# OVERSIGHT POLICY BOARD

**Regular Board Meeting**
**Patrick Barrie Conference Room**
**3005 Boardwalk Drive, Suite 200**
**Ann Arbor, MI**
**Thursday, August 22, 2024**
**9:30 a.m. – 11:30 a.m.**

**To join by telephone:**
1-616-272-5542
Meeting ID: 702 296 362#

**To join by computer via Teams:**
Click here to join the meeting
Meeting ID: 216 349 272 769, Passcode: x7AXhe

## Agenda

1. Introductions, Welcome Board Members - 5 minutes

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

3. Approval of April 25, 2024, OPB Minutes {Att. #1} **(Board Action)** – 5 minutes

4. Audience Participation – 3 minutes per person

5. Special Election – (**Board Action**) – 10 minutes
   a. Chair (to finish FY2024)
      Nominee – Annette Gontarski

6. Old Business
   a. Finance Report {Att. #2} – (Discussion) – 10 minutes
   b. Funding Forecast {Att. #3} – (Discussion) – 20 minutes

**7.** New Business
   a. FY25 RFP Funding Update {Att. #4} (Discussion) – 60 minutes
   b. FY25 PA2 Request {Att. #5} (**Board Action**) – 15 minutes

8. Report from Regional Board {Att. #6} (Discussion) – 5 minutes

9. SUS Director Updates (Discussion) – 10 minutes
   a. CEO Update {Att. #7}
   b. Kellogg Settlement Funds
   c. Staffing
   d. Health Equity Team Guidelines for Policy Review {Att. #8}

10. Adjournment **(Board Action)**

***Next meeting: September 26, 2024 *Funding/PA2 Decisions**
**Location: 3005 Boardwalk, Suite 200; Patrick Barrie Room**

# Oversight Policy Board Minutes
## April 25, 2024
**Patrick Barrie Conference Room**
**3005 Boardwalk Drive, Suite 200**
**Ann Arbor, MI 48108**

Members Present: Mark Cochran, Amy Fullerton, Annette Gontarski, Molly Welch Marahar, Dave Oblak, Dave O'Dell, Monique Uzelac, Tom Waldecker

Members Absent: Jamie Dean, Ricky Jefferson, Frank Sample, David Stimpson, Ralph Tillotson

Guests:

Staff Present: Stephannie Weary, James Colaianne, Nicole Adelman, Matt Berg, James Luckey, Michelle Sucharski, CJ Witherow, Stacy Pijanowski, Jackie Bradley (Lenawee), Alyssa Tumolo

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

1. Introductions

   - OPB Chair Susan Longsworth has resigned from the OPB because she has been appointed as a judge in Livingston County, which presents a conflict of interest.

2. Approval of the Agenda
   **Motion by M. Welch Marahar, supported by D. Oblak, to approve the agenda**
   **Motion carried**

3. Approval of the February 22, 2024 Oversight Policy Board minutes
   **Motion by M. Welch Marahar, supported by D. Oblak, to approve the February 22, 2024 OPB minutes**
   **Motion carried**

4. Audience Participation
   - None

5. Old Business
   a. Finance Report
      M. Berg presented. Discussion followed.
   b. FY24 Funding Update
      - The COVID Block Grant (BG) was scheduled to end 3/15/24, and funding for COVID (BG) programs was going to be replaced with PA2, and then ARPA instead. Then the COVID (BG) was extended through 3/14/25. So now the ARPA funds that were going to be used can be saved for something else, to be determined, some likely extended to next FY.

6. New Business
   a. June Meeting Special Election
      - With S. Longsworth's resignation from the OPB, a new Chair will be needed for the rest of her term, which ends on 9/30/24.
      - Per the OPB bylaws, only one individual appointed by each county may serve as an officer.

- M. Welch Marahar is the current OPB Secretary (Washtenaw) and did offer to serve as Chair if no one else is able.
- M. Cochran is the current OPB Vice-Chair (Monroe).
- A. Gontarski volunteered to serve as chair through 9/30/24. She will be added to the ballot for the June special election.

b. June Meeting FY25 RFP PA2 Funding Decisions
- A quorum will be needed for PA2 funding recommendations that will go to the Regional Board in August for preliminary review.

c. PA2 Request
- Home of New Vision will host a 5-day CCAR peer training and a 1-day Stand with Trans training. The request is for food for both trainings.

**Motion by M. Welch Marahar, supported by D. O'Dell, to Approval for the use of $2,600 of PA2 (interest) funds from across counties to support Home of New Vision's Connecticut Community for Addiction Recovery (CCAR) training and Stand with Trans training for the region to occur in June or July**
**Motion carried**

d. Priority Population Update
- The priority population position is required and funded by MDHHS. The region chose to split the role's duties between 2 SUD Care Navigator positions, which is 1/2 priority population work and 1/2 utilization management.
- There have been ongoing challenges statewide with the MDOC system moving to utilizing the PIHP system starting in 2020. Those challenges continue. A new staff person has been hired by MDOC to work with PIHPs and MDOC staff. MDOC agents continue to mostly circumvent the PIHP system to get individuals into residential cognitive behavioral programs instead of sending them to the PIHP where medical necessity, voluntary treatment, and provider choice are required and respected. Dave Oblack and Annette Gontarski discussed the additional need to educate judges which Nicole said she would bring back to the statewide discussion.
- N. Adelman shared challenges and success in the program thus far, and year-to-data data:
  - 262 individuals served by SUD Care Navigators
  - 240 (92%) confirmed admissions
  - 183 (76%) admitted within the appropriate time frame

7. Report from Regional Board
- The Regional Board's CEO Evaluation Committee provided an overview on the CEO performance at the recent board meeting. Per M. Welch Marahar, the results were overarchingly great, but the committee would like a better way to structure the CEO goals to reflect the work that he's doing.
- The prior years' deficit repayment arrangement is being finalized.
- The FY25 budget was revised to reflect a significant rate change that is being implemented this month.
- The Regional Board reviewed the board governance manual and most of the board policies. The Financial Stability and Risk Reserve Management policy is going under further review and possible updates.
- A new business expense reimbursement process is going to the Regional Board in June.
- There was an error in the annual audit report that reflected computer hardware costs in the board diem line item.
- J. Colaianne provided an update on the Monroe CMH FY23 deficit, which was discussed at the Regional Board meeting.

8. SUS Director Updates
   a. CEO Update
      - Conflict Free Access and Planning Project – could significantly affect staffing at the PIHP related to utilization management. The state's goal is to ensure no conflict in the role of planning vs. the role of performing the service. There is concern that it may affect consumer care.
   b. Strategic Planning
      - The PIHP has a health equity team that meets monthly.
      - The RFP was released recently.
      - All rest on track as planned
   c. Staffing
      - The SUD Care Navigator position open and posted, as is one Finance and one Operations position
   d. ASAM Criteria 4th Edition
      - Significant change is happening and will take time to implement, not until next FY. Nicole will send the significant differences to OPB.
   e. Updating Policies
      - Some policies need to be updated, pending updates to the state's policies.

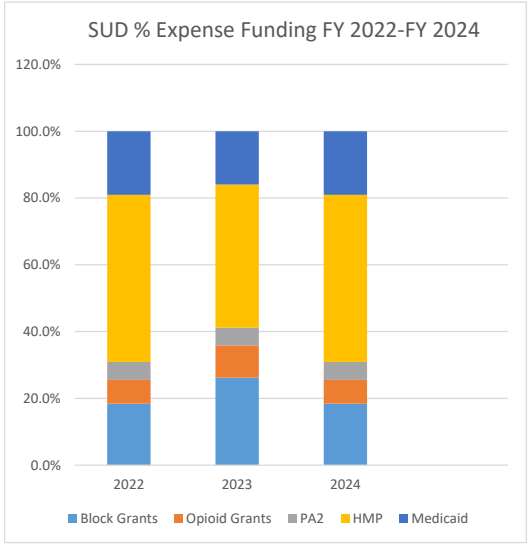
9. Adjournment **(Board Action)**
   **Motion by T. Waldecker, supported by A. Fullerton, to adjourn the meeting**
   **Motion carried**

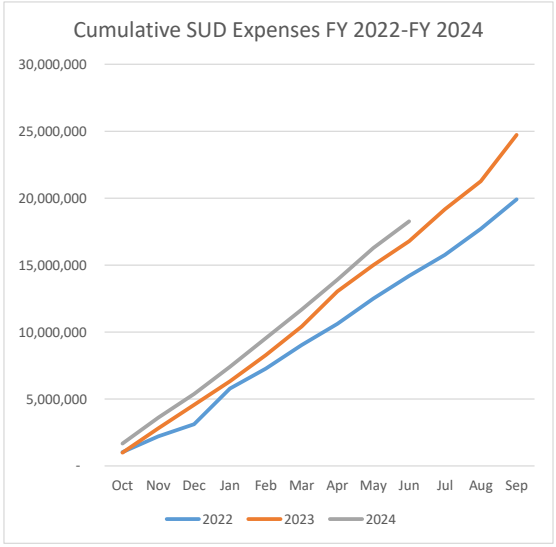
   - The meeting was adjourned at 10:36 a.m.

***Next meeting: Thursday, June 27, 2024**
**Location 3005 Boardwalk, Suite 200; Patrick Barrie Room**

**Community Mental Health Partnership Of Southeast Michigan**
**SUS SUMMARY OF REVENUE AND EXPENSE BY FUND**
**June 2024 FYTD**

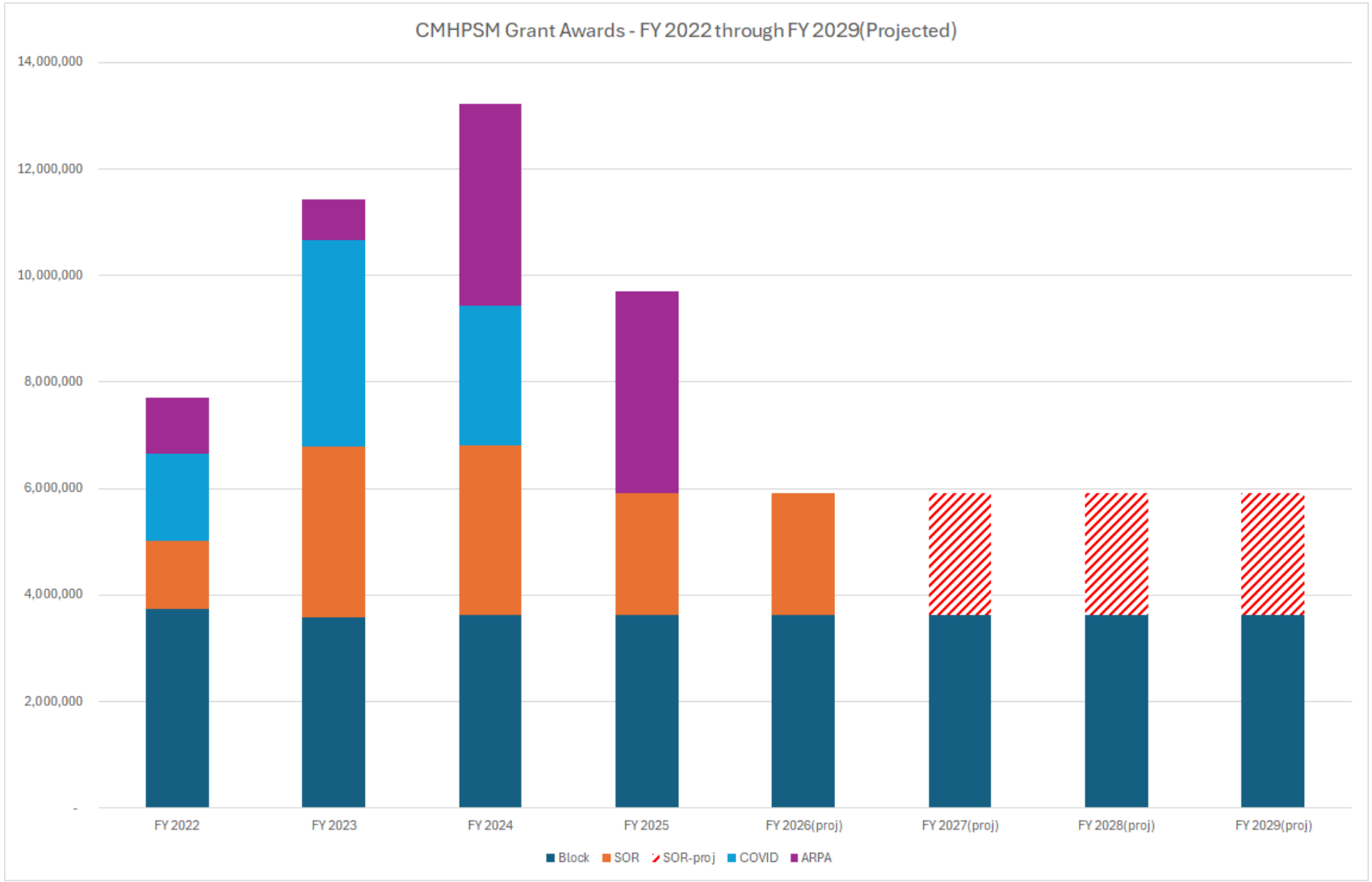
| Summary Of Revenue & Expense | Funding Source | | | | | Total Funding Sources |
|---|---|---|---|---|---|---|
| | Medicaid | Healthy Michigan | All Grants | OHH | SUD-PA2 | |
| **Revenues** | | | | | | |
| Investment Earnings | | | | | 134,311 | **$ 134,311** |
| Funding From MDHHS | 3,071,664 | 6,656,543 | 7,187,905 | 518,291 | | **$ 17,434,402** |
| PA2/COBO Tax Funding Current Year | | | | | 776,407 | **$ 776,407** |
| PA2/COBO Reserve Utilization | | | | | 481,033 | **$ 481,033** |
| Other (lapse to state) | | | - | (69,627) | - | **$ (69,627)** |
| **Total Revenues** | **$ 3,071,664** | **$ 6,656,543** | **$ 7,187,905** | **$ 448,664** | **$ 1,391,751** | **$ 18,756,527** |
| **Expenses** | | | | | | |
| Funding for County SUD Programs | | | | | | |
| CMHPSM | | | $ 478,676 | $ 381,387 | | **860,063** |
| Lenawee | 340,455 | 847,341 | 611,851 | | | **1,799,647** |
| Livingston | 181,404 | 611,037 | 446,612 | | 784,551 | **2,023,604** |
| Monroe | 784,914 | 1,495,934 | 2,214,550 | | 100,780 | **4,596,178** |
| Washtenaw | 1,312,655 | 3,164,649 | 3,247,546 | | 506,419 | **8,231,270** |
| Total SUD Expenses | $ 2,619,428 | $ 6,118,961 | $ 6,999,237 | $ 381,387 | $ 1,391,751 | **$ 17,510,763** |
| Administrative Cost Allocation | 175,231 | 325,429 | 188,668 | 67,277 | - | **$ 756,605** |
| **Total Expenses** | **2,794,659** | **6,444,390** | **$ 7,187,905** | **$ 448,664** | **$ 1,391,751** | **$ 18,267,368** |
| **Revenues Over/(Under) Expenses** | **277,005** | **212,153** | **-** | **0** | **0** | **$ 489,159** |

