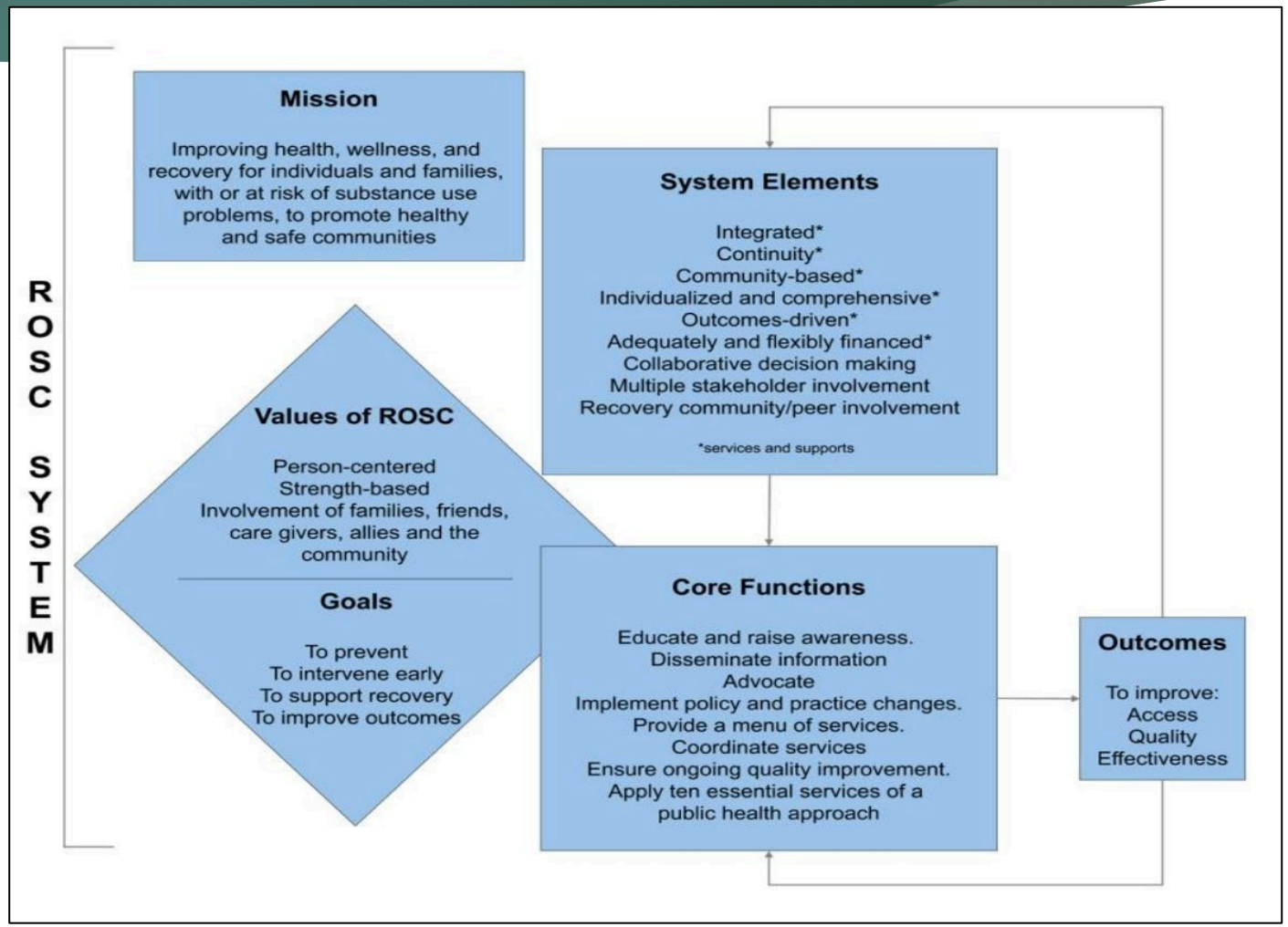
Social Determinants of Health

"The conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks" *(www.health.gov)*.

Philosophy of Care:
Recovery-Oriented System of Care (ROSC)

A Recovery-Oriented System of Care (ROSC) is informed by the view that recovery is a lifelong process, not a finite chapter. It partners with other systems like primary care, the legal system, etc.

ROSC offers a systemic infrastructure across the continuum of SUD care: prevention, early intervention, treatment and recovery.

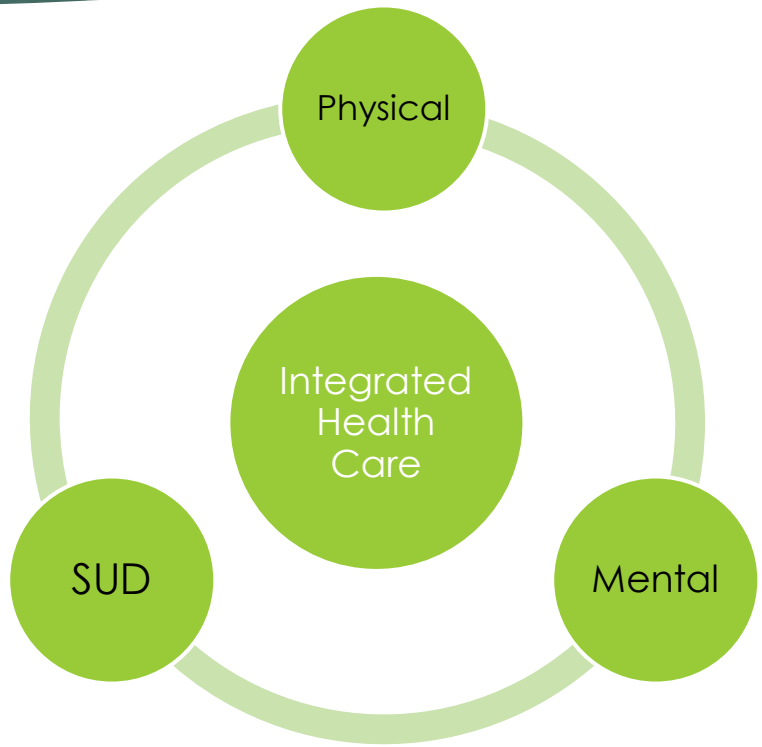


Integrated Care:
Partnering w. Primary Care, Hospitals, Social Services, MDOC, etc.

- **Goals**
  - Improve health outcomes & maximize functional potential
  - Increase self-management
  - Reduce silos & promote patient-centered care
  - Reduce Emergency Department (ED) use & Inpatient admissions

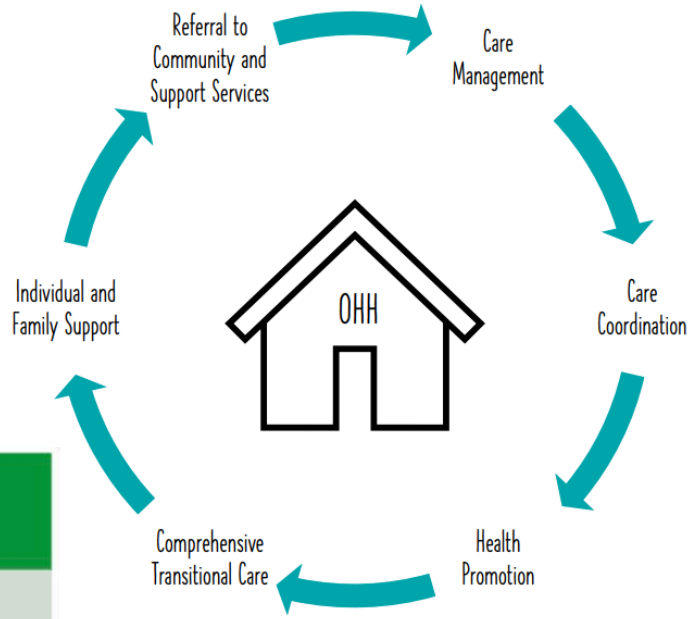
- **What it looks like**
  - Improved collaboration between care providers
  - Social determinants of health that impact access to care & influence recovery are addressed

