

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 23, 2020
Zoom Meeting
9:30 a.m. – 11:30 a.m.

Dial-in Number Options:

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

Meeting ID: 133 461 219

Join by Computer:

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

1. Introductions & Welcome Board Members– 5 minutes
2. Approval of Agenda (**Board Action**) – 2 minutes
3. Approval of June 25, 2020 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. FY21-23 Strategic Plan {Att. #3} (Discussion) – 15 minutes
 - c. CEO/SUD Director Authorized Mini-Grant {Att. #4} (Informational) – 5 minutes
6. New Business
 - a. Provider Expense Accruals (Discussion) – 5 minutes
 - b. FY21 Competitive Procurement Award Recommendations {Att. #5a, b} (**Board Action**) – 20 minutes
7. Report from Regional Board {Att. #6} (Discussion) – 10 minutes
8. SUD Director Updates (Discussion) – 15 minutes
 - a. COVID-19 Update
 - b. SUD Staff Updates
 1. Prevention
 2. Treatment
 3. Grant Funded Initiatives
9. Adjournment (**Board Action**)

Next meeting: Thursday, August 27, 2020

Location TBD: Zoom or 3005 Boardwalk, Suite 200; Patrick Barrie Room

**Lenawee-Livingston-Monroe-Washtenaw
Oversight Policy Board Minutes
June 25, 2020
Meeting held electronically via Zoom software**

Members Present: Kim Comerzan, Amy Fullerton, Ricky Jefferson, John Lapham, Molly Welch Marahar, Dave Oblak, Ralph Tillotson, Monique Uzelac, Tom Waldecker

Members Absent: Mark Cochran, William Green, Dianne McCormick, Dave O'Dell

Guests: Madeline DeMarco

Staff Present: Stephannie Weary, James Colaianne, Nicole Adelman, Rebecca DuBois, Matt Berg, CJ Witherow, Katie Postmus, Alyssa Tumolo, Michelle Sucharski, Dana Darrow, Denise Chevalier, Jane Goerge

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

1. Attendance and Introductions

) A quorum of members electronically present was confirmed.

2. Approval of the Agenda

Motion by T. Waldecker, supported by J. Lapham, to approve the agenda

Motion carried

Vote

Yes: Comerzan, Fullerton, Jefferson, Lapham, Welch Marahar, Oblak, Tillotson, Uzelac, Waldecker

No:

Absent: Cochran, Green, McCormick, O'Dell

3. Approval of the May 28, 2020 Oversight Policy Board minutes

Motion by M. Uzelac, supported by J. Lapham, to approve the May 28, 2020 OPB minutes

Motion carried

Vote

Yes: Comerzan, Fullerton, Jefferson, Lapham, Welch Marahar, Oblak, Tillotson, Uzelac, Waldecker

No:

Absent: Cochran, Green, McCormick, O'Dell

4. Audience Participation

) None

5. Old Business

a. Finance Report

) M. Berg presented the report, which runs through April 2020.

6. New Business

a. Request for approval for PA2 Funding for Eastern Michigan University Prevention Programming

-) Staff believes that grant funding will be obtained for this program. PA2 would serve as a contingency.

Motion by R. Jefferson, supported by J. Lapham, to approve PA2 funding for Eastern Michigan University Prevention Programming

Motion carried

Vote

Yes: Comerzan, Fullerton, Jefferson, Lapham, Welch Marahar, Oblak, Tillotson, Uzelac, Waldecker

No:

Absent: Cochran, Green, McCormick, O'Dell

- b. Request for approval for PA2 Funding for University of Michigan Prevention Programming

Motion by R. Tillotson, supported by J. Lapham, to approve PA2 funding for University of Michigan Prevention Programming

Motion carried

Vote

Yes: Comerzan, Fullerton, Jefferson, Lapham, Welch Marahar, Oblak, Tillotson, Uzelac, Waldecker

No:

Absent: Cochran, Green, McCormick, O'Dell

- c. Open Meetings Act Legal Review

-) Per legal review, members attending OPB meetings electronically do not count toward a quorum. The current governor's order that allows for a quorum to be present electronically is scheduled to end on 7/31/20.

- d. OPB Bylaws Update

-) Per legal note above, staff's request to update bylaws re: electronic quorum is withdrawn.

-) There were no other suggested changes from OPB members.

-) J. Colaianne anticipates that staff will bring back suggested changes to bylaws for OPB's review.

- e. Review Membership and Appointment to Regional Board

-) A. Fullerton, R. Tillotson, and T. Waldecker are due for reappointment and are interesting in continuing with OPB. S. Weary will follow up with their respective appointment boards.

-) D. Oblak nominated M. Welch Marahar to represent OPB on the CMHPSM Regional Board.

-) There was no other interest from the floor.

Motion by T. Waldecker, supported by M. Uzelac, to appoint M. Welch Marahar to the CMHPSM Regional Board as the Oversight Policy Board representative

Motion carried

Vote

Yes: Comerzan, Fullerton, Jefferson, Lapham, Welch Marahar, Oblak, Tillotson, Uzelac, Waldecker

No:

Absent: Cochran, Green, McCormick, O'Dell

- f. Strategic Planning

-) J. Colaianne presented the FY14-17 OPB Strategic Plan.

