

**LENAWEE-LIVINGSTON-MONROE-WASHTENAW
OVERSIGHT POLICY BOARD**

VISION

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

**AGENDA
March 22, 018**

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

1. ***Introductions & Welcome Board Members***– 5 minutes
2. Approval of Agenda (Board Action) – 2 minutes
3. Approval of 1- 24-18 OPB Minutes {Att. #1} (Board Action) – 5 minutes
4. Audience Participation – 3 minutes per person
5. Old Business – 20 minutes
 - a. Finance Report {Att. #2} (Board Action) – 15 minutes
6. New Business – 45 minutes
 - a. Mini-Grant requests (Discussion) {Att. #3 and #3-a, #3b}
 - b. Dashboard Report (Discussion) {Att. #4}
 - c. Engagement Center Information {Att. #5 and #5a}
7. Report from Regional Board (Discussion) – 5 minutes
8. SUD Director Updates (Discussion) – 10 minutes

Next meeting: April 26, 2018

Parking Lot:

**LENAWEE-LIVINGSTON-MONROE-WASHTENAW
OVERSIGHT POLICY BOARD
Summary of January 24, 2018 meeting
705 N. Zeeb Road
Ann Arbor, MI 48103**

Members Present: David Oblak, William Green, Tom Waldecker, Dave O'Dell, John Lapham, Amy Fullerton, Kim Comerzan, Ralph Tillotson, Mark Cochran, Dianne McCormick, Charles Coleman

Members Absent: Susan Webb, Blake LaFuentes, Monique Uzelac

Guests:

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

A. D. Oblak called the meeting to order at 9:30 a.m.

1. Introductions
2. Approval of the agenda

Motion by R. Tillotson, supported by J. Lapham, to approve the agenda
Motion carried

Addition: Residential and Detox issues

3. Approval of November 30, 2017 OPB minutes

Motion by W. Green, supported by C. Coleman, to approve the November 30, 2017 OPB minutes
Motion carried

4. Audience Participation
) None

5. Old Business
 - a. Finance Report
 S. Stolz presented. Discussion followed.
 - b. Membership reappointments
) A few appointments are needed. M. Scalera and S. Weary are following up with the respective counties for assistance.

6. New Business
 - a. Recovery Coach Funding for SAHL
) This funding would be for peer coaching that had previously been covered by PA2 funds. Going forward, it will be available from either PA2, block grant dollars, or in some cases Medicaid.

Motion by R. Tillotson, supported by J. Lapham, to approve \$25,000 annual funding for Recovery Coach at Salvation Army Harbor Light, Monroe
Motion carried

- b. Mini-Grant requests
 -) M. Scalera presented requests for Unite to Face Addiction (\$500) in Washtenaw, and Dawn Farm, HNV, WCCMH in Washtenaw (\$919).
 -) No action needed, they are both within M. Scalera's discretionary approval amount.
- c. Prevention Training Budget request
 -) This training would be for continued workforce development.

Motion by M. Cochran, supported by A. Fullerton, to approve \$4,000 PA2 funds for regional training on prevention issues
Motion carried

- d. Marijuana – potential resolution
 -) OPB discussed the possibility of drafting a resolution in support of its position re: marijuana use.
 -) M. Scalera will bring back more information.
7. Presentation on Veteran's Navigator program
 -) E. Behm provided an overview of the program.
8. Report from Regional Board
 -) The Regional Board is in the process of doing the annual CEO evaluation.
 -) The PIHP is deep into developing the new electronic health record and is on target for an April 1 start-date.
 -) A Regional Board member expressed concerned about access in Monroe. Per C. Coleman, staff at the board meeting was able to explain the access process to those concerned, and that timeliness standards are met. Immediate access is not always possible.
 -) D. Oblak noted that in an emergency situation, calling 911 is the appropriate next step, not CMH Access.
9. SUD Director Report
 - a. Opiate Legislation
 -) M. Scalera shared some of the laws that were recently passed.
 - b. Expansion of HNV residential
 -) Resources seem to be shifting to higher levels of care needs.
 -) No residential or detox in Lenawee, Livingston Counties.
 -) Needs of individuals are rising.
 - c. Desk Audit
 -) The desk audit is still in progress.
-) Marci will be on medical leave beginning next week, should be back 3rd week in February.

Adjourn

Motion by J. Lapham, supported by C. Coleman, to adjourn the meeting
Motion carried

Adjourned at 11:10.

Community Mental Health Partnership Of Southeast Michigan
SUD SUMMARY OF REVENUE AND EXPENSE BY FUND
January 2018 FYTD

Summary Of Revenue & Expense					
	Funding Source				Total Funding Sources
	Medicaid	Healthy Michigan	SUD - Block Grant	SUD-COBO/PA2	
Revenues					
Funding From MDCH	\$ 762,203	\$ 1,392,085	\$ 2,031,466		\$ 4,185,754
PA2/COBO Tax Funding	\$ -	\$ -	\$ -	\$ 608,697	\$ 608,697
Other	\$ -	\$ -	\$ -	\$ -	\$ -
Total Revenues	<u>\$ 762,203</u>	<u>\$ 1,392,085</u>	<u>\$ 2,031,466</u>	<u>\$ 608,697</u>	<u>\$ 4,794,452</u>
Expenses					
<u>Funding for County SUD Programs</u>					
Lenawee	\$ 95,735	\$ 184,631	\$ 149,274	\$ 27,573	\$ 457,213
Livingston	\$ 68,198	\$ 125,904	\$ 324,124	\$ 78,560	\$ 596,786
Monroe	\$ 101,062	\$ 159,700	\$ 268,683	\$ 53,154	\$ 582,599
Washtenaw	\$ 327,535	\$ 770,206	\$ 697,575	\$ 187,770	\$ 1,983,087
Total SUD Expenses	<u>\$ 592,529</u>	<u>\$ 1,240,441</u>	<u>\$ 1,439,657</u>	<u>\$ 347,057</u>	<u>\$ 3,619,684</u>
<u>Other Operating Costs</u>					
SUD HICA Claims Tax	\$ 5,717	\$ 10,441	\$ -	\$ -	\$ 16,158
Total Operating Costs	<u>\$ 5,717</u>	<u>\$ 10,441</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 16,158</u>
Administrative Cost Allocation	<u>\$ 31,664</u>	<u>\$ 66,265</u>	<u>\$ 99,182</u>	<u>\$ -</u>	<u>\$ 197,111</u>
Total Expenses	<u>\$ 629,910</u>	<u>\$ 1,317,147</u>	<u>\$ 1,538,839</u>	<u>\$ 347,057</u>	<u>\$ 3,832,953</u>
Revenues Over/(Under) Expenses	<u>\$ 132,294</u>	<u>\$ 74,938</u>	<u>\$ 492,627</u>	<u>\$ 261,640</u>	<u>\$ 961,499</u>

