

OVERSIGHT POLICY BOARD

Regular Board Meeting

Patrick Barrie Conference Room

3005 Boardwalk Drive, Suite 200

Ann Arbor, MI

Thursday, December 12, 2024

9:30 a.m. – 11:30 a.m.



To join by telephone:

1-616-272-5542

Phone ID: 536 059 203#

To join by computer via Teams:

[Click here to join the meeting](#)

Meeting ID: 254 431 969 979, Passcode: w9xfsJ

Agenda

1. Call to Order
2. Roll Call
3. Approval of Agenda **(Board Action)** – 2 minutes
4. Approval of August 22, 2024, OPB Minutes {Att. #1} **(Board Action)** – 5 minutes
5. Audience Participation – 3 minutes per person
6. Old Business
 - a. CEO Update {Att. #2}
 - b. Finance Report {Att. #3, #3a} – (Discussion) – 10 minutes
 - c. Conflict of Interest Statements {Att. #4} – (Discussion) – 5 minutes
7. New Business
 - a. FY24 Year in Review {Att. #5} (Discussion) – 45 minutes
 - b. FY25 Healing and Recovery Funds {Att. #6} (Discussion) – 25 minutes
8. Report from Regional Board {Att. #7} (Discussion) – 5 minutes
9. SUS Director Updates (Discussion) – 10 minutes
 - a. Staffing
 - b. Recovery Incentives Pilot
 - c. SUD Health Homes
 - d. AACTC/Washtenaw County Jail Based MAT/MOUD
10. Adjournment **(Board Action)**

Next meeting: February 27, 2025

Location: 3005 Boardwalk, Suite 200; Patrick Barrie Room

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.”

Oversight Policy Board Minutes
September 26, 2024
Patrick Barrie Conference Room
3005 Boardwalk Drive, Suite 200
Ann Arbor, MI 48108

Members Present: Mark Cochran, Jamie Dean, Amy Fullerton, Annette Gontarski, Molly Welch Marahar, Dave Oblak, David Stimpson, Monique Uzelac, Tom Waldecker

Members Absent: Ricky Jefferson, Matthew Literski, Dave O'Dell, Frank Sample, Ralph Tillotson

Guests: Jonathan Laye

Staff Present: Stephannie Weary, James Colaianne, Nicole Adelman, Matt Berg, Michelle Sucharski, CJ Witherow, Danielle Brunk, Joelen Kersten, Jane Goerge, Jackie Bradley (Lenawee)

Board Chair A. Gontarski called the meeting to order at 9:32 a.m.

1. Introductions
2. Approval of the Agenda
Motion by D. Stimpson, supported by M. Welch Marahar, to approve the agenda
Motion passed
3. Approval of the August 22, 2024 Oversight Policy Board minutes
Motion by J. Dean, supported by M. Welch Marahar, to approve the August 22, 2024 OPB minutes
Motion passed

Audience Participation
None

1. Old Business
 - a. Finance Report through July
M. Berg presented.
2. New Business
 - a. FY25 Officer Elections for October
Chair
Motion by D. Stimpson, supported by M. Welch Marahar, to elect A. Gontarski for the OPB Chair position for FY25

Motion by A. Gontarski, supported by D. Stimpson, to elect M. Cochran for the OPB Chair position for FY25

Motion by T. Waldecker, supported by M. Cochran, to close the nominations for OPB Chair
Motion passed

Roll Call Vote for OPB Chair

For M. Cochran: M. Cochran, J. Dean, A. Fullerton, A. Gontarski, M Welch Marahar, D. Oblak, D. Stimpson, M. Uzelac, T. Waldecker, A. Gontarski, M. Welch Marahar, D. Oblak, D. O'Dell, M. Uzelac

For A. Gontarski:

Not present for in-person vote: R. Jefferson, M. Leterski, D. O'Dell, F. Sample, R. Tillotson

Motion to elect M. Cochran for the OPB Chair position for FY25 passed

Vice-Chair

Motion by M. Cochran, supported by D. Stimpson, to elect A. Gontarski for the OPB Vice-Chair position

Motion passed

Roll Call Vote for OPB Vice-Chair

For A. Gontarski: M. Cochran, J. Dean, A. Fullerton, A. Gontarski, M Welch Marahar, D. Oblak, D. Stimpson, M. Uzelac, T. Waldecker, A. Gontarski, M. Welch Marahar, D. Oblak, D. O'Dell, M. Uzelac

Not present for in-person vote: R. Jefferson, M. Leterski, D. O'Dell, F. Sample, R. Tillotson

Secretary

- M. Welch Marahar has served as the OPB Secretary for 3 terms. Per the OPB Bylaws, a new Secretary must be appointed.

Motion by A. Fullerton, supported by A. Gontarski, to elect D. Stimpson for the OPB Secretary position

Motion passed

Roll Call Vote for OPB Secretary

For D. Stimpson: M. Cochran, J. Dean, A. Fullerton, A. Gontarski, M Welch Marahar, D. Oblak, D. Stimpson, M. Uzelac, T. Waldecker, A. Gontarski, M. Welch Marahar, D. Oblak, D. O'Dell, M. Uzelac

Not present for in-person vote: R. Jefferson, M. Leterski, D. O'Dell, F. Sample, R. Tillotson

b. FY25 OPB Meeting Schedule

Motion by M. Welch Marahar, supported by M. Uzelac, to approve the FY2025 OPB meeting schedule, including the December 12, 2024 meeting date

Motion passed

c. FY25 OPB Member Roster

- M. Welch Marahar would like to revisit the bylaws regarding attendance and how to address any member attendance concerns.

d. Updated Policies

- i. Welcoming Policy
- ii. SUS Media Campaign Policy
- iii. Women's Specialty Services
- iv. Individual Treatment Planning

v. SUD Sentinel Event Policy

Motion by M. Welch Marahar, supported by M. Cochran, to approve the 5 updated policies listed above as presented

Motion passed

e. New Fee For Service

- The change to fee-for-service will be for recovery support services and case management services for contracted SUD providers previously receiving staffing grants for these services
- Opioid Health Homes are changing to SUD Health Homes, and will now be open to those with alcohol, opioid and stimulant use disorders.

3. Report from Regional Board

- At the September Regional Board meeting, the board approved FY25 budget, including a cost of living increase for staff. The board also approved the employee handbook and appointed its slate of officers for FY25. In addition, the board received an update on the FY18/19 deficit.

4. SUS Director Updates

a. CEO Update

- See the Report from Regional Board section.

b. Staffing Update

- 2 positions open: Grants/Program Coordinator, SUD Care Navigator.

5. Adjournment (**Board Action**)

Motion by M. Welch Marahar, supported by M. Cochran, to adjourn the meeting

Motion passed

- The meeting was adjourned at 10:24 am.

***Next meeting: October 24, 2024**

Location: 3005 Boardwalk, Suite 200; Patrick Barrie Room



CEO Report

Community Mental Health Partnership of Southeast Michigan

Submitted to the CMHPSM Board of Directors
December 5, 2024 for December 11, 2024 Meeting

CMHPSM Update

- We have completed all state and regional cost settlement activities related to FY2018, FY2019, FY2020, FY2021 and FY2022. We are officially cost settled and the deficits from FY2018 and FY2019 have been fully resolved.
- A verbal update on FY2025 contract status will be provided at the December Board meeting.
- Open enrollment activities are set to kickoff on Monday December 9, 2024. We were originally scheduled to hold open enrollment on November 25, 2024 but needed to re-schedule.
- 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 one open posted position. We are actively recruiting for the Operations Assistant position.
- We would like to thank Teresa for her ten years of service to the CMHPSM and wish her all the best in her well-deserved retirement!
- 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 December 3, 2024. Our group is working on scheduling the 2025 meetings due to some meeting conflicts.
- The monthly PIHP CEO/MDHHS behavioral health leadership staff meeting was held on December 5, 2024. Our October and November meetings were both cancelled by MDHHS. I provide a summary of those meetings to our regional CMHSP directors at our Regional Operations Committee meetings.
- There were no updates provided related to Conflict Free Access and Planning at our December MDHHS meeting.

Legislative Updates

- No updates.

Future Updates

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

No scheduled January 2025 meeting.

