

**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)**

DATE/TIME: January 20, 2022 / 9:00am – 10:30am
LOCATION: Teams Meeting
FACILITATOR: Larry Scott
NOTE TAKER: Wendy Barnes

ATTENDEES: Nicole Adelman, Wendy Barnes, Ricardo Bowden, Beth Boyd, Lisa Coleman, Judy Davis, Amber Desgranges, Kelli Dodson, Cindy Eckert, Amy Embury, Deborah Garrett, Choua Gonzalez-Medina, Kyle Hanshaw, Colleen Jasper, Alia Lucas, Lori Mello, Lauren Mo, Janelle Murray, Katherine O’Hare, Logan O’Neil, Su Min Oh, Darlene Owens, Sam Price, Dawn Radzioch, Heather Rosales, Kelsey Schell, Larry Scott, Joel Smith, Angela Smith-Butterwick, Sara Szcotka, Ron Tyson, Jeff Van Treese, Pamela Werner, Jeff Wieferich, Cathy Worthem

I. Welcome and Introductions – L. Scott

Mr. Scott welcomed the Transformation Steering Committee. Today’s Agenda and the Minutes from the November 18, 2021, meeting were shared, they both were approved with no additions or edits.

II. BHDDA Administration Update – L. Scott

Mr. Scott provided the membership with the following administrative updates.

- We received word from NASADAD who has been communicating with Congress and the Congressional committees responsible for the allocation of the Block Grants. The recovery support service set aside is still a priority, however, in prior communications they mentioned five (5) activities that Congress required states to actually implement, in the latest rendition of the bill for the President’s budget Congress has changed the language to indicate that the states “may” allocate Block Grant funding for these five (5) activities, so it appears that the state will have some flexibility when determining which of the five (5) activities we wish to pursue. There is considerable feedback from the TSC members regarding the activities we should vet and prioritize so once we get the final word on the President’s budget, we will get back to the prioritization process. There will still be a 10% set aside for recovery supports, however some people may think that isn’t enough money so that means that some activities may require more focus where others will require less focus.
- Related to other recovery supports he indicated that there was a notice sent out from the Michigan State Housing Development Authority (MSHDA) to recovery support agencies in recovery communities that are interested in pursuing an RFP to receive funding from MSHDA for the certified recovery houses. This funding would go to expand beds, provide additional services, and to offer residents in recovery housing rental assistance. He encouraged anyone that is involved with recovery residences, recovery community organizations, providing programs for recovery residences or participating in recovery associations to respond to the RFP in order to take advantage

of this great opportunity. Mr. Scott thanked Jeff Van Treese and others who provided feedback to MSHDA in crafting the RFP. MSHDA is looking at providing priority to those recovery residences that are at least at level 2 MARS certification, which will ensure the recovery residences that receive the funding will be able to provide the required minimum services.

- We have received a preliminary list of programs, related to the opioid settlement that will be vetted by Policy and Planning along with other entities within our department. The State has about \$16 million in opioid settlement funding that will be allocated in FY23, we are waiting for direction from the legislature to inform us of what we can do with the funding, who will be responsible for reporting on the allocation of the funding and who is required to report on the activity and outcomes of the settlement dollars that are appropriated. According to planning this far at least 50% has to be disbursed to the State to implement programming at the State level and 50% allocated to Governmental subdivisions at the State level. Recovery housing is included on the preliminary list so there will be additional funding coming for them. There was a survey that was sent out by Policy and Planning regarding programs to be funded by the opioid settlement and we will continue to receive recommendations and feedback for funding. The programming that is required by the opioid settlement matches what we are currently doing with our SOR Grant, there may be some additional innovative practices we can come up with but primarily he feels that the activity is synonymous with what we are currently doing in most cases. These are a few areas he would like to see more funding allocated:
 - For sustainability of data collection and analysis related to the Opioid crisis
 - Primary prevention
 - Recovery support Services
 - Evidence based in promising treatment and practices
 - Recovery housing for those individuals with opioid use disorders
- The Attorney General and members of the Department of Health and Human Services will be presenting at least one major seminar to governmental subdivisions to share what is expected related to the parameters of the opioid settlement along with the type of activity and programming that is expected. Mr. Scott is on the planning committee for this seminar so there are expectations that most of the subdivisions will be in attendance for this virtual presentation. There will also be a number of learning communities, over and above the initial seminar, that will be aligned with the seven (7) priority pillars within our State Opioid Strategic Plan. These learning communities will provide governmental subdivisions direction on programming related to prevention, harm reduction, MHA treatment, data gathering, collection and reporting evaluations, diversity, equity and inclusion programming, stigma reduction along with programming for those who are interacting with the criminal justice system and are returning to the communities. The PIHP's, CMH's and local health departments will play a major role in the planning and provisions of services at the local governmental subdivision level so additional communication will take place once everything is clarified.
- Regarding the registration for the settlement funding, there are currently 13 subdivisions who have not registered for the opioid settlement dollars, which means that around 90% of them have. (Registration closes tonight.) The AG is expected to provide the full list today of the subdivisions that are registered, the list will be shared with the PIHP's. The four (4) that are not currently registered are: Kentwood City, Flat Rock, Beverly Hills Village and Niles Township.
- Ms. Worthem asked where the list of recommendations was going to originate from and Mr. Scott shared that they could be from PIHP's CMH's, TSC Members as well as BEHAG members. He recommended that looking at the SOR 2 grant might be a good guide to gather ideas but also consider things that we are not currently funding.
- The settlement money is expected to be paid out over a period of possibly eighteen

