

OVERSIGHT POLICY BOARD

Regular Board Meeting

Patrick Barrie Conference Room

3005 Boardwalk Drive, Suite 200

Ann Arbor, MI

Thursday, February 22, 2024

9:30 a.m. – 11:30 a.m.



To join by telephone:

1-616-272-5542

Meeting ID: 702 296 362#

To join by computer via Teams:

[Click here to join the meeting](#)

Meeting ID: 216 349 272 769, Passcode: x7AXhe

Agenda

1. Introductions, Welcome Board Members - 5 minutes
2. Approval of Agenda (**Board Action**) – 2 minutes
3. Approval of December 14, 2023, 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. FY24 Funding Update – (Discussion) – 10 minutes
6. New Business
 - a. Updated Policies – {Att. #3} (**Board Action**) – 10 minutes
 1. Communicable Disease
 2. Media Campaigns
 - b. PA2 Mini Grant Request – {Att.#4} (**Board Action**) – 10 minutes
 - c. FY25 RFP Update and Timeline (Board Discussion) – 30 minutes
 - d. It Is Possible Media Campaign – 10 minutes
7. Report from Regional Board {Att. #5} (Discussion) – 5 minutes
8. SUD Director Updates (Discussion) – 5 minutes
 - a. CEO Update {Att. #6}
 - b. Opioid Settlement Funds
 - c. Recovery Friendly Workplace
 - d. Recovery Incentives Pilot
 - e. HB 5178 (Syringe Service Programs); HB 5179 (Fentanyl Test Strips); HB 5077 and HB 5078 (Naloxone Distribution)
9. Adjournment (**Board Action**)

***Next meeting: April 25, 2024**

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

December 14, 2023

Patrick Barrie Conference Room
3005 Boardwalk Drive, Suite 200
Ann Arbor, MI 48108

Members Present: Jamie Dean, Amy Fullerton, Annette Gontarski, Susan Longsworth, Molly Welch Marahar, Dave Oblak, David Stimpson, Ralph Tillotson, Tom Waldecker

Members Absent: Mark, Cochran, Ricky Jefferson, Dave O'Dell, Monique Uzelac

Guests:

Staff Present: Stephannie Weary, James Colaianne, Nicole Adelman, Matt Berg, CJ Witherow, Danielle Brunk, Joelen Kersten, Alyssa Tumolo, Jane Goerge, Rebecca DuBois, Stacy Pijanowski, Liz Stankov, Michelle Sucharski, Jessy Macumber, Kate Hendricks, Jon Huhn

A. Fullerton called the meeting to order at 9:33 a.m.

1. Introductions

2. Approval of the Agenda

Motion by M. Welch Marahar, supported by A. Gontarski, to approve the agenda as amended

Motion carried

- Agenda addition: Request to approve PA2 funds in new business.

3. Approval of the August 28, 2023 Oversight Policy Board minutes

Motion by M. Welch Marahar, supported by A. Gontarski, to approve the August 28, 2023 OPB minutes

Motion carried

4. Audience Participation

- None

5. Officer Elections

- Nominations from the floor
 - There were no nominations from the floor.
- Proposed Slate:
 - Chair – Susan Longsworth
 - Vice Chair – Mark Cochran
 - Secretary – Molly Welch-Marahar

Motion by D. Stimpson, supported by M. Welch Marahar, to approve the proposed slate of officers listed below for FY2024:

- **Chair – Susan Longsworth**
- **Vice Chair – Mark Cochran**
- **Secretary – Molly Welch-Marahar**

Motion carried

Roll Call Vote

Yes: Dean, Fullerton, Gontarski, Longsworth, Welch Marahar, Oblak, Stimpson, Tillotson, Waldecker

No:

Absent: Cochran, Jefferson, O'Dell, Uzelac

- Newly elected OPB Chair S. Longworth assumed the chair role at this point in the meeting.

6. Old Business

a. Finance Report

- M. Berg presented.

b. FY24 Funding Update

- Additional ARPA funds were approved and will cover the 2nd half of the fiscal year for programs that will lose the COVID block grant funding that is ending in March 2024. PA2 was approved by OPB to support the second half of the year and will not be needed for this purpose.

7. New Business

a. PA2 request

Motion by T. Waldecker, supported by A. Fullerton, to approve the request \$5,000 of Washtenaw County PA2 funds to support Harm Reduction Michigan's Washtenaw Outreach Now program

Motion carried

b. Membership Update

- New member J. Dean is the Public Health Officer for Monroe County and replaces Kim Comerzan on the OPB.
- T. Waldecker was reappointed for another 3-year term.
- Still need two Livingston County and one Lenawee County representatives for a full board

c. FY2024 OPB Meeting Calendar

Motion by M. Welch Marahar, supported by A. Gontarski, to approve the proposed FY2024 OPB meeting calendar

Motion carried

d. Conflict of Interest Statements

- OPB members will complete the annual statement and return it to S. Weary.

e. FY23 Program and Strategic Planning Update

- Staff provided an overview on Substance Use programming, and highlights from the past year:
 - D. Brunk – ARPA, COVID BG and PA2-funded programming
 - E. Stankov – Opioid Health Home (OHH)s
 - Alyssa Tumolo – SOR 3 Highlights
 - R. DuBois – SOR 3 Overdose Education and Naloxone Distribution and Gambling Disorder Prevention grant
 - J. Goerge – Prevention services
 - J. Kersten – Treatment services
 - N. Adelman – Veterans Navigator Program and highlights of the strategic plan for 2020 through 2023