February 2025

- FY2024 QAPIP Evaluation

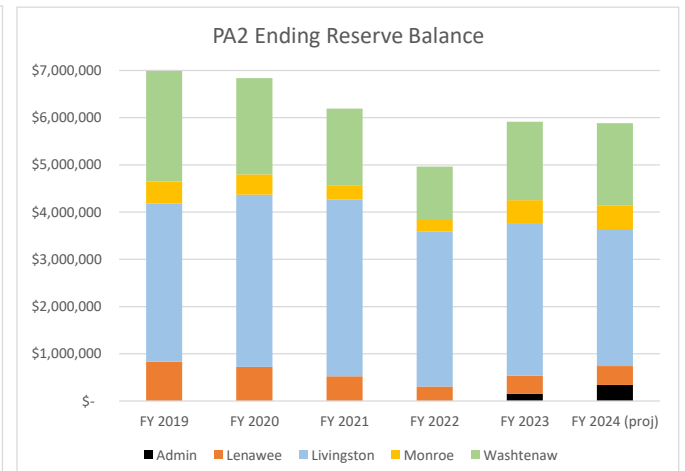
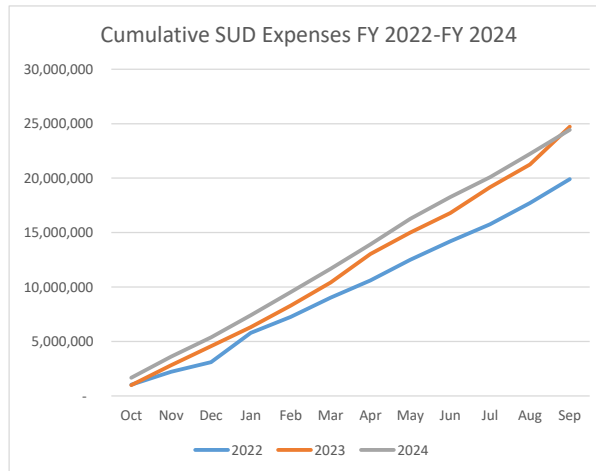
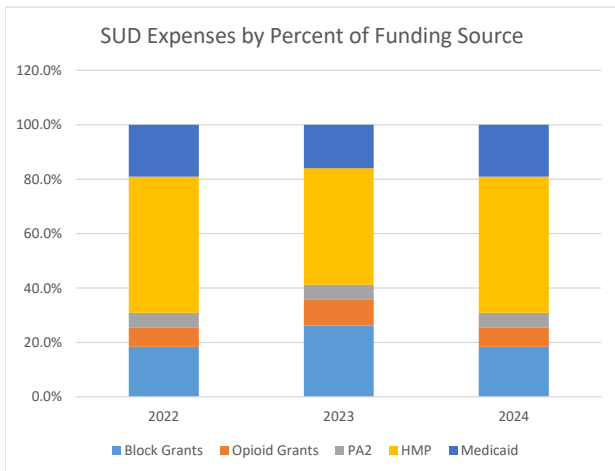
Respectfully Submitted,



James Colaianne, MPA

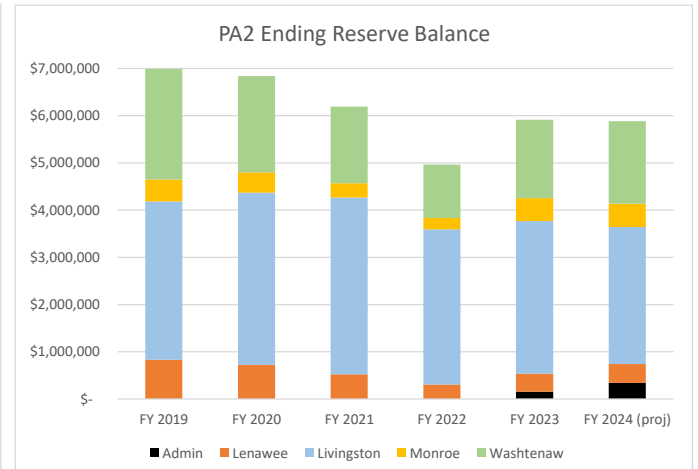
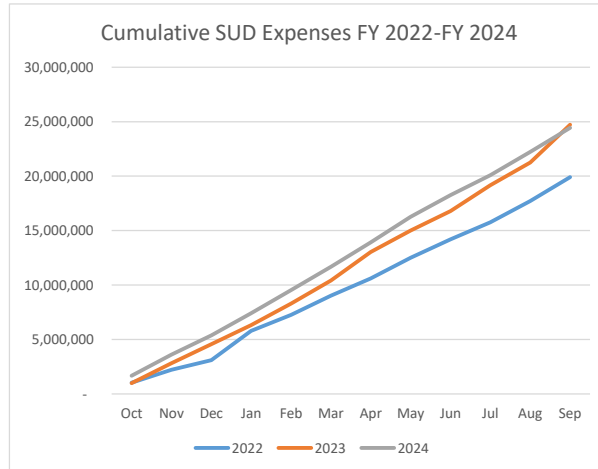
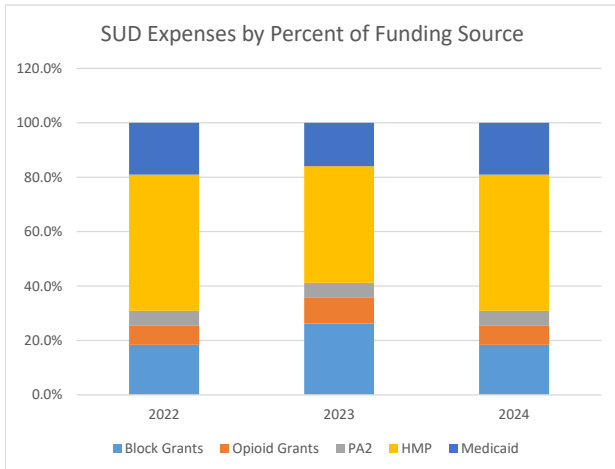
**Community Mental Health Partnership Of Southeast Michigan
SUS SUMMARY OF REVENUE AND EXPENSE BY FUND
Preliminary September 2024 FYTD**

Summary Of Revenue & Expense	Funding Source					Total Funding Sources	FY 2024 PA2 Budget	PA2 YTD Activity	Remaining
	Medicaid	Healthy Michigan	All Grants	OHH	PA2				
Revenues									
Investment Earnings						\$ 183,499		183,499	(163,499)
Funding From MDHHS	4,073,212	8,837,508	9,814,776	696,521		\$ 23,422,017	20,000		
PA2/COBO Tax Funding Current Year						\$ -			
Lenawee						\$ 181,021	153,891	181,021	(27,130)
Livingston						\$ 563,347	468,062	563,347	(95,285)
Monroe						\$ 407,756	348,410	407,756	(59,347)
Washtenaw						\$ 1,031,358	854,337	1,031,358	(177,021)
PA2/COBO Reserve Utilization						\$ -	507,637		507,637
Other (lapse to state)			-	(53,209)		\$ (53,209)		-	
Total Revenues	\$ 4,073,212	\$ 8,837,508	\$ 9,814,776	\$ 643,313	\$ 2,366,981	\$ 25,735,790	2,352,337	\$ 2,366,981	(14,644)
Expenses									
<u>Funding for County SUD Programs</u>									
CMHPSM			612,247	553,710		1,165,958			
Lenawee	430,392	1,129,788	677,330			2,237,510	121,474		121,474
Livingston	241,872	814,716	661,636		1,072,201	2,790,424	1,105,906	1,072,201	33,705
Monroe	1,055,949	2,005,186	2,934,969		189,514	6,185,618	256,367	189,514	66,853
Washtenaw	1,812,559	4,144,121	4,519,642		708,540	11,184,862	868,590	708,540	160,050
Total SUD Expenses	\$ 3,540,772	\$ 8,093,811	\$ 9,405,824	\$ 553,710	\$ 1,970,255	\$ 23,564,373	\$ 2,352,337	\$ 1,970,255	\$ 382,082
Administrative Cost Allocation	130,810	242,932	408,952	89,602	-	\$ 872,296			
Total Expenses	3,671,582	8,336,744	\$ 9,814,776	\$ 643,312	\$ 1,970,255	\$ 24,436,669	\$ 2,352,337	\$ 1,970,255	\$ 382,082
Revenues Over/(Under) Expenses	401,630	500,764	(0)	0	396,726	\$ 1,299,121	(0)	396,726	396,726



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

Summary Of Revenue & Expense	Funding Source					Total Funding Sources	FY 2024 PA2 Budget	PA2 YTD Activity	Remaining
	Medicaid	Healthy Michigan	All Grants	OHH	PA2				
Revenues									
Investment Earnings						\$ 2			20,000
Funding From MDHHS	385,259	864,050	595,763	50,663		\$ 1,895,735			20,000
PA2/COBO Tax Funding Current Year						\$ -			
Lenawee						\$ -	153,891		153,891
Livingston						\$ -	468,062		468,062
Monroe						\$ -	348,410		348,410
Washtenaw						\$ -	854,337		854,337
PA2/COBO Reserve Utilization						\$ -	507,637		507,637
Other (lapse to state)			-	(1,983)		\$ (1,983)			
Total Revenues	\$ 385,259	\$ 864,050	\$ 595,763	\$ 48,680	\$ 2	\$ 1,893,753	2,352,337	\$ -	2,352,337
Expenses									
<u>Funding for County SUD Programs</u>									
CMHPSM			32,679	42,571		75,249			
Lenawee	38,561	101,204	62,584			202,349	121,474		121,474
Livingston	21,670	72,980	69,470		84,641	248,761	1,105,906	84,641	1,021,265
Monroe	89,938	164,065	153,332		8,247	415,582	256,367	8,247	248,120
Washtenaw	131,641	308,564	277,698		33,556	751,459	868,590	33,556	835,034
Total SUD Expenses	\$ 281,809	\$ 646,814	\$ 595,763	\$ 42,571	\$ 126,444	\$ 1,693,401	\$ 2,352,337	\$ 126,444	\$ 2,225,893
Administrative Cost Allocation	15,209	28,246		6,109		\$ 49,564			
Total Expenses	297,018	675,060	\$ 595,763	\$ 48,680	\$ 126,444	\$ 1,742,965	\$ 2,352,337	\$ 126,444	\$ 2,225,893
Revenues Over/(Under) Expenses	88,241	188,990	(0)	0	(126,443)	\$ 150,788	(0)	(126,444)	(126,444)



COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN

EXHIBIT A: FINANCIAL INTEREST DISCLOSURE STATEMENT

Definitions

Compensation. Compensation includes direct and indirect remuneration as well as gifts or favors that are not insubstantial.