years. With this timeframe the amount of funding each year will not be a lot, so we want to be sure and come up with ideas that are sustainable.

- Mr. Scott has no additional news on licensure from LARA, he will share any updates that he receives regarding the prevention license recission.

III. OROSC Staff Updates - *OROSC Staff*

A. SEOW Activity, Drug Overdose Reports and SUD Trends – *S. Oh*

- Ms. Oh shared the 2021 State Epidemiologist Profile Overview with the group for them to review and she also explained the template/format of the profile in which the 42 indicators are presented, which includes the newest indicator – vapor products.
- The data in the profile is mostly 2019, pre-Covid data, however, there is some data that represents 2020.
- There are five (5) different topic areas:
 - Alcohol
 - Tobacco
 - Drugs
 - Marijuana
 - Mental Health

B. Update on SOR Grant – *L. O'Neil*

- Ms. O'Neil explained that in December they submitted a carryforward request to SAMSHA to keep the unspent funds from year one of SOR 2 which is approximately 6 million dollars pending the approval of our final report, they have some expenses that are still settling from the first year, but it should be around \$16-\$17 million.
- They are not supporting any new projects rather just strengthening current SOR 2 projects. They are hoping to receive approval around late March, early April and they are working on getting funds added to contracts in anticipation of getting that approval. There will be continued investments in:
 - PIHP Initiatives
 - Prevention Treatment & Recovery
 - Narcan Direct Portal (As this continues to grow each year.)
- They are working on scheduling virtual site visits with each of the grantees and those are slated to start in February and go through the summer months to spread them out a little bit more than they did in previous years.
- The SOR 1 Grant closed out at the end of September 2021, and they are working on finalizing a report to include the three (3) years of accomplishments for that Grant. The report should be completed in the next couple weeks. To give an idea of the impact that is being made with this funding, Ms. O'Neil shared that they distributed over 200,000 Narcan kits using this SOR 1 money. In year one 9,000 kits were submitted. The Narcan Portal was added in SOR 1, year 2, and in January 2020 they distributed 94,000 kits which is a huge increase of Narcan going out into the community. It continued to increase in the no cost extension year to 108,000, these numbers show what a large priority it is to continue to provide the Narcan kits.
- Approximately 6,800 individuals received treatment services that were funded through the SOR dollars, and this exceeds the goal that they had anticipated in the original SOR 1 application which was 6,600.
- There were 8,900 individuals who received recovery support services, this includes peer recovery support, recovery housing, individualized placement and support for individuals seeking employment.
- The GPRA data that was collected for individuals that received treatment services through SOR 1 indicated that on average from the point of intake to a six month follow

up clients reported decreased anxiety and depression and increased ability to focus, increased abstinence from drugs and alcohol. This information illustrates that SOR funding is accomplishing some of the intended outcomes. This data is only a small portion of what will be included in the report, once the report is finalized it will be shared with the group for you to review in detail.

