

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:** September 19, 2013, 9:00am to 3:30 pm

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

**MEETING CALLED BY:** The Office of Recovery Oriented System of Care (OROSC)

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

**FACILITATOR:** Deborah Hollis

**NOTE TAKER:** Meeting recorded

**ATTENDEES:** *In Person:* Brittany Beard (alt.), David Blankenship, Denise Herbert, Deborah Hollis, Lisa Miller, Kevin O'Hare, Sam Price, Dawn Radzioch, Felix Sharpe, Marci Scalera, Larry Scott, Pam Werner, Jeff Wieferich, Grady Wilkinson, Mark Witte, and Cathy Worthem

**GUESTS:** Katherine O'Hare

TOPIC SUMMARIES

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

- The TSC was welcomed by Lisa Miller and asked to think about the date for the next TSC meeting due to the upcoming holidays.
- Deborah reported the following:
  - The workforce survey results conducted by Health Management Associates are available. Another survey will be issued in October 2013 that will more closely look at the capacity of a provider system, such as an employee's level of education, and certification to name a few. Gaps need to be determined to prepare for the Affordable Care Act (ACA) should the need arise. This will give us a baseline to know if our services are increasing, decreasing, or need changing. Feedback about the survey is encouraged.
  - The Substance Use Disorder (SUD) Conference was excellent and well attended.
  - Representative Joseph Haveman is exploring recovery housing options.
  - House Bill 4891 has been introduced for prevention and treatment services.
  - All substance abuse service array areas are important to recovery: prevention, treatment, medication assisted treatment, recovery, recovery housing, and the continuum for support outcomes. Kevin O'Hare mentioned that Johns Hopkins conducted an informative study regarding recovery housing that would be beneficial for review. Deborah said to add the Johns Hopkins study to the next ROSC TSC agenda.

**Action Items:**

Item	Person(s) Responsible	Deadline
Subject for next ROSC TSC agenda: Johns Hopkins study on recovery housing	Lisa Miller	December

## II. UPDATES

- **Behavioral Health Advisory Council – *Jeff Wieferich***

A meeting took place on September 13, 2013, led by Marsha Probst and Chris O'Droski, chair and vice-chair, regarding ideas from the Substance Abuse and Mental Health Administration on state planning for the ACA. There were two outcomes from this meeting: 1) A small group of people will be looking at Senate Bill 374, which involves providing an opportunity for someone to alert a school system over a student receiving a threat called a “snitching bill.” 2) The SUD Benefits Package will be reviewed again to form an opinion for recommendations to develop Medicaid expansion, and any other changes to Medicaid policy. We need to add this as a discussion item on our next agenda. Kristie Schmiege will be organizing a group to put together recommendations. The Benefits Package is a discussion that is taking place on the departmental level.

- **Michigan Recovery Voice (MRV) – *Kevin O'Hare***

- MRV has adopted a structure for the executive board and advisory committee, which will consist of a five to seven member executive board.
- To obtain a more in-depth look at what MRV is doing throughout the state, check out their Facebook page at <https://www.facebook.com/pages/The-Michigan-Recovery-Voice/384001491667166>. (Or conduct an Internet search for “Michigan Recovery Voice” and click on the search result that has “Facebook” in web address.)
- MRV does not have a website at this time; they are currently in the process of securing a domain name.

- **Bringing Recovery Supports to Scale, Technical Assistance Center Strategy (BRSS TACS) – *Jeff Wieferich and Pam Werner***

The BRSS TACS grant time-period was expanded and the balance left, \$20K, will be used for a public service announcement media campaign. The media campaign is in the early stages, and Jeff is meeting with Jason Holben on a conference call regarding the video.

- **Recovery Council – *Pam Werner***

- To report some of the history of the Recovery Council, Pam Werner and Irene Kazieczko wrote a transformation grant for the Center for Medicare and Medicaid services, which funded the Recovery Council. Partial use of the grant went to designing and issuing a survey, which showed 40 percent who were surveyed had no idea what “recovery” was or is. As a result, a train-the-trainer workshop was created.
- The Recovery Council will be holding a celebration in honor of Irene Kazieczko and all the work she was involved in tomorrow (September 20, 2013). There will also be another celebration in honor of Irene and her work, at Hawk Hollow on Saturday, September 21, 2013, from 2:00 pm to 5:00 pm.

