

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

May 24, 2018

**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 April 23, 2018 OPB Minutes {Att. #1} (Board Action) – 5 minutes
4. Audience Participation – 3 minutes per person
5. Old Business – 30 minutes
 - a. Finance Report {Att. #2} (Board Action) – 15 minutes
 - b. Monroe Engagement Center (presentation/discussion)
 - c. Work It Health – (follow up discussion)
6. New Business – 25 minutes
 - a. Expansion of STR Funding for Project Assert {Att. #3} (Board Action)
 - b. Training Needs Proposals {Att. #4} (Board Action)
 1. ASAM
 2. CCAR Peer Training
 - c. Data: Engagement Center Report {Att. #5} (Discussion)
 - d. Data: Treatment Utilization Trends {Att. #6} (Discussion)
Complete report to be send out on Monday, 5/21/18
7. Report from Regional Board (Discussion) – 15 minutes
 - a. Approved Grant Coordinator Position
8. SUD Director Updates (Discussion) – 10 minutes
 - a. STR status
 - b. New Gambling Prevention RFA
 - c. State Licensing Rules update
 - d. County updates

Next meeting: June 28, 2018

Parking Lot:

**LENAWEE-LIVINGSTON-MONROE-WASHTENAW
OVERSIGHT POLICY BOARD
April 26, 2018 meeting
705 N. Zeeb Road
Ann Arbor, MI 48103**

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

Members Absent: Monique Uzelac, Susan Webb, Charles Coleman, Mark Cochran, Blake LaFuente

Guests: Lisa McLaughlin, Robin McIntosh (Workit Health)

Staff Present: Stephannie Weary, Marci Scalera, Suzanne Stolz, Dana Darrow

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

1. Introductions
2. Approval of the agenda

Motion by W. Green, supported by R. Tillotson, to approve the agenda
Motion carried

3. Approval of the March 22, 2018 OPB minutes

Motion by T. Waldecker, supported by J. Lapham, to approve the March 22, 2018 OPB minutes
Motion carried

4. Audience Participation
J None

5. Old Business
 - a. Finance Report
J S. Stolz presented. Discussion followed.

6. New Business
 - a. Presentation – Workit Health
 - J Workit is a telehealth addiction care program. Services include weekly online therapy, prescription, telehealth visits, 24/7 access to Workit's online lessons.
 - J A. Fullerton noted some barriers: the people she works with can't keep phones, or can't read, or lie by the nature of addiction.
 - J R. McIntosh and L. McLaughlin acknowledged the barriers and noted their work with people to increase tech literacy. They're program is at a 4th grade reading level.
 - J Workit's sliding scale is based on income if the client member of safety net. Or \$75 for non-safety net. Or insurance, if applicable
 - J OPB discussed the possibility of doing a pilot with Workit.

Next steps:

-) M. Scalera will have discussions with the other PIHPs to hear about their experiences with Workit. She'll also talk with the core providers in Washtenaw, Livingston, Lenawee.
- b. Mini-Grant Update
 -) M. Scalera provided an update, with requested amounts and balances.

Motion by D. McCormack, supported by W. Green, to approve the additional \$735.37 requested by Wake Up Livingston
Motion carried

- 7. Report from Regional Board
 - a. CMHPSM Board Policy Manual
 -) M. Scalera shared the manual.
- 8. SUD Director Report
 - a. STR site visit/update
 -) STR grants: it has been a struggle to spend all the money, a problem that exists across the state.
 -) The region now has contracts with Packard Clinic and Livingston CMH for services that fall under the STR grants, so things are beginning to happen with these grants.
 -) The state is coming on May 3rd to discuss grant programs.
 -) Lenawee is using Family Medical for Vivitrol.
 -) The Monroe Engagement Center is still in the works.
 - b. State Licensing Rules update
 -) The PIHPs are working with LARA to change the state licensing rules.
 -) There are ongoing talks with Department of Corrections (DOC) to have treatment and residential services handled through the PIHPs. Discussion has now shifted to the DOC having 1 agency managing services, or contracts with all 10 PIHPs.
 -) The state wants us to add gambling to our Prevention services.
 - c. County updates
 -) In Monroe the split teams had an event with a simulated crash that was very successful.
 -) Lenawee had a heroin submit that went well.

