OVERSIGHT POLICY BOARD

Regular Board Meeting
Patrick Barrie Conference Room
3005 Boardwalk Drive, Suite 200
Ann Arbor, MI
Thursday, January 27, 2022
9:30 a.m. – 11:30 a.m.

To Join by Phone:
1-312-626-6799; 1-646-876-9923; or
1-346-248-7799
Meeting ID: 133 461 219

To Join by Computer:
https://us02web.zoom.us/j/133461219
Passcode: 513544

Agenda

1. Introductions, Welcome Board Members & Review Open Meetings Act Procedures– 10 minutes

2. Approval of Agenda **(Board Action)** – 2 minutes

3. Approval of October 28, 2021 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. FY22 American Rescue Plan Act Funding Update {Att. #3} (Discussion) – 15 minutes
   c. PA2/Block Grant Spending Plan FY23 (Discussion) – 10 minutes

6. New Business
   a. Core Provider Service Model Review (Discussion) – 10 minutes
   b. SUD Dashboard {Att. #4} (Discussion) – 15 minutes
      Jessica Sahutoglu, Regional Health Data Analyst
   c. Naloxone Distribution and Regional Reports (Discussion) – 10 minutes
      Alyssa Tumolo and Rebecca Dubois, Grants Coordinators
   d. Naloxone Policy {Att. #5a, b} (**Board Approval**) – 10 minutes
   e. Request for Regional Board Representative – 5 minutes

7. Report from Regional Board (Discussion) {Att. #8} – 5 minutes

8. SUD Director Updates (Discussion) – 10 minutes
   a. CEO Update {Att. #6}
   b. Opioid Health Homes
   c. Back to office plans

9. Adjournment **(Board Action)**

***Next meeting: Thursday, February 24, 2022**
Location: 3005 Boardwalk, Suite 200; Patrick Barrie Room

Oversight Policy Board Minutes
October 28, 2021
Meeting held electronically via Zoom software

Members Present: (physical location)	Mark Cochran (Monroe, MI), Kim Comerzan (Monroe, MI), Amy Fullerton Lenawee County, MI), Ricky Jefferson (Ypsilanti Township, MI [non-voting]), John Lapham (Nashville, TN), Susan Longsworth (Genoa Township, MI), Molly Welch Marahar (Ann Arbor, MI), Dave Oblak (Ann Arbor, MI), Dave O'Dell (Monroe, MI), Ralph Tillotson (Adrian, MI), Monique Uzelac (Ypsilanti, MI), Tom Waldecker (Carlton, MI)
Members Absent:	Dianne McCormick, Frank Nagle, Carol Reader
Guests:	
Staff Present:	Stephannie Weary, James Colaianne, Nicole Adelman, Matt Berg, CJ Witherow, Alyssa Tumolo, Rebecca DuBois, Danielle Brunk

Board Chair M. Cochran called the meeting to order at 9:32 a.m.

1. Roll Call
   Electronic quorum confirmed.

2. Approval of the Agenda
   Motion by R. Tillotson, supported by J. Lapham, to approve the agenda
   Motion carried
   Voice vote, no nays

3. Approval of the September 23, 2021 Oversight Policy Board minutes
   Motion by D. O'Dell, supported by J. Lapham, to approve the September 23, 2021 OPB minutes
   Motion carried
   Voice vote, no nays

4. Audience Participation

5. Old Business
   a. Finance Report
      - M. Berg presented.
   b. FY22 American Rescue Plan Act Funding Update
      - N. Adelman provided an overview.
      - N. Adelman will follow up with the state on whether SUD Health Homes allow for Opioid Health Homes.
      - The state is pushing SAMHSA for a 12/1 start-date.
      - OPB members should forward any programming thoughts and ideas to N. Adelman. Staff will put together a proposal to OROSC.

6. New Business
   a. PA2 Request for Livingston Co. Engagement Center
      Motion by S. Longsworth, supported by M. Uzelac, to approve $50,000 in FY22 PA2 funds to Livingston County Community Mental Health Authority for the Livingston County Engagement Center
      Motion carried

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Vote
Yes: Cochran, Comerzan, Fullerton, Lapham, Longsworth, Welch Marahar, Oblak, O'Dell, Tillotson, Uzelac, Waldecker
No:
Absent: McCormick, Nagle, Reader
Non-voting: Jefferson

b. PA2 mini grant request
   - Request is for $1k Monroe I Matter Summit.
   - N. Adelman has the authority to approve mini grants, but because of the region's PA2 struggles, OPB discussed status/plan for mini grants.
   - OPB agreed to continue with FY22 mini grants, suspend mini grants for FY23.

c. Board Elections

Motion by T. Waldecker, supported by J. Lapham, to install the officer slate as listed below for FY22
Motion carried

Chair	***Mark Cochran***
Vice Chair	***Susan Longsworth***
Secretary	***Molly Welch Marahar***

Vote
Yes: Cochran, Comerzan, Fullerton, Lapham, Longsworth, Welch Marahar, Oblak, O'Dell, Tillotson, Uzelac, Waldecker
No:
Absent: McCormick, Nagle, Reader
Non-voting: Jefferson

   - There were no nominations from the floor.

d. SUD Policy Updates
   - Last month, OPB requested that the ROC propose a more succinct term to replace the proposed "consumer/individual served" policy language.
   - After consulting with local recipients of service, ROC determined that "consumer/individual served" should be the consensus term for mental health policies and that SUD policies should use a different term, if preferred.

Motion by M. Welch Marahar, supported by S. Longsworth, to use the term "individual" in SUD policies to identify those who are receiving services
Motion carried
Vote
Yes: Cochran, Comerzan, Fullerton, Lapham, Longsworth, Welch Marahar, Oblak, O'Dell, Tillotson, Uzelac, Waldecker
No:
Absent: McCormick, Nagle, Reader
Non-voting: Jefferson

   - OPB advised that "individual," "staff," "clinician," and other terms should be clearly defined in the policies.

e. Open Meetings Act
   - Unless something changes in policy, public meetings will need to be conducted in-person again starting January 2022.
   - There will need to be a quorum in the room, including at least 1 person from each county. Per the Open Meetings Act, only board members present in the room are

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allowed to vote. Remote meeting attendees will be able to contribute to discussion but will not be able to vote.
- Staff will join the meetings via Zoom to maintain social distancing.

f. Relaunch of Opioid Prevention Media Campaign
- Campaign was originally funded by the STR grant.
- It was released when the pandemic began, so the effectiveness of it was probably impacted by COVID.
- Staff was able to find some money in the SOR no-cost extension and COVID block grant, were able to spend around $35k to re-release. Social media will primarily be used for this campaign.

7. Report from Regional Board
- Minutes were included in the packet.
- The board approved the pass-through of $2.35/hr. premium pay for a number of services, includes detox and residential, for all 4 counties.

8. SUD Director Updates
a. CEO Update {Att. #7}
- CEO Report was included in the packet.
- The Shirkey bill will move out of the senate subcommittee, which likely. The house bill isn't released from committee yet.
- M. Welch Marahar expressed concern for transition options for SUD services, if needed. J. Colaianne noted that conversations have been happening at ROC and at the state PIHP level.

b. Staffing Update
- Th SUD team is now fully staffed. Newest 2 staff members: SUD Program Coordinator Danielle Brunk and Veteran Peer Support Specialist Bob Bull.

c. Back to office plans
- Leadership's decision-making is data-driven with the intention of safety for staff.
- The office was scheduled to be reopened in a limited capacity on Monday 11/1, but Leadership has decided to push that back to 11/15, at which point there will be limited staff in the office and the office will remain closed to the public.

d. Return of SUD Dashboard
- The SUD dashboard will begin to be presented at OPB meetings again, with a goal of starting in January.

