

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

Recovery Oriented System of Care, Transformation Steering Committee Meeting

MINUTES

DATE/TIME: January 21, 10:00 am to 3:00 pm

LOCATION: Horatio Earle Learning Center

7575 Crowner Drive

Dimondale, MI

FACILITATOR: Deborah J. Hollis

NOTE TAKER: Recorded - Jenny

ATTENDEES: **In Person:** David Blankenship, Denise Herbert, Julia Hitchingham, Deborah Hollis, Colleen Jasper, Andre Johnson, Sara Koziel, Darlene Owens, Sam Price, Dawn Radzioch, Marci Scalera, Larry Scott, Joe Sedlock, Mindie Smith, Angie Smith-Butterwick, Chris Stolicker, Ronnie Tyson, Pam Werner, Cathy Worthem

CONFERENCED IN: Kristi Schmiede, Mark Witte

TOPIC SUMMARIES

I. WELCOME AND INTRODUCTIONS – *Deborah Hollis*

Deborah welcomed the Transformation Steering Committee (TSC). Everyone introduced themselves.

II. REVIEW AGENDA AND MINUTES

Will review and approve 11/21/15 minutes at the March meeting

III. BHDDA UPDATES – *Deborah J. Hollis*

- National Survey on Drug Use and Health will be occurring in 2016, please alert your providers
- 1115 demonstration waiver is moving forward
- No updates on the Governor's Prescription Drug and Opioid Abuse Taskforce yet, but meetings are being scheduled
- Office of Surgeon General to issue a report on substance use, addiction and health-Federal Register notice 12/31/15.
- Sara Koziel updated Health Home Grant: Michigan has selected ten qualified health centers to participate in MI Care Team. Sara will send everyone the list of FQHC's. Some focus on SUD screenings.

IV. Peer Recovery Coach Curriculum – Pam Werner

The draft recovery coach curriculum should be ready in a couple of weeks for peer group to look at. BRSS TACS consultant received input from group, changes will be made and then resubmitted to the group. First training will be after public comment is sent out on recovery coaches and what should be added to the Medicaid provider manual.

Public comment period is 30 days.

Developmental Disabilities council will be putting in Medicaid language for peer mentors. Pam answered questions on recovery coach certification.

V. Detroit Recovery Project – Andre Johnson-President/CEO

Andre presented an overview on the Detroit Recovery Project.

DRP is a private non-profit corporation dedicated to supporting recovery which strengthens, rebuilds, and empowers individuals, families and communities who are experiencing co-occurring mental illness, and substance use disorders. This is accomplished by ensuring access to integrated networks of effective and culturally competent holistic health services.

The Detroit Recovery Project Coalition evolved from the creation of the Detroit Recovery Project, Inc. and its birth was catalyzed by the concern of recovery-parents who wanted to ensure that their children did not engage in substance abuse as they once did.

Once the foundation was prepared, Andre began to seek partnership from various stakeholders in the city of Detroit that previously had a relationship with the Detroit Recovery Project, Inc. Today, the Detroit Recovery Project Coalition is comprised of a variety of state, local, and community level agencies; and individuals that have a passion and commitment to keeping the city of Detroit youth drug free.

VI. Michigan Youth Treatment Infrastructure Enhancement Grant (MYTIE) – Angie Smith-Butterwick

Grant was received in September, 2015. Grant is for planning to expand the adolescent treatment system within the state. Population served is 16-21 year olds. Looking at funding streams, as such have a lot of state agencies involved. Also looking at where private insurance coverage stops. Wayne State University is the evaluator, and SAPT directors will be receiving a survey from WSU that will ask about continuum of care in each region. Wayne State will also be doing a workforce mapping program. The state will be hiring an adolescent coordinator to oversee the project. The second year will apply for implementation grant.

VII. CC Toolkit – Carolyn Foxall

Carolyn provided an updated cultural competency document and summary. The prior version of this document was approved by TSC. TSC members will be emailed the document to review and comment by February 1, then will discuss at next meeting.

VIII. Workforce Project – Deborah Hollis

The HMA report, Michigan's Workforce and Environment for Preventing and Treating Substance Use, was given out –the report focused mainly on prevention. Discussion was held on addressing current gaps and action needed.

Comments from attendees on workforce:

- Not able to provide treatment if workforce is not
- Karen Hartley is speaking to prevention and treatment providers educating them about MCBAP credentials
- Darlene Owens says peer recovery certification is important
- MCBAP certification is difficult – some folks are failing test numerous times
- Trainings are important and staff needs to be able to attend easily – some areas are having difficulty with this
- Fee for service staff – ½ day inexpensive training is easy – but costly and 1-2 day trainings are difficult to attend
- Webinars are the most utilized
- Incentives need to be given out
- A barrier is staff may not have the funds to pay for trainings to maintain certifications
- Development plans are being abused in some places according to Kristie Schmiede – need to have more structure
- Ronnie Tyson provided a fair wage document to members – this documents was distributed at a MACMHB meeting – direct care providers will not have the funds to meet the new minimum wage requirements
- Salaries are a huge issue – cannot pay staff enough to keep them or recruit them – benefits cannot be provided to support the needs and wants of staff
- Master's degree starting salaries are around \$30,000 which is very low
- College grads can make more at Walmart than they can in detox facilities.
- On prevention side, they are losing staff to treatment. Treatment pays more
- IC & RC Test (?) is very difficult – the language used is not user friendly
- Cannot bill for social workers – so staff is limited and vacancies remain unfilled for a lengthy time
- Therapists do much better financially in private practice than working for PIHP's
- In rural communities it is very difficult to find qualified staff
- Students graduating from college are not interested in working in this field
- Need to start working directly with colleges to get students interested in internships – especially a paid internship
- Pay scale and workload is not a drawing card to graduating students
- These challenges have been ongoing and need to capture the positives
- SUD is seen as a sub-sub specialty – so hard to commit resources
- Therapists are working part-time (30-35 hours per week) and do not receive benefits
- Burnout is a huge issue as well
- Stress in the field due to case load is a problem
- Criminal justice has trouble retaining contract staff for substance use as well
- workgroup member volunteers:

Darlene Owens
Marci Scalera
Sam Price
Ronnie Tyson
Jill Worden

Mindie Smith
Kristie Schmiede
Cathy Worthem
Christina Nicholas
Deborah Hollis
Larry Scott

IX. Next Steps/Action Items

Action Item	Person(s) Responsible	Deadline
Send out CC document to group	Jenny	2/1/16
Ronnie to send fair wage document	Ronnie/Jenny	

ADDITIONAL INFORMATION

TSC Members shared updates from their respective areas:

- Ronnie – started Naloxone training
- Cathy – Enhanced Women’s Training coming up in February.
- Julia – Continuing RFP writing.
- Colleen – Peer Conference May 24-26 at Lansing Center.
- Pam – trained 45 individuals to be peer support specialists in state prisons.

WRAP-UP AND ADJOURNMENT

The meeting ended at 2:30 pm

NEXT MEETING

Date/Time: March 17, 2016; 10:00 am to 3:00 pm

Location: Horatio Earle Center,
7575 Crowner Drive,
Dimondale, Michigan