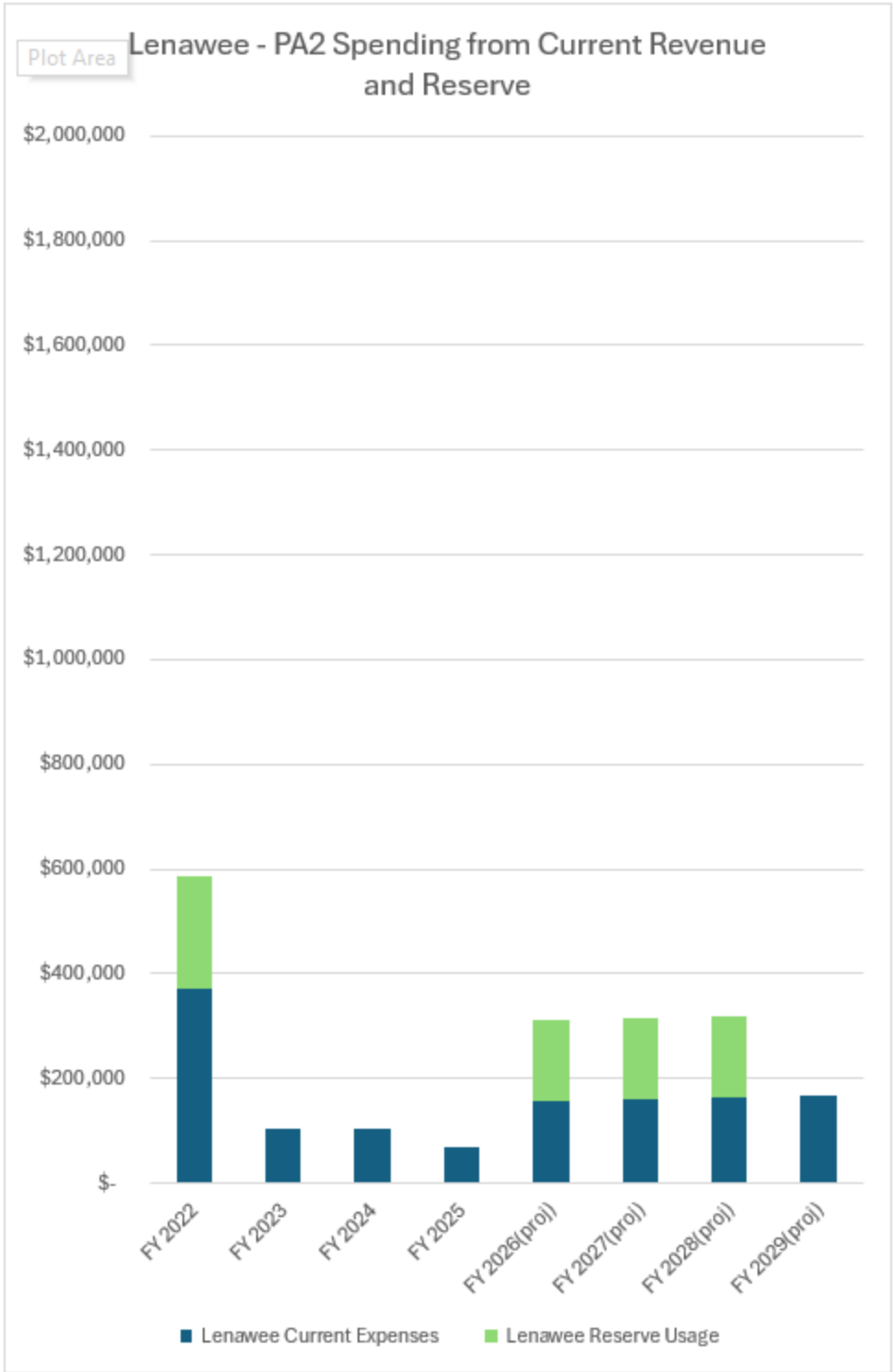


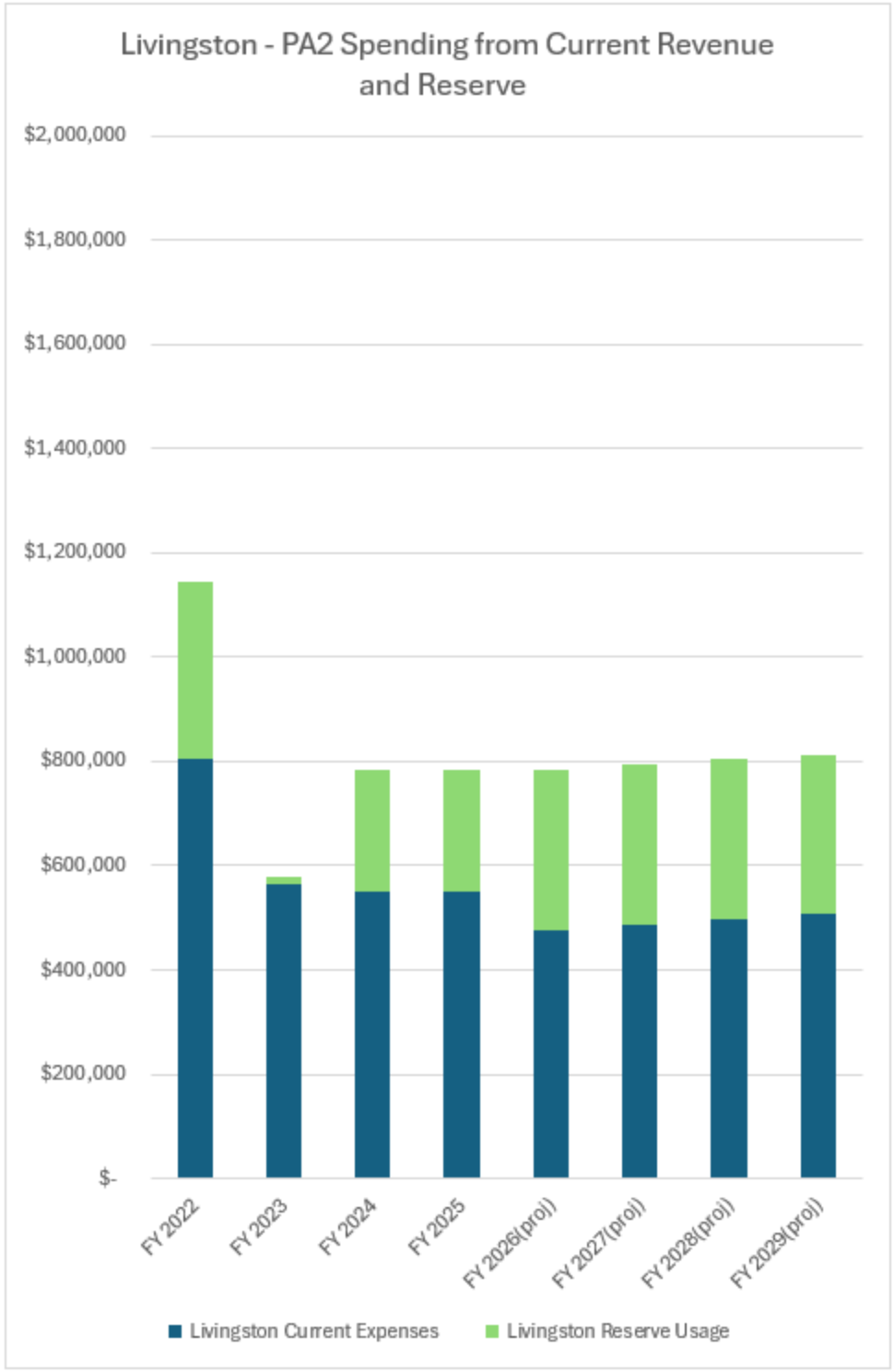

| FY 2024 PA2 Activity | Budgeted Revenues | YTD Expenditures | Revenues Over/(Under) Expenses |
|---|---|---|---|
| PA2 by County | | | |
| Lenawee | 181,183 | - | 181,183 |
| Livingston | 549,309 | 784,551 | (235,242) |
| Monroe | 410,197 | 100,780 | 309,417 |
| Washtenaw | 1,088,953 | 506,419 | 582,534 |
| Totals | $ 2,229,642 | $ 1,391,751 | $ 837,892 |

| Unallocated PA2 | FY 24 Beginning Balance | FY24 Budgeted Utilization | FY24 Projected Ending Balance |
|---|---|---|---|
| Admin | 154,457 | | 154,457 |
| Lenawee | 382,595 | 121,474 | 504,069 |
| Livingston | 3,230,879 | 1,106,280 | 4,337,159 |
| Monroe | 486,665 | 246,611 | 733,276 |
| Washtenaw | 1,661,897 | 663,272 | 2,325,169 |
| Total | $ 5,916,493 | $ 2,137,637 | $ 7,899,673 |


CMHPSM Grant Awards - FY 2022 through FY 2029(Projected)
14,000,000
12,000,000
10,000,000
8,000,000
6,000,000
4,000,000
2,000,000
-
FY 2022
FY 2023
FY 2024
FY 2025
FY 2026(proj)
FY 2027(proj)
FY 2028(proj)
FY 2029(proj)
Block
SOR
SOR-proj
COVID
ARPA


Plot Area
Lenawee - PA2 Spending from Current Revenue and Reserve
$2,000,000
$1,800,000
$1,600,000
$1,400,000
$1,200,000
$1,000,000
$800,000
$600,000
$400,000
$200,000
$-
FY 2022
FY 2023
FY 2024
FY 2025
FY 2026(proj)
FY 2027(proj)
FY 2028(proj)
FY 2029(proj)
Lenawee Current Expenses
Lenawee Reserve Usage


Lenawee Reserve Balance
$3,000,000
$2,500,000
$2,000,000
$1,500,000
$1,000,000
$500,000
$-
FY 2022
FY 2023
FY 2024
FY 2025
FY 2026(proj)
FY 2027(proj)
FY 2028(proj)
FY 2029(proj)


