Houghton County Board of Commissioners

401 E. Houghton Avenue

Houghton, MI 49931

Houghton County Board of Commission Resolution Opposing the Proposed State Wide Septic System Code and Required Five Year Inspections

Resolution #23-14

WHEREAS, currently there are pending in the Michigan Legislature four bills, Senate Bill 299 and 300, and House Bill 4479 and 4480, which would impose a statewide code and regulations for the implementation and maintenance of residential septic systems; and

WHEREAS, these bills, as currently drafted, require inspection of all septic system every five years, and would impose greater expenses to property owners and local public health departments; and

WHEREAS, the bills, if passed, would dramatically increase the requirements for septic inspectors, and make it much more difficult to find, hire and retain qualified personnel; and

WHEREAS, the current pending legislation does not provide a permanent, secure funding mechanism to cover these increased costs, which if passed will invariably be shifted to our local health departments; and

WHEREAS, the Houghton County Board of Commissioners recognizes the critical importance of protecting Michigan's water resources including groundwater, our lakes and streams, and other surface water, but concludes that the bills as presented do not provide a sustainable nor financially feasible solution for areas that do not have the benefit of municipal sanitary systems; and

WHEREAS, soil types vary considerably throughout the State of Michigan, making it difficult to establish laws and "one size fits all" rules for septic systems and a statewide code; and

WHEREAS, there are an estimated 4,455 septic systems operating in Houghton County, with minimal reports of operating problems; and

WHEREAS, the estimated cost to inspect septic systems is between $300 and $500, and adding this economic burden onto property owners with properly operating septic systems makes no sense.

THEREFORE, BE IT FURTHER RESOLVED, that this Resolution strongly opposing this legislation shall be forwarded to Baraga, Keweenaw, Ontonagon, and Gogebic Counties, to State Senator Edward McBroom, and State Representatives Gregory Markkanen and Jennifer Hill.

Moved by Commissioner:

Supported by Commissioner:

RESOLUTION DECLARED ADOPTED.

____________________________ ____________________________

Tom Tikkanen, Chairman Date
Houghton County Board of Commission

I, Jennifer Kelly, Clerk of Houghton County, do hereby certify and set my seal to the above Resolution as adopted July 18, 2023, at the Houghton County Courthouse, 401 East Houghton Avenue, Houghton, MI 49931.

____

Jennifer Kelly, Houghton County Clerk

Western Upper Peninsula
Health Department

Main Office | 540 Depot Street | Hancock, MI 49930 | 906.482.7382

303 Baraga Avenue L'Anse, MI 49946
210 N. Moore Street Bessemer, MI 49911
408 Copper Street Ontonagon, MI 49953

June 29, 2023

Jennifer Kelly, County Clerk
Houghton County Courthouse
401 E. Houghton Avenue
Houghton, MI 49931

Dear Ms. Kelly:

At its regular board meeting on June 26, 2023, the Western U.P. Board of Health established county allocation levels for 2024. The allocation amounts for counties in the health department region are set according to the formula agreed to in the Intergovernmental Agreement forming the health department.

For 2024, Houghton County's allocation is as follows:

Requested Allocation $272,324

Please contact me if you have any questions.

Sincerely,

Cathryn A. Beer
Health Officer/Administrator

CAB/jh

COPPER COUNTRY MENTAL HEALTH SERVICES

SERVING BARAGA, HOUGHTON, KEWEENAW & ONTONAGON COUNTIES

June 28, 2023

Mr. Ben Larson
Houghton County Administrator
Houghton County Courthouse
401 E. Houghton Ave.
Houghton, MI 49931

RE: 2023/2024 Houghton County Appropriation

Dear Mr. Larson:

Our board has authorized management to prepare and submit to your County our funding request for the fiscal year ending September 30, 2024.

For the fiscal year 2024 the funding request is $164,495. This is the same amount appropriated by your County for each year since 1996.

The State of Michigan contributed approximately $ 7,303,000 toward our total budget last year. These funds are granted to us with the condition that our constituent Counties must provide local matching funds. The total amount of local monies required in our funding for 2021/2022 was $ 415,570. We are projecting the local matching funds requirement to exceed $ 350,000 for this fiscal year ending September 30,2023.

Our four Counties appropriated $255,604 toward the total, of which your county's share was $164,495. The difference is provided by other eligible sources such as third-party reimbursements, investment income and private contributions.

We are available to meet with your County Commission or your Finance Committee at their convenience to discuss our request or any matter relating to Board operations, should you desire more information. If you have any questions or wish to set up a meeting, please do not hesitate to call 483-5515.

