

SUBJECT Substance Use Disorder Oversight Policy Board		CHAPTER 01	SECTION 01	SUBJECT 03
CHAPTER Administrative		SECTION Governance		
WRITTEN BY Kim Prowse		REVIEWED BY Kim Prowse		AUTHORIZED BY PIHP Board

I. APPLICATION:

- PIHP Board
 CMH Providers
 SUD Providers
 PIHP Staff
 CMH Subcontractors

II. POLICY STATEMENT:

It shall be the policy of the Region 10 PIHP to have an established Substance Use Disorder Policy Oversight Board to carry out functions as referenced in Section 287 (5) of Public Act 500 of 2012.

III. DEFINITIONS:

- A. **CMHE:** Community Mental Health Entity (otherwise known as the Region 10 PIHP).
- B. **Per Diem:** Per diem payments are authorized for attendance at any scheduled SUD Policy Oversight Board meetings. Casual attendance by members at meetings other than those assigned are not eligible for a per diem.
- C. **Reimbursable Mileage:** The actual miles for the SUD Policy Oversight Board member’s residence to location of SUD Advisory Board meeting location and the return to their home.
- D. **SUD:** Substance Use Disorder

IV. STANDARDS:

- A. A department-designated Community Mental Health Entity (PIHP/Regional Entity) shall establish a Substance Use Disorder Oversight Policy Board through a contractual agreement between the department-designated Community Mental Health Entity (Region 10) and each of the counties served by the CMHE.
- B. The SUD Policy Oversight Board shall:
 - 1. Include members called for in the establishing agreement;
 - 2. Have at least one (1) board member appointed by the county board of commissioners for each county served by the Department-Designated CMHE;
 - 3. Perform the functions and responsibilities assigned to it through the establishing agreement, that shall include at least the following responsibilities:
 - a. Provide opportunity for community comment on matters relevant to SUD prevention, treatment and recovery within Region 10;
 - b. Provide a mechanism to expand and coordinate resources and activities with community stakeholders, including other agencies, organizations, and individuals to support the vision and mission of Region 10;

SUBJECT Substance Use Disorder Oversight Policy Board	CHAPTER 01	SECTION 01	SUBJECT 03
CHAPTER Administrative	SECTION Governance		

- c. Review the Region 10 3-year plan and annual SUD Action Plan (AP) to ensure it addresses the priority needs for treatment, prevention, and recovery programs in Region 10, and provides recommendations and comments to the Region 10 Board regarding its adoption;
- d. Seek to ensure that SUD services available through Region 10 are accessible, responsive to regional needs, available to all segments of the community, and that services are delivered in a comprehensive and culturally competent manner;
- e. Provide advice and recommendations of the efforts to expand and coordinate resources and activities within Region 10 to support the mission of the Region 10 PIHP where Recover Oriented Systems of Care (ROSC) is concerned;
- f. Review, commend and advise, annually (minimally) on the progress and effectiveness of the delivery of SUD services in Region 10;
- g. Make/discuss recommendations for use of local funds (i.e. PA2), advise on SUD and approve utilization of said funds;
- h. Advocate for SUD services by recommending or by requesting permission from the Region 10 Board to compose resolutions, correspondence or other forms of communications to county commissioners, state legislators, federal legislators, and/or other individual or entities, as deemed necessary and appropriate;
- i. Review of Region 10 reports (i.e. Utilization Management, Waitlist and Performance);
- j. Review, recommend and advise on SUD Policy;
- k. Review SUD Provider Licensing Application (LARA) for Region 10 feedback to LARA; and
- l. Any other terms as agreed to by the participating parties consistent with the authorizing legislation.

C. Administration of the Oversight Policy Board

1. PIHP/Regional Entities are encouraged to assemble an SUD Oversight Policy Board that represents the diversity of the PIHP/Regional Entities catchment area, including the recovery community and underserved populations.
2. Information regarding the SUD Oversight Policy Board will be submitted to the Michigan Department of Health & Human Services (MDHHS), Division of Community Based Services, and will be updated as changes occur. The information submitted must include:
 - a. Membership roster, by name, including expiration dates of terms, and county of residence;
 - b. Provide the department a copy of the agreement between the county representatives.
3. The SUD Oversight Policy Board's by-laws or charter are expected to be approved by the governing board of the PIHP/Regional Entity, and provide a process by which to reconcile differences between the oversight policy board and the governing Board in a manner that reflects and considers the best interests of the community the PIHP/ Regional Entity serves.

