

LENAWEE-LIVINGSTON-MONROE-WASHTENAW
OVERSIGHT POLICY BOARD

VISION

"We envision that our communities have both an awareness of the impact of substance abuse and use, and the ability to embrace wellness, recovery and strive for a greater quality of life."

AGENDA

August 22, 2019

705 N. Zeeb Road, Ann Arbor

Patrick Barrie Conference Room

9:30 a.m. – 11:30 a.m.

1. **Introductions & Welcome Board Members**– 5 minutes
2. Approval of Agenda (Board Action) – 2 minutes
3. Approval of June 27, 2019 OPB Minutes {Att. #1} (Board Action) – 5 minutes
4. Audience Participation – 3 minutes per person
5. Old Business –
 - a. Finance Report {Att. #2} – (Discussion) 15 minutes
 - b. Monroe Coalition RFP Results {Att. #3} **Action Item** 10 minutes
6. New Business –
 - a. Livingston County Mini-Grants {Att. #4a, b, c, d} (Discussion) – 5 minutes
 - b. Request for funding for Genoa {Att. #5} **Action Item** – 10 minutes
 - c. Request for PA2 funds for FY20 {Att. #6a, b} **Action Item** – 10 minutes
 - d. Applications for Substance Abuse Program Licenses {Att. #7a, b} (Discussion) – 5 minutes
7. Report from Regional Board (Discussion) – 15 minutes
8. SUD Director Updates (Discussion) – 15 minutes
 - a. Appointments to OPB/Elections
 - b. Move Update
 - c. OUD Media Campaign
 - d. Prevention Desk Audit Results
 - e. SUD Provider Audit Results {Att. #8}
 - f. SYNAR Update {Att. #9}

Next meeting: September 22, 2019

Location TBD

Parking Lot:

Appointments to OPB

Officer Elections

Regional Board Representation

**Lenawee-Livingston-Monroe-Washtenaw
Oversight Policy Board
June 27, 2019 meeting
705 N. Zeeb Road
Ann Arbor, MI 48103**

Members Present: Mark Cochran, Charles Coleman, Kim Comerzan, Amy Fullerton, William Green, Ricky Jefferson, Dianne McCormick, David Oblak, Dave O'Dell, Ralph Tillotson, Tom Waldecker

Members Absent: John Lapham, Monique Uzelac

Guests: Rhett Reyes, Kristal Reyes (1st Step Referral Services)

Staff Present: Stephannie Weary, Marci Scalera, Suzanne Stolz, Nicole Adelman, Dana Darrow, Jane Goerge, Katie Postmus, James Colaianne, Amy Johnston

OPB Chair D. Oblak called the meeting to order at 9:35 a.m.

1. Introductions & Welcome Board Members
2. Approval of Agenda

Motion by C. Coleman, supported by T. Waldecker, to approve the agenda as amended
Motion carried

) Presentation by 1st Step Referral Services at 10:00 a.m.

3. Approval of May 23, 2019 OPB Minutes

Motion by D. McCormick, supported by K. Comerzan, to approve the May 23, 2019 OPB minutes
Motion carried

4. Audience Participation

5. Old Business

- a. Finance Report

) S. Stolz presented.

- b. Prevention RFP Summary

) Presented RFP is for the Monroe Coalition only, not the full RFP.

) The current 10-year funding for the Coalition is expiring.

) The RFP will be released on Monday, July 1.

) J. Colaianne will field all questions from respondents.

) The following OPB members recused themselves due to their relationships with the Monroe Coalition: M. Cochran, K. Comerzan, and D. O'Dell.

- c. 1st Step Referral Services

-) Kristal Reyes and Rhett Reyes Crystal, owners, provided an overview of the services they offer, including outpatient groups, BPS assessments, driver license restoration services, and more.
- d. GAIN incentive reimbursement status
 -) This is an ongoing work-in-progress. It's supposed to be implemented by 2020.

6. New Business – 35 minutes

- a. Sustaining Innovative Strategies
 -) The request is for FY20 continued funding.
 -) The PIHP would only provide this funding if MDHHS does not continue funding.

Motion by D. McCormick, supported by W. Green to approve funding to sustain innovative strategies programs for FY 2020 with PA2 funding if needed
Motion carried

7. Report from Regional Board (Discussion) {Att. #6} – 15 minutes

-) The Regional Board has started a committee for the permanent CEO search.
-) Most of the discussion at the recent board meeting surrounded the funding shortage.
-) The financial compliance audit is due June 30.

8. SUD Director Updates (Discussion) – 10 minutes

- a. Nicole Adelman
 -) M. Scalera's final official day is July 26.
 -) N. Adelman and M. Scalera have been working together on transition.
 -) M. Scalera will still be around to answer questions.
- b. MDOC
 -) The regions are negotiating the contract with the state for taking on this project, rather than contracting directly with MDOC.
 -) Implementation is scheduled for by 10/1/19.

9. Adjournment

Motion by T. Waldecker, supported by C. Coleman, to adjourn the meeting
Motion carried

Next meeting: August 22, 2019

Parking Lot:

Appointments to OPB

Officer Elections

Regional Board Representation

Summary Of Revenue & Expense	Funding Source							Total Funding Sources
	Medicaid	Healthy Michigan	SUD - Block Grant	SUD - SOR	SUD - STR	Gambling Prev	SUD-COBO/PA2	
Revenues								
Funding From MDCH	1,805,948	3,299,208	4,189,183	265,423	472,370	68,731		\$ 10,100,863
PA2/COBO Tax Funding Current Year	-	-	-	-	-	-	1,395,044	\$ 1,395,044
PA2/COBO Reserve Utilization	-	-	-	-	-	-	1,173,324	\$ 1,173,324
Other	-	-	-	-	-	-	-	\$ 1,020,491
Total Revenues	\$ 1,805,948	\$ 3,299,208	\$ 4,189,183	\$ 265,423	\$ 472,370	\$ 68,731	\$ 2,568,368	\$ 13,689,722
Expenses								
<u>Funding for County SUD Programs</u>								
CMHPSM				265,423	448,169	65,209		778,802
Lenawee	294,216	658,209	456,817				209,193	1,618,435
Livingston	189,644	531,092	600,200				378,524	1,699,460
Monroe	245,617	468,931	725,864				235,296	1,675,707
Washtenaw	676,798	1,978,091	1,405,397				897,892	4,958,178
Total SUD Expenses	\$ 1,406,274	\$ 3,636,322	\$ 3,188,278	\$ 265,423	\$ 448,169	\$ 65,209	\$ 1,720,905	\$ 10,730,582
Administrative Cost Allocation	76,358	197,395	209,056		24,201	3,521	-	\$ 510,531
Total Expenses	\$ 1,482,632	\$ 3,833,717	\$ 3,397,335	\$ 265,423	\$ 472,370	\$ 68,731	\$ 1,720,905	\$ 11,241,113
Revenues Over/(Under) Expenses	\$ 323,316	\$ (534,510)	\$ 791,848	\$ -	\$ -	\$ -	\$ 847,463	\$ 2,448,609

Current fiscal year utilization of PA2			Revenues Over/(Under) Expenses
PA2 by County	Revenues	Expenditures	
Lenawee	205,885	209,193	(3,308)
Livingston	620,089	378,524	241,564
Monroe	453,837	235,296	218,541
Washtenaw	1,288,559	897,892	390,667
Totals	\$ 2,568,368	\$ 1,720,905	\$ 847,463

Unallocated PA2	FY 19 Beginning Balance	FY19 Projected Utilization	FY20 Projected Utilization	FY20 Projected Ending Balance
Lenawee	924,325	(222,723)	(222,723)	478,878
Livingston	3,039,734	(613,133)	(613,133)	1,813,468
Monroe	522,226	(164,037)	(164,037)	194,152
Washtenaw	2,730,440	(598,506)	(598,506)	1,533,429
Total	\$ 7,216,725	\$ (1,598,399)	\$ (1,598,399)	\$ 4,019,927

CMHPSM SUD OVERSIGHT POLICY BOARD

ACTION REQUEST

Board Meeting Date: August 22, 2019

Action Requested: Approve PA2 Funding for Monroe County Substance Abuse Coalition (RFP#2019A)

Background: The United Way of Monroe/Lenawee Counties is requesting \$100,000 to address the following CMHPSM Priority Areas: (1) reduce childhood and underage drinking; (2) reduce prescription and over the counter drug abuse/misuse; (3) reduce youth access to tobacco; and (4) reduce illicit drug use in Monroe County. The Monroe County Substance Abuse Coalition’s Strategic Plan for Community-level Change will utilize seven strategies for change (provide information, enhance skills, provide support, enhance access/reduce barriers, change consequences, change physical design, and modify/change policies).

Recommendation: Motion to fund the full amount of \$100,000 provided that the applicant will work with the CMHPSM prevention staff on editing and finalizing the MCSAC’s Strategic Plan where applicable (i.e., review proposed activities, intervening variables, outcomes and evaluation), clarify budgetary items and submit collaboration commitment letters (i.e., collaboration with other providers, school commitments).



COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN

Serving Lenawee, Livingston, Monroe, and Washtenaw Counties

<i>Request for MINI GRANT Funds</i>	
<p><i>Mini-Grants: A specific amount of funds per county set aside annually for small initiatives that arise during the fiscal year in the amount not to exceed \$1000. There is a limit of \$5000 per county each fiscal year. Mini-Grants may only be awarded for special activities or initiatives related to substance use disorders education, awareness, community activities and events, etc., and not be used for staffing purposes. The applicant must identify a source of other matching funds or in-kind effort to receive the grant. Once an award is made, the applicant will not be eligible to receive other mini-grant funding for any additional project during the fiscal year.</i></p>	
Date:	7/15/2019
Contact Person: (Name, email, phone)	Anne King-Hudson, 810-844-9036, akh@keycenters.org
Requestor:	HSCB SUD Prevention and Treatment Workgroup
Amount of Request:	\$1,000
Type of Request:	<input checked="" type="checkbox"/> Community event <input type="checkbox"/> Other: _____ <input type="checkbox"/> Staff Training <input type="checkbox"/> Coalition Support Attach information as needed.
Describe Program Request:	<p>The Human Services Collaborative Use Disorder Work Group for Treatment and Prevention established a subcommittee to bring together recovery focused organizations in Livingston County to discuss how to collaborate through the services that we provide to better meets the needs of those persons in active addiction and in recovery, including families, friends and employers. Recovery Advocates in Livingston (RAIL) was formed and met several times. Our mission is to mobilize resources within and outside of the recovery community to increase the prevalence and quality of long-term recovery in Livingston County.</p> <p>Recovery Advocates in Livingston (RAIL) would like to introduce RAIL to the recovery community through holding a disc golf tournament. Disc golf is popular with the recovery community and a fun way to have people come together, have fun, and talk about RAIL. RAIL has reserved the disc golf course at Brighton Recreation Area for a Disc Golf tournament on September 14, 2019 as community launching event to introduce Recovery Advocates in Livingston.</p> <p>The Human Services Collaborative Use Disorder Work Group for Treatment and Prevention are the sponsors for Recovery Advocates in Livingston disc golf tournament and we are requesting a \$1,000 to support the disc golf tournament event.</p> <p>Budget: Brighton Recreation Area Course Event \$100 Refreshments and set up \$250 Disc drivers and putters \$489 Prizes: \$161 Total: \$1,000</p>

Targeted Community:	Livingston County Michigan
Describe how and where matching funds will be applied. If in-kind, describe:	The matching funds will be in-kind. The Human Services Collaborative Use Disorder Work Group for Treatment and Prevention are the sponsors for Recovery Advocates in Livingston disc golf tournament. All activities connected to making the disc golf tournament a success will be completed by members of the work group and those associated with RAIL.
Identify Key People, Coalitions, and/or Community Partners involved in program:	Key Community partners: The Human Services Collaborative Use Disorder Work Group for Treatment and Prevention participating partners are, Celebrate Recovery, Key Development Center, Stepping Stones, Livingston County Community Mental Health, Livingston County Catholic Charities, Livingston County Juvenile Court, Wake Up Livingston, Michigan Works, Michigan Opiate Coalition, Livingston County Community Alliance, and Brighton Center for Recovery.
<p><u>Please note:</u> All programming must be consistent with the implementation of Recovery-Oriented Systems of Care (ROSC). Recovery-oriented systems support person-centered and self-directed approaches to care that build on the strengths and resilience of individuals, families, and communities to take responsibility for their sustained health, wellness and recovery from alcohol and drug problems (Center for Substance Abuse Treatment, 2005).</p>	
<i>CMHPSM Office Use Only</i>	
Amount Recommended & Comments:	Click or tap here to enter text.

COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN

Serving Lenawee, Livingston, Monroe, and Washtenaw Counties



<i>Request for MINI GRANT Funds</i>	
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Date:	7/292019
Contact Person: (Name, email, phone)	Anne King-Hudson,akh@keycenters.org, 810-844-9036
Requestor:	Recovery Advocates In Livingston
Amount of Request:	\$1,000
Type of Request:	<input checked="" type="checkbox"/> Community event <input type="checkbox"/> Other: _____ <input type="checkbox"/> Staff Training <input type="checkbox"/> Coalition Support Attach information as needed.
Describe Program Request:	<p>Click or tap here to enter text.</p> <p>The Human Services Collaborative Use Disorder Work Group for Treatment and Prevention established a subcommittee to bring together recovery focused organizations in Livingston County to discuss how to collaborate through the services that we provide to better meets the needs of those persons in active addiction and in recovery, including families, friends and employers.</p> <p>Recovery Advocates in Livingston (RAIL) was formed and met several times. Our mission is to mobilize resources within and outside of the recovery community to increase the prevalence and quality of long-term recovery in Livingston County. RAIL would like to participate in the Recovery Walk for Livingston County and need promotional materials to introduce ourselves to the Livingston County Community.RAIL is requesting\$1,000.</p> <p>Budget: Membership to Association of Recovery Community Organizations: \$250 Banner \$100 T-Shirts: \$650 Total: \$1,000</p>
Targeted Community:	(Geographic area) Click or tap here to enter text.
Describe how and where matching funds will be applied. If in-kind, describe:	The matching funds will be in-kind. The Human Services Collaborative Use Disorder Work Group for Treatment and Prevention are the sponsors for Recovery Advocates in Livingston. All activities connected with promoting RAILwill be completed by members of the work group and those associated with RAIL.

