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
October 22, 2015

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

1. Introductions & Welcome – 5 minutes

2. Approval Of Agenda (Board Action) – 2 minutes

3. Approval of September OPB Minutes {Att. #1} (Board Action) – 5 minutes

4. Audience Participation – 3 minutes per person

5. Old Business
   a. CMHPSM Regional SUD Financial Report {Att. #2, 2a-b} – 15 minutes

6. New Business
   a. OPB Officer Elections (Board Action) – 15 minutes
   b. RFI, RFP Treatment Services Timeline (Discussion) {Att. #3} – 20 minutes

7. Report From Regional Board (Discussion) – 5 minutes

8. SUD Director Updates (Discussion) – 15 minutes

   a. Unite to face addiction CARA information {Att. #4}
   b. State updates

Next meeting: Thursday, December 10, 2015
9:30 a.m. – 11:30 a.m.

Attachment # 1 – October 2015

LENAWEE-LIVINGSTON-MONROE-WASHTENAW
OVERSIGHT POLICY BOARD (OPB)
Summary of September 24, 2015 meeting
705 N. Zeeb Road
Ann Arbor, MI 48103

Members Present:	David Oblak, Tom Waldecker, Charles Coleman, Kim Comerzan, Sheila Little, William Green, Amy Fullerton, Dianne McCormick, Mark Cochran
Members Absent:	Ralph Tillotson, Cheryl Davis, Dave DeLano, Mac Marr, Cletus Smith, Laura Rodriguez
Guests:	Elijah Wheeler, Photo Voice Representatives
Staff Present:	Stephannie Weary, Marci Scalera, Marie Irwin, Anne Marshall, Jane Goerge, Katie Postmus, Kristen Ora

OPB Chair D. Oblak called the meeting to order at 9:35 a.m.

1. Introductions

2. Approval of the agenda

   Motion by C. Coleman, supported by A. Fullerton, to approve the agenda
   Motion carried

3. Approval of August OPB minutes

   Motion by D. McCormick, supported by W. Green, to approve the August OPB minutes
   Motion carried

4. Audience Participation
   - None

5. Photo Voice Presentation
   - The Photo Voice project is designed to raise awareness of SUD in older adults.
   - Photo Voice has been done by a lot of different organizations, but it's never been done with seniors and SUD in older adults.
   - Photo Voice is a Prevention effort.

6. Old Business
   a. CMHPSM Regional SUD Financial Report
      - Medicaid eligibles are down for the Region resulting in less Medicaid revenue.
      - Healthy Michigan continues to exceed projections.
      - The region will send back approximately $1 million block grant dollars because those dollars haven't been spent. Staff is reviewing everything that's being funded and moving any funding possible to block grant dollars to use as many block grant dollars as possible.

- There is a provider meeting next Wednesday, at which time budget and available funding information will be shared.
- M. Irwin shared the approved Regional Budget, which was approved this month by the regional board. The SUD budget stayed mainly the same.

b. Site Visit Monitoring Report
- M. Scalera presented an updated monitoring report, along the reports and plans of correction.
- Staff will review the providers with plans of correction in early 2016.

7. New Business
   a. SOS Changes to Contract
      - Staff made the decision to discontinue funding SOS as the fiduciary for WSAPP for FY 2015-16. After reviewing the 3rd quarter progress report, staff determined that the already reduced outcomes for the S.T.A.R. program would not be met as there were only 50 youth showing successful completion of the program; this is well below the targeted number of 115 program participants.
      - Prior to the decision to discontinue funding SOS as the fiduciary for WSAPP, staff tried to remediate the situation several times.
      - SOS wasn't able to provide services to Lincoln schools. They were late in hiring a coordinator, and then coordinator quit abruptly, which they didn't inform CMHPSM.
      - CMHPSM staff met with WSAPP collaborative partners to inform them of this decision. There will be two separate contracts for University of Michigan – Regional Alliance for Healthy Schools and Karen Bergbower & Associates for FY 2015-16.
      - C. Coleman would like to see CMHPSM aggressively search for replacement programming.
      - A new RFP may be needed to solicit alternate programming.
      - K. Postmus shared a binder of communications between staff and the provider. OPB members acknowledged the appropriateness of the decision.
   b. Overview of Services for Next Year
      - The staff will not be making any major changes on the treatment side. Prevention services will continue, with the change in Monroe from United Way to Catholic Charities managing prevention program previously managed by the prevention coalition.
   c. Glossary
      - M. Scalera distributed the ROSC Glossary of Terms.
      - MAPS acronym and definition need to be added to the glossary.
   d. Alternative Date for November-December

   Motion by T. Waldecker, supported by K. Comerzan, to combine the November and December meetings into 1 meeting on December 10, 2015
   Motion carried

8. Report from Regional Board
   - The regional board passed the annual budget.
   - The regional board chair has almost completed contract negotiations with the new CMHPSM executive director. It will next go to the full regional board for a vote.
   - Washtenaw CMH budget has been resolved.