9. Adjournment
Motion by M. Uzelac, supported by M. Welch Marahar, to adjourn the meeting
Motion carried
Voice vote, no nays

- `Meeting adjourned at 10:48 a.m.

***Next meeting: Thursday, December 2, 2021**
Location TBD: Zoom or 3005 Boardwalk, Suite 200; Patrick Barrie Room

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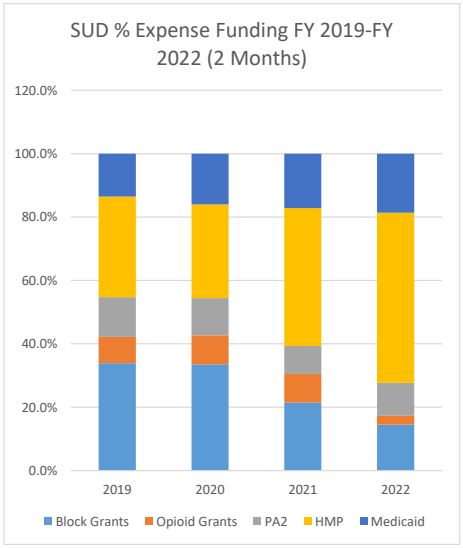
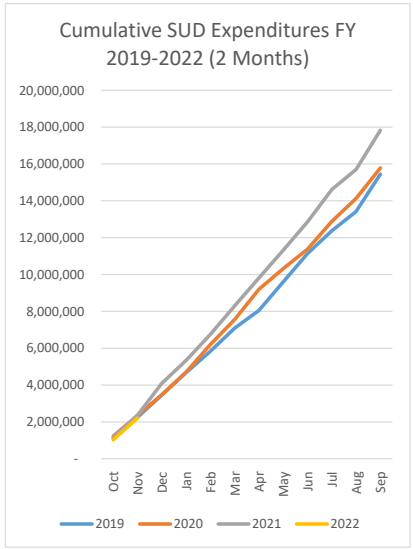
Community Mental Health Partnership Of Southeast Michigan
SUD SUMMARY OF REVENUE AND EXPENSE BY FUND
November 2021 FYTD

Summary Of Revenue & Expense	Funding Source						Total Funding Sources	FY20 YTD-Closed
	Medicaid	Healthy Michigan	Block Grants	SOR II	Gambling Prev	SUD-PA2		
Revenues								
Funding From MDHHS	594,896	1,711,493	462,960	89,192	3,657		**$ 2,862,199**	$ 2,430,497
PA2/COBO Tax Funding Current Year							**$ -**	
PA2/COBO Reserve Utilization							**$ -**	
Other (transfer to ISF)			-	-	-	-	**$ -**	
Total Revenues	**$ 594,896**	**$ 1,711,493**	**$ 462,960**	**$ 89,192**	**$ 3,657**	**$ -**	**$ 2,862,199**	$ 2,430,497
Expenses								
Funding for County SUD Programs								
CMHPSM				90,318	10,628		**100,946**	2,167
Lenawee	65,210	171,180	100,522			28,206	**365,118**	273,085
Livingston	36,646	123,442	75,503			51,189	**286,780**	272,258
Monroe	70,330	157,705	99,107			30,498	**357,641**	336,597
Washtenaw	139,678	505,415	122,071			79,930	**847,094**	974,727
Total SUD Expenses	$ 311,864	$ 957,742	$ 397,204	$ 90,318	$ 10,628	$ 189,823	**$ 1,957,579**	$ 1,858,834
Administrative Cost Allocation	48,218	146,577	60,396			-	**$ 255,191**	$ 326,214
Total Expenses	**360,082**	**1,104,319**	**$ 457,600**	**$ 90,318**	**$ 10,628**	**$ 189,823**	**$ 2,212,770**	$ 2,185,048
Revenues Over/(Under) Expenses	**234,814.61**	**607,175**	**5,360**	**$ (1,126)**	**$ (6,971)**	**(189,823)**	**$ 649,429**	$ 245,449





FY 2022 PA2 Budget

	Revenues	Expenditures	Revenues Over/(Under) Expenses
PA2 by County			
Lenawee	171,327	518,553	(347,226)
Livingston	523,560	722,268	(198,708)
Monroe	385,980	455,111	(69,131)
Washtenaw	919,133	1,518,459	(599,327)
Totals	$ 2,000,000	$ 3,214,391	$ (1,214,391)

Unallocated PA2	FY 22 Beginning Balance (Prelim)	FY22 Budgeted Utilization	FY22 Projected Ending Balance	FY 21 YE Over/(Under) Expenses
Lenawee	524,050	(347,226)	176,824	(199,668)
Livingston	3,741,037	(198,708)	3,542,328	93,773
Monroe	303,906	(69,131)	234,775	(125,039)
Washtenaw	1,621,374	(599,327)	1,022,048	(418,078)
Total	$ 6,190,367	$ (1,214,391)	$ 4,975,976	$ (649,012)

SABG Supplemental – ARPA from OROSC

CMHPSM Region 6 Allocation

Prev.	Activity	Available per PIHP/year	Amount Requested	Amount Allocated	Project Ideas	County/Amt
	Student Assistance Programming- Alternatives to suspension for substance use (PFL 420, Teen Intervene etc.)	$100,000	$100,000	$50,000	Potential partnership with Student Advocacy Center and Corner Health Center – **Corner interested; deciding next week**	Wash $50k?
					Per Kathryn, could ask B&G Club ---------- Or Monroe? At Coalition principals reported suspensions for vaping	Len $50k? ---------- Monroe 50k?
	Evidence-Based Program/Practice provision to include program training/fidelity for diverse priority areas and populations determined by community needs assessment…	$119,060	$119,060	$119,060	St. Joe Project SUCCESS in Dexter and Chelsea	Wash $119,060; only able to use $67,800 for year 1 due to late start
Tx	Staffing support: same day appointments for OTP, WM, Residential	$50,000	$50,000	$50,000	Possible funding for at least one residential and one WM provider; could also support an OTP; **emailed WM providers; received 2 requests from out of**	

					region providers	
	SUD Health Home maintenance	$10,000	$10,000	$0	State deferred because we are not currently implementing SUD Health Home	
	Accessing Behavioral Health for African American and other disparate populations – utilizing anchor institutions for connections to provider services.	$100,000/community – **10 communities in total for duration of grant*	$100,000	$100,000; $25k/one per county	Lenawee - Migrant Resource Council Community Action Agency* - have arranged for migrant camps-Clint Brueger; Boys and Girls Club applied; **could give Lenawee 2**	Len $25k - $50k
					Washtenaw Co- **meeting with Wash Co Health Dept connection**	Wash $25k
					Liv declined	$0
					MCOP applied, but not necessarily an anchor inst.	Monroe $25k
	Telehealth Technology – provider updates to make telehealth more accessible – year 1 only	$75,000	$75,000	$75,000	Will work with providers to identify specific needs across region; **Is prevention allowed?; Workit Health may make most sense as they're**	