Sincerely,

Susan D. Serafini
Finance Director

c: Jim Tervo, CCMHS Chairperson
   Mike Bach, CCMHS Executive Director

Houghton County
RICE MEMORIAL CENTER
901 W. Memorial Drive
Houghton, MI 49931
(906) 482-9400
Fax: (906) 482-9794

Keweenaw County
CALUMET (CLK) CENTER
56938 Calumet Avenue
Calumet, MI 49913
(906) 337-5810
Fax: (906) 337-2108

Baraga County
BARAGA CO CENTER
15644 Skanee Road
L'Anse, MI 49946-9003
(906) 524-5885
Fax: (906) 524-5866

Ontonagon County
ONTONAGON CO CENTER
515 Quartz Street
Ontonagon, MI 49953
(906) 884-4804
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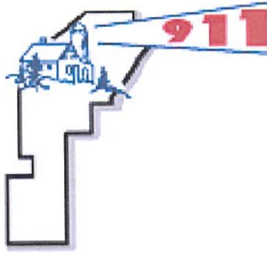
Training & Prevention
THE INSTITUTE
900 West Sharon Avenue
Houghton, MI 49931
(906) 482-4880
Fax: (906) 482-7657



Houghton County 9-1-1 & Addressing

Jon Giachino
Houghton County 9-1-1
Undersheriff / 911
Coordinator
403 E. Houghton Ave.
Houghton, MI 49931
906-482-0055 phone
906-487-5949 fax

7/14/2023
To: Houghton County Board of Commissioners
CC: 911 Chairman Sheriff Saaranen
CC: Houghton County CFO Rebecca Ylitalo
From: Jon Giachino- Undersheriff / 911 Coordinator
Re: Request for approval regarding using 911 Funds for Fire pagers in the amount: **$51,063.00**

911 Cash fund balance: **$536,341.47**

The Houghton County 911 Advisory Board met and approved via voting to seek approval from the Houghton County Board of Commissioners to purchase dual band pagers for the Laurium and Calumet Village Fire Departments. Currently the Calumet Township Fire Department have been using dual band pagers on the 800Mhz side with good results for over a year.
By equipping the above-mentioned Fire Departments, as a mutual aid group, with 800Mhz capabilities we can get feedback and potentially spread throughout the county with 800Mhz paging. The Houghton County 911 Advisory Board also felt purchasing enough dual band pagers to use as real-life testing to accurately determine viability in other areas of the county. This would reduce the reliance with the VHF (High Band) system in the future.

Thank you for your consideration

Jon Giachino
Undersheriff / 911 Coordinator

EXHIBIT E

List of Opioid Remediation Uses

Schedule A
Core Strategies

States and Qualifying Block Grantees shall choose from among the abatement strategies listed in Schedule B. However, priority shall be given to the following core abatement strategies ("*Core Strategies*").[14]

A. **NALOXONE OR OTHER FDA-APPROVED DRUG TO REVERSE OPIOID OVERDOSES**

1. Expand training for first responders, schools, community support groups and families; and

2. Increase distribution to individuals who are uninsured or whose insurance does not cover the needed service.

B. **MEDICATION-ASSISTED TREATMENT ("*MAT*") DISTRIBUTION AND OTHER OPIOID-RELATED TREATMENT**

1. Increase distribution of MAT to individuals who are uninsured or whose insurance does not cover the needed service;

2. Provide education to school-based and youth-focused programs that discourage or prevent misuse;

3. Provide MAT education and awareness training to healthcare providers, EMTs, law enforcement, and other first responders; and

4. Provide treatment and recovery support services such as residential and inpatient treatment, intensive outpatient treatment, outpatient therapy or counseling, and recovery housing that allow or integrate medication and with other support services.

[14] As used in this Schedule A, words like "expand," "fund," "provide" or the like shall not indicate a preference for new or existing programs.

C. **PREGNANT & POSTPARTUM WOMEN**

1. Expand Screening, Brief Intervention, and Referral to Treatment ("*SBIRT*") services to non-Medicaid eligible or uninsured pregnant women;

2. Expand comprehensive evidence-based treatment and recovery services, including MAT, for women with co-occurring Opioid Use Disorder ("*OUD*") and other Substance Use Disorder ("*SUD*")/Mental Health disorders for uninsured individuals for up to 12 months postpartum; and

3. Provide comprehensive wrap-around services to individuals with OUD, including housing, transportation, job placement/training, and childcare.

