LENAWEE-LIVINGSTON-MONROE-WASHTENAW
OVERSIGHT POLICY BOARD

VISION

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

AGENDA
October 27, 2016

705 N. Zeeb Road, Ann Arbor
Patrick Barrie Conference Room
9:30 a.m. – 11:30 a.m.

1. Introductions & Welcome – 5 minutes
2. Approval Of Agenda (Board Action) – 2 minutes
3. Approval of 9/8/2016 OPB Minutes {Att. #1} (Board Action) – 5 minutes
4. Audience Participation – 3 minutes per person
5. Passion of Mind Presentation {Att. # 2} – 20 minutes
6. Officer Elections – 10 minutes
7. Old Business
   a. October Finance Report (Information) {Att. #3} – 5 minutes
   b. DYTUR Update {Att. #4} – 5 minutes
8. New Business
   a. Livingston PA2 Website Fund Request {Att. #5 }(Board Action) – 10 minutes
   b. Media Campaign Policy {Att. #6} – (Board Action) 5 minutes
9. Retreat Follow-Up SWOT Analysis {Att. #7} – 30 minutes
10. Report from Regional Board (Discussion) – 5 minutes
11. SUD Director Updates (Discussion) –5 minutes
    a. Regional All-Board Meeting {Att. #8}

Next meeting: Thursday, December 22, 2016?

Parking Lot:

COMMUNITY MENTAL HEALTH PARTNERSHIP
OVERSIGHT POLICY BOARD
STRATEGIC PLANNING
LENAWEE, LIVINGSTON, MONROE, WASHTENAW COUNTIES

Thursday, September 8, 2016
Dawn Farm
6633 Stony Creek Road
Ypsilanti, MI 48197
9:30 am – 2:30 pm

Minutes

Members Present: David Oblak, Charles Coleman, Kim Comerzan, Sheila Little, Dianne McCormick, Mark Cochran, Dave DeLano, William Green, Tom Waldecker, Amy Fullerton

Members Absent: Ralph Tillotson, Dave O'Dell, Cheryl Davis, John Lapham

Staff Present: Stephannie Weary, Marci Scalera, Suzanne Stolz, Jane Terwilliger, Jane Goerge, Katie Postmus, Zach Shapiro

9:30	Welcome Agenda Review 6/23/16 OPB Minutes Review {Att. #1} **Motion by D. McCormick, supported K. Comerzan, to approved the 6/23/16 OPB minutes** **Motion carried**
9:45	Review of OPB Mission and Vision Statements (Action Item) {Att. #2} - OPB reviewed OPB's mission and vision statements, which predates OPB back to SAAC. **Motion by M. Cochran, supported by A. Fullerton, to accept the current OPB mission and vision statements** **Motion carried**
10:10	By-Laws Review (Action Item) {Att. #3} - C. Coleman provided an overview of the Regional Board's discussion of the bylaws, which OPB had submitted for approval. - The Regional Board felt that the Conflict of Interest language wasn't strong enough. **Motion by T. Waldecker, supported C. Coleman, to approved the updated bylaws, based on the Regional Board's suggestions** **Motion carried**

10:15	Policy discussion
	(Action item) {Att. #4, 4a-g}
	- Policy changes were to clean up the language (such as references to WCHO):
	  - Women's Treatment Specialty Services
	  - Communicable Disease
	  - OP Treatment and Recovery Continuum of Services
	  - SUD Rights
	  - Welcoming
	  - Medication Assisted Treatment
	  - Individual Treatment and Recovery Planning
	
	Motion by W. Green, supported by D. DeLano, to approved the presented policies
	Motion carried

10:30	RFI Presentation and Discussion {Att. #5}
	- M. Scalera provided highlights of the 29 RFI responses. Discussion followed.
	- Gaps that were identified in many of the responses:
	  - Transportation issues: how do we provide assistance
	  - Lack of communication between core providers and other providers

12:00	Lunch
12:15	FY 17 Budget Presentation and Discussion {Att. #6} - S. Stolz presented the report. - T. Waldecker requested to see a graph broken down by types of services, and consumers served. - Per J. Terwilliger, a quarterly dashboard reports is being developed that will come to OPB. **Motion by T. Waldecker, supported by W. Green, to approve the continuation of the presented PA2 funding** **Motion carried** **Motion by T. Waldecker, supported by W. Green, to approve staff recommendations for non-PA2 funding, to be forwarded to the regional board for approval** **Motion carried**
12:45	Continued RFI/Planning discussion

	) Discussion continued
1:15	SWOT Analysis and Action Steps) OPB broke into groups to brainstorm.) OPB would like consistency of services and access across the region.) Next steps: Compile SWOT, distribute to OPB, and start prioritizing.) J. Terwilliger suggested forming a small temporary workgroup to focus on the ideas from today.
2:30	Adjourn

