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EATON COUNTY BOARD OF COMMISSIONERS/HEALTH AND HUMAN SERVICES COMMITTEE

MONDAY, JANUARY 9, 2023, 9:00 A.M.

BOARD OF COMMISSIONERS' ROOM, COUNTY COURTHOUSE, CHARLOTTE

AGENDA

1. Call to Order.
2. Pledge of Allegiance.
3. Agenda Additions and Changes.
4. Limited Public Comment.
5. Community Mental Health Program Requests.
6. Semi-Annual Agency Reporting Schedule.
7. Miscellaneous.
8. Limited Public Comment.

A quorum of the Board of Commissioners may be present at this meeting.



Community

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CMHA-CEI

PROPOSAL

INTEGRATIVE COMMUNITY YOUTH OUTREACH UNIT

EATON COUNTY

12/28/2022

Prepared by:

CMHA-CEI Families Forward under the Direction of Gwenda Summers, Director

INTRODUCTION

Community Mental Health Authority of Clinton, Eaton, Ingham counties (CMHA-CEI) is requesting the continuation of funding for the amount of \$ 91,968.04 for the period of April 1, 2023 through September 30, 2023 to support the invaluable and impactful work of the Integrative Community Youth Outreach Unit (ICYOU) in Eaton County. ICYOU is set to fully expend ARPA funding from Michigan Department of Health and Human Services by March 31, 2023. This financial support will enable CMHA-CEI to continue to explore all available funding sources as well as request ongoing funds for FY2024 in May 2023 via our regular process with local counties.

CMHA-CEI recognizes the importance of early prevention and intervention in the lives of children. Early prevention is critical in helping youth avoid the onset of Serious Emotional Disturbances, juvenile justice involvement, and substance use. Early prevention helps contribute to academic success, can help prevent suicide in youth and adults, and can help improve people's global level of functioning on a day-to-day basis. Despite this importance, many youth who would benefit from behavioral health services do not receive any.

The Integrative Community Youth Outreach Unit (ICYOU) of Community Mental Health Authority of Clinton, Eaton and Ingham counties is a youth outreach program whose primary purpose is to, not only identify youth with Severe Emotional Disturbances (SED), but also reach those who have not yet developed an SED in order to prevent the onset of these symptoms early on. ICYOU engages these youth by providing groups designed to enhance coping skills, social skills, and anger management skills of youth in the tri-county area and linking them with behavioral health and other community services and resources. These skill building groups also help to strengthen protective factors that are key in the prevention of substance use disorders.

The initial phases of ICYOU began in late Fall 2021 and were focused on building staff, forming initial community partnerships, training staff, and starting to develop groups for the program. ICYOU began providing these community groups in February 2022. As of November 2022, ICYOU has formed twelve community partnerships, currently provides 13 to 18 groups weekly, and has provided group services to over 530 individual youth throughout the tri-county area in the past quarter alone. These reflect unique individuals. The total number of contacts is closer to 3000 as a conservative estimate, considering that the majority of these youth have attended at least 5 groups in the past quarter. There are four additional partnerships being finalized at this time, and

these groups are planned to begin early in 2023. We expect to see both the numbers of community partnerships and the numbers of youth and families served continue to rise.

BACKGROUND INFORMATION

Youth across the nation have experienced a major decline in their mental health over the past several years. According to the Michigan Profile for Health Youth (MiPHY), prior to the pandemic, approximately 3 in 4 tri-county middle school students witnessed bullying, and almost half of all Eaton County high school and middle school students experienced major depression. Tragically, nearly 1 in 5 high school students across the three counties planned suicide in the past year, with almost half that number actually attempting suicide. Furthermore, between 10-20% of tri-county middle school students reported ever planning suicide and between 7-13% actually attempting suicide.

Clearly, youth were struggling with mental health issues before the COVID-19 pandemic, and research on the negative impact the pandemic has had on their mental health is still emerging. However, studies shared by the National Institute of Health have shown that depressive and anxiety based symptoms have increased since the COVID-19 pandemic. (Samji et al, 2022)

