



**SUD Stakeholder Advisory Committee  
Meeting Minutes  
January 11, 2016**

**Participants in attendance:** Jeff Blackford, Gary Cobb, Johnathan Eames, Deborah Friedman, Johnnie Gage, Jackie Mercer, Mary Monnat, Tim Murphy, Sheila North, Cheryl Ramirez, Rick Treleaven, and Daniel Ward

**OHA Staff Present:** Michael Morris, Dana Peterson, Janna Starr, Leslie Clement, Lori Coyner, David Simmitt, John McIlleevn,

<b>Topic</b>	<b>Name</b>	<b>Discussion</b>	<b>Action</b>
<b>Welcome &amp; Introductions</b>	All	<p>Karen welcomed participants and brought the meeting to order. Participants provided introductions.</p> <ul style="list-style-type: none"><li>• Karen introduced Dana Peterson, the SUD Amendment Project Manager, Health Systems Division (HSD), whom will partner with Janna Starr, 1115 Demonstration Manager, Health Policy and Analytics to manage this project.</li></ul>	
<b>Overview of Oregon's 1115</b>	Janna Starr	<ul style="list-style-type: none"><li>○ Janna provided an overview presentation of Oregon's 1115 Demonstration 'Waiver'.</li><li>○ Reviewed requirements and timelines involved.</li></ul>	

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<b>Demonstration (Waiver)</b>		<ul style="list-style-type: none"> <li>○ Participants discussed utilization of peer delivered services (PDS).</li> <li>○ Discussed having an outcome-driven system.</li> <li>○ Discussed metrics and deliverables. Clinical services, attached to certified/licensed treatment provider. Dana will send provider qualification materials to Jeff.</li> <li>○ No currently known CCO performance metric regarding PDS. This group isn't tasked to identify metrics. Lori suggested a useful approach is to submit letter with information and ideas about metrics to the Metric and Scoring Committee.</li> <li>● Group clarified that the SUD waiver amendment will be part of, embedded in, the 1115 Demonstration. <ul style="list-style-type: none"> <li>○ Discussed BH System transformation, integration, and progress for waiver.</li> <li>○ Discussed CMS letter that lists the requirements to meet the desired outcome.</li> </ul> </li> </ul>	Dana will send provider qualification materials to Jeff.
<b>The SUD Amendment-High Points</b>	Dana Peterson	<p>Dana shared her background and discussed three reference documents.</p> <ul style="list-style-type: none"> <li>● The <a href="#">Modern System of Care for SUD by John O'Brien</a>. Staff will forward to participants.</li> <li>● <a href="#">National Quality Forum</a> documents. Karen described the consensus type document that is in the know about SUD, contains EBPs about what works, algorithm for working with in primary care settings, or other integrated settings. Link: <a href="http://www.qualityforum.org/Publications.aspx">http://www.qualityforum.org/Publications.aspx</a></li> <li>● The CMS letter that lists the waiver requirements.</li> </ul>	Staff will forward the requested <a href="#">documents</a> and <a href="#">links</a> to participants.

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		<p>Dana led the group in reviewing the CMS letter top 12 requirements, highlighted areas met, and those areas needing to develop.</p> <ul style="list-style-type: none"> <li>• Dana explained some of the various requirements.</li> <li>• Acknowledged a subject matter expert (SME) is needed for home and community based area of work. Karen suggested potentially someone from Justin’s team.</li> <li>• Discussed strategies, with three priority-target areas, for Opioid use disorder.</li> <li>• Will need to ensure meeting the needs for our adolescence population.</li> <li>• Reviewed reporting and quality measures. References NQF measures. Stressed importance to have measures with measurable outcomes.</li> </ul>	
<b>Priorities and Next Steps- Consider Work Groups –</b>	All	<p>Dana asked participants how they suggest to best prioritize the requirements, and how to go about the work needed to meet the proposal. Discussed forming sub-workgroups, etc.?</p> <ul style="list-style-type: none"> <li>• Participants discussed the crosswalk document dispersed at the first meeting. Sheila suggested a crosswalk with the certified community BH centers initiative’s qualifications as well.</li> <li>• Rick discussed areas involving the largest challenges/gaps: Care Coordination design, Integration of physical health and SUD, Benefit management.</li> <li>• Home and community based services - huge change requirements, anticipate heavy lift for both MH and addictions.</li> </ul>	Karen will work with her staff to crosswalk the CMS letter with the CCBHC initiative’s qualifications.

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		<ul style="list-style-type: none"> <li>• Tim suggested ensuring the group has a full, shared understanding of definitions discussed (such as integration)</li> </ul> <p>The group brainstormed and identify way to organize the work.</p> <ul style="list-style-type: none"> <li>• Discussed ‘bucketed’ areas of work, out of all the requirements needing to address, to start matching-up for subgroups to take on, which will work more detailed on particular topics.</li> <li>• Some values should be embedded to every ‘bucketed’ area: (such as Cultural competency)               <ol style="list-style-type: none"> <li>1) <b>Strategies to address: Opioid disorder; Prescription drug use</b></li> <li>2) <b>Community Integration: of physical health, MH, SUD; Coordinated Care design; Network development</b></li> <li>3) <b>Program Integrity Safeguards; Appropriate Standards of Care; Comprehensive Evidence Based Benefit Design...or pair with quality measures</b></li> <li>4) <b>Adolescence</b></li> <li>5) <b>Comprehensive Evidence Based Benefit Design -which could help guide - Quality Measures</b></li> </ol> </li> <li>• As the subgroups are formed and discussing the details of areas above, Karen requested that subgroups:               <ul style="list-style-type: none"> <li>○ Works to identify key challenges, and recommendations to OHA to addressing those challenges, way for documenting</li> </ul> </li> </ul>	



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		<ul style="list-style-type: none"> <li>• Discussed determining what data we have now, and what data we need, in terms of data that would inform the work for this product.</li> <li>• Reminder of the technical assistance opportunity to assist the work.</li> </ul>	inform the work for this product.
<b>Ongoing Meeting Schedule</b>	All	<p>The group agreed to having a monthly ‘placeholder’ meeting scheduled for all, to use as needed (might turn into a check in, or perhaps to cancel depending on the needs within the given month).</p> <p>Next Steps:</p> <ul style="list-style-type: none"> <li>• Develop a monthly meeting schedule for 2016</li> <li>• Identify any council workgroup and subgroups needed.</li> </ul>	Staff will disperse a monthly meeting schedule for 2016
<b>Next Meeting</b>		<p><b>February 29, 2016</b>  <b>3-4:30 pm</b>  <b>Location: Human Services Building</b>  <b>500 Summer Street NE, Salem</b>  <b>Conference Room 352</b></p>	

**For questions or further information please contact: Janna Starr**