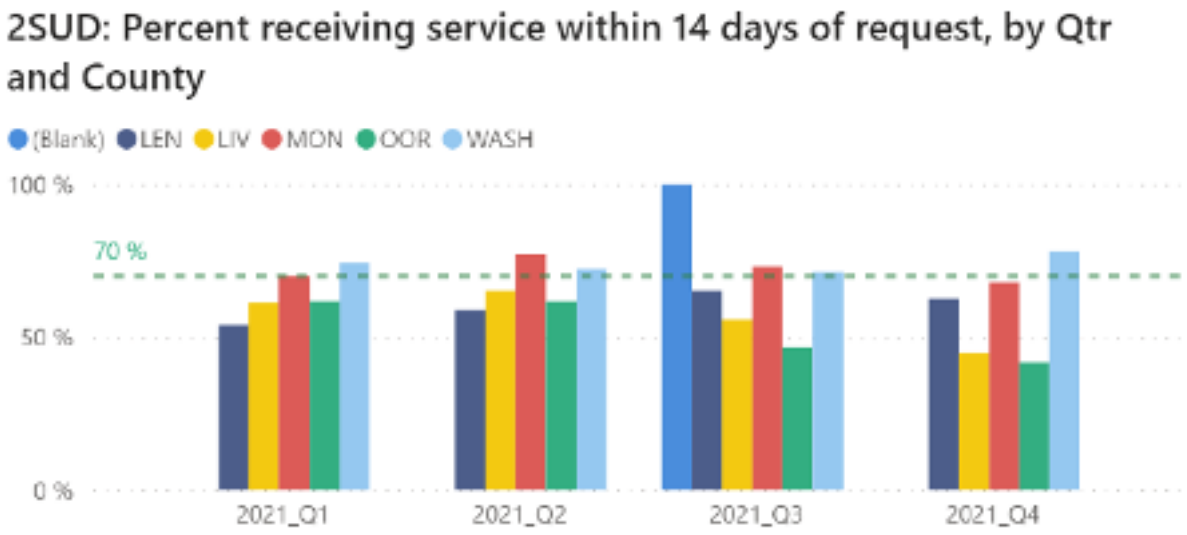
					completely telehealth	
	Telehealth Hubs in the community – allow individuals without reliable access a community space to participate in telehealth sessions.	$50,000	$50,000	$50,000	MCOP; Workit Health? Boys and Girls Club?;	
Recovery	Prosocial Activities for youth in recovery or misusing substances	$7,500	$7,500	$7,500	Ozone House? (WRAP declined)	Wash – $1,875
					Liv - Youth Connect	Liv – $1,875
					Boys and Girls Club?	Len – $1,875
					MCOP? (RAW declined)	Mon - $1,875
	Youth Community Centers – funding for 2 available each year	$350,000	$350,000	$350,000	Monroe County Opportunity Program –1 year only with carry forward and possible additional years if other regions don't want it.	Monroe $350,000
	Individualized Placement and Support	$25,000 – if every region were interested	$25,000	$25,000	Will work with providers to determine how to provide Employment assistance	
	Collegiate Recovery Programs – support for peer recovery services, training, development of additional programs (up to 10 programs in total)	$25,000/CRP	$100,000	$25,000 *this is intended for one CRP	Possible Adrian College and Sienna Heights partnership	Len $25k?
					If not above, WCC has one but needs more funding	Wash $25k?

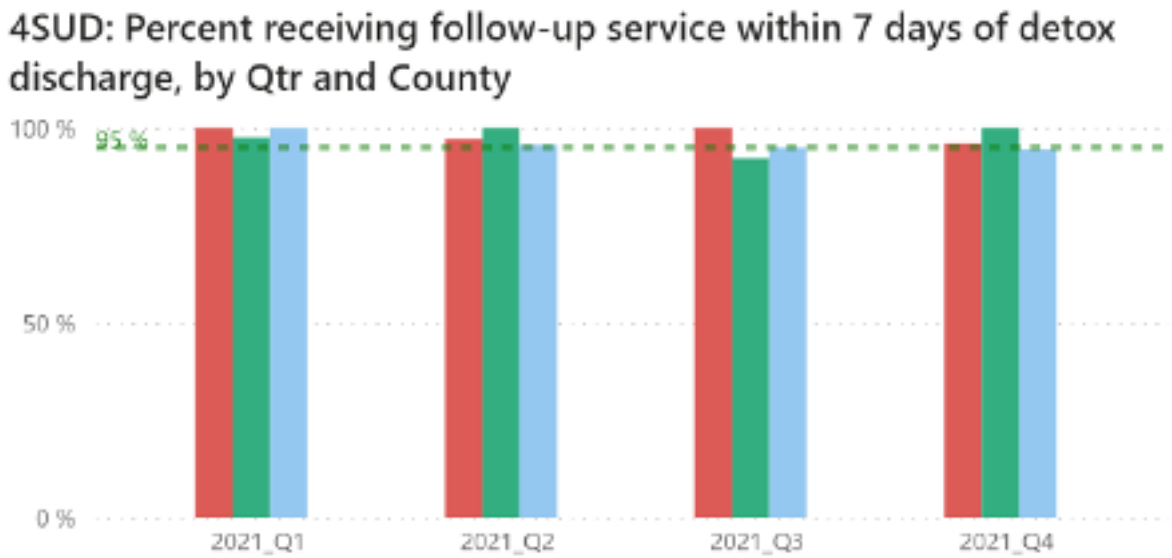
	Recovery Community Organization development	Up to 4 organizations/year - $150,000	$150,000	$0	State deferred our request since we already have RCOs.	
	Recovery Support Services to special populations: older adults, WSS, youth, incarcerated	$75,000	$368,971	$75,000	Actual need for requests for RSS programs; understand can only happen if other regions don't use all this funding	Monroe – CCSEM $75,000
	Recovery Housing	$100,000	$100,000	$100,000	Ideas include Ty's House in Monroe; maybe Paula's House; RAIL**; could be any of the above getting PA2**	Monroe, possibly Livingston

SUD Dashboard Overview

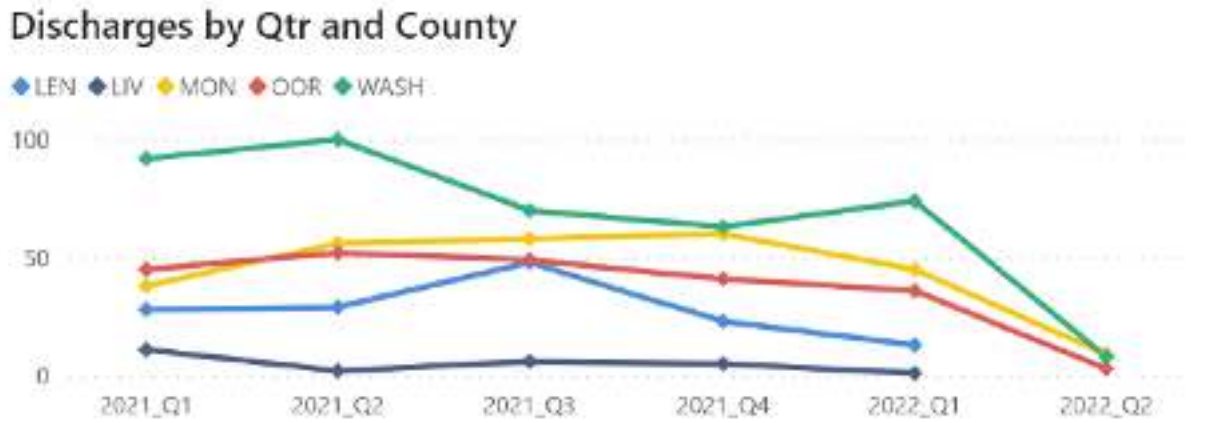
Our new SUD Dashboard will be presented at the OPB meeting on January 27th by Jessica Sahutoglu, CMHPSM Regional Health Data Analyst. She will go more in depth into the actual dashboard and the metrics we are tracking across the region to help us better understand important aspects of SUD services. The following is a preview of a few charts that will be presented so you can get an idea of what you will see.

