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
January 24, 2019

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 August 23, 2018 OPB Minutes {Att. #1} (Board Action) – 5 minutes

4. Audience Participation – 3 minutes per person

5. Discussion with Jane Terwilliger, CEO – Review of administrative hearing

6. Old Business – 10 minutes
   a. Finance Report {Att. #2} (Board Action) – 15 minutes
   b. PA2 funding back up (Discussion)

7. New Business – 35 minutes
   a. Monroe Access Services {Att. # 3} (Board Action)
   b. New vendor for women's recovery housing – {Att. #4} (Board Action)
   c. Vaping proposal – {Att. #5a,b,c,d} (Board Action)
   d. Membership Status {Att. # 6} (Discussion)
   e. Kratom information (Discussion and handout)

8. Report from Regional Board (Discussion) – 15 minutes

9. SUD Director Updates (Discussion) – 10 minutes
   a. Mini-Grants – Update {Att. #7}
      1. Monroe Youth Summit {Att. #7a}
   b. Grants and program implementation
   c. LARA License Impact (handout)
   d. MDOC services status

Next meeting: February 28, 2019

Parking Lot:

LENAWEE-LIVINGSTON-MONROE-WASHTENAW
OVERSIGHT POLICY BOARD
October 25, 2018 meeting
705 N. Zeeb Road
Ann Arbor, MI 48103

Members Present: David Oblak, Dianne McCormick, Tom Waldecker, Kim Comerzan, Mark Cochran, Dave O'Dell, Blake LaFuente, Amy Fullerton, Charles Coleman

Members Absent: Susan Webb, Ralph Tillotson, William Green, John Lapham, Monique Uzelac

Guests:

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

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

1. Introductions

2. Approval of the October 25, 2018 Oversight Policy Board agenda

   Motion by M. Cochran, supported by B. LaFuente, to approve the October 25, 2018 Oversight Policy Board agenda
   Motion carried

3. Approval of the September 27, 2018 Oversight Policy Board minutes

   Motion by T. Waldecker, supported by B. LaFuente, to approve the September 27, 2018 Oversight Policy Board minutes
   Motion carried

4. Audience Participation
   - None

5. Old Business
   a. Finance Report
      - S. Stolz presented. Discussion followed.
      - S. Scalera reported on efforts in the fight against the opiate crisis.
      - Next month Suzanne will bring the budgets for FY19 and should have final numbers for FY18.
      - OPB discussed challenges and barriers for providing services, including the difficulty in recruiting professionals to deliver services.
      - OPB expressed concern re: the money currently held in reserve, and the services that need to be provided. The fear is the potential for a pull-back.

6. New Business
   a. FY19 SOR Grant Recommendations to Regional Board
      - Marci provided overview of SOR grant

- Some of Nicole Adelman's responsibilities to the SOR grant (in addition to the STR grant).
- OPB reviewed the proposed SOR grant programs.

Motion by C. Coleman, supported by T. Waldecker, to request the Regional Board to approve the contract actions required to implement the SOR grant programs.
Motion carried

C. Coleman requested that a grand total of the grants be included in the regional board action request.

b. Lenawee County CMHA Strengthening Families STR Grant
   - M. Scalera provided an overview of the Strengthening families STR grant.

Motion by T. Waldecker, supported by C. Coleman, to request the Regional Board approve Lenawee CMHA to administer the Strengthening Families STR grant up to the amount of $30,000
Motion carried

c. Livingston County CMHA Project Assert STR Grant
   - M. Scalera provided an overview of Project Assert STR grant.

Motion by K. Comerzan, supported by D. McCormack, to request the Regional Board approve Livingston CMHA to develop the STR Project Assert Model with St. Joe's Livingston ED up to the amount of $50,000
Motion carried

7. Report from Regional Board
   - C. Coleman provided a report
     - The Regional Board elected new officers.
     - The Regional Board had a lengthy discussion about a batch of encounters that were rejected by the state.
     - The risk reserve has been drained on the mental health side.
     - OPB suggested a consultation for the regional board to coach on the roles of the board members and board officers.

8. SUD Director Updates
   - M. Scalera introduced Amy Johnston, the new Gambling Disorder Coordinator.
   - There will be a training for the region on gambling disorders.
   - A. Johnston will begin by doing a sweep of the counties to determine available services.
   - A. Johnston will eventually bring a regional committee together to review regional data, implement EBPs, etc.

9. Appointments for OPB
   M. Scalera will follow-up on OPB reappointments.

10. Meeting Schedule

Motion by T. Waldecker, supported by M. Cochran, to next meet in January 2019.
Motion carried

- Meeting adjourned

Community Mental Health Partnership Of Southeast Michigan
SUD SUMMARY OF REVENUE AND EXPENSE BY FUND
November 2018 FY19

Summary Of Revenue & Expense	Funding Source							Total Funding Sources
	Medicaid	Healthy Michigan	SUD - Block Grant	SUD - SOR	SUD - STR	Gambling Prev	SUD-COBO/PA2	
Revenues								
Funding From MDCH	405,667	738,754	837,137	133,333	139,687	33,333		$ 2,287,911
PA2/COBO Tax Funding Current Year	-	-	-	-	-	-	310,010	$ 310,010
PA2/COBO Reserve Utilization	-	-	-	-	-	-	260,739	$ 260,739
Other	-	-	-	-	-	-	-	$ -
Total Revenues	$ 405,667	$ 738,754	$ 837,137	$ 133,333	$ 139,687	$ 33,333	$ 570,749	$ 2,858,660
Expenses								
Funding for County SUD Programs								
CMHPSM				2,965	59,312	8,577		70,853
Lenawee	76,079	146,724	78,700				39,820	341,323
Livingston	50,148	92,582	123,296				45,586	311,613
Monroe	51,522	101,031	141,087				46,121	339,760
Washtenaw	187,946	554,834	258,989				158,230	1,159,998
Total SUD Expenses	$ 365,695	$ 895,171	$ 602,071	$ 2,965	$ 59,312	$ 8,577	$ 289,757	$ 2,223,548
Administrative Cost Allocation	33,918	83,023	66,147	160	3,203	463	-	$ 186,914
Total Expenses	$ 399,613	$ 978,194	$ 668,218	$ 3,125	$ 62,514	$ 9,040	$ 289,757	$ 2,410,462
Revenues Over/(Under) Expenses	$ 6,054	$ (239,440)	$ 168,919	$ 130,208	$ 77,173	$ 24,293	$ 280,991	$ 448,198