- **Peer Conference – *Pam Werner***

The Peer Michigan Conference brochure is still in the modification stage and will be sent out by Michigan Association of Community Mental Health Boards. The conference will be held October 28, 29, and 30, 2013, at the Best Western Plus Hotel on Cedar Street in Lansing, Michigan. Everyone is invited. The cost is \$35.00 a day or \$105.00 for all three days. John Fryer is coordinating the health and wellness events, which will include screenings, such as body mass index, depression, etc. There is also a need to have a screening on addiction and recommendations are requested. Marci suggested the screening method that Washtenaw uses through the Screening, Brief Intervention, and Referral to Treatment, known as the SBIRT project.

- **Prevention Prepared Communities (PPC) – Larry Scott**  
 Considerable progress toward PPC has been achieved. The OROSC also has been very fortunate to receive a number of grants, specifically the Partnerships for Success (PFS) II. The purpose of the PFS II is to build prevention infrastructure so that the community can be better equipped to respond to substance abuse and mental health issues. PPC is integrating prevention services into primary care, within a recovery-oriented system of care. Most of the projects are on strengthening families. Coordinating agencies (CA) and coalitions are encouraged to become partners. From a population standpoint, the communities have chosen and received several workforce initiatives. Central Center for Application of Prevention Technologies (C-CAPT) provided training on the integration of mental health promotion at a pre-conference workshop in connection with the SUD Conference; common risk and protective factors pertaining to substance use and mental health disorders were discussed. This training will be replicated at the local level in FY2014. Please check the Michigan Institute for Prevention and Treatment Education website, at [www.mi-pte.org](http://www.mi-pte.org), for training information.
  
- **ROSC Survey – Lisa Miller**  
 About 130 people responded to the ROSC Survey. Liz Agius is in the process of compiling the data and we should have some preliminary results at the next ROSC TSC meeting.
  
- **Epidemiological (EPI) Project – Brittany Beard, Michigan Primary Care Association (MPCA)**
  - At the SUD Conference, Becky Cienki and Brittany Beard conducted a presentation on Co-occurring Mental Health and Primary Health Conditions. If interested in more information, please e-mail Brittany at [bbeard@mpca.net](mailto:bbeard@mpca.net). The presentation is also available on MPCA's website at [www.mpca.net](http://www.mpca.net). MPCA is hosting the third BH / Primary Care Integration Conference on November 20, 2013, at the Amway Grand Hotel in Grand Rapids, MI.
  - An e-mail was sent to everyone about the BH integration-mapping project to confirm there are no changes. If there is a project that needs to be included, please contact Brittany at [bbeard@mpca.net](mailto:bbeard@mpca.net). MPCA's goal is to promote this as a resource, and address barriers as updates arrive. For more information, visit MPCA's website under clinical services, BH, and BH integration resources, to view the integration map.

**Action Items:**

Item	Person(s) Responsible	Deadline
Subjects for next ROSC TSC agenda: SUD Benefits Package Recommendations, and ROSC Survey	Lisa Miller	December

**III. UPDATE ON COORDINATING AGENCY / PIHP MERGER – Felix Sharpe**

The Behavioral Health and Developmental Disabilities Administration (BHDDA) are two weeks away from receiving Implementation Merger Plans. Over the last six weeks, meetings have taken place with nine of the 10 regions. The 10th region is in the Upper Peninsula. All regions are beginning to come together, some are ahead, and they are all learning to work together. Early integration will take place for some regions in January 2014.

**Action Items:**

Item	Person(s) Responsible	Deadline
None	N/A	N/A

**IV. REENERGIZING THE TSC – Deborah J. Hollis and Lisa Miller**

- A discussion document entitled, *Transformation Steering Committee Moving Forward* was updated in the areas of membership, priorities, and ensuing action. See updated document.

- **Additional Discussion:**
  - Work that is done in recovery must be measurable.
  - Each region will have a policy plan indicating the direction they will take.
  - We must take a closer look at how Philadelphia and Connecticut have implemented and approached recovery-oriented systems of care, which included resource mapping and was very comprehensive.
  - We must know what we have to offer.
  - We must know our rate of investment.
  - TSC will function as the authority on ROSC.
  - We need to know how we are perceived.
  - Roles and responsibility lines must be drawn and evident.
  - A review of the TSC membership must take place to determine those who are active and attend regularly, and those who are not active. (24 individuals are not Michigan Department of Community Health staff.)
  - The TSC must be proactive and active as far as policies and recommendations are concerned.
  - The TSC must be equipped to work with other departments and systems.