	Revenues	Expenditures	Revenues Over/(Under) Expenses
<u>PA2 by County</u>			
Lenawee	49,073	27,573	21,500
Livingston	149,362	78,560	70,802
Monroe	106,079	53,154	52,925
Washtenaw	304,183	187,770	116,413
Totals	<u>\$ 608,697</u>	<u>\$ 347,057</u>	<u>\$ 261,640</u>

Unallocated PA2	<u>Beginning Balance</u>
Lenawee	961,376
Livingston	2,646,564
Monroe	708,058
Washtenaw	2,583,425
Total	<u>\$ 6,899,423</u>

CMHPSM SUD MINI-GRANT REQUEST/REPORT**Funding reserved per county \$5000**

DATE	PROVIDER	AMOUNT REQUESTED	PROGRAM DESCRIPTION	COUNTY	COUNTY BALANCE REMAINING
11/30/17	Unite to Face Addiction	\$500	Reality Tour	Washtenaw	\$4500
1/12/18	Dawn Farm, HNV, WCCMH	\$919	CommUNITY: Training for SUD provider staff and CMH staff on joint services and coordination	Washtenaw	\$3581
2-25-18	Wake Up Livingston	\$744	2018 National Rx Drug Abuse & Heroin Summit	Livingston	\$4256
3/2/18	Washtenaw Harm Reduction Conference planning group	\$1,000	Requesting support for the pre-conference speaker	Washtenaw	\$2,581

Subject: Request to Attend the 2018 National Rx Drug Abuse & Heroin Summit

Dear Connie, Joanna and CMHPSM Oversight Review Board

The National Rx Drug Abuse & Heroin Summit (Rx Summit) takes place from April 2-5, 2018 at the Hyatt Regency in Atlanta. The Rx Summit is largest national collaboration of professionals from local, state, and federal agencies, business, academia, treatment providers, and allied communities impacted by prescription drug abuse and heroin use. It is *the* event for professionals working to address this public health emergency.

I would like to request approval to attend this conference, as I believe it will not only keep me up to date on the latest research, case studies, and methodologies in fighting this epidemic, but also give me practical, "put-into-action" takeaways that I can then share with my colleagues.

If I attend I will have the opportunity to:

- Earn CEUs
- Learn from a diverse curriculum that includes hot-topic areas.
- Re-energize myself professionally through networking.
- Stay ahead of emerging topics that reflect today's headlines.
- Bring to Wake Up Livingston the perspectives of other community collitions.

PLUS, the conference registration fee includes coffee breaks and lunches.

The approximate investment for my attendance is as follows:

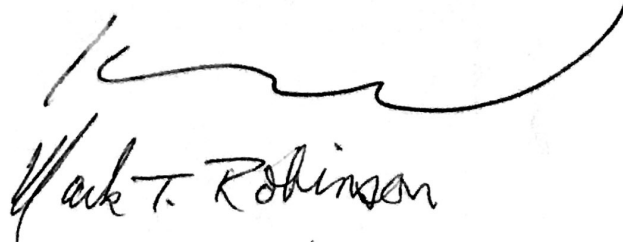
Travel costs	\$300
Accommodation (3 nights at \$148/night*)	\$444*
Advance (before 3/2/17) Pass for 3 days	\$645 (I have been awarded a conference pass)
Total cost to attend:	\$744

When I return from the Rx Summit, I will compile a short presentation covering speakers' presentation notes, useful vendor product information, new contacts made, and a proposal for implementing new ideas that will benefit Wake Up Livingston. I will also make any conference materials available to my colleagues.

LCCA, LCAP I implementer,
SUD Work Group

Thank you in Advance,

Kristal Reyes, LLMSW, CAADC, QIDP, QMHP



COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN

Serving Lenawee, Livingston, Monroe, and Washtenaw Counties



Request for MINI GRANT Funds

*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.*

Date:	May 15, 2018
Contact Person: (Name, email, phone)	Ruth Kraut, WHP Program Administrator, krautr@ewashtenaw.org 734-544-3068
Requestor:	Ruth Kraut, WHP Program Administrator, krautr@ewashtenaw.org 734-544-3068
Amount of Request:	\$1,000
Type of Request:	<input checked="" type="checkbox"/> Community event <input checked="" type="checkbox"/> Other: Professional Training <input type="checkbox"/> Staff Training <input type="checkbox"/> Coalition Support Attach information as needed.
Describe Program Request:	\$1,000 to defray the costs of bringing Valery Shuman from the Midwest Harm Reduction Institute to provide an intermediate-level harm reduction training to Washtenaw County social workers, nurses, case managers.
Targeted Community:	Primarily Washtenaw County professionals. If space permits, it will be possible for professionals from other counties to attend.
Describe how and where matching funds will be applied. If in-kind, describe:	The funds will be used to defray the costs of bringing Valery Shuman. Costs include paying her for two sessions, a morning and an afternoon, both targeted at an intermediate-level audience with some knowledge of harm reduction, as well as the costs of travel and lodging. The total estimated costs are expected to be \$2,500, and this will allow us to keep the per-person program charge lower.
Identify Key People, Coalitions, and/or Community Partners involved in program:	The Washtenaw Housing Alliance, Washtenaw Health Plan, and the Washtenaw Health Initiative's CareNet program are the key organizers of this program.

Please note:

All programming must be consistent with the implementation of Recovery-Oriented Systems of Care (ROSC).

Recovery-oriented systems support person-centered and self-directed approaches to care that build on the strengths and resilience of individuals, families, and communities to take responsibility for their sustained health, wellness and recovery from alcohol and drug problems (Center for Substance Abuse Treatment, 2005).