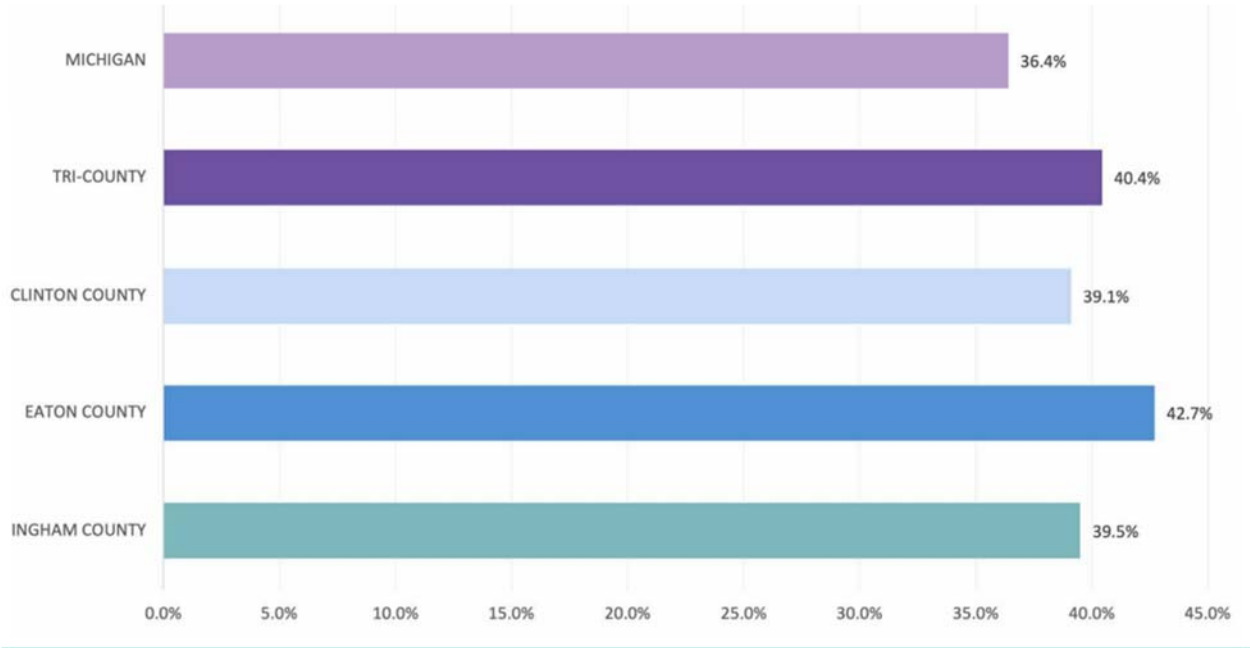
What may be more alarming is that, per the CDC, “Emergency department (ED) visits for suspected suicide attempts among females ages 12–17 increased 51% during February–March 2021 compared with 2019.” (Canady, V.A. (2021) These are just the females who were treated in an ED. It is not feasible to capture all the additional suicide attempts by that population in that time due to the fact that a high percentage of suicide attempts go unreported.

Locally, at CMHA-CEI Children’s Crisis Services (CSS), requests for mobile crisis service interventions have increased significantly in the past year. Although the rates of hospitalizations have remained roughly static, the number of psychiatric inpatient hospitalizations has risen accordingly to the number of youth presenting to the agency.

The Healthy! Capital Counties’ Community Health Profile and Health Needs Assessment of 2021, compiled data from the Michigan Youth Risk Behavior Survey (MI YRBS) and the MiPHY. In this report they compared the rates of students with depression in the tri county area to the State’s average overall. As seen below, the counties of Clinton, Eaton, and Ingham all fared worse than average.

PERCENT OF HIGH SCHOOL STUDENTS WITH SYMPTOMS OF DEPRESSION IN PAST YEAR (2019-20)

The proportion of adolescents in the Capital Area who reported symptoms of depression within the past year was higher when compared to the state, 40.4% and 36.4%, respectively. Among the individual counties, Clinton County had a lower proportion of adolescents (39.4%) who reported symptoms of depression than adolescents in Eaton County (42.7%) and essentially the same as Ingham County (39.5%).



These results are alarming and demonstrate the importance of behavioral health services for youth. There are many barriers to at-risk youth being able to access this much-needed treatment, however. These barriers may be due to issues such as stigma, limited resources, lack of transportation, health and wealth disparities, and both attitudes toward as well as lack of awareness of behavioral health related issues and treatment. During the COVID-19 pandemic, additional barriers arose such as government restrictions on meeting in person, a decrease in referral sources due to youth being more confined to the home, and providers or families being unwilling to meet in person out of fear of contracting the virus. All of these make it challenging for youth to access necessary behavioral health services, demonstrating a need for additional youth outreach and prevention efforts to help youth access services.

How ICYOU has been successful so far

The ICYOU program facilitates youth access to behavioral health services. It has been successful in reaching many who would not otherwise have readily available assistance in accessing these services. Anecdotally, ICYOU staff have met with parents who were

previously reluctant to pursue behavioral health services for their child for different reasons, but following conversations with the ICYOU staff, these parents went on to initiate services for their children.

Per program staff report, the reasons for these decisions varied; for some they did not recognize the signs of mental health struggles their child was exhibiting, for others the parents struggled with knowing how to begin the process or were struggling with transportation issues. Some of these parents expressed a greater willingness to engage in the initial brief screen to assess their needs once they learned that this was something that could be done in the community rather than them having to come into CMHA-CEI for a more formal assessment. Sending agency staff out into the community to help initiate behavioral health navigation was effective in these instances.