Current fiscal year utilization of PA2	Revenues	Expenditures	Revenues Over/(Under) Expenses
PA2 by County			
Lenawee	45,752	39,820	5,932
Livingston	137,797	45,586	92,211
Monroe	100,853	46,121	54,732
Washtenaw	286,346	158,230	128,117
Totals	$ 570,749	$ 289,757	$ 280,991

Unallocated PA2	FY 18 Beginning Balance	FY18 Projected Utilization *	FY19 Projected Beginning Balance	FY19 Projected Utilization	FY20 Projected Utilization	FY20 Projected Ending Balance
Lenawee	961,376	(38,182)	923,194	(222,723)	(222,723)	477,747
Livingston	2,646,564	(6,539)	2,640,025	(613,133)	(613,133)	1,413,759
Monroe	708,058	(2,419)	705,639	(164,037)	(164,037)	377,565
Washtenaw	2,583,425	(185,832)	2,397,593	(598,506)	(598,506)	1,200,582
Total	$ 6,899,423	$ (232,972)	$ 6,666,451	$ (1,598,399)	$ (1,598,399)	$ 3,469,653

* FY18 Projected Utilization is based on estimated use of PA2 to cover deficits of treatment and prevention in Medicaid and HMP.

Attachment #

CMHPSM SUD OVERSIGHT POLICY BOARD

ACTION REQUEST

Board Meeting Date: January 24, 2019

Action Requested:

Approve funding for Monroe Community Mental Health Authority SUD Access services for a total of $66,524.50 annually.

Background:

The CMHPSM provides SUD Access screening and referral through a partnership with Monroe CMHA. We have funded a staff person to co locate in the access department to screen and refer clients. The current system is bottle necked with the having only one screener serving all Monroe requests for services. The opportunity to develop an integrated access where the entire access staff were trained and capable of managing all population requests came about when Monroe CMHA obtained their SUD license. Our mutual goal is to expand access screening and referral capacity for SUD services, which would eliminate the backlog, thereby assessing and referring clients more efficiently. The CMHPSM staff will continue to provide support and handle all continued stay requests and utilization management for Monroe, and the region as needed. This position will also support other initiatives currently (including grant activities) and in the future that relate to client management, utilization review, MDOC activities and provider monitoring. Funding will be through block grant and PA2 as needed.

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

Ensure seamless access to care and coordination of services.

Recommendation:

Approve funding of Monroe CMHA SUD Access funding at $66,524 through PA2 funds and/or block grant.

Attachment #

CMHPSM SUD OVERSIGHT POLICY BOARD

ACTION REQUEST

Board Meeting Date: 1-24-19

Action Requested: Approve funding for Marie's House of Serenity: , a new Recovery Housing program opening in Ypsilanti.

Background: Mary Bass has opened a Women's 6 bed transitional housing recovery home in Ypsilanti and has requested to be on our panel for recovery housing support. Our reimbursement rate for recovery housing is $27 per day maximum. We typically support transitional housing for two to four months with block grant funds for individuals who qualify and are engaged in treatment. There are times when individuals do not qualify for block grant funding, and we would cover their support with PA 2 funds. The Maximum amount we would use in a year is $59,130. This would be covered through Block Grant and/or PA2. Provider would bill fee for service and services would be authorized by the CMHPSM.

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

Available recovery housing is limited in the region. This is an opportunity to build capacity for women with opiate use disorders receiving MAT treatment.

Recommendation:

Recommendation: CMHPSM Regional Board establish a fee for service contract with Marie's House of Recovery as a recovery home provider with the ability to receive both block grant and PA2 funds.

Approve maximum of $59,130 available PA2 funds on fee for service basis annually ($27.00 per diem maximum).

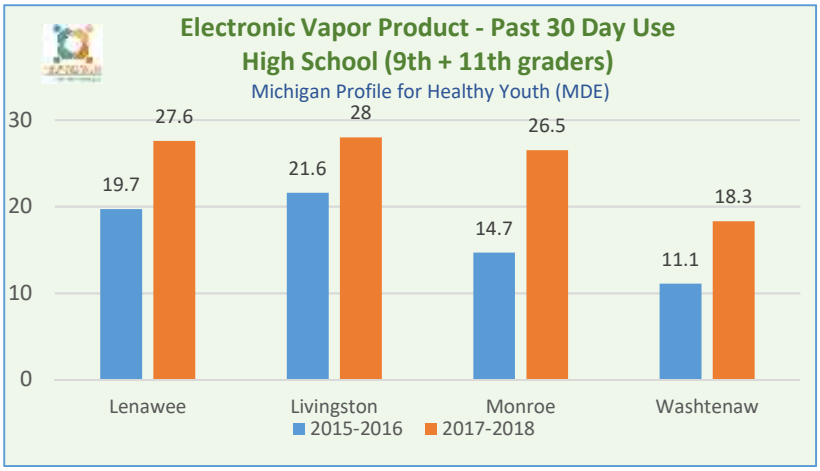
CMHPSM SUD OVERSIGHT POLICY BOARD

ACTION REQUEST

Board Meeting Date: 1-24-19

Action Requested: Approve PA2 funding for regional FY19 youth vaping/e-cigarette prevention efforts provided by Karen Bergbower and Associates (KBA).

