

COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN
REGULAR BOARD MEETING
Patrick Barrie Room
705 N. Zeeb Rd, Ann Arbor, MI
Wednesday, April 10, 2019
6:00 PM



Agenda

	<u>Guide</u>
I. Call to Order	1 min
II. Roll Call	2 min
III. Consideration to Adopt the Agenda as Presented	2 min
IV. Consideration to Approve the Minutes of the 3-13-19 Regular Meeting and Waive the Reading Thereof {Att. #1}	2 min
V. Audience Participation (5 minutes per participant)	
VI. Old Business	30 min
a. April Finance Report {Att. #2}	
b. CEO Performance Evaluation Committee Report	
VII. New Business	20 min
a. FY19 Direct Care Wage Pass-Through {Att. #3}	
b. Vendor Contracts {Att. # 4} (Information Only)	
VIII. PIHP CEO Report to the Board	15 min
a. Report from the SUD Oversight Policy Board (OPB) {Att. #5}	
IX. Adjournment	

**COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN
REGULAR BOARD MEETING MINUTES
March 13, 2019**



Members Present: Judy Ackley, Greg Adams, Charles Coleman, Susan Fortney, Roxanne Garber, Sandra Libstorff, Charles Londo, Caroline Richardson, Sharon Slaton, Ralph Tillotson

Members Absent: Martha Bloom, Gary McIntosh

Staff Present: Jane Terwilliger, Kathryn Szewczuk, Stephannie Weary, Lisa Jennings, Trish Cortes, James Colaianne, Suzanne Stolz, Kristen Ora, Kate Aulette

Others Present: Laurie Lutomski, Maureen Stapleton

I. Call to Order
Meeting called to order at 6:00 p.m. by Board Chair C. Londo.

II. Roll Call
J A quorum of members present was confirmed.

III. Consideration to Adopt the Agenda as Presented

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

J Old Business Item b: J. Terwilliger will include a brief CEO Report.
J Old Business Item c will be conducted in closed session.

IV. Consideration to Approve the Minutes of the February 13, 2019 Regular Meeting and Waive the Reading Thereof

**Motion by S. Slaton, supported by R. Garber, to approve the minutes of February 13, 2019 Regular Meeting and waive the reading thereof
Motion carried**

V. Audience Participation
None

VI. Old Business

a. March Finance Report

J S. Stolz presented the March finance report. Discussion followed.
J S. Stolz gave an update on FY18, which was closed on 2/28/19. FY18 audit financials are due to the state on 3/31/19 but may not be completed on time. There are no financial consequences for late submission. The compliance and single audits are scheduled to be completed on time.

b. Performance Bonus Incentive Plan (PBIP) for FY18

-) J. Terwilliger provided an explanation for the reduction in the PBIP of \$16,058.12, and a tentative plan between the PIHP and McClaren Health.
 -) J. Terwilliger provided an update on the Administrative Hearing, M. Scalera’s transition planning, and the CIO position.
- c. Presentation of Evaluation Results and Recommendations

Motion by C. Coleman, supported by R. Garber, for Board to go into closed session to discuss evaluation results and recommendations

Motion carried

-) Regional Board meeting went into closed session at 6:32 p.m. All were excused from the meeting except for board members and J. Terwilliger.

Motion by R. Tillotson, supported by S. Fortney, for Board to go back into open session

Motion carried

-) Regional Board meeting went back into open session at 8:10 p.m.

Motion by R. Tillotson, supported by S. Fortney, to accept the unsatisfactory CEO performance evaluation, to extend the CEO contract for 6 months, to require that the CEO develop a plan of correction within 30 days, and to perform an interim CEO evaluation at the 3-month mark of the contract extension

Motion carried

Ackley	Yes	Libstorff	Yes
Adams	Yes	Londo	Yes
Bloom	Absent	McIntosh	Absent
Coleman	Yes	Richardson	Yes
Fortney	Yes	Slaton	Yes
Garber	Yes	Tillotson	Yes

Motion by S. Slaton, supported by G. Adams, to continue the CEO Evaluation Subcommittee meetings on a monthly basis as needed, to be determined by the subcommittee, with the meetings being open to all who would like to attend

Motion carried

Ackley	Yes	Libstorff	Yes
Adams	Yes	Londo	Yes
Bloom	Absent	McIntosh	Absent
Coleman	Yes	Richardson	Yes

Fortney	Yes	Slaton	Yes
Garber	Yes	Tillotson	Yes

VII. New Business

VIII. PIHP CEO Report to the Board

-) OPB minutes are included with board packet.
-) See Old Business Item b for the CEO report.

