

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
November 30, 2017
705 N. Zeeb Road, Ann Arbor
Patrick Barrie Conference Room
9:30 a.m. – 11:30 a.m.

1. **Introductions & Welcome Board Members**– 5 minutes
2. Approval of Agenda (Board Action) – 2 minutes
3. Approval of 9-28-2017 OPB Minutes {Att. #1} (Board Action) – 5 minutes
4. Audience Participation – 3 minutes per person
5. Old Business – 45 minutes
 - a. Finance Report {Att. #2} (Board Action) – 15 minutes
 - b. Funded Providers/Programs {Att. #3} 15 minutes
 - c. Draft PA2 policy revision {Att. #4} (Board Action)
6. New Business – 30 minutes
 - a. Prevention Program Briefs presentation – Jane & Katie
 - b. Prevention training survey – Cassandra {Att. #5}
 - c. Naloxone Policy update – Marci {Att. #6}
7. Report from Regional Board (Discussion) – 5 minutes
8. SUD Director Updates (Discussion) – 10 minutes
 - a. State Site Visit
 - b. Provider closures
 - c. Provider Desk Audits Status
 - d. GAIN I-Core
 - e. Grant Updates

Next meeting: January 25, 2018

Parking Lot:

**LENAWEE-LIVINGSTON-MONROE-WASHTENAW
OVERSIGHT POLICY BOARD
Summary of September 28, 2017 meeting
705 N. Zeeb Road
Ann Arbor, MI 48103**

Members Present: David Oblak, Dianne McCormick, William Green, Tom Waldecker, Dave O'Dell, John Lapham, Susan Webb, Charles Coleman, Kim Comerzan (phone), Blake LaFuente, Ralph Tillotson, Monique Uzelac, Susan Webb

Members Absent: Mark Cochran, Amy Fullerton

Guests:

Staff Present: Stephannie Weary, Marci Scalera, Suzanne Stolz, Jane Goerge, Katie Postmus, Cassandra Boyd, Erika Behm, Dana Darrow

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

1. Introductions
2. Approval of the agenda

**Motion by R. Tillotson, supported by C. Coleman, to approve the agenda
Motion carried**

3. Approval of the July 27, 2017 OPB minutes

**Motion by J. Lapham, supported by W. Green, to approve the July 2017, 2017 OPB minutes
Motion carried**

4. Audience Participation
) None

5. Old Business
 - a. Finance Report
) S. Stolz presented. Discussion followed.
) C. Coleman requested a list of approved Sud contracts.
 - b. RFP Funding Recommendations Round 3
) OPB reviewed the Round 3 proposals.

**Motion by T. Waldecker, supported by B. LaFuente, to approve final PA2 funding recommendations Round 3 Awards for SUD specialty Services RFP
Motion carried**

6. New Business
 - a. Board Officer Elections

Motion by T. Waldecker, supported by C. Coleman, to continue with the current OPB officers through FY 2018

Friendly amendment by T. Waldecker that A. Fullerton and M Cochran will continue as Vice-Chair and Secretary, respectively, if they so choose
Motion carried

-) Representation to the Regional Board will be discussed at the November OPB meeting.
- b. Draft PA2 policy revision
 -) OPB reviewed the proposed changes of the policy.
 -) Funding cannot be for staffing. \$5,000 will be allocated to each county each year. An agency can't apply more than once per year. Agencies will be strongly encouraged to build the amount that grant-funded into their budgets for future years.
 -) Per M. Scalera, 501c agencies can apply within the funding limits.
 -) OPB requested an updated draft of the policy based on today's discussion.

Motion by C. Coleman, supported by D. McCormick, to table the PA2 policy revision pending updates based on today's discussion
Motion carried

7. Report from Regional Board
 -) Coleman reported that the Regional Board held its officer elections, regional finances are in good shape.
 -) R. Tillotson provided an overview of the Regional Board's officer elections.
 -) M. Scalera introduced Erika Behm, new Veteran Navigator.
 -) E. Behm provided some information about her experience, and her plans for the position.
 -) C. Coleman requested that E. Behm attend a Regional Board to present.
8. SUD Director Report
 -) M. Scalera presented the SUD Outcomes Dashboard.
 -) J. Goerge was awarded Preventionist of the Year at the recent SUD conference.
 -) The State is conducting a site visit, much of which will be electronic.
 -) The PIHP will follow the state's lead and conduct the provider desk audits in a similar manner.
 -) J. Terwilliger and staff are working on a strategic plan.
9. Work It
 -) Work It is an agency that provides medication assistance via airstream trailer. They have no brick and mortar locations.
 -) They had applied to become licensed and were going to come to OPB to present. However, the state denied their license. The state isn't ready to sanction a set-up such as theirs.

10. Adjourn

Motion by T. Waldecker, supported by W. Green, to merge the November and December OPB meetings
Motion carried

-) The Joint meeting will take place on November 30, 2017 December.

Adjourned at 11:30 a.m.

Att #3 11-30-17

Substance Use Disorder Contracts

SUD ROSC Core Provider Treatment Contracts	FY18 Funding Level
<i>Funding Source(s): (Medicaid, Healthy Michigan Medicaid, SAPT Block Grant CFDA#93.959 & PA2 Funding)</i>	
Lenawee County SUD Treatment	
Lenawee Community Mental Health Authority ROSC Core Provider	\$1,025,728 / annual
Livingston County SUD Treatment	
Livingston County Community Mental Health Authority ROSC Core Provider	\$786,900 / annual
Washtenaw County SUD Treatment	
Dawn Inc. ROSC Core Provider	\$850,000 / annual
Home of New Vision ROSC Core Provider	\$850,000 / annual

SUD Prevention Contracts	FY18 Funding Level
<i>Funding Source(s): (SAPT Block Grant CFDA#93.959 & PA2 Funding)</i>	
RFP#2017A Lenawee County SUD Prevention	
Lenawee Community Mental Health	\$70,000 / annual
RFP#2017A Livingston County SUD Prevention	
Livingston County Catholic Charities	\$399,104 / annual
RFP#2017A Monroe County SUD Prevention	
Catholic Charities of Southeast Michigan	\$114,318 / annual
Monroe County ISD	\$117,469 / annual
RFP#2017A Washtenaw County SUD Prevention	
Catholic Social Services of Washtenaw County – Get Connected, Photo Voice, CAGE	\$69,692 / annual
Eastern Michigan – Prevention Theatre Collective	\$90,657 / annual

St. Joseph Mercy Chelsea	\$103,937 / annual
U of M Regional Alliance of Healthy Schools - Project SUCCESS	\$58,800 / annual
RFQ#2017E Lenawee, Livingston, Monroe & Washtenaw DYTUR Contract	
Karen Bergbower and Associates – DYTUR Funding	\$121,007 / annual

State Targeted Response Grant Expense Contracts	FY18 Funding Level
<i>Funding Source(s): (SAPT Block Grant CFDA#93.717)</i>	
Home of New Vision (Note: FY18 will include any carry forward from FY17)	\$37,168 / annual
Catholic Charities Southeast Michigan (Note: FY18 will include any carry forward from FY17)	\$34,315 / annual

Innovative Strategies Grant Expense Contracts	FY18 Funding Level
<i>Funding Source(s): (SAPT Block Grant CFDA#93.959)</i>	
(Note: FY18 will include any carry forward from FY17)	
Dawn Inc (Drug Courts)	\$41,888 / annual
Home of New Vision (Pregnant Womens Opiate Team)	\$115,619 / annual
Home of New Vision (ROOT Team)	\$76,847 / annual
Lenawee CMH (Drug Courts)	\$26,498 / annual
Salvation Army Harbor Light (Drug Courts)	\$54,600 / annual
University of Michigan	\$45,718 / annual
Washtenaw County Community Mental Health (ROOT Team)	\$47,187 / annual

Other SUD Contracts	FY18 Funding Level
<i>Funding Source(s): (SAPT Block Grant CFDA#93.959 & PA2 Funding)</i>	
<i>All fee-for-service SUD service contract expenditures are based on medically necessary authorizations within the overall service budget, expensed by the consumers funding source eligibility (Block Grant & PA2 Funding).</i>	
HALO 100% PA2 Funding	\$15,750 / annual (100% PA2)

Unified	\$234,248 / annual
LCCMHA MOU (Wraparound Program) 100% PA2 Funding	\$40,000 / annual (100% PA2)

