

**Michigan Department of Health and Human Services (MDHHS)
Behavioral Health and Developmental Disabilities Administration (BHDDA)
Office of Recovery Oriented Systems of Care (OROSC)
Transformation Steering Committee Meeting (TSC)**

MINUTES

DATE/TIME: March 15, 2018; 10:00 am to 2:00 pm
LOCATION: Horatio S. Earle Learning Center
7575 Crowner Drive
Dimondale, MI 48821

FACILITATOR: Angela Smith-Butterwick
NOTE TAKER: Recorded

ATTENDEES: **In Person:** Liz Agius, Elizabeth Boyd, Lisa Coleman, Cynthia Eckert, Steven Henry, Colleen Jasper, Kimberlee Kenyon, Brittany Leek, Alia Lucas, Lori Mello, Su Min Oh, Darlene Owens, Sam Price, Heather Rosales, Joel Smith, Marci Scalera, Joel Smith, Angie Smith-Butterwick, Ronnie Tyson, Jeff Van Treese, Cathy Worthem
Phone: Sara Coates, Denise Herbert, Dawn Radzioch, Kristie Schmiede, Stephanie VanDerKooi
Absent: Lisa Miller, Tom Renwick, Larry Scott, Jane Terwilliger, Pam Werner

TOPIC SUMMARIES

I. Welcome and Introductions – Angela Smith-Butterwick

Ms. Smith-Butterwick welcomed the Transformation Steering Committee (TSC); Everyone introduced themselves. Cynthia Eckert, from PIHP Region 10, is a new member of the committee.

II. Agenda and Minute Review - All

At the request of Cathy Worthem, today's agenda now includes an update on the GAIN assessment. The January 18, 2018 minutes were reviewed, and errors found were brought to the committee's attention. The minutes will be edited and sent out to the committee for future approval.

III. OROSC Updates – OROSC Staff

A. 298 RFI Decisions – Angela Smith-Butterwick

The deadline for the 298 decisions was March 9th. Pilot #1 Muskegon County CMH (d.b.a. Health West) and West Michigan CMH both applied and indicated their interest in pursuing a joint pilot together. Both applicants are geographically continuous and share the same MHP partners. The boilerplate does not prohibit the inclusion of two CMHSPs in the same pilot site, so the Joint Evaluation Committee consulted with legal and procurement and decided that they could do a joint pilot. Pilot #2 is Genesee Health System. Pilot #3 is Saginaw County CMH. MDHHS did not evaluate the response from Kalamazoo County CMH because the proposal did not meet some of the mandatory minimum requirements. The applicant had to submit a signed memorandum of support from at least half of the Medicaid Health Plans within the closed pilot region, and the applicant had to submit a plan

demonstrating full financial integration. MDHHS has a table that identifies summaries of deficiencies. MDHHS expects pilot participants will address all those identified deficiencies during the implementation process. Contracts for implementation of the pilots will be between MDHHS and Medicaid Health Plans operating within the pilot regions. MDHHS will amend existing contracts with Medicaid Health Plans, within the pilot region, to include the provision of specialty behavioral health benefits, specifically pilot MHPs will contract with the pilot CMHSP, as a provider, and may contract for other mutually agreed care and administrative functions. Pilot MHPs and CMHSPs expected to work together to achieve as much consistency and standardization for the region as possible. The RFI required the CMHSP provide information regarding how they anticipate working with the MHPs to meet the requirements of the pilot. Once the award is made, MDHHS will work with the selected CMHSPs and MHPs within the pilot regions to finalize the structure of the pilots. Consequently, the final structure of the pilots will likely differ from the models described in the RFI responses. The primary next steps for engaging stakeholders for development of the pilots. MDHHS and MPHI will be hosting a summit for the pilot participants on March 23rd. The selected CMHSPs and their associated partners will be expected to continue to engage local community stakeholders throughout the implementation process. MDHHS is aiming to complete all internal modifications to policy, waivers, contracts and systems by July 1, 2018 and implement pilots by October 1, 2018. MDHHS will work with the selected CMHSPs and MHPs providing technical assistance, as appropriate, to fully define the pilot structures. Key concepts for the pilots was reviewed with committee members. MDHHS is working with the Total Health Collaborative to develop a demonstration project for Kent County; this model focuses on service-level integration. MDHHS received a draft proposal from Total Health Collaborative. The final proposal is expected from Total Health Collaborative by the middle of April. Kent County was written into the language, so they were automatically a pilot. The evaluation process was reviewed with committee members. MDHHS has completed its review of the recommendations from the 298 facilitation board group and has developed a corresponding set of action plans for implementing the recommendations. MDHHS will publish a progress report that summarizes the analysis and related action plans by the end of March. The table of deficiencies for each of the three selected pilots were reviewed with committee members. The pilot programs are for two years beginning with FY 2019. Questions were asked, and answers were offered.