Background: As presented at the August 2018 OPB meeting, e-cigarette use and vaping amongst youth in our region has increased at alarming rates. Anecdotally, the CMHPSM has grown increasingly aware of the issues parents, schools, etc. are facing in preventing youth from accessing and using vape devices and addressing students who have started vaping. Further, according to the National Institute of Drug Abuse (NIDA) Monitoring the Future Survey, the percentage of 12th graders who reported vaping nicotine (not flavoring or other substances) during the past 30 days nearly doubled between January 2017 and January 2018, from 11 percent to nearly 21 percent; among 10th graders, the increase was almost as great, from 8.2 percent to 16.1 percent. *This is the greatest one-year increases ever seen for any substance in the history of the Monitoring the Future Survey*[1].



The attached proposal submitted by KBA offers a multi-strategy approach to provide vaping prevention in the four-county region and will address the contributing risk factors that impact youth vaping/e-cigarette access and use. As a long-standing prevention provider and Designated Youth Tobacco Use Representative for our region, KBA has the expertise, experience, and established community partnerships to successfully implement the proposed efforts. Staff will work KBA to develop specific outcomes and reporting arrangements for the proposed efforts.

Connection to PIHP/MDCH Contract, Regional Strategic Plan or Shared Governance Model: Currently, youth vaping/e-cigarette prevention is very limited in the southeast region. Due to the alarming increase in vaping/e-cigarette use amongst youth, these efforts will assist in filling a significant prevention gap in the four-county region.

Recommendation: Approve total amount of $47,815 ($20,687 for FY19 and $27,128 for FY20) in PA2 funds for KBA's FY19 vaping prevention proposal.

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[1] NIDA. (2018, December 17). Monitoring the Future Survey Results Show Alarming Rise in Teen Vaping. Retrieved from https://www.drugabuse.gov/about-nida/noras-blog/2018/12/monitoring-future-survey-results-show-alarming-rise-in-teen-vaping on 2019, January 18.

Vaping Proposal Narrative – Karen Bergbower & Associates

INTRODUCTION

1. Provider name and proposed time frame for plan
   Karen Bergbower & Associates (KBA); April 1, 2019 through September 30, 2020

2. Contact person's name and email
   Karen Bergbower, 810-225-9550, karen@kbamichigan.com

3. Provider agency or coalition responsible for activities
   KBA will be responsible for implementing youth vaping prevention activities across the region. Having one agency responsible for the entire region will increase collaboration and develop a strong regional presence. It also aligns with DYTUR activities which seek to decrease youth access to and use of tobacco products. In each county, KBA will work collaboratively with community partners, including local coalitions, schools, law enforcement, and other prevention implementers, as outlined in section 7 of this proposal.

ASSESSMENT

4. Local Need
   Electronic Cigarettes (e-cigarettes or e-cigs) and other vaping devices are battery-operated products designed to deliver nicotine, flavor, and other chemicals. They turn chemicals, including highly addictive nicotine, into an aerosol that is inhaled by the user. Most e-cigs are manufactured to look like conventional cigarettes, cigars, or pipes. Some resemble everyday items such as pens and USB memory sticks. Although marketed to assist users in quitting smoking, research shows that youth who use e-cigarettes are more likely to progress to cigarette use. E-cigarette devices are also commonly used to smoke marijuana. In 2016, one-third of U.S. middle and high school students who ever used e-cigarettes had used marijuana in e-cigarettes.

   On December 18, 2018, U.S. Surgeon General Jerome Adams issued an advisory about the dangers of electronic cigarette use among U.S. teenagers after he officially declared e-cigarette use among youth an epidemic in the United States. The surgeon general's advisory was a call to action. He called on parents and teachers to educate themselves about the variety of e-cigarettes and to talk with children about their dangers. He also called on local authorities to use strategies, such as bans on indoor vaping and retail restrictions, to discourage vaping by young people.

   National data shows that in 2018, 1 in 5 high school students reported using e-cigarettes in the past month. Further, more high school students use e-cigarettes than regular cigarettes, and the use of e-cigarettes is higher among high school students than adults. Locally, MiPHY data (see table below) shows that rates of youth e-cigarette use continue to climb. In all counties except Washtenaw, rates of use exceed national data.

Percentage of Students Who Used an Electronic Vapor Product during the Last 30 Days (MiPHY)			
County	2015/16	2017/18	Change
Lenawee	19.7	27.6	+7.9
Livingston	21.6	28.0	+6.4
Monroe	14.7	26.5	+11.8
Washtenaw	11.1	18.3	+7.2
Average	16.8	25.1	+8.3

Identified contributing factors include easy access, norms that support use, perceived peer pressure, and low perception of harm. In focus groups conducted within Livingston County in November 2018, questions were asked to better understand vaping among youth. All focus group participants reported it is very easy to get vaping products. Students believe everyone is vaping. Both 9th and 11th graders estimated that 70% of their peers vape, while 10th graders estimated that 93% of their peers vape. 17% of participants reported that peer influence played a role in why youth vape with the most common response, "To look cool". Young people who use e-cigarettes are more likely to believe they cause no harm than those who have never used e-cigarettes. 17% of students reported that vaping is perceived as not harmful.

CAPACITY

5. Agency Prevention Experience

KBA has provided substance use disorder prevention programming within the CMHPSM region for 10 years. Prior, KBA's Program Director, Karen Bergbower, provided prevention programming in Livingston County for over 15 years. KBA has been a collaborative partner with the Livingston COMMUNITY PREVENTION Project since its inceptions in 2008. KBA targets the Pinckney Community with services, providing Youth Led Prevention, Project SUCCESS, and Curriculum Based Support Groups. KBA also implements Youth PhotoVoice, Project Sticker Shock, and the MOST social norming campaign. For 8 years, KBA implemented Communities Mobilizing for Change on Alcohol by staffing The Pinckney Coalition and SRSLY Manchester. KBA also staffed CTC-Ypsilanti. KBA functions as the regional provider of DYTUR Services. KBA has served as DYTUR for Livingston and Washtenaw counties for the past 10 years and Monroe County for the past 4 years. KBA subcontracts with the Lenawee County Health Department to provide DYTUR activities within Lenawee County.

