SUD Stakeholder Advisory Committee
Meeting Minutes
December 17, 2015

Participants in attendance: Devarshi Bajpai, Marie McDaniel-Bellisario, Jeff Blackford, Ray Brown, Brent Canode, Gary Cobb, Johnathan Eames, Deborah Friedman, Johnnie Gage, Gary Kitsel-Nelsson (For Mary Monnat), Jackie Mercer, Char (for Tim Murphy), Sheila North, Cherryl Ramirez, Sheri Selander, Jim Shames, Rick Treleaven, Daniel Ward and Michael Watkins

OHA Staff Present: Varsha Chauhan, Michael Morris, Nicole Corbin, Janna Starr, Leslie Clement, David Simnitt, John McIleevn,

Guests: Tyler Sadwith (CMS), Gary Ashby (CMS), John O'Brian (CMS)

Topic	Name	Discussion	Action
Welcome & Introductions	All	Karen welcomed participants and brought the meeting to order. Participants provided introductions and titles: **Devarshi Bajpai**, Multnomah County Mental Health and Addictions; **Marie McDaniel-Bellisario**, Yamhill Health and Human Services, Adult Behavioral Health Integrated Programs Manager; **Jeff Blackford**,	

Topic	Name	Discussion	Action
		Director of Communities Helping Addicts Negotiate Change Effectively (CHANCE) in Linn County; **Ray Brown**, Relief Nursery, Program Director for RSS in Lane County; **Brent Canode**, The Alano Club Director; **Gary Cobb**, Community Average Coordinator at Central City Concern (CCC); **Jonathan Eames**, OPERA; **Deborah Friedman**, Chief Operating Officer with Health Share of Oregon; **Gary Kitsel-Nelsson** (For Mary Monnat), Lifeworks NW; **Char** (For Tim Murphy), Bridgeway; **Sheila North**, Executive Director of OPERA; **Cherryl Ramirez**, Executive Director of the Association of Oregon Community Mental Health Programs; **Sheri Selander**, CEO of New Directions NW; Secretary for OPERA; **Jim Shames**, Medical Director for Jackson County Health and Human Services, and Medical Director for Allied and MAT Programs; **Rick Treleaven**, Executive Director of Best Care Treatment Services; President of OPERA; **Michael Watkins**, Chief Operating Officer for NARA; **Leslie Clement**, Director of Health Policy and Analytics; **Varsha Chauhan**, Chief Health Systems Division Officer, HSD; **Nicole Corbin**, Adult Behavioral Health Services Manager, HSD; **John McIlveen**, State Opioid Treatment Authority, OHA; **Michael Morris**, Behavioral Health Policy Administrator, Health Policy and Analytics; **David Simnitt**, Behavioral Health Policy Director, Health Policy and Analytics; **Karen Wheeler**, Business and Operational Policy Director, HSD; **Janna Starr**, 1115 Demonstration Manager, Health Policy and Analytics; **Michelle Meuwissen**, Administrative Support, Health Policy and Analytics	

Topic	Name	Discussion	Action
Overview	Leslie Clement	Leslie provided an overview regarding the SUD waiver amendment opportunity with CMS and, • reviewed requirements, • identifying opportunities and gaps to fill • Leslie provided an overview of documents from CMS that will help us develop our approach: A Crosswalk of the CMS State Medicaid Directors' Letter on SUD, and state special terms and conditions for 1115 demonstrations, and an ASAM criteria analysis as well as our internally-developed opportunity analysis • Leslie introduced the CMS representatives by phone to discuss how to help Oregon through the process. • Oregon is of five states that are receiving CMS technical assistance	
SUD Service Delivery System Reform	Varsha Chauhan	Varsha shared her background and recent years spent involved with the California waiver. • Shared suggestions and supported use of technical assistance. • Understands the waiver process well and shared excitement to assist in Oregon's process. • Leslie discussed how the importance of all parties working together: OPERA, providers, CCOs, OHA and others. o This group can engage those who implement the work at the beginning of the process o The group discussed the ability to develop and have great policy objectives, as well as the need to ensure successful implementation o Legislative support is also essential.	

Topic	Name	Discussion	Action

Goals and Objectives	Shelia North	Shelia thanked OHA for the opportunity for OPERA, to work with other stakeholders and OHA on the SUD system of care, and to strengthen partnership with Association of Oregon Community Mental Health Programs (AOCMHP) to inform the process.
		• Sheila described the background and development of OPERA's one-page document and the longer position paper.
		  ○ Ongoing issue for providers for residential treatment, with most facilities have more than 16 beds.
		  ○ Affordability threat
		  ○ Discussed effective resources
		  ○ National council worked with CMS
		  ○ Federal statute regarding IMD
		  ○ Need to respond to opioid epidemic
		  ○ Create different kinds of systems of care
		  ○ Objectives regarding: coordination, integration, accountability
		• Discussed Oregon's current system, regionalized, delegation to CCOs
		  ○ Discussed difference with California's system of care located in the counties, while in Oregon is delegated to 16 CCOs. 12 of which signed on to the OPERA letter to Leslie.
		  ○ Some areas in our system are very well developed, while some might only have a part of that system of care.
		  ○ Has to be a level of accountability to CCOs
		• Discussed need for the state to help CCOs by providing a 'menu' of services at the state level, and CCOs need to help the provider community put together the network.	