D. **EXPANDING TREATMENT FOR NEONATAL ABSTINENCE SYNDROME ("*NAS*")**

1. Expand comprehensive evidence-based and recovery support for NAS babies;

2. Expand services for better continuum of care with infant-need dyad; and

3. Expand long-term treatment and services for medical monitoring of NAS babies and their families.

E. **EXPANSION OF WARM HAND-OFF PROGRAMS AND RECOVERY SERVICES**

1. Expand services such as navigators and on-call teams to begin MAT in hospital emergency departments;

2. Expand warm hand-off services to transition to recovery services;

3. Broaden scope of recovery services to include co-occurring SUD or mental health conditions;

4. Provide comprehensive wrap-around services to individuals in recovery, including housing, transportation, job placement/training, and childcare; and

5. Hire additional social workers or other behavioral health workers to facilitate expansions above.

F. **TREATMENT FOR INCARCERATED POPULATION**

1. Provide evidence-based treatment and recovery support, including MAT for persons with OUD and co-occurring SUD/MH disorders within and transitioning out of the criminal justice system; and

2. Increase funding for jails to provide treatment to inmates with OUD.

G. **PREVENTION PROGRAMS**

1. Funding for media campaigns to prevent opioid use (similar to the FDA's "Real Cost" campaign to prevent youth from misusing tobacco);

2. Funding for evidence-based prevention programs in schools;

3. Funding for medical provider education and outreach regarding best prescribing practices for opioids consistent with the 2016 CDC guidelines, including providers at hospitals (academic detailing);

4. Funding for community drug disposal programs; and

5. Funding and training for first responders to participate in pre-arrest diversion programs, post-overdose response teams, or similar strategies that connect at-risk individuals to behavioral health services and supports.

H. **EXPANDING SYRINGE SERVICE PROGRAMS**

1. Provide comprehensive syringe services programs with more wrap-around services, including linkage to OUD treatment, access to sterile syringes and linkage to care and treatment of infectious diseases.

I. **EVIDENCE-BASED DATA COLLECTION AND RESEARCH ANALYZING THE EFFECTIVENESS OF THE ABATEMENT STRATEGIES WITHIN THE STATE**

Schedule B
Approved Uses

Support treatment of Opioid Use Disorder (OUD) and any co-occurring Substance Use Disorder or Mental Health (SUD/MH) conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

PART ONE: TREATMENT

A. TREAT OPIOID USE DISORDER (OUD)

Support treatment of Opioid Use Disorder ("*OUD*") and any co-occurring Substance Use Disorder or Mental Health ("*SUD/MH*") conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:[15]

1. Expand availability of treatment for OUD and any co-occurring SUD/MH conditions, including all forms of Medication-Assisted Treatment ("*MAT*") approved by the U.S. Food and Drug Administration.

2. Support and reimburse evidence-based services that adhere to the American Society of Addiction Medicine ("*ASAM*") continuum of care for OUD and any co-occurring SUD/MH conditions.

3. Expand telehealth to increase access to treatment for OUD and any co-occurring SUD/MH conditions, including MAT, as well as counseling, psychiatric support, and other treatment and recovery support services.

4. Improve oversight of Opioid Treatment Programs ("*OTPs*") to assure evidence-based or evidence-informed practices such as adequate methadone dosing and low threshold approaches to treatment.

5. Support mobile intervention, treatment, and recovery services, offered by qualified professionals and service providers, such as peer recovery coaches, for persons with OUD and any co-occurring SUD/MH conditions and for persons who have experienced an opioid overdose.

6. Provide treatment of trauma for individuals with OUD (*e.g.*, violence, sexual assault, human trafficking, or adverse childhood experiences) and family members (*e.g.*, surviving family members after an overdose or overdose fatality), and training of health care personnel to identify and address such trauma.

7. Support evidence-based withdrawal management services for people with OUD and any co-occurring mental health conditions.

[15] As used in this Schedule B, words like "expand," "fund," "provide" or the like shall not indicate a preference for new or existing programs.

8. Provide training on MAT for health care providers, first responders, students, or other supporting professionals, such as peer recovery coaches or recovery outreach specialists, including telementoring to assist community-based providers in rural or underserved areas.

9. Support workforce development for addiction professionals who work with persons with OUD and any co-occurring SUD/MH conditions.

10. Offer fellowships for addiction medicine specialists for direct patient care, instructors, and clinical research for treatments.

11. Offer scholarships and supports for behavioral health practitioners or workers involved in addressing OUD and any co-occurring SUD/MH or mental health conditions, including, but not limited to, training, scholarships, fellowships, loan repayment programs, or other incentives for providers to work in rural or underserved areas.