Livingston - PA2 Spending from Current Revenue and Reserve
$2,000,000
$1,800,000
$1,600,000
$1,400,000
$1,200,000
$1,000,000
$800,000
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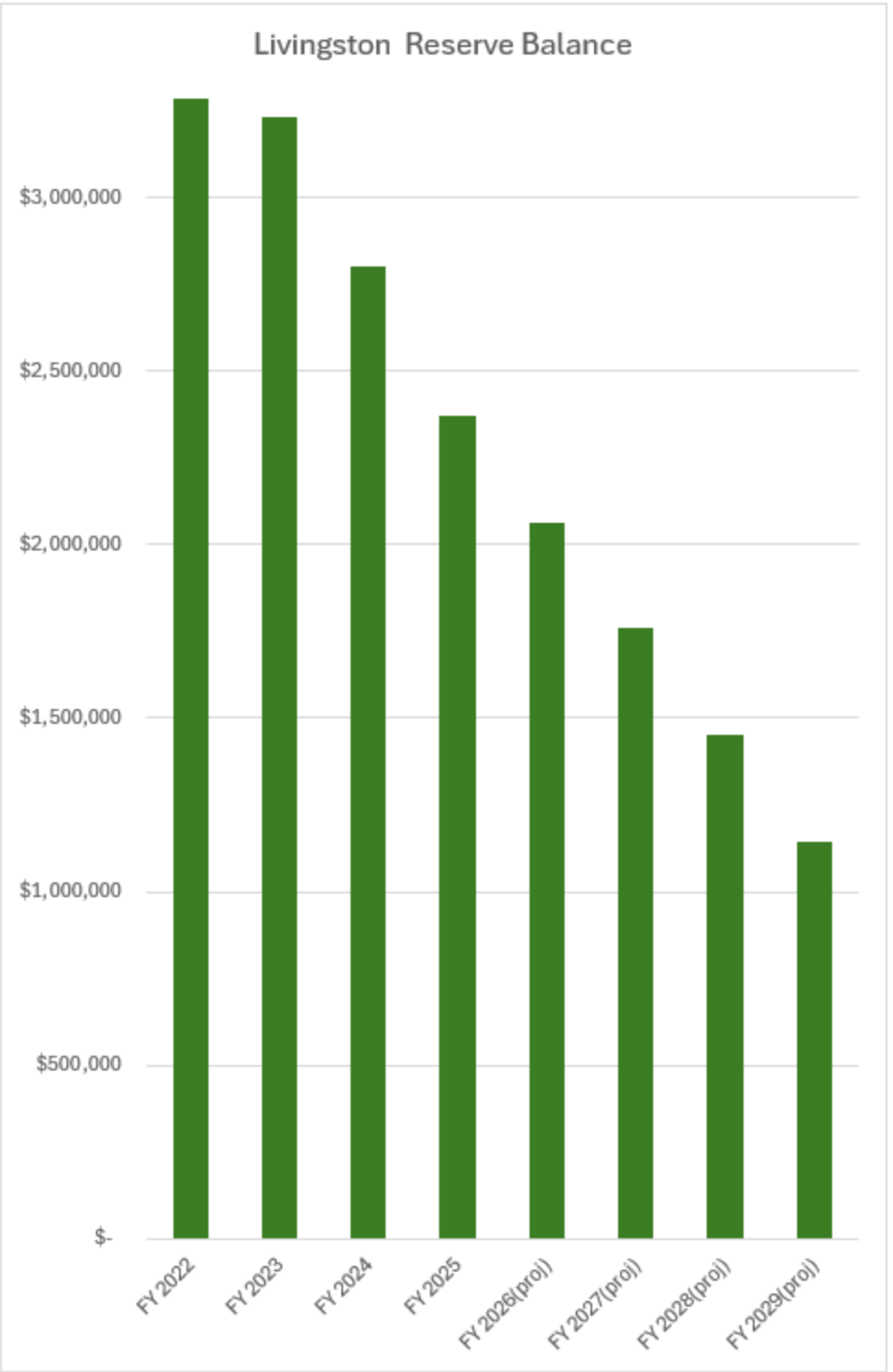
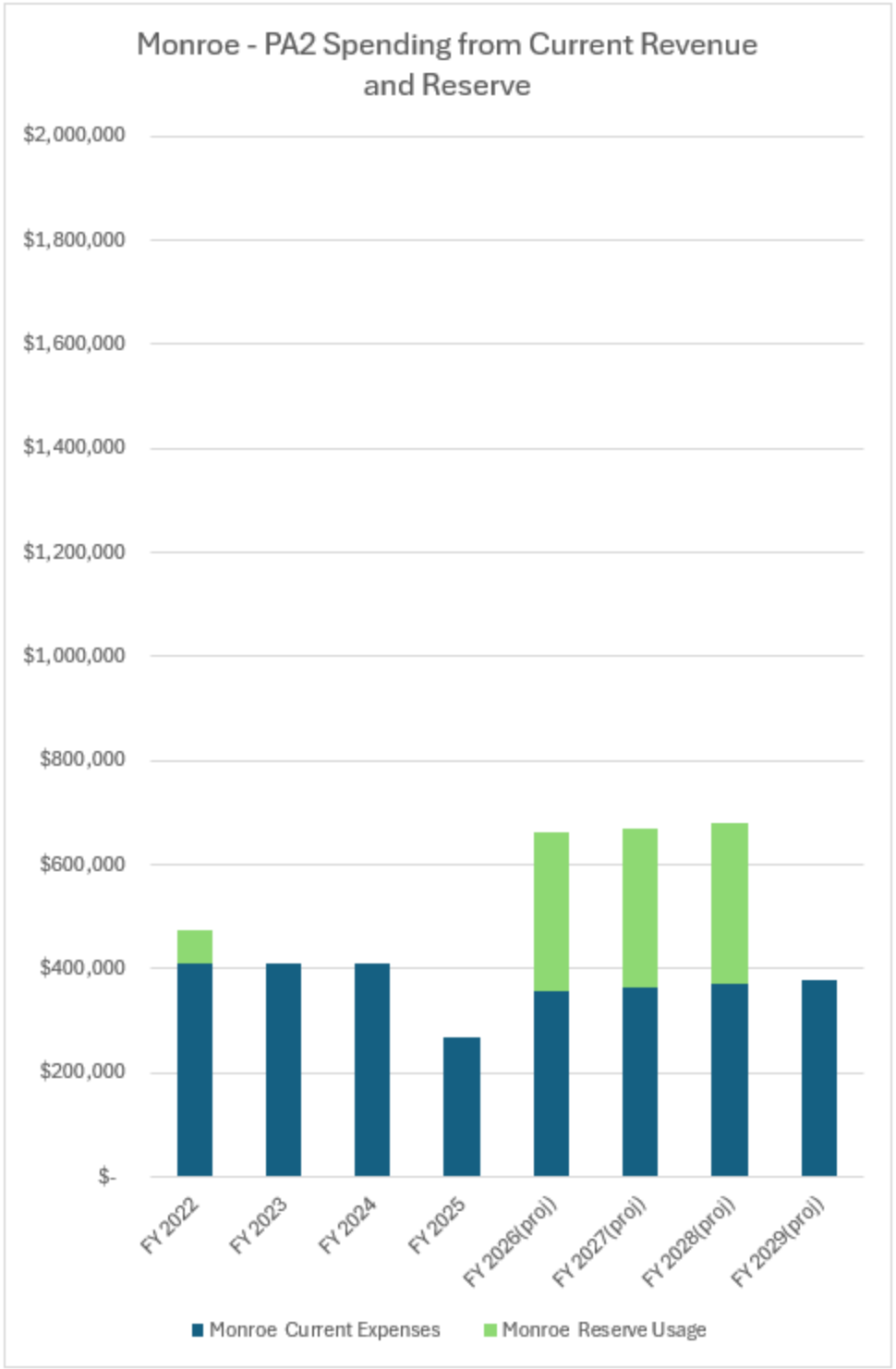
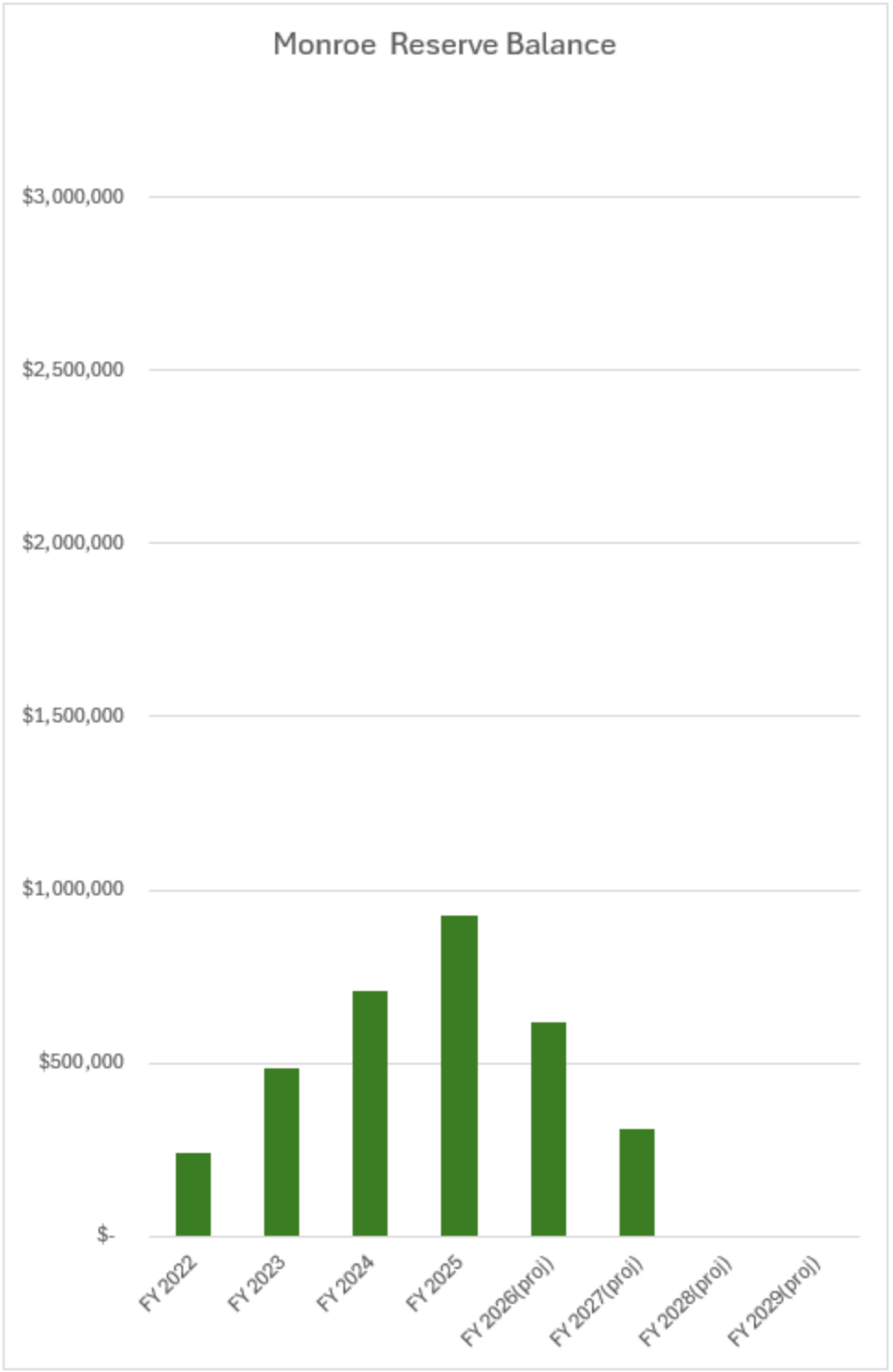
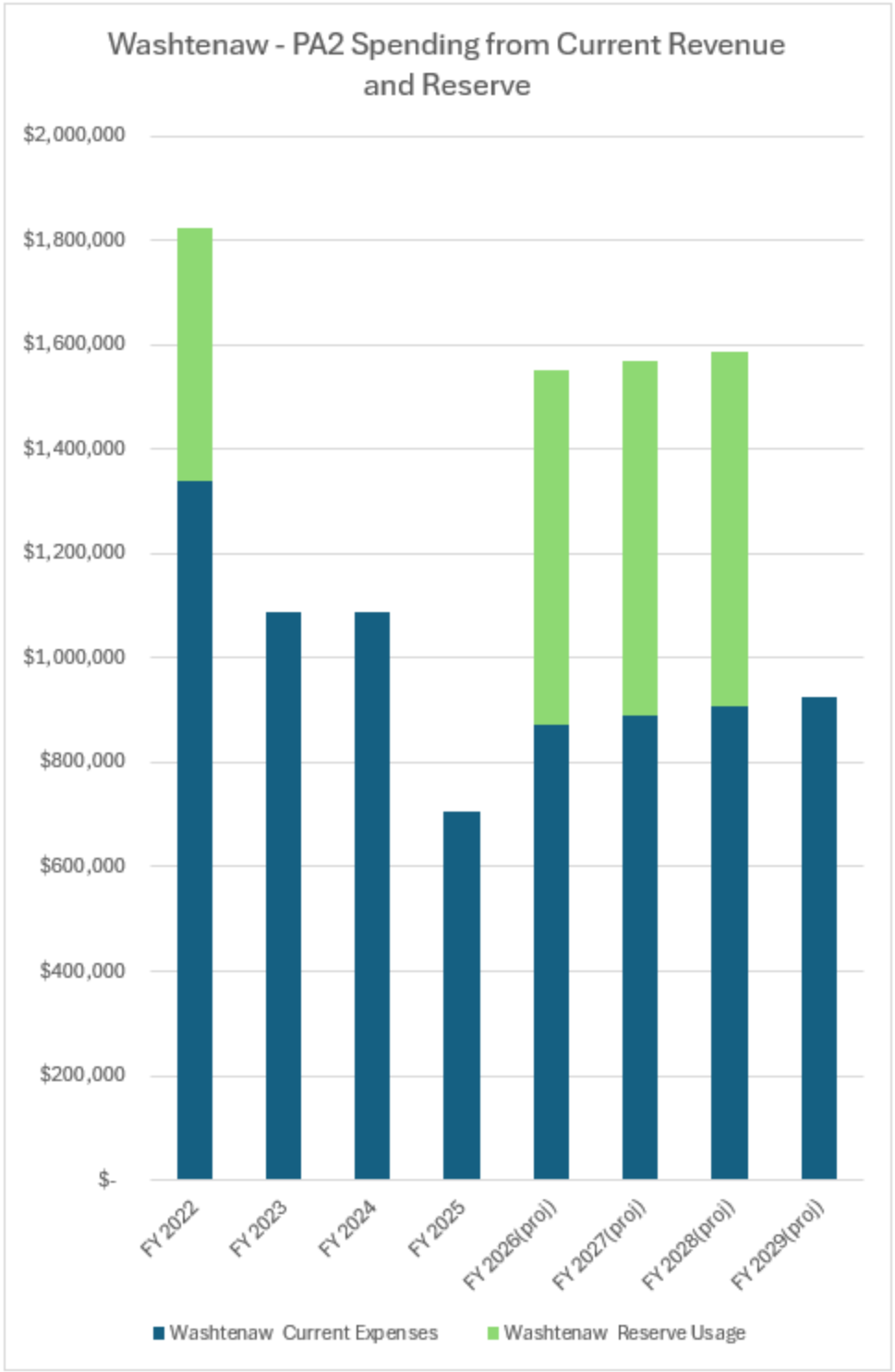
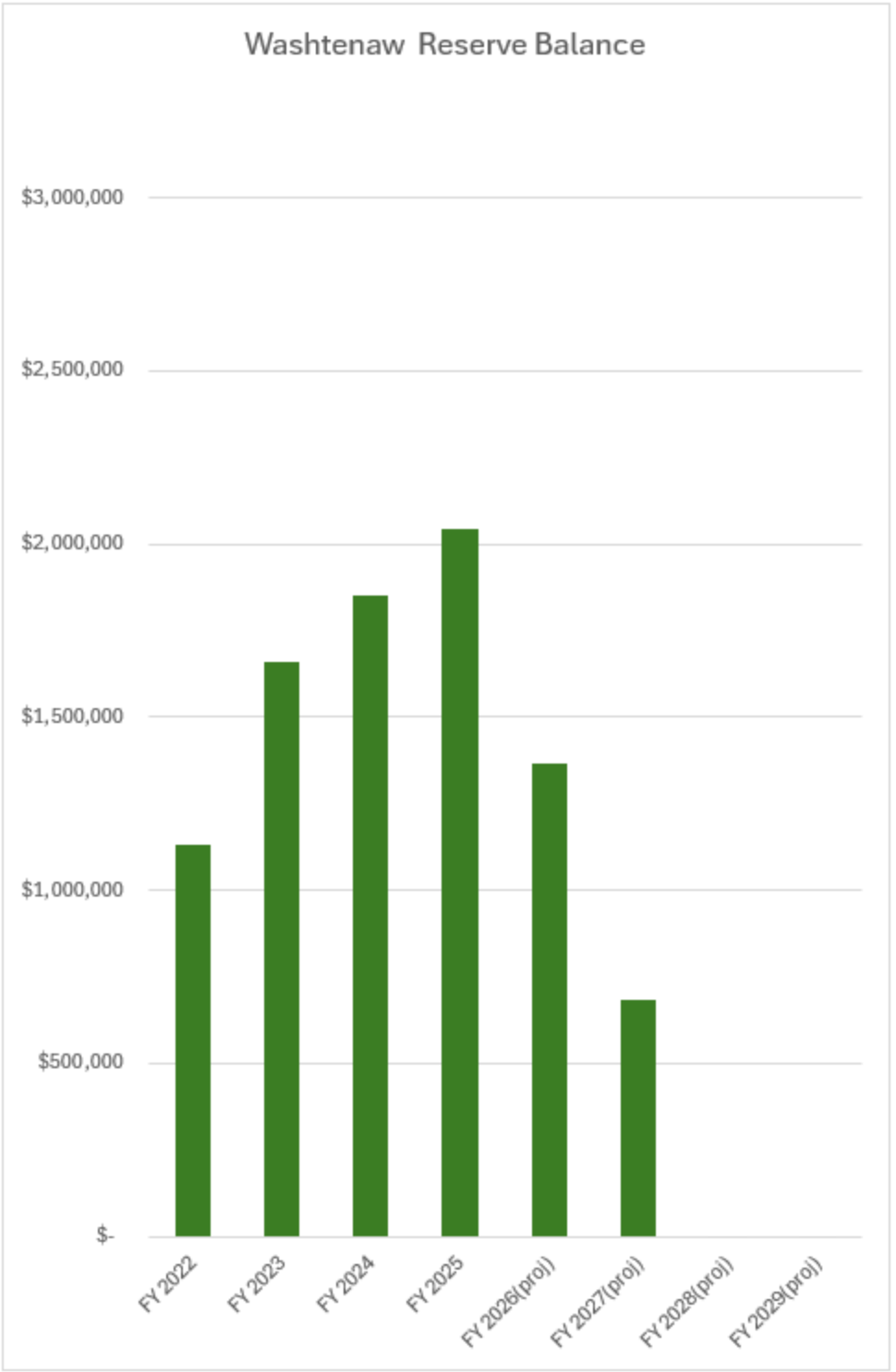
FY 2022
FY 2023
FY 2024
FY 2025
FY 2026(proj)
FY 2027(proj)
FY 2028(proj)
FY 2029(proj)
Livingston Current Expenses
Livingston Reserve Usage


