

# OVERSIGHT POLICY BOARD

## Regular Board Meeting

Patrick Barrie Conference Room

3005 Boardwalk Drive, Suite 200

Ann Arbor, MI

Thursday, June 27, 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 February 22, 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. FY24 Funding Update – (Discussion) – 10 minutes
7. New Business
  - a. FY25 RFP Funding Update {Att. #3} (Board Discussion) – 60 minutes
8. Report from Regional Board {Att. #4} (Discussion) – 5 minutes
9. SUS Director Updates (Discussion) – 10 minutes
  - a. CEO Update {Att. #5}
  - b. Health Policy Committee Presentation {Att. #6}
  - c. Michigan Association of Counties/Townships Presentation {Att. #7}
  - d. Staffing
10. Adjournment **(Board Action)**

**\*Next meeting: August 22, 2024 \*Funding/PA2 Decisions**

**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

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 Longworth 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. Longworth'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-date 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 overwhelmingly 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 4<sup>th</sup> 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**

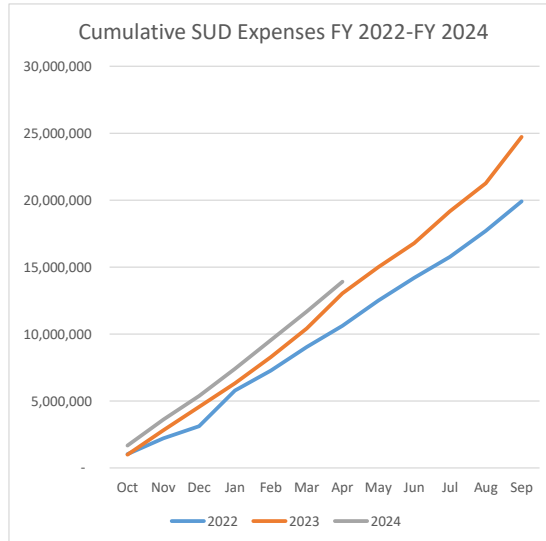
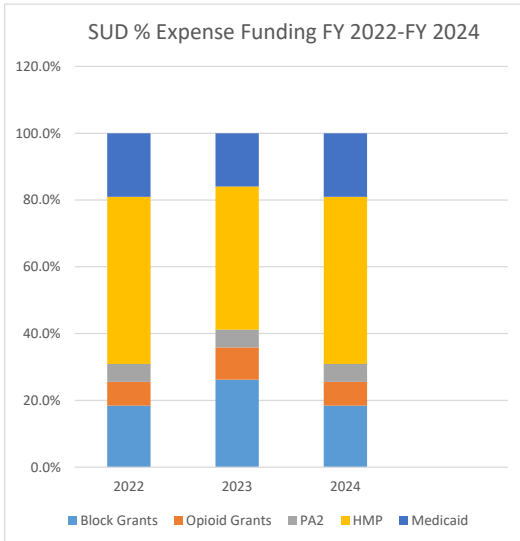
- The meeting was adjourned at 10:36 a.m.

**\*Next meeting: Thursday, June 27, 2024**

**Location 3005 Boardwalk, Suite 200; Patrick Barrie Room**

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

Summary Of Revenue & Expense	Funding Source					Total Funding Sources
	Medicaid	Healthy Michigan	All Grants	OHH	SUD-PA2	
<b>Revenues</b>						
Funding From MDHHS	2,424,835	5,270,160	5,540,487	391,087		\$ 13,626,569
PA2/COBO Tax Funding Current Year					776,407	\$ 776,407
PA2/COBO Reserve Utilization					283,849	\$ 283,849
Other (lapse to state)			-	(120,527)	-	\$ (120,527)
<b>Total Revenues</b>	<b>\$ 2,424,835</b>	<b>\$ 5,270,160</b>	<b>\$ 5,540,487</b>	<b>\$ 270,560</b>	<b>\$ 1,060,256</b>	<b>\$ 14,566,299</b>
<b>Expenses</b>						
<u>Funding for County SUD Programs</u>						
CMHPSM			\$ 523,986	\$ 221,366		745,352
Lenawee	251,062	564,894	581,236			1,397,192
Livingston	141,092	475,251	375,760		567,987	1,560,090
Monroe	613,394	1,138,778	1,652,372		110,037	3,514,580
Washtenaw	1,058,630	2,498,239	2,542,678		382,233	6,481,780
<b>Total SUD Expenses</b>	<b>\$ 2,064,177</b>	<b>\$ 4,677,162</b>	<b>\$ 5,676,033</b>	<b>\$ 221,366</b>	<b>\$ 1,060,256</b>	<b>\$ 13,698,994</b>
Administrative Cost Allocation	67,721	153,445		49,194	-	\$ 270,361
<b>Total Expenses</b>	<b>2,131,899</b>	<b>4,830,607</b>	<b>\$ 5,676,033</b>	<b>\$ 270,561</b>	<b>\$ 1,060,256</b>	<b>\$ 13,969,355</b>
<b>Revenues Over/(Under) Expenses</b>	<b>292,937</b>	<b>439,553</b>	<b>(135,546)</b>	<b>(0)</b>	<b>(0)</b>	<b>\$ 596,944</b>



<b>FY 2024 PA2 Activity</b>			
	Budgeted Revenues	YTD Expenditures	Revenues Over/(Under) Expenses
<u>PA2 by County</u>			
Lenawee	181,183	-	181,183
Livingston	549,309	567,987	(18,677)
Monroe	410,197	110,037	300,160
Washtenaw	1,088,953	382,233	706,721
<b>Totals</b>	<b>\$ 2,229,642</b>	<b>\$ 1,060,256</b>	<b>\$ 1,169,386</b>
<u>Unallocated PA2</u>			
	<u>FY 24 Beginning Balance</u>	<u>FY24 Budgeted Utilization</u>	<u>FY24 Projected Ending Balance</u>
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
<b>Total</b>	<b>\$ 5,916,493</b>	<b>\$ 2,137,637</b>	<b>\$ 7,899,673</b>



SUBSTANCE USE SERVICES  
**FY25 FUNDING  
OPPORTUNITY**

Nicole Adelman, MPH  
Substance Use Services Director

## 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.

## FY25 FUNDING OPPORTUNITY TIMELINE:





## 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



## 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

# SUBMISSIONS OVERVIEW

**Total Submissions Received: 67**

**RFP#2025A- Prevention Programs**

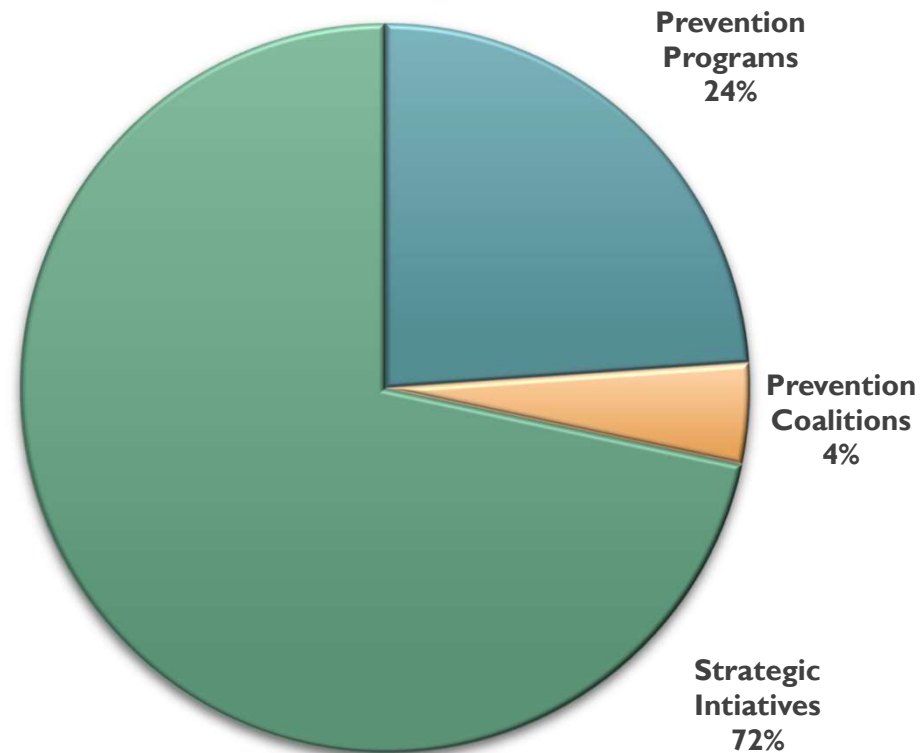
16 Total Submissions  
15 Approved for Review