B. State Epidemiological Outcomes Workgroup (SEOW) - *Su Min Oh*

There are two reports provided by Wayne State University that will be shared with the committee as soon as they are finalized. The first report from Wayne State University is the 2016 Michigan Young Adult Survey. This innovative and creative survey collected data on Michigan young adults aged 18-25. The other product from Wayne State University is the Michigan Substance Exposure Report by Region. Dr. Oh will send out these reports to the PIHP and SAPT directors via email. One of the SEOW members is working on an infographic for Michigan drug poisoning deaths that occurred in 2016. In 2016, there were 2,376 drug overdose deaths that occurred. Of those drug overdose deaths, 66 percent had two or more drugs in their system and 73 percent involved an opioid (prescription and illicit). Of those overdose deaths involving an opioid, 66 percent were prescription opioids (natural, semi-synthetic and synthetic). Only 11 percent of drug overdose deaths also involved alcohol. Drug poisoning deaths are the number one cause of injury deaths, surpassing transport and falls. Questions were asked, and answers were offered.

C. State Targeted Response (STR) to the Opioid Crisis Grant – Brittany Leek

Ms. Leek discussed the two most frequently asked questions she receives. 1) When is carryover going to be done? Answer: Per discussion with the grant project officer, it is assumed that information about how this process would work will be received by the end of March, with the potential that we would be able to apply for it at the conclusion of grant year 1. OROSC would have approximately four weeks to complete it. Ms. Leek will relay that information as soon as it comes out. 2) What about grant year 2? Answer: The STR continuation application was submitted January 31st. A response has not yet been received. There is all confidence that the same amount will be given, considering the Federal Government is giving additional billions of dollars to address the opioid crisis. It is anticipated a response will be received around the same time (end of March). Again, Ms. Leek will share that information after a formal response has been received. For grant year 2, Ms. Leek plans to send out an updated funding allocation letter to each PIHP. Ms. Leek discussed the MAT enhancement. OROSC is in the final draft stages of developing the FAQ document, derived from all the questions that came about on the MAT conference call. It will hopefully go out the beginning of next week. The MAT money is grossly underspent by approximately 10 million in carryover; 16.3 million was initially received. If the money is not spent, it will be lost. The Federal Government is giving additional money to states and trying to add to current FY18 monies. The initial grant was 500 million nationwide; the new budget proposal is allocating 1 billion dollars nationwide, which means Michigan would receive another 16.3 million for FY18 if the budget passes. Ideas on how to spend the money, such as purchasing more naloxone kits and Fentanyl test strips, was discussed with the committee. Grant year 1 ends April 30th. Ms. Leek stressed that reporting of funding used is crucial. August 31st is International Overdose Awareness Day, and Ms. Leek will be writing a proclamation for that. Additionally, Ms. Leek shared information from a MARS training she attended. Ms. Leek discussed upcoming site visit information with the committee. There will be a pre-desk audit sent out to PIHPs via email, prior to site visits being conducted. PIHPs will have three weeks to complete and submit the documentation. The site visit should only last 2 ½ - 3 hours.