- **Substance Use Disorder Complex Care Managers**
  - New position(s) in FY23 at each PIHP funded by SUGS-23
  - Support SUD priority populations in connecting to care
  - Support connections to SUD treatment upon release from Michigan Department of Corrections (MDOC)



Opioid Health Homes
(OHH – Integrated services, not a home)

- Coordinates care for individuals with serious and complex chronic conditions & an opioid use disorder (OUD)
- Integrates and coordinates physical, behavioral and social services
- Eligibility: Medicaid beneficiaries with opioid use disorder (OUD)



Timeline / Availability of program:

FY19	FY20	FY21	FY22	FY23
• OHH began as a pilot in PIHP Region 2	• Continued to work in PIHP Region 2 and add HMP and beneficiaries	• Expanded to PIHP Regions 1, 9 and Calhoun and Kalamazoo Counties	• Expanded to PIHP Regions 6, 7 and 10	• Expanding to PIHP Regions 5, 8 and 6 counties in PIHP Region 4

Certified Community Behavioral Health Clinic (CCBHC)

"A specially-designed clinic that…expand[s] the scope of mental health and substance use services available in their community." (National Council of Mental Wellbeing)

- The CCBHC model is designed to ensure access to coordinated comprehensive behavioral health care
- Crisis services are available 24/7/365
- A comprehensive array of behavioral health services are available including SUD treatment services
- CCBHCs must provide care coordination to help people navigate behavioral health care, physical health care, social services, and the other systems they are involved in.
- Eligible for enrollment: Anyone with a mental health or SUD diagnosis – including mild/moderate
- Funding: Demonstration Sites (13) and Recipients of Expansion Grants (22 FY2022)
- Expanded scope of required services
  - 9 Core services including: crisis services, outpatient MH and SUD services, and outpatient clinic primary screening
  - 12 Evidence-based practices including Medication Assisted Treatment (MAT)

SUD Prevention Priority Areas include but not limited to:

- Evidence-based educational efforts at the community level to improve understanding of risk-factors for mental illness and substance use.
- Stigma reduction
- Improved screening, early identification & referral for treatment
- Adoption of CDC & SAMHSA guidelines for opioid prescribing
- Medication drop-boxes & other take-back programs to reduce unused prescription medications in the community
- Parent & educator engagement & improved awareness
- Reduction in underage alcohol, tobacco & marijuana use

SUD Treatment Priority Areas include but not limited to:

- Improving Care Coordination & Transitions between levels of care
- Reducing health disparities in access to & quality of care
- Strengthening Person-Centered & Individualized Treatment Planning
- Expanding Trauma-Informed & Co-occurring competencies
- Broadening service access for Veterans, Active Military, & Military Families
- Expanding Best Practices including:
  - Medication Assisted Treatment (MAT) for Opioid Use Disorder (OUD)
  - Recovery Housing & Supports
  - Harm Reduction - Overdose education, Narcan distribution, Syringe Service Programs (SSPs)
  - Trauma-Informed Care
  - Motivational Interviewing & Contingency Management

Treating Co-occurring Disorders

"The coexistence of both a mental illness and a substance use disorder, known as a co-occurring disorder." (SAMHSA)

While receiving MAT the individuals often diagnosed

- Schizophrenia
- Bipolar disorder
- Major depressive disorder
- Conduct disorders
- Post-traumatic stress disorder
- Anxiety and mood disorders
- Attention deficit hyperactivity disorder

- Alcohol
- Tobacco
- Opioids
- Stimulants
- Marijuana
- Hallucinogens
- Prescription drugs

Individuals with Mental Disorders often misuse

References

- Community Mental Health Association of Michigan; The Value of PIHPs
- Community Mental Health Association of Michigan; accessed September 28, 2022, COUNTYMAPBYNewPIHP2020.jpg.pdf (cmham.org)
- MDHHS, accessed September 29, 2022, Medicaid Health Plans (michigan.gov)
- MDHHS, Kelsey Schell, distributed August 23, 2022, ppt "Opioid Health Home Overviews FY23"
- MDHHS; accessed September 27, 2022, Managed Care Organizations (michigan.gov)
- Substance Abuse and Mental Health Services Administration. (March 24, 2022). Certified Community Behavioral Health Clinics (CCBHCs). Retrieved July 25, 2022 from https://www.samhsa.gov/certified-community-behavioral-health-clinics.
- SAMHSA, Co-Occurring Disorders and Other Health Conditions. Retrieved September 29, 2022 from Co-Occurring Disorders and Other Health Conditions | SAMHSA.

