![LAKESHORE REGIONAL ENTITY logo]

Meeting Agenda
SUD OVERSIGHT POLICY BOARD
Wednesday, July 30, 2025   4:00 PM
Board Room - Community Mental Health of Ottawa County
12265 James Street, Holland, MI 49424

1. Call to Order: Chair

2. Roll Call/Introductions: Chair
   a. Welcome New Members - Updated Board Roster *(Attachment)*
      i. Jordan Jorritsma – Ottawa
      ii. Jessica Cook - Muskegon

3. Public Comment: Chair

4. Conflict of Interest: Chair

5. Review/Approval of Agenda-Chair *(Attachment 1)*
   Suggested Motion: To approve the July 30, 2025, LRE Oversight Policy Board meeting agenda as presented.

6. Review/Approval of Minutes-Chair *(Attachment 2)*
   Suggested Motion: To approve the April 16, 2025, LRE Oversight Policy Board meeting minutes as presented.

7. Old Business

8. New Business
   a. Finance Report (Maxine Coleman)
      i. Statement of Activities *(Attachment 3)*
      ii. Budget Adjustment #2 *(Attachment 4)*
         Suggestion Motion: To approve Amendment #2 to the allocation of FY25 PA2 funds for the LRE SUD Budget as presented and to advise and recommend that the LRE Board approve the amended FY25 non-PA2 fund budgets for SUD services as presented.

   b. WMCMHS Request for Reserve PA2 Funding *(Attachment 5)*
      Suggestion Motion: To approve the transfer of Reserve PA2 funds to West Michigan Community Mental Health System in the total amount of $26,329 to be allocated as follows: Lake County: $6,036; Mason County: $2,088; Oceana County: $18,205)

9. State/Regional Updates
   a. MDHHS PIHP System Rebid – Stephanie VanDerKooi

b. FY22 Cost Settlement Update– Stephanie VanDerKooi
c. Legislative Activity Update *(Attachment 6)*
d. State SUD Conference – Stephanie VanDerKooi *(Attachment 7)*

10. Prevention/Treatment Updates
    a. Prevention – Amy Embury
    b. Treatment – Stephanie VanDerKooi
        i. [SUD Treatment Evaluation Quarterly Update](#)

11. Round Table
    a. Opiate Settlement Updates

12. Next Meeting
    September 17, 2025 – 4:00 PM
    CMHOC Board Room

Meeting Minutes (proposed)
SUD OVERSIGHT POLICY BOARD
Wednesday, April 16, 2025   4:30 PM
Board Room - Community Mental Health of Ottawa County
12265 James Street, Holland, MI 49424

CALL TO ORDER:
Mr. Patrick Sweeney, LRE OPB Chair, called the April 16, 2025 meeting to order at 4:35 PM.

ROLL CALL/INTRODUCTIONS:

MEMBER	P	A	MEMBER	P	A
Zee Bankhead	X		Chris McGuigan		
Shelly Cole-Mickens	X		David Parnin	X	
Mark DeYoung	X		Sarah Sobel		
Dawn Fuller			Stan Stek		
Kristine Huston			James Storey	X	
Rebecca Lange			Joe Stone	X	
Horace Lattimore	X		Patrick Sweeney	X	
Richard Kanten			Robert Walker	X	

PUBLIC COMMENT:
No public comment

CONFLICT OF INTEREST:
No conflicts of interest declared

REVIEW/APPROVAL OF AGENDA-Chair
LRE OPB 25-16 Motion: To approve the April 16, 2025, LRE Oversight Policy Board meeting
                        agenda as presented.
Moved by: Storey   Support: Stone
MOTION CARRIED

REVIEW/APPROVAL OF MINUTES-Chair *(Attachment 2)*
LRE OPB 25-17 Motion: To approve the March 12, 2025, LRE Oversight Policy Board meeting
                        minutes as presented.
Moved by: Walker   Support: Parnin
MOTION CARRIED

OLD BUSINESS
No Old Business

NEW BUSINESS
PA2 Fund Balance – presented for information

CMHOC Request for Additional PA2 Funding
Additional PA2 funds were requested to support the SOBAR Community Center, which provides a space for individuals in recovery to gather and have a community that focuses on not using substances. Previously, ARPA funds were directed to supporting this program. The amount requested will replace funds taken back by the federal government.
LRE OPB 25-18 Motion: To approve the transfer of FY25 Ottawa County Reserve PA2 funds to CMHOC in the total amount of $60,000.
Moved by: DeYoung   Support: Cole-Mickens
MOTION CARRIED

HealthWest Request for Additional PA2 Funding
Additional PA2 funds were requested to allow HealthWest to continue to support programming previously funded by ARPA grand dollars. It is expected that the programs funded by ARPA will be self-sustaining by FY26.
LRE OPB 25-19 Motion: To approve the transfer of FY25 Muskegon County Reserve PA2 to HealthWest funds in the total amount of $76,000.
Moved by: Stone   Support: Parnin
MOTION CARRIED

Wedgwood Christian Services Request for Additional PA2 Funding
Additional PA2 funds requested will be used to support Burton Middle School Project Success program, which focusesg on skill building, education and prevention.
LRE OPB 25-20 Motion: To approve the transfer of FY25 Kent County Reserve PA2 to Wedgwood Christian Services in the amount of $8,300.
Moved by: Walker   Support: Storey
MOTION CARRIED

ROUND TABLE
Mr. Walker reported on a resolution passed by the Oceana County Commission. The commission has been receiving many requests from communities who have experienced funding cuts. County Commission voted to adopt a resolution not to fund any programs for which funds are not available.

NEXT MEETING
June 18, 2025 – 4:00 PM
CMHOC Board Room

ADJOURN
LRE OPB 25-21 Motion: To adjourn the April 16, 2025, Lakeshore Regional Entity Oversight Policy Board Meeting
Moved by: Parnin   Support: Storey
MOTION CARRIED

Mr. Sweeney adjourned the April 16, 2025, Lakeshore Regional Entity Oversight Policy Board meeting 4:58 p.m.

Lakeshore Regional Entity
Substance Use Disorders
FY25 Block Grant Expenditures

Block Grant	Year Ending 9/30/2025 FY25 Budget Am. #1	Year To Date 4/30/2025 FY25 Budget to Date	Actual	Budget to Actual Variance
Operating Revenues				
SUD Block Grant (includes SDA)	7,205,979	4,203,488	4,794,131	(590,643)
SUD Block Grant SOR	2,100,000	1,225,000	756,908	468,092
SUD Block Grant Gambling	221,306	129,095	102,247	26,848
Healing & Recovery Comm Engagement Infrastr.	1,000,000	583,333	13,737	569,596
Drug Free Communities (DFC) Grant	126,951	74,055	81,492	(7,438)
SUD Block Grant Amer Rescue Plan Act (ARPA)	694,060	404,868	448,735	(43,866)
Total Operating Revenues	11,348,296	6,619,839	6,197,250	422,589
Expenditures - Treatment				
LRE Direct & Regional Administration - Treatment (incl TBD)	508,606	296,687	168,335	128,351
LRE Direct & Administration - SOR	277,263	161,737	157,951	3,786
LRE Administration - Hlng & Rec Comm Enga Infrastr.	195,000	113,750	1,792	111,958
LRE Administration - ARPA	83,394	48,647	36,454	12,193
Treatment Payments to Members				
OnPoint (Allegan Co CMH) - Treatment	472,276	275,494	142,788	132,706
OnPoint (Allegan Co CMH) - SOR	154,731	90,260	53,287	36,972
OnPoint (Allegan Co CMH) - Hlng & Rec Comm Enga Infrastr.	106,000	61,833	0	61,833
OnPoint (Allegan Co CMH) - ARPA	62,845	36,660	22	36,637
Healthwest - Treatment	922,803	538,302	647,603	(109,301)
Healthwest ARPA	119,595	69,764	59,788	9,975
Healthwest SOR	788,823	460,147	318,855	141,292
Healthwest - Hlng & Rec Comm Enga Infrastr.	250,000	145,833	0	145,833
Network180 - Treatment	2,713,840	1,583,073	1,383,389	199,684
Network 180 - SOR	529,567	308,914	316,596	(7,682)
Network 180 - ARPA	139,583	81,423	95,019	(13,595)
Network180 - Hlng & Rec Comm Enga Infrastr.	80,000	46,667	0	46,667
CMH of Ottawa County - Treatment	797,000	464,917	470,736	(5,819)
CMH of Ottawa County - SOR	30,500	17,792	5,641	12,151
CMH of Ottawa County - ARPA	119,583	69,757	68,687	1,069
CMH of Ottawa County - Hlng & Rec Comm Enga Infrastr.	255,000	148,750	0	148,750
West Michigan CMH - Treatment	349,374	203,802	256,756	(52,955)
West Michigan CMH - SOR	114,704	66,911	75,179	(8,268)
West Michigan CMH - Hlng & Rec Comm Enga Infrastr.	114,000	66,500	12,434	54,066
Expenditures - Prevention				
LRE Direct & Regional Administration - Prevention	254,038	148,189	126,336	21,853
LRE Direct & Regional Administration - ARPA	45,902	26,776	25,744	1,033
LRE Direct & Regional Administration - SOR	39,412	22,990	23,281	(291)
LRE Direct Administration - Gambling	117,306	68,429	40,501	27,927
LRE Direct Administration - DFC	26,951	15,721	20,338	(4,617)

OnPoint (Allegan Co CMH) - Prevention	108,647	63,377	108,647	(45,270)
OnPoint (Allegan Co CMH) - SOR	42,000	24,500	28,343	(3,843)
OnPoint (Allegan Co CMH) - ARPA	16,680	9,730	9,527	203
Arbor Circle / Pathways - Prevention	272,311	158,848	261,956	(103,108)
Arbor Circle / Pathways - SOR	28,000	16,333	14,698	1,636
Arbor Circle / Pathways - Gambling	36,000	21,000	22,469	(1,469)
Arbor Circle / Pathways - ARPA	31,200	18,200	31,200	(13,000)
District 10 Health Department - Prevention	67,041	39,107	68,858	(29,751)
District 10 Health Department - SOR	40,000	23,333	19,412	3,921
District 10 Health Department - ARPA	14,738	8,597	7,251	1,346
District 10 Health Department - DFC	100,000	58,333	63,001	(4,668)
District 10 Health Department - Gambling	32,000	18,667	19,955	(1,288)
Healthwest - Prevention	0	0	653	(653)
Kent County Health Department - Prevention	242,393	141,396	242,393	(100,997)
Kent County Health Department - ARPA	16,680	9,730	5,492	4,238
Mercy Health - Prevention	40,000	23,333	13,075	10,259
Mercy Health - ARPA	9,200	5,367	1,073	4,294
Network 180 - Prevention	175,000	102,083	148,630	(46,547)
Ottawa County Health Department - Prevention	85,000	49,583	51,408	(1,825)
Ottawa County Health Department - SOR	30,000	17,500	1,790	15,710
Ottawa County Health Department - ARPA	8,800	5,133	300	4,833
Public Health Muskegon County - Prevention	127,650	74,463	0	74,463
Public Health Muskegon County - Gambling	36,000	21,000	287	20,713
Public Health Muskegon County - SOR	25,000	14,583	0	14,583
Public Health Muskegon County - ARPA	9,200	5,367	0	5,367
Wedgwood Christian Services - Prevention	70,000	40,833	69,602	(28,769)
Wedgwood Christian Services - ARPA	16,660	9,718	2,768	6,951
Total Expenditures	11,348,296	6,619,839	5,700,300	919,539
Total Change in Net Assets	**0**	**0**	**496,950**	**(496,950)**

As of 6/10/25

Lakeshore Regional Entity
Substance Use Disorders
FY25 PA2 Expenditures

PA2	Year Ending 9/30/2025	Year To Date 4/30/2025		
	FY25 Budget Am. #1	FY25 Budget to Date	Actual	Budget to Actual Variance
Operating Revenues				
PA2 Liquor Tax - Current FY	3,607,319	2,104,269	2,182,759	(78,490)
PA2 Liquor Tax - Reserves	531,589	310,094	0	310,094
Total Operating Revenues	4,138,908	2,414,363	2,182,759	231,604
Expenditures - Prevention				
OnPoint (Allegan Co CMH) - Prevention	191,925	111,956	86,200	25,756
Arbor Circle / Pathways - Prevention	259,597	151,432	68,415	83,017
District 10 Health Department - Prevention	108,810	63,473	34,013	29,460
Kent County Health Department - Prevention	255,000	148,750	158,281	(9,531)
Mercy Health - Prevention	30,000	17,500	9,806	7,694
Network 180 - Prevention	225,000	131,250	0	131,250
Community Mental Health of Ottawa County	82,763	48,278	47,180	1,099
Ottawa County Health Department - Prevention	71,800	41,883	0	41,883
Public Health Muskegon County - Prevention	209,424	122,164	68,538	53,626
Wedgwood Christian Services - Prevention	75,610	44,106	16,927	27,179
Expenditures - Treatment				
Treatment Payments to Members				
OnPoint (Allegan Co CMH)	150,865	88,005	26,815	61,190
Healthwest	274,601	160,184	113,111	47,073
Network180	1,623,620	947,112	710,770	236,341
CMH of Ottawa County	505,720	295,003	159,551	135,453
Unallocated	74,173	43,268	0	43,268
Total Expenditures	4,138,908	2,414,363	1,499,606	914,757
Total Change in Net Assets	**0**	**0**	**683,153**	**(683,153)**

As of 6/10/25

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Lakeshore Regional Entity
Substance Use Disorders
FY25 Medicaid Treatment Expenditures   **3B**

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Year To Date Through 4/30/25

CATEGORY	CMHSP Medicaid YTD Totals	LRE Admin Med YTD Totals	LRE Medicaid Budget Totals	LRE % of Budget Spent
Total Expenditures for Treatment Services	$ 3,116,073.19	$ -	$ 6,371,563	48.91%
Women's Specialty Services	$ 173,685.90	$ -	$ 711,715	24.40%
Other Specialty Services	$ -	$ -	$ -	0.00%
Access Management System	$ 183,649.98	$ -	$ 356,327	51.54%
General Administration	$ 198,598.10	$ 185,481.92	$ 598,048	64.22%
GRAND TOTAL OF SA EXPENDITURES	**$ 3,672,007.17**	**$ 185,481.92**	**$ 8,037,653**	**47.99%**
SOURCE OF FUNDS				
Medicaid	$ 3,672,007.17	$ 185,481.92	$ 8,037,653	47.99%
Other: Local	$ -	$ -	$ -	0.00%
Other: Federal	$ -	$ -	$ -	0.00%
Fees	$ -	$ -	$ -	0.00%
TOTAL FUNDING	**$ 3,672,007.17**	**$ 185,481.92**	**$ 8,037,653**	**47.99%**

As of 6/10/25

Lakeshore Regional Entity
Substance Use Disorders
FY25 Healthy MI Plan Treatment Expenditures

Year To Date Through 4/30/25

CATEGORY	CMHSP HMP YTD Totals	LRE Admin HMP YTD Totals	LRE HMP Budget Totals	LRE % of Budget Spent
Total Expenditures for Treatment Services	$ 7,111,449.04	$ -	$ 9,765,666	72.82%
Women's Specialty Services	$ 161,373.14	$ -	$ 290,835	55.49%
Other Specialty Services	$ -	$ -	$ -	0.00%
Access Management System	$ 414,208.34	$ -	$ 478,913	86.49%
General Administration	$ 474,895.35	$ 293,995.92	$ 833,560	92.24%
GRAND TOTAL OF SA EXPENDITURES	**$ 8,161,925.87**	**$ 293,995.92**	**$ 11,368,974**	**74.38%**
SOURCE OF FUNDS				
Healthy MI Plan	$ 8,161,925.87	$ 293,995.92	$ 11,368,974	74.38%
Other: Local	$ -	$ -	$ -	0.00%
Other: Federal	$ -	$ -	$ -	0.00%
Fees	$ -	$ -	$ -	0.00%
TOTAL FUNDING	**$ 8,161,925.87**	**$ 293,995.92**	**$ 11,368,974**	**74.38%**

As of 6/10/25

Lakeshore Regional Entity
Oversight Policy Board

| ACTION REQUEST | SUBJECT: FY2025 LRE SUD Budget Amendment 2 |

- Approval of PA2 Funds
- Advice and Recommendation to LRE Board for Budgets Containing non-PA2 Funds

MEETING DATE: June 18, 2025

PREPARED BY: Stacia Chick, LRE Chief Financial Officer

RECOMMENDED MOTION:

The Oversight Policy Board:
   (a) **Approves the allocation of PA2 funds for the LRE SUD Budget as summarized below.**
   (b) **Advises and recommends that the LRE Board approve the non-PA2 fund budgets for SUD services as summarized below.**

PROPOSED TO GO TO THE BOARD ON JUNE 25, 2025

SUMMARY OF REQUEST/INFORMATION:

- Public Act 500 of 2012 requires each PIHP region to establish an Oversight Policy Board with certain roles and responsibilities related to substance abuse services.
- The Lakeshore Regional Entity Oversight Policy Board is the Oversight Policy Board for Region 3 PIHP.
- Among other functions, the Oversight Policy Board is responsible for approving budgets which contain local funds and to advise and recommend budgets containing non-local funds to the LRE board for services within the region.