LARA/SUB-500 (3/15)

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

FOR OFFICE USE ONLY

- ☐ MASTER SITE
- ☐ SATELLITE LOCATION
- ☐ INITIAL
- ☐ RENEWAL

LICENSE NUMBER: _____
CA NUMBER: _____
CONSULTANT: _____
DATE DUE: _____

APPLICATION FOR A SUBSTANCE ABUSE PROGRAM LICENSE

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

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

Program Legal Name (for site applying form): Passion of Mind Healing Center			
Street Address (P.O. Box, if applicable): 14930 Laplaisance Rd.			
City: Monroe	State: Mi	Zip Code: 48161	County: MONROE
Telephone Number with Area Code: 734-915-0981 (temporary)	Fax Number with Area Code:	E-Mail Address: dmonday@passionofmind.org	

Indicate the type of organization that is legally responsible for the operation of the program. Please complete both parts A and B.

A.	B.	
☐ For Profit	☐ Sole Ownership	☐ County Government
☒ Non-Profit	☒ Corporation	☐ State Government
	☐ Partnership	☐ Hospital Authority
	☐ City Government	☐ Other-Specify: _____

Days of Operation: (Check appropriate days)

☒ Monday ☒ Tuesday ☒ Wednesday ☒ Thursday ☒ Friday ☒ Saturday ☒ Sunday

Hours of Operation: (Indicate AM/PM)

4:30 AM - 6 PM Monday; 4:30 AM - 6 PM Tuesday; 4:30 AM - 6 PM Wednesday; 4:30 AM - 6 PM Thursday; 4:30 AM - 6 PM Friday; 6:00 AM - 10:00 AM Saturday; 6:00 AM - 10:00 AM Sunday

Program Director's Name:

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

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

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

☒ **OUTPATIENT**

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

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

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

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

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

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

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

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

☐ **REQUEST FOR WAIVER OF RULE**

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

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

**See Explanatory Footnotes on page 3.*

EXPLANATORY FOOTNOTES - FOR PAGE TWO (2) OF APPLICATION

(1) Check if substance abuse/alcohol highway safety education or other classes are offered by the program on a routine basis.

(2) Programs that utilize controlled substances, including methadone, must complete the *Application Appendix D*, a *State Methadone Approval Application* (LARA/SUB-023) form.

(3) If substance abuse beds are part of a unit which also provides beds for non-substance abuse clients, estimate the number of substance abuse beds, using the **maximum** beds which substance abusers would fill at any point in time.

(4) Required if substance abuse beds are licensed by the Department of Licensing and Regulatory Affairs typically as medical/surgical beds or as psychiatric beds. Indicate license number.

(5) These categories presuppose an existing outpatient, methadone clinic or residential license. For peer recovery/recovery support, an existing prevention license is also acceptable.

Passion of Mind Healing Center

Director: Diana Monday, MA LLPC LBSW CAADC CTP.
Associate Director: Melinda Breeding, LLMSW, CAADC-DP.
Medical Director for MAT Services: Robert Chatfield, DO

Mission Statement

Addiction is defined by the American Society of Addiction Medicine (ASAM) as a primary, chronic and relapsing brain disease characterized by an individual pathologically pursuing reward and/or relief by substance use and other behaviors.

Opioid addiction is driving an epidemic in which drug overdose is the leading cause of accidental death in the United States. There is a plethora of statistics regarding opioid related deaths, but statistics do not get to the heart of what we do.

At Passion of Mind Healing Center, we strive to improve everyday life for addicts and their families.

Program

Passion of Mind Healing Center offers comprehensive outpatient treatment services for persons with acute or chronic substance use disorders. Drug addiction is a brain disease that ultimately impacts on all aspects of personal and family functioning. Therefore, the program has a holistic approach to care delivery, addressing medical, social service and family needs through on-site, integrated program services.

Services in the Passion of Mind Healing Center include outpatient medical assisted treatment services for opioid addiction, intensive outpatient, standard outpatient, and opioid maintenance treatment. In all levels of care, patients receive individual counseling by a primary therapist / counselor who provides treatment aimed at short-term problem solving (e.g., arranging stable housing), substance abuse education, sobriety planning and relapse prevention, HIV education and risk reduction counseling, as well as referral and follow-up to hospital and community resources.

Breath-test measurements of alcohol levels and testing for other drug use is conducted randomly according to program guidelines.

Heroin Anonymous, Narcotics Anonymous and Alcoholics Anonymous meetings will be hosted on-site during clinic hours. A variety of gender-specific groups are provided for women.

Our Family Center offers psychoeducational support and therapeutic services for family members of clients enrolled in Medication Assisted Treatment.

