

Michigan Department of Community Health, Behavioral Health and Developmental Disabilities Administration  
BUREAU OF SUBSTANCE ABUSE AND ADDICTION SERVICES

Recovery Oriented System of Care Transformation Steering Committee Meeting

MINUTES

**DATE/TIME:** MARCH 21, 2013, 9:00am to 3:00pm

**LOCATION:** Capitol View Building, Seventh Floor Conference Room

**MEETING CALLED BY:** The Bureau of Substance Abuse and Addiction Services (BSAAS)

**TYPE OF MEETING:** Quarterly Meeting of the Recovery Oriented System of Care (ROSC)  
Transformation Steering Committee (TSC)

**FACILITATOR:** Jeff Wieferich

**NOTE TAKER:** Lisa Miller

**TIMEKEEPER:** Jeff Wieferich

**ATTENDEES:** David Blankenship, Yarrow Halstead, Deborah Hollis, Lisa Miller, Kevin O'Hare, Sam Price, Dawn Radzioch, Marci Scalera, Larry Scott, Felix Sharpe, Brad VanZanten, Jeff Wieferich, Grady Wilkinson, Mark Witte, Jackie Wood, and Cathy Worthem

**GUESTS:** Brittney Beard, Program Specialist, Michigan Primary Care Association; Su Min Oh, Epidemiologist, BSAAS; Brenda Stoneburner, Departmental Specialist, BSAAS; and Jackie Termier, Social Work Intern, Network 180

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TOPIC SUMMARIES

**I. WELCOME, INTRODUCTIONS AND DEPARTMENT UPDATE – DEBORAH HOLLIS**

**A. Discussion**

Deborah welcomed everyone and provided some brief department updates. She indicated that the Application for Participation (AFP) document has been released and the 10 “new” Prepaid Inpatient Health Plans (PIHP) regions were in the process of completing the applications. The AFPs have requirements that are specific to the management of substance use disorder (SUD) services and recovery, because it is these entities that will take over the coordinating agency (CA) role by October 1, 2014. The Michigan Department of Community Health (MDCH) has initiated a process that will assist the CAs and the new regions in making that transition.

MDCH has established several strategic priorities for 2013. Behavioral Health and Developmental Disabilities are responsible for the following areas:

- Identifying and improving culturally sensitive access to all services for persons with disabilities.
- Integrating services for physical health and mental health (MH) to increase coordination among care providers.
- Enhancing efforts to identify and improve early intervention MH services for children and youth.
- Improving access to federal benefits and local services for veterans.
- Developing opportunities for persons with mental illness and substance abuse issues to receive early intervention services to prevent incarceration.

It should be noted that all of these areas can and will be addressed as part of ROSC.

BSAAS is still working with Health Management Associates (HMA) to finalize the *Workforce Capacity* report they were charged to create for MDCH. After HMA finalizes the report, it will be released to the field.

Legislation that is focused on drug testing welfare recipients who are suspected of using substances is currently moving through a committee. Anyone who tests positive will be required to go to treatment. If a client refuses testing or treatment, they lose their benefits.

**B. Conclusions**

N/A

**C. Action Items**

Item	Person(s) Responsible	Deadline
N/A	N/A	N/A

**II. SUD OVERSIGHT POLICY BOARD RECOMMENDATIONS – JEFF WIEFERICH**

**A. Discussion**

Public Act 500, which mandates the integration of CAs into designated Community Mental Health Entities (CMHEs), requires that each CMHE establish a SUD oversight policy board. BSAAS is seeking feedback from the TSC regarding how the CMHEs should be directed in establishing those boards; as the law only requires a representative from each county that the CMHE represents.

**B. Conclusions**

This group discussion resulted in the following recommendations for the oversight policy board:

- All members must have lived a MH/SUD experience.
- No members should be allowed to sub-delegate responsibilities.
- All members must be familiar with the SUD service system.
- A conflict of interest or business connections must not exist.
- It should be encouraged to have more than one member from each county.
- Representation needs to be broad and diverse – not everyone can have the same interests.
- The size of some of these groups will impact how well they function.

**C. Action Items**

Item	Person(s) Responsible	Deadline
Consider the above information as the integration plans are being submitted to the MDCH.	BSAAS	N/A

**III. REVIEW OF ASSURANCES FOR SUD SERVICES – FELIX SHARPE**

**A. Discussion**

Felix led a discussion with the group about a process that is being put in place to ensure that the new CMHEs fully understand the expectations that will be placed on them once they take over all of the SUD service and administrative responsibilities. The document that was reviewed was still in draft form; it will continue to be changed over the next month as agreement is reached on the content.

**B. Conclusions**

Initial comments and feedback from the group included the following:

- Peer support services must be more specific and spelled out to reduce/avoid discrepancies/questions/confusion.
- There were concerns expressed about this process being too closely related to contract negotiation and the development process the PIHP use.
- There were some concerns about how residency issues were going to be addressed, even though this was identified as something that was being addressed.
- It was noted to make sure ROSC is embedded throughout the assurances document.

- Residential care needs to be specifically referenced.
- It was noted to be careful of unfunded mandates.
- Prevention needs should be very specific.
- Medical necessity information should be is concrete and not based on “philosophy.”
- Wellness should be addressed.

