

OVERSIGHT POLICY BOARD

Regular Board Meeting

Patrick Barrie Conference Room
3005 Boardwalk Drive, Suite 200
Ann Arbor, MI
Thursday, May 26, 2022
9:30 a.m. – 11:30 a.m.



To Join by Phone:

1-312-626-6799; 1-646-876-9923; or
1-346-248-7799

Meeting ID: 133 461 219

To Join by Computer:

<https://us02web.zoom.us/j/133461219>

Passcode: 513544

Agenda

1. Introductions, Welcome Board Members & Review Open Meetings Act Procedures— 10 minutes
2. Approval of Agenda (**Board Action**) – 2 minutes
3. Approval of February 24, 2022 OPB Minutes {Att. #1} (**Board Action**) – 5 minutes
4. Audience Participation – 3 minutes per person
5. Old Business
 - a. Finance Report {Att. #2} (Discussion) – 10 minutes
 - b. FY22 American Rescue Plan Act Funding Update {Att. #3} (Discussion) – 10 minutes
 - c. PA2/Block Grant Spending Plan FY23 (Discussion) – 10 minutes
6. New Business
 - a. Strategic Initiatives Mid-Year Update {Att. #4} (Discussion) – 10 minutes
 - b. SUD and CMHPSM Strategic Plan Updates {Att. #5a, 5b} (Discussion) – 15 minutes
 - c. SUD Dashboard Update (Discussion) – 15 minutes
 - d. Request for PA2 Funds for Livingston {Att. #6} (**Board Approval**) – 10 minutes
 - e. Opioid Settlement Funds (Discussion) – 15 minutes
 - f. Mini Grant Request {Att. #7} (Discussion) – 5 minutes
7. Report from Regional Board (Discussion) {Att. #8} – 5 minutes
8. SUD Director Updates (Discussion) – 5 minutes
 - a. CEO Update {Att. #9}
 - b. Staffing Update
 - c. SOR I Report {Att. #10}
 - d. Back to office plans
9. Adjournment (**Board Action**)

***Next meeting: Thursday, June 23, 2022**

Location: 3005 Boardwalk, Suite 200; Patrick Barrie Room

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."

Oversight Policy Board Minutes
February 24, 2022
Meeting held electronically via Zoom software

Members Present: Mark Cochran, Kim Comerzan, James Goetz, Ricky Jefferson (remote), Molly Welch Marahar, Dianne McCormick, Frank Nagle (remote), Dave Oblak, Carol Reader, Ralph Tillotson, Monique Uzelac, Tom Waldecker

Members Absent: Amy Fullerton, Susan Longsworth, Dave O'Dell

Guests:

Staff Present: Stephannie Weary, James Colaianne, Nicole Adelman, Matt Berg, CJ Witherow, Alyssa Tumolo, Rebecca DuBois, Danielle Brunk, Jessica Sahutoglu, Joelen Kersten, Kate Hendricks

Board Chair M. Cochran called the meeting to order at 9:35 a.m.

1. Introductions
An in-person quorum of board members present was confirmed.
2. Approval of the Agenda
Motion by R. Tillotson, supported by M. Welch Marahar, to approve the agenda
Motion carried
3. Approval of the October 28, 2021 Oversight Policy Board minutes
Motion by T. Waldecker, supported by K. Comerzan, to approve the October 28, 2021 OPB minutes
Motion carried
4. Audience Participation
 - OPB would like other meeting location options for social distancing purposes.
 - R. Jefferson suggested the LRC as an OPB meeting location going forward.
5. Old Business
 - a. Finance Report
 - M. Berg presented.
 - b. FY22 American Rescue Plan Act Funding Update
 - OPB reviewed plan for funding allocations.
 - c. PA2/Block Grant Spending Plan FY23
 - Staff requested input and ideas from OPB regarding FY23 PA2 and block grant spending.
 - N. Adelman recommended to continue existing programs for the coming year, rather than awarding additional funding that may or may not be available going forward. OPB agreed with this approach.
6. New Business
 - a. Core Provider Service Model Review
 - The fee for service model will start in October 2022 for Washtenaw's former core providers, Home of New Vision and Dawn Farm instead of the original plan of April 1, 2022, if approved by Regional Board.

- M. Welch Marahar expressed concern for the continued availability of publicly-funded treatment beds, and how the PIHP will ensure that availability now that the access has been streamlined.
 - Nicole agreed that this is a concern, which is one reason for a 10/1/22 start date to provide time and dialogue with the former core providers to ensure availability.
 - This item will remain as a standing agenda item for OPB for now.
- b. Request for PA2 Funds for Livingston Women’s Specialty Service
- A missing FY18 payment was discovered during a Livingston County CMH audit.
 - PIHP has no record of submission, but CMH is sure they submitted.

Motion by R. Tillotson, supported by J. Goetz, to approve \$11,058.50 in FY22 PA2 funds to Livingston County Community Mental Health Authority for the Livingston Women’s Specialty Services (WSS) Program for an outstanding FY18 invoice
Motion carried

- c. SUD Dashboard
- J. Sahutoglu presented.
 - Staff will bring the dashboard to the quarterly provider meetings going forward.
 - OPB would also like to review the dashboard on a quarterly basis.
- d. Naloxone Distribution and Regional Reports
- A. Tumolo and R. DuBois presented.
 - This data will be presented to OPB on a quarterly basis.
- e. Naloxone Policy
- HBV HCV, page 15 of packet: K. Comerzan advised that both Hepatitis B and Hepatitis C should be included.

Motion by T. Waldecker, supported by D. McCormick, to approve the revised Naloxone policy, including K. Comerzan’s recommendation, noted above
Motion carried

- f. SUD Media Campaign Policy

Motion by T. Waldecker, supported by R. Tillotson, to approve the revised SUD Media Campaign
Motion carried

7. Report from Regional Board
- No official meeting, no quorum.
8. SUD Director Updates
- a. CEO Update
- The Shirkey bill has momentum, will likely make it to the senate floor. If it passes in the Senate, the next step would be a move to the House.
 - The current plan is for staff to begin returning to the office in March.
- b. Opioid Health Homes
- Packard is the current OHH.

- Next month, Passion of Mind will be submitted to regional board for approval as an OHH, and Family Medical Center the following month.
- c. Military Cultural Competency Training
 - Veteran Navigator staff will be providing military cultural competency training across the region.

9. Adjournment

Motion by R. Tillotson, supported by K. Comerzan, to adjourn the meeting

Motion carried

- Meeting adjourned at 11:15 a.m.

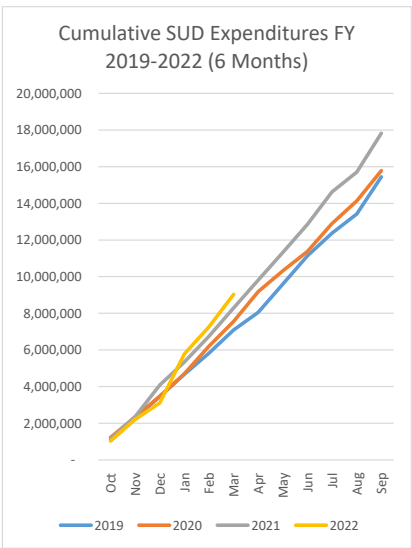
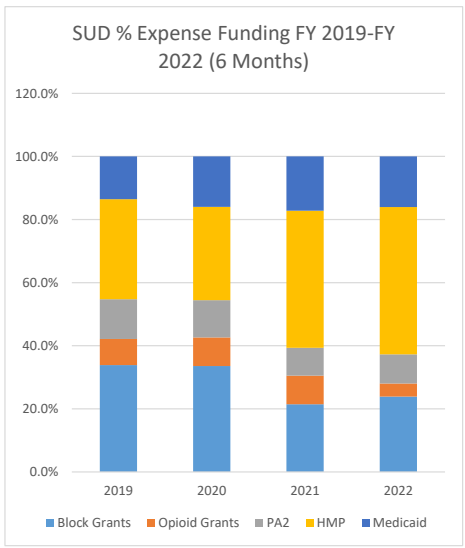
***Next meeting: Thursday, March 24, 2022**