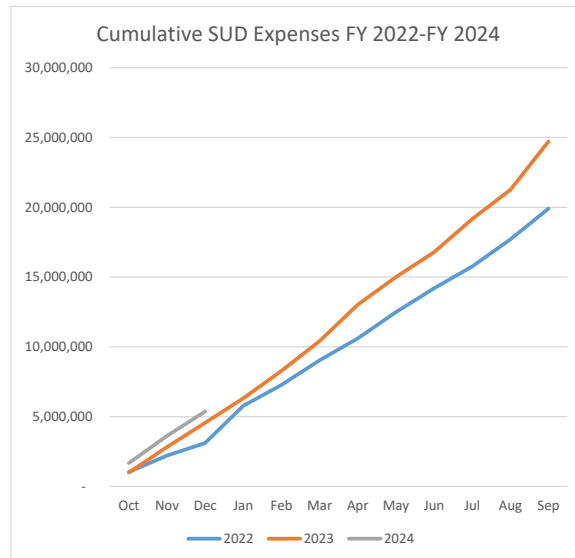
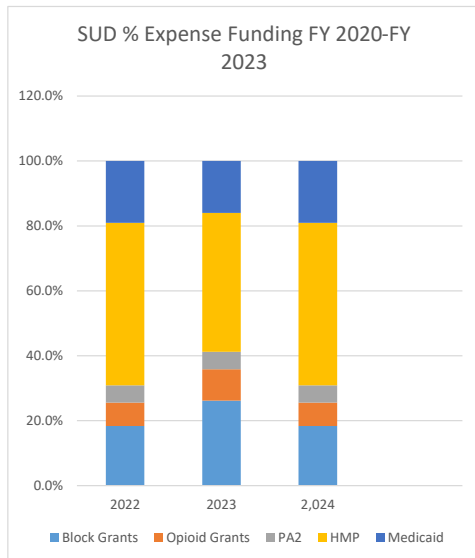
8. Report from Regional Board

- sContract for Monroe Public Schools (Project SUCCESS), Harm Reduction Michigan Washtenaw Outreach Now (Anchor Institution), and an increase in the Washtenaw County Health Department (expanded media campaign) were passed.
 - Request for review of access at the next meeting including trends in different levels of care, and time between requests for service to admissions for next meeting.
9. SUD Director Updates
- a. CEO Update – J. Colaianne’s CEO update is included in the meeting packet for details.
 - b. N. Adelman shared the Impact Brief of SOR Grants from the state.
10. Adjournment
- Motion by T. Waldecker, supported by A. Fullerton, to adjourn the meeting**
Motion carried
- Meeting adjourned at 11:12 p.m.

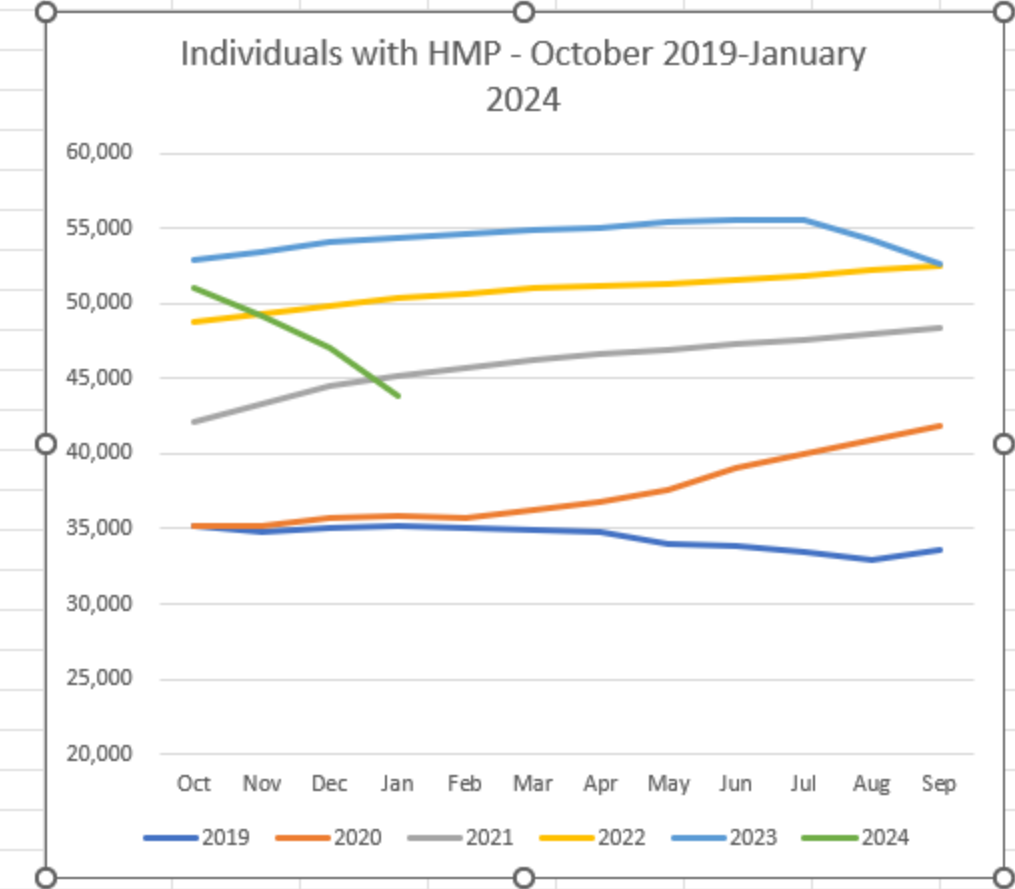
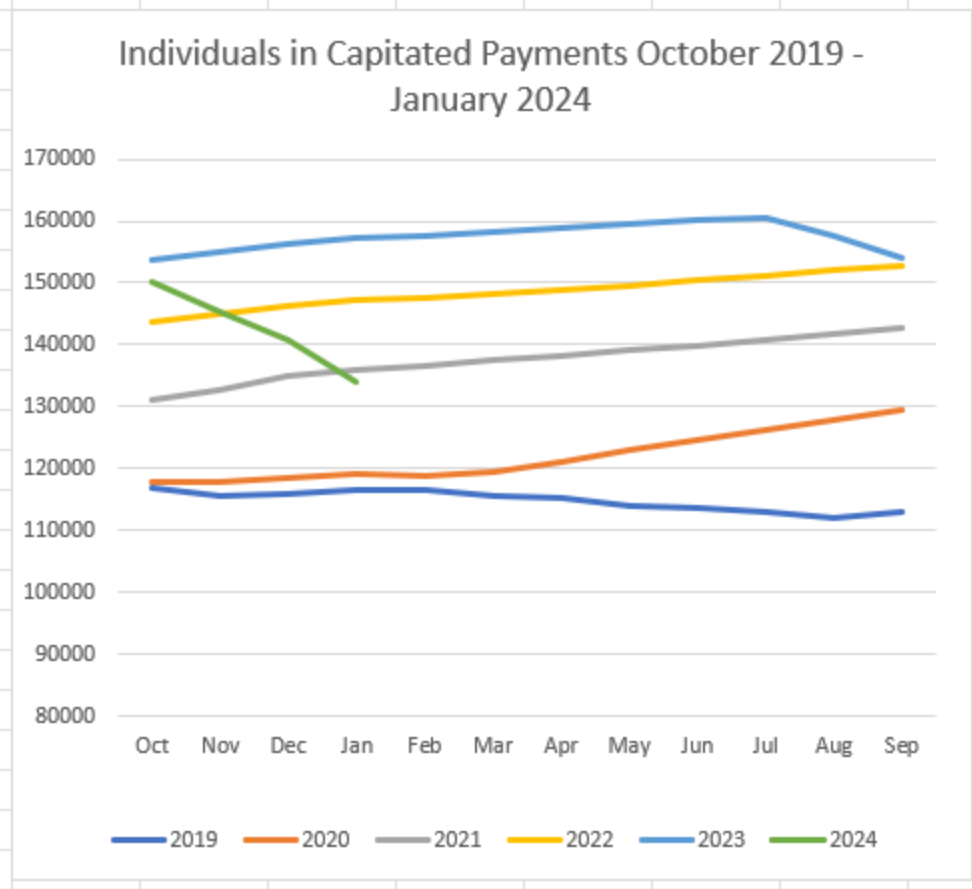
***Next meeting: Thursday, February 22, 2024**
Location 3005 Boardwalk, Suite 200; Patrick Barrie Room

