

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**  
**July 27, 2017**

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

1. ***Introductions & Welcome Board Members***– 5 minutes
2. Approval of Agenda (Board Action) – 2 minutes
3. Approval of 6-22-2017 OPB Minutes {Att. #1} (Board Action) – 5 minutes
4. Audience Participation – 3 minutes per person
5. Old Business – 45 minutes
  - a. Finance Report – 15 minutes
  - b. RFP Funding Recommendations Round 2 {Att. #3} (Board Action)
6. New Business – 20 minutes
  - a. Livingston CMH request for PA2 funds (Board Action)
    - ) Anti-Stigma Reduction Training (\$1,000) {Att.4}
    - ) Reality Tour {Att. #5}
  - b. Provider Dashboard {Att. #6}
7. Report from Regional Board (Discussion) – 5 minutes
  - a. Consider outcomes
8. SUD Director Updates (Discussion) – 5 minutes
  - a. STR Grant RFP Award

**Next meeting: TBD...**

**SEPTEMBER?**

**Parking Lot:**

**LENAWEE-LIVINGSTON-MONROE-WASHTENAW  
OVERSIGHT POLICY BOARD  
Summary of March 23, 2017 meeting  
705 N. Zeeb Road  
Ann Arbor, MI 48103**

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

Members Absent: Monique Uzelac, Blake LaFuente, Mark Cochran, Kim Comerzan

Guests:

Staff Present: Stephannie Weary, Marci Scalera, Suzanne Stolz, Jane Goerge, Katie Postmus, Anne Marshall, Dana Darrow

D. Oblak called the meeting to order at 9:32 a.m.

1. Introductions
2. Approval of the agenda

**Motion by R. Tillotson, supported by D. O'Dell, to approve the agenda  
Motion carried**

3. Approval of May 25, 2017 OPB minutes

**Motion by W. Green, supported by C. Coleman, to approve the May 25, 2017 OPB minutes  
Motion carried**

4. Audience Participation

) None

5. New Business

- a. Prevention Desk Audit

) K. Postmus provided an overview of the 2017 Prevention desk audit.

) Overall, Prevention providers scored well, with an average score of 98%.

) M. Scalera acknowledged the amazing job that J. Goerge and K. Postmus do in their roles as Prevention Coordinators.

6. Old Business

- a. Finance Report

) S. Stolz presented. Discussion followed.

- b. RFP Funding Recommendations

) Recommendation for Prevention Services

- o M. Scalera presented staff recommendations for Prevention Services, which followed an exhaustive process.

- o First consideration/cut-off was an 80% score.

- Lenawee CMH and Hegira were under 80% and were problematic in meeting the criteria for the proposal.
- Staff will sit down with Lenawee CMH, identify programs they can do, provide prescriptive expectations. Lenawee will be issued a provisional contract.
- J. Goerge provided a summary of the technical assistance that has been provided to Lenawee CMH.
- OPB agreed that a provisional contract for Lenawee CMH is appropriate.

**Motion by W. Green, supported by C. Coleman, to approve the recommendations made by the SUD Prevention Proposal Review Team for FY 17/18 Prevention programs and DYTUR**

**Motion carried**

- ) Recommendations for Specialty Treatment and Recovery Services.
- M. Scalera presented the scoring for RFPs for Specialty Treatment and Recovery Services.

**Motion by T. Waldecker, supported by C. Coleman, to approve the recommended proposed funding for those Specialty Treatment and Recovery Services providers that scored 80% and above**

**Motion carried**

- For the Round 2 submissions that will undergo further recommendation, T. Waldecker suggested including contingencies in the contracts that are awarded.
- A. Fuller suggested bringing in outside parties to work jointly with Lenawee CMH on some initiatives.
- D. McCormack recommend having some of the agencies with Round 2 submissions come in to present to OPB. She would like to see more from Breaking the Chains, which currently provides services to the courts, but are not currently funded by the PIHP.
- C. Coleman recommended that any provider on the fringe of not funded come to OPB to discuss it.

**Motion by T. Waldecker, supported by C. Coleman, to review and make determinations on Round 2 RFP submission at the July 27<sup>th</sup> OPB meeting**

**Motion carried**

- Rainbow Rehab in Monroe didn't submit a proposal. Their contract will end on 9/30/17.

**Motion by Tom. Waldecker, supported by W. Green, to notify consumers and providers at least 60 days before the end of a provider contract**

**Motion carried**

7. Report from Regional Board

- ) 298 Budget Language – the proposed language in the bill was to have Wayne, Oakland, and Macomb remain as single county PIHPs, and to condense rest of the state into 1 PIHP by March 2018. After lots of advocacy, this language was removed.
- ) C. Coleman commended OPB's response to the Regional Board regarding spending. It was respectful and acknowledged the reporting structure, but showed that OPB has PA2 funding in hand.

8. SUD Director Report

Attachment #1 – July 2017

- a. State-Targeted Response (STR) Grant RFP
  - ) M. Scalera provided an overview of the 5 program areas.
  - ) Submissions are due 6/30/17.
- b. Discuss Summer meeting time
  - ) OPB decided to keep its regular meeting date for July, on 7/27/17.

9. Adjourn

**Motion by T. Waldecker, supported by W. Green, to adjourn the meeting**  
**Motion carried**

Adjourned at 11:20

DRAFT

Community Mental Health Partnership Of Southeast Michigan  
SUD SUMMARY OF REVENUE AND EXPENSE BY FUND  
 May 2017 FYTD

Summary Of Revenue & Expense	Funding Source					Total Funding Sources
	Medicaid	Healthy Michigan	SUD - Block Grant	SUD-COBO/PA2	Other	
<b>Revenues</b>						
Funding From MDCH	\$ 777,216	\$ 1,865,655	\$ 2,154,863		\$ -	\$ 4,797,733
PA2/COBO Tax Funding	\$ -	\$ -	\$ -	\$ 678,271	\$ -	\$ 678,271
Other	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Revenues	\$ 777,216	\$ 1,865,655	\$ 2,154,863	\$ 678,271	\$ -	\$ 5,476,004
<b>Expenses</b>						
<u>Funding for County SUD Programs</u>						
Lenawee	\$ 187,521	\$ 374,668	\$ 182,517	\$ 48,535	\$ -	\$ 793,241
Livingston	\$ 137,032	\$ 252,968	\$ 480,732	\$ 93,688	\$ -	\$ 964,420
Monroe	\$ 102,313	\$ 248,072	\$ 428,038	\$ 88,421	\$ -	\$ 866,844
Washtenaw	\$ 645,245	\$ 1,256,655	\$ 1,002,213	\$ 309,140	\$ -	\$ 3,213,253
Total SUD Expenses	\$ 1,072,112	\$ 2,132,362	\$ 2,093,500	\$ 539,785	\$ -	\$ 5,837,758
<u>Other Operating Costs</u>						
SUD Use Tax	\$ 46,478	\$ 111,566	\$ -	\$ -	\$ -	\$ 158,044
SUD HICA Claims Tax	\$ 5,829	\$ 13,992	\$ -	\$ -	\$ -	\$ 19,821
Total Operating Costs	\$ 52,307	\$ 125,558	\$ -	\$ -	\$ -	\$ 177,865
Administrative Cost Allocation	\$ 63,046	\$ 125,375	\$ 162,531	\$ -	\$ -	\$ 350,951
Total Expenses	\$ 1,187,464	\$ 2,383,295	\$ 2,256,030	\$ 539,785	\$ -	\$ 6,366,574
Revenues Over/(Under) Expenses	\$ (410,248)	\$ (517,640)	\$ (101,168)	\$ 138,486	\$ -	\$ (890,570)