Location 3005 Boardwalk, Suite 200; Patrick Barrie Room

DRAFT

**Community Mental Health Partnership Of Southeast Michigan
SUD SUMMARY OF REVENUE AND EXPENSE BY FUND
March 2022 FYTD**

Summary Of Revenue & Expense	Funding Source							Total Funding Sources	FY21 YTD
	Medicaid	Healthy Michigan	Block Grants	OHH	SOR Grants	Gambling Prev	SUD-PA2		
Revenues									
Funding From MDHHS	1,800,554	5,228,543	2,679,260	74,718.40	460,010	32,107		\$ 10,275,193	\$ 10,429,091
PA2/COBO Tax Funding Current Year							899,663	\$ 899,663	\$ 824,240
PA2/COBO Reserve Utilization							141,248	\$ 141,248	
Other (transfer to ISF)			-		-	-	-	\$ -	
Total Revenues	\$ 1,800,554	\$ 5,228,543	\$ 2,679,260	\$ 74,718	\$ 460,010	\$ 32,107	\$ 1,040,911	\$ 11,316,104	\$ 11,253,331
Expenses									
Funding for County SUD Programs									
CMHPSM			\$ 53,171	\$ 26,242	\$ 460,010	\$ 32,107		571,530	912,615
Lenawee	195,630	513,540	335,135				\$ 87,529	1,131,834	1,106,657
Livingston	109,938	370,326	391,720				203,656	1,075,640	1,013,109
Monroe	268,387	620,114	804,229				231,785	1,924,514	1,512,094
Washtenaw	507,486	1,726,539	885,440				517,941	3,637,406	3,157,037
Total SUD Expenses	\$ 1,081,441	\$ 3,230,518	\$ 2,469,695	\$ 26,242	\$ 460,010	\$ 32,107	\$ 1,040,911	\$ 8,340,924	\$ 7,701,512
Administrative Cost Allocation	119,414	346,760	209,565	14,944			-	\$ 690,683	\$ 589,807
Total Expenses	1,200,854	3,577,278	\$ 2,679,260	\$ 41,186	\$ 460,010	\$ 32,107	\$ 1,040,911	\$ 9,031,606	\$ 8,291,319
Revenues Over/(Under) Expenses	599,699.27	1,651,265	0	33,533	\$ -	\$ -	0	\$ 2,284,498	\$ 2,962,011



FY 2022 PA2 Current Expenses and Budget			
	Revenues	Expenditures	Revenues Over/(Under) Expenses
PA2 by County			
Lenawee	77,069	87,529	(10,461)
Livingston	235,514	203,656	31,858
Monroe	173,626	231,785	(58,159)
Washtenaw	413,455	517,941	(104,486)
Totals	\$ 899,663	\$ 1,040,911	\$ (141,248)

	FY 22 Beginning Balance (Prelim)	FY22 Budgeted Utilization	FY22 Projected Ending Balance
Unallocated PA2			
Lenawee	524,050	(347,226)	176,824
Livingston	3,741,037	(198,708)	3,542,329
Monroe	303,906	(69,131)	234,775
Washtenaw	1,621,374	(599,327)	1,022,047
Total	\$ 6,190,367	\$ (1,214,391)	\$ 4,975,976

FY 21 YE Over/(Under) Expenses
(199,668)
93,773
(125,039)
(418,078)
\$ (649,012)

SABG Supplemental – ARPA from OROSC

CMHPSM Region 6 Allocation

Prevention, Treatment, Recovery	Activity	Available per PIHP/year	Amount Requested	Amount Allocated	Project Ideas	County/Amt
Prevention	Student Assistance Programming- Alternatives to suspension for substance use (PFL 420, Teen Intervene etc.)	\$100,000	\$100,000	\$50,000	Monroe County ISD \$2,485 Jefferson School District \$47,515 CONFIRMED	Monroe \$50k
Prevention	Evidence-Based Program/Practice for diverse priority areas and populations determined by community needs assessment	\$119,060	\$119,060 FY 1- 49,434 FY 2- 114,000	\$119,060	St. Joe Project SUCCESS in Dexter and Chelsea \$67,800 CONFIRMED	Washtenaw \$119,060 total allocation; not likely to spend total award in year 1 due to May start
Treatment	Staffing support: same day appointments for OTP, WM, Residential	\$50,000	\$50,000	\$50,000	TBD	TBD
	SUD Health Home maintenance	\$10,000	\$10,000	\$0	State deferred because we are not currently implementing SUD Health Home	
Treatment	Accessing Behavioral Health for African American and other disparate populations – utilizing anchor	\$100,000/community – <i>*10 communities in total for duration of grant</i>	\$100,000	\$100,000; \$25k/one per county	Mexicenses en Michigan \$25k Supreme Felons \$25k CONFIRMED	Washtenaw \$50k

Prevention, Treatment, Recovery	Activity	Available per PIHP/year	Amount Requested	Amount Allocated	Project Ideas	County/Amt
	institutions for connections to provider services.				Monroe Co. Opportunity Program \$25k CONFIRMED	Monroe \$25k
Treatment	Telehealth Technology – provider updates to make telehealth more accessible – year 1 only	\$75,000	\$75,000	\$75,000	Workit Health \$75,000 CONFIRMED	\$75,000 Regional
Treatment	Telehealth Hubs in the community – allow individuals without reliable access a community space to participate in telehealth sessions.	\$50,000	\$50,000	\$50,000	TBD	TBD
Recovery	Prosocial Activities for youth in recovery or misusing substances	\$7,500	\$7,500	\$7,500	Ozone House \$2,500 CONFIRMED	Washtenaw \$2,500
					Liv - Youth Connect \$2,500 CONFIRMED	Livingston \$2,500
					Boys and Girls Club of Lenawee \$2,500 CONFIRMED	Lenawee \$2,500
Recovery	Youth Community Centers – 2 each yr; 1 yr only with carry forward and possible additional years if other regions don't want it.	\$350,000	\$350,000	\$350,000	Monroe County Opportunity Program \$350,000 CONFIRMED	Monroe \$350k
Recovery	Individualized Placement and Support	\$25,000 – if every region were interested	\$25,000	\$25,000	Eisenhower Center	Washtenaw \$25k

Prevention, Treatment, Recovery	Activity	Available per PIHP/year	Amount Requested	Amount Allocated	Project Ideas	County/Amt
					CONFIRMED	
Recovery	Collegiate Recovery Programs – support for peer recovery services, training, development of additional programs (up to 10 programs in total)	\$25,000/CRP	\$100,000	\$25,000 *this is intended for one CRP	Adrian College (Sienna Heights partnership) CONFIRMED	Lenawee \$25k
	Recovery Community Organization development	Up to 4 organizations/year - \$150,000	\$150,000	\$0	State deferred our request since we already have some RCOs.	
Recovery	Recovery Support Services to special populations: older adults, WSS, youth, incarcerated	\$75,000	\$368,971	\$75,000	CCSEM \$75,000 CONFIRMED	Monroe \$75,000
Recovery	Recovery Housing	\$100,000	\$100,000	\$100,000	Ty's House CONFIRMED	Monroe \$30,000
					Dawn Farm, Paula's House TBD	TBD