-) The new SUD strategic plan will be submitted to OPB for approval in July and to the Regional Board for approval in August.
 -) No strategic plan was requested by the state for FY17-20.
 -) The new strategic plan will be for FY21-23.
 -) The PIHP just entered into a contract with former SUD Director Marci Scalera to work with staff to develop the new strategic plan.
 -) Staff is also developing the CMHPSM strategic plan, which will support and be integrated with the SUD strategic plan.
 -) Staff's intention is to keep both plans at the forefront, with regular review.
7. Report from Regional Board
-) J. Colaianne provided an overview of the recent Regional Board meeting (see minutes for details).
 -) The Regional Board plans to have an open meetings act training. OPB members will be invited to attend.
 -) CMHPSM offices remain closed.
8. SUD Director Updates
-) Provider stabilization plan: CMHPSM was required to submit a plan about how to keep providers healthy.
 -) Is Work It Health's services included in the allowable services for telehealth? J. Colaianne will confirm.
 -) If any OPB members are interested in being RFP readers, they should contact Stephannie.
 -) RFP recommendations will come to the July OPB meeting for review/approval.
 -) J. Goerge and K. Postmus provided an update on Prevention services and RFPs.
 -) R. DuBois provided an update on the grant initiatives.
 -) J. Colaianne provided treatment services updates. The PIHP has provided some PPE to providers from the state's emergency supply program. The PIHP's intent is to try to keep some PPE at PIHP for emergencies.
9. Adjournment
- Motion by J. Lapham, supported by R. Jefferson, to adjourn the meeting**
- Motion carried**
- Vote
- Yes: Comerzan, Fullerton, Jefferson, Lapham, Welch Marahar, Oblak, Tillotson, Uzelac, Waldecker
- No:
- Absent: Cochran, Green, McCormick, O'Dell
-) Meeting adjourned at 10:34 a.m.

Next meeting: July 23, 2020
Location TBD

Summary Of Revenue & Expense	Funding Source							Total Funding Sources	FY 19 May YTD
	Medicaid	Healthy Michigan	SUD - Block Grant	SUD - SOR/SORS	SUD - STR	Gambling Prev	SUD-PA2		
Revenues									
Funding From MDHHS	2,074,817	4,278,614	3,495,635	515,419	567,141	28,341		\$ 10,959,967	\$ 9,124,462
PA2/COBO Tax Funding Current Year	-	-	-	-	-	-	1,229,401	\$ 1,229,401	\$ 1,240,039
PA2/COBO Reserve Utilization	-	-	-	-	-	-	-	\$ -	\$ 1,042,955
Other	-	-	-	-	-	-	-	\$ -	
Total Revenues	\$ 2,074,817	\$ 4,278,614	\$ 3,495,635	\$ 515,419	\$ 567,141	\$ 28,341	\$ 1,229,401	\$ 12,189,368	\$ 11,407,456
Expenses									
Funding for County SUD Programs									
CMHPSM				515,419	567,141	26,800		1,109,361	597,562
Lenawee	375,319	586,896	439,077				86,532	1,487,824	1,431,478
Livingston	316,348	370,328	729,162				57,833	1,473,671	1,532,186
Monroe	417,713	523,610	768,784				178,808	1,888,915	1,444,997
Washtenaw	1,089,404	1,396,107	1,499,215				503,557	4,488,283	4,259,805
Total SUD Expenses	\$ 2,198,784	\$ 2,876,941	\$ 3,436,239	\$ 515,419	\$ 567,141	\$ 26,800	\$ 826,730	\$ 10,448,054	\$ 9,266,028
Administrative Cost Allocation	118,439	154,983	185,109			1,541	-	\$ 460,072	\$ 461,147
Total Expenses	\$ 2,317,222	\$ 3,031,924	\$ 3,621,348	\$ 515,419	\$ 567,141	\$ 28,341	\$ 826,730	\$ 10,908,126	\$ 9,727,175
Revenues Over/(Under) Expenses	\$ (242,405)	\$ 1,246,689	\$ (125,713)	\$ -	\$ (0)	\$ (0)	\$ 402,671	\$ 1,281,242	\$ 1,680,281

Current fiscal year utilization of PA2				FY 19 May Over/(Under) Expenses
PA2 by County	Revenues	Expenditures	Revenues Over/(Under) Expenses	
Lenawee	98,848	86,532	12,317	6,099
Livingston	308,022	57,833	250,189	200,082
Monroe	219,428	178,808	40,620	194,577
Washtenaw	603,102	503,557	99,545	437,954
Totals	\$ 1,229,401	\$ 826,730	\$ 402,671	\$ 838,712

Unallocated PA2	FY 20 Beginning Balance	FY20 Projected Budget	FY20 Projected Utilization	FY20 Projected Ending Balance
Lenawee	829,977	(222,723)	(20,000)	809,977
Livingston	3,353,949	(613,133)	-	3,353,949
Monroe	464,341	(164,037)	(30,000)	434,341
Washtenaw	2,344,230	(598,506)	(45,000)	2,299,230
Total	\$ 6,992,496	\$ (1,598,399)	\$ (95,000)	\$ 6,897,496

CMHPSM PREVENTION, TREATMENT AND RECOVERY SERVICES
FY 2021 – 2023
OFFICE OF RECOVERY ORIENTED SYSTEMS OF CARE
STRATEGIC PLAN
SUMMARY DOCUMENT

INTRODUCTION:

Section 274 of P.A. 500 (Mental Health Code, P.A. 258, as amended) requires designated community mental health entities Prepaid Inpatient Health Plans (PIHPs) to develop three-year strategic plans for substance use disorder (SUD) services that must be consistent with the guidelines established by the Michigan Department of Health and Human Services (MDHHS).

The CMHPSM submitted the last plan in 2014 for the FY2015 -2017 term when the CMHPSM was in the early stages of implementation. The state decided not to release the plan in 2017, but has reissued the required planning document this year. This document assists the state in completing the federal block grant application, as well as have a broad picture of the implementation of the SUD services system across the state.

The narrative plan consists of a range of information that demonstrates how the PIHP determines what, where and how much services are organized and delivered through a series of regulatory requirements; topics, tasks and initiatives based on regional epidemiological, financial and service data from prevention, treatment and recovery perspectives. Below is a brief summary of the information being prepared for the submission with some excerpts, that is due to the state on August 14, 2020.

1. A narrative identifying and prioritizing substance use disorder problems impacting the community.

Region 6 consists of the four-county entity known as the Community Mental Health Partnership of Southeast Michigan (CMHPSM) and includes Lenawee, Livingston, Monroe and Washtenaw Counties. The 2019 population across the four counties is estimated at **808,547**.