6. Key People

KBA's Program Director, Karen Bergbower, LMSW, CAADC, CPC-M, has 18 years of experience implementing DYTUR activities and over 25 years of experience in substance use disorder prevention and treatment. Karen is the Program Coordinator for the Livingston COMMUNITY PREVENTION Project and provides oversight and supervision for regional DYTUR services. Karen will provide oversight and direct supervision for the proposed vaping prevention activities.

Alison Cox, LMSW, CPS, is the DYTUR for Livingston, Washtenaw, and Monroe counties and serves as the regional DYTUR liaison to the State and CMHPSM. In this capacity, Alison works closely with the Lenawee County Health Department who implements DYTUR activities within Lenawee county. Alison earned her master of social work from The University of Michigan specializing in interpersonal practice with children and youth. Alison has been providing DYTUR services in this region since 2015. She has been proactive in addressing vaping and was the coordinator of a vaping grant that was awarded to Livingston County Catholic Charities from the Michigan Department of Health and Human Services, Tobacco Section. Grant money was used to create an educational vaping booklet to be used by 3 Livingston County school districts. The booklets contained articles geared toward parents, educators, and youth and focused on the dangers of vaping. Alison presented principals and school counselors with the booklets, thumb drive, and awareness posters that could be hung in the schools. Alison also worked with the 3 districts to make sure that their tobacco policies were updated to include electronic cigarettes/vaping products. The grant work was well received and Alison was asked to share both the process, and the final product, at the Tobacco-Free Michigan meeting in October.

Sandra Parker, LLMSW, CPS, has been the face of prevention in the Pinckney community since 2016. She is the Youth-Led Prevention Coordinator for Pinckney Community Schools. She is also the Project SUCCESS Coordinator and the Curriculum Based Support Group Facilitator in the district. Sandra earned her master of social work from Michigan State University and specialized in substance abuse prevention, intervention, and treatment. Sandra worked with Alison to create the anti-vaping booklet and corresponding materials, including development of the "Vaping is Nicotine" campaign. She was instrumental in incorporating the youth voice in the process. Pinckney High School students helped to choose youth content for the educational booklets, as well as assisted in developing the campaign materials. The images from the campaign were also used as billboards on a busy stretch of US 23 in Whitmore Lake.

7. Community Collaboration

Community collaboration is a key component of all prevention activities. KBA ensures that all prevention activities take place in the context of larger community efforts to impact substance use. These community-wide collaborative efforts, along with utilization of existing relationships and services, will help in sustaining the outcome of reducing vaping within this region. KBA's broad community participation establishes and maintains strong relationships with key stakeholders and sectors of each community, such as schools, parents, coalitions, businesses, law enforcement, and government. These relationships assist in promoting non-using norms and engaging the entire community in preventing and reducing vaping. Through this community involvement, KBA is aware of the ever-changing needs in each community. More importantly, KBA is able to advocate for prevention efforts and programming.

Alison will work closely with local coalitions and partners in each county as well as the state-wide Tobacco-Free Michigan. In Livingston County, Alison will work with the Livingston County Community Alliance (LCCA) as well as the Livingston COMMUNITY PREVENTION Project (LCPP) and its funded implementers. In Washtenaw County, Alison will work with SRSLY Chelsea, SRSLY Dexter, and SRSLY Manchester. In Monroe County, Alison will work with the Monroe County Substance Abuse Coalition. In Lenawee County, Alison will work with the Lenawee County Health Department. KBA hopes to build regional relationships while implementing vaping prevention activities. Across the region, Alison will work with local schools, local businesses, churches, law enforcement, courts, alcohol and tobacco retailers, ENDS retailers, human service organizations, health departments, SUD prevention and treatment providers, local media, parents, and youth. Sandra will work alongside Alison with her emphasis on mobilizing youth and engaging them in all aspects of the prevention process.

PROGRAM PLANNING & IMPLEMENTATION

8. Scope of Services

KBA proposes to provide an array of evidence based prevention strategies across the region to impact vaping, including both population-based strategies and individual strategies. The strategies will address the identified contributing factors of easy access, norms that support use, perceived peer pressure, and low perception of harm.

Easy Access. Access to e-cigarettes will be addressed by education, training, and policy change. KBA will work with community partners to engage schools to educate on and obtain 24/7 comprehensive tobacco free schools policies to include language around vaping products. KBA will also work with community partners to mobilize them to advocate for local ordinances and policy changes related to vaping. This will include organizing presentations to local government entities and working with vape retailers. Whenever possible, youth will be integrated into the process.

Norms that Support Use and Perceived Peer Pressure. Norms that support use and perceived peer pressure will be addressed through education and training. Engaging youth into the prevention process will be key to challenge perceptions and promote non-using norms. Funding and technical assistance will be made available to help youth-led groups and coalitions design and implement prevention activities on a local level. Use of peer-to-peer training using the CATCH® My Breath program (catchmybreath.org) will be strongly encouraged. CATCH® My Breath is a best practices youth e-cigarette prevention program developed by the Michael and Susan Dell Center for Healthy Living at UTHealth School of Public Health. The program provides up-to-date information to teachers, parents, and health professionals to equip students with the knowledge and skills they need to make informed decisions about the use of e-cigarettes. CATCH® My Breath utilizes a peer-led teaching approach and meets National Health Education Standards.

Low Perception of Harm. Educational presentations and materials will be developed and disseminated to provide education regarding vaping and associated consequences to increase perception of harm. Presentations will target schools (administrators, staff, PTOs), parents, and youth. Communities will be encouraged to utilize St. Joseph Mercy Health System to provide Vaping 101. CATCH® My Breath also increases awareness of harm.