12. Provide funding and training for clinicians to obtain a waiver under the federal Drug Addiction Treatment Act of 2000 ("*DATA 2000*") to prescribe MAT for OUD, and provide technical assistance and professional support to clinicians who have obtained a DATA 2000 waiver.

13. Disseminate of web-based training curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service–Opioids web-based training curriculum and motivational interviewing.

14. Develop and disseminate new curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service for Medication–Assisted Treatment.

B. SUPPORT PEOPLE IN TREATMENT AND RECOVERY

Support people in recovery from OUD and any co-occurring SUD/MH conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the programs or strategies that:

1. Provide comprehensive wrap-around services to individuals with OUD and any co-occurring SUD/MH conditions, including housing, transportation, education, job placement, job training, or childcare.

2. Provide the full continuum of care of treatment and recovery services for OUD and any co-occurring SUD/MH conditions, including supportive housing, peer support services and counseling, community navigators, case management, and connections to community-based services.

3. Provide counseling, peer-support, recovery case management and residential treatment with access to medications for those who need it to persons with OUD and any co-occurring SUD/MH conditions.

4. Provide access to housing for people with OUD and any co-occurring SUD/MH conditions, including supportive housing, recovery housing, housing assistance programs, training for housing providers, or recovery housing programs that allow or integrate FDA-approved mediation with other support services.

5. Provide community support services, including social and legal services, to assist in deinstitutionalizing persons with OUD and any co-occurring SUD/MH conditions.

6. Support or expand peer-recovery centers, which may include support groups, social events, computer access, or other services for persons with OUD and any co-occurring SUD/MH conditions.

7. Provide or support transportation to treatment or recovery programs or services for persons with OUD and any co-occurring SUD/MH conditions.

8. Provide employment training or educational services for persons in treatment for or recovery from OUD and any co-occurring SUD/MH conditions.

9. Identify successful recovery programs such as physician, pilot, and college recovery programs, and provide support and technical assistance to increase the number and capacity of high-quality programs to help those in recovery.

10. Engage non-profits, faith-based communities, and community coalitions to support people in treatment and recovery and to support family members in their efforts to support the person with OUD in the family.

11. Provide training and development of procedures for government staff to appropriately interact and provide social and other services to individuals with or in recovery from OUD, including reducing stigma.

12. Support stigma reduction efforts regarding treatment and support for persons with OUD, including reducing the stigma on effective treatment.

13. Create or support culturally appropriate services and programs for persons with OUD and any co-occurring SUD/MH conditions, including new Americans.

14. Create and/or support recovery high schools.

15. Hire or train behavioral health workers to provide or expand any of the services or supports listed above.

C. <u>CONNECT PEOPLE WHO NEED HELP TO THE HELP THEY NEED (CONNECTIONS TO CARE)</u>

Provide connections to care for people who have—or are at risk of developing—OUD and any co-occurring SUD/MH conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:

1. Ensure that health care providers are screening for OUD and other risk factors and know how to appropriately counsel and treat (or refer if necessary) a patient for OUD treatment.

2. Fund SBIRT programs to reduce the transition from use to disorders, including SBIRT services to pregnant women who are uninsured or not eligible for Medicaid.

3. Provide training and long-term implementation of SBIRT in key systems (health, schools, colleges, criminal justice, and probation), with a focus on youth and young adults when transition from misuse to opioid disorder is common.

4. Purchase automated versions of SBIRT and support ongoing costs of the technology.

5. Expand services such as navigators and on-call teams to begin MAT in hospital emergency departments.

6. Provide training for emergency room personnel treating opioid overdose patients on post-discharge planning, including community referrals for MAT, recovery case management or support services.

7. Support hospital programs that transition persons with OUD and any co-occurring SUD/MH conditions, or persons who have experienced an opioid overdose, into clinically appropriate follow-up care through a bridge clinic or similar approach.

8. Support crisis stabilization centers that serve as an alternative to hospital emergency departments for persons with OUD and any co-occurring SUD/MH conditions or persons that have experienced an opioid overdose.

9. Support the work of Emergency Medical Systems, including peer support specialists, to connect individuals to treatment or other appropriate services following an opioid overdose or other opioid-related adverse event.

10. Provide funding for peer support specialists or recovery coaches in emergency departments, detox facilities, recovery centers, recovery housing, or similar settings; offer services, supports, or connections to care to persons with OUD and any co-occurring SUD/MH conditions or to persons who have experienced an opioid overdose.

11. Expand warm hand-off services to transition to recovery services.

12. Create or support school-based contacts that parents can engage with to seek immediate treatment services for their child; and support prevention, intervention, treatment, and recovery programs focused on young people.