SUD Treatment Programming and Special Initiatives Contracts Funding Approved through SUD Oversight Policy Board from RFP#2017D	PA2	SAPT Block Grant	Total Project Annual Funding Amount
<i>Funding Source(s): (PA2 Funding / SAPT Block Grant CFDA#93.959)</i>			
Lenawee from RFP#2017D			
Lenawee Specialty Engagement Center	\$133,739	\$159,964	\$293,703
Lenawee County Probate Court	\$143,089	\$0	\$143,089
Livingston from RFP#2017D			
Livingston CMH Engagement Center	\$401,041	\$100,694	\$501,735
Livingston CMH FP	\$40,000	\$0	\$40,000
Livingston CMH Wake Up Coordinator	\$40,000	\$0	\$40,000
Monroe from RFP#2017D			
Catholic Charities of Southeast Michigan (CSM & Peer Supports)	\$0	\$119,866	\$119,866
Catholic Charities of Southeast Michigan (Engagement Center)	\$103,333	\$181,680	\$285,013
Paula's House	\$64,040	\$0	\$64,040
Touchstone	\$60,000	\$0	\$60,000
Washtenaw from RFP#2017D			
Avalon Integrated Health / Harm Reduction	\$155,000	\$0	\$155,000
Dawn Inc. Extended Peers	\$41,888	\$0	\$41,888
Growth Works	\$66,159	\$0	\$66,159
Hegira SBIRT	\$114,390	\$0	\$114,390
Home of New Vision Engagement Center	\$240,000	\$160,000	\$400,000
Home of New Vision Management Team	\$244,274	\$134,998	\$379,272

Home of New Vision MAT House	\$28,541	\$0	\$28,541
Home of New Vision WRAP	\$79,723	\$0	\$79,723
Ozone / Corner Health Youth SBIRT	\$150,000	\$0	\$150,000

Womens Specialty Service Initiatives Contracts Funding Approved through SUD Oversight Policy Board from RFP#2017D	PA2	SAPT Block Grant	Total Project Funding Amount
<i>Funding Source(s): (PA2 Funding / SAPT Block Grant CFDA#93.959)</i>			
Catholic Charities of Southeast Michigan	\$100,000	\$94,293	\$194,293
Home of New Vision	\$0	\$154,000	\$154,000
Lenawee CMH	\$0	\$23,658	\$23,658

SUD Fee-For-Service Contracts (Washtenaw & Monroe Treatment) RFP#2017C	Fee-for-service (FFS) contracts are linked to authorizations for medically necessary services.
<i>Funding Source(s): (Medicaid, Healthy Michigan Medicaid, SAPT Block Grant CFDA#93.959 & PA2 Funding)</i>	
<i>All fee-for-service SUD service contract expenditures are based on medically necessary authorizations within the overall service budget, expensed by the consumers funding source eligibility (Medicaid, Healthy Michigan Medicaid, Block Grant & PA2 Funding).</i>	
Ann Arbor Treatment Center - CRC Health	FY18 CMHPSM FFS Rates
Ann Arbor Treatment Services, LLC – Pinnacle	FY18 CMHPSM FFS Rates
Bear River Health	FY18 CMHPSM FFS Rates
Brighton Center	FY18 CMHPSM FFS Rates
Catholic Charities of Southeast Michigan	FY18 CMHPSM FFS Rates
Dawn Inc. (Long Term Residential)	FY18 CMHPSM FFS Rates
Hegira	FY18 CMHPSM FFS Rates
Holy Cross/Kairos	FY18 CMHPSM FFS Rates
Home of New Vision	FY18 CMHPSM FFS Rates

Passion of Mind	FY18 CMHPSM FFS Rates
Paula's House	FY18 CMHPSM FFS Rates
Personalized Nursing Light House	FY18 CMHPSM FFS Rates
Premier Services??	FY18 CMHPSM FFS Rates
Sacred Heart Rehab	FY18 CMHPSM FFS Rates
Salvation Army Harbor Light	FY18 CMHPSM FFS Rates
Therapeutics, LLC.	FY18 CMHPSM FFS Rates
Touchstone	FY18 CMHPSM FFS Rates
Trinity Health – Greenbrook	FY18 CMHPSM FFS Rates
UMATS (University of Michigan)	FY18 CMHPSM FFS Rates
Victory Clinic	FY18 CMHPSM FFS Rates

FY18 SUD Fee-for-Service Contract Fee Schedule					COVERAGE				10/1/2017
LENAWEE, LIVINGSTON, MONROE & WASHTENAW REGION									
HCPCS/ CPT	MOD	SERVICE	DURATION	Rate	MED	HMP	SABG	PA2	Difference from FY17
90791	HF	Psychiatric Evaluation	Encounter	\$100.00	✓	✓	✓	✓	-
90792	HF	Psychiatric Evaluation	Encounter	\$175.00	✓	✓	✓	✓	-
90832	HF	30 minutes of Psychotherapy	Encounter	\$60.00	✓	✓	✓	✓	-
90834	HF	45 minutes of Psychotherapy	Encounter	\$85.00	✓	✓	✓	✓	-
90837	HF	60 minutes of Psychotherapy	Encounter	\$110.00	✓	✓	✓	✓	-
90853	HF	Group Therapy per Session	Encounter	\$26.00	✓	✓	✓	✓	-
97810		Acupuncture 1 or more needles, initial 15 minutes	Encounter	\$40.00			✓	✓	-
97811		Acupuncture 1 or more needles, each additional 15 minutes	Encounter	\$40.00			✓	✓	-
99201	HF	E&M New Patient Low	Encounter	\$40.00	✓	✓	✓	✓	-
99202	HF	E&M New Patient Med	Encounter	\$60.00	✓	✓	✓	✓	-
99203	HF	E&M New Patient High	Encounter	\$80.00	✓	✓	✓	✓	-

FY18 SUD Fee-for-Service Contract Fee Schedule					COVERAGE				10/1/2017
LENAWEE, LIVINGSTON, MONROE & WASHTENAW REGION									
HCPCS/ CPT	MOD	SERVICE	DURATION	Rate	MED	HMP	SABG	PA2	Difference from FY17
99204	HF	E&M New Patient High	Encounter	\$90.00					-
99205	HF	E&M New Patient High	Encounter	\$100.00					-
99211	HF	E&M Existing Patient No Doc Low	Encounter	\$30.00	✓	✓	✓	✓	-
99212	HF	E&M Existing Patient Low	Encounter	\$35.00	✓	✓	✓	✓	-
99213	HF	E&M Existing Patient Med	Encounter	\$55.00	✓	✓	✓	✓	-
99214	HF	E&M Existing Patient Mod-High	Encounter	\$75.00	✓	✓	✓	✓	-
99215	HF	E&M Existing Patient High	Encounter	\$75.00	✓	✓	✓	✓	-
H0001		Alcohol and/or Drug Assessment	Encounter	\$60.00	✓	✓	✓	✓	-
H0003		Laboratory analysis of specimens to detect presence of alcohol or drugs.	Encounter	\$15.00	✓	✓	✓	✓	-
H0004		Individual Behavioral Health Counseling and Therapy	Per 15 mins	\$15.00	✓	✓	✓	✓	-
H0005		Alcohol & Drug Group Counseling by Clinician	Encounter	\$26.00	✓	✓	✓	✓	-
H0006		SUD Case Management- Services provided to link clients to other essential medical, educational, social and/or other services.	Encounter	\$30.00			✓	✓	-
H0010		Alcohol and/or drug services; sub-acute detoxification; medically monitored residential detox (ASAM Level III.7.D)	Per Day	\$175.00	✓	✓	✓	✓	-
H0010	HA	Adolescent Alcohol and/or drug services; sub-acute detoxification; medically monitored residential detox (ASAM Level III.7.D)	Per Day	\$325.00	✓	✓	✓	✓	-
H0012		Alcohol and/or drug services; sub-acute detoxification (residential addiction program outpatient)	Per Day	\$175.00	✓	✓	✓	✓	-