PA2 by County	Revenues	Expenditures	Revenues Over/(Under) Expenses
	Lenawee	\$ 45,271	\$ 48,535
Livingston	\$ 136,989	\$ 93,688	\$ 43,301
Monroe	\$ 98,703	\$ 88,421	\$ 10,281
Washtenaw	\$ 397,308	\$ 309,140	\$ 88,168
Totals	\$ 678,271	\$ 539,785	\$ 138,486

<b>Unallocated PA2</b>	
Lenawee	\$ 1,078,205
Livingston	\$ 2,729,734
Monroe	\$ 708,058
Washtenaw	\$ 2,663,366
Total	\$ 7,179,363

**CMHPSM SUD OVERSIGHT POLICY BOARD**

**ACTION REQUEST**

**Board Meeting Date:** July 27, 2017

**Action Requested:**

Approve PA2 funding recommendations for SUD services. Recommend block grant funding for identified providers to CMHPSM Regional Board

**Background:** RFP prevention and specialty services (treatment and prevention) round two were proposal that may have been scored under the 80% threshold. Staff recommendations utilize both need and available funds to make recommendations for round two. These providers will receive technical assistance, help with reducing the amount of funding requested by suggested amounts as determined by staff and for some, a provisional contract recommendation to ensure provider is delivering services as required. There is still some funds available to consider for proposals. The balance for these funds will be weighed against the projected availability of treatment funds under the block grant. This is because, any over expenditure of block grant funds must be covered by PA2, although we do have these funds in our reserves.

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

**Regional and OPB strategic plans**

**Recommendation:**

Approve round two recommendations. Discuss remaining unfunded programs and potential for funding in round three.

**A. Summary of Awards**

County	Prevention Programs		Treatment Programs and Special Initiatives		Womens Specialty		Total Funding		
	PA2	BG	PA2	BG	PA2	BG	PA2	BG	Total
Lenawee	\$43,632	\$42,118	\$276,828	\$159,964	\$0	\$23,658	\$320,460	\$225,740	\$546,200
Livingston	\$191,441	\$207,663	\$481,041	\$100,694	\$0	\$0	\$672,482	\$308,357	\$980,839
Monroe	\$0	\$231,787	\$227,397	\$301,546	\$100,000	\$94,293	\$327,397	\$627,626	\$955,023
Washtenaw	\$0	\$323,086	\$1,269,975	\$379,246	\$0	\$154,000	\$1,269,975	\$856,332	\$2,126,307
<b>Total</b>	<b>\$235,073</b>	<b>\$804,654</b>	<b>\$2,255,241</b>	<b>\$941,450</b>	<b>\$100,000</b>	<b>\$271,951</b>	<b>\$2,590,314</b>	<b>\$2,018,055</b>	<b>\$4,608,369</b>

**B. PA2 Funding Availability**

	Strategic PA2 Allocation for FY18	Total PA2 in Awards	Difference
Lenawee	\$341,460	\$320,460	\$21,000
Livingston	\$914,819	\$672,482	\$242,337
Monroe	\$379,427	\$327,397	\$52,030
Washtenaw	\$1,485,802	\$1,269,975	\$215,827

**C. Block Grant Funding Availability**

Block Grant Only	Prevention Programs	Treatment Programming and Special Initiatives	Womens Specialty	Treatment Allocation	Total Block Grant
FY18 Estimated Initial Funding Allocation	\$ 925,661	\$ 939,436	\$196,100	\$2,145,586	\$4,206,783
FY18 Projected Expenses	\$804,654	\$941,450	\$271,951	\$2,191,766	\$4,209,821

**D. FY18 Award Detail by Programming Type and Provider**

Prevention Programming					
Lenawee	PA2	BG	Total	Round	Notes
Lenawee CMH	\$27,882	\$42,118	\$70,000	2	
HALO Prevention	\$15,750	\$0	\$15,750	1	
<b>Lenawee Sub-Total</b>	<b>\$43,632</b>	<b>\$42,118</b>	<b>\$85,750</b>		
Livingston	PA2	BG	Total	Round	Notes
Livingston Catholic Charities Prevention	\$191,441	\$207,663	\$399,104	1	
<b>Livingston Sub-Total</b>	<b>\$191,441</b>	<b>\$207,663</b>	<b>\$399,104</b>		
Monroe	PA2	BG	Total	Round	Notes
Monroe ISD	\$0	\$117,469	\$117,469	1	
Catholic Charities SEM	\$0	\$114,318	\$114,318	1	
<b>Monroe Sub-Total</b>	<b>\$0</b>	<b>\$231,787</b>	<b>\$231,787</b>		
Washtenaw	PA2	BG	Total	Round	Notes
Catholic Social Services of Washtenaw County	\$0	\$69,692	\$69,692	1	
UM RAHS	\$0	\$58,800	\$58,800	1	
St. Josephs - Chelsea	\$0	\$103,937	\$103,937	1	
Eastern Michigan University	\$0	\$90,657	\$90,657	1	
<b>Washtenaw Sub-Total</b>	<b>\$0</b>	<b>\$323,086</b>	<b>\$323,086</b>		

**Treatment Programming and Special Initiatives**

<b>Lenawee</b>	<b>PA2</b>	<b>BG</b>	<b>Total</b>	<b>Round</b>	<b>Notes</b>
Lenawee Specialty Engagement Center	\$133,739	\$159,964	\$293,703	2	
Lenawee Juvenile Court	\$143,089	\$0	\$143,089	1	
<b>Lenawee Sub-Total</b>	<b>\$276,828</b>	<b>\$159,964</b>	<b>\$436,792</b>		

<b>Livingston</b>	<b>PA2</b>	<b>BG</b>	<b>Total</b>	<b>Round</b>	<b>Notes</b>
Livingston CMH Engagement Center	\$401,041	\$100,694	\$501,735	1	
Livingston CMH FP	\$40,000	\$0	\$40,000	1	
Livingston CMH Wake Up Coord	\$40,000	\$0	\$40,000	1	
<b>Livingston Sub-Total</b>	<b>\$481,041</b>	<b>\$100,694</b>	<b>\$581,735</b>		

<b>Monroe</b>	<b>PA2</b>	<b>BG</b>	<b>Total</b>	<b>Round</b>	<b>Notes</b>
Catholic Charities SEM (CSM & PEERS)	\$0	\$119,866	\$119,866	1	
Touchstone	\$60,000	\$0	\$60,000	1	
Catholic Charities SEM (Engagement Center)	\$103,333	\$181,680	\$285,013	2	
Paula's House	\$64,064	\$0	\$64,064	2	
<b>Monroe Sub-Total</b>	<b>\$227,397</b>	<b>\$301,546</b>	<b>\$528,943</b>		

<b>Washtenaw</b>	<b>PA2</b>	<b>BG</b>	<b>Total</b>	<b>Round</b>	<b>Notes</b>
Home of New Vision MAT House	\$28,541	\$0	\$28,541	1	
Home of New Vision WRAP Program	\$79,723	\$0	\$79,723	1	
Ozone / Corner Youth SBIRT	\$150,000	\$0	\$150,000	1	
Dawn Inc. Extended Peers	\$41,888	\$0	\$41,888	1	
Avalon Integrated Health / Harm Reduction	\$155,000	\$0	\$155,000	1	
Hegira SBIRT	\$114,390	\$0	\$114,390	1	
HNV Engagement Center	\$240,000	\$160,000	\$400,000	1	
Unified	\$150,000	\$84,248	\$234,248	1	
Growth Works	\$59,159	\$0	\$59,159	1	
Growth Works	\$7,000	\$0	\$7,000	1	
Home of New Vision Mgmt Team	\$244,274	\$134,998	\$379,272	1	
<b>Washtenaw Sub-Total</b>	<b>\$1,269,975</b>	<b>\$379,246</b>	<b>\$1,649,221</b>		