D. Board Per Diem / Other Costs

1. Registration for conferences/seminars should be made through the Executive Director's office in order to expedite and simplify the process and ensure the non-payment of sales taxes.
2. If a member pays for conference registrations, hotel bills, taxi, parking, or other incidental out-of-pocket payments, a timely Expense Voucher (Exhibit A) must be submitted with original receipts.
3. Reimbursements for meals that are included in the cost of the conference, seminar or meeting shall not be subject to reimbursement. The current cap for meals is as follows: Breakfast - \$7.50; Lunch - \$10.50; Dinner - \$21.00. Original receipts are required.
4. Board members are eligible for one per diem payment per day regardless of the number of meetings attended. Per diems are paid on a monthly basis.

SUBJECT Substance Use Disorder Oversight Policy Board	CHAPTER 01	SECTION 01	SUBJECT 03
CHAPTER Administrative	SECTION Governance		

5. The per diem to be paid shall be \$35.00 per day, plus mileage allowance for travel. This amount shall be commensurate with that established by the county board of commissioners.
6. Board members not wishing to receive a per diem must sign a "Waiver of Per Diem" form (Exhibit B). Should the Board member wish to have his/her per diem reinstated, a letter must be submitted to the Region 10 PIHP Executive Director's office requesting such.
7. Board members will be reimbursed at the applicable IRS rate times the actual number of miles driven.
8. All travel (mileage) and business expenses must be submitted on an SUD Policy Oversight Board Expense Voucher form, denoting the date, activity and actual number of miles driven and submitted to the Recording Secretary in a timely fashion. Board members not wishing to receive travel reimbursement must sign a "Waiver of Travel" form (Exhibit C). Should the Board member wish to have his/her travel reinstated, a letter must be submitted to the Region 10 PIHP Executive Director's office requesting such. Note: Board member records their commuting mileage on their Board/Committee Member Profile form (Exhibit D). The amount indicated will be used in calculating the travel reimbursement. Board members only need to complete and submit the Expense Voucher for conferences/trainings that are not part of a regularly scheduled SUD Policy Oversight Board meeting.
9. All travel expenses will be paid on a quarterly basis.
10. All expense vouchers need to be submitted on a monthly basis and may not cross fiscal years (i.e. September 30th ends the fiscal year).

V. PROCEDURES:

MDHHS/BSAAS Reporting:

1. The SUD Prevention and Treatment Director for Region 10 will submit all applicable reporting requirements to MDHHS as indicated within this policy.

Conferences/Seminars/Trainings:

Board Member

1. Completes conference/hotel registration forms for approved conferences. Conferences, seminars and trainings must be approved utilizing the Conference Request form (Exhibit E) with approval of the PIHP Executive Director.

Recording Secretary

2. Process conference/hotel reservations. Returns a copy of the completed paperwork to the Board member for review and reference prior to the conference/seminar or training.

Board Member

3. Completes Expense Voucher form (Exhibit A) for reimbursement of travel or any other incidental expenses (original receipts required), at completion of approved conference/seminar or training. Submits to Recording Secretary for processing. Reimbursement occurs at quarterly intervals.

SUBJECT Substance Use Disorder Oversight Policy Board	CHAPTER 01	SECTION 01	SUBJECT 03
CHAPTER Administrative	SECTION Governance		

Per Diem:**Board Member**

1. Completes "Board member Waiver of Per Diem form (Exhibit B) if Board member does not wish to receive a per diem payment. Submits to Recording Secretary. The signed waiver form is placed in the SUD Oversight Board's membership file.
2. Completes Expense Voucher (Exhibit A) denoting meeting date and type of meeting for per diem reimbursement if a Board member attends a Special Committee/Conference/Seminar. Submits to Recording Secretary for processing.

Executive Secretary

3. Completes monthly per diem form for each Oversight Board member. Submits to Accounting Department for payment and places a copy in the SUD Oversight Board's membership file.

Travel**Board Member**

1. Completes "Board Member Waiver of Travel" form (Exhibit C) if Board member does not wish to receive a travel reimbursement payment. Submits to Recording Secretary. The signed waiver form is placed in the SUD Oversight Board's membership file.
2. Determines Commuting Mileage from home to SUD Policy Oversight Board meeting location, records mileage on the Board/Committee Member Profile form (Exhibit D) and submits to Recording Secretary.
3. Determines the reimbursable mileage and records on the Expense Voucher denoting date, activity and mileage. Submits to Recording Secretary.