FY18 SUD Fee-for-Service Contract Fee Schedule					COVERAGE				10/1/2017
LENAWEE, LIVINGSTON, MONROE & WASHTENAW REGION									
HCPCS/ CPT	MOD	SERVICE	DURATION	Rate	MED	HMP	SABG	PA2	Difference from FY17
H0012	HA	Adolescent Alcohol and/or drug services; sub-acute detoxification (residential addiction program outpatient)	Per Day	\$325.00	✓	✓	✓	✓	-
H0014		Alcohol and/or drug services; sub-acute detoxification; medically monitored residential detox (ASAM Level I.D)	Per Day	\$175.00	✓	✓	✓	✓	-
H0014	HA	Adolescent Alcohol and/or drug services; sub-acute detoxification; medically monitored residential detox (ASAM Level I.D)	Per Day	\$325.00	✓	✓	✓	✓	-
H0015		IOP Intensive Outpatient Care	Per Day	\$110.00	✓	✓	✓	✓	-
H0018		Alcohol and/or drug services; corresponds to services provided in a ASAM Level III.1 program, previously referred to as short term residential (non-hospital residential treatment program)	Per Day	\$120.00	✓	✓	✓	✓	-
H0018	HA	Adolescent Alcohol and/or drug services; corresponds to services provided in a ASAM Level III.1 program, previously referred to as short term residential (non-hospital residential treatment program)	Per Day	\$285.00	✓	✓	✓	✓	-

FY18 SUD Fee-for-Service Contract Fee Schedule					COVERAGE				10/1/2017
LENAWEE, LIVINGSTON, MONROE & WASHTENAW REGION									
HCPCS/ CPT	MOD	SERVICE	DURATION	Rate	MED	HMP	SABG	PA2	Difference from FY17
H0019		Alcohol and/or drug services; corresponds to services provided in ASAM Level III.3 and ASAM Level III.5 programs, previously referred to as long-term residential (non-medical, non-acute care in residential treatment program where stay is typically longer than 30 days)	Per Day	\$123.00	✓	✓	✓	✓	-
H0019	HA	Adolescent Alcohol and/or drug services; corresponds to services provided in ASAM Level III.3 and ASAM Level III.5 programs, previously referred to as long-term residential (non-medical, non-acute care in residential treatment program where stay is typically longer than 30 days)	Per Day	\$255.00	✓	✓	✓	✓	-
H0020		Methadone Dosing	Encounter	\$5.50	✓	✓	✓	✓	\$1.25 increase
H0033		Pharmacological Support – Oral medication administration, direct observation. (Use for Buprenorphine or Suboxone administration and/or service - provision of the drug).	Encounter	\$9.00			✓	✓	-
H0038	HF	Recovery Coach/Peer Services	Per 15 mins	\$25.00	✓	✓	✓	✓	-
H0048		Alcohol and drug testing, collection and handling only, specimens other than blood.	Encounter / per test	\$10.00	✓	✓	✓	✓	-
H2034		Recovery/Transitional Housing	Per Day	\$27.00			✓	✓	-
H2035		Group Outpatient: Alcohol/Other Drug Treatment	Per Hour	\$60.00	✓	✓	✓	✓	-

FY18 SUD Fee-for-Service Contract Fee Schedule LENAWEE, LIVINGSTON, MONROE & WASHTENAW REGION					COVERAGE				10/1/2017
HCPCS/ CPT	MOD	SERVICE	DURATION	Rate	MED	HMP	SABG	PA2	Difference from FY17
S9976	HF	Residential Room and Board - May be used in conjunction with H0018 & H0019.	Per Day	\$27.00			✓	✓	-
T1009		Care of the children of the individual receiving alcohol and/or substance abuse services	Encounter / Per Hour	\$15.00			✓	✓	-
T1012		Recovery Supports	Encounter	\$100.00	✓	✓	✓	✓	-

Community Mental Health Partnership of Southeast Michigan/PIHP	<i>Policy and Procedure</i>
Department: Substance Use Disorder services Author: Marci Scalera	<i>PA 2 Procurement Policy</i> Local Policy Number (if used)
Approval Date November 13, 2014 by Oversight Policy Board	Implementation Date November 14, 2014

I. PURPOSE

To establish a process for obtaining services related to substance use disorder (SUD) prevention and treatment on behalf of the SUD Oversight Policy Board using PA 2 funds.

II. REVISION HISTORY

DATE	REV. NO.	MODIFICATION
9-28-17	1	

III. APPLICATION

This policy applies to members of the CMHPSM SUD Oversight Policy Board, CMHPSM staff; potential providers and vendors of goods and services that support the provision of SUD services within the four-county region (Lenawee, Livingston, Monroe and Washtenaw Counties).

IV. POLICY

Use of PA2 funds within the CMHPSM region shall be authorized by the SUD Oversight Policy Board utilizing the standards outlined in this policy.

V. DEFINITIONS

PA2 Funds: If the sum of a county’s operating property tax levy for the ensuing fiscal year plus the county’s distribution to be received pursuant to section 10 of the state convention facility development act exceeds the product of the county’s state equalized value for the ensuing fiscal year times the greater of the county’s base tax rate or prior years’ operating millage rate, then an amount equal to the lesser of 50% of the excess of 50% of the state convention facility development act distribution shall be used for substance treatment programs within the county. The proceeds received by the taxing unit shall be distributed to the coordinating agency designated for that county pursuant to section 6226 of Act No. 368 of the Public Acts of 1978, being section 333.6226 of the Michigan Compiled Laws, to be used for substance abuse prevention and treatment programs in the county from which the proceeds originated.

Competitive Procurement: Methods utilized by a funder to assure quality, transparency, efficiency, cost-effectiveness and competitive fairness when awarding funding related to a single entity or limited group of entities. Examples of competitive procurement include: requests for proposals (RFPs), requests for information (RFIs), requests for quotes

(RFQs) or bids. The particular method utilized is based upon the nature of the good, service or work being requested by the PIHP.

Mini-Grants: A specific amount of funds per county set aside annually for small initiatives that arise during the fiscal year in the amount not to exceed \$1000.

VI. STANDARDS

A. PIHP region wide allocated PA2 funds may be expended locally in one of the partner counties or regionally across the partner counties by the PIHP for the following purposes:

1. Supplemental support for services provided by the SUD Treatment service provider network (ROSC Core Providers, SUD Treatment sub-contractors, other SUD service providers) or evidence based practices provided by the Substance Abuse Prevention provider network.
2. Support for new programming and pilots that are community and recovery focused.
3. Training for local or regional initiatives that include enhancement of skills and knowledge base for staff and/or community.
4. Small, targeted efforts for specific SUD related initiatives or events, such as overdose prevention; local coalition building and activities; recovery events, etc.
5. Other substance use disorder treatment or substance abuse prevention initiatives approved by the SUD Oversight Policy Board.

B. PA2 funding may be expended by the PIHP to supplement service budgets within the regional SUD Treatment and/or Substance Abuse Prevention provider networks without prior approval from the SUD Oversight Policy Board. Funding shall be identified and an accounting of such expenditures must be reported to the SUD Oversight Policy Board. The CMPSM will set aside a maximum of \$5,000 annually per county for mini-grants.

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C. PA2 funding requests from all entities for new programming, program pilots, local or regional initiatives, or any other SUD treatment or prevention programs shall follow these guidelines:

1. Entities or individuals requesting PA2 funding from the PIHP must utilize the CMHPSM Request for PA2 funding application.
 - a. Requests by entities for PA2 mini-grant funding is defined as of less than or equal to \$1,000.00 may be approved by the Managing Director/Chief Executive Officer or the Director of Clinical and SUD Service. Any such funding shall be identified and an accounting of such expenditures must be reported to the SUD Oversight Policy Board.
 - ~~b. Requests by entities for PA2 funding of more than \$1,000.01 must be approved by the SUD Oversight Policy Board.~~ b. Mini-Grants may only be awarded for special activities or initiatives related to substance use disorders education, awareness, community activities and events, etc., and not be used for staffing purposes. The applicant must identify a source of other matching funds or in-kind effort in order to receive the grant. Once an award is made, the applicant will not be eligible to receive other mini-grant funding for any additional project during the fiscal year.
 - ~~cb. Requests by entities for PA2 funding of more than \$1,000.01 must be approved by the SUD Oversight Policy Board.~~

- D.** If the PIHP identifies a SUD Treatment or SA Prevention initiative, with funding which will exceed \$10,000.00, a competitive procurement method will be utilized, unless a waiver is granted by the PIHP ~~Managing Chief Executive Officer~~ ~~Director~~.
1. The PIHP will issue an RFP, RFI or RFQ to determine the recommended awardee or awardees and/or the relevant funding amount or amounts.
 2. A waiver of the competitive procurement method may be granted by the PIHP ~~Managing Director~~ ~~Chief Executive Officer~~ for one of the following reasons:
 - a. The item or service is available only from a single source
 - b. There is a public exigency or emergency, and the urgency for obtaining the item or service does not permit competitive procurement
 - c. The item or service is of limited quantity or duration;
 - d. The item or service is unique;
 - e. Pilot projects where efficacy and effectiveness are still being evaluated
 - f. _____ A critical volume of services is necessary to provide the required service at the _____ specified price;
 - g. Continuity of care or continuation of existing service programming.
 3. The SUD Oversight Policy Board must approve of any and all funding in which the PIHP ~~Managing Director~~ ~~Chief Executive Officer~~ has granted a waiver for competitive procurement.
- E.** PA2 funds **must not** be expended on PIHP/"Coordinating Agency" administrative expenses.
- F.** PA2 funds shall be expended on programs and services within the county of origin, unless the SUD Oversight Policy Board determines to combine any PA2 funding to support a region wide initiative.