**Womens Specialty Service Initiatives**

<b>Womens Specialty</b>	<b>PA2</b>	<b>BG</b>	<b>Total</b>	<b>Round</b>	<b>Notes</b>
Catholic Charities SEM (Womens Specialty)	\$100,000	\$94,293	\$194,293		Monroe
Home of New Vision Women's Specialty	\$0	\$154,000	\$154,000		Washtenaw
Lenawee CMH ROSC	\$0	\$23,658	\$23,658		Lenawee
<b>Womens Specialty Sub- Total</b>	<b>\$100,000</b>	<b>\$271,951</b>	<b>\$371,951</b>		

**CMHPSM SUD OVERSIGHT POLICY BOARD**

**ACTION REQUEST**

**BOARD MEETING DATE: JULY 27, 2017**

**ACTION REQUESTED:**

APPROVAL OF \$1000 FUNDS FOR TRAINING

**BACKGROUND**

Training on Anti-Stigma for Livingston County hosted by Substance Abuse HSCB Workgroup. Initial request was for full funding, however the workgroup was able to secure additional funds elsewhere. Request under the Clinical & SUD director's approval for \$1,000.

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

Regional and OPB strategic plans

**Recommendation:**

**Approval**

# COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN

Serving Lenawee, Livingston, Monroe, and Washtenaw Counties



<i>Request for Funds</i>	
Date:	6/26/2017
Contact Person: (Name, email, phone)	Anne King-Hudson, <a href="mailto:akh@keycenters.org">akh@keycenters.org</a> , 810-220-8192
Requestor:	Human Services Collaborative Body SUD Prevention and Treatment Work Group
Amount of Request:	<del>\$4,275</del> \$1,000
Priority Area:	<input checked="" type="checkbox"/> TREATMENT for Substance Use Disorders (indicate specific populations to be served) <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Adolescents</li> <li><input checked="" type="checkbox"/> Adults</li> <li><input type="checkbox"/> Gender specific</li> <li><input checked="" type="checkbox"/> Other: Anti stigma campaign to include all sectors of substance abuse and recovery.</li> </ul> <input type="checkbox"/> PREVENTION (please check one of the following): <ul style="list-style-type: none"> <li><input type="checkbox"/> Reduce Childhood and Underage Drinking</li> <li><input type="checkbox"/> Reduce Prescription and Over the Counter Drug Abuse/Misuse</li> <li><input type="checkbox"/> Reduce Youth Access to Tobacco</li> <li><input type="checkbox"/> Reduce Illicit Drug Use</li> <li><input type="checkbox"/> Other: _____</li> </ul>
Targeted Community: (Geographic area)	Livingston County Community
PREVENTION ONLY Targeted Population: (Institute of Medicine Category)	<input type="checkbox"/> Universal (general public/whole population group) <input type="checkbox"/> Selective (individuals – risk of developing a substance use disorder is significantly higher than average) <input type="checkbox"/> Indicated (individuals in high-risk environments, minimal signs/symptoms, biological markers indicating a predisposition for disorder)
Primary Problem/ Consequence(s) Support Data: (Include Data Sources and reason for the request for funding)	The Livingston County Human Services Collaborative Body SUD Prevention and Treatment Work Group will launch an anti-stigma camping for Substance use disorders in September. To lay the foundation for the campaign, we would like to bring a presenter from Faces and Voices of Recovery to address how choosing the words we use more carefully can all make a difference and help decrease the stigma for substance use disorder.

	<p>According to the Anti-Stigma Toolkit people in recovery can face an assault of stigma from the general public. Fueled by ignorance, misinformation, and fear, the general public is never in short supply of mistrust, discrimination, prejudice, and stereotypes. These include unconscious remarks and behaviors, as well as purposeful and mean-spirited actions. All too often, the general public is unable or unwilling to see beyond an individual’s addiction to the genuine person on the road to recovery.</p> <p>Speaking out is central to the prevention and reduction of stigma. On the most basic level, stigma prevention involves people in recovery, treatment providers and advocates, and people concerned about stigma speaking out. There is power in people telling their stories. Perceptions can change. Attitudes can shift. Behaviors can be modified. Knowledge can be increased. But none of these will happen unless people speak out. When people speak out, the power of stigma is diminished. When people tell their stories, others struggling with recovery receive encouragement, recognize that someone else has taken this journey, and perceive that they too can stay on the journey to recovery. It gives people in recovery hope (ANTI-STIGMA TOOLKIT A Guide to Reducing Addiction-Related Stigma 2012, SAMHSA).</p> <p>The Livingston County Human Services Collaborative Body SUD Prevention and Treatment Work Group is requesting \$4, 2750 to host a community messaging training for a maximum of 50 people. The training date is 8/8/2017 8:30-5p at the Livingston County EMS building.</p> <p>Goal: The addiction messaging training will give participants a set of knowledge and skills to help them understand and address substance use disorder-related stigma, which will help to develop and implement an anti-stigma campaign in Livingston County.</p> <p>Objectives:</p> <ul style="list-style-type: none"> <li>) Develop an understanding of the meaning of stigma, discrimination and related concepts for persons in active addiction and in recovery.</li> <li>) Identify the various ways in which persons in active addiction experience stigma through collective brainstorm and discussion.</li> <li>) Explore key sources of pre-existing stigma and discrimination, including positive and negatives stereotypes of addicts.</li> <li>) Identify consequences of drug-related stigma on person in active addiction willingness and ability to access services.</li> <li>) Consider ways to address stigma at individual and agency levels.</li> <li>) Gain conceptual and practical tools toward developing attitudes and environments that challenge stigma and support drug users’ needs.</li> </ul>
<p>Underlying Root Causes to be Targeted:</p>	<p>Stigma is one of the most formidable obstacles to an effective substance use disorder system, according to the Substance Abuse and Mental Health Services Administration. Misconceptions about substance abuse lead to major health care problems for</p>