For some of these families, the simple fact that their child enjoyed the ICYOU groups and thought highly of the group leaders, parents were willing to discuss their child's mental health needs with them. For many of these families, the children brought their "Take Home Challenge" assignments from group home. Some of these parents reported back to staff that they had engaged in the coping skills activities with their children. One parent attended a meeting of the Tri County LifeSavers, which is a youth suicide prevention coalition for Clinton, Eaton, and Ingham counties. This parent showed a video to the coalition of her child leading an ICYOU group activity at home with her family. The name for the younger children's groups is called "Stress Busters," and this parent told the coalition that her children regularly have "Stress Busters Time" at home.

Another example illustrating the positive responses staff have received from youth lies in the way the children attending the Spartan Child Development Center cheer when the ICYOU staff arrive to lead their Stress Busters group. As a final point, group attendees at the Foster Community Center altered the words to the "Ghost Busters" song to reference what they were doing in group, changed the name of the song to "Stress Busters," and sang it to staff and the ICYOU program coordinator during one group.

Obviously, "Stress Busters Time" does not happen in the home of every group participant. It does, however, illustrate the response of children to this program, and shows that the children are actually using the skills and activities they learn in group at home.

Individual group participants have approached staff to discuss a number of issues they did not have anyone else to talk about, including:

- Looking for help on how to talk to their parents about their mental health struggles and getting treatment.
- Asking for help on how to talk to their parents about their gender identity or sexual orientation.
- Traumas they have experienced
- More than one child has reported suicidal ideation and was referred to Children's Crisis Services
- Wanting to know how to access services in general

Many youth just want someone to talk to about the events in their life. These conversations indicate that these children are forming positive, nurturing, and trusting relationships with ICYOU staff and every week they are having conversations about coping with stress, learning skills, and ways to improve their mental wellness. This in itself is a tremendous program success.

ICYOU staff have provided groups on a weekly basis in libraries, after-school programs, teen centers, homeless shelters, and schools. The number of youth they have reached has been increasing each quarter since it's public launch in February 2022.

Feedback the ICYOU program has received has been nearly universally positive, as measured by in-person feedback from our partner sites, as well as contact with the youth and their parents. At the end of every group, participants are provided with a survey seeking their feedback on three questions:

1. Did you have fun in group today?
2. What did you like about Stress Busters today?
3. What did you learn in Stress Busters today?

#1. Did you have fun in group today?

The vast majority of all the answers to question # 1 indicated that yes, the youth had fun in groups. This is important feedback as a main emphasis in the creation of these groups was that they had to be fun in order to attract youth participation.

#2 What did you like about Stress Busters today?

Some of the responses provided were:

- "I liked that the space felt safe and comfortable"
- "the creativity of the questions and when we talked of stressful situations."
- "everything"
- "it was pretty interactive and cool."
- "It was fun."
- "I liked learning about what we did, because it can be hard."
- "Trying to increase my patience."
- "It was fun and cooperative."
- "I was with friends."
- "Meeting new people and having fun while having a educational experience."
- "Playing bingo and learning about coping skills."

#3 What did you learn at Stress Busters today?

Some respondents identified an additional lesson they learned or something they would take away from the group. Responses included statements such as:

- "teamwork and collaboration."
- "cope with stress"
- "stress solutions"
- "Stress is okay"
- "Breathing" (groups usually do a breathing mindfulness activity at the open and close of group)
- "Staying calm is important"
- "to be kind"
- "Body language"
- "teamwork makes the dreamwork"
- "to work together"
- "communication is used every day"
- "Patience is really important"
- "collaboration"
- "that everyone needs a break to do something different."

At the Spartan Child Development Center (SCDC) many three and four-year-olds have demonstrated that they not only recall the lessons from group the week prior, but they have also reported that they used coping skills they learned in group the last time they attended an ICYOU group. Teachers have told staff that the youth use these skills during the week, and we have provided the school with a “Stress Busters Bucket” which is a crate with supplies the youth used during groups. Youth have gone to this bucket to use the materials when they feel stress in class. The Spartan Child Development Center Administrator has told us that feedback they have received from both students and parents has been universally positive.

Children between 7 and 13 years of age have also attended groups with the Lansing Parks and Recreation and DeWitt Area Recreation Authority that they would not have been able to access without ICYOU.

Should the funding for the ICYOU program not continue, CMHA-CEI would have to make cuts to staffing and discontinue at least six groups provided across the tri-county area. This would have a negative impact on a number of partner sites where the children and providers have come to rely on ICYOU as a regular fixture which provides social and emotional learning opportunities they could not otherwise supply.

CURRENT ENVIROMENT

What is ICYOU?