Dietician services are offered for clients on an as needed or requested basis.

The Stress Healing Program is critical in teaching clients how to best handle their stress. These service include education, massage services, guided imagery, etc.

Spiritual Healing - An onsite pastor will be available for consultation, group meetings and/or Bible Studies.

BA- or MA-level certified addiction counselors and licensed therapists provide direct services.

Philosophy

Harm Reduction and a chronic disease

Most methadone clinics work within a harm reduction philosophy. In simplified terms, this means that we believe decreasing use of a substance has value – complete abstinence is a goal; however, even decreasing use leads to better outcomes for the patient, their family and society as a whole.

Some agencies consider methadone maintenance inherently harm reduction because patients are still taking a "drug". At PMHC we disagree. We see methadone and Suboxone as medications, prescribed by a physician for a chronic disease. The disease is opiate dependency. The clinical description of the disease results in changes to the brain which can be seen on functional brain scans (PET and fMRI) and medication assisted treatment therapy is very effective. A disease, no question.

We will have harm reduction patients – those that choose to continue using opiates or other drugs without medication assisted treatment. They continue on methadone and Suboxone because the program does improve their lives. We hope that in the future they will stop this residual use but it is their choice. They are still welcome at PMHC; however, we feel that the majority of patients – those that become drug free and work towards recovery, getting their lives back, supporting their families and contributing to society are in recovery. They no longer manifest the behavioral characteristics that define the addiction. Of course they are always at risk of falling back into addiction similar to a person who has been "cured" of cancer – there is a risk that the cancer will return.

Contingency Management

Contingency management (CM) treatments are based upon a simple behavioral principle -- if a behavior is reinforced or rewarded, it is more likely to occur in the future. These behavioral principles are used in everyday life. For example, parents use allowances or dessert to encourage

their children to make their beds or eat their dinners. Employers use salaries and bonuses to reward good job performance. In the case of substance abuse treatment, drug abstinence, as well as other behaviors consistent with a drug-free lifestyle, can be reinforced using these principles.

Passion of Mind Healing Center utilizes "contingency management" as one of the treatment modalities for clients. Rewards are provided to patients contingent (depends on or conditional) on staying clean and maintaining a stable lifestyle. These rewards are *take home* medication privileges. Take home doses make life much easier for our patients in recovery and we encourage them to work towards these rewards which not only recognize their effort and progress but facilitate transitioning back into society. In fact, if patients do not earn take home medication privileges, many eventually get tired of methadone or Suboxone maintenance. The treatment that at first made life so much easier eventually becomes tiresome for many – of course if they leave the program abruptly they usually relapse. For most people considering medication maintenance assisted treatment, their goal entering the program should be to get clean.

Besides Harm Reduction and Contingency Management there are specific *PMHC Policies for Patients*. These are contained in a document you will be given and asked to read, understand and sign before starting the program. Most importantly the policies define the behavior that is not accepted at PMHC – we do not allow threatening or disrespectful behavior to patients or staff nor illegal activity including dealing drugs on PMHC property. Breaking these two simple rules will lead either to immediate discharge or a final warning.

At PMHC, we strive to provide a safe, respectful, tolerant and caring environment. We believe this helps our patients in their journey through recovery.

Community Partnerships

Ryan's Hope – a nonprofit foundation that sponsors clients in long term in-patient care.
ProMedica Hospitals – links Emergency Room overdose patients to care via 24 hour phone line connected to a therapist at Passion of Mind Healing Center.
Oaks of Righteousness- homeless shelter, church
Monroe County Probation/Parole Department – source of referrals
Ty's House – Sober Living Housing for patients in Recovery

Passion of Mind Healing Center is currently seeking a family medical center or family physician to work together with us, accepting our referrals and providing additional care for clients and families.

TARGET POPULATIONS

Passion of Mind Healing Center welcomes patients/clients from all walks of life. Any individual, age 18 and older, can seek treatment for the disease of addiction. PMHC seeks to serve clients within Monroe County, Michigan and Lucas County, Ohio.

Community Mental Health Partnership of Southeast Michigan
Statement of Revenues and Expenditures
For the Period Ending August 31, 2016