<p>(Associated Intervening Variables, Risk/ Protective Factors )</p>	<p>individuals and society. Many people believe that addiction is a moral problem and that people with substance use disorders choose to continue using drugs. Unlike people with other chronic health conditions, those in recovery from addiction are blamed for their problems. This stigma creates shame, guilt and fear, which prevent millions of people from getting the treatment they need to recover. Many words associated with addiction are stigmatizing. Using stigmatizing language can prevent people who need treatment from seeking help. The Faces and Voices of Recovery training will lay the foundation for the anti- stigma campaign in Livingston County.</p> <p>Budget:</p> <table border="0"> <tr> <td>Fee for presenter:</td> <td>\$3,000</td> </tr> <tr> <td>Air Fare:</td> <td>\$350</td> </tr> <tr> <td>Lodging:</td> <td>\$121</td> </tr> <tr> <td>Meals:</td> <td>\$120</td> </tr> <tr> <td>Light Lunch for 50</td> <td>\$500</td> </tr> <tr> <td>Materials:</td> <td><u>\$184</u></td> </tr> <tr> <td>Total:</td> <td>\$4,275</td> </tr> </table>	Fee for presenter:	\$3,000	Air Fare:	\$350	Lodging:	\$121	Meals:	\$120	Light Lunch for 50	\$500	Materials:	<u>\$184</u>	Total:	\$4,275
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<p>Evidence-based Strategies/Initiatives:</p>	<p>ANTI-STIGMA TOOLKIT : A Guide to Reducing Addiction-Related Stigma 2012 EDITION : A guide to provide the addiction treatment and recovering community with practical information and tools to enhance Their capacity to engage in effective stigma reduction efforts. The Addiction Technology Transfer Center Network</p>														
<p>PREVENTION ONLY Primary Federal Strategies (CSAP)</p>	<p><u>Check all that apply:</u></p> <table border="0"> <tr> <td><input type="checkbox"/> Information Dissemination</td> <td><input type="checkbox"/> Problem Identification &amp; Referral</td> </tr> <tr> <td><input type="checkbox"/> Education</td> <td><input type="checkbox"/> Community-Based Process</td> </tr> <tr> <td><input type="checkbox"/> Alternatives</td> <td><input type="checkbox"/> Environmental</td> </tr> </table>	<input type="checkbox"/> Information Dissemination	<input type="checkbox"/> Problem Identification & Referral	<input type="checkbox"/> Education	<input type="checkbox"/> Community-Based Process	<input type="checkbox"/> Alternatives	<input type="checkbox"/> Environmental								
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<p>Short-term Outcomes (where applicable) :</p> <p>(CDC SMART objectives – Specific, Measurable, Achievable, Realistic, and Time-phased)</p> <p>For each outcome, please include the evaluation method (i.e., survey, questionnaires, etc.)</p>	<p>To implement a community educational anti-stigma campaign to present factual information about the stigmatized condition of persons with addiction with the goal of correcting misinformation or contradicting negative beliefs and attitudes.</p>														
<p>Intended Long-term Outcome(s): (Describe how this funding will benefit</p>	<p>The long term outcome is reducing stigma of substance use disorders. Framing addiction as a social issue and addressing addiction and stigma in terms of policies and norms. To shift the focus from individual to the community and refocusing on the rules, policies, and norms of the community that help to sustain addiction-related stigma.</p>														

service delivery and/or the community)	
Key People/Coalition:	<p>Human Services Collaborative Body SUD Prevention and treatment work group is comprised of the following agencies:</p> <ul style="list-style-type: none"> <li>) Key Development Center</li> <li>) Livingston County United Way</li> <li>) Livingston County Community Mental Health</li> <li>) Michigan Works</li> <li>) Celebrate Recovery</li> <li>) LACASA</li> <li>) Dept. of Health and Human Services</li> <li>) Wellness Services of Flint</li> <li>) Livingston Catholic Charities</li> <li>) Karen Bergbower and Associates</li> <li>) Brighton Center for Recovery</li> <li>) Offenders Success program</li> <li>) CMPSH staff</li> <li>) Anyone who may have an interest.</li> </ul>
Community Partners:	<ul style="list-style-type: none"> <li>) Key Development Center</li> <li>) Livingston County United Way</li> <li>) Livingston County Community Mental Health</li> <li>) Michigan Works</li> <li>) Celebrate Recovery</li> <li>) LACASA</li> <li>) Dept. of Health and Human Services</li> <li>) Wellness Services of Flint</li> <li>) Livingston Catholic Charities</li> <li>) Karen Bergbower and Associates</li> <li>) Brighton Center for Recovery</li> <li>) Offenders Success program</li> <li>) CMPSH staff</li> <li>) Anyone who may have an interest.</li> </ul>
<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 (Center for Substance Abuse Treatment, 2005).</i></p>	
<i>CMHPSM Office Use Only</i>	
Amount Recommended & Comments:	

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**CMHPSM SUD OVERSIGHT POLICY BOARD**

**ACTION REQUEST**

**Board Meeting Date:** July 27, 2017

**Action Requested:**

Approve funding for the Reality Tour initiative in Livingston County total \$4,000

**Background:**

Livingston CMH is interested in implementing a community initiative as part of the WAKE UP LIVINGSTON activities focused on substance use as well as the opiate epidemic. This involves prevention efforts for families. It is an evidence based model. (see description below)

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

**Aligns with the OPB and CMHPSM strategic plan**

**Recommendation:**

APPROVAL



**COMMUNITY MENTAL HEALTH PARTNERSHIP  
OF SOUTHEAST MICHIGAN**  
*Serving Lenawee, Livingston, Monroe, and Washtenaw Counties*



<b><i>Request for Funds</i></b>	
Date:	July 12, 2017
Contact Person: (Name, email, phone)	Connie Conklin <a href="mailto:cconklin@cmhliv.org">cconklin@cmhliv.org</a> 517-548-0081
Requestor:	Connie Conklin
Amount of Request:	\$ 3.500 Annual cost for one declared organization or collaborative to host a Reality Tour at one declared site location. \$ 500 Renewal fee for One year
Priority Area:	<input checked="" type="radio"/> TREATMENT for Substance Use Disorders (indicate specific populations to be served) <input type="radio"/> Adolescents <span style="margin-left: 200px;"><input checked="" type="radio"/> Opiate/Heroin</span> <input type="radio"/> Adults <span style="margin-left: 180px;"><input type="radio"/> Alcohol Specific</span> <input type="radio"/> Gender specific <span style="margin-left: 150px;"><input type="radio"/> Recovery Focused/Peers</span> <input type="radio"/> Other: _____  <input checked="" type="radio"/> PREVENTION (please check one of the following): <input type="radio"/> Reduce Childhood and Underage Drinking <input type="radio"/> Reduce Prescription and Over the Counter Drug Abuse/Misuse <input type="radio"/> Reduce Youth Access to Tobacco <input checked="" type="radio"/> Reduce Illicit Drug Use <input checked="" type="radio"/> Other: Project Lazarus Coordinator
Targeted Community: (Geographic area)	Livingston County
PREVENTION ONLY  Targeted Population: (Institute of Medicine Category)	<input type="radio"/> Universal (general public/whole population group) <input checked="" type="radio"/> Selective (individuals – risk of developing a substance use disorder is significantly higher than average) <input type="radio"/> Indicated (individuals in high-risk environments, minimal signs/symptoms, biological markers indicating a predisposition for disorder)
Primary Problem/ Consequence(s)	<b>In Livingston County, we have been implementing Wake Up Livingston which is parallel to the evidence-based practice model of</b>

