

Michigan Department of Community Health, Behavioral Health and Developmental Disabilities  
Administration

OFFICE OF RECOVERY ORIENTED SYSTEMS OF CARE

Recovery Oriented System of Care, Transformation Steering Committee Meeting

MINUTES

**DATE/TIME:** November 20, 2014, 9:00 am to 3:30 pm

**LOCATION:** Horatio S. Earle Learning Center, Lake Huron Rm., 7575 Crouner Drive,  
Dimondale, MI 48821

**FACILITATOR:** Deborah J. Hollis

**NOTE TAKER:** Recorded

**ATTENDEES:** *In Person:* David Blankenship, Sandra Bullard, Yarrow Halstead, Deborah Hollis, Kim Kovalchick, Lisa Miller, Nancy Miller, Su Min Oh, Kevin O'Hare, Darlene Owens, Eva Petoskey, Sam Price, Dawn Radzioch, Tom Renwick, Marci Scalera, Larry Scott, Felix Sharpe, Mindie Smith, Brenda Stoneburner, Ronnie Tyson, Pam Werner, Grady Wilkinson, Mark Witte, and Kathy Worthem.

**GUESTS:** Jeff VanTreese, Elizabeth Agius

**CONFERENCED IN:** Kristie Schmiede

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TOPIC SUMMARIES

**I. WELCOME AND INTRODUCTIONS – Deborah J. Hollis**

Deborah welcomed the Transformation Steering Committee (TSC). Members and guests introduced themselves. Minutes from the September 18, 2014 meeting were reviewed and there were no changes.

**II. Behavioral Health and Developmental Disabilities Administration (BHDDA)  
Administrative Update – Thomas Renwick**

**Medicaid:** After 10/1/14 the coordinating agency contractual obligations are now integrated into the Prepaid Inpatient Health Plans (PIHP) contract. Still work to be done on services regarding contract integration on substance use disorder (SUD) and systems.

**Medicaid Health Plan Rebid:** The Michigan Department of Community Health (MDCH) continues to work with MDCH leadership, MSA, etc. There will be a lot more emphasis on the PIHP Medicaid health plan coordination agreements on operationalizing coordination of care for individuals who are served by both systems, as well as those individuals with chronic conditions. More attention will be paid to information sharing and a lot of work will be done in looking at implementing performance incentive withholds that cross both systems and finding a way to construct withholds for both the Medicaid Health plan and PIHP in a way that incentivizes and awards coordinating activities. We are coming up with more effective ways to equally reward the PIHPs and the Medicaid Health Plan.

**Healthy Michigan:** As of 11/10/14, there were approximately 450,000 enrolled and continue to increase, at a rate of approximately 10,000 per week. Work is needed due to “churn” which means those individuals falling off and on Healthy Michigan eligibility. We are looking at how

enrollment changes are occurring over time and evaluating whether services and payments for those services are adequate.

**Health Homes:** MDCH is waiting on the Centers for Medicare and Medicaid Services (CMS) for final approval on the submitted Section 2703 health home initiative. Three pilots are running in Manistee, Grand Traverse, and Washtenaw counties and shadow sights are being run by a couple other CMHSPs. These sites are attempting to coordinate more fully the integrated delivery of services to meet all of an individual's physical and behavioral health needs. Through the pilot, funding is available to deliver better coordination of care. Enrollment in Health Homes continues to take place at these pilots. However, we are looking at ways to increase enrollment activity.

**Drug Diversion:** Steven Mays is heading up the oversight of those existing four (4) pilots culminating in RFPs for a little over three (3) Million for additional pilots around the state. RFP's may have gone out already.

**Dashboard:** We are piloting and have a template for the dashboard that the PIHPs will populate with FY 2014 data, at which time will be evaluated for a 2015 rollout. The review will take place quarterly; evaluating administrative, medical loss ratios, etc. This is a work in progress.

**Children:** Michigan Mental Health and Wellness priorities are formulating an RFP for a Children's Behavioral Action Team (CBAT) that will work with highly impaired kids who are cycling in and out of Hawthorne and into the community. The team will operate out of Hawthorne and focus on about 20 kids. Work is also underway to develop a Psychiatric Residential Treatment Facility. Children hospitalized at Hawthorne would have the potential for to be transitioned down to the Psychiatric Residential Treatment Facility. The CBAT will be working closely with the hospital and Psychiatric Residential Treatment Facility staff.

**Kalamazoo Psychiatric Hospital:** Alan Jensen, from Pinerest Christian has been appointed the interim director of Kalamazoo while the search for a full time director takes place. Other activities continue to look at service delivery, quality of care, and staffing issues.

**TSC Membership and Roles:** You will be hearing a need to evaluate membership and rules. We are envisioning a robust and broader role for TSC and look at ROSC and other areas of the department that needs to be in this group. The Standards Group (TSG) will be ending in December 2014. TSC will be undertaking some of TSG's responsibilities.

**Rate Setting:** Discussion about Healthy Michigan rate settings. BHDDA will be re-evaluating the Healthy Michigan rates for FY 15 based on FY14 experience.

**Prescription Drug Use and Abuse:** Brenda Stoneburner reports that the prescription drug abuse website is up and running and displayed the website explaining its various parts. She also explained the purpose of the initiative.