D. Partnership for Success (PFS) Grant Project – Lisa Coleman

Ms. Coleman introduced herself and gave an overview and update on the status of the PFS grant, which is a five-year grant. ORSOC has a partnership with six PIHPs, eight counties, and nine communities in implementing the grant. The grant focuses on reducing underaged drinking for individuals 12-20 years of age and prescription drug misuse and abuse for individuals 12-25 years of age. Ms. Coleman mentioned the state had a service planning meeting with The Center for Application of Prevention Technology (CAPT). The meeting centered around some of the things happening with PFS. They are looking at workforce needs; priorities and services that PFS grantees may need help with; Block Grant recipients; monitoring implementation of evidence-based programs; increasing coalition capacities; expansion of prevention's connection with primary care and the initiatives for referrals into prevention programming; and focusing on identifying behavioral health disparities in communities that is being funded. She, also, communicated they are hoping CAPT will be able to come sometime in June to provide some trainings with our prevention professionals throughout the state. On February 27th, there was a webinar with PFS PIHPs and communities staff to go over the current health disparity statement, to point out anything missing and discuss updating it to include items the Federal Government wants tracked. The updated health disparity statement is due March 27th. On March 23rd, there is an in-person PFS meeting with all PIHPs and communities. Ms. Coleman was able to participate in a Guiding Neuroscience, Epigenetics, Adverse Childhood Experiences, and Resilience

(NEAR) Training. The training looked at what we learned from the Adverse Childhood Experiences Study and how to apply that information to systems change, such as networking theory. Questions were asked, and answers were offered.

E. Peer Recovery Coach Training and Certification – *Steven Henry*

There was a recent “Train the Trainer” session for Peer Recovery coach trainers. There are 11 trainers. Peer Recovery is still working on adjusting the curriculum and implement the training soon; hopefully, by the end of April. Mr. Henry communicated that 450 grandparenting applications were received and approved. Grandparenting applications continue to be received, which Mr. Henry is reviewing and making calls if verification is needed. There is no deadline for grandparenting applications; however, their training had to be completed prior to January 1, 2018. Anyone who applies after that date will have to go through the new process. There was a deadline for trainer applications, which has already passed. By the beginning of April, recovery coaches will begin to receive their certificates in the mail and correspondence with continuing education courses. Two weeks ago, the peer support specialist/peer recovery coach training had a great turnout. The annual Peer Recovery Conference is scheduled for May 22-24th; it will be held at the Lansing Center. Mr. Henry provided answers to various questions asked by committee members.

F. Community Relations Activity – *Colleen Jasper*

Ms. Jasper shared information about trainings. There is a Trauma Recovery Empowerment Model (TREM) training scheduled for the Lansing area in April. It is funded by the Mental Health Block Grant. There is an Eye Movement Desensitization and Reprocessing (EMDR) training located in Lansing, which is scheduled in June. More information can be found on these trainings at the Michigan Association of Community Mental Health Board’s website (www.macmhb.org). Ms. Smith-Butterwick indicated that STR funds (MAT) can be used for staff to attend these trainings; it will need to be tracked. One of the recommendations the stakeholders and advocates listed on the 298 initiatives was that a change of clinicians in treatment care should be treated as a trauma. Mary Ludtke and Ms. Jasper looked at the recommendation and are hoping to insert a statement in the trauma policy to state if there is a change in caregivers, it will be treated as a re-traumatization/loss and addressed. Several drop-in centers directors are looking to create a fidelity tool, which individuals can use to independently assess the drop-in centers. They are wanting to create a sense of commonality, principles, and goals for all the drop-in centers throughout the state. Ms. Jasper indicated we are in the early stages of looking for funding for two respite houses, one in Jackson and another in Monroe. The Anti-Stigma Day is scheduled for July 25th; it will be held Lansing Community College’s West Campus.

G. Michigan Youth Treatment Infrastructure Enhancement (MYTIE) Initiative Grant Update - *Heather Rosales*

Ms. Rosales indicated that the third Global Appraisal of Individual Needs (GAIN) training for providers is being held this month in Grand Traverse. The fourth cohort training for providers will be conducted online. Ms. Rosales shared that an offer of employment was extended and accepted for the part-time community outreach support specialist position. The chosen candidate will be starting the beginning of April. The youth policy is nearly complete and its final revision. The MYTIE cohort will be expanding to four more providers next year. For each year of the grant, at least four new providers must be chosen. By the end of the 4-year grant period, there will be 16-20 providers who have been trained in all the evidence-based practices. On May 11th, OROSC will be hosting a technical assistance session for evidence-based programming relating to community outreach for adolescents.

The Women's Specialty Services Community Outreach EDP is scheduled for May 10th. Work has begun for a new MYTIE financial map for this year. Answers were provided to various questions the asked by committee members.