Topic	Name	Discussion	Action
		• Discussed goal to reduce cost in health system, increase recovery supported communities and return on investment. • Discussed identifying what the community needs are in order to create a complete system of care. • Rick Treleaven discussed lessons learned of what works/doesn't work, and how central Oregon created an outcomes-driven system of care. ○ Examples: Diversion from ER's, reaching into hospitals for inpatients develop referrals, engagement in intensive outpatient services (before going to residential), intensive follow-up care, recovery mentors in safe and sober housing. • Leslie shared excitement and desired objectives around coordination, integration, accountability. • Deborah Friedman discussed integrated areas, and how policy drives integration and coordination. • Members brainstormed and discussed system of care challenges. • Leslie reiterated that lessons learned will be key and acknowledged there are complex needs to address. • Group agreed that payment reform is a high priority need. • Discussed how critical component to compliment the efforts of the CCBHC planning grant initiatives, they strongly intersect. Could really help with the implementation grant proposal.	

Topic	Name	Discussion	Action

CCBHC Planning Grant	Mike Morris	• Mike discussed the planning grant being connected
		  ○ Not all planning grants funded for implementation
		• Discussed another critical population to look at is those who are incarcerated. Two-thirds of those risk population have a SUD. Cheryl Ramirez referenced an OMHDA action paper on SUD and incarcerated individuals. Would like to consider action paper, will be forwarded to the group.
		• The group agreed regarding needing to connect the multiple areas of work that are happening. Examples: Work regarding Opioid, policy and BH planning grant, USDOJ settlement, etc.
		• The group discussed need to have a core services statewide system and show outcomes, while also making a plan for the more difficult areas to address.
		• Group discussed needing a plan to make the case that we are integrated with broad lens to maximize opportunity
		  ○ Be careful to help ensure success. Example: some tough population that might not be ready initially, will need to plan when will be ready.
		  ○ Limits: some federal limitations and some capability limits
		  ○ Not set up successfully at core, basic service package needs
		  ○ Get core system and show outcomes
		  ○ Once core established, can better identify and address though areas
			Cheryl will send out action paper to Janna

Topic	Name	Discussion	Action
		• Discussed a strengthened community-based system and better services for acute and higher level care. • Karen mentioned workforce challenges to consider.	
CMS Feedback and Guidance	John, Tyler	• John O'Brien and Tyler Sadwith from CMS shared excitement to be involved with the stakeholder council. • John discussed the CMS guidance letter and provided a high level overview. • Shared increasing concerns about individuals with SUD • Serving more individuals with expansion of services, had more between the ages of 24-64 • Discussed best practices with MAT, follow-up from SAMSHA regarding services for adolescence. • Discussed State Medical Director letter. • 12-13 expectations, in order for states to meet in developing systems of services. • Described willingness to provide technical assistance as part of their Accelerator program to help prepare application towards 1115 readiness. • John applauded Oregon for working with stakeholders. • Tyler CMS discussed California's interest in expanding benefits, exploring system transformation, which begin with a site visit, and ended with an application 18 months later. ○ Tyler explained some details of the CMS expectations and review elements of the letter.	

Topic	Name	Discussion	Action
		○ CMS highlighted that they are interested to hear about various state strategizes: • Towards care coordination, successful transitions of care levels, right setting at the right time (and desire to see related processes and supports in place) • For addressing prescription drug abuse and what programs or strategies putting in place to manage their pharmacy benefits and to track and monitor use and abuse, and strategizes to address Opioid use disorder in general. • Ensuring SUD adolescent and youth services are available and coverage consistent with that for adults, as well as mandates. ○ Tyler discussed a reporting initiative to enhance data available on Medicaid side. ○ States to track a few quality measures and recommended tracking more within the letter. ○ CMS trying to align reporting programs between states. • Karen thanked CMS for their willingness and enthusiasm to provide technical assistance. • Leslie thanked CMS for their involvement and explained importance to understand when using Medicaid, it needs to be a partnership and to ensure meeting the requirements.	
1115 Demonstration Amendments and	Janna Starr	Leslie stated that this effort part of Oregon's overall strategy for addressing the SUD treatment needs in the state and discussed a process for developing the work.	Shelia will to confirm what states are

Topic	Name	Discussion	Action
Renewal-Current Processes/ Timelines		• Group discussed BH System reform on a long-term radar, and what it might look like beyond this waiver. • Members asked what other states are pursuing the waiver. Shelia offered to confirm. • Shelia stated desire for NY to become model for Medicaid. • Discussed obstacles and where Oregon stands • Janna reviewed the amendment timeline. Next Steps: • Identify council workgroup and subgroups • Critical timeline points will drive meeting needs. • Determined 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).	pursuing this opportunity.
Public Comment and Wrap Up	All	No public comment. Adjourned.	
Next Meeting		**January 11, 2016 from 3-4:30 pm** **Location: Human Services Building** **500 Summer Street NE, Salem** **Conference Room 352**	

For questions or further information please contact: Janna Starr