Program	FY22 Mid-Year Outcomes
Avalon Housing (Integrated Health Care)	Utilizing an integrated care model to serve 202 individuals with a goal of 300. Distributing 2,792 harm reduction and Narcan kits with a goal of 2,000.
Catholic Charities SEM (Recovery Supports)	Number of clients who met with a recovery coach or case manager 77 with a goal of 100. Number of clients who received assistance with employment, disability and/or unemployment 47 with a goal of 100.
Dawn Farm (Recovery Court)	Increase participation in Recovery Court- 21 individuals with a goal of 45. Engagement in Recovery Support Services- 21 with a goal of 20. A total of 5 individuals have graduated.
Growth Works (Educational Groups)	Gaining contact potentials 4 meetings, 9 contacts, with a goal of 2 per month. Providing educational program or group discussions to youth 1 meeting, with a goal of 1 per month.
Home of New Vision (Engagement Center)	100% of clients have prepared a recovery plan for discharge, with a goal of 95%. 81% of individuals were more likely to use the engagement center instead of the Emergency room in the future, with a goal of 80%.
Home of New Vision (ROOT)	ROOT continues to assist individuals who had recently experienced an overdose, providing support, linkage to services, and utilization of harm reduction techniques and services. Root distributed 360 Naloxone Kits
Home of New Vision (Recovery Supports)	38 unique individuals have received Case Management Services with a goal of 230. A total of 119.32 hours of Recovery Coach Services has been provided with a goal of 1000 hrs.
Home of New Vision (WRAP)	Narcan Training and Distribution of 686 with a goal of 200. Community education/training to 327 individuals with a goal of 150. Increased inclusivity of family and friends who have been affected by SUD was 224 with a goal of 50.
Lenawee County CMH (Drug Court)	Number of graduates 5 with a goal of 8. Number of participants who engage with a peer recovery coach 10 with a goal of 22.
Lenawee Pathways (Engagement Center)	92 participants in the program to date with a goal of 174. Number of recovery groups offered per week 18 with a goal of 18. 12 individuals referred by law enforcement, corrections, or probation with a goal of 20.
Lenawee/Parkside (Probate Ct. Treatment)	Placement in community with probate court is 100% with a goal of 65%. Family cohesion increased by 3.71 with a goal of increase at 4. Efforts for this program continue however, many struggles have occurred due to COVID. Quarter 2 report has not been received.
Livingston CMH (Engagement Center)	Access to Engagement Center by 474 individuals with a goal of 1,400. Onsite and telehealth recovery support groups 43 with a goal of 500. Onsite and telehealth sober social activities and recovery speakers 96 with a goal of 250.
Ozone House (Engagement Program)	Youth engaged 984 with a goal of 1,700. Smart Recovery Program is used as a 10-week program and consists of 7 to 8 individuals attending sessions. Quarter 2 report has been given an extension.

Parkside Family Counseling (Education Groups)	Reduction in AOD/Vaping Behaviors scoring at 89% during classes for youth with a goal of 65%. Reduction in AOD/Vaping behaviors scoring 80% during group for teens with parents with a goal of 75%. Quarter 2 report has not been received.
RAIL (Recovery Housing)	Number of participants 26 with a goal of 15-18. 88% of the women living in the sober living recovery house have increased their length of sobriety and quality of life by the end of the program with a goal of 85%.
RAIL (Recovery Community Organization)	A recovery focused resource website accessible to people in recovery in Livingston County had 339 site visits and 255 new visitors, with a goal of 100 site visits. Recovery Support Services had 214 contacts with people in recovery in Livingston County, with a goal of 25 participants per quarter. A total of 339 participants have attended recovery support services.
Ty's House (Recovery Housing)	96% of individuals have health insurance with a goal of 100%. 89% of individuals have obtained full time employment within 30 days (unless in OP/IOP) with a goal of 80%.
Unified HIV and Beyond (Outreach)	SSP Syringes Distributed 42,747 with a goal of 40,000. Safer Smoking Crack Kits 378 with a goal of 200. Naloxone Distributed 739 with a goal of 2,000.
Paula's House (Recovery Housing)	Number or pregnant women housed to date 2 with a goal of 2. Number of women reunifying with their children each month 7 with a goal of 3.
Washtenaw CMH (Crisis Access)	Total of 585 contacts with the Mental Health Professional, with a goal of 75. Total of 27 unduplicated individuals receiving case management from the Mental Health professional, with a goal of 20. With Washtenaw County CMH taking on the Access Department for the county, they will no longer receive the grant for Strategic Initiatives.

FY2021-23 CMHPSM Strategic Plan Metrics / Milestones

The CMHPSM will report to the CMHPSM Board on a semi-annual basis on strategic plan metrics and milestones.

Revised Report #3:

3/31/2022

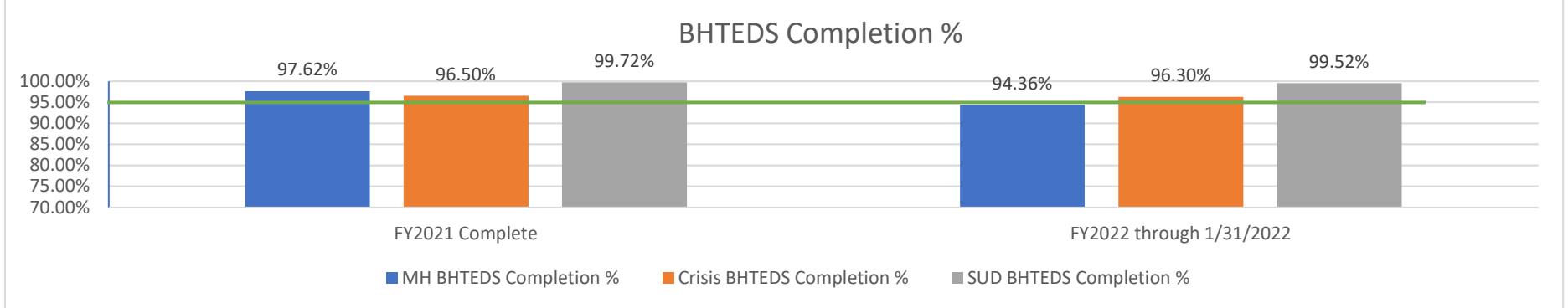
Summary: The following table indicates whether the current metric for the reporting period was either not applicable, Fully Met, Partially Met, In-Process or Not Met. Each overall strategic plan goal has one or more metrics assigned to it for each fiscal year covered in the strategic plan.

Strategic Plan Goal	Metrics Report 1: 3/31/2021	Metrics Report 2: 9/30/2021	Metrics Report 3: 3/31/2022	Metrics Report 4: 9/30/2022	Metrics Report 5: 3/31/2023	Metrics Report 6: 9/30/2023
#1	N/A	Metric Partially Met	Revised Metric In-Process			
#2	N/A	N/A	Metric In-Process			
#3	Metric Fully Met	Metric Fully Met	Metric In-Process			
#4	N/A	Metric Not Met	Metric In-Process			
#5	N/A	Metric Partially Met	Revised Metric In-Process			
#6	N/A	Metric Fully Met	Metric Fully Met			
#7	Metric Fully Met	Metric Fully Met	Metric In-Process			
#8	Metric Fully Met	Metric Fully Met	Revised Metric Fully Met			
#9	Metric Fully Met	Metric Fully Met	Metric In-Process			
#10	Metric Fully Met	Metric Fully Met	Metric Fully Met			
#11	Metric Fully Met	Metric Fully Met	Revised Metric In-Process			

Strategic Plan Goal(s)	FY2021 Metric	FY2022 Metric	FY2023 Metric	Current Status Report #3 3/31/2022: Revised Metric In-Process
<p>#1. Improve working relationships and financial expertise within our system, which includes the CMHPSM, regional CMHSPs and external service providers. (Lead Finance)</p>	<p>Conduct an in-depth analysis of the top 1-5 CPT service codes that account for the most service cost by Q4 of FY2021.</p>	<p>Conduct an in-depth analysis of the top 6-10 CPT service codes that account for the most service cost by Q4 of FY2022.</p> <p>Revised Metric: The ECC workgroup will focus it's monthly meetings on FY2022 code and modifier changes that are being implemented at the State level.</p>	<p>Original Metric: Conduct an in-depth analysis of the top 11-15 CPT service codes that account for the most service cost by Q4 of FY2023.</p> <p>Revised Metric: The ECC workgroup will focus it's monthly meetings on FY2023 code and modifier changes that are being implemented at the State level.</p>	<p>The ECC workgroup continues to meet and the group transitioned our focus to the many service coding changes that are to be implemented in this current fiscal year or FY2023. Current work centers around our skill building services (H2014) and a survey was recently released around this potential code and modifier reimbursement model revision. To some extent this goal has been altered by MDHHS mandated changes which are pre-empting internal analyses as originally planned.</p>