**RFP#2025B- Prevention Coalitions**

3 Total Submissions  
All Approved for Review

**RFP#2025D- Strategic Initiatives**

48 Total Submissions  
46 Approved for Review



## FY25 FUNDING OPPORTUNITY: REQUEST AMOUNTS

Total FY25 Requests

**\$11,509,723**



RFP#2025D-Strategic Initiatives

**\$9,239,620**



RFP#2025A- Prevention Programs

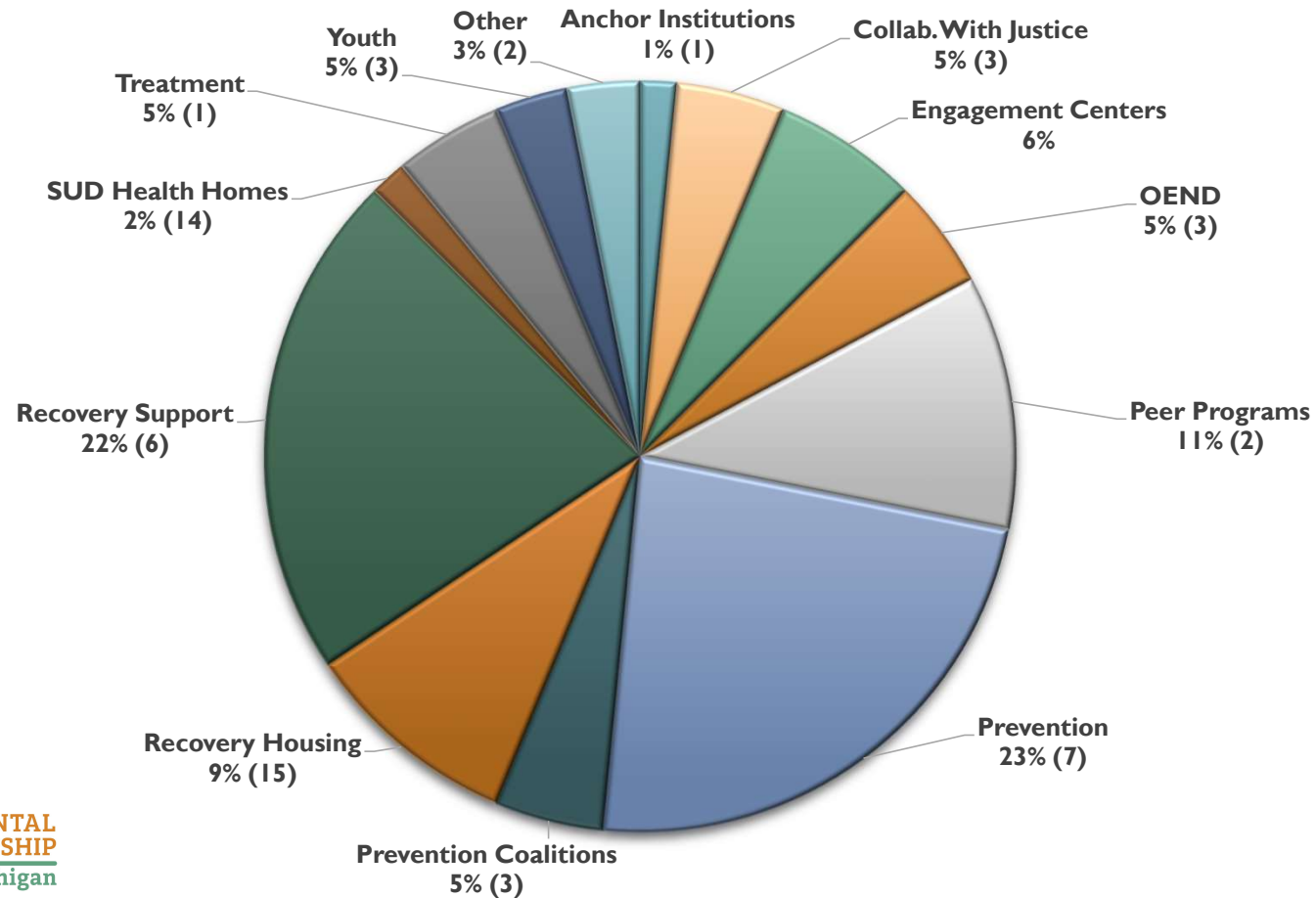
**\$1,969,180**



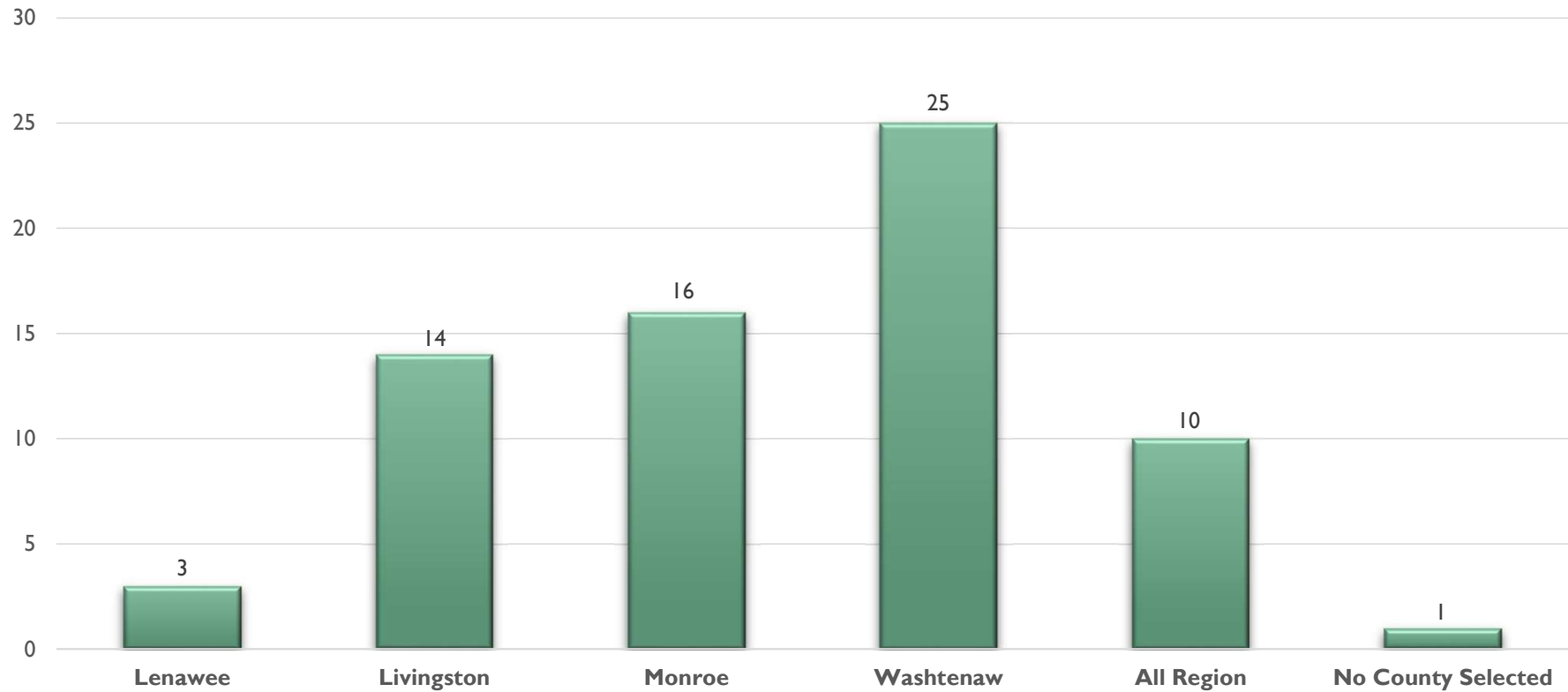
RFP#2025B- Prevention Coalitions

**\$300,923**

## SUBMISSIONS BY PROGRAM TYPE:



## SUBMITTED PROPOSALS- PROPOSED COUNTIES SERVED:



# 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**  
*American Rescue  
Plan Act*

**PA2**  
*Lenawee, Livingston,  
Monroe, Washtenaw*

**SABG**  
*Substance Abuse  
Block Grant*

**SOR 4**  
*State Opioid  
Response*

## FY24 GRANT FUNDING VS. FY25 ESTIMATED ALLOCATIONS:

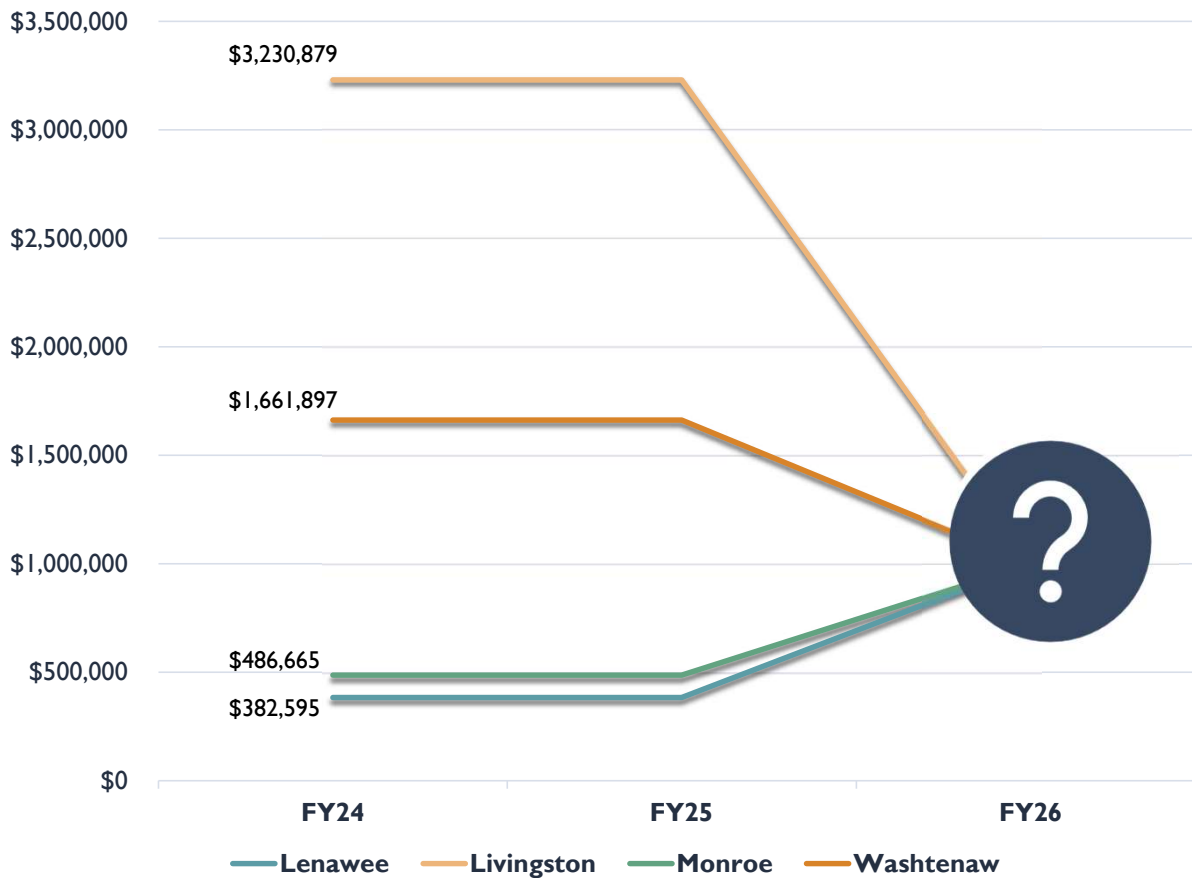
Funding Source:	FY24 Amount:	FY25 Estimated Allocation:
<b>ARPA Prevention</b>	\$345,000	\$345,000
<b>ARPA Treatment/Recovery</b>	\$2,946,143	\$2,946,143
<b>COVID BG</b>	\$2,520,795	\$0
<b>Prevention SABG</b>	\$823,107	\$823,107
<b>Treatment SABG</b>	\$2,443,070	\$2,443,070
<b>SOR</b>	\$3,201,294	\$2,300,000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

⬇️ **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.





