

MINUTE RECORD

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH, BUREAU OF SUBSTANCE ABUSE AND ADDICTION SERVICES 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 4, 2012
TIME:	2:00 p.m. – 4:00 p.m.
LOCATION:	General Office Building, Conference Room A 7150 Harris Drive, Dimondale, MI 48821
CONFERENCE CALL:	Not available.
BUREAU OF SUBSTANCE ABUSE AND ADDICTION SERVICES (BSAAS):	Larry Scott, Prevention Section Manager and Project Director
CHAIRPERSON:	Larry Scott
RECORDER:	Tape recording transcribed by Sandra Bullard.

INTENDED MEETING OUTCOME

This meeting was conducted for the following purposes:

- Strategic Prevention Enhancement (SPE) project status and updates
- Introduce Strategic Prevention Framework Partnerships For Success II (PFS II) project

SUMMARY OF KEY POINTS

Introductions and Welcome: Larry welcomed the group and mentioned that this workgroup is completing sole focus on the SPE grant, and going forward with the PFS II grant. We received a no-cost extension for the SPE until March 2013, but primarily for training and Central Data Repository (CDR).

Approval of Agenda: Approved by consensus.

Approval of Meeting Minutes: Minutes from September 6, 2012, were approved by consensus after the following corrections:
 ITEM - SBIRT: First paragraph, second sentence correct “mythologies” to read “methodologies.”
 ITEM - B: First sentence, correct “is on” to read “will be.”

BSAAS Updates – Larry Scott:

- BSAAS received the Notice of Grant Award today indicating that we have been awarded a PFS II grant. We were among one of 16 awarded nationally. Brenda will be announcing the planning soon. We are also putting together a strategy based on the proposal.
- Indicators are in for the State Epidemiological Outcomes Workgroup (SEOW) CDR. We are waiting on an update/response from Wayne State University.
- Fran Harding from the Center for Substance Abuse Prevention will be arriving soon and is requesting Michigan prevention success stories.
- Nothing has been decided yet on the planned integration of Pre-paid Inpatient Health Plans (PIHPs), Community Mental Health Services Programs (CMHSPs), and coordinating agencies (CAs) and the ideas about what that will look like in terms of how many regions there will be. The Poleski senate bills have been revised to include language for an oversight policy board that includes one member to represent substance use disorder services in every catchment area (yet to be determined), as well as what will be included for behavioral health. Prevention, treatment, and recovery will have a voice.
- Larry indicated that BHDDA is working with the Veteran Affairs Health Administration (VAHA) and the various data they have, as well as the Michigan Association of Substance Abuse Coordinating Agencies prevention coordinator workgroup. VAHA will not be sharing their prevention or treatment data. The governor’s office and the Michigan Department of Community Health executive office are working on the development of an action plan for veterans and their families. Stay tuned.
- Active military families have been identified as a population focus for the PFS II grant, as well as other populations that are experiencing disparities and need to be served. The suicide rate among active and returning veterans is high and we need to be able to serve them.

- Liz Agius mentioned that the Department of Justice (DOJ) has an earmark in the use of technology.
- Theresa Webster stated that there is a clergy group called *Michigan Veterans Task Force* that works with faith-based groups across the state to welcome military families, and be a link and resource. She also mentioned that veterans equate asking for services as embarrassing; therefore, a stigma is associated with it, especially for males. Liz mentioned that veterans often want to go to their regular doctors, but those doctors are not adequately prepared to handle the issues that surround veterans. Theresa also said there is a lack of insurance and a lack of knowledge about community resources. Theresa offered to share some contacts she has. Liz identified the treatment data set in Wayne County that asks whether a client is a veteran, as another resource for data collection. Larry said there is more data on the substance abuse side than the mental health (MH) side. Liz noted that the Community Anti-Drug Coalitions of America states there are three areas that should be focused on: organizational structure, memberships, and cultural competency. They specifically emphasized that cultural competency needs to be broadened and developed to deal with veterans, suicide, and lesbian, gay, bi-sexual and transgendered training.

Update on PFS II Grant – Larry Scott, Brenda Stoneburner:

- Overall, the goal is to strengthen and expand the SPF five-step process. The 10 targeted counties are Lake, Clare, Baraga, Roscommon, Gladwin, Luce, Genesee, Saginaw, Muskegon, and Wayne (including the City of Detroit), which involves eight different coordinating agencies. The Grand Traverse Band and Ottawa Indians (GTB) will work through Northern Michigan Substance Abuse Services to build a more collaborative process. The grant project specifically is looking at underage drinking among persons ages 12 to 20, and the prevention and reduction of prescription drug misuse and abuse among persons ages 12 to 25.
- A question was posed about how those counties were chosen and what the indicators were. Brenda responded by saying that overall health disparities, past 30 day and binge use of alcohol among the aforementioned age groups, non-medical use of pain relievers, unintentional poisoning, overdose deaths among youth and young adults, and substance use treatment data were reviewed. She further said that location, and the involvement of Federally Qualified Health Centers (FQHCs), will link communities to establish a collaborative process with primary care providers. It will be like a three-stage process: identifying coalitions and environmental change strategies using either *Communities that Care* or *Community Trials*; building those efforts with primary care; and then working with the primary care entity to incorporate brief intervention, screening and problem identification to choose youth, families, and/or young adults to implement *Strengthening Families* or *Active Parenting for Teens*. Brenda also agreed with Liz's statement about cultural competency and primary care having their own definition.
- Total grant funding is 3.2 million over a three-year period. Eighty-five percent will be spent on the communities. BSAAS will know more as the implementation plan is prepared. A memo is being sent to all CAs notifying the field of the award. As soon as that notification is complete, a notice will be sent to the eight CAs who will be implementing the project for meeting dates and times. Wayne State is the evaluator. The three national outcome measures to be monitored are past 30-day use of alcohol, past 30-day misuse/abuse of prescription drugs, and family communication around drug use.
- A question was posed as to how the PFS II objectives interact with Screening, Brief Intervention and Referral to Treatment (SBIRT). Larry responded by saying CAs can choose to merge the two; however, CAs are required to work with either a FQHC, another community based primary health clinic, or a counseling venue (teen center, etc.) affiliated with a community college or university. These instances would need to be treated as a problem identification and referral case.
- Brenda noted that the five SBIRT grantees are Southeast Michigan Community Alliance (SEMCA), network180, Genesee, Kalamazoo, and Washtenaw Community Health Organization. She said that the PFS II grant is applicable for SEMCA and Genesee.
- Training needs will be identified through the Request for Information process, which the CAs will transfer to BSAAS to devise a training plan. The BSAAS training plan will expand as a result of the environmental scans of the SPE.