**Partnerships for Success (PFS) II:** During the project year two of the PFS II, we conducted site visits in July, August and September regarding programming, challenges and obstacles and recommendations for entering the third and final year. Projects are successful so far. One of the focuses is prescription drugs in a media campaign called 'do your part' that now includes both underage drinking and prescription drugs of which we can tie in additional areas. A press release went out and is also available on the OROSC webpage at [www.michigan.gov/bhrecovery](http://www.michigan.gov/bhrecovery). The direct website is [www.michigan.gov/doyourpart](http://www.michigan.gov/doyourpart). Feedback has been phenomenal with ways to improve it. Minor modifications will be

implemented based on the feedback. It has also been posted on MDCH's Facebook where there were 564 unique hits and a total of 1,253 impressions by those who spend time on the website. A questionnaire will be going out in January 2015 to PFS II target communities that piloted the website to see where they are with their plans.

### III. FY 15 SUD Projects – *Deborah Hollis*

**Funding will be available** as soon as possible which will support initiatives we are required to complete for the Block Grant, Synar, Women's Specialty Services, etc., and address any population disparities for services. These funds will go back to the field through a mini RFP process via the PIHPs. The dollars must be spent this year. Our goal is to enhance services. More details will be forthcoming.

Recovery Housing is a priority.

### IV. Regional SUD Plans – *Larry Scott*

Nine of the PIHP SUD Strategic Plans have been received and approved. We are still awaiting one. Review of the plans revealed the following:

#### **Strengths**

- Nine Oversight Policy Boards (OPB) were established prior to 10/1/14 and one PIHP on 10/7/14.
- Considerable knowledge regarding the epidemiology of the regions and the burden of substance abuse which translated into good logic models and strategic plans to SUD.
- OPB had input into the strategic plans.
- Logic models were complete for both prevention and treatment.
- Comprehensive allocation plans.
- Comprehensive three year timelines.
- Cultural competency policies of which four used the toolkit published by our agency.

#### **Weaknesses**

- Evaluation plans.
- Data driven measurable tools pertaining to treatment services.
- Communicable Disease plans and the equivocality about how to develop this plan.
- Women's specialty service plans.

#### **Training/Education Needed**

- Cultural Competency plans on how to use the toolkit.
- Communicable Disease plans.
- Women's specialty services and medication assisted treatment plans and their long-term outcomes.

Guidelines will be issued for strategic plan updates.

### V. Public Act (PA) 200 Webinar and Involuntary Admission – *Felix Sharpe*

**Webinar:** A webinar will take place on Monday, November 23, 2014 where all interested parties; providers, administrators, etc., will come together to have an informed discussion. We have discovered that PA 200 has been in existence for a long time and what has happened is that its language has been amended to include the new legislation and how to use it. Explained were the four possible scenarios that a person could be admitted for SUD and the PA 200 sections and subsections. A link to the webinar will be provided.

Concern around costs involves the process of when the police take an individual into custody, transferring the individual to a provider, under which their commercial insurance or Medicaid will kick in, if they have it. If they do not have insurance, they will be eligible for the Block Grant, healthy Michigan, etc., which will require a great deal of coordination between the local probate courts, PIHPs, hospitals, and law enforcement.

#### **VI. Peer Training Update – Pam Werner**

Individuals with lived experience from the mental health community have expressed concerns on a bill sponsored by Representative Tim Murphy from Pennsylvania. Some of the written language on commitment procedures has been challenged by consumer and advocacy groups.

Michigan Department of Corrections has approached us on providing technical assistance and developing a partnership for training Certified Peer Support Specialists in prisons. They report that 15 percent of individuals in prisons that have a serious mental illness. This would involve training and employing individuals who are close to parole. They are looking at targeting paid positions. We are looking at grant opportunities to implement this.

A request has been made to the PIHPs to determine who will be the peer liaisons for the 10 regions. The PIHP liaison's responsibility will be to communicate with the department on how the peer recovery workforce, trainings, etc., are progressing. OROSC is bringing two individuals from Georgia to assist with a curriculum and credentialing process for Recovery Coaches. Neil Campbell who is a board member for Faces and Voices and the director of the Georgia Council of Addiction Services is facilitating the two day event. All ten regions will be choosing a Recovery Coach as a representative for their area. The training will take place at an overnight retreat facility at St. Francis in DeWitt and continuing education will be offered for peers and coaches in the area of trauma and addictions.

#### **VII. TSC Membership – Large Group Discussion**

Need to consider who is at the table and who needs to be at the table. Those that need to be at the table include SUD directors, SUD Oversight policy board, and recovery in order to accomplish our goals. We will begin this process at the beginning of the New Year (2015). This will be the next phase of the integration process. Balance of representation between SUD and mental health needs to happen.

#### **VIII. Overview on the Prevention Data Repository – Liz Agius**

An explanation of the Data Repository showing the data, indicators, and measures for both SUD and mental health was presented to the group by displaying it on the screen.

#### **IX. TSC Next Steps – Group Discussion**

Invitation Recommendations:

- PIHP
- 10 SUD Directors
- CMH Board Members
- Board Association
- OPB

Suggestion for action steps on priorities.

**Action Items:**

<b>Item</b>	<b>Person(s) Responsible</b>	<b>Deadline</b>
N/A	N/A	N/A

**X. ADJOURNMENT**

The meeting adjourned as scheduled.

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**ADDITIONAL INFORMATION**

**NEXT MEETING**

**Date/Time:** March 19, 2015; 9:00 am to 3:00 pm

**Location:** Lansing Community College West Campus, 5708 Cornerstone Drive, Rm. No. M122,  
Lansing, MI 48917.