<p>Identify Key People, Coalitions, and/or Community Partners involved in program:</p>	<p>Key Community partners: The Human Services Collaborative Use Disorder Work Group for Treatment and Prevention participating partners are, Celebrate Recovery, Key Development Center, Stepping Stones, Livingston County Community Mental Health, Livingston County Catholic Charities, Livingston County Juvenile Court, Wake Up Livingston, Michigan Works, Michigan Opiate Coalition, Livingston County Community Alliance, and Brighton Center for Recovery.</p>
<p><u>Please note:</u> All programming must be consistent with the implementation of Recovery-Oriented Systems of Care (ROSC). <i>Recovery-oriented systems support person-centered and self-directed approaches to care that build on the strengths and resilience of individuals, families, and communities to take responsibility for their sustained health, wellness and recovery from alcohol and drug problems (Center for Substance Abuse Treatment, 2005).</i></p>	
<p><i>CMHPSM Office Use Only</i></p>	
<p>Amount Recommended & Comments:</p>	<p>Click or tap here to enter text.</p>



COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN

Serving Lenawee, Livingston, Monroe, and Washtenaw Counties

<i>Request for MINI GRANT Funds</i>	
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Date:	8/9/2019
Contact Person: (Name, email, phone)	Diane Heinlein dheinlein@cmhliv.org 517-546-4126
Requestor:	Diane Heinlein
Amount of Request:	\$585.00
Type of Request:	<input type="checkbox"/> Community event <input type="checkbox"/> Other: _____ <input checked="" type="checkbox"/> Staff Training <input type="checkbox"/> Coalition Support Attach information as needed.
Describe Program Request:	Livingston County CMH is the core provider for SUD services for Livingston County and provides an internal co-occurring treatment program for people with substance use and mental health needs. The program is licensed by LARA as an SUD agency (license #470070) and provides co-occurring recovery treatment services under the Integrated Dual Disorders Treatment (IDDT) Model to at approximately 275 people in Livingston County at any given time. We are seeking professional development to help two staff members earn their CAADC (substance abuse certificate) and one staff member maintain their continuing education for CAADC. We would like staff to be able to attend the 20 th annual state substance use and co-occurring disorder conference on 9/16/19-9/17/19 at a cost of \$195 per person for the full two-day conference. Staff would gain the knowledge necessary to serve consumers in the program, maximize CEU's toward their CAADC and maintain fidelity in staffing requirements for IDDT program. All attending staff members would be expected to share learned material with coworkers to expand the reach of education throughout the IDDT team. The total cost of the request is \$585. Livingston CMH has not requested any prior mini-grants in this fiscal year or prior fiscal years.
Targeted Community:	(Geographic area) Livingston County
Describe how and where matching funds will be applied. If in-kind, describe:	Livingston CMH will provide costs for transportation to/from the conference and cover wages for the attending staff for the conference. Staff will return to their homes each night to align with CMH conference guidelines (since conference is in Detroit); there will be no hotel cost.
Identify Key People, Coalitions, and/or Community Partners	Livingston County CMH interfaces with multiple community partners for service provision as the core provider including SUD agencies, the Engagement Center and Human Services Collaborative Body (HSCB) workgroups. The co-occurring team at CMH

involved in program:	serves people with high needs for substance use treatment and high needs for mental health treatment. People are served within their community and their support systems in the least restrictive environment.
<p><u>Please note:</u> All programming must be consistent with the implementation of Recovery-Oriented Systems of Care (ROSC). <i>Recovery-oriented systems support person-centered and self-directed approaches to care that build on the strengths and resilience of individuals, families, and communities to take responsibility for their sustained health, wellness and recovery from alcohol and drug problems (Center for Substance Abuse Treatment, 2005).</i></p>	
<i>CMHPSM Office Use Only</i>	
Amount Recommended & Comments:	Click or tap here to enter text.

FY 2018/19 CMHPSM SUD MINI-GRANT REQUEST/REPORT**Funding reserved per county \$5000**

DATE	PROVIDER	AMOUNT REQUESTED	PROGRAM DESCRIPTION	COUNTY	COUNTY BALANCE REMAINING
10-25-18	Monroe Prevention Coalition	\$1,000	Youth Summit	Monroe	\$4,000
3-2019	Dawn Farm	\$1,000	Older Adult	Washtenaw	\$4,000
4-2019	Washtenaw Health Plan	\$1,000	Harm Reduction Conference	Washtenaw	\$3,000
4-2019	CCSEM	\$1,000	SPLT Teams-Sports Impact Luncheon	Monroe	\$3,000
5-2019	HNV – WRAP	\$1,000	5 TH Annual Recovery Walk	Washtenaw	\$2,000
8-2019	Recovery Advocates in Livingston (RAIL)	\$1,000	Livingston Recovery Walk	Livingston	\$4,000
8-2019	Livingston HSCB SUD Prevention and Treatment Workgroup	\$1,000	Sponsorship of RAIL Disc Golf Tournament	Livingston	\$3,000
8-2019	Livingston CMHA	\$585	SUD and Co-Occurring Disorders Conference	Livingston	\$2,415

CMHPSM SUD OVERSIGHT POLICY BOARD

ACTION REQUEST

Board Meeting Date: August 22, 2019

Action Requested: Approval for PA2 funding to be used to pay Genoa Pharmacy to support the cost of Medication Assisted Treatment (MAT) for people with Opioid Use Disorder (OUD).

Background: STR and SOR grants fund medications for people with OUD for those who are un- or underinsured. This funding request will pay Genoa Pharmacy to help cover the cost of those who accessed the pharmacy for this service but were not eligible for STR or SOR grant funds, or for whom Medicaid was unable to be billed. A process is now in place to ensure Medicaid is billed and patient grant eligibility is determined before medications are given.

Connection to PIHP/MDCH Contract, Regional Strategic Plan or Shared Governance Model: To fund essential MAT services to people with opioid use disorders who are un or under insured, or whose treatment cannot be paid for by Medicaid.

Recommendation: Motion to approve PA2 funding to cover costs of Medication Assisted Treatment to Genoa Pharmacy not to exceed \$70,000.

CMHPSM SUD OVERSIGHT POLICY BOARD

ACTION REQUEST

Board Meeting Date: August 22, 2019

Action Requested: Approval for PA2 funds to support attached grant funded requests as seen in Attachment #6b.

Background: FY20 will be the third year of funding for the programs awarded through the prior RFP for SUD Prevention and Special Initiative grants. Funding has historically been divided to support these programs between Block Grant and PA2 funds as needed. This practice will continue to be the case. However, as the Block Grant allocation was lower than needed, PA2 funds are being requested to support these grant awards up to the current Block Grant allocation, in the case that Block Grant is not increased as expected. Block Grant funds will be used if possible.

In addition, several programs have requested expanded funds, which are recommended for approval.

Finally, funding will be requested for United Way of Monroe/Lenawee Counties as a new program, if approved by the OPB at the August 22, 2019 meeting.

Connection to PIHP/MDCH Contract, Regional Strategic Plan or Shared Governance Model:

To sustain viable SUD prevention and treatment programs throughout the region.

Recommendation: Motion to approve continuation, expansion and new funding in FY 2020 (one year) from PA2 funds for related awarded SUD grants as needed.

CMHPSM FY20 SUD PA2 Funding Requests August 2019

DNE = Do not exceed for term of the contract

Continuation from Last Year- All PA2

Type of Project	Contractor	Description	Term	PA2 FY19 DNE	PA2 FY20 DNE
SUD PA2 Funded	Washtenaw County	SUD Crisis Team and Outreach Supports	10/1/19 – 9/30/20	\$ 97,683	\$ 97,683
SUD PA2 Funded	Avalon	Integrated Health in PSH	10/1/19 – 9/30/20	\$ 155,000	\$ 155,000
SUD PA2 Funded	Dawn Inc	Case Management & Peer Supports	10/1/19 – 9/30/20	\$ 41,888	\$ 41,888
SUD PA2 Funded	Growth Works	Drug Educ for Adjudicated Youth	10/1/19 – 9/30/20	\$ 7,000	\$ 7,000
SUD PA2 Funded	Growth Works	Enhanced Drug Screening	10/1/19 – 9/30/20	\$ 59,159	\$ 59,159
SUD PA2 Funded	HALO	SUD Opiate Issue Awareness	10/1/19 – 9/30/20	\$ 15,750	\$ 15,750
SUD PA2 Funded	Hegira	Project Inspire	10/1/19 – 9/30/20	\$ 114,390	\$ 114,390
SUD PA2 Funded	Home of New Vision	MAT House	10/1/19 – 9/30/20	\$ 28,541	\$ 28,541
SUD PA2 Funded	Home of New Vision	WRAP	10/1/19 – 9/30/20	\$ 79,723	\$ 79,723
SUD PA2 Funded	Lenawee County Juvenile Court	Intensive Home-Based Therapy	10/1/19 – 9/30/20	\$ 143,089	\$ 143,089
SUD PA2 Funded	Livingston CMH	Wake Up Livingston Coord.	10/1/19 – 9/30/20	\$ 40,000	\$ 40,000
SUD PA2 Funded	Livingston County/ Livingston CMH	Livingston Co. Wraparound MOU	10/1/19 – 9/30/20	\$ 40,000	\$ 40,000
SUD PA2 Funded	Ozone / Corner Health	SBIRT for Youth Washtenaw	10/1/19 – 9/30/20	\$ 150,000	\$ 150,000
SUD PA2 Funded	Salvation Army Harbor Light	Peer Recovery	10/1/19 – 9/30/20	\$ 25,000	\$ 25,000
SUD PA2 Funded	Touchstone	Recovery Housing PA2	10/1/19 – 9/30/20	\$ 60,000	\$ 60,000
SUD PA2 Funded	Unified HIV Health and Beyond	Community Peer Outreach and Support	10/1/19 – 9/30/20	\$ 234,248	\$ 234,248
SUD PA2 Funded	Women Empowering Women	Post 60 Day Stay	10/1/19 – 9/30/20	\$ 64,040	\$ 64,040
TOTAL				\$1,355,511.00	\$1,355,511.00

Continuation from Last Year- Block Grant and PA2 Combined

Type of Project	Contractor	Description	Term	FY19 Block Grant Funding	FY19 PA2 Funding	FY20 Block Grant Funding	FY20 PA2 Funding
SUD Other Services	Catholic Charities of SE MI	Case Management & Peer Supports	10/1/19 – 9/30/20	\$119,866		\$119,866	
SUD Other Services	Catholic Charities of SE MI	Monroe Engagement Center	10/1/19 – 9/30/20	\$181,680	\$103,333	\$181,680	\$103,333
SUD Other Services	Home of New Vision	Engagement Center	10/1/19 – 9/30/20	\$160,000	\$240,000	\$160,000	\$240,000
SUD Other Services	Home of New Vision	Recovery Support Services	10/1/19 – 9/30/20	\$134,998	\$244,274	\$134,998	\$244,274
SUD Other Services	Livingston CMH	Livingston Engagement Center	10/1/19 – 9/30/20	\$100,694	\$401,041	\$100,694	\$401,041
SUD Other Services	Catholic Charities of SE MI	Case Management & Peer Supports	10/1/19 – 9/30/20	\$119,866		\$119,866	
Women's Specialty	Catholic Charities of SE MI	Women's Specialty	10/1/18 – 9/30/19	\$ 94,293	\$ 100,000	\$ 94,293	\$ 100,000
Women's Specialty	Home of New Vision	Women's Specialty	10/1/18 – 9/30/19	\$ 174,458	\$ 142,952	\$ 174,458	\$ 142,952
Women's Specialty	Lenawee CMH	Women's Specialty	10/1/18 – 9/30/19	\$ 23,658		\$ 23,658	
Women's Specialty	Livingston CMH	Women's Specialty	10/1/18 – 9/30/19	\$ 123,248		\$ 123,248	
Innovative Strategies	Home of New Vision	Enhancing Pregnant Women Opiate Team	10/1/19 – 9/30/20	\$ 115,619		\$ 115,619	
TOTAL				\$1,348,380.00	1,231,600.00	\$1,348,380.00	1,231,600.00

Continuation from Last Year- Block Grant and PA2 Combined

Type of Project	Contractor	Description	Term	FY19 Block Grant Funding	FY19 PA2 Funding	FY20 Block Grant Funding	FY20 PA2 Funding
SUD Prevention	Catholic Charities of SE MI	Student Leadership Teams	10/1/19 – 9/30/20	\$ 114,318		\$ 114,318	
SUD Prevention	Catholic Social Services of Washtenaw	CAGE Screening	10/1/19 – 9/30/20	\$ 28,727		\$ 28,727	
SUD Prevention	Catholic Social Services of Washtenaw	Get Connected	10/1/19 – 9/30/20	\$ 30,965		\$ 30,965	
SUD Prevention	Catholic Social Services of Washtenaw	Prevention Services	10/1/19 – 9/30/20	\$ 10,000		\$ 10,000	
SUD Prevention	Eastern Michigan	Prevention Theatre Collective	10/1/19 – 9/30/20	\$ 73,647		\$ 73,647	
SUD Prevention	Karen Bergbower & Associates	Lenawee Synar/DYTUR Prevention	10/1/19 – 9/30/20	\$ 21,432	\$ 3,000	\$ 21,432	\$ 3,000
SUD Prevention	Karen Bergbower & Associates	Livingston Synar/DYTUR Prevention	10/1/19 – 9/30/20	\$ 19,901	\$ 1,400	\$ 19,901	\$ 1,400
SUD Prevention	Karen Bergbower & Associates	Monroe Synar/DYTUR Prevention	10/1/19 – 9/30/20	\$ 28,575	\$ 1,600	\$ 28,575	\$ 1,600
SUD Prevention	Karen Bergbower & Associates	Washtenaw Synar/DYTUR Prevention	10/1/19 – 9/30/20	\$ 43,099	\$ 2,000	\$ 43,099	\$ 2,000
SUD Prevention	Lenawee CMH	Community Trials Intervention	10/1/19 – 9/30/20	\$ 23,194	\$ 1,000		
SUD Prevention	Lenawee CMH	Do Your Part	10/1/19 – 9/30/20	\$ 13,787			