STAFF: Stacia Chick, LRE Chief Financial Officer   **DATE:** June 11, 2025

FY2025 LRE SUD Budget Amendment 2 Summary:

PREVENTION (direct by LRE)	PA2	Block Grant	SOR	ARPA	Alcohol Use Disorder Tx	Hlng & Rec Comm Enga Infrastr.	Gambling	DFC	Medicaid	Healthy Michigan	Total
Allegan County	$ 191,925	$ 108,647	$ 42,000	$ 16,680	$ -	$ -	$ -	$ -	$ -		$ 359,252
Kent County	$ 615,207	$ 587,493	$ -	$ 33,340	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,236,040
Lake County	$ 23,448	$ 11,219	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 34,667
Oceana County	$ 27,058	$ 25,839	$ -	$ -	$ -	$ -	$ -	$ 100,000	$ -	$ -	$ 152,897
Mason County	$ 58,304	$ 29,983	$ 40,000	$ 14,738	$ -	$ -	$ 32,000	$ -	$ -	$ -	$ 175,025
Muskegon County	$ 239,424	$ 167,650	$ 25,000	$ 18,400	$ -	$ -	$ 36,000	$ -	$ -	$ -	$ 486,474
Ottawa County	$ 354,563	$ 257,211	$ 58,000	$ 40,000	$ -	$ -	$ 36,000	$ -	$ -	$ -	$ 745,774
LRE Regional Projects	$ -	$ 61,500	$ -	$ 15,000	$ -	$ -	$ 58,000	$ -	$ -	$ -	$ 134,500
LRE Staffing	$ -	$ 189,338	$ 39,412	$ 22,051	$ -	$ -	$ 59,306	26,951	$ -	$ -	$ 337,058
Unallocated	$ -	$ 3,200	$ -	$ 8,851	$ -	$ -	$ -	$ -	$ -	$ -	12,051
PREVENTION TOTAL	$ 1,509,929	$ 1,442,080	$ 204,412	$ 169,060	$ -	$ -	$ 221,306	$ 126,951	$ -	$ -	$ 3,673,738

TREATMENT (delegated to CMH members)	PA2	Block Grant	SOR	ARPA	Alcohol Use Disorder Tx	Hlng & Rec Comm Enga Infrastr.	Gambling	DFC	Medicaid	Healthy Michigan	Total
Allegan	$ 150,865	$ 472,276	$ 154,731	$ 62,845	$ 14,661	$ 106,000	$ -	$ -	$ 614,663	$ 780,138	$ 2,356,179
Healthwest	$ 274,601	$ 922,803	$ 788,823	$ 119,595	$ 27,166	$ 250,000	$ -	$ -	$ 1,588,392	$ 2,125,988	$ 6,097,368
Network 180	$ 1,623,620	$ 2,713,840	$ 529,567	$ 139,583	$ 104,350	$ 80,000	$ -	$ -	$ 3,966,873	$ 5,669,254	$ 14,827,087
Ottawa	$ 505,720	$ 797,000	$ 30,500	$ 119,583	$ 47,432	$ 255,000	$ -	$ -	$ 1,021,917	$ 1,786,657	$ 4,563,809
West Michigan (Lake, Mason Oceana)	$ -	$ 349,374	$ 114,704	$ -	$ 21,991	$ 114,000	$ -	$ -	$ 527,839	$ 502,943	$ 1,630,851
LRE Staffing & Regional Projects	$ -	$ 377,843	$ 277,263	$ 83,394	$ -	$ 195,000	$ -	$ -	$ 317,969	$ 503,993	$ 1,755,462
Unallocated	$ 74,173	$ 130,763	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 204,936
TREATMENT TOTAL	$ 2,628,979	$ 5,763,899	$ 1,895,588	$ 525,000	$ 215,600	$ 1,000,000	$ -	$ -	$ 8,037,653	$ 11,368,974	$ 31,435,693

TOTAL PREVENTION & TREATMENT	PA2	Block Grant	SOR	ARPA	Alcohol Use Disorder Tx	Hlng & Rec Comm Enga Infrastr.	Gambling	DFC	Medicaid	Healthy Michigan	Total
TOTAL PREVENTION & TREATMENT	$ 4,138,908	$ 7,205,979	$ 2,100,000	$ 694,060	$ 215,600	$ 1,000,000	$ 221,306	$ 126,951	$ 8,037,653	$ 11,368,974	$ 35,109,431

Lakeshore Regional Entity
FY 2025 SUD Budget

4A

Prevention

Prevention	Budget Am1 FY25 Allocation	Budget Am2 FY25 Allocation	Block Grants	SOR	Amer Rescue Plan Act	Alcohol Use Disorder Tx	Hlng & Rec Comm Enga Infrastr.	PA2	Gambling	DFC
Allegan County										
OnPoint (Allegan Co CMH)	359,252	352,359	108,647	42,000	9,787	-	-	191,925	-	-
Total	359,252	352,359	108,647	42,000	9,787	-	-	191,925	-	-
Kent County										
Arbor Circle	159,697	159,697	100,100	-	-	-	-	59,597	-	-
Kent County Health Department	514,073	502,885	242,393	-	5,492	-	-	255,000	-	-
Network 180	400,000	400,000	175,000	-	-	-	-	225,000	-	-
Wedgwood	162,270	156,678	70,000	-	2,768	-	-	83,910	-	-
Total	1,236,040	1,219,260	587,493	-	8,260	-	-	623,507	-	-
Lake County										
District Health Department #10	34,667	34,667	11,219	-	-	-	-	23,448	-	-
Total	34,667	34,667	11,219	-	-	-	-	23,448	-	-
Oceana County										
District Health Department #10	152,897	152,897	25,839	-	-	-	-	27,058	-	100,000
Total	152,897	152,897	25,839	-	-	-	-	27,058	-	100,000
Mason County										
District Health Department #10	175,025	167,538	29,983	40,000	7,251	-	-	58,304	32,000	-
Total	175,025	167,538	29,983	40,000	7,251	-	-	58,304	32,000	-
Muskegon County										
Healthwest	-	329,248	127,650	25,000	-	-	-	140,886	35,712	-
Public Health Muskegon County	407,274	68,826	-	-	-	-	-	68,538	288	-
Mercy Health	79,200	71,073	40,000	-	1,073	-	-	30,000	-	-
Total	486,474	469,147	167,650	25,000	1,073	-	-	239,424	36,000	-
Ottawa County										
Arbor Circle (Ottawa Co)	467,411	467,411	172,211	28,000	31,200	-	-	200,000	36,000	-
CMH of Ottawa County	82,763	99,145	-	-	-	-	-	99,145	-	-
Ottawa Co. Department of Public Health	195,600	187,100	85,000	30,000	300	-	-	71,800	-	-
Total	745,774	753,656	257,211	58,000	31,500	-	-	370,945	36,000	-
LRE Regional Projects (TalkSooner, Trainings, Conference, Tech. Assistance, Family Meals Month)	134,500	145,948	74,530	-	13,418	-	-	-	58,000	-
LRE Staffing	337,058	323,436	185,808	39,412	11,959	-	-	-	59,306	26,951
Unallocated	12,051	-	-	-	-	-	-	-	-	-
Total	483,609	469,384	260,338	39,412	25,377	-	-	-	117,306	26,951
Overall Prevention Total	3,673,738	3,618,908	1,448,380	204,412	83,248	-	-	1,534,611	221,306	126,951

Treatment

Treatment	Budget Am1 FY25 Allocation	Budget Am2 FY25 Allocation	Block Grants (incl. SDA)	SOR	Amer Rescue Plan Act	Alcohol Use Disorder Tx	Hlng & Rec Comm Enga Infrastr.	PA2	Medicaid	Healthy Michigan
OnPoint (Allegan Co CMH)	2,341,518	2,300,973	472,276	145,531	23	14,661	106,000	150,865	583,530	828,087
Healthwest	6,070,202	6,092,039	922,803	788,823	59,789	27,166	249,963	431,071	1,522,900	2,089,524
Network 180	14,722,737	17,486,410	2,713,840	538,767	95,019	104,350	80,000	4,091,308	3,888,826	5,974,299
CMH of Ottawa County	4,516,377	4,513,711	797,000	30,500	68,688	47,432	255,000	577,720	989,549	1,747,821
West Michigan CMH (Lake, Mason Oceana)	1,608,860	1,707,903	349,374	114,704	-	21,991	114,000	71,671	499,101	537,062
LRE Staffing & Regional Projects	1,755,462	1,647,279	377,843	277,263	38,760		195,000	-	289,758	468,655
Unallocated	204,936	37	-	-	-		37	-	-	-
Overall Treatment Total	31,220,093	33,748,352	5,633,136	1,895,588	262,279	215,600	1,000,000	5,322,635	7,773,665	11,645,449
SUD Total Prevention + Treatment:	34,893,831	37,367,260	7,081,516	2,100,000	345,527	215,600	1,000,000	6,857,246	7,994,971	11,772,400

West Michigan
wmCMH

May 29, 2025

Lakeshore Regional Entity
c/o Amanda Tarantowski
5000 Hakes Dr, Suite 500
Norton Shores, MI 49441

Dear Ms. Tarantowski:

I am writing this letter to request a budget increase for Fiscal Year 2025 PA2 for Lake, Mason and Oceana Counties. We are asking for an additional $58,000 for a total of $98,000. The cross-county allocation of this total is as follows:

- ❖ Lake County- $13,726
- ❖ Mason County- $41,278
- ❖ Oceana County- $42,996.

Budgets with narrative, for each county request have been submitted via SharePoint. Since we have not yet submitted budgets for our pending initial request, these budgets are marked as "Original".

You will find attached a narrative justification of this request, and a completed PA2 Fund Request Special Project Application form as instructed by Stephanie VanDerKooi, for consideration by the Oversight Policy Board.

Please feel free to contact me or Jane Verduin if additional detailed information is needed. Thank you for your consideration.

Respectfully,

Jane Shelton

Jane Shelton
Finance Director
231-845-6294 ext 5022

Request for Additional PA2 Funds
West Michigan Community Mental Health
May 28, 2025

Contact: Jane Verduin, Grant Accountant
janev@wmcmhs.org
231-843-7298 office

1. **The total amount of reserve PA2 funds being requested**.
A total of $98,000, with the following county allocations: $13,726 for Lake County; $41,278 for Mason County, and $42,996 for Oceana County. All funds will be used for treatment.

2. **A justification for why the reserve PA2 funds is needed.**
WMCMH seeks PA2 funds to cover projected shortfalls in our SUD BG funding, SOR Recovery Housing funding and Department of Justice for SUD jail bases services grant. A 133% increase in demand for Recovery Housing services is projected based on YTD spending as compared to FY24 actual spending. At the same time the SOR4 allocation is 38% less than FY24. Similarly, the SUD BG is projected to have a 21% increase in service volume compared to FY24 while receiving only a 4% increase in funding (assuming our recent amendment request is granted.)

3. **A description of the programs/services and applicable service codes for which the funds are intended.**
In addition to Recovery Housing, PA2 funds for clients with Substance Use Disorders are needed for the following service types: Detox, Care Management, Outpatient, Methadone, Early Intervention, Residential and Recovery Support. These services will be provided in a variety of locations in our 3 counties, including our offices, provider and community partner locations, consumer homes, and county jails. The following service codes would be funded with this request:
90791-2; 90832, 90834, 90837, 90838, 90848, 90853; 96372; 99201-15; G2078; H0001-2, H0004-6; H0010,12,15,18-20,22,38, 48, 50; H2011, H2034, H2036; Q9991-2; S9976; T1007, T1012.

4. **How funds will be applied.**
Service detail reports specific to the SUD BG and SOR4 programs are run monthly to identify all eligible services by payer, service code and charges for each unique client. Individual PA2 County grant budgets will be charged based on the county of residence at the time of service of each client as reported in the clinical record.

5. **A complete budget and budget narrative.** Three separate PA2 County budgets including narratives are submitted with this request.

6. **A sustainability plan.**
WMCMH will continue to advocate with the State of Michigan to enhance our funding streams.

7. **A list of other sources of funding (Block Grant, Specialty Grant, Medicaid, other) that have been considered and why these sources were not used.**
Two additional funding sources have been secured that are allowing us to reallocate some expenditures from the SUD BG and SOR4 grant. United Way of Mason County is assisting us with SUD Transportation funds. The Healing and Recovery Community Engagement and Infrastructure grant is assisting with SUD Transportation and MAT treatment supplies.

At the beginning of FY25 we considered applying for ARPA funding to replace the cut to our SOR4 budget. Instead, plans were implemented to reduce spending by bringing some consulting work in-house, and by reducing spending on SUD transportation, using cheaper alternatives and negotiating cheaper rates. Both efforts resulted in cost savings (approx. $15,000), however, SUD Transportation demand increased along with the increased utilization of Detox, Residential and Recovery support.

LAKESHORE
REGIONAL ENTITY

SPECIAL PROJECT APPLICATION FOR PA2 FUNDS

DATE: 5/28/2025

PROVIDER NAME: WMCMHS   CURRENT PROVIDER: _____ ● YES   ○ NO

PROGRAM TITLE**: SUD Services Shortfall**

CONTACT PERSON: Jane Verduin, Grant Accountant

CONTACT EMAIL: janev@wmcmhs.org

PROVIDER ADDRESS: 920 Diana Street, Ludington, MI 49431   AMOUNT REQUESTED:
$98,000 Total: $13,726 for Lake County; $41,278 for Mason County; $42,996 for Oceana County

SERVICE TYPE

● Assessment   ● Level III.1 (low intensity)

● Individual Therapy   ● Level III.3 (moderate to high intensity)

● Group Therapy   ● Level III.5 (significant/complex intensity)

● Family Therapy   ● Medication Assisted Treatment

● Didactic Groups   ● Peer Recovery

● Residential Detox   ○ Prevention/Other: Click here to enter text.

● Recovery Housing

PROGRAM DESCRIPTION

I. Describe the situation you intend to address:	
Problem Statement: describe the problem that your activities are designed to improve.	WMCMH seeks PA2 funds to cover projected shortfalls in their SUD BG, Department of Justice for SUD jail based services, and SOR4 grants. A 133% increase in demand for Recovery Housing is projected based on YTD spending as compared to FY24 actual spending. Similarly the SUD BG is projected to have a 21% increase in demand for treatment services as compared to FY24 actual spending (including Detox, Care Management, Outpatient, Methadone, Early Intervention, Residential and Recovery Support).
Describe the conditions that contribute to the identified problem (List the data sources if applicable)	SOR4 was reduced by 38% in comparison to FY24 funding levels. While the SUD BG FY25 award was increased by 4%, this was insufficient to cover the 21% rise in demand. Our Dept. of Justice Grant is in its final year and funding is now fully expensed.

Describe the program's target population. Be sure to identify if you are targeting any specialty or priority population.	Recovery Housing target population have an OUD or StUD diagnosis. SUD BG target population have a more broadly defined SUD.
Describe why your agency is best fit to provide this service?	Our counties rely on WMCMH to provide a wide array of SUD treatment services, and is the payer of last resort for clients without insurance or lacking ability to pay for services.

II. Describe what you will do to address the situation:

Describe the program's activities (what are you going to do?):	PA2 funds will be used to cover the county by county demand for SUD treatment services; services that are mandated but for which there is a funding shortfall. The SUD treatment services provided are based on our CCBHC model of care that requires and incentivizes evidenced based treatment and high performance on mandated quality measures.
Describe the expected frequency of the activity(ies) and how you determined this.	Service detail reports specific to the SUD BG and SOR4 programs are run monthly to identify all eligible services by payer, service code and charges for each unique client. County of residence for consumers is identified in the medical record.
Describe the number of persons in the target population you expect to serve during each activity event	As of 4/30/25, 411 unique clients have been served the the SUD BG and SOR Recovery Housing programs.

III. Explain the necessary costs for your program *(provide narrative to support the resources identified that require funds).*

PA2 funds will be used for SUD services provided by WMCMH and providers with whom we contract for the following service codes: 90791-2; 90832, 90834, 90837, 90838, 90848, 90853, 96372; 99201-15; G2078; H0001-2; H0004-6; H0010,12,15,18-20,22,38, 48, 50; H2011; H2034, H2036; Q9991-2; S9976; T1007, T1012. These services will be provided in a variety of locations in our 3 counties, including our offices, provider and community partner locations, consumer homes, and county jails.

IV. Describe the goals you have established for the program. (goals do not have to be measurable) *(TO BE COMPLETED BY NEW PRORGRAMS ONLY)*

1. Click or tap here to enter text.

2. Click or tap here to enter text.

3. Click or tap here to enter text.

4. Click or tap here to enter text.

5. Click or tap here to enter text.

PERFORMANCE MONITORING *(TO BE COMPLETED BY NEW PROGRAMS ONLY)*

V. Describe how you will measure your program's success at meeting its goals. *(Please identify only those measures that make sense for your proposed program. Not all measurement categories identified below must be measured.*

<table>
<tr><td rowspan="3" style="writing-mode: vertical-lr">Outcomes</td><td>Process:

Describe (in specifically measurable terms) what you hope to achieve during this grant period. These process indicators should measure such things as "how many?" "how often?" etc. Include benchmark or threshold for measurement as well as expected achievement date.</td><td>1. Click or tap here to enter text.</td></tr>
<tr><td>2. Click or tap here to enter text.</td></tr>
<tr><td>3. Click or tap here to enter text.</td></tr>
<tr><td rowspan="3">Participant:

Describe (in specifically measurable terms) what outcomes participants in your program can reasonably expect to achieve as a result. Include benchmark or threshold for measurement as well as expected achievement date.</td><td>1. Click or tap here to enter text.</td></tr>
<tr><td>2. Click or tap here to enter text.</td></tr>
<tr><td>3. Click or tap here to enter text.</td></tr>
<tr><td rowspan="3">Impact:

Describe the impact you expect the program will have upon your community, target population, and/or intervention practices. Impact measurement is different from outcome measurement in that it is not consumer specific.</td><td>1. Click or tap here to enter text.</td></tr>
<tr><td>2. Click or tap here to enter text.</td></tr>
<tr><td>3. Click or tap here to enter text.</td></tr>
</table>

PROGRAM BUDGET - COST DETAIL
LAKESHORE REGIONAL ENTITY

ATTACHMENT B.2

Page **1** Of **4**

Grantee completes the yellow shaded cells.   Use WHOLE DOLLARS Only

PROGRAM	PROJECT	BUDGET PERIOD		DATE PREPARED
		From:	**To:**	
WMCMH PA2	**Mason County SUD Treatment**	**10/1/2024**	**9/30/2025**	5/28/2025

GRANTEE NAME	MAILING ADDRESS (Number and Street)	BUDGET AGREEMENT	AMENDMENT #
WMCMH	920 Diana Street	☑ ORIGINAL ☐ AMENDMENT	

CITY, STATE, ZIP CODE		FEDERAL ID #
Ludington, MI 49431		38-3260070

1. SALARY & WAGES: POSITION DESCRIPTION	COMMENTS	POSITIONS REQUIRED	TOTAL SALARY
Volunteer Salaries and Wages			
1. TOTAL SALARY & WAGES:			$ -

2. FRINGE BENEFITS: (Specify)

☑ FICA	☑ LIFE INS	☑ DENTAL INS	**Composite Rate %** 39.42%	$ -
☑ UNEMPLO	☑ VISION	☑ WORK COMP	**Fringe Benefits, Excluding Tuition Remission & Volunteer Fringe Benefits**	
☑ MEDICAL	☐ HEARING INS	OTHER (specify):	☐ Tuition Remission (list amount)	
		OTHER (specify):	☐ Volunteer Fringe Benefits (list amount)	
☑ RETIRE	☑ DISABILITY	OTHER (specify):	**2. TOTAL FRINGE BENEFITS:**	$ -

3. TRAVEL: (Specify if category exceeds 10% of Total Expenditures)

Volunteer Travel and Training	
3. TOTAL TRAVEL:	$ -

4. SUPPLIES & MATERIALS: (Specify if category exceeds 10% of Total Expenditures)

4. TOTAL SUPPLIES & MATERIALS:	$ -

5. CONTRACTUAL

Name **Address**	**Amount**
Contractual SUD Providers including:	$ 22,806.00
Addiction Treatment Services, Traverse City, MI	
Cherry Health Services, Grand Rapids, MI	
Community Healing Center (Jim Gilmore), Kalamazoo, MI	
Eastside Oupatient Services, Muskegon, MI	
Great Lakes Recovery, Negaunee, MI	
Harbor Hall, Petoskey, MI	
Our Hope Association, Grand Rapids, MI	
Recovery Roads, Grand Rapids, MI	
Reach for Recovery, Holland, MI	
Sacred Heart Rehabilitation Center, Richmond, MI	
Ten Sixteen Recovery Network, Midland, MI	

		5. TOTAL CONTRACTUAL:	$	22,806.00

6. SUBAWARDS (Subcontractors-Subrecipients)

Name	**Address**	**Amount**

	6. Total SubAward	$	-

7. EQUIPMENT: (Specify)   **Amount**

	7. TOTAL EQUIPMENT:	$	-

8. OTHER EXPENSES: (Specify if category exceeds 10% of Total Expenditures)   **Amount**

Communication:

Space Expenses:

Others (explain):
- **Rent Expense**
- **Client Assistance - Rent**
- **Client Assistance - All Other**
- **Scholarships and Fellowships**
- **Participant Support Costs**
- **Charges for Patient Care** $ 15,051.00
- **Other - _____**
- **Other - _____**
- **Other - _____**
- **Other - _____**

	8. TOTAL OTHER EXPENSES:	$	15,051.00

9. TOTAL DIRECT EXPENDITURES: (Sum of Totals 1-7)	9. TOTAL DIRECT EXPENDITURES:	$	37,857.00

10. INDIRECT COST CALCULATIONS:

	Base $		x Rate				
Rate #1 Base $	22,806	x Rate	15.00%	$3,420.90	$	3,421.00
Rate #2 Base $	22,806	x Rate				

	10. TOTAL INDIRECT EXPENDITURES:	$	3,421.00

11. TOTAL ALL EXPENDITURES: (Sum of lines 8-9)		$	41,278.00

SOURCE OF FUNDS:

12. FEES & COLLECTIONS		$	-
13. LRE - GRANT AGREEMENT			
14. LRE - PA2		$	41,278.00

15. OTHER - LOCAL		$ -
16. OTHER - FEDERAL		$ -
17. OTHER(S)		
		$ -
		$ -
		$ -
18. TOTAL FUNDING		**$ 41,278.00**

<div align="right">If this is red, it does not balance with Total Expenditures</div>

AUTHORITY: P.A. 368 of 1978 **COMPLETION:** Is Voluntary, but is required as a condition of funding.	The Department of Health and Human Services is an equal opportunity employer, services and programs provider.