Covered Person. A “Covered Person” refers to all persons covered by this policy and includes:

- Members of the CMHPSM’s Board (Directors)
- Members of the CMHPSM’s Oversight Policy Board
- Officers of CMHPSM
- Individuals to whom the board delegated authority
- Employees, agents, or contractors of CMHPSM who have responsibilities or influence over CMHPSM similar to that of officers, directors, or trustees; or who have or share the authority to control \$100 or more of CMHPSM’s expenditures, operating budget, or compensation for employees.

Conflict of interest. A conflict of interest refers to a situation where a Covered Person has a real or seeming incompatibility between one’s financial or personal private interests and the interest of the CMHPSM. This type of situation arises when a Covered person; the Covered Person’s Family member; or the organization that the Covered Person serves as an officer, director, trustee, or employee, has a financial or personal interest in the entity in which the Covered Person participates or proposes to participate in a transaction, arrangement, proceeding or other matter.

Family Member means a spouse, parent, children (natural or adopted), sibling (whole or half-blood), father-in-law, mother-in-law, grandchildren, great-grandchildren, and spouses of siblings, children, grandchildren, great grandchildren, and all step family members, wherever they reside, and any person(s) sharing the same living quarters in an intimate, personal relationship that could affect business decisions of the Covered Person in a manner that conflicts with this Policy.

Financial Interest. A person has a financial interest if the person has, directly or indirectly, through business, investment, or family:

A. An ownership or investment interest in, or serves in a governance or management capacity for, any entity with which CMHPSM has a transaction or arrangement;

B. A compensation arrangement with CMHPSM or with any entity or individual with which CMHPSM is negotiating a transaction or arrangement; or

C. A potential ownership or investment interest in, or compensation arrangement with, any entity or individual with which CMHPSM is negotiating a transaction or arrangement;

D. A financial interest is not necessarily a conflict of interest. Under Article III, section 2, a person who has a financial interest may have a conflict of interest only if the appropriate governing board or committee decides that a conflict of interest exists.

No Disclosures

If I have not disclosed any information above, it is because I am not aware that I or any of my Family Members has a Financial Interest at this time.

[] Check this box if you have no disclosures and proceed to signature section

Affirmation of Conflict of Interest Policy

By my signature below, I agree that I:

Have received a copy of the CMHPSM’s Conflict of Interest Policy;

Have read and understand the CMHPSM’s Conflict of Interest Policy;

Understand that I am a Covered Person under the Conflict of Interest Policy;

Agree to comply with the CMHPSM’s Conflict of Interest Policy;

Have disclosed below all Financial Interests which I may have; and

Will update the information I have provided on this Statement in the event that the information changes and/or a new Financial Interest arises.

I certify that the above information is accurate and complete to the best of my knowledge, information and belief.


Signature

Date

Typed or Printed Name

Title/Position with Entity

Please return this form, signed and dated, to the CMHPSM’s Chief Executive Officer or Regional Coordinator. If completing the SignNow electronic version it will be automatically returned to the CMHPSM.



**COMMUNITY MENTAL
HEALTH PARTNERSHIP**
of **Southeast Michigan**

**FY24
SUBSTANCE
USE
SERVICES
YEAR-END
OVERVIEW**


OPB Meeting
December 12, 2024


1

1

SUBSTANCE USE SERVICES TEAM

- Introductions
MEET OUR TEAM!



 **COMMUNITY MENTAL
HEALTH PARTNERSHIP**
of **Southeast Michigan**

2

2

STATE OPIOID RESPONSE (SOR)

ALYSSA TUMOLO, SUBSTANCE USE SERVICES PROGRAM COORDINATOR



3

FY24: STATE OPIOID RESPONSE (SOR 3) GRANT

The purpose of the Michigan SOR 3 project was to:

1. Increase access to MOUD using the three FDA approved medications
2. Reduce unmet treatment needs
3. Reduce overdose related deaths through the provision of prevention, treatment, harm reduction, and recovery activities for OUD and StUD
4. Improve quality of treatment for StUD and OUD




4

4

FY24: STATE OPIOID RESPONSE (SOR 3) GRANT

14 Providers	27 Programs	\$3.2M in Funding
<ul style="list-style-type: none"> • CCSEM • Dawn Farm • EMU • Home of New Vision • Lenawee CMHA • Livingston CMH • Marie's House of Serenity • Monroe CMHA • RAW • Therapeutics • Unified HHB • U of M • WEW Paula's House • Workit Health 	<ul style="list-style-type: none"> • Evidence-Based Prevention (EBP) • Overdose Education and Naloxone Distribution (OEND) • Peer Outreach and Linkage • Jail-Based MAT • OUD/StUD Treatment • OUD/StUD Recovery • Recovery Housing 	<ul style="list-style-type: none"> • EBP- \$251,592 • OEND-\$221,469 • Peer Outreach and Linkage-\$730,000 • Jail-Based MAT- \$725,000 • OUD/StUD Treatment- \$192,740 • OUD/StUD Recovery- \$742,851 • Recovery Housing-\$185,200 • Admin- \$152,442


5

5

FY24 SOR 3 EVIDENCE-BASED PREVENTION PROGRAMMING

Engage@EMU

Botvin LifeSkills

- 73 MS aged youth participated in the program
- 80% demonstrated sufficient knowledge of ATOD facts and related health risks and consequences

Engage@EMU


Prime For Life

- 200 participants during FY24
- 91% demonstrated the knowledge that anyone can develop Alcohol Use Disorder (AUD) if they make enough high-risk choices; showing the progress made towards breaking down stigma