VII. EXHIBITS
None

VIII. REFERENCES

Reference:	Check if applies:	Standard Numbers:
42 CFR Parts 400 et al. (Balanced Budget Act)	x	
45 CFR Parts 160 & 164 (HIPAA)		
42 CFR Part 2 (Substance Abuse)		
Michigan Mental Health Code Act 258 of 1974		
The Joint Commission - Behavioral Health Standards		
Michigan Department of Community Health (MDCH) Medicaid Contract		
MDCH PIHP Contract		

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Michigan Medicaid Provider Manual		
PIHP Policy Review Schedule	X	
Policy Tracking Form		

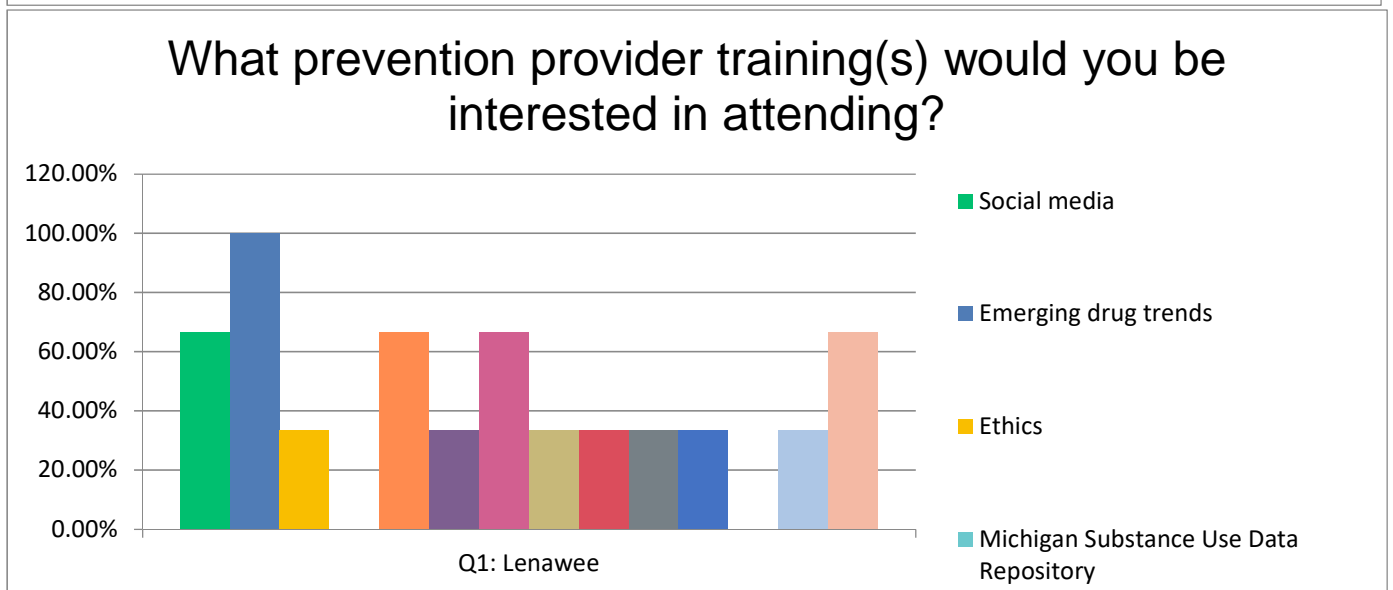
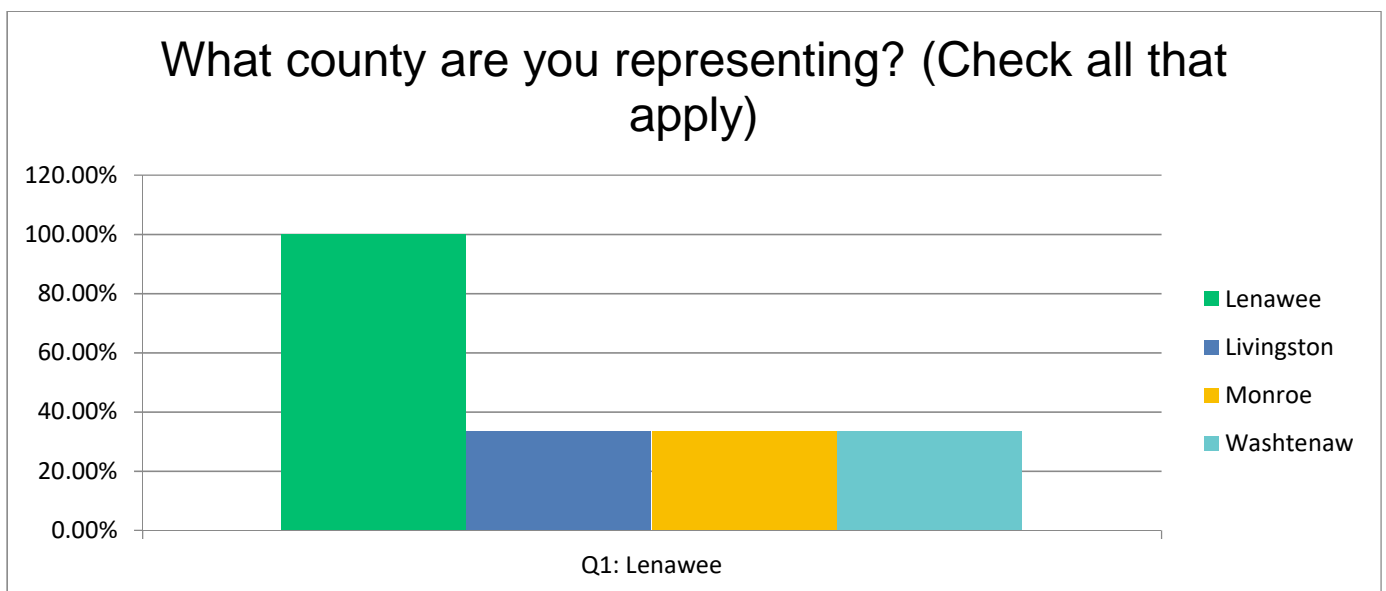
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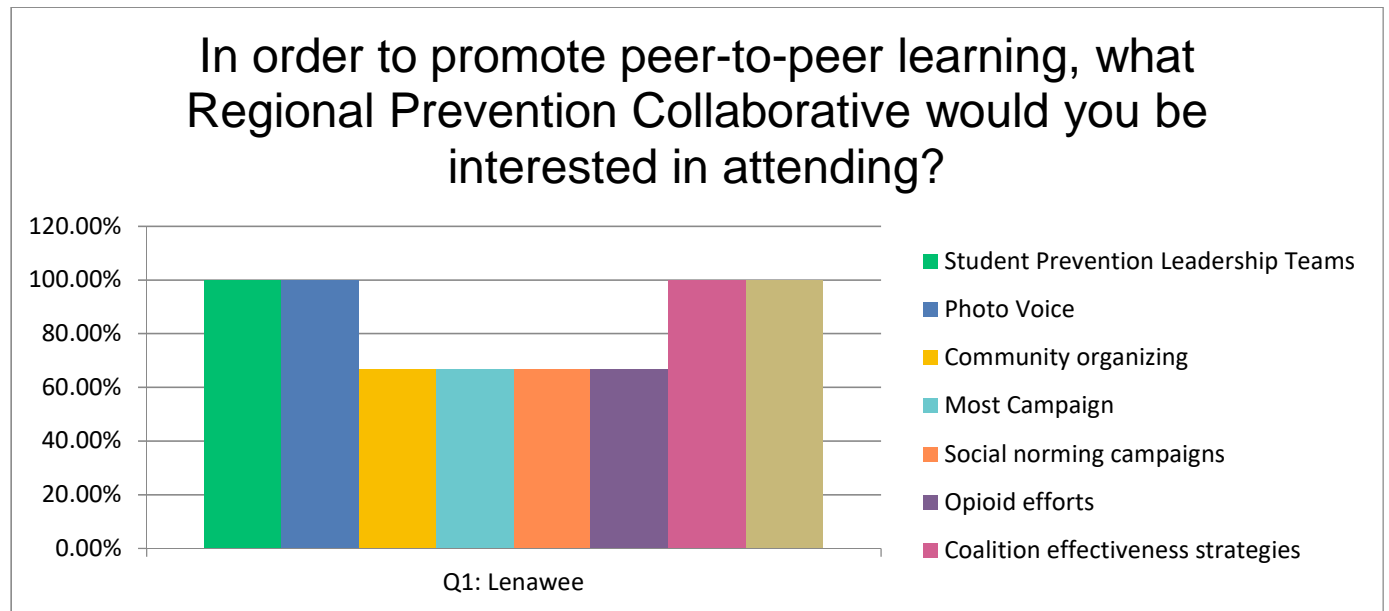
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Summary of Training Survey Results