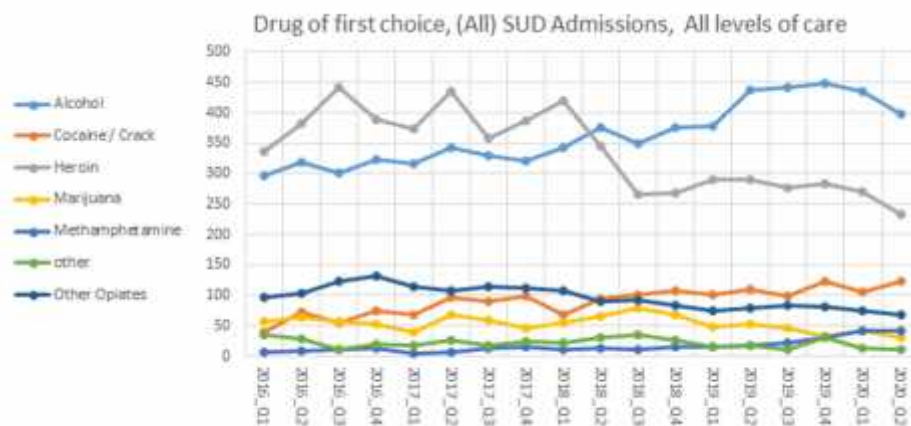
The population in the region was assessed through the review of data collected from the following sources: 2019 Census estimates; 2019 Livingston County Health Dashboard; Washtenaw County Public health opioid surveillance data reports;-Michigan_Behavioral Risk Factor Survey of 2018; Michigan Profile for Healthy Youth 2019-2020; Health Improvement Plan (HIP) of Washtenaw County 2015; National Center for Educational Statistics (2003 data); Robert Woods Johnson Health Rankings 2019 and Lenawee Health Department Health Assessment Report of 2017 and other relevant data sources. The targeted population includes individuals within Washtenaw, Livingston, Lenawee and Monroe Counties. This information is focused on individuals who have a high-risk for substance use, as well as those

who suffer from mental illness, by identifying specific community-based areas, contributing factors and disadvantaged populations.

“Based on 2019-Census estimates, there are approximately 646,489 persons over the age of 18 living in our region. Additionally, there are approximately 46,000 persons between ages 10-17 in the region. NSDUH prevalence estimates 7.35% of persons over 18 (48,000) to have a SUD diagnosis. For children 12-17, the estimate is 0.5% or approximately 230 regionally. While that seems low it is because of the difficulty with mismatched population estimates. Of the 18+ population, approximately 2.41% (1200) needed treatment for illicit drug use and 5.26% (2525) needed treatment for alcohol that did not receive it. In 2019, publicly funded services have been provided to approximately 5% of the population in need, or 2797 unique individuals. Of the population served, 55% had a co-occurring mental health disorder which contributed to their need for treatment. Many of these individuals did not meet the serious mental illness requirement for CMH services, which represents a significant capacity and resource issue for the SUD and CMH provider network in our region...”

This first section of the document has detailed information on the following:

- J epidemiological data on prevalence, health, use data, demographics, and service capacity.
- J Recovery supports and services
- J Assessment of Community need (Survey, other data points)
- J Access to services; levels of care; provider network; capacity for serving special populations
- J Prevention services
- J Discussion gaps identified in past plan and how they were addressed; current status
- J Prevalence estimates and service provision
- J Trends and strategies taken to address the changing needs – i.e. Opiate epidemic; what is up and coming (example below)



- J Funding priorities, based on data and state mandates
- J Partnerships, Collaborations, other efforts to address identified issues in communities
- J Youth Access to Tobacco and Nicotine
- J Addressing communicable disease

-) Harm Reduction and outreach; syringe support services
-) Gambling disorder services
-) Veterans Navigation Services

2. A narrative, based on an epidemiological profile, identifying and explaining data driven goals, and objectives that can be quantified, monitored, and evaluated for progress:

Treatment:

“The CMHPSM recognizes the importance of targeting needs and strategies to promote healthy communities and individual well-being. We continue to use a data-driven approach to drive substance abuse prevention and treatment efforts throughout the region. Using data from our electronic health record (EHR), *Comprehensive Record for Consumer Treatment (CRCT)* which was updated in 2018, we monitor treatment wait times; total units of service over time, by provider, by level of care; number of clients served; timeliness by level of care and by provider; service diversity by provider. We look at the National Outcome Measures in reviewing the impact of services on clients and utilize surveys, such as the Recovery Self-Assessment (RSA) to ensure service providers, including our mental health partners, are embedding the recovery principles and practices and that our clients do experience recovery focused care. The CMHPSM will continue to review trends in treatment such as primary drug of choice, co-occurring services, psychiatric hospital admissions, timeliness data and other program specific outcome measures. The TEDS data currently shows primary drug of choice for all counties is alcohol, which as mentioned above, has surpassed heroin and opiates for who is seeking treatment. With the young adolescent population, data shows that marijuana is a primary problem, yet treatment utilization for this young population is low at best. While treatment strategies are individually client driven; availability of programming to manage the need will change, as more innovative programming is developed to target the growing problems, such as heightened focus on Alcohol Use Disorders (AUD) in programs and outreach to the community. As with the opiate epidemic, the implementation of new and innovative services; prevention efforts and bringing the community together, appears to have made an impact. The challenge is how to continue these services at the appropriate levels and ensure other focused services target new and developing needs without diminishing progress. The CMHPSM is committed to continual monitoring and evaluation of the impact of our efforts by using both internal and external data sources, such as county specific indicators through epidemiological means and in partnership with others. Again, this speaks to the importance of a recovery-oriented system of care, as the voice and indicators from within the community are key to informing the pathway for services.”