13. Develop and support best practices on addressing OUD in the workplace.

14. Support assistance programs for health care providers with OUD.

15. Engage non-profits and the faith community as a system to support outreach for treatment.

16. Support centralized call centers that provide information and connections to appropriate services and supports for persons with OUD and any co-occurring SUD/MH conditions.

D. ADDRESS THE NEEDS OF CRIMINAL JUSTICE-INVOLVED PERSONS

Address the needs of persons with OUD and any co-occurring SUD/MH conditions who are involved in, are at risk of becoming involved in, or are transitioning out of the criminal justice system through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:

1. Support pre-arrest or pre-arraignment diversion and deflection strategies for persons with OUD and any co-occurring SUD/MH conditions, including established strategies such as:

    1. Self-referral strategies such as the Angel Programs or the Police Assisted Addiction Recovery Initiative ("*PAARI*");

    2. Active outreach strategies such as the Drug Abuse Response Team ("*DART*") model;

    3. "Naloxone Plus" strategies, which work to ensure that individuals who have received naloxone to reverse the effects of an overdose are then linked to treatment programs or other appropriate services;

    4. Officer prevention strategies, such as the Law Enforcement Assisted Diversion ("*LEAD*") model;

    5. Officer intervention strategies such as the Leon County, Florida Adult Civil Citation Network or the Chicago Westside Narcotics Diversion to Treatment Initiative; or

    6. Co-responder and/or alternative responder models to address OUD-related 911 calls with greater SUD expertise.

2. Support pre-trial services that connect individuals with OUD and any co-occurring SUD/MH conditions to evidence-informed treatment, including MAT, and related services.

3. Support treatment and recovery courts that provide evidence-based options for persons with OUD and any co-occurring SUD/MH conditions.

4. Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions who are incarcerated in jail or prison.

5. Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions who are leaving jail or prison or have recently left jail or prison, are on probation or parole, are under community corrections supervision, or are in re-entry programs or facilities.

6. Support critical time interventions ("*CTI*"), particularly for individuals living with dual-diagnosis OUD/serious mental illness, and services for individuals who face immediate risks and service needs and risks upon release from correctional settings.

7. Provide training on best practices for addressing the needs of criminal justice-involved persons with OUD and any co-occurring SUD/MH conditions to law enforcement, correctional, or judicial personnel or to providers of treatment, recovery, harm reduction, case management, or other services offered in connection with any of the strategies described in this section.

E. ADDRESS THE NEEDS OF PREGNANT OR PARENTING WOMEN AND THEIR FAMILIES, INCLUDING BABIES WITH NEONATAL ABSTINENCE SYNDROME

Address the needs of pregnant or parenting women with OUD and any co-occurring SUD/MH conditions, and the needs of their families, including babies with neonatal abstinence syndrome ("*NAS*"), through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:

1. Support evidence-based or evidence-informed treatment, including MAT, recovery services and supports, and prevention services for pregnant women—or women who could become pregnant—who have OUD and any co-occurring SUD/MH conditions, and other measures to educate and provide support to families affected by Neonatal Abstinence Syndrome.

2. Expand comprehensive evidence-based treatment and recovery services, including MAT, for uninsured women with OUD and any co-occurring SUD/MH conditions for up to 12 months postpartum.

3. Provide training for obstetricians or other healthcare personnel who work with pregnant women and their families regarding treatment of OUD and any co-occurring SUD/MH conditions.

4. Expand comprehensive evidence-based treatment and recovery support for NAS babies; expand services for better continuum of care with infant-need dyad; and expand long-term treatment and services for medical monitoring of NAS babies and their families.

5. Provide training to health care providers who work with pregnant or parenting women on best practices for compliance with federal requirements that children born with NAS get referred to appropriate services and receive a plan of safe care.

6. Provide child and family supports for parenting women with OUD and any co-occurring SUD/MH conditions.

7. Provide enhanced family support and child care services for parents with OUD and any co-occurring SUD/MH conditions.

8. Provide enhanced support for children and family members suffering trauma as a result of addiction in the family; and offer trauma-informed behavioral health treatment for adverse childhood events.

9. Offer home-based wrap-around services to persons with OUD and any co-occurring SUD/MH conditions, including, but not limited to, parent skills training.

10. Provide support for Children's Services—Fund additional positions and services, including supportive housing and other residential services, relating to children being removed from the home and/or placed in foster care due to custodial opioid use.