Lenawee

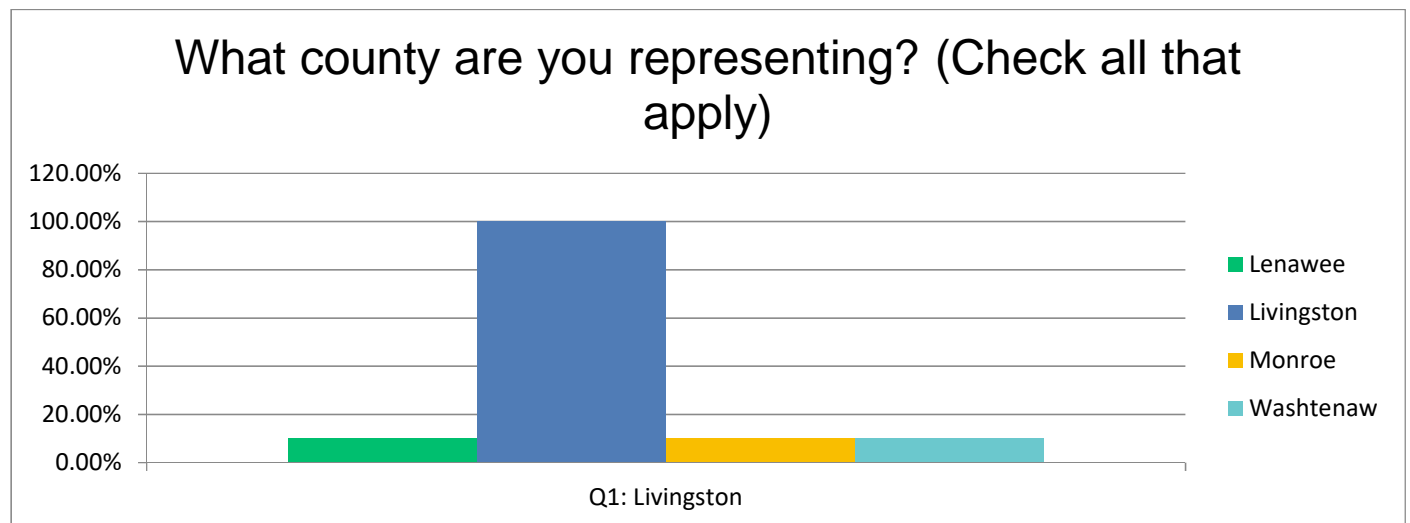
1. Three total respondents
2. Top prevention provider trainings were
 - a. Emerging Drug Trends (3)
 - b. SMART Outcomes, Evaluation, Marijuana Legalization, Social Media (1 response each)
3. Top Peer-to-Peer provider trainings were
 - a. Leadership Teams, Photo Voice, Coalition Effectiveness, Project Success (3 responses each)
4. Wednesday and Thursday afternoon and Friday morning appear to be the best times to host trainings for this county.
5. The training length does not matter for respondents of this county.

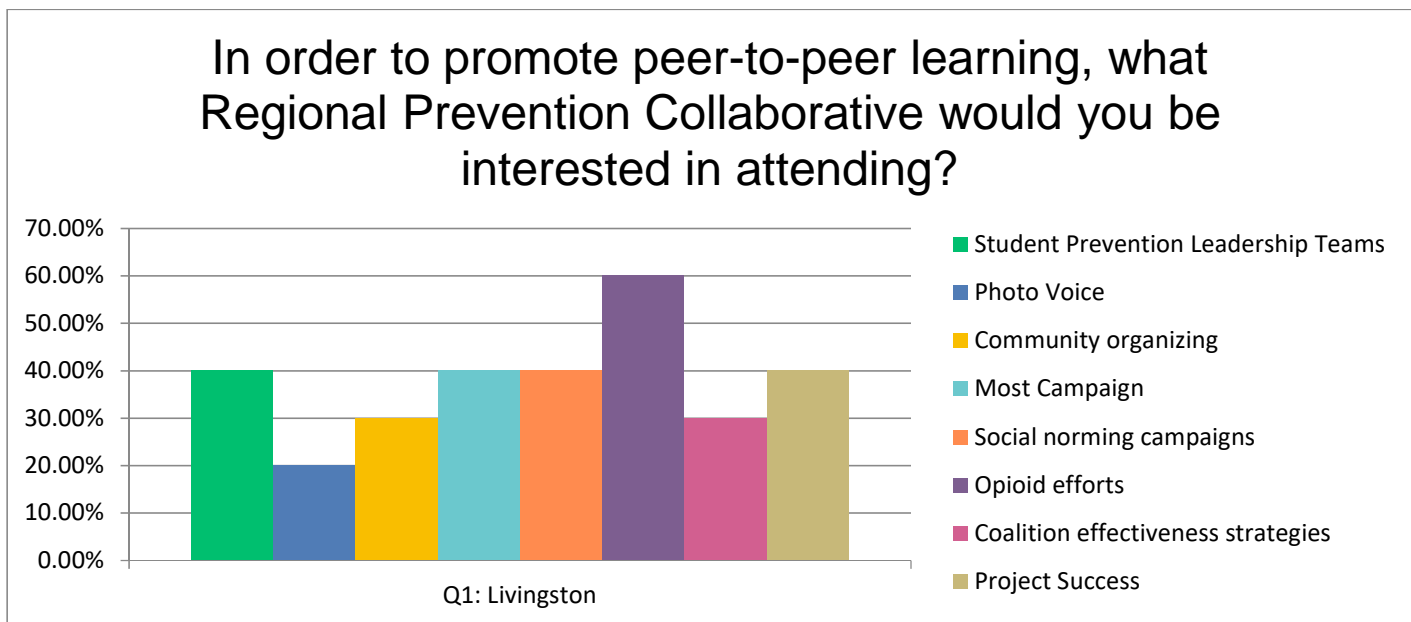
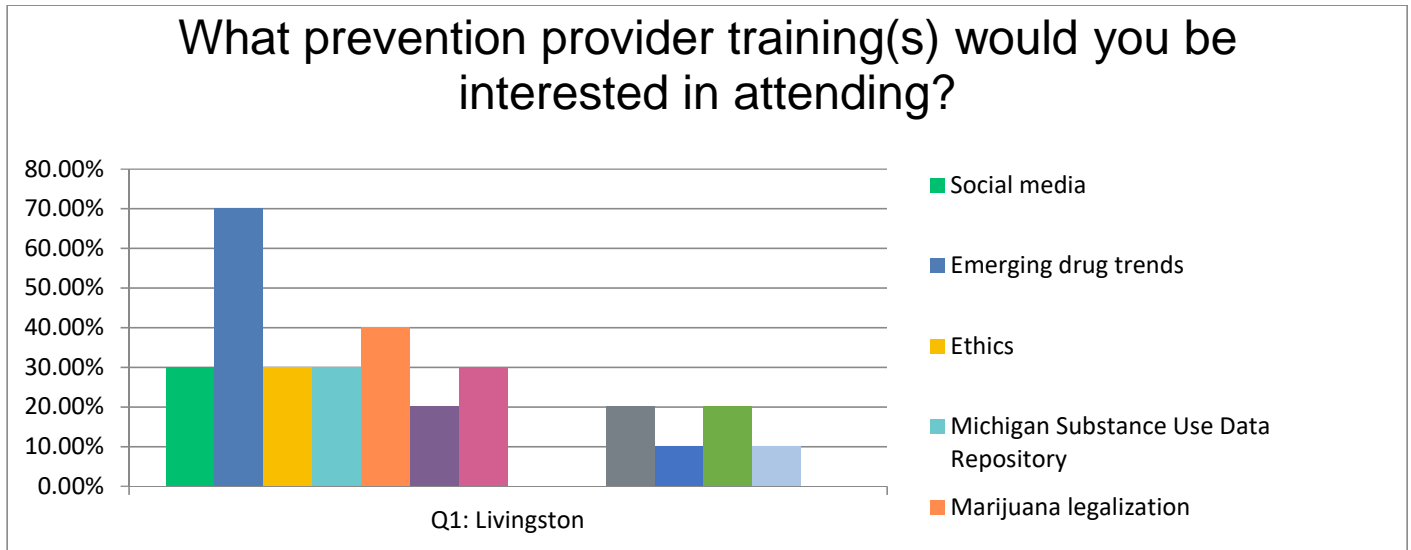