C. Update on PDO Grant – L. Coleman

- Ms. Coleman shared information regarding the PDO Grant that is to help prevent prescription opioid overdose related deaths as well as overall overdoses and adverse events in Calhoun, Genesee, and Wayne counties. PDO is currently in the first year of the five-year grant and they have been busy getting contracts in place and they are partnering with Wayne State University to do the evaluations and measurements, their contract started November 1, 2021.
- They are also partnering with Prevention Network to develop a mini grant program within those three counties. Their contract with Prevention Network also started November 1, 2021 and in December they were able to hire a mini grant coordinator that they've been meeting with. OROSC also hired a part time project coordinator, Sara Loughrige, and she started in December 2021.
- They have a contract with Community Mental Health Association to be their training and logistics contractor to help coordinate continuing medical events for medical professionals on safe prescribing.
- They have meet with the contracted entities over the last three weeks to go over the goals that were set for the first year. They have already created a disparity impact statement that was submitted to SAMHSA back in October 2021. They will be working with this grant specifically in those three counties to address disparate populations among African Americans with a focus on the LGBTQ community as well.
- They are also working on developing an Advisory Council for the grant and have sent out a request to the PIHP's in those three counties to see if they have any recommendations for recovery prevention and treatment providers within those respective counties. They have received some feedback and they are waiting to hear from all of the PIHP's. The first kickoff Advisory Council meeting is set up for early February.
- A statewide needs assessment was performed now they are going to look at those three counties to see if there are any areas within those counties that could benefit from more services regarding opioid overdose related death prevention. Ms. Adelman requested that the statewide assessment be shared, Ms. Coleman will check with Ms. Oh to see if that data can be shared.
- They are performing an environmental scan to see if there are other resources in those counties that can work with their providers on the mini grant program.
- They're anticipating the mini grant program application will go out within the next few weeks and then they'll be able to start implementing naloxone distribution and opioid education in those communities as well as follow up programming with individuals who have had an overdose reversal.

D. Update on PPW Grant – H. Rosales

- Ms. Rosales shared that they were just awarded a four-year pregnant and postpartum women pilot grant, they are currently in the first year and they will be working with two regions each year. They are starting out with Region's 2 and 7 and will expand by two regions every year.
- They will be working with the OHH's and other community health centers to provide pregnant and postpartum individuals services across the continuum pregnancy and postpartum period. They are focusing on providing services to anyone with an SUD who's pregnant.

- Women’s Specialty Services (WSS) funding can also be used alongside this grant, so the items that will not be covered by the PPW, such as transportation and childcare can still be billed to the WSS grant.
- The PPW grant will help individuals get MAT and provide services closer to the them and the team wants to work on racial disparity issues as well.
- Dr. Karen Poland and her team will provide assistance to any newly waived MAT physicians for any complex cases and consultation. They will be using the HD2 screening tool to help get individuals into the program.
- They have their initial kick-off meeting today to get everybody together (virtually) to do some introductions and to get everyone on the same page. Sara Loughrige will also be working part-time on this grant.
- Ms. Worthem inquired about training opportunities for the providers and Ms. Rosales explained that they will be offering Mom Power and Fraternity of Fathers. The Fraternity of Fathers gets the male partners involved and helps them work with the pregnant and postpartum individual to make sure they are supported and it provides services to them if they need them. The Mom Power will work specifically with this population in the providers areas.

E. Update on MYTIE Grant and Recovery High Schools – K.Dodson/L. Mo/A. Smith-Butterwick

- Ms. Dodson explained that the MYTIE grant is in a no cost extension that will be ending March 2022. They are having all their providers finish up their services and their GPRA so they have the appropriate data to compare with each year for the grant.
- The yearly report was completed in FY21. One of the exciting things this grant accomplished was that they were able to write a peer curriculum and the first training took place in January and it was very successful, so they are hoping to have more trainings in the future.
- They are trying to connect with some agencies and/or schools to set up more Recovery High Schools for the youth SUD population. They currently have a few Recovery High Schools in the areas listed below and they will continue to get more on board in the future.
 - Saint Clair County
 - Charlevoix
 - Wellsprings/Oakland County
 - Detroit Area (2 - New)
 - Positive Images – East Village Charter School
 - DABO
- Ms. Smith-Butterwick also shared that the application for youth peer recovery coaches is going to be posted on our website and they will be doing another round of training at the end of March, beginning of April so if anyone has people who are interested you can direct them to the website in another week or for more information.