Prevention:

The prevention section, currently being updated to include the services funding from the 2020 RFP just completed, will include language on funding priorities; data driven decision making; outcomes based initiatives; monitoring and evaluation plans for each county and each priority area. These are:

- Priority Area #1 – Reduce childhood and underage drinking
- Priority Area #2 – Reduce prescription and over-the-counter drug abuse/misuse
- Priority Area #3 – Reduce youth access to tobacco
- Priority Area #4 – Reduce illicit drug use

3. Narrative illustrating goals, objectives, and strategies for coordinating services with public and private service delivery systems:

This section our collaborations over the years, in each county. Some highlights are the development of the engagement centers; work with the FQHC’s for co-located services (SBIRT, case management, peers and medication for opiate use disorders) as well as the collaborative bodies... the full range of services across prevention treatment and recovery. The stated goal moving forward is:

Goal: The CMHPSM will participate in coordinated and collaborative efforts within the region that support building healthy, recovery friendly communities through public and private partnerships as a way to identify and address the comprehensive needs of the community at large.

Objectives include representation by the CMHPSM SUD staff on county specific committees; advocating for the voice of recovery to the community; utilize data to inform the community on trends and priorities; ensure annual monitoring is complete and provided to the community; participate in planning and review with OPB and Regional board.

4. Summary of key decision-making processes and findings undertaken by the SUD policy oversight board or other regional advisory or oversight board if the SUD policy oversight board is not established during the development of the strategic plan:

This section is a review of what the OPB has been involved in over the years. In the last submission, the OPB was just coming together. This details some of the major initiatives and policy decisions that have been made are included in this section...

-) RFP’s
-) Policy decisions
-) Spending plans
-) SWOT analysis and strategic planning
-) Expansion of Programs including peer services; recovery supports; youth initiatives; harm reduction; opioid crisis; collaboration with health centers and justice systems...

“The CMHPSM Oversight Policy Board has been dedicated to sustaining initiatives in our region. Understanding the value of community collaboration and recognizing the importance of continuing previously grant funded projects, the CMHPSM Oversight Policy Board has recently continued funding through PA2 funds for Project ASSERT, MARR certification for Recovery Housing, medication for OUD programs, prevention programs, provider and community trainings, and more.”

5. A narrative complete with a detailed logic model for selecting and implementing evidence-based programs, policies, and practices for implementing a recovery-oriented system of care that includes prevention and treatment, as well as all other services in your array necessary to support recovery:

The team is working on completing the prevention and treatment logic models, which will be attached to the final document. The format will be the same as submitted previously.

6. Provision of an allocation plan, derived from input of the SUD Policy Oversight Board or other regional advisory or oversight board for funding a recovery oriented system of care that includes prevention and treatment, as well as all other services in your array, necessary to support recovery in identified communities of greatest need consistent with a data-driven, needs based approach and evidence based practices:

This section is still in process, as some information needed is related to the RFP finalization and development of the 2021 budget. Ultimately, we are looking to inform the state of the need to fund services adequately, through the block grant. So we are hoping to impact their allocation to meet our current need at the initial allocation point, as opposed to multiple requests and amendments to get to the amounts needed like we have done in the recent past.

7. Implementation plan that describes how key prevention, treatment, and recovery services, as well as all other services necessary to support recovery, will be implemented and a three-year timeline:

This section is another summary of the history of ROSC transformation and a plan on what services are needed and how/when we will address these issues.... While it has not been finalized here is a snapshot:

SERVICE NEEDED	TYPE OF SERVICE	RESPONSIBLE PARTY	COMPLETION DATES
Expanded adolescent Programming – Services need to be recovery focused with inclusion of youth peers, guides, etc. May be provided thru traditional services; prevention efforts; creative local models, outreach components, culturally specific and diverse population focused.	Prevention Treatment Recovery	Provider network regional CMHC’s, Prevention Providers, CMHPSM Staff, youth- based organizations and coalitions	1 st quarter 2021, establishment of a Regional Youth workgroup with representatives from all disciplines... develop a strategic plan by mid 2021, and special program funding pilots for implementation and evaluation. Fully fund programming in 2022 and 2023.
Address capacity gaps for Higher levels of care treatment within regional borders, especially Livingston and Lenawee Counties if possible.	Treatment	CMHPSM staff	Capacity review complete by March 2021. incorporate utilization data, resource availability; workforce capacity and special service needs such psychiatry/other medical services. Complete plan by Q3 2021. Implement into RFP process, capacity expansion FY22 and FY23
Expansion of MOUD or Specialty population friendly Recovery Homes capable of assisting persons with special needs; such as MOUD;	RECOVERY TREATMENT	CMHPSM staff and Core Providers, OPB, and coalitions to advocate and support recovery	Workgroup to perform a specific needs assessment; policy review and exploration of funding

Attachment #3 – July 2020

unemployed due to lack of available jobs; lack of transportation; women’s specialty with small children; older adults; LGBTQ, etc. Recovery housing is needed across the region.		housing in their communities.	mechanisms by March 2021. Annually thereafter.
TRAINING: Build Recovery Coach, Prevention and Treatment Workforce through training. Provide opportunities to education the community on specific SUD topics.	PREVENTION TREATMENT AND RECOVERY	Provide opportunities for CCAR, MCBAP, and MDHHS Peer Certification through local trainers Provide training on Prevention Ethics; Infographic development and ACEs Gambling Addiction certification; Adolescent treatment strategies; LGBTQ treatment strategies	Establish a regional, cross discipline training committee to address the training needs by January 2021 Set aside local funds to support training regionally by April 2021 Host a minimum of two regional trainings annually with topics determined through professional workforce and community survey’s
Assess and improve Recovery Focused Services (ROSC) through Recovery Self-Assessment Survey	Treatment Recovery	COD workgroup (SUD/MH) Engage student interns if possible	Initiate in March 2021, 2022, 2023; Analysis complete by August 2021, 2022, and 2023
Community feedback surveys	PREVENTION TREATMENT RECOVERY	CMHPSM STAFF	Annually by September, publish findings on website

8. An evaluation plan that identifies baseline and outcome data for implementing a recovery-oriented system of care that includes prevention and treatment, as well as all other services necessary to support recovery:

This section discusses how we will evaluate services and specific domains defined by the state. This is similar to our dashboard in the past. We will set the baselines from the past three years on the following:

-) Health and Safety – review sentinel events and providers response
-) Administration – the state looks at:
 - On-time reporting
 - Performance indicators – timeliness rates for withdrawal management and outpatient continuation
 - Qualitative and Quantative measures on employment; housing; education; and recidivism
 - Funds spent on Services; Integrated Programs; Recovery Supports (we may want to look at other spending such as women’s specific and prevention because these were not adequately funded in the past)
-) Treatment Penetration Rates – on the following populations:

- Youth 12-17
- Young Adults (18-24)
- Women of childbearing age
- African Americans
- Hispanic
- Native American
- Persons with OUD

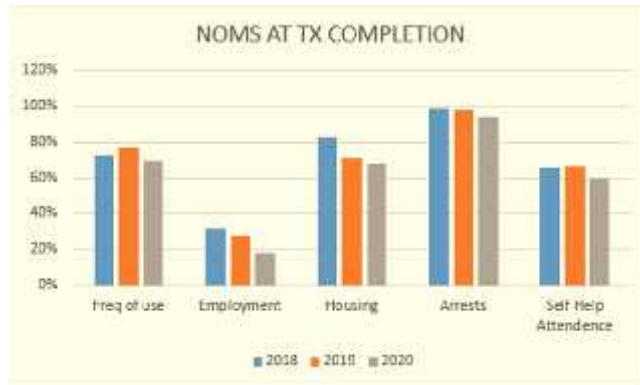
) More detailed evaluation plans for Women’s Specific and persons with OUD are expected to be detailed out.

9. Evidence of a process and procedure for ensuring that policies, programs, and practices will be conducted in a culturally competent manner:

This is a review on our policies and practices for cultural competencies... Not much has changed in the past few years.

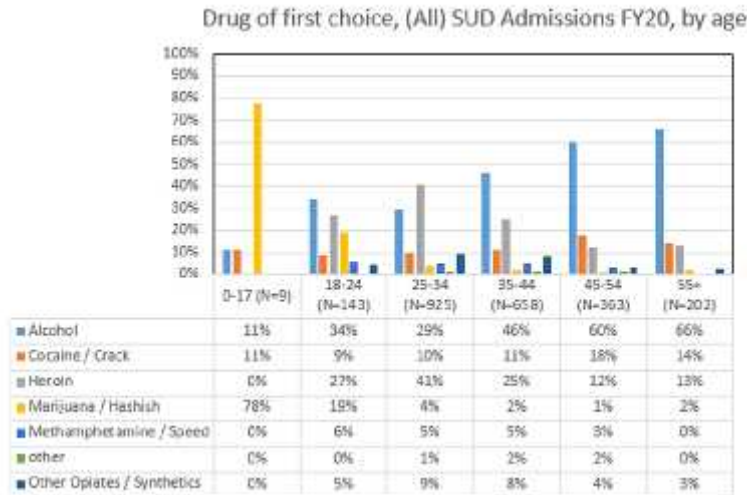
ATTACHMENT A: Will be included in the plan:

Table 1. National Outcome Measures

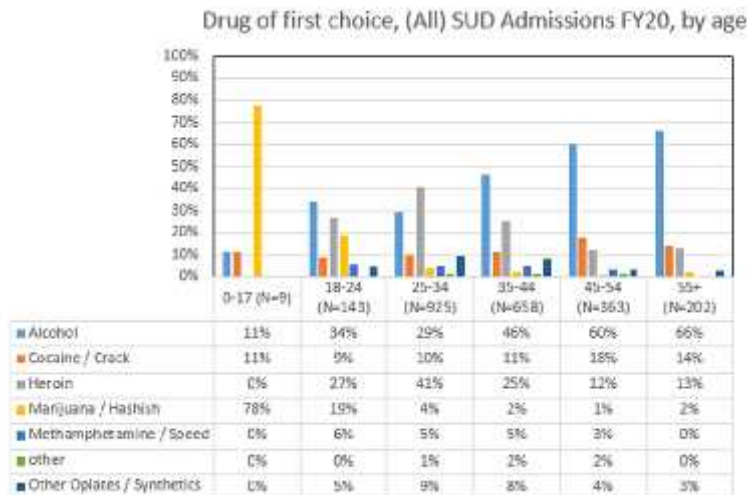


This chart indicates that we have seen some minor downward trend in successful outcomes in the last three years. Working with providers to explore ways to assist clients in relapse prevention, gaining or maintaining employment and housing; and attending social activities/self-help groups will be a focus for change.

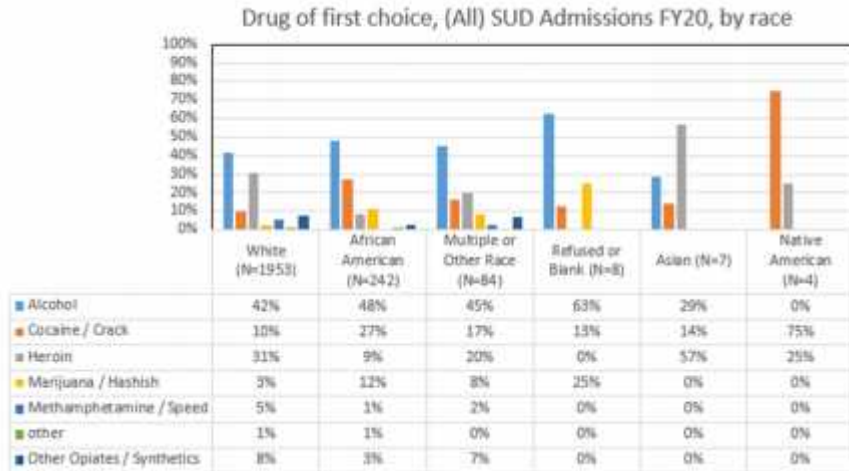
Table 2. 2020 Primary Drug of Choice upon admission



This table shows that in current year, all counties are experiencing Alcohol as primary drug of choice. All have Heroin as the next highest DOC, but we are concerned about overall combined opiates, especially in Monroe and methamphetamine numbers in Lenawee County.
Table 3.