CMHPSM Office Use Only

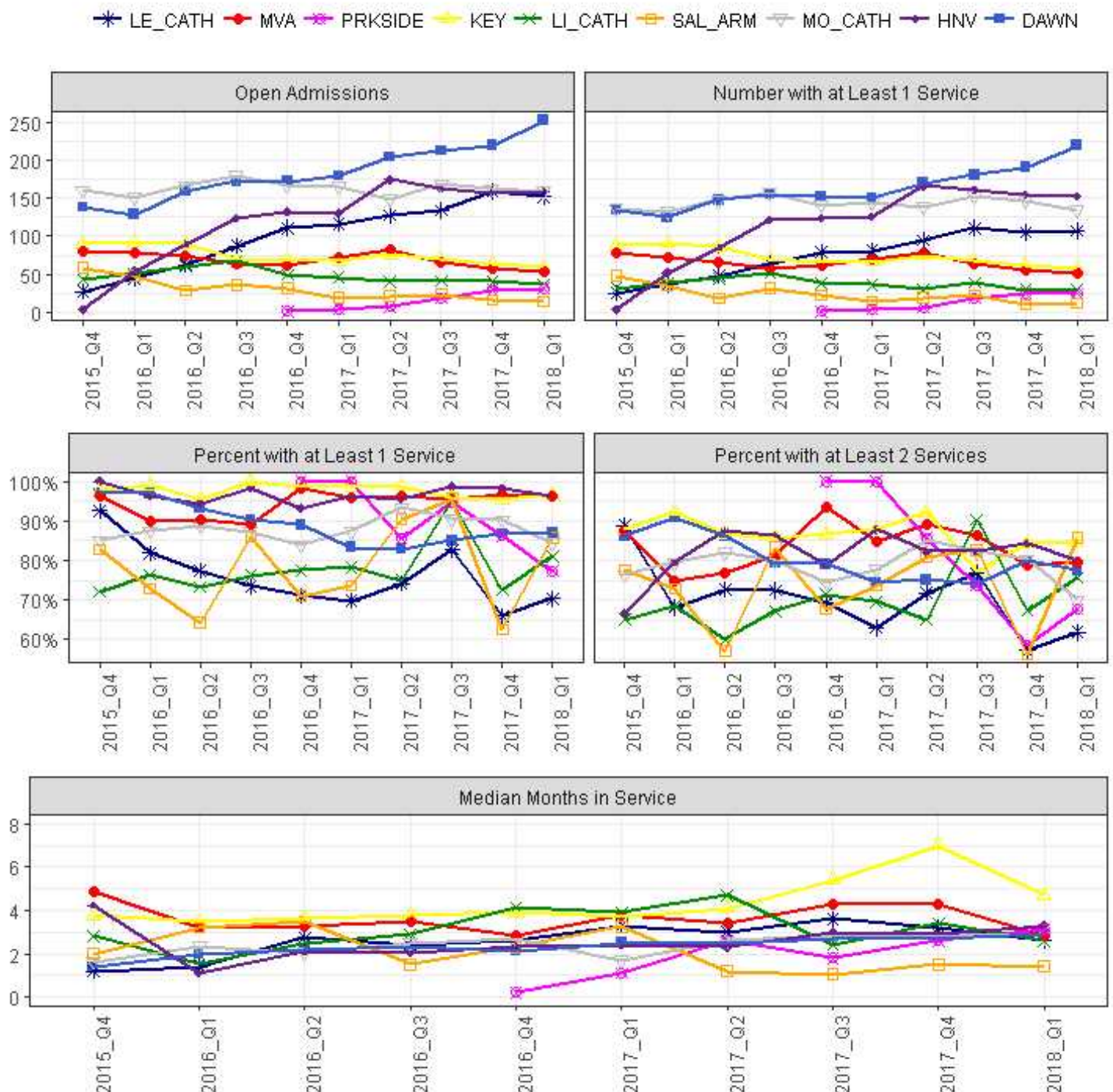
Amount
Recommended &
Comments:

Click or tap here to enter text.

SUD Monitoring Dashboard

OUTPATIENT SERVICES

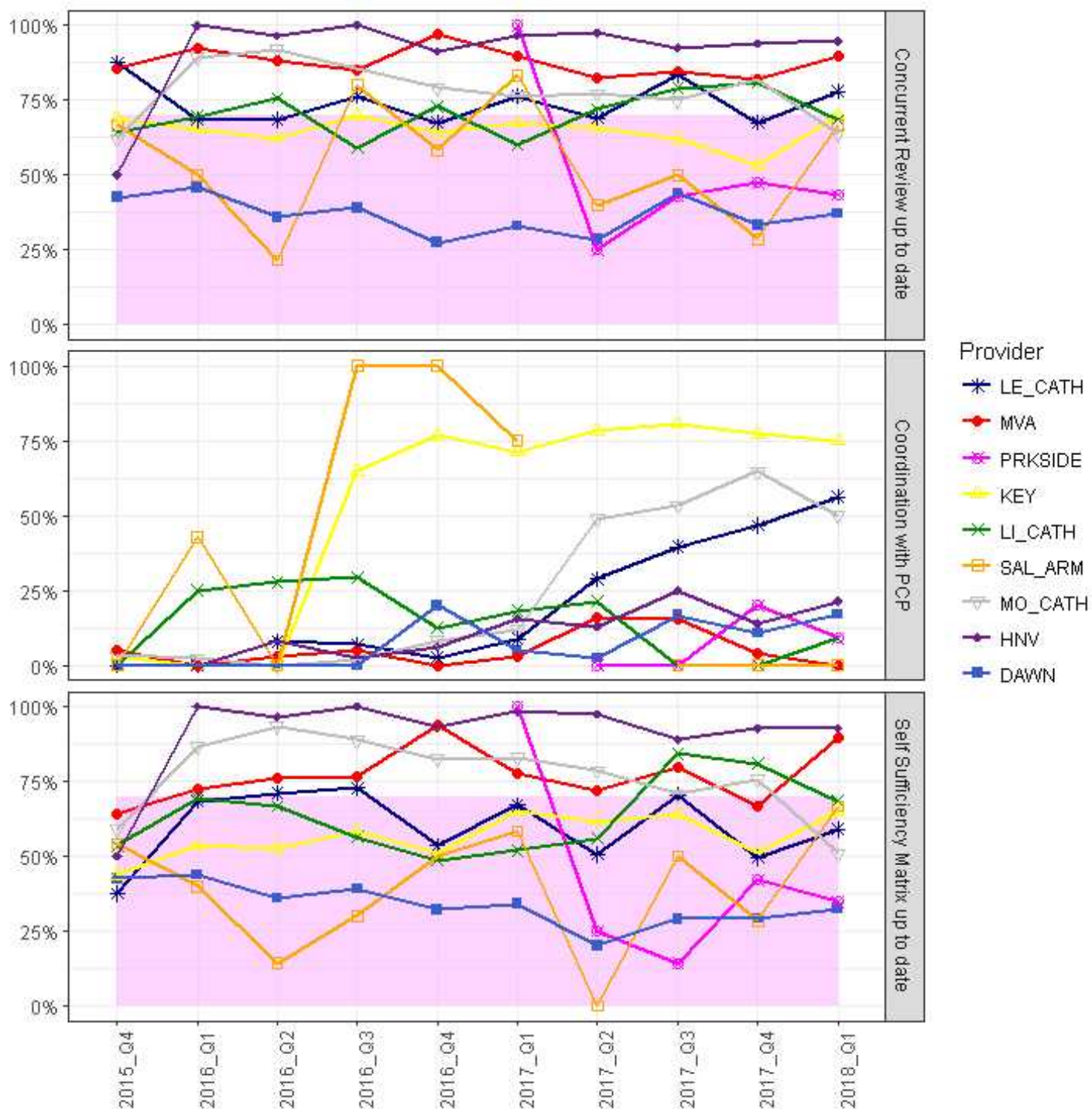
Number of open outpatient admissions, with percent receiving at least one service and at least two services during the quarter. Median months in service for those receiving at least one service during the quarter.