Type of Project	Contractor	Description	Term	FY19 Block Grant Funding	FY19 PA2 Funding	FY20 Block Grant Funding	FY20 PA2 Funding
SUD Prevention	Lenawee CMH	Student Leadership Teams	10/1/19 – 9/30/20	\$ 32,019			
SUD Prevention	Livingston County Catholic Charities	CBSG	10/1/19 – 9/30/20	\$ 47,449		\$ 47,449	
SUD Prevention	Livingston County Catholic Charities	CMCA	10/1/19 – 9/30/20	\$ 73,145	\$ 3,000	\$ 73,145	\$ 3,000
SUD Prevention	Livingston County Catholic Charities	Safe Homes	10/1/19 – 9/30/20	\$ 4,000		\$ 4,000	
SUD Prevention	Livingston County Catholic Charities	Youth Led Prevention	10/1/19 – 9/30/20	\$ 59,142		\$ 59,142	
SUD Prevention	St. Joe's Mercy - Chelsea	SRSLY	10/1/19 – 9/30/20	\$ 48,509		\$ 48,509	
SUD Prevention	University of Michigan	Project Success	10/1/19 – 9/30/20	\$ 58,800		\$ 58,800	
TOTAL				\$730,709	\$12,000.00	\$661,709.00	\$11,000.00

Funding Shift from Block Grant to all PA2

Type of Project	Contractor	Description	Term	FY19 Block Grant Funding	FY19 PA2 Funding	FY20 PA2 Funding DNE
SUD Prevention	Livingston County Catholic Charities	Project Success	10/1/19 – 9/30/20	\$ 212,368		\$ 212,368
SUD Prevention	Monroe County ISD	SUD Prevention	10/1/19 – 9/30/20	\$ 117,469		\$ 117,469
TOTAL				\$329,837.00		\$329,837.00

Previously Approved Shift from Block Grant to PA2 at May 2019 OPB Meeting

Type of Project	Contractor	Description	Term	FY19 Block Grant Funding	FY19 PA2 Funding	FY20 PA2 Funding DNE
Innovative Strategies	Dawn Inc	Drug Court	10/1/19 – 9/30/20	\$ 41,888		\$ 41,888
Innovative Strategies	Home of New Vision	ROOT Team	10/1/19 – 9/30/20	\$ 76,847		\$ 76,847
Innovative Strategies	Lenawee CMH	Drug Court Peer Recovery Coach	10/1/19 – 9/30/20	\$26,498		\$26,498
Innovative Strategies	Salvation Army Harbor Light	Drug Court	10/1/19 – 9/30/20	\$54,600		\$54,600
Innovative Strategies	University of Michigan	Project STOP	10/1/19 – 9/30/20	\$45,718		\$62,909
Innovative Strategies	Washtenaw County	ROOT Team	10/1/19 – 9/30/20	\$47,187		\$47,187
TOTAL				\$292,738.00		\$309,929.00

Program Expansion

Type of Project	Contractor	Description	Term	FY19 Block Grant Funding	FY19 PA2 Funding	FY20 PA2
SUD Prevention	Karen Bergbower & Associates	Vaping Initiative	10/1/19 – 9/30/20		\$20,687	\$27,128
SUD Prevention	St. Joe's Mercy - Chelsea	Project Success	10/1/19 – 9/30/20	\$ 55,428		\$ 88,670
SUD PA2 FUNDED	CHRT/Washtenaw Health Initiative	Opioid Project Coordinator	10/1/19 – 9/30/20		\$ 47,989	\$ 52,989
SUD OTHER SERVICES	Lenawee CMH	Lenawee Engagement Center	10/1/19 – 9/30/20	\$159,964	\$133,739	\$472,698
TOTAL				\$215,392.00	\$202,415.00	\$641,485.00

New Program

Type of Project	Contractor	Description	Term	FY19 Block Grant Funding	FY19 PA2 Funding	FY20 PA2
SUD Prevention	United Way of Monroe/Lenawee Counties	Monroe County Substance Abuse Prevention Coalition	10/1/19 – 9/30/20			\$100,000
TOTAL				\$0	\$0	\$100,000.00

***FUNDING ONLY TO BE MOVED FROM BLOCK GRANT TO PA2 IF ENOUGH BLOCK GRANT FUNDING IS NOT ALLOCATED; BLOCK GRANT FUNDING WILL BE FIRST FUNDING OF CHOICE IN SAME ALLOCATION AS 2019 FOR PROGRAMS PREVIOUSLY FUNDED AS SUCH**

TOTAL BLOCK GRANT 2019	2,917,056	TOTAL BLOCK GRANT 2020	2,010,089
TOTAL PA2 2019	2,801,526	TOTAL PA2 2020	3,979,362
TOTAL	5,718,582	TOTAL	5,989,451

Michigan Department of Licensing and Regulatory Affairs
 Bureau of Health Care Services
 Health Facilities Division
Substance Abuse Program
 P.O. Box 30664
 Lansing, MI 48909
 Phone: (517) 241-1970
 Fax: (517) 241-3354

APPLICATION FOR A SUBSTANCE ABUSE PROGRAM LICENSE

FOR OFFICE USE ONLY

- MASTER SITE
 SATELLITE LOCATION
 INITIAL
 RENEWAL

LICENSE NUMBER: _____

CA NUMBER: _____

CONSULTANT: _____

DATE DUE: _____

Mail a copy of this Application to the PIHP (Prepaid Inpatient Health Plan) listed on page 9 which corresponds with the program address. Pages 9 – 14 are instructions and do not need to be submitted with the application.

In accordance with the provisions of Act 368 of the Public Acts of 1978, as amended, and the Administrative Rules (R 325.14101-R 325.14928) of the Michigan Department of Licensing and Regulatory Affairs, Substance Abuse Program, the undersigned hereby applies for a license to operate a substance abuse treatment, rehabilitation and/or prevention program.

Program Legal Name (for site applying form) Avalon Housing, Inc			
Street Address (P.O. Box, if applicable) 1327 Jones Drive Suite 102			
City Ann Arbor	State MI	Zip Code 48105	County Washtenaw
Telephone Number with Area Code 734-663-5858	Fax Number with Area Code 734-663-4857	E-Mail Address msmith@avalonhousing.org	
Indicate the type of organization that is legally responsible for the operation of the program. Please complete both parts A and B.			
A. <input type="checkbox"/> For Profit <input checked="" type="checkbox"/> Non-Profit		B. <input checked="" type="checkbox"/> Sole Ownership <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> City Government	
		<input type="checkbox"/> County Government <input type="checkbox"/> State Government <input type="checkbox"/> Hospital Authority <input type="checkbox"/> Other-Specify: _____	
Days of Operation: (Check appropriate days)			
<input checked="" type="checkbox"/> Monday <input checked="" type="checkbox"/> Tuesday <input checked="" type="checkbox"/> Wednesday <input checked="" type="checkbox"/> Thursday <input checked="" type="checkbox"/> Friday <input checked="" type="checkbox"/> Saturday <input checked="" type="checkbox"/> Sunday			
Hours of Operation: (Indicate AM/PM)			
<u>24hr</u> Monday	<u>24hrs</u> Tuesday	<u>24hrs</u> Wednesday	<u>24hrs</u> Thursday
<u>24hrs</u> Friday	<u>24hrs</u> Saturday	<u>24hrs</u> Sunday	
Program Director's Name: Molly Smith			

LICENSED SERVICES AND CAPACITY

For this program, indicate the service(s) for which licensure or special designation is requested. The terms used are defined in the Administrative Rules (R 325.14101 to R 325.14103) and on pages 12 and 13.

PREVENTION – CAIT (Community Change, Alternatives, Information, Training)

CASEFINDING – SARF (Screening, Assessment, Referral, Follow-Up)
 State Court providing SARF

OUTPATIENT

OUTPATIENT METHADONE (2)*
Submit Application Appendix D (LARA/SUB-023)

RESIDENTIAL (Long-Term Therapeutic Care)
Number of Beds _____

RESIDENTIAL DETOX
Number of Beds _____
Submit Application Appendix B (LARA/SUB-021)

INPATIENT (3)*
LARA Licensed Beds (4)* _____
License # _____

CATEGORIES ASSOCIATED WITH OUTPATIENT, METHADONE CLINIC OR RESIDENTIAL (5)*

- Substance Abuse Case Management
- Integrated Treatment for Persons With Mental Health and Substance Use Disorders
- Early Intervention

CATEGORIES ASSOCIATED WITH OUTPATIENT, METHADONE CLINIC, RESIDENTIAL OR PREVENTION PROGRAM (5)*

Peer Recover and/or Recovery Support Programs
For these associated categories, if applying, please send documentation of how your program conforms to the definitions relevant to each category. These definitions can be found on Page 13 of this application.

REQUEST FOR WAIVER OF RULE

New Requests for Waiver of a Licensing Rule
A separate waiver request form must be completed. **Submit Application Appendix A (LARA/SUB-020)**

Waiver Renewal Only Rule #: _____ Rule #: _____
Cite rule number for which waiver request has been granted by the Substance Abuse Licensing Program and for which a renewal is being requested.

*See Explanatory Footnotes on page 3.

EXPLANATORY FOOTNOTES - FOR PAGE TWO (2) OF APPLICATION

- (1) Check if substance abuse/alcohol highway safety education or other classes are offered by the program on a routine basis.
- (2) Programs that utilize controlled substances, including methadone, must complete the *Application Appendix D, a State Methadone Approval Application (LARA/SUB-023)* form.
- (3) If substance abuse beds are part of a unit which also provides beds for non-substance abuse clients, estimate the number of substance abuse beds, using the maximum beds which substance abusers would fill at any point in time.
- (4) Required if substance abuse beds are licensed by the Department of Licensing and Regulatory Affairs typically as medical/surgical beds or as psychiatric beds. Indicate license number.
- (5) These categories presuppose an existing outpatient, methadone clinic or residential license. For peer recovery/recovery support, an existing prevention license is also acceptable.

SATELLITE LOCATIONS

A program that operates in more than one location (site) must list the names and addresses of all sites operating under the same governing authority in the space provided below as well as the service categories at each site. The Master Site is the location which provides direct substance abuse services and where all administrative functions are located. This site is determined by the program, not the Michigan Department of Licensing and Regulatory Affairs. If the administrative office does not provide services, this location should be indicated below.

MASTER SITE: LICENSE # _____ Telephone # 734-827-4178
 Name of Program Avalon Housing Program Director Molly Smith

License # _____ **Name of Program** Avalon Housing
Service Category **Street Address** 1327 Jones Drive
 1) Case management **City** Ann Arbor **Zip** 48105 **County** Washtenaw
 2) Peer Recovery Support **Telephone #** 734-663-5858 **Site Director** Molly Smith
 3) Prevention-CAIT **Number of Therapists** _____ **Average Client Population** _____
 4) _____

License # _____ **Name of Program** _____
Service Category **Street Address** _____
 1) _____ **City** _____ **Zip** _____ **County** _____
 2) _____ **Telephone #** _____ **Site Director** _____
 3) _____ **Number of Therapists** _____ **Average Client Population** _____
 4) _____

License # _____ **Name of Program** _____
Service Category **Street Address** _____
 1) _____ **City** _____ **Zip** _____ **County** _____
 2) _____ **Telephone #** _____ **Site Director** _____
 3) _____ **Number of Therapists** _____ **Average Client Population** _____
 4) _____

License # _____ **Name of Program** _____
Service Category **Street Address** _____
 1) _____ **City** _____ **Zip** _____ **County** _____
 2) _____ **Telephone #** _____ **Site Director** _____
 3) _____ **Number of Therapists** _____ **Average Client Population** _____
 4) _____

License # _____ **Name of Program** _____
Service Category **Street Address** _____
 1) _____ **City** _____ **Zip** _____ **County** _____
 2) _____ **Telephone #** _____ **Site Director** _____
 3) _____ **Number of Therapists** _____ **Average Client Population** _____
 4) _____

GOVERNING AUTHORITY

List all the members of the governing authority, i.e., owner, stockholders, shareholders, board of trustees, board of directors, who have legal and ethical responsibility for the program. Provide all requested information. If the governing authority is delegated, as by a city council or county board of commissioners, attach evidence of delegation. **NOTE:** If a member of the governing authority provides services, a waiver of Rule 109(1) must be requested. Also indicate if a member receives pay for services provided to the program.

Name and Board Position	Street Address City, State, Zip Code
Barb Kessler (President)	12 Geddes Heights Ann Arbor MI 48104
Al Newman (Vice President)	2577 Newport Rd Ann Arbor MI 48103
Veronique Liem (Vice President)	106 N. 4 th Ave Suite 301 Ann Arbor MI 48104
Gary Bruder (Secretary)	8278 Granite Ct Dexter MI 48130
Jim Grosh (Treasurer)	2501 Jackson Ave Ann Arbor MI 48103
Olga Tervo	33 Carrot Way Ann Arbor MI 48105
Margaret Wong	418 S. First St Ann Arbor MI 48103
Russ Monahan	5845 Shagbark Dr Ann Arbor MI 48108
Jeremy Lapedis	309 Glendale Ave Ann Arbor MI 48103
Alex Thomas	1108 Buick Avenue Ypsilanti, MI 48198

- 1) Please indicate if a board member is a paid member for services provided to this program.
- 2) Please indicate if board member is related to a staff member of program.
- 3) If the current governing authority is listed in another recent program license application, reference the program name and license number where this information may be found.

Program Name: _____

License # _____

GOVERNING AUTHORITY

List all the members of the governing authority, i.e., owner, stockholders, shareholders, board of trustees, board of directors, who have legal and ethical responsibility for the program. Provide all requested information. If the governing authority is delegated, as by a city council or county board of commissioners, attach evidence of delegation. **NOTE:** If a member of the governing authority provides services, a waiver of Rule 109(1) must be requested. Also indicate if a member receives pay for services provided to the program.