Strategic Plan Goal(s)	FY2021 Metric	FY2022 Metric	FY2023 Metric	Current Status Report #3 3/31/2022: Metric In-Process
<p>#2. Increase the contribution amount to the CMHPSM Internal Service Fund (ISF) each year until the ISF is fully funded. (Lead Finance)</p>	<p>Increase contribution amount level over FY2020.</p>	<p>Increase contribution amount level over FY2021.</p>	<p>Increase contribution amount level over FY2022.</p>	<p>The CMHPSM closed out FY2021 with a significant ISF contribution. The CMHPSM also recently revised FSRs for FY2018, FY2019 and FY2019 to reflect a negative balance in the ISF and thus ISF contributions for that period are:</p> <p>FY2018: -\$11,352,411 contribution bringing the year end ISF balance to -\$4,286,744.</p> <p>FY2019: -\$10,622,497 contribution bringing the year end ISF balance to -\$14,909,241.</p> <p>FY2020: \$11,054,816 contribution bringing the year end ISF balance to -\$3,854,425.</p> <p>FY2021: \$18,880,568 contribution bringing the year-end ISF balance to the FY2021 maximum of \$15,026,143.</p> <p>With the revised reporting status, the CMHPSM region currently has a fully funded ISD of over \$15 million. This reporting status also reflects the full repayment of PIHP risk corridor amounts and is pending MDHHS review.</p>

Strategic Plan Goal(s)	FY2021 Metric	FY2022 Metric	FY2023 Metric	Current Status Report #3 3/31/2022: Metric In-Process
#3. Improve the comprehensiveness and validity of the health data within our regional electronic health record: CRCT. (Lead IM)	Maintain overall BHTEDS completion rates to state 95% standard during FY2021. Improve crisis encounter BHTEDS completion to 80% during FY2021.	Maintain overall BHTEDS completion rates to state 95% standard during FY2022. Improve crisis encounter BHTEDS completion to 85% during FY2022.	Maintain overall BHTEDS completion rates to state 95% standard during FY2023. Improve crisis encounter BHTEDS completion to 95% during FY2023.	The CMHPSM and the partner CMHSPs have maintained overall BHTEDS completion rates above the 95% standard for both mental health and SUD encounters through FY2021. Preliminary levels for FY2022 include some cleanup on the MH BHTEDS which we expect to have completed prior to year-end. Our crisis encounter BHTEDs are above our FY2022 and FY2023 metric goals, therefore our goal metric will be revised upwards to maintain 95% on all measures through FY2022-2023.



Strategic Plan Goal(s)	FY2021 Metric	FY2022 Metric	FY2023 Metric	Current Status Report #3 3/31/2022: Metric In-Process
<p>#4. Improve the user experience for all users of our regional electronic health record: CRCT. (Lead: IM)</p>	<p>Create and release a CRCT user survey by Q3 of FY2021 to establish a user satisfaction baseline.</p>	<p>Re-issue a CRCT user survey by Q3 of FY2022 and maintain or increase user satisfaction scores over FY2021.</p>	<p>Re-issue a CRCT user survey by Q3 of FY2023 and maintain or increase user satisfaction scores over FY2022.</p>	<p>The CRCT user survey was released in November 2021, and results of the survey have been discussed at subsequent EHR Operations Committee meetings. This survey will act as the baseline satisfaction level with CRCT. A user survey had not been conducted since 2015. Moving forward we will utilize the information obtained through this process to continually improve our electronic health record CRCT.</p>

Strategic Plan Goal(s)	FY2021 Metric	FY2022 Metric	FY2023 Metric	Current Status Report #3 3/31/2022: Revised Metric In-Process
<p>#5. Improve the financial stability and service capacity of our regional provider network. (Lead: Operations/Finance)</p>	<p>Conduct an in-depth analysis of the top 1-5 CPT service codes that account for the most service cost by Q4 of FY2021.</p>	<p>Conduct an in-depth analysis of the top 6-10 CPT service codes that account for the most service cost by Q4 of FY2022.</p> <p>Revised Metric: Maintain regional provider stability by passing through premium pay funding and provider stabilization funding when available.</p>	<p>Conduct an in-depth analysis of the top 11-15 CPT service codes that account for the most service cost by Q4 of FY2023.</p> <p>Revised Metric: Maintain regional provider stability by passing through premium pay funding and provider stabilization funding when available.</p>	<p>The CMHPSM region has introduced provider financial stability programs, improved staff training capabilities and adopted revised accreditation standards for certain providers. The CMHPSM also passed through 98.3% of direct care worker premium pay to the tune of nearly \$15 million. Providers continue to struggle with staffing supply and the CMHPSM plans to continue advocacy around at minimum the continuation of premium pay, with the hope for additional resources to stabilize provider staffing concerns.</p>

Strategic Plan Goal(s)	FY2021 Metric	FY2022 Metric	FY2023 Metric	Current Status Report #3 3/31/2022: Metric Fully Met
<p>#6. Improve documentation for all critically important CMHPSM functions. (Lead: Operations)</p>	<p>Review and approve process and procedure documentation for 100% of critically important functions by Q3 of FY2021.</p>	<p>Assess 100% of critically important process and procedure documentation for needed updates by Q3 of FY2022.</p>	<p>Assess 100% of critically important process and procedure documentation for needed updates by Q3 of FY2023.</p>	<p>All CMHPSM staff persons have been working on process and procedure documents related to critical functions. The CMHPSM leadership team is continuing to review and approve the processes and procedures that are developed. Existing processes and procedures are continually updated as needed.</p>

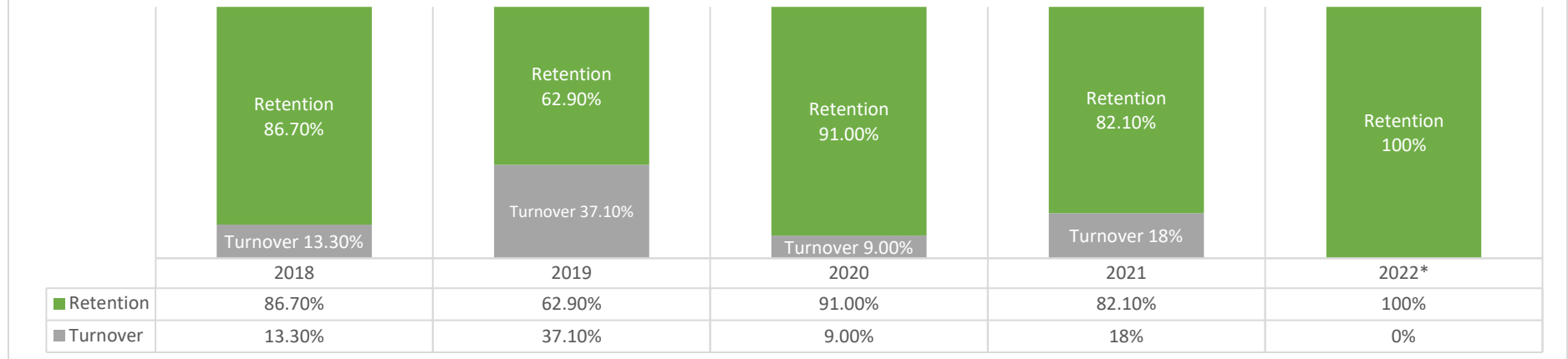
Strategic Plan Goal(s)	FY2021 Metric	FY2022 Metric	FY2023 Metric	Current Status Report #3 3/31/2022: Metrics In-Process
<p>#7. Improve regional compliance reviews to support components of the quadruple aim. (Lead: Operations)</p>	<p>Revise all compliance monitoring tools by end of Q1 of FY2021.</p>	<p>Revise all compliance monitoring tools by end of Q1 of FY2022.</p> <p>Create and issue provider survey for entities that are audited by the CMHPSM by Q4 of FY2022</p>	<p>Revise all compliance monitoring tools by end of Q1 of FY2023.</p> <p>Assess provider survey results for entities that are audited by the CMHPSM for areas of improvement to revise FY24 monitoring tools and processes.</p>	<p>The CMHPSM operations department led by CJ Witherow revised all monitoring tools to maintain compliance while increasing the efficiency and effectiveness of the reviews. CJ Witherow worked with the compliance committee, network management committee and key PIHP/CMHSP staff on these revisions wherever appropriate.</p> <p>A survey is planned for later this fiscal year related to compliance and other PIHP function oversight.</p>