SPE Project Extension – Larry Scott, Elizabeth Agius, Marie Hansen:

- Primary Care and Prescription Drug Environmental Scan:
 - A no cost extension request was approved for an additional six months for the SPE, which will allow us to finish the CDR. Funds for technical assistance (TA) are set aside for this and Knopf will coordinate the training.
 - The primary care environmental scan is currently going through the approval process. Liz asked for input on questions for the Prescription and Over the Counter Drug Abuse Survey for dentists and pharmacists, which was distributed to meeting participants. She stated the survey is almost ready to go, and feedback is requested as soon as possible.
- Report and Scan to be Sent to Other CAs:
 - There was a report and scan to all the CAs asking them to review the summary results of the five SPE region CAs environmental scan, and to offer feedback. Three have replied. SPE members affiliated with a CA were asked to remind people to respond by 10/9/12.

- Training Planning:
 - Su Min and Liz will be devising a training plan for the year on the use of data at the community level.
- Tool-Kit for Developing Prevention Prepared Communities (PPC):
 - Marie Hansen walked the group through a copy of the tool kit used in the five SPE communities to present on PPCs. The purpose of the toolkit and ways in which the toolkit can be used was further discussed. Larry identified the toolkit is in the approval process, and that it will be going out to the field for feedback soon.
 - A comment was made that we need to begin thinking about common links in our definition of PPC as it relates to the SPF and ROSC. Larry said that the reason we are using PPC language is because it is essential to a ROSC, but more education is needed.
- Report on MH Environmental Scan:
 - There have been 32 responses received.

SBIRT – Larry Scott:

- Update on Local Activities:
 - None
- Next Steps/TA Needs:
 - Larry mentioned he will be touching base with Carl Alves regarding next steps with SBIRT.

NEXT STEPS

- None

ATTENDANCE

Member and Guest Names		Organization	Affiliation	Present
Elizabeth	Agius	Wayne State University	Member	Yes
Kathleen	Altman	Oakland County Health Division CA	Member	Yes
Luanne	Beaudry	Prevention Network	Member	Yes
Lori	Caputo	MDCH / BSAAS	BSAAS Staff	No
Ken	Dail	Prevention Network	Member	No
Therese	Doud	Washtenaw Community Health Organization	Member	Yes
Jane	George	Washtenaw Community Health Organization	Guest	Yes
Marie	Hansen	Former SPE Project Coordinator	Guest	Yes
Marie	Helveston	Northern Michigan Sub. Abuse Srvs. CA	Member	No
Denise	Herbert	network180 Coordinating Agency	Member	No
Joel	Hoepfner	CMHA of CEI Counties Coordinating Agency	Member	No
Lt. Mindy	Hughes	Michigan Army National Guard, Detroit	Member	No
Lauren	Kazee	Michigan Department of Education	Member	No
Stephanie	Lange	Macomb County Suicide Prevention Coalition	Member	No
Mary	Ludtke	MDCH/Mental Health	Member	No
Achiles	Malta	Kalamazoo Coordinating Agency	Member	No
Jim	O'Brien	Western UP Sub. Abuse Srvs. CA	Member	No
Dianne	Perukel	Michigan State Police	Member	No
Dawn	Radzioch	Macomb Coordinating Agency	Member	No
Kristie	Schmiege	Genesee Coordinating Agency	Member	No
Larry P.	Scott	MDCH / BSAAS	BSAAS Staff	Yes
Felix	Sharpe	MDCH / BSAAS	BSAAS Staff	No
Gery	Shelafoe	Pathways Coordinating Agency	Member	No
Brenda	Stoneburner	MDCH / BSAAS	BSAAS Staff	Yes

Member and Guest Names		Organization	Affiliation	Present
Theresa	Webster	Southeast Michigan Community Alliance	Guest	Yes
Kori	White-Bissot	Lakeshore Coordinating Agency	Member	No
Jill	Worden	BABH/Riverhaven Coordinating Agency	Member	No
NEXT MEETING				
DATE:	November 1, 2012 NOTE: group consensus that meetings will move to an every-other month schedule, so next meeting is December 6, 2012.			
TIME:	1:30 p.m. – 4:00 p.m.			
LOCATION:	State Secondary Complex, General Office Building, Conference Room B 7150 Harris Drive, Dimondale, MI 48813			