

MINUTE RECORD

**MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES (MDHHS)
OFFICE OF RECOVERY ORIENTED SYSTEMS OF CARE (OROSC)
RECOVERY ORIENTED SYSTEM OF CARE TRANSFORMATION STEERING COMMITTEE
PREVENTION WORKGROUP MEETING**

WORKGROUP NAME:	Recovery Oriented System of Care (ROSC) Transformation Steering Committee (TSC) Prevention Workgroup
DATE:	October 1, 2015
TIME:	1:30 p.m. – 4:00 p.m.
LOCATION:	Lewis Cass Building, Cass 5 th Fl. Large Conference Room, 320 S. Walnut Street, Lansing, MI 48913
CONFERENCE CALL:	Participation was available via phone
CHAIRPERSON:	Larry Scott
RECORDER:	Sandra Bullard/Taped

SUMMARY OF KEY POINTS

Introductions and Welcome: Brenda opened the meeting and participants introduced themselves. See attendance roster attached.

Approval of Agenda: Approved unanimously by consensus.

Minutes: The minutes of August 6, 2015 were reviewed and approved unanimously by consensus.

OROSC Updates – Larry Scott

- **Prescription and Opioid Drugs** - No update on the Governor’s Task Force on Prescription Drugs and opioid recommendations. OROSC will be responsible for the implementation of the recommendations once they are received. Two workgroups have been established; one is a prevention education and treatment workgroup chaired by Nick Lyon and a policy and law enforcement workgroup that attorney general Shuette and staff chair. We expect the recommendations will include strong prevention measure recommendations, as well as treatment measurements. The push is for NARCAN (naloxone hydrochloride injection, USP) as a harm reduction technique that ameliorates overdose injuries and possibly overdose deaths, but is not treatment. There is discussion of equipping family members, caregivers and friends with NARCAN. Those applying to administer NARCAN can potentially be an issue due to the possibility of abuse by a drug user, cohorts or buddies, etc.
- **Grants** - Two grants were received at the end of fiscal year (FY) 2015. The first grant is the *Partnership for Success (PFS) 2015 - 2020* over five (5) years for 1.64 million per year for a total of 8.2M. The first year each Prepaid Inpatient Health Plan (PIHP) with a target county in their region will be funded \$152,000. We will be looking to enhance our success at integrating prevention and primary care settings with the purpose of reducing prescription drug misuse and abuse in the age cohort of 12-25 and prevention of underage drinking in the age cohort of 12-20. The second grant we received is an *Adolescent Treatment Enhancement Planning Grant*, otherwise known as the *State Youth Treatment Grant* which is a two year state level planning grant (no dollars issued to the regions) for \$420,000 over two years that will provide an opportunity to establish other linkages and coordination with other systems serving adolescents, primarily transitional youth. It will also allow us to set-up an interagency council that will include representation from child welfare, criminal justice, mental health, education, Health and Human Services, including state Medicaid. We will also be developing a cross-agency state wide financial map of resources, i.e., *Medicaid, M-Chip*, Block Grant, child welfare, and juvenile justice educational resources. We need to get a handle on where the funding is and put it to its most efficient use for treatment for services to adolescents. We are also looking to coordinate with *Safe Schools and Healthy Students* (SSHS), as well as the Suicide grant and other grants within the state that are funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), i.e., *Comprehensive Community Health Services* and *Children’s and Family’s Grant* in Detroit and Saginaw. We plan to collaborate on this grant with the *Rivers of Opportunity*, and *Pathways to Potential*. Transitional youth is the most vulnerable and we are looking at strengthening our treatment infrastructure for that population and bring the necessary stakeholder’s together to come up with a state strategic plan and initiative to apply for an adolescent treatment demonstration grant for this population which we expect to be released in FY 2017.
- **Marijuana** – Legislation is forthcoming leading to the legalization and recreational use of marijuana and we need to start thinking about a strategic plan that speaks to utilizing evidence-based approaches to reduce marijuana use, especially youth access to marijuana. Research shows that perceived risk and harm toward marijuana use rates are significantly lower and rates for use are rising. Since medical marijuana has been legalized, there is less of a push back of recreational marijuana, and there is less push back for marijuana use. Some municipalities in Michigan have legalized marijuana for recreational use. Therefore we need to be on guard to come up with strategies to prevent youth access to marijuana. We must be vigilant as we are with Synar in reducing access to tobacco.