PART TWO: PREVENTION

F. PREVENT OVER-PRESCRIBING AND ENSURE APPROPRIATE PRESCRIBING AND DISPENSING OF OPIOIDS

Support efforts to prevent over-prescribing and ensure appropriate prescribing and dispensing of opioids through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Funding medical provider education and outreach regarding best prescribing practices for opioids consistent with the Guidelines for Prescribing Opioids for Chronic Pain from the U.S. Centers for Disease Control and Prevention, including providers at hospitals (academic detailing).

2. Training for health care providers regarding safe and responsible opioid prescribing, dosing, and tapering patients off opioids.

3. Continuing Medical Education (CME) on appropriate prescribing of opioids.

4. Providing Support for non-opioid pain treatment alternatives, including training providers to offer or refer to multi-modal, evidence-informed treatment of pain.

5. Supporting enhancements or improvements to Prescription Drug Monitoring Programs ("*PDMPs*"), including, but not limited to, improvements that:

1. Increase the number of prescribers using PDMPs;

2. Improve point-of-care decision-making by increasing the quantity, quality, or format of data available to prescribers using PDMPs, by improving the interface that prescribers use to access PDMP data, or both; or

3. Enable states to use PDMP data in support of surveillance or intervention strategies, including MAT referrals and follow-up for individuals identified within PDMP data as likely to experience OUD in a manner that complies with all relevant privacy and security laws and rules.

6. Ensuring PDMPs incorporate available overdose/naloxone deployment data, including the United States Department of Transportation's Emergency Medical Technician overdose database in a manner that complies with all relevant privacy and security laws and rules.

7. Increasing electronic prescribing to prevent diversion or forgery.

8. Educating dispensers on appropriate opioid dispensing.

G. PREVENT MISUSE OF OPIOIDS

Support efforts to discourage or prevent misuse of opioids through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Funding media campaigns to prevent opioid misuse.

2. Corrective advertising or affirmative public education campaigns based on evidence.

3. Public education relating to drug disposal.

4. Drug take-back disposal or destruction programs.

5. Funding community anti-drug coalitions that engage in drug prevention efforts.

6. Supporting community coalitions in implementing evidence-informed prevention, such as reduced social access and physical access, stigma reduction—including staffing, educational campaigns, support for people in treatment or recovery, or training of coalitions in evidence-informed implementation, including the Strategic Prevention Framework developed by the U.S. Substance Abuse and Mental Health Services Administration ("*SAMHSA*").

7. Engaging non-profits and faith-based communities as systems to support prevention.

8. Funding evidence-based prevention programs in schools or evidence-informed school and community education programs and campaigns for students, families, school employees, school athletic programs, parent-teacher and student associations, and others.

9. School-based or youth-focused programs or strategies that have demonstrated effectiveness in preventing drug misuse and seem likely to be effective in preventing the uptake and use of opioids.

10. Create or support community-based education or intervention services for families, youth, and adolescents at risk for OUD and any co-occurring SUD/MH conditions.

11. Support evidence-informed programs or curricula to address mental health needs of young people who may be at risk of misusing opioids or other drugs, including emotional modulation and resilience skills.

12. Support greater access to mental health services and supports for young people, including services and supports provided by school nurses, behavioral health workers or other school staff, to address mental health needs in young people that (when not properly addressed) increase the risk of opioid or another drug misuse.

H. PREVENT OVERDOSE DEATHS AND OTHER HARMS (HARM REDUCTION)

Support efforts to prevent or reduce overdose deaths or other opioid-related harms through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Increased availability and distribution of naloxone and other drugs that treat overdoses for first responders, overdose patients, individuals with OUD and their friends and family members, schools, community navigators and outreach workers, persons being released from jail or prison, or other members of the general public.

2. Public health entities providing free naloxone to anyone in the community.

3. Training and education regarding naloxone and other drugs that treat overdoses for first responders, overdose patients, patients taking opioids, families, schools, community support groups, and other members of the general public.

4. Enabling school nurses and other school staff to respond to opioid overdoses, and provide them with naloxone, training, and support.

5. Expanding, improving, or developing data tracking software and applications for overdoses/naloxone revivals.

6. Public education relating to emergency responses to overdoses.

7. Public education relating to immunity and Good Samaritan laws.

8. Educating first responders regarding the existence and operation of immunity and Good Samaritan laws.

9. Syringe service programs and other evidence-informed programs to reduce harms associated with intravenous drug use, including supplies, staffing, space, peer support services, referrals to treatment, fentanyl checking, connections to care, and the full range of harm reduction and treatment services provided by these programs.

10. Expanding access to testing and treatment for infectious diseases such as HIV and Hepatitis C resulting from intravenous opioid use.