IX. Adjournment

Motion by R. Tillotson, supported by G. Adams, to adjourn the meeting
Motion carried

-) Meeting adjourned at 8:20 p.m.

Judy Ackley, CMHPSM Board Secretary

DRAFT



Financial Highlights
Fiscal Year 2019
For the Period Ending February 28, 2019

Summary of Revenues & Expenses by Fund Source:

1. Preliminary cost projections by the Affiliate Partners indicate there will not be enough Medicaid Funding to cover FY2019 needs.
2. Preliminary cost projections by Affiliate Partners indicate there will not be enough Healthy Michigan Plan funding for FY2019.
3. The SUD projections for Medicaid, Healthy Michigan Plan, Block Grant, PA2 funding and projected utilization of PA2 reserves indicates funding will be sufficient to cover FY2019 needs and is consistent with projections and delayed initiatives.

CMHPSM Strategies:

1. CMHPSM will continue coordinate with CMHSP's to review current year budgets and actual expenditures.
2. CMHPSM and the CMHSP's continue revenue advocacy in relation to the FY19 rates and the FY20 rate setting with MDHHS.
3. A shared decision model is being utilized to monitor and balance FY19 expenditures to revenues including the shared risk corridor.
4. CMHPSM is monitoring the overages and is working with the CMHSP's to minimize costs yet providing medically necessary services.
5. CMHPSM will trend traditional Medicaid Eligibles and HMP Enrollees from the most current listing to apply the rates and monitor incoming revenues.

**Community Mental Health Partnership of Southeast Michigan
Preliminary Statement of Revenues and Expenditures
For the Period Ending February 28, 2019**