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

**Lenawee:**  
\$382,595

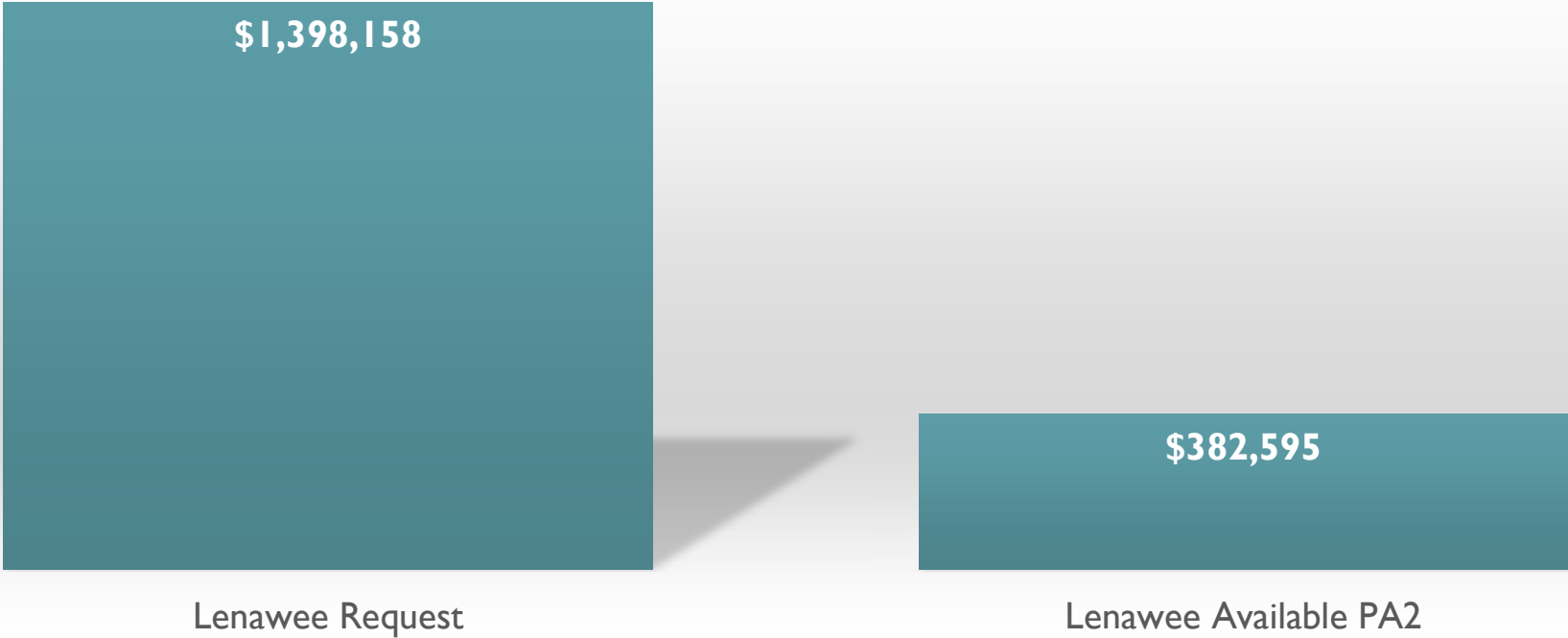
**Livingston:**  
\$3,230,879

**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.*

# LENAWEE REQUEST VS. LENAWEE AVAILABLE PA2



## LIVINGSTON REQUEST VS. LIVINGSTON AVAILABLE PA2

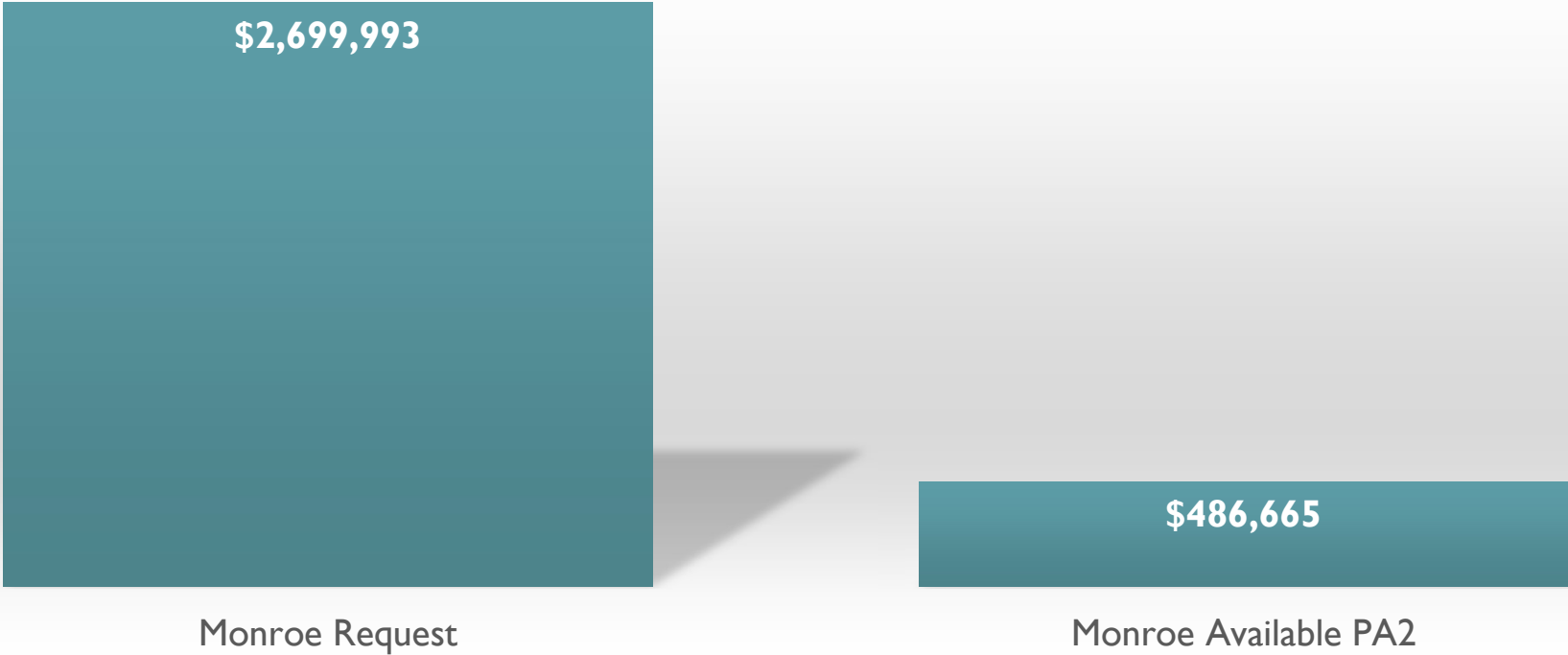


Livingston Request

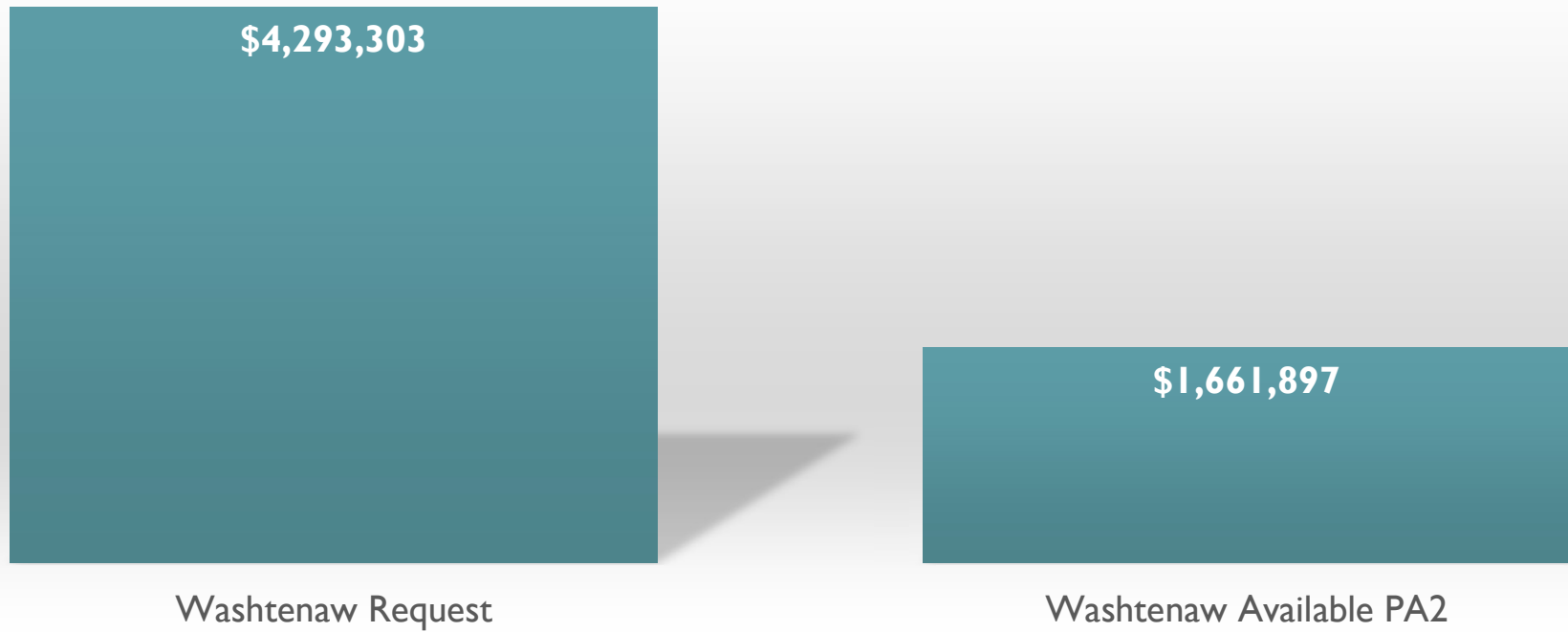


Livingston Available PA2

# MONROE REQUEST VS. MONROE AVAILABLE PA2



## WASHTENAW REQUEST VS. WASHTENAW AVAILABLE PA2



# FY25 FUNDING OPPORTUNITY: FUNDING CONSIDERATIONS

## Provider/Program Sustainability

- 1-year awards due to ongoing funding uncertainty
- Continuation funding vs. new programs
- Advocacy/communication for organizations around sustainability (ex. cost savings for current CMHPSM funded programs)
- 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 RFP funding opportunity after initial awards if additional funding or programmatic gaps are identified.
- CMHPSM internal discussions on this process.