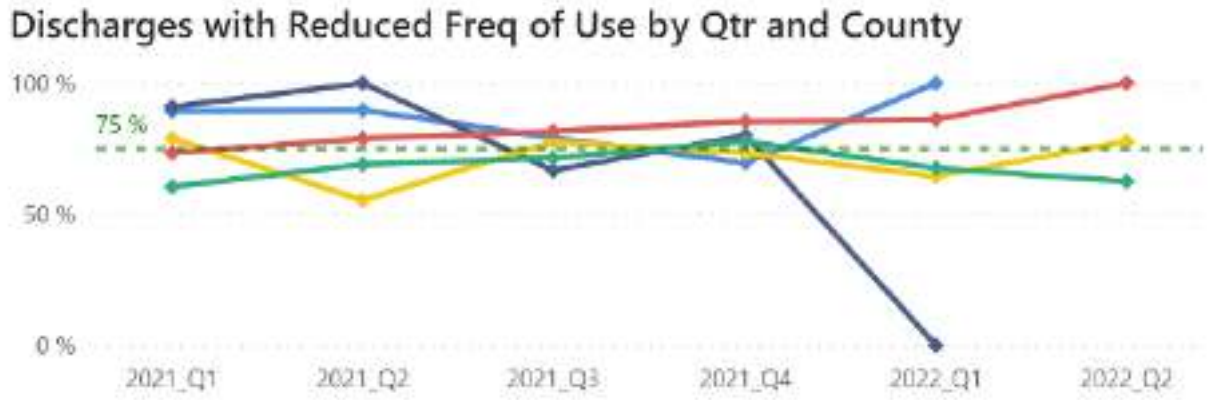
These two graphs show the percent of individuals who receive a service within 14 days of their request for services (2SUD); and the percent of individuals who receive a follow-up service within 7 days of being discharged from detox (4SUD). They are broken out by quarter and by county. The green dotted line is a target we hope providers can reach or surpass.

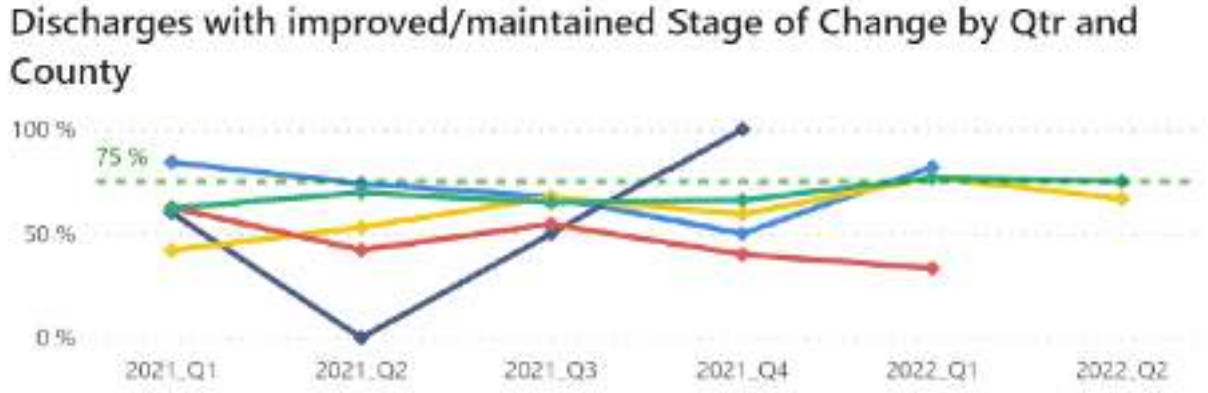




These graphs show discharges overall; discharges with decreased frequency of use; and discharges for individuals whose Stage of Change was maintained or improved. These are all also broken down by quarter and by county.







Community Mental Health Partnership of Southeast Michigan/PIHP	*Policy* *Regional Naloxone Overdose Rescue Kit Distribution and Utilization*
Department: SUD **Author: Nicole Adelman**	**Local Policy Number (if used)**
Oversight Policy Board Approval Date **TBD**	**Implementation Date** **TBD**

I. PURPOSE

To reduce fatal opioid overdoses by allowing the distribution of Community Mental Health Partnership of Southeast Michigan (CMHPSM) funded Naloxone Overdose Rescue Kits by regional law enforcement agencies, first responders, crisis staff and other authorized individuals, as well as trained community members.

II. REVISION HISTORY

DATE	REV. NO.	MODIFICATION
12-2018		
4-2019	2.0	Language changes/updates/attachments
~~05~~11-2021	3.0	Policy updates/attachment updates

III. APPLICATION

This policy applies to all staff and contractual organizations receiving any funding directly or sub-contractually, within the provider network of the CMHPSM**,** and any first responders, including community laypeople, who will be administering naloxone that are not under contract or in the provider network to utilize the CMHPSM issued Naloxone Overdose Rescue Kits.

IV. DEFINITIONS

Approved Training: Training on administration of naloxone that is provided by a CMHPSM authorized agency; Designated Law Enforcement Training Department in conjunction with Medical Personnel; Hospital; Health Department personnel or Michigan Department of Health and Human Services Designated Trainers, and any trainer within the community who received "Train the Trainer" instruction. Training should include experiential ~~hands on~~hands-on practice with the naloxone administration device~~ and practice mannequin if possible~~ when possible. The use of virtual training or virtual training platforms by trained trainers needs prior approval before implementation by CMHPSM trainers and/or CMHPSM staff.

Community Mental Health Partnership of Southeast Michigan (CMHPSM): The Regional Entity that serves as the PIHP for Lenawee, Livingston, Monroe and Washtenaw for mental health, developmental disabilities, and substance use disorder services.

Community Mental Health Services Program (CMHSP): A program operated under chapter 2 of the Mental Health Code as a county community mental health agency, a community mental health authority, or a community mental health organization.

Crisis Staff: Any staff assigned to a crisis response team/program within a CMHSP or substance use disorder (SUD) provider network who is involved in urgent/emergent responding to individuals engaged in using opioids and who are at risk of an overdose. This pertains to mobile outreach and crisis teams within the CMHSP, Regional Engagement Centers, emergency shelters, etc.

Opioid**:** A drug that is derived from the opium poppy or made synthetically. Opioids are narcotic sedatives that depress activity of the central nervous system, reduce pain, and induce sleep. First ~~Responders often~~Responders often encounter opioids in the form of morphine, methadone, codeine, heroin, fentanyl, oxycodone and hydrocodone.