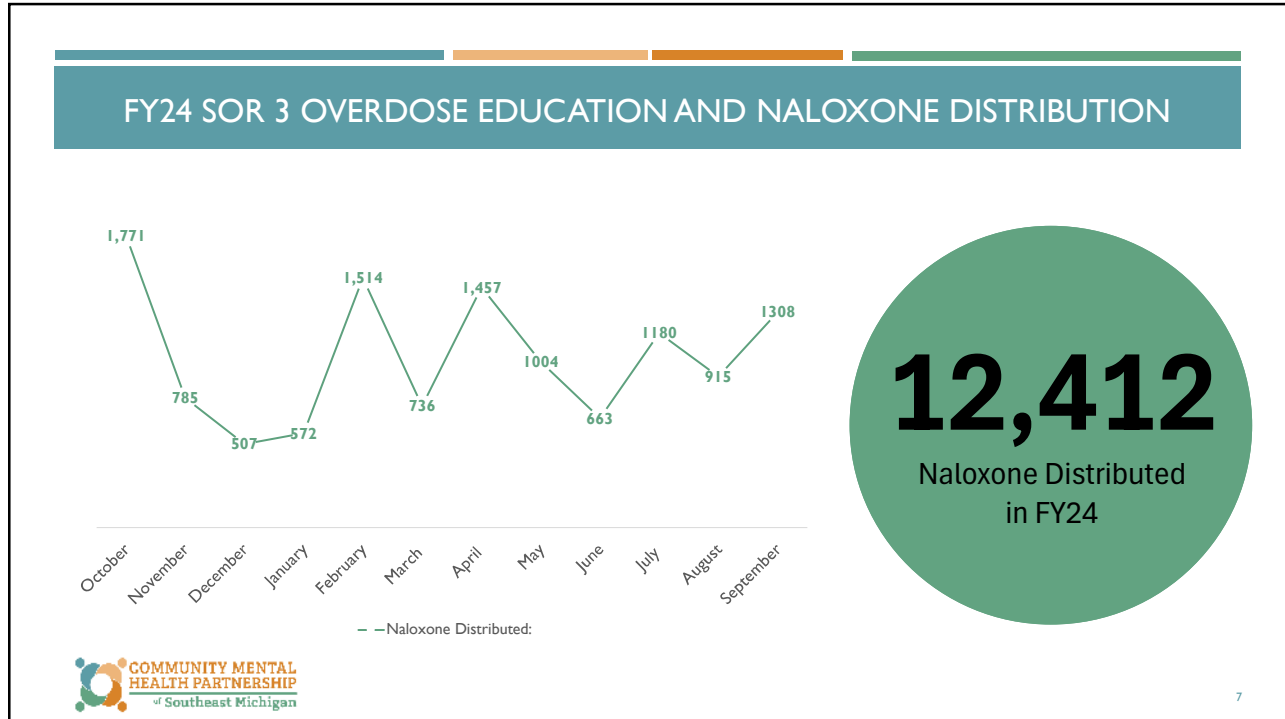
WEW: Paula's House

Celebrating Families

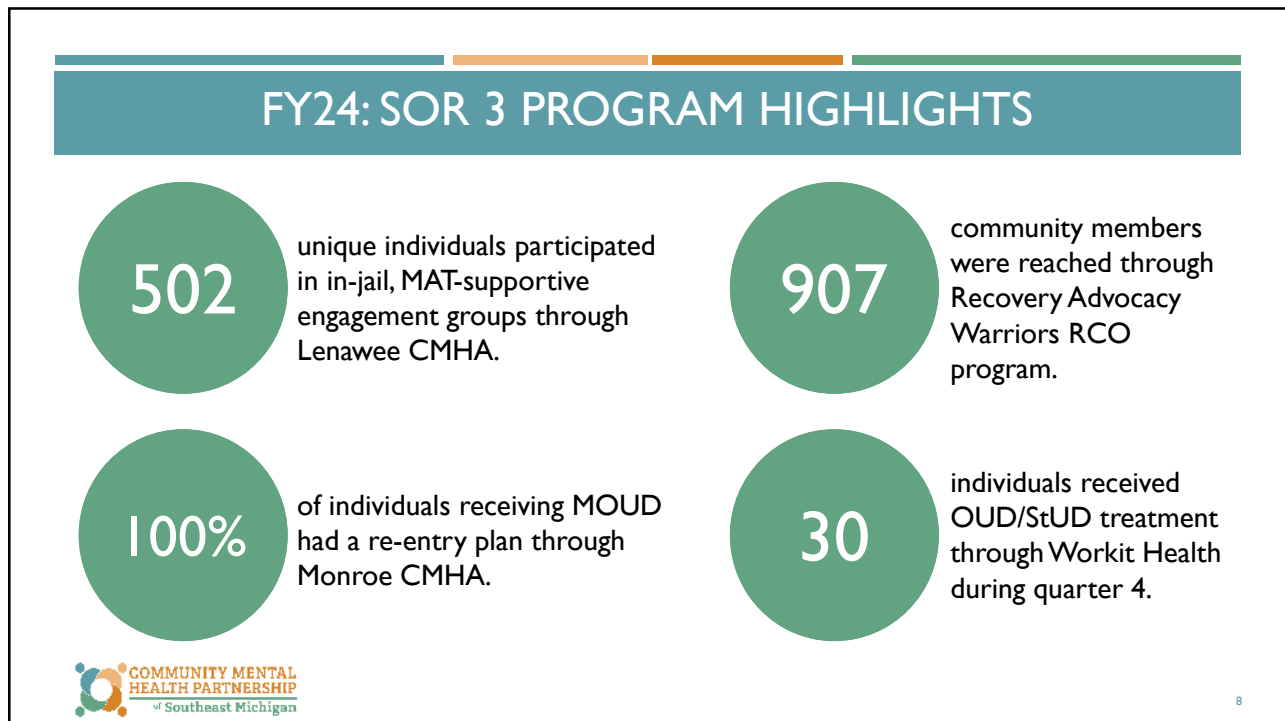
- 18 participants during FY24
- After attending the program, participants were able to recognize the effect of drugs and alcohol on the family as a whole, learned to set safe boundaries, and were able to recognize that all emotions and feelings are ok.


6

6



7



8

PA2: STRATEGIC INITIATIVES

DANIELLE L. BRUNK, LBSW, CADC
SUBSTANCE USE SERVICES PROGRAM COORDINATOR



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FY24: PA2 STRATEGIC INITIATIVES

8 Providers

- Avalon Housing
- Catholic Charities of SE Michigan
- Home of New Vision
- Lenawee CMHA
- Livingston CMHA
- Ozone House
- Recovery Advocates In Livingston (RAIL)
- Unified HIV Health and Beyond (UHHB)

12 Programs

- Community Outreach and Harm Reduction
- Harm Reduction & Integrated Care
- Engagement Center (EC)
- Epidemiology
- The Engagement Program (Youth Outreach)
- Recovery Support Services (RSS)
- Project ASSERT
- Recovery Community Organization (RCO)
- Recovery Housing

\$1.8M in Funding

- Community Outreach and Harm Reduction- \$200,000
- Harm Reduction & Integrated Care- \$172,800
- EC- \$857,072
- Epidemiology- \$35,000
- Youth Outreach- \$105,514
- RSS- \$150,000
- Project ASSERT- \$92,858
- RCO- \$179,506
- Recovery Housing- \$68,603



10

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FY24 PA2 SAMPLE PROGRAM OUTCOMES:

Avalon Housing	Harm Reduction & Integrated Care- 398 individuals received care services through Packard Health; 32 individuals received behavioral health therapy; 31 individuals enrolled as new patients with Packard Health
Catholic Charities of Southeast Michigan	Engagement Center- Completed 933 admissions for the entire year
Home of New Vision	Engagement Center- 881 individuals received a referral to treatment or warm handoff to a recovery services provider Recovery Support Services- 178 individuals met with a case manager or recovery coach within their first 10 days of services
Lenawee CMH	Engagement Center- Completed 391 admissions for the entire year




AMERICAN RESCUE PLAN ACT (ARPA)

DANIELLE L. BRUNK, LBSW, CADAC
 SUBSTANCE USE SERVICES PROGRAM COORDINATOR



FY24: ARPA


9 Providers	15 Programs	\$1.4M in Funding
<ul style="list-style-type: none"> • Avalon Housing • Catholic Charities of SE Michigan • Dawn Farm • Harm Reduction MI • Home of New Vision • Lenawee CMHA • MCOP • Mexiquences en MI • The Corner • Ty's House 	<ul style="list-style-type: none"> •Anchor Institution •Engagement Center (EC) •Substance Use Disorder Health Home Pilot (SUD HH Pilot) •Opioid Health Home (OHH) •Recovery Court Peer •Recovery Support Services (RSS) •Recovery Community Organization (RCO) •Recovery Housing •Recovery Overdose Outreach Team (ROOT) •Youth Community Center •Youth Sober Events 	<ul style="list-style-type: none"> • Anchor Institution-\$85,000 • EC-\$292,832 • SUD HH-\$75,000 • OHH-\$87,500 • Recovery Court Peer-\$40,313 • RSS- \$150,000 • RCO-\$31,750 • Recovery Housing-\$93,880 • ROOT-\$83,500 • Youth Community Center-\$350,000 • Youth Sober Events-\$25,000


13

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FY24 ARPA SAMPLE PROGRAM OUTCOMES:

Harm Reduction MI	Anchor Institution- Exceeded yearly goal of providing substance use and/or mental health resources, referrals and support to 250 African American/Black individuals in the Ypsilanti area.
MCOP (Monroe County Opportunity Program)	Youth Community Center- 226 participants reported an increased knowledge/life skills.
The Corner Health Center	Youth Sober Events- This program began during Quarter 3; exceeded yearly goal to hold four different sober events; exceeded yearly goal of conducting youth outreach to 250 youth.
Women Empowering Women	Recovery Housing- Served 15 women with this funding; 15 of these individuals built a foundation in the recovery community, established recovery focused contacts, and obtained tools to maintain basic living needs.


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COVID BLOCK GRANT

DANIELLE L. BRUNK, LBSW, CADC
SUBSTANCE USE SERVICES PROGRAM COORDINATOR



15

FY24: COVID BG

6 Providers

- Avalon Housing
- Catholic Charities of SE Michigan
- Dawn Farm
- Home of New Vision
- Lenawee CMHA
- Ty's House

10 Programs

- Engagement Center (EC)
- Substance Use Disorder Health Home Pilot (SUD HH Pilot)
- Opioid Health Home (OHH)
- Recovery Court Peer
- Recovery Support Services (RSS)
- Recovery Community Organization (RCO)
- Recovery Housing
- Recovery Overdose Outreach Team (ROOT)

\$900,000 in Funding


- EC-\$403,652
- SUD HH-\$75,000
- OHH-\$175,000
- Recovery Court Peer-\$40,313
- RSS- \$75,000
- RCO-\$31,750
- Recovery Housing-\$35,000
- ROOT-\$83,500



16


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"I am the youngest of 11 Children and A child alcoholic and Drug addict. I first experience with substances as early as 5yrs old. It was learned behaviors passed down from older siblings as my Father was a recovering alcoholic as well. My story is very powerful and may have a hopeful and positive impact on another alcoholic/drug addict and their families. Grief is a Big part of my story all the way up until 6 months ago when my son died from alcohol and it's lifestyle. Because of being sober a year and the help& support of many people in AA I'm almost a year sober - Today I Choose life and the promises of the program are coming true for me today. Today life is meaningful and I have A Purpose."