Strategic Plan Goal(s)	FY2021 Metric	FY2022 Metric	FY2023 Metric	Current Status Report #3 3/31/2022: Revised Metrics Fully Met
<p>#8. Improve the capacity, effectiveness, and quality of SUD services. (Lead: SUD)</p>	<p>Assess regional SUD access across core providers.</p>	<p>Original Metric: Issue RFP for delegated core provider functions by Q2 FY2022. Develop timeline for procuring additional core provider functions during FY2022.</p> <p>Revised Metrics: Redesign Core Provider/Access process in Washtenaw County to align with other counties and increase access to services</p> <p>Expand programs to address SUD Strategic Plan, emerging issues and health disparities (Opioid Health Homes, community-based programs, youth programs)</p>	<p>Original Metric: Continue the re-design and procurement of the SUD core provider system.</p> <p>Revised Metric: Re-evaluate SUD services with regional community input to determine any improvements made and identify new or ongoing gaps in services.</p>	<p>On 1/1/2022 the CMHPSM transitioned to align Washtenaw core provider access with Lenawee, Livingston, and Monroe counties after assessing options in Washtenaw. On 10/1/2022 the two Washtenaw core providers will transition to fee-for-service providers and join the rest of the provider network as that type of provider.</p>

Strategic Plan Goal(s)	FY2021 Metric	FY2022 Metric	FY2023 Metric	Current Status Report #3 3/31/2022: Metric In-Process
<p>#9. Ensure that the Regional SUD Strategic Plan is effectively implemented, and associated outcomes are monitored and reported to the OPB and Regional Boards. (Lead SUD)</p>	<p>Develop charge for SUD Operations Committee by Q1FY2021.</p> <p>Assess 100% of strategic initiative programming delivered semi-annually during FY2021.</p>	<p>Assess 100% of strategic initiative programming delivered semi-annually during FY2022.</p>	<p>Assess 100% of strategic initiative programming delivered semi-annually during FY2023.</p>	<p>The CMHPSM SUD Director has continued to join the first Regional Operations Committee meeting of each month and ROC would focus on SUD services at that meeting.</p> <p>The SUD team continues to assess all SUD strategic initiative programming and did so throughout FY2022. The SUD Oversight Policy Board reviews these reports in detail.</p>

Strategic Plan Goal(s)	FY2021 Metric	FY2022 Metric	FY2023 Metric	Current Status Report #3 3/31/2022: Current Metric Fully Met
<p>#10. Assess CMHPSM internal human resources and related activities in conjunction with current and future potential PIHP functions. (Lead: CEO)</p>	<p>Develop process for employee development requests during Q1 FY2021.</p>	<p>Measure employee retention after implementation of employee engagement committee recommendations.</p>	<p>Improve or maintain employee retention percentage during FY2023.</p>	<p>The CMHPSM has implemented multiple suggestions from the employee engagement committee and is tracking employee retention and turnover percentages. Comments from employee exits interviews, employee engagement survey results and day-to-day feedback are all utilized by leadership to improve employee retention wherever possible. We continue to offer employee training and developmental opportunities to staff as well.</p>

CMHPSM EMPLOYEE TURNOVER / RETENTION %



*FY2022 1/1/2022-3/31/2022

Strategic Plan Goal(s)	FY2021 Metric	FY2022 Metric	FY2023 Metric	Current Status Report #3 3/31/2022: Metrics In-Process
<p>#11. Implement engagement committee recommendations related to CMHPSM employee morale. (Lead: CEO)</p>	<p>Continue CEO updates and update employee handbook.</p> <p>Conduct employee satisfaction survey in February 2021.</p> <p>Conduct salary study for salary tiers by March 2021.</p>	<p>Continue CEO updates and update employee handbook during FY2022.</p> <p>Conduct employee satisfaction survey in August 2022.</p> <p>Develop formal staff onboarding process and procedure during Q1 FY2022.</p>	<p>Continue CEO updates and update employee handbook during FY2023.</p>	<p>The CMHPSM CEO has continued CEO updates through Q2 of FY2022. Employee handbook was updated in FY2022 Q1 and presented to the Board with the FY2022 budget.</p> <p>Preparations for a re-release of the employee satisfaction survey are underway for July, survey results to the Board in August 2022.</p> <p>Onboarding process was documented and completed during FY2022 Q1.</p>

ATTACHMENT B: IMPLEMENTATION PLAN AND TIMELINE FY22 Mid-Year Update

SERVICE NEEDED	TYPE OF SERVICE	RESPONSIBLE PARTY	COMPLETION DATES	Mid-Year FY22 Update
<p>Promote and Expand Availability of Programming to Specific Populations</p> <p>Specific populations of focus include:</p> <ul style="list-style-type: none"> • Adolescents • Older Adults • African Americans • Latinx <p>Services should be recovery focused and culturally specific, with the inclusion of peers. Could be provided through traditional treatment services, prevention efforts, innovative local models, outreach components, and diverse population focused.</p>	<p>Prevention Treatment Recovery</p>	<p>CMHPSM and Regional SUD Operations Committee</p>	<ul style="list-style-type: none"> • Establishment of a regional SUD Operations Committee during Q1 FY 2021 • Develop a plan on how to address gaps in services to specific populations by Q3 FY2021 • Ensure existing services are promoted across the region, and ensure available funding focuses on implementation of programming for identified special populations in FY 2021, FY2022 and FY2023. 	<p>This establishment of a regional SUD Operations Committee was replaced by the process of the SUD Director discussing issues with the SUD Team, bringing items to the Leadership Team as needed, to All Things SUD monthly, and to the Regional Operations Committee monthly.</p> <p>Addressing the expansion of programming available to special populations was delayed due to COVID.</p> <p>ARPA funds are allowing us to now address expansion of programs into African American and Latinx communities through Anchor Institutions, Prevention EBIs, a Youth Community Center and Sober Youth Activities. Also, while dialogue of availability of programs for youth is ongoing, and funded in part by programs through Strategic Initiatives, CMHPSM is hosting what we hope is the first regional SUD Youth Program/Services Forums in Washtenaw County in partnership with the WISD in May 2022.</p>

ATTACHMENT B: IMPLEMENTATION PLAN AND TIMELINE FY22 Mid-Year Update

SERVICE NEEDED	TYPE OF SERVICE	RESPONSIBLE PARTY	COMPLETION DATES	Mid-Year FY22 Update
<p>Address capacity gaps for higher levels of care in treatment across the region.</p> <p>Focus on Livingston and Lenawee counties.</p>	<p>Treatment</p>	<p>CMHPSM staff and Regional SUD Operations Committee</p>	<ul style="list-style-type: none"> • Capacity review by Q2 FY2021, incorporate utilization data, resource availability; workforce capacity and special service needs such as psychiatry/other medical services. • Complete plan by Q3 FY2021 • Address through RFP process during FY2022 and FY2023 	<p>While gaps in higher levels of care still need to be analyzed with Livingston and Lenawee counties, COVID has caused a delay in ability for programs to expand due to staffing shortages. This will be re-examined as soon as possible.</p> <p>Livingston County currently contracts with a total of six residential providers. One new provider was added a month ago and another is expected to be added next quarter to bring the total up to seven.</p> <p>Lenawee County CMH currently contracts with a total of six residential providers.</p>