As noted previously, ICYOU is a youth outreach and prevention program. The premise of the program is that more youth would be enrolled in behavioral health services if they had an easier time accessing these services. The ICYOU strategy for improving access is to put youth in regular contact with a trusted adult who can assist them and their families by:

- Being a positive person who youth interact with on a regular basis
- Teaching youth about positive mental health related issues
- Answering questions youth and/or families have about mental health services and how to access them
- Providing initial brief screen assessments in the community to determine best path for families to access behavioral health services either within CMHA-CEI or with community providers
- Assisting families access additional community resources and services.

Integral to this premise is the placing of ICYOU staff in the community at a variety of youth-facing sites and meeting youth where they are at. ICYOU engages youth via groups utilizing fun activities that are coupled with behavioral health and wellness components. These groups provide opportunities to enhance youth growth, development, and skills-mastery in areas such as mental health, coping strategies, self-care, positive relationships, and other core resiliency-building areas by providing carefully these vetted groups in the community in both open group and closed group modalities.

Several benefits come of these community groups which are difficult to quantify. For instance, these groups:

- Provide a safe, structured space for youth to discuss important mental wellness related topics. These topics, such as “how to recognize when you are starting to get upset and what you can do manage those feelings” or “how to recognize and when a peer is struggling and what you can do to help them” for example, are often new topics to the youth attending these groups.
- Teach numerous coping skills which youth are unlikely to have encountered before.
- Introduce youth to the practice of mindfulness exercises. These exercises often focus on breathing exercises and awareness of one’s senses.
- Create pro-social spaces where youth of varying ages can meet and form positive relationships with youth who frequently are of a different age, race, culture, or socioeconomic status than they are.
- Help youth to improve their emotional vocabulary as well as their emotional and social intelligence.

What do groups look like?

A typical ICYOU group follows the following format:

- I. Introductory Ice breaker activity
- II. Opening Mindfulness Activity
- III. Introduction to the topic of the day
- IV. Main activity
- V. Debriefing conversation connecting main activity to the topic
- VI. Closing Mindfulness Activity
- VII. Practice at home materials

The length of time of each group varies according to age. The groups provided to the 3 to 6 year olds last approximately 30 minutes. The groups for older children usually last 60 minutes. Although the groups all follow the same general format, activities and conversations are adjusted so that they are age appropriate.

Who provides these groups?

The ICYOU program is staffed by 8 full-time Bachelors-level Client Services Specialists who were hired in 2021. These staff went through extensive training during the first several months of their onboarding process. These staff all had some experience working with youth or with behavioral health issues, or both. The team members have also continued their training and education past the initial onboarding phase and are required to complete 24 child-specific training hours every year.

Additionally, ICYOU team members also provide a group offered specifically to youth on the Children's Crisis Services unit on an as needed basis, and provide 1:1 assistance with these minors as well, helping them to occupy their time while many of them await a psychiatric inpatient hospitalization. The ICYOU team members help these youth lower their stress levels as they await what is usually a scary and unknown situation for them. They may provide up to 5 groups a week for the youth in Crisis Services.

Finally, the team is active in outreach efforts. Team members frequently provide CMHA-CEI information as well as specific ICYOU program materials at Community resource fairs. Team members frequently accompany the agency's youth prevention therapist on mental health related talks that therapist provides in the community.

The current direct coordinator of the program is a Licensed Master Social Worker of 20 years of experience covering areas of home based therapy, crisis services, prevention programming, coalition development, program development and education & training. The coordinator is responsible for program development and maintenance.

Community Partnerships

The ICYOU program has partnered with numerous sites across the tri-county which have hosted ICYOU programming, including:

- **Lansing City Rescue Mission**
- **Spartan Child Development Center:**
- **Capital Area District Library**
- **Delta Township Library**
- **Lansing Parks and Recreation**

- **Eaton Rapids Teen Space**
- **Crosswalk** (Teen Center in Charlotte)
- **Northpointe Community Church** (DeWitt)
- **Eaton Regional Education Service Agency**
- **St. Johns Public Schools**
- **St. Johns Call-in Coalition**
- **DeWitt Area Recreation Authority**

The ICYOU team also provided 6 groups weekly for the CMHA-CEI Families Forward Summer Camp, which is a camp for youth with Severe Emotional Disturbance who, due to symptoms of SED, would not otherwise be able to participate in other community summer camp activities.

As of November 2022, there are four additional partnerships being finalized and groups should begin at these sites early in January 2023. These partnerships include:

- **Webberville Public Schools**
- **Briggs District Library (St. Johns)**
- **Haven House**
- **City of East Lansing**

CMHA-CEI Organizational Experience with Program Development

CMHA-CEI has a long history of developing and maintaining new programs which have become a core part of the offerings of the agency and have lasted for many years. Some of these include:

- Parent Management Training-Oregon model (PMTO)
- Dialectical Behavioral Therapy (DBT)
- Critical Incident Stress Management (CISM)
- Treatment Foster Care Oregon (TFCO)
- House of Commons (HOC)
- Veterans Navigation services
- Wellness Coaching
- Mobile Crisis Services

The ICYOU program will follow in the precedents established by the programs listed above. ICYOU has been developed, established, and is now in the maintenance and expansion phase of the program. Community, partner, youth, and family feedback has been positive, and the ICYOU program has the full support of CMHA-CEI behind it to ensure its ongoing success.