	2nd Amend Budget	YTD Actual	YTD Budget	YTD Actual O/(U) Budget	
Operating Revenue					
Medicaid Capitation	$137,613,945	$126,182,201	$126,146,116	$36,085	
Medicaid Carryforward	1,473,549	-	1,350,753	(1,350,753)	a
Healthy Michigan Plan	12,188,927	11,120,468	11,173,183	(52,715)	
Healthy Michigan Carryforward	5,224,847	-	4,789,443	(4,789,443)	a
Autism	1,661,715	725,476	1,523,239	(797,762)	b
Medicaid Health Home-Washtenaw Only	419,801	701,452	384,818	316,635	c
10% Health Home Match Washtenaw	41,980	70,145	38,482	31,664	
SUD Community Grant	3,767,460	3,408,180	3,453,505	(45,325)	
SUD PA2 - Cobo Tax Revenue	2,105,798	1,403,727	1,930,315	(526,588)	d
Local Match	1,577,780	1,193,824	1,446,298	-	
Other Revenue	217,567	99,729	199,436	(99,708)	
Total Revenue	**$166,293,369**	**$144,905,204**	**$152,435,588**	**$(7,277,910)**	
Funding For CMHSP Partners					
Lenawee CMHSP	17,137,987	15,575,956	$15,575,956	-	
Livingston CMHSP	23,871,599	21,469,301	21,469,301	-	
Monroe CMHSP	25,931,719	23,627,001	23,627,001	-	
Washtenaw CMHSP	65,954,549	60,778,612	60,778,612	-	
Total Funding For CMHSP Partners	**$ 132,895,854**	**$ 121,450,869**	**$121,450,869**	**$0**	
Funding For SUD Services					
Lenawee County	1,278,823	984,672	$1,172,254	(187,582)	e
Livingston County	1,614,420	1,090,991	1,479,885	(388,894)	e
Monroe County	1,506,177	1,146,009	1,380,662	(234,654)	e
Washtenaw County	4,026,893	3,778,677	3,691,319	87,359	e
Total Funding For SUD Services	**$ 8,426,313**	**$ 7,000,349**	**$7,724,120**	**$(723,771)**	
Other Contractual Obligations					
Hospital Rate Adjuster	2,122,900	1,988,459	$1,945,992	42,467	
USE and HICA Tax	10,492,516	9,158,293	9,618,140	(459,847)	
Local Match	1,577,780	1,193,824	1,446,298	-	
10% Health Home Match Washtenaw	41,980	70,145	38,482	31,664	c
Total Other Costs	**$14,235,176**	**$12,410,721**	**$13,048,911**	**$(385,715)**	
CMHPSM Administrative Costs					
Salary& Fringe	1,768,037	1,239,917	$1,620,701	(380,784)	f
Administrative Contracts	1,031,952	923,578	945,956	(22,378)	f
Board Expense	12,980	4,789	11,898	(7,109)	f
All Other Costs	168,136	99,405	154,125	(54,720)	f
Total Administrative Expense	**$2,981,105**	**$2,267,689**	**$2,732,680**	**$(464,991)**	
Risk Reserve Provision	**$2,581,623**		**2,366,488**	(2,366,488)	
Contribution to Fund Balance/Carry Forward	**$5,173,298**		**4,742,190**	(4,742,190)	
Total Expense	**$166,293,369**	**$143,129,628**	**$152,065,258**	**$(8,683,154)**	
Revenues over (under) Expenditures	**$(0)**	**$1,775,576**			

a - Timing difference, recognization will occur at year end corresponding to expenditures and close out with MDHHS.
b - Timing difference, Autism benefit receipts delayed.
c - Correlates with Home Health expenditures.
d - Funding of partners is on a cash basis, these amount do not reflect the partners projected use of fund sources
e - SUD expenses are under budget, Projects awarded for engagement centers have not been fully implemented.
f - Administrative expenses under budget due to vacant positions throught the year.

Community Mental Health Partnership Of Southeast Michigan
SUD SUMMARY OF REVENUE AND EXPENSE BY FUND
August 2016 FYTD

Summary Of Revenue & Expense	Funding Source						Total Funding Sources
	Medicaid	MIChild	Healthy Michigan	SUD - Block Grant	SUD-COBO/PA2	Other	
Revenues							
Funding From MDCH	$ 1,526,181	$ 3,046	$ 2,908,445	$ 3,386,214		$ -	$ 7,823,887
PA2/COBO Tax Funding	$ -	$ -	$ -	$ -	$ 1,403,727 *	$ -	$ 1,403,727
Other	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Total Revenues	$ 1,526,181	$ 3,046	$ 2,908,445	$ 3,386,214	$ 1,403,727	$ -	$ 9,227,614
Expenses							
Funding for County SUD Programs							
Lenawee	$ 245,477	$ -	$ 437,681	$ 235,263	$ 66,251	$ -	$ 984,672
Livingston	$ 188,783	$ -	$ 339,503	$ 518,452	$ 44,253	$ -	$ 1,090,991
Monroe	$ 160,146	$ 132,140	$ 369,503	$ 580,261	$ 73,402	$ -	$ 1,315,451
Washtenaw	$ 659,551	$ -	$ 1,418,200	$ 1,048,729	$ 631,894	$ -	$ 3,758,373
Total SUD Expenses	$ 1,253,957	$ 132,140	$ 2,564,887	$ 2,382,705	$ 815,800	$ -	$ 7,149,488
Other Operating Costs							
SUD Use Tax	$ 91,266	$ 182	$ 173,925	$ -	$ -	$ -	$ 265,373
SUD HICA Claims Tax	$ 11,446	$ 23	$ 21,813	$ -	$ -	$ -	$ 33,282
Total Operating Costs	$ 102,712	$ 205	$ 195,738	$ -	$ -	$ -	$ 298,655
Administrative Cost Allocation	$ 75,463	$ 7,965	$ 154,355	$ 204,989	$ -	$ -	$ 442,772
Total Expenses	$ 1,432,131	$ 140,310	$ 2,914,980	$ 2,587,693	$ 815,800	$ -	$ 7,890,915
Revenues Over/(Under) Expenses	$ 94,050	$ (137,264)	$ (6,535)	$ 798,521	$ 587,927	$ -	$ 1,336,699