# QUESTIONS



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# Thank you!



**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 engage 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:

**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.*

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:

**CMHPSM Mission Statement**

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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.

**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.*

- 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.

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Rebecca Pasko, CMHPSM Board Secretary



# **CEO Report**

## **Community Mental Health Partnership of Southeast Michigan**

**Submitted to the CMHPSM Board of Directors**  
**June 5, 2024 for the June 12, 2024 Meeting**

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*CMHPSM Update*

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- Since our last Board meeting the CMHPSM held an all-staff meeting on Monday May 13, 2024.
- We are looking into scheduling an employee retreat this summer focused on staff input on the mission, vision and values, and potential re-branding of the CMHPSM.
- 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.
- Our team is in the middle of processing and scoring RFP and RFQ responses related to FY2025 Substance Use Services programming. We received many high-quality responses and look forward to compiling FY2025 award recommendations to the Substance Use Disorder Oversight Policy Board and Regional Board after responses are scored and prioritized.

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*CMHPSM Staffing Update*

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- The CMHPSM currently has three open posted positions, SUD Treatment Care Navigator, Compliance Manager, and an Operations Assistant that we are actively interviewing candidates for in June.
- We recently hired a new Financial Accountant and Analyst who joined us on June 3, 2024, welcome to Mattie McIntire.
- More information and links to job descriptions and application information can be found here: <https://www.cmhpsm.org/interested-in-employment>

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*Regional Update*

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- 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.

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*Statewide Update*

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- The CMHPSM was informed by MDHHS on May 24 that they received notice from SAMHSA that there will not be COVID Block Grant continuation funding available for FY2024 or beyond. On March 14, MDHHS indicated COVID Block Grant funding was available for substance use service programming in FY2024 beyond the March 15, 2024 expiration. MDHHS has now indicated that American Rescue Plan Act (ARPA) funds will be available to cover the substance use service programs previously funded by COVID Block Grant. We are cautiously reviewing service budgets and proposals against this changing FY2024 and FY2025 revenue picture.
- PIHP statewide CEO meetings are being held remotely on a monthly basis. Since our last Regional Board meeting, the PIHP CEOs met on June 4, 2024.
- The PIHP CEOs met with MDHHS behavioral health leadership staff on June 6, 2024. I provide a summary of those meetings to our regional CMHSP directors at our Regional Operations Committee meetings.
- We are planning on bringing a draft budget framework in August and then bringing the final budget package in September for FY2025.
- Hospital Rate Adjuster (HRA) payments have increased substantially in FY2024. The CMHPSM receives a quarterly report of inpatient psychiatric hospital encounters and associated rate adjuster payment schedule for our region. The HRA payments increased from \$308 per day in FY2023 to \$622 per day in FY2024. These payments are revenue neutral to the CMHPSM, we pass through the HRA payments to each hospital based upon the MDHHS payment schedule. These payments are an add-on to the inpatient psychiatric rates paid by our CMHSPs to each hospital.
- The CMHPSM is sending feedback on the FY2025 boilerplate PIHP/MDHHS contract by the MDHHS deadline of June 7, 2024. There are numerous changes being made from the FY2024 boilerplate that require significant comment, specifically the sections related to the Internal Service Fund (ISF) funding and expenditure limitations for FY2025.

- The CMHPSM received notice on June 5, 2024 that MDHHS is moving forward with a replacement for the SIS assessment for those in our system with intellectual and/or developmental disabilities. The SIS assessment was disbanded by MDHHS in spring 2023 and will be replaced by the WHODAS 2.0. The general tentative timeline for WHODAS 2.0 implementation is as follows:
  - MDHHS defining implementation details (current)
  - Begin gathering steering committee members (Fall 2024)
  - Steering Committee launched (Winter 2025)
  - Training (Spring 2025)
  - Implementation (Fall 2026)

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### *Legislative Updates*

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- Nicole Adelman, our Substance Use Services Director, testified to the Health Policy Subcommittee on Behavioral House on Thursday May 23<sup>rd</sup>. Nicole presented with Joel Smith from Southwest Michigan Behavioral Health on substance use services trends, grant funding and opioid settlement funding. Their presentation to the House subcommittee is attached to this report and was well received by those in attendance.

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### *Future Updates*

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- We are planning to cover the following items at our upcoming CMHPSM Regional Board of Directors meetings:
  - August 2024
    - Financial Stability and Risk Reserve Management Policy
    - Board Member Conflict of Interest Renewal
    - FY2025 Budget Preview
  - September 2024
    - FY2025 Budget Review

Respectfully Submitted,



James Colaianne, MPA





1

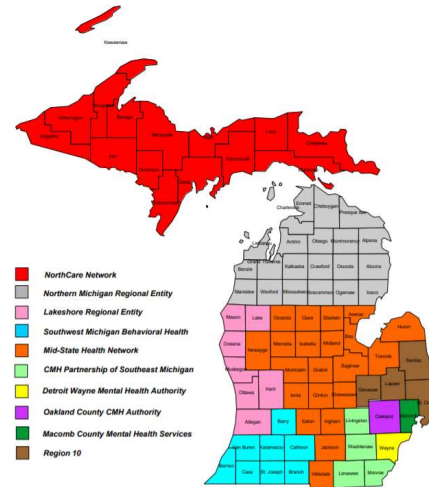
 A row of ten logos for various Michigan-based organizations. From left to right: NorthCare Network (bridge icon), Northern Michigan Regional Entity (map icon), Lakeshore Regional Entity (wave icon), Southwest Michigan Behavioral Health (sun and person icon), MSHN Mid-State Health Network (text logo), Community Mental Health Partnership of Southeast Michigan (circular puzzle icon), DWIHN (puzzle pieces icon), Oakland Community Health Network (tree icon), Macomb County Community Mental Health (globe icon), and Region 10 (map icon).
 

- Nicole Adelman, MPH, Substance Use Services Director, CMH Partnership of Southeast Michigan
- Dani Meier, PhD, MSW, MA, Chief Clinical Director, Mid-State Health Network
- Joel A. Smith, LMSW, Director of Substance Use Disorder Services, Southwest Michigan Behavioral Health

2

## PRE-PAID INPATIENT HEALTH PLAN (PIHP) OVERVIEW

- PIHP Structure in the State of Michigan
- Role of SUD Treatment, Recovery Support, Harm Reduction, and Prevention Services
  - Levels of Care – from early intervention services to withdrawal management and residential services
- Various Contractual Requirements and Responsibilities for SUD Network:
  - Managing funding, managed care operations, monitoring of providers via site reviews, credentialing of providers, etc.
- MH vs SU(D)



3

## PIHP FUNDING FOR SUD SERVICES

- PIHPS receive Medicaid capitation funding for each region specific to SUD Services
- SUD Block Grant:
  - Essential to funding key Treatment and Prevention programs
  - Priority Populations
  - Safety net for those Individuals who do not have Insurance
  - Covers Services and Recovery Supports that Medicaid does not cover:
    - Residential treatment room and board costs
    - Recovery Housing
    - Prevention Services

4

## FEDERAL GRANT FUNDING

- Abundant now
- COVID, COVID Supplemental, ARPA, SOR: provided innumerable services and program expansion
  - These funding sources are finite and not all services are sustainable through Medicaid or Block Grant
- When supplemental federal funding ends, service reductions are likely; any agency specific allocations will limit broader community/regional funding.
- Flexible spending is ideal when possible

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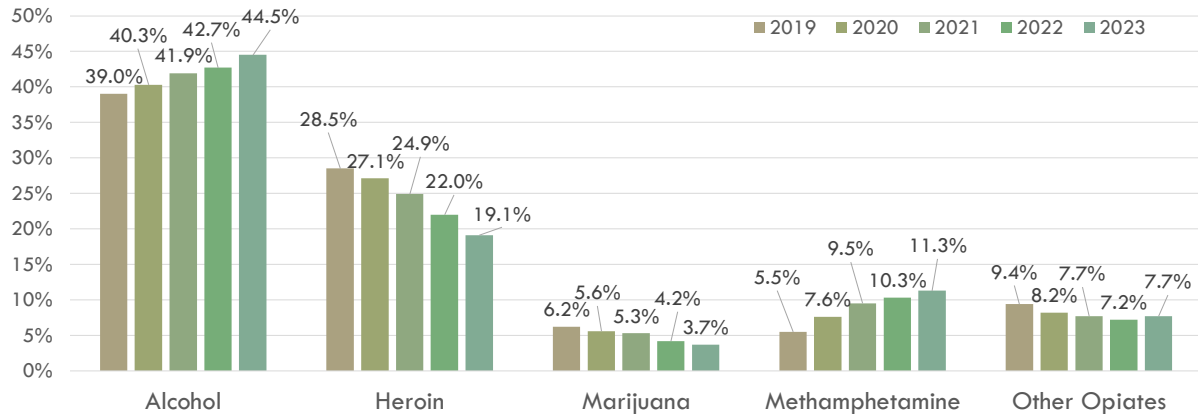
## OPIOID SETTLEMENT FUNDING

- PIHPs have the expertise, data, goals, and connections to counties and municipalities.
- PIHPs are all state-designated Community Mental Health Entities with statutory roles and authorities for substance use disorder prevention and treatment planning.
- PIHPs are a willing partner to any eligible county and municipality to help leverage the treatment and prevention systems in place
- House Health DHHS Appropriations Subcommittee has included \$30 million of state opioid settlement funds in their fiscal year 2025 budget to move to, and through PIHPs/CMHEs, to communities and citizens in immediate need.
  - We believe this would result in rapid and impactful substance use disorder and opioid overdose prevention and treatment services in all participating communities.