**Community Mental Health Partnership Of Southeast Michigan
SU SUMMARY OF REVENUE AND EXPENSE BY FUND
December 2023 FYTD**

| Summary Of Revenue & Expense | Funding Source | | | | | | | Total Funding Sources |
|--|---------------------|---------------------|---------------------|------------------|-------------------|------------------|-------------------|-----------------------|
| | Medicaid | Healthy Michigan | Block Grants | OHH | Opioid Grants | Gambling Prev | SUD-PA2 | |
| Revenues | | | | | | | | |
| Funding From MDHHS | 1,072,152 | 2,377,710 | 1,440,814 | 52,485 | 636,161 | 12,383 | | \$ 5,591,705 |
| PA2/COBO Tax Funding Current Year | | | | | | | | \$ - |
| PA2/COBO Reserve Utilization | | | | | | | 412,535 | \$ 412,535 |
| Other (lapse to state) | | | - | (1) | - | - | - | \$ (1) |
| Total Revenues | \$ 1,072,152 | \$ 2,377,710 | \$ 1,440,814 | \$ 52,484 | \$ 636,161 | \$ 12,383 | \$ 412,535 | \$ 6,004,239 |
| Expenses | | | | | | | | |
| Funding for County SUD Programs | | | | | | | | |
| CMHPSM | | | \$ 173,636 | \$ 41,988 | \$ 636,161 | \$ 12,383 | | 864,167 |
| Lenawee | 107,598 | 282,447 | 85,159 | | | | | 475,204 |
| Livingston | 60,468 | 203,679 | 118,308 | | | | 225,673 | 608,128 |
| Monroe | 222,266 | 414,486 | 375,983 | | | | 30,125 | 1,042,860 |
| Washtenaw | 388,262 | 906,601 | 577,998 | | | | 156,737 | 2,029,597 |
| Total SUD Expenses | \$ 778,594 | \$ 1,807,213 | \$ 1,331,084 | \$ 41,988 | \$ 636,161 | \$ 12,383 | \$ 412,535 | \$ 5,019,956 |
| Administrative Cost Allocation | 207,412 | 25,635 | 109,730 | 10,497 | | | - | \$ 353,275 |
| Total Expenses | 986,006 | 1,832,848 | \$ 1,440,814 | \$ 52,485 | \$ 636,161 | \$ 12,383 | \$ 412,535 | \$ 5,373,231 |
| Revenues Over/(Under) Expenses | 86,147 | 544,862 | (0) | (0) | \$ - | \$ - | (0) | \$ 631,008 |