PROPOSED GOALS AND OBJECTIVES

GOAL 1: Tri-county youth will receive intervention early before the onset of severe and/or acute mental health symptoms.

- OBJECTIVE: By 9/30/2023, ICYOU staff will have documented contact with 550 youth across all 3 counties
 - ACTIVITY: ICYOU staff will be located at schools, community centers, libraries, and shelters throughout the tri-county area to provide groups and/or navigational services.
 - ACTIVITY: ICYOU staff will participate in public outreach events throughout the tri-county area to provide navigation services and information regarding the program as well as general CMHA-CEI services.
- OBJECTIVE: BY 9/30/2023, the ICYOU program will have established 2 additional partner sites to provide groups and navigational services.
 - ACTIVITY: ICYOU coordinator will utilize existing connections via the CMHA-CEI youth prevention and outreach program to find referrals to potential partner sites.
 - ACTIVITY: ICYOU coordinator will present the ICYOU program to coalitions to spread public awareness of the program.

GOAL 2: Tri-county youth will gain greater ease-of-access to behavioral health services and other needed community resources or services.

- OBJECTIVE: By 9/30/23, ICYOU staff will have referred an additional 45 youth, families, or adult individuals to behavioral health services or other community resources and services across all 3 counties.
 - ACTIVITY: ICYOU staff will work with community partner site staff to identify youth who may have need of navigational services.
 - ACTIVITY: ICYOU staff will hold “open navigation office hours” at select partner sites to assist the general public in accessing community resources.

TARGET POPULATION

The primary target population of ICYOU services is all youth aged 3-17 and their families within Clinton, Eaton, and Ingham counties. ICYOU services take place both on-site and in the community. In their navigator role, ICYOU staff are trained to assist any community member who is seeking help locating community services or resources, regardless of whether they have children or not.

DELIVERABLES

Evaluation

- The primary data points measured for program evaluation are:
 - Number of groups held
 - Number of unique group attendees
 - Total number of ICYOU encounters with youth, including both outreach events and ICYOU groups
 - Total number of encounters with parents
 - Number of brief screens conducted
 - Number of youth enrolled in services at CMHA-CEI following an initial intake assessment via referral from an ICYOU team member.
 - Qualitative self-reports in weekly group feedback forms
- **When will measurements take place?**
 - These data points will be compiled three times; Baseline – April 1, 2023; Mid-point – July 1, 2023; Post-funding – 9/30/2023
- **How will measurements be gathered?**
 - This data will be measured in several ways: SmartCare reports, Group attendance and feedback forms (which include any referrals made for group attendees and parental contacts), tracking of referrals made outside of group, and hand counting at outreach events.
- **How will data be reported and to whom?**
 - This data will be compiled into a report that will be delivered to the funding sources by 15 days following the grant period expiration date.
- **Proposed Deliverables**

- This summary report will contain the summary of the data listed above for each report period

RESOURCES REQUIREMENTS

Sustainability

As noted in the introduction, the ARPA funding for this program expires in March 2023. CMHA-CEI has been pursuing multiple funding sources to reduce the need for county funding to sustain efforts beyond that.

One avenue of funding the program has been utilizing is having ICYOU staff, under clinical direction and review, conduct Initial Intake Evaluations as a billable service. Other considerations, such as providing ICYOU groups as a billable service either in the community or to individuals enrolled in services at CMHA-CEI, are being explored.

We are currently looking into how we may provide ICYOU groups as a billable service either in the community or to individuals enrolled in services at CMHA-CEI to help support sustainability. We are contemplating additional billable services/activities which ICYOU staff may be able to provide to help sustain the program.

Citations

Canady, V.A. (2021), CDC data finds sharp rise in suicide attempts among teen girls amid COVID-19. *Mental Health Weekly*, 31: 1-3. <https://doi.org/10.1002/mhw.32836>

Healthy! Capital Counties. *Community Health Profile and Health Needs Assessment of 2021* (2021)

Michigan Physical Healthy Youth Survey. MDHHS. 2020.

Samji H, Wu J, Ladak A, Vossen C, Stewart E, Dove N, Long D, Snell G. Review: Mental health impacts of the COVID-19 pandemic on children and youth - a systematic review. *Child Adolesc Ment Health*. 2022 May;27(2):173-189. doi: 10.1111/camh.12501. Epub 2021 Aug 28. PMID: 34455683; PMCID: PMC8653204.