Livingston

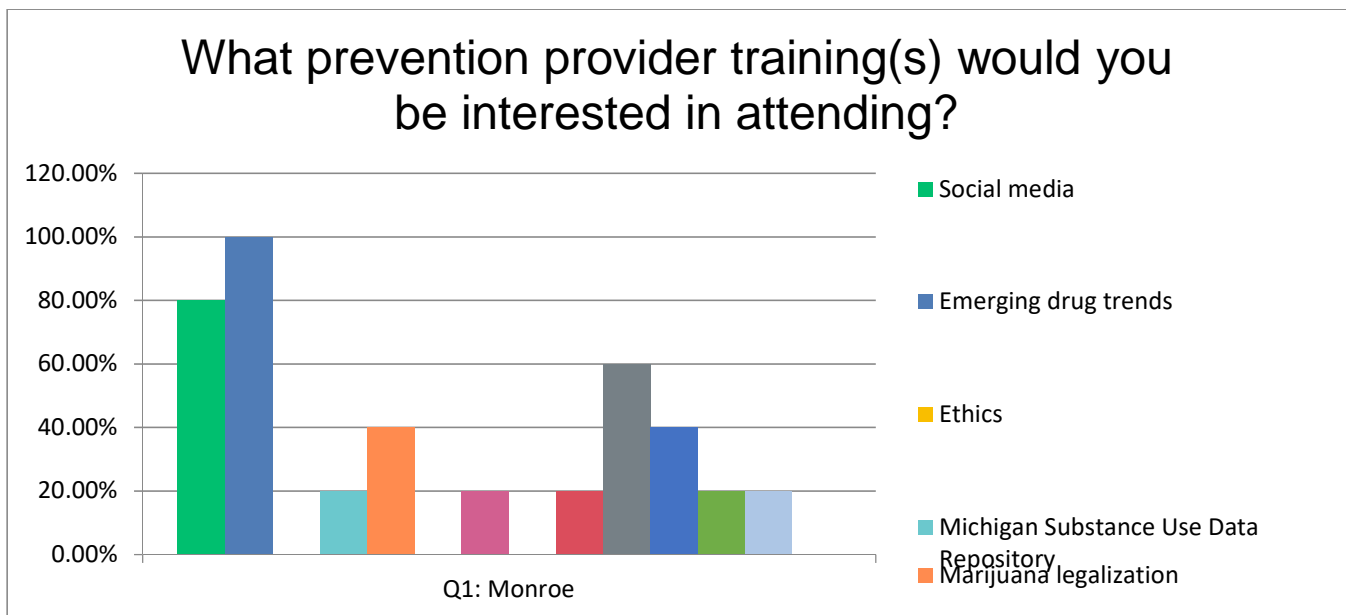
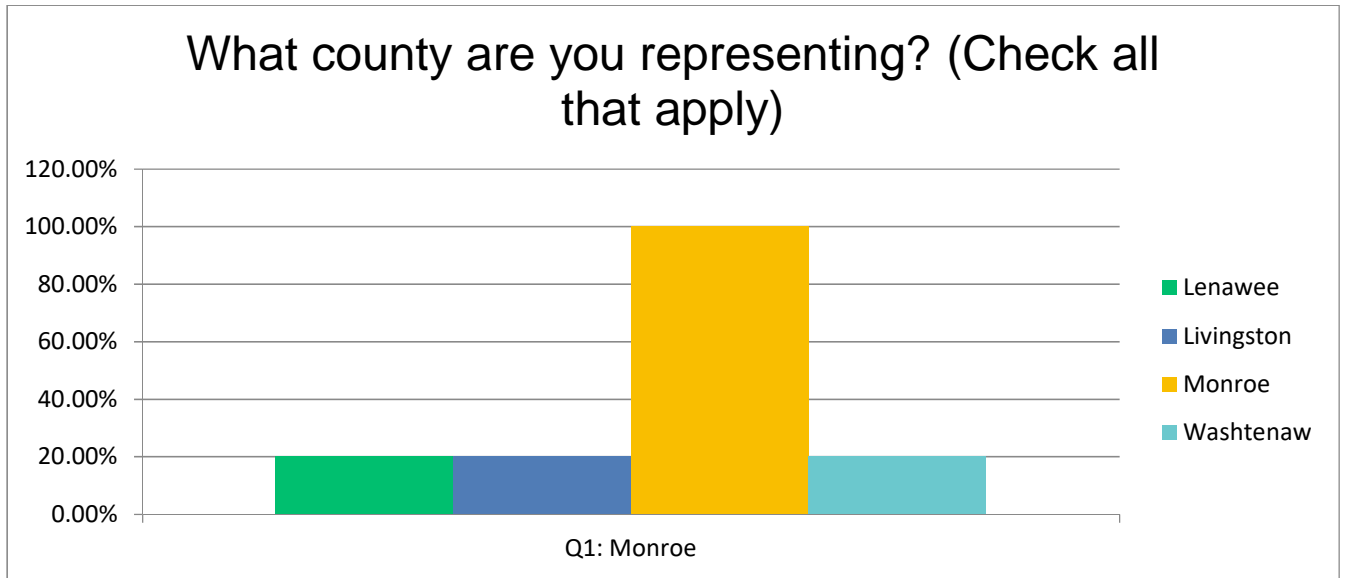
1. Ten total respondents
2. Top prevention provider trainings were
 - a. Emerging Drug Trends (7)
 - b. Marijuana Legalization (4)
3. Top Peer-to-Peer provider trainings were
 - a. Opioid Efforts (6)
 - b. Project Success, Social Norming, Most Campaign, Social Media (4 responses each)
4. Monday morning appeared to be the best timeframe to attend trainings. Wednesday, Thursday and Friday mornings followed close behind
5. Training length does not matter to respondents of this county.