Naloxone**:** An opioid antagonist that can be used to counter the effects of an opioid overdose. Specifically, it can displace opioids from the receptors in the brain that control the central nervous system and respiratory system. It is marketed under various trademarks including, "Narcan." *Naloxone is only effective if administered to an individual who has opioids in their body.*

Naloxone Overdose Rescue Kit: A kit containing one box of Narcan® Nasal Spray (containing two doses of naloxone intranasal 4mg each) one pair of latex free gloves, one-way valve breathing barrier~~, naloxone use reporting form~~, instructional brochures, and other items and local resource information as applicable.

Prescription Label: A label that denotes the CMHPSM address, name of recipient agency, organization, event or individual; date of distribution; expiration date of the medication; sig notation, and prescriber name and address.

Regional Entity: The entity established under section 204b of the Michigan Mental Health Code to provide specialty services and supports.

Responder: Any individual authorized to utilize a CMHPSM Naloxone Overdose Rescue Kit *who has completed an approved training*.

State Portal: Online portal for obtainment of naloxone which is made available to organizations through the MDHHS website.

Substance Use Disorder (SUD) Core Provider: A local provider of substance use services utilizing the ROSC Model that ~~provides for and/or~~ coordinates all levels of care for clients with substance use disorders.

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Universal Precautions: An approach to infection control to treat all human blood and certain human body fluids as if they were known to be infectious for HIV, ~~HBV~~ HCV and other blood borne pathogens

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V. POLICY

Through the authorization of a prescriber's standing order (Exhibit A), only appropriately trained individuals are authorized to utilize CMHPSM funded Naloxone Overdose Rescue Kits in an attempt to respond to an individual presenting with an apparent opioid overdose. Tracking of distribution will be maintained by CMHPSM staff via an electronic Naloxone Rescue Kit Distribution Log (Exhibit B).

VI. STANDARDS

1. ASSESSMENT AND ADMINISTRATION

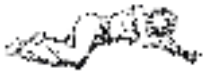
In the event that a responder has arrived at the scene of a medical emergency prior to the arrival of EMS and has made a determination that the patient is displaying symptoms consistent with a suspected opioid overdose, the responding individual shall administer four milligrams of intranasal Narcan spray to the person by way of the nasal passages.

The following A.C.T.I.O.N. steps should be taken for **first responders** such as law enforcement officers:

A. Responder shall use universal precautions.
B. A brief medical assessment of the person as prescribed by First Aid Training can be conducted.
   a. Taking into account statements from witnesses and/or family members regarding drug use.
   b. Drug paraphernalia observed at the scene.
C. The first responder shall
   1. **Arouse** the person using the "3 S's." Shout the person's name, shake the shoulders vigorously, and perform a sternal rub against the breastbone of the person.
   2. **Check** for signs of opioid overdose: pinpoint pupils, blue lips/fingernails, shallow/slowed or stopped breathing, snoring/gurgling sounds, unconsciousness, unresponsive to pain stimulus (sternal rub).
   3. **Telephone 911** For the first responder, communicate with dispatch
   4. **Intranasal/Intramuscular Naloxone** If the first responder makes a determination *the individual has symptoms consistent with* a suspected opioid overdose, the Naloxone Overdose Rescue Kit shall be utilized.
      a. The first responder shall remove the back seal from the package, remove Narcan nasal spray, insert the nozzle into the nose, and push the plunger.
      b. Note: in the event the responder is using another FDA approved naloxone device, they should follow the accompanying package insert instructions.
   5. **Oxygen** After administering naloxone, the responder shall carry out appropriate resuscitation measures according to their First Aid

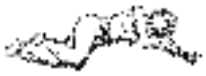
Responder training (i.e. CPR and/or rescue breathing) as delivering oxygen to the person is critical in an overdose.

6. **Naloxone Again** In the event the person does not resume breathing or regain consciousness, naloxone may be repeated every 2-3 minutes until EMS arrives.
    a. EMS shall be contacted, and the person should be encouraged to be transported to the hospital for medical attention via EMS.
    b. Responder should stay with the person until EMS arrives.
    c. The person can be placed in a position of comfort once consciousness is regained and breathing resumes. If the person vomits, a recovery position shall be utilized (see image to right)



For **community layperson** administration, the following A.C.T.I.O.N steps shall be taken: (It is recommended that the community layperson should use universal precautions if available prior to administering naloxone.)

A. **Arouse** the person with the 3 S's: Shout the person's name, shake their shoulders vigorously, and perform a sternal rub by making fist and rubbing it along the breastbone of the person to check for pain response.
B. **Check** for signs of an opioid overdose which may include some or all of these symptoms: pinpoint pupils, shallow/slow breathing or no breathing, gurgling/snoring-like sounds, unconsciousness, unresponsive to pain stimulus
C. Telephone 911
D. **Intranasal/Intramuscular Naloxone** administer intranasal naloxone by removing the back seal from the package, inserting the Narcan nasal spray nozzle into the nose, and pushing the plunger. *Note: in the event the responder is using another FDA approved naloxone device, they should follow the accompanying package insert instructions.*
E. **Oxygen** As oxygen is critical to survival, the responder can deliver 2 rescue breaths initially and then 1 breath every 5 seconds, or perform CPR, or follow dispatch instructions. The responder can do what they are comfortable in performing and according to what they are trained to do while waiting for EMS to arrive.
F. **Naloxone Again** If the person does not resume breathing or regains consciousness after the initial dose of Narcan nasal spray, the responder can repeat naloxone every 2-3 minutes until the person resumes breathing, regains consciousness, or EMS arrives.
    a. Responder should stay with the patient until EMS arrives.
    b. The person can be placed in a position of comfort once consciousness is regained and breathing resumes. If the person vomits or if the responder must leave the situation, a recovery position shall be utilized (see image to right)



2. REPORTING

A complete ~~case~~ report of the incident shall be completed per the responders organizational policies for internal reporting. ~~by the responder. In the case of law enforcement, the officer shall follow agency protocol as designated by the respective department. The Law Enforcement Naloxone Use Report (Exhibit C) will be provided in the kit. In the case of crisis or program staff or volunteers, reporting the incident to the supervisor and completion of incident report shall be made prior to the end of his/her shift. Program staff, volunteers or community members should complete an online Community Layperson Naloxone Use Report at www.cmhpsm.org/save. The website link is included on a Thank You card which will be included in the kit. (Exhibit D).~~

~~Notify CMHPSM within 24 business hours of the overdose rescue via fax as indicated on the Law Enforcement Naloxone Use Report forms or for Community Lay Persons, report using the Naloxone Use Report online form indicated on the Thank You card.~~

3. EQUIPMENT AND MAINTENANCE

It shall be the responsibility of the responders to inspect Naloxone Overdose Rescue Kits issued to them prior to the start of each shift (in the case of law enforcement) or at a minimum monthly, to ensure that the kits are intact. The responder will be responsible for their assigned Naloxone Overdose Rescue Kit and must be able to account for it at all times.

Expiration:
Please follow the expiration date printed on the blister pack of the NARCAN Nasal Spray Product you have. It is important to check your box of naloxone to ensure expiration date, and to make arrangements for replacement 3-6 months prior to expiration.

Storage:
Store NARCAN Nasal Spray in accordance with the storage instructions found in the package insert included with NARCAN Nasal Spray product you have.