Analysis does not include methadone, early intervention, or assessment only admissions. Does not include admissions that are discharged on the same day, or Livingston admissions with only T1012 services.

OUTPATIENT ASSESSMENTS

Percent of open outpatient admissions up to date on Concurrent Review, Self Sufficiency Matrices, and who had coordination with primary care.



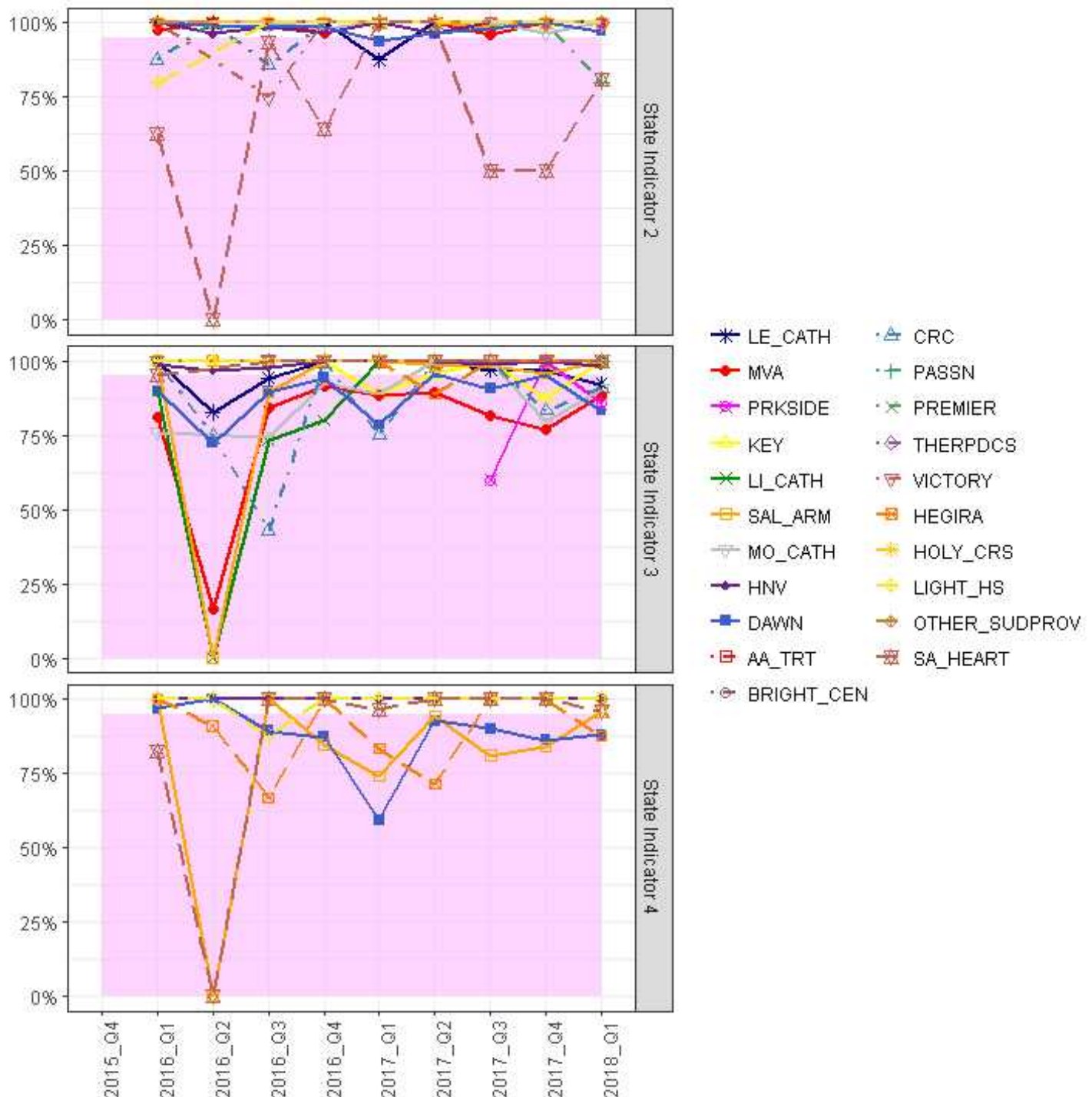
Analysis does not include methadone, early intervention, or assessment only admissions. Does not include admissions that are discharged on the same day, or Livingston admissions with only T1012 services.

STATE INDICATORS

Indicator 2: Percentage of new persons during the quarter receiving a face-to-face assessment with a professional within 14 calendar days of a non-emergency request for service.