	2nd Amend FY19 Budget	Budget to date	YTD Actual	YTD Actual O/(U) Budget	Percent Variance Actual to Budget	Projected YTD	Projected O/(U) Budget
Operating Revenue							
Medicaid Capitation SP/B3	87,280,931	36,367,055	37,480,787	1,113,733	2.97%	89,953,889	2,672,958
Medicaid Capitation HSW	43,998,199	18,332,583	18,192,882	(139,700)	-0.77%	43,662,918	(335,281)
Performance Based Incentive Pool	1,499,519	624,800	624,800	-	0.00%	1,499,519	-
Medicaid SUD Capitation	2,427,015	1,011,256	1,009,923	(1,333)	-0.13%	2,423,815	(3,200)
Healthy Michigan Plan	10,204,910	4,252,046	4,271,599	19,553	0.46%	10,251,838	46,928
Healthy Michigan Plan SUD	4,427,786	1,844,911	1,852,501	7,590	0.41%	4,446,002	18,216
Autism	9,480,753	3,950,314	3,961,383	11,069	0.28%	9,507,319	26,566
SUD Community Block Grant	6,860,943	2,858,726	2,858,726	-	0.00%	6,860,943	-
Block Grants	350,000	145,833	113,578	(32,255)	-28.40%	272,587	(77,413)
SUD PA2 - Cobo Tax Revenue	1,860,059	775,025	775,025	-	0.00%	1,860,059	-
SUD PA2 - Cobo Tax Use of Reserv	1,564,432	651,847	651,847	-	0.00%	1,564,432	-
Local Match	1,577,780	657,408	657,408	-	0.00%	1,577,780	-
Other Revenue	331,920	138,300	92,401	(45,899)	-49.67%	221,762	(110,158)
Anticipated Medicaid Revenue	13,868,008	5,778,337	-	(5,778,337)	-3	13,868,008	-
Total Revenue	\$ 185,732,255	\$ 77,388,440	\$ 72,542,860	\$ (4,845,580)	-6.68%	\$ 187,970,872	\$ 2,238,617
Funding For CMHSP Partners							
Lenawee CMHSP	18,400,108	7,666,712	7,709,878	43,167	0.56%	18,400,108	-
Livingston CMHSP	29,238,050	12,182,521	11,683,394	(499,127)	-4.27%	29,238,050	-
Monroe CMHSP	31,881,500	13,283,958	11,960,649	(1,323,309)	-11.06%	31,881,500	-
Washtenaw CMHSP	78,723,853	32,801,605	28,688,767	(4,112,838)	-14.34%	78,723,853	-
Total Funding For CMHSP Partners	\$ 158,243,511	\$ 65,934,796	\$ 60,042,689	\$ (5,892,107)	-9.81%	\$ 158,243,511	\$ -
Funding For SUD Services							
Lenawee County	2,368,015	986,673	887,163	(99,510)	-11.22%	2,368,015	-
Livingston County	2,870,825	1,196,177	938,190	(257,987)	-27.50%	2,870,825	-
Monroe County	2,669,660	1,112,358	929,625	(182,733)	-19.66%	2,669,660	-
Washtenaw County	7,738,563	3,224,401	2,435,368	(789,034)	-32.40%	7,738,563	-
Total Funding For SUD Services	\$ 15,647,063	\$ 6,519,610	\$ 5,190,346	\$ (1,329,264)	-25.61%	\$ 15,647,063	\$ -
Other Contractual Obligations							
Hospital Rate Adjuster	2,943,755	1,226,565	1,226,565	-	0.00%	2,943,755	-
Insurance Provider Assessment Tax	1,456,827	607,011	770,886	163,874	21.26%	1,850,126	393,299
Local Match	1,577,780	657,408	657,408	-	0.00%	1,577,780	-
Total Other Costs	\$ 5,978,362	\$ 2,490,984	\$ 2,654,859	\$ 163,874	6.17%	\$ 6,371,661	\$ 393,299
CMHPSM Administrative Costs							
Salary & Fringe	2,383,701	993,209	770,442	(222,767)	-28.91%	2,383,701	-
Administrative Contracts	1,714,002	714,168	308,241	(405,926)	-131.69%	1,714,002	-
Board Expense	2,750	1,146	675	(471)	-69.75%	2,750	-
All Other Costs	263,347	109,728	109,512	(216)	-0.20%	263,347	-
Total Administrative Expense	\$ 4,363,800	\$ 1,818,250	\$ 1,188,871	\$ (629,379)	-52.94%	\$ 4,363,800	\$ -
Risk Reserve Provision	\$ 1,499,519	\$ 624,800	\$ 624,800	-	-	\$ 1,499,519	\$ -
Total Expense	\$ 185,732,255	\$ 77,388,440	\$ 69,701,564	\$ (7,686,876)	-11.03%	\$ 186,125,554	\$ 393,299
Revenues over (under) Expenditures	\$ -	\$ -	\$ 2,841,296	\$ 2,841,296		\$ 1,845,318	\$ 1,845,318

**Community Mental Health Partnership of Southeast Michigan
Preliminary Statement of Revenues and Expenditures Notes
For the Period Ending February 28, 2019**

- 1 PMTO and Club House block grant funding is a pass through to CMHSP's. Revenue under budget correlates with administrative contract expenditures under budget.
- 2 Other revenue under budget due to vacant SIS assessor position and contracted assessments. Revenue is based on billings of SIS assessor expenditures. The revenue under budget correlates with administrative contract and administrative wages under budget.
- 3 Anticipated Medicaid Revenue was amended to reflect the funding projected to provide sufficient support to provide all medically necessary services for those Medicaid entitled beneficiaries. Receipt of funding is not known.
- 4 See attached for narratives required by the Financial Stability & Risk Reserve Management Policy of a 5% variance. Actual to date for the CMHSP's is distribution of available funding to date. Please see Distribution Analysis attached.
- 5 SUD Block grant programs and PA2 initiatives are not fully implemented, most specifically State Opioid Response, State Targeted Response, Innovative Strategies and Gambling Prevention.
- 6 The Insurance Provider Assessment (IPA) has been invoiced based on fiscal year 2017 enrollments for the 1st quarter of FY2019. Adjustments are anticipated due to higher than expected eligibles. The revenue budgets were increased to reflect these increased eligibles. The IPA expenditure budget will be adjusted as well to reflect the increased eligibles in the next amendment
- 7 Salary and wages under budget due to a vacant positions.
- 8 Administrative contracts under budget due to timing, primarily contract expenditures in relation to the Block Grant Other, SIS assessment, and Gambling Prevention contracts.
- 9 Regional Board under expense due to low cost of meetings.