KBA plans to enhance and build on the materials developed with the funding from the Tobacco Section. Booklets and flash drives will be disseminated to schools targeting administrators, counselors, Board Members, PTO members, and health teachers. The "Vaping is Nicotine" media campaign, including digital and print materials, will be used to provide a consistent message and heighten awareness of vaping and associated harm. These materials will be available to local communities to add individual logos and for strategic dissemination consistent with local culture and capacity. KBA proposes to have 2 billboards within the region. Eventually, KBA hopes to provide online access to vaping resources and materials.

BUDGET

9. Budget Summary and Cost Detail

KBA is requesting a total of $47,815 to implement the proposed activities. $20,687 is allocated for 4/1/2019 to 9/30/2019 and $27,128 is allocated for 10/1/2019 to 9/30/2020. The proposed budget is summarized in the attached Excel Spreadsheet that includes The Budget Summary and Cost Detail.

V 2

CMHPSM PREVENTION PROGRAM BUDGET INFORMATION

CONTRACTOR:	Karen Bergbower & Associates
PROJECT TITLE:	Vaping Proposal
ADDRESS:	10299 Grand River Road, Suite P
CITY:	Brighton
STATE:	MI
ZIP:	48116
BUDGET TYPE:	ORIGINAL
DATE BUDGET CREATED:	1/17/2019
FISCAL YEAR:	FY19 (OCT 2018-SEP 2019)
BUDGET START:	4/1/2019
BUDGET END:	9/30/2020
EBIs:	0

BUDGET NOTES KBA is proposing to provide services from 4/1/2019 to 9/30/2020. The budget for 4/1/2019 to 9/30/2019 is on tab EBI#1. The budget for 10/1/2019 to 9/30/2020 is on tab EBI#2.

CMHPSM NOTES

EXPENSE DETAILS	EBI#1:	FY 2018-2019

SALARIES & WAGES

AMOUNT	POSITION TITLES	FTE(s)
$ 1,235	Direct Supervisor/Coordinator	0.01
$ 364	Support Staff/ Data Entry	0.01
$ 3,445	Prevention Specialist - Alison	0.06
$ 2,184	Youth Led Prevention Specialist - Sandra	0.05
$ 7,228	**SALARIES & WAGES SUBTOTAL**	**0.13**

FRINGE BENEFITS

AMOUNT	NOTES
$ 640	FICA $385, Unemploy $15, Work Comp $12, Cont Ed $25
$ 640	**FRINGE BENEFITS SUBTOTAL**

TRAVEL

AMOUNT	NOTES
$ 545	1000 miles X .545
$ 545	**TRAVEL SUBTOTAL**

SUB-CONTRACTS

AMOUNT	NOTES
$ 2,500	billboards (electronic)
$ 2,500	**CONTRACTS SUBTOTAL**

OPERATING SUPPLIES / EXPENSES

AMOUNT	NOTES
$ -	**OPERATING SUPPLIES / EXPENSE SUBTOTAL**

OTHER

AMOUNT	IDENTIFY OTHER
$ 1,636	Communications $172, Space $1116, Utilities $66,
	Insurance $36, Misc Expenses $246
$ 250	Office Supplies/Materials
$ 3,888	booklets - printing 150 at 25.92 each
$ 4,000	media campaign materials
$ 9,774	**OTHER SUBTOTAL**

INDIRECT COSTS

AMOUNT	NOTES	%
$ -		
$ -	**INDIRECT SUBTOTAL**	**0.0%**

TOTAL	$ 20,687	FY 2018-2019

EXPENSE DETAILS	EBI#2	FY 2019-2020

SALARIES & WAGES

AMOUNT	POSITION TITLES	FTE(s)
$ 2,470	Direct Supervision/Coordinator	0.03
$ 728	Staff Support/Data Entry	0.01
$ 6,890	Prevention Specialist - Alison	0.13
$ 4,368	Prevention Specialist - Sandra	0.10
$ 14,456	**SALARIES & WAGES SUBTOTAL**	**0.26**

FRINGE BENEFITS

AMOUNT	NOTES
$ 1,281	FICA $1106, Unemploy $50, Work Comp $46, Cont Ed $78
$ 1,281	**FRINGE BENEFITS SUBTOTAL**

TRAVEL

AMOUNT	NOTES
$ 1,090	2000 miles x .545
$ 1,090	**TRAVEL SUBTOTAL**

SUB-CONTRACTS

AMOUNT	NOTES
$ 2,500	1 billboard electronic
$ 2,500	**CONTRACTS SUBTOTAL**

OPERATING SUPPLIES / EXPENSES

AMOUNT	NOTES
$ -	**OPERATING SUPPLIES / EXPENSE SUBTOTAL**

OTHER

AMOUNT	IDENTIFY OTHER
$ 3,301	Communications $342, Space $2111, Utilities $131,
	Insurance $260, Misc Expenses $464
$ 2,000	$500 for youth activities within in each county
$ 500	office supplies/materials
$ 2,000	media campaign materials
$ 7,801	**OTHER SUBTOTAL**