Name and Board Position	Street Address City, State, Zip Code
Linda Rexer	2156 Overlook Ct, Ann Arbor, MI 48103
Linh Song	1290 Bardstown Tr., Ann Arbor, MI 48105
Andre Watson	

- 1) Please indicate if a board member is a paid member for services provided to this program.
- 2) Please indicate if board member is related to a staff member of program.
- 3) If the current governing authority is listed in another recent program license application, reference the program name and license number where this information may be found.

Program Name: _____

License # _____

APPLICATION ATTACHMENTS

PROGRAM DESCRIPTION

Items A – L as identified below. The attachments must be clearly labeled with the program's 1) name; 2) license number as shown on the front of the application; and 3) date submitted. DO NOT submit copies of your operating procedure manual. We desire a description of the specific policies and procedures called for below. Actual formats used need not be submitted; they will be reviewed at the preliminary licensing inspection. All new applicants **MUST SUBMIT ITEMS A - I AND ITEM L**. Item L requires that you submit a copy of your notice of intent. This can be a copy of a legal ad from your local newspaper indicating that your program is applying for a substance abuse license OR a copy of a notice which you sent to local churches, schools and incorporated non-profit civic organizations with the names and addresses to whom the notice was sent. Please see sample notice on page seven (7).

RENEWAL APPLICANTS: If the attachments for Items A - I have not changed since your previous submission, check the box that says, "See Prior Application". If an item has changed since your previous application, attach it and mark the box titled "Attached." If your program has a number of sites which are licensed (listed on page 4 of this application), **your attachments for the master site MUST describe the services provided at all of your locations**, i.e., your admission procedures should describe policies for outpatient, residential, etc.

A. PROGRAM PHILOSOPHY, GOALS & OBJECTIVES.

Attached See Prior Application New Satellite Ref. Lic. # _____

B. TARGET POPULATIONS. Specify geographic service delivery area and groups toward which services will be directed.

Attached See Prior Application New Satellite Ref. Lic. # _____

C. METHODOLOGY. Describe the methods, procedures and activities used to reach program goals and objectives. Describe individual or group counseling, family therapy, outreach efforts, etc. **Prevention programs** should indicate the specific activities provided. Describe classes offered (size, content, duration).

Attached See Prior Application New Satellite Ref. Lic. # _____

D. ORGANIZATIONAL STRUCTURE. Provide an organizational chart of your program. If part of a larger organization, show relationship.

Attached See Prior Application New Satellite Ref. Lic. # _____

E. ADMISSION CRITERIA & INTAKE PROCEDURES. Describe your program's admission/eligibility criteria and intake process and policies. **DO NOT** submit forms which you use to carry out these processes.

Attached See Prior Application New Satellite Ref. Lic. # _____

F. DISCHARGE POLICIES & PROCEDURES. Describe your program's discharge criteria, policies and procedures.

Attached See Prior Application New Satellite Ref. Lic. # _____
 N/A

G. AFTERCARE & FOLLOW UP POLICIES & PROCEDURES. Describe your program's aftercare services and client follow-up evaluation policies and procedures. If not applicable, please so indicate.

Attached See Prior Application New Satellite Ref. Lic. # _____
 N/A

H. **RECIPIENT RIGHTS POLICY & PROCEDURES.** Using the *Model Recipient Rights Policy and Procedures* document, develop and submit your program's recipient rights policies and procedures.

Attached See Prior Application New Satellite Ref. Lic. # _____

I. **CONFIDENTIALITY OF CLIENT DATA.** Describe the procedures your program utilizes to assure that all client records are kept confidential. Emphasis should be placed on where client records are stored and measure taken to assure that all records are secure and not available to persons other than staff. DO NOT submit copies of 42 C.F.R.

Attached See Prior Application New Satellite Ref. Lic. # _____

J. **ALL RESIDENTIAL PROGRAMS** are to attach evidence meeting fire inspection requirements by fire safety authorities. The inspection must have been performed within the last 12 months.

Attached

K. **RESIDENTIAL PROGRAMS** who provide sub-acute detoxification and/or ASP services **MUST** complete Application Appendix B (LARA/SUB-021) and submit all required attachments listed therein.

Attached See Prior Application New Satellite Ref. Lic. # _____

N/A

L. **NEW APPLICANTS (including new satellites)** must send a NOTICE OF INTENT to churches, schools and incorporated non-profit civic organizations in the program's proposed service delivery area when they intend to provide substance abuse treatment, rehabilitation and/or prevention services. Send a copy of the published notice or evidence that the notice was distributed. SEE EXAMPLE BELOW.

N/A

~ ~ EXAMPLE ~ ~

NOTICE OF INTENT

(Name and address of applicant program) has applied for a substance abuse license through the Michigan Department of Licensing and Regulatory Affairs, Substance Abuse Program. The license will allow us to provide (type of service to be licensed) substance abuse services. Comments should be directed to (name and address of coordinating agency).

ASSURANCES

As program director, I am responsible to the governing authority of this program or its authorized agent for overall operation of the program. I have reviewed Article 6 of Public Act 368 of 1978, as amended, and the administrative rules applicable to the service(s) provided by this program, I believe my program is in compliance with the rules and the Act and is ready for on-site inspection.

I understand that I may request a waiver of a license rule and that it is my responsibility to complete the appropriate section of the application for a renewal of waiver or to submit a waiver request form for a new waiver request.

I authorize the Manager of the Substance Abuse Program or his or her representative to obtain from any source, information as to my ability to comply with Article 6 of Act 368 of 1978 as amended, and the Administrative Rules (R 325.14101 - R 325.14928).

I further certify that the information furnished in this application is true and accurate. Any information found to be false may result in my application being denied and my program licensure being revoked. Supportive documentation will be furnished upon request of the Substance Abuse Program. I have completely filled out this application and understand that if the application is found to be incomplete, the licensing process will be suspended until I have furnished missing or incomplete information.

By signing this application for licensure, I acknowledge that should any information contained in this application change, notice of the change will be immediately provided to the Substance Abuse Program. Failure to do so may invalidate the license. I understand notice of change of ownership, governing authority or location must be submitted to the Substance Abuse Program **thirty (30) days** before the change takes effect. A copy of this application and attachments and subsequent changes to it will be maintained at my program.

Copies of this application and attachments have been sent to the following PIHP:

Community Mental Health Partnership on 7/26/2019
of Southeast Michigan (Date)

The original application is being submitted to the Substance Abuse Program.

Program Director Signature: Molly Smith, LMSW Date: 7/24/2019
(Signature blocks can be typed for electronic submission of form and has the same force and effect as a written signature.)

Printed Name: Molly Smith
(Written signature must also include printed name.)

As a member or designee of the applicant program's governing authority, I certify that the governing authority has the authority and responsibility for overall operation of the program and will ensure that the program complies with the applicable licensing standards.

Signed: AGP Date: 7/26/19
(Signature blocks can be typed for electronic submission of form and has the same force and effect as a written signature.)

Printed: Anthony Pulino
(Written signature must also include printed name.)

Title: Executive Director

A. Program Philosophy- Goals and Objectives

Avalon Housing Overview

Avalon Housing is a nonprofit organization that was created in 1992 to develop and manage Supportive Housing as a long-term solution to homelessness. We believe that housing is a basic human right. We develop and manage supportive housing, and provide comprehensive support services for people (children, adults, and seniors) who have experienced the trauma of homelessness and who have a mental or physical disability, including a high percentage of people with substance use disorders.

Supportive Housing is the combination of housing that is permanently affordable, and support services that help people live more stable, productive lives. The housing and services are linked, and both are necessary for the individual or family to move beyond homelessness. Supportive Housing is designed for people who need housing assistance and supportive services to live with stability and independence in their communities, including people with long or repeated episodes of homelessness due to persistent challenges like serious mental illness, addiction disorders, or chronic medical problems; those with extremely low incomes; people leaving systems of care without a place to live (including youth aging out of foster care); individuals leaving jail or prison; and disabled or elderly people moving out of nursing homes.

Avalon currently owns and operates 292 units of permanently affordable housing located at 25 different sites. In addition, we provide case management and other individual and community supports to individuals and families living in Avalon units, public housing units, and with private landlords in apartments throughout Ann Arbor and Ypsilanti, serving over 740 people throughout Washtenaw County.

Program Philosophy

The complex and co-occurring conditions present among the highest needs members of the homeless population in Washtenaw County make them a challenging group to support in both housing and recovery. All have incomes at or below 30% of the area median, and have experienced frequent evictions due to behavior problems related to active substance use or untreated mental illness. This population has often opted out of mainstream service connections, lost trust, and become disconnected from family, friends, and community services, leading to social isolation - a key social determinant of health. Our goal as a substance use provider is to reduce this isolation by assertively outreaching and engaging individuals with recovery supports; further breaking down the barriers to accessing and engaging in substance use treatment and ultimately, help individuals identify and meet their long-term recovery goals.

B. Target Population- Specify geographic service delivery area and groups toward which services will be directed.

Substance use services will be targeted to chronically homeless individuals and families with a substance use or co-occurring disorder. Prioritization will be given to the highest need, highest risk, and highest cost households who present with complex barriers to accessing traditional recovery supports. This includes people who have experienced long-term homelessness, spent multiple years unsheltered, and who have had frequent involvement with emergency health systems and the criminal justice system. This group is medically fragile, experiencing repeated emergency room visits, ambulance runs, and in-patient hospitalizations. This population also experiences a very high incidence of trauma, including domestic violence, street violence, and/or sexual exploitation. A high percentage have not succeeded on any path to recovery, despite multiple visits to detox and other substance use treatment programs.

C. Methodology-Describe the methods, procedures and activities used to reach program goals and objectives. Describe individual or group counseling, family therapy, outreach efforts, etc. Prevention programs should indicate the specific activities provided. Describe classes offered (size, content, duration).

Avalon Housing provides services that are highly individualized and flexible, expanding and contracting to meet the specific needs of the population we serve. Services are not time limited. Because services are voluntary, we place a high priority on creative engagement and outreach efforts.

Our substance use services, specifically, include Prevention- CAIT, Case Management and Peer Recovery Services. These programs have been developed utilizing technical advisory recommendations and best practices from the Office of Recovery Oriented Systems of Care (OROSC) and the Substance Abuse and Mental Health Service Administration (SAMHSA). Below is a description of our substance use programs and activities offered

Prevention-CAIT

Prevention activities are foundational to our Peer Recovery Supports as well as our Case Management services. We utilize the stages of change theory to offer engagement and support to everyone we serve, regardless of where they are in their journey to recovery. Prevention activities are designed based specific to the needs of the population, community and individual. We work with our local universities to create educational materials on risks and alternatives in an effort to reduce harm.

We also offer non-treatment, pro social outings and Peer led groups that allow individuals to engage the community in positive, substance free activities and expand social networks.

Additionally, our Peers and Case Managers work with individuals to develop personalized prevention plans and utilize tools to develop insight awareness around their high risk behaviors and substance use.

Peer Recovery Supports

Avalon employs Connecticut Community for Addiction Recovery (CCAR) certified Peer Recovery Coaches. All Peers have a minimum of 2 years self-identified recovery achieved through multiple pathways. Peers are essential to our work in reducing isolation and fostering a sense of hope about recovery and a brighter future. Through their own lived experience, peers play a critical role in serving the highest needs population by providing assertive outreach and engagement, helping facilitate connections and reducing obstacles to accessing more formal supports that may be needed.

Peers provide support across the recovery spectrum from outreach and engagement with individuals still active in their use to maintenance support for individuals in long-term recovery. Avalon's Peers utilize SAMHSA's Core Competencies for Peer Workers and the Four Types of Social Support as a foundation for the individual and group activities offered including:

- Peer-led recovery groups-Recovery and Wellness, AA/NA, SMART Recovery, etc.
- Assistance navigating and accessing substance use services

- Individualized assessment and development of Recovery Wellness plans
- Linkage and referrals to recovery resources
- Transportation to community based recovery events
- Pro-social outings and skill building workshops
- Home and community based outreach and coaching

Case Management

A common challenge facing Avalon tenants, in addition to preventing homelessness, is management of behavioral health issues, including substance use disorders. Specific to our substance use services, Avalon employs Certified Alcohol and Drug Counselors (CADC) to provide case management to the highest need individuals with substance use or co-occurring disorders. Key elements of our substance use case management services include:

- Engagement- Early and assertive engagement that includes assistance with basic needs, social and recreational activities as well as home and community based check-ins
- Assessment and goal planning- Timely and strength-based assessments will lead to individualized goal planning and referrals to appropriate substance use services and resources, assess and monitor progress toward recovery goals as individuals move along the recovery spectrum
- Crisis Intervention- 24/7 response to provide direct assistance with medical and behavioral health emergencies
- Housing Stabilization- Prioritization of goals and action steps necessary for reducing or eliminating threats to housing stability- a tenet of recovery, improving the quality of life, and achieving personal goals
- Care Coordination- Identify and address barriers to achieving and maintaining recovery goals, provide support and coordination with physical and behavioral health providers as well as Peer Supports, offer advocacy and problem solving efforts that focus on finding creative solutions to obstacles and barriers,
- Community Building- Encourage and assist tenants to increase their connections within their community through both formal and informal activities- social, recreational, cultural, etc. Coordination and support of tenant organizing initiatives, including the development of Tenant Councils

Clients receiving substance use case management services will receive the following initial services:

- Substance use screening (CAGE-AID)
- Biopsychosocial assessment and action plan
- Referral to substance use services as indicated

Substance use case management activities offered are based on individual needs and will determine the level of services involvement in the following areas:

- Substance Use Recovery
- Mental Health Support
- Medical Care Coordination
- Coordination of Entitlements
- Employment Support
- Money Management and Financial Literacy

- Education support
- Transportation
- Socialization/Recreation
- Legal Assistance
- Security

D. Organizational Structure-Provide an organizational chart of your program. If part of a larger organization, show relationship.

See attached organizational chart for Services Department as well as the agency organizational chart.