-Pepita, Washtenaw County

FY24 COVID BG MEDIA CAMPAIGN It Is Possible Recovery Harm Reduction Campaign




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COVID BG AND ARPA PREVENTION

DANIELLE L. BRUNK, LBSW, CADDC
SUBSTANCE USE SERVICES PROGRAM COORDINATOR




18

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FY24: COVID BG PREVENTION


4 Providers	4 Programs	\$242,000 in Funding
<ul style="list-style-type: none"> Monroe Public Schools Ozone House United Way of Monroe/Lenawee Counties Washtenaw County Health Department 	<ul style="list-style-type: none"> Media Campaign Prevention Coalition Project SUCCESS The Engagement Program (Youth Outreach) 	<ul style="list-style-type: none"> Media Campaign-\$74,500 Prevention Coalition-\$42,500 Project SUCCESS-\$75,000 Youth Outreach-\$50,000


19

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FY24: ARPA PREVENTION

5 Providers	5 Programs	\$261,733 in Funding
<ul style="list-style-type: none"> Jefferson Schools Monroe Public Schools Ozone House United Way of Lenawee/Monroe Washtenaw Intermediate School District 	<ul style="list-style-type: none"> Prevention Coalition Project SUCCESS Student Assistance Program (SAP) Catch My Breath The Engagement Program (Youth Outreach) Strategic Prevention Framework (SPF) Assessment & Capacity 	<ul style="list-style-type: none"> Catch My Breath-\$50,000 Prevention Coalition-\$14,000 Project SUCCESS-\$75,000 SPF-\$72,733 Youth Outreach-\$50,000


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TRAININGS



Sample Health Disparities Trainings Promoted Across Region

- United Way Equity Training
- Utilizing Culturally Responsive and Racially Equitable Engagement and Evaluation
- Ethics: Cultural Awareness, Implicit Biases and Social Diversity
- Advancing Equity Through Quality Improvement
- Implicit Bias: Beyond the Basics
- Understanding Sexual Orientation & Gender Identity (SOGI): What Your Clients Wish You Understood During Treatment



CMHPSM Provided Trainings:

- Vicarious Trauma
- CCAR (Peer Certification)
- Trans 101 Training


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PREVENTION

JANE S. GOERGE, MA, CPC-R
PREVENTION COORDINATOR



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PREVENTION

CMHPSM PRIORITY AREAS:

- (1) Reduce childhood and underage drinking
- (2) Reduce prescription and over-the-counter substance abuse/misuse
- (3) Reduce youth access to tobacco and nicotine
- (4) Reduce illicit substance use

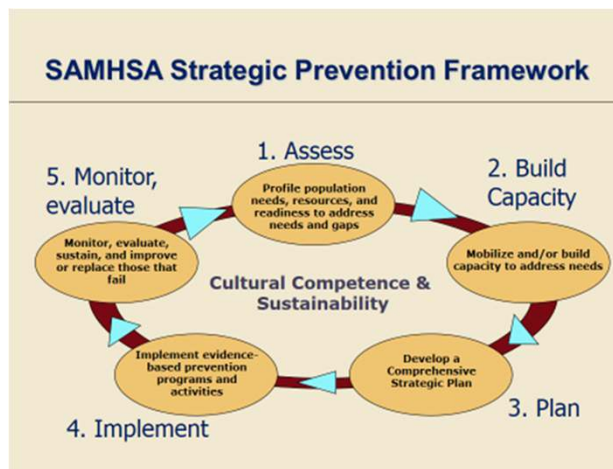


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CMHPSM PREVENTION MODALITY

Prevention providers utilize the Strategic Prevention Framework (SPF) to guide decisions and create an **Evidence-Based Implementation & Evaluation Plan**.



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PREVENTION PROGRAMS (BG & PA2)

Catholic Charities of Southeast Michigan

- Student Prevention Leadership Teams

Catholic Social Services of Washtenaw County

- Get Connected & CAGE Screenings

Eastern Michigan University

- Prevention Theatre Collective

Livingston County Catholic Social Services


- Curriculum-Based Support Groups
- Communities Mobilizing for Change on Alcohol
- Project SUCCESS
- Youth-Led Prevention

Monroe County Intermediate School District

- Nurturing Parenting Program/Parents as Teachers

St. Joseph Mercy Hospital – Chelsea

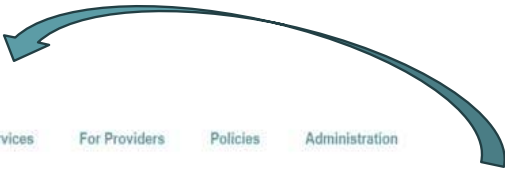
- Project SUCCESS – Chelsea
- Project SUCCESS – Lincoln
- Project SUCCESS – Manchester




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PREVENTION PROGRAM HIGHLIGHTS





Program Briefs
Infographic Highlights



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MICHIGAN PARTNERSHIP TO ADVANCE COALITIONS

NICOLEADELMAN, MPH
SUBSTANCE USE SERVICES DIRECTOR



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MICHIGAN PARTNERSHIP TO ADVANCE COALITIONS (MI-PAC)

FY24 was Project Year 2 of the MDHHS Partnerships For Success (PFS) Grant to support the work of select regions and coalitions across the state. Region 6 has created a Regional Collaborative where we come together quarterly to work on Health Disparities so the coalitions in our region can learn from each other. The next step in the process is for the coalitions to develop **Disparity Impact Statements and sustainability plans** during Project Year 3.

Disparity Impact Statement (DIS)-is a data driven, quality improvement approach to advance equity using grant programs. This helps grantees identify underserved populations at risk of experiencing behavioral health disparities.



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MICHIGAN PARTNERSHIP TO ADVANCE COALITIONS (MI-PAC)

Participating Coalitions Include:
Lenawee Substance Abuse Prevention Coalition
Livingston County Community Alliance
Monroe County Substance Abuse Coalition
Washtenaw Prevention Coalition




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GAMBLING DISORDER PREVENTION

MAUREEN BOWLER, MPA
SUBSTANCE USE SERVICES PROGRAM COORDINATOR




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FY24: GAMBLING PREVENTION

Michigan Gambling Disorder Prevention Project Objectives

- 1) Increase provider knowledge of gambling disorder
- 2) Implement SPF to identify local needs, build capacity, and plan, implement, and evaluate a strategic plan, specific to gambling disorder prevention
- 3) Screen for gambling disorder during SUD treatment admissions



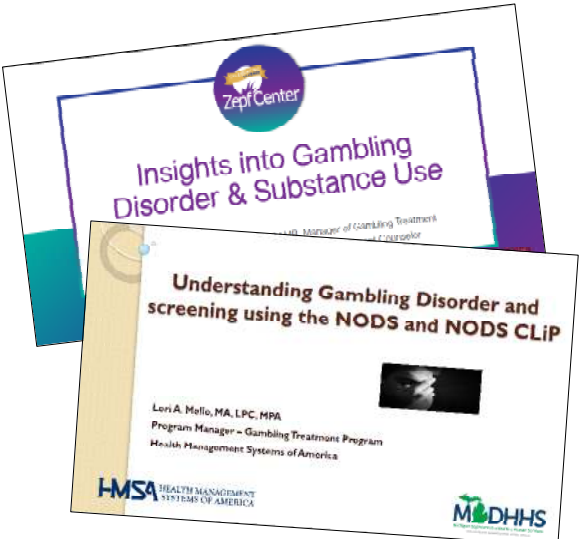

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FY24: GAMBLING PREVENTION

Gambling Initiatives

- NODS Screening
- Media Campaign
- Website Landing Page
- Training Sessions
- Workgroup




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FY24: GAMBLING PREVENTION

NODS CLiP

- 3 question brief screen that is shown to be most helpful in identifying problem gambling behaviors or tendencies in individuals
- NODS CLiP is meant to be utilized as a part of all SUD intake assessments
- GOAL: 85% of SUD assessments will include a completed NODS CLiP

NODS CLiP Compliance Rate

Q1 – 96.1%

Q2 – 97.8%

Q3 – 95.4%

Q4 – 97.7%


Positive Screening Rate

Q1 – 5 of 391

Q2 – 8 of 446

Q3 – 6 of 425

Q4 – 5 of 476



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FY24: GAMBLING PREVENTION

Trainings & Workshops

- *Understanding Gambling Disorder and Screening Using the NODS CLiP*
- *Insights into Gambling Disorder & Substance Use*
- *Understanding Gambling-Motivated Crime*
- *The Hidden Battle; A Silent Struggle: Gambling Disorder Among Military Service Members and Veterans*






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VETERANS NAVIGATOR PROGRAM

ERIKA BEHM, VETERAN NAVIGATOR
BOB BULL, VETERAN PEER SUPPORT SPECIALIST




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VETERANS NAVIGATOR PROGRAM

Serving Veterans and Military Families in Livingston, Lenawee, Monroe and Washtenaw Counties since September 11, 2017

The Veterans Navigator program was created to assist veterans and military families of all eras and discharge types. They work to connect veterans and their families to federal, state, and local resources to ease issues regarding mental health, substance use, housing, and other common challenges that impact veterans to support healthier lifestyles and provide support.