9. SUD Director Updates
   Naloxone
   - Work is still needed in bringing law enforcement on board.
   - The Good Samaritan has been proposed, but hasn't passed yet.

- Treatment on demand will be made a priority for someone at the level of naloxone intervention.

Audit

- The state will do an audit of CMHPSM (both mental health and SUD) starting at the end of October, lasting 14 business days.

OPB Membership

- OPB membership is all set for Livingston, Lenawee and Monroe. There is 1 opening for Washtenaw County.
- OPB officer elections will take place next month.
- D. Oblak is interested in continuing as chair.
- C. Coleman suggested that M. Cochran for Secretary, and A. Fullerton for vice-chair.
- S. Weary will add D. Oblak, C. Coleman, and A. Fullerton to the ballot, and will accept any other nominations between now and the next meeting.
- M. Scalera will follow-up with Monroe OPB member Laura Rodriguez, who hasn't attended a meeting yet.

10. Meeting adjournment

Motion by C. Coleman, supported by M. Cochran, to adjourn the meeting
Motion carried

Meeting adjourned 11:33 a.m.

Community Mental Health Partnership of Southeast Michigan

SUD Financial Highlights

August FYTD Report

Statement of Revenues and Expenses

1. Revenue

- Medicaid eligibles are down for the Region resulting in less Medicaid revenue. The annualized impact if the current trend continues would be approximately ($95,133) less than the projection. We anticipate receiving a TANF adjustment for the 1st and 2nd quarters of FY2015 totaling $27,000.
- Healthy Michigan continues to exceed budget projections – we are $1,114,445 higher than the year to date budget for August. The annualized impact would be approximately $1,215,758 higher than the projection.

2. Funding For SUD Services

- Expenses for Monroe and Washtenaw continue to run over budget due to fee for service claims.
- Washtenaw paid a six month financial status report for a project approved by the OPB in January. This project was not included in the budget and therefore increased the over budget condition. Funding was made available using PA2 funding.

Summary of Revenue and Expense by Fund

- This report takes the revenue and expenses and shows surplus / (deficit) by fund source. ROSC funds are paid out to the four ROSC providers based on budget; the estimated utilization line is based on encounter data that has been submitted. The utilization is based on a percentage of the whole and won't be finalized until yearend reports are completed.
- All fund sources are showing revenues exceeding expenses through August.
- There has been a small interest amount ($1,093) paid on the CD's purchased with PA2 funding.

Attachment #2a - October 2015

Community Mental Health Partnership of Southeast Michigan
STATEMENT OF REVENUES, EXPENSES CHANGES IN NET POSITION
For the Eleven Months Ending 8/31/2015

	Original Budget	YTD Actual	YTD Budget	YTD Actual O/(U) Budget	
Operating Revenue					
Medicaid Capitation	$1,500,000	$1,287,794	$1,375,000	($87,206)	1a.
Healthy Michigan Plan	2,960,442	3,828,184	2,713,739	1,114,445	
MIChild	0	12,951	0	12,951	
SUD Community Grant	3,767,460	3,432,006	3,453,505	(21,499)	
SUD PA2 - Cobo Tax Revenue	3,717,346	3,229,021	3,407,569	(178,548)	
Total Operating Revenue	**$11,945,248**	**$11,789,956**	**$10,949,813**	**$840,143**	
Funding For SUD Services					
Lenawee County	$1,022,761	$870,231	$937,531	($67,300)	
Livingston County	1,309,226	1,121,181	1,200,125	(78,944)	
Monroe County	1,143,346	1,186,820	1,048,069	138,751	
Washtenaw County	3,203,188	3,333,106	2,936,263	396,843	
Total Funding For SUD Service	**$6,678,521**	**$6,511,338**	**$6,121,988**	**$389,350**	1b.
Other Contractual Obligations					
USE and HICA Tax	300,188	345,177	275,172	70,005	
Total Other Costs	**$300,188**	**$345,177**	**$275,172**	**$70,005**	
CMHPSM Administrative Costs					
Salary& Fringe	$410,758	$342,105	$376,528	($34,423)	
Administrative Contracts	67,589	70,576	61,957	8,619	
All Other Costs	44,344	41,122	40,649	473	
Total Administrative Expense	**$522,691**	**$453,803**	**$479,134**	**($25,331)**	1c.
Total Operating Expense	**$7,501,400**	**$7,310,318**	**$6,876,294**	**$434,024**	
Operating Income (Loss)	$4,443,848	$4,479,638	$4,073,519	$406,119	
Non-Operating Revenues					
Interest Revenue	$0	$1,093	$0	$1,093	1d.
Change In Net Position	$4,443,848	$4,480,731	$4,073,519	$407,212	