E. Admission Criteria and Intake Procedures- Describe your program's admission/eligibility criteria and intake process and policies. DO NOT submit forms which you use to carry out these processes.

- Substance use Peer Support and Case Management services are available to individuals and families served by Avalon Housing as identified through the local coordinated entry process
- Individuals must have a SUD or co-occurring disorder to be eligible for SUD case management
- Request for substance use services may come from the individual or as a referral from a current service provider
- All services are **voluntary**
- Initial contact and screening will be made within 7 days of referral
- Eligibility for services will be determined by a CADC case manager utilizing the CAGE-AID screening. A positive screening would indicate eligibility for services
- All eligible clients will be offered peer support services. Case management services will be offered based on the capacity of the program and need of the individual. If the program does not have the capacity to provide case management services then a referral will be made to a substance use provider in the community who offers this services.
- Clients who are receiving substance use case management services from another provider in the community will not be eligible for Avalon substance use case management but may continue to receive peer support or other housing support services
- Clients with urgent or emergency situations will be prioritized for services.
- Referrals to appropriate community based substance use treatment will be made at the time of enrollment.

F. Discharge Policies and Procedures-Describe your program's discharge criteria, policies and procedures.

- Length of services will be determined collaboratively between the case manager and client and based on the level of need
- Services are not time-limited
- Termination of services occurs when a client has met their recovery goals, chooses to discontinue services or moves out of county

G. Aftercare and Follow Up Policies and Procedures-Describe your program's aftercare services and client follow-up evaluation policies and procedures. If not applicable, please so indicate.

- When services are being terminated staff will work with the client to develop a recovery support and after-care plan in coordination with their treatment team (if applicable)
- Services staff will identify community resources and make every effort to link the client with appropriate recovery resources
- Services staff will follow up with the aftercare plan, as appropriate, and with the permission of the client.

H. Recipient Rights Policies and Procedures- Using the Model Recipient Rights Policy and Procedures document, develop and submit your program's recipient rights policies and procedures.

See attached SUD Recipient Rights document

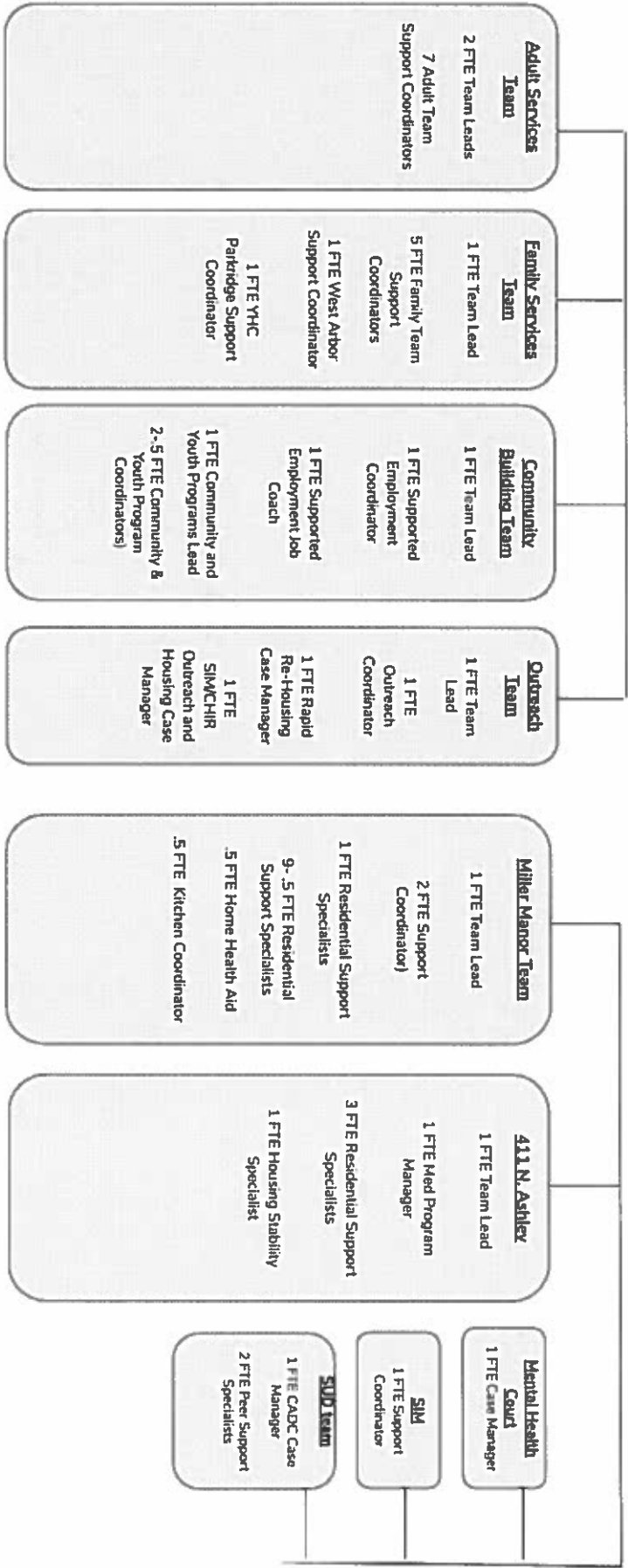
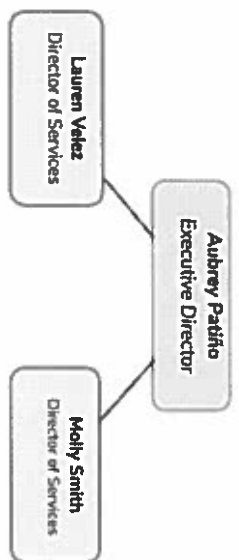
I. Confidentiality of Client Data-Describe the procedures your program utilizes to assure that all client records are kept confidential. Emphasis should be placed on where client records are stored and measure taken to assure that all records are secure and not available to persons other than staff. DO NOT submit copies of 42 C.F.R.

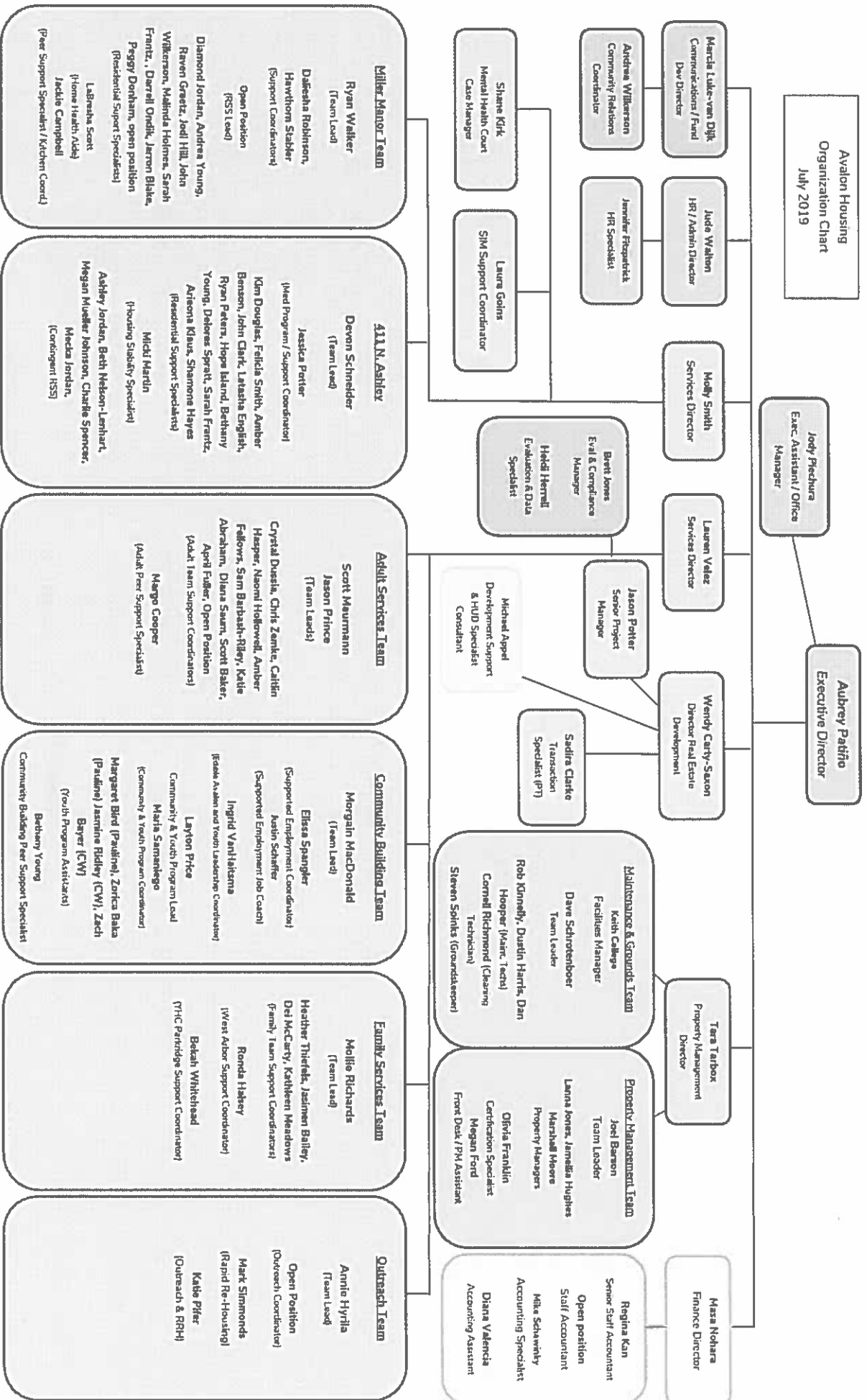
- We treat PHI securely and confidentially. Staff receive training in privacy protection and must comply with user policies and applicable laws. We maintain physical, electronic, and procedural safeguards to protect PHI against unauthorized use and disclosure.
- The storage and handling of Services case files must be implemented in a manner that keeps the information from anyone who does not have a need to know this information. This means the files are kept in locked settings, and only individuals who have a need to know the information have access to these records. Access to the records will be permitted to staff when knowledge of information contained in the record is essential to quality care.
- All physical Services case files are stored in locked cabinets in the Avalon offices. All file areas are secure with admission limited to professional and authorized personnel only. No case records are to be kept overnight outside of the locked cabinets, and all tenant / client files must be returned to their locked locations by the end of the workday.
- Electronic Messages (as defined above) containing PHI may not be sent or received. This includes Information included in the body of the message or as an attachment.
- In the instance, where an outside agency sends an email or attachment containing PHI it must be fully deleted – this means both deleting the message from the inbox AND the 'trash' or 'deleted' items folder.
- Ensure that discussions regarding the treatment of individuals take place in areas that are not public and where others cannot overhear confidential information and identifiers.
- Ensure that staff and employees do not discuss subjects in public areas, such as elevators, waiting rooms, cafeterias and hallways.
- Ensure that names and unique descriptions of individuals are not discussed, except in areas where privacy is maintained, such as a private office or treatment room where only staff members who are bound by confidentiality may participate in the conversation.
- Avalon policies require that before any picture or story that identifies or portrays a specific tenant / client can be used publicly (whether in print or electronically), we have the signed consent of that tenant / client (or a parent or legal guardian if the subject is a minor) and is not time limited.

L. New Applicants (including new satellites)

See attached copy of distributed NOTICE OF INTENT

Avalon Housing Services Teams
July 2019







NOTICE OF INTENT

Avalon Housing (1327 Jones Drive Ann Arbor, MI 48105) has applied for a substance abuse license through the Michigan Department of Licensing and Regulatory Affairs, Substance Abuse Program. The license will allow us to provide Case Management and Peer Recovery Support substance abuse services. Comments should be directed to Aubrey Patino, Executive Director, Avalon Housing.





RECIPIENT RIGHTS POLICIES AND PROCEDURES ADOPTED BY AVALON HOUSING SUBSTANCE ABUSE PROGRAM GOVERNING AUTHORITY ON 07-24-19

As required by R 325.14302 of the Administrative Rules for Substance Abuse Service Programs in Michigan, the following policies and procedures were considered and adopted by majority vote of our governing authority on July 24, 2019.

As of July 24th, 2019 a recipient rights subcommittee- the Avalon Housing Services Committee will perform the function of overseeing recipient rights activities to insure compliance with R 325.14301 to R325.14306 of the Administrative Rules for Substance Abuse Service Programs in Michigan and the following policies and procedures. It shall also be the responsibility of the subcommittee to annually review these policies and procedures to consider necessary revisions. Documentation of this annual review and the majority approval of the governing body shall become a part of the administrative record, as shall other pertinent findings of the subcommittee.

