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: March 20, 2014, 9:00 am to 3:30 pm
LOCATION: General Office Building, Conference Room B, 7150 Harris 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:* Liz Agius, Darlene Owens, David Blankenship, Denise Herbert, Deborah Hollis, Liz Knisely, Lisa Miller, Kevin O'Hare, Sam Price, Dawn Radzioch, Felix Sharpe, Larry Scott, Pam Werner, Grady Wilkinson, Mark Witte, Kristie Schmiege, Ronnie Tyson, Becky Cienki, Pam Werner

GUESTS: None

TOPIC SUMMARIES

I. WELCOME AND INTRODUCTIONS – *Deborah Hollis*

- Deborah welcomed the Transformation Steering Committee (TSC) and reiterated the importance of this meeting

II. ROSC SURVEY RESULTS – *Liz Agius*

Findings: Conducted in September/October, 2013, 179 providers completed the *ROSC Survey* within the state of Michigan network. The challenges illustrated in the e survey indicated that 30 percent of the state feels that significant changes have occurred, and 40 percent of the state lacks clear direction. Improved collaboration has occurred with other agencies. Successes have occurred in peer coaching and communication with other agenices. Concerns about resources to implement a future ROSC system were also indicated. There is a readiness to work across systems and collaborate. General perceptions are that their organizations and services are ready.

Recommendations: Assure that perceptions of readiness are on the same page for all parties involved. Survey for more specific information. Significant changes need to be made that need to focus on the three keys for ROSC success. Address training and how ROSC supports integration with primary care.

A document is available that reveals the full results of the survey.

III. MULTI-YEAR STRATEGIC PLAN TEMPLATE FOR SUBSTANCE USE DISORDER SERVICES – *Larry Scott*

The Multi-Year Strategic Plan template was resubmitted to the field for comments. Region 10 has responded. The Template is being used to provide guidance to the field. By August, the PIHPs must submit a three-year strategic plan for SUD services. This template is being provided to help the regions produce the deliverable. The PIHPs will receive this template by mid-April. Examples were presented with questions to which the PIHPs will need to respond. This template provides them an opportunity to address how they are going to deliver their programs, such as mental health and SUD programs. The guidelines for the strategic plan will be rolled out at the MACMHB Conference for additional questions.

TSC COMMENTS (Based on the numerical contents of the Multi-Year Strategic Plan)

Item #2

- Work with Larry to come up with specific language to address prescription opioid/heroin overdose.

Item #3

- Plans should reflect what data says about your region.
- Capacity to address the demand for services based on prevalence.
- Regions may choose additional focus areas, add, i.e., specific sub populations, such as rural vs urban, women's specialty services, youth services, etc. in table form showing data for each.
- Public Act (PA) 500 – consider a response from the PIHPs regarding the direct use of the SUD resources and a plan to administer maximally the benefit for the resources based on the population to be served. In other words, using resources to their maximum potential as PA 500 requires.
- A shift in the application of funds that match the shift in drug use. The budget ratios between where your dollars are applied to the data needs in the community should be linked. Plans should reflect application of funding and align with what epidemiological data says.
- Release Phil Chvojka's data to each region which looks at all of the opiate statistics to start as a baseline, so everyone can start from the same place.

No comments on Item #4 and #5.

Item #6

Additional Language

- Change language to reflect the provision of an allocation plan vs. an allocation formula.
- Need examples of current drug trends according to the region.
- Add language that suggests a minimum floor so there is not a regression in new regions in terms of what has been present as it relates to the traditional SUD service in the prevention array in terms of spending.

- The department should provide guidance and expectations, which should balance with the need to make local decisions that do not add complications or confusion to the process unnecessarily.

No comments on items #7, #8, and #9.

Action Items:

Item	Person(s) Responsible	Deadline
Review ROSC/TSC comments and suggestions	Larry	N/A

IV. BRIEF UPDATES

Becky Cienki – Primary Care Association has several integration priorities related to policies:

- Screening and brief intervention in the primary care setting.
- Integration of behavioral health, substance abuse, and primary care.
- Providers should have credentials that improve outcomes.

Larry Scott – Applying for he Access to Recovery (ATR) Grant a second time. Primary populations are those abusing opioids and are opioid dependent. Populations will include military personnel, veterans, and parenting women and others in the secondary populations who have difficulty accessing treatment services. Regions three (3) and four (4) were selected, given the level of substance use disorders, health disparities, and the level of readiness to implement the project. We will be utilizing a voucher system to direct people to the proper care. Clients will be able to select their treatment service provider, including faith-based agencies. The application is due March 31, 2014. We are anticipating adopting the ATR strategy statewide and the Substance Abuse and Mental Health Services Administration (SAMHSA) expects us to be able to show sustainability.