11. Supporting mobile units that offer or provide referrals to harm reduction services, treatment, recovery supports, health care, or other appropriate services to persons that use opioids or persons with OUD and any co-occurring SUD/MH conditions.

12. Providing training in harm reduction strategies to health care providers, students, peer recovery coaches, recovery outreach specialists, or other professionals that provide care to persons who use opioids or persons with OUD and any co-occurring SUD/MH conditions.

13. Supporting screening for fentanyl in routine clinical toxicology testing.

PART THREE: OTHER STRATEGIES

I. <u>FIRST RESPONDERS</u>

In addition to items in section C, D and H relating to first responders, support the following:

1. Education of law enforcement or other first responders regarding appropriate practices and precautions when dealing with fentanyl or other drugs.

2. Provision of wellness and support services for first responders and others who experience secondary trauma associated with opioid-related emergency events.

J. <u>LEADERSHIP, PLANNING AND COORDINATION</u>

Support efforts to provide leadership, planning, coordination, facilitations, training and technical assistance to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, the following:

1. Statewide, regional, local or community regional planning to identify root causes of addiction and overdose, goals for reducing harms related to the opioid epidemic, and areas and populations with the greatest needs for treatment

intervention services, and to support training and technical assistance and other strategies to abate the opioid epidemic described in this opioid abatement strategy list.

2. A dashboard to (a) share reports, recommendations, or plans to spend opioid settlement funds; (b) to show how opioid settlement funds have been spent; (c) to report program or strategy outcomes; or (d) to track, share or visualize key opioid- or health-related indicators and supports as identified through collaborative statewide, regional, local or community processes.

3. Invest in infrastructure or staffing at government or not-for-profit agencies to support collaborative, cross-system coordination with the purpose of preventing overprescribing, opioid misuse, or opioid overdoses, treating those with OUD and any co-occurring SUD/MH conditions, supporting them in treatment or recovery, connecting them to care, or implementing other strategies to abate the opioid epidemic described in this opioid abatement strategy list.

4. Provide resources to staff government oversight and management of opioid abatement programs.

K. TRAINING

In addition to the training referred to throughout this document, support training to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, those that:

1. Provide funding for staff training or networking programs and services to improve the capability of government, community, and not-for-profit entities to abate the opioid crisis.

2. Support infrastructure and staffing for collaborative cross-system coordination to prevent opioid misuse, prevent overdoses, and treat those with OUD and any co-occurring SUD/MH conditions, or implement other strategies to abate the opioid epidemic described in this opioid abatement strategy list (*e.g.*, health care, primary care, pharmacies, PDMPs, etc.).

L. RESEARCH

Support opioid abatement research that may include, but is not limited to, the following:

1. Monitoring, surveillance, data collection and evaluation of programs and strategies described in this opioid abatement strategy list.

2. Research non-opioid treatment of chronic pain.

3. Research on improved service delivery for modalities such as SBIRT that demonstrate promising but mixed results in populations vulnerable to opioid use disorders.

4. Research on novel harm reduction and prevention efforts such as the provision of fentanyl test strips.

5. Research on innovative supply-side enforcement efforts such as improved detection of mail-based delivery of synthetic opioids.

6. Expanded research on swift/certain/fair models to reduce and deter opioid misuse within criminal justice populations that build upon promising approaches used to address other substances (*e.g.*, Hawaii HOPE and Dakota 24/7).

7. Epidemiological surveillance of OUD-related behaviors in critical populations, including individuals entering the criminal justice system, including, but not limited to approaches modeled on the Arrestee Drug Abuse Monitoring ("*ADAM*") system.

8. Qualitative and quantitative research regarding public health risks and harm reduction opportunities within illicit drug markets, including surveys of market participants who sell or distribute illicit opioids.

9. Geospatial analysis of access barriers to MAT and their association with treatment engagement and treatment outcomes.

COUNTY OF HOUGHTON
Conference or Other Travel Request

Reason for Travel: Training - MiCSES + Financials (FOC) Intergovernmental
Dates of Travel: Aug. 7-11 Hannah + Teresa
Aug. 18 Drew

Check any of the following as applicable for this travel request:

Required Training	
Needed for License	
Needed for Certification	✓
State or Other Mandate	✓
Seminar	

Conference Attendance:	
Annual	
Bi-Annual	
Other	

Association Meeting:	
Annual	
Bi-Annual	
Other	
Training Not Required	

This request is included in the Department Budget: ✓ Yes ______ No

Estimated costs to be requested for payment from Houghton County
$1,400.00 from travel budget