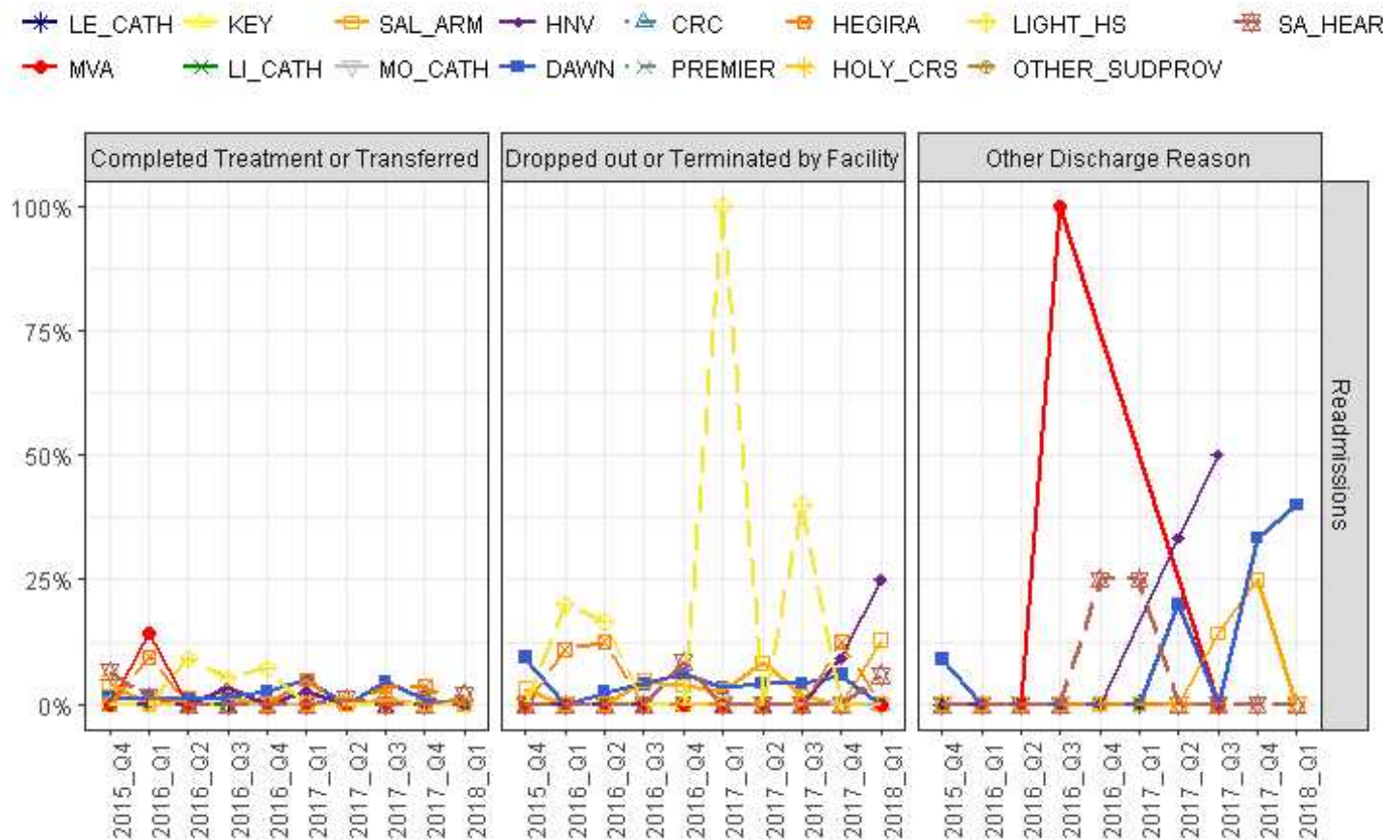
Indicator 3: Percentage of new persons during the quarter starting any needed on-going service within 14 days of a non-emergent face-to-face assessment with a professional.

Indicator 4: Percentage of discharges from detox during the quarter that were seen for follow-up care within 7 days.

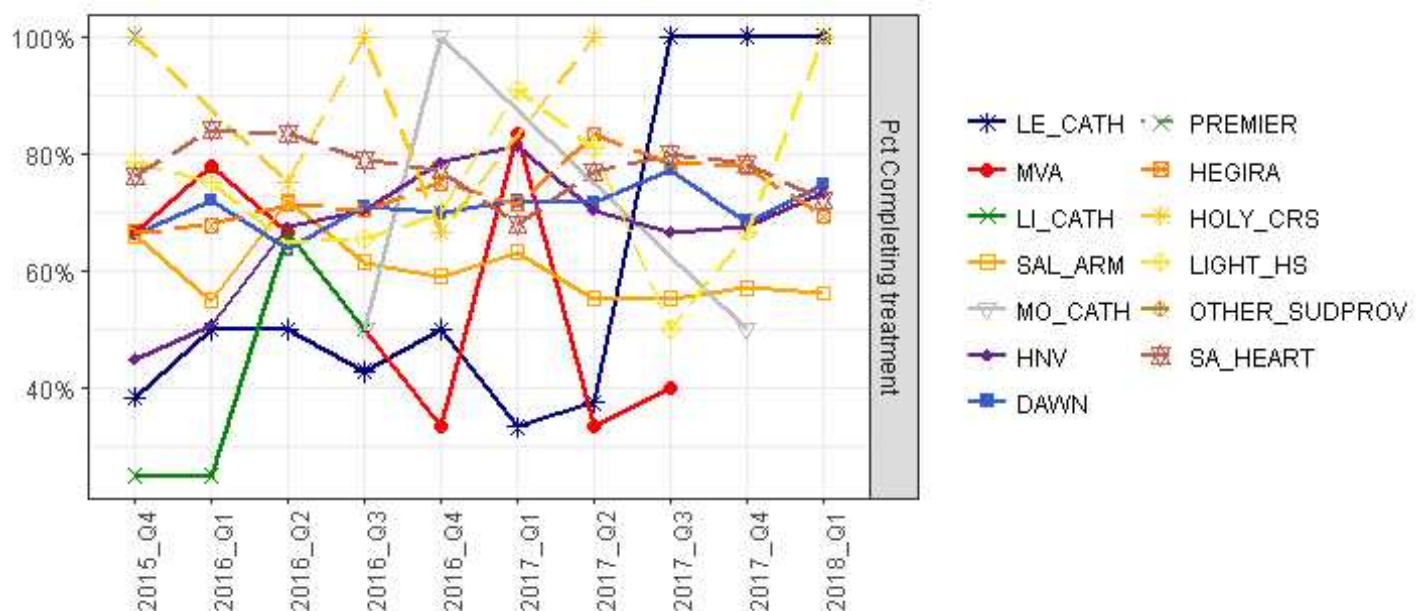


NON-OUTPATIENT OUTCOMES

Percent of non-outpatient discharges followed by another admission within 60 days for the same reason, detox, or residential treatment.