MDHHS Opioids Overview

Jared Welehodsky
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Michigan Department of Health and Human Services
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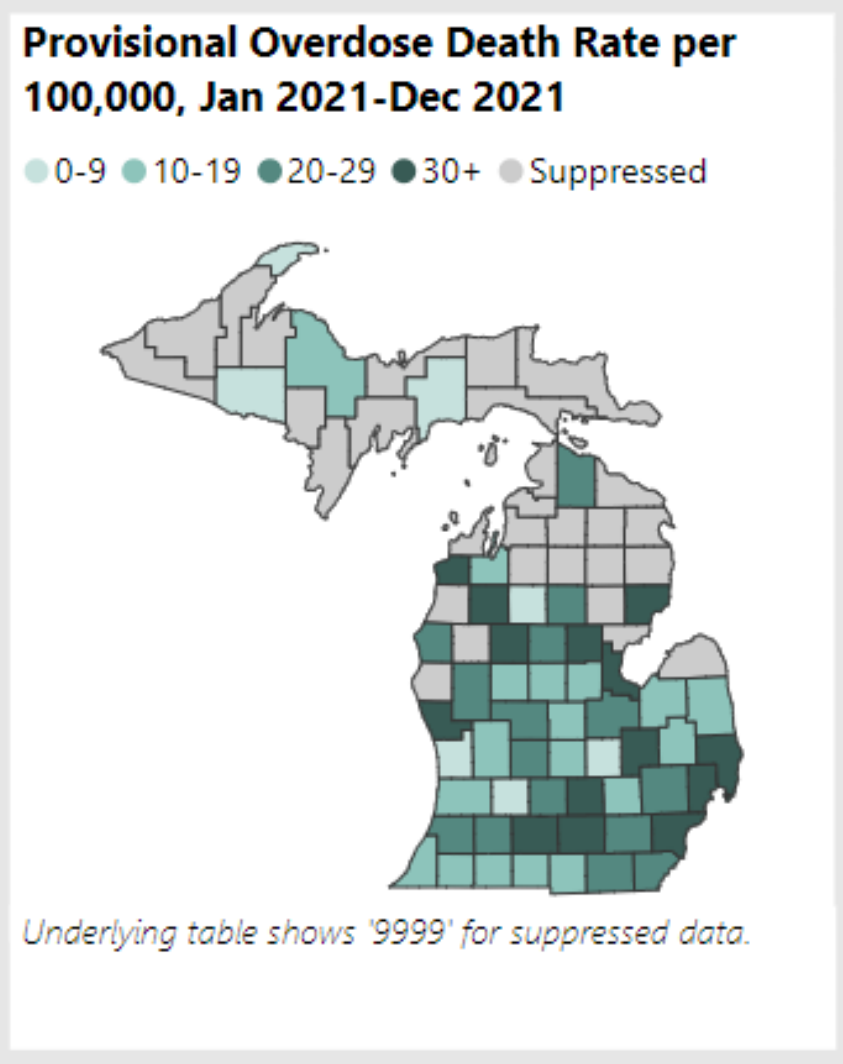
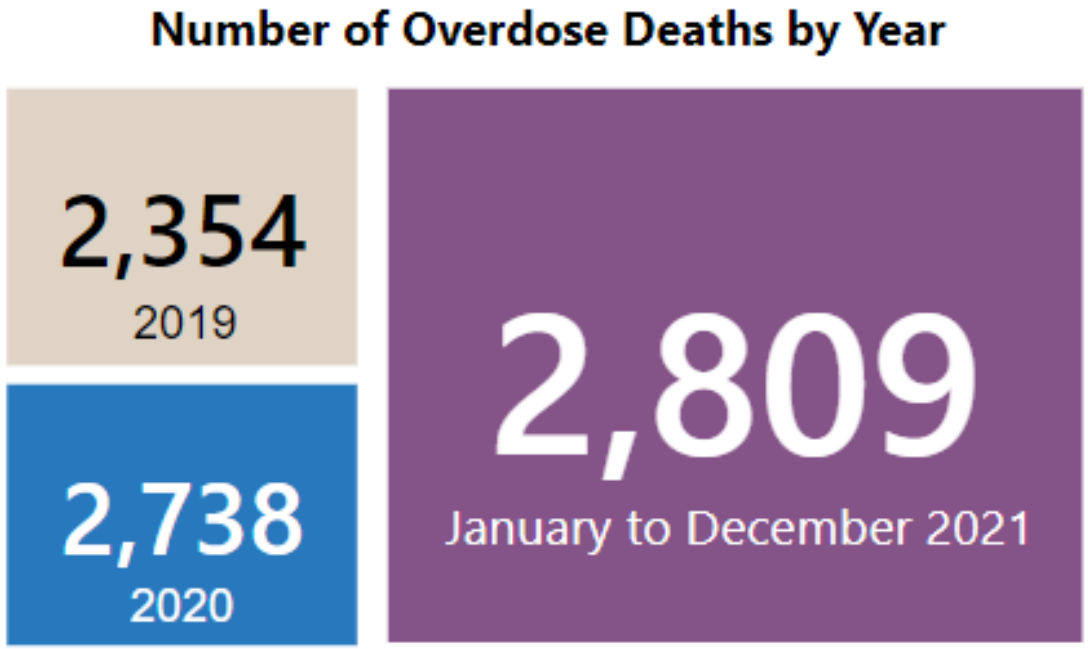
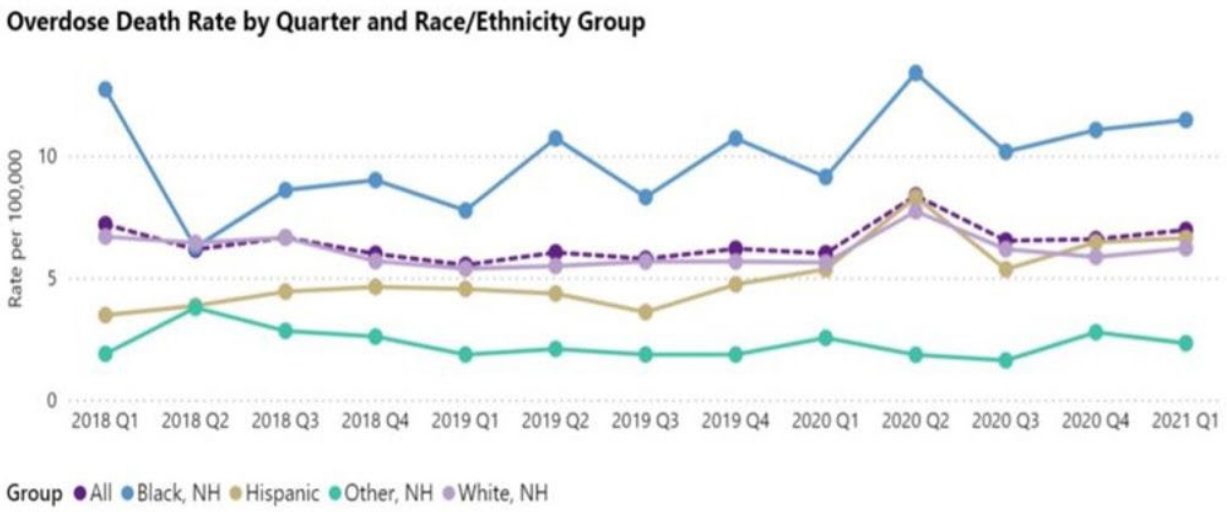
Current Overdose Trends in Michigan



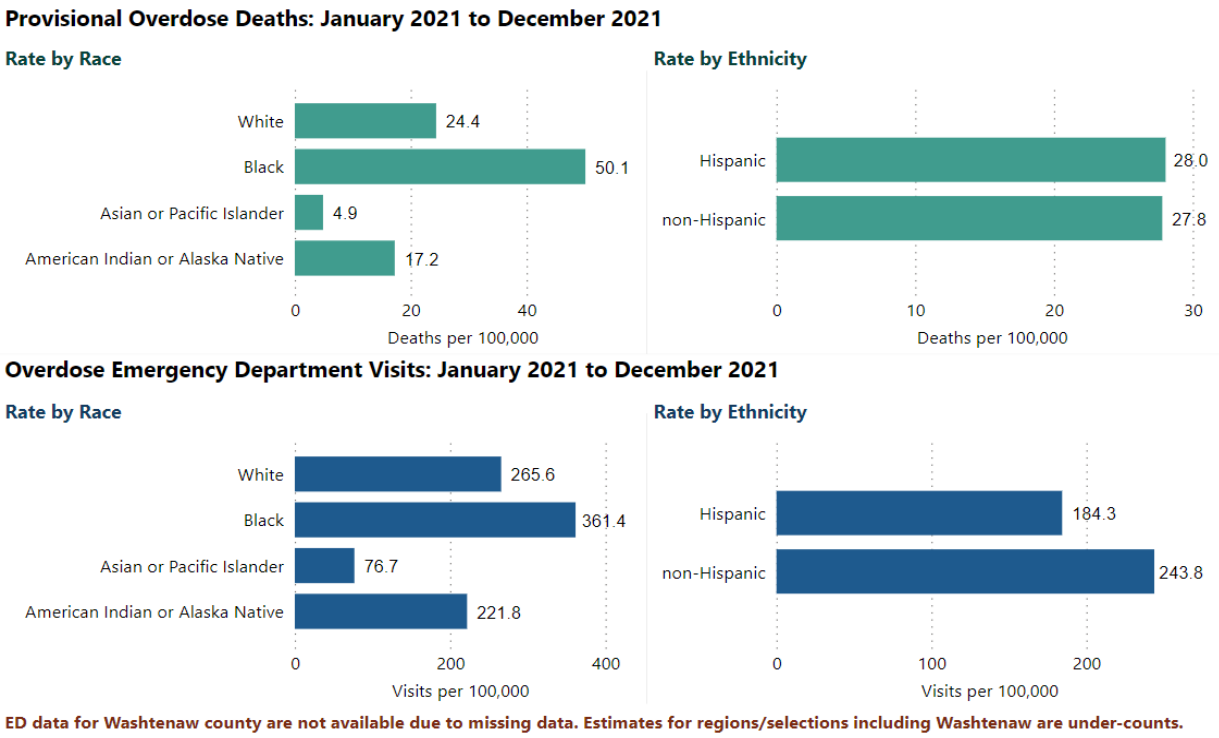


Source: [Michigan Overdose Data to Action Dashboard]

Overdose Trends by Race



Source: Michigan Overdose Data to Action dashboard (Feb. 2022)



Source: [Michigan Overdose Data to Action Dashboard]