1a. We continue to trend under budget for Medicaid funding. We anticipate receiving a $27,000 TANF adjustment for FY2015.
1b. Fee for service claims continue to be running over budget at Monroe and Washtenaw.
1c. Administration continues to be incurred below the amended budget.
1d. Operating income of $11,789,956 and non-operating income (interest) of $1,093 tie to the total revenue amount of $11,791,049 on the Summary of Revenue and Expense by Fund Report.

Attachment #2b - October 2015

Community Mental Health Partnership Of Southeast Michigan
SUD SUMMARY OF REVENUE AND EXPENSE BY FUND
August 2015 FYTD

Summary Of Revenue & Expense	Funding Source						Total Funding Sources
	Medicaid	MIChild	Healthy Michigan	SUD - Block Grant	SUD-COBO/PA2	Other	
Revenues							
Funding From MDCH	$ 1,287,794	$ 12,951	$ 3,828,184	$ 3,432,006		$ -	$ 8,560,935
PA2/COBO Tax Funding	$ -	$ -	$ -	$ -	$ 3,229,021	$ -	$ 3,229,021
Other	$ -	$ -	$ -	$ -	$ -	$ 1,093	$ 1,093
Total Revenues	$ 1,287,794	$ 12,951	$ 3,828,184	$ 3,432,006	$ 3,229,021	$ 1,093	$ 11,791,049
Expenses							
Funding for County SUD Programs							
Lenawee	$ 222,654	$ -	$ 220,343	$ 372,515	$ 54,719	$ -	$ 870,231
Lenawee Utilization - Based on Encounters	$ (51,983)		$ 122,555	$ (70,572)			$ -
Livingston	$ 145,778	$ -	$ 252,702	$ 629,773	$ 92,928	$ -	$ 1,121,181
Livingston Utilization - Based on Encounters	$ 37,800	$ 1,778	$ 36,998	$ (76,576)			$ -
Monroe	$ 124,743	$ -	$ 257,507	$ 241,760	$ 562,810	$ -	$ 1,186,820
All Fee for Service - Room&Board Adjustment	$ (2,700)		$ (4,530)	$ 7,230			$ -
Washtenaw	$ 590,313	$ -	$ 955,028	$ 1,146,345	$ 641,420	$ -	$ 3,333,106
Washtenaw Utilization - Based on Encounters	$ 21,349		$ 194,173	$ (215,522)			$ -
Total SUD Expenses	$ 1,087,954	$ 1,778	$ 2,034,776	$ 2,034,953	$ 1,351,877	$ -	$ 6,511,338
Other Operating Costs							
SUD Use Tax	$ 77,010	$ 774	$ 228,925	$ -	$ -	$ -	$ 306,709
SUD HICA Claims Tax	$ 9,658	$ 97	$ 28,711	$ -	$ -	$ -	$ 38,468
Total Operating Costs	$ 86,668	$ 872	$ 257,636	$ -	$ -	$ -	$ 345,177
Administrative Cost Allocation	$ 78,413	$ 112	$ 146,639	$ 228,640	$ -	$ -	$ 453,804
Total Expenses	$ 1,253,035	$ 2,762	$ 2,439,051	$ 2,263,593	$ 1,351,877	$ -	$ 7,310,318
Revenues Over/(Under) Expenses	$ 34,759	$ 10,189	$ 1,389,133	$ 1,168,413	$ 1,877,144	$ 1,093	$ 4,480,731

Attachment #3 – October 2015

Discussion around ROSC CORE PROVIDER concept

Background:

The CMHPSM region is in need of updating the SUD treatment core provider system for all counties. The definition of CORE Provider is one in which an agency performs delegated functions of service provision in one or more areas, with the responsibility of providing or arranging integrated treatment services for SUD in the county. This may include assessment/access (24-7); treatment and recovery services; co-occurring services with psychiatry capacity; linking/coordination to primary care and mental health services; engaging the recovery community and managing resources (allocation of Medicaid, healthy Michigan, Community Grant and Local funds) for services. The CMHPSM will release an RFP or pilot a project within the upcoming year. Staff must further develop the concepts that align within a recovery oriented system of care that builds upon the foundations laid within the last five years. Additionally, the new structure and expectations have changed over time and there is an emphasis of integration within behavioral health and primary care. The new iteration of the service array will need to reflect these changes.