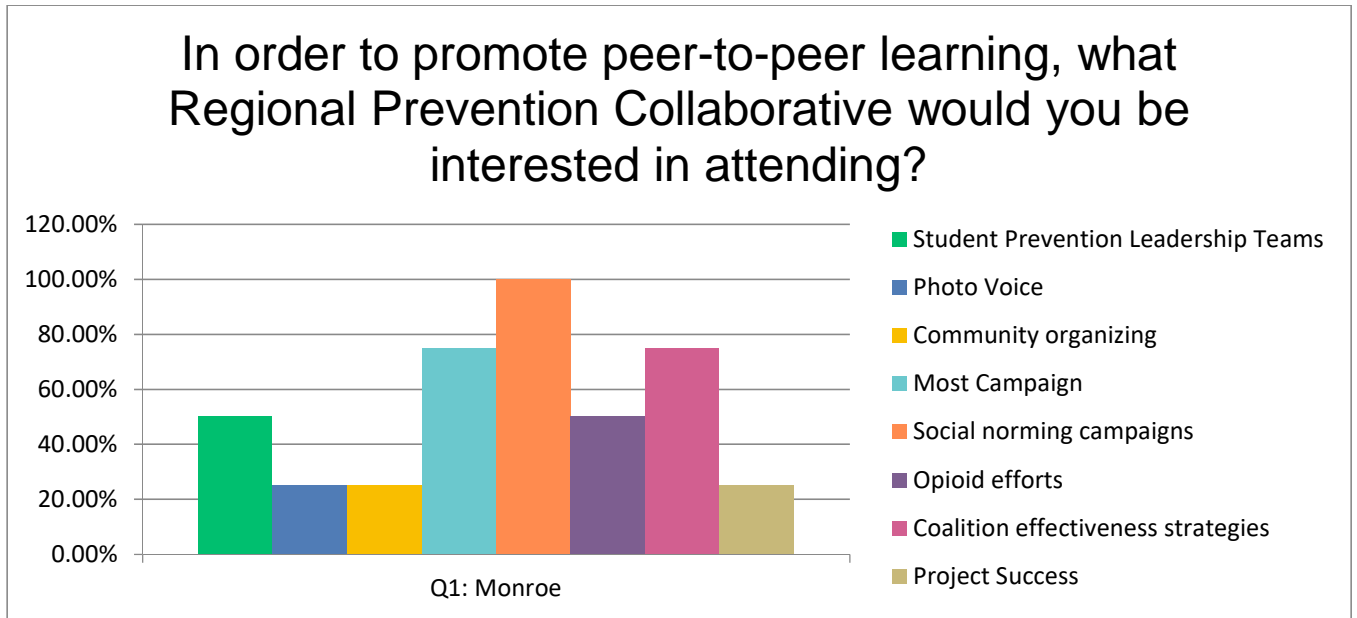




Monroe

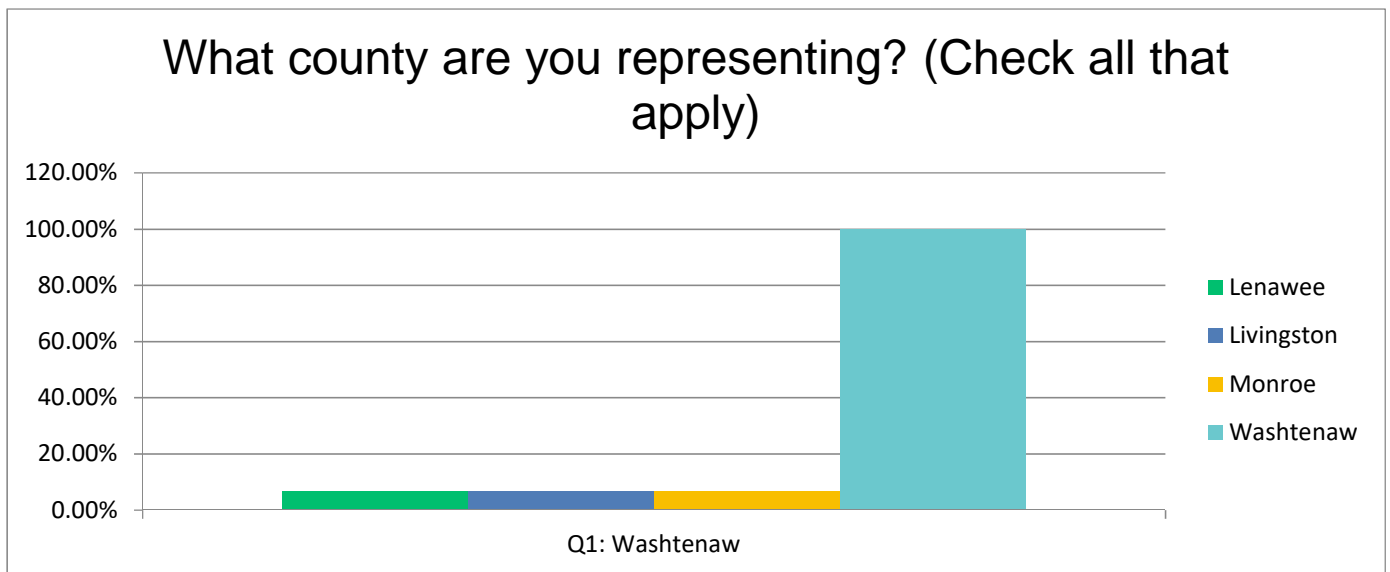
1. Five total respondents
2. Top prevention provider trainings were
 - a. Emerging Drug Trends (5)
 - b. Social Media (4)
3. Top Peer-to-Peer provider trainings were
 - a. Social Norming (4)
 - b. Most Campaign and Coalition Effectiveness (3 each)
4. Monday morning appeared to be the best timeframe for trainings.
5. Three of five respondents voted for half day trainings for respondents of this county.

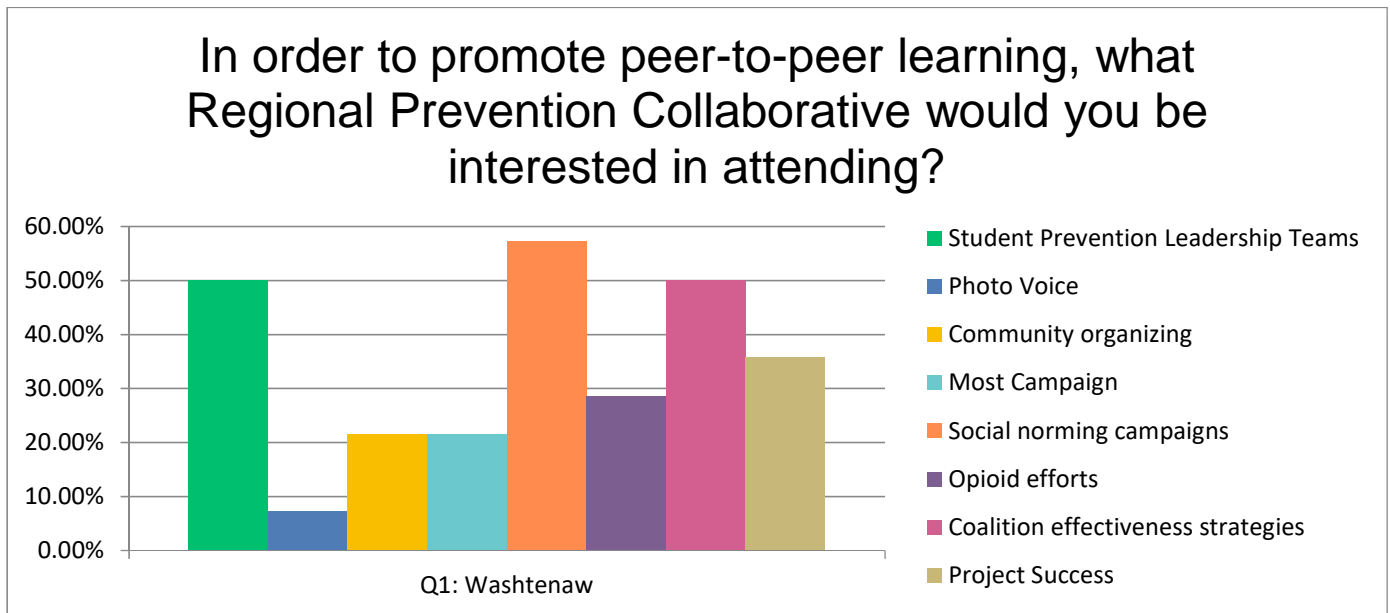
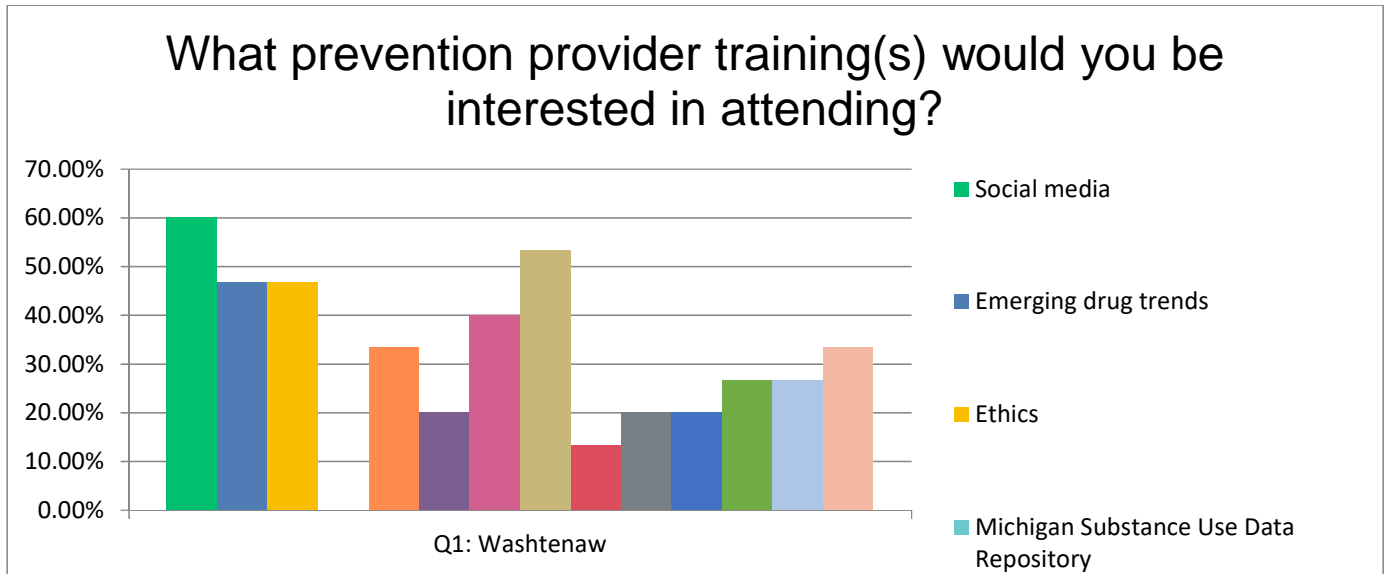




