

# Co-occurring Disorders (COD) Leadership Committee Statewide Meeting August 17, 2023

**Meeting Participants:** Angie Smith-Butterwick (MDHHS), Brenda Stoneburner (MDHHS), Brittany Pietsch (Region 1), Cindy Eckert (Region 10), Deb Willard (CEI CMH/Region 5), Ecole Brooks (MDHHS), Jared Welehodsky (MDHHS/Presenter), Lorianne Fall (MDHHS), Mary Baukus (Saginaw County CHMA/Region 5), Micky Knoch (Northeast CMH/Region 2), Michelle Boudreaux - Chair (MDHHS), Stacey Manley (Region 5), Stephanie Lange (Contractor)

## Welcome and Introductions

Welcome and introductions were made.

**Review of Previous Minutes** – Go to [www.improvingMIpractices.org](http://www.improvingMIpractices.org).

## MDHHS Updates

### **Opioid Advisory Commission Report / Opioid Settlement – Jared Welehodsky**

Jared shared a PowerPoint of the Opioid Settlement with the committee.

- The committee will be sent a copy of the PowerPoint.

### **Assertive Community Treatment (ACT) and IDDT Michigan Fidelity Assistance Support Team (MIFAST)**

Michelle mentioned that Lena Houston is on vacation but shared her ACT and Dual ACT/IDDT teams' information with the group. The department is doing ACT, IDDT, and dual ACT/IDDT team MIFAST visits which are going really well. The teams seem to have a lot of new employees and teams are figuring out how their team is working together, what their service needs are which will help the department out as far as FY24 training needs for the field. For IDDT, figuring out who meets the criteria for IDDT services. Some teams are presenting more like a case management team. When looking at IDDT services, a person with a serious mental illness (SMI) symptoms, behaviors, and high substance use disorder (SUD) needs: individuals who are at the point of only needing services twice a month are not needing the IDDT level. The bare minimum would be weekly or more whether it be outreach and engagement in their community, supports coordination of case management needs, and/or different levels of groups. For groups, do not necessarily need to be therapy groups sometimes it can be basic daily living needs like nutrition and budgeting. Teams can get creative. How is the team addressing the different stages of change? How does a team work on an ACT team vs. an IDDT team and/or work together? There are some differences and that can be difficult for someone to know. The department is looking at trainings for FY24 for teams and adding some new MIFAST reviewers. Please feel free to reach out to Michelle with any suggestions for trainings or if you are interested in becoming a MIFAST reviewer please contact Michelle Boudreaux via email at [BoudreauxM@michigan.gov](mailto:BoudreauxM@michigan.gov) or Lena Houston at [HoustonL@michigan.gov](mailto:HoustonL@michigan.gov).

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Some feedback from the group: the ACT trainings are not frequent enough for the availability of the trainings due to the teams not being able to all go at once just a couple of people at a time especially the annual training. Maybe have a library of resources or some sort on training other than ACT 101 and 201 and then what other trainings would be good for the clinicians. Brenda mentioned there was a directive that went out a few months ago other than the ACT 101 and 201 that other trainings are really individualized to the team member. There is not an identified list of ACT approved trainings that is up to each individual and their supervisor and what their needs might be i.e., Motivational Interviewing (MI), something on boundaries, trauma as there is a wide range of trainings that might be appropriate that ACT team members can take that count towards their ACT specific training based on their individual plans and needs of the clinician. The department has tried to approach the workforce capacity issues and loosen it some but also make it more individualized to the person based on the team and clinician needs may be at the time. Brenda told the group maybe just reiterating that to the agency's team(s) that might help clarify the trainings. Another comment about treatment planning training and many clinicians are asking for this type of training especially in the areas of COD or integrated treatment planning. Group work was another integrated training that was mentioned plus technical assistance.

Michelle mentioned for FY23, the department put some more trainings out like SUD and mental health, IDDT 101 and 201, engagement and outreach trainings. For FY24, she is looking at the data and feedback from the MIFAST visits to develop a more advanced training after the initial trainings like:

- What does a multiple disciplinary team look like and how to work together?
- How to get everyone on the team in group meetings were everyone is contributing?
- How is the team working together on engagement and outreach vs. just a report out?
- How to keep the team up to date?

***This is more for IDDT teams that are not meeting daily like ACT teams.***

### **Upcoming Trainings**

Michelle went through upcoming trainings with the group.

- November 2 and 3, 2023, will be the next DBT Summit: a save the date flyer came out for the summit.
- An ACT/IDDT Summit is being looked at and working on one for April.
- Technical Assistant is available just let Michelle know and what area the agency's team is struggling on.
- To register go to [Conferences & Training • Community Mental Health Association](#).

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**Trauma Summit: Courage to Emerge**

The Trauma Summit will be held in Lansing on December 7 and 8, 2023. Looking at overall trauma informed care and some trauma specific services. Look for a save the date flyer to come out soon.

**COD and SUD Conference**

The COD and SUD Conference is in Lansing on September 11 -12, 2023 with the preconference on September 10, 2023.

**Future Agenda Items**

Michelle mentioned a CMH was using Motivational Interviewing (MI) with Deliberate Practice. She will reach out to the agency. Please email any future agenda items to Michelle Boudreaux at [BoudreauxM@michigan.gov](mailto:BoudreauxM@michigan.gov).

**Future Meetings**

November 16, 2023, 2:30- 3:30 p.m.