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VETERANS NAVIGATOR INITIATIVES

Meeting veterans and their families 'where they are' by:

- Hosting monthly breakfasts and lunches with follow ups, updates, and Q & A
- Tailgate table at every home U of M gate (prime location!)
- Sock drive for veterans at the VAMC in Ann Arbor
- Military Cultural training for all CMH's and interested providers
- Increased awareness of 988 Suicide and Crisis Lifeline
- 631 new, unique contacts with veterans in 2024



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VETERANS NAVIGATOR MEDIA CAMPAIGN



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CMHPSM TREATMENT

JOELEN KERSTEN, LMSW, CAADC, CCS
CLINICAL TREATMENT COORDINATOR

JON HUHN, LMSW, CAADC
SUD CARE NAVIGATOR

KATE HENDRICKS, LMSW, CAADC
UTILIZATION AND TREATMENT SPECIALIST

AMINDA DAVIS, LLMSW, CAADC
SUD CARE NAVIGATOR



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AMERICAN SOCIETY OF ADDICTION MEDICINE (ASAM) LEVELS OF CARE- 3RD EDITION

- Opioid Treatment Program (OTP)- Daily or several times weekly opioid medications; services include doctor visits, groups and individual counseling; could also include Ambulatory Withdrawal Management Levels 1 & 2
- ASAM Level 1 Outpatient- Less than 9 hours of services per week
- ASAM Level 2.1 Intensive Outpatient- 9-19 hours of services per week
- ASAM Level 2.5 Partial Hospitalization- 20+ hours of services per week (New level to our region in FY24)
- Withdrawal Management Level 3.2- Clinically Managed Residential Withdrawal Management "Social Detoxification"- Moderate withdrawal symptoms requiring 24-hour support; no medical staff onsite
- Withdrawal Management Level 3.7- Medically Monitored Residential Withdrawal Management " Sub-Acute Detoxification"- Severe withdrawal symptoms requiring 24-hour nursing care; physician on call and can visit as needed
- ASAM Level 3.1 Residential- 24-hour structure with available personnel; 5 hours each of clinical service and basic/life skills service per week
- ASAM Level 3.5 Residential- 24-hour care with trained counselors; 20 hours each of clinical service and basic/life skills service per week
- ASAM Level 3.7 Residential- 24-hour nursing care with physician availability; clinical staff onsite at least 16 hours per day; 20 hours each of clinical service and basic/life skills service per week



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SUD TREATMENT PROVIDERS

Opioid Treatment Program- OTP

- Ann Arbor Comprehensive Treatment Center (Ann Arbor)
- Passion of Mind (Monroe)
- Therapeutics (Ann Arbor, Walled Lake, Monroe)
- Community Medical Services (Dearborn Heights)

Level I Outpatient

- Salvation Army Harbor Light (Monroe)
- Catholic Charities of Southeast Michigan (Monroe)
- Trinity Addiction Recovery Services (Ann Arbor)
- Hegira Health (Westland, Livonia)
- Bear River (Gaylord, Boyne Falls)
- Dawn Farm (Ann Arbor)
- Home of New Vision (Ann Arbor)
- Catholic Charities of Livingston Co (Howell)
- Key Development (Brighton)
- Parkside Family Counseling (Adrian)
- Catholic Charities of Lenawee, Jackson, Hillsdale (Adrian)


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SUD TREATMENT PROVIDERS

Level 2.1 Intensive Outpatient

- Salvation Army Harbor Light (Monroe)
- Trinity Addiction Recovery Services (Ann Arbor)
- Personalized Nursing Light House (Plymouth, Canton)
- Hegira (Livonia)

Level 2.5 Partial Hospitalization (New FY24)


- Personalized Nursing Light House (Plymouth)

Level 3.2 Residential Withdrawal Management

- Dawn Farm (Ann Arbor)

Level 3.7 Residential Withdrawal Management

- Salvation Army Harbor Light (Monroe)
- Hegira Oakdale (Canton)
- Sacred Heart (Richmond)
- Personalized Nursing Light House (Dearborn Heights, Madison Heights)


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SUD TREATMENT PROVIDERS

Level 3.1 Residential


- Dawn Farm (Ann Arbor)
- Kalamazoo Probation Enhancement Program (KPEP) (Kalamazoo)
- Bear River (Boyne Falls)
- Salvation Army Harbor Light (Monroe)

Level 3.7 Residential

- Hegira- Oakdale (Canton)
- Personalized Nursing Light House (Dearborn Heights, Madison Heights)
- Bear River (Boyne Falls)

Level 3.5 Residential

- Salvation Army Harbor Light (Monroe)
- Dawn Farm (Ann Arbor)
- Home of New Vision (Ann Arbor)
- Personalized Nursing Light House (Dearborn Heights, Madison Heights)
- Sacred Heart (Richmond)
- Hegira Oakdale (Canton)
- Bear River (Gaylord, Boyne Falls)
- Kalamazoo Probation Enhancement Program (KPEP) (Kalamazoo)



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FY24 REGION 6 SUD TREATMENT NEW ADMISSIONS

- **OTP-** 279 (FY23 291)
- **ASAM Level I Outpatient-** 1,171 (FY23 1,169)
- **ASAM Level 2.1 Intensive Outpatient-** 138 (FY23 116)
- **ASAM Levels 3.2 & 3.7 Withdrawal Management-** 695 (FY23 789)
- **ASAM Levels 3.1, 3.5 & 3.7 Residential-** 1,522 (FY23 1,572)







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PRIORITY POPULATIONS


SUD CARE NAVIGATORS

- ASSIST CONSUMERS AND PROVIDERS BRIDGE THE GAP BETWEEN SCREENING AND ADMISSION FOR PRIORITY POPULATIONS
 - PREGNANT AND IDU INDIVIDUALS
 - PREGNANT INDIVIDUALS
 - IDU INDIVIDUALS
 - INDIVIDUALS WITH CPS INVOLVEMENT/RISK OF LOSING CHILDREN
 - MDOC-REFERRED INDIVIDUALS

NUMBERS OF INDIVIDUALS SERVED

- FY24 Q1- 199
- FY24 Q2- 163
- FY24 Q3- 201
- FY24 Q4- 191

■ Overall, providers have shared positive feedback regarding the care navigator process, and comments from consumers note they feel more empowered and supported during the intake process.


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OPIOID HEALTH HOMES

ELIZABETH STANKOV, OPIOID HEALTH HOME (OHH) COORDINATOR



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OPIOID HEALTH HOMES: FY24

PROGRAM OVERVIEW

5 Health Home Providers (HHPs) serving Lenawee, Livingston, Monroe and Washtenaw counties
Opioid Health Homes (OHH) are designed for **care coordination services** for individuals with Medicaid who have a diagnosed Opioid Use Disorder (OUD).

Through additional funding, we were able to serve non-Medicaid eligible individuals through COVID and ARPA Block Grant funds

- **Six core services:**
 - Comprehensive Care Management
 - Care Coordination
 - Health Promotion
 - Comprehensive Transitional Care
 - Individual and Family Support (including authorized representative(s))
 - Referral to Community and Social Support Services



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OPIOID HEALTH HOMES

465 unique, actively enrolled individuals in FY24

- 60 Block Grant enrollees
- 405 traditional OHH enrollees

333 beneficiaries enrolled at one time in July 2024 (highest enrollment in a single month)