	Revenues	Expenditures	Revenues Over/(Under) Expenses
PA2 by County			
Lenawee	$ 113,814	$ 66,251	$ 47,563
Livingston	$ 334,880	$ 44,253	$ 290,626
Monroe	$ 243,211	$ 73,402	$ 169,809
Washtenaw	$ 711,823	$ 631,894	$ 79,929
Totals	$ 1,403,727	$ 815,800	$ 587,927

Unallocated PA2	
Lenawee	$ 1,017,138
Livingston	$ 2,393,356
Monroe	$ 243,366
Washtenaw	$ 2,542,374
Total	$ 6,196,234

Attachment #4 – October 2016

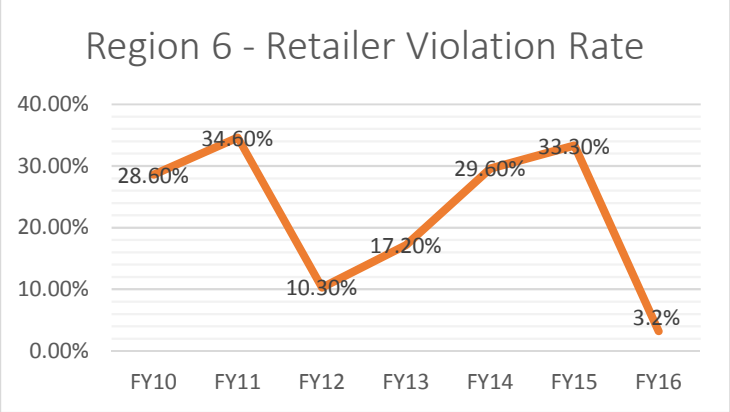
Oversight Policy Board – DYTUR & Synar Update

Board Meeting Date: October 27, 2016

As mandated by the Federal Synar Amendment and Michigan's Youth Tobacco Act, the CMHPSM is responsible for allocating funding and oversight of Designated Youth Tobacco Use Reduction (DYTUR) efforts in Lenawee, Livingston, Monroe and Washtenaw counties. Specific CMHPSM-contracted DYTUR duties include: maintaining master retailer lists of all tobacco retailers in the four-county region; conducting vendor education at 50% of the tobacco retailers in the region; and conducting Synar and non-Synar (civilian and law enforcement) tobacco compliance checks at selected retail locations.

Federal law requires all states that receive Substance Abuse Prevention and Treatment Block Grant funds to conduct an annual "survey" (or Synar tobacco compliance checks) of tobacco retailers to determine the percentage of retailers who would sell cigarettes to people under age 18. These surveys involve under-age persons attempting to purchase cigarettes. If a state's Retailer Violation Rate is higher than 20%, the state stands to lose 40% of its block grant funds. This would amount to about $22,200,000 for Michigan.

The CMHPSM is pleased to share that in Fiscal Year 2016, our Region achieved a 3.2% RVR (or one attempted sale) during the annual Synar compliance checks. This is the lowest rate that our Region has achieved in recent years. The FY16 state-wide RVR is currently 13.1%.



This significant accomplishment can be attributed to the DYTURs, who have worked diligently and creatively to educate businesses and clerks within the community on tobacco laws and the importance of tobacco use prevention. Additionally, with the support of OPB-approved PA2 funding, the DYTURs coordinated with local law enforcement to conduct Non-Synar tobacco compliance checks which have helped garner community and vendor understanding regarding this topic and the consequences of non-compliance. The CMHPSM Prevention Team has worked closely with the DYTURs to create a regional team and to cultivate a relationship between our Region and the Michigan State Police Tobacco Tax Teams. The CMHPSM Prevention Team will continue to work closely with the DYTURs in FY17 to strategize best Prevention practices to maintain or improve the current RVR in Region 6.