INDIRECT COSTS

AMOUNT	NOTES	%
$ -	**INDIRECT SUBTOTAL**	**0.0%**

TOTAL	$ 27,128	FY 2019-2020

EXPENSE DETAILS	EBI#3:	KBA DYTUR Monroe

SALARIES & WAGES

AMOUNT	POSITION TITLES	FTE(s)
$ -	SALARIES & WAGES SUBTOTAL	0.00

FRINGE BENEFITS

AMOUNT	NOTES
$ -	FRINGE BENEFITS SUBTOTAL	

TRAVEL

AMOUNT	NOTES
$ -	TRAVEL SUBTOTAL	

SUB-CONTRACTS

AMOUNT	NOTES
$ -	CONTRACTS SUBTOTAL	

OPERATING SUPPLIES / EXPENSES

AMOUNT	NOTES
$ -	
$ -	OPERATING SUPPLIES / EXPENSE SUBTOTAL	

OTHER

AMOUNT	IDENTIFY OTHER
$ -	OTHER SUBTOTAL	

INDIRECT COSTS

AMOUNT	NOTES	%
$ -	INDIRECT SUBTOTAL	0.0%

TOTAL	$ -	KBA DYTUR Monroe

EXPENSE DETAILS	EBI#4:	KBA DYTUR Washtenaw

SALARIES & WAGES

AMOUNT	POSITION TITLES	FTE(s)
$ -	SALARIES & WAGES SUBTOTAL	0.00

FRINGE BENEFITS

AMOUNT	NOTES
$ -	FRINGE BENEFITS SUBTOTAL	

TRAVEL

AMOUNT	NOTES
$ -	TRAVEL SUBTOTAL	

SUB-CONTRACTS

AMOUNT	NOTES
$ -	
$ -	CONTRACTS SUBTOTAL	

OPERATING SUPPLIES / EXPENSES

AMOUNT	NOTES
$ -	OPERATING SUPPLIES / EXPENSE SUBTOTAL	

OTHER

AMOUNT	IDENTIFY OTHER
$ -	OTHER SUBTOTAL	

INDIRECT COSTS

AMOUNT	NOTES	%
$ -	INDIRECT SUBTOTAL	0.0%

TOTAL	$ -	KBA DYTUR Washtenaw

V 2

CMHPSM PROGRAM BUDGET SUMMARY

Vaping Proposal 1/17/2019

FY19 (OCT 2018-SEP 2019) ORIGINAL

SUMMARY	EBI#1	EBI#2	EBI#3	EBI#4	TOTAL
SALARY & WAGES	$ 7,228	$ 14,456	$ -	$ -	$ 21,684
FRINGE BENEFITS	$ 640	$ 1,281	$ -	$ -	$ 1,921
TRAVEL	$ 545	$ 1,090	$ -	$ -	$ 1,635
SUB-CONTRACTS	$ 2,500	$ 2,500	$ -	$ -	$ 5,000
OPERATING SUPPLIES	$ -	$ -	$ -	$ -	$ -
OTHER EXPENSES	$ 9,774	$ 7,801	$ -	$ -	$ 17,575
INDIRECT ADMINISTRATION	$ -	$ -	$ -	$ -	$ -
TOTAL COST	**$ 20,687**	**$ 27,128**	**$ -**	**$ -**	**$ 47,815**
INDIRECT %	**0.00%**	**0.00%**	**0.00%**	**0.00%**	**0.00%**
TOTAL FTEs	0.13	0.26	0.00	0.00	**0.40**

OTHER REVENUES

					$ -
					$ -

EXPENSE DETAILS	EBI#:	Example EBI

SALARIES & WAGES

AMOUNT	POSITION TITLES	FTE(s)
$ 25,000	*Prevention Specialist*	*0.50*
$ 5,000	*Assistant*	*0.15*
$ 30,000	**SALARIES & WAGES SUBTOTAL**	**0.65**

FRINGE BENEFITS

AMOUNT	NOTES
$ 5,000	Medical
$ 5,000	Retirement
$ 10,000	**FRINGE BENEFITS SUBTOTAL**

TRAVEL

AMOUNT	NOTES
$ 280	*500 miles @.56*
$ 500	*Prevention Conference - May 2016*
$ 780	**TRAVEL SUBTOTAL**

SUB-CONTRACTS

AMOUNT	NOTES
$ 15,000	*Contract - Prevention Specialist 500 hrs/$30/hr*
$ 15,000	**CONTRACTS SUBTOTAL**

OPERATING SUPPLIES / EXPENSES

AMOUNT	NOTES
$ 1,500	*Operating Supplies*
$ 500	*Printer*
$ 2,000	**OPERATING SUPPLIES / EXPENSE SUBTOTAL**

OTHER

AMOUNT	IDENTIFY OTHER
$ 600	*Cell phones- 1 @ $50/month*
$ 500	*Consultant - training stipend*
$ 200	*Insurance*
$ 1,300	**OTHER SUBTOTAL**

INDIRECT COSTS

AMOUNT	NOTES	%
$ 3,000	*Administration/Finance/Space*	
$ 3,000	**INDIRECT SUBTOTAL**	**0.0%**

TOTAL	**$ 62,080**	**Example EBI**

National Institute on Drug Abuse
Advancing Addiction Science

Monitoring the Future Survey Results Show Alarming Rise in Teen Vaping

December 17, 2018

For four and a half decades, the NIDA-funded Monitoring the Future (MTF) survey has provided researchers and policymakers with an invaluable window into the drug use and attitudes of America's 12th-graders, with 8th and 10th graders added to the survey in 1991. The results of the 2018 MTF survey, released today (December 17), contain a mix of encouraging news and warning signals. Notably, the survey this year contained a major shock: a stunning rise in use of nicotine in vaping devices since 2017. Although there have been few significant changes over the past few years in teen marijuana use, use of most other illicit drugs by middle and high schoolers is at historic lows—this includes use of opioids, at a time when the opioid crisis is ravaging older sectors of the population.

Between January 2017 and January 2018, the percentage of 12th graders who reported vaping nicotine (not flavoring or other substances) during the past 30 days nearly doubled, from 11 percent to nearly 21 percent; among 10th graders, the increase was almost as great, from 8.2 percent to 16.1 percent. These are—by far—the biggest one-year increases ever seen for any substance in the history of the MTF survey. Previously, the largest increase for any substance in 12th grade was seen between 1975 and 1976, when past-month marijuana use jumped from 27.1 to 32.2 percent. Teens report they are vaping "flavoring only" in higher numbers as well, although it is likely that many young users do not know what is in the liquid they are vaping.