SPECIFIC RECIPIENT RIGHTS

Listed below are the specific recipient rights adopted by the governing authority:

- (1) A recipient as defined in the 1981 Administrative Rules for Substance Abuse Service Programs in Michigan shall not be denied appropriate service on the basis of race, color, national origin, religion, sex, age, mental or physical handicap, marital status, sexual preference, or political beliefs. The recipient rights subcommittee shall annually review and comment on all program policies and procedures with the goal of identifying any that are discriminatory in nature.
- (2) The admission of a recipient to this program, or the provisions of prevention services, shall not result in the recipient being deprived of any rights, privileges, or benefits which are guaranteed to individuals by state or federal law or by the state or federal constitution.
- (3) A recipient may present grievances or suggested changes in program policies and services to the program staff, to governmental officials, or to another person within or outside the program. In this process, the program shall not in any way restrain the recipient.
- (4) A recipient has the right to review, copy, or receive a summary of his or her program records, unless in the judgment of the Program Director, such actions will be detrimental to the recipient or to others for either of the following reasons: (a) Granting the request for disclosure will cause substantial harm to the relationship between the recipient and the program or to the program's capacity to provide services in general. (b) Granting the request for disclosure will cause substantial harm to the recipient. If the Program Director determines that such action will be detrimental, the recipient is allowed to review non-detrimental portions of the record or a summary of the record. If a recipient is denied the right to review all or part of his or her record, the reason for the denial shall be stated to the recipient. An explanation of what portions of the record are detrimental and for what

- (5) A program staff member shall not physically or mentally abuse or neglect or sexually abuse a recipient as the terms "abuse" and "neglect" are defined in the Substance Abuse Licensing Section Administrative Rules.
- (6) Should this program engage in any experimental or research procedure, any or all recipients will be advised as to the procedures to be used, and have the right to refuse participation in the experiment or research without jeopardizing their continuing services. State and federal rules and regulations concerning research involving human subjects will be reviewed and followed.
- (7) A client has the right to refuse treatment and to be informed of the consequences of that refusal. When a refusal of treatment prevents this program from providing services according to ethical and professional standards, the relationship with the recipient may be terminated, with the program director's written approval, upon reasonable notice. Reasons for termination will be recorded in the client's case file in the discharge summary.
- (8) Upon admission, each client/resident is provided with program/house rules, which are also posted in public places in the program. These program/house rules inform new clients/residents of the infractions which can lead to discharge. The rules also describe the mechanism for appealing a discharge decision and which staff have authority to discharge. The client/resident signs a form that documents that a written copy of program/house rules has been received and questions about it answered. This form is maintained in the client/resident's client file. Discharge is for a period of at least 30 days.
- (9) A recipient has the right to give prior informed consent, consistent with federal confidentiality regulations, for the use and future disposition of products of special observation and audiovisual techniques, such as one-way vision mirrors, tape recorders, television, movies, or photographs.
- (10) Fingerprints may be taken and used in connection with treatment or research or to determine the name of a recipient only if expressed written consent has been obtained from the recipient. Fingerprints shall be kept as a separate part of the recipient's record and shall be destroyed or returned to the recipient when the fingerprints are no longer essential to treatment or research.
- (11) These policies and procedures shall be provided to each member of the program staff. Each staff member shall review this material and shall sign a form which indicates that he or she understands, and shall abide by this program's recipient rights policy and procedures. It is the responsibility of the program director to insure that each staff member fully comprehends the intent of the policies and procedures. A copy of the signed form will be maintained in the staff member's personnel file; a second copy will be retained by the staff member.
- (12) The program director shall designate one staff member to function as the program rights advisor. The rights advisor shall: (a) Attend all of the Substance Abuse Licensing training pertaining to recipient rights. (b) Receive and investigate all recipient rights complaints independent of interference or reprisal from program administration. (c) Communicate directly with the Coordinating Agency Rights Consultant when necessary
- (13) The staff member designated as rights advisor shall not be a provider of counseling services where staffing permits.
- (14) Rights of recipients shall be displayed in a public place on a poster to be provided by BSAS. The poster will indicate the designated rights advisor's name and telephone number and the regional rights consultant's name, address, and phone number.
- (15) As part of the intake or admission process, each recipient will receive a brochure which summarizes recipient rights. The brochure must either have been provided by BSAS, or been approved by BSAS.
- (16) It is the responsibility of the intake worker or counselor to explain each right listed on the brochure to the recipient. The recipient will then be requested to sign the rights acknowledgment form to indicate understanding of the rights. If he or she refused to sign, then the refusal and reason given is noted in the client file by the intake worker.
- (17) If the recipient is incapacitated, he or she shall be presented with the previously mentioned brochure, explanation of rights, and opportunity to document understanding of the rights as soon as feasible, but not more than 72 hours after admission.

(18) The procedure to be followed when the rights advisor receives a formal complaint is described in detail in the January 1982 Recipient Rights Procedure Manual. It is this program's policy that the Program Rights Advisor follows the procedures outlined in that manual.

Michigan Department of Licensing and Regulatory Affairs
 Bureau of Health Care Services
 Health Facilities Division
Substance Abuse Program
 P.O. Box 30664
 Lansing, MI 48909
 Phone: (517) 241-1970
 Fax: (517) 241-3354

FOR OFFICE USE ONLY

- MASTER SITE
 SATELLITE LOCATION
 INITIAL
 RENEWAL

LICENSE NUMBER: _____

CA NUMBER: _____

CONSULTANT: _____

DATE DUE: _____

APPLICATION FOR A SUBSTANCE ABUSE PROGRAM LICENSE

* Mail a copy of this Application to the PIHP (Prepaid Inpatient Health Plan) listed on page 9 which corresponds with the program address. Pages 9 – 14 are instructions and do not need to be submitted with the application.

In accordance with the provisions of Act 368 of the Public Acts of 1978, as amended, and the Administrative Rules (R 325.14101-R 325.14928) of the Michigan Department of Licensing and Regulatory Affairs, Substance Abuse Program, the undersigned hereby applies for a license to operate a substance abuse treatment, rehabilitation and/or prevention program.

Program Legal Name (for site applying form)			
Straight N Arrow Counseling Service, LLC			
Street Address (P.O. Box, if applicable)			
P.O. Box 2147			
City	State	Zip Code	County
Monroe	MI	48161	Monroe
Telephone Number with Area Code	Fax Number with Area Code	E-Mail Address	
734 770 0845	844 272 7476	rebecca.lewis@snacounseling.com	
Indicate the type of organization that is legally responsible for the operation of the program. Please complete both parts A and B.			
A. <input checked="" type="checkbox"/> For Profit <input type="checkbox"/> Non-Profit		B. <input type="checkbox"/> Sole Ownership <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> City Government	
		<input type="checkbox"/> County Government <input type="checkbox"/> State Government <input type="checkbox"/> Hospital Authority <input checked="" type="checkbox"/> Other-Specify: <u>S-Corp</u>	
Days of Operation: (Check appropriate days)			
<input type="checkbox"/> Monday <input checked="" type="checkbox"/> Tuesday <input checked="" type="checkbox"/> Wednesday <input checked="" type="checkbox"/> Thursday <input checked="" type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday			
Hours of Operation: (Indicate AM/PM)			
closed Monday 9:00am-4:00pm Tuesday 9:00am-4:00pm Wednesday 9:00am-4:00pm Thursday 8:30am-12:30pm Friday by appointment only Saturday closed Sunday			
evening sessions available by appointment only.			
Program Director's Name: Rebecca Lewis			

LICENSED SERVICES AND CAPACITY

For this program, indicate the service(s) for which licensure or special designation is requested. The terms used are defined in the Administrative Rules (R 325.14101 to R 325.14103) and on pages 12 and 13.

PREVENTION – CAIT (Community Change, Alternatives, Information, Training)

CASEFINDING – SARF (Screening, Assessment, Referral, Follow-Up)

State Court providing SARF

OUTPATIENT

OUTPATIENT METHADONE (2)*

Submit Application Appendix D (LARA/SUB-023)

RESIDENTIAL (Long-Term Therapeutic Care)

Number of Beds _____

RESIDENTIAL DETOX

Number of Beds _____

Submit Application Appendix B (LARA/SUB-021)

INPATIENT (3)*

LARA Licensed Beds (4)* _____

License # _____

CATEGORIES ASSOCIATED WITH OUTPATIENT, METHADONE CLINIC OR RESIDENTIAL (5)*

Substance Abuse Case Management

Integrated Treatment for Persons With Mental Health and Substance Use Disorders

Early Intervention

CATEGORIES ASSOCIATED WITH OUTPATIENT, METHADONE CLINIC, RESIDENTIAL OR PREVENTION PROGRAM (5)*

Peer Recover and/or Recovery Support Programs

For these associated categories, if applying, please send documentation of how your program conforms to the definitions relevant to each category. These definitions can be found on Page 13 of this application.

REQUEST FOR WAIVER OF RULE

New Requests for Waiver of a Licensing Rule

A separate waiver request form must be completed. **Submit Application Appendix A** (LARA/SUB-020)

Waiver Renewal Only

Rule #: _____

Rule #: _____

Cite rule number for which waiver request has been granted by the Substance Abuse Licensing Program and for which a renewal is being requested.

*See Explanatory Footnotes on page 3.

EXPLANATORY FOOTNOTES - FOR PAGE TWO (2) OF APPLICATION

- (1) Check if substance abuse/alcohol highway safety education or other classes are offered by the program on a routine basis.
- (2) Programs that utilize controlled substances, including methadone, must complete the *Application Appendix D, a State Methadone Approval Application* (LARA/SUB-023) form.
- (3) If substance abuse beds are part of a unit which also provides beds for non-substance abuse clients, estimate the number of substance abuse beds, using the **maximum** beds which substance abusers would fill at any point in time.
- (4) Required if substance abuse beds are licensed by the Department of Licensing and Regulatory Affairs typically as medical/surgical beds or as psychiatric beds. Indicate license number.
- (5) These categories presuppose an existing outpatient, methadone clinic or residential license. For peer recovery/recovery support, an existing prevention license is also acceptable.

SATELLITE LOCATIONS

A program that operates in more than one location (site) must list the names and addresses of all sites operating under the same **governing authority in the space provided below as well as the service categories at each site**. The **Master Site** is the location which provides direct substance abuse services and where all administrative functions are located. This site is determined by the program, not the Michigan Department of Licensing and Regulatory Affairs. If the administrative office does not provide services, this location should be indicated below.

MASTER SITE: LICENSE # _____ Telephone # 734 770 0845
 Name of Program Straight N Arrow Counseling Service, LLC Program Director Rebecca Lewis

License # _____ **Name of Program** Straight N Arrow Counseling Service, LLC
Service Category _____ **Street Address** 111 E. First Street Suite 300
 1) SARF **City** Monroe **Zip** 48161 **County** Monroe
 2) outpatient **Telephone #** 734 770 0845 **Site Director** Rebecca Lewis
 3) _____ **Number of Therapists** 5 **Average Client Population** 90 clients
 4) _____

License # _____ **Name of Program** _____
Service Category _____ **Street Address** _____
 1) _____ **City** _____ **Zip** _____ **County** _____
 2) _____ **Telephone #** _____ **Site Director** _____
 3) _____ **Number of Therapists** _____ **Average Client Population** _____
 4) _____

License # _____ **Name of Program** _____
Service Category _____ **Street Address** _____
 1) _____ **City** _____ **Zip** _____ **County** _____
 2) _____ **Telephone #** _____ **Site Director** _____
 3) _____ **Number of Therapists** _____ **Average Client Population** _____
 4) _____

License # _____ **Name of Program** _____
Service Category _____ **Street Address** _____
 1) _____ **City** _____ **Zip** _____ **County** _____
 2) _____ **Telephone #** _____ **Site Director** _____
 3) _____ **Number of Therapists** _____ **Average Client Population** _____
 4) _____

License # _____ **Name of Program** _____
Service Category _____ **Street Address** _____
 1) _____ **City** _____ **Zip** _____ **County** _____
 2) _____ **Telephone #** _____ **Site Director** _____
 3) _____ **Number of Therapists** _____ **Average Client Population** _____
 4) _____

GOVERNING AUTHORITY

List all the members of the governing authority, i.e., owner, stockholders, shareholders, board of trustees, board of directors, who have legal and ethical responsibility for the program. Provide all requested information. If the governing authority is delegated, as by a city council or county board of commissioners, attach evidence of delegation. **NOTE:** If a member of the governing authority provides services, a waiver of Rule 109(1) must be requested. Also indicate if a member receives pay for services provided to the program.

Name and Board Position	Street Address City, State, Zip Code
Rebecca Lewis- owner CEO	P.O. Box 2147 Monroe MI 48161

- 1) Please indicate if a board member is a paid member for services provided to this program.
- 2) Please indicate if board member is related to a staff member of program.
- 3) If the current governing authority is listed in another recent program license application, reference the program name and license number where this information may be found.

Program Name: Straight N Arrow Counseling Service, LLC

License # _____

APPLICATION ATTACHMENTS

PROGRAM DESCRIPTION

Items A – L as identified below. The attachments must be clearly labeled with the program's 1) name; 2) license number as shown on the front of the application; and 3) date submitted. **DO NOT** submit copies of your operating procedure manual. We desire a description of the specific policies and procedures called for below. Actual formats used need not be submitted; they will be reviewed at the preliminary licensing inspection. All new applicants **MUST SUBMIT ITEMS A - I AND ITEM L**. Item L requires that you submit a copy of your notice of intent. This can be a copy of a legal ad from your local newspaper indicating that your program is applying for a substance abuse license **OR** a copy of a notice which you sent to local churches, schools and incorporated non-profit civic organizations with the names and addresses to whom the notice was sent. Please see sample notice on page seven (7).

RENEWAL APPLICANTS: If the attachments for Items A - I have not changed since your previous submission, check the box that says, "See Prior Application". If an item has changed since your previous application, attach it and mark the box titled "Attached." If your program has a number of sites which are licensed (listed on page 4 of this application), **your attachments for the master site MUST describe the services provided at all of your locations**, i.e., your admission procedures should describe policies for outpatient, residential, etc.

A. PROGRAM PHILOSOPHY. GOALS & OBJECTIVES.

Attached See Prior Application New Satellite Ref. Lic. # _____

B. TARGET POPULATIONS. Specify geographic service delivery area and groups toward which services will be directed.

Attached See Prior Application New Satellite Ref. Lic. # _____

C. METHODOLOGY. Describe the methods, procedures and activities used to reach program goals and objectives. Describe individual or group counseling, family therapy, outreach efforts, etc. **Prevention programs** should indicate the specific activities provided. Describe classes offered (size, content, duration).

Attached See Prior Application New Satellite Ref. Lic. # _____

D. ORGANIZATIONAL STRUCTURE. Provide an organizational chart of your program. If part of a larger organization, show relationship.

Attached See Prior Application New Satellite Ref. Lic. # _____

E. ADMISSION CRITERIA & INTAKE PROCEDURES. Describe your program's admission/eligibility criteria and intake process and policies. **DO NOT** submit forms which you use to carry out these processes.

Attached See Prior Application New Satellite Ref. Lic. # _____

F. DISCHARGE POLICIES & PROCEDURES. Describe your program's discharge criteria, policies and procedures.

Attached See Prior Application New Satellite Ref. Lic. # _____
 N/A

G. AFTERCARE & FOLLOW UP POLICIES & PROCEDURES. Describe your program's aftercare services and client follow-up evaluation policies and procedures. If not applicable, please so indicate.