| FY 2023 PA2 Preliminary Results | | | |
|--|-----------------------|---------------------------|--------------------------------|
| | Revenues | Expenditures | Revenues Over/(Under) Expenses |
| PA2 by County | | | |
| Lenawee | 181,183 | 105,610 | 75,572 |
| Livingston | 549,309 | 604,300 | (54,991) |
| Monroe | 410,197 | 164,960 | 245,237 |
| Washtenaw | 1,088,953 | 556,762 | 532,191 |
| Totals | \$ 2,229,642 | \$ 1,391,632 | \$ 798,010 |
| FY 24 Beginning | | | |
| Unallocated PA2 | Balance - Preliminary | FY24 Budgeted Utilization | FY24 Projected Ending Balance |
| Lenawee | 382,595 | 59,709 | 442,304 |
| Livingston | 3,230,370 | 292,892 | 3,523,262 |
| Monroe | 486,665 | 153,780 | 640,445 |
| Washtenaw | 1,661,897 | 225,363 | 1,887,260 |
| Total | \$ 5,761,527 | \$ 731,744 | \$ 6,493,271 |



| | |
|---|--|
| Community Mental Health Partnership of Southeast Michigan/PIHP | Policy <u>Communicable Disease Policy</u> |
| Committee/Department: <u>Substance Use Services</u> | Regional Operations Committee Review Date <u>12/13/2023</u> |
| Implementation Date (1st of month following approval) | Oversight Policy Board Approval Date |

I. PURPOSE

This policy establishes the responsibilities of substance use providers in addressing communicable diseases in the populations being served within the Community Mental Health Partnership of Southeast Michigan (CMHPSM) region. The policy recognizes the primary purpose of communicable disease efforts is to prevent the spread of infection among substance using populations. This policy requires providers of services to individuals with substance use disorders have adequate resources to ensure proper screening and referral for individuals with potential risk of having a communicable disease. This policy also requires all substance use provider staff, including prevention and recovery who interact with individuals receiving services at a contracted provider have at least a basic knowledge of communicable disease and its relation to substance use.

II. REVISION HISTORY

| DATE | MODIFICATION |
|---------------------------|--------------------------|
| 6/2010 | Original document |
| 2/2012 | Language changes/updates |
| 9/8/16 | Language changes/updates |
| 3/2019 | Language changes/updates |
| Will be OPB Approval Date | Language changes/updates |

III. APPLICATION

| |
|--|
| <input type="checkbox"/> CMHPSM PIHP Staff, Board Members, Interns & Volunteers |
| <input type="checkbox"/> Regional Partner CMHSP Staff, Board Members, Interns & Volunteers |
| Service Providers of the CMHPSM and/or Regional CMHSP Partners: |
| <input type="checkbox"/> Mental Health / Intellectual or Developmental Disability Service Providers |
| <input checked="" type="checkbox"/> SUD Treatment Providers <input checked="" type="checkbox"/> SUD Prevention Providers |
| <input checked="" type="checkbox"/> Other as listed: All Substance Use Service Providers |

IV. DEFINITIONS

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

Community Mental Health Services Program (CMHSP): A program operated under chapter 2 of the Mental Health Code as a county community mental health agency, a community mental health authority, or a community mental health organization.

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

Priority Populations: Communicable disease priority populations include all individuals with a history of Injection Drug Users (IDU) and pregnant individuals presenting for treatment.

V. POLICY

This policy establishes that all individuals with substance use disorders at risk for and/or living with Human Immunodeficiency Virus (HIV)/Acquired Immune Deficiency Syndrome (AIDS), sexually transmitted diseases/infections (STDs/Is), tuberculosis (TB), Hepatitis (especially A, B, and C) and other communicable disease will have the opportunity for access to culturally sensitive and appropriate substance use prevention, treatment, and recovery services to address their multiple needs in a respectful and dignified manner.

Given the causal relationship between HIV/AIDS, hepatitis, sexually transmitted infections (STIs), other communicable diseases (CDs), substance use and the importance of recognizing the role of CD assessment in the development of substance use disorder treatment plans for individuals, a comprehensive approach is the most effective strategy for preventing infections among individuals with substance use disorders and the community.

VI. RESPONSIBILITIES

CMHPSM is responsible for the monitoring and oversight of the contracted substance use disorder provider network in screening for communicable diseases and referring individuals for testing and treatment where and when appropriate.

The substance use disorder provider network is responsible for meeting or exceeding the standards set forth by CMHPSM in the screening of communicable diseases and referral for appropriate testing and treatment, and for ensuring that all substance use services staff are properly trained in communicable diseases. Documentation of training and required updates are the responsibility of the provider and must be available upon request.

VII. STANDARDS

This policy establishes the standards that contracted substance use provider staff have a basic knowledge of HIV/AIDS, TB, hepatitis, STD/IS and their relationship to substance use disorder.

Level 1 requirement - At a minimum, **all** substance use program staff should have basic knowledge regarding communicable diseases, including:

- HIV/AIDS, TB, Hepatitis (especially A, B, and C) and STD/Is as they related to the agency target population;
- Modes of transmission (risk factors, myths and facts, etc.);
- Linkage between substance use and these communicable diseases;
- Overview of treatment possibilities; and
- Local resources available for further information / screening.

Level 1 training is available electronically at <https://www.improvingmipractices.org/>. CMHPSM will maintain a tracking mechanism to assure Substance use servicesUD provider staff, across the continuum of care completes the Level1 training.

- Substance use servicesUD provider staff is required to complete the Level 1 training annually.
- New staff is-are required to complete the Level 1 training within 30 days of hire.