Community

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CMHA-CEI OPIOID SETTLEMENT FUNDS PROPOSAL

Submitted December 27, 2022

Prepared by:

KC Brown, Director, Integrated Treatment and Recovery Services

INTRODUCTION

Integrated Treatment and Recovery Services (ITRS), a part of Community Mental Health Authority, Clinton, Eaton, Ingham (CMHA-CEI) provides withdrawal management, residential substance use disorder (SUD) treatment, outpatient SUD treatment and Medication Assisted Treatment (MAT) services, as well as integrated (behavioral and physical healthcare) treatment in primary care clinics, mental health treatment in the Ingham County Jail and mental health crisis intervention in the Tri-County Jails.

ITRS uses evidenced-based practices through individual and group therapy sessions. ITRS recognizes SUD as a systemic problem and is designed to address underlying issues, as well as the presenting SUD related problems, through careful assessment and comprehensive treatment planning with consideration of behavioral health conditions.

ITRS is requesting financial support in a few key areas: The Recovery Center (TRC) for withdrawal management and ITRS Outpatient for continued MAT supports, as well as facility updating cost for House of Commons (HOC).

BACKGROUND INFORMATION

ITRS strives to provide a safe, respectful and trusting atmosphere which allows individuals to develop new coping skills and behaviors to assist them in reaching their recovery goals. ITRS works to create a co-occurring capable system that is welcoming, person-centered, recovery-oriented, culturally-competent and trauma-informed. ITRS encourages, supports and guides individuals to explore all methods of treatment identified as beneficial toward their wellness.

The Recovery Center (TRC) is a ten (10) bed, medically-monitored withdrawal management program. TRC provides a caring environment for men and women, ages 18 and older, withdrawing from alcohol, opiates, and other substances. The length of stay is generally three to five days, with 24-hour medical care by trained staff. ITRS uses Medication Assisted Treatment (MAT) detox protocols to treat substance use disorders, as well as sustain recovery and prevent overdose. MAT can relieve withdrawal symptoms and psychological cravings. ITRS also offers low-intensity residential treatment for consumers who do not meet criteria for detoxification services.

After stabilization, when the consumer is no longer at risk for withdrawal, staff supports continued recovery by connecting each consumer with the next level of care treatment providers such as ITRS Outpatient services, including therapy, peer supports, care coordination, nursing and medication-assisted treatment or residential Substance Use Disorder (SUD) treatment such as HOC. HOC is a 40-bed, clinically-managed high intensity residential unit for men located adjacent to the Ingham County Justice Complex in Mason, Michigan. Induction, stabilization and maintenance of MAT treatment is offered at HOC.

CURRENT ENVIRONMENT

ITRS staff are trained in substance use disorders and the process of detoxification and withdrawal. MAT detox services include the use of Suboxone and Naltrexone. The ultimate goal of MAT is full recovery, including the ability to live a self-directed life. The program combines the use of cognitive-behavioral counseling and motivational interviewing (both group and individual) and nursing support for minor health issues with support of a physician for oversight of consumer care in the program. The Mental Health Therapists acquire information for the clinical assessment and conduct individual and group counseling to assist consumers in making the next decisions in their recovery process.

ITRS clinical staff includes nurses, mental health therapists, client services specialists, mental health workers and peer recovery coaches. Staff works diligently to bridge the gap between community emergency departments, coordination of care and medical services, as well as continued care planning.

Mid-State Health Network (MSHN), the Prepaid Inpatient Health Plan (PIHP) for the twenty-one Michigan counties, region five only partially funds TRC operations. CMHA-CEI continues to diversify funds through county health millages for the uninsured, commercial insurance and a City of Lansing Human Relations and Community Service (HRCS) grant. However, funding is restricted and unstable, therefore placing these community services at risk.

ITRS offers the only medical detox unit within 35 miles. The treatment philosophy at ITRS is that detoxification is only the beginning of a consumer's recovery. Staff work with all consumers to arrange continuing treatment, following detox, based on the

consumer's readiness to change and provider choice, including referrals to the next level of care such as HOC and ITRS MAT services.

SCOPE OF WORK

In general, ITRS recognizes the need to prioritize special populations as identified by the federal government: 1) Pregnant injecting drug user, 2) Pregnant non-injecting drug user, 3) Injecting drug user, 4) Substance Abusing parents/child at risk, 5) Individuals under the supervision of the Michigan Department of Corrections (MDOC).

TRC has scheduled intake appointment times but also accepts emergent admissions twenty-four hours a day, seven days a week from hospital emergency departments, local emergency personnel (Fire, EMS, Police) and CMHA-CEI Crisis Services. It is the desire for TRC to admit all consumers, who meet admission criteria, within three days of first contact. Current restrictions in funding may prohibit this practice. TRC does not provide services to pregnant consumers. Pregnant women are immediately referred to the regional Pre-Paid Inpatient Health Plan (PIHP), Mid-State Health Network (MSHN) or a treatment provider who can meet their needs.