Washtenaw

1. Fifteen total respondents
2. Top prevention provider trainings were
 - a. Social Media (9)
 - b. Strategic Prevention (8)
3. Top Peer-to-Peer provider trainings were
 - a. Social Norming (8)
 - b. Student Prevention and Coalition Effectiveness (7)
4. Thursday morning appeared to be the best timeframe for trainings
5. Training length does not matter to respondents of this county.





Trainings Overall

-) The top prevention provider trainings overall:
 1. Emerging Drug Trends (19)
 2. Social Media (15)
 3. Marijuana Legalization (13)
-) The top Peer-to-Peer trainings overall:
 1. Social Norming Campaigns (15)
 2. Opioid Efforts (14)
 3. SPLT and Coalition Effectiveness (13 responses each)

COMMUNITY MENTAL HEALTH PARTNERSHIP OF
SOUTHEAST MICHIGAN

**OPIOID OVERDOSE PREVENTION EDUCATION PROGRAM
PROCEDURE AND INSTRUCTIONS**

It is the intent of the Community Mental Health Partnership of Southeast Michigan (CMHPSM) to make available naloxone overdose rescue kits to community responders (family members, significant others and persons with opioid use disorders) for use in preventing opioid overdoses. Naloxone is an opioid antagonist which can reverse the effects of opioid overdoses.

Process: CMHPSM will issue the naloxone kits based on need estimates by individuals or agencies who have been trained by the CMHPSM, based on availability of funds. Each agency will be responsible for identifying high-risk clients/families who would benefit from having a rescue kit available (see definition of high risk). Rescue kits will be available only to individuals who have been appropriately trained opioid overdose prevention education using naloxone.

Definitions:

Naloxone: A prescription medication containing a nasal or auto-injector of Naloxone Hydrochloride, an opioid antagonist (opioid blocker) which acts as a reversal agent.

Narcan Nasal Spray®: FDA approved intranasal naloxone that contains 4mg of naloxone.

Opioid Overdose Coordinator: A medical physician, nurse practitioner/physician assistant, nurse or appropriately trained individual who will provide training to community overdoses educators on opioid overdose prevention education using naloxone.

Opioid Overdose Educator: A person who has undergone an extensive Train the Trainer Opioid Overdose Prevention Education program who can provide naloxone training to community responders (i.e., family, agency staff, clients and/or their significant others).

Community Overdose Responder: Family member or significant other that has successfully completed the Opioid Overdose Prevention Education Training and able to administer naloxone in an overdose.

Naloxone Use Report – A report form that must be completed and submitted to CMHPSM in the event a refill of naloxone is needed due to expiration, administration, or misplacement.

Provider – CMHPSM contracted or CMHPSM approved program providing substance use disorder services to REGIONAL residents.

High Risk Individual – Anyone who use drugs, are friends or family members of people who use drugs, are on chronic higher opioid therapy 50MME/day, concurrent benzodiazepine use, history of overdose, history of substance use disorder.

PROCEDURE

I. Providers

A. Provider Training and Naloxone Kit Distribution

Designated provider staff must successfully complete mandatory Train the Trainer Opioid Overdose Prevention Education Training sponsored by or approved by CMHPSM. Following the Train the Trainer, the designated provider staff becomes the overdose educators at their respective agencies. The overdose educators will then train community overdose responders on how to use naloxone in the event of an opioid overdose.

B. Accessing Naloxone

There are three different methods of obtaining naloxone:

1). Provider prescribers may write naloxone prescriptions for each person receiving naloxone in accordance with State Law (MI. PA 311, of 2014), including prescribing and dispensing to the consumer, 2) A provider staff may request naloxone at a registered pharmacy with a standing order, 3) Request naloxone through CMHPSM SUD Director.

If naloxone is requested through CMHPSM SUD Director, the Provider will submit a Naloxone Use Report to CMHPSM SUD Director on a quarterly basis. It is encouraged that if naloxone is obtained through other means, a method of data surveillance of naloxone use is highly recommended to help understand overdose characteristics with our region.

C. Procurement

CMHPSM will purchase naloxone through approved pharmacy with unobligated block grant or PA2 funds. CMHPSM will retain a supply of the NALOXONE KITS and distribute to providers when requested.

II. Community Overdose Responders

A. Family Members and/or Significant Others

Family members and significant others must be educated on recognizing opioid overdose symptoms and how to administer naloxone prior to being issued a naloxone kit.

Upon completion of the Opioid Overdose Prevention Education using naloxone, family members and/or significant others will be personally issued a CMHPSM naloxone kit, directed to a registered pharmacy, or given a prescription. The training for community overdose responders can be done by any staff who has completed the train the trainer opioid overdose prevention education course.

The end users are required to contact CMHPSM and complete a Naloxone Use Report if and when they administer naloxone in an overdose situation

or if a refill is needed due to expiration (information is included in the naloxone kits).

B. Naloxone Intranasal Administration Protocol

Community overdose responders shall administer the intranasal naloxone in the event of an opioid overdose, in accordance with training, the person will use universal precautions and follow these A.C.T.I.O.N. steps:

Arouse

) 3 "S" : Shout, Shake, and Sternal Rub

Check for signs of overdose

) Passed out, cannot be woken up
) Breathing slowly (<8 breaths/min) or no breathing
) Deep snoring/gurgling sounds
) Lips blue or grayish color

Telephone 911

Intranasal Naloxone

) Give Naloxone:
) Peel back the package; place the nozzle in the nose; push the plunger into the nostril; hold for 2-3seconds

Oxygen

) 2 Rescue breaths or CPR if you know how
) Rescue breathing 1:5
) CPR 30:2

Naloxone again

) No response in 3-4 mins, give 2nd naloxone
) If breathing OK, side-lying recovery position

D. ***ALL OPIOID OVERDOSE RESPONDERS (FAMILY, FRIENDS, AND PROGRAM STAFF) ARE REQUESTED TO NOTIFY CMHPSM IMMEDIATELY OF ALL NALOXONE USES, REGARDLESS OF TYPE and COMPLETE A NALOXONE USE REPORT.***

E. Community overdose responders may obtain new naloxone medication from their designated provider at the earliest opportunity after a naloxone use report is completed in paper and submitted to CMHPSM SUD Director.

III. Storage

-) Naloxone should be stored in the original package at room temperature. Avoid light exposure.
-) Naloxone kits for community overdose responders/providers should be stored in a manner where the program can track/account for each kit until distributed or in accordance with the program's medication storage policies.

- J Naloxone kits for use at/by the program for first response purposes should be easily accessible and prominently displayed for staff to utilize in an emergency situation.
- J The shelf life of naloxone is generally 18-24 months. If stored properly, naloxone should be effective until at least the expiration date on the packaging.
- J Monitor the expiration date quarterly and replace 3 months before it expires. Expired naloxone may be used in the event there are no alternative but may not be as effective.

Draft