ELEMENT	DESCRIPTION	QUESTIONS	IMPLICATIONS	Notes:
Provider	Agency description	• History • Qualifications • Services provided in house? • Locations	• General info • Capacity • Additional non-clinical staffing capacity	
Recovery oriented?	How do they manage and implement recovery	• Services • Staff make up • Board make up	• See M-P, p. 15 Texas RFP	
Case Management	Who gets it?	• Need to have them describe their practice application for case management	•	
Access Process	What is the process for managing cases	• Timeliness • Assessment tools • Referral process • Follow up	• Training needs • Clinical protocols	
Community Engagement	How does the provider interact within the community	• Key stakeholders in the community	• Courts • DHHS	
Finance/Administrative Capacity	Does the provider have the capacity to manage finances from the delegated function perspective	• Stability • Contracting capacity • Develop rates for services • Ability to handle risk • Monitoring	•	
Information Infrastructure	How do they manage data	• Billing • EMR • UM •	•	
Waitlist management	How does the provider manage the flow of admissions	• Do they meet admission timelines	•	

		• Provide interim services		
Staff credentials	Does the staff meet the level of service provided and billed for?	•	•	
Accreditation	What accreditation and licensure does the provider have	• What are the results of site visit if any… is there a POC?	•	
Program evaluation	What elements are used in evaluating program effectiveness?	• QI Plan/reports • Demonstrated outcomes	•	
Population management	What populations does the provider serve	• COD • Adolescents • Adults • Elderly • Gender specific • Moms and kids	•	
Opiate dependencies – medication assisted treatment	How will the provider interface with this service provision?	• Mandated to provide this service for eligible clients	• Want to see how this will shake out	
Integration with primary care	How will the provider interface with primary care programs	• In house services? • In clinic? •	•	
Evidence based practices used	What practices are used, how and where?	• Staff training for what they do?	• Job descriptions	
Policies and procedures	Are they adequate?	• Get a list	•	
24/7 coverage and availability	How does the provider expect to manage this mandate	• After hours admissions and crisis management? • Phone referrals?	•	
Culturally and linguistically	How does the provider describe this…	•	•	Use BHDDA'S document

developmentally appropriate services	what practices do they use to meet these standards			created by the TSC
Communicable disease management and staff training	How do they meet the standards in our policies?	•		
Knowledge of Medicaid requirements		•	•	
Interface with Prevention services	How does the provider work with the existing prevention coalitions in their counties or communities?	•	•	
Submission flow and documents?		•	•	
Look at the DDCAT and the RSA tools to see what can be incorporated into the RFP.		•	•	
Adolescent services	Describe the capacity to serve this population	•	•	
Other population services	Women's Specific	•	•	

Make CARA Count!

Comprehensive Addiction & Recovery Act

Recovery Community Organizations

Funds RCOs to provide recovery services, conduct public education and outreach, and strengthen the network of community support. Establishes a resource center to provide technical assistance to RCOs.

National Youth Initiative

Builds communities of support for young people in recovery in high schools and higher education

Revise FAFSA

Directs the Department of Education to remove the question about "prior drug convictions" from student-loan and Pell grant applications.

Save Lives With Overdose Response

Educates on the use of naloxone and makes it more available to those responding to opioid or heroin overdoses.

Women, Families, Veterans & More

Funds women's recovery services, veterans' treatment courts, treatment for opioid and heroin addiction, prescription take-back expansion and monitoring programs, and a national education campaign.

National Task Force on Recovery and Collateral Consequences

Recommends strategies to reduce, and eliminate the collateral consequences for individuals in recovery who have State or Federal drug convictions.

LEARN MORE!

www.facesandvoicesofrecovery.org

FACES & VOICES OF RECOVERY

THE PETER G DODGE FOUNDATION

www.pgdf.org

This material supported by a grant from The Peter G. Dodge Foundation