MAT Clinic Outpatient Services with induction, stabilization and continuation of medications, are available for all ITRS programs, providing continuity of care for the consumer regardless of the program. HOC pairs cognitive behavioral treatment to help individuals develop new thinking skills. Behavioral treatment methods are used to change residents' behaviors which, in turn, change and reinforce new thinking skills. ITRS recognizes that relapse and recidivism prevention are essential components of opioid treatment.

SPECIFIC BUDGET/STAFFING SUPPORTS NEEDED

Based on Fiscal Year 2021 admission data of individuals served, CMHA-CEI requests annual funding per county by the following breakdown: 10% *Clinton County*, 12% *Eaton County* and 78% *Ingham County*.

\$712,525.87 per fiscal year is needed to aid what is not covered under MSHN contract for TRC. Additional funding would expand TRC doctor care to a 24/7 on-call system in

order to admit clients more timely. *The breakdown would be \$71,252.59 Clinton County, \$85,503.10 Eaton County and \$555,770.18 Ingham County.*

\$132,916.78 per fiscal year for a full time MAT Nurse Care Manager and **\$130,957.15 per fiscal year** for a Clinical Supervisor in order to continue the growth of the ITRS Outpatient MAT clinic. Nursing and administrative positions are not billable. *The breakdown would be \$26,387.38 Clinton County, \$31,664.88 Eaton County and \$205,821.67 Ingham County.*

One-time cost of three (3) million for facility updates at HOC. HOC is in dire need of updating numerous structural and code compliance issues, updates and renovations which are a result of long term use and no dedicated funds to provide routine updates. *The breakdown would be \$300,000 Clinton County, \$360,000 Eaton County and \$2,340,000 Ingham County.*

COMMUNITY DATA

CMHA-CEI Access Department experienced an increase of 214% in ITRS substance use screenings for TRC and ITRS OP Programs from FY21 to FY22. Ingham County overdose data from FY22 shows that of the 148 total overdose deaths, 125 deaths were opioid-related. Eaton County experienced more than a 33% increase in drug-related deaths from 2020 to 2021 and 88% of the deaths were opioid-related. In 2021, nearly 45% of fatalities on Michigan roadways involved alcohol and/or drugs. Therefore, the demand and need for SUD services in our community is critical.

Over 80% of withdrawal management services are provided to the Tri-County Area. TRC FY2021-2022 data noted that 67% of TRC admissions are from Ingham County, 8% from Eaton County and 6% from Clinton County. 70% of residential services are provided locally with HOC admissions at 63% from Ingham County, 3% from Eaton County and 4% from Clinton County. 60% of MAT services are from Ingham County and 20% are from Eaton and Clinton Counties.

OUTCOME MEASURES

Program goals include a welcoming experience for all consumers, successful completion of level of care for all consumers, successful transition of all consumers to the next level

of care and referral of consumers needing acute mental health care or medical care to the appropriate resources.

Outcome measures include:

- Increasing access to withdrawal management services for all regardless of insurance (higher utilization of service to the community)
- Connection to ITRS Outpatient/MAT Services (enhance continuity of care)
- Reduce strain on hospital emergency department visits (increasing coordinating outreach efforts)
- Continued support to local law enforcement (increase direct referrals)



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John F. Fuentes, CPA
Controller/Administrator

Connie L. Sobie
Deputy Controller/
Administrator

TO: Eaton County Healing and Recovery Center, Barry-Eaton District Health Department, Community Mental Health and Tri-County Office on Aging

FROM: John Fuentes, Controller (*JFF*)

SUBJECT: Health and Human Services Committee Semi-Annual Reports

DATE: January 3, 2023

The Health and Human Services Committee has asked that a schedule be developed to receive Semi-Annual Reports on the major activities of your agency. Please contact this office at (517) 543-2122, if the proposed dates conflict with your calendar. If you have any questions, please contact me.

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| February 6, 2023 | Barry-Eaton District Health Department |
| March 6, 2023 | Healing and Recovery Center |
| April 3, 2023 | Community Mental Health |
| May 1, 2023 | Tri-County Office on Aging |
| July 10, 2023 | Barry-Eaton District Health Department |
| August 7, 2023 | Healing and Recovery Center |
| October 2, 2023 | Community Mental Health |
| November 6, 2023 | Tri-County Office on Aging |

All meetings will begin at 9:00 a.m. and will be held in the Board of Commissioners Room of the Eaton County Courthouse, located at 1045 Independence Blvd., Charlotte, MI 48813.

These meetings will be posted in conformance with the Open Meetings Act.



For informational purposes.
Received 12/29/22 from
Martha Richard, ECHRS

November 28, 2022

Governor Gretchen Whitmer
100 N Capitol Ave
Lansing, MI 48933

RE: Nursing Facility Cash Flow Issues

Dear Governor Whitmer:

We are writing to you as many of Michigan's largest nursing facility providers, representing 200 nursing facilities in the state, to ask for your support in addressing the cash flow issues we are currently experiencing as we continue the fight to recover from the impacts of the COVID-19 pandemic. Together, we are respectfully requesting prompt action from your administration to ensure our facilities – which stretch across the entire state of Michigan, from the upper peninsula to Detroit – are able to continue to deliver the high quality care that our state's seniors deserve.