Services:

1. CMHPSM requires all individuals entering SUD treatment to be appropriately screened for risk of HIV/AIDS, STD/Is, TB, and hepatitis, and to be provided basic information about risk.
2. All individuals receiving SUD services who are infected by mycobacterium tuberculosis must be referred for appropriate medical evaluation and treatment. The CMHPSMs responsibility extends to ensuring that the agency to which the individual is referred to, has the capacity to provide these medical services or to make these services available, based on the individual's ability to pay. If no such agency can be identified locally (within reasonable distance), the CMHPSM must notify MDHHS/SUGE.
3. All individuals entering residential treatment and residential withdrawal management must be tested for TB upon admission. Arrangements can be made for an outside agency to test if they can be completed within 24 hours. With respect to individuals who exhibit symptoms of active TB, referral must be made for follow-up medical intervention and policies and procedures must reflect this requirement to avoid a potential spread of the disease. These policies and procedures must be consistent with the Centers for Disease Control [and Prevention](#) (CDC) guidelines and/or communicable disease best practice.
4. All pregnant individuals presenting for treatment must have access to STD/Is and HIV testing.
5. Per MDHHS, the following questions are required by the PIHP in the screening process in order to screen for high-risk individuals and refer them to services accordingly.

- 1) When was the **last** time, if ever, that you used a **needle to inject drugs or medication** (please include medication prescribed by a doctor)?
 - a. Within the past 2 days
 - b. 3 to 7 days ago
 - c. 1 to 4 weeks ago
 - d. 1 to 3 months ago
 - e. 4 to 12 months ago
 - f. More than 12 months ago
 - g. Never
- 2) **During the past 12 months**, did you...? (Yes/No)
 - a. use a needle to **inject drugs**?
 - b. reuse a needle that **you** had used before?

- c. reuse a needle **without** cleaning it with bleach or boiling water **first**?
 - d. use a needle that you knew or suspected **someone else** had used before?
 - e. use someone else's **rinse water, cooker or cotton** after they did?
 - f. **skip** cleaning your needle with bleach or boiling water **after** you were done.
 - g. let someone else use a needle **after** you used it?
 - h. let someone else use the **rinse water, cooker or cotton** after you did?
 - i. allow **someone else** to inject you with drugs?
- 3) **During the past 90 days**, on how many **days** did you use a needle to inject any kind of drug or medication?
- 4) **During the past 90 days**, with how many **people** have you shared needles or works?
- 5) **During the past 90 days**, on how many **days** did you share needles with other people?
- 6) When was the **last** time, if ever, that you **had any kind of sex (vaginal, oral, or anal)** with another person?
- 7) **During the past 12 months**, did you...? (Yes/No)
- a. have sex while you or your partner **was high on alcohol or other drugs**?
 - b. have sex with someone who was an **injection drug user**?
 - c. have sex involving **anal intercourse**?
 - d. have sex with a man who might have had **sex with other men**?
 - e. have sex with someone who you thought might have **HIV or AIDS**?
 - f. have **two or more** different sex partners (not necessarily at the same time)?
 - g. have sex with a **male partner**?
 - h. have sex with a **female partner**?
 - i. have sex **without** using any kind of condom, dental dam, or other barrier to protect you and your partner from diseases or pregnancy?
 - j. have a lot of **pain** during sex or after having had sex?
 - k. use alcohol or other drugs to make sex **last longer or hurt less**?

Other Questions:

- 8) When was the last time, if ever, that you were **exposed to another person's blood and/or body fluids**?
- 9) When was the **last** time, if ever, that you were **tested for hepatitis**?
- 10) When was the last time, if ever, that you had a **positive TB skin test, TB blood test or chest x-ray**?

- 11) Have you been in **close contact with individuals diagnosed with TB within the last 30 days?**
- 12) Have you had a nagging cough for more than three weeks **along with** any of the following symptoms: weight loss, fever for 3 days or longer, night sweats, coughing up blood?
- 13) Have you recently lived in **a substance use treatment facility, homeless shelter, drug house, mental health hospital, transitional living, carceral institution** or in other close quarters with people you did not know well?

VIII. EXHIBITS

None

IX. REFERENCES

Center for Substance Abuse Treatment. (Published December 2011). *Addressing Viral Hepatitis in People with Substance Use Disorders*, Treatment Improvement Protocol (TIP) Series 53. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. Rockville, MD.

Center for Substance Abuse Treatment. (Published September 2015). *Advisory: Hepatitis C Screening in the Behavioral Healthcare Setting*, Volume 14; Issue 1. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. Rockville, MD.

Center for Substance Abuse Treatment. (Published November 2020). *Prevention and Treatment of HIV Among People Living with Substance Use and/or Mental Disorders*. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. Rockville, MD.

Center for Substance Abuse Treatment. (Published January 2021). *Advisory: Screening and Treatment of Viral Hepatitis in People with Substance Use Disorders*, Treatment Improvement Protocol (TIP) Series 53. U.S. Department of Health and Human Services, Substance Abuse, and Mental Health Services Administration. Rockville, MD.

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|--|--|
| Community Mental Health Partnership of Southeast Michigan/PIHP | Policy and Procedure Substance Use Services Media Campaigns |
| Committee/Department: Substance Use Services | Regional Operations Committee Review Date 12/13/2023 |
| Implementation Date | Oversight Policy Board Approval Date |

I. PURPOSE

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

II. REVISION HISTORY

| DATE | MODIFICATION |
|--|---|
| 3.2021 | Language updates |
| 4.27.2023 OPB Approval Date | Language Updates Campaign Request Form References |
| Will be OPB Approval Date | Language Updates |
| | |

III. APPLICATION

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

| |
|--|
| <input type="checkbox"/> CMHPSM PIHP Staff, Board Members, Interns & Volunteers |
| <input type="checkbox"/> Regional Partner CMHSP Staff, Board Members, Interns & Volunteers |
| Service Providers of the CMHPSM and/or Regional CMHSP Partners: |
| <input type="checkbox"/> Mental Health / Intellectual or Developmental Disability Service Providers |
| <input checked="" type="checkbox"/> SUD Treatment Providers <input checked="" type="checkbox"/> SUD Prevention Providers |
| <input checked="" type="checkbox"/> Other as listed: All Substance Use Service Providers |

IV. DEFINITIONS

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

⊖ Media Campaign: A media campaign promotes or highlights a community wellness issue through a variety of media including broadcast, digital and social channels. Messages regarding availability of services in the PIHP region are not considered to be media campaigns. This does not include promotion of agency events and agency-specific services.

