



Kate Brown, Governor



**SUD Stakeholder Advisory Committee
Meeting Minutes
March 28, 2016**

Participants in attendance: Devarshi Bajpai, Jeff Blackford, Gary Cobb, Deborah Friedman, Johnnie Gage (phone), Tim Hartnett (phone), Tonya Huff (phone), Jackie Mercer, Marie McDaniel-Bellisario, Mary Monnat (phone), Tim Murphy, Sheila North, Cherryl Ramirez, and Rick Treleven

OHA Staff Present: Lori Coyner, Karol Dixon, Karen Wheeler, Michael Morris, David Simnitt, Dana Peterson, Janna Starr and Michelle Meuwissen

Topic	Name	Discussion	Action
Welcome & Introductions	All	Karen welcomed participants and began the meeting. Participants provided introductions.	
Medicaid Director Updates	Lori Coyner	<ul style="list-style-type: none">• Lori reviewed the timeline and discussed how the SUD waiver amendment is fitting in with the CMS 1115 Demonstration Waiver<ul style="list-style-type: none">○ Details of all requirements are listed in CMS letter.○ Need to identify plan to address gaps prior to submittal that will lead towards a more likely approval.• Provided some background and an overview of the renewal process as working with the Governor's office.	

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		<ul style="list-style-type: none"> ○ Supports CCO model ○ January 2017 is realistic. Lori explained that she does not anticipate any change in that date. Staff is aiming renewal for May 1st (or as close as possible), either to have final produced next month, or January. ○ The newly formed committee is able to help working towards the next submittal. ● Lori asked for any questions. <ul style="list-style-type: none"> ○ Would piggyback renewal? No, would amend renewal ○ Shelia would like to follow up regarding issues with the process and discuss how to ‘tweak’ to get through the work faster. ○ Would most of the work be done by November 1st? <ul style="list-style-type: none"> ○ Lori agreed, would be manageable <ul style="list-style-type: none"> ● Karen explained that this allows the committee approximately six months ● Rick concurred and requested a new timeline <p>The SUD Committee will manage finishing their work for the concept paper by November 1st, 2016 and will submit to CMS January 2017.</p>	<p>Staff will work on forming a new timeline that aims to finish Committee work done by November 1, 2016.</p>
Old Business	All	<ul style="list-style-type: none"> ● The group reviewed the notes from the last meeting together. ● Participants approved the February 29th meeting by consensus. 	
Envisioning a Future Oregon SUD System	Karen Wheeler	<ul style="list-style-type: none"> ● Karen finished her presentation (began at the February meeting) ● Group discussed EBP’s and their values. Reviewed algorithm. ● Discussed Peer supports being further embedded within hospital. Discussed SUD medications, need to address same within TX. Jeff 	<p>Link to Karen’s presentation</p>

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		<p>described gaps for transportation; ACT community engagement program and disease management approach.</p> <ul style="list-style-type: none"> • Community based non-residential gaps that affect progress and how could help drive down residential. Discussed residential funding and transitional residential programs (not needing 24/7 staff, manage own meds, etc.). • Discussed fee for service and alternative payment models • Sobering services, few in Oregon, not Medicaid; Lines for life - Crisis hotline being funded. • Discussed approach to change the system, then will need to change payment methodologies. Payment reform is agreed to be needed. If opportunity to change that in this context is ideal. • Gary shared information regarding HUD policy brief with CCOs, would like to send out to the group. • Group discussed 1115's capacity for building housing supports into the waiver. Group discussed model/network to brainstorm what areas we don't use, not used much, could use as some areas may be more robust (keeping in mind statewide vs. phase in approach) • Identified barriers for families seeking appropriate intervention, need more supports included in initial addiction services, and more family supports in general are needed. More MH and A&D & Family Supports are all needed. • Discussed support that are specific to MAT and the Opioid Support Network. 	<ul style="list-style-type: none"> • Parking Lot: could look into connecting more to Lines for Life/Crisis hotline funded. • Gary to share HUD policy brief with CCOs