CMHPSM SUD OVERSIGHT POLICY BOARD

ACTION REQUEST

Board Meeting Date: October 27, 2016

Action Requested:

Approval of funding request for $2,400 PA2 Livingston County CMH to develop and maintain a website for the WAKE UP LIVINGSTON! This initiative is the result of implementing PROJECT LAZARUS for impacting the Opiate Epidemic in the county.

Background:

WAKE UP LIVINGSTON is a community wide coalition using the community sector approach to impact the community's understanding of the epidemic, educate physician prescribing practices, reduce harm thru diversion control, increase recovery community involvement; partner within SUD and MH treatment providers, assist and train law enforcement in use of Naloxone. Similar projects are going on in all counties.

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

OPB is responsible for PA2 funding decisions. Funds are used for SUD treatment, prevention and recovery services. Community coalitions fall under primarily prevention and recovery efforts.

Recommendation:

Approval of funds.

COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN

Serving Lenawee, Livingston, Monroe, and Washtenaw Counties

Request for Funds	
Date:	September 20, 2016
Contact Person: (Name, email, phone)	Connie Conklin, Executive Director Livingston County Community Mental Health Authority 517-548-0081 cconklin@cmhliv.org
Requestor:	Wake Up Livingston
Amount of Request:	$2,400 for website hosting, domain name, website development and logo development
Priority Area:	☒ TREATMENT for Substance Use Disorders (indicate specific populations to be served) ☒Adolescents ☒Opiate/Heroin ☒Adults ☐ Alcohol Specific ☐ Gender specific ☒Recovery Focused/Peers ☒Other: Family and Friends ☒PREVENTION (please check one of the following): ☐ Reduce Childhood and Underage Drinking ☒Reduce Prescription and Over the Counter Drug Abuse/Misuse ☐ Reduce Youth Access to Tobacco ☒Reduce Illicit Drug Use ☐ Other: _____
Targeted Community: (Geographic area)	Livingston County
PREVENTION ONLY Targeted Population: (Institute of Medicine Category)	☒ Universal (general public/whole population group) ☐ Selective (individuals – risk of developing a substance use disorder is significantly higher than average) ☐ Indicated (individuals in high-risk environments, minimal signs/symptoms, biological markers indicating a predisposition for disorder)
Primary Problem/ Consequence(s) Support Data: (Include Data Sources and reason for the request for funding)	Please see attached Livingston County FACT Sheet for Prescription Drugs and Opiates in Livingston County

Underlying Root Causes to be Targeted: (Associated Intervening Variables, Risk/ Protective Factors)	⁾ Common use of opiates in treating chronic and short-term pain ⁾ Physician prescribing habits and reluctance to consistently use MAPS – thus leading to a large volumes of opiate medication in the community ⁾ Unsecured/improper storage of narcotic medications in homes ⁾ Community reluctance to dispose of unused and extra medications ⁾ General population that is uninformed about the addictive qualities of opiates and overdose potential. ⁾ Peer influence and exposure to "gateway" drugs
Evidence-based Strategies/Initiatives:	⁾ Medication Assisted Treatment ⁾ ROSC Model ⁾ Motivational Interviewing – Stages of Change ⁾ Naloxone – proven to save lives ⁾ Naloxone – training people to administer and to recognize signs of an overdose. ⁾ Tracking of Education/Prevention efforts
PREVENTION ONLY Primary Federal Strategies (CSAP)	Check all that apply: ☒ Information Dissemination ☒Problem Identification & Referral ☒Education ☒Community-Based Process ☒Alternatives ☒Environmental
Short-term Outcomes (where applicable) : (CDC SMART objectives – Specific, Measurable, Achievable, Realistic, and Time-phased) For each outcome, please include the evaluation method (i.e., survey, questionnaires, etc.)	1. Measure exposure to the educational information through number of hits on the website 2. Track the number of people who follow through to seek help, by asking how they learned about Access on the Access line. 3. Add a button on the website that allows them to seek help now, which connects to additional resources. Track number of help requests. 4. Track the overall calls to Emergency responders that involve Opiate Use – track over time to see if there is a reduction in overdose calls throughout the county. 5. Create a way to educate and connect with treatment the friends and families of the opiate users (via links to community support groups, advocacy, treatment providers).