The challenging circumstances brought on by the COVID-19 pandemic are well documented. We are certainly grateful for all that has been done to support the profession, including the unique Medicaid rate setting process agreed to by MDHHS and stakeholders for the 2022 and 2023 fiscal years that will ultimately recognize the high cost to deliver quality care. The advancement of the QAS and QMI funding for the first quarter of the 2023 fiscal year also proved very beneficial.

With the sudden historic rise in inflation and increasing wages, however, the interim Medicaid rate for the current fiscal year is woefully short in covering our expenses. For reference, we are all experiencing significantly increasing wage expenses that, while well-deserved for our employees – are not taken into account with a mere 2.5% Medicaid rate increase. The year-over-year increase for wages is well over 10%, and quickly approaching 15%. In addition to wages, the costs for food for our residents, and the utilities to heat and run the building operations, have risen drastically since the early spring of 2022. Providers' costs have increased by 10-15% or more – there is little doubt this will continue into fiscal year 2023, and as the budget currently stands, they will receive a total of a 5% increase to Medicaid rates that were based on 2019 costs.

At issue is the timing of when the Medicaid rate will be finalized and the subsequent funding will reach providers. For fiscal year 2022, the cost reports will likely not be audited and settled, and the funding delivered, until early 2024. In the meantime, we continue to operate at significant losses. We have accessed lines of credit, but our creditors are no longer willing to extend additional help.

The situation is unsustainable and has become dire. Many of us are concerned that as early as December 2022, we will be unable to make payroll. It is imperative that the state take steps immediately to mitigate the impact of our cash flow crisis. While ultimately the situation can be resolved with a supplemental, action can be taken in the next few weeks to assist providers.

We are respectfully requesting the following actions from the administration, MDHHS, and the legislature to assist Michigan nursing facility providers through these impending financial challenges:

1. Advance the QAS and QMI payments for the second quarter of fiscal year 2023 – delivering the funds to providers in early December. (MDHHS can do this unilaterally, and did so for the first quarter of fiscal year 2023, but the quarter is now nearing an end. Implementing the same advance for the second quarter will continue to buy time until the funding can be provided in a supplemental bill.)
2. Delay the reconciliation of the fiscal year 2022 QAS beyond January 2023 for nine months, to coincide with the cost report audit and settlement process.
3. Increase the fiscal year 2023 interim rate from 2.5% to 4% above the previous year rate. This would equate to approximately \$40 million gross (\$12 million GF).
4. Allocate a one-time lump sum payment to providers equal to 3% of the fiscal year 2023 rate, either in the form of a Medicaid rate advancement, or through ARPA funding. This equates to approximately \$60 million gross (\$18 million GF).

It is important to note that the funding we are requesting is not additional, new money to be allocated to the nursing facility Medicaid rate. Rather, the proposals above are simply attempting to address the timing difference between Medicaid final payment and current costs.

Additionally, we recognize the burden that the current reimbursement process has had on providers and the state alike. The provider community continues to work with MDHHS to establish a new Medicaid reimbursement system in the very near future.

In recent years, Trish Foster has been a tremendous help in assisting to resolve the difficult issues we have faced. We request an opportunity to meet with her once again to work collaboratively to solve the cash flow crisis facing the profession as soon as possible.

Thank you for your support and partnership as we work through unprecedented challenges.

Respectfully,

Mohammad Qazi
Ciena Healthcare

Chad Tuttle
Corewell Health West

Henry Boutros
Illuminate HC

Jeff Schade
Peplinski Group

Don Haney
Thornapple Manor

Mark Berger
Villa Healthcare

Renee Beniak
MI County Medical Care Facilities Council

Bob Norcross
MediLodge

Mike Perry
Nexcare/Wellbridge

CC: Tricia Foster, Chief Operation Officer
Elizabeth Hertel, Director, Michigan Department of Health and Human Services

National Opioid Settlement Allocations (per Settling Administrator)

| Year | Settlement | Amount | Notice Date | Dispute Period Deadline | Expiration of 50 days | Received |
|-------------|-------------------|---------------|--------------------|------------------------------------|----------------------------------|----------------------------|
| Year 1 | Distributor | 72,416.87 | 9/7/2022 | 9/28/2022 | 10/27/2022 | Dispute filed by MI County |
| Year 2 | Distributor | 78,948.53 | 12/15/2022 | 1/5/2023 | 2/3/2023 | |
| Year 1 | Janssen | 449,116.70 | 12/15/2022 | 1/5/2023 | 2/3/2023 | |
| | | 600,482.10 | | | | |