~~Damaged equipment shall be reported to the supervisor immediately. A written inventory documenting the quantities, lot numbers and expirations of naloxone replacement supplies, and a log documenting the issuance of replacement units shall be maintained by the entity receiving the Naloxone Overdose Rescue Kits.~~

4. DISTRIBUTION

For community naloxone distribution, any organization that distributes Naloxone Overdose Rescue Kits **obtained from CMHPSM** will need to have at least two

staff/representatives complete the Train the Trainer course from a CMHPSM approved trainer. Each organization will be responsible to:

A. Store the Naloxone Rescue kits in accordance with the storage instructions found in the package insert included with the NARCAN Nasal Spray product you have. Naloxone Overdose Rescue Kits should be stored in a secure, lockable cabinet limited to individuals who have received the Train the Trainer training.

~~B. Ensure that individuals complete the Community Naloxone Kit Distribution Form (Exhibit E) prior to distribution and submit completed forms to CMHPSM.~~

~~C.~~B. Train individuals how to respond to opioid overdoses using the:

a. Take ACTION curriculum protocol and PowerPoint (Exhibit F) OR
b. At the minimum, educate the individual using topics covered in the Opioid Overdose & Naloxone patient education brochure (Exhibit G) OR
c. Utilize the web-based naloxone training found on www.overdoseACTION.org. OR
d. Attend another approved training by CMHPSM/MDHHS
i. Note: Any virtual training efforts must be preapproved by CMHPSM

~~D.~~C. Sign a Receipt of Naloxone Overdose Rescue Kit (Exhibit H) and submit to CMHPSM.

~~E.~~D. Sign a Memorandum of Understanding (MOU) with CMHPSM if receiving Naloxone Overdose Rescue Kits for further distribution outside of agency staff (Exhibit I).

a. If an individual does not have an affiliated organization or the organization is unable to sign a Memorandum of Understanding (MOU) with CMHPSM, they will need to work directly with CMHPSM to coordinate getting the distribution of naloxone rescue kits to trained individuals. CMHPSM may recommend the state naloxone portal or another local organization who has an MOU who can verify the training occurred and distribute a kit. This will be considered on a ~~case by case~~case-by-case basis and CMHPSM will need to document reason why an MOU cannot be obtained.

~~E. Return all forms to CMHPSM.~~

5. REPLACEMENT

Naloxone Overdose Rescue Kits that have been used should be replaced. In the event the inventory is nearing depletion or expiration, the agency should notify the CMHPSM to determine if additional resources are available to replenish the supply 3-6 months prior to expiration date.

6. ORDERING

Naloxone Overdose Rescue Kits and/or boxes of Naloxone can be ordered by trained individuals and organizations by contacting CMHPSM or completing the CMHPSM Naloxone Order Form available on the CMHPSM website (https://www.cmhpsm.org/opioid-overdose-prevention-naloxone).

To order Naloxone CMHPSM will need the following information:

- Ordering Individual's Name
- Organization
- Date Trained
- Trainer/Training Organization Name
- Number of Naloxone Overdose Rescue Kits needed or Naloxone only
- Date Needed
- Pick Up or Delivery (Delivery is dependent on location and ability of staff to deliver)

Trained individuals and organizations are also able to order Naloxone directly through the State's ~~online portal~~ Online Portal. Please note, that the State Portal is only for Naloxone. To order full Naloxone Overdose Rescue Kits contact CMHPSM directly.

7. VIRTUAL TRAINING CONSIDERATIONS

When in-person training is unavailable, CMHPSM trainers may request pre-approval to provide virtual training. Trainers must have a plan to assess for fidelity and ensure participant participation via video conference platforms. Additionally, trainees will need to be able to demonstrate responding to an overdose, rescue breathing and other learning objectives of the training.

VII. EXHIBITS

A. Prescriber's Standing Order for Opioid Overdose Rescue with Naloxone
B. Naloxone Rescue Kit Distribution Log Sample
~~C. Law Enforcement Naloxone Use Report~~
~~D. Thank You Card~~
~~E. Community Naloxone Kit Distribution Form~~
~~F.~~C. Take ACTION Opioid Overdose Training Curriculum Outline
~~G.~~D. Patient Education Take ACTION brochure
~~H.~~E. Receipt of Naloxone Overdose Rescue Kits
~~I.~~F. Naloxone Distribution Memorandum of Understanding

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VIII. REFERENCES

State of Michigan Enrolled Senate Bill No. 857
https://www.legislature.mi.gov/documents/2013-2014/publicact/pdf/2014-PA-0314.pdf

Occupational Safety & Health Administration: Bloodborne Pathogen Definitions 1910.1030(b)
https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051#1910.1030(b)

Community Mental Health Partnership of Southeast Michigan/PIHP	*Policy* *Regional Naloxone Overdose Rescue Kit Distribution and Utilization*
Department: SUD **Author: Nicole Adelman**	**Local Policy Number (if used)**
Oversight Policy Board Approval Date **TBD**	**Implementation Date** **TBD**

I. PURPOSE

To reduce fatal opioid overdoses by allowing the distribution of Community Mental Health Partnership of Southeast Michigan (CMHPSM) funded Naloxone Overdose Rescue Kits by regional law enforcement agencies, first responders, crisis staff and other authorized individuals, as well as trained community members.

II. REVISION HISTORY

DATE	REV. NO.	MODIFICATION
12-2018		
4-2019	2.0	Language changes/updates/attachments
11-2021	3.0	Policy updates/attachment updates

III. APPLICATION

This policy applies to all staff and contractual organizations receiving any funding directly or sub-contractually, within the provider network of the CMHPSM**,** and any first responders, including community laypeople, who will be administering naloxone that are not under contract or in the provider network to utilize the CMHPSM issued Naloxone Overdose Rescue Kits.

IV. DEFINITIONS

Approved Training: Training on administration of naloxone that is provided by a CMHPSM authorized agency; Designated Law Enforcement Training Department in conjunction with Medical Personnel; Hospital; Health Department personnel or Michigan Department of Health and Human Services Designated Trainers, and any trainer within the community who received “Train the Trainer” instruction. Training should include experiential hands-on practice with the naloxone administration device when possible. The use of virtual training or virtual training platforms by trained trainers needs prior approval before implementation by CMHPSM trainers and/or CMHPSM staff.

Community Mental Health Partnership of Southeast Michigan (CMHPSM): The Regional Entity that serves as the PIHP for Lenawee, Livingston, Monroe and Washtenaw for mental health, developmental disabilities, and substance use disorder services.

Community Mental Health Services Program (CMHSP): A program operated under chapter 2 of the Mental Health Code as a county community mental health agency, a community mental health authority, or a community mental health organization.

Crisis Staff: Any staff assigned to a crisis response team/program within a CMHSP or substance use disorder (SUD) provider network who is involved in urgent/emergent responding to individuals engaged in using opioids and who are at risk of an overdose. This pertains to mobile outreach and crisis teams within the CMHSP, Regional Engagement Centers, emergency shelters, etc.

Opioid**:** A drug that is derived from the opium poppy or made synthetically. Opioids are narcotic sedatives that depress activity of the central nervous system, reduce pain, and induce sleep. First Responders often encounter opioids in the form of morphine, methadone, codeine, heroin, fentanyl, oxycodone and hydrocodone.