218 new enrollments in FY24

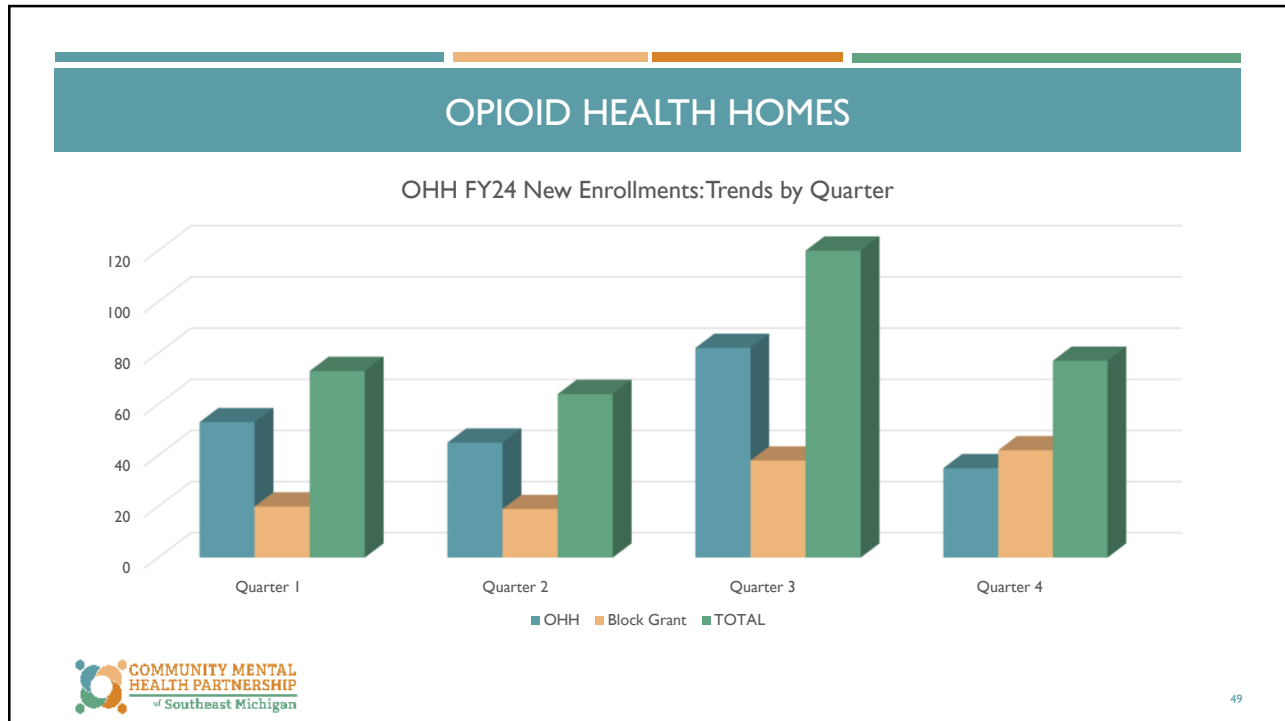
2,578 encounters from all fund sources in FY24

OHH allows one payment per beneficiary per month. However, enrolled beneficiaries may be seen as many times as needed in any given month.



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OPIOID HEALTH HOMES

Social Determinants of Health

- All Health Home Partners (HHPs) screen potential beneficiaries of OHH with a Social Determinant of Health screening tool, which informs beneficiary care plans. The majority of our HHPs use the PRAPARE form, pictured here.
- New in FY25 we also included a space on Care Plans for “protective factors”.

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CMHPSM HEALTH EQUITY TEAM

KATE HENDRICKS, LMSW, CAADC
UTILIZATION MANAGEMENT SPECIALIST




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CMHPSM HEALTH EQUITY TEAM



What We Do:

- **Policy Updates**
 - Inclusive and Equitable Language
- **Use the Strategic Plan to guide our Health Equity work**

The Strategic Plan is the framework that informs our overall Substance Use Services Team and outlines the strategies for our region over the next 3 years
- Encourage and send out information to providers to attend trainings specific to **Diversity, Equity and Inclusion.**



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CMHPSM HEALTH EQUITY TEAM

Charge-The purpose of HET is to help identify health disparities and inequities related to the CMHPSM SUS Team across Region 6. This includes anywhere health disparities may be found such as service provisions, policies, and language.



Goals for FY25:

- Use updated data to create regional goals
- Offer training for providers on data resources to develop their own goals
- Review employee handbook and other SUS policies and procedures for inclusive and equitable language and actions



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RECOVERY FRIENDLY WORKPLACE

NICOLEADELMAN, MPH
SUBSTANCE USE SERVICES DIRECTOR



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RECOVERY FRIENDLY WORKPLACE

CMHPSM is a recovery friendly workplace*.

CMHPSM supports our team and the communities we serve by recognizing recovery from substance use disorder (SUD) as a strength. We work intentionally with people in recovery and those otherwise impacted by substance use. CMHPSM encourages and maintains a healthy and safe environment and culture where employers, employees, and communities work collaboratively to create positive change; continually enhance policies and practices; educate the organization; and eliminate barriers for current and prospective employees impacted by substance use.

**In process to have official MDHHS designation.*



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Initial Required Components

- Submit letter of interest to learn more about the Recovery Friendly Workplace (RFW) initiative.
- Ensure senior management and human resources personnel receive official RFW orientation.
- Make a written declaration to employees stating workplace's commitment to RFW principles and its participation in this initiative.

SAMPLE: "ABC Company is committed to creating a healthy, safe, and stigma-free work environment through our participation in the Recovery Friendly Workplace (RFW) Initiative. RFW encourages environments where employers, employees, and communities can collaborate to create positive change and eliminate barriers for those impacted by addiction. In order to achieve a high level of employee health, safety, and productivity, we will be going through a series of trainings to be equip to provide resources and support."


Additional Required Components (to be completed within one year)

- Complete the following trainings:
 - Understanding SUD/OD, Stigma, Recovery and Workplace Wellness
 - Accessing Resources and Linking to Your Community
 - Training for Management/Human Resources: Navigating SUD/OD Concerns and Building a Supportive Workplace
- Ensure all staff have received education on company's alcohol, tobacco, and other drug policies.
- Ensure all staff receive annual training, education, and appropriate resources on substance misuse, behavioral health, and addiction.
- Establish connection with local recovery support organizations as a resource for employees.
- Complete and submit RFW checklist and designation application.
- Receive RFW Designation by Michigan Department of Health and Human Services (MDHHS).



COMMUNITY MENTAL
HEALTH PARTNERSHIP
of Southeast Michigan

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COMMUNITY MENTAL HEALTH PARTNERSHIP
of **Southeast Michigan**

SUBSTANCE USE SERVICES STRATEGIC PLAN

FY24 Implementation

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FY24 Quarter 2

January 1- March 31, 2024

CMHPSM will create a formalized process for ongoing review of regional needs and process for publishing identified needs for discussion at regional meetings.

Prepare RFP Process

CMHPSM SUS Team reviewed Strategic Plan data and priorities.

Utilizing data from the CMHPSM Strategic Plan, CMHPSM SUS Team developed RFPs for Prevention, Coalitions and Strategic Initiatives.


Responsible Party: SUS Team, Operations Team

Release RFP

CMHPSM created a process to release the RFPs and a Bidder's Conference at the beginning of Q3.

CMHPSM created a process for scoring and recommending RFPs for OPB and RB approval.

Responsible Party: SUS Team, OPB, ROC, Leadership Team



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FY24 Quarter 2-3

January 1- June 30, 2024

Understand and address health disparities in access to and provision of services.



Health Equity Team now meets monthly to determine how to address health disparities.

Responsible Party: SUS Team



CMHPSM created a formalized process for addressing regional health disparities.

CMHPSM created process for reviewing internal policies and processes for inclusive language.

Responsible Party: SUS Team, OPB, ROC, Region 6 Providers



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FY24 Quarter 4

July 1- September 30, 2024

CMHPSM will create a formalized process for ongoing review of regional needs and process for publishing identified needs for discussion at regional meetings.



CMHPSM reviewed reports of regional data.

Responsible Party: SUS Team



Opportunities were identified to fill gaps in services with existing financial resources through active procurement process.

Responsible Party: SUS Team, OPB, Regional Board



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FY25
Moving Forward

Understand and address health disparities in access to and provision of services.

Regional Goals
Create regional health disparity focused goals, driven by data.

TA & Training
Provide technical assistance, training opportunities, and goal setting requirements to providers for them to address health disparities.

Monitor and Track
Create a process to monitor and track funded providers health disparity focused goals.

 COMMUNITY MENTAL HEALTH PARTNERSHIP of Southeast Michigan

Responsible Party: SUS Health Equity Team

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FY25
Moving Forward

Increase in access to recovery services, promote life enhancing recovery and wellness for individuals and families.

Awareness Campaign
CMHPSM ensures community is aware of services available and how to access them.

Evaluation
CMHPSM will create a process to identify and evaluate current barriers to Access System.


Responsible Party: SUS Health Equity Team, ROC, OPB, Regional Board

 COMMUNITY MENTAL HEALTH PARTNERSHIP of Southeast Michigan

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Thank you!



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2025 Healing and Recovery Regional Appropriations – MDHHS and PIHP Contract

Support Infrastructure and Inventory:

Appropriations are one-time but comprise several years of settlement payments. Therefore, priority should be given to investments that produce benefits extending beyond the 2025 fiscal year. These investments should facilitate support and service delivery. Considerations for infrastructure support include:

- Real estate purchases, mortgage payments, and improvements for syringe service programs, recovery community organizations, recovery community centers, and recovery residences.
- Infrastructure improvements for treatment providers.
- Vehicle purchases for community-based organizations and providers.
- Anticipatory harm reduction supplies (safer use, wound care, communicable disease testing, and drug checking supplies).
- Advanced mass spectrometry analysis equipment (FTIR) for harm reduction programs.
- Narcan distribution boxes.