CMHSP Financial Narratives
Fiscal Year 2019
For the Period Ending February 28, 2019

Livingston

Livingston CMHA continues to see an increase in expenditures in our Autism program. Our projected costs in Autism for FY19 are \$4,468,736 which is over our allocation of \$3,141,435 by \$1,327,301. This projection is based on the upward trend we have seen in Autism just for Livingston over the past several years. In FY16 we had 28 consumers and by the end of FY18 we had 119 consumers in our Autism program, which is a 400% increase in just 2 years. This projection includes the cost increase to serve more consumers in FY19.

Monroe

Monroe CMHA is projected to have \$30,019,807 in Medicaid and Healthy Michigan expenses for FY2019. This is over the revised allocation of \$26,813,843 by \$3,205,964. For Autism, we are projected to have \$1,861,669 in in expenses which is over \$186,179 from the revised allocation of \$1,675,490. These projections are based on the past two years actual expenses for contracted services for consumers which were roughly the same amount. Autism is based on the increase of autism consumers and services provided to them.

Monroe is aggressively looking at ways to reduce these costs where necessary. Also, the projection includes a possible increase of new consumers.

Washtenaw

For fiscal year 2019, Washtenaw CMH is currently projecting an overall deficit of \$10 million. The main areas of underfunding are for service provision to the Healthy Michigan Plan population as well as the traditional Medicaid population. For FY19, WCCMH is continuing to experience the same increased cost and utilization of medically necessary services as identified in the later part of FY16, and all of FY17 and FY18. The budget pressures continue to occur in three primary services areas, Community Living Supports, Specialized Residential Services and Inpatient Hospitalizations. Due to group home capacity challenges, individuals requiring a specialized residential placement are having to be placed out-of-county at a higher cost of service. WCCMH has engaged with its provider network to seek opportunities to open new group homes and available placements within their respective locations. For the past several years, individuals are being discharged from the state hospitals with very high acuity and require a level care that is not currently available due to capacity constraints within our CMH. Community Living Supports (CLS) services continue to be an area of concern and WCCMH continues its focus on utilization review. The CLS rate increases that were implemented as a region were necessary and still insufficient for the provider network to continue to meet the mandated and medically necessary CLS services in Washtenaw. WCCMH is monitoring the benefit eligibility for each of its 5000 consumers and is in constant contact with MDHHS to correct benefit misclassifications. Individuals inaccurately classified as Healthy Michigan Plan continue to be a challenge and WCCMH is only able to impact eligibility for those served, not the remaining eligible individuals who do not participate in CMH services. There is an ongoing concern that these inaccuracies are affecting capitation rates for our region. Washtenaw made drastic positions cuts in FY15 and reduced an entire layer of administration. At this point, any additional positions cut would completely hinder our ability to meet the mandates for service provision.