Livingston Reserve Balance
$3,000,000
$2,500,000
$2,000,000
$1,500,000
$1,000,000
$500,000
$-
FY 2022
FY 2023
FY 2024
FY 2025
FY 2026(proj)
FY 2027(proj)
FY 2028(proj)
FY 2029(proj)


Monroe - PA2 Spending from Current Revenue and Reserve
$2,000,000
$1,800,000
$1,600,000
$1,400,000
$1,200,000
$1,000,000
$800,000
$600,000
$400,000
$200,000
$-
FY 2022
FY 2023
FY 2024
FY 2025
FY 2026(proj)
FY 2027(proj)
FY 2028(proj)
FY 2029(proj)
Monroe Current Expenses
Monroe Reserve Usage


Monroe Reserve Balance
$3,000,000
$2,500,000
$2,000,000
$1,500,000
$1,000,000
$500,000
$-
FY 2022
FY 2023
FY 2024
FY 2025
FY 2026(proj)
FY 2027(proj)
FY 2028(proj)
FY 2029(proj)


Washtenaw - PA2 Spending from Current Revenue and Reserve
$2,000,000
$1,800,000
$1,600,000
$1,400,000
$1,200,000
$1,000,000
$800,000
$600,000
$400,000
$200,000
$-
FY 2022
FY 2023
FY 2024
FY 2025
FY 2026(proj)
FY 2027(proj)
FY 2028(proj)
FY 2029(proj)
Washtenaw Current Expenses
Washtenaw Reserve Usage


Washtenaw Reserve Balance
$3,000,000
$2,500,000
$2,000,000
$1,500,000
$1,000,000
$500,000
$-
FY 2022
FY 2023
FY 2024
FY 2025
FY 2026(proj)
FY 2027(proj)
FY 2028(proj)
FY 2029(proj)

COMMUNITY MENTAL HEALTH PARTNERSHIP of Southeast Michigan

SUBSTANCE USE SERVICES

# FY25 FUNDING OPPORTUNITY

Nicole Adelman, MPH
Substance Use Services Director

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## FY25 CMHPSM FUNDING OPPORTUNITIES:

**RFP#2025A: Prevention Programs**

**RFP#2025B: Prevention Coalitions**

**RFP#2025D: Strategic Initiatives**

RFPs are used when more information than solely service cost is requested from respondents. RFPs often require respondents to write a proposal which answers narrative questions, provides cost or rate information and describes vendor experience or expertise in particular fields or projects.

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## FY25 FUNDING OPPORTUNITY: SCORING PROCESS

Proposals were given an averaged score based on narrative, budget and budget narrative

- Required finance documents (including budgets and budget narratives) were reviewed and scored by the CMHPSM Finance Department
- Proposal Narratives were reviewed and scored by 5-7 reviewers. In total, there were 14 reviewers who scored proposals:
  - 7 CMHPSM SUD Staff
  - 4 CMHPSM Staff
  - 3 OPB Volunteers

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## FY25 FUNDING OPPORTUNITY: SCORING PROCESS

**The CMHPSM will issue program awards based upon funding availability.**

The CMHPSM will retain responsibility for balancing the proposals/outcomes to meet the community needs in the four-county region. The CMHPSM reserves the right to consider, in addition to the numerical proposal score, other criteria such as prior funding and program performance, community needs, geographical needs, priority populations, and efforts to reduce duplication of services.

**CMHPSM Substance Use Services RFP Funding Priorities:**

- Reduction in health disparities among high-risk populations receiving prevention, treatment and recovery services.
- Expansion and enhancement of an array of services within the Recovery Oriented System of Care
- Increase sustainability of programming with diversified funding
- To reduce childhood and underage drinking.
- Reduce prescription and over the counter drug misuse
- Reduce youth access to/use of tobacco and nicotine
- Reduce youth use of marijuana
- Reduce illicit drug use

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## SUBMISSIONS OVERVIEW

**Total Submissions Received: 67**

**RFP#2025A- Prevention Programs**
16 Total Submissions
All Approved for Review

**RFP#2025B- Prevention Coalitions**
3 Total Submissions
All Approved for Review

**RFP#2025D- Strategic Initiatives**
47 Total Submissions
All Approved for Review

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## FY25 FUNDING OPPORTUNITY: REQUEST AMOUNTS

Total FY25 Requests

# $11,422,649

Strategic Initiatives
$9,051,637

Prevention Programs
$2,070,089

Prevention Coalitions
$300,923

COMMUNITY MENTAL HEALTH PARTNERSHIP of Southeast Michigan

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## FY25 CMHPSM FUNDING OPPORTUNITY- FUNDING SOURCES

**The funding sources for the awarded proposals will be identified by the CMHPSM.**

Given funding source availability and utilization are both variable, the CMHPSM will award proposals on a funding priority basis. If additional funds become available, additional proposals may be awarded or approved proposals may receive additional funding. Determination of funding source will be at the discretion of the CMHPSM and may be based upon meeting state and local needs.

**Anticipated FY 25 Fund Sources:**

| **ARPA** | **PA2** | **SABG** | **SOR 4** |
|---|---|---|---|
| *American Rescue Plan Act* | *Lenawee, Livingston, Monroe, Washtenaw* | *Substance Abuse Block Grant* | *State Opioid Response* |

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## FY24 GRANT FUNDING VS. FY25 ESTIMATED ALLOCATIONS:

| Funding Source: | FY24 Amount: | FY25 Estimated Allocation: |
|---|---|---|
| **ARPA** Prevention | $345,000 | $345,000 |
| **ARPA** Treatment/Recovery | $2,946,143 | $2,946,143 |
| **COVID BG** | $2,520,795 | $0 |
| **Prevention SABG** | $823,107 | $823,107 |
| **Treatment SABG** | $2,443,070 | $2,443,070 |
| **SOR** | $3,201,294 | $2,300,000 |
| **TOTAL:** | **$12,279,409** | **$8,857,320** |

**⬇ 32%**

**decrease in estimated grant funding available for FY25.**

- The estimated decrease is due to the ending of COVID BG and a preliminary decrease in SOR funding for FY25.
- The numbers reflected in the table do not represent the total of funds available to allocate to community programs.
  - For example, totals also include administrative costs.