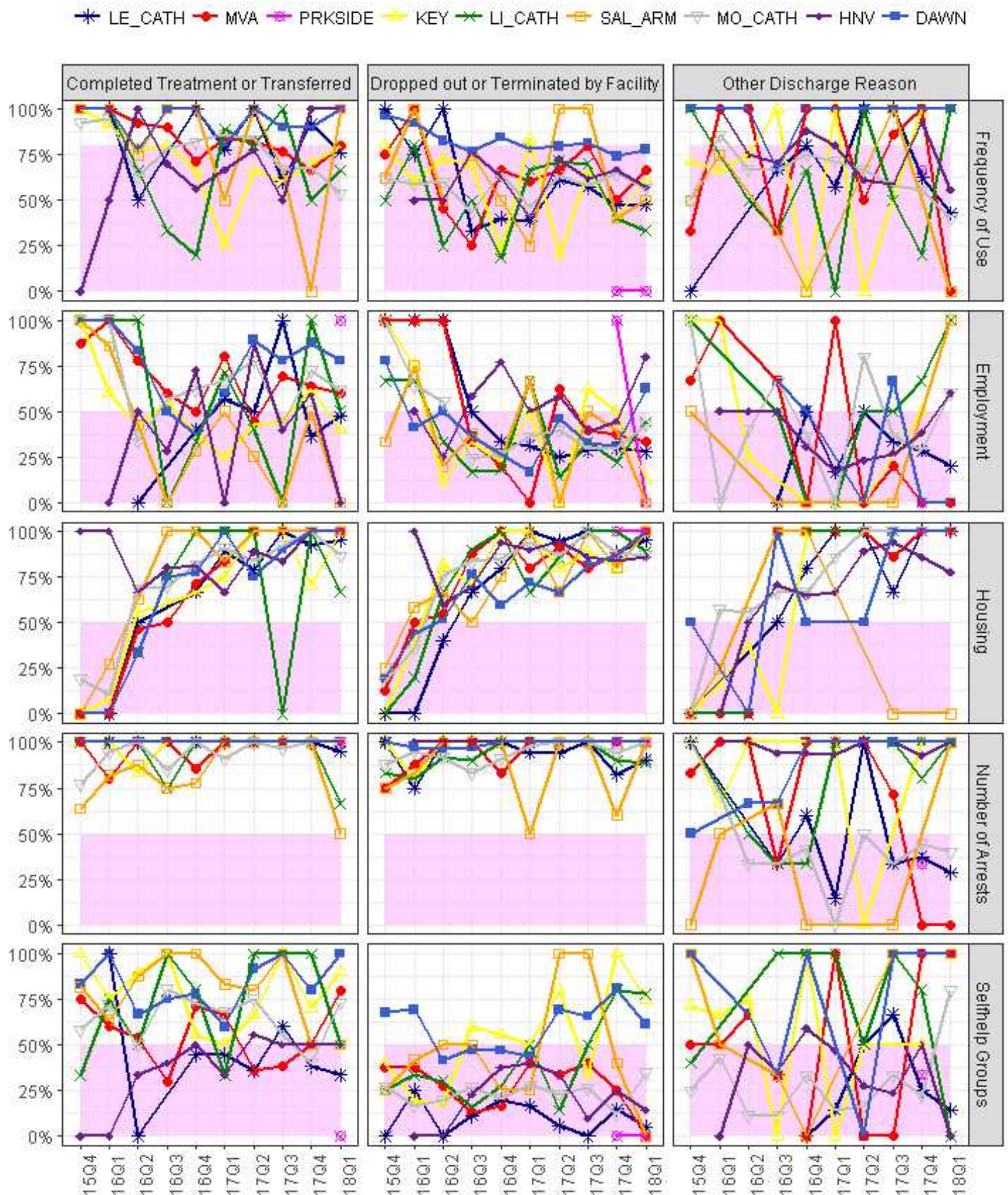
Percent of non-outpatient admissions where consumer completes treatment



Analyses do not include early intervention, assessment only admissions, admissions that are discharged on the same day, or Livingston admissions with only T1012 services.

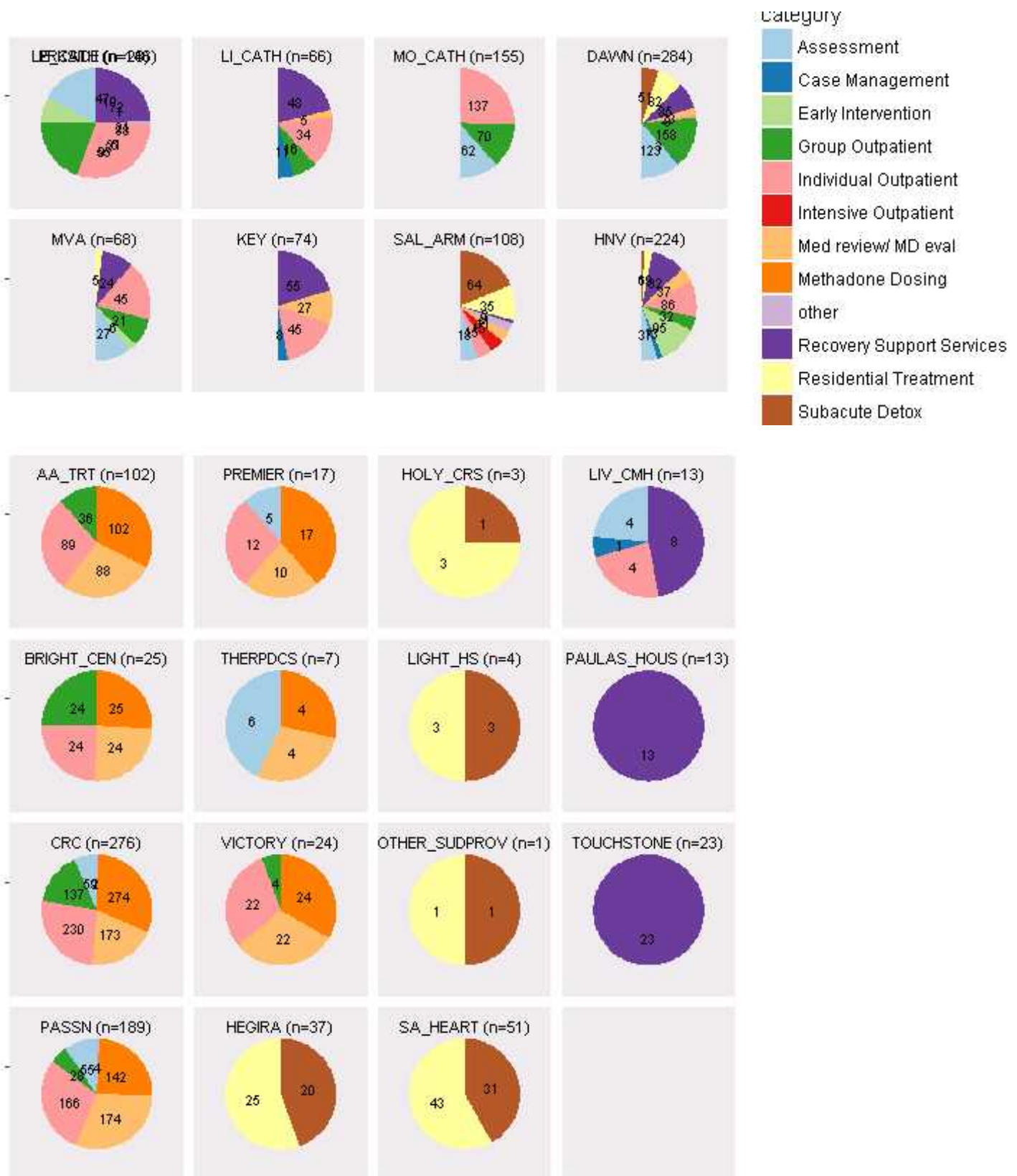
OUTPATIENT OUTCOMES

Percent of outpatient maintaining or improving National Outcome Measures (NOMs)



SERVICE ARRAY IN LAST QUARTER

Number of unique outpatient consumers (n) receiving at least one service in the given categories.