H. Gambling Prevention and Treatment Project – *Alia Lucas*

Ms. Lucas shared information about the 10th annual Gambling Symposium that was held on March 2, 2018. There were nearly 200 attendees. The keynote speaker was Dr. Jeremiah Weinstock; he is a licensed clinical psychologist from St. Louis, Missouri. The theme was a holistic approach to gambling disorder treatment. There was a panel discussion on gambling disorder and criminal behavior. Ms. Lucas listed several professionals from the areas of gambling, mental health, SUD and recovery who spoke at the event. Ms. Lucas is the process of drafting an RFI, regarding looking to the PIHPs to disseminate prevention services for gambling disorder. Ms. Lucas discussed the current State of Michigan requirements to join the provider panel, to provide gambling disorder treatment services. OROSC is looking to expand the current provider panel. Ms. Lucas and Ms. Mello answered questions asked by committee members.

I. GAIN Update – *Angela Smith-Butterwick*

As Ms. Rosales mentioned, the third training is upcoming. Every PIHP was allotted five local trainer spots and five administrator (people who administer the GAIN) spots. Some regions have already maximized their spots and are done registering their allotted ten spots; others have not. If a region doesn't use all their spots, Ms. Smith-Butterwick will offer those vacant spots to people on the waiting list. It is anticipated that trainers who attended the January training will be ready to start training in August. There will be more trainings conducted by Chestnut in FY19. Ms. Owens asked if OROSC could provide a flowchart of the GAIN rollout process that she can present to her board. Ms. Smith-Butterwick agreed to provide this tool. Ms. Smith-Butterwick and Ms. Rosales answered questions asked by committee members.

IV. Report on Workforce Development Activity – Career Ladder – *Heather Rosales and Angela Smith-Butterwick*

All the Career Ladders have been completed and finalized. If committee members have not made comments and wish to do so, please email Ms. Rosales/Ms. Smith-Butterwick so they may review them. Unless additional comments are received, they will be sent out in the next day or so. There was discussion among committee members on how to verify credentialing. Ms. Smith-Butterwick suggested that members brainstorm on ideas for this and discuss it at the next TSC meeting. Ms. Smith-Butterwick shared things SAMHSA is looking at putting into place to increase the workforce, such as a national certification program for the peer workforce and encouraging incentives, in the form of loan forgiveness programs.

V. PIHP and SUD Directors Announcements and Innovative Practices Update - *PIHP/SAPT Directors*

Ms. Owens indicated that Region 7 just completed a major community naloxone training. They are, also, having providers, coalitions and court members doing short commercials every month highlighting awareness (i.e. alcohol awareness). There is a heroin summit coming up May 23rd. There is a faith-based conference coming up in July. They are still putting together a communicable diseases and women's specialty conference.

Mr. Smith indicated that Southwest Michigan Behavioral Health (SWMBH) started an opioid prescription overdose education campaign, using the Innovative Strategies Grant. SWMBH sent out a contract on March 14th to partner with a Federally Qualified Health Center (FQHC) to fund Vivitrol, to expand medication assisted treatment. Three of the FQHCs are in their region.

VI. Upcoming Training Events – OROSC Staff, TSC Membership

Dates are being established now for 5 ASAM trainings and 5 individualized treatment plan training.

Community Relations: TREM training (April); EMDR (June)

MYTIE: GAIN provider training as mentioned above by Ms. Rosales.

STR: The MARS March training is full; Advanced in MI – Motivational Interviewing training March 22nd & 23rd; Project ASSERT training in Macomb March 25th & 26th

VII. WRAP-UP AND ADJOURNMENT

2:00 pm

ACTION	PERSON(S) RESPONSIBLE	DEADLINE
Distribute a list of Peer Recovery Trainer	Steven Henry	5/17/18
Distribute WSU epidemiological reports	Su Min Oh	5/17/18
Distribute MYTIE training calendar	Heather Rosales	5/17/18
Distribute Year 2 funding allocation letter to PIHPs	Brittany Leek	5/31/18
GAIN flowchart	Angela Smith-Butterwick	5/17/18

NEXT MEETING

Date/Time: May 17, 2018; 10:00 am to 3:00 pm

Location: Community Mental Health Association of Michigan
426 S Walnut St.
Lansing, MI 48933