- **E-Cigarettes** – Legislation is stalled. One state senator and two state representatives are pushing to amend Youth Tobacco Access (YTA) to include e-cigarettes. The Federal Food and Drug Administration (FDA) are poised to categorize e-cigarettes as tobacco and if this happens, we will have to redesign our approach to Synar in terms of vendor education and evidence based practices, law enforcement, etc., if an YTA amendment with e-cigarettes is attached. Be on the lookout for tetrahydrocannabinols, known as THC in an e-cigarette format. Our epidemiologist is looking for any data that can be found from children’s hospitals or poison control centers on morbidity and mortality related to marijuana use. There was a great slide show presentation entitled, “*Prevention in a Commercial Marijuana Environment*” from Washington State that is now on the Michigan Association of Community Mental Health Boards (MACMHB) website at www.MACMHB.org and we will make sure everyone receives it. Rachel will be our point person to coordinate the marijuana prevention workgroup. We will be asking for volunteers from this group to help us create a strategy, in addition to what is in the PIHP regional strategic plans, . We do need a core group of people to work with Rachel.

- **Overall updates**
No new announcements

- **Collaborative Partner Updates - Guy Thompson**
Guy explains that the Family First of Michigan program starts today for a new three year contract through fiscal year 2018 and is for the most vulnerable families. This is for families whose children are at risk for removal from the home and to help the family to be able to remain safely intact. The Families Together Building Solutions (FTBS) Pathways to Potential also starts today for a three year contract. In addition to the original 19 counties, Pathways also announced that they have expanded to an additional 10 counties. Because of the additional counties, funding is needed for success coaches. Jean Ingersoll has been working hard to try to expand the program as well. They are presently working on creating increased awareness of home visitation services for children’s protective services and foster care MDHSS staff and where they will be available throughout the state. Many of the providers (child welfare service staff) are not aware of duties of home visitation staff and the fact that they are a part of the prevention continuum for families and children to prevent them from being in the child welfare system.

Future plans are to expand reunification services because there is a fairly large number of children who remain in care well beyond 12 months. Attempting to reunify those families and provide the necessary services to help them stabilize and remain together to avoid another visit with the child welfare system is an overall goal. DHHS is also looking to expand the Parent-to-Parent Mentoring, Parent Partner Program where former parents who have had their children removed and are now working to support families with children who are in care to achieve their court ordered goals and be eligible for reunification and then services to assist them with not being removed again. Another plan is to increase collaboration on domestic violence, using the David Mandell model for working with PTSD to better assess for domestic violence. This program works with both the non-offending parent, as well as the perpetrator of the abuse around the abusive behavior and increasing child safety by changing some of those behaviors as directed toward the survivor of the violence. They are also looking at the possibility of expanding domestic violence batterer services more widely, which is underfunded.

Guy also answered a question around how substance abuse is dealt with in the system: Substance abusers in the system are being followed through the substance abuse providers and provide services that support them (families by helping them with treatment gains and helping them with coping skills at home and creating safety planning around that and working with them around replacement behavior.) Another question was asked as to whether the workers routinely do a basic screening for substance abuse. Workers receive training to look for both behavioral signs as well as things around the home, which may or may not be indicative of someone having a substance abuse problem. Guy also explained how families with substance abuse issues are dealt with.

- **Michigan Department of Education (MDE) – Shawn Cannarile**
Shawn explains that the grant program involves children 0-18 (early childhood, mental health support, parent, family and community engagement, substance use prevention and school climate and culture). They just completed a federal site visit and received very good feedback that they are on the right track. Local Education Associations (LEAs) EAA-Detroit, Houghton Lake and Saginaw each have been connected, either through the network coordinator or through a community partner and implementing substance prevention interventions, such as Botvin Lifeskills, in their districts either as a pilot or district wide and expanding by the end of the grant. The 2016 fiscal year is the first full year of implementation.

At the state level, MDE is working on MiPHY expansion based on the input the TSC and coalitions provided some years ago and are building it into the state level plan. They want to convene a MiPHY subgroup over time and look at what data and questions are being utilized and how to share that data and use it; how to expand the utility of the MiPHY, as it is provided every other year as an offset of YRBS and encouraging districts to use it; forming partnerships with school improvement, by being more open and include parent engagement; and fine tuning and developing through Project Aware a referral tracking system of the number of referrals from a district to school based health centers and community mental health centers to assure children’s needs are being met and where opportunities exist.