Engagement Center Comparison Data

Washtenaw, Livingston, and Lenawee Counties

Community Mental Health Partnership of Southeast Michigan (CMHPSM) is the Prepaid Inpatient Health Plan for the four county region which includes Lenawee, Livingston, Monroe, and Washtenaw.

<u>County</u>	<u>Population</u>	<u>2016 Overdoses</u>	<u>Engagement Center</u>
Lenawee	98,504	20	Yes – 2017
Livingston	188,624	32	Yes – 2016
Monroe	149,208	54	Pending
Washtenaw	364,709	59	Yes - 2009

Measurable Outcomes of an engagement center:

-) Identifies the number of individuals entering the engagement center by referring source: self-referral, family, hospital, police, other agency.
-) Identifies the number of clients connected to outside resources / services:
Treatment options include: detox, inpatient, intensive outpatient, and outpatient
Recovery supports include: case managers, peer supports, transitional housing, Alcohol Anonymous, Heroin Anonymous, Narcotics Anonymous, and Smart Recovery.

<u>Stage of Change</u>	<u>Services Available</u>
Pre-contemplative (Not ready for formal services)	Early intervention groups, peer services
Contemplative (Thinking about services)	Early intervention groups, peer services, treatment options
Preparation (Ready to engage in treatment)	Treatment options, recovery supports
Action (Actively involved in treatment)	Treatment options, recovery supports
Maintenance (Maintaining sobriety)	Recovery supports

County	# of Unique clients at EC	Time Frame	# of clients connected to services upon discharge from EC	Total # ED visits during the past year reported by clients seen at the EC in 2016	#ED visits in past 30 days reported on first EC admission (unique clients)	Total number of EC admissions in the year
Lenawee	19	10/2017	32, 76%	108	--	42
Livingston	61	2017	88, 35%	1544	46	318
Washtenaw	393	2016	453, 46%	4238	353	994
Washtenaw	498	2017	626, 50%	4387	463	1247

County	# of clients alcohol	# of clients heroin/opiates	# of clients cocaine	# of clients marijuana
Lenawee	16, 40%	14, 30%	9, 22%	1, 3%
Livingston	137, 43%	55, 17%	25, 8%	40, 13%

Washtenaw 2016	553, 56%	280, 28%	124, 12.5%	2, 0.2%
Washtenaw 2017	649, 52%	333, 27%	210, 16.5%	1, 0.8%

Observations: Marijuana is typically not a primary drug of choice that would warrant admission to the Engagement Center in Washtenaw. Primarily because the facility is an alternative to the emergency room or a safe place for intoxicated or actively using substances to engage in next step treatment services. There is significantly more clients with marijuana served at Livingston's Stepping Stones which may be a function of the early intervention and treatment opportunities available.

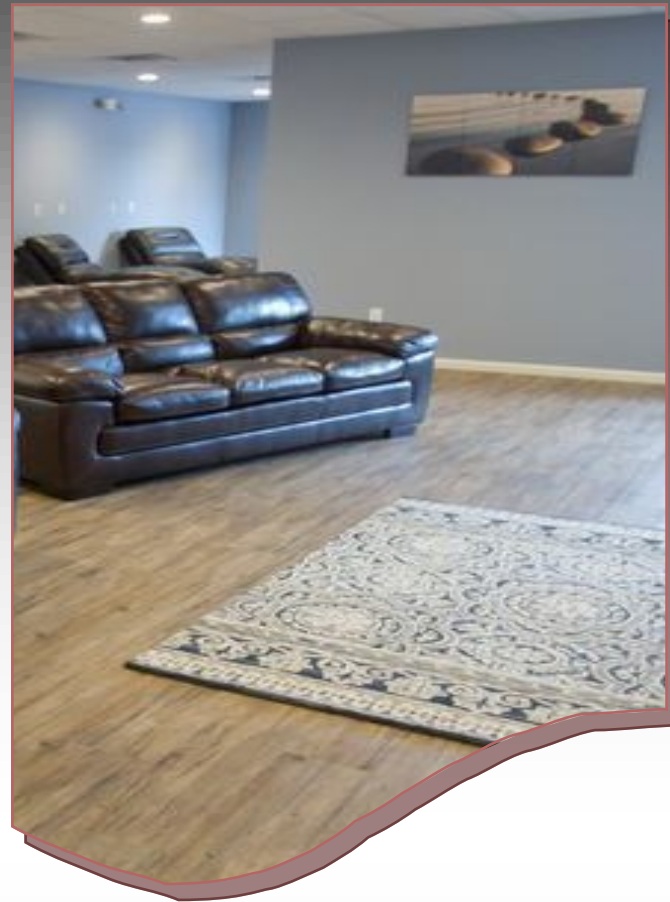
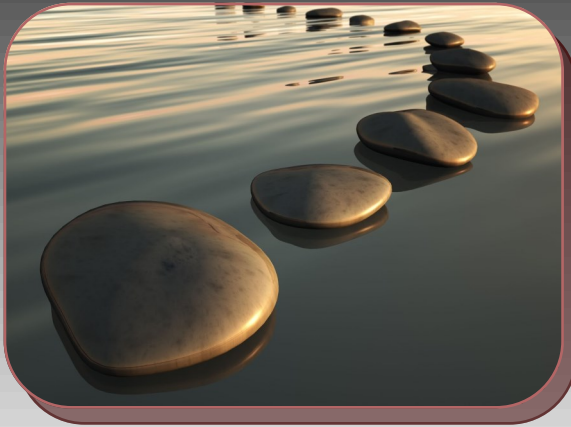
Number of ED visits in past 30 days of first admission to the EC (Washtenaw)... In 2016, there were 182 unique clients (46%) who reported no ED visit in past 30 days. 281 (72%) Unique clients reported at least one ED visit in the prior year. There was a total of 1,059 ED visits in the year prior to their first EC admission. In 2017, there were 219 clients (44%) who reported not having an ED visit 30 days before admission to the EC in Washtenaw in 2017. However, 89% reported at least 1 ED admission in the prior year. The total number of ED visits reported in the prior year by unique individuals was 1280.