Naloxone**:** An opioid antagonist that can be used to counter the effects of an opioid overdose. Specifically, it can displace opioids from the receptors in the brain that control the central nervous system and respiratory system. It is marketed under various trademarks including, "Narcan." *Naloxone is only effective if administered to an individual who has opioids in their body.*

Naloxone Overdose Rescue Kit: A kit containing one box of Narcan® Nasal Spray (containing two doses of naloxone intranasal 4mg each) one pair of latex free gloves, one-way valve breathing barrier, instructional brochures, and other items and local resource information as applicable.

Prescription Label: A label that denotes the CMHPSM address, name of recipient agency, organization, event or individual; date of distribution; expiration date of the medication; sig notation, and prescriber name and address.

Regional Entity: The entity established under section 204b of the Michigan Mental Health Code to provide specialty services and supports.

Responder: Any individual authorized to utilize a CMHPSM Naloxone Overdose Rescue Kit *who has completed an approved training*.

State Portal: Online portal for obtainment of naloxone which is made available to organizations through the MDHHS website.

Substance Use Disorder (SUD) Core Provider: A local provider of substance use services utilizing the ROSC Model that coordinates all levels of care for clients with substance use disorders.

Universal Precautions**:** An approach to infection control to treat all human blood and certain human body fluids as if they were known to be infectious for HIV, HCV and other blood borne pathogens

V. POLICY

Through the authorization of a prescriber's standing order (Exhibit A), only appropriately trained individuals are authorized to utilize CMHPSM funded Naloxone Overdose Rescue Kits in an attempt to respond to an individual presenting with an apparent opioid overdose. Tracking of distribution will be maintained by CMHPSM staff via an electronic Naloxone Rescue Kit Distribution Log (Exhibit B).

VI. STANDARDS

1. ASSESSMENT AND ADMINISTRATION

In the event that a responder has arrived at the scene of a medical emergency prior to the arrival of EMS and has made a determination that the patient is displaying symptoms consistent with a suspected opioid overdose, the responding individual shall administer four milligrams of intranasal Narcan spray to the person by way of the nasal passages.

The following A.C.T.I.O.N. steps should be taken for **first responders** such as law enforcement officers:

A. Responder shall use universal precautions.
B. A brief medical assessment of the person as prescribed by First Aid Training can be conducted.
    a. Taking into account statements from witnesses and/or family members regarding drug use.
    b. Drug paraphernalia observed at the scene.
C. The first responder shall
    1. **Arouse** the person using the "3 S's." Shout the person's name, shake the shoulders vigorously, and perform a sternal rub against the breastbone of the person.
    2. **Check** for signs of opioid overdose: pinpoint pupils, blue lips/fingernails, shallow/slowed or stopped breathing, snoring/gurgling sounds, unconsciousness, unresponsive to pain stimulus (sternal rub).
    3. **Telephone 911** For the first responder, communicate with dispatch
    4. **Intranasal/Intramuscular Naloxone** If the first responder makes a determination *the individual has symptoms consistent with* a suspected opioid overdose, the Naloxone Overdose Rescue Kit shall be utilized.
        a. The first responder shall remove the back seal from the package, remove Narcan nasal spray, insert the nozzle into the nose, and push the plunger.
        b. Note: in the event the responder is using another FDA approved naloxone device, they should follow the accompanying package insert instructions.
    5. **Oxygen** After administering naloxone, the responder shall carry out appropriate resuscitation measures according to their First Aid

Responder training (i.e. CPR and/or rescue breathing) as delivering oxygen to the person is critical in an overdose.

6. **Naloxone Again** In the event the person does not resume breathing or regain consciousness, naloxone may be repeated every 2-3 minutes until EMS arrives.
    a. EMS shall be contacted, and the person should be encouraged to be transported to the hospital for medical attention via EMS.
    b. Responder should stay with the person until EMS arrives.
    c. The person can be placed in a position of comfort once consciousness is regained and breathing resumes. If the person vomits, a recovery position shall be utilized (see image to right)

For **community layperson** administration, the following A.C.T.I.O.N steps shall be taken: (It is recommended that the community layperson should use universal precautions if available prior to administering naloxone.)

A. **Arouse** the person with the 3 S's: Shout the person's name, shake their shoulders vigorously, and perform a sternal rub by making fist and rubbing it along the breastbone of the person to check for pain response.
B. **Check** for signs of an opioid overdose which may include some or all of these symptoms: pinpoint pupils, shallow/slow breathing or no breathing, gurgling/snoring-like sounds, unconsciousness, unresponsive to pain stimulus
C. Telephone 911
D. **Intranasal/Intramuscular Naloxone** administer intranasal naloxone by removing the back seal from the package, inserting the Narcan nasal spray nozzle into the nose, and pushing the plunger. *Note: in the event the responder is using another FDA approved naloxone device, they should follow the accompanying package insert instructions.*
E. **Oxygen** As oxygen is critical to survival, the responder can deliver 2 rescue breaths initially and then 1 breath every 5 seconds, or perform CPR, or follow dispatch instructions. The responder can do what they are comfortable in performing and according to what they are trained to do while waiting for EMS to arrive.
F. **Naloxone Again** If the person does not resume breathing or regains consciousness after the initial dose of Narcan nasal spray, the responder can repeat naloxone every 2-3 minutes until the person resumes breathing, regains consciousness, or EMS arrives.
    a. Responder should stay with the patient until EMS arrives.
    b. The person can be placed in a position of comfort once consciousness is regained and breathing resumes. If the person vomits or if the responder must leave the situation, a recovery position shall be utilized (see image to right)

2. REPORTING

   A complete report of the incident shall be completed per the responders organizational policies for internal reporting.

3. EQUIPMENT AND MAINTENANCE

   It shall be the responsibility of the responders to inspect Naloxone Overdose Rescue Kits issued to them prior to the start of each shift (in the case of law enforcement) or at a minimum monthly, to ensure that the kits are intact. The responder will be responsible for their assigned Naloxone Overdose Rescue Kit and must be able to account for it at all times.

   Expiration:
   Please follow the expiration date printed on the blister pack of the NARCAN Nasal Spray Product you have. It is important to check your box of naloxone to ensure expiration date, and to make arrangements for replacement 3-6 months prior to expiration.

   Storage:
   Store NARCAN Nasal Spray in accordance with the storage instructions found in the package insert included with NARCAN Nasal Spray product you have.

4. DISTRIBUTION

   For community naloxone distribution, any organization that distributes Naloxone Overdose Rescue Kits **obtained from CMHPSM** will need to have at least two staff/representatives complete the Train the Trainer course from a CMHPSM approved trainer. Each organization will be responsible to:

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   B. Train individuals how to respond to opioid overdoses using the:
      a. Take ACTION curriculum protocol and PowerPoint (Exhibit F) OR
      b. At the minimum, educate the individual using topics covered in the Opioid Overdose & Naloxone patient education brochure (Exhibit G) OR
      c. Utilize the web-based naloxone training found on www.overdoseACTION.org. OR
      d. Attend another approved training by CMHPSM/MDHHS
      i. Note: Any virtual training efforts must be preapproved by CMHPSM

C. Sign a Receipt of Naloxone Overdose Rescue Kit (Exhibit H) and submit to CMHPSM.

D. Sign a Memorandum of Understanding (MOU) with CMHPSM if receiving Naloxone Overdose Rescue Kits for further distribution outside of agency staff (Exhibit I).
    a. If an individual does not have an affiliated organization or the organization is unable to sign a Memorandum of Understanding (MOU) with CMHPSM, they will need to work directly with CMHPSM to coordinate getting the distribution of naloxone rescue kits to trained individuals. CMHPSM may recommend the state naloxone portal or another local organization who has an MOU who can verify the training occurred and distribute a kit. This will be considered on a case-by-case basis and CMHPSM will need to document reason why an MOU cannot be obtained.