Final OAC Meeting Minutes
October 13, 2022

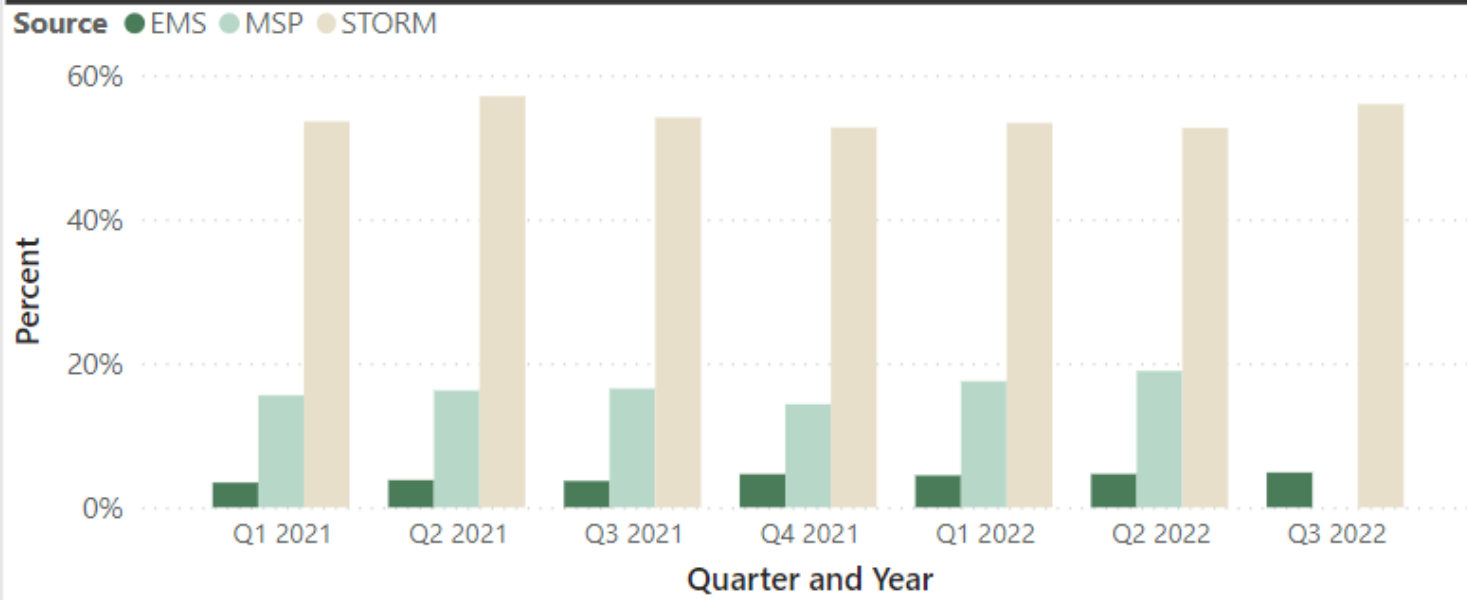
Drug

Fentanyl

Difference between most recent quarter and:

	Prior quarter	Same quarter last year
STORM Deaths	▲ 3.3%	▲ 1.9%
MSP Seizures	▲ 1.4%	▲ 2.7%
EMS Responses	▲ 0.2%	▲ 1.2%
HIDTA (kilos)	▼ -1	▼ -7
HIDTA (DU)	▲ 248	▼ -48K

Occurrence of Fentanyl by calendar year and quarter



EMS - Percent of EMS responses to probable overdose involving the selected drug.

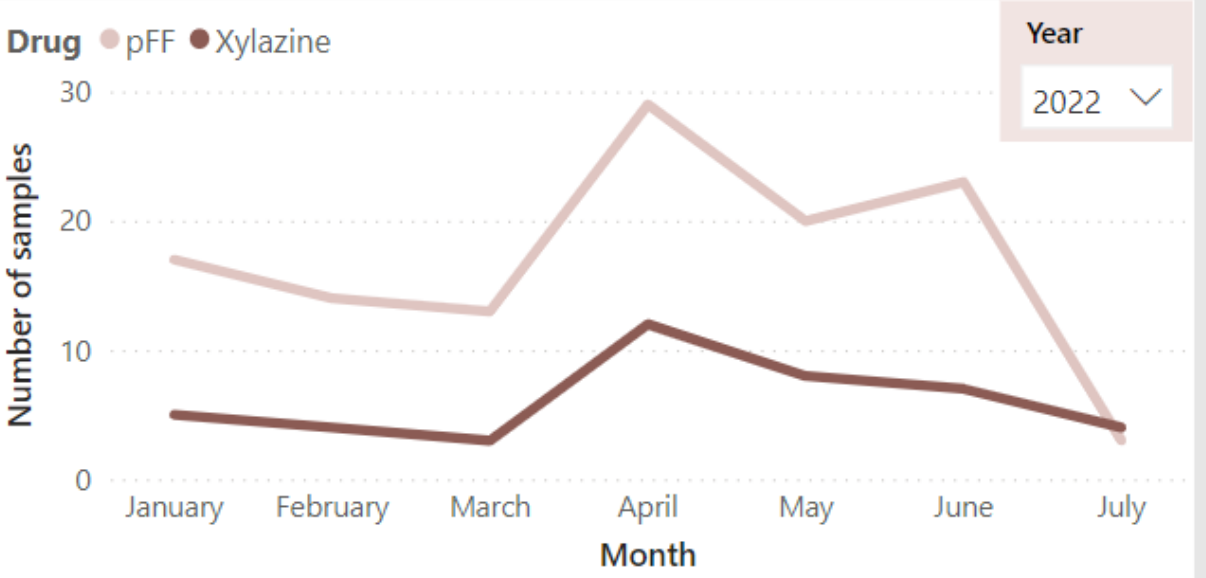
MSP - Percent of samples testing positive for the selected drug.

STORM - Percent of samples testing positive for the selected drug.

Kilos and dosage units (DU) for Seized Fentanyl by Calendar Year and Quarter

Year	Q1	Q2	Q3	Q4
2021				
DU	976	50,054	27,298	10,526
Kilos	8	33	120	50
2022				
DU	1,734	1,982		
Kilos	27	26		

STORM samples positive for key drugs of concern, by month



Michigan Overdose Data to Action Dashboard

Home
Explore Data
Vulnerability Index
Reports
Technical Notes
Frequently Asked Questions
Helpful Tips

Data Notes
Deaths and ED Visits represent all drug overdoses. EMS Responses represent probable opioid overdoses only. Due to the differences in how frequently each data source is updated, the time period shown may vary by indicator.

Michigan Substance Use Vulnerability Index

View MI-SUVI Overview | View County Scorecard | Compare Data Points

The **Michigan Substance Use Vulnerability Index (MI-SUVI)** is a tool for program planning and policy decision-making. The MI-SUVI is a measure of vulnerability to individual and community adverse substance use outcomes, and is a standardized, composite score based on eight indicators related to three "components": substance use burden, substance use resources, and social vulnerability. The below diagram summarizes the MI-SUVI framework.