PROGRAM BUDGET - COST DETAIL
LAKESHORE REGIONAL ENTITY

ATTACHMENT B.2

Grantee completes the yellow shaded cells.   Use WHOLE DOLLARS Only

Page **1**   Of **4**

PROGRAM	PROJECT	BUDGET PERIOD		DATE PREPARED
		From:	To:	
WMCMH PA2	**Lake County SUD Treatment**	**10/1/2024**	**9/30/2025**	5/27/2025

GRANTEE NAME	MAILING ADDRESS (Number and Street)	BUDGET AGREEMENT	AMENDMENT #
WMCMH	920 Diana Street	☑ ORIGINAL ☐ AMENDMENT	

CITY, STATE, ZIP CODE	Ludington, MI 49431	FEDERAL ID #	38-3260070

1. SALARY & WAGES: POSITION DESCRIPTION | COMMENTS | POSITIONS REQUIRED | TOTAL SALARY

Volunteer Salaries and Wages

1. TOTAL SALARY & WAGES: $ -

2. FRINGE BENEFITS: (Specify)

☑ FICA ☑ LIFE INS ☑ DENTAL INS
☑ UNEMPLO ☑ VISION ☑ WORK COMP
☑ MEDICAL ☐ HEARING INS OTHER (specify):
☑ RETIRE ☑ DISABILITY OTHER (specify):   OTHER (specify):

Composite Rate %   39.42% $ -

Fringe Benefits, Excluding Tuition Remission & Volunteer Fringe Benefits
☐ Tuition Remission (list amount)
☐ Volunteer Fringe Benefits (list amount)

2. TOTAL FRINGE BENEFITS: $ -

3. TRAVEL: (Specify if category exceeds 10% of Total Expenditures)

Volunteer Travel and Training

3. TOTAL TRAVEL: $ -

4. SUPPLIES & MATERIALS: (Specify if category exceeds 10% of Total Expenditures)

4. TOTAL SUPPLIES & MATERIALS: $ -

5. CONTRACTUAL

Name	Address	Amount
Contractual SUD Providers including:		$ 7,584.00

 Addiction Treatment Services, Traverse City, MI
 Cherry Health Services, Grand Rapids, MI
 Community Healing Center (Jim Gilmore), Kalamazoo, MI
 Eastside Oupatient Services, Muskegon, MI
 Great Lakes Recovery, Negaunee, MI
 Harbor Hall, Petoskey, MI
 Our Hope Association, Grand Rapids, MI
 Recovery Roads, Grand Rapids, MI
 Reach for Recovery, Holland, MI
 Sacred Heart Rehabilitation Center, Richmond, MI
 Ten Sixteen Recovery Network, Midland, MI

				5. TOTAL CONTRACTUAL:	$	7,584.00

6. SUBAWARDS (Subcontractors-Subrecipients)

Name	**Address**	**Amount**	
		6. Total SubAward	$ -

7. EQUIPMENT: (Specify)   **Amount**

		7. TOTAL EQUIPMENT:	$ -

8. OTHER EXPENSES: (Specify if category exceeds 10% of Total Expenditures)   **Amount**

Communication:

Space Expenses:

Others (explain):		
	Rent Expense	
	Client Assistance - Rent	
	Client Assistance - All Other	
	Scholarships and Fellowships	
	Participant Support Costs	
	Charges for Patient Care	$ 5,004.00
	Other - _____	
	Other - _____	
	Other - _____	
	Other - _____	

	8. TOTAL OTHER EXPENSES:	$	5,004.00

9. TOTAL DIRECT EXPENDITURES: (Sum of Totals 1-7)	9. TOTAL DIRECT EXPENDITURES:	$	12,588.00

10. INDIRECT COST CALCULATIONS:

	Rate #1 Base $	7,584	x Rate	15.00%	$1,137.60	$	1,138.00
	Rate #2 Base $	7,584	x Rate				
				10. TOTAL INDIRECT EXPENDITURES:		$	1,138.00

11. TOTAL ALL EXPENDITURES: (Sum of lines 8-9)	$	13,726.00

SOURCE OF FUNDS:

12. FEES & COLLECTIONS		$ -
13. LRE - GRANT AGREEMENT		
14. LRE - PA2		$ 13,726.00

15. OTHER - LOCAL		$	-
16. OTHER - FEDERAL		$	-
17. OTHER(S)			
		$	-
		$	-
		$	-
18. TOTAL FUNDING		$	13,726.00

If this is red, it does not balance with Total Expenditures

AUTHORITY: P.A. 368 of 1978 **COMPLETION:** Is Voluntary, but is required as a condition of funding.	The Department of Health and Human Services is an equal opportunity employer, services and programs provider.
DCH-0386(E) (Rev 8/15) (EXCEL) Previous Edition Obsolete	*Use Additional Sheets as Needed*

5E

PROGRAM BUDGET - COST DETAIL
LAKESHORE REGIONAL ENTITY

ATTACHMENT B.2

Page **1** Of **4**

Grantee completes the yellow shaded cells.   Use WHOLE DOLLARS Only

PROGRAM	PROJECT	BUDGET PERIOD		DATE PREPARED
		From:	To:	
WMCMH PA2	**Oceana County SUD Treatment**	**10/1/2024**	**9/30/2025**	5/28/2025

GRANTEE NAME	MAILING ADDRESS (Number and Street)	BUDGET AGREEMENT	AMENDMENT #
WMCMH	920 Diana Street	☑ ORIGINAL ☐ AMENDMENT	

CITY, STATE, ZIP CODE	Ludington, MI 49431	FEDERAL ID #	38-3260070

1. SALARY & WAGES: POSITION DESCRIPTION	COMMENTS	POSITIONS REQUIRED	TOTAL SALARY
Volunteer Salaries and Wages			
1. TOTAL SALARY & WAGES:			$ -

2. FRINGE BENEFITS: (Specify)

☑ FICA   ☑ LIFE INS   ☑ DENTAL INS   **Composite Rate %** 39.42% $ -

☑ UNEMPLO ☑ VISION ☑ WORK COMP   Fringe Benefits, Excluding Tuition Remission & Volunteer Fringe Benefits

☑ MEDICAL ☐ HEARING INS OTHER (specify):   ☐ Tuition Remission (list amount)

☑ RETIRE ☑ DISABILITY OTHER (specify):   ☐ Volunteer Fringe Benefits (list amount)

OTHER (specify):   **2. TOTAL FRINGE BENEFITS:** $ -

3. TRAVEL: (Specify if category exceeds 10% of Total Expenditures)

Volunteer Travel and Training

3. TOTAL TRAVEL: $ -

4. SUPPLIES & MATERIALS: (Specify if category exceeds 10% of Total Expenditures)

4. TOTAL SUPPLIES & MATERIALS: $ -

5. CONTRACTUAL

Name	Address	Amount
Contractual SUD Providers including:		$ 23,755.00

  Addiction Treatment Services, Traverse City, MI
  Cherry Health Services, Grand Rapids, MI
  Community Healing Center (Jim Gilmore), Kalamazoo, MI
  Eastside Oupatient Services, Muskegon, MI
  Great Lakes Recovery, Negaunee, MI
  Harbor Hall, Petoskey, MI
  Our Hope Association, Grand Rapids, MI
  Recovery Roads, Grand Rapids, MI
  Reach for Recovery, Holland, MI
  Sacred Heart Rehabilitation Center, Richmond, MI
  Ten Sixteen Recovery Network, Midland, MI

		5. TOTAL CONTRACTUAL:	$	23,755.00

6. SUBAWARDS (Subcontractors-Subrecipients)

Name	Address	Amount		
		6. Total SubAward	$	-

7. EQUIPMENT: (Specify)   **Amount**

		7. TOTAL EQUIPMENT:	$	-

8. OTHER EXPENSES: (Specify if category exceeds 10% of Total Expenditures)   **Amount**

Communication:

Space Expenses:

Others (explain):
- **Rent Expense**
- **Client Assistance - Rent**
- **Client Assistance - All Other**
- **Scholarships and Fellowships**
- **Participant Support Costs**
- **Charges for Patient Care** $ 15,678.00
- **Other - _____**
- **Other - _____**
- **Other - _____**
- **Other - _____**

	8. TOTAL OTHER EXPENSES:	$	15,678.00

9. TOTAL DIRECT EXPENDITURES: (Sum of Totals 1-7)	9. TOTAL DIRECT EXPENDITURES:	$	39,433.00

10.   INDIRECT COST CALCULATIONS:

Rate #1	Base $	23,755	x Rate	15.00%	$3,563.25	$	3,563.00
Rate #2	Base $	23,755	x Rate				

	10. TOTAL INDIRECT EXPENDITURES:	$	3,563.00

11. TOTAL ALL EXPENDITURES: (Sum of lines 8-9)		$	42,996.00

SOURCE OF FUNDS:

12. FEES & COLLECTIONS		$	-
13. LRE - GRANT AGREEMENT			
14. LRE - PA2		$	42,996.00

15. OTHER - LOCAL		$	-
16. OTHER - FEDERAL		$	-
17. OTHER(S)			
		$	-
		$	-
		$	-
18. TOTAL FUNDING		**$**	**42,996.00**

If this is red, it does not balance with Total Expenditures

AUTHORITY: P.A. 368 of 1978 **COMPLETION:** Is Voluntary, but is required as a condition of funding.	The Department of Health and Human Services is an equal opportunity employer, services and programs provider.
DCH-0386(E) (Rev 8/15) (EXCEL) Previous Edition Obsolete	*Use Additional Sheets as Needed*

Lakeshore Regional Entity's Legislative Update – 7/16/2025

This document contains a summary and status of bills in the House and Senate, and other political and noteworthy happenings that pertain to both mental and behavioral health, and substance use disorder in Michigan and the United States.

Prepared by Melanie Misiuk, SEDW & 1915(i)SPA Specialist & Stephanie VanDerKooi, Chief Operating Officer

ATTACHMENT 6

Highlight = new updates
Highlight = old bill, no longer active
Highlight = Suggestions for Action & Supported/Opposed by CMHAM (Community Mental Health Association of Michigan)

STATE LEGISLATION

		BILLS & REGULATIONS PERTAINING TO MENTAL HEALTH		
Priority	**BILL #**	**SUMMARY**	**SPONSOR**	**ACTION DATE**
	HB 4032	Removes interstate medical licensure compact sunset (LARA Lead)	Rylee Lynting	1/28/25: Introduced, Referred to Committee on Health Policy 2/26/25: Referred to a second reading 3/5/25: Placed on a third reading, read a third time, passed 3/12/25: Passed by House with Immediate Effect, Referred to Committee on Health Policy
	HB 4037 & 4038	Establishes certain requirements to operate a health data utility (DHHS Lead)	Julie Rogers Curtie VanderWall	1/29/25: Introduced, Read, referred to the Committee on Health Policy 5/21/25: Referred to a second reading
	HB 4095	Requires insurance providers to panel mental health provider within a certain time period of application process (DIFS Lead)	Noah Arbit	2/20/25: Introduced, Read a first time, referred to Committee on Insurance
	SB 3-5	Creates prescription drug cost and affordability review act, and requires compliance (DIFS/DHHS/LEGAL)	Darrin Camilleri	1/8/25: Introduced, Referred to Committee on Finance, Insurance, and Consumer Protection 4/24/2025 – Referred to Committee of the Whole with substitute, placed on order of third reading, placed on immediate passage, amendments adopted, passed roll call, received in House, read a first time, referred to Committee on Government Operations

BILLS & REGULATIONS PERTAINING TO MENTAL HEALTH

Priority	BILL #	SUMMARY	SPONSOR	ACTION DATE
	SB 18	Provides conditions on the use of certain federal benefits, including disability benefits, for a child in foster care. (DHHS/LEGAL)	Jeff Irwin	1/22/25: Introduced, Referred to the Committee on Housing and Human Services 3/20/25: Reported favorably without amendment, Referred to Committee of the Whole 4/16/2025: Reported by Committee of the Whole favorably without amendment, placed on order of third reading. 4/17/2025: Passed roll call, received in House, read a first time, referred to Committee on Families and Veterans
	SB 111	The bills would enhance protections against financial exploitation, abuse, and neglect of vulnerable adults. Specifically, they would create a process for certain elder and vulnerable adults to petition a circuit court to enter an elder and vulnerable adult personal protection order (PPO). They also would allow a county or region to create a vulnerable adult multidisciplinary team (team) that would work within that area to protect against and bring awareness to vulnerable adult abuse, neglect, and financial exploitation.	Jeff Irwin	2/27/25: Introduced, Referred to the Committee on Civil Rights, Judiciary, and Public Safety 3/18/25: Reported Favorably Without Amendment, Referred to the Committee of the Whole, Rules suspended for immediate consideration, reported by Committee of the Whole favorably without amendment, placed on order of Third Reading 4/16/2025: Passed roll call, received in House, read a first time, referred to Committee on Judiciary
	HB 4218 SB 142	These bills would make changes to the state recipient rights advisory committee to explicitly include a representative from Disability Rights Michigan, the Mental Health Association in Michigan, and the Arc Michigan.	Rep - Jamie Thompson Sen – Michael Webber	3/12/25: Introduced, read a first time, referred to the Committee on Health Policy (4218) 3/12/25: Introduced, Referred to the Committee on Housing and Human Services (142) 6/4/25: Referred to a second reading
	HB 4219 SB 143	These bills would require that patient's rights during mental health treatment, including the objection to treatment, must be communicated orally and in writing to the patient.	Rep - Jamie Thompson Sen – Rick Outman	3/12/25: Introduced, read a first time, referred to the Committee on Health Policy (4219) 3/12/25: Introduced, Referred to the Committee on Housing and Human Services (143) 6/4/25: Referred to a second reading

BILLS & REGULATIONS PERTAINING TO MENTAL HEALTH

Priority	BILL #	SUMMARY	SPONSOR	ACTION DATE
	SB 129	This bill would amend the Open Meetings Act to allow an appointed member of a public body who has a disability to fully participate in a meeting remotely upon request. The bill would not apply to a member of a public body who was elected by electors to serve.	Sean McCann	3/6/25: Introduced, Rederred to the Committee on Civil Rights, Judiciary, and Public Safety 3/18/25: Reported favorably without amendment, referred to the Committee of the Whole 4/16/2025: Reported by the Committee of the Whole favorable without Amendment, placed on order of third reading 4/17/2025: Passed Roll Call, received in the House, read a first time, referred to Committee on Government Operations
	HB 4530	A bill to modify the deadline for mental health professionals to release mental health records or information pertinent to child abuse or neglect investigation to the department.	Laurie Pothusky	6/3/2025: Introduced, read a first time, referred to Committee on Families and Veterans
	HB 4535	Modifies eligibility for mental health court.	Kara Hope	6/3/2025: Introduced, read a first time, referred to Committee on Judiciary
	SB 221	A bill to provide for outpatient treatment for misdemeanor offenders with mental health issues	Sylvia Santana	4/17/2025: Introduced, referred to committee on Health Policy 5/8/2025: Reported favorably without amendment, referred to Committee of the Whole 5/20/2025: Referred to Committee of the Whole favorably without amendment, placed on order of a third reading 5/21/2025: passed roll call, received in House, read a first time, referred to Committee on Health Policy
	SB 334	Police Training; Requires mental health and law enforcement response training for law enforcement officers.	Jeff Irwin	5/29/2025: Introduced, Referred to the Committee on Civil Rights, Judiciary, and Public Safety

BILLS & REGULATIONS PERTAINING TO SUD

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
	SB 68	A bill to amend 1998 PA 58 to prohibit displaying co-branded alcoholic beverages adjacent to certain products.	Dayna Polehanki	2/5/25: Introduced, Referred to the Committee on Regulatory Affairs 2/26/25: Reported favorable without amendment,

BILLS & REGULATIONS PERTAINING TO SUD

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
				Referred to Committee of the Whole 3/6/25: Reported by Committee of the Whole favorable with amendments, placed on order of third reading 3/12/25: Passed Roll Call, Received in House, Read a first time, referred to Committee on Regulatory Reform
	HB 4166 & 4167	Prohibits illicit use of xylazine and provides penalties; Provides sentencing guidelines for illicit use of xylazine.	Kelly Breen Mike Mueller	3/5/2025 – Introduced, referred to the Committee on the Judiciary
	HB 4255 & 4256	Modifies penalties for crime of manufacturing, delivering, or possession of with intent to deliver certain controlled substances; Amends sentencing guidelines for delivering, manufacturing, or possessing with intent to deliver certain controlled substances. ***PLEASE SEE THE MISCELLANEOUS UPDATES SECTION BELOW FOR MORE INFORMATION***	Sarah Lightner Ann Bollin	3/18/2025 – Introduced, referred to the Committee on the Judiciary 4/16/2025 – Reported with recommendation, referred to a second reading 4/23/2025 – Read a third time, passed, transmitted 4/29/2025 – Passed House with immediate effect, referred to Committee on Civil Rights, Judiciary, and Public Safety
	HB 4390 & 4391	Expands methods of testing intoxication or impairment in the Michigan vehicle code to include other bodily fluid.	Brian BeGole Julie Rogers	4/24/2025 – Introduced, read a first time, referred to Committee on Government Operations 5/22/25: Referred to a second reading ==6/26/25: Read a second time, placed on a third reading== ==7/1/25: Read a third time, Passed, given immediate effect, transmitted==
	SB 219-222	Expands petition for access to assisted outpatient treatment to additional health providers	Paul Wojno	4/17/2025 – Introduced, Referred to Committee on Health Policy 5/8/2025 – Referred to Committee of the Whole 5/20/2025 – Placed on order of third reading with substitute ==5/21/25 – passed roll call, received in the House, read a first time, referred to the Committee on==