**Community Mental Health Partnership of Southeast Michigan
Received and Distributed by Fund Source
FY 18/19**

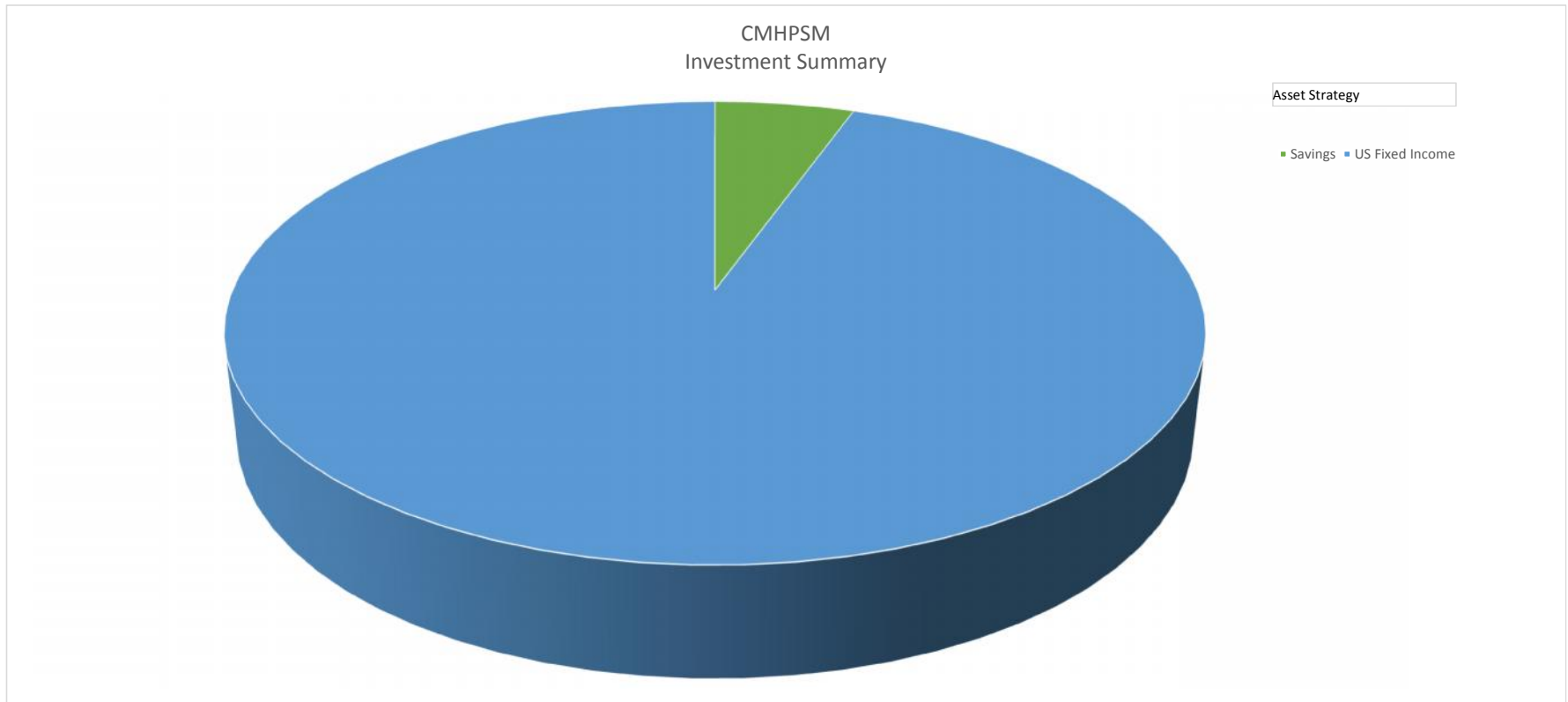
	October	November	December	January	February	March	April	May	June	July	August	September	YTD
State Plan/B3 Receipts	\$ 7,275,309	\$ 7,262,790	\$ 7,209,779	\$ 7,468,416	\$ 8,264,493	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 37,480,787 *
Distributions													
Lenawee CMHSP	930,624	950,544	943,154	976,938	986,204								\$ 4,787,463
Livingston CMHSP	1,255,074	1,281,938	1,271,972	1,317,534	1,330,031								\$ 6,456,550
Monroe CMHSP	1,405,282	1,435,362	1,424,203	1,475,218	1,489,211								\$ 7,229,276
Washtenaw CMHSP	3,084,945	3,150,977	3,126,480	3,238,472	3,269,189								\$ 15,870,063
	\$ 6,675,926	\$ 6,818,821	\$ 6,765,808	\$ 7,008,162	\$ 7,074,635	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 34,343,352
HSW Receipts	\$ 3,389,214	\$ 3,943,530	\$ 3,662,898	\$ 3,478,019	\$ 3,719,221	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 18,192,882
Distributions													
Lenawee CMHSP	372,809	381,538	418,047	415,530	398,072								\$ 1,985,996
Livingston CMHSP	588,074	622,174	589,533	627,496	638,929								\$ 3,066,206
Monroe CMHSP	587,361	590,851	665,760	642,598	656,963								\$ 3,143,533
Washtenaw CMHSP	1,787,760	1,965,023	1,943,069	1,998,151	1,966,866								\$ 9,660,869
	\$ 3,336,003	\$ 3,559,586	\$ 3,616,409	\$ 3,683,775	\$ 3,660,830	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 17,856,603
Autism Receipts	\$ 785,998	\$ 794,195	\$ 789,286	\$ 784,892	\$ 807,013	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,961,383
Distributions													
Lenawee CMHSP	76,646	77,207	76,852	76,430	78,587								\$ 385,722
Livingston CMHSP	281,758	283,821	282,514	280,963	288,893								\$ 1,417,947
Monroe CMHSP	150,276	151,376	150,679	149,852	154,081								\$ 756,265
Washtenaw CMHSP	264,742	266,681	265,453	263,995	271,447								\$ 1,332,318
	\$ 773,422	\$ 779,085	\$ 775,498	\$ 771,240	\$ 793,008	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,892,252
HMP Receipts	\$ 855,219	\$ 847,573	\$ 848,057	\$ 861,374	\$ 859,377	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 4,271,599
Distributions													
Lenawee CMHSP	105,108	110,600	110,477	112,396	112,115								\$ 550,697
Livingston CMHSP	141,753	149,160	148,994	151,582	300,004								\$ 891,492
Monroe CMHSP	158,718	167,011	166,826	169,723	20,497								\$ 682,775
Washtenaw CMHSP	348,425	366,631	366,224	372,585	371,653								\$ 1,825,518
	\$ 754,004	\$ 793,403	\$ 792,521	\$ 806,286	\$ 804,269	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,950,482
Total Receipts	\$12,305,739	\$12,848,088	\$12,510,019	\$12,784,701	\$13,650,105	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$63,906,652
Total Distributions	\$11,539,355	\$11,950,895	\$11,950,235	\$12,269,463	\$12,332,742	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$60,042,689