6

## SUBSTANCE USE TRENDS – STATE OF MICHIGAN

Behavioral Health Treatment Episode Data Set: Primary Substance of Abuse at Admission



Source: MDHHS, BH TEDS

7

## MULTIPLE PATHS TO RECOVERY AND PROMISING PRACTICES:

- Harm Reduction and Safe Syringe
- Naloxone Accessibility
- Engagement Centers and Recovery Community Organizations
- Recovery Housing
- Opioid Health Homes and SUD Health Homes
- Project ASSERT and Quick Response Teams
- Jail-Based Treatment including the full range of DEA approved Medication Assisted Treatment medications & Re-entry Supports

8

## **GAPS IN SERVICES AND CHALLENGES:**

- Health Disparities and Stigma
- Rural Areas:
  - Easy access to providers
  - Transportation
  - Phone/computer/internet availability
- Adequate and Affordable Housing
- Services to Youth
- Workforce Shortage

9

**RECOVERY DOES HAPPEN**

10

# Local Government Learning Community: Opioid Settlements

June 14, 2024



MICHIGAN  
TOWNSHIPS  
ASSOCIATION

Page 38 of 66



michigan municipal league

# Agenda

- Primary goal
- Presentations
- Supports
- Future Topics

# Primary Goal


- Opportunity for peer-to-peer learning
- Group directed topics and discussion
- Identification of additional supports from MAC
- Group limited to local government officials and opioid settlement planning committee members



# Broader Systems, Trends, and Themes

Coordination with Prepaid Inpatient  
Health Plans

MAC Annual Opioid Settlement County  
Reporting Survey Data



# **SUBSTANCE USE SERVICES AND THE PREPAID INPATIENT HEALTH PLAN (PIHP)**



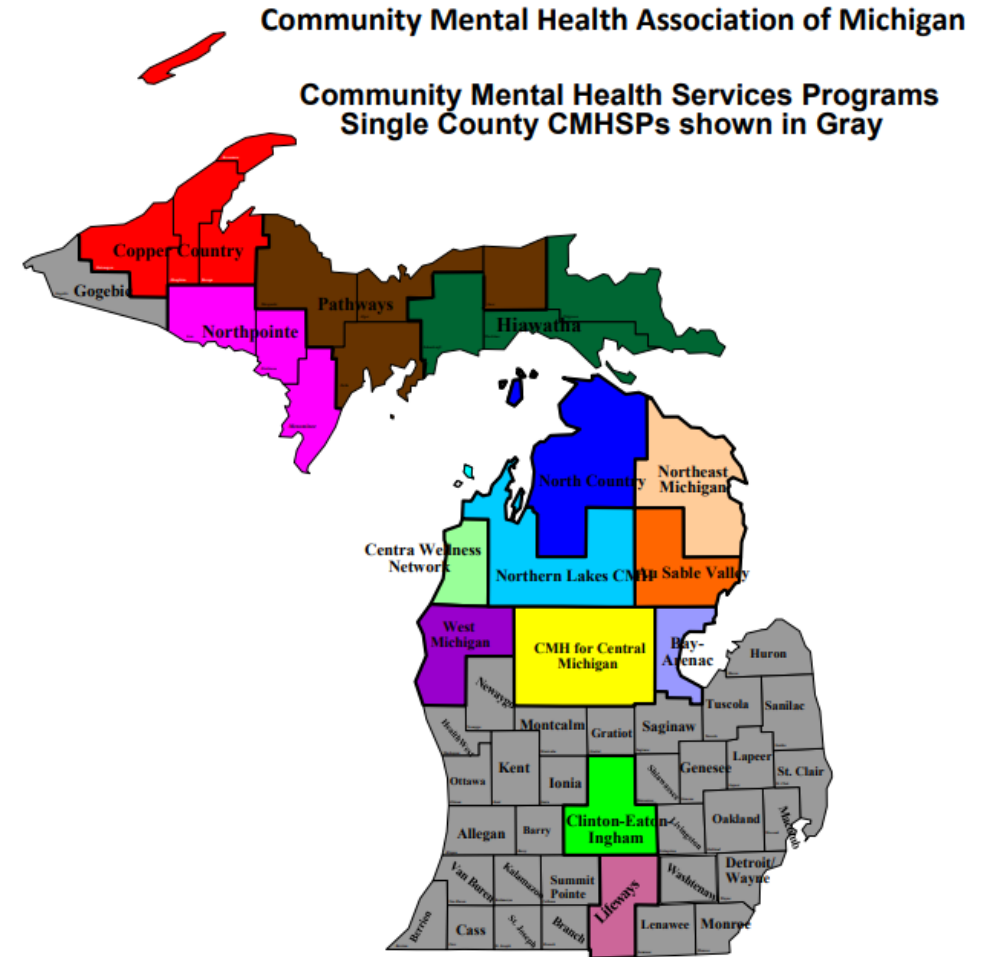
NorthCare Network



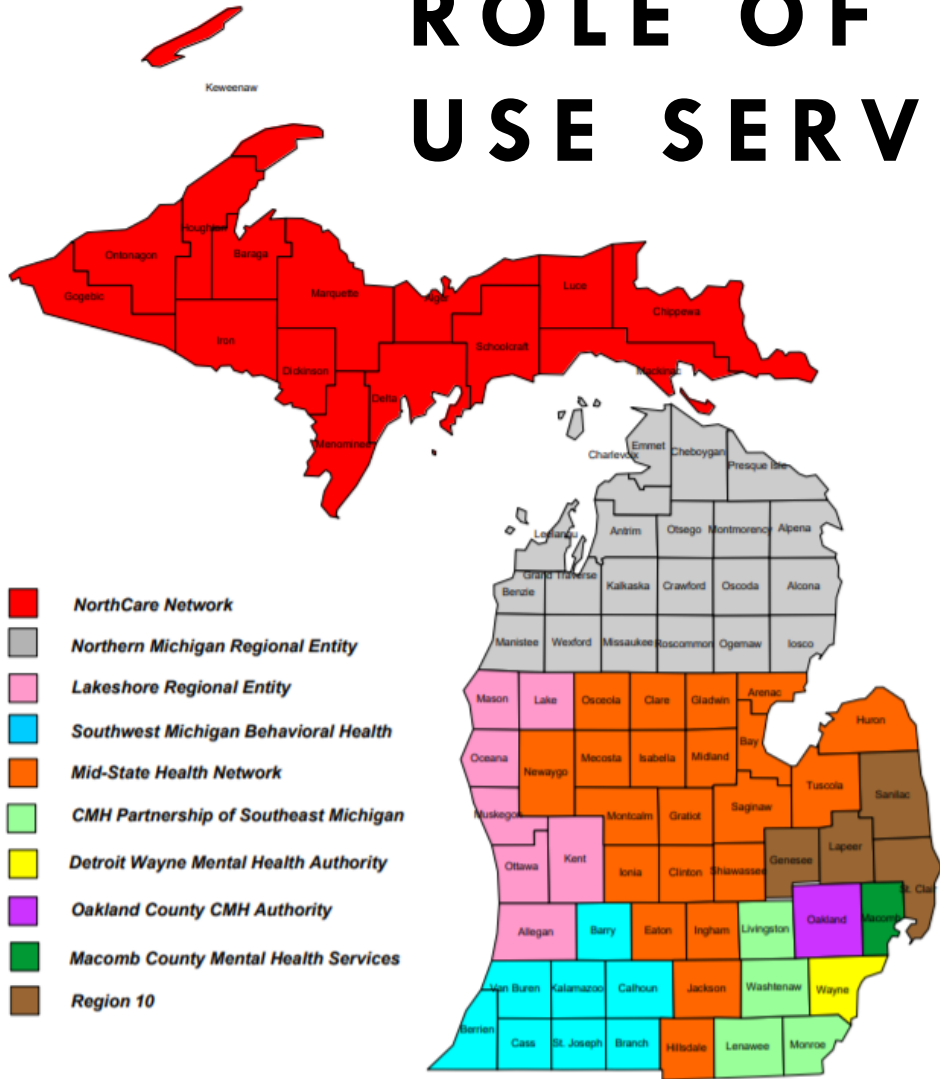
- Nicole Adelman, MPH, Substance Use Services Director, CMH Partnership of Southeast Michigan
- Joel A. Smith, LMSW, Director of Substance Use Disorder Services, Southwest Michigan Behavioral Health

# OVERVIEW OF THE PRE-PAID INPATIENT HEALTH PLAN (PIHP)

- Manages the Medicaid Specialty Behavioral Health services in Michigan
- PIHP assures services are provided based on customer's needs and goals and are within the guidelines set by the state of Michigan.
- PIHPs, in partnership with Community Mental Health (CMH) Service Programs and local agencies, provide behavioral health services to:
  - Adults with severe mental illness
  - Children and adolescents with severe emotional disturbance
  - Individuals with intellectual and developmental disabilities
  - **Individuals with substance use disorders.**
- Contract with all 46 Community Mental Health Service Providers



# ROLE OF THE PIHP AND SUBSTANCE USE SERVICES



- Responsible for providing treatment, prevention, recovery supports, and harm reduction services.
- Assure a robust provider network that assures that all levels of care are available
  - Outpatient services, intensive outpatient services, withdrawal management services, residential services, opioid treatment programs, etc.
- Manage funding, perform managed care functions, monitor providers via site reviews, data collection, etc.

# CURRENT SU FUNDING

- PIHPS receive Medicaid capitation funding for each region specific to SUD Services
- SUD Block Grant:
  - Essential to Funding key Treatment and Prevention Programs
  - Priority Populations
  - Safety Net for those Individuals who do not have Insurance
  - Covers Services and Recovery Supports that Medicaid does not cover:
    - Residential treatment room and board costs
    - Recovery Housing
    - Prevention Services
- COVID, COVID Supplemental, ARPA, SOR: provided innumerable services and program expansion; funding sources are finite and not all services are sustainable through Medicaid or Block Grant
- Liquor Tax/PA2 (Substance Use Disorder Oversight Board)

# MULTIPLE PATHS TO RECOVERY AND PROMISING PRACTICES:

- Harm Reduction and Safe Syringe
- Overdose Education and Naloxone Distribution
- Engagement Centers and Recovery Community Organizations
- Recovery Housing
- Project ASSERT and SBIRT in Emergency Departments and other health care facilities
- Quick Response Teams
- Jail-Based Treatment including the full range of DEA approved Medication Assisted Treatment medications & Re-entry Supports
- Prevention Programming driven by Evidence Based Practices:
  - Campaigns
  - Safe Drug Disposal
  - Prevention Programming in Schools, Courts, etc.