5. REPLACEMENT

Naloxone Overdose Rescue Kits that have been used should be replaced. In the event the inventory is nearing depletion or expiration, the agency should notify the CMHPSM to determine if additional resources are available to replenish the supply 3-6 months prior to expiration date.

6. ORDERING

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To order Naloxone CMHPSM will need the following information:

- Ordering Individual's Name
- Organization
- Date Trained
- Trainer/Training Organization Name
- Number of Naloxone Overdose Rescue Kits needed or Naloxone only
- Date Needed
- Pick Up or Delivery (Delivery is dependent on location and ability of staff to deliver)

Trained individuals and organizations are also able to order Naloxone directly through the State's Online Portal. Please note, that the State Portal is only for Naloxone. To order full Naloxone Overdose Rescue Kits contact CMHPSM directly.

7. VIRTUAL TRAINING CONSIDERATIONS

When in-person training is unavailable, CMHPSM trainers may request pre-approval to provide virtual training. Trainers must have a plan to assess for fidelity and ensure participant participation via video conference platforms. Additionally, trainees will

need to be able to demonstrate responding to an overdose, rescue breathing and other learning objectives of the training.

VII. EXHIBITS

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B. Naloxone Rescue Kit Distribution Log Sample

C. Take ACTION Opioid Overdose Training Curriculum Outline
D. Patient Education Take ACTION brochure
E. Receipt of Naloxone Overdose Rescue Kits
F. Naloxone Distribution Memorandum of Understanding

VIII. REFERENCES

State of Michigan Enrolled Senate Bill No. 857
https://www.legislature.mi.gov/documents/2013-2014/publicact/pdf/2014-PA-0314.pdf

Occupational Safety & Health Administration: Bloodborne Pathogen Definitions 1910.1030(b)
https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051#1910.1030(b)

CEO Report

Community Mental Health Partnership of Southeast Michigan

Submitted to the CMHPSM Board of Directors

January 5, 2022 for the January 12, 2022 Meeting

CMHPSM Update

- The CMHPSM had an all staff meeting on December 13, 2021. The December 27, 2021 all staff meeting was cancelled due to the Christmas holiday office closure. We are scheduled to meet on January 10, 2022 and January 24, 2022.
- The CMHPSM leadership team is continuing to meet on a weekly basis while we are working remotely.
- Staff are continuing the redesign of the CMHPSM website and will begin an effort on standardizing formatting and design across our web presence. Updates with redesigned pages are published on Friday afternoons.
- The CMHPSM has successfully transitioned to Municipal Employee Retirement System (MERS) all accumulated assets were transferred from Mutual of Omaha. Employees and the CMHPSM will both see reduced fees with our new provider moving forward.

COVID-19 Update

- The CMHPSM office continues to be closed to the public outside of public Board meetings. We have penciled in a January 31, 2022 return to the yellow reduced capacity phase, but we have had multiple cases of COVID within the households of even our small staff. The most recent version of the re-opening plan is continually shared with staff as it is updated. The leadership team is continuing to review statewide and county guidance related to best practices.
- We will continue to monitor recommendations around the projected return to full office capacity in the future.

Re-Opening Plan Phases as of January 5, 2022

Phase:	**Essential Only Capacity**	**Limited Capacity**	**Reduced Capacity**	**Full Capacity**
Office:	**Office Closed**	**Limited Office Attendance and Office Closed to Public**	**50% Capacity – 75% Capacity and Office Closed to Public**	**100% Capacity – Office Open to Public**
Projected Date Range for Phase:		8/31/2021 – 1/30/2021 (Projected)	1/31/2022 (Projected)	No Projection
Current Phase:		**X**		

CMHPSM Staffing Update

- The CMHPSM currently has no open positions.
  - The CMHPSM recently filled our Supports Intensity Scale Assessor that has been empty for many months. We are glad to welcome Jennifer Landstrom to our team this month.
  - We also recently filled our part-time Finance Analyst position that was also empty for some time. Michelle Lyons started in her position in November 2021.
  - More information and links to job descriptions and application information can be found here: https://www.cmhpsm.org/interested-in-employment

Regional Update

- Beginning on January 1, 2022 the CMHPSM transitioned our SUD access function for Washtenaw county residents to Washtenaw County Community Mental Health. After a lengthy analysis of our current system it was decided that this transition would best serve residents of Washtenaw County whom are seeking SUD treatment services. The previous model split access between our two Washtenaw core providers, while our new structure aligns access across the region for both mental health and substance use disorder services through our partner CMHSPs. I want to thank our partner WCCMH, our CMHPSM staff and our core providers for all of their work to make this transition. We truly believe that moving forward we will have a more streamlined, consumer focused SUD access system across the entire region with this new structure.
- The CMHPSM continues to update our general COVID-19 resources and information on our website: https://www.cmhpsm.org/covid19
- We have also established a webpage for provider information related to service delivery changes during this pandemic: https://www.cmhpsm.org/covid19provider
- Individuals receiving Behavioral Health and/or Substance Use Disorder services can access targeted information at the following webpage: https://www.cmhpsm.org/covid19consumers
- Our regional committees continue to meet using remote meeting technology, the Regional Operations Committee will work with our committees to determine best practices moving forward related to in-person versus remote regional committee meetings.

- The Regional Operations Committee continues to meet on at least a weekly basis. The remote meetings are allowing our region to share best practices while obtaining a regional picture of our COVID-19 pandemic response.

Statewide Update

- The PIHP has been represented at meetings with BHDDA related to COVID-19 pandemic responses that began in mid-March 2020. These meetings have been helpful in ascertaining the MDHHS response to COVID-19 and to provide our region's input to BHDDA. Beginning in July 2021 the meetings have transitioned to a bi-weekly schedule, more recently we have been meeting on a monthly basis.
- PIHP CEO meetings are being held remotely on a monthly basis. The PIHP CEOs last met on December 1, 2021 as the January 5, 2022 meeting was cancelled.
- My PIHP CEO / MDHHS operations meeting with BHDDA leadership staff were held on November 4, 2021 and December 2, 2021and our January meeting is scheduled for January 6, 2022. Included in the meetings are updates on the various emergency waivers and MDHHS COVID funding that impact our service delivery systems, funding, and requirements. I provide a summary of those meetings to our regional directors at our Regional Operations Committee meetings each month.
- There has been little news on either the House or Senate bills related to re-design of the public behavioral health system in recent months. We are continuing to monitor the legislation through various sources including the Community Mental Health Association of Michigan (CMHAM) and other statewide sources.
- Senate Bill 714 was unveiled and proposed $348 million in one time Behavioral Health Supplemental funding. The American Rescue Plan and COVID funding is overwhelmingly focused on infrastructure, while our systems needs are more related to on-going services and workforce sustainability and development needs.

Future Business

- The CMHPSM and our partner CMHSPs are scheduling initial meetings with MDHHS in relation to health home expansion to our region. Washtenaw participated in a health home pilot years ago and our region recently met with MDHHS to assess our region's interest in implementing this program throughout our four-county region.

Respectfully Submitted,

James Colaianne, MPA