Intended Long-term Outcome(s): (Describe how this funding will benefit service delivery and/or the community)	1. Decrease the number of Opiate Deaths 2. Reduce the number of Opiates prescribed 3. Decrease the number of Opiate-related arrests 4. Reduce the number of youth, who reply to the annual school survey, that they used opiates recreationally within the past 30 days. 5. Increase the number of youth, who reply to the annual school survey, that they are aware of the risk of overdose death related to opiate use, as well as the risk of physical and psychological dependence related to opiate use.
Key People/Coalition:	Wake Up Livingston Steering Committee Brian Byrd – CHAIR – First National Bank of Howell Mike Murphy – Livingston County Undersheriff Joanna Karner – Livingston County Community Mental Health Angela Delvero – Assistant Prosecutor Pat Hohl – Hamburg Township Supervisor Karen Bergbower – Bergbower and Associates Chelsea Moxlow – Department of Public Health Raymond Waller – Brighton Center for Recovery Christy Sanborn – Michigan State Police Nicole Shingeck – Hartland Consolidated Schools Trudy Esch – Parent
Community Partners:	Livingston County Community Alliance (42 Members) Human Services Collaborative Body – Substance Use Disorders Workgroup (19 Members) Wake Up Livingston Sector Groups (approx.. 40 Members) 242 Community Church Livingston County Courts Local Law Enforcement
Please note: All programming must be consistent with the implementation of Recovery-Oriented Systems of Care (ROSC). *Recovery-oriented systems support person-centered and self-directed approaches to care that build on the strengths and resilience of individuals, families, and communities to take responsibility for their sustained health, wellness and recovery from alcohol and drug problems* (Center for Substance Abuse Treatment, 2005).	
CMHPSM Office Use Only	
Amount Recommended & Comments:	

	$2,400.00

Community Mental Health Partnership of Southeast Michigan/PIHP	***Policy and Procedure*** ***Substance Use Disorder (SUD) MEDIA CAMPAIGNS***
Department: Substance Use Disorders **Author: M. Scalera**	**Local Policy Number (if used)**
Regional Operations Committee Approval Date	**Implementation Date**

I. PURPOSE

To ensure that all media campaigns are compatible with MDHHS values; are coordinated with MDHHS campaigns whenever feasible; and associated costs are proportionate to likely outcomes.

II. REVISION HISTORY

DATE	REV. NO.	MODIFICATION

III. APPLICATION

This policy applies to all contractual organizations receiving any SUD funding directly or sub-contractually, within the provider network of the Community Mental Health Partnership of Southeast Michigan (CMHPSM), who are implementing a media campaign as part of their prevention or treatment service activities.

IV. DEFINITIONS

Community Mental Health Partnership Of Southeast Michigan (CMHPSM): The Regional Entity that serves as the PIHP for Lenawee, Livingston, Monroe and Washtenaw for mental health, developmental disabilities, and substance use disorder services.

Media Campaign: A media campaign, very broadly, is a message or series of messages conveyed through mass media channels including print, broadcast, and electronic media. Messages regarding the availability of services in the PIHP region are not considered to be media campaigns.

Regional Entity: The entity established under section 204b of the Michigan Mental Health Code to provide specialty services and supports.

V. POLICY

Media campaigns must be compatible with MDHHS values, be coordinated with MDHHS campaigns whenever feasible and costs must be proportionate to likely outcomes. All campaigns must be reviewed by the CMHPSM prior to use of MDHHS-administered funding and submitted to the MDHHS for approval.

VI. STANDARDS

A. All mass media campaigns including, but not limited to billboards, bus panel messages, public service announcements (print, radio or TV); social media messaging; pharmacy bag campaigns; are required to be submitted to the CMHPSM.
B. "Media Campaign Request Form" must be completed and associated materials (PSA Script, Media Message, Pictures, etc.) submitted to CMHPSM no less than four weeks prior to scheduled release.
C. No campaign may be initiated until receipt of approval by MDHHS is obtained.

VII. EXHIBITS

Media Campaign Request Form

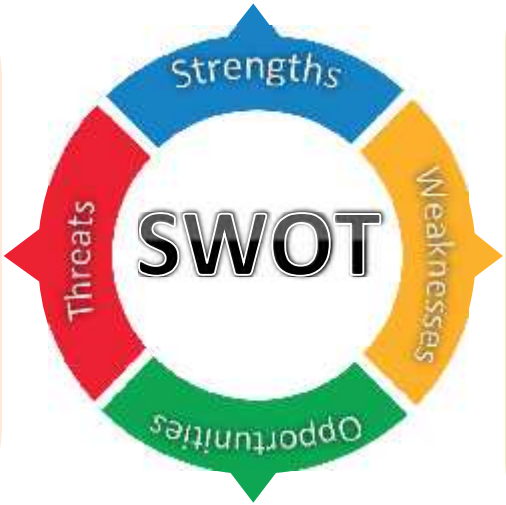
VIII. REFERENCES

MDHHS supports and services contract; Part II (B) SUBSTANCE USE DISORDER (SUD) SERVICES; section 9.0 Media Campaigns