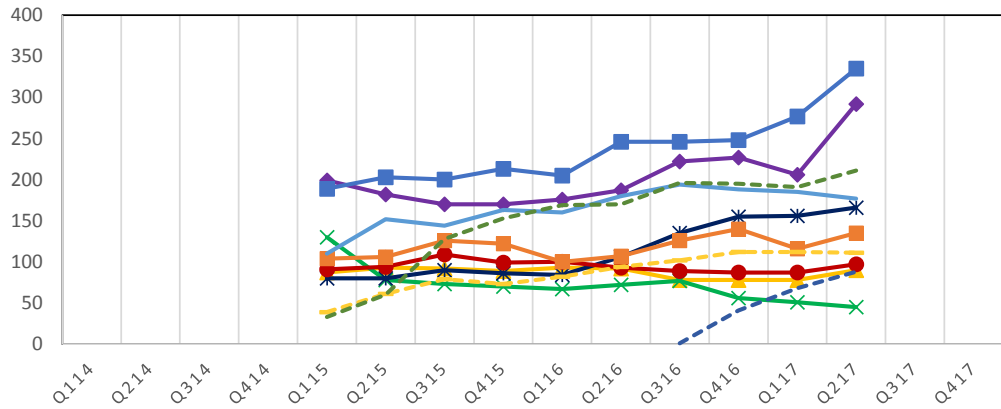
<p>Support Data: (Include Data Sources and reason for the request for funding)</p>	<p>Project Lazarus. Since implementing Wake Up Livingston, we have gained great momentum within our County toward our ultimate goal of reducing and eliminating opiate related deaths. The intended purpose of the Reality Tour is to further that goal by focusing on children, adolescents and families that may or may not have been directly impacted by the opiate epidemic.</p>
<p>Underlying Root Causes to be Targeted: (Associated Intervening Variables, Risk/ Protective Factors )</p>	<p>Address Livingston County Heroin/Opiate problem by adding the Reality Tour evidenced-based practice in addition to other prevention efforts that are being offered. The goal of the program is to increase children’s negative attitudes toward alcohol, tobacco, marijuana, and other illicit drugs, as well as increase their perceived risk of harm from use of these substances. Reality Tour provides participants with testimonies from individuals with a history of addiction, an address by law enforcement personnel, and the opportunity to pose questions to these speakers.</p>
<p>Evidence-based Strategies/Initiatives:</p>	<p>Reality Tour, which is grounded in part in protection motivation theory, attempts to modify children’s attitudes, perceptions, and ultimately behavior, by highlighting children’s vulnerability to the potential harm from substance use and motivating them to learn about the problems of substance use. The program employs interactive teaching methods, and the developer recommends small audiences so participants have a more personal experience. In addition, child-parent interaction is encouraged, with the expectation that the children and their parents will develop shared attitudes and perceptions.</p>
<p>PREVENTION ONLY</p> <p>Primary Federal Strategies (CSAP)</p>	<p><u>Check all that apply:</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Information Dissemination</li> <li><input type="checkbox"/> Education</li> <li><input type="checkbox"/> Alternatives</li> <li><input type="checkbox"/> Problem Identification &amp; Referral</li> <li><input type="checkbox"/> Community-Based Process</li> <li><input type="checkbox"/> Environmental</li> </ul>
<p>Short-term Outcomes (where applicable) :</p> <p>(CDC SMART objectives – Specific, Measurable, Achievable, Realistic,</p>	<p>Reality Tour is a copyright and trademarked, volunteer-driven, comprehensive, consequence-driven, evidence-based prevention experience for parent and child (age 10+) to attend together. It is presented by community volunteers at the local level or by a collaboration of agencies at the regional/ state level.</p> <p>The core components of Reality Tour are:</p>

<p>and Time-phased)</p> <p>For each outcome, please include the evaluation method (i.e., survey, questionnaires, etc.)</p>	<p>1. Consequences – Brief narrated (on CD) dramatic scenes showing the ‘life and death’ of a teen on drugs. (Scenes are compelling but appropriate for age 10+ with a parent. Scenes are minimally staged)</p> <p>2. Coping Skills - Family daily living skills that are easily incorporated.</p> <p>3. First Person Accounts - Law Enforcement and Recovering Addict interviewed with Q &amp; A</p> <p>The program is universal in design, developed as a public health measure for families from the general public with relevance for at-risk families. Parent and child (10-17) are key participants and are also involved in the presentation of the program. Reality Tour is typically an evening program. Schools will advocate attendance using this powerful 3 min 'My Kid Video" at Orientations etc.</p>
<p>Intended Long-term Outcome(s): (Describe how this funding will benefit service delivery and/or the community)</p>	
<p>Key People/Coalition:</p>	<p>Wake Up Livingston HSCB- SUD Workgroup Livingston County Community Mental Health Authority Livingston Community Prevention Project Livingston County Community Alliance Karen Bergbower and Associates Key Development Center Pinckney Coalition Livingston County Health Department Livingston County Catholic Charities LACASA St. John Brighton Center for Recovery 44<sup>th</sup> Circuit Court St. Joseph Mercy Livingston Livingston County Sheriff</p>
<p>Community Partners:</p>	<p>Brighton Area Schools Hartland Community Schools The Bridge Alternative High School</p>

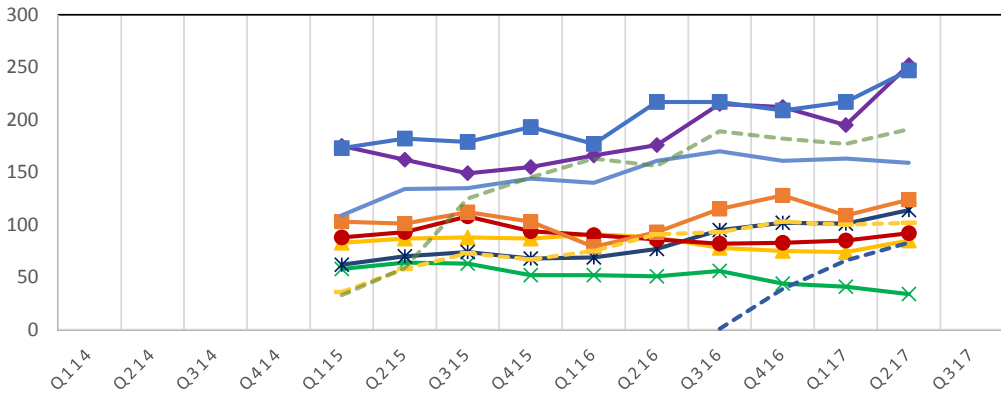
	<p>Hamburg Township          44<sup>th</sup> District Court          St. Joseph Mercy Livingston          Livingston County Sheriff          Brighton Police Department          Howell Police Department          Brighton Rotary</p>
<p><u>Please note:</u>          All programming must be consistent with the implementation of Recovery-Oriented Systems of Care (ROSC).</p> <p><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 (Center for Substance Abuse Treatment, 2005).</i></p>	
<p><b>CMHPSM Office Use Only</b></p>	
<p>Amount Recommended &amp; Comments:</p>	