BILLS & REGULATIONS PERTAINING TO SUD

Priority	BILL #	SUMMARY	SPONSOR(s)	STATUS/ACTION DATE
				Health Policy
	HB 4686	Controlled Substances; Allows creating, manufacturing, possessing, or using psilocybin or psilocin under certain circumstances.	Mike McFall	6/25/2025 – Introduced, Read a first time, Referred to the Committee on Families and Veterans
	SB 400	Prohibits prior authorization for certain opioid use disorder and alcohol use disorder medications.	Kevin Hertel	6/11/2025 – Introduced, Referred to the Committee on Health Policy, Reported favorably without amendment, Referred to the Committee of the Whole, Rules suspended for immediate consideration. 7/1/2025 – Reported favorably without amendment, placed on order of third reading, placed on immediate passage, passed roll call, Received in House, Read a first time, referred to Committee on Insurance
	SB 430 SB 431 SB 432	Modifies crime of manufacturing, delivering, or possession of with intent to deliver heroin or fentanyl to reflect changes in sentencing guidelines; Amends sentencing guidelines for delivering, manufacturing, or possessing with intent to deliver heroin or fentanyl; Allows probation for certain major controlled substances offenses.	Stephanie Chang Sarah Anthony Roger Victory	6/17/2025 – Introduced, Referred to the Committee on Civil Rights, Judiciary, and Public Safety
	SB 462, 464-465	Legislation to require retailers to obtain a state-issued license to sell tobacco products, including e-cigarettes and nicotine pouches.	Sam Singh Joe Bellino	6/26/2025 – Introduced, referred to the Committee on Regulatory Affairs
	SB 463 SB 466	Legislation that will repeal ineffective penalties on young people -- holding retailers accountable not, children.	Paul Wojno Mary Cavanaugh	6/26/2025 – Introduced, referred to the Committee on Regulatory Affairs

FEDERAL LEGISLATION

<table>
<tr><th colspan="5" style="text-align:center">BILLS & REGULATIONS PERTAINING TO MENTAL HEALTH</th></tr>
<tr><th>Priority</th><th>BILL #</th><th>SUMMARY</th><th>SPONSOR(s)</th><th>STATUS/ACTION DATE</th></tr>
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<tr><th colspan="5" style="text-align:center">BILLS & REGULATIONS PERTAINING TO SUD</th></tr>
<tr><th>Priority</th><th>BILL #</th><th>SUMMARY</th><th>SPONSOR(s)</th><th>STATUS/ACTION DATE</th></tr>
<tr>
<td></td>
<td>H.R.27
S. 331</td>
<td>HALT Fentanyl Act: This bill permanently places fentanyl-related substances as a class into schedule I of the Controlled Substances Act. Under the bill, offenses involving fentanyl-related substances are triggered by the same quantity thresholds and subject to the same penalties as offenses involving fentanyl analogues (e.g., offenses involving 100 grams or more trigger a 10-year mandatory minimum prison term). Additionally, the bill establishes a new, alternative registration process for certain schedule I research.</td>
<td>Rep - H. Morgan Griffith
Sen – Bill Cassidy</td>
<td>1/3/25: Introduced, Referred to the Committee on Energy and Commerce, Committee on the Judiciary See – H. Res. 93
2/10/25: Received in the Senate and Read twice and referred to the Committee on the Judiciary
3/3/25: Committee on the Judiciary. Reported by Senator Grassley with an amendment in the nature of a substitute. Without written report.
3/14/25: Passed/agreed to in Senate: Passed Senate with an amendment by Yea-Nay Vote. 84 – 16
3/18/25: Received in House
6/11/2025: Debate in House, Postponed Proceedings
6/12/2025: Considered Unfinished Business, On passage Passed by the Yeas and Nays: 321-104. Motion to reconsider laid on the table Agreed to without objection.
7/8/25: Presented to President</td>
</tr>
<tr>
<td></td>
<td>H. Res. 93</td>
<td>Providing for consideration of the bill (H.R. 27) to amend the Controlled Substances Act with respect to the scheduling of fentanyl-related substances, and for other purposes.</td>
<td>H. Morgan Griffith</td>
<td>2/4/25: Submitted in the House, reported in House
2/5/25: Debate – proceeded with one hour of debate, postponed proceedings, considered as unfinished business, motion to reconsider laid on the table without objection</td>
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</table>

	Bill	Description	Sponsor	Status
	HR 2383	**Protecting Kids from Fentanyl Act of 2025**: To amend the Public Health Service Act to authorize the use of Preventive Health and Health Services Block Grants to purchase life-saving opioid antagonists for schools and to provide related training and education to students and teachers	Joe Neguse	03/26/2025 - Referred to the House Committee on Energy and Commerce
	S 1132	**Families Care Act:** To amend the Older Americans Act of 1965 to include peer supports as a supportive service within the National Family Caregiver Support Program, to require States to consider the unique needs of caregivers whose families have been impacted by substance use disorder, including opioid use disorder, in providing services under such program	Ted Budd	03/26/2025 - Read twice and referred to the Committee on Health, Education, Labor, and Pensions
	HR 2935	**PREPARE Act of 2025**: To establish a Commission on the Federal Regulation of Cannabis to study a prompt and plausible pathway to the Federal regulation of cannabis.	David Joyce	04/17/2025 - Referred to the Committee on Energy and Commerce, and in addition to the Committees on the Judiciary, Ways and Means, Agriculture, and Financial Services
	HR 2483	**SUPPORT for Patients and Communities Reauthorization Act of 2025 (SUPPORT Act):** This bill reauthorizes and revises Department of Health and Human Services (HHS) programs that address substance use disorders, overdoses, and mental health.	Brett Guthrie	3/31/2025 – Introduced in the House, Referred to the Committees on Energy, and Commerce, Education and Workforce, Judiciary, and Financial Services. 5/29/2025 – Placed on the Union Calendar 6/4/2025 – General Debate. Passed in the House 6/5/2025 – Received in the Senate, read twice, referred to the Committee on Health, Education, Labor, and Pensions
	HR 1	**One Big Beautiful Bill Act:** This bill reduces taxes, reduces or increases spending for various federal programs, increases the statutory debt limit, and otherwise addresses agencies and programs throughout the federal government. It is known as a reconciliation bill and includes legislation submitted by several congressional committees pursuant to provisions in the FY2025 congressional budget resolution (H Con. Res. 14) that directed the committees to submit legislation to the House or Senate Budget Committee that will increase or decrease the deficit and increase the statutory debt limit by specified amounts. (Reconciliation bills are considered by Congress using expedited legislative procedures that prevent a filibuster and restrict amendments in the Senate.) *The LRE is actively monitoring the repercussions of this new law, and the effects it will have on our system.	Jodey Arrington	5/20/2025 - The House Committee on the Budget reported an original measure 5/22/2025 - On passage Passed by the Yeas and Nays: 215 – 214 in the House 6/27/2025 – Received in the Senate 7/1/2025 - Passed Senate with an amendment by Yea-Nay Vote. 51 – 50 7/3/2025 - On motion that the House agree to the Senate amendment Agreed to by recorded vote: 218 – 214. Presented to President. 7/4/2025 - Signed by President. Became Public Law No: 119-21.

LEGISLATIVE CONCERNS

	LOCAL THREATS AND CHALLENGES		
ISSUE	**SUMMARY**	**COUNTY**	**ADDITIONAL INFORMATION/LINKS**
FY 26 Appropriations Issues	See Attached Document		FY26 CMHA key budget issues.docx
REQUEST FOR ACTION:	ACTION ALERT: Tell MDHHS to Maintain Public Management of Michigan's Mental Health Services. We are asking you to reach out to Governor Whitmer and Lt. Governor Gilchrist and express your concerns with the department's competitive procurement process for the state's PIHP contracts.		[Advocacy – CMHAM – Community Mental Health Association of Michigan](#)
COVID Relief Funding Rescinded – ARPA Funds	As of March 24, HHS halted distribution of unspent COVID relief grant funds, this includes additional Community Mental Health Services Block Grant (MHBG) funding and Substance Use Prevention, Treatment and Recovery Services (SUPTRS) Block Grant funding. This additional funding was originally authorized in statute by a pair of COVID-19 relief bills passed by Congress in 2020 and 2021, the Coronavirus Preparedness and Response Supplemental Appropriations Act and American Rescue Act, which gave states until Sept. 30, 2025, to use the funds.		National perspective: [Mental health and addiction funding on the federal chopping block : NPR](#) State perspective: [Nessel sues as Trump health cuts hit Michigan disease, addiction programs](#)
MAC Letter to Governor	The Michigan Association of Counties has written a letter to Governor Whitmer in opposition to MDHHS' proposal to bid out PIHP contracts.		[PIHP-Letter-to-Governor-May-2025.pdf](#)
ACTION ALERT: Tell Legislators Public Mental Health System Facing Funding Crisis	**REQUEST FOR ACTION:** We are asking you to reach out to your legislators and Governor Whitmer to tell MDHHS to adjust the behavioral health Medicaid rates for FY25 in order to close the nearly $100 million FY25 deficit. As currently projected, the Medicaid mental health line items will be underspent by over $200 million for FY25, IF NO ADJUSTMENTS are made. The time to act is now, there will be public entities running out of money before the end of the fiscal year.		2025 Budget Shortfall Infographic.p

MISCELLANEOUS UPDATES

	ISSUE	SUMMARY	COUNTY	ADDITIONAL INFORMATION/LINKS
	Presidential Drug Policy Priorities	The White House Office of National Drug Control Policy (ONDCP) has announced six key priority areas that it plans to focus on this year: Reduce the Number of Overdose Fatalities, with a Focus on Fentanyl; Secure the Global Supply Chain Against Drug Trafficking; Stop the Flow of Drugs Across our Borders and into Our Communities; Prevent Drug Use Before It Starts; Provide Treatment That Leads to Long-Term Recovery; Innovate in Research and Data to Support Drug Control Strategies		ONDCP Releases Trump Administration's Statement of Drug Policy Priorities – The White House 2025-Trump-Administration-Drug-Policy-Priorities.pdf
	New CMS Administrator	Dr. Mehmet Oz was confirmed as the new administrator for the Centers for Medicare & Medicaid on 4/3/25 by the Senate.		Dr. Mehmet Oz Shares Vision for CMS | CMS
	==**Regional Opposition to HB 4255 & 4256**==	==The LRE and MSHN both have sent letters to State Senators in opposition of HB 4255 and 4256. Please see the attached letter. This letter was emailed to Senators at the instruction of the Regional SUD Directors.==		[PDF] 2025-5-2-HB4255-4256 Opposition Letter.p

Elected Officials

FEDERAL			
	NAME	**NATIONAL OFFICE CONTACT INFORMATION**	**LOCAL OFFICE CONTACT INFORMATION**
US Senate	Elissa Slotkin	825B Hart Senate Office Building Washington, D.C. 20510-2204 Phone: (202) 224-4822	315 W. Allegan St. Suite 207 Lansing, MI 48933
US Senate	Gary Peters	Hart Senate Office Building Suite 724 Washington, D.C. 20510 Phone: (202) 224-6221	110 Michigan Street NW Suite 720 Grand Rapids, MI 49503 Phone: (616) 233-9150
US Representative	Bill Huizenga	2232 Rayburn HOB Washington, D.C. 20515 Phone: (202) 225-4401	170 College Ave. Suite 160 Holland, MI 49423 Phone: (616) 251-6741
US Representative	Hillary Scholten	1317 Longworth House Office Building Washington, DC 20515 Phone: (202) 225-3831	110 Michigan Street NW Grand Rapids, MI 49503 Phone: (616) 451-8383
US Representative	John Moolenaar	246 Cannon House Office Building Washington, DC 20515 Phone: (202) 225-3561	8980 North Rodgers Court Suite H Caledonia, MI 49316 Phone: (616) 528-7100

STATE	
Find Your State Senator	Home Page Find Your Senator - Michigan Senate (https://senate.michigan.gov/FindYourSenator/)
Find Your State Representative	Michigan House - Home Page (https://www.house.mi.gov/)

26th Annual Substance Use and Co-Occurring Disorder Hybrid Conference

Empower.

Adapt.

Overcome.

Opportunities for a Changing World.

Sept. 7, 2025 – Pre-Conference • Sept. 8-9, 2025 – Main Conference

Grand Traverse Resort and Spa or Virtual

AGENDA AT-A-GLANCE

Sept. 7, 2025		
Time	**Description**	**Meeting Room**
Noon – 5 p.m.	Pre-Conference and Main Conference check-in	Hotel Lobby Level
Noon – 5 p.m.	Exhibitor set-up	Tower Prefunction and Governors Prefunction
1 – 4 p.m.	**Pre-Conference Workshops** *(in-person only)*	
	A. *Treatment/Recovery-Focused Workshop* - Healing Through Creativity: The Transformative Power of Expressive Arts Therapy in Substance Use Recovery **Credits: MCBAP 3 Specific/SW 3 CE**	
	B. *Prevention-Focused Workshop* -	
5 – 7 p.m.	Sponsored Evening Entertainment and Networking Reception at The Den at Grand Traverse Resort *(tentative)*	The Den at Grand Traverse Resort
Sept. 8, 2025		
Time	**Description**	**Meeting Room**
7:30 a.m. – 3 p.m.	Conference Check-In	Hotel Lobby Level until noon, Tower Registration Desk after noon
8 a.m. – 3:30 p.m.	Exhibits Open	Tower Prefunction and Governors Prefunction
8 – 9 a.m.	Breakfast	Governors Hall
8:45 – 9 a.m.	Conference Welcome	Governors Hall
9 – 10 a.m.	Morning Keynote: In Case of System Failure, Reboot! *(in-person and virtual)* **Credits: MCBAP 1 Specific/ SW 1 CE**	Governors Hall
10 – 10:30 a.m.	Morning Break	Tower Prefunction and Governors Prefunction
10 a.m. – 4 p.m.	Healing Space	Level 17
10:30 a.m. – Noon	**Breakout Sessions**	
	1. Positive Social Norming for Substance Use Prevention *(in-person and virtual)* **Credits: MCBAP 1.5 Specific/SW 1.5 CE**	
	2. Dialectic Behavior Therapy (DBT) and the 12 Steps **Credits: MCBAP 1.5 Specific/SW 1.5 CE**	
	3. Implementation with Intention: Scientific Strategies for Improved Substance Use Disorder (SUD) Outcomes *(in-person and virtual)* **Credits: MCBAP 1.5 Specific/SW 1.5 CE**	
	4. Harm Reduction in Michigan *(in-person and virtual)* **Credits: MCBAP 1.5 Specific/SW 1.5 CE**	

	5. Hope and Healing: MAT and the Journey Through the Criminal Justice System **Credits: MCBAP 1.5 Specific/SW 1.5 CE**	
	6. Michigan's Opioid Strategy: Driving Positive Change *(in-person and* <mark>virtual</mark>*)* **Credits: MCBAP 1.5 Specific/SW 1.5 CE**	
	7. When Gambling Co-Exists: The Chains of Addiction Between Gambling Disorder and SUD **Credits: MCBAP 1.5 Specific/SW 1.5 CE**	
	8. Stop Overstimulating Me: Neurodivergence and SUD Treatment **Credits: MCBAP 1.5 Specific/SW 1.5 CE**	
	9. Beyond Recovery: Using GPRA Data to Measure the Motivation for Employment Searching in SUD Services **Credits: MCBAP 1.5 Specific/SW 1.5 CE**	
Noon – 1 p.m.	Lunch	Governors Hall
1 – 2 p.m.	Afternoon Keynote: A Square Peg in a Round Hole: Addressing the Unique Needs of Emerging Adults with SUD and Mental Health Challenges *(in-person and* <mark>virtual</mark>*)* **Credits: MCBAP 1 Specific/SW 1 CE**	Governors Hall
2 – 2:30 p.m.	Afternoon Break	Tower Prefunction and Governors Prefunction
2:30 – 4 p.m.	**Breakout Sessions**	
	10. Turning Vision into Action: Strategic Planning for Prevention Success *(in-person and* <mark>virtual</mark>*)* **Credits: MCBAP 1.5 Specific/SW 1.5 CE**	
	11. Maximizing Impact: Supervision Strategies for Peer Recovery Coaches *(in-person and* <mark>virtual</mark>*)* **Credits: MCBAP 1.5 Specific/SW 1.5 CE**	
	12. Vaping Prevention Workshop: Empowering Youth to Combat Vaping **Credits: MCBAP 1.5 Specific**	
	13. Reach, Inspire, Serve, Empower: Leveraging a Multi-Sector, Collective Impact Approach to Improve Health Outcomes for SUD and Justice-Impacted Individuals *(in-person and* <mark>virtual</mark>*)* **Credits: MCBAP 1.5 Specific/SW 1.5 CE**	
	14. Crisis Stabilization Units: Providing Increased Access to 24/7 Detox and Co-Occurring Care **Credits: MCBAP 1.5 Specific/SW 1.5 CE**	
	15. *Live from Your Clients' Needs!* It's Real Lasting Relapse Prevention **Credits: MCBAP 1.5 Specific/SW 1.5 CE**	
	16. Apps, Devices, and Artificial Intelligence (AI) in Support of SUD and Behavioral Health (BH) **Credits: MCBAP 1.5 Specific/SW 1.5 CE**	
	17. Bridging Recovery and Employment: Creating Inclusive Workplaces for Jobseekers in Recovery *(in-person and* <mark>virtual</mark>*)* **Credits: MCBAP 1.5 Specific/SW 1.5 CE**	

Time	Description	Meeting Room
	18. Using Sensorimotor Psychotherapy to Aid in Recovery and Treatment of COD **Credits: MCBAP 1.5 Specific/SW 1.5 CE**	
4 p.m.	Adjourn for Day	
4 – 5:30 p.m.	Prevention Meet and Greet *(optional)*	Directors Room

<table>
<tr><th colspan="3" align="center">Sept. 9, 2025</th></tr>
<tr><th>Time</th><th>Description</th><th>Meeting Room</th></tr>
<tr><td>7:30 a.m. – 3 p.m.</td><td>Conference Check-In</td><td>Tower Registration Desk</td></tr>
<tr><td>7:30 a.m. – Noon</td><td>Exhibits Open</td><td>Tower Prefunction and Governors Prefunction</td></tr>
<tr><td>8 – 9 a.m.</td><td>Breakfast</td><td>Governors Hall</td></tr>
<tr><td>9 – 10 a.m.</td><td>Morning Keynote: TBD *(in-person and virtual)*
Credits: TBD</td><td>Governors Hall</td></tr>
<tr><td>10 a.m. – 4 p.m.</td><td>Healing Space</td><td>Level 17</td></tr>
<tr><td>10 – 10:30 a.m.</td><td>Morning Break</td><td>Tower Prefunction and Governors Prefunction</td></tr>
<tr><td>10:30 a.m. – Noon</td><td>Breakout Sessions</td><td></td></tr>
<tr><td></td><td>19. Hidden Hazards: Understanding Adolescent Marijuana Use *(in-person and virtual)*
Credits: MCBAP 1.5 Specific/SW 1.5 CE</td><td></td></tr>
<tr><td></td><td>20. Medications for Opioid Use Disorder (OUD) in Michigan Emergency Departments
Credits: MCBAP 1.5 Specific/SW 1.5 CE</td><td></td></tr>
<tr><td></td><td>21. Empathy Without Exhaustion Navigating Compassion Fatigue *(in-person and virtual)*
Credits: MCBAP 1.5 Related/SW 1.5 CE</td><td></td></tr>
<tr><td></td><td>22. Prevention Workforce: What the Field is Telling Us
Credits: MCBAP 1.5 Specific/SW 1.5 CE</td><td></td></tr>
<tr><td></td><td>23. Peer Recovery Coaches: Past, Present, and Future
Credits: MCBAP 1.5 Specific/SW 1.5 CE</td><td></td></tr>
<tr><td></td><td>24. Corrective Collaboration
Credits: MCBAP 1.5 Specific/SW 1.5 CE</td><td></td></tr>
<tr><td></td><td>25. MCBAP: Navigating the SUD Specialty Credential Process *(in-person and virtual)*
Credits: MCBAP 1.5 Specific/SW 1.5 CE</td><td></td></tr>
<tr><td></td><td>26. Navigating Paradigm Shifts in Opioid Treatment Programs (OTP) *(in-person and virtual)*
Credits: MCBAP 1.5 Specific/SW 1.5 CE</td><td></td></tr>
<tr><td></td><td>27. Comprehensive Integrated Care for Saving Lives for Substance Use in Pregnancy: The Partnering for the Future Program
Credits: MCBAP 1.5 Specific/SW 1.5 CE</td><td></td></tr>
<tr><td>Noon – 1 p.m.</td><td>Lunch</td><td>Governors Hall</td></tr>
<tr><td>1 – 2 p.m.</td><td>Afternoon Keynote: TDB *(in-person and virtual)*
Credits: TBD</td><td>Governors Hall</td></tr>
<tr><td>2 – 2:30 p.m.</td><td>Afternoon Break</td><td>Pre-Function Area</td></tr>
<tr><td>2:30 – 4 p.m.</td><td>Breakout Sessions</td><td></td></tr>
</table>