Substance Use Burden
- Overdose Death Rate
- Nonfatal Overdose Emergency Department Visit Rate
- Opioid Prescribing Rate
- Drug-Related Arrest Rate

+

Substance Use Resources
- Percent of Population within 30 Minute Drive of Treatment Center
- Percent of Population within 15 Minute Drive of SSP
- Buprenorphine Prescribing Rate

+

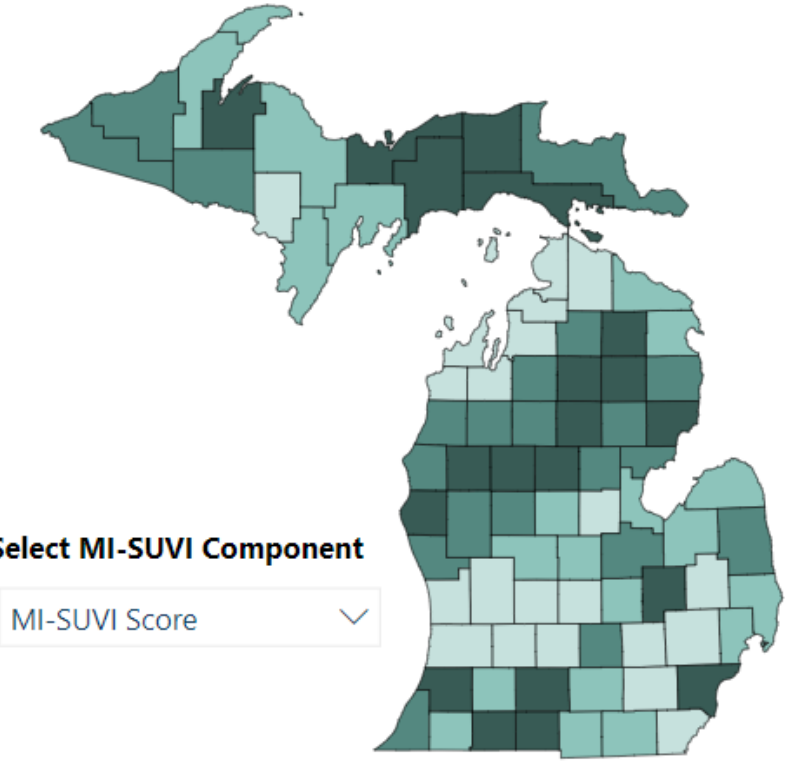
Social Vulnerability
- Modified Centers for Disease Control Social Vulnerability Index (CDC SVI)*

= **MI-SUVI**

Each data indicator included in the SUVI is standardized by mean and standard deviation to a z-score. Before adding, the resource component is inverted so that a higher z-score corresponds with a worse outcome. Indicators are equally weighted in components, and components are equally weighted in the MI-SUVI score.
*The CDC SVI is included as a measure of social determinants of health and was modified to include information on technology, healthcare, and insurance access.

2020 MI-SUVI Results

Percentile Rank
0-25th 25th-50th 50th-75th 75th-100th
Least Vulnerable — Most Vulnerable

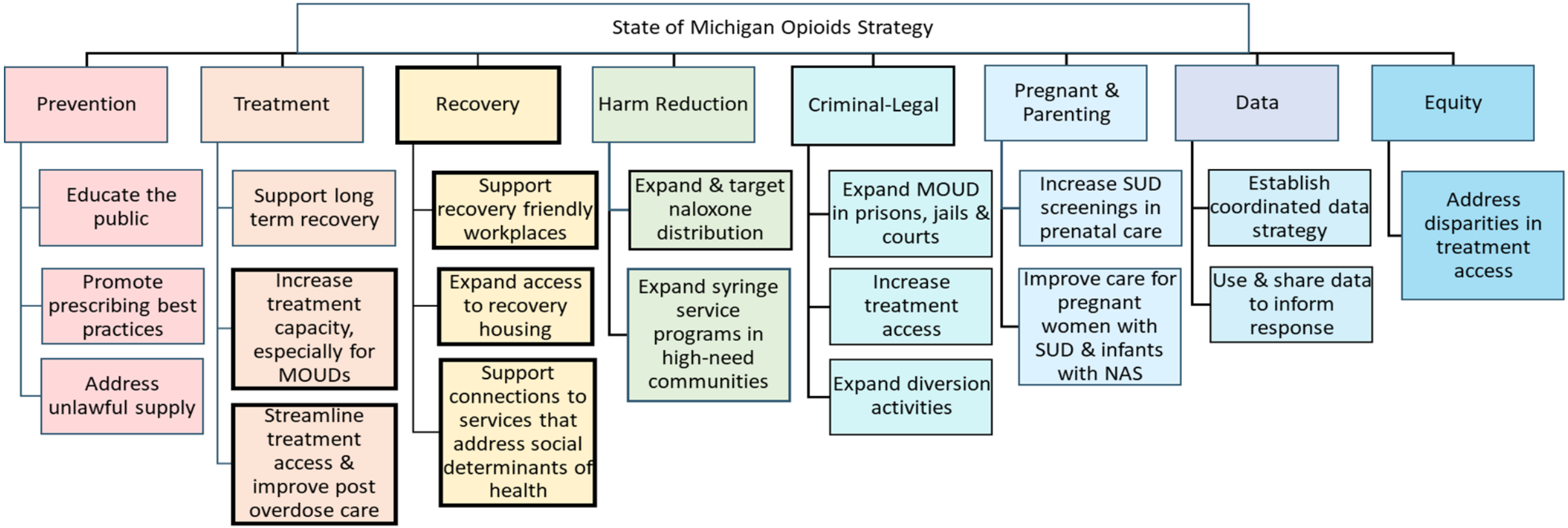


Select MI-SUVI Component
MI-SUVI Score

*MI-SUVI and component scores are **Z-scores**. Hover over the info button to the left for an explanation of Z-scores.*

For more detailed information on the development and methodology of the MI-SUVI and included data indicators, please reference the MI-SUVI documentation. An excel document of the MI-SUVI county-level results is available on Michigan.gov/OpioidsData below this data dashboard.

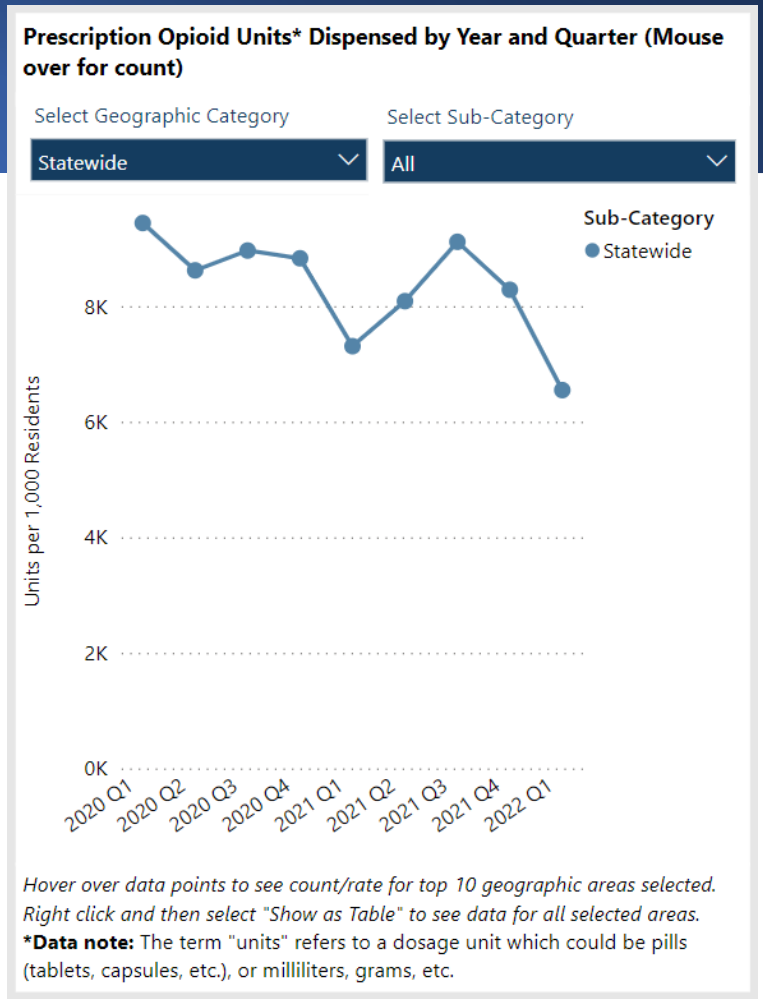
Opioids Strategy



Prevention

Accomplished

- Launch harm reduction media campaign
- Fund academic detailing & prescribing best practices programs
- Use MAPS to monitor controlled substance Rx & ID potential inappropriate prescribing practices
- Support & promote Rx drug takeback events
- Provide educational materials & expert consultation services for prescribers