For reasons I've discussed before on this blog, any increase in nicotine use among adolescents is an alarming development. There is a perception, promoted by the manufacturers of vaping devices, that vaping is harmless because it does not involve the burning of tobacco—the source of carcinogenic tar in traditional cigarette smoke. However, there is mounting evidence that vaping can be harmful to the respiratory system, potentially contributing to long-term respiratory problems as observed with tobacco cigarettes. Even more importantly, nicotine, which stimulates the firing of dopamine neurons and thus enhances the saliency of rewarding stimuli, might render the brain more sensitive to the reinforcing effects of drugs, increasing the risk for addiction. Scientific findings and epidemiological data suggest that nicotine can act as a "gateway" to other substances. Considering that the younger a person engages in repeated administration of any addictive drug, the greater the risk of them becoming addicted, preventing nicotine exposure among adolescents whether by vaping or by smoking traditional tobacco cigarettes must be a high priority.

Not only are teen users of popular vaping devices like Juul re-glamorizing a smoking-like behavior that years of prevention campaigns had effectively stigmatized, they might be paving the way for a transition to conventional cigarettes as well as other substances. (Although vaping devices are touted by marketers as smoking cessation aids, very few clinical trials have been reported that evaluate their efficacy). It would be tragic to undo those historic declines in cigarette use because a new generation rediscovered cigarettes after being hooked on popular vaping devices. The recent decision by the Food and Drug Administration (FDA) to require manufacturers of vaping devices to have plans for keeping their products out of the hands of children and teens is thus an important step; only time will tell whether the increases in teen vaping can be reversed through such measures.

Rates of marijuana use by teens have been of great interest to researchers over the past decade, given major social and legislative shifts around the drug; it is now legal for adult recreational use in 10 states plus the District of Columbia, and it is available medicinally in many more. Fortunately, even as teens' attitudes toward marijuana's harms continue to relax, they are not showing corresponding increases in marijuana use. This year, a little over a third of high school seniors (35.9 percent) and a little over a quarter of sophomores (27.5 percent) reported using marijuana in the past year. However, for the past two decades, between 5.0 and 6.6 percent of seniors have reported using marijuana on a daily basis, and that has not changed; this year it was 5.8 percent, meaning that a significant portion of students is performing below their potential in school and thus adversely affecting their life prospects at a critical juncture. More teenagers are also reporting marijuana vaping, which for 12th graders increased from 9.5 percent for past-year use in 2017 to 13.1 percent in 2018. It is unclear if the teens who vape marijuana are also smoking it, or if they are a

growing cohort of young people being exposed to marijuana for the first time through vaping.

On the brighter side, teens are using other illicit drugs at very low rates. Seniors' use of illicit drugs other than marijuana (12.4 percent in the past year; 6 percent in the past month) was the lowest in 2018 that it has been since the start of the survey. The continued declines in misuse of prescription opioids like Vicodin are particularly reassuring (only 1.7 percent of seniors used Vicodin during the previous year, down from 10.5% in 2003), as is the fact that heroin use, now resurgent among adults and young adults, remains negligible in teens. Alcohol and cigarette use are also at all-time lows. These findings point to the success of prevention efforts, such as measures aimed at protecting young people from the effects of tobacco company advertising.

Compared to other national surveys, the MTF data are analyzed and released remarkably quickly: Funded by a NIDA grant, the research team at the University of Michigan that conducts the survey of 8th, 10th, and 12th graders every January analyzes the results and reports on them by the end of the year, giving us a real-time picture of drug trends among America's youth. It is important to remember, however, that the MTF only captures drug use among those in school. Illicit drug use, drinking, smoking, and vaping are all likely to be higher in adolescents who have dropped out of high school.

Readers who want to learn more about this year's MTF results can find many more details on this site. And for those wanting more information on the vaping findings, Richard Miech, one of the principle co-investigators at the University of Michigan, today published a letter on these alarming data in the New England Journal of Medicine

This page was last updated December 2018

Comments

vaping and adolescent drug use

Submitted by Richard Kensinger on January 4, 2019

As we clinically know, age of initiation matters when we consider that the peak age range of SUD is 18 ~ 26. Male youth are especially more at risk. Adolescent males exhibit what some of refer to as " the illusion of invincibility". We understand now how

vulnerable the adolescent brain is. How parents and peers behave about drugs is far more powerful than what they preach!

And for many, many moons a portion of our early ancestors were quite enamored w/ mind, mood, motor altering substance. We clinicians face a long-term and significant challenge. I find this site very pertinent and a source of pertinent information.
Thanks, Rich, MSW

Find Help Near You

The following website can help you find substance abuse or other mental health services in your area: www.samhsa.gov/Treatment. If you are in an emergency situation, people at this toll-free, 24-hour hotline can help you get through this difficult time: 1-800-273-TALK. Or click on: www.suicidepreventionlifeline.org. We also have step by step guides on what to do to help yourself, a friend or a family member on our Treatment page.

Add new comment

Your name

Subject

Comment *

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LIVINGSTON – LENAWEE – MONROE – WASHTENAW
OVERSIGHT POLICY BOARD
2018 MEMBERSHIP ROSTER

NAME	EMAIL	ADDRESS	COUNTY	APPOINTED By	TERM EXPIRES
William Green	WGreen@livgov.com	304 E Grand River Ave Suite 201 Howell, MI 48843	Livingston	County Commission	September 30, 2018
Dianne McCormick	DMcCormick@livgov.com	2300 E Grand River Ave Suite 102 Howell, MI 48843	Livingston	County Commission	September 30, 2019
Susan Webb	susanwebbfun@gmail.com	248-820-2650	Livingston	CMH Board	September 30, 2019
Vacant			Livingston	CMH Board	September 30, 2017
Charles Coleman	ccoleman@dawnfarm.org	502 W. Huron Ann Arbor, MI 48104 734-604-4237 (c) 734-669-8265 (w)	Washtenaw	CMH Board	September 30, 2019
David Oblak *Chair*	DMOblak@a2gov.org	15th District Court Probation 101 E Huron Street P.O. Box 8650 Ann Arbor, MI 48107-8650 734.994.2754	Washtenaw	CMH Board	September 30, 2021
Blake LaFuente	blakelafuente@gmail.com	8241 Blue Jay Drive Ypsilanti, MI 48197	Washtenaw	County Commission	September 30, 2018
Monique Uzelac	muzelac@gmail.com	1506 Kuehnle Street Ann Arbor, MI 48103 734-645-4553	Washtenaw	County Commission	September 30, 2019