F. Update on OHH’s – K. Schell

- Ms. Schell gave an overview of what an OHH is and also provided the regions that they are now in: 1,2,6,7,9, 10 as well as Calhoun and Kalamazoo counties in Region 4.
- They currently have over 1900 beneficiaries enrolled in the OHH so they are growing, especially since Region 6, 7, and 10 were just added this fiscal year.
- A lot of health home partners were added, which are providers who provide health home services for the beneficiaries. They currently have over 30 health home partners and they are hopeful that two more will be added next month.
- They are looking at an additional 1500 to 2000 beneficiaries within the next fiscal year,

into FY23

- An opioid health home metrics should be available in the next month or so that can be shared with the PIHP's as well as generating a report to share with this group. They are expecting to see a lot of positive benefits from looking at the metrics so far and from last year. They are continuously trying to streamline the process for their current PIHP's working in the Waiver Support Application (WSA).
- Mr. Scott expressed his appreciation to the TSC membership and the PIHP's in particular, for moving on the opioid health homes and making them a reality. He feels that meeting people where they are and providing services to those who may have had difficulty in the past has really made a difference.

IV. Announcements and Updates from Membership –TSC Membership

- Mr. Scott opened it up for discussion to get feedback on what the committee would like to see Michigan focus on at the State level regarding the opioid settlement funding. (There will also be a query going out to the membership to gather your ideas and recommendations.) He provided a few examples:
 - MAT in jails
 - Provide training to staff in child services administration
 - Naloxone portal expansion
 - Expand syringe service programs (SSPS)
 - Support for recovery housing
 - Funding of administration
 - Health homes support
 - Naloxone kits sent to homes, like the COVID-19 kits, to reduce the feeling of stigmatism (Darlene Owens) Ms. Smith-Butterwick shared that Red Project provides a service like this.
 - Add fentanyl test strips to the portal (Cindy Eckert) Ms. Smith-Butterwick explained that the way they are purchased would not allow for this to be an option.
 - Provide an intervention component for transitional age youth (18-26 age range) who are exiting the jails or an earlier engagement for this age group by hiring and retaining employees in this field. (Cathy Worthem)
 - Continue to provide sustainability with the SOR 2 funded programs that had the most impact and focus on those to make sure we can continue funding those programs and the staffing to support those programs at the PIHP's. (Nicole Adelman)
 - Create advertising messages regarding the Narcan Portal that can be displayed at gas stations while individuals are pumping their gas (Darlene Owens)
 - More support for peer recovery coaching salaries (Nicole Adelman)
 - Early intervention for Juvenile Justice Centers (JJC), Prime for Life is offered but it's not always easy to get in there. (Dawn Radzioch)
 - Help to bring awareness to reduce the stigma of individuals who are seeking help for addictions, so they are more willing to get assistance and treatment for recovery (Colleen Jasper)
 - Continue some of the youth recovery center efforts. (Angie Smith-Butterwick)
 - Media campaign to show that addiction can happen to anyone. (Darlene Owens)
 - Harm reduction services for youth that will meet youth where they are at before they're ready to go to treatment and we also need more youth treatment services as that is an area that is lacking in Michigan. (Nicole Adelman)
 - Stigma reduction resources for the families of individuals with an SUD who are supporting them. She also feels that peer support services and recovery support services would be very beneficial for returning citizens within the first 24 to 48 hours of being released to get them a recovery coach that is in their community to

- provide the support they will need. (Deborah Garrett)
 - Develop a GA academy for providers that are interested in becoming a recovery house, but they have little expertise in running a home. (Joel Smith)
 - Campaign media to address the gambling addiction along with the opiate epidemic since the online gambling is so prevalent right now, the two will go hand in hand. (Darlene Owens)
 - More recovery coaches that can be used for transitioning individuals back into the community. (Elizabeth Boyd)
 - They are seeking continued funding for transitional age youth coming out of jail, the targeted group is young men of color, and they are expanding that to be for men and women who are also on probation or in alternative directions within the community. (Cathy Worthem)
- Ms. Worthem also inquired about ASAM Continuum updates and where that was with the State regarding ongoing monitoring trends across the State for implementation and what the State's involvement is at this point and how effective it is.
 - Ms. Smith-Butterwick shared that we are getting quarterly reports from FEI and she is comparing that to the admission numbers to see if we have an agreement with the number of assessments that are being done through WITS compared to the number of individuals who are being admitted. We would expect to see a little bit of a discrepancy, but not the thousands that she is currently seeing so she is hopeful that will catch up.
 - There is training online for anyone who didn't get the training or has started working recently and they are offering advanced training at the beginning of February, and she just sent that information to the PIHP's so that should be dispersed soon.
 - The 1115 waiver site visits will start this year so PIHP's will get monitored for that and they also need to do some sampling at a provider level, and they are working on how to accomplish that virtually since they need to look at electronic health records.

Please send any additional feedback or questions to Mr. Scott's email, he will share additional information as it is received.

- **The next TSC Meeting is March 17, 2022, at 9am – 10:30am**