MICHIGAN SAFER OPIOID PRESCRIBING TOOLKIT

A COMPREHENSIVE RESOURCE FOR YOUR CLINICAL PRACTICE

Treatment

Accomplished

- Revisit MAT/OBOT & other Medicaid policies
- Expand telehealth capabilities for MAT access
- Expand use of MAT in EDs
- Pilot post-overdose follow up programs
- Expand Opioid Health Homes

MDHHS
Michigan Department of Health & Human Services

OPIOID HEALTH HOME

- Comprehensive care management
- Care coordination
- Health promotion
- Comprehensive transitional care
- Individual and family support
- Referral to community and social support services

MEDICAID & HEALTHY MICHIGAN PLAN SUD SERVICES

In FY 2021 (10/1/2020-9/30/2021), **62,243** individuals received SUD services under Medicaid and Health Michigan Plan (HMP)

- **38,279** were served under **HMP** with a cost of $72,110,394 ($1,883 cost per Medicaid-eligible-person served)
- **23,964** were served under **Medicaid** with a total cost of $46,695,635 ($1,949 cost per Medicaid-eligible person served)

Recovery

In Progress

- Expanding recovery housing
- Increasing employment support
- Reducing transportation barriers

Adapted from: Healthy People 2020

MICHIGAN
Certified Peer Recovery Coach

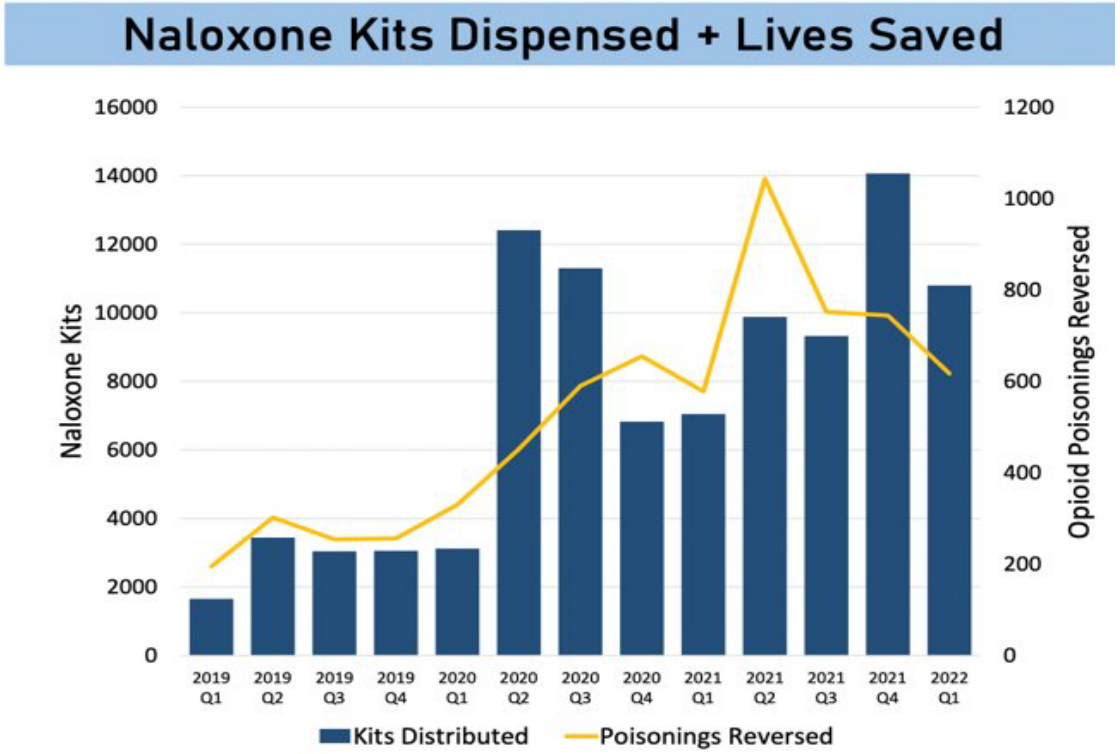
Harm Reduction

Accomplished

- Promote naloxone distribution & expand scope of standing order
- Promote adoption of EMS leave behind programs & require licensed EMS vehicles be equipped with naloxone
- Expand SSPs & increase service delivery in communities of need
- Conduct street outreach in high-need communities

In Progress

- Seek legislation to clarify legal protections for SSPs



** Naloxone use represents the successful reversal of a potentially fatal opioid poisoning. Uses are self-reported by individuals directly accessing the SSP.*

Criminal -Legal

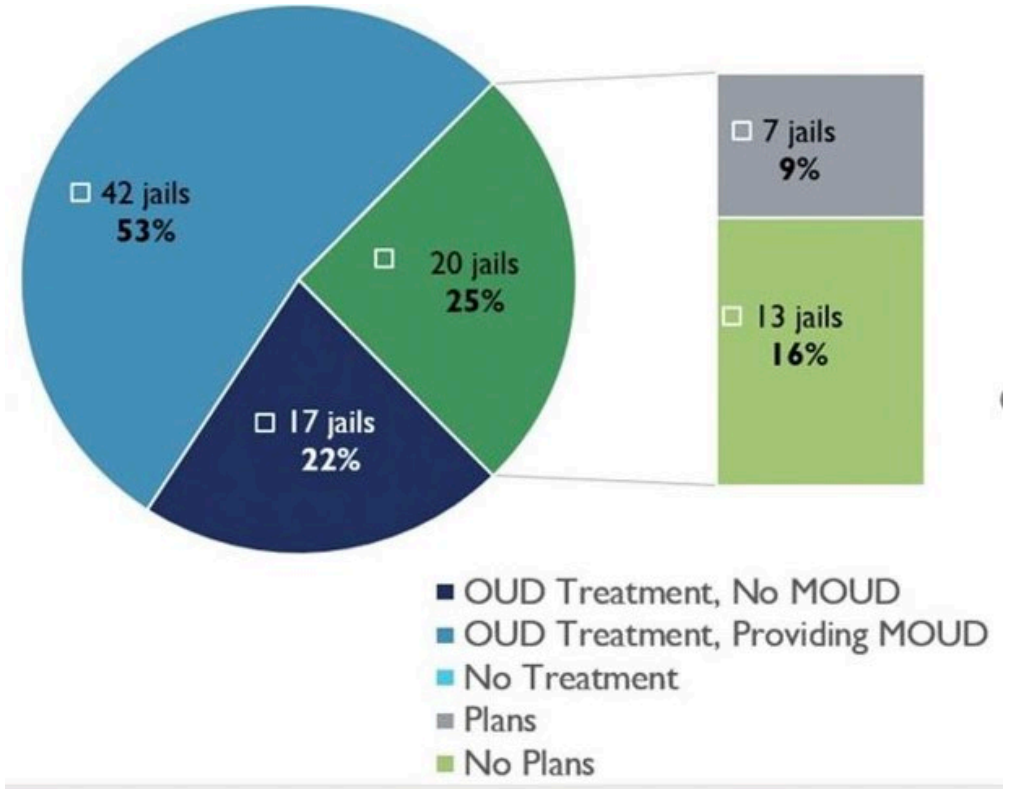
Accomplished

- Assess MAT use in jails/courts to inform funding
- Continue TA to MDOC MAT pilots
- Support MAT use in treatment courts, through TA, education, & funding
- Expand the Angels Program & explore additional opportunities for diversion from CJ to treatment

