

**Michigan Department of Health and Human Services
Behavioral Health and Developmental Disabilities Administration
OFFICE OF RECOVERY ORIENTED SYSTEMS OF CARE**

Michigan Youth Treatment Infrastructure Enhancement (MYTIE) Initiative Meeting

MINUTES

DATE/TIME: April 15, 2016; 9:00 am to 11:00 am

LOCATION: Horatio Earle Center
7575 Crouner Drive
Dimondale, Michigan

FACILITATOR: Angie Smith-Butterwick

NOTE TAKER: Recorded (A2)

ATTENDEES: **In Person:** Liz Agius, Jennifer Baumann, Daun Bieda, Shaun Cooper, Janet Kaley, Lauren Kazee, Anthony Muller, Larry Scott, Angie Smith-Butterwick, Will Volesky, Heather Slawinski, Jackie Wood

CONFERENCED IN: Jamie Balavitch, Amy Murawski, Charlie Yeager

TOPIC SUMMARIES

I. Welcome and Introductions – Angie Smith-Butterwick

Angie welcomed the attendees and everyone introduced themselves, as well as their affiliations. She talked about the Center for Substance Abuse Treatment (CSAT), Michigan Youth Treatment Infrastructure Enhancement (MYTIE) Initiative Site Visit which took place April 11 and 12, 2016 and said everyone's help was appreciated. She also told the group that a new MYTIE director has been hired by the name of Beth Cooley, who will start April 25. She also gave a brief synopsis on Beth's background and explained that she will be chairing all future meetings.

II. Review of SYT-P Site Visit – Angie Smith-Butterwick

Angie presented a PowerPoint presentation (attached) from the exit interview with the federal site visit officials and describes the strengths, challenges, and enhancements for each deliverable. To note, we requested an enhancement of a previous grantee state that completed a financial map that they considered exemplary. They recommended we have a phone call with that state to ask questions.

The three year statewide workforce development survey has been sent out to the field, but the response rate was eighty-seven (87), which is very low. In response, the survey has been sent out again. We are making an effort to recruit more family and youth. If you have recommendations of a youth who has a substance use disorder that you work with, in long-term recovery, or a parent that has a youth, please bring them. Another challenge is expanding our trainings on evidence based practices and it was recommended we devise a layout plan for training to target the areas that are most needed immediately and work across the state to expand.

Enhancements:

Engaging other participants in the interagency councils and subcommittees. They recommended the medical community and other communities, which we will start, in collaboration with Licensing and Regulatory Affairs (LARA) and the Michigan Certification Board for Addiction Professionals (MCBAP) credentialing is not final yet. Strategic Plan: *strengths*: the template had been reviewed and the SYT-P subcommittee is charged with gathering information to meet the process. We will be adding people to that subcommittee that are already on our interagency council

and people who are not. *Challenges:* expanding and youth and carryover involvement, *enhancement:* using the class culturally and linguistically appropriate; in response we will be looking more into diversity.

Allowable activities identified:

- 1) Family and youth statewide structure and this subcommittee will be an offshoot of the SYT-P strategic planning subcommittee
- 2) Collaboration with the CMHI's in Saginaw and Detroit
- 3) Amending and/or developing two state policies
 - a) Adolescent treatment policy and a workgroup will be formed which will start in the fall and you are all welcome to attend. Practice guidelines will be developed at the national level.
 - b) Technical advisory policies that already exist for peer recovery support services of which information is still being collected. E-Mails have been sent to other states that have successful programming for youth peers asking them for their guidelines and what their process has been; expect response by next week. The formal report outline should be available in two weeks and a month after we should receive the final.

Larry enters the conversation by asking the group to offer feedback to some of the comments made at the federal site visit. Various members of the group offered feedback. At this point Larry requests that the group offer feedback on the financial mapping and some of the group members responded.

Conversation continued about the background of the grant. Suggestion to obtain someone from maternal child health to represent the medical part, and adolescent organizations. Other service organizations could include *Mothers Against Drunk Driving*, and *Students Against Drunk Driving*, high school organizations, among others. Larry suggests we use a less traditional approach from gender, race, etc. He said we must take into consideration the youth culture and therefore the end-user of our deliverables, the client base should have input in strategic planning.

Angie continued the presentation explaining the federal recommendations. The focus was on mentorship for youth and if you know of any successful mentorship programs, please e-mail them to Angie at SmithA8@michigan.gov.