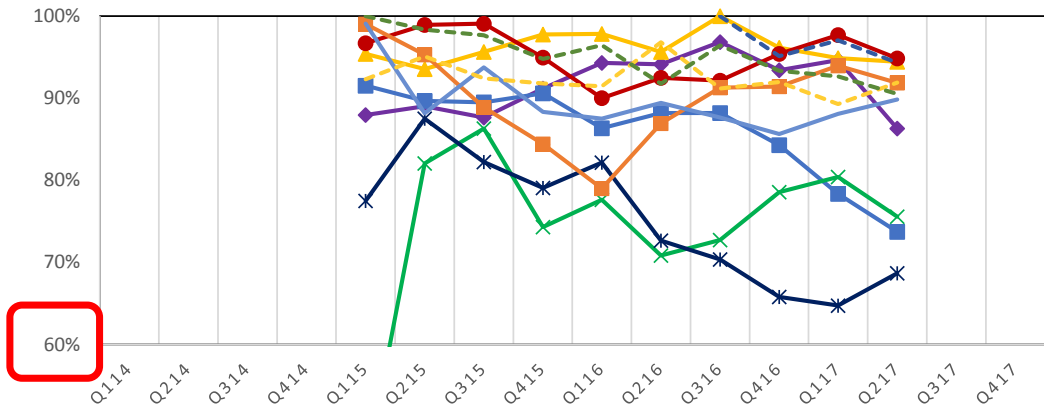
Unique consumers with an open admission



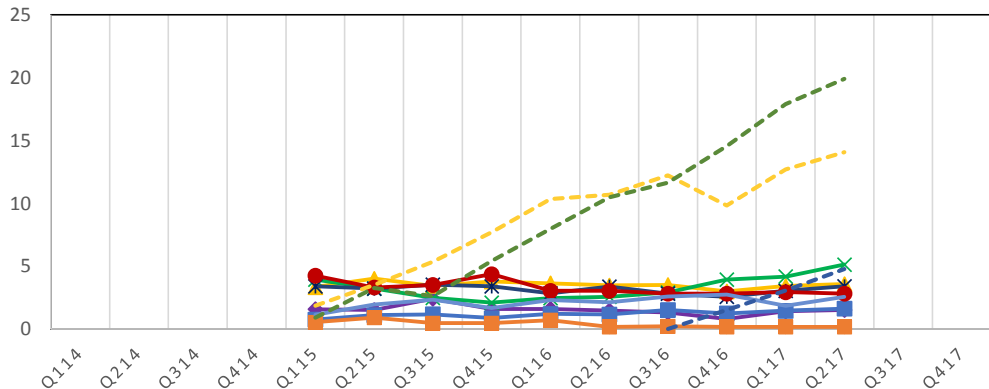
Number that received at least one service during the quarter



Percent that received at least one service during the quarter

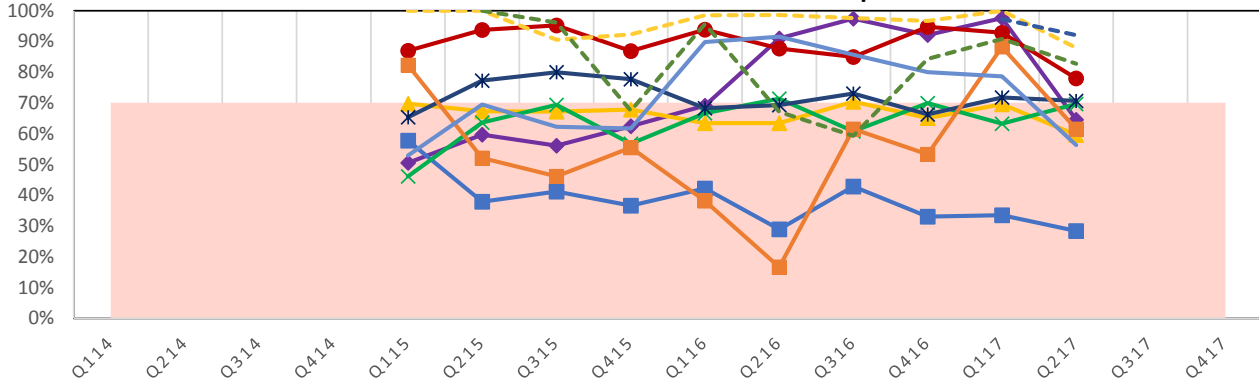


Median months in service (among those receiving services)

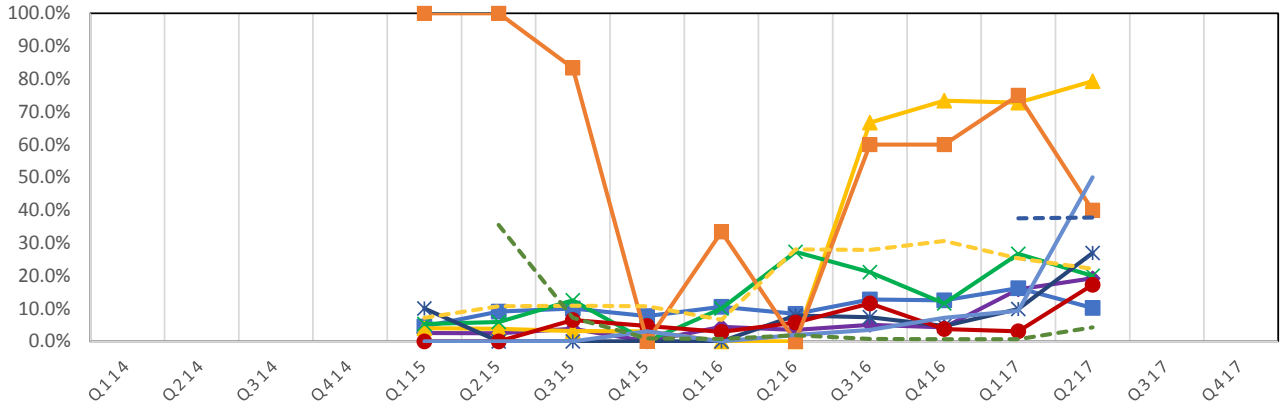




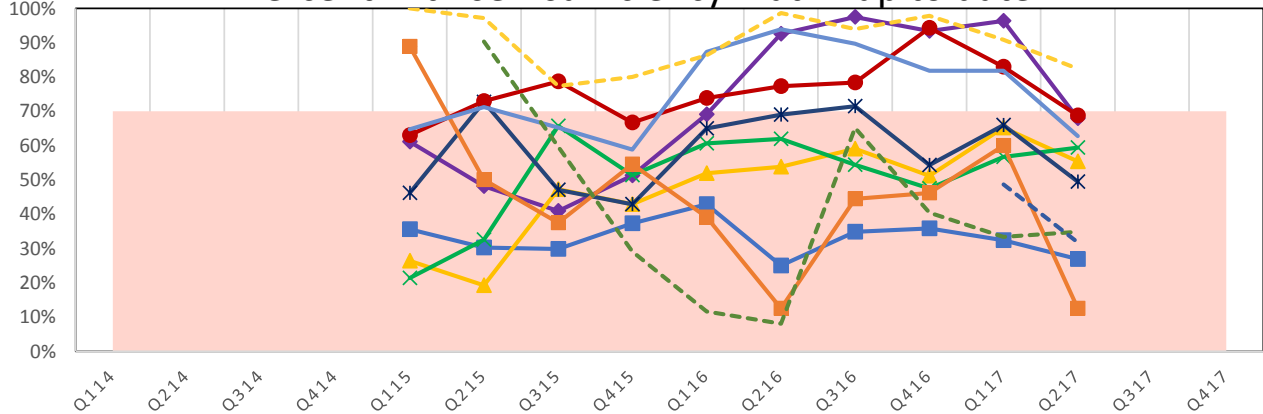
Percent with concurrent review up to date