Recording Secretary

4. Completes Travel Vouchers within the first five working days for the quarterly travel and expenses. Upon completion, submits the Travel Vouchers to the Executive Director for review and approval. Upon approval submits to accounting for processing.

VI. EXHIBITS:

- A. Expense Voucher Form
- B. Region 10 SUD Policy Oversight Board Waiver of Per Diem
- C. Region 10 SUD Policy Oversight Board Waiver of Travel
- D. Region 10 SUD Policy Oversight Board Member Profile
- E. Conference Request Form

VII. REFERENCES:

- A. Michigan Public Act 258 of 1974, as amended
- B. Michigan Public Act 500 of 2012 (Effective 12/28/2012)
- C. MDHHS SUD Integration Technical Advisory #2 (Substance Use Disorder Oversight Policy Board Guidelines)

EXPENSE VOUCHER

BOARD/COMMITTEE NAME: _____ Name: _____ _____ (Please Print) Date: _____ _____	Auto Mileage/Odometer Readings			
	To	From	Total Miles	
Remarks: Signature: _____	Meals (Caps)		\$	
	\$7.50 Breakfast \$21.00 Dinner		\$	
	\$10.50 Lunch			
	Lodging			\$
	Cost Per Night	No. of Nights		
	\$			
	Other Expenses			\$
			\$	
Per Diem (No. of Days)			\$	
Total Cost			\$	

EXHIBIT B



Region 10
SUD Policy Oversight Board

WAIVER OF PER DIEM

Region 10 PIHP 01-01-03 Substance Use Disorder Policy Oversight Board allows for Members of the Substance Use Disorder Policy Oversight Board to be paid a per diem, as well as a travel reimbursement. Your signature below indicates your request to not receive a per diem for your service on the Region 10 Substance Use Disorder Policy Oversight Board. You will still travel reimbursement at the approved IRS rate. This election is effective on _____ and will remain in effect through your tenure as a Board Member or until such time that you request (in writing) to end this waiver.

Name: _____
(Please Print)

Signature: _____

Date: _____



Region 10
SUD Policy Oversight Board

WAIVER OF TRAVEL REIMBURSEMENT

Region 10 PIHP 01-01-03 Substance Use Disorder Policy Oversight Board allows for Members of the Substance Use Disorder Policy Oversight Board to be paid a travel reimbursement, as well as a per diem. Your signature below indicates your request to not receive a travel reimbursement for your service on the Region 10 Substance Use Disorder Policy Oversight Board. You will still receive a per diem. This election is effective on _____ and will remain in effect through your tenure as a Board Member or until such time that you request (in writing) to end this waiver.

Name: _____
(Please Print)

Signature: _____

Date: _____



SUD POLICY OVERSIGHT BOARD COMMITTEE MEMBER PROFILE

NAME:			
OCCUPATION:			
SOCIAL SECURITY NUMBER:			
HOME ADDRESS:			
HOME TELEPHONE NUMBER:			
BUSINESS ADDRESS:			
BUSINESS TELEPHONE NUMBER:			
E-MAIL ADDRESS:			
I WOULD PREFER HAVING BOARD MATERIALS SENT TO MY: <input type="radio"/> HOME <input type="radio"/> OFFICE			
AS A BOARD MEMBER, I CAN REPRESENT THE FOLLOWING PERSPECTIVES (CHECK <input checked="" type="checkbox"/> AS MANY AS APPLY):			
	Healthcare Field		Family of Individual in SUD Services (past or present)
	Business		Government
	Citizen-At-Large		SUD Professional
	Primary Consumer: An individual who has received or is receiving services from a Substance Use Disorder Treatment Provider or a Community Mental Health services program (for co-occurring MH and SUD) or services from the private sector equivalent to those offered by the department or a community mental health or SUD services program.		Mental Illness/Co-occurring Professional
			Multi-Cultural/Minority
			Parent of individual in SUD Services (past or present)
			Provider
			Volunteer
	Individual in Recovery		Other:
	Education		
CONFLICT OF INTEREST STATEMENT			
I understand the concept of Conflict of Interest and represent that I will not knowingly be party to a Conflict of Interest. I also agree to report any potential future conflicts of interest to the Region 10 SUD Policy Oversight Board Chairperson prior to engaging in the action or activity.			
<i>Signature:</i>			<i>Date:</i>