Note: Distributions are based on amounts actually received less HRA, taxes and Administration of 1.57%.

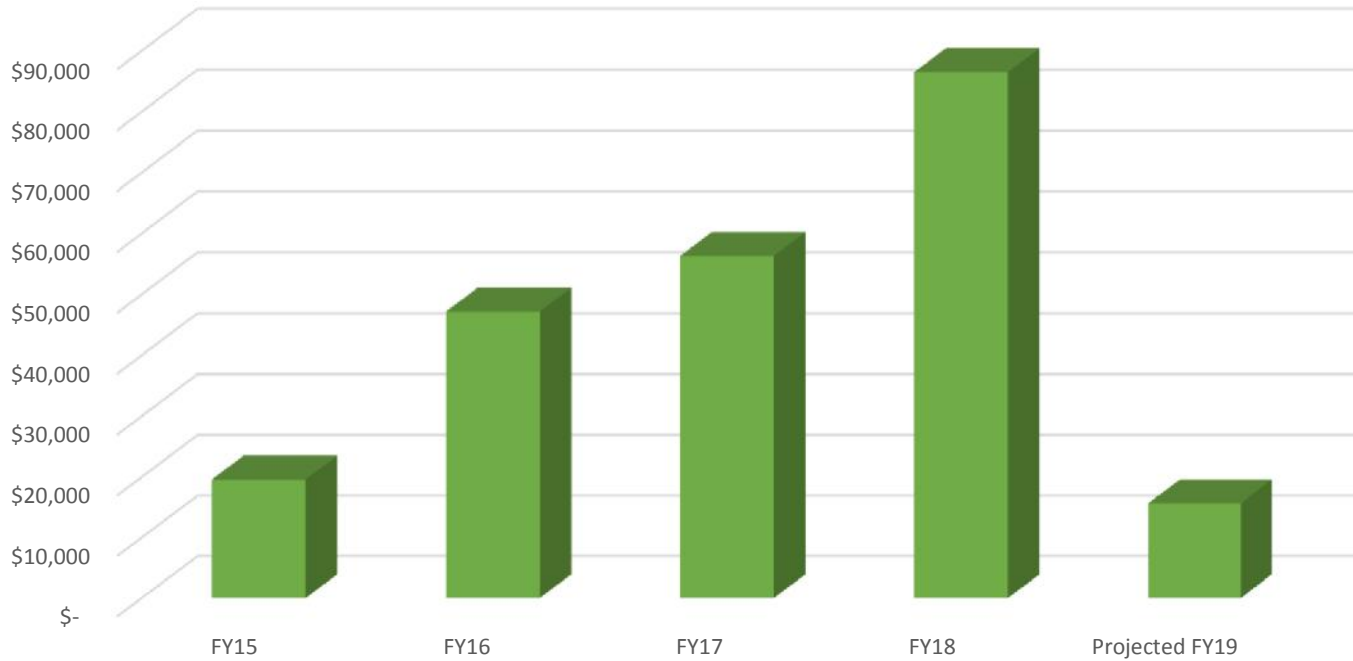
* February receipts are higher than normal due to the Hospital Rate Adjustor (HRA). HRA was not included in the rates and is being paid in separate lump sum payments. The amounts withheld from partners October through January were disbursed in March.