**Action Items:**

<b>Item</b>	<b>Person(s) Responsible</b>	<b>Deadline</b>
Send updated TSC Moving Forward document to TSC members	Lisa	TBD
Methods to measure recovery	All TSC	TBD
Survey TSC members on continued interest in being a TSC member	Lisa	TBD

**V. BHDDA UPDATE – Liz Knisely**

- **Medicaid Expansion**
  - BHDDA is reviewing direct Medicaid substance use service dollars the PIHP receives to determine how they are expended.
  - Data needs to be correct and accurate from the Prepaid Inpatient Health Plans (PIHPs) which would be a way to know that every Medicaid dollar is being spent effectively.
  - There will be a push in the area of prevention regarding housing. BHDDA is exploring creative ways to supply basic needs.
- **Budget**
  - Under a bill proposed by Matt Lori, the Liquor Control Commissions’ liquor tax revenue will dedicate 9.5 percent to substance use services throughout Michigan.
- **BHDDA Priorities**
  - Health Homes, jail diversion, duals eligibles, technology issues, state innovation funds, and older persons. Making sure individuals over 65 receive the healthcare services they need including RxOTC substance abuse treatment and dementia services.
  - Advocacy around children through a 1.3 million dollar grant to recognize MH and substance use services for youth and adults, which will provide Mental Health First Aid Training to schools, lay persons, faith-based organizations, etc. Focus is on communities with children.

## VI. WRAP-UP AND ADJOURNMENT

- Noted subjects for the next TSC meeting should include infrastructure, cultural competency, and recovery.
- Discussion was held on whether to change next TSC meeting from December 19 to December 12, 2013. All TSC members are to e-mail Lisa with their available dates.

### Action Items:

Item	Person(s) Responsible	Deadline
Subjects for next ROSC TSC agenda: infrastructure, cultural competency, and recovery	Lisa Miller	December
Possible date for next meeting	All TSC	TBD

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## ADDITIONAL INFORMATION

### NEXT MEETING

**Date/Time:** To be determined

**Location:** To be determined

# Recovery Oriented System of Care Transformation Steering Committee

## Discussion Document

September 19, 2013

### **Purpose:**

To determine what role the Recovery Oriented System of Care (ROSC) Transformation Steering Committee (TSC) will take in continuing to support the ROSC transformation process during behavioral health integration. The TSC will provide meaningful guidance to the Behavioral Health and Developmental Disabilities Administration (BHDDA) on priorities, guidelines, policies, and procedures related to recovery systems, services planning and operation, cross cutting issues, and integration with primary health.

### **TSC Membership:**

Current membership is \_\_\_ individuals. With behavioral health integration being on the forefront, TSC membership should be increased to include the PIHP substance use disorder (SUD) point person, or designee, from each of the ten regional PIHP entities. The full TSC membership should include representation from SUD treatment and prevention, mental health, Medicaid, lived experience, epidemiology, administration, and primary care. Also, engage criminal justice, child welfare, and gender specific at the local level through the ten entities.

### **Vision for the TSC:**

The TSC functions as the lead advisory committee for the behavioral health system's ROSC transformation efforts.

### **Priorities and Ensuing Action We:**

- Support BHDDA in leading the behavioral health integration process and keeping the ROSC transformation moving forward, by assisting with the identification of next steps and keeping ROSC branding front and center within the process.
- Engage the SUD point person for each of the 10 regional entities as a liaison for implementing ROSC locally in their communities.
- Operate through workgroups to develop best practices, policies, and guidelines for strengthening and enhancing supports for successful recovery; including, but not limited to: housing, health and wellness, case management, workforce development, employment, education, parenting, prevention, medication assisted treatment, and mental health/SUD parity.
- Assure that ROSC principles are infused in BHDDA practices, policies, and procedures, as well as the entire statewide system of care.
- Generate agenda items and tasks for the TSC through feedback from the regions, and state direction on integration.
- Assist BHDDA in developing guidelines for the submission of multi-year strategic plans for ROSC-based SUD services as required by PA 500 and the AFP.
- Monitor regional implementation of ROSC-based services.
- Inform the public of the outcome of ROSC system transformation.