Adjourn

Motion by D. McCormack, supported by J. Lapham, to adjourn the meeting
Motion carried

Meeting adjourned at 11:32.

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

| Summary Of Revenue & Expense | Funding Source | | | | | Total Funding Sources |
|---------------------------------|---------------------|---------------------|---------------------|---------------------|-------------|-----------------------|
| | Medicaid | Healthy Michigan | SUD - Block Grant | SUD-COBO/PA2 | Other | |
| Revenues | | | | | | |
| Funding From MDCH | \$ 1,145,543 | \$ 2,103,312 | \$ 2,996,132 | | \$ - | \$ 6,244,987 |
| PA2/COBO Tax Funding | \$ - | \$ - | \$ - | \$ 1,198,971 | \$ - | \$ 1,198,971 |
| Other | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| Total Revenues | <u>\$ 1,145,543</u> | <u>\$ 2,103,312</u> | <u>\$ 2,996,132</u> | <u>\$ 1,198,971</u> | <u>\$ -</u> | <u>\$ 7,443,958</u> |
| Expenses | | | | | | |
| Funding for County SUD Programs | | | | | | |
| Lenawee | \$ 228,238 | \$ 440,172 | \$ 286,613 | \$ 39,444 | \$ - | \$ 994,467 |
| Livingston | \$ 300,890 | \$ 555,490 | \$ 673,353 | \$ 92,892 | \$ - | \$ 1,622,625 |
| Monroe | \$ 138,315 | \$ 251,907 | \$ 402,618 | \$ 77,792 | \$ - | \$ 870,632 |
| Washtenaw | \$ 588,943 | \$ 1,300,038 | \$ 1,283,028 | \$ 284,641 | \$ - | \$ 3,456,650 |
| Total SUD Expenses | <u>\$ 1,256,386</u> | <u>\$ 2,547,607</u> | <u>\$ 2,645,612</u> | <u>\$ 494,770</u> | <u>\$ -</u> | <u>\$ 6,944,374</u> |
| Other Operating Costs | | | | | | |
| SUD HICA Claims Tax | \$ 8,592 | \$ 15,775 | \$ - | \$ - | \$ - | \$ 24,367 |
| Total Operating Costs | <u>\$ 8,592</u> | <u>\$ 15,775</u> | <u>\$ -</u> | <u>\$ -</u> | <u>\$ -</u> | <u>\$ 24,367</u> |
| Administrative Cost Allocation | \$ 58,781 | \$ 119,192 | \$ 164,745 | \$ - | \$ - | \$ 342,718 |
| Total Expenses | <u>\$ 1,323,759</u> | <u>\$ 2,682,574</u> | <u>\$ 2,810,356</u> | <u>\$ 494,770</u> | <u>\$ -</u> | <u>\$ 7,311,459</u> |
| Revenues Over/(Under) Expenses | \$ (178,216) | \$ (579,263) | \$ 185,776 | \$ 704,202 | \$ - | \$ 132,499 |

| Current fiscal year utilization of PA2 | | | |
|--|-------------------|-------------------|--------------------------------|
| | Revenues | Expenditures | Revenues Over/(Under) Expenses |
| PA2 by County | | | |
| Lenawee | 32,047 | 39,444 | (7,398) |
| Livingston | 96,518 | 92,892 | 3,626 |
| Monroe | 70,641 | 77,792 | (7,152) |
| Washtenaw | 200,567 | 284,641 | (84,074) |
| Totals | <u>\$ 399,772</u> | <u>\$ 494,770</u> | <u>\$ (94,998)</u> |

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

CMHPSM SUD OVERSIGHT POLICY BOARD

ACTION REQUEST

Board Meeting Date:

May 24, 2018

Action Requested:

Review and recommend expansion of the Project Assert STR Budget for year 2 for Home of New Vision and Catholic Charities of South East Michigan

Background:

The MDHHS State Targeted Response grant has entered Year 2. Statewide spending on the grant has been less than expected due to start up, training and other issues. As a way to increase spending, the state recommended we expand services where possible. Project Assert is the program funded by this grant in Monroe (Promedica) and Washtenaw (UMHS) hospitals, where a peer is stationed and the team implements screening, brief intervention, referral to treatment protocols. In Monroe, the peer is in the ED and works on call. In Washtenaw, the peer will be assigned to UM Psych emergency services, but there is great interest and need to cover the St. Joes Hospital emergency department as well. The state has approved the budget increase request of \$92,977 for a total of \$199,251 for the two programs.