To obtain a better definition of our system of services, to improve service understanding, thus achieving a well-defined adolescent treatment system, Liz suggests gathering input by the way of focus groups, skype, etc., over time. Lauren explains how Children's Services uses youth voice and how schedules of youth can be challenging because they are not always available. To explain further, the youth voice process is that Michigan has a Youth Opportunities Initiative in multiple sites (64) across the state and youth who want to be part of this initiative, may attend meetings whether regularly or periodically, may attend. In addition, youth are given support in developing leadership and self-efficacy when we have workgroups and programs who may be training (foster care, etc.), focusing on and youth are invited to attend. Daun explains that some of the tribal nations collect needs assessment and data and have a Youth Tribal Council overseen by the Tribal Council. In addition, we also have kiosks stationed all over our health department so if they feel the need they are not receiving services, they may tap into the kiosks. In addition we also have youth camps and just sitting around the fire, we receive a lot of information. Jaimie explains that they have three Lesbian, Gay, Bi-Sexual, Transgendered (LGBT) support groups and being this is a high risk population, we are making referrals for treatment on a fairly regular basis, who are accessible for our needs. Shaun says that the Ruth Ellis Center in Detroit and would be very interested in this initiative, as they are strongly involved in mentorship. Another member said a program in Midland called the Legacy Center who do a lot of work with schools with evaluating youth peer programs and we hire consultants who measure program success. Someone else suggests Sacred Heart residential who work with young women and children.

Angie concludes talking about the presentation and Liz lets everyone know to be on the lookout for more surveys.

III. Children’s Services Brief – Janet Kaley

Lauren passed out handouts and presented the PowerPoint concerning the Child and Adolescent Health Centers (CAHC), formerly known as the School Based Health Centers and explained each section of the PowerPoint handouts. Of note, these are doctor’s offices in schools who operate on school premises. She goes on to explain the various funding sources. Due to expansion, there are now 100 health centers who are state funded, as well as explains the distribution of those funds. Other aspects of the program include, referring out for physicals, and mental health, among other needs.

More discussion on referrals by the group, as well as suggestions to think outside the box, such as reaching a child right away versus waiting five to ten years down the road.

IV. School-Based Health Centers Brief – Lauren Kazee

Janet presented services offered by her organization, how the system works, and who they partner with.

V. Tribal System Brief – Daun Bieda

Daun passed out two brochures from the Pokegnek Bodewadmik/Pokagon Band of Potawatomi Native American Tribe Health Services and Mishkowze Medical Home and went through each page of the brochures and gave a brief synopsis of the each. She explains that there are twelve federally recognized tribes in Michigan who are identified as sovereign nations, which mean they can regulate their own affairs, business ventures, protect land, and protect historical treaties. In addition, she explains how funds are received and distributed and services delivered to the ten counties in our service area. Community Services are delivered in Michigan and Indiana and services can be delivered to any tribe member as long as they are from a recognized tribe. She also mentioned the Bemidji Health Service, how billing works, established rates, recovery programs, residential facilities, C-CAR (Connecticut Community for Addiction Recovery) accreditation, including integrated care, contracting, sending out to the states, screening, new hires (one counselor for a total of seven), medical social worker, licensed clinical social worker, telehealth, psychiatrists, psychologists, holistic programs, Head start program, and a dental program, among others. They meet with doctors weekly. They also have an electronic health record. NARCAN has been instituted. Daun welcomed everyone to visit

VI. Workforce Mapping

➤ **Distribution/Responses/Timeline**

Survey link sent again and it is also on your agenda to send out again to your providers, as well as the field. Responses needed by next Friday, April 22, 2016.

The survey link is: https://waynestate.az1.qualtrics.com/SE/?SID=SV_a63D8yg890C3M0t

VII. Continuum of Care – Angie Smith-Butterwick

➤ **Completion of Form**

The goal is to send this out after the workforce mapping survey is complete. Will be sent out as a document to the PIHPs. Any additional descriptions that can be provided is appreciated by letting Liz (ad2634@wayne.edu) and Angie (SmithA8@michigan.gov) know. Someone mentions that definitions should be stated. Larry mentions that a glossary would be beneficial so the same understanding is achieved. Angie says this will be added and a finalized version will be distributed Distribution to PIHP Regions Set for May 2016.

VIII. Subcommittees

- **Financing Subcommittee – Meetings Start in May 2016**
Will be sending out a doodle pool for those interested in financing and strategic planning
- **SYT-P (Strategic Planning) – Meetings Start in May 2016**
- **Workforce Development/Map - Meetings Start in May 2016**
If you are interested in working on this workgroup or know of others who would be interested, please inform by e-mailing Angie at SmithA8@michigan.gov.
- **Policy Development Workgroup - Meetings Start in August 2016**
- **Family and Youth Three (3) Year Plan - Meetings Start in October 2016**

Other

A question about the duration of this meeting to complete all that we have to do in the time that we have. Feedback to this question can be sent to Angie (SmithA8@michigan.gov) or Larry at (ScottL11@michigan.gov).

Next Steps/Action Items:

Action Item	Person(s) Responsible	Deadline
Survey Link responses needed: https://waynestate.az1.qualtrics.com/SE/?SID=SV_a63D8yg890C3M0t	All	4/22/16
Send Doodle Pool to those interested in Financing and Strategic Planning Subcommittee (s)	ASB	Completed

ADDITIONAL INFORMATION

None.

WRAP-UP AND ADJOURNMENT

The meeting ended at 11:15 am

NEXT MEETING

Date/Time: May 20, 2016; 9:00 am to 11:00 am

Location: Horatio Earle Center
7575 Crowner Drive
Dimondale, Michigan