	28. Meetings are Not the Only Way: Unique Partnerships and Creative Strategies *(in-person and* ==*virtual*==*)* **Credits: MCBAP 1.5 Specific/SW 1.5 CE**	
	29. Smart Tools, Smarter Strategies: AI for Prevention Professionals **Credits: MCBAP 1.5 Specific/SW 1.5 CE**	
	30. Developing and Testing a Novel Hub and Spoke Model to Implement Addiction Prevention and Harm Reduction Services in Rural Primary Care and Mental Health Clinics *(in-person and* ==*virtual*==*)* **Credits: MCBAP 1.5 Specific/SW 1.5 CE**	
	31. Collaborative Wellness: Agents and Recovery Coaches Supporting Individuals on Probation and Parole **Credits: MCBAP 1.5 Specific/SW 1.5 CE**	
	32. Engaging Wellness: A Michigan Prevention and Wellness Model *(in-person and* ==*virtual*==*)* **Credits: MCBAP 1.5 Specific/SW 1.5 CE**	
	33. Characterizing the Overlap of Homelessness, Mental Health, and Substance Use: Surveillance Insights from Michigan's Opioid Response Strategy *(in-person and* ==*virtual*==*)* **Credits: MCBAP 1.5 Specific/SW 1.5 CE**	
	34. Four Waves of the Opioid Epidemic **Credits: MCBAP 1.5 Specific/SW 1.5 CE**	
	35. The Michigan Recovery Incentives Program and the National Groundswell in Contingency Management **Credits: MCBAP 1.5 Specific/SW 1.5 CE**	
	36. The Relay of Care: Coordination Through Collaboration **Credits: MCBAP 1.5 Specific/SW 1.5 CE**	
4 p.m.	Conference Adjourns	

REGISTER FOR THE CONFERENCE!

CONFERENCE DETAILS

This conference attracts upwards of 1,200 attendees including board members, oversight policy board members, administrators, financial directors, medical directors, clinical directors, prevention, treatment and recovery professionals, case managers, recovery coaches, and those with lived expertise. This educational opportunity is intended for providers in the SUD and COD fields at all levels of practice (beginning, intermediate, and advanced).

Hybrid Format

As a hybrid conference, the 26th Annual Substance Use and Co-Occurring Disorder Conference offers attendees the opportunity to attend the conference fully in-person or online by viewing a selection of sessions virtually.

- In-person: The in-person portion of the conference will take place at the Grand Traverse Resort and Spa in Acme, MI.

- Virtual: All keynotes and four breakout sessions (two prevention and two treatment/recovery) per concurrent time will be livestreamed. Continuing education (CE) hours will be available for virtual sessions *fully participated in during the designated live times*.

  - Each virtual session will have CMHA staff monitoring the chat and Q&A in the virtual platform who will share comments and questions with the presenters during the live in-person session.

CONTINUING EDUCATION

Conference Objectives

This conference will increase participants' awareness, knowledge, and skills related to providing SUD and COD services across the continuum of care by:

- Identifying ways to use data and data analytics to improve outcomes and care.
- Identifying ways to communicate in a culturally competent manner with the population being served.
- Identifying overdose prevention strategies for individuals who use illicit substances.
- Identifying indicators of trauma and best practices for treatment of trauma survivors.
- Increasing knowledge of peer support services and their benefit to traditional programming.
- Increasing the understanding of the needs of individuals in the correctional setting and re-entering the community.
- Increasing participants ability to successfully impact health and BH disparities.
- Identifying tools to advocate for the health and wellness of communities and children.
- Identifying strategies for successful treatment of the portion of the population that has a dual diagnosis.
- Improving ability to identify interventions appropriate for disadvantaged populations.

- Improving the use of outcomes and data in program planning strategies.
- Identifying strategies for overcoming barriers, offering solutions, and focusing on the role of supervision for successfully sustaining evidence-based, best, and promising practices.
- Showing how communities have embedded existing evidence-based, best, and promising practices into their system for sustainability.
- Increasing understanding of the ways in which continuous quality improvement in evidence-based, best, and promising practices can improve outcomes and performance measures.
- Focusing on trauma informed care for all populations.
- Identifying successful outreach strategies to disparate populations in need of services.

Continuing Education Information

Substance Use Disorder Professionals: CMHA is approved by Michigan Certification Board for Addiction Professionals (MCBAP). CMHA maintains the responsibility for the program and content. Substance use disorder professionals participating in the Pre-Conference (Sept. 7, 2025), may qualify for a maximum of 3 CE hours. Professionals participating in the Main Conference (Sept. 8-9, 2025), may qualify for a maximum of 10 CE hours. It is important that attendees keep a copy of the conference program brochure containing the session descriptions along with their attendance record form.

Social Workers: If you attend the Pre-Conference (Sept. 7, 2025), you may qualify for a maximum of 3 CE Hours for social work. If you attend the entire Main Conference (Sept. 8-9, 2025), you may qualify for a maximum of 10 CE Hours for social work. The Community Mental Health Association is an approved provider with the Michigan Social Work Continuing Education Collaborative. Approved Provider Number: MICEC 060818. Qualifies as "face-to-face (in-person) education.

Health Education Specialists: This conference is *pending* for Certified Health Education Specialists (CHES) and/or Master Certified Health Education Specialists (MCHES).

CE Requirement: National Accreditation rules indicate that if you are over five minutes late or depart early, you forfeit your CE hours for that session. Please note that this is a national rule that CMHA must enforce, or we could lose our provider status to provide CE hours in the future. This rule will be strictly followed.

Certificate Awarded: A conference app will be utilized to track and receive CE credits during the conference. At the end of the conference, a CE certificate will be generated and available to print or email from the conference app. The CE certificate will be available for 60 days after the event ends. No other certificate will be given outside of the CE certificate available on the conference app.

Evaluation: There will be an opportunity for each participant to complete an evaluation of the conference sessions and keynote addresses, as well as the overall conference, on the app. If you have any issues with the way in which this conference was conducted or other problems, you may note that in your evaluation of the conference or you may contact CMHA at 517-374-6848 or through CMHA's website for resolution.

Download the Conference App to Earn CEs, Access Handouts, and More!

- Search for the R@H ConferenceBeat Event App in the App Store (Apple users) or Google Play Store (Android users) or scan the QR codes below and download the app.

- Or access the app from your smartphone, tablet, or PC's web browser at: https://app.resultsathand.com/#acontextual.

- To find the **26th Annual Substance Use and Co-Occurring Disorder Hybrid Conference**, select the **Current Events** tab. Locate the **26th Annual Substance Use and Co-Occurring Disorder Hybrid Conference** from the list and select to open the event details. To open the event, click the **Go to Event** button.

- Once you have opened the event, sign in with the email address you used for CMHA registration. After entering your email address, create a passcode, and you are ready to use the app!

- The In and Out Codes given during all sessions and keynotes must be entered in the app to earn CE credits. Printed handouts will <u>not</u> be available as all handouts are accessible in the app. Certificates for the conference will be issued through the app and available for 60 days after the event ends.

- Visit the CMHA Conference App Help Table with any questions. Virtual attendees submit a Support Ticket to receive assistance during the conference.

QR Code for Apple Users
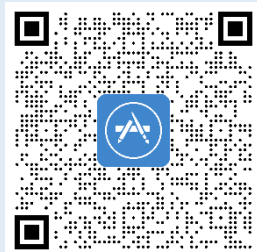
QR Code for Android Users
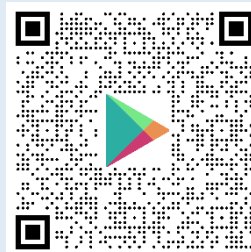
Conference Internet Access: Username – Username1 ~ Password – Password1

HOTEL INFORMATION

Overnight accommodations are available onsite at Grand Traverse Resort. There are three overflow hotels: Brio Beach Inn, Pointes Noth Beachfront Hotel, and Sleep Inn and Suites.

Grand Traverse Resort and Spa

100 GRAND TRAVERSE VILLAGE BLVD, ACME, MI 49610 – ONSITE ACCOMMODATIONS

- **Room Rates:** $179 for Hotel Guestrooms and $199 for Tower Guestrooms plus taxes and assessments available Sept. 7 and Sept. 8. In addition to the overnight rate, there is a $20.95 daily resort fee per room which includes access to numerous Grand Traverse Resort amenities.

The room rates are based on single/double occupancy and additional adults in a guestroom will be charged a $15 per person, per night rate for the duration of their stay. **Reserve by Aug. 16, 2025, to receive these special rates!**

- **Reservations:** All reservations must be accompanied by a credit card deposit equal to the room rate and tax for the first night. To reserve:
    - Call 231-534-6001 and mention the CMHA group code **SUD2025** and the dates requested.
    - Visit the [booking link](#).
    - *The deadline for the special rates is Aug. 16, 2025.*
- **Parking:** Complimentary parking is available onsite.
- **Cancellation Policy:** Cancellations received three days prior to the arrival date are fully refundable minus a $25 cancellation fee.
- **Check-In Time:** 4 p.m.   **Check-Out Time:** 11 a.m.

Brio Beach Inn

1465 US-31, Traverse City, MI 49686 – 4.5 Miles From Conference Location

- **Room Rate:** $139 for guestrooms available Sept. 7 and Sept. 8. **Reserve by Aug. 8, 2025, to receive this special rate!**
- **Reservations:** Call 231-938-6930 and mention the CMHA group code **SUD Conference** and the dates requested.
- **Parking:** Complimentary parking is available onsite.
- **Cancellation Policy:** Cancel prior to 4 p.m. the day before your arrival to avoid penalties.
- **Check-In Time:** 4 p.m.   **Check-Out Time:** 11 a.m.

Pointes North Beachfront Resort Hotel

2211 North U.S. 31 North, Traverse City, MI 49686 – 3.7 Miles From Conference Location

- **Room Rate:** $149 for guestrooms available Sept. 7 and Sept. 8. **Reserve by Aug. 8, 2025, to receive this special rate!**
- **Reservations:** Call 231-938-9191and mention the CMHA group code **SUD Conference** and the dates requested.
- **Parking:** Complimentary parking is available onsite.
- **Cancellation Policy:** Policies vary according to accommodation type. Please check the specific conditions when making your reservation.
- **Check-In Time:** 4 p.m.   **Check-Out Time:** 11 a.m.

Sleep Inn and Suites

5520 US 31 North Traverse City, MI 49610 – 1.8 Miles From Conference Location

- **Room Rates:** $129-$149 depending on accommodation type for guestrooms available Sept. 7 and Sept. 8. **Reserve by Aug. 16, 2025, to receive this special rate!**
- **Reservations:**

- o Call 231-938-7000 and mention the CMHA group code **SUD Conference** and the dates requested.
  - o Visit the [booking link](#).
- **Parking:** Complimentary parking is available onsite.
- **Cancellation Policy:** Policies vary according to accommodation type. Please check the specific conditions when making your reservation.
- **Check-In Time:** 4 p.m.   **Check-Out Time:** 11 a.m.
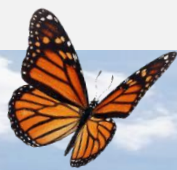
REGISTRATION

Virtual and In-Person registration rates are the same due to the technological costs of offering a hybrid conference.

Registration Type	Early Bird Rate *On or before Aug. 3*	Regular Rate *Aug. 4 – 25*	Late Rate *Aug. 26 – 27*
Sept. 7: Pre-Conference Attendee	$40	$65	$95
Sept. 8-9: Main Conference Attendee	$210	$235	$310
One-Day Attendee	$145	$170	$245

Registration Deadline: Aug. 27 at 6 p.m.

The *in-person* conference registration rate includes training materials, admission to all keynote sessions and breakout sessions, two breakfasts, two lunches, all breaks, and the Healing Space (optional). The pre-conference rate includes admission to the pre-conference workshop of your choice.

The *virtual* conference registration rate includes training materials, access to all keynote sessions, and two prevention and two treatment sessions per concurrent block of breakout sessions.

Conference Location: Grand Traverse Resort - [100 Grand Traverse Village Blvd, Acme, MI 49610](#)

- Complimentary parking is available onsite.
- [Visit the Grand Traverse Resort website here.](#)

Registration Terms and Conditions

Registration Deadlines: Registration ends Aug. 27, 2025 at 6 p.m. See the rate deadlines above.

Pre-Payment Required: The registration fee must be paid at the time of online registration with a major credit card. Contact sudcodconf@cmham.org to inquire about deviations from the pre-payment required policy. Refunds will not be given to registrants who do not participate in the training for which they have registered ("no-shows").

Cancellation Policy: Substitutions are permitted at any time. No-shows will be billed at the full training rate. Cancellations must be received in writing at least ten business days prior to the conference for a full refund less a $25 administrative fee. If cancellation is received less than ten business days prior to the training, no refund will be given.

Training Accommodations: If you need accommodations to attend this conference, please email your request to sudcodconf@cmham.org at least ten business days before the training. Clearly state your specific needs for mobility assistance, interpreters, etc. Attempts for on-site requests will be made.

Weather Policy: The conference will take place as scheduled, and we will not be able to refund registration fees due to weather. In the event of severe weather, please check the CMHA website for scheduling delays and event updates.

Code of Conduct for Participants: CMHA strives to create a training environment that is safe, inclusive, and fosters learning. As an attendee of a CMHA training, you agree to contribute to the success of such an environment. CMHA attendees are responsible for proper and ethical behavior during training. It is not acceptable to use obscene, profane, threatening, or disrespectful visual, verbal, or written communication during your time as an attendee. Attendees are also not permitted to record any part of this training for personal or other use. If CMHA becomes aware that a participant has failed to abide by this code of conduct, then the association may take whatever actions it deems appropriate, including, for example, removal from the training without refund, notification of participant's employer, removal of any CE credits, and disqualification from attending future events.

REGISTER FOR THE CONFERENCE!

CONFERENCE AGENDA

Sept. 7, 2025

Noon – 5 p.m.   **Pre-Conference and Main Conference check-in**

Noon – 5 p.m.   **Exhibitor Set-Up** *(Tower Prefunction and Governors Prefunction)*

1 – 4 p.m.   **Pre-Conference Workshops (in-person only)**

     A. *Treatment/Recovery-Focused Workshop -* **Healing Through Creativity: The Transformative Power of Expressive Arts Therapy in Substance Use Recovery**
- *Amabel Liu, MA, CAADC-DP, Expressive Arts Therapist, Harbor Hall, Inc.*
- ❖ Qualifies for 3 Specific MCBAP Education Contact Hours
- ❖ Qualifies for 3 Social Work CE Hours

Description: This workshop will introduce the healing benefits of Expressive Arts Therapy for individuals recovering from SUD. The presenter will share insights into how various art forms, such as visual arts, creative writing, and mixed media, support individuals on their recovery journey. Participants will discover the therapeutic benefits of creative expression, including enhanced emotional well-being, improved coping skills, and a deeper connection to oneself and others. Participants will engage in a heart healing meditation, inviting reflections on what nurtures spirits. Following the meditation, attendees will explore their emotions through a creative activity involving drawing and writing. Together, this presentation will foster a supportive environment where art serves as a powerful pathway to healing and resilience.

Objectives: 1) Learn about the healing benefits of Expressive Arts Therapy and how various art forms can support emotional well-being and recovery from SUD. 2) Participate in a heart healing meditation and a creative activity, exploring emotions through drawing and writing. 3) Develop a deeper connection to themselves and others by sharing experiences and insights, promoting a supportive community focused on healing and resilience.

     B. *Prevention-Focused Workshop:* **TBD**
- *Speaker TBD*

5 – 7 p.m.   **Sponsored Evening Entertainment and Networking Reception at The Den at Grand Traverse Resort** *(tentative)*

Sept. 8, 2025

7:30 a.m. – 3 p.m.   **Conference Check-In**

8 a.m. – 3:30 p.m.   **Exhibits Open** *(Tower Prefunction and Governors Prefunction)*

8 – 9 a.m.   **Breakfast (included)** *(Governors Hall)*

8:45 – 9 a.m.	**Conference Welcome** *(Governors Hall)* – *Angie Smith-Butterwick, MSW, Division Director, Substance Use Gambling, and Epidemiology, Bureau of Specialty Behavioral Health Services, MDHHS* – *Sandra Witherspoon, Chairwoman, Grand Traverse Band of Ottawa and Chippewa Indians* – *Tara Moreno-Wallen, MA, RT-ADS, Founding Director, Serenity House Communities*
9 – 10 a.m.	**Morning Keynote: In Case of System Failure, Reboot! (in-person and virtual)** *(Governors Hall)* – *Albert Gay, MS, Managing Partner/Chief of Development/Master Trainer, TTJ Group, LLC and SheRays and Associates, LLC; Business Owner* ❖ Qualifies for 1 Specific MCBAP Education Contact Hour ❖ Qualifies for 1 Social Work CE Hour **Description:** This encouraging keynote examines how our SUD prevention systems sometimes fail despite best intentions and explores innovative approaches to *rebooting* our methods. Drawing parallels between technology troubleshooting and rebuilding prevention frameworks, this presentation challenges conventional thinking while offering practical strategies for systemic change. **Objectives:** 1) Identify key indicators of when traditional prevention systems are failing to meet community needs. 2) Explore approaches to *rebooting* prevention strategies at multiple levels. 3) Create action plans for implementing system-wide improvements and sustainable prevention efforts
10 a.m. – 4 p.m.	**Healing Space** *(Level 17)* Holistic healing services from Serenity House Communities include Acudetox, massage, and Reiki.
10 – 10:30 a.m.	**Morning Break**
10: 30 a.m. – Noon	**Breakout Sessions** 1. **Positive Social Norming for Substance Use Prevention (in-person and virtual)** – *Dominique Schroeder, LMSW, CPC, Chief Program Officer, CARE of Southeastern Michigan* – *Jade Cruz, BS, CPS, Prevention Program Manager, CARE of Southeastern Michigan* ❖ Qualifies for 1.5 Specific MCBAP Education Contact Hours ❖ Qualifies for 1.5 Social Work CE Hours **Description:** This presentation focuses on the concept of positive social norming as a powerful tool in preventing substance use within communities. By promoting healthy, socially accepted behaviors and reinforcing the idea that most people choose not to engage in harmful behaviors, positive social norming seeks to shift perceptions, reduce risky behaviors, and build a culture of support for individuals making healthier choices. The session will explore how communities can collectively raise awareness and foster environments where positive behaviors are not only encouraged but also seen as the norm. **Objectives:** 1) Understand social norms. 2) Understand how positive norming relates to substance use prevention. 3) Gain and practice strategies for implementing positive norming for the communities' attendees provide prevention services in.