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Network Development	Dana Peterson	<p>Dana described a ‘deeper dive’ into network development, with lower level ASAM, outreach, etc.</p> <ul style="list-style-type: none"> • Reviewed assignments to brainstorm -based on CMS letter • Do we have enough clinicians? IOP across the state, not enough as a step-down residential (is fee for service), not enough capacity in IOP • Better coordination between ASAM levels is needed. • Need more nurses in detox. Discussed pre-detox: What does/should that look like? Tonya reported not enough detox beds, lack of access (limited providers = limited prescriptions they can write) • All agreed need for more licensed well-trained physicians. • Staff (mentors, CDACs, etc.) needed at all levels of care (are reportedly under-resourced). • Barrier due to medical complications within Treatment. Discussed workforce competency (such as have CDAC re-trained to asses MH condition at higher level) • Discussed a shared vision/model for SUD • Clinicians- need a deep dive on financing rates • Waiver amendment to address Network, needs improvement, discussed funding issues. • CCOs are critically needing to use more efficiently. • More TX points of contact needed to coordinate to gain feedback from another perspective (such as from a Parole Officer, etc.) 	Cheryl will send out action paper to Janna

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		<ul style="list-style-type: none"> • Identified services, some that are missing, limited resources with care coordination (suggest might have better care with increased coordination) • System design issue discussed – more fluid system needed (to reach-in, motivational programs, etc.) <ul style="list-style-type: none"> ○ Cannot just add resources and not have the funding to do it with, suggestion to re-organize the system based on those higher need populations. Issues with some services not wanting to take Medicaid rates. • Some states having more licensed addiction counselors (supply/demand- rates gone up, people willing to pay more) • Early intervention – need to catch earlier. Do we need to reach out to Department of Education? • Discussed training and continuum of care • Need ensure don't limit tribal ability to provide services • QMHP has to be within 7 days, need to build in • Shelia discussed 42CFR proposed changes, address in CMS letter. Dana reviewed the second assignment. • Group discussed re-envisioning, how would delivery service model change? DePaul 90 beds, where would they go? Would SOC stay afloat? Large companies. Do we want a large facility? Don't need if better care coordination • Group discussed network capacity issues. Only so many beds, what value to set? Discussed outcomes, cost savings production. 	

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		<ul style="list-style-type: none"> • Brainstormed assigning value around network ability and having the state funding done differently. Managing resources and meeting needs of people at the local level. • All shared desire for a system that moves people into long-term recovery. • Participants discussed data review needs to aid in their efforts. • Karen provided BH Mapping tool update, expecting phase 1 to end in June. The tool will help with some specific data needs. • Dana offered additional data resources she has for quick pulls of data sets as needed to help to visualize resources. • Group discussed what workforce looks like: Clinical sponsors needed for integrated model with peers, LMP, etc. Suggestion to train supervisors to be both A&D and MH. • Discussed emerging best practices, Peer supports to make sure are included in paper, Tribal best practices. Written piece, to include ASAM, motivational interviewing, highlight overlaps with CCBHC • Hotline to navigate the state/regional system, help connect people to the right resources and coordinate a ‘point person’ in the desired area. All agreed a good system for statewide resources would be great. • Discussed SBIRT – some suggested not enough capacity at the program level. • Dana thanked participants for feedback and great discussions. Dana will review the information gather with Karen to start conceptualizing and drafting this section. 	

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		<ul style="list-style-type: none"> • Staff will send out the next assignment. • Process suggestion to consider dividing up some of the work assignments in order to accomplish all in desired timeline. • Dana offered to re-visit process as they assemble the updated timeline to reflect the Committee finishing their work for the concept paper by November 1st, 2016. 	
Public Comment and Wrap Up	All	<ul style="list-style-type: none"> • No public comment received. • Meeting adjourned. 	
Next Meeting		<p>April 25, 2016 2:30 – 4:30 pm Location: Human Services Building 500 Summer Street NE, Salem Conference Room 352</p>	

For questions or further information please contact: Dana Peterson