Portion of costs to be paid other than by Houghton County: ______

Submitted by: Drew Bastman Title Asst. FOC Date July 13-2023

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______ Approved ______ Disapproved by the Houghton County Board of Commissioners at their meeting held on ______

Signed: ______ Title: ______
Date: ______

COUNTY OF HOUGHTON
Conference or Other Travel Request

Reason for Travel: Budget, Program Administration for MERS Retirement Plan
Dates of Travel: Sept 27-29, 2023

Check any of the following as applicable for this travel request:

Required Training		Conference Attendance:		Association Meeting:	
Needed for License		Annual	X	Annual	
Needed for Certification		Bi-Annual		Bi-Annual	
State or Other Mandate		Other		Other	
Seminar	X			Training Not Required	

This request is included in the Department Budget: X Yes ______ No

Estimated costs to be requested for payment from Houghton County
$255 Registration Fee
$200 Travel
$455

Portion of costs to be paid other than by Houghton County: ____________________

Submitted by: Ben Larson Title County Administrator Date 7/13/23

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_______ Approved _______ Disapproved by the Houghton County Board of Commissioners at their meeting held on ______________________________

Signed: ______________________________ Title: ____________________________
Date: ____________________

Michigan State University

INVOICE

MSUE Business Office
Morrill Hall of Agriculture
446 W. Circle Drive, Rm 160
East Lansing, MI 48824

DATE: June 14, 2023
INVOICE # **4 HOUGHTON 2023**
FOR: *STANDARD MOA*
2023 WORK PLAN

Bill To:
Houghton County
ATTN: Ben Larson
401 E. Houghton Ave
Houghton, MI 49931
administrator@houghtoncounty.net
accounting@houghtoncounty.net

DESCRIPTION	AMOUNT
Fourth Quarter (July-September 2023) MOA 2023 Work Plan Payment :	
Assessment	10,625.00
The total MOA fee for the period of October 1, 2022 to September 30, 2023 will be $42,500 to be paid in four equal installments over the period of the MOA.	
Payment is due the first month of each quarter. Please pay within 30 days.	
TOTAL	$ 10,625.00

Make all checks payable to Michigan State University and send to the address above.
If you have any questions concerning this invoice, contact Christi Sovis, sovis@msu.edu, 517-927-1733.

THANK YOU

Western Upper Peninsula Health Department

7/3/2023

Invoice 9230018

540 Depot St., Hancock, MI 49930
Phone (906) 482-7382, Fax (906) 482-9410

Houghton County
Houghton County Courthouse
Attn: Jennifer Kelly
401 E. Houghton Avenue
Houghton, MI 49931

Fiscal Year 2023 - Fourth Quarter
July - September 2023

Charge Date	Description	Qty	Unit Price	Amount
7/3/2023	Quarterly Appropriations - Houghton County, July - September 2023	0.00	0.00	$68,024.50

Payment Terms: Net 30 Days

Please return bottom portion with your payment.

Total: $68,024.50

Customer ID HTN CTY

Invoice ID 9230018

Customer Name Houghton County

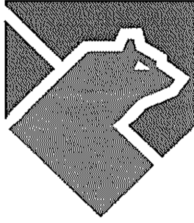
Invoice Date 7/3/2023

Charge Date	Description	Qty	Unit Price	Amount
7/3/2023	Quarterly Appropriations - Houghton County, July - September 2023	0.00	0.00	$68,024.50

Payment Terms: Net 30 Days

Total: $68,024.50

Fiscal Year 2023 - Fourth Quarter
July - September 2023



Karhu Cyber
906-212-4100
204 Higgins St.
Howell MI, 48843

BILLED TO	DATE OF ISSUE	INVOICE #
Houghton County	7/5/2023	34
401 E Houghton Ave	**DUE DATE**	
Houghton, MI 49931	8/5/2023	

ITEM DESCRIPTION	RATE	QTY	LINE TOTAL
Threat Hunting	$150.00	25	$3,750.00
IT Services	$35.00	160	$5,600.00
Vulnerability Scanning	$150.00	14	$2,100.00
Email Phishing	$150.00	5	$750.00

Subtotal		**$12,200.00**
Tax rate		**$0.00**
Additional costs	Elastic Cloud May	**$2,583.75**
TOTAL		**$14,783.75**

*The Elastic Cloud invoice populates with a delay, so we will charge for the software with a one-month delay unless conditions change. The Elastic Cloud May invoice is attached for your review.

Invoice written for services rendered 1-31 May, 2023

A SINCERE THANK YOU FOR YOUR BUSINESS!