ATTACHMENT B: IMPLEMENTATION PLAN AND TIMELINE FY22 Mid-Year Update

SERVICE NEEDED	TYPE OF SERVICE	RESPONSIBLE PARTY	COMPLETION DATES	Mid-Year FY22 Update
<p>Expansion of recovery housing to include special populations</p> <p>Recovery housing should be capable of assisting consumers with special needs, such as MOUD; unemployed due to lack of available jobs; lack of transportation; women’s specialty with small children; older adults; LGBTQ, etc. Recovery housing is needed across the region.</p>	<p>Recovery Treatment</p>	<p>CMHPSM staff Core Providers Local Housing and Local coalitions to advocate and support recovery housing in their communities.</p>	<ul style="list-style-type: none"> • Establishment of a regional SUD Operations Committee during Q1 FY 2021 • Regional SUD Operations Committee to recommend workgroup to perform a specific needs assessment, policy review and exploration of funding mechanisms by Q3 FY-2021 and annually. 	<p>See above for SUD Operations Committee.</p> <p>Recovery housing has been expanded to include MAT houses for women and men through Home of New Vision; funding is being provided to support those unable to pay due to unemployment and lack of transportation. Livingston County now has two Recovery Housing providers- RAIL and HNV. Dawn Farm and Paula’s House are able to provide recovery housing for women with small children. All recovery houses are expected to welcome those who identify as LGBTQ, older adults, etc.</p>

ATTACHMENT B: IMPLEMENTATION PLAN AND TIMELINE FY22 Mid-Year Update

SERVICE NEEDED	TYPE OF SERVICE	RESPONSIBLE PARTY	COMPLETION DATES	Mid-Year FY22 Update
<p>Build Workforce for Recovery Coaches, Prevention and Treatment through training</p> <p>Provide opportunities to educate the community on specific SUD topics including:</p> <ul style="list-style-type: none"> • CCAR, MCBAP and MDHHS Peer Certification • Prevention Ethics • Infographics • ACEs • Gambling Addiction Certification • Adolescent treatment strategies • LGBTQ treatment strategies 	<p>Prevention Treatment Recovery</p>	<p>Regional SUD Operations Committee CMHPSM Staff</p>	<ul style="list-style-type: none"> • Establishment of a regional SUD Operations Committee during Q1 FY 2021 • Regional SUD Operations Committee to create workgroup to address cross discipline training needs by Q2 2021 • Set aside local funds to support training regionally by Q3 2021 • Host regional trainings annually with topics determined through professional workforce and community survey responses. 	<p>See above for SUD Operations Committee.</p> <p>A workgroup has not been identified, but the SUD Team has discussed trainings to offer across the region. To date, trainings have been offered on Stacked Deck; Gambling NODS Screening; Ecosystem of Gambling and Youth; Gambling Disorder- Understanding the Hidden Addiction; Self Care and Trauma Informed and Resilience Oriented Work Force, Stage Specific Interventions (Stages of Change), and Naloxone Training and Train the Trainer (ongoing). There are also plans to support a speaker either for the Washtenaw County Opioid Summit or a related speaker before the end of the FY. All trainings are open across the region.</p>

ATTACHMENT B: IMPLEMENTATION PLAN AND TIMELINE FY22 Mid-Year Update

SERVICE NEEDED	TYPE OF SERVICE	RESPONSIBLE PARTY	COMPLETION DATES	Mid-Year FY22 Update
<p>Continue to assess and improve Recovery Focused Services (ROSC) through Recovery Self-Assessment Survey (RSA)</p>	<p>Treatment Recovery</p>	<p>COD workgroup (SUD/MH) Engage student interns if possible</p>	<ul style="list-style-type: none"> • Initiate in March 2021, 2022, 2023 • Analysis complete by August 2021, 2022, and 2023 	<p>The Recovery Self Assessment (RSA) is implemented and analyzed annually in the fourth quarter. During Q1, each county is expected to create a workplan addressing any issues identified in the RSA specific to their county.</p>
<p>Implement community feedback surveys</p>	<p>Prevention Treatment Recovery</p>	<p>CMHPSM Staff</p>	<ul style="list-style-type: none"> • Annually by end of Q4 September FY2021, FY2022, FY-2023 	<p>The SUD Community Survey was implemented in Q4 of FY21. The results were analyzed but the sample size was very small and it was agreed changes to programming could not be identified as a result of such a small response. During FY22, a much greater effort will occur to get a larger survey response.</p>

CMHPSM SUD OVERSIGHT POLICY BOARD

ACTION REQUEST

FY22 PA2 Request for Livingston County WSS Payment

Board Meeting Date: April 28, 2022

Action Requested: Review and approve \$10,766 in FY22 PA2 funds to Livingston County Community Mental Health Authority for the Livingston Women’s Specialty Services (WSS) Program for an outstanding FY21 invoice.

Background:

Funding for WSS is provided annually from MDHHS through CMHPSM to Livingston County Community Mental Health Authority. This is paid through a financial status report (FSR) typically sent monthly to CMHPSM from LCCMHA. This was a billing for the last month of FY21 that was somehow not paid. It was recently discovered and payment is being requested through Livingston County PA2 funds.

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

Ensures continuation funding for existing FY22 program.

Recommendation: Approve the use of FY22 PA2 funds in the amounts of \$10,766 to Livingston County Community Mental Health authority for the Livingston County Women’s Specialty Services Program from FY21.

COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN

Serving Lenawee, Livingston, Monroe, and Washtenaw Counties



Request for MINI GRANT Funds	
<p><i>Mini-Grants: A specific amount of funds per county set aside annually for small initiatives that arise during the fiscal year in the amount not to exceed \$1000. There is a limit of \$5000 per county each fiscal year. Mini-Grants may only be awarded for special activities or initiatives related to substance use disorders education, awareness, community activities and events, etc., and not be used for staffing purposes. The applicant must identify a source of other matching funds or in-kind effort to receive the grant. Once an award is made, the applicant will not be eligible to receive other mini-grant funding for any additional project during the fiscal year.</i></p>	
Date:	Apr 18, 2022
Contact Person: (Name, email, phone)	Desireè Underwood dunderwood@miunified.org 313-316-5109
Requestor:	Unified HIV Health & Beyond
Amount of Request:	\$1000.00
Type of Request:	<input type="checkbox"/> Community event X <input type="checkbox"/> Other: <u>supplies</u> <input type="checkbox"/> Staff Training <input type="checkbox"/> Coalition Support Attach information as needed.
Describe Program Request:	UHHB SSP will be able to support other community partners with overdose prevention in providing supplies that would assist PWUD with testing illicit drug poisoning agents such as fentanyl.
Targeted Community:	(Geographic area) Region 6 (Lenawee, Livingston, Monroe, and Washtenaw Counties)
Describe how and where matching funds will be applied. If in-kind, describe:	Due to increasing illicit drug poisoning deaths among PWUD in the State of Michigan and within Washtenaw County, the overall goal of our program is to decrease the number of illicit drug poisoning fatalities occurring in Washtenaw County due to fentanyl overdose and provide fentanyl testing strips to consumers/PWUD. UHHB will purchase 600/100 per box of fentanyl strips to distribute to community partners and consumers, in addition to what the UHHB harm reduction program already distribute.
Identify Key People, Coalitions, and/or Community Partners involved in program:	UHHB will support other community partners within Region 6 (Lenawee, Livingston, Monroe, and Washtenaw Counties)
<p><u>Please note:</u> All programming must be consistent with the implementation of Recovery-Oriented Systems of Care (ROSC). Recovery-oriented systems support person-centered and self-directed approaches to care that build on the strengths and resilience of individuals, families, and communities to take responsibility for their sustained health, wellness and recovery from alcohol and drug problems (Center for Substance Abuse Treatment, 2005).</p>	
CMHPSM Office Use Only	

<p>Amount Recommended & Comments:</p>	<p>Approved  4.19.2022</p>
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**COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN
REGULAR BOARD MEETING MINUTES
May 11, 2022**



Members Present: Susan Fortney, Roxanne Garber, Sandra Libstorff, Molly Welch Marahar, Mary Serio, Sharon Slaton, Holly Terrill, Ralph Tillotson

Members Absent: Judy Ackley, Bob King, Randy Richardville, Katie Scott

Staff Present: Kathryn Szewczuk, Stephannie Weary, James Colaianne, CJ Witherow, Matt Berg, Lisa Jennings, Trish Cortes, Nicole Adelman, Connie Conklin

Guests Present: Derek Miller

I. Call to Order

Meeting called to order at 6:10 p.m. by Board Chair S. Slaton.

II. Roll Call

- Quorum confirmed.

