

Co-occurring Disorders (COD) Leadership Committee Statewide Meeting November 18, 2021

Meeting Participants: Ambrosia Jackson (Trauma Informed Care MIFAST Contractor), Anastasia Miliadi (Region 4), Angie Smith-Butterwick (MDHHS), Brenda Stoneburner (MDHHS), Carrie Chanter (Genesee Health Systems, Region 10), Deb Willard (Region 5/CEI CMH), Katie Baxter (Genesee Health Systems, Region 10), Kelsey Quigley (Region 3), Leslie Pitts (MDHHS), Lorianne Fall (MDHHS), Mary Baukus (Saginaw County CHMA, Region), Matina Fabian (Region 7), Michelle Boudreaux - Chair (MDHHS), Nicole Gabriel (Region 9), Randy Estes (Motivational Interviewing MIFAST Contractor), Robert Compton (Treatment and Training and Sorry Rescue Mission Ministries, Region 7), Steve Batson (Trauma Informed Care/IDDT MIFAST Contractor), Susan Allan (Segue/Region 5)

Welcome and Introductions

Welcome and introductions were made

Review of Previous Minutes – Go to www.improvingMIpractices.org

Regional Reports

- **Region 10**

Carrie Chanter

- They continue to meet quarterly with their provider network which she shares a lot of the things from the COD Leadership meeting as well as local training opportunities
- They are keeping up-to-date with their self-assessments that they are doing of their programs as well as any other important updates and sharing with everybody
- They are getting ready for their next fiscal year and trying to do some SUD related training

Katie Baxter

- Carrie Chanter is their lead on all the co-occurring initiatives and is doing a really good job
- They are really excited that Genesee Health Systems did have their millage pass and are looking at different initiatives and opportunities to provide some additional services especially during this time
- It is always good to hear what others are doing, what the needs are, and what things are happening in the field

- **Region 7**

Robert Compton (Treatment and Training at Detroit Rescue Mission Ministries)

- He just finished his tenure of 21 years with Detroit Wayne Integrated Health Network
- He is now the senior director of Treatment and Training and Sorry Rescue Mission Ministries and is excited that they are very supportive of everything he has been doing with the state and continue to support his work with the state

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- They have over 22 programs that mostly deal with substance use and co-occurring disorders
- They will be launching a CCBHC shortly and he will be involved with that as well so lots of opportunities with training and talk about co-occurring and pulling in a lot of evidence-based practices

Matina Fabian (Hegira Health – Wayne County)

- They are trying to improve their co-occurring and SUD in ACT and rocking and rolling with ASAM

- **Region 5**

Mary Baukus (Saginaw CMH)

- They are currently going through everything in preparation for CCBHC and submitting everything
- They are kind of at the end and are waiting for feedback on that

Deb Willard (CEI)

- They are in the process of updating their strategic planning
- They are also working with technical assistance from Randy Estes and have had several meetings and are looking forward to getting some trainings going after the first of the year to help many of their clinicians in adult mental health service programs with their co-occurring efforts
- They have had a lot of turnover in staffing
- They are making sure everybody is getting the training to support the work that they need to do, and they have been doing CCBHC for a couple of years and they are moving forward

- **Region 3**

Kelsey Quigley (HealthWest)

- They are focusing on getting their ACT to IDDT model and are working on that every day and have a strategic plan in place to make sure we are up and running with it

- **MDHHS Contractors**

Randy Estes (Motivational Interviewing Contractor)

- He has been working with CMHs training motivational interviewing now for 10 years so a decade working around the state
- 2021 looks like a busy year with everyone getting use to virtual trainings and adapting to it from international to the state

MDHHS Updates

Upcoming Trainings – Michelle Boudreaux

Michelle is looking at developing an IDDT training series with the MIFAST COD team and it will be a combination of basic IDDT and advanced trainings

- There will be advanced with more specific topics and hoping to provide it at an increased frequency than what they did last year
- Once they get it developed with the trainings starting in January for initial new staff and those that are annual

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Integrated Treatment for COD - Open Forum – Michelle Boudreaux

Michelle wanted to see how the group felt about how the state is doing as far as integrated treatment for mental health and substance abuse

- Research indicates that only 10 percent of individuals with COD really get integrated treatment
 - What is working, what is not, and where there needs to be improvement
- Coordination of care when people are transitioning into different programs and some of that is related to communication, treatment planning, and transition plans like transitional housing
 - Maybe the PIHP is paying for that service and making sure the proper people know about it and can communicate that so it can be funded
 - Sometimes they are getting some pressure from community partners to have people open in two places to move people to one provider that is providing co-occurring vs. two providers
 - Feels like we have kind of slid back a little bit because they are having these conversations sometimes on a weekly basis
 - Some of the newer clinicians as they deal with maybe some newer staff kind of feel the same way
 - They are feeling their skill sets and competency if they have been primarily a mental health provider not necessarily feeling that their competency is adequate to treat a substance use disorder as well
- Historic issues with launching an IDDT team, a number of providers are already kind of set up because they are building off of the ACT platform – being a MIFAST reviewer and going to other organizations throughout the state this seems sort of modus operandi
 - The funding for IDDT programs is not equal to ACT
 - The things that need to be done more for IDDT is more integration of psychiatrists with a person who had substance abuse experiences and having an active peer
 - Those things did not really happen, so it seems more geared towards the ACT model
 - The funding is not always there to support the kind of expertise that the IDDT model calls for so a lot of organizations supplement with grants and because of lack of funding then IDDT basically became a mental health program that recognizes people have co-occurring disorders and they might have a COD group
 - Some organizations got the ability to get their psychiatrist involved and be able to prescribe but then there can be a funding issue of who pays SUD or MH

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- COD /integrated programs is still sort of leaning on the mental health side and ACT program, but it has never been truly integrated
- When launching models like Stages of Concepts and using MI as a foundation that has been a slow transition
- Activating different levels of co-occurring programs using DDCMHT as a way to see if programs were actually co-occurring and then give another level to see if it is actually an IDDT program but then you have the funding issue that never really was addressed/resolved
- Randy mentioned that Kenneth Minkoff, Christine Klein, and him were having much of the same conversation 18 years ago
 - It is an ongoing struggle, and it is a huge cultural shift that takes persistence
- Trainings and having the resources on Improving Michigan Practices, how to get the staff to actually do and utilize the trainings
 - Budget that time
 - The change does not necessarily happen in training but in supervision with constant supervision
 - Development plan for each individual clinician
 - Talking about co-occurring principles in supervision team meetings
 - A credentialing and privileging process, check in on the training and sending out a privileging update form to all the supervisors to the teams and they have to work with our staff to give an update on how they have met that training expectations

Office of Recovery Oriented Systems of Care (OROSC) Update - Angie Butterwick-Smith

Request for Proposal (RFP) – They have an RFP out for recovery support services for recovery community organizations and just got done doing the question and answer portion

- They are reviewing their evaluations from their statewide conference, and she is hoping for the next conference in September 2022 in Grand Rapids will be live (face-to-face)

Trauma Informed Care Presentation – Ambrosia Jackson and Steve Batson
Ambrosia and Steve took turns with the Trauma Informed Care presentation

Future Agenda Items

How do we continue to try to improve or integrate co-occurring treatment?

Future Meetings

February 17, 2022