COMMUNITY MENTAL HEALTH PARTNERSHIP of Southeast Michigan

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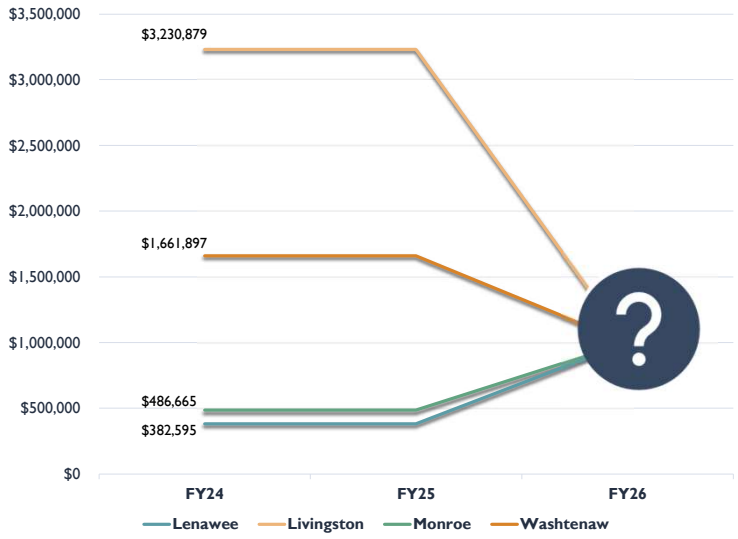


**Estimated FY25 PA2 amounts are expected to match FY24 amounts:**

**Lenawee:**
$382,595

**Livingston:**
$3,230,879

**Monroe:**
$486,665

**Washtenaw:**
$1,661,897

*However, FY26 PA2 amounts are unknown and will be in greater need due to the end of ARPA funding in FY25.*

COMMUNITY MENTAL HEALTH PARTNERSHIP of Southeast Michigan

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## FY25 FUNDING OPPORTUNITY: FUNDING CONSIDERATIONS

| | |
|---|---|
| Provider/Program Sustainability | • 1-year awards due to ongoing funding uncertainty<br>• Continuation funding vs. new programs<br>• Advocacy/communication for organizations around sustainability (ex. cost savings for current CMHPSM funded programs)<br>• Investigating new/expanded FFS SUD Medicaid allowable codes |
| FY25 PA2 and Future PA2 Considerations | • How much PA2 do we want/need to save for FY26 and beyond |
| Additional Potential Funding Opportunity | • Potential to release an additional RFQ funding opportunity after initial awards if additional funding or programmatic gaps are identified.<br>• CMHPSM internal discussions on this process. |

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## QUESTIONS

COMMUNITY MENTAL HEALTH PARTNERSHIP of Southeast Michigan

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# Thank you!

COMMUNITY MENTAL HEALTH PARTNERSHIP of Southeast Michigan

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# OPB FY2025 Recommendations

| Agency: | Program: | SOR Tx | SOR Prev | ARPA TX | ARPA Prev | BG Tx | BG Prev | PA2 | Counties Served: | FY25 Recommend | FY25 Request | FY24 Amount |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Lenawee CMHA | Harm Reduction/OD Educ. & Naloxone Distr. | | $ 19,016 | | | | | | Lenawee | $ 19,016 | $ 19,016 | $ 16,500 |
| Lenawee CMHA | Collaborative Justice/Jail Based MAT/Court Peer | $ 74,800 | | $ 29,068 | | | | | Lenawee | $ 103,868 | $ 103,868 | $ 35,626 |
| Lenawee CMHA | Engagement Center | $ 200,000 | | *$ 250,000* | | | | $ 69,974 | Lenawee | $ 519,974 | $ 735,490 | $ 519,974 |
| | Total PA2 | | | | | | | $ 69,974 | | | | |
| Livingston County Catholic Charities | Communities Mobilizing for Change Alcohol | | | | | | | $ 128,883 | Livingston | $ 128,883 | $ 128,883 | $ 107,942 |
| Livingston County Catholic Charities | Youth Led Prevention | | | | | | | $ 146,698 | Livingston | $ 146,698 | $ 146,698 | $ 133,025 |
| Livingston County Catholic Charities | Community Based Support Group | | | | | | $ 46,072 | | Livingston | $ 46,072 | $ 46,072 | $ 35,876 |
| Livingston County Catholic Charities | Project Success | | | | | | $ 160,775 | | Livingston | $ 160,775 | $ 160,775 | $ 143,549 |
| Livingston CMHA | Wraparound Services | | | | | | | $ 40,000 | Livingston | $ 40,000 | $ 40,000 | $ 40,000 |
| Livingston CMHA | Engagement Center | | | | | | | $ 603,833 | Livingston | $ 603,833 | $ 603,833 | $ 605,657 |
| Livingston CMHA | Epidemiologist | | | | | | | $ 45,000 | Livingston | $ 45,000 | $ 45,000 | $ 35,000 |
| Livingston CMHA | OD Educ. & Naloxone Distr. | | $ 17,000 | | | | | | Livingston | $ 17,000 | $ 17,000 | $ 9,500 |
| Livingston CMHA | Project ASSERT | | | | | | | $ 98,857 | Livingston | $ 98,857 | $ 98,857 | $ 92,858 |
| Recovery Advocates In Livingston | Recovery Cmty Organization | | | | | | | $ 50,000 | Livingston | $ 50,000 | $ 158,019 | $ 101,000 |
| Recovery Advocates In Livingston | Recovery Housing for Women | | | $ 48,493 | | | | | Livingston | $ 48,493 | $ 255,389 | $ 48,493 |
| | Total PA2 | | | | | | | $ 1,113,271 | | | | |
| Catholic Charities of Southeast Michigan | Project ASSERT | $ 60,000 | | | | | | | Monroe | $ 60,000 | $ 244,888 | $ 50,000 |
| Catholic Charities of Southeast Michigan | Engagement Center | $ 100,000 | | $ 500,000 | | | | $ 52,935 | Monroe | $ 652,935 | $ 773,152 | $ 652,935 |
| Catholic Charities of Southeast Michigan | Student Prevention Leadership Teams | | | | | | | $ 139,772 | Monroe | $ 139,772 | $ 155,688 | $ 139,772 |
| Catholic Charities of Southeast Michigan | Overdose Education and Naloxone Distribution | | $ 20,000 | | | | | | Monroe | $ 20,000 | $ 48,263 | $ 6,800 |
| Monroe CMHA | Jail Based Medication Asst. Treatment | $ 389,150 | | | | | | | Monroe | $ 389,150 | $ 389,150 | $ 382,000 |
| Monroe Community Opportunity Program | Anchor Institutions (Health Disparities) | | | $ 25,000 | | | | | Monroe | $ 25,000 | $ 65,000 | $ 25,000 |
| Monroe Intermediate School District | Nurturing Parent/Parents as Teachers | | | | | | $ 84,076 | | Monroe | $ 84,076 | $ 84,076 | $ 84,076 |
| Recovery Advocacy Warriors | Recovery Cmty Organization | $ 164,725 | | | | | | | Monroe | $ 164,725 | $ 164,725 | $ 150,500 |
| Ty's House | Recovery Housing for Men | | | $ 70,000 | | | | | Monroe | $ 70,000 | $ 70,000 | $ 70,000 |
| United Way of Monroe and Lenawee | Coalition | | | | $ 37,713 | | | $ 47,287 | Monroe | $ 85,000 | $ 85,000 | $ 85,000 |
| Women Empoiwering Women | Recovery Housing for Women | $ 40,000 | | $ 13,460 | | | | | Monroe | $ 53,460 | $ 53,460 | $ 77,760 |
| Women Empoiwering Women | Recovery Housing for Pregnant and Parenting | | | $ 19,710 | | | | | Monroe | $ 19,710 | $ 43,362 | $ 19,710 |
| | Total PA2 | | | | | | | $ 239,994 | | | | |
| Avalon Housing | Harm Reduction and Integrated Care | | | | | | | $ 172,800 | Washtenaw | $ 172,800 | $ 331,000 | $ 322,800 |
| Corner Health Center | Comprehensive Cmty Approach to Youth SUD | | | $ 120,000 | | | | | Washtenaw | $ 120,000 | $ 120,000 | $ 25,000 |
| Catholic Social Services of Washtenaw | Wellness Initiative for Senior Education (WISE) | | | | | | $ 76,546 | | Washtenaw | $ 76,546 | $ 100,909 | $ 76,546 |
| Dawn Farm | Recovery Housing | | | $ 38,880 | | | | | All Region | $ 38,880 | $ 49,275 | $ 38,880 |
| Dawn Farm | Recovery Court Supports | | | $ 45,000 | | | | | All Region | $ 45,000 | $ 51,210 | $ 45,000 |
| Eastern MI University | Botvins Transitions | | $ 60,000 | | | | | | Washtenaw | $ 60,000 | $ 116,976 | $ 49,999 |
| Eastern MI University | Prime For Life | | $ 100,000 | | | | | | Washtenaw | $ 100,000 | $ 117,812 | $ 90,000 |
| Eastern MI University | Prevention Theatre Collective | | | | | | | $ 95,158 | Washtenaw | $ 95,158 | $ 95,158 | $ 73,226 |
| Home of New Vision | Project ASSERT | $ 151,697 | | | | | | | Washtenaw | $ 151,697 | $ 151,697 | $ 130,000 |
| Home of New Vision | Engagement Center | $ 100,000 | | $ 450,000 | | | | $ 54,583 | All Region | $ 604,583 | $ 604,583 | $ 474,990 |
| Home of New Vision | Harm Reduction | $ 150,000 | | | | | | $ 137,674 | Washtenaw | $ 287,674 | $ 287,674 | $ - |
| Home of New Vision | Rapid Opioid OD Team/Quick Response Team | | | $ 167,000 | | | | | Washtenaw | $ 167,000 | $ 202,643 | $ 167,000 |
| Home of New Vision | Recovery Community Organization | $ 100,000 | | | | | | $ 50,000 | Washtenaw | $ 150,000 | $ 204,967 | $ 150,000 |
| St. Joseph Mercy Chelsea | Project Success Chelsea | | | | | | $ 96,793 | | Washtenaw | $ 96,793 | $ 96,793 | $ 83,007 |
| St. Joseph Mercy Chelsea | Project Success Manchester | | | | | | $ 54,726 | | Washtenaw | $ 54,726 | $ 54,726 | $ 53,335 |
| Trinity Health | Project Success Ann Arbor | | | | $204,858 | | | | Washtenaw | $ 204,858 | $ 204,858 | $ - |
| Trinity Health | Project Success Lincoln | | | | $102,429 | | | | Washtenaw | $ 102,429 | $ 102,429 | $ 93,060 |
| University of MI | Overdose Education and Naloxone Distribution | | $ 150,000 | | | | | | All Region | $ 150,000 | $ 175,189 | $ 150,000 |
| Workit Health | Opioid Use Disorder/Stimulant Use Disorder | $ 269,537 | | | | | | | All Region | $ 269,537 | $ 290,807 | $ 181,460 |
| | Total PA2 | | | | | | | $ 510,215 | | | | |
| Karen Bergbower and Associates | Designated Youth Tobacco Use Representative | | | | | | $ 145,000 | $ 8,369 | All Region | | $ 153,369 | $ 136,937 |
| Specific ARPA allocations | Dev RCO; CRA; Anchor Inst. | | | $ 120,000 | | | | | | | | |
| All FFS Treatment Providers | FFS Tx | | | $ 500,000 | | $ 1,500,000 | | | | | | |
| All FFS Recovery Providers | FFS RSS | | | $ 500,000 | | $ 943,070 | | | | | | |
| CMHPSM | Admin | $ 100,000 | $ 30,826 | | | | $ 134,756 | | | | | |
| Total CMHPSM Draft Awards | | $ 1,899,909 | $ 396,842 | $ 2,896,611 | $345,000 | $ 2,443,070 | $ 798,744 | $ 3,735,329 | | | | |
| Total MDHHS Allocations | | $ 2,300,000 | | $ 2,946,143 | $345,000 | $ 2,443,070 | $ 823,107 | | | | | |
| REMAINING | | $ 3,249 | | $ 49,532 | $ - | $ - | $ 24,363 | | | | | |

| FY25 PA2 Recommendations | | |
|---|---|---|
| Lenawee PA2 | FY25 estimated start | $ 382,595 |
| | FY25 proposed allocation | $ 71,974 |
| | FY25 balance before FY25 revenue | $ 310,621 |
| | | |
| Livingston PA2 | FY25 estimated start | $ 3,230,879 |
| | FY25 proposed allocation | $ 1,115,271 |
| | FY25 balance before FY25 revenue | $ 2,115,608 |
| | | |
| Monroe PA2 | FY25 estimated start | $ 486,665 |
| | FY25 proposed allocation | $ 241,994 |
| | FY25 balance before FY25 revenue | $ 244,671 |
| | | |
| Washtenaw PA2 | FY25 estimated start | $ 1,661,897 |
| | FY25 proposed allocation | $ 517,584 |
| | FY25 balance before FY25 revenue | $ 1,144,313 |