Partnerships for Success II grantees have submitted their strategic plans for year two (2) and requests for clarification have been sent. Look for more interaction with primary care entities moving forward. Liz Agius and others have been helpful with evaluation strategies. Lessons learned from the project can be initiated statewide.

Kevin O'Hare - A refresher Recovery Coach training is being offered at the Community Mental Health Authority of Clinton, Eaton, and Ingham (CEI) next week and another one at the Southeast Michigan Community Alliance (SEMCA) in the next three months. The National Association of Alcohol and Drug Abuse Counselors is working to release a

standard testing protocol for credentials for recovery coaches that is intended to encourage recovery coaches in their respective states to join the organization. The Michigan Association of Recovery Residences added a local chapter called the Southeast Michigan Chapter of Recovery Residences.

Grady Wilkinson – Sacred Heart is planning to open a new facility in the Southwest part of Michigan.

David Blankenship – Victory Clinic was awarded the Integrated Testing Project and they have tested over 200 consumers on site for STDs and hepatitis C. If a consumer tested is found to be positive for certain STDs, they can treat them on site. SAMHSA is pushing for Health Home's integration into the medically assisted treatment programs.

Pam Werner – Attended a Veterans Policy Academy that included Kaitlyn Longoria and another veteran person. The Upper Peninsula and Alpena do not have veteran courts and the big push is to have them available everywhere in the state. A grant called Self-Determination was awarded for Wayne County. Seven hundred individuals have been transitioned from foster care to independent living and they lack a good quality of life. Seventy-five (75) individuals at one of the drop-in centers consisting of peers and consultants will be the place of focus on for the grant. In the field including five other states that may be an eligible site for a Robert Wood Johnson Foundation Grant for Five Million dollars, Michigan came in number one out of two reviews, and could receive One Million dollars.

Liz Agius – Next week Wednesday, Dr. Jason Williams from Denver will be at Wayne State University to talk about behavioral health inequities and possible implications for the Affordable Care Act from 1:00 pm to 3:00 pm.

Kristie Schmiege – Genesee Health System, Genesee County's mental health authority and coordinating agency until September 30, 2014, has its own federally qualified health center (FQHC), the Johnson Community Health Center. In the process of writing an expansion grant and one of them is for integrated behavioral health and primary care that is Screening, Brief Intervention, and Referral to Treatment (SBIRT) focused.

Darlene Owens – Detroit Wayne is in the process of integrating with the substance use disorder (SUD) delivery system and rebidding our MCPNs. Community forums will take place every Thursday until April. There will be one at the Managed Comprehensive Provider Network at Wayne County Community College (WC3).

Lisa Miller – Medication Assisted Workgroup (MAT) – Working to develop new draft MAT guidelines for consideration by the State. This effort was initiated by SAMHSA who engaged ASAM (American Society of Addiction Medicine). Final draft needs to be ready by the end of March 2014.

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

Moving forward with the integration process. One region integrated early called the Southwest Michigan Behavioral Health or Region 4. Region 4 has established an oversight policy board and worked out a budget and governing structure. Looking at prevalence issues from a county and regional perspective and beginning to plan to move forward. They are setting good standards about how the regions will be moving forward come October 1, 2014.

Later in April there will be a technical assistance workshop where they will present a lessons learned session for the regions in preparation for the 10/1/14 integration.

Come 10/1/14, data transfer must be complete; thus, the focus will be on the need to initiate a data transfer process to be working with regions by July 1, 2014. We are also focused on three year strategic plans required to be submitted by 8/1/14 by the regional entities. These regional entities need to work closely with the CAs to ensure they capture the essence of what needs to be captured to have an effective three-year plan for SUD delivery for their regions. At the Spring Michigan Association of Community Mental Health Boards (MACMHB) Conference, OROSC will be presenting a workshop focusing on the guidelines for the three year plans required to be submitted for each PIHP. We are requesting that MACMHB approve a preconference work session scheduled for May 19th to present an overall integration presentation through a panel discussion. The update will also include Healthy Michigan.

Moving forward with negotiations for separate contracts to begin the middle of April. Please promote the workshops and pre-conference sessions.

VI. CHANGING/FUTURE ROLES FOR PAM WERNER AND LISA MILLER – *Liz Knisely*

- Lisa Miller has been placed in charge of looking at the recovery oriented system of care for systemic changes in the system and an all-encompassing recovery oriented system of care.
- Pam Werner will continue to work with certified peers and other areas strategically.
- TSC needs to start thinking about what would be the charge for standing agenda items and talk about the direction of recovery coaches, and peer support specialists as another vehicle for the integration process. Our administration wants someone from the TSC to be the chair.
- Huge issue on the horizon is the expansion of Healthy Michigan and we have to have an adequate provider system due to the entitlement. So, we have to make sure there are no waiting lists, but a benefit as soon as they are eligible. Block grant dollars have to be used effectively.