Within their unit they have three grants; Safe Schools Healthy Children (SSHS), School Climate Transformation (SCT), and Project Aware (PA) and merging the state level activities to have one state level plan. MDE have been offered additional

technical assistant support through the American Institute for Research (AIR) Great Lakes division, as well as a consultant at MDE who has offered to assist with an integration plan. They are looking to have a health and education plan by the end of the grant so that it is something sustainable. The primary goal is for mental health support for all children 0-18 years of age and leaning on the TSC-Prevention Workgroup for guidance and support to determine where there is an overlap in state systems. MDE is also partnering with *Pathways to Potential* and merging the state management team across state agencies and stakeholders.

- **Michigan State Police/OHSP – Brenda Stoneburner for Dianne Perukel**
Brenda identified that Dianne could not be here today. However, she left us a report indicating that more data mining will be taking place on marijuana related traffic crashes. Look for information within the next two weeks.
- **SPF PFS II Grant Overview and Update – Brenda Stoneburner**
Overall Updates – Brenda reports that the PFS II ended as of 9/30/15. We have submitted a request for a no-cost extension to CSAP limited in focus and in scope, but primarily to do more expansion of young adult surveys,, and to provide a third year of project funding to the Grand Traverse Bay Ottawa Chippewa Indians target community.. Thank you to everyone who participated with the PFS II.

Other Information

- **Youth and Young Adult Satisfaction Survey – Liz Agius**
Liz reports that the Youth and Young Adult Satisfaction survey is on Facebook--*Michigan Young Adult Survey*. Over 1,200 people have clicked on it, and about 100,000 have seen it on their webpage. More clicks are needed. Have created an amendment to submit to the Institutional Review Board (IRB) for approval to reformat the questions. The survey was taken down today to reduce costs until the no-cost extension is approved, but will be back up with the new version. Brenda will be sending each of you an e-mail with the link around mid-October with the actual qualtrics survey link. Please distribute widely. Will also be sending you the jpeg image being used on Facebook so you can just add it to each of your Facebook pages in both formats. Suggestion from Kara that gift cards be offered to survey participants as an incentive to take the survey. All who complete the survey can also register to be in a drawing for a chance to receive a \$100 gift card (15 will be provided); it has been found for this age group a chance at a larger incentive is more enticing than an automatic lower cost gift card for completion. Brenda thanked Liz for her work on this survey.
- **Evaluation Items/Reports - Liz Agius**
Liz interviewed both the sub recipients (PIHPs) and the sub grantees (target communities). Between the sub grantees and the PIHPs there appears to be disconnect in responses in that only 65% were satisfied with their grant progress. There was a variety of results, and in those results, only about 50% of the sub grantees felt that the grant helped them on prescription drug targeting. Liz says going forward we need to be reiterating the importance of prescription drugs and prevention more clearly. There appears to be a communication gap in that 100% of the PIHPs felt that communication from OROSC was timely and clear, but only 50% of the sub grantees felt that communication from the PIHPs was timely and clear. Liz attributes these results to the recent changes that have taken place. Larry explains that now we have a level of readiness will go a long way to improve communication. He also says that there will be lessons learned.
- **Underage Drinking Strategic Plan – Brenda Stoneburner**
Hard copies are available for everyone in draft form and are not to be disseminated outside the TSC Prevention Workgroup. Brenda provided an overview of the document in present form, and requested feedback specifically on the logic model portion by October 16, 2015. Larry says that this strategic plan also includes the college aged population.
- **PFS 2015-2020 – Brenda Stoneburner**
Overview – Brenda says an overview was sent to everyone that explained the project, level of readiness, communities, etc. What was learned in the PFS II was transposed and strengthened in this project. Brenda thanked everyone. This group will be the advisory council for the PFS 2015-2020. There is an orientation meeting tomorrow with the six (6) PIHPs who are the sub recipients. Brenda explained the organization of this grant in terms of process level. If anyone has questions, please let Brenda know.
- **Screening, Brief Intervention and Referral to Treatment (SBIRT) - All**
Update on local activities – **Region 9 - Macomb** - Dawn identified that she is still training new doctors that are in medical school, specifically McLaren and Macomb. If they pick a rotation through CMH, they get an orientation from the Medical Director and a second part from her. They talk about prevention, treatment, SBIRT, marijuana and try to give them as many resources as available. They provide 18-20 SBIRT tools and encourage them to use them. These sessions are completed every month with varied amounts of medical students. **Region 7 – Detroit Wayne** – Kara responds that the coalition is working with the pharmacists on SBIRT. She will send the numbers. **Region 4 – Southwest** - Achilles responds that Kalamazoo’s program is along the lines of SBIRT where they administer a quick screen and refer the patient to their provider network for treatment and then place them in a Prime for Life program. Achilles goes on to explain the various aspects of the screening and placement process.