COMMUNITY MENTAL HEALTH PARTNERSHIP of Southeast Michigan

- There are partnerships and Collaborations across the region and locally with long history of coming together
- Providers are experienced
- Most providers are recovery focused
- OPB Members have knowledge about their communities and the SUD services/needs
- Access to care occurs throughout region
- When CMHSP's are core providers, centralization of services can assure consistency.
- Multiple services are available in Washtenaw
- More minds working together = strength

- Stigma, Ignorance and Misinformation toward the SUD population in general and within the treatment providers toward non-traditional treatment (ORT)
- Unknown state policy changes and political positions may impact system of care
- "Profitization" of the public system to health plans who lack understanding of SUD consumer needs
- RFI process may have "backfired" when trying to recruit new providers (stated providers must submit RFI in order to apply for funding)
- Dept. of Corrections: requirements by state and conflicts with treatment philosophy/service mandates for providers
- Denial of SUD needs by community, parents, schools



- Dashboard Report may not capture all that is needed,(UR)
- Inconsistent outcome measures and use of this data
- Lack of quality providers = Staff Turnover, pay rates may not be competitive
- Lack of capacity for the demand for services
- Limited adolescent treatment capacity
- Limited integration with CMH and Primary Care
- Lack of understanding how to coordinate with primary care or manage medical conditions (HIV, HEP C, Liver, DM, etc.)
- Access to care is not consistent across the region- eligibility, diagnosis, medical necessity, etc., fragmented
- Poor communication between providers
- Lack Women's specialty in Livingston/limited in Lenawee
- Lack of recovery Housing in some counties
- Lack of transportation and other recovery supports
- Need more peers, psychiatric, case managers
- Lack of connections with faith based services
- CMH *not* serving as "Core Providers" in Monroe and Wash.

- Need process for procuring new providers (competitive RFP), Incentives
- Need report that shows spending by county per person, funds per capita per county and spending per treatment services per county – perhaps quarterly and an annual report to the region
- Use DLA20 for outcome data and improve dashboard
- Opportunity to develop partnerships/collaboration and education for primary care, dental services, hospital systems, CMH's and safety net providers
- Simplify access process, create procedures for provider communication
- Provide training to workforce, community and other
- Can use the program pilot process to test/try new programming and financing methods
- Look for new best practice models
- Market services – billboards, simple messages
- Use contracting process to prescribe roles for case managers, coordination, etc.
- Take advantage of Needle Exchange programs to engage opiate/heroin addicts

COMMUNITY MENTAL HEALTH PARTNERSHIP of Southeast Michigan

ADMINISTRATION

705 N. Zeeb Rd.
Ann Arbor, MI 48103
Phone (734) 344-6079
FAX (734) 222-3844
www.cmhpsm.org

Jane Terwilliger
Chief Executive Officer

October 14, 2016

Subject: **11/9/2016 All Board Meeting (Regional, OPB and CMH Boards)**

Dear Board Member:

The Community Mental Health Partnership of Southeast Michigan (CMHPSM) invites you to attend a meeting with board members and directors, from Lenawee, Livingston, Monroe, and Washtenaw Counties and members of the SUD Oversight Policy Board. **The meeting will include a discussion of CMHPSM's history, challenges and a view toward the future.**

The meeting will take place on 11/9/2016 at 6:00 pm at the Learning Resource Center (LRC), 4135 Washtenaw Avenue, Ann Arbor, MI 48108, in the Huron Room.

Dinner will be provided; please RSVP to your local CMH office by Friday, 10/28/16, to confirm your:

- **Attendance**
- **Menu preference (vegetarian or meat)**

Contacts:

Lenawee	Karen Rawlings	517-264-0105
Livingston	Rainey Marhoefer	517-552-7138
Monroe	Dawn Pratt	734-384-8312
Washtenaw	Rhonda Dornbos	734-544-3071
Oversight Policy Board	Stephannie Weary	734-222-3806

Sincerely,

Jane S Terwilliger

Jane Terwilliger
CEO
Community Mental Health Partnership
of Southeast Michigan

FY 2016 Oversight Policy Board
Meeting Schedule

9:30 a.m. – 11:30 a.m.
4th Thursday of each month
All meetings will be held at:
705 N. Zeeb Road, Patrick Barrie Conference Room, Ann Arbor

Date	Meeting Notes
10/27/2016	OPB officer elections take place
11/24/2016	
12/22/2016	
01/26/2017	
02/23/2017	
03/23/2017	
04/27/2017	
05/25/2017	
06/22/2017	
07/27/2017	
08/24/2017	
09/28/2017	

If a board meeting must be canceled (for example due to inclement weather), board members will be notified as soon possible. Initial contact will be made by email, and next by phone if an email acknowledgement is not received from the board member.

Contact Stephannie Weary with questions: 734-222-3806