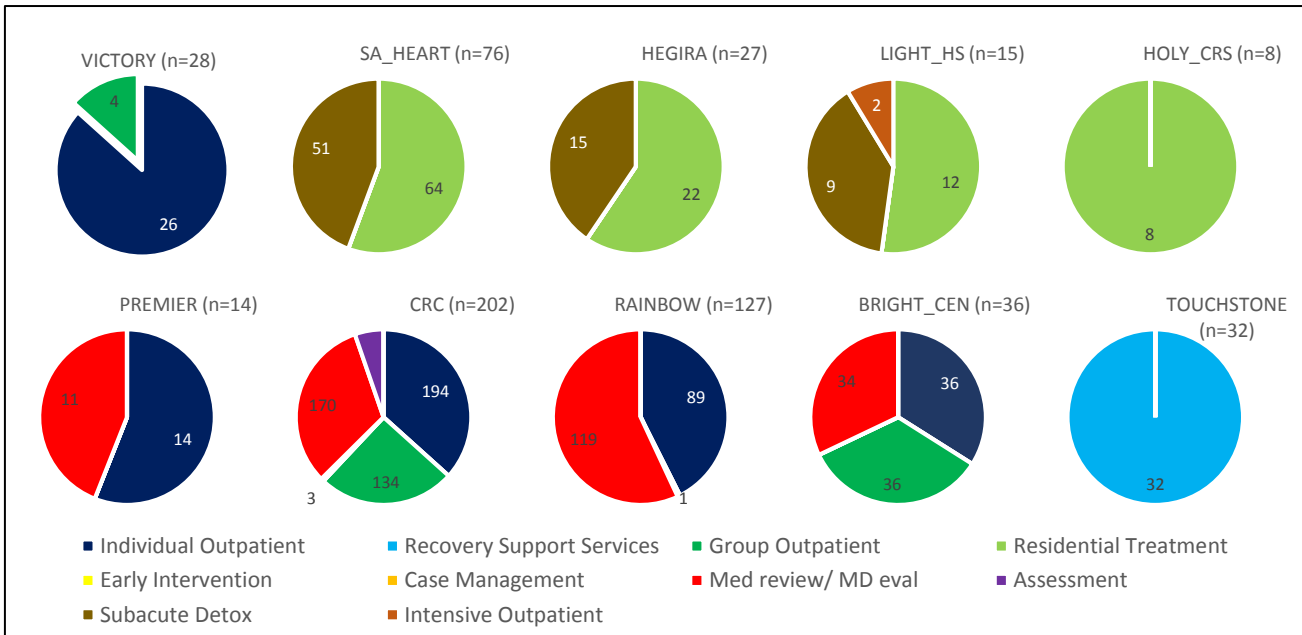
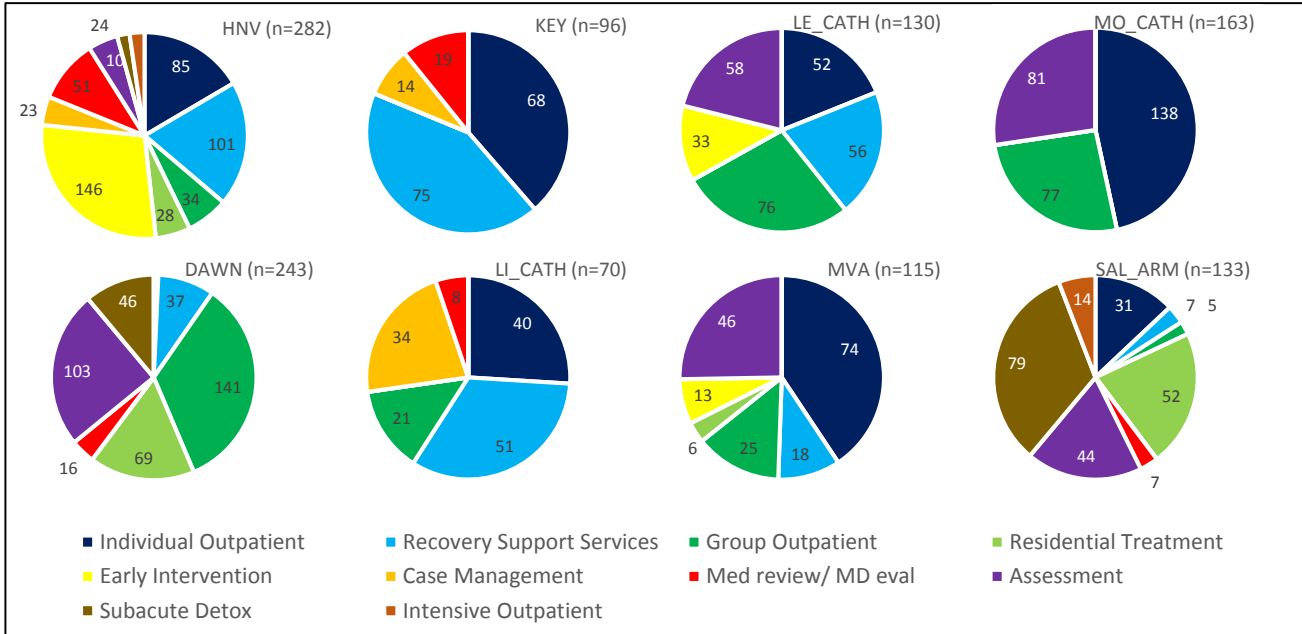
Percent whose concurrent review indicates coordination with PCP



Percent with self-sufficiency matrix up to date

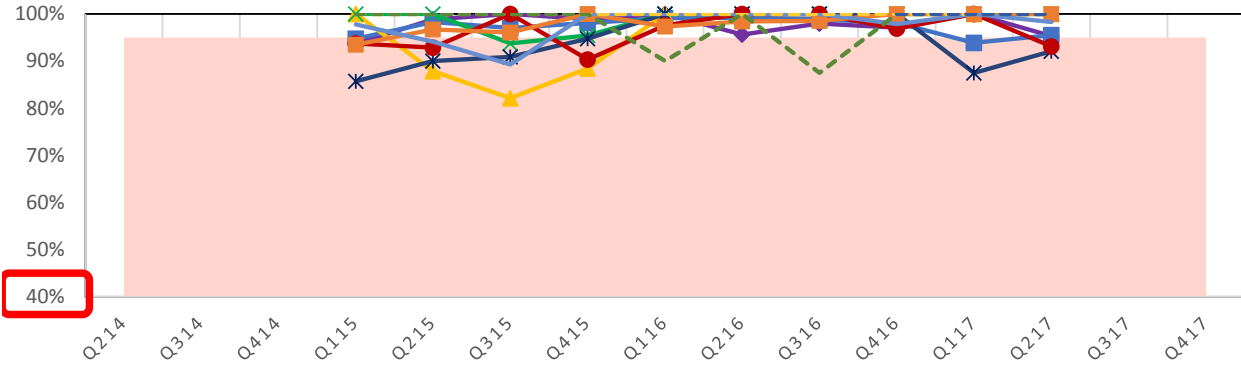


### Number of unique consumers served overall (n), and number of unique consumers receiving at least one service within each category, Q217