In Progress

- Expand number of treatment courts
- Streamline Medicaid re-activation for eligible individuals leaving prisons or jails; provide access to CC360
- Establish data sharing procedures between Medicaid, MDOC, & county jails
- Pilot LEAD program and secure diversion spaces

Jail OUD Treatment Access



Pregnant & Parenting

Accomplished

- Expand SUD screening programs in prenatal care
- Pilot 'Rooming In' for infants with neonatal abstinence syndrome

Data

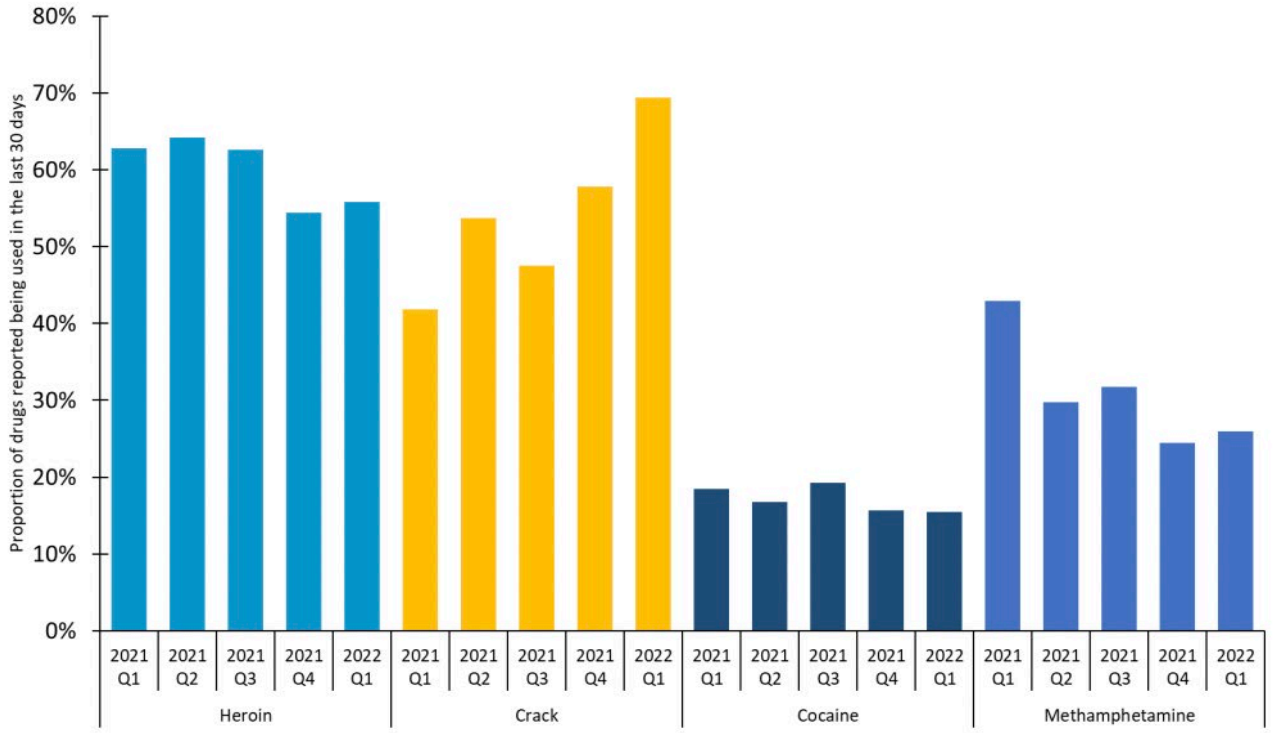
Accomplished

- Use data analysis to inform service targeting & track strategy progress
- Increase public dissemination of surveillance information

Michigan Overdose Data to Action (MODA) dashboard:

support local partners' data needs for grant writing and support local facilities to make data-driven local response actions.

Substance Use in the Last 30 Days



** The graph shows the proportion of drug use reported in the last 30 days from client intake, but excludes intakes where data was missing.*

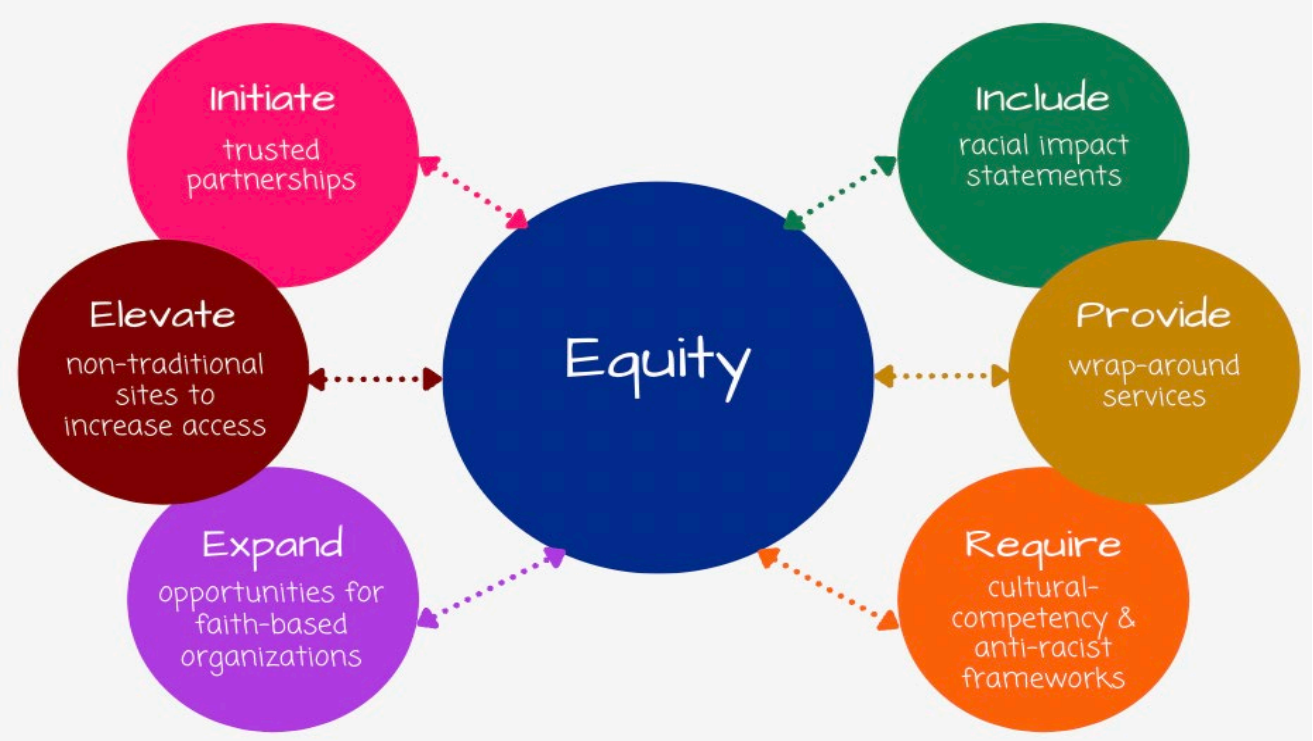
Equity

Accomplished

- Support culturally competent community outreach in majority-minority communities
- Conduct analysis to identify key drivers of disparities

In Progress

- Promote MAT in majority-minority communities
- Promote partnerships with trusted community organizations



Questions?

Jared Welehodsky
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Michigan Association of Counties:

The following includes the estimated total dollar amounts counties are expected to receive over the 18 year settlement payout timeline. Counties receive a series of payments over approximately 18 years from the two settlement funds, Distributor and Janssen.