Attached See Prior Application New Satellite Ref. Lic. # _____
 N/A

H. **RECIPIENT RIGHTS POLICY & PROCEDURES.** Using the *Model Recipient Rights Policy and Procedures* document, develop and submit your program's recipient rights policies and procedures.

Attached See Prior Application New Satellite Ref. Lic. # _____

I. **CONFIDENTIALITY OF CLIENT DATA.** Describe the procedures your program utilizes to assure that all client records are kept confidential. Emphasis should be placed on where client records are stored and measure taken to assure that all records are secure and not available to persons other than staff. DO NOT submit copies of 42 C.F.R.

Attached See Prior Application New Satellite Ref. Lic. # _____

J. **ALL RESIDENTIAL PROGRAMS** are to attach evidence meeting fire inspection requirements by fire safety authorities. The inspection must have been performed within the last 12 months.

Attached

K. **RESIDENTIAL PROGRAMS** who provide sub-acute detoxification and/or ASP services **MUST** complete Application Appendix B (LARA/SUB-021) and submit all required attachments listed therein.

Attached See Prior Application New Satellite Ref. Lic. # _____

N/A

L. **NEW APPLICANTS (including new satellites)** must send a NOTICE OF INTENT to churches, schools and incorporated non-profit civic organizations in the program's proposed service delivery area when they intend to provide substance abuse treatment, rehabilitation and/or prevention services. Send a copy of the published notice or evidence that the notice was distributed. SEE EXAMPLE BELOW.

N/A

~~ EXAMPLE ~~

NOTICE OF INTENT

(Name and address of applicant program) has applied for a substance abuse license through the Michigan Department of Licensing and Regulatory Affairs, Substance Abuse Program. The license will allow us to provide (type of service to be licensed) substance abuse services. Comments should be directed to (name and address of coordinating agency).

Straight N. Arrow Counseling Services, LLC, located at 111 E. First St., Suite 300, Monroe, MI 48161, has applied for a substance abuse license through the Michigan Department of Licensing and Regulatory Affairs, Substance Abuse Program. The license will allow us to provide SARF and outpatient substance abuse services. Comments should be directed to the Michigan Department of Licensing and Regulatory Affairs, Bureau of Health Care Services, Health Facilities Division, Substance Abuse Program, PO Box 30664, Lansing, MI 48909

ASSURANCES

As program director, I am responsible to the governing authority of this program or its authorized agent for overall operation of the program. I have reviewed Article 6 of Public Act 368 of 1978, as amended, and the administrative rules applicable to the service(s) provided by this program, I believe my program is in compliance with the rules and the Act and is ready for on-site inspection.

I understand that I may request a waiver of a license rule and that it is my responsibility to complete the appropriate section of the application for a renewal of waiver or to submit a waiver request form for a new waiver request.

I authorize the Manager of the Substance Abuse Program or his or her representative to obtain from any source, information as to my ability to comply with Article 6 of Act 368 of 1978 as amended, and the Administrative Rules (R 325.14101 - R 325.14928).

I further certify that the information furnished in this application is true and accurate. Any information found to be false may result in my application being denied and my program licensure being revoked. Supportive documentation will be furnished upon request of the Substance Abuse Program. I have completely filled out this application and understand that if the application is found to be incomplete, the licensing process will be suspended until I have furnished missing or incomplete information.

By signing this application for licensure, I acknowledge that should any information contained in this application change, notice of the change will be immediately provided to the Substance Abuse Program. Failure to do so may invalidate the license. I understand notice of change of ownership, governing authority or location must be **submitted** to the Substance Abuse Program **thirty (30) days** before the change takes effect. A copy of this application and attachments and subsequent changes to it will be maintained at my program.

Copies of this application and attachments have been sent to the following PIHP:

Community Mental Health Partnership of ^{Southeast} Michigan 6/28/19
(Date)

The **original application** is being submitted to the Substance Abuse Program.

Program Director Signature: Rebecca Lewis Date: 6/28/19
(Signature blocks can be typed for electronic submission of form and has the same force and effect as a written signature.)

Printed Name: Rebecca Lewis
(Written signature must also include printed name.)

As a member or designee of the applicant program's governing authority, I certify that the governing authority has the authority and responsibility for overall operation of the program and will ensure that the program complies with the applicable licensing standards.

Signed: Rebecca Lewis Date: 6/28/19
(Signature blocks can be typed for electronic submission of form and has the same force and effect as a written signature.)

Printed: Rebecca Lewis
(Written signature must also include printed name.)

Title: Owner

PROGRAM PHILOSOPHY GOALS AND OBJECTIVES

PROGRAM PHILOSOPHY

The philosophy of the program is to identify those with substance use disorders and help those identified develop relapse prevention and other coping skills through outpatient treatment and other community resources.

CASEFINDING (SARF)

The goals of this aspect of the program include assessing individuals with possible substance use disorders, identifying their level of risk for continued use or relapse based on their responses to assessment questions, and referring them to appropriate agencies for treatment, and/or intervention, if necessary.

OUTPATIENT

The goals of the outpatient program include helping clients increase their awareness regarding the impact of alcohol and drugs on their thoughts, feelings, and behaviors. We will also identify the impact of their behaviors on their friends and family, as well as other aspects of their environment. Objectives include reviewing each client's substance abuse history and evaluating the stage of change the client is in. The client will participate in various written exercises and discussions to determine their current stage of change. When the stage of change is determined each client will be given specific assignments. It is through this process that the clients will gain awareness about the impact of their substance use on others and work on specific ways to change their thoughts, feelings, and behaviors.

Another goal of the substance abuse program is to help the clients understand that thoughts guide actions and when thoughts are changed, behavior changes. The program will help the clients explore their thinking errors and how specific thinking errors influence behavior. The clients will explore where these thinking errors originated and work with their therapist to develop specific ways to change them. Using the substance use history assignment in goal #1 as a guide, the clients will discuss their past experiences and determine if their past experiences influenced their drug use and subsequent destructive behaviors. In addition, the clients will explore their triggers to drug use and develop long-term relapse prevention plans. During the stages of change exercises the clients will also identify primary thinking errors, list them, and dispute them.

TARGETED POPULATIONS

CASEFINDING (SARF) AND OUTPATIENT

Targeted populations include individuals from Monroe County and the surrounding areas who seek assessment for substance abuse and outpatient therapy for substance abuse issues. Targeted populations also include district and circuit court probationers who are advised to complete an assessment or participate in outpatient therapy prior to or immediately after sentencing.

METHODOLOGY

CASEFINDING (SARF)

Therapists will ask clients specific questions from an assessment titled "Substance Abuse and Mental Health Assessment." The assessment questions will assess client's substance use history as well as current substance use. Therapists will also ask about living and work environments, family history of substance abuse, and impact of substance use on various aspects of their lives. A few questions will also screen each client for mental health symptoms.

OUTPATIENT

As mentioned above, one of the goals of the program is to help clients gain awareness regarding their substance use. During their intake, each client will be asked to fill out an intake questionnaire. After intake paperwork is completed the therapist will work on building rapport with each client by asking about the information on the intake form as well as specific goals for treatment. After the intake, the client will be asked about their perceptions and impact of their substance use. The therapist will ask each client to journal, or be prepared to speak about, their past history of substance use. It is through these questions that the therapist will determine the stage of change that each client is in. After this information is discussed and a stage of change is determined, the client will be given exercises to help promote awareness and evaluate their stage of change. For example, if it is determined that the client is in the contemplation stage of change the client will be asked to make a list of the positives and negatives of their substance use. This assignment will be reviewed during an individual session. If the client is in the preparation stage of change they will work with their therapist to develop a detailed relapse prevention plan.

Another program goal is to help clients to analyze their past substance use, past experiences, upbringing, and identify primary thinking errors that led to substance use, destructive patterns of behavior, or dysfunctional thinking. The clients will be given a list of the most common thinking errors after they complete the initial assignment related to past substance use. They will be asked to identify their own personal thinking errors and describe when they have used these thinking errors in the past. Each client will describe how thinking errors have influenced their lives in negative ways and how they have contributed to their substance use. They will also be asked to keep a journal about their current thinking patterns. Each client will work with his or her therapist to dispute harmful thinking errors. Each client will write a journal entry each

time they dispute harmful thinking errors outside of sessions and discuss what the outcome was during individual therapy sessions.

ORGANIZATIONAL STRUCTURE

Rebecca Lewis as owner, supervisor, therapist

Administrative assistant reports to supervisor

Independent Contractors as therapists

ADMISSION CRITERIA AND INTAKE PROCEDURES

CASEFINDING (SARF)

The client will call to schedule an assessment or will stop in the office to set up an assessment with an available therapist. The client will arrive at their scheduled appointment time and participate in the assessment process detailed above. Appropriate referrals will be given to client if treatment or community support (AA/NA) is recommended.

OUTPATIENT

To be admitted into outpatient treatment program the client must meet the criteria for substance abuse or dependence. It is determined, through questions pertaining to diagnostic criteria given to the client at the beginning of the intake appointment, if an individual meets the criteria for substance abuse or dependence. When it is determined that a client meets criteria they continue with the intake process. During the intake the therapist asks about their patterns of use, how it has impacted them, history of mental health treatment, social support, family, and other aspects of the client's life. If a client does not meet diagnostic criteria for substance abuse or dependence, the client will be screened for mental health issues and be permitted to enroll in mental health outpatient, if needed. If clients do not meet diagnostic criteria for substance abuse/dependence or mental health they will be referred to community resources and supports.

DISCHARGE POLICIES AND PROCEDURES

CASEFINDING (SARF)

If the therapist determines, after completing an assessment, that treatment is recommend the therapist will discuss the recommendation with the client end of the assessment. The therapist will collaborate with the client and ask for feedback regarding the recommendation. The client will be given a list of agencies/therapists in the area that offer outpatient services. The client

will be encouraged to call the therapist if difficulty is experienced locating outpatient services on their own. The therapist will provide assistance if needed.

OUTPATIENT

To be successfully discharged from outpatient substance abuse treatment the client must attend at least 12 sessions of outpatient therapy (unless the therapist determines otherwise) and be in early full remission from substance abuse/dependency. The therapist will use DSM-V criteria to make this determination. The client must report a stable living environment and demonstrate adequate relapse prevention skills. The client must have a thorough relapse prevention plan in place. The client must demonstrate knowledge of their relapse prevention plan.

AFTERCARE AND FOLLOW-UP POLICIES AND PROCEDURES

CASEFINDING (SARF) - NA

OUTPATIENT

When clients are ready to be discharged from outpatient treatment they work with their therapist to develop an aftercare plan. Client aftercare plans may include participation in the relapse prevention plan, AA/NA meetings, obtaining and maintaining employment, and/or enrolling in school. Clients are challenged to explore situations that may challenge their sobriety after they are discharged from therapy and work with their therapist to develop coping skills. Clients are not typically contacted for follow-up after they are discharged from therapy.

RECIPIENT RIGHTS POLICIES AND PROCEDURES

As required by R 325.14302 of the Administrative Rules for Substance Abuse Service Programs in Michigan, the following policies and procedures were considered and adopted Straight N Arrow Counseling Service, LLC. These policies and procedures will be reviewed annually by the governing authority and changes will be made when necessary. Clients will be informed of all changes in writing during their next scheduled appointment.

CASEFINDING (SARF) AND OUTPATIENT

1. A recipient as defined in the 1981 Administrative Rules for Substance Abuse Service Programs in Michigan shall not be denied appropriate service on the basis of race, color, national origin, religion, sex, age, mental or physical handicap, marital status, sexual preference, or political beliefs.
2. The admission of a recipient to this program shall not result in the recipient being deprived of any rights, privileges, or benefits which are guaranteed to individuals by state or federal law or by the state or federal constitution.

3. A recipient may present grievances or suggested changes in program policies and services to the program staff, to governmental officials, or to another person within the program. Suggestions may be made during your assessment and intake to the therapist providing these services. In this process, the program shall not in any way restrain the recipient.
4. A recipient has the right to review, copy, or receive a summary of his or her program records, unless in the judgment of the Program Director, such actions will be detrimental to the recipient or to others for either of the following reasons:

(a) Granting the request for disclosure will cause substantial harm to the relationship between the recipient and the program or to the program's capacity to provide services in general.

(b) Granting the request for disclosure will cause substantial harm to the recipient. If the Program Director determines that such action will be detrimental, the recipient is allowed to review non-detrimental portions of the record or a summary of the record. If a recipient is denied the right to review all or part of his or her record, the reason for the denial shall be stated to the recipient. An explanation of what portions of the record are detrimental and for what reasons, shall be stated in the client record and shall be signed by the Program Director.

We will provide you with a summary of your information, usually within 30 days of your request. If you request a copy of your record we may charge you a reasonable, cost-based fee.

5. A program staff member shall not physically or mentally abuse or neglect or sexually abuse a recipient as the terms "abuse" and "neglect" are defined in the Substance Abuse Licensing Section Administrative Rules.
6. A recipient has the right to review our written fee schedule in programs where recipients are charged for services. Recipients have the right to ask questions about the fee schedule. Policies on fees and any revisions shall be approved by the governing authority of the program and shall be recorded in the administrative record of the program.
7. A recipient is entitled to receive an explanation of his or her bill, regardless of source of payment.
8. Should this program engage in any experimental or research procedure, any or all recipients will be advised as to the procedures to be used, and have the right to refuse participation in the experiment or research without jeopardizing their continuing services. State and federal rules and regulations concerning research involving human subjects will be reviewed and followed.