Updated 09/18 ms

NAME	EMAIL	ADDRESS	COUNTY	APPOINTED By	TERM EXPIRES
Ralph Tillotson	c/o rebecca.borton@lenawee.mi.us	1899 Moore Road Adrian, MI 49221 517-263-1804 (h) 517-403-5494 (c)	Lenawee	County Commission	September 30, 2020
John Lapham	comm.lapham@lenawee.mi.us		Lenawee	County Commission	September 30, 2019
Amy Fullerton *Vice-Chair*	FullertonA1@michigan.gov	517.260.1879	Lenawee	CMH Board	September 30, 2020
Vacant			Lenawee		
Kim Comerzan	kim_comerzan@monroemi.org	2353 S. Custer Road Monroe, MI 48161-0089 Phone: 734.240.7804/W 734.915.1297/C FAX: 734.240.7816	Monroe	County Commission	September 30, 2018
Tom Waldecker	tomwal@umich.edu	9165 Exeter Road Carleton, MI 48117 Phone: 734.936.8660/W FAX: 734.936.8893	Monroe	County Commission	September 30, 2020
Mark Cochran *Secretary*	cochran.mark5@gmail.com	1221 Lavender Street Monroe, MI 48162 Phone: (734) 265-6116	Monroe	CMH Board	September 30, 2018
Dave O'Dell	ddodell1@att.net	321 W 4th St. #3, Monroe, MI 48161 (734)344-0240	Monroe	CMH Board	September 30, 2019

Updated 09/18 ms

1/18/19: **Monroe needs a letter for Kim. (Lisa Sanders)**
Blake and Monique were appointed on 3/2/17
I emailed Dawn re: Mark's appointment.

FY 2018/19 CMHPSM SUD MINI-GRANT REQUEST/REPORT

Funding reserved per county $5000

DATE	PROVIDER	AMOUNT REQUESTED	PROGRAM DESCRIPTION	COUNTY	COUNTY BALANCE REMAINING
10-25-18	**Monroe Prevention Coalition**	**1,000.00**	**Youth Summit**	**Monroe**	**$4,000**

COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN

Serving Lenawee, Livingston, Monroe, and Washtenaw Counties

Request for MINI GRANT Funds *Mini-Grants: A specific amount of funds per county set aside annually for small initiatives that arise during the fiscal year in the amount not to exceed $1000. There is a limit of $5000 per county each fiscal year. Mini-Grants may only be awarded for special activities or initiatives related to substance use disorders education, awareness, community activities and events, etc., and not be used for staffing purposes. The applicant must identify a source of other matching funds or in-kind effort to receive the grant. Once an award is made, the applicant will not be eligible to receive other mini-grant funding for any additional project during the fiscal year.*	
Date:	10/25/2018
Contact Person: (Name, email, phone)	Vicky Loveland, Development Coordinator Monroe County Substance Abuse Coalition vicky.loveland@gmail.com 734-242-1331
Requestor:	United Way of Monroe County for Monroe County Substance Abuse Coalition
Amount of Request:	$1,000.00
Type of Request:	☒Community event ☐ Other: _____ ☐Staff Training ☐Coalition Support Attach information as needed.
Describe Program Request:	Monroe County Substance Abuse Coalition, along with other Monroe County agencies and schools, is hosting the first #IMatter Youth Summit on December 4, 2018. It is anticipated that over 500 students from 12 different high schools will be attending this summit. The agenda for the day includes presentations by Student Prevention Leadership Team members and schools. A presentation by WAI, IAM Inc. (Who Am I, I Am Me)- Straight Talk program will take place. Their mission is to provide prevention, awareness, and post-treatment services in the area of substance abuse. In addition, there will be a presentation regarding mental health awareness by a staff member from the Ok2Say program. Some of the topics that will be covered include: bullying, suicide, negative consequences of texting and sexting, and overview of alcohol and drugs along with statistics. Resource folders are being provided to students and staff members to take with them at the end of the summit.
Targeted Community:	(Geographic area) Monroe County High School students and Monroe Middle College students
Describe how and where matching funds will be applied. If in-kind, describe:	Monroe County Community College has donated the use of the La-Z-Boy Center for the all-day summit. The value of this in-kind donation is $1965.00. In addition, ProMedica Monroe Regional Hospital is donating $7,000.00 and Monroe County Substance Abuse Coalition funding has allocated $4,000.00 towards the summit. Other sponsorships are being sought as well.
Identify Key People, Coalitions, and/or Community Partners involved in program:	United Way of Monroe County, Monroe County Substance Abuse Coalition, Catholic Charities of SE Michigan, Student Prevention Leadership Teams, Monroe County Public and Parochial High Schools, Monroe County Middle College, Monroe County Intermediate School District, Monroe Community Mental Health Authority, ProMedica

	Monroe Regional Hospital, Family Medical Center, Monroe County Health Department and Monroe County Community College
Please note: All programming must be consistent with the implementation of Recovery-Oriented Systems of Care (ROSC). *Recovery-oriented systems support person-centered and self-directed approaches to care that build on the strengths and resilience of individuals, families, and communities to take responsibility for their sustained health, wellness and recovery from alcohol and drug problems* (Center for Substance Abuse Treatment, 2005).	
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Amount Recommended & Comments:	Click or tap here to enter text.