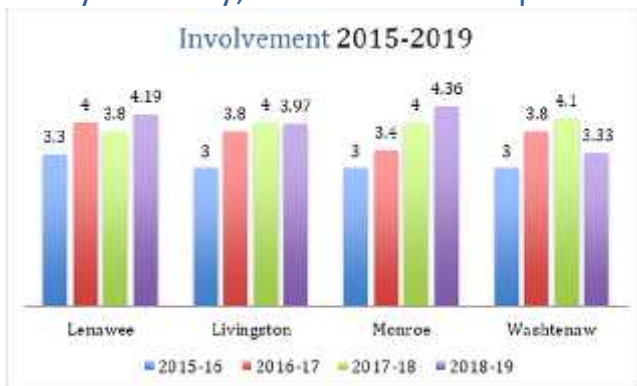
This table indicates that age is a factor in DOC that must be considered when planning programming. Note the use of Marijuana in persons under 18, which would impact both prevention and treatment strategies for this age group. Also, in the 25-34 age group, we still see heroin and other opiates as a major indicator for treatment.
Table 4. Racial Implications

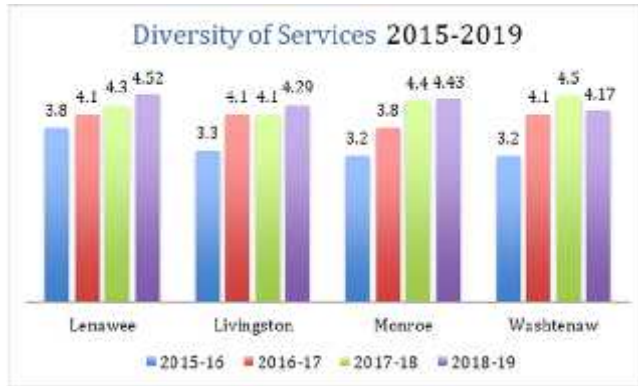


This table shows a potential need for specific outreach to the Asian and Native American populations in our region, despite the numbers being low, the clinical picture may be different for these individuals. The following is a brief look at the Recovery Self-Assessment over time, along with a few client responses. Each chart represents the life domains measured by client responses overall. Responses are on a scale of 1-5, where 5 is the most positive or satisfied the client is. The range of client’s surveyed is 571 to 842.

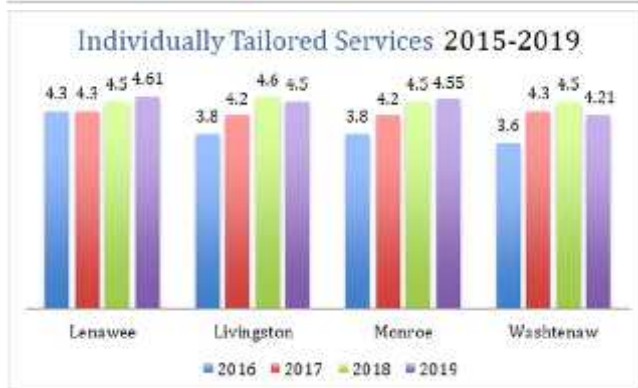


“I am happy with my recovery; this was the best place for me to come.”





“Not my first go around but must say, the best. My safe spot/haven.”



“I love this place. If it weren’t for them I wouldn’t be where I am today. They’re my family.”



Oversight Policy Board Notification – PA2 Expense Within SUD Director /
CMHPSM CEO Authority

Board Meeting Date: July 23, 2020

Action(s) Requested: Informational Review

Organization - Background	PA2 Funding Amount	County
<p>Key Development / Livingston County Prevention providers – Scavenger Hunt- The LCPP will be hosting a community wide scavenger hunt this summer for all Livingston County community members. During the scavenger hunt, each location will provide information about substance use prevention, and Livingston County youth substance use trends. The monies being requested will go towards prizes for 1st, 2nd, and 3rd place winning groups from each of the 5 cities (Howell, Hartland, Brighton, Pinckney and Fowlerville) in Livingston County. The scavenger hunt will give 2nd and 3rd place winners from the 5 cities, 15-dollar gift cards to a local restaurant in their area. The 1st place winners from each city will receive a 30-dollar gift card to the same local restaurant.</p>	\$300.00	Livingston

Recommend: Informational Review

	PA2 CURRENT FY MINI-GRANT BALANCE			
STARTING FY BALANCE:	\$5,000	\$5,000	\$5,000	\$5,000
COUNTY:	Lenawee	Livingston	Monroe	Washtenaw
REMAINING FY BALANCE:	\$5,000	\$3,700	\$4,000	\$5,000

CMHPSM SUD OVERSIGHT POLICY BOARD

ACTION REQUEST

Competitive Procurement Award Recommendations

Board Meeting Date: July 23, 2020

Action Requested: Review and approve the attached recommended competitive procurement awards for FY21.

Background: The CMHPSM staff has completed our reviews of responses from providers for RFP#2021A: Prevention Programs, RFP#2021B: Prevention Coalitions, RFQ#2021C: DYTUR Services and RFP#2021D: SUD Strategic Initiatives. We received nine (9) submissions for RFP#2021A: Prevention Programs, one (1) submission RFP#2021B: Prevention Coalitions, one (1) submission for RFQ#2021C: DYTUR Services and forty-two (42) submissions for RFP#2021D: SUD Strategic Initiatives.

The CMHPSM staff are recommending the attached programs for funding in FY21, including eight (8) submissions for RFP#2021A, and funding both individual submissions for RFP#2021B and RFQ#2021C. We are also recommending an initial round of funding for eighteen(18) proposals related to RFP#2021D. Proposals were scored, prioritized by strategic initiative priority and allocated recommended funding levels by County. A second round of proposals will likely be presented to the Oversight Policy Board at the August meeting.

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

The CMHPSM followed our regional PA2 procurement policy to competitively procure services centered around strategic initiatives and contractually mandated prevention services.