# Initial Requests

| Agency: | Program: | RFP: | Counties Served: | FY25 Request: |
|---|---|---|---|---|
| Liv County Catholic Charities | Communities Mobilizing for Change- Alcohol | 2025A | Livingston | $128,883 |
| Liv County Catholic Charities | Youth Led Prevention | 2025A | Livingston | $146,698 |
| Liv County Catholic Charities | Community Based Support Groups | 2025A | Livingston | $46,072 |
| Liv County Catholic Charities | Project Success | 2025A | Livingston | $160,775 |
| Catholic Charities of Southeast MI | Student Prevention Leadership Teams | 2025A | Monroe | $155,688 |
| Monroe Intermediate School District | Nurt Parent/Parents as Teachers | 2025A | Monroe | $84,076 |
| Monroe Cmty Opportunity Prog. | Adolescent Cmty Center/Substance Use Prev | 2025A | Monroe | $350,000 |
| Trinity Health | Project Success Ann Arbor | 2025A | Washtenaw | $204,858 |
| Eastern MI University | Prevention Theatre Collective | 2025A | Washtenaw | $95,158 |
| Trinity Health | Project Success Lincoln | 2025A | Washtenaw | $102,429 |
| St. Joseph Mercy Chelsea | Project Success Chelsea | 2025A | Washtenaw | $96,793 |
| St. Joseph Mercy Chelsea | Project Success Manchester | 2025A | Washtenaw | $54,726 |
| Eastern MI University | Botvins Transitions | 2025A | Washtenaw | $116,976 |
| Eastern MI University | Prime for Life | 2025A | Washtenaw | $117,812 |
| Catholic Social Services of Wash. | WISE/Rx Older Adults | 2025A | Washtenaw | $100,909 |
| Washtenaw ISD | Strategic Prevention Framework | 2025A | Washtenaw | $108,236 |
| United Way Monroe and Lenawee | Coalition | 2025B | Monroe | $85,000 |
| St. Joseph Mercy Chelsea | SRSLY Dexter | 2025B | Washtenaw | $107,923 |
| St. Joseph Mercy Chelsea | SRSLY Chelsea | 2025B | Washtenaw | $108,000 |
| Karen Bergbower and Assoc | Designated Youth Tobacco Use Rep | 2025C | All Region | $153,369 |
| University of MI | OD Education and Naloxone Distr (OEND) | 2025D | All Region | $175,189 |
| Home of New Vision | Engagement Center | 2025D | All Region | $604,583 |
| Workit Health | OUD/StUD Treatment | 2025D | All Region | $290,807 |
| Workit Health | AUD Treatment | 2025D | All Region | $101,310 |
| Unified HIV Health and Beyond | Harm Reduction | 2025D | All Region | $267,191 |
| Dawn Farm | Recovery Housing | 2025D | All Region | $49,275 |
| Dawn Farm | Recovery Court | 2025D | All Region | $51,210 |
| Dawn Farm | Recovery Support Services (RSS) | 2025D | All Region | $106,250 |
| Workit Health | Peer Training | 2025D | All Region | $45,080 |
| Lenawee CMHA | Harm Reduction/OEND | 2025D | Lenawee | $19,016 |
| Lenawee CMHA | Collaboration with Justice System | 2025D | Lenawee | $103,868 |
| Lenawee CMHA | Engagement Center | 2025D | Lenawee | $735,490 |
| Bear River | Treatment Housing | 2025D | Liv, Monroe, Wash | $297,950 |
| Bear River | Transportation | 2025D | Liv, Monroe, Wash | $180,477 |
| Trinity Health | ESTHS | 2025D | Liv, Wash | $197,400 |
| Livingston CMH | Wraparound Services | 2025D | Livingston | $40,000 |
| Livingston CMH | Engagement Center | 2025D | Livingston | $603,833 |
| Livingston CMH | Epidemiologist | 2025D | Livingston | $45,000 |
| Livingston CMH | OD Education and Naloxone Distr (OEND) | 2025D | Livingston | $17,000 |
| Livingston CMH | Project ASSERT | 2025D | Livingston | $98,857 |
| Recovery Advocates In Livingston | RSS/Recovery Cmty Org (RCO) | 2025D | Livingston | $158,019 |
| Recovery Advocates In Livingston | Older Adults | 2025D | Livingston | $56,890 |
| Recovery Advocates In Livingston | Recovery Housing | 2025D | Livingston | $255,389 |
| Monroe CMHA | Jail Based MAT | 2025D | Monroe | $389,150 |
| Recovery Advocacy Warriors | RCO | 2025D | Monroe | $164,725 |
| Catholic Charities of Southeast MI | OD Education and Naloxone Distr (OEND) | 2025D | Monroe | $48,263 |
| Catholic Charities of Southeast MI | Project ASSERT | 2025D | Monroe | $244,888 |

# Initial Requests

| Agency: | Program: | RFP: | Counties Served: | FY25 Request: |
|---|---|---|---|---|
| Monroe Cmty Opportunity Program | Anchor Institution (Health Disparities) | 2025D | Monroe | $65,000 |
| Women Empowering Women | Recovery Support Services (RSS) | 2025D | Monroe | $133,251 |
| Ty's House | Recovery Housing | 2025D | Monroe | $70,000 |
| Women Empowering Women | Recovery Housing for Women | 2025D | Monroe | $53,460 |
| Women Empowering Women | Recovery Housing for Pregnant/Parenting | 2025D | Monroe | $43,362 |
| Recovery Advocacy Warriors | Veterans | 2025D | Monroe | $65, 172 |
| Catholic Charities of Southeast MI | Recovery Support Services (RSS) | 2025D | Monroe | $183,870 |
| Catholic Charities of Southeast MI | Engagement Center | 2025D | No County Selected | $773,152 |
| Home of New Vision | Recovery Support Services (RSS) | 2025D | Washtenaw | $174,365 |
| Home of New Vision | Project ASSERT | 2025D | Washtenaw | $151,697 |
| Avalon Housing | Harm Red./Integrated Care, SUD Health Home | 2025D | Washtenaw | $331,000 |
| Home of New Vision | Rapid Opioid Overdose Team | 2025D | Washtenaw | $202,643 |
| Home of New Vision | Recovery Community Organization (RCO) | 2025D | Washtenaw | $204,967 |
| Home of New Vision | Harm Reduction | 2025D | Washtenaw | $287,674 |
| Strategies to Overcome Obstacles and Avoid Recidivism | Syringe Service Program/Harm Reduction | 2025D | Washtenaw | $266,743 |
| Corner Health Center | Comprehensive Cmty Approach to Youth SUD | 2025D | Washtenaw | $120,000 |
| Home of New Vision | Peers in Recovery Housing | 2025D | Washtenaw | $272,424 |
| Home of New Vision | Medication Asst. Treatment Recovery Housing | 2025D | Washtenaw | $125,919 |
| Packard Health | Medication Asst. Treatment | 2025D | Washtenaw | $85,000 |
| Ann Arbor Comprehensive Treatment Ctr | Recovery Support Services (RSS) | 2025D | Washtenaw | $160,000 |

**Oversight Policy Board Action Request – FY2025 PA2 Funding Request**

| | |
|---|---|
| Board Meeting Date: | August 22, 2024 |
| Action Requested: | Review and approval for use of PA2 funds to support FY24 programming. |
| Background: | Funding has historically been allocated to support programs between Block Grant (BG) and PA2 funds. BG funds are utilized as the primary funding source when available and appropriate. We traditionally have PA2 funds approved as a supplemental funding source to ensure programming can occur on a timely basis. The BG allocation was level funded for FY24 and FY25. In addition, BG Fee For Service (FFS) are expected to continue to increase since the Public Health Emergency ended and additional services are moving to FFS Medicaid/BG. |
| Connection to: | Ensures funding for existing FY25 programs through the year. |
| Recommend: | Approve the use of FY25 PA2 funds in the amounts of $71,974 (Lenawee); $1,115,271 (Livingston); $241,994 (Monroe); and $517,584 (Washtenaw) for a total of $ 1,946,823. |

**COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN**
**REGULAR BOARD MEETING MINUTES**
**June 12, 2024**

| | |
|---|---|
| **Members Present for In-Person Quorum:** | Judy Ackley, Patrick Bridge, Rebecca Curley, Bob King, Molly Welch Marahar, Rebecca Pasko, Mary Pizzimenti, Alfreda Rooks, Mary Serio, Holly Terrill |
| **Members Not Present For In-Person Quorum:** | LaMar Frederick, Annie Somerville, Ralph Tillotson |
| **Staff Present:** | Stephannie Weary, James Colaianne, Matt Berg, Nicole Adelman, Connie Conklin, Stacy Pijanowski, Lisa Graham, Trish Cortes, Liz Stankov, CJ Witherow, Danielle Brunk, Joelen Kersten, Taylor Gerdeman |
| **Guests Present:** | |

I. Call to Order
Meeting called to order at 6:02 p.m. by Board Chair Bob King.

II. Roll Call
- Quorum confirmed.

III. Consideration to Adopt the Agenda as Presented
**Motion by R. Curley, supported by M. Welch Marahar, to approve the agenda**
**Motion carried**

IV. Consideration to Approve the Minutes of the April 10, 2024 Meeting and Waive the Reading Thereof
**Motion by A. Rooks, supported by M. Welch Marahar, to approve the minutes of the 04/10/2024 meeting and waive the reading thereof**
**Motion carried**

V. Audience Participation
None

VI. Old Business
a. Board Information: Finance Report through April 30, 2024
   - M. Berg presented.
b. Board Information: CEO Performance Goals
   - J. Colaianne shared draft performance goals.
   - The Board shared feedback and requested that revised goals include engaging 100% of the health plans related to care coordination and implementing 100% of the strategic plan goals during FY2024-5.

   **Motion by M. Welch Marahar, supported by M. Serio, to approve the proposed CEO performance goals with the requested revisions**
   **Motion carried**
c. Board Information: Monroe FY2023 Financial Update
   - Staff have identified 3 primary areas that contributed to the FY23 deficit:

1. Claims processing (some inefficiencies and problems related to timeliness and identified
2. The process for authorizing high-cost services
3. Methodology to forecast expenses.

- L. Graham has suspended all purchases that aren't service-related or essential.
- L. Graham is now reviewing and approving any out-of-county placements.
- The Board requested a written report that explains the FY23 deficit within 30 days. The report should include:
  - How much of the deficit was due to the 3 primary areas listed above.
  - A written plan for avoiding this in the future.
  - An explanation for it took so long for Monroe staff to identify the deficit.
- L. Graham acknowledged Monroe's lowered projected surplus for FY24. She is confident the Medicaid surplus will be sustained throughout the fiscal year.

