

**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:** May 20, 2016; 9:00 am to 11:00 am  
**LOCATION:** Horatio Earle Center  
7575 Crowser Drive  
Dimondale, Michigan

**FACILITATOR:** Beth Cooley  
**NOTE TAKER:** Recorded (B)

**ATTENDEES:** **In Person:** Liz Agius, Jennifer Baumann, Beth Cooley, Shaun Cooper, Larry Scott, Angie Smith-Butterwick, Will Volesky, Heather Slawinski, Jackie Wood, Herman McCall, Millie Shepard, Julia Hitchingham

**CONFERENCE D IN:** Jamie Bederly, Charlie Yeager, Steven Mays

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**TOPIC SUMMARIES**

- I. Welcome and Introductions – Angie Smith-Butterwick**  
Angie welcomed the attendees and everyone introduced themselves, as well as their affiliations.
- II. The Memorandum of Agreement (MOA) – Angie Smith-Butterwick**  
The Memorandum of Agreement (MOA) was e-mailed to agencies that are participating earlier this week. Please sign and e-mail back to Beth or Angie. Angie will resend to Mr. Cooper and everyone who has not received it. If anyone has their signed MOA, we are collecting them today.
- III. Continuum of Care Survey – Review & Preparation**  
The Continuum of Care Survey was e-mailed to all ten Prepaid Inpatient Health Plans (PIHP) and Substance Abuse and Prevention Treatment (SAPT) Directors on Wednesday, May 18, 2016 to send to all of their providers. The survey is organized by the American Society of Addiction Medicine (ASAM) Levels of Care and has a two week turnaround. The expectation is that the PIHP and SAPT Directors will collect the data, compile it and send to Beth, Liz, and/or Angie. Please let us know if your regions do not respond to the surveys. Larry says that the completion of this survey will drive the financial mapping process and provide reliability and validity to the process, which is key to obtaining the best possible response. Upon completion, the results will inform the 1115 waiver application through CMS for substance abuse services through Medicaid. Survey questions should be directed to Larry at [ScottL11@michigan.gov](mailto:ScottL11@michigan.gov), Beth at [CooleyB@michigan.gov](mailto:CooleyB@michigan.gov), Liz at [ad2634@wayne.edu](mailto:ad2634@wayne.edu) or Angie at [SmithA8@michigan.gov](mailto:SmithA8@michigan.gov).
- IV. Program Presentations**
  - **Michigan Department of Corrections – Julia Hitchingham**  
Julia presented a PowerPoint on substance use services in Corrections detailing staff and their titles and responsibilities, as well as the various programs; past, present, and future, and how treatment for prisoners is administered and organized in the corrections system.
  - **Juvenile Justice System – Dr. Herman McCall**  
Dr. McCall explains that programs for juvenile justice is a county-based system; 86% of the youth in the juvenile justice system are supervised by individual counties; 10% juvenile are in Wayne County on top of the 86% and the state requirement 4% of the overall Juvenile justice population based on a total of 10,000 kids in the system. As a result of these circumstances, individual courts are making decisions about juvenile intervention substance abuse treatments, there are several approaches; diversionary; residential, and community based. One of the big approaches is specialty drug courts, which takes on a holistic collaborative model that

includes the prosecutors, mental and substance abuse providers to work with the child related to these issues.

As far as accountability is concerned, in 2009, there was a survey and Michigan ranked 10<sup>th</sup> in terms of providing drug courts (15) to juvenile. In 2014, there were 17 drug courts, and 2015 there were 15. These statistics indicate that there may be some gaps in services that need to be addressed related to adolescents and particularly substance abuse because in many instances, they have delinquency, mental health, offending, substance abuse and a decision needs to be made as to what is the primary thing we should focus on gets addressed from the start. Over a year ago we also found that a lot of our kids had co-occurring issues related to mental and substance abuse. One of the things we have done in our programs, is provide substance abuse education. There is a National Source of Drug Court Professionals and some of the data indicate that for the juvenile drug courts there is a 70% retention rate at 12 months for kids involved in drug courts with an average of about 388 days of them being in the program. For the State of Michigan, one of the most interesting stats revealed that there was an average of 357 contact hours in terms of services; remove the outliers and that makes it an average of 189 contact hours. He went on to state various counties and their service numbers, including spending for youth.

Based on the department's standpoint, there are four residential provider contracts in place with 83 beds; 50 male and 33 female residential substance abuse treatment with certified addiction professionals. The four providers are somewhat regional in location; Calhoun, Marquette, Tuscola, and Wayne as far as availability of services is concerned. The process of kids being referred to an individual juvenile justice system professional is based on which program best meets the child's needs. Although we maintain 100% substance abuse free kids while they are in treatment, the concern is when they leave the facility, and will they be able to cope. Larry poses the question as to how drug courts are funded; Dr. McCall responds that fifty percent county and fifty percent state.

Julia mentions that in corrections we have a grant and we expect that our offenders in the community will be referred to have case management and recovery coaches. We also have a grant to conduct trauma informed care of which we are also in the beginning stages of piloting medication assisted treatment. Angie suggests that in the shift to trauma informed systems, corrections learn from some of the state hospitals and their transition process.

#### V. Review Workforce Data

- Brainstorming Session: What Changes are Needed Based on the data?  
Liz reviews a handout of the data with the group and indicated there were close to 200 responses of which she categorically described the demographics. Veterans care was added because it is a federal priority. She explained the results and said the data is good for what we need to accomplish. Based on the data, the changes that are needed include: improve the educational status of the therapists/health care employees, tuition reimbursement, training; Lesbian, Gay, Bisexual, Transgendered (LGBT) specific, state resources, grant writing, more resources, offender treatment population. Model programs and evidence programs at 80%. The next area is clinical supervision at only 35% receiving weekly and 18% only when there is a problem, once a month at 22%.

Members engaged in discussion about training, supervision, and education of specialists. Larry relates to the group a supervisory model by Odyssey House that we are looking at for discussion that could lead to a pilot. He also mentions that we have supervisory personnel that is aging out and replacements are few on both the treatment and prevention sides, so we are developing a workforce development plan that considers recruiting and retention of the supervisory cadre. What the Michigan Certification Board for Addiction Professionals (McBAP) is doing is revising their development plan for college graduates or those seeking to be credentialed or certified for substance abuse counseling prevention whereas the clinical supervision has to be identified and chronicled throughout the developmental plan process so when the individual is ready to take the International Certification & Reciprocity Consortium

(ICRC) written exam, there is evidence that clinical supervision has taken place over time. Another more intense strategy of staff leading to the certification exam due to an unacceptable failure rate, so this is a data guided look at this issue. The fiscal year, OROSC has offered the PIHPs funding for them incentives to programs to send their staff to trainings to offset the cost of the staff not being in agency because most providers are fee-for-service. Another incentive OROSC is implementing to strengthen the workforce is required training to prepare the workforce entering the field, as well as the supervisory workforce also.

At this point members broke out into three subcommittees, state departments, finance and programs.

**VI. Subcommittees Meet**

- Financial Subcommittee
- SYT-P (Strategic Planning)

**Other**

N/A

**Next Steps/Action Items:**

Action Item	Person(s) Responsible	Deadline
N/A	N/A	N/A

**ADDITIONAL INFORMATION**

None.

**WRAP-UP AND ADJOURNMENT**

The meeting ended at 11:00 am

**NEXT MEETING**

**Date/Time:** June 17, 2016; 9:00 am to 11:00 am

**Location:** Horatio Earle Center  
7575 Crowser Drive  
Dimondale, Michigan