2. **DBT and the 12 Steps**
   - *Devon Frontczak, LMSW, Licensed Clinical Social Worker, Placed on Purpose*
   - *Jason Frontczak, CPRC, Certified Peer Recovery Coach, Rise 2 Power Coaching*
   - *Jennifer Ritchie, LMSW, CAADC, IDDT Program Supervisor/Clinician, St. Clair Community Mental Health and Placed on Purpose*
   - ❖ Qualifies for 1.5 Specific MCBAP Education Contact Hours
   - ❖ Qualifies for 1.5 Social Work CE Hours

   Description: DBT is well known as the gold standard treatment for borderline personality disorder. However, in more recent years DBT has been shown effective for several other diagnoses including SUD. The presenters will discuss and apply the evidence-based practice of DBT skills for SUD and how it aligns with the 12 steps of recovery. This presentation will provide applicable skills for each of the twelve steps of recovery that substance use treatment providers will be able to add to their current treatment modalities. Peer recovery coaches, case managers, and clinicians will gain actionable skills to share with consumers and when those skills can be used.
   Objectives: 1) Identify the four skills training modules of DBT and how they can be implemented for individuals struggling with SUD and/or COD. 2) Identify specific DBT skills that support the principles of the 12 steps. 3) Identify at least three ways DBT skills can be utilized in a recovery plan.

3. **Implementation with Intention: Scientific Strategies for Improved SUD Outcomes (in-person and <mark>virtual</mark>)**
   - *Heatherlun Uphold, PhD, Assistant Professor, Michigan State University College of Human Medicine*
   - *Kristen Senters Young, MA, Director of Women's Specialty and Prevention Services, Flint Odyssey House, Inc.*
   - ❖ Qualifies for 1.5 Specific MCBAP Education Contact Hours
   - ❖ Qualifies for 1.5 Social Work CE Hours

   Description: This session will explore how community-academic partnerships in dissemination and implementation (D&I) science can be leveraged to improve SUD treatment outcomes. Drawing on real-world examples, the presenters will share strategies for building equitable partnerships, translating evidence into practice, and co-developing interventions that reflect community priorities. Participants will engage in interactive discussions on implementation frameworks, sustainability planning, and the role of trust-building in research. This session will highlight lessons learned from the presenters' work in Flint and other communities. Attendees will leave with practical tools and insights to apply community-engaged D&I methods in their own settings.
   Objectives: 1) Identify key principles of community-academic partnerships and explain their role in addressing SUD through collaborative research. 2) Apply D&I science frameworks to co-develop, adapt, and evaluate interventions that align with community priorities. 3) Describe strategies for building trust, promoting sustainability, and ensuring cultural responsiveness in community-engaged research on SUD.

4. **Harm Reduction in Michigan (in-person and <mark>virtual</mark>)**
   - *Shelby Pasch, BS, Harm Reduction Unit Manager, MDHHS*
   - *Anna Falkowski, MS, Drug User Health Epidemiologist, MDHHS*

❖ Qualifies for 1.5 Specific MCBAP Education Contact Hours
❖ Qualifies for 1.5 Social Work CE Hours

Description: This presentation will address the successes and barriers that MDHHS's Harm Reduction and Viral Hepatitis Unit face across the state in addressing SUD. The presenter will show the correlation between overdose rates and hepatitis C rates and give an overview of harm reduction agencies across Michigan.

Objectives: 1) Learn what a Syringe Service Program (SSP) is, the services SSPs entail, and how to locate services within the community. 2) Better understand SUD from a harm reduction lens. 3) Understand the correlation between SUD and hepatitis C and learn how to access critical data to form an individualized strategic approach for the community.

5. **Hope and Healing: Medication Assisted Treatment (MAT) and the Journey Through the Criminal Justice System**
   – *Nicholas Plumhoff, CPRC, Program Coordinator, Samaritan Health*
   – *Elizabeth Kelly, CPRC, MAT Recovery Coach, Michigan Department of Corrections (MDOC)*

   ❖ Qualifies for 1.5 Specific MCBAP Education Contact Hours
   ❖ Qualifies for 1.5 Social Work CE Hours

   Description: In this powerful presentation, recovery coaches will share their firsthand experiences with MAT. Hear inspiring stories of personal transformation and witness the profound impact MAT has had on their own lives and the lives of those they support. This presentation will offer a unique perspective on the realities of recovery, the power of MAT, and the hope it provides. The coaches will discuss the general benefits of MAT, and how they use their personal experiences to combat stigma within both the correctional and SUD communities.

   Objectives: 1) List the benefits of initiating MAT during the term of an individual's incarceration. 2) Identify barriers to MAT treatment and solutions to overcome those barriers. 3) List ways they can provide support and encouragement to the individuals on their caseload to make informed decisions about MAT.

6. **Michigan's Opioid Strategy: Driving Positive Change (in-person and virtual)**
   – *Brandon Hool, MPH, Policy Advisor on Drug User Health and Recovery, MDHHS*

   ❖ Qualifies for 1.5 Specific MCBAP Education Contact Hours
   ❖ Qualifies for 1.5 Social Work CE Hours

   Description: This presentation will detail the MDHHS Opioid and SUD Response Strategy, as well as the evidence base and process used to create that strategy. Attendees will learn about how this high-level strategic planning has informed investments in programming, how that programming has been implemented, the results of that implementation, and how program evaluation has informed adaptations in implementation and strategy. Attendees will also learn more about how opioid settlements have been used statewide to fill gaps in the overall substance use service landscape and to dynamically respond to changes in the substance use environment. Lastly, attendees will learn more about the resources available to them that can support their work in the BH field and how they can get involved with state and local planning efforts.

Objectives: 1) Discuss the basics of Michigan's opioid strategy and opioid settlements. 2) Align individual and organizational strategies to state efforts, review remediation strategies allowed by opioid settlements, and discuss evidence-based practices. 3) Locate and direct others to current state and national resources to support SUD/opioid program planning and implementation.

7. **When Gambling Co-Exists: The Chains of Addiction Between Gambling Disorder and SUD**
   - *Lori A. Mello, MA, LPC, MPA, Program Manager, Health Management Systems of America*
   - ❖ Qualifies for 1.5 Specific MCBAP Education Contact Hours
   - ❖ Qualifies for 1.5 Social Work CE Hours

   Description: Often, people do not realize that a gambling disorder and a SUD have some notable similarities, and it is common for these two disorders to go hand in hand. Typically, if a person has a gambling disorder, they are more likely to develop an alcohol or SUD, and vice versa. Gambling is often referred to as being an invisible addiction, because compared to a drug or alcohol addiction, which can be spotted more easily, it's often difficult to tell when someone has a gambling problem. Gambling and drug use affect the brain in a similar way. Gambling can affect levels of dopamine and serotonin, similarly to substances. This session will address the similarities and differences between SUD and gambling disorder, often referred to as the *hidden addiction*. It will review the addiction process, stigma, treatment options, and what recovery looks in the gambler.
   Objectives: 1) Understand the similarities and differences between gambling disorder and SUD. 2) Understand the progression of addiction and the stigma associated with gambling disorder. 3) Understand treatment options for gambling disorder and the pathways to recovery.

8. **Stop Overstimulating Me: Neurodivergence and SUD Treatment**
   - *Rebecca Dubord, MA, LPC, Mental Health Therapist, Community Mental Health Authority of Clinton, Eaton, and Ingham Counties (CMHA-CEI)*
   - *Robert Kanous, CPSS, CPRC, Peer Support Specialist, CMHA-CEI*
   - ❖ Qualifies for 1.5 Specific MCBAP Education Contact Hours
   - ❖ Qualifies for 1.5 Social Work CE Hours

   Description: Treatment providers for SUD already struggle with relapses, burnout, and much more. Clients with neurodivergence often struggle with emotional dysregulation and impulse control which can make treatment more difficult. This presentation aims to inform the audience of relevant considerations, barriers, and methods to increase participation for individuals with neurodivergence. Increasing cultural competency for individuals with neurodivergence is increasingly important with the growing rates of diagnosis in populations that are historically diagnosed less such as people of color, women, and gender non-conforming individuals. Comorbidity between substance use and certain neurodivergence has been well established with research, however the availability of training and presentations do not reflect the strong comorbidity between these disorders. As an individual with neurodivergence, the presenter will share ways in which clients' experience with treatment can be improved to better increase client participation in treatment and empowerment.

Objectives: 1) Identify barriers for neurodivergent clients. 2) Understand the comorbidity between SUD and neurodivergence. 3) Identify ways in which providers can improve cultural competency for clients with neurodivergence.

9. **Beyond Recovery: Using the Government Performance and Results Act (GPRA) Data to Measure the Motivation for Employment Searching in SUD Services**
    - *Danielle Hicks, PhD, MSCJ, MSW, Evaluation Project Director and Data Coordinator, Wayne State University (WSU), State Opioid Response (SOR)*
    - *Madison Magness, LLMSW, Research Assistant, WSU, SOR*
    ❖ Qualifies for 1.5 Specific MCBAP Education Contact Hours
    ❖ Qualifies for 1.5 Social Work CE Hours

    Description: The 2018 National Survey on Drug Use and Health reveals that nearly 70%, or 13.6 million, people with SUD are unemployed, highlighting a significant gap between substance use recovery and employment. While substance use treatment is effective in reducing substance use, it does not necessarily increase the likelihood of becoming employed, suggesting that other factors may influence the relationship between SUD and employment. The GPRA establishes federal performance measurement requirements with SOR providers required to complete verbal surveys with clients at program intake, program discharge, and six months after intake. GPRA data offers insights into the role of employment in SUD treatment and recovery services by identifying the many factors that can be associated with successful employment outcomes among people with SUD. This session will present findings from more than five years of GPRA data collected by Michigan SOR I-IV grants. Attendees will explore client employment over time and discuss how trauma and mental health may influence these trends, as well as the benefits of peer support services for employment.
    Objectives: 1) Identify ways to use GPRA data to display the success of client services and highlight the importance of employment services in SUD recovery. 2) Identify the importance of employment services and multiple factors that impact recovery and employment, including trauma and mental health. 3) Identify beneficial components of services, including peer support services for employment.

Noon – 1 p.m.   **Lunch (included)** *(Governors Hall)*

1 – 2 p.m.   **Afternoon Keynote: A Square Peg in a Round Hole: Addressing the Unique Needs of Emerging Adults with SUD and Mental Health Challenges (in-person and virtual)** *(Governors Hall)*
    - *Mark Sanders, LCSW, CADC, Project Manager, Illinois and Indiana for Great Lakes Addiction Technology Transfer Centers; Co-Founder, Serenity Academy of Chicago*
    ❖ Qualifies for 1.5 Specific MCBAP Elousiducation Contact Hours
    ❖ Qualifies for 1 Social Work CE Hour

    Description: Research reveals that the majority of emerging adults (18- to 25-year-olds) do not feel comfortable in adolescent treatment programs. Many state, "I am not a teenager!" At the same time, the majority also report not feeling fully adult. Putting emerging adults in adolescent and adult treatment programs is like trying to put a square peg in a round hole. It is important to tailor treatment to the unique needs of emerging adults as this population has the

highest rates of binge drinking, overdose, and drug related arrests, and the poorest outcomes in treatment. Topics covered in this skill-building presentation include: the five features of emerging adulthood; reasons emerging adults resist counseling; engaging emerging adults in treatment; strength-based engagement; overcoming resistance and barriers to mistrust; retention strategies with emerging adults; tailoring treatment to the unique needs of emerging adult friendly evidence-based practices.

Objectives: 1) Incorporate the five features of emerging adulthood into direct practice. 2) Articulate seven reasons emerging adults resist counseling. 3) Conduct a strength-based assessment with emerging adults. 4) Reduce resistance and increase retention rates among emerging adults. 5) Tailor treatment to the unique needs of emerging adults. 6) Utilize principles of four evidence-based practices in work with emerging adults.

2 – 2:30 p.m.	**Afternoon Break**
2:30 – 4 p.m.	**Breakout Sessions**

10. **Turning Vision into Action: Strategic Planning for Prevention Success (in-person and <mark>virtual</mark>)**
    - *Louise Marchelle Montag, CPC, Senior Consultant, Montag Forward Solutions LLC*
    ❖ Qualifies for 1.5 Specific MCBAP Education Contact Hours
    ❖ Qualifies for 1.5 Social Work CE Hours

    Description: Having a vision is essential but knowing how to bring it to life is just as important. This interactive session will guide participants through the strategic planning process using the Strategic Prevention Framework (SPF) and logic models. Attendees will learn how to assess needs, set priorities, and develop a clear roadmap for achieving their goals. Participants will gain practical experience in creating a strategic plan that is both actionable and measurable. Everyone will leave with templates, tools, and the confidence to develop and implement an effective strategic plan in their own work.
    Objectives: 1) Understand the key components of the SPF and how to apply them in strategic planning. 2) Develop a logic model to align goals, strategies, and outcomes for effective prevention efforts. 3) Utilize practical tools and templates to create a customized strategic plan for the organization or initiative.

11. **Maximizing Impact: Supervision Strategies for Peer Recovery Coaches (in-person and <mark>virtual</mark>)**
    - *Tara Moreno-Wallen, MA, RT-ADS, Founding Director, Serenity House Communities*
    ❖ Qualifies for 1.5 Specific MCBAP Education Contact Hours
    ❖ Qualifies for 1.5 Social Work CE Hours

    Description: Effective peer recovery coaching is vital for both the individual and the success of a recovery community. This session explores how strategic supervision empowers coaches to thrive in their own recovery while significantly supporting others. The presenters will provide practical supervision tips and solutions for common challenges.
    Objectives: 1) Identify signs of burnout, compassion fatigue, and secondary trauma in coaches. 2) Learn about using the eight dimensions of wellness in

supervision meetings. 3) Learn how to use empathy, kindness, and boundaries when helping coach meet goals and outcomes.

12. **Vaping Prevention Workshop: Empowering Youth to Combat Vaping**
   – *Ellen Templeton, MSW, CPS, Project Coordinator, RISE: Otsego Substance Free Coalition*
   ❖ Qualifies for 1.5 Specific MCBAP Education Contact Hours

   Description: This session will address the critical issue of youth vaping, providing attendees with tools and strategies to empower young people to resist peer pressure and make informed decisions. Participants will explore methods from our vaping prevention workshop, including interactive activities like the *What's Your Reason for Not Vaping?* and *Your Body on Strike!* stations. The presenter will walk participants through each interactive activity, from refusal skills training to understanding the health impacts of vaping, allowing participants to experience the real-life application of these prevention strategies. At the end of this session, attendees will be equipped to implement these strategies in their communities, empowering youth to combat vaping. This session is ideal for educators, prevention specialists, and youth leaders looking to enhance their prevention efforts.
   Objectives: 1) Gain the skills to facilitate each activity within the vaping prevention workshop, effectively engaging youth in interactive discussions and activities about the dangers of vaping. 2) Adapt the workshop's activities to fit the specific needs and dynamics of local youth populations. 3) Learn to train youth leaders to effectively facilitate and lead the vaping prevention workshop activities.

13. **Reach, Inspire, Serve, Empower (R.I.S.E.): Leveraging a Multi-Sector, Collective Impact Approach to Improve Health Outcomes for SUD and Justice-Impacted Individuals (in-person and** virtual**)**
   – *Kelly Ainsworth, BA, CHES, Senior Program Director, Mid-Michigan CHAP; Director of Mental Health and Substance Use Initiatives, Greater Flint Health Coalition*
   – *Erin McClelland, MA, LPC, CCS, CAADC, Clinical Director, New Paths, Inc.*
   – *Jason Gould, NCCE, Major, Office of the Genesee County Sheriff*
   ❖ Qualifies for 1.5 Specific MCBAP Education Contact Hours
   ❖ Qualifies for 1.5 Social Work CE Hours

   Description: Genesee County ranks first in SUD burden and is home to Michigan's fifth largest county jail. Recognizing an estimated 90% of the Genesee County jail population are impacted by substance use, Greater Flint Health Coalition, New Paths, Inc., and Genesee County Sheriff's Department began working collaboratively in 2022 with goals to expand peer recovery support, improve entry to SUD treatment, increase access to harm reduction resources, enhance re-entry support, and reduce recidivism. This session will detail the development of the R.I.S.E. initiative and discuss how to build partnerships and overcome barriers with law enforcement, treatment providers, and other community partners to improve health outcomes for SUD and justice impacted individuals.
   Objectives: 1) Describe common gaps in service for the SUD and justice-impacted population. 2) Identify key providers and community-based organization partners needed to support successful collaboration with the county jail system. 3) Describe the value of using digital tools to support multi-sector collaboration and communication.

14. **Crisis Stabilization Units: Providing Increased Access to 24/7 Detox and Co-Occurring Care**
    – *Grace Wolf, MS, LPC, Vice President of Crisis Services, Detroit Wayne Integrated Health Network (DWIHN)*
    – *Claire McGinn, LMSW, Site Director, DWIHN*
    ❖ Qualifies for 1.5 Specific MCBAP Education Contact Hours
    ❖ Qualifies for 1.5 Social Work CE Hours

    Description: In June 2024, DWIHN, opened a 12-person adult unit which provides a 24/7/365 access point to both mental health and substance use crisis care. For the first time in Wayne County, individuals can receive detox services, up to ASAM 3.7 level of care, directly at the crisis stabilization unit. In addition to detox services, an individual can receive buprenorphine induction and continuation while receiving services on the unit. This session will provide information regarding operations, programming, and year of data in review.
    Objectives: 1) Understand ASAM 3.7 level of care. 2) Understand integration of mental health and substance use services programming on one unit. 3) Understand MDHHS guidelines for crisis stabilization units.

15. *Live from Your Clients' Needs!* **It's Real Lasting Relapse Prevention**
    – *Mitch Rice, MA, LPC, CAADC, Retired COD Therapist*
    ❖ Qualifies for 1.5 Specific MCBAP Education Contact Hours
    ❖ Qualifies for 1.5 Social Work CE Hours

    Description: Do you want to stretch yourself and your clients? Need to avoid drifting off in a workshop? Need to smile and laugh more? Participants may find answers to these questions in this session. Relapse prevention is essential and critical to true SUD recovery. A key weakness in traditional relapse prevention counseling is lack of making it real for clients. This session has a real-life angle to assist clinicians and clients to take theory into practice. Session participants will learn and practice skills to use in their own counseling with clients. This will be *live* in this session and should be a *lasting real experience*. SUD clinicians are very skilled in the why, what, and where of relapse but need to improve the how to avoid and/or divert relapses. Be prepared to have a *live* experience in this presentation.
    Objectives: 1) Enhance understanding of the variations in SUD thinking and behavior. 2) Recognize variations in relapse risk and vulnerability in clients and increase client awareness of relapse risk and vulnerability. 3) Learn new real-life relapse prevention skills. 4) Apply practical relapse prevention skill building for participant clinical practice/setting.