VII. New Business

a. Board Action: Conflict Free Access and Planning Resolution
**Motion by M. Serio, supported by A. Rooks, to authorize the Officers of the CMHPSM Board of Directors to sign the attached resolution and for CMHPSM staff to submit the resolution to MDHHS and other relevant stakeholders – to include all CMHPSM Regional Board members' signatures**
**Motion carried**
Roll Call Vote
Yes: J. Ackley, P. Bridge, R. Curley, B. King, R. Pasko, M. Pizzimenti, A. Rooks, M. Serio, H. Terrill
No:
Abstain: M. Welch Marahar
Not present for in-person vote: L. Frederick, A. Somerville, R. Tillotson

- J. Colaianne will send the resolution electronically to all non-abstaining board members for signature.

b. Board Action: 3005 Boardwalk Office Space Lease Option Renewal
**Motion by M. Welch Marahar, supported by M. Pizzimenti, to approve the CMHPSM CEO to initiate a letter exercising the CMHPSM option to renew our lease at 3005 Boardwalk for five years at 3% annual increases**
**Motion carried**
Roll Call Vote
Yes: J. Ackley, P. Bridge, R. Curley, B. King, M. Welch Marahar, R. Pasko, M. Pizzimenti, A. Rooks, M. Serio, H. Terrill
No:
Abstain:
Not present for in-person vote: L. Frederick, A. Somerville, R. Tillotson

c. Board Action: Quality Manager Position Reclassification
**Motion by M. Welch Marahar, supported by J. Ackley, to approve the re-classification of position #127 Operations Specialist (Tier B) to #127 Quality Manager (Tier C) effective July 8, 2024**
**Motion carried**
Roll Call Vote
Yes: J. Ackley, P. Bridge, R. Curley, B. King, M. Welch Marahar, R. Pasko, M. Pizzimenti, A. Rooks, M. Serio, H. Terrill
No:

Abstain:
Not present for in-person vote: L. Frederick, A. Somerville, R. Tillotson

d. Board Action: Business Expense Reimbursement Board Governance Policy
**Motion by R. Pasko, supported by R. Curley, to approve the Business Expense Reimbursement Board Governance Policy**
**Motion carried**
Roll Call Vote
Yes: J. Ackley, P. Bridge, R. Curley, B. King, M. Welch Marahar, R. Pasko, M. Pizzimenti, A. Rooks, M. Serio, H. Terrill
No:
Abstain:
Not present for in-person vote: L. Frederick, A. Somerville, R. Tillotson

- The policy applies to non-CMH Regional Board and OPB members as well as staff.

e. Board Action: FY2024 Q1&Q2 QAPIP Status Report
**Motion by J. Ackley, supported by M. Welch Marahar, to approve the Quality Assessment and Performance Improvement Program (QAPIP) Status Report for Q1 and Q2 of FY2024**
**Motion carried**
Roll Call Vote
Yes: J. Ackley, P. Bridge, R. Curley, B. King, M. Welch Marahar, R. Pasko, M. Pizzimenti, A. Rooks, M. Serio, H. Terrill
No:
Abstain:
Not present for in-person vote: L. Frederick, A. Somerville, R. Tillotson

f. Board Action: 5-Year Proclamation Michelle Sucharski
**Motion by M. Welch Marahar, supported by R. Pasko, to approve the CMHPSM Board Chair to sign the formal proclamation acknowledging the five years of service by Michelle Sucharski to the PIHP region as a CMHPSM employee – to include all CMHPSM Regional Board members' signatures**
**Motion carried**

- J. Colaianne will send the resolution electronically to all board members for signature.

g. Board Action: Internal Service Fund Resolution
**Motion by M. Welch Marahar, supported by Serio, to approve for the Officers of the CMHPSM Board of Directors to sign the attached resolution and for CMHPSM staff to submit the resolution to MDHHS and other relevant stakeholders – to include all CMHPSM Regional Board members' signatures and M. Welch Marahar's abstention**
**Motion carried**
Roll Call Vote
Yes: J. Ackley, P. Bridge, R. Curley, B. King, R. Pasko, M. Pizzimenti, M. Serio, H. Terrill
No:
Abstain: M. Welch Marahar, A. Rooks
Not present for in-person vote: L. Frederick, A. Somerville, R. Tillotson

- J. Colaianne will send the resolution electronically to all non-abstaining board members for signature.

VIII. Reports to the CMHPSM Board

a. Board Information: Substance Use Services Department Update
   - N. Adelman presented.

b. Board Information: SUD Oversight Policy Board (OPB)
   - The OPB minutes are included in the meeting packet for the Regional Board's review.

c. Board Information: CEO Report to the Board
   - Mattie McIntire joined the organization as the new Financial Accountant and Analyst on June 3, 2024.
   - Hospital rate adjuster (HRA) payments have been more than doubled by the state, from $308 to $622.
   - The state has announced that the World Health Organization Disability Assessment Schedule (WHODAS) as the assessment/screening tool to replace the Support Intensity Scale (SIS-A).
   - N. Adelman recently presented at the state health policy subcommittee.
   - Upcoming board meetings:
     - August – budget preview, financial risk reserve policy.
     - September – budget approval, quorum is needed.

IX. Adjournment

**Motion by H. Terrill, supported by A. Rooks, to adjourn the meeting**
**Motion carried**

- The meeting was adjourned at 7:45 p.m.

_____
Rebecca Pasko, CMHPSM Board Secretary

# CEO Report

## Community Mental Health Partnership of Southeast Michigan

## Submitted to the CMHPSM Board of Directors

**August 7, 2024 for August 14, 2024 Meeting**

## *CMHPSM Update*

- The CMHPSM held an all-staff meeting on Monday June 10, 2024 and July 8, 2024.
- We have scheduled an employee retreat for August 26, 2024 from 9:30am-1:30pm which will be focused on staff input on the mission, vision and values, and potential re-branding of the CMHPSM. We will be holding the retreat within our CMHPSM conference room.
- The CMHPSM leadership team continues to meet on a weekly basis on Tuesday mornings. We have expanded the first meeting of each month to include the three additional staff that supervise staff at the CMHPSM. These leadership/manager meetings will allow the CMHPSM to ensure standardization of human resource efforts related to the supervision of CMHPSM staff.

## *CMHPSM Staffing Update*

- The CMHPSM currently has three open posted positions. We are actively reviewing and interviewing for the SUD Treatment Care Navigator, Compliance Manager, and an Operations Assistant.
- More information and links to job descriptions and application information can be found here: https://www.cmhpsm.org/interested-in-employment

## *Regional Update*

- Our regional committees continue to meet using remote meeting technology and expect we will continue to do so until that option is no longer feasible.
- The Regional Operations Committee continues to schedule to meet on a weekly basis.

## *Statewide Update*

- The monthly PIHP statewide CEO meeting was held on August 6, 2024. We will meet as a group next on September 3, 2024.
- The monthly PIHP CEO/MDHHS behavioral health leadership staff meeting was held on August 1, 2024. We are scheduled to meet next on September 5, 2024. I provide a summary of those meetings to our regional CMHSP directors at our Regional Operations Committee meetings.
  - The PIHPs received notice that the Conflict Free Access and Planning proposal requirement has been delayed by MDHHS. We do not have an updated submission guideline at this time.
  - The PIHPs were informed that the FY2025 MDHHS-PIHP contract may still be revised further prior to being sent out for execution.
    - The CMHPSM and other PIHPs are in various states of opposition to certain language changes within the FY2025 contract:
      - An artificial Internal Service Fund hard cap of 7.5% was to be imposed as of 10/1/2024.
      - Language related to the lawsuit settlement that our Region has been a party to was to be imposed prior to that settlement being approved by the Court.
      - CCBHC contract language that impacts regions that have non-CMHSP CCBHCs has been disputed by multiple PIHPs.
    - We hope that the version released for signature has some significant edits, we have been informed that the next version will be available by August 16, 2024.

## *Legislative Updates*

- A quasi-legislative update relates to a case recently decided by the Michigan Supreme Court related to a minimum wage and sick leave requirements ballot initiative that was unconstitutionally manipulated by the Michigan Legislature in 2018. It is projected that the State Treasurer will set an inflation adjustment to the ballot minimum wage of $10.00 that would increase the minimum wage to somewhere between $12.00 and $12.50 on February 21, 2025.

  A brief summary of the impact to our service provider network and our funding levels for those providers:

- **Timeline**
  - November 1, 2024: State Treasurer determines inflation adjustment
  - February 21, 2025: The Wage Act AND Earned Sick Time Act goes into effect
  - February 21, 2025: Minimum hourly wage adjusted to $10 plus the state treasurer's inflation adjustment
  - February 21, 2026: Minimum hourly wage adjusted to $10.65 plus the state treasurer's inflation adjustment
  - February 21, 2027: Minimum hourly wage adjusted to $11.35 plus the state treasurer's inflation adjustment
  - February 21, 2028: Minimum hourly wage adjusted to $12.00 plus the state treasurer's inflation adjustment
  - February 21, 2029 (and after): Minimum hourly wage adjusted to inflation-adjusted minimum wage
- **Earned Sick Time Act**
  - All employees, including part-time and seasonal, must receive one hour of paid medical leave for every 30 hours worked, up to 72 hours annually.
  - Employers need to reassess PTO policies, notice requirements, and documentation.

## *Future Updates*

- We are planning to cover the following items at our upcoming CMHPSM Regional Board of Directors meetings:

  September 2024
  - Financial Stability and Risk Reserve Management Policy
  - FY2025 Budget Review
  - FY2025 Contract Review
  - FY2025 Employee Handbook Review
  - Regional Board Officer Election Chair and/or Committee Appointment

Respectfully Submitted,

James Colaianne, MPA

# Substance Use Services Health Equity Guidelines for Policy Review

**Topic: Health Equity**

**Process Title: Substance Use Services Health Equity Guidelines for Policy Review**

**Department(s): Substance Use Services**

**Author: Alyssa Tumolo**

**Process:**

## I. Purpose

The purpose of this process is to establish review criteria for substance use services policies and procedures utilizing a health equity lens. A health equity lens means intentionally looking at the potential positive and negative impacts of proposed policies as well as the language used within them. It is important to utilize a health equity lens in communication planning, development, and dissemination of policies, to be inclusive, avoid bias and stigmatization, and appropriately and effectively reach intended audiences.

## II. Application

This process applies to all staff, students, volunteers, and contractual organizations responsible for creating, updating, and/or implementing CMHPSM substance use service policies.

## III. Definitions

**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.

**Ethnicity:** is a social construct that defines a set of people by their shared common cultures and traditions, including but not limited to race, nationality, or religion. (Source: OHR_ILG_RaceEthnicity_FINAL (1).pdf (dc.gov))

**Health Equity:** is the state in which everyone has a fair and just opportunity to attain their highest level of health. Achieving this requires ongoing societal efforts to: address historical and contemporary injustices; overcome economic, social, and other obstacles to health and health care; and eliminate preventable health disparities. To achieve health equity, we must change the systems and policies that have resulted in the generational injustices that give rise to racial and ethnic health disparities. (Source: What is Health Equity? | Health Equity | CDC) Please note, though health equality and health equity both strive to achieve better outcomes and access to health care services, they are not the same. Equality refers to equal access for

everyone, while equity aims to adjust resources for disadvantaged groups to truly create an even playing field. Equity means fairness in health care outcomes, regardless of the impact of any Social Determinants of Health (SDoH). (Source: The Difference Between Health Equity and Equality - Johns Hopkins ACG® System)

**Health Disparities**: are preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by populations that have been disadvantaged by their social or economic status, geographic location, and environment. (Source: What is Health Equity? | Health Equity | CDC)

**Marginalized Populations:** Marginalized communities are those excluded from mainstream social, economic, educational, and/or cultural life. Examples of marginalized populations include, but are not limited to, groups excluded due to race, gender identity, sexual orientation, age, physical ability, language, and/or immigration status. (source: Marginalized Populations - Weitzman Institute)

**Inclusive Communication:** means sharing information in a way that is inclusive of groups and individuals regardless of race, sex, gender identity or expression, sexual orientation, marital status, age, national origin, appearance, or any other legally protected class. Inclusive Communication affirms and respects how people describe, express, and experience various components of their identity. (Source: University Policies | UMD | University of Maryland Policy on…)

**National Origin:** is a state, country, or nation from which a person or their ancestors were born. (Source: OHR_ILG_RaceEthnicity_FINAL (1).pdf (dc.gov))

**Race:** is often defined as a social classification or association based on a person's ancestry, ethnicity, and perceived inherited physical characteristics (hair, skin color, etc.) (Source: OHR_ILG_RaceEthnicity_FINAL (1).pdf (dc.gov))

**Person-first Language:** is a way to emphasize the person and view the disorder, disease, condition, or disability as only one part of the whole person. Person-first language avoids using labels or adjectives to define someone. (Source: Person-first and Destigmatizing Language | National Institutes of Health (NIH)) *For examples of person-first language, please see the table below in section V- Language Alternatives.*

**Social Determinants of Health:** are the conditions in the places where people live, learn, work, play, and worship that affect a wide range of health risks and outcomes. (Source: What is Health Equity? | Health Equity | CDC)

**Stigma:** Stigma is discrimination against an identifiable group of people, a place, or a nation. Stigma about people with a Substance Use Disorder (SUD) might include inaccurate or unfounded thoughts like they are dangerous, incapable of managing treatment, or at fault for

their condition. For people with an SUD, stigma may stem from antiquated and inaccurate beliefs that addiction is a moral failing, instead of what we know it to be—a chronic, treatable disease from which patients can recover and continue to lead healthy lives. (Source: Words Matter - Terms to Use and Avoid When Talking About Addiction (nih.gov))

**Substance Use Disorder**: is a treatable, chronic disease characterized by a cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues using the substance despite significant substance-related programs. (Source: Treatment of Substance Use Disorders | Overdose Prevention | CDC)

## IV. Review Criteria

The checklist below is designed to help identify aspects of policies which support areas for improvement. The checklist is not intended to be comprehensive, and not every question will be relevant to every policy.