**CMHPSM
Investment Summary
as of February 28, 2019**

<u>Asset Strategy</u>	<u>Description</u>	<u>Value</u>	<u>Est. Annual Income</u>	<u>S&P Rating</u>
US Fixed Income	UNITED STATES TREASURY NOTE DUE 04/30/19	994,082.03	2,500	A1
Savings	CHASE - PA2 SAVINGS	7,216,725.76	12,000	NONE
Savings	CHASE - OPERATIONS SAVINGS	1,018,469.67	1,100	NONE
Savings	CHASE - RISK RESERVE SAVINGS	130,321.88	100	NONE
Total Investments at 02/28/19		<u>\$ 9,359,599.34</u>	<u>15,700</u>	



CMHPSM Five Year Earnings Summary





Attachment #3 – April 2019

Regional Board Information – FY2019 Direct Care Wage Passthrough

Board Meeting Date: April 4, 2019

Action Requested: Review

Background:

The CMHPSM received a directive from MDHHS that our MDHHS/PIHP contract would be amended to include funding to increase direct care wages. This statewide increase of \$0.25/per hour for direct care aide level worker wages was required to be implemented on April 1, 2019. MDHHS notified the PIHP/CMHSP system on March 15, 2019 that rates were being revised to reflect the funding approved by the Michigan Legislature in Public Act 618 of 2018. The PIHP has worked with the regional CMHSPs to operationalize this requirement as expediently as possible. Service providers contracted to our Region that provide the services identified as direct care wage passthrough eligible will have their fee-schedules increased by \$0.28 /per hour.

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

The CMHPSM contract with MDHHS was amended to include revised (increased) capitation payment rates reflecting the estimated revenue required to cover the direct care wage passthrough.

The CMHPSM will continue to pass through all additional revenue received at the PIHP to the CMHSPs per the funding allocation methodology previously approved for Medicaid and Healthy Michigan Plan revenue.



Regional Board Information – Vendor Contracts

Board Meeting Date: April 10, 2019

FOR INFORMATION: PA2 funding already approved by CMHPSM Oversight Policy Board for these agreements.

Organization - Background	Term	Funding Amount	Funding Source	Agreement Type
Passion of Mind – 1.0 FTE Peer recovery coach at Opioid Replacement Therapy clinic. The peer must be trained and hold a CCAR certificate, MCBAP peer certification or MDHHS certified recovery coach credential.	4/1/2019 - 9/30/2019	\$18,963 DNE	Monroe PA2	Contract Amendment
Ann Arbor Treatment Clinic – 1.0 FTE Peer recovery coach at Opioid Replacement Therapy clinic. The peer must be trained and hold a CCAR certificate, MCBAP peer certification or MDHHS certified recovery coach credential.	4/1/2019 - 9/30/2019	\$18,963 DNE	Washtenaw PA2	Contract Amendment
Therapeutics (Washtenaw Location) – 1.0 FTE Peer recovery coach at Opioid Replacement Therapy clinic. The peer must be trained and hold a CCAR certificate, MCBAP peer certification or MDHHS certified recovery coach credential.	4/1/2019 - 9/30/2019	\$18,963 DNE	Washtenaw PA2	Contract Amendment
Therapeutics (Wixom Location) – 1.0 FTE Peer recovery coach at Opioid Replacement Therapy clinic. The peer must be trained and hold a CCAR certificate, MCBAP peer certification or MDHHS certified recovery coach credential.	4/1/2019 - 9/30/2019	\$18,963 DNE	Livingston PA2	Contract Amendment
Victory Clinic – 1.0 FTE Peer recovery coach at Opioid Replacement Therapy clinic. The peer must be trained and hold a CCAR certificate, MCBAP peer certification or MDHHS certified recovery coach credential.	4/1/2019 - 9/30/2019	\$18,963 DNE	Lenawee PA2	Contract Amendment