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

Social Media: Social media is the collective of online communications channels dedicated to community-based input, interaction, content-sharing and collaboration. Examples include websites and applications dedicated to social networking and audio/video sharing platforms.

V. POLICY

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

VI. STANDARDS

- A. All mass media campaigns including, but not limited to billboards, bus panel messages, public service announcements (print, radio, video recording or TV); and social media messaging; are required to be submitted to the CMHPSM.
- B. "Media Campaign Request Form" must be completed and associated materials (PSA Script, Media Message, Pictures, etc.) submitted to CMHPSM no less than ~~4030~~ days prior to scheduled release (MDHHS process may take 30 days).
- C. No campaign may be initiated until receipt of approval by MDHHS is obtained. MDHHS guidelines should be followed per the MDHHS Campaign Guidelines. For example:
 - 1. If showing people, diversity must be represented
 - 2. Stigmatizing and judgmental language should not be used
 - 3. Use simple language to increase accessibility and inclusivity
- D. Final versions must be submitted to CMHPSM.
- ~~D-E.~~ CMHPSM requires approval by any agency with a logo on campaign materials.

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VII. EXHIBITS

Media Campaign Request Form

VIII. REFERENCES

Michigan Department of Health and Human Services, Substance Use, Gambling and Epidemiology Section (MDHHS, SUGE). Special Provisions PG. 13
Michigan Department of Health and Human Services, Substance Use, Gambling and Epidemiology Section (MDHHS, SUGE). (2022). *External Campaign Request Form*.

Attachment #3b – February 2024

Michigan Department of Health and Human Services (MDHHS), Substance Use, Gambling and Epidemiology Section (SUGE) & Office of External Affairs and Communications. (2022). *MDHHS Campaign Guidelines*.

Substance Use Services Media Campaign

3



SUD PREVENTION & TREATMENT SERVICES

MEDIA CAMPAIGN REQUEST

A media campaign is any locally, bi-lateral or multi-lateral message or series of messages conveyed through mass media channels including print, broadcast, and electronic media (i.e., billboards, signs, bus panels). All media campaigns (with CMHPSM and funding) must be approved by CMHPSM and Michigan Department of Health and Human Services (MDHHS) Substance Use, Screening, and Intervention Section (SUSIS) prior to implementation. This applies to media campaigns implemented by CMHPSM, Provider Networks and other contracted/contracted-for organizations. Media campaigns must be commensurate with guidelines found in the MDHHS Campaign Guidelines document and be coordinated with MDHHS campaigns whenever feasible and costs must be proportional to likely outcomes. All materials must be submitted for approval prior to final production. Final materials are subject to change based on feedback from CMHPSM and MDHHS. **Copies of final materials/products must be submitted to CMHPSM once approved.**

• What qualifies as a media campaign?

- A media campaign promotes or highlights a community-wide issue through use of mass media including broadcast, digital and social channels.
 - Materials regarding availability of services in the PPH region are not considered to be media campaigns.
 - It does not include promotion of agency events and agency-specific services.
 - Marketing of a provider organization, product, event, etc. does not require approval from MDHHS.

• What should be submitted for approval?

- Complete the attached Provider Media Campaign Request Form (page 2) to initiate the campaign approval process.
- The Campaign materials should be submitted with the Provider Media Campaign Request Form (page 2).
 - For example:
 - Final billboard campaign artwork that will be approved.
 - Final print media campaigns, including message design for approval.
 - Final radio, television, pharmacy boards and/or other advertisements. This is required for media campaigns involving radio, television, pharmacy boards, etc.

Submit form and relevant campaign documents to the CMHPSM contact associated with the funding for this campaign.

Please allow up to 40 days for the approval process. Once approved, CMHPSM will provide a funding statement that includes all media link dependencies and funding amounts.

| Provider Media Campaign Request: | |
|--|---|
| Provider: Click or tap here to enter text. | Date Form Submitted: Click or tap to enter a date. |
| Contact Information: | |
| Name: Click or tap here to enter text. | |
| Email: Click or tap here to enter text. | |
| Phone: Click or tap here to enter text. | |
| Project/Campaign Name: Click or tap here to enter text. | |
| Funding Source: Click or tap here to enter text. | |
| Campaign Start Date: Click or tap to enter a date. | |
| 1. Describe the goal(s) of this project campaign: Click or tap here to enter text. | |
| 2. Who is the primary and/or secondary target audience? Who do you plan to reach? Click or tap here to enter text. | |
| 3. What is the target location (County, city, etc.)? Click or tap here to enter text. | |
| 4. What is the timing/date range of this project/campaign (e.g., Jan-March, year, etc.)? Click or tap here to enter text. | |
| 5. What are the media components (e.g., billboards, radio, Facebook, video, etc.) to be used? Click or tap here to enter text. | |
| Please submit all relevant materials with this form for approval. | |

COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN

Serving Lenawee, Livingston, Monroe, and Washtenaw Counties



| <i>Request for MINI GRANT Funds</i> | |
|---|--|
| <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: | 1/22/2024 |
| Contact Person: (Name, email, phone) | Dr. Tracy Gomez tracy.gomez@promedica.org 734-240-1760 |
| Requestor: | ProMedica Monroe Regional Outpatient Behavioral Health |
| Amount of Request: | \$1,000.00 |
| Type of Request: | <input checked="" type="checkbox"/> Community event <input type="checkbox"/> Other: _____ <input type="checkbox"/> Staff Training <input type="checkbox"/> Coalition Support Attach information as needed. |
| Describe Program Request: | <p>ProMedica Monroe Regional Outpatient Behavioral Health in collaboration with Monroe County agencies, including but not limited to, the Monroe County Substance Abuse Coalition and Monroe County schools, is hosting #IMatter summit. We have provided the Wellness Center at each event. This aspect has grown and is expanding to more hands-on learning for students. The Outpatient Behavioral Health department at ProMedica Monroe Regional Hospital is providing Wellness Center Bags filled with de-stressors for the #IMatter Youth Summit on February 6, 2024. There will be close to 450 students from 12 different high schools attending this event. The mission for the summit is to provide prevention, awareness, and post treatment services in the area of substance abuse. This year we are adding other aspects to the Wellness to provide students with the opportunity to explore wellness techniques such as sound therapy, therapy dogs, biofeedback and breathing techniques. The goal for this aspect of the event is to not only provide further awareness, but to use the techniques they have chosen to learn. We will have booths with time for students to pick their technique and learn how to implement it. They will take home a kit that will contain items that teach positive coping strategies to decrease the use of substances and improve their mental health. The ultimate goal is to have each student sustain the positive coping strategy learned for an ongoing healthy lifestyle. Some of these strategies include age-appropriate meditation, relaxation, art supplies, stress balls, fidgets, positive thought bracelets.</p> |
| Targeted Community: | (Geographic area) Monroe County High School students and Middle College students |
| Describe how and where matching funds will be applied. If in-kind, describe: | Monroe County Community College has donated the use of the La-Z-Boy Center for the all-day summit. The value of the in-kind donation is \$1,965.00. In addition, there are additional sponsorships through the coalition’s fiscal agency, United Way. Monroe County Substance Abuse Coalition funding has allocated funds towards the summit. |

| | |
|--|---|
| | <p>ProMedica Monroe Outpatient Behavioral Health is providing licensed therapists to teach the strategies. Monroe County ISD Mental Health Team is providing the content for the mental health awareness breakout sessions. Law enforcement agencies Michigan State Police- Monroe Post and Monroe City Police are facilitating the substance misuse prevention component of the summit.</p> |
| <p>Identify Key People, Coalitions, and/or Community Partners involved in program:</p> | <p>Monroe Community Mental Health Authority, Monroe County Substance Abuse Coalition, United Way of Monroe County, ProMedica Monroe Regional Hospital, Catholic Charities of SE Michigan, Student Prevention Leadership Teams, Monroe County Public and Parochial High Schools, Monroe County Middle College, Monroe County Intermediate School District, Monroe County Health Department, Monroe County Community College, Medilodge, Monroe City Police, and Michigan State Police- Monroe Post</p> |
| <p><u>Please note:</u> All programming must be consistent with the implementation of Recovery-Oriented Systems of Care (ROSC). <i>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</i> (Center for Substance Abuse Treatment, 2005).</p> | |
| <p>CMHPSM Office Use Only</p> | |
| <p>Amount Recommended & Comments:</p> | <p>Click or tap here to enter text.</p> |

**COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN
REGULAR BOARD MEETING MINUTES
December 13, 2023**

Members Present for In-Person Quorum: Judy Ackley, Patrick Bridge, Rebecca Curley, LaMar Frederick, Molly Welch Marahar, Mary Pizzimenti, Alfreda Rooks, Mary Serio, Holly Terrill, Ralph Tillotson

Members Not Present For In-Person Quorum: Bob King, Rebecca Pasko, Annie Somerville

Staff Present: Kathryn Szewczuk, Stephannie Weary, James Colaianne, Matt Berg, Nicole Adelman, Connie Conklin, Stacy Pijanowski, CJ Witherow, Lisa Graham, Nicole Phelps

Guests Present: Andrew Brege

- I. Call to Order
Meeting called to order at 6:00 p.m. by Board Vice-Chair Judy Ackley.
- II. Roll Call
 - Quorum confirmed.
- III. Consideration to Adopt the Agenda as Presented
Motion by M. Welch Marahar, supported by H. Terrill, to approve the agenda
Motion carried
- IV. Consideration to Approve the Minutes of the 10-11-2023 Meeting and Waive the Reading Thereof
Motion by M. Welch Marahar, supported by H. Terrill, to approve the minutes of the 10-11-2023 meeting and waive the reading thereof
Motion carried
- V. Consideration to Approve the Minutes of the 10-25-2023 Meeting and Waive the Reading Thereof
Motion by M. Serio, supported by M. Pizzimenti, to approve the minutes of the 10-25-2023 meeting and waive the reading thereof
Motion carried
- VI. Audience Participation
None
- VII. Old Business
 - a. Board Information: Finance Report through October 31, 2023
 - M. Berg presented. Discussion followed.
- VIII. New Business
 - a. Contracts
Motion by L. Frederick, supported by R. Tillotson, to authorize the CEO to execute the contracts/amendments as presented

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 carried

Roll Call Vote

Yes: Ackley, Bridge, Curley, Frederick, Welch Marahar, Pizzimenti, Rooks, Serio, Terrill, Tillotson

No:

Absent: King, Pasko, Somerville

- b. FY2024 Quality Assessment and Performance Improvement (QAPIP) Plan
Motion by M. Welch Marahar, supported by M. Serio, to approve the annual plan for quality assessment and improvement plan activities during FY2024, pending date corrections: references to 2023 should be corrected to 2024
Motion carried

IX. Reports to the CMHPSM Board

a. Board Information: SUD Oversight Policy Board – No update

b. Board Information: CEO Report to the Board

- J. Colaianne's written report includes updates from staff, regional and state levels. Please see the report in the board packet for details.