In Livingston County, there were 32 unique clients (53%) who reported no ED visits in the past 30 days. 41 (52%) unique clients reported having at least 1 ED visit in the prior year. A total number of ED visits reported in the prior year by unique individuals was 150.

According to an article in the Washington Post, A study conducted in 2013 indicated that the average total ER visit cost **\$1,233**. Using the reported data above, the population served at the Engagement Centers has cost of \$1.3 million in ED Visits in 2016 and \$1.6 million in 2017. The goal of the EC is to reduce the cost of emergency visits by having an alternative able to manage the non-emergent population while providing hope, support and connection to treatment and the recovery community.

Stepping Stones Engagement Center

FEBRUARY 2018



Stepping Stones aims to support you in your recovery path. Stepping Stones is based on the “Living Room” model which provides support to individuals in recovery in a warm, welcoming and nonjudgmental environment. Participants have access to recovery-based activities and programming. We aim to provide support, advocacy, recovery planning and referrals outside of the normal business day.

Hours of Operation:

Monday-Friday:

5pm-9am

Weekends:

24 Hours



2020 East Grand River, Suite
102

Howell, MI 48843

(517) 376-6262

Mission Statement

Creating Pathways to Wellness, Recovery, Resilience and Self-Determination

Stepping Stones Engagement Center

Mindfulness is a tool that can be used in every part of a person's life, practicing moment-to-moment awareness

Mindfulness is empowering. It encourages you to **ACKNOWLEDGE AND ACCEPT YOUR SITUATION**, instead of becoming overwhelmed with it and avoiding your reality by the harmful habits of substance abuse.



Mindfulness Exercise

1. Find a quiet place free of distraction.
2. Sit comfortably, with your back straight but relaxed.
3. Focus your awareness on your breath. Pay attention to the sensations of the inhalation and exhalation. Start again on the next breath.
4. No need to judge or change your breathing in any way.
5. Notice anything else that comes to mind as a distraction. Let them go and return your attention to your breath.

Mindfulness-Based Relapse Prevention

1. Become acutely aware of personal triggers and blind reactions.
2. Learn to pause, think and feel before acting out.
3. Develop the ability to experience discomfort without self-medicating.
4. Become skillful at making non-addictive behavioral choices.
5. Have non-judgmental compassion for yourself and others who struggle.
6. Build a mindful lifestyle, including meditation, which supports abstinence.

via Michael Hoffman

ABOUT US

Stepping Stones has been providing quality, recovery and strength-based programming since February 1, 2017. Our staff includes peer support specialists/recovery coaches, mental health assistants and licensed clinicians.

We serve adults, who wish to engage in recovery-based programming. Anyone may contact us to participate or to refer for a phone screening, to access the program. The EC staff will work one-to-one with participants to set goals and develop recovery plans.

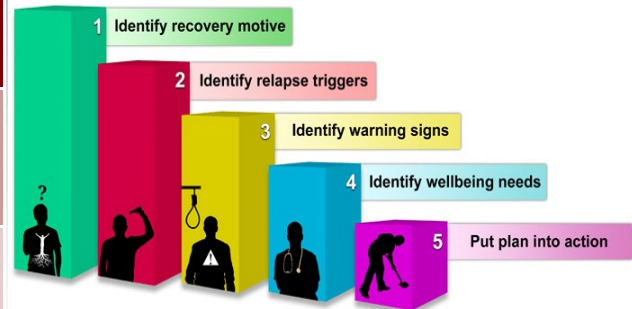
Featured Group:

Fresh Start

*This drop-in, clinician-led group, is held on **Friday's** from **7 pm--8:30 pm** and **explores topics and supports related to early recovery.***

Sunday	Wellness and Recovery	10 AM– 11:30 AM
Sunday	Expressing Recovery	7 PM– 8:30 PM
Monday	Tools for Recovery	7 PM– 8:30 PM
Thursday	Honest, Openness, and Willingness	7 PM– 8:30 PM
Friday	Fresh start	7 PM– 8:30 PM

Relapse Prevention Plan



HOW TO GET GROUNDED

Plant Your Feet.

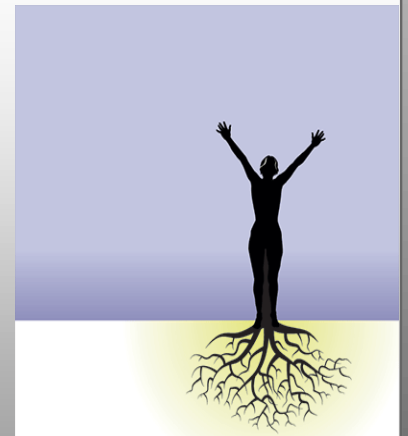
Place both feet flat on the floor. Sit up straight, feeling the chair supporting you. Feel your feet touching the floor.

Breathe.

Inhale slowly while mentally counting to 5. Then exhale completely to a count of 5. Repeat 5 times.

Notice.

Notice what you see around you. Say out loud 5 things you see, 4 things you hear, 3 things you can feel and 2 things you smell.



Principles of Recovery

Recovery emerges from *hope*.

The belief that recovery is real provides the essential and motivating message of a better future— that people can and do overcome the internal and external challenges, barriers, and obstacles that confront them. Hope is internalized and can be fostered by peers, families, providers, allies, and others. Hope is the catalyst of the recovery process. (SAMHSA, 2016)

It may be difficult to see or feel what a life beyond drugs or alcohol looks like. Hope is always there; it's only a matter of finding it. Sometimes finding hope may come with ease – other times, it will take strength. HOPE is always available to you. Below are some suggestions to build or renew HOPE in your recovery journey.

Listen To And Share Stories Of Hope

Accept Your Current Situation

Find A Direction For Life

Develop A Meaningful Plan

The road to recovery won't be easy – but with hope, it becomes brighter and more meaningful. With hope, you *will* find a way to keep going, to keep striving, and keep fighting for your health, happiness, and recovery from addiction.



Stepping Stones Engagement Center is a program of Livingston County Mental Health and funded by a grant through the Community Mental Health Partnership of Southwest Michigan.