Recommendation: Approve

RFP#2021A,RFP#2021B, RFQ#2021C FY21 Award Recommendations to OPB

RFP#2021A, RFP#2021B & RFQ#2021C*	Block Grant Primary	Secondary PA2	Mandatory PA2
Lenawee	\$ 26,359	\$ -	\$ 3,000
Livingston	\$ 395,368	\$ 53,136	\$ 1,000
Monroe	\$ 376,845	\$ 49,342	\$ 102,500
Washtenaw	\$ 494,599	\$ 63,803	\$ 1,000
Total	\$ 1,293,171	\$ 166,281	\$ 107,500

RFP#2021A Recommended Award

Block Grant Primary	Secondary PA2	Mandatory PA2	County	Proposal # / Provider
\$ 370,256	\$ 53,136	\$ -	Livingston	6. Livingston County Catholic Charities
\$ 102,727	\$ 14,742	\$ -	Monroe	1. Monroe County ISD - Parenting
\$ 122,231	\$ 17,541	\$ -	Monroe	2. Catholic Charities of SE Michigan A
\$ 118,866	\$ 17,059	\$ -	Monroe	3. Catholic Charities of SE Michigan B
\$ 64,036	\$ 9,190	\$ -	Washtenaw	4. EMU Prevention Theatre Collective
\$ 155,931	\$ 22,378	\$ -	Washtenaw	5. St. Joseph Mercy Chelsea
\$ 66,939	\$ 9,607	\$ -	Washtenaw	7. Catholic Social Services of Washtenaw
\$ 159,747	\$ 22,629	\$ -	Washtenaw	9. Avalon Housing
\$ 1,160,734	\$ 166,281	\$ -	Total	

RFP#2021B Recommend Awards

Block Grant Primary	Secondary PA2	Mandatory PA2	County	Proposal # / Provider
\$ -	\$ -	\$ 100,000	Monroe	1. United Way of Monroe County - SA Coalition

RFP #2021C Recommended Awards

Block Grant Primary	Secondary PA2	Mandatory PA2	County	Proposal # / Provider
\$ 26,359	\$ -	\$ 3,000	Lenawee	1. Karen Bergbower and Associates
\$ 25,112	\$ -	\$ 1,000	Livingston	1. Karen Bergbower and Associates
\$ 33,021	\$ -	\$ 2,500	Monroe	1. Karen Bergbower and Associates
\$ 47,945	\$ -	\$ 1,000	Washtenaw	1. Karen Bergbower and Associates
\$ 132,437	\$ -	\$ 7,500	Total	

*All prevention award recommendations include projected prevention block grant availability at FY20 level: \$1,293,171

RFP #2021D Strategic Initiatives Initial Recommended Awards

County	RFP	Provider	Project/Program	Provider Requested Total	Staff Proposed Total	Mandatory PA2	Projected Block Grant*	Projected SOR II	Projected Secondary PA2**
Lenawee	34	Lenawee CMHSP	Pathways Engagement Center	\$ 510,759	\$ 510,759	\$ 75,262	\$ 250,000	\$ 17,789	\$ 167,708
Lenawee	14	Parkside Family Counseling	Prevention and Education Groups	\$ 42,476	\$ 42,476	\$ 42,476	\$ -	\$ -	\$ -
Lenawee RFP#2021D Round One Recommendations				\$ 553,235	\$ 553,235	\$ 117,738	\$ 250,000	\$ 17,789	\$ 167,708

County	RFP	Provider	Project/Program	Provider Requested Total	Staff Proposed Total	Mandatory PA2	Projected Block Grant*	Projected SOR II	Projected Secondary PA2**
Livingston	42	Livingston CMH	Stepping Stones Engagement Center	\$ 547,684	\$ 547,684	\$ 80,048	\$ 250,000	\$ 25,000	\$ 192,636
Livingston	39	Livingston CMH	Blended funding	\$ 40,000	\$ 40,000	\$ 40,000	\$ -	\$ -	\$ -
Livingston	40	Livingston CMH	Epidemiologist w/ Health Department	\$ 29,000	\$ 29,000	\$ 29,000	\$ -	\$ -	\$ -
Livingston RFP#2021D Round One Recommendations				\$ 616,684	\$ 616,684	\$ 149,048	\$ 250,000	\$ 25,000	\$ 192,636

County	RFP	Provider	Project/Program	Provider Requested Total	Staff Proposed Total	Mandatory PA2	Projected Block Grant*	Projected SOR II	Projected Secondary PA2**
Monroe	3	Catholic Charities of SE Mich	St. Joseph Center of Hope	\$ 543,129	\$ 543,129	\$ 137,282	\$ 250,000	\$ -	\$ 155,847
Monroe	37	Monroe CMH	Youth Diversion Initiative	\$ 230,535	\$ 230,535	\$ 230,535	\$ -	\$ -	\$ -
Monroe	27	Women Empowering Women	Recovery Housing for Pregnant Women	\$ 19,710	\$ 19,710	\$ -	\$ -	\$ -	\$ 19,710
Monroe RFP#2021D Round One Recommendations				\$ 793,374	\$ 793,374	\$ 367,817	\$ 250,000	\$ -	\$ 175,557

County	RFP	Provider	Project/Program	Provider Requested Total	Staff Proposed Total	Mandatory PA2	Projected Block Grant*	Projected SOR II	Projected Secondary PA2**
Washtenaw	5	Home of New Vision	Men's MAT Recovery Residence	\$ 70,112	\$ 70,112	\$ -	\$ -	\$ 70,112	\$ -
Washtenaw	32	Ozone House, Inc.	The Engagement Program	\$ 205,214	\$ 205,214	\$ -	\$ -	\$ -	\$ 205,214
Washtenaw	6	Home of New Vision	Recovery Opioid Outreach Team (ROOT)	\$ 167,122	\$ 167,122	\$ -	\$ -	\$ -	\$ 167,122
Washtenaw	31	Avalon Housing	Harm Reduction & Integrated Care	\$ 216,000	\$ 172,800	\$ -	\$ -	\$ -	\$ 172,800
Washtenaw	18	Growth Works Inc.	WJDTC Peer Recovery Coaching	\$ 89,000	\$ 71,000	\$ -	\$ -	\$ -	\$ 71,000
Washtenaw	4	Washtenaw CMH	SUD Crisis Initiative	\$ 111,879	\$ 111,879	\$ -	\$ -	\$ -	\$ 111,879
Washtenaw	10	Home of New Vision	Home of New Vision Engagement Center	\$ 475,000	\$ 475,000	\$ 106,009	\$ 250,000	\$ -	\$ 118,991
Washtenaw	19	Growth Works Inc.	J-COPE	\$ 8,000	\$ 8,000	\$ 8,000	\$ -	\$ -	\$ -
Washtenaw	30	UNIFIED-HIV Health & Beyond	Community Peer Outreach Support	\$ 375,000	\$ 300,000	\$ -	\$ -	\$ -	\$ 300,000
Washtenaw	12	Home of New Vision	Project ASSERT	\$ 121,000	\$ 121,000	\$ -	\$ -	\$ 121,000	\$ -
Washtenaw RFP#2021D Round One Recommendations				\$ 1,838,327	\$ 1,702,127	\$ 114,009	\$ 250,000	\$ 191,112	\$ 1,147,006