16. **Apps, Devices, and Artificial AI in Support of SUD and BH**
    – *Norman DeLisle, BA, Policy Consultant, Michigan Disability Rights Coalition (MDRC)*
    – *Aimee Sterk, LMSW, Program Director, MDRC*
    ❖ Qualifies for 1.5 Specific MCBAP Education Contact Hours
    ❖ Qualifies for 1.5 Social Work CE Hours

    Description: In the last decade, new tools have become available to support other types of treatment in BH and SUD. These tools have surfaced in such numbers and variety that it is difficult to make informed choices on their use, both by individuals and clinicians. This session will introduce the audience to a place to start with digital apps, neuromodulation devices, and AI.

Objectives: 1) Identify apps that support emotional self-regulation, executive function, and personal safety skills. 2) Understand the basic functions of neuromodulation devices, their uses, and the current state of their sophistication. 3) Understand how AI can be used as a free support for individuals, and the current state of AI accommodation to people with disabilities.

17. **Bridging Recovery and Employment: Creating Inclusive Workplaces for Jobseekers in Recovery (in-person and** ==virtual==**)**
    – *Amy Miller, BA, SHRM-SCP, Senior Manager, Customer Value Partners*
    – *Nicki Gabel, BS, Program Manager, Michigan Public Health Institute*
    – *Marney Winfield, LLMSW, CADC, Assistant Director, 217 Recovery*
    ❖ Qualifies for 1.5 Specific MCBAP Education Contact Hours
    ❖ Qualifies for 1.5 Social Work CE Hours

    Description: This presentation will explore how recovery-focused employment support and workplace culture reform come together to create real opportunities for individuals in recovery. The presenters will dive into practical, person-centered strategies that help job seekers succeed: from pre-employment preparation to job placement, smooth transitions, and long-term retention. Participants will also learn how the Recovery-Friendly Workplace initiative is transforming company cultures and strengthening communities across Michigan so that job seekers and individuals in recovery can continue employment in a supportive environment. The presenters will demonstrate how partnerships with recovery community organizations are bridging the gap by providing community-led education through lived experience and resources. This presentation emphasizes the need to break down barriers, open doors to meaningful employment, and build workplaces where everyone has the chance to thrive.
    Objectives: 1) Name the key elements of person-centered employment support systems that address the unique needs of individuals in recovery, including pre-employment preparation, job placement, transition support, and retention services. 2) Examine the implementation strategies of Michigan's Recovery-Friendly Workplace initiative and explore its role in transforming organizational culture to better support employees in recovery. 3) Analyze how partnerships with recovery community organizations utilize lived experience and community-led education to bridge resource gaps in substance use recovery services.

18. **Using Sensorimotor Psychotherapy to Aid in Recovery and Treatment of COD**
    – *Angela Thompson, LMSW, CADC-M, Advanced Practitioner of Sensorimotor Psychotherapy, Outpatient Therapist, Angela Thompson Counseling Services*
    ❖ Qualifies for 1.5 Specific MCBAP Education Contact Hours
    ❖ Qualifies for 1.5 Social Work CE Hours

    Description: In this presentation, attendees will be introduced to working somatically in treatment. Sensorimotor Psychotherapy uses an evidence-based bottom-up brain approach to help individuals integrate their experiences with the use of internal body sensations, movement, five sense perception, emotions, and thoughts. This modality treats both symptoms of trauma, developmental trauma, and the adaptive strategies that help individuals to survive. Sensorimotor Psychotherapy principles include

mindfulness, mind-body spirit holism, non-violence, organicity relational alchemy, unity, and regulation of autonomic arousal.

Objectives: 1) Define how Sensorimotor Psychotherapy uses the body and the mind to help individuals mindfully study the implicit memories and neurobiological effects of trauma. 2) Define how traumatic body states can impact posture and five sense perception. 3) Define two basic somatic interventions to help individuals resource and find their way back into their window of tolerance.

4 p.m.	**Adjourn for the Day**

4 – 5:30 p.m.   **Prevention Meet and Greet (optional and in-person only)** *(Directors Room)*
Description: Gather to connect with statewide prevention leaders, prevention providers, and community coalition networks. Host organizations will share prevention resources, hors d'oeuvres, and foster lasting connections to further the field of SUD prevention and BH promotion.

Sept. 9, 2025

7:30 a.m. – 3 p.m.   **Conference Check-In** *(Tower Registration Desk)*

8 a.m. – Noon   **Exhibits Open** *(Tower Prefunction and Governors Prefunction)*

8 – 9 a.m.   **Breakfast (included)** *(Governors Hall)*

9 – 10 a.m.   **Morning Keynote: TBD (in-person and <mark>virtual</mark>)**
(Governors Hall)
– *Speaker Name*

10 a.m. – 4 p.m.   **Healing Space** *(Level 17)*
Holistic healing services from Serenity House Communities include Acudetox, massage, and Reiki.

10 – 10:30 a.m.   **Morning Break**

10: 30 a.m. – Noon   **Breakout Sessions**

19. **Hidden Hazards: Understanding Adolescent Marijuana Use (in-person and <mark>virtual</mark>)**
– *Jade Cruz, BS, CPS, Prevention Program Manager, CARE of Southeastern Michigan*
– *Lauren Letzmann, CPRC, CPRM, CPS-DP, Project VOX Coordinator, CARE of Southeastern Michigan*
❖ Qualifies for 1.5 Specific MCBAP Education Contact Hours
❖ Qualifies for 1.5 Social Work CE Hours

Description: This presentation will explore the often-overlooked dangers of marijuana use during the critical adolescent years. Participants will gain insights into the latest studies linking marijuana use to increased risks of anxiety, depression, paranoid schizophrenia, and psychosis, along with the possibility of other cognitive impairment in teens. The presentation will delve into how social media and technology have transformed the landscape of substance access. Attendees will leave with a deeper understanding of the risks associated with adolescent marijuana use and practical strategies for addressing these issues within families, schools, and communities. This

discussion aims to empower preventionists, educators, mental health providers, and community leaders to engage in informed conversations about substance use and to advocate for responsible media consumption among youth.

Objectives: 1) Identify the psychological and physical health impacts of adolescent marijuana use. 2) Identify the impact of recreational marijuana on communities and youth perception of harm including use being normalized, advertising, decreased perception of harm, and packaging. 3) Learn to use practical strategies to engage with youth, parents, and community members about substance use and youth access through technology.

20. **Medications for OUD in Michigan Emergency Departments**
   – *Julie Botsford, PharmD, Consultant Pharmacist, Munson Healthcare*
   – *Christina Eickenroth, RN, BSN, CARN, Community Health Coordinator, Munson Healthcare*

   ❖ Qualifies for 1.5 Specific MCBAP Education Contact Hours
   ❖ Qualifies for 1.5 Social Work CE Hours

   Description: Emergency departments and inpatient settings are critical access points for treating those with OUD, making hospitals vital partners in overcoming Michigan's OUD treatment barriers. Medications for opioid use disorder (MOUD) are evidence-based therapies that reduce risk of death, overdose, acute care utilization, criminal behavior, and support the transition to long-term office-based treatment upon discharge. More emergency departments (EDs) and inpatient settings have become places where individuals with OUD may initiate MOUD, specifically buprenorphine, and receive a prescription to continue treatment until their outpatient follow up visit. This strategy has been shown to improve treatment access and retention for those with OUD. In this session, we will also highlight the implementation process throughout Munson Healthcare.
   Objectives: 1) Describe the evidence supporting MOUD. 2) Explain the benefit of EDs as a critical access point for opioid use disorder identification and treatment. 3) Describe barriers and challenges when trying to implement MOUD in the ED and/or inpatient settings.

21. **Empathy Without Exhaustion Navigating Compassion Fatigue (in-person and virtual)**
   – *Sarah Matthews, CPRM, ASW, Case Manager, Live Rite Recovery Resource Center*
   – *Chris Keils, CPRM, Peer Recovery Coach – Outreach, Live Rite Recovery Resource Center*

   ❖ Qualifies for 1.5 Related MCBAP Education Contact Hours
   ❖ Qualifies for 1.5 Social Work CE Hours

   Description: *Empathy Without Exhaustion: Navigating Compassion Fatigue* is a crucial presentation for professionals in the fields of SUD and COD. This session explores the delicate balance between providing empathetic care and maintaining personal well-being. Attendees will gain insights into recognizing the signs of empathy fatigue and learn evidence-based strategies to prevent and manage this common challenge. The presentation will cover techniques for building resilience, setting healthy boundaries, and implementing self-care practices that sustain compassion without leading to burnout. Participants will leave with practical tools to enhance their ability to

provide high-quality care while safeguarding their own mental health. This session is essential for attendees looking to maintain their effectiveness and longevity in helping professions while continuing to make a positive impact on their clients' lives.

Objectives: 1) Identify at least three key signs and symptoms of empathy fatigue in themselves and colleagues. 2) Demonstrate the ability to apply at least two evidence-based strategies for preventing and managing empathy fatigue in professional practice. 3) Create a personalized self-care action incorporating at least three specific techniques learned during the presentation to build resilience against empathy fatigue.

22. **Prevention Workforce: What the Field is Telling Us**
    - *Madison Magness, LLMSW, Research Assistant, WSU School of Social Work, Substance Use Research Team*
    - *Elizabeth Agius, BA, PhD Candidate, Director of Operations, Center for Social Work Research, WSU School of Social Work, Substance Use Research Team*
    ❖ Qualifies for 1.5 Specific MCBAP Education Contact Hours
    ❖ Qualifies for 1.5 Social Work CE Hours

    Description: The SUD field continues to face a workforce crisis. Data on Michigan's treatment providers has shown high levels of burnout due to job stress, low salaries, and heavy caseloads; however, little is known about prevention providers specifically. This session will present findings from a 2024 evaluation survey about the experiences of individuals working in SUD prevention, to help inform improvements needed for the prevention workforce environment. Attendees will review self-reported work satisfaction, burnout levels, training needs for prevention strategies, and the SPF as well as the impact of adult-use marijuana legalization on practice. Findings highlight strategies to promote staff satisfaction and retention, as well as identify training needs of the SUD prevention workforce.
    Objectives: 1) Identify gaps in training for prevention strategies and the SPF. 2) Learn about the impact of adult-use marijuana legalization on prevention workers in the field working with youth and adults. 3) Explore and discuss work satisfaction and burnout perceptions among prevention workers.

23. **Peer Recovery Coaches: Past, Present, and Future**
    - *Christopher O'Droski, MA, CPRM, CPRC, SBIRT Peer Recovery Coach and Recovery Advocate, Hegira Health Inc*
    - *Angela Fay, BS, CPRM, CPRC, Peer Recovery Coach Program Coordinator, Hegira Health Inc*
    ❖ Qualifies for 1.5 Specific MCBAP Education Contact Hours
    ❖ Qualifies for 1.5 Social Work CE Hours

    Description: Peer recovery coaching has grown from a small contingent to an expanding network of support for participating treatment agencies and the recovery community. This session will provide retrospective accounts of peer recovery coach history and development through the lens of seasoned peer recovery coaches with leadership experience. This session will discuss early challenges the peer community faced, and areas providers can help with today. The evolution of multiple pathways to recovery will also be discussed.
    Objectives: 1) Identify the various types of peer supports for SUD and mental health. 2) Explore avenues for peer recovery coaches in the future. 3)

Identify multiple pathways to recovery and understand how they have expanded through the work of peer recovery coaches.

24. **Corrective Collaboration**
    – *Eric Horwood, MS, CCJP-M, Probation Officer and Treatment Court Case Manager, 8th District Court, Michigan Association of District Court Probation Officers, MCBAP, Michigan Association of Alcoholism and Drug Abuse Counselors, Inc.*
    ❖ Qualifies for 1.5 Specific MCBAP Education Contact Hours
    ❖ Qualifies for 1.5 Social Work CE Hours

    Description: This presentation focuses on improving communication and fostering productive relationships between clinicians and the justice system. Individuals with SUD and mental health disorders are significantly more likely to be justice-involved. By improving communication between clinicians, treatment providers, peer coaches, and the justice system, there is an increased likelihood for improved client outcomes.
    Objectives: 1) Gain an understanding of the role of the justice system in the SUD and prevention fields. 2) Improve communication and collaboration between clinicians, paraprofessionals, and justice professionals. 3) Improve treatment outcomes with justice-involved clients.

25. **MCBAP: Navigating the SUD Specialty Credential Process (in-person and virtual)**
    – *Jennifer E. Mitchell, MA, Executive Director, MCBAP*
    – *Cari Wolfe, MA, Credentialing Specialist, MCBAP*
    – *Stephanie Durbin, BA, Data and Project Specialist, MCBAP*
    ❖ Qualifies for 1.5 Specific MCBAP Education Contact Hours
    ❖ Qualifies for 1.5 Social Work CE Hours

    Description: This session is designed for those working toward obtaining a MCBAP credential. Join the MCBAP team to understand: the requirements for a full credential which includes experience, supervision, education, testing, ethics, residency fee and application requirements; the benefits of obtaining a specialty credential; how to organize and plan for success in obtaining a specialty credential; the requirements for obtaining a full MCBAP credential; and the MCBAP designations of *specific*, *related*, and *not applicable*.
    Objectives: 1) Understand the requirements for a full credential which includes experience, supervision, education, testing, ethics, residency fee and application requirements. 2) Understand MCBAP designations of *specific*, *related*, and *not applicable*. 3) Understand the benefits of obtaining a specialty SUD credential.

26. **Navigating Paradigm Shifts in OTP (in-person and virtual)**
    – *Jason Storm, LMSW, CAADC, CCS-DP, ADS, Clinical Manager, Cherry Health*
    – *Mike Rocklin, BA, MBA, Site Manager, Cherry Health*
    ❖ Qualifies for 1.5 Specific MCBAP Education Contact Hours
    ❖ Qualifies for 1.5 Social Work CE Hours

    Description: This presentation will provide an overview of the three main MOUD: methadone, buprenorphine, and naltrexone, focusing on their differences, effectiveness, and appropriate use. Attendees will gain insight into the multiple pathways that support individualized recovery, considering

factors like personal history and COD. The session will also cover the role of harm reduction practices in treatment, highlighting how these strategies can minimize risks and reduce stigma. Participants will learn how harm reduction can complement traditional therapies to improve patient outcomes. By the end of the session, attendees will have a deeper understanding of MOUD options, individualized recovery strategies, and harm reduction approaches. **Objectives:** 1) Understand the differences between the three MOUD medications currently in use. 2) Understand the multiple pathways that support an individualized recovery process. 3) Understand and implement harm reduction framework and practices.

27. **Comprehensive Integrated Care for Saving Lives for Substance Use in Pregnancy: The Partnering for the Future Program**
    – *Alex Peahl, MD, MSc, Co-Director, Partnering for the Future Program, Assistant Director, Department of Obstetrics and Gynecology, University of Michigan (UM)*
    – *Maria Muzik, MD, MSc, Co-Director, Partnering for the Future Program, Professor, Department of Psychiatry and Department of Obstetrics and Gynecology, UM*
    ❖ Qualifies for 1.5 Specific MCBAP Education Contact Hours
    ❖ Qualifies for 1.5 Social Work CE Hours

    Description: This interactive presentation will demonstrate how a comprehensive care model, the Partnering for the Future program, can improve outcomes for birthing people with SUD and their families. The session will begin with a mock case review to demonstrate interprofessional contributions to care delivery and how a team-based approach to care can effectively address medical and social drivers of health. The presenters will then review key components of interprofessional care for birthing people with OUD/SUD including: 1) concrete steps for establishing comprehensive care programs; 2) integration of trauma-informed, person-centered resources and approaches; and 3) best practices for community engagement and collaboration with individuals with lived expertise. The session will conclude with a moderated question and answer session. **Objectives:** 1) Understand key components of comprehensive care for birthing people with OUD and other SUDs. 2) Identify best practices for interprofessional case review including the skills and contributions of each team member. 3) Apply trauma-informed, person-centered practices to the clinical care of birthing people with opioid and other substance use disorders.

Noon – 1 p.m.   **Lunch (included)** *(Governors Hall)*

1 – 2 p.m.   **Afternoon Keynote: TBD (in-person and virtual)** *(Governors Hall)*
                     – *Speaker TBD*

2 – 2:30 p.m.   **Afternoon Break**

2:30 – 4 p.m.   **Breakout Sessions**

28. **Meetings are Not the Only Way: Unique Partnerships and Creative Strategies (in-person and virtual)**
     – *Leigh Moerdyke, LMSW, CPS-M, Director, Arbor Circle*
     – *Allison Land, BS, Team Lead, Arbor Circle*

❖ Qualifies for 1.5 Specific MCBAP Education Contact Hours
❖ Qualifies for 1.5 Social Work CE Hours

Description: Sustaining a coalition past the ten and especially the 20-year mark comes with unique challenges and weathering the cyclical nature of the work can at times feel defeating. This session will explore how creative partnerships, and unique strategies can sustain coalition momentum and impact, without requiring endless meetings. Examples from the Ottawa Substance Abuse Prevention Coalition in Ottawa County, MI will be shared; including what coordinators learned from those strategies. The session will consider what to sustain in coalition and how to create new energy for the coalition's goals. The presenters will create space for participants to consider one new way to build partnerships in their community. Participants will leave the session with the ability to identify one creative partnership they can build in their community.

Objectives: 1) Understand how partnerships can look different from meeting attendance. 2) Identify one unique strategy and partnership to help coalitions meet their goals. 3) Understand the role of staff as a catalyst for the coalition rather than the implementer.

29. **Smart Tools, Smarter Strategies: AI for Prevention Professionals**
   – *Kim Thalison, CPS, Director of School Wellness and Prevention, Eaton Regional Education Service Area*

   ❖ Qualifies for 1.5 Specific MCBAP Education Contact Hours
   ❖ Qualifies for 1.5 Social Work CE Hours

   Description: Curious about AI but not sure where to start? This beginner-friendly session explores how AI can enhance administrative, prevention, and coalition work from crafting effective communication materials to analyzing data. Discover how AI can be your editing sidekick, tackle tedious tasks, and fuel creativity for innovative solutions to common challenges. The presenter will address concerns about biases, misinformation, and ethics, while introducing various tools participants can explore independently.
   Objectives: 1) Identify a minimum of three uses for AI in the field of SUD prevention. 2) Understand how to use prompts for meaningful communication. 3) Understand common pitfalls when using AI, including biases and inaccurate information.