## **EXHIBIT E**

### **List of Opioid Remediation Uses**

# GAPS IN SERVICES AND CHALLENGES:

- Health Disparities and Stigma
- Rural Areas:
  - Easy access to providers
  - Transportation
  - Phone/computer/internet availability
- Adequate and Affordable Housing
- Services to Youth
- Workforce Shortage



# HOW COULD THE PIHP HELP?

- Established Strategic Plan specifically for SUD treatment, prevention, and recovery support Services.
- PIHPs have the expertise, data, goals, and connections to counties and municipalities; technical assistance.
- PIHPs are all state-designated Community Mental Health Entities with statutory roles and authorities for substance use disorder prevention and treatment planning.
- PIHPs are a willing partner to any eligible county and municipality to help leverage the treatment and prevention systems in place.
- Access to already established networks, including individuals in recovery

# FINAL CONSIDERATIONS

- Communicate/consult with the PIHP
- Limit duplication of services
- Increase efficiencies
- Maximize available resource impact
- Explore shared metrics/outcomes, data sharing
- Explore braided funding opportunities
- Coordinate, coordinate, coordinate

# PIHP SUD DIRECTORS

PIHP	Name	Email
Northcare Network	Sara Sircely	ssircely@northcarenetwork.org
Northern Michigan Regional Entity	Branislava Arsenov	barsenov@nmre.org
Lakeshore Regional Entity	Amanda Tarantowski	amandat@lsre.org
Southwest Michigan Behavioral Health	Joel Smith	<u>Joel.smith@swmbh.org</u>
Mid State Health Network	Dani Meier	dani.meier@midstatehealthnetwork.org
CMH Partnership of Southeast Michigan	Nicole Adelman	adelmann@cmhpsm.org
Detroit Wayne Integrate Health Network	Judy Davis	jdavis@dwihn.org
Oakland Community Health Network	Megan Phillips	phillipsm@oaklandchn.org
Macomb Community Mental Health	Helen Klingert	helen.klingert@mccmh.net
Region 10	Rusmira Bektas	bektas@region10pihp.org

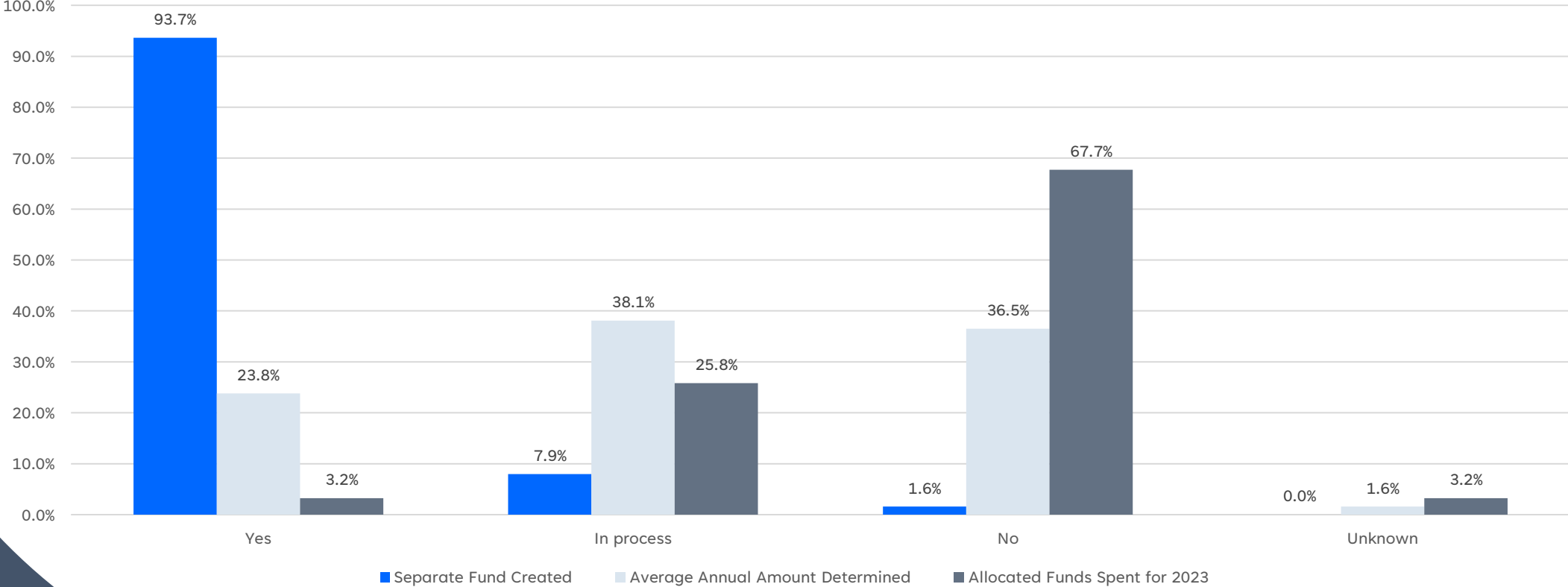
**QUESTIONS?**

# MAC Reporting Survey Data

- The purpose of the survey was to gauge:
  - Annual reporting information on county planning for, and utilization of, opioid settlement funds
  - Technical assistance needs
- Participation was voluntary and the potential for a financial incentive was offered
- The survey was open from April 8 – May 10
- Responses from this survey have been used to develop:
  - MAC Opioid Settlement Dashboard updates
  - Data report and recommendations