X. Closed Session

a. Consultation with CMHPSM Attorney on Lawsuit

Motion by R. Tillotson, supported by M. Welch Marahar, to Enter closed session pursuant to MCL 15.268(1)(e) to discuss settlement and trial strategy in the pending litigation of Waskul et al v. Washtenaw County Community Mental Health et al, Case Number 2:16-cv-10936-PDB-EAS, Eastern District of Michigan, because discussion in the open session will be detrimental to our position
Ralph, Molly to go into closed session

Motion carried

Roll Call Vote

Yes: Ackley, Bridge, Curley, Frederick, Welch Marahar, Pizzimenti, Rooks, Serio, Terrill, Tillotson

No:

Absent: King, Pasko, Somerville

- The board entered into closed session at 6:40 p.m.

Motion by R. Tillotson, supported by M. Welch Marahar, to re-enter into open session

Motion carried

- The board re-entered into open session at 7:31 p.m.

XI. Adjournment

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

Motion carried

- The meeting was adjourned at 7:32 p.m.

Rebecca Pasko, 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
February 8, 2024

CMHPSM Update

- Since our last Board meeting the CMHPSM held an all-staff meeting on January 8, 2024 and January 22, 2024. We are also scheduled to meet Monday February 12, 2024.
- The CMHPSM leadership team continues to meet on a weekly basis on Tuesday mornings.
- The CMHPSM CEO conducted individualized 1-on-1 interviews with all CMHPSM employees. I think it was a great learning experience and expect we will schedule these on at least an annual basis, but potentially on a twice yearly schedule.

COVID-19 Update

- The following webpage was created on our CMHPSM regional website related to the end of the public health emergency: <https://www.cmhpsm.org/phe-end>

CMHPSM Staffing Update

- The CMHPSM currently has two open positions (Compliance and Quality Manager and a Regional Project Assistant) for which we are reviewing job descriptions and responsibilities, but those openings are not posted and we are not yet actively recruiting for them at this time.
- More information and links to job descriptions and application information can be found here: <https://www.cmhpsm.org/interested-in-employment>

Regional Update

- Our regional committees continue to meet using remote meeting technology and expect we will continue to do so until that option is no longer feasible.
- The Regional Operations Committee continues to schedule to meet on a weekly basis.

Statewide Update

- PIHP statewide CEO meetings are being held remotely on a monthly basis. Since our last Regional Board meeting, the PIHP CEOs met on January 9, 2024 and will meet on February 13, 2024.
- The PIHP CEOs met with MDHHS behavioral health leadership staff on Thursday February 1, 2024. I provide a summary of those meetings to our regional directors at our Regional Operations Committee meetings each month. Discussion topics in February included:
 - Medicaid public health emergency renewal information which was helpful in understanding the financial factors impacting renewal coverage decisions. MDHHS has offered to conduct additional research on individuals identified by CMHSP/PIHPs that have been negatively impacted during the renewal process.
 - Conflict Free Access and Planning Update by March. No additional details are available at this time, MDHHS has indicated that information will be provided prior to March 2024.
 - Delay in Hospital Rate Adjuster (HRA) payments due to CMS review of MDHHS pay schedule. We pass through these payments to the hospitals very quickly and will do so as soon as payments are issued to us from MDHHS.
 - Deceased Individuals Recovery Update – payment share not yet provided to CMHPSM, payments will be withheld in March/April and July 2024. Total statewide PIHP share estimated at \$12 million, our region is roughly 4 to 5% of revenue, so we are estimating a potential 5% share of the withholds until we receive additional information from MDHHS.
 - Programmatic updates on Certified Community Behavior Health Clinics (CCBHC)s, Medicare/Medicaid benefit updates, an update on increased MDHHS Psychiatric Residential Treatment Facility (PRTF) bed availability and a presentation on services to individuals that are blind, deaf, or hard of hearing,
- No update on a potential capitation payment rate amendment for FY2024 as of now. Our regional committees are assessing current capitation revenue projections and related monthly eligible individual count trends.

Legislative Updates

- Governor Whitmer released her proposed FY2025 executive budget on February 7, 2024, additional information can be found here:
<https://www.michigan.gov/budget>
 - [Governor Whitmer’s FY2025 Budget Press Release](#)
 - [FY25 Executive Budget Recommendation Presentation](#)
 - [FY25 Executive Omnibus Budget Document](#)
- The Senate has returned to session, but the House of Representatives is not yet operating in normal fashion due to a 52-52 tie due to the vacancy of two Representatives after they won mayoral races this fall. Special elections on April 16, 2024 should determine partisan control and restart legislative activity. Looking ahead some political experts in Lansing are indicating that there is the potential for an active lame duck situation pending the results of this fall’s presidential election. Governor Whitmer will be term limited out in 2026.
- The re-districting commission is set to update some metro-Detroit area districts that are outside of our four-county region.

Future Updates

- We are planning to cover the following items at our April 2024 meeting:
 - CMHPSM Bylaws Review
 - CMHPSM Governance Policy Review
 - FY2024-26 Strategic Plan Outcomes (Report #1 at Six Month Mark)
 - CEO Performance Review

Respectfully Submitted,



James Colaianne, MPA