Total Regional RFP#2021D Round One Recommendations \$ 3,801,620 \$ 3,665,420 \$ 748,612 \$ 1,000,000 \$ 233,901 \$ 1,682,907

*Projected community block grant available for Strategic Initiatives for FY21: \$1,000,000.

**COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN
REGULAR BOARD MEETING MINUTES**

July 8, 2020

***Meeting held electronically via Zoom**



Members Present: Judy Ackley, Greg Adams, Susan Fortney, Roxanne Garber, Bob King, Sandra Libstorff, Molly Welch Marahar, Caroline Richardson, Sharon Slaton, Ralph Tillotson

Members Absent: Charles Londo, Gary McIntosh, Katie Scott

Staff Present: Kathryn Szewczuk, Stephannie Weary, James Colaianne, Connie Conklin, CJ Witherow, Matt Berg, Nicole Adelman, Michelle Sucharski, Dana Darrow, Mike Harding, Jeff Koras

Others Present: Laurie Lutomski, Dave Oblak

I. Call to Order
Meeting called to order at 6:01 p.m. by Board Chair S. Slaton.

II. Roll Call
J An electronic quorum of members present was confirmed.

III. Consideration to Adopt the Agenda as Presented

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

Vote

Yes: Ackley, Adams, Fortney, Garber, Libstorff, Welch Marahar, Richardson, Slaton, Tillotson

No:

Absent: Londo, McIntosh, Scott, King*

*joined meeting after this vote

IV. Consideration to Approve the Minutes of the June 10, 2020 Regular Meeting and Waive the Reading Thereof

**Motion by S. Fortney, supported by R. Garber, to approve the minutes of the June 10, 2020 regular meeting and waive the reading thereof
Motion carried**

Vote

Yes: Adams, Fortney, Garber, Libstorff, Welch Marahar, Richardson, Slaton, Tillotson

No:

Absent: Londo, McIntosh, Scott, Ackley*

*missed this vote due to technical issue with her phone

V. Audience Participation
J Dave Oblak, Oversight Policy Board Chair, introduced himself.

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.

VI. Old Business

- a. July Finance Report – FY20 as of May 31st
 -) M. Berg presented. Discussion followed.
 -) The \$2/hr. wage pass-through has been received for March-May. The expectation is that the region will receive the 2nd payment for June, July, and August in July.
 -) The preliminary FY21 budget will come to board in August.
- b. FY18 and 19 Deficit Update
 -) M. Berg presented a worksheet that outlined ISF activity, highlighting ISF activity from FY15-FY19.

VII. New Business

- a. Board Action Request
Consideration to approve the FY19 Deficit Elimination Plan

Motion by B. King, supported by R. Garber, to approve the FY19 Deficit Elimination Plan

Motion carried

Vote

Yes: Adams, Fortney, Garber, Libstorff, Welch Marahar, Richardson, Slaton, Tillotson

No:

Absent: Londo, McIntosh, Scott, Ackley*

*missed this vote due to technical issue with her phone

- b. Informational Review
Contract signed within CEO authority
 -) CMHPSM entered into a consultation contract with former SUD Director Marci Scalera to assist with the SUD strategic plan. The contract is within CEO authority; no board action was required.

- c. Board Action Request
Consideration to approve the FY21-23 CMHPSM Strategic Plan

) J. Colaianne presented.

) The Board requested semi-annual reports on the strategic plan going forward.

) Metrics for the strategic plan should be established by quarter 1 of FY21.

Motion by B. King, supported by M. Welch Marahar, to approve the FY21-23 CMHPSM Strategic Plan, to include semi-annual reports to the Regional Board

Motion carried

Vote

Yes: Ackley, Adams, Fortney, Garber, Libstorff, Welch Marahar, Richardson, Slaton, Tillotson

No:

Absent: Londo, McIntosh, Scott

VIII. Reports to the CMHPSM Board

- a. Report from the SUD Oversight Policy Board (OPB)
 -) J. Colaianne provided an overview of the recent OPB meeting.

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.

b. CEO Report to the Board

-) J. Colaianne presented the CEO Report, which included updates from the CMHPSM, Region, and State.
-) J. Colaianne presented suggested CEO goals to the board.

IX. Closed Session

a. Legal Update

Motion by B. King, supported by J. Ackley, to enter into closed session

Motion carried

Vote

Yes: Ackley, Adams, Fortney, Garber, Libstorff, Welch Marahar, Richardson, Slaton, Tillotson

No:

Absent: Londo, McIntosh, Scott

-) The Board entered closed session at 7:32 p.m.

Motion by B. King, supported by S. Fortney, for the Board to return to from closed session

Motion carried

Vote

Yes: Ackley, Adams, Fortney, Garber, Libstorff, Welch Marahar, Richardson, Slaton, Tillotson

No:

Abstain: Welch Marahar

Absent: Londo, McIntosh, Scott

-) The Board returned from closed session at 7:38 p.m.

X. Adjournment

Motion by B. King, supported by J. Ackley, to adjourn the meeting

Motion carried

-) Meeting adjourned at 7:39 p.m.

Judy Ackley, CMHPSM Board Secretary