III. Consideration to Adopt the Agenda as Presented

**Motion by S. Fortney, supported by R. Tillotson, to approve the agenda
Motion carried**

IV. Consideration to Approve the Minutes of the 4-13-2022 Regular Meeting and Waive the Reading Thereof

**Motion by R. Garber, supported by M. Welch Marahar, to approve the minutes of the 4-13-2022 regular meeting and waive the reading thereof
Motion carried**

V. Audience Participation

None

VI. FY2021 Audit Presentation

- Derek Miller presented the results of the FY2021 audit.

**Motion by R. Tillotson, supported by M. Serio, to accept the audit results as presented
Motion carried**

VII. Old Business

a. Board Information: April Finance Report – FY2022 as of March 31st

- M. Berg presented. Discussion followed.

b. CEO Review Committee Update

- M. Serio provided a written summary of the responses received for the CEO performance review.
- J. Colaianne will provide additional follow up as requested by the Board.

CMHPSM Mission Statement

Through effective partnerships, the CMHPSM shall ensure and support the provision of quality integrated care that focuses on improving the health and wellness of people living in our region.

Motion by M. Serio, supported by R. Tillotson, to accept the Summary of Input for J. Colaianne’s Performance Review for 2022

Motion carried

Roll Call Vote

Yes: Fortney, Garber, Libstorff, Welch Marahar, Serio, Slaton, Terrill, Tillotson

No:

Absent: Ackley, King, Richardville, Scott

Motion by M. Serio, supported by R. Tillotson, to authorize S. Slaton to work with J. Colaianne on terms for the next CEO contract, with consultation from the PIHP’s attorney, and to extend the contract term from 3 years to 5 years.

Motion carried

Roll Call Vote

Yes: Garber, Welch Marahar, Serio, Slaton, Terrill, Tillotson

No: Fortney, Libstorff

Absent: Ackley, King, Richardville, Scott

- S. Fortney and S. Libstorff noted that their vote was due to the 5-year term and was not a vote of opposition to offering J. Colaianne a new contract.

c. Bylaws Committee Update

- The process to revise the bylaws involves going to CMH boards for approvals.
- Rather than updating the bylaws, the Regional Board will define “attendance” in the Board Policy Manual instead. Updated language will state that a board member will only be counted as present at a meeting if they meet the Open Meetings Act quorum requirement.
- Only board members attending in person are able to participate in discussions and vote, per the Open Meetings Act. Board members attending a meeting remotely will only be able to offer comments during the Audience Participation portion of the meeting.
- The revised Board Policy Manual will be reviewed at the July Regional Board meeting.

d. Board Action: Renew Board Governance Policies

Motion by M. Welch Marahar, supported by S. Fortney, to approve the renewal of the Board Governance Policies:

- **CMHPSM CEO Authority – Employee Position, Control and Compensation**
- **CMHPSM CEO General Scope of Authority**
- **Procurement**
- **Conflict of Interest Policy**
- **Investing**

Motion carried

Roll Call Vote

Yes: Fortney, Garber, Libstorff, Welch Marahar, Serio, Slaton, Terrill, Tillotson

No:

Absent: Ackley, King, Richardville, Scott

e. Board Information: Revised Strategic Plan Metrics

- J. Colaianne presented the revised Strategic Plan Goal metrics. Discussion followed.
- Board requested that a definition of quadruple aim be added to the document.

CMHPSM Mission Statement

Through effective partnerships, the CMHPSM shall ensure and support the provision of quality integrated care that focuses on improving the health and wellness of people living in our region.

- M. Welch Marahar expressed some concern about the success of the change to the SUD access model in Washtenaw County, would like it to stay on the region’s radar.

VIII. New Business

a. Board Action: Provider Stabilization Funding

Motion by R. Garber, supported by M. Serio, to approve the proposed allocation of funding to the CMHSPs to assist the regional provider network in delivering essential face-to-face services.

Motion carried

Roll Call Vote

Yes: Fortney, Garber, Libstorff, Welch Marahar, Serio, Slaton, Terrill, Tillotson

No:

Absent: Ackley, King, Richardville, Scott

b. Board Action: Contracts

Motion by R. Tillotson, supported by R. Garber, to authorize the CEO to execute the contracts/amendments as presented

Motion carried

Roll Call Vote

Yes: Fortney, Garber, Libstorff, Welch Marahar, Serio, Slaton, Terrill, Tillotson

No:

Absent: Ackley, King, Richardville, Scott

c. Board Information: Discussion around Open Meetings Act

- Board discussed and declined to add a second opportunity for public comment to the board agendas going forward.

IX. Reports to the CMHPSM Board

a. No report from the SUD Oversight Policy Board, which didn’t meet in April.

b. Board Information: CEO Report to the Board

- The office will move to the fully open phase on May 30.
- A Request for Quotes (RFQ) has been released for auditing services.
- Legislation: any movement on the proposed bills related to the public mental health system will probably not have any movement before fall.

X. Adjournment

Motion by M. Welch Marahar, supported by R. Tillotson, to adjourn the meeting

Motion carried

Meeting adjourned at 7:26 p.m.

Sandra Libstorff, CMHPSM Board Secretary

CMHPSM Mission Statement

Through effective partnerships, the CMHPSM shall ensure and support the provision of quality integrated care that focuses on improving the health and wellness of people living in our region.



CEO Report

Community Mental Health Partnership of Southeast Michigan

Submitted to the CMHPSM Board of Directors
May 3, 2022 for the May 11, 2022 Meeting

CMHPSM Update

- The CMHPSM had an all staff meeting on April 11, 2022. We are scheduled to meet on May 9, 2022 and potentially on May 23,2022.
- The CMHPSM leadership team is continuing to meet on a weekly basis.
- The CMHPSM is releasing an RFQ for audit services on May 4, 2022 as the previous procurement period has expired with the FY2022 contract period. We expect to recommend our selected auditor for FY2023-2027 at the July Regional Board Meeting.

COVID-19 Update

- The CMHPSM office continues to be closed to the public outside of public Board meetings. We implemented a March 28, 2022 return to the yellow reduced capacity phase. The most recent version of the re-opening plan is continually shared with staff as it is updated. The leadership team is continuing to review statewide and county guidance related to best practices.
- We will continue to monitor recommendations around the projected return to full office capacity in the future.

Re-Opening Plan Phase as of May 3, 2022:

Phase:	Essential Only Capacity	Limited Capacity	Reduced Capacity	Full Capacity
Office:	Office Closed	Limited Office Attendance and Office Closed to Public (Except for Board Meetings)	50% Capacity – 75% Capacity and Office Closed to Public (Except for Board Meetings)	100% Capacity – Office Open to Public
Projected Date Range for Phase:			3/28/2022 – 5/29/2022	5/30/2022
Current Phase:			X	

CMHPSM Staffing Update

- The CMHPSM currently has four open positions that we are actively interviewing candidates to fill:

- SIS Assessor
- Operations Specialist
- SUD Treatment and Utilization Specialist
- Regional Administrative Assistant
- More information and links to job descriptions and application information can be found here: <https://www.cmhpsm.org/interested-in-employment>

Regional Update

- The CMHPSM continues to update our general COVID-19 resources and information on our website: <https://www.cmhpsm.org/covid19>
- We have also established a webpage for provider information related to service delivery changes during this pandemic: <https://www.cmhpsm.org/covid19provider>
- Individuals receiving Behavioral Health and/or substance use disorder services can access targeted information at the following webpage: <https://www.cmhpsm.org/covid19consumers>
- Our regional committees continue to meet using remote meeting technology, the Regional Operations Committee will work with our committees to determine best practices moving forward related to in-person versus remote regional committee meetings.
- The Regional Operations Committee continues to meet on at least a weekly basis. The remote meetings are allowing our region to share best practices while obtaining a regional picture of our COVID-19 pandemic response.