**C. Action Items**

Item	Person(s) Responsible	Deadline
Compile questions and additional information to be added to the assurances.	<ul style="list-style-type: none"> <li>• TSC members to communicate questions/information regarding assurances</li> <li>• Lisa Miller to compile/organize the information provided</li> </ul>	Information due to Lisa Miller by April 1, 2013

**IV. WORKING GROUPS – UPDATES**

**A. Discussion**

- **Michigan Recovery Voice by Kevin O’Hare** – The group has experienced a turnover in membership since it began. Newer members represent faith-based treatment services, SUD treatment providers, the state bar association, and a physician. The group is seeking a more professional look and presence. Government representation is being sought. The membership push is an attempt to address “stigma.” Kevin indicated that they are trying to organize a rally in Lansing, as part of an effort that will connect groups with the appropriate house and senate representatives. The group still meets the first Tuesday of the month in the Lewis Cass building.
- **Behavioral Health Advisory Council (BHAC) by Jeff Wieferich** – The second meeting of the BHAC was held. The meeting focused on establishing the bylaws for the council. The first draft of the combined MH and Substance Abuse Block Grant (BG) was also reviewed. The next meeting will be in June 2013, at which time the BG will be reviewed again, and officers will be selected for the formal leadership of the group.
- **Prevention Workgroup by Brenda Stoneburner and Dr. Su Min Oh** – An update on the Partnership for Success (PFS) II grant and the activity of the State Epidemiological Outcomes Workgroup (SEOW) was provided. The PFS is focusing on building prevention prepared communities and helping communities to be able to address SUD issues from a recovery standpoint. The group encouraged BSAAS to make sure Lynda has the necessary prevention information to share, so she can get the message out from the director level. SEOW continues to be focused on building the Central Data Repository; information is continuing to be put into the system.
- **The Michigan Certification Board for Addiction Professionals (MCBAP) Peer Recovery Mentor Credential** (New agenda item) – The discussion included clarification regarding the BSAAS Technical Advisory #7, and the current Recovery Coach training being utilized, which were both established prior to the International Certification and Reciprocity Consortium (IC&RC) Peer Recovery Mentor credential. Confusion was expressed by members in regards to what credentials a peer needed to be considered a coach because of the MCBAP credential. BSAAS clarified that the MCBAP peer credential is not required and that the training identified in Technical Advisory #7 is needed to be considered a recovery coach.

**B. Conclusions**

N/A

**C. Action Items**

Item	Person(s) Responsible	Deadline
N/A	N/A	N/A

**V. DISCUSSION/AGREEMENT ROSC TRANSFORMATION PRIORITIES – TSC GROUP**

**A. Discussion**

The three priorities and two suggested strategic activities for continued ROSC transformation that were originally presented to the TSC members at their December 2012 meeting were reviewed again. At that time, the group was informed that the priorities would be voted on during the March 2013 TSC meeting. The group discussed these items and ensured that they fit the ROSC Implementation Plan, and that there was agreement on the direction that is needed for the field. There was also significant discussion about how ROSC transformation efforts are inconsistent around the state. Two strategic activities were discussed as well:

- Strategic Activity 1: Convene a statewide forum for representatives from the 10 new PIHP regions for the purpose of education, reorganization, and reprioritization.
- Strategic Activity 2: Convene regional summits designed to develop/enhance regional transformation plans, and to educate and promote inclusion within the new PIHP regions.

**B. Conclusions**

The TSC voted on, passed, and adopted the following priorities, which are to begin shaping transformation efforts starting April 1, 2013:

ROSC Transformation Priorities:

- Priority 1: Conduct a second baseline survey that will assess knowledge, preparedness, and capacity for further transformation.
- Priority 2: Increase the awareness and understanding of ROSC and its importance in this integrated environment to external/other stakeholders and additional layers within the SUD service and stakeholder systems.
- Priority 3: Increase the expectation around the transformation to an ROSC and the movement of services and supports to that end.

**C. Action Items**

Item	Person(s) Responsible	Deadline
The TSC subgroup that reviewed the ROSC transformation implementation plan and proposed the priorities, have been tasked with deciding how best to inform regions of these priorities and initiate transformation work in these areas.	Mark Witte, Marci Scalera, Ronnie Tyson, Kevin O’Hare, and Lisa Miller	N/A

**VI. COMPARISON OF THE STATE BENCHMARK PLAN TO THE TSC BENEFIT PACKAGE AND MEDICAID – JEFF WIEFERICH**

**A. Discussion**

The group was provided with a document that reflected SUD coverage of the state benchmark plan, current Medicaid SUD coverage, and the recommended SUD benefits that were recommended by the TSC. There was significant discussion about the lack of coverage in the benchmark plan, as residential care and recovery support is not covered. Methadone services are covered, as long as they are billed in a specific manner. The group appreciated the information and several members are going to use the information to educate people around them and to address concerns with appropriate representatives in their regions. This document has been provided to MDCH administration to help with other discussions surrounding this issue.

**B. Conclusions**

The benchmark plan coverage is not adequate to support recovery.

**C. Action Items**

Item	Person(s) Responsible	Deadline
TSC will be provided this information in a format that can be shared with others.	Jeff Wieferich to complete the document	April 1, 2013

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**ADDITIONAL INFORMATION**

**I. NEXT MEETING**

**Date/Time:** June 20, 2013, 9:00am to 3:00pm

**Location:** Horatio S. Earle Learning Center, 7575 Crouner Dr., Dimondale, MI