30. **Developing and Testing a Novel Hub and Spoke Model to Implement Addiction Prevention and Harm Reduction Services in Rural Primary Care and Mental Health Clinics (in-person and virtual)**
   – *Allison Lin, MD, MS, Associate Professor, Director, Addiction Psychiatry Fellowship Program, Michigan Medicine*
   – *Deb Manderachia, LMSW, Project Manager, Michigan Medicine/VA Ann Arbor Healthcare System*
   – *Lisa Sulkowski, MEd, Community Program Manager, Michigan Medicine*

   ❖ Qualifies for 1.5 Specific MCBAP Education Contact Hours
   ❖ Qualifies for 1.5 Social Work CE Hours

   Description: Rural communities have been tremendously impacted by the overdose and addiction crisis and face unique rural-specific factors (e.g., heightened stigma, limited treatment access, distance to care). There are an array of effective prevention and harm reduction interventions (e.g., overdose education and naloxone, sterile supplies, risk reduction education, etc.) that can potentially save lives, but many rural communities currently

lack access. To increase access to harm reduction services in rural communities, key partners in rural communities need to be engaged to develop sustainable policies and programs that address rural addiction stigma and longstanding access barriers. In this session the presenters will describe methods for a large multi-site study developing a novel hub and spoke model called the Coalition for Harm Reduction and Prevention (CHRP) and testing this model in 16 rural primary care and mental health clinics across Michigan. Hub and spoke clinical models have been developed to increase access to OUD treatment and other conditions and are a cost-effective way to sustainability increase adoption of effective interventions in rural communities. Models vary substantially, but hub sites can help train clinicians/staff in spoke sites and deliver clinical interventions via telehealth to patients. Other potential components include a virtual learning collaborative, tele-mentoring to provide individualized support and patient-specific tele-consultations. However, this model has not been robustly leveraged to implement harm reduction strategies. Primary outcomes of the clinical trial are readiness and knowledge about delivery of harm reduction services among diverse clinicians and staff in spoke clinics. Secondary outcomes include number of patients receiving harm reduction services (including naloxone receipt in clinic or via home delivery or other access points, HIV and Hepatitis C prevention and treatment, low-barrier addiction care receipt, etc.) and measures of addiction stigma. This session will engage the audience to learn about applying a user-centered design approach with rural community partners to co-develop a novel hub and spoke model to help rural clinics adopt addiction harm reduction services. **Objectives:** 1) Describe how user-centered design can be used applied to engage community partners to design a novel hub and spoke model to improve rural health. 2) Discuss key evidence-based prevention and harm reduction interventions to reduce risk for substance use and to reduce harms associated with substance use including via use of telehealth. 3) Describe key barriers and facilitators to implementing prevention and harm reduction services in rural primary care and mental health clinics in Michigan.

31. **Collaborative Wellness: Agents and Recovery Coaches Supporting Individuals on Probation and Parole**
    – *Angi Emmert, MA, Program Coordinator, MDOC, Recovery, Advocacy, and Program Supports*
    – *David Harris, CPRC, CPSS, Recovery Coach, MDOC, Recovery, Advocacy, and Program Supports*
    – *Damon Hawkins, BS, Region Manager, MDOC*

    ❖ Qualifies for 1.5 Specific MCBAP Education Contact Hours
    ❖ Qualifies for 1.5 Social Work CE Hours

    Description: The MDOC has 24 recovery coaches across 13 counties and provides virtual coaching to an additional nine counties. Integrating peer recovery coaches into probation and parole has proven effective in promoting wellness and reducing recidivism among individuals transitioning from incarceration. Agents play a crucial role in supporting individuals by facilitating their reintegration into society while ensuring compliance with legal requirements. Agents and recovery coaches collaborate to support individuals by combining supervision with personalized recovery assistance. Some of their joint efforts include coordinated case management, resource linkage, and mutual training and education.

Objectives: 1) Describe how recovery coaches support those on parole and probation. 2) Describe how agents and recovery coaches work together to support those under supervision. 3) Describe the coaching model of agents.

32. **Engaging Wellness; A Michigan Prevention and Wellness Model (in-person and ==virtual==)**
    – *John Kroneck, MA, CPC, LPC, Consultant, Contracted with the State of Michigan*
    ❖ Qualifies for 1.5 Specific MCBAP Education Contact Hours
    ❖ Qualifies for 1.5 Social Work CE Hours

    Description: This session will focus on wellness as an approach to prevention and resiliency. Participants will learn the nine key areas to consider in promoting personal wellness. In addition, the presenter will share how the model incorporates a community focus. The model values behaviors which are easily adoptable and effective in promoting health and well-being.
    Objectives: 1) Identify nine key areas of life that promote health, prevention and resiliency behaviors. 2) Apply the engaging wellness model principles in work with the public. 3) Use the basic model as a springboard for additional creative approaches in working with the public.

33. **Characterizing the Overlap of Homelessness, Mental Health, and Substance Use: Surveillance Insights from Michigan's Opioid Response Strategy (MORS) (in-person and ==virtual==)**
    – *Sarah Konefal, PhD, Senior Epidemiologist, MDHHS*
    – *Lynn Hendges, MSW, Manager, MDHHS, Housing and Homeless Services Division*
    ❖ Qualifies for 1.5 Specific MCBAP Education Contact Hours
    ❖ Qualifies for 1.5 Social Work CE Hours

    Description: This session examines the critical intersection of homelessness, SUDs, and mental health conditions using comprehensive surveillance data from MORS. Participants will explore how linked administrative datasets reveal stark disparities in overdose mortality and morbidity among people experiencing homelessness, with particular focus on racial inequities affecting Black, non-Hispanic populations. The presentation will demonstrate how individuals with co-occurring mental health and SUDs face compounded challenges when experiencing housing instability. Attendees will gain insights into evidence-based strategies for integrating housing supports across health services to improve outcomes and reduce overdose deaths.
    Objectives: 1) Take away a better understanding of rates and causes of mortality, overdoses, and medical vulnerability in our homeless population. 2) Recognize the value of integrating state-level administrative datasets (such as HMIS, overdose surveillance, and BH treatment records) to comprehensively assess and address the complex needs of vulnerable populations. 3) Learn how evaluating and prioritizing housing interventions can reduce overdose deaths and improve outcomes for individuals with SUD and comorbidities.

34. **Four Waves of the Opioid Epidemic**
    – *Grenae Dudley, PhD, President and Chief Executive Officer, The Youth Connection*
    ❖ Qualifies for 1.5 Specific MCBAP Education Contact Hours

❖ Qualifies for 1.5 Social Work CE Hours

Description: The opioid crisis continues to impact communities and wellbeing. The three waves of destruction have disrupted communities, unsettled families, and destroyed lives. From prescriptions, (wave one) to heroin (wave two) to fentanyl (wave three) to the coming fourth wave. Awareness and action are what is needed to facilitate community level change.

Objectives: 1) Describe the three waves of the opioid epidemic and how it is continuing to evolve. 2) Identify what levels of the continuum of care are necessary to address the opioid crisis. 3) Prioritize evidence-based strategies to address local conditions that may lead to overdoses and death in their communities.

35. **The Michigan Recovery Incentives Program (MRIP) and the National Groundswell in Contingency Management**
   – *Lara Coughlin, PhD, Assistant Professor, UM*
   – *Cassidy Livingston, MS, Recovery Incentives Coordinator, MDHHS*
   ❖ Qualifies for 1.5 Specific MCBAP Education Contact Hours
   ❖ Qualifies for 1.5 Social Work CE Hours

Description: Exciting innovations in addiction treatment are gaining momentum across the country, and Michigan is leading the way with the MRIP. This session will explore how contingency management, a proven, evidence-based approach that rewards healthy behaviors, has been integrated into treatment demonstrations statewide and beyond. The presenters will dive into the growing national movement to expand these programs, highlighting both successes and challenges in implementation. While contingency management has shown remarkable results in improving retention and reducing substance use, policy restrictions, stigma, and funding constraints continue to pose barriers. At the same time, increasing federal support, emerging payment models, and strong provider advocacy serve as powerful facilitators for scaling these interventions. Participants in this session will learn from real-world experiences, discuss how to navigate obstacles, and explore how Michigan's work fits into the broader shift toward more effective, engaging, and equitable SUD treatment.

Objectives: 1) Describe the current state of the MRIP. 2) Identify barriers to successful Recovery Incentive Programs. 3) Identify facilitators to successful Recovery Incentive Programs.

36. **The Relay of Care: Coordination Through Collaboration**
   – *Debra Willard, MA, CAADC, Licensed Professional Counselor, Independent Contractor*
   ❖ Qualifies for 1.5 Specific MCBAP Education Contact Hours
   ❖ Qualifies for 1.5 Social Work CE Hours

Description: In this interactive session, the presenter will use the energy of a track relay race to illustrate the essential components of effective care coordination. Just like in a relay race, where each runner passes the baton seamlessly to the next, the care process requires smooth transitions, teamwork, and clear communication between all team members. Participants will understand the role of each team member. Just as each runner has a specific part of the race to run, each healthcare professional plays a crucial role in ensuring the person served receives comprehensive, continuous care. Participants will learn to pass the baton of information

efficiently. In a relay, the baton must be handed off carefully to avoid errors or delays. Likewise, sharing accurate and timely information is key to preventing gaps or mistakes in patient care. Participants will learn to work as a unified team. Just as relay runners rely on each other's strengths to win, effective care coordination requires collaboration, trust, and understanding among all involved to achieve the best outcomes. Participants will gain strategies to overcome obstacles together. Much like a race can present challenges, care coordination faces obstacles like fragmented services, miscommunication, and gaps in care. This session will explore strategies for overcoming these challenges and improving person-served experiences. By the end of this session, participants will have a clear understanding of how each leg of care is interconnected and how strategic, collaborative teamwork leads to the smooth delivery of care for each person served, just like a well-run relay race.

Objectives: 1) Describe the importance of care coordination between mental health, substance use, and physical health care settings. 2) Identify the BH provider's role in care coordination. 3) Describe three components that are essential for effective care coordination.

4 p.m.   **Conference Adjourns**

REGISTER FOR THE CONFERENCE!

EXHIBITORS AND SPONSORS

Set-Up: Sept. 7, 2025, noon – 5 p.m., or Sept. 8, 2025, by 8 a.m.
Tear-Down: Sept. 9, 2025, after noon

Location: Grand Traverse Resort and Spa
Address: 100 Grand Traverse Village Blvd, Acme, MI 49610
Contact: Email SUDCODconf@cmham.org with questions.

Exhibit tables are available on a first-come, first-served basis. Payment will be required at the time of purchase.

Exhibitor Opportunities

Exhibitor Type	**Regular Rate** These tables are near the general sessions. **(Tables 16-40)**	**Prime Location Rate** These tables are near the conference registration, Event App helpdesk and the breakout sessions. **(Tables 1-15)**	**Notes**
For-Profit (One booth and two attendees)	**$530**	**$580**	The rate includes exhibit space of 9' x 5'. Exhibit table is 6' long, two chairs for a maximum of two attendees with admittance to the Main Conference and meals. When registering please choose the $530 or $580 (for prime) option for your first attendee and the $0 option for the second attendee.
Non-Profit (One booth and two attendees)	**$400**	**$450**	**A limited number of tables are available for non-profit organizations. Non-profit tables must be approved prior to registration.** Rate includes everything listed above. Email SUDCODconf@cmham.org for approval. No online registrations will be accepted for non-profit booths without prior approval.

- ❖ Electricity is available at an additional charge of $40 per table.
- ❖ **Shipping:** Deliveries should arrive at the hotel no more than three days before the group's arrival. The hotel does not accept any liability for equipment, goods, displays or other materials which arrive unmarked or fail to arrive at the hotel. The group or individual is responsible for insuring its property for loss or damage. Any materials being sent to the hotel must be marked as follows:

1) Hold for Arrival - Attn: Guest's Name, Organization Name
2) Complete Return Address
3) Number of Boxes (example: Box 1 of 2 and Box 2 of 2)

Ship Materials to:
Grand Traverse Resort, Receiving Department
Attn: SUD Conference Sept. 7-9, 2025
100 Grand Traverse Village Blvd.
Acme, MI 49610

- ❖ **Deliveries:** Will be placed at the exhibitors' table on the first day of set up. If you do not see your package(s), please go to the concierge's desk and they will connect you with the shipping and receiving staff.
- ❖ **Returns:** Should be labeled and left at the exhibitors' table for shipping to collect and send out at the conclusion of the conference.
- ❖ There are no refunds for exhibitors. However, substitutions for exhibitor staff are permitted at any time. Email SUDCODconf@cmham.org for substitutions.

Sponsor Opportunities

Sponsorships are available on a first-come, first-served basis. Payment will be required at the time of purchase.

Sponsorship	Price	Notes
Host/Sponsor a Sunday Evening Entertainment and Networking Reception at The Den at the Grand Traverse Resort!	**$1,000**	Sponsor a private reception on Sunday evening for conference attendees to participate in group activities at The Den, which is on site at the Grand Traverse Resort. Attendees will be able to participate in axe throwing, bowling, escape room, arcade games and more! **CMHA will send out invitations on your behalf. All actual costs for food, beverages, audio visual, internet, etc. will be the responsibility of the sponsor.** Sponsorship of this event will include: ❖ Exposure to nearly 1,000 conference attendees. ❖ Signage near the conference check-in. ❖ Logo displayed during the reception. ❖ Recognition in the conference brochure and Event App. ❖ CMHA will send out invitations on your behalf. ❖ Direct contact with conference attendees during the reception.
Event App Name Badge (Two sponsor spots available)	**$500**	Price includes: ❖ Signage at conference check in, at name tag kiosk.

		❖ Logo displayed on attendees' name badges.
		❖ Recognition in the conference brochure and Event App.
Day One or Day Two Afternoon Break Snack Sponsor	**$650**	Price includes: ❖ Signage in break area. ❖ Logo displayed during lunch PowerPoint. ❖ Recognition in conference brochure and Event App. ❖ Five minutes of microphone time during the snack-break to conference attendees.
Conference Bags for Attendees (One sponsorship available)	**$3,000**	Bags given to in-person conference attendees at check-in. Price includes: ❖ Logo printed on conference bag. ❖ Signage on table where bags will be distributed. ❖ Recognition in conference brochure and Event App. ❖ A promotional flyer of your company inserted in the conference bag.
Notepads for Conference Attendees (One sponsorship available)	**$2,000**	Notepads will be placed in conference bags for in-person attendees. Price includes: ❖ Logo printed on notepad. ❖ Signage on table where notepads are distributed. ❖ Recognition in conference brochure and Event App. ❖ A promotional flyer of your company inserted in the notepad.
Wi-Fi Access for Conference Attendees (One sponsorship available)	**$1,200**	Wi-Fi access for conference attendees. Price includes: ❖ Company name in the Wi-Fi password used by conference attendees. ❖ Signage in the exhibit hall. ❖ Recognition in conference brochure and Event App. ❖ Logo included on the meal PowerPoint presentations.
Banner Ad with Logo within the Event App	**$500**	Event App advertising. Price includes: ❖ Logo displayed as a banner within the Event App. ❖ Recognition in the conference brochure. ❖ Signage at the Event App Helpdesk.

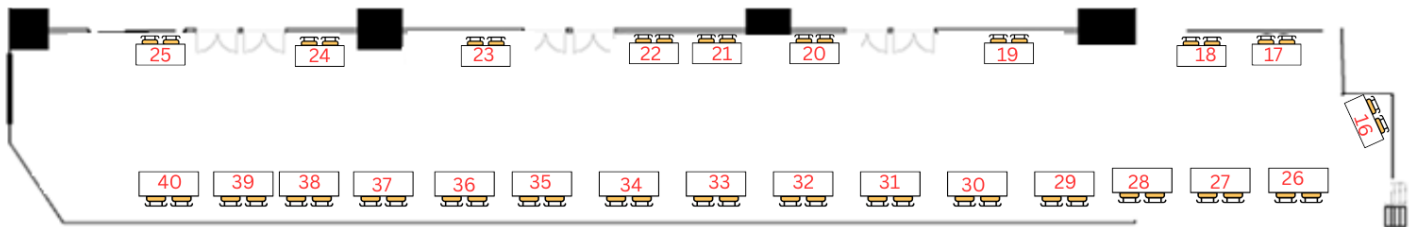# EXHIBITORS AND SPONSORS REGISTER HERE!

CMHA

SUD/COD 2025 Conference
Exhibitor Layout

Governors prefunction area
Main sessions are held inside of the Governors rooms.

Tables 16-40

25	24	23	22 21	20	19	18	17

16

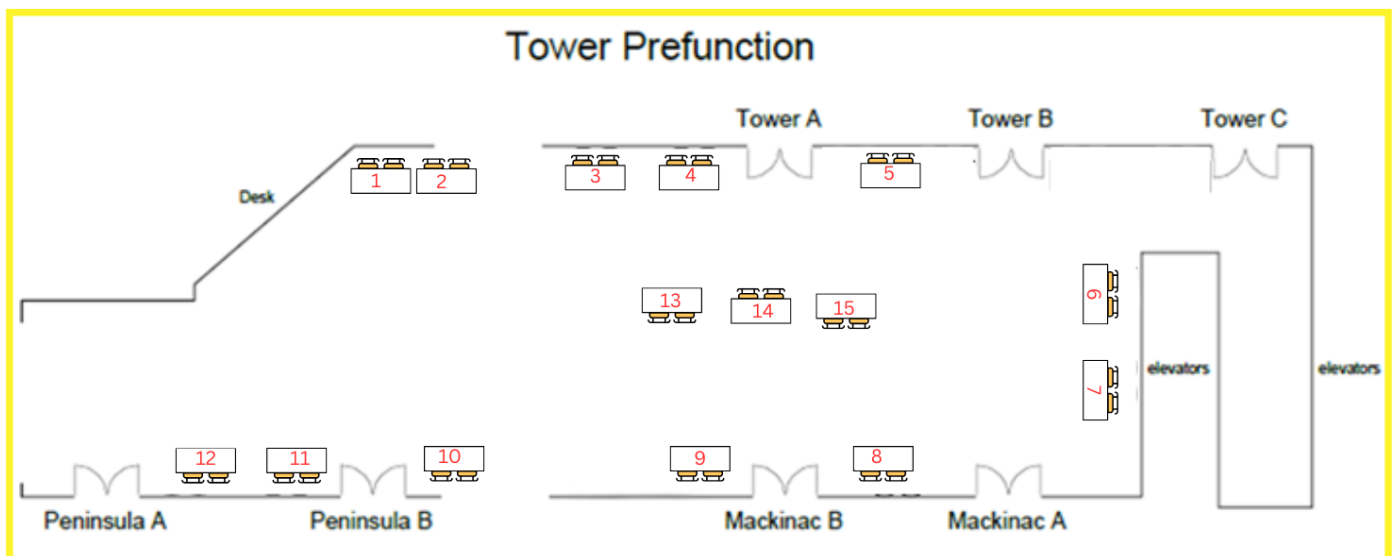| 40	39	38	37	36	35	34	33	32	31	30	29	28	27	26

Tower prefunction area
Conference registration, event app helpdesk and
breakout sessions held near this area.

Prime Locations Tables 1-15

Please note that there is a banner height restriction of four feet from floor for tables 13, 14, and 15.

Tower Prefunction

Tower A   Tower B   Tower C

Desk

1 2   3 4   5

13 14 15

9

7

elevators   elevators

12 11   10   9   8

Peninsula A   Peninsula B   Mackinac B   Mackinac A

COMMITTEE MEMBERS

A big thank you to the Conference Advisory Committee members for their work developing the conference content!

Cheryl Bywater, CMHA
Lisa Coleman, MDHHS
Amy Embury, Lakeshore Regional Entity
Jodi Hammond, CMHA
Joel Hoepfner, CMHA-CEI
Benjamin Jones, *Committee Chair*, National Council on Alcoholism and Drug Dependence
Achiles Malta, Southwest Michigan Behavioral Health
Amber Miller, CMHA
Jennifer Mitchell, MCBAP
Christopher O'Droski, Hegira Health Inc
Angie Smith-Butterwick, MDHHS
Sara Sircely, NorthCare Network
Madison Watts, MDHHS

Questions? Contact <u>SUDCODconf@cmham.org</u> or 517-237-3161.

Empower.
Adapt.
Overcome.
Opportunities for a Changing World.