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

Addresses the opiate epidemic with evidence based programming through grants and other resources

Recommendation:

Recommend the Regional Board approve the contract amendment to increase the Project Assert funding for Home of New Vision and Catholic Charities of Southeast Michigan, through the use of the STR funds.

CMHPSM SUD OVERSIGHT POLICY BOARD

ACTION REQUEST

Board Meeting Date:

May 24, 2018

Action Requested:

Approve funding for trainings out of PA 2 funds

Background:

1. This region is in need of access to ASAM Certification Training as the move to improve access to services increases; clinicians having a better understanding of the level of care assessment that aligns with the GAIN assessment tool mandated by the state and to increase the knowledge base of the field within our region. While the state arranged 5 ASAM trainings this year, they filled up within 24 hours and our region staff could not access any space. Staff are requesting funding the specialized training regionally and inviting nearby PIHP's to help support the training and paying for their region's attendees. The cost for this training would be just under \$10,000.
2. There have been multiple requests across the region to host another CCAR training for peers. The cost of the full training for up to 40 attendees is approximately \$15,000. The last training was held in April 2017.

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

Ensure recovery focused services; support professional development for peers and staff, meet required credentialing standards.

Recommendation:

Approval of PA2 funding for regional trainings

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.

| County | Population | 2016 Overdoses | Engagement Center |
|---------------|----------------|----------------|-------------------|
| 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.

| Stage of Change | Services Available |
|---|---|
| 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% |

Attachment #5 – May 2018

| | | | | |
|-------------------|----------|----------|------------|---------|
| 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.

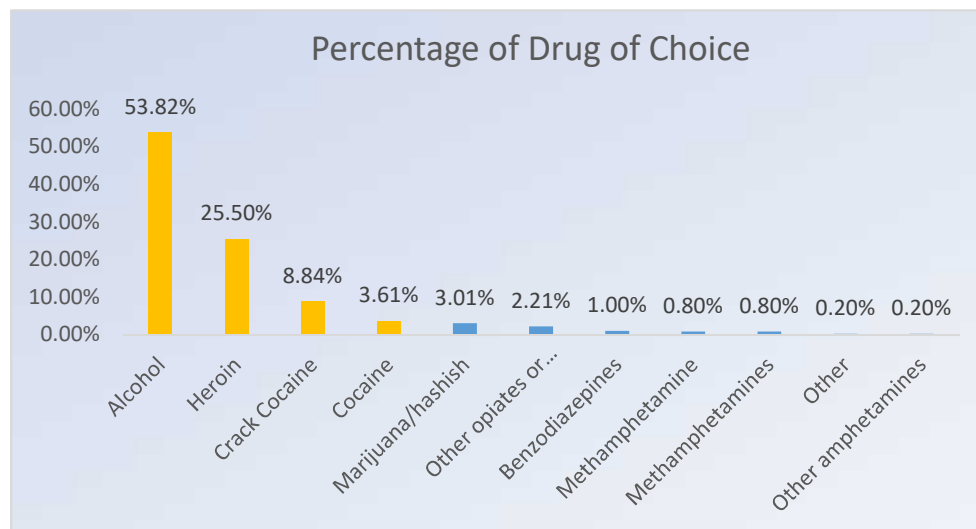
Number of ED visits in past 30 days of first admission to the EC (Washtenaw)... In 2016, there were 182 unique clients (46%) who reported no ED visit in past 30 days. 281 (72%) Unique clients reported at least one ED visit in the prior year. There was a total of 1,059 ED visits in the year prior to their 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 1,280.

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.