1. Is this policy owned by or is it specific to Michigan Department of Health and Human Services (MDHHS) and/or Medicaid Fee For Service Treatment?
    a. If so, policy language must match what is written in the MDHHS and/or Medicaid policy and cannot be changed.
2. Is the language in the policy:
    a. inclusive, person-first language (see list below in section V. Language Alternatives)?
    b. clear and avoid undefined acronyms and other specialized languages?
    c. reviewed to ensure it is accessible by using the Accessibility Checker in MS Word, Excel or PowerPoint?
        i. The accessibility checker can be accessed by choosing the review ribbon and choosing the accessibility checker on the ribbon.
3. Is the intended audience for the policy clearly defined?
    a. Are there individuals and/or communities who will be disproportionately (and negatively) affected by this policy, procedure, instructions and/or form?
    b. Does the eligibility for this policy reflect the population it intends to serve?
    c. Is the policy accessible and understood by the greater community?
4. Does this policy perpetuate or help to dismantle historical, legal, or other barriers set in the past?
    a. If disparities are identified, how can they be mitigated or eliminated?

*Sources: Equity Lens Guide (fitchburgstate.edu), Appendix | Applying An Equity Lens To Policy Development (umn.edu), Appendix | Guide to Writing a University Administrative Policy and Procedures (umn.edu)*

## V. Language Alternative Guide

The following guide includes language alternative examples for commonly used words or phrases to use to work towards being more culturally sensitive and aware. The guide also gives historic origins of the language from a US perspective. Perspectives of those impacted by such statements are also given to help improve learning and awareness. This is not a legal guide or advice and should not be used to replace words or phrases used in legalized language such as policy or law.

CMHPSM encourages the use of inclusive language as a basic principle to be respectful to all. CMHPSM also acknowledges people may not all agree on language, which his why this is a guide and not will change with time, as language and cultures do.

"This guide will continue to evolve and reflect honest and conscientious efforts by APA to encourage inclusive language that enables effective communication in a rapidly diversifying society and globe." (Source: Inclusive Language Guide (apa.org))

**For more information, click the source link above the section.**

| **Age/Ageism**<br>***Source:*** *Inclusive Language Guide (apa.org)* | | |
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| **Use:** | **Instead Of:** | **Because:** |
| Older adults<br>Older people<br>Persons 60 years and older<br>Older population<br>Older individuals | The elderly<br>Elderly People<br>The Aged<br>Aging Dependents<br>Seniors<br>Senior Citizens | Avoid language that promotes stereotypes that "other" older adults. However, please note that in certain cultures, the term "Elder" is considered an honorific. |
| **Inclusive Language**<br>***Sources:*** *Good Practices: Inclusive Language \| LGBTQ+ Equity Center (umd.edu),* Inclusive Language Guide (apa.org), LGBTQ-Language-Guidance.pdf (lgbtagingcenter.org), Preferred Terms for Select Population Groups & Communities \| Gateway to Health Communication \| CDC | | |
| **Use:** | **Instead Of:** | **Because:** |
| Individual | Gendered language such as | These are examples of expressions that assume |

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| Person<br><br>Consumer<br><br>Client<br><br>They/Them/Theirs | Men/Women, He/She, Male/Female | there are only two genders (a binary system of gender), expressions we recommend avoiding as a universal to refer to people generally |
| Pronouns<br><br>Identified pronouns | Preferred pronouns | Using "preferred pronouns" implies a choice about one's gender. |
| Parent<br><br>Parenting<br><br>Caregiving | Mother/Father<br>Mothering | Avoid language that assumes the mother is the primary parent or caregiver. You can use caregiver and caregiving to be inclusive of non-parents in caregiving roles. |
| Pregnant People | Pregnant women | Gender neutral terms like *pregnant patients*, *pregnant people*, *birth parent*, or other wording as applicable (e.g., *pregnant teens*), present an inclusive alternative. |
| Person who is/has been incarcerated<br><br>People/persons who are incarcerated or detained (often used for shorter jail stays, for youth in detention facilities or for other persons awaiting immigration proceedings in detention facilities)<br><br>Partner/child of an incarcerated person<br><br>Persons in pre-trial or with charge | Inmate<br><br>Prisoner<br><br>Convict/ex-convict<br><br>Offender<br><br>Criminal<br><br>Parolee<br><br>Detainee | |

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| People who were formerly incarcerated<br><br>Person on parole or probation | | |
| **Disability Status**<br>***Source:*** *Inclusive Language Guide (apa.org)* | | |
| **Use:** | **Instead Of:** | **Because:** |
| Person with a disability<br><br>Person who has a disability<br><br>Person with a physical disability | Special needs<br>Differently abled<br>Physically challenged<br>Mentally challenged<br>Handicapped<br>Suffering with (disability or condition) | Use person-first or identity-first language as is appropriate for the community or person being discussed. |
| Person with a mental illness<br><br>Person living with a mental health condition | Mentally Ill | |
| Persons with AIDS/HIV<br><br>Person living with HIV | AIDS victim<br><br>HIV patient | |
| **Healthcare Access & Access to Services and Resources**<br>***Sources:*** *Inclusive Language Guide (apa.org),* Preferred Terms for Select Population Groups & Communities \| Gateway to Health Communication \| CDC | | |
| **Use:** | **Instead Of:** | **Because:** |
| People who are underserved by (specific service/resource)<br><br>People who are underserved by mental health/behavioral health resources<br><br>People who are medically underserved<br><br>People who are uninsured/people who are underinsured/people who do not have health insurance | Underserved people/communities/the underserved<br><br>Hard-to-reach populations<br><br>The uninsured | Underserved relates to limited access to services that are accessible, acceptable, and affordable, including healthcare. Do not use underserved when you really mean disproportionately affected. |
| People who are at increased/higher risk for (condition) | High-risk people<br><br>High-risk population | |

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| People who live/work in settings that put them at increased/higher risk of becoming infected or exposed to hazards | Vulnerable population<br><br>Priority populations | |
| **Race & Ethnicity**<br>***Source:*** Preferred Terms for Select Population Groups & Communities \| Gateway to Health Communication \| CDC | | |
| **Use:** | **Instead Of:** | **Because:** |
| American Indian or Alaska Native persons/communities/populations<br><br>Asian persons<br><br>Black or African American persons; Black persons<br><br>Native Hawaiian persons<br><br>Pacific Islander persons<br><br>White persons<br><br>People who identify with more than one race; people of more than one race; persons of multiple races<br><br>Ethnic groups: Hispanic or Latino persons | Referring to people as their race/ethnicity<br><br>Caucasian<br><br>The (racial/ethnic) community<br><br>Non-white (used with or without specifying non-Hispanic or Latino) | Consider racial/ethnic groups as proper nouns and capitalize (for example, Black, White).<br><br>"People/communities of color" is a frequently used term but should only be used if included groups are defined upon first use; be mindful to refer to a specific racial/ethnic group(s) instead of this collective term when the experience is different across groups.<br><br>Latinx has been proposed as a gender-neutral English term, but there is debate around its usage. Its use may be considered on an audience-specific basis.<br><br>American Indian or Alaska Native should only be used to describe persons with different tribal affiliations or when the tribal affiliations are not known or not known to be the same. Other terms, "tribal communities/populations" |

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| | | or "indigenous communities/populations," could also be used to refer to groups with multiple tribal affiliations. Otherwise, identify persons or groups by their specific tribal affiliation. |
| **Rural**<br>***Source:*** Preferred Terms for Select Population Groups & Communities \| Gateway to Health Communication \| CDC | | |
| **Use:** | **Instead Of:** | **Because:** |
| People who live in rural/sparsely populated areas<br><br>Residents/populations of rural areas<br><br>Rural communities | Rural people<br><br>Frontier people | |
| **Socioeconomic Status**<br>***Source:*** Inclusive Language Guide (apa.org) | | |
| **Use:** | **Instead Of:** | **Because:** |
| People without housing<br><br>People experiencing homelessness<br><br>People experiencing housing insecurity or food insecurity | Homeless people<br><br>The homeless<br><br>Transient populations | |
| People who are of low socioeconomic status | Low-class people<br><br>Lower-class people | |
| People with lower incomes<br><br>People/household with incomes below the federal poverty level<br><br>People with self-reported income in the lowest income backet (if income brackets are defined) | Poverty-stricken<br><br>The poor<br><br>Poor people | People with lower socioeconomic status" should only be used when SES is defined (for example, when income, education, parental education, and occupation are used as a measure of SES |

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| People experiencing poverty (do not use "underserved" when meaning low SES) | | |
| **SUD: Talking About Yourself or Others with Substance Use Disorder**<br>***Source:*** *Words Matter: Preferred Language for Talking About Addiction \| National Institute on Drug Abuse (NIDA) (nih.gov)* | | |
| **Use:** | **Instead Of:** | **Because:** |
| Person with a substance use disorder<br><br>Person with an opioid use disorder (OUD) or person with opioid addiction<br><br>Person with alcohol use disorder | Addict<br>User<br>Substance or drug abuser<br>Junkie<br>Alcoholic | Using person-first language shows that SUD is an illness.<br><br>Using these words show that a person with a SUD "has" a problem/illness, rather than "is" the problem. |
| Person in recovery or long-term recovery<br><br>Person who previously used drugs | Former addict<br>Reformed addict | The terms avoid elicit negative associations, punitive attitudes, and individual blame. |
| Testing positive (on a drug screen) | Dirty<br>Failing a drug test | Use medically accurate terminology the same way it would be used for other medical conditions.<br><br>These terms may decrease a person's sense of hope and self-efficacy for change. |
| **SUD: Talking About Using Substances**<br>***Source:*** *Words Matter: Preferred Language for Talking About Addiction \| National Institute on Drug Abuse (NIDA) (nih.gov)* | | |
| **Use:** | **Instead Of:** | **Because:** |
| Substance Use Disorder<br><br>Drug addiction | Habit | "Habit" implies that a person is choosing to use substances or can choose to stop. This implication is inaccurate. |

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| | | Describing SUD as a habit makes the illness seem less serious than it is. |
| Use (for illicit drugs)<br><br>Misuse (for prescription medications used other than prescribed) | Abuse | The term "abuse" was found to have a high association with negative judgements and punishment.<br><br>Use outside of the parameters of how medications were prescribed is misuse. |
| **SUD: Talking About Recovery and Treatment**<br>***Source:*** *Words Matter: Preferred Language for Talking About Addiction \| National Institute on Drug Abuse (NIDA) (nih.gov)* | | |
| **Use:** | **Instead Of:** | **Because:** |
| Medication treatment for OUD<br><br>Medications for OUD (MOUD)<br><br>Opioid agonist therapy<br><br>Pharmacotherapy<br><br>Medication for a substance use disorder | Opioid substitution<br><br>Replacement therapy<br><br>Medication-assisted treatment (MAT) | It is a misconception that medications merely "substitute" one drug or "one addiction" for another.<br><br>The term MAT implies that medication should have a supplemental or temporary role in treatment. Using "MOUD" aligns with the way other psychiatric medications are understood (e.g., antidepressants, antipsychotics, as critical tools that are central to a patients' treatment plan. |
| Being in remission or recovery<br><br>Abstinent from drugs<br><br>Not drinking or taking drugs<br><br>Testing negative (on a drug screen) | Clean | Use of medical terminology (the same way you would for other illnesses) can help reduce stigma. |

| Working Partners & Community Collaborators<br>***Source:*** Preferred Terms for Select Population Groups & Communities \| Gateway to Health Communication \| CDC | | |
|---|---|---|
| **Use:** | **Instead Of:** | **Because:** |
| Contributors<br><br>Community<br>Community Members<br><br>Community Impacted<br><br>Coalition Members<br><br>Allies<br><br>Colleagues<br><br>Interested parties/groups<br><br>Implementing Partners<br><br>Working Partners | Stakeholder | This term can be used to reflect a power differential between groups and has a violent connotation for some tribes and tribal members. It also groups all parties into one term, despite potential differences in the way they are engaged or interact with a project or activity.<br><br>Consider the audience when determining the appropriate term(s) to use. Whenever possible, describe specific groups and/or individuals with interest in an activity using relevant names, categories, or descriptions of the nature of their influence or involvement (for example, advisors, consultants, co-owners). |

## VI. References and Resources


- OHR_ILG_RaceEthnicity_FINAL (1).pdf (dc.gov)
- What is Health Equity? | Health Equity | CDC
- Equity Lens Guide (fitchburgstate.edu)
- University Policies | UMD | University of Maryland Policy on…
- Person-first and Destigmatizing Language | National Institutes of Health (NIH)

- Words Matter - Terms to Use and Avoid When Talking About Addiction (nih.gov)
- Treatment of Substance Use Disorders | Overdose Prevention | CDC
- Executive Order On Advancing Racial Equity and Support for Underserved Communities Through the Federal Government | The White House
- *Inclusive Language Guide (apa.org)*
- LGBTQ-Language-Guidance.pdf (lgbtagingcenter.org)
- *Good Practices: Inclusive Language | LGBTQ+ Equity Center (umd.edu)*
- *Preferred Terms for Select Population Groups & Communities | Gateway to Health Communication | CDC*
- *The Difference Between Health Equity and Equality - Johns Hopkins ACG® System*