Community Engagement and Planning Activities:

Regional entities must collaborate with local governments to support community engagement and planning activities, such as those provided by the Technical Assistance Collaborative (TAC). County, municipal, and township governments should be encouraged to engage with their communities and neighboring subdivisions but should be considered autonomous entities that may or may not support regional approaches. Support should be provided rather than prescribed and may include:

- Providing cash incentives (equity) for participation in surveys, focus groups, planning meetings, and other engagement and planning efforts for community members with lived/living experience.
- Providing data and financial information on other PIHP SUD programs.
- Providing Matching/supplemental funds for local government initiatives.
- Providing staff, technical, and facilitation support to local planning groups.
- Providing communication support for the recruitment of planning committee members and subject matter experts, communicating funding opportunities, and communicating spend plans and reports.

Other Contract Component Considerations:

- PIHPs are required to meet quarterly with MDHHS to coordinate settlement investment efforts.
- Appropriated Healing and Recovery funds are not allowed to supplant other funding.

- PIHPs must follow all MDHHS interpretations of policy impacting the certification and employment of SUD workforce, billing for services, use of restricted funds, and prescribing and administration of medications related to SUD.
- PIHPs are required to submit regular (quarterly) reports on program progress and service delivery data and participate in a formal program evaluation/revision/amendment process with MDHHS.
- PIHPs must prioritize coordination with the TAC and local government associations to review work that has already occurred and utilize these organizations as resources in planning and implementation.
- PIHPs are required to establish clear performance metrics and outcomes for all funded initiatives to ensure accountability and measure success.
- PIHPs are required to develop and implement a sustainability plan for funded programs to ensure long-term benefits beyond the appropriations period.
- PIHPs are required to facilitate regular stakeholder meetings, including community members, providers, and local governments, to discuss progress, challenges, and opportunities for collaboration.
- PIHPs are required to implement a transparent reporting system accessible to the public to enhance accountability and community trust.
- PIHPs are encouraged to support innovative pilot programs that address emerging needs and that can be scaled up based on successful outcomes.
- Contract will be separate because of need to track these funds.

**COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN
REGULAR BOARD MEETING MINUTES
October 9, 2024**

Members Present for In-Person Quorum: Judy Ackley, Rebecca Curley, LaMar Frederick, Bob King, Molly Welch Marahar, Mary Serio, Holly Terrill,

Members Not Present For In-Person Quorum: Patrick Bridge, Mary Pizzimenti, Rebecca Pasko, Alfreda Rooks, Annie Somerville, Ralph Tillotson

Staff Present: Stephannie Weary, James Colaianne, Matt Berg, Nicole Adelman, Lisa Graham, Trish Cortes, CJ Witherow, Michelle Sucharski, Connie Conklin, Kathryn Szewczuk

Guests Present:

- I. Call to Order
Meeting called to order at 6:01 p.m. by Board Chair Bob King.
- II. Roll Call
 - Quorum confirmed.
- III. Consideration to Adopt the Agenda as Presented
**Motion by M. Welch Marahar, supported by H. Terrill, to approve the agenda
Motion passed with no objections**
- IV. Consideration to Approve the Minutes of the September 11, 2024 Meeting and Waive the Reading Thereof
**Motion by M. Welch Marahar, supported by J. Ackley, to approve the minutes of the 09/11/2024 meeting and waive the reading thereof
Motion passed with no objections**
- V. Audience Participation
None
- VI. Old Business
 - a. Information: FY2024 Finance Report through August 31, 2024
 - M. Berg presented.
 - b. Information: FY2018-2019 Deficit Update
 - Withholds and payments have proven to be valid. There was a mistake in the state's CHAMPS system that caused an error which has been resolved. The region was made whole.
 - The FY18-19 deficit has been resolved. FY18-22 are now closed.
- VII. New Business
 - a. Board Action: FY2024 Q3-4 Provider Stabilization Funding
**Motion by M. Welch Marahar, supported by M. Serio, to approve the FY24 Q3 and Q4 provider stabilization funding as proposed
Motion passed with no objections**

CMHPSM Mission Statement

Through effective partnerships, the CMHPSM shall ensure and support the provision of quality integrated care that focuses on improving the health and wellness of people living in our region.

b. Board Action: Anniversary Proclamations

Motion by M. Welch Marahar, supported by H. Terrill, to approve the CMHPSM Board to sign the formal proclamation acknowledging the 10 years of service by Jane Goerge to the PIHP region as a CMHPSM employee
Motion passed with no objections

Motion by J. Ackley, supported by L. Frederick, to approve the CMHPSM Board to sign the formal proclamation acknowledging the 10 years of service by Teresa Sharp to the PIHP region as a CMHPSM employee
Motion passed with no objections

Motion by M. Welch Marahar, supported by M. Serio, to approve the CMHPSM Board to sign the formal proclamation acknowledging the 5 years of service by Alyssa Tumolo to the PIHP region as a CMHPSM employee
Motion passed with no objections

c. Board Action: Contracts

Motion by L. Frederick, supported by M. Welch Marahar, to authorize the CEO to execute the contracts/amendments as presented
Motion passed with no objections

d. Board Information: FY2024 Strategic Plan Metrics Update

- J. Colaianne provided an update on the Strategic Plan. Discussion followed.

Meeting agenda addition:

Motion by J. Ackley, supported by M. Welch Marahar, to provide the 5% cost of living adjustment that was previously approved for all other staff to the CEO, effective Oct. 1, 2024
Motion passed with no objections

VIII. Reports to the CMHPSM Board

a. Information: SUD Oversight Policy Board

- At the most recent OPB meeting, officers were elected for FY25, 5 policies were approved and the OPB discussed the new fee-for-service model.

b. Information: CEO Report to the Board

- The 7 PIHPs that haven't signed the FY25 contract yet continue to work together in negotiations with the state.
- The CMHPSM has 3 open positions. Interviews and recruitment are in process.
- The PIHPs received notice that a special meeting will be held on Nov. 1, 2024, regarding Conflict Free Access and Planning proposal requirements.

IX. Adjournment

Motion by M. Welch Marahar, supported by J. Ackley, to adjourn the meeting
Motion passed with no objections

- The meeting was adjourned at 6:52 p.m.

Rebecca Pasko, CMHPSM Board Secretary

CMHPSM Mission Statement

Through effective partnerships, the CMHPSM shall ensure and support the provision of quality integrated care that focuses on improving the health and wellness of people living in our region.

**COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN
SPECIAL BOARD MEETING MINUTES
October 30, 2024**

Members Present for In-Person Quorum: Judy Ackley, Rebecca Curley, LaMar Frederick, Bob King, Rebecca Pasko, Mary Pizzimenti, Mary Serio, Holly Terrill,

Members Not Present For In-Person Quorum: Patrick Bridge, Molly Welch Marahar, Alfreda Rooks, Annie Somerville, Ralph Tillotson

Staff Present: Stephannie Weary, James Colaianne, Matt Berg, Nicole Adelman, Lisa Graham, CJ Witherow, Connie Conklin, Kathryn Szewczuk, Trish Cortes

Guests Present: Attorneys Greg Moore (phone) and Chris Ryan from Taft Law

- I. Call to Order
Meeting called to order at 4:02 p.m. by Board Chair Bob King.
- II. Roll Call
 - Quorum confirmed.
- III. Consideration to Adopt the Agenda as Presented
Motion by M. Serio, supported by J. Ackley, to approve the agenda
Motion carried
- IV. Audience Participation
None
- V. Old Business
 - a. Closed Session to Discuss Pending Litigation
Motion by M. Serio, supported by L. Frederick, to move that the CMHPSM Board meet in closed session under section 8(1)(e) of the Open Meetings Act, to consult with our attorney regarding trial or settlement strategy in connection with pending legal action related to our FY2025 MDHHS contract
Motion passed unanimously
 - The meeting entered into closed session at 4:05 p.m.
 - After returning to open session at 4:39 p.m.:
Motion by L. Frederick, supported by J. Ackley, to authorize the CEO to decline signing the proposed FY25 MDHHS/PIHP contract as currently written
Motion carried unanimously

Motion by M. Serio, supported by R. Pasko, to join the other PIHPs in any legal action enacted in relation to the proposed MDHHS/PIHP contract
Motion carried unanimously
- VI. Old Business
 - a. FY2025 CEO Contract Clarification

CMHPSM Mission Statement

Through effective partnerships, the CMHPSM shall ensure and support the provision of quality integrated care that focuses on improving the health and wellness of people living in our region.

- J. Colaianne recommended to the board that they rescind the 5% cost of living adjustment (COLA) for the CEO that was approved at the 10/9/24 board meeting and reconsider the COLA percentage in conjunction with the CEO contractual annual increases.

Motion by L. Frederick, supported by M. Serio, to rescind the 5% COLA, which the board approved on 10/9/24, for further consideration
Motion carried unanimously

- The board agreed to convene a subcommittee to review the CEO contract for potential updates to incorporate the addition of a COLA.
- Subcommittee volunteers:
 - ❖ L. Frederick
 - ❖ M. Serio
 - ❖ B. King
 - ❖ H. Terrill

VII. Adjournment

Motion by L. Frederick, supported by R. Curley, to adjourn the meeting
Motion carried unanimously

- The meeting was adjourned at 4:46 p.m.

Rebecca Pasko, CMHPSM Board Secretary