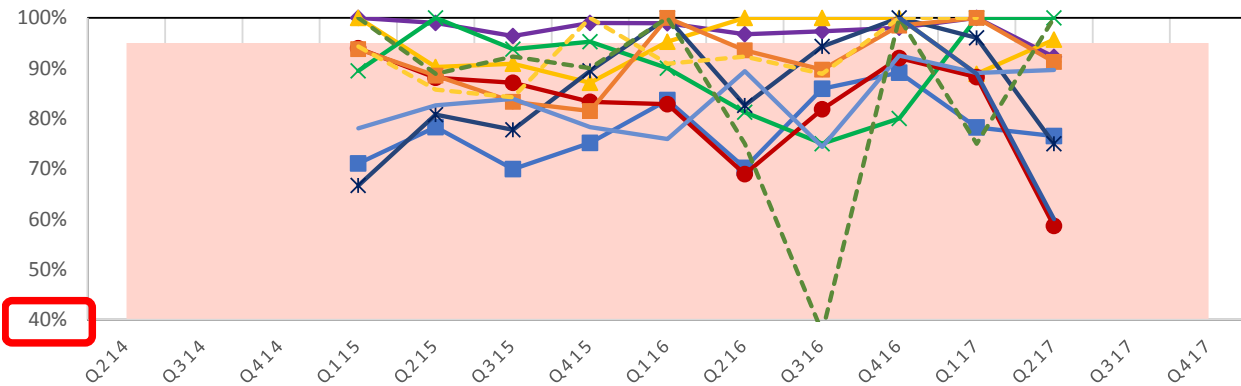




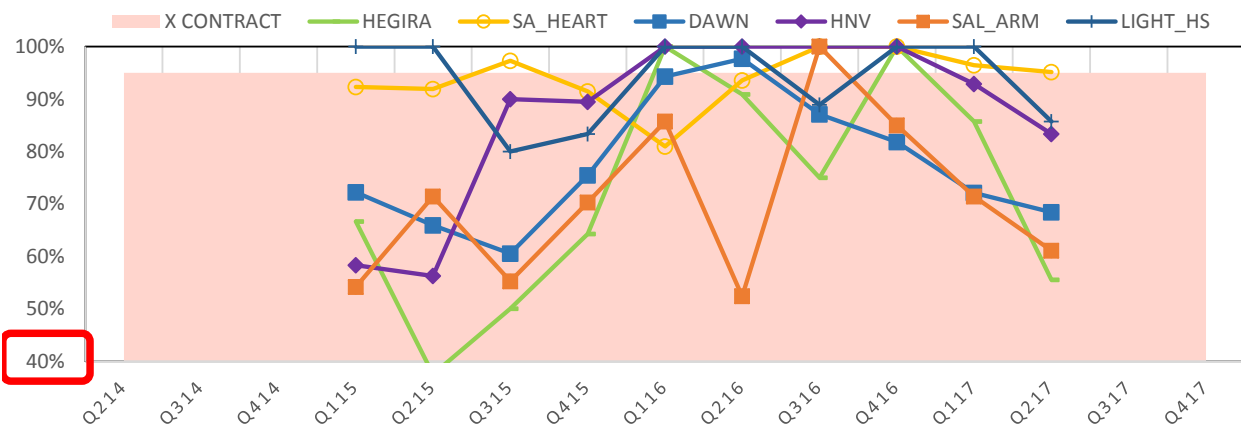
**State indicator 2: Percent of admissions with 14 or fewer days between first contact and admission**



**State indicator 3: Percent of admissions with 14 or fewer days between admission and first service**



**State indicator 4: Percent of detox discharges with 7 or fewer days to first service**

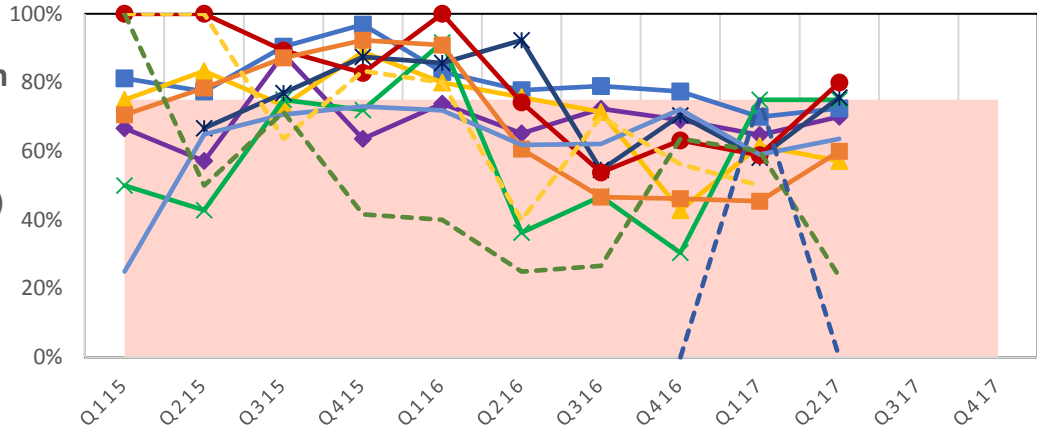






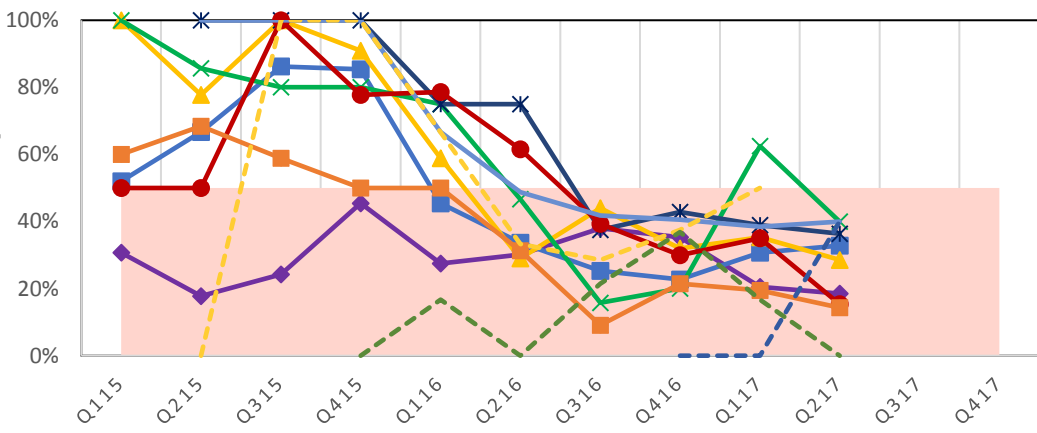
**Percent of discharges with improvement in 30d Frequency of Use (for consumers open at least 30 days)**

Corresponds to "Discharge Outcomes" sheet in drilldown report



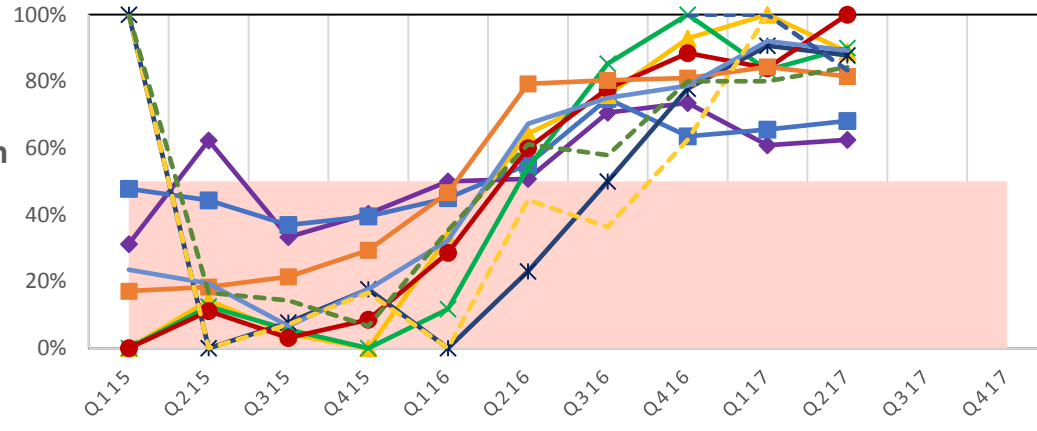
**Percent of discharges with improvement in employment**

Corresponds to "Discharge Outcomes" sheet in drilldown report



**Percent of discharges with improvement in housing**

Corresponds to "Discharge Outcomes" sheet in drilldown report



**Percent of consumers with improvement in Self Sufficiency**

Corresponds to "SSM Outcomes" sheet in drilldown report