Opioid Settlement Funding Estimates

County	Estimated Amount	County	Estimated Amount
Alcona	$289,131	Lake	$252,355
Alger	$272,085	Lapeer	$1,413,916
Allegan	$1,379,792	Leelanau	$428,724
Alpena	$1,098,999	Lenawee	$2,729,671
Antrim	$824,961	Livingston	$4,467,578
Arenac	$558,539	Luce	$221,230
Baraga	$256,778	Mackinac	$162,438
Barry	$773,257	Macomb	$27,718,299
Bay	$3,678,134	Manistee	$1,081,335
Benzie	$482,501	Marquette	$1,867,033
Berrien	$4,440,155	Mason	$861,788
Branch	$1,182,665	Mecosta	$593,172
Calhoun	$5,520,279	Menominee	$282,210
Cass	$1,276,843	Midland	$961,673
Charlevoix	$662,901	Missaukee	$179,096
Cheboygan	$944,804	Monroe	$5,496,299
Chippewa	$858,743	Montcalm	$2,152,430
Clare	$836,806	Montmorency	$304,976
Clinton	$1,671,335	Muskegon	$5,908,768
Crawford	$892,873	Newaygo	$1,618,480
Delta	$834,482	Oakland	$18,754,955
Dickinson	$857,815	Oceana	$754,093
Eaton	$3,106,028	Ogemaw	$1,927,660
Emmet	$541,944	Ontonagon	$174,745
Genesee	$6,669,986	Osceola	$666,695
Gladwin	$642,681	Oscoda	$175,326
Gogebic	$223,180	Otsego	$983,499
Grand Traverse	$2,958,527	Ottawa	$2,648,468
Gratiot	$1,090,524	Presque Isle	$504,199
Hillsdale	$1,292,998	Roscommon	$1,330,788
Houghton	$771,132	Saginaw	$5,784,139
Huron	$523,236	Sanilac	$1,201,710
Ingham	$7,396,892	Schoolcraft	$141,011
Ionia	$1,638,982	Shiawassee	$2,513,819
Iosco	$1,113,046	St Clair	$6,915,681
Iron	$381,983	St Joseph	$761,825
Isabella	$1,981,913	Tuscola	$1,535,665
Jackson	$1,938,708	Van Buren	$1,362,485
Kalamazoo	$6,630,451	Washtenaw	$8,233,534
Kalkaska	$294,036	Wayne	$35,293,377
Kent	$9,290,789	Wexford	$1,034,905
Keweenaw	$12,087	TOTAL	$78,093,001

OAC Subcommittee Meeting via zoom 3 October 2022

Attendees: Kyle Rambo, Kate Hude, Kelly Ainsworth, Brad Casemore, and Dr. Sarah Stoddard

Agenda

1. Review the specified tasks of the commission as written in the legislation (SB 994) and determine which tasks are critical and which tasks are supporting tasks.
2. Review the possible implied tasks and support relationships that we need to develop to be successful at accomplishing our critical tasks.
3. Are we aware of any constraints or limitation?
4. Are there any risks to our efforts and what controls can we implement to mitigate those risks?
5. What does a tentative timeline look like in order to complete the report within the designated period? (No later than 30 March 2023)

Opening remarks. Our initial recommended requests for information have not been sent to the designated representatives. We need clarification of the recently announced Governor's Task Force and MiDHHS' role and responsibility. The assignment of a liaison between the task force and the commission would help coordinate and complement our efforts. Senior policy advisor, Jared Welendowski, or Dr. Pinols were both highly recommended by Kate and Brad. Kyle offered a General Patton quote. "Several musical instruments playing at the same time make a lot of noise. To make music we have to work in harmony and support each other. Teamwork wins."

The PIHPs are preparing to release a packet of information that will help us identify the status of currently funded programing and supports. The 2021 904 Report was just released to the PIHPs.

1. Critical Tasks. The way the legislation is written helped identify our critical tasks and those supporting tasks.

(Critical Task 1) By March 30 of each year provide a written report that includes (*i) A* statewide evidenced based needs assessment that includes at least all of the following: (A) summary of current local, state, and federal funding used to address substance use disorders and co-occurring mental health disorders. (C) An analysis, based on qualitative and quantitative data of the effects on the state of SUD and co-occurring mental health conditions.

(Supporting Task) Parts B and D - Discussion about how to prevent overdoses, address disparities in access to health care and prevent substance use. Description of the most common risk factors associated with SUD and co-occurring mental health conditions.

(Critical Task 2) *(ii)* Identify goals and recommendations including rationale behind goals and recommendations, a sustainability plans and performance indicators for measuring results related to the following. (Supporting Tasks A and B) SUD and co-occurring MH conditions

prevention, treatment, recovery and harm reduction. Reducing disparities in access to prevention, treatment, recovery and harm reduction programs, services supports and resources.

(Critical task 3) *(iii)* Provide an evidenced based assessment of the use of previous funding for each program. Clarify in this assessment which expenditures abated the opioid crisis in Michigan or which programs demonstrated the most success.

(Critical Task 4) *(iv)* Recommend funding for tasks, activities, projects, and initiatives that would support the objective of the commission. (Supporting Task) If needed recommend additional legislation to accomplish objectives of commission.

2. Implied Tasks. Formal requests for information need to be sent to appropriate department to answer questions supporting Critical Task 1 parts A and C. The Assistant Attorney General could help us with the information required to support these tasks. The MDOC could also help provide us information. The AAG should be considered as a guest speaker at a future commission meeting. In order to make sure these engagements are fruitful, we need clarify the purpose for the invitation and have detailed questions prepared for speakers to help fill the information gaps for the commission.

3. Constraints or limitations. Time and limited information are our biggest constraints that limit our ability to move forward for future planning.

4. Identified risks and controls to mitigate those risks.
    - The turnover of several key legislators in the next few months is a risk to completing our tasks. Both the Senate Majority Leader and the Speaker of the House, who are big supporters of our efforts, will term out and be replaced. The Chair of the Appropriations Committee will also change out. We should plan to schedule legislative briefings in April 2023, to make sure the new leaders are made aware of the commission's findings and efforts.
    - The current funding situation is unknown which poses a risk to completing our report. What protections and monitoring systems are currently in place? The AAG can help provide some situational awareness for the current funding to the commission. Budget discussions will then begin in May 2023.
    - The ability to measure the impact of funding is also a risk. Supports need to be set in place for monitoring and evaluation. The county health departments could provide this role if they are not currently doing this. It does not appear that this is currently happening.
    - Funding sustainability over several years is a risk (18 years). This will require the commission to focus on state level planning rather than county or regional programs or services. The policies and guidance we produce should provide state-wide initiatives that have a lasting impact for many years. For example, to address the

shortage of mental health and SUD professionals' policies could direct state universities to implement programs that would improve recruiting, training and retaining efforts for the state. Tie future funding to results and deliverables requested by the commission. We cannot exclude those already serving in the field including those working in the judiciary system or first responders. Policies created by the commission need to include and support all those serving the MH and/or SUD field. Creating and sharing best practices across institutions will be important to advance our objectives.

- The risk of the newly created Governor's Task Force undermining the efforts of the commission is very possible. Brad offered to serve as the bridge between both organizations by serving on both governing bodies. He has requested to be considered to serve on the Task Force as a representative from the PIHPs.
- The vacant position of the commission's program coordinator poses a risk. We should establish a list of staff actions needing to occur within the first 45 days of being assigned to the position.

5. Tentative Timeline. Kelly recommended and volunteered to establish a Google document to edit our timeline as we continue to identify requirements or deadlines.

<u>No later than 30 March</u> –The commission report is complete and submitted to designated state leadership.

28 February – Draft report is prepared and ready for review by the commission.

12 January – The template for the report is established. The commission decides which portions of the report can be completed and which portions will serve as interim reports to be updated as more information is received.

8 December – Commission reviews results of RFIs.

1 December – Requests for Information (RFIs) are received by the commission.

13 October – Planning session results are reviewed by the commission. Commission provides guidance on current planning and future planning efforts.