Engagement Center Data

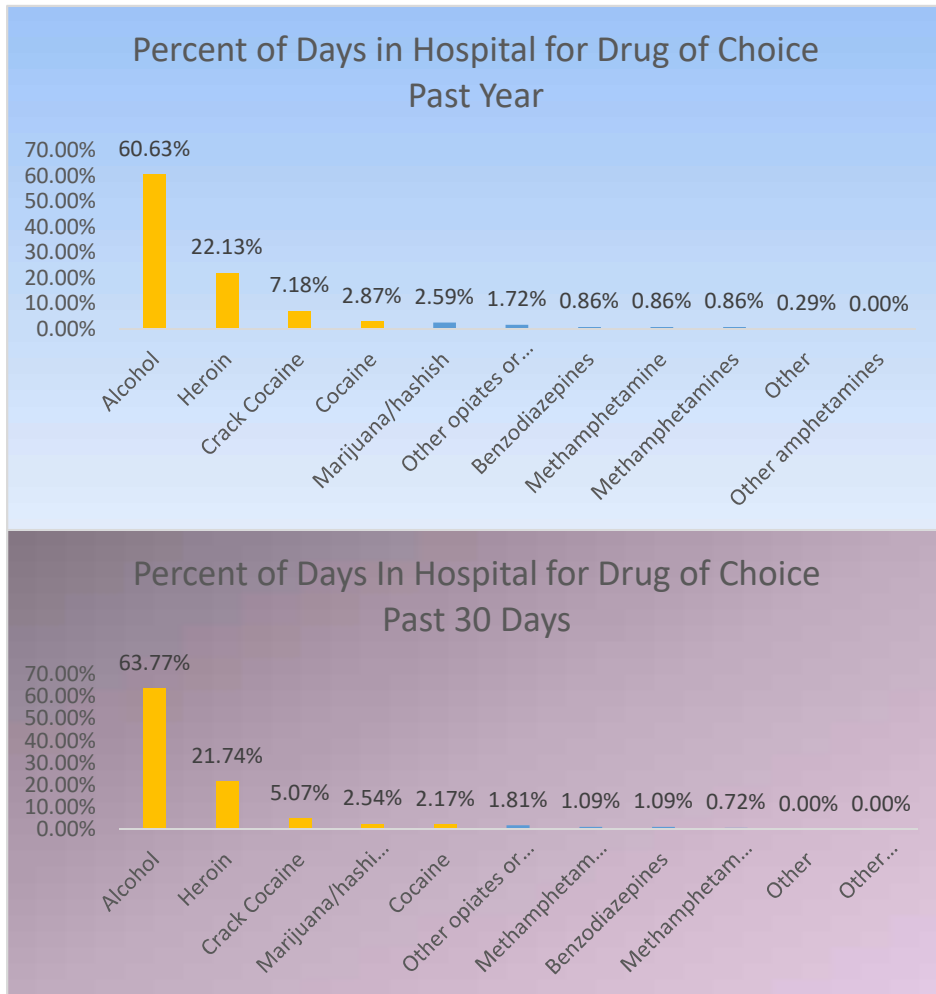
Data collected on Home of New Vision in 2017 reported that over half of the individuals with co-occurring disorders (51.67%) received treatment for both mental health and substance use disorders. Findings from HNV also showed that the top three drugs of choice were alcohol (53.8%) heroin (25.5%), and cocaine/ crack cocaine (12.5%) when looking at unduplicated clients. Individuals utilizing these particular substances also showed the highest utilization in emergency departments in the past year;



alcohol (60.6%), heroin (22.1%), and cocaine/ crack cocaine (10%). Unduplicated individuals with first admission 422 (85.7%) individuals stayed at least one night at the engagement center. When keeping track of individuals again over the most recent 30 days, alcohol related ED visits saw an increase, up

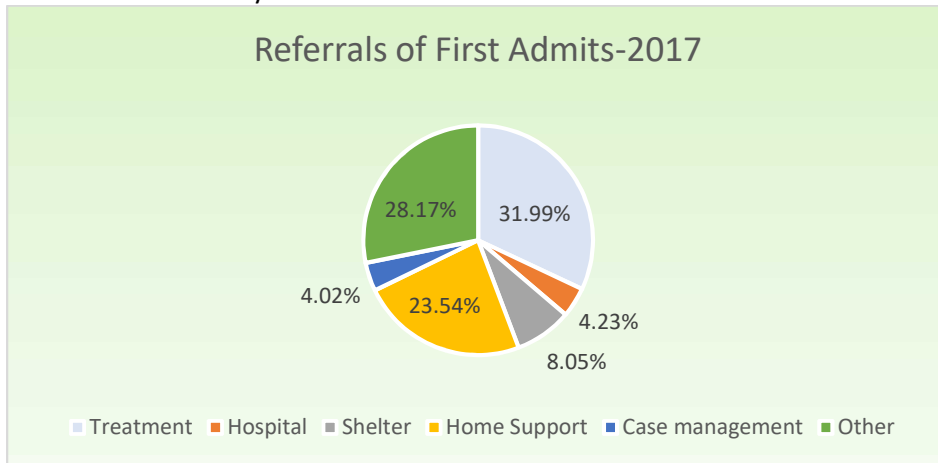
Attachment #5 – May 2018

3.1% (63.7%). Meanwhile, heroin and cocaine/crack cocaine saw decreases in ED utilization, 21.7% and 7.2% respectively.