**LENAWEE-LIVINGSTON-MONROE-WASHTENAW
OVERSIGHT POLICY BOARD
March 28, 2019 meeting
705 N. Zeeb Road
Ann Arbor, MI 48103**

Members Present: Charles Coleman, Kim Comerzan, Amy Fullerton, William Green, Blake LaFuente, John Lapham, Dianne McCormick David Oblak, Dave O'Dell, Ralph Tillotson, Monique Uzelac

Members Absent: Mark Cochran, Tom Waldecker

Guests:

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

D. Oblak called the meeting to order at 9:33 a.m.

1. Introductions
2. Approval of the agenda

**Motion by C. Coleman, supported by D. O'Dell, to approve the agenda
Motion carried**

3. Approval of the February 28, 2019 OPB minutes

**Motion by W. Green, supported by C. Coleman, to approve the February 28, 2019 OPB minutes
Motion carried**

4. Audience Participation

) None

5. Old Business

- a. Finance Report

) S. Stolz presented. Discussion followed.

6. New Business

- a. Funding for Peer Services at MAT Providers

) The program is designed to expand peer services. Funding would cover 1 FTE peer for the 5 methadone clinics in the region.

) At minimum peers will have to have CCAR training, and they would also be sent to MARS training.

) OPB expressed interest in having all the peers get together periodically for group learning, such as for a 1-day seminar, retreat, etc.

) M. Scalera will find out how many active peers there are working in the region and will find a champion to facilitate a regional meeting.

Motion by K. Comerzan, supported by B. LaFuente, to approve funding opportunity for peer services at designated MAT clinics

Motion carried

b. Policy Review

Communicable Disease Policy

-) Updates reflect changes in state language and are required.
-) K. Comerzan would like to see Hep A, and possibly B, included in the policy statement.
-) Standard definitions missing.
-) OPB requested that M. Scalera bring back a clean copy for voting next month.

Outpatient Treatment and Recovery Continuum of Services

-) Updates reflect changes in state language and are required.

Motion by K. Comerzan, supported by D. McCormack, to accept the updated Outpatient Treatment and Recovery Continuum of Services policy as written
Motion carried

7. Report from Regional Board

-) C. Coleman reported that the Regional Board had a closed session to review the results of the recent CEO evaluation.

8. SUD Director Updates

-) There will be a compliance site visit audit in July, on the regular OPB meeting day, for which the Patrick Barrie Room will be needed.

Motion by K. Comerzan, supported by D. O’Dell, to cancel the July 25, 2019 OPB meeting

Motion carried

-) M. Scalera provided an update on planning efforts for her position, based on her June retirement.
-) **SOR Supplemental**
 - o M. Scalera is going to request for expanded budgets in all of the programs.
 - o D. McCormack inquired about the availability of any of these grant dollars available for epidemiology capacity at the public health level.
 - o Per M. Scalera, these grant dollars are not currently available for that use. But there have been opportunities to use PA2 dollars to do epidemiologic studies. M. Scalera proposed possibly commissioning a study possibly related to opiate epidemic.
 - o D. McCormack would like to see a real-time effort, rather than reviewing what has already happened.
 - o M. Scalera will follow up with state to see if there are any current funds that can be redirected to an epidemiologic effort.
-) The STR grant ends April 30, 2019.
-) There is a lot of activity around the state around the GAIN tool. The region may need to hire a trainer, which would be a temporary position, just until enough people are sufficiently trained.
-) Centralized access in Washtenaw? The PIHP has brought Washtenaw CMH and the 2 core providers together to discuss flow of services. There is no current plan to centralize.

9. Adjournment

Motion by R. Tillotson, supported by D. McCormack, to adjourn the meeting
Motion carried

) Meeting adjourned at 11:02.