9. The recipient shall participate in the development of the treatment plan.
10. A recipient has the right to refuse treatment and to be informed of the consequences of that refusal. When a refusal of treatment prevents this program from providing services according to ethical and professional standards, the relationship with the recipient may be terminated upon reasonable notice. Reasons for termination will be recorded in the client's case file in the discharge summary.
11. A recipient shall be informed if a program has a policy for discharging recipients who fail to comply with program rules and shall receive, at admission and upon request, a notification form that includes written procedures which explain the following:
 - (a.) What types of infractions can lead to discharge.
 - (b.) Who has the authority to discharge recipients.
 - (c.) How and in what situations prior notification is to be given to the recipient who is being considered for discharge.
 - (d.) The mechanism for review or appeal of a discharge decision.A copy of the notification form signed by the recipient shall be maintained in the recipient's case file.
12. These policies and procedures shall be provided to each member of the program staff. Each staff member shall review this material and shall sign a form which indicates that he or she understands, and shall abide by this program's recipient rights policy and procedures.
13. The program director shall designate one staff member to function as the program rights advisor. The rights advisor shall:
 - (a) Attend all of the Substance Abuse Licensing training pertaining to recipient rights.
 - (b) Receive and investigate all recipient rights complaints and maintain the confidentiality and anonymity of the complaints.
 - (c) Communicate directly with the Coordinating Agency Rights Consultant when necessary.
14. Rights of recipients shall be displayed in a public place (waiting room, offices, etc). This document will indicate the designated rights advisor's name and telephone number.
15. As part of the intake or admission process, each recipient will receive a brochure which summarizes recipient rights. The recipient will be asked to sign a document indicating their understanding of their rights. A recipient has the right to refuse the *rights acknowledgement* but a reason must be given to the intake worker and placed in the recipients file.

16. If the recipient is incapacitated, he or she shall be presented with the previously mentioned brochure, explanation of rights, and opportunity to document understanding of the rights as soon as feasible, but not more than 72 hours after admission.
17. The staff member designated as rights advisor shall not be a provider of counseling services where staffing permits.
18. The procedure to be followed when the rights advisor receives a formal complaint is described in detail in the January 1982 Recipient Rights Procedure Manual. It is this program's policy that the Program Rights Advisor follows the procedures outlined in that manual.

CONFIDENTIALITY OF CLIENT DATA

CASEFINDING (SARF) AND OUTPATIENT

Client files and related paperwork are stored in locked file cabinets. Each file cabinet is keyed differently and each therapist only has access to the file cabinet assigned to them. The program supervisor possesses all keys at all times. File cabinets are unlocked to remove client files and locked immediately after files are removed. All files are placed back in file cabinets when they are not in use. Clients are in the presence of a staff member while in therapist offices. Client data may be stored on laptop computers and an EMR system called therapyappointment. Computer and EMR passwords are changed at least once every 60 days and computer screens remain locked when not in use.

FY 2019 SUD PROVIDER AUDIT: Clinical Desk Review

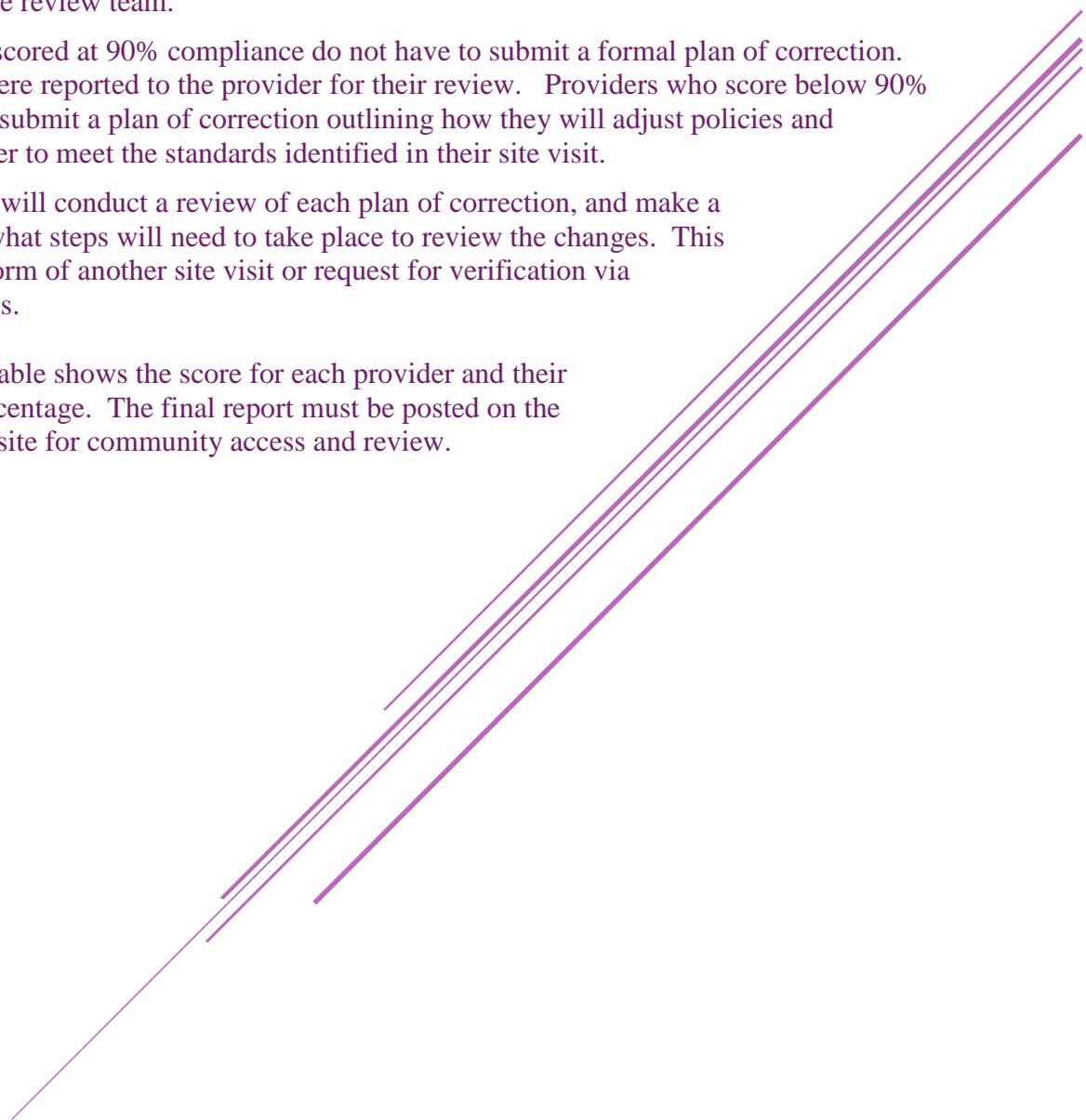
Methodology: All primary contracted providers were reviewed on contract and clinical/regulatory elements, based on the level of care provided or program type. A minimum of 5 cases were randomly selected from provider admission lists for persons who received services in FY2019. Depending on the time allotted for the review team, number of reviewers and complexity of the records, no less than 3 charts were reviewed per agency.

A standardized tool developed by the review team was utilized for each agency. For Livingston and Lenawee providers, the CMH that serves as the core provider and contract holder joined the review team.

Providers who scored at 90% compliance do not have to submit a formal plan of correction. Any findings were reported to the provider for their review. Providers who score below 90% are expected to submit a plan of correction outlining how they will adjust policies and practices in order to meet the standards identified in their site visit.

The CMHPSM will conduct a review of each plan of correction, and make a determination what steps will need to take place to review the changes. This may be in the form of another site visit or request for verification via electronic means.

The following table shows the score for each provider and their compliance percentage. The final report must be posted on the CMHPSM website for community access and review.



PROVIDER	TOTAL SCORE	PLAN OF CORRECTION NEEDED?	NEXT PLANNED REVIEW
AA TX CENTER (CRC)	200/236 85%	YES	OCTOBER - NOVEMBER 2019
CATHOLIC CHARITIES LENAWEЕ	261/322 81%	YES	OCTOBER - NOVEMBER 2019
CATHOLIC CHARITIES MONROE	237/268 88%	YES	OCTOBER - NOVEMBER 2019
DAWN FARM	493/632 78%	YES	OCTOBER - NOVEMBER 2019
HEGIRA	254/272 93%	NO	FY20
HOME OF NEW VISION	407/418 97%	NO	FY20
KEY DEVELOPMENT	314/340 92%	NO	FY20
LIVINGSTON COUNTY CATHOLIC CHARITIES	235/274 86%	YES	OCTOBER - NOVEMBER 2019
McCULLOUGH VARGAS	305/372 82%	YES	OCTOBER - NOVEMBER 2019
PARKSIDE	130/180 69%	YES	OCTOBER - NOVEMBER 2019
PASSION OF MIND	183/220 83%	YES	OCTOBER - NOVEMBER 2019
PNLH	207/270 77%	YES	OCTOBER - NOVEMBER 2019
SALVATION ARMY	347/383 91%	NO	FY20
ST. JOES GREENBROOK RECOVERY CENTER	192/202 95%	NO	FY20
THERAPEUTICS, INC	358/408 88%	YES	FY20



Lenawee
Livingston
Monroe
Washtenaw

SUBSTANCE ABUSE PREVENTION SERVICES

FY 2019 Designated Youth Tobacco Use Representative (DYTUR) Activities Update

DYTUR Summary

CMHPSM SUD Prevention Coordinator, Katie Kettner Postmus, is responsible for managing and overseeing **tobacco access prevention measures** to achieve and maintain a regional **youth tobacco non-sale rate of 80%** or better. Contracted **Designated Youth Tobacco Use Representatives (DYTUR)** conduct activities mandated by the federal **Synar Amendment** and **Michigan's Youth Tobacco Act** to ensure that Tobacco Retailers are not selling tobacco products to underage youth and limit youth access to tobacco products in our communities.

Activities conducted by DYTURs include:

-) **Collaboration with CMHPSM Prevention Coordinator** to implement regional DYTUR plan and strategies.
-) Maintenance of the Regional **Master Retail List** to ensure accurate inventory of all Tobacco Retailers within PIHP Region 6.
-) **Tobacco Retailer Education Visits** to at least **50%** of the Tobacco Retailers within Region 6.
-) **Non-Synar Law Enforcement Compliance Checks** of at least **25%** of the Tobacco Retailers within Region 6.
-) **Formal Synar Compliance Checks** to all Tobacco Retailers selected in the State's sample survey.
-) **Recruitment and training of Youth Decoys and Adult Chaperones** for Synar/Non-Synar Compliance Checks.
-) **Partnership building with local law enforcement** to assist in implementation of Non-Synar Compliance Checks.
-) Completion of **State-mandated reporting**.

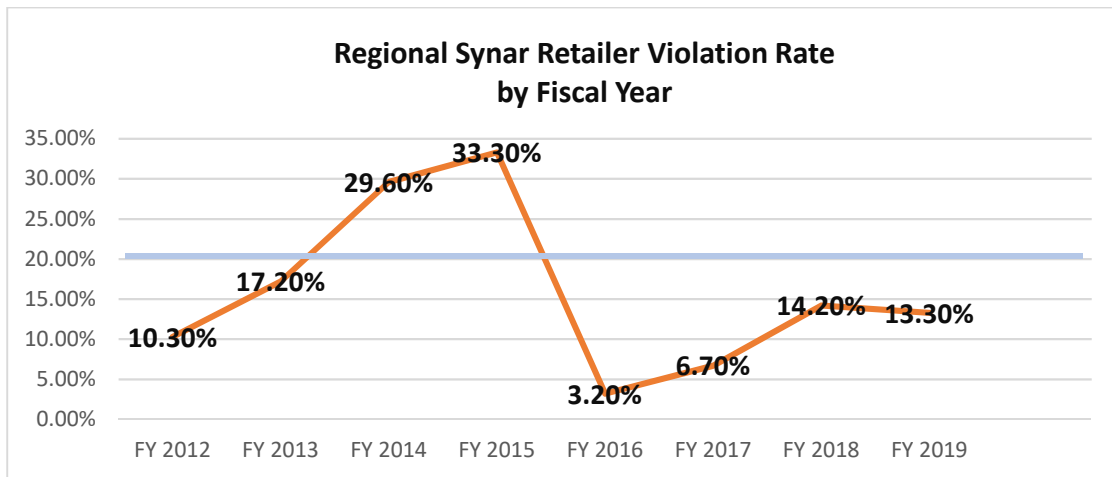
Impact on Substance Use Disorder Funding

DYTUR efforts are significant as their outcomes are directly related to the amount of funding received by the State of Michigan for Substance Use Disorder efforts. In fact, the State may be penalized **up to 40%** of the federal (SAPT) Block Grant Award for non-compliance. This means that Region 6 must work to maintain its Regional Synar Retailer Violation Rate, or the number of Retailers attempting to sell to minors during a Synar Compliance Check, below the **allowable Retailer Violation Threshold of 20%**.

Year-to-Date FY19 Region 6 DYTUR Accomplishments

Synar Results

In June 2019, DYTURs worked with minor Youth Decoys and Adult Chaperones to complete the annual formal **Synar Survey**, which required them to visit 30 random, State-selected Tobacco Retailers in our region for covert compliance checks. Of the 30 retailers, 4 retailers attempted to sell to the Youth Decoy, resulting in a **13.3% Retailer Violation Rate (RVR)** for our Region. **Frustratingly, each of the four (4) retailers that failed their Synar compliance check attempted to sell tobacco products to the minor Youth Decoy after checking the Decoys' actual IDs.** This indicates that there are potentially some retailers in our region that are knowingly selling tobacco products to minors.



Other DYTUR Efforts



After being cleaned by Regional DYTURs, the FY19 Region 6 Master Retail List indicated that there are **538 total Tobacco Retailers** and **41 Electronic Nicotine Device Retailers** within Lenawee, Livingston, Monroe and Washtenaw Counties.



DYTURs have conducted **346 Retailer Education Visits** (YTD) to provide information to Retailer Clerks on youth tobacco prevention, electronic nicotine devices, Michigan's Youth Tobacco Act and Synar Amendment, and how to appropriately check a youth's ID.



DYTURs have conducted **182 Non-Synar Compliance Checks** (YTD) with the assistance of local law enforcement agencies. These Checks provide an opportunity to acknowledge retailers that are compliant with the Youth Tobacco Act and provide citations to those attempting to sell tobacco to minors.

The CMHPSM would like to recognize the tremendous work of the Regional DYTUR Service Provider, Karen Bergbower & Associates, and their subcontractor, Lenawee County Health Department. Together, they implement the mandated DYTUR activities within the four-county region.