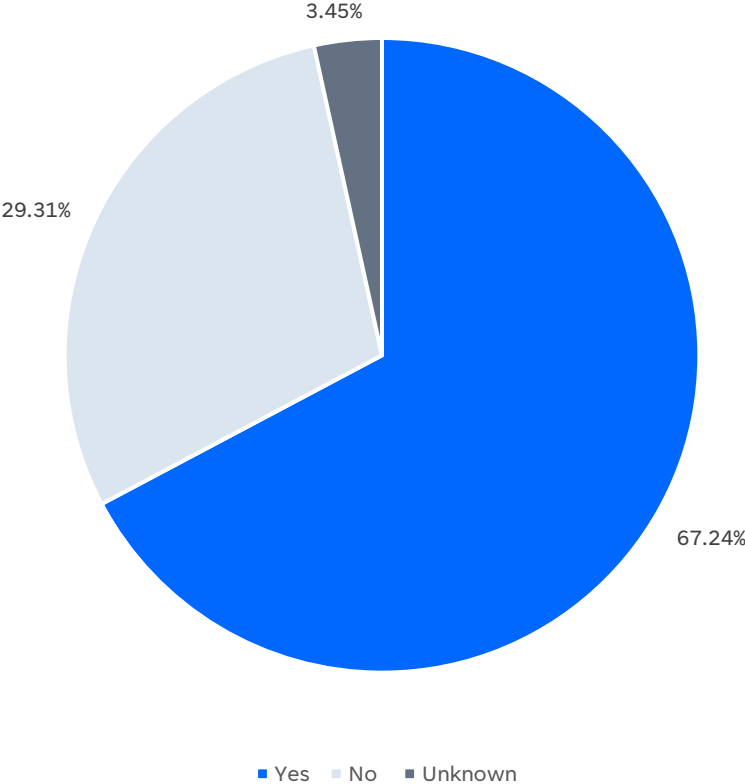
# MAC Reporting Survey Data

Fund Management



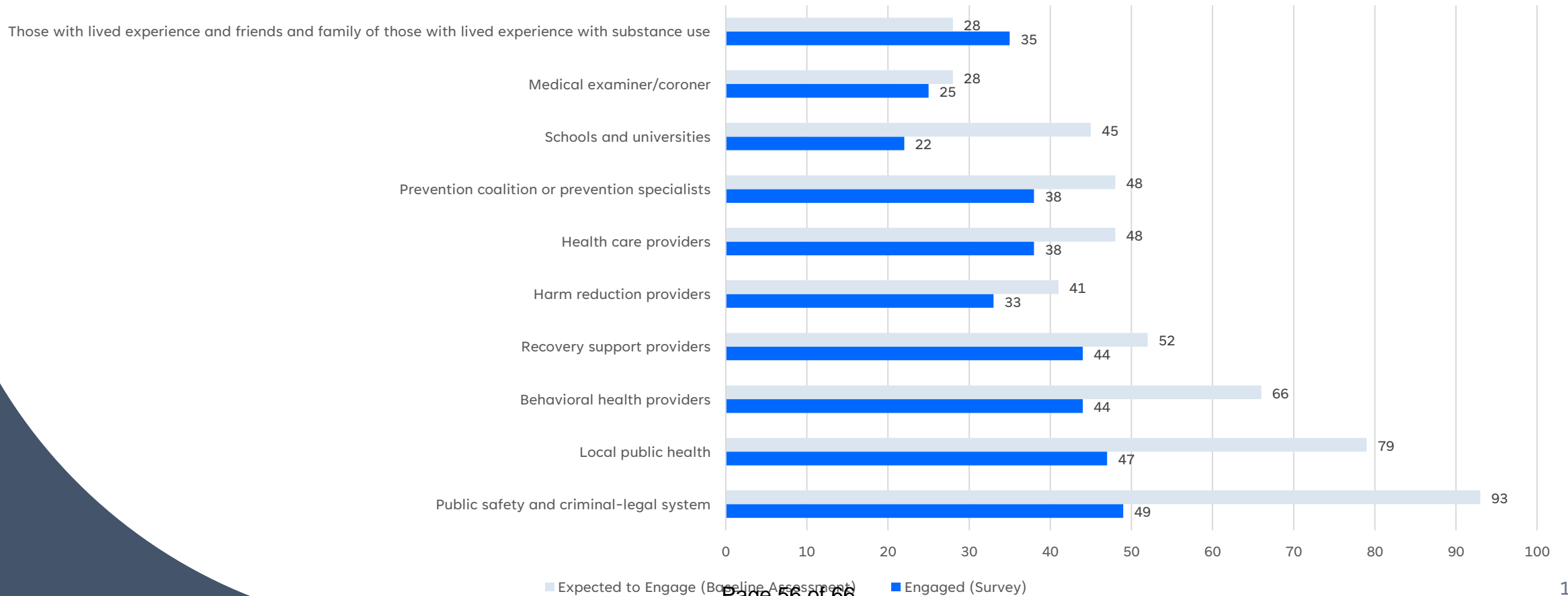
# MAC Reporting Survey Data

Community Involvement in Understanding Priorities, Needs and Strengths



# MAC Reporting Survey Data

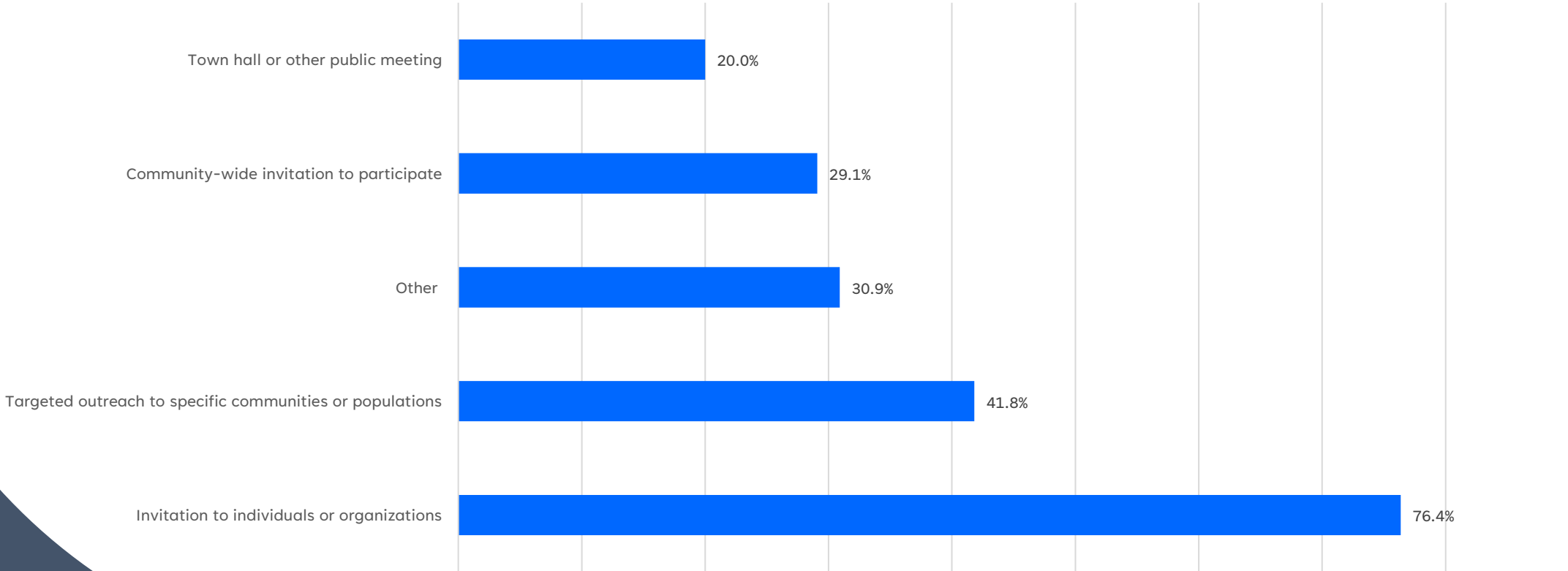
## Stakeholder Engagement





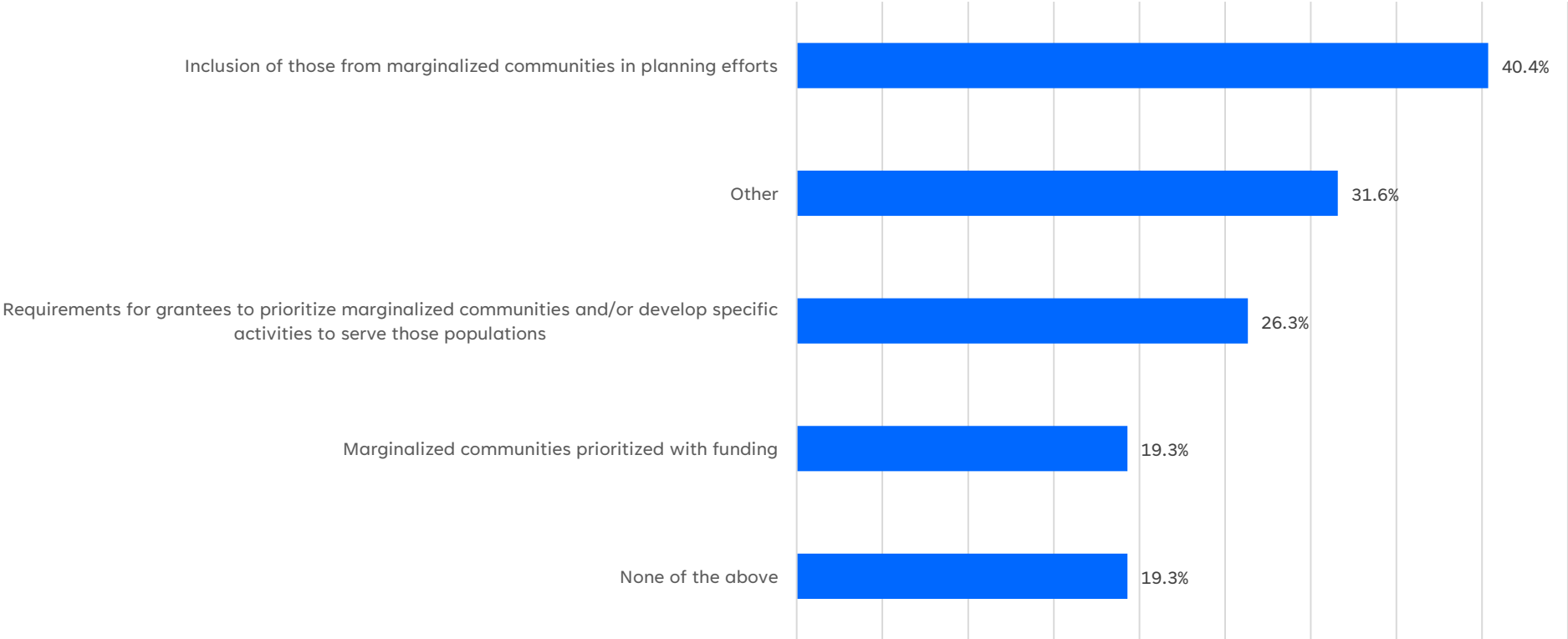
# MAC Reporting Survey Data

## Community Engagement

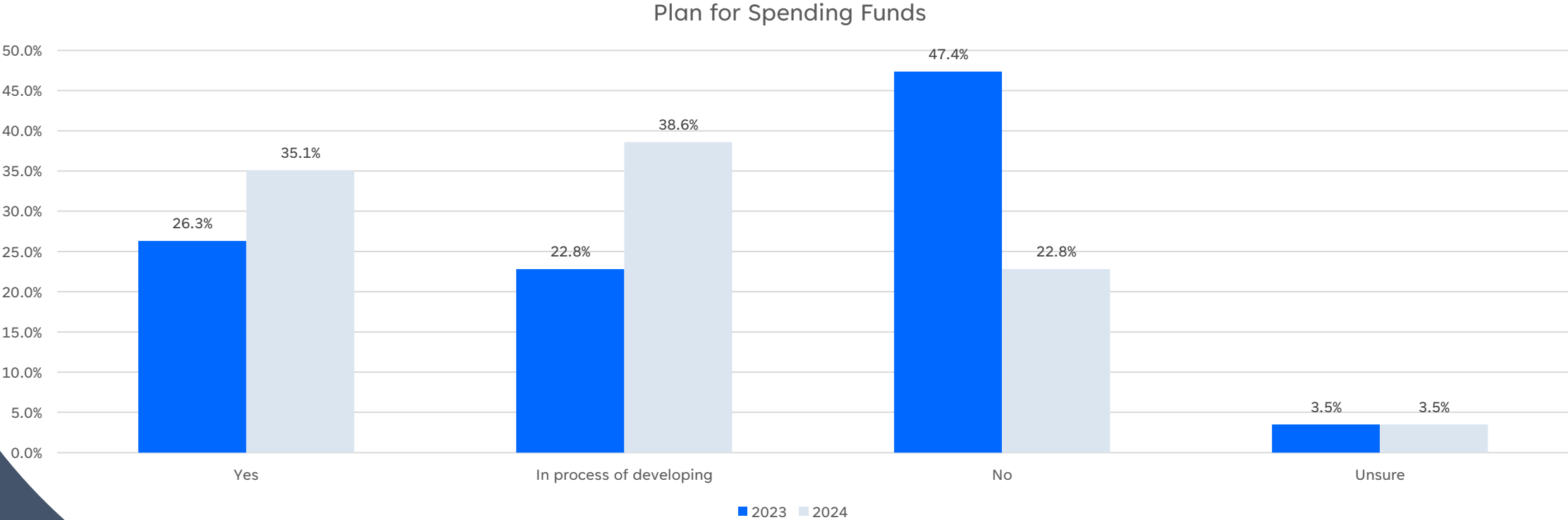


# MAC Reporting Survey Data

Ensuring Funds Reach Those Most Profoundly Impacted

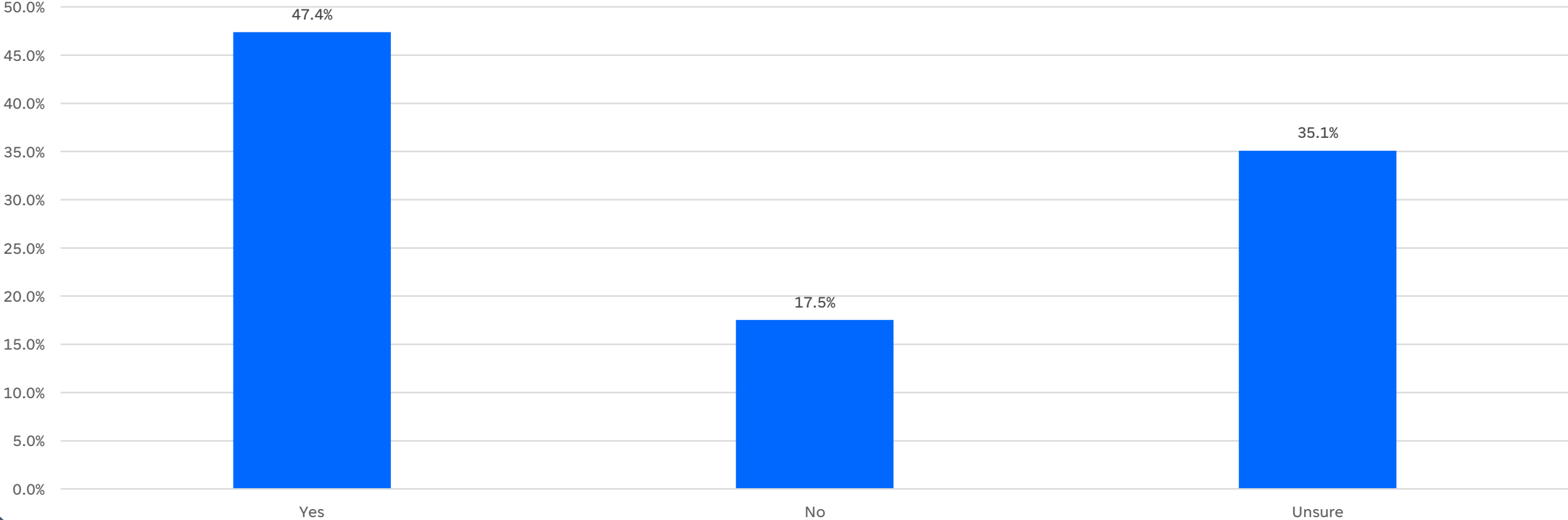


# MAC Reporting Survey Data



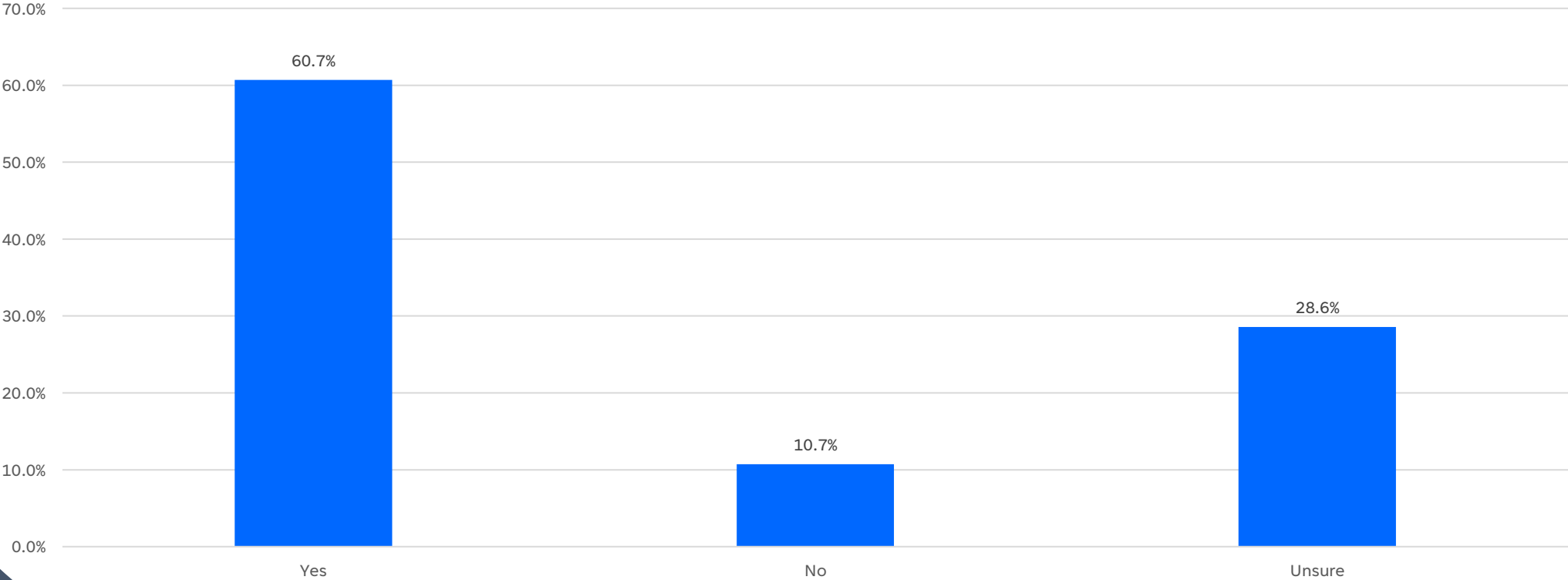
# MAC Reporting Survey Data

County Plan for Identifying Overall Impact of Funds



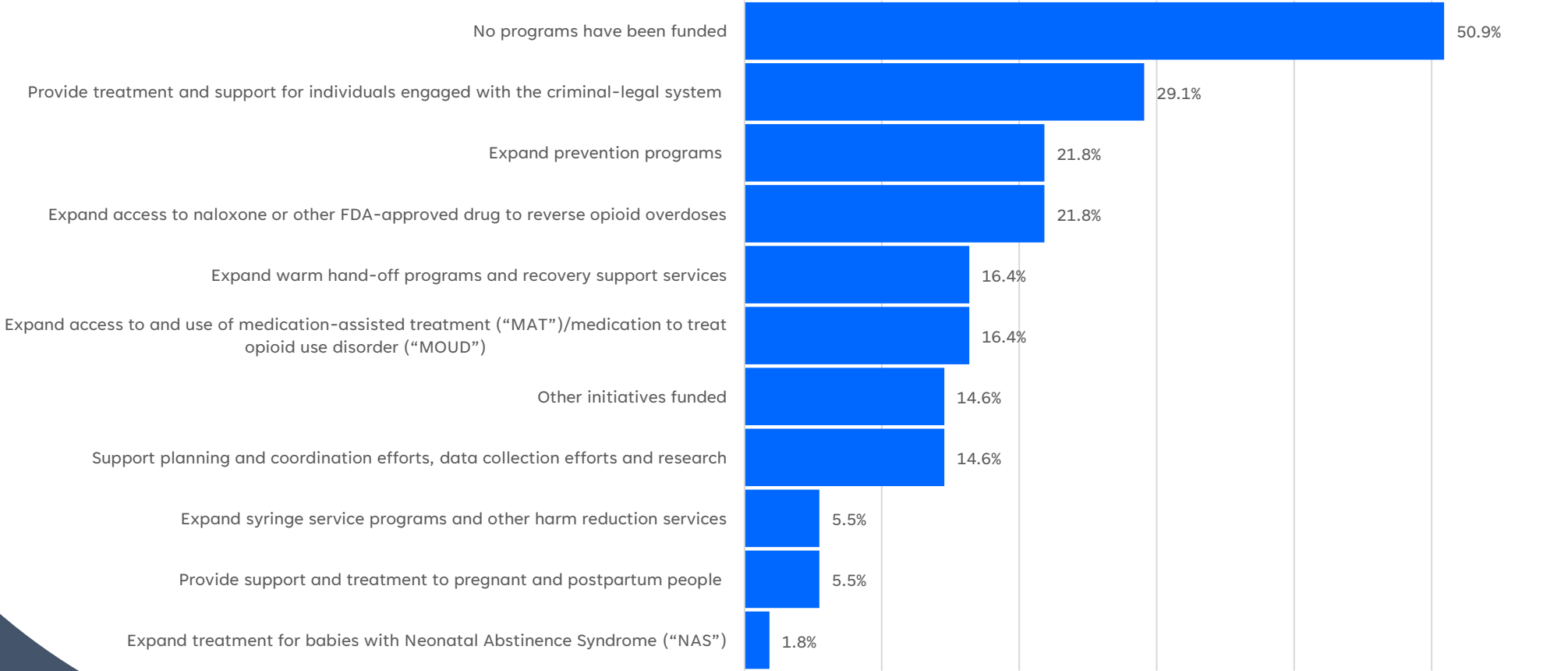
# MAC Reporting Survey Data

County Plan to Require Grantee Reporting on Activities and Outcomes



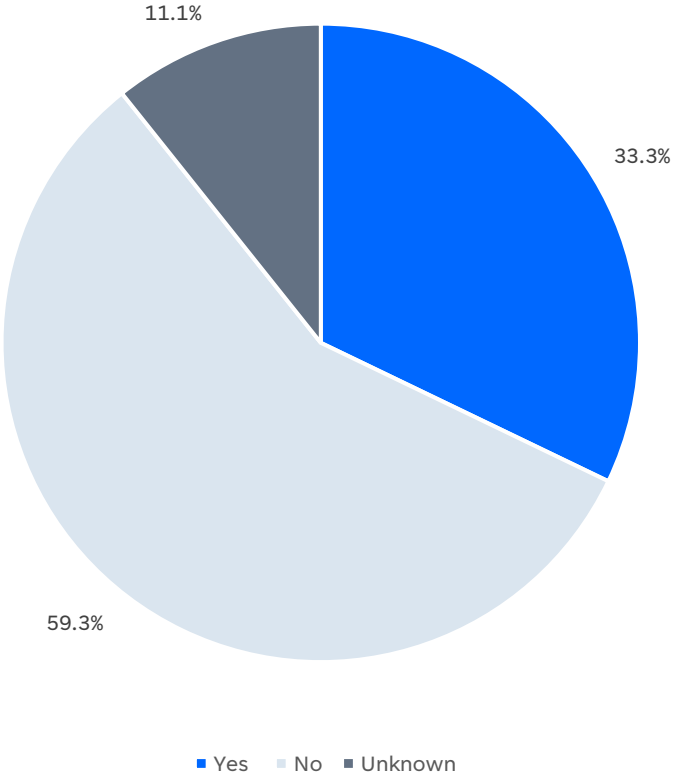
# MAC Reporting Survey Data

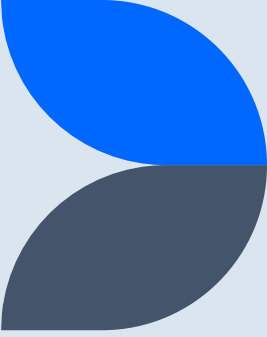
Strategies Funded in 2023



# MAC Reporting Survey Data

Public-Facing Opioid Settlement Information

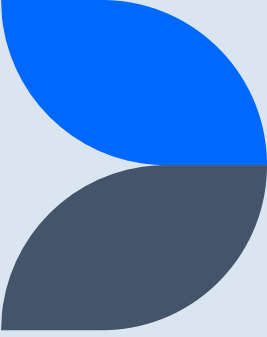




# Resources & Supports

- [MAC Opioid Settlement Dashboard](#)
- [Michigan Opioid Settlement County Reporting Survey: Data Overview](#)
- MAC plans to release a transparency guidance document this summer
- What support can be provided related to the current topic?
  - Technical assistance
  - Templates
  - Resources/research





# Future Topics

- What topics would you like to see in future meetings?
- Would you like to present at a future meeting?
- Topic ideas
  - Leading planning efforts
  - Community engagement
  - Allowable uses of funds
  - Strategy determination
  - Spending plan development
  - Transparency
  - Reporting

# Thank you

Amy Dolinky, MPPA

Technical Advisor – Opioid Settlement Funds Planning  
and Capacity Building

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MAC - <https://micounties.org/opioid-settlement-resource-center/>

MTA - <https://michigantownships.org/>

MML - <https://mml.org/>