Region 8 – Oakland County CMH Authority - Kathleen indicates that they are looking for an SBIRT person within their Federally Qualified Health Centers. Kathleen says that at a conference, Tom Moon talked about the requirements that an SBIRT person be certified. The question comes up does an SBIRT person have to be certified? Larry says there is nothing that says a licensed program cannot be reimbursed, even if they use prevention staff. **Region 5 – Mid-state Health Network** - Jill requests a simplified version of SBIRT, such as a fact sheet/explanation of SBIRT. Larry says that he will request a simplified fact sheet from Jeff Wieferrich.

Next Steps/TA Needs - None

- **Substance Abuse Prevention Skills Training (SAPST)** – *Brenda Stoneburner*
Update on local activities – Brenda said there is a Native SAPST one coming up with the Northern Lower Michigan with the Little Traverse Bay Band. The FY 2016 training plan is in process and we will have a meeting in about a month with Center for Applied Prevention Technology (CAPT) to figure out what trainings they will do for us. SAPSTs will be offered four times in the upcoming year; once per quarter. We plan on the training plan being approved earlier. If you are a SAPST trainer, MACMHB will be sending a notice with potential dates to find out who might be available to provide these trainings. For additional training-of-trainers, there may be an opportunity for others to be trained. Central CAPT will be doing a virtual training on ethics across the country. States were asked to nominate individuals to be trained; OROSC identified three people and CAPT could only accept one or two.

Next Steps/TA Needs - None

- **Next Steps and Other Items** – None
- **Adjourned** – 4:00 pm

ATTENDANCE

Member and Guest Names		Organization	Affiliation	Present
Elizabeth	Agius	Wayne State University	Member	Yes-Phone

Kathleen	Altman	Oakland County Health Division	Member	Yes-Phone
Luanne	Beaudry	Prevention Network	Member	Yes
Sandra	Bullard	MDHHS / OROSC	Staff	Yes
Ken	Dail	Prevention Network	Member	Yes
Marie	Helveston	Northern Michigan Regional Entity	Member	Yes - Phone
Guy	Thomson	DHHS/Children's Service Agency/Family preservation and prevention	Member	Yes - Phone
Denise	Herbert	network180	Member	No
Mary	Ludtke	MDHHS/Mental Health	Member	No
Achiles	Malta	Southwest Michigan Behavioral Health	Member	Yes
Dianne	Perukel	Michigan State Police/OHSP	Member	No
Dawn	Radzioch	Macomb County CMH Services	Member	Yes
Rachel	Kollin	MDHHS/OROSC – Prevention Fellow	Member	Yes
Larry P.	Scott	MDHHS / OROSC	Chairperson/ OROSC Staff	Yes
Gery	Shelafoe	North Care Network/ Pathways	Member	Yes - Phone
Brenda	Stoneburner	MDHHS / OROSC	OROSC Staff	Yes
Deborah	Hollis	OROSC Director	OROSC staff	No
Stephanie	VanDerKooi	Lakeshore Regional Entity	Member	Yes - Phone
Jill	Worden	Mid-State Health Network: BABH	Member	Yes - Phone
Jean	Ingersoll	Department of Human Services	Member	No
Lisa	Coleman	Region 10 PIHP: Genesee Health System	Member	Yes
Karra	Thomas	Detroit Wayne Mental Health Authority	Member	Yes
Marcy	Harrington	Region 10 PIHP: Genesee Health System MSW Intern	Guest	Yes
Shawn	Cannarile	MDE / MDHHS Safe Schools/ Healthy Students	Member	Yes
Elizabeth	Newell	MDE / MDHHS Safe Schools/ Healthy Students	Member	No
Katie	Postmus	Region 6 Prevention Coordinator	Member	No
Jane	George	Region 6 C.M.H Partnership of Southeast MI	Member	No
Darlene	Owens	Detroit Wayne Mental Health Authority	Member	No
Su Min	Oh	MDHHS/OROSC	Guest	No

NEXT MEETING

DATE:	December 3, 2015
TIME:	1:30 – 4:00 p.m.
LOCATION:	Lewis Cass Building, 5 TH Fl. Large Conference Rm., Lansing, MI