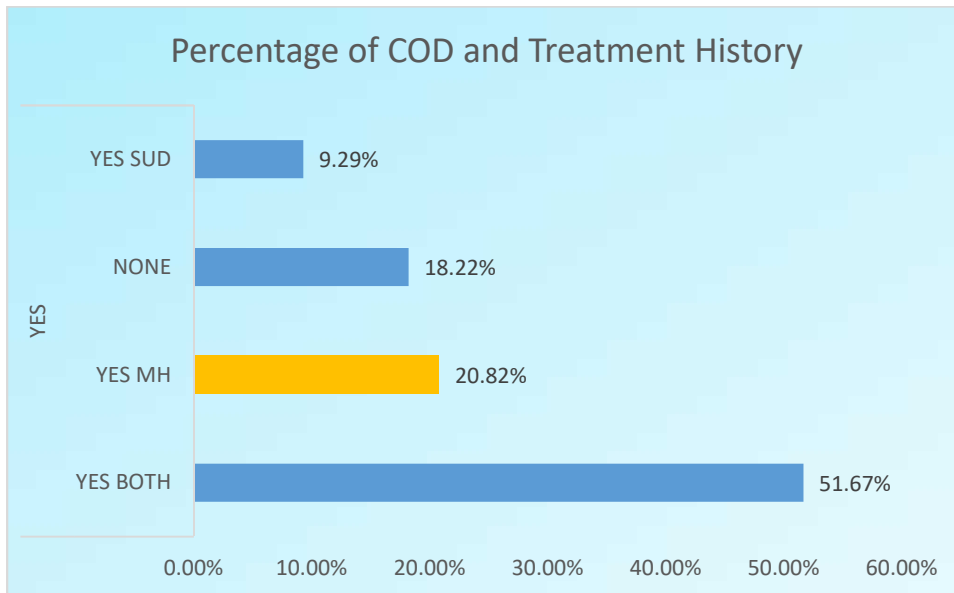


The engagement centers typically take in individuals quickly with wait times of less than one day for most individuals, 129 in 2016 and 223 in 2017. In the event that the engagement center cannot immediately admit and individual, the maximum wait time is 4-5 days which affects only a few individuals; 27 in 2016 and 25 in 2017.

Since tracking data of the engagement center in Washtenaw County, the number of individuals gaining access to treatment has improved. Of the 498 unique clients with first admits to the EC, 159 (32%) were referred to a treatment program compared to 110 (28%) individuals in 2016.



Through the engagement centers individuals with co-occurring disorders gain the opportunity to have access to treatment that will address their various needs. According to SAMHSA, they have identified that “in many cases, people receive treatment for one disorder while the other disorder remains untreated”. Inability to address needs simultaneously puts the individual at greater risk for experiencing homelessness, incarceration, medical illness, suicide, and early death. Through the EC in Washtenaw County, 51.67% of individuals have reported having access to treatment for both mental health and substance use disorder. However, the remaining 48.33% have had treatment for only one disorder or no treatment at all.



In Livingston County... Similar data patterns were observed in terms of who utilizes the EC in this location. Of the 61 unique individuals located at this EC, 29.82% (17 individuals) were referred to home support services and 17.54% (10 individuals) were referred to treatment. Wait times to utilize the EC in Livingston County were also similar to wait times in Washtenaw County, where majority of clients were able to access the EC in less than a day. Meanwhile, only one individual had a wait time if 4-5 days.

As mentioned before, through placing engagement centers throughout Livingston, Monroe, Lenawee, and Washtenaw there will be a major financial benefit to hospitals as they could see savings of roughly \$1 million a year. Those who utilize the engagement centers also gain better access to appropriate care

Attachment #5 – May 2018

and treatment options to meet their specific needs. In turn, this will impact how individuals are able to be involved in their recovery process and improve their quality of life.