Statewide Update

- PIHP CEO meetings are being held remotely on a monthly basis. The PIHP CEOs last met on May 4, 2022. Discussions around the BHDDA reorganization occurred with representatives from the new MDHHS department.
- The PIHP CEO / MDHHS operations meeting with MDHHS behavioral health leadership staff was held on April 7, 2022. We are scheduled to meet Thursday May 6, 2022 with the re-organized MDHHS staff. Included in the meetings are updates on the various emergency waivers and MDHHS COVID funding that impact our service delivery systems, funding, and requirements. I provide a summary of those meetings to our regional directors at our Regional Operations Committee meetings each month.
- Latest information on Michigan legislation will be shared at our Board meeting.

Future Update

- FY2022 rate revision information and FY2023 rate planning information was received and shared with the CMHSPs. We will begin projections related to the FY2023 regional budget in preparation for our August and September Board meetings.
- We're still planning on cancelling the June Board meeting at this time. We are also reviewing what we can do to move to a meeting cadence that is less than monthly. Staff are working on some potential schedule options for FY2023 for the Board to review.

Respectfully Submitted,



James Colaianne, MPA



STATE OPIOID RESPONSE GRANT

Grant Program Summary

September 30, 2018 – September 29, 2021



WAYNE STATE
School of Social Work



Overview

In recent decades, the State of Michigan has experienced a dramatic increase in opioid-involved overdose and death. One figure has determined that between 1999 and 2017, overdoses caused by opioid use increased by 17 times the initial rate (Drug Overdose Deaths in Michigan, 2020). Of the over 2,500 individuals who died from drug overdose in Michigan in 2018, opioids were involved in 78% of those events (n=2,038). Furthermore, drug use trends have shown an increased presence in synthetic opioids (e.g., fentanyl and its analogues, tramadol), with a nearly 11% increase between 2017 and 2018 alone. All indications show that this trend has continued to the current year (data unavailable), making the probability of an overdose occurring several times more likely.

The Michigan Department of Health and Human Services (MDHHS), seeking to address this opioid epidemic, applied for the State Opioid Response (SOR) grant released by the Substance Abuse and Mental Health Services Administration (SAMHSA) in 2018. The goals set forward in the application were listed as follows: (1) to increase access to Medication-Assisted Treatment (MAT) for the three medications approved by the United States Food and Drug Administration (FDA); (2) reduce unmet treatment need; (3) and reduce opioid overdose-related deaths through the provision of prevention, treatment, and recovery activities for opioid use disorders (OUD). On September 19, 2018, SAMHSA awarded MDHHS the SOR grant for \$27,914,639 per grant year. Funding began on October 1, 2018, with an additional 16-month award for a one-time SOR supplement on June 1, 2019, in the amount of \$14,571,442. After the initial two-year grant period, Michigan applied for and received a one-year No Cost Extension (NCE) for SOR Prime and SOR Supplemental on September 21, 2020. The final amounts were \$18,972,985 for SOR Prime and \$8,960,077 for SOR Supplemental, for a total of \$27,933,062. The NCE was completed on September 29, 2021.

MDHHS allocated SOR funds to the 10 Prepaid Inpatient Health Plans (PIHP) to implement opioid-focused initiatives strategic to their respective geographic regions. The PIHP network operates as regional managed care organizations for Michigan's 83 counties, distributing discretionary public funding to local community providers. Prevention initiatives implemented through the PIHPs include Opioid Education and Naloxone Distribution (OEND) and Youth & Family Evidence-Based Prevention programming. Treatment and recovery initiatives include placing peer recovery coaches in Federally Qualified Health Centers (FQHCs), expanding jail-based MAT services, securing mobile care units to deliver OUD services to individuals lacking transportation and underserved areas, the implementation of the Opioid Health Home model, expanding availability of and stay in recovery housing, providing employment support for those in recovery from OUD, and funding the cost of OUD treatment and OUD recovery services for uninsured and underinsured individuals.

In addition to regional efforts, MDHHS also partnered with a wide array of stakeholders to fund statewide initiatives across the prevention, treatment, and recovery continuum for individuals who use opioids. Stakeholders included university partners, state offices both within and outside of MDHHS, philanthropic foundations, community organizations, and a national pharmaceutical manufacturer. A full list of these grant partners are as follows:

- Inter-Tribal Council of Michigan
- Michigan Collaborative Addiction Resources and Education System
- Michigan State University Extension
- Michigan Opioid Collaborative
- Michigan Opioid Prescriber Engagement Network
- Michigan Opioid Partnership
- Michigan Association of Recovery Residences
- Michigan State Police
- Michigan Department of Corrections
- Michigan Department of Licensing and Regulatory Affairs
- MDHHS Office of Communications
- MDHHS Public Health Administration
- Community Mental Health Association of Michigan

During project year one (October 2018 to September 2019), SOR grantees began implementing their respective projects to varied degrees of success and expediency. While select initiatives, such as support for costs related to the treatment of OUD, were built on already established infrastructure, many of the other initiatives began from their foundation. Among the initiatives that required a period of infrastructure building: PIHP network providers built on their relationships with local hospitals and FQHCs to install peer recovery coaches into their service delivery models; mobile care units were purchased and retrofitted to state and national standards for OUD treatment; and the Michigan Collaborative Addiction Resources and Education System (MI-CARES) project began developing a curriculum to be used to increase the number of certified addiction medicine and addiction psychiatry specialists in the state. There were also certain administrative barriers which delayed project implementation, such as the MDHHS electronic grant administration system and the inability to quickly train provider staff in prevention and treatment modalities. Another barrier was a perceived unwillingness from certain systems to implement OUD services, possibly due to systemic professional bias or stigma.

Project year two (October 2019 to September 2020) built on the progress made in year one, as well as the addition of new grantee projects, such as the Michigan Opioid Partnership (MOP) to implement Buprenorphine induction and referral to treatment within jails statewide. Also notable is the MDHHS partnership with Emergent BioSolutions to introduce a State-funded Naloxone Portal. This Portal, established in January of 2020, provided over 160,000 intra-nasal Naloxone kits to law enforcement, correctional facilities, and community stakeholders through support from the SOR grant. This year was not without challenges, however, the most disruptive being the COVID-19 pandemic which began in March of 2020. Among those barriers: all initiatives working with jails and prisons were temporarily halted given the severity of COVID-19 breakouts in those facilities and subsequently significantly reduced due to ongoing health concerns; the implementation of syringe service programs was delayed as local health departments reprioritized staff time and funding to pandemic response; and mobile care units managed by PIHP paneled providers were idled as telehealth was implemented statewide and providers were forced to redirect attention to more urgent client needs (COVID-19 testing, masks, etc.).

In Federal Fiscal Year 2021 (October 2020 to September 2021), MDHHS received approval for a No Cost Extension year for the SOR grant to complete grant supported projects. This additional year to expend remaining funding allowed MDHHS and SOR grant partners the ability to meet any unaccomplished objectives established in the initial applications. This year also brought new State-funded projects such as the inclusion of MAT program pilots in four state correctional facilities, led by the Michigan Department of Corrections. While the COVID-19 pandemic continued to provide significant program barriers, SOR grantees were largely able to innovate in finding ways to meet the needs presented in the opioid epidemic despite those challenges.

This final report will provide overall programmatic narratives, outcomes, financial data, and highlights of programming throughout the entirety of the SOR grant.

Highlights

Throughout all three years of SOR and across all programs, Michigan saw major growth in OUD prevention, treatment, and recovery services. With SOR funding, the following were accomplished:

- Over 7,000 youth and families engaged in substance abuse prevention programming.
- Over 215,000 Naloxone kits distributed.
- At least 1,275 lives saved with Naloxone.
- Six-thousand three-hundred and seven clients received OUD treatment services including MAT, case management, and transportation.
- Collaborations with 48 different correctional facilities to provide OUD services.
- One-hundred and twenty-seven new clients received telehealth services.
- Twelve-thousand five-hundred and twenty-eight individuals contacted through peer recovery coach outreach efforts.
- Collaboration with more than 30 recovery homes.

Our SOR GPRA indicated improvements for clients in the following areas.

- Increase in housing stability
- Increase in social connectedness
- Increase in employment and education attainment
- Increase in abstinence from drugs and alcohol
- Decrease in anxiety
- Decrease in depression
- Decrease in hallucinations
- Decrease in trouble understanding, concentration, or remembering
- Decrease in trouble controlling violent behavior