Action Items:

Item	Person(s) Responsible	Deadline
Systemic Changes in ROSC	Lisa Miller	N/A
Peer and Recovery Coach Direction	Pam Werner	N/A

VII. DISCUSSION ON THE CHANGING LANDSCAPE AND ITS EFFECT ON THE TSC – *Deborah Hollis and Liz Knisely*

Discussed throughout the meeting

VIII. BHDDA UPDATE – *Liz Knisely*

- The TSC should remain a robust partner as the PIHPs incorporate the CAs.
- Do not lose SUDs unique voice in the system.
- We are evaluating every dollar being used by the providers by looking at the total amount spent for administrative dollars in the system for all the ten regions.

- Direct care services should be about 90 percent and administrative should be 10 percent or below.
- Collectively for each of the regions the medical loss ratio should be used effectively.
- We need you to be diligent about not spending block grant dollars if the individual has the Healthy Michigan plan.
- Providers must check the Medicaid system to assure that an individual is not on the Healthy Michigan plan.
- As the boards are working with the new regional entity boards, we need to make sure at DCH that we are hearing what is being advised by the PIHPs by keeping the line of communication open.
- The Standards Group (TSG) is funded by the department.
- As we are looking at the role of the committees, the only one mandated is BHAC.
- BHDDA is also going through integration changes.
- Recovery council that was unique to Mental Health consumers was sunsetted
  A recovery study completed a comprehensive measurement and evaluation, and a report is available.
- BHDDA wants to continue to have the TSC be in charge of transforming the system. We want to look at membership. We want representation from all areas, i.e., both mental health and substance abuse and persons with lived experience.
- The TSC should be a venue so the department can hear about the substance use advisory boards so we can keep up with how the PIHPs and the CMHs are responding to the recommendations from the substance use advisory boards for formal reporting.

Deborah wants to consider who will serve on the TSC. Becky Cienki asked for clarification on the role of the TSC with the TSG. Liz K explains that there is a detailed protocol for persons wanting to get into our system. A critical data analytic came up with a standard set of whomever you contract with, these are the only data collection areas that you need to filter up with the PIHPs, as the mission is broader now.

Deborah mentions the benefit package and wants to know who will do this, the standards group or someone else? Liz says we want to make sure that the work on the benefit package has to be completed and provided to the standards group and the TSC for review. We have to decide if the SUD oversight policy board, and if some of the members should be on the TSC, which makes the TSC a critical leader. We need to decide collectively what the slots are. Do we want to bring in someone specific to that membership category? Therefore, we need your feedback. What we need to look at DCH strategically, as in the case of children with substance use and mental health disorders to bridge system gaps. If we have block grant dollars, we need to look at how we will be using them. How do we want to use our prevention pool and shore up the block grant dollars that should be dovetailed right into prevention?

The roles and membership of the TSC is now open for feedback.

TSC FEEDBACK/RECOMMENDATIONS

- There is standards group who work on the standards, and then there is the systems transformation group that works on transforming the system. You should have people who are interested in changing the system working on the standards workgroup or you get the old system. The standard group and the TSC should work interchangeably or you get the old system. Both groups should have a good working knowledge of a ROSC. Will this standards body be looking through the lens of a recovery oriented

systems of care? Liz answers by indicating that there will be representation on both sides.

- Workgroups should have a reporting system.
- A functional divide would be to have certain groups be responsible for a certain number of contributions for the development of a ROSC. Then behavioral health advisory group would be where it all comes together.
- We do not want to lose people because a lot of work has been done.
- We must have a purpose.
- We must have a vehicle.
- We must see results.
- Concerned about the standards group not being focused on a recovery oriented systems of care.
- We want to walk away today with trying to expand the TSC and the 10 PIHPs are included.
- We must educate.
- The broad perspective would be the TSC.
- Something needs to be built and the TSG needs to do through the lens of recovery. Then there is the Behavioral Health Advisory Council (BHAC) group who advises on the block grant that needs to communicate with the TSC and TSG.
- Need a list of who is on all the committees so we do not have overlap.
- Review the TSC mission and determine if it needs to be revised.
- Is there value to the decision-making committees?
- Need TSG notes to avoid duplication of effort.
- BHAC members here should understand their roles.
- BHAC should be making sure that what is written in the block grant is supportive of recovery.
- The standards group's purpose is listed on the Michigan Association of Community Mental Health Board's website that talks about what they do and it also lists their purpose.
- Now is the time for the TSC to take the power and provide meaningful guidance and make recommendations, by providing strong direction and timely feedback from DCH. Provide direction to the mandated council of BHAC.
- We need to enhance the document and add more language.
- We want more than an oversight policy board and recovery coaches and peers, but we want a recovery oriented system of care.
- Regulatory relations need to be in place.
- We need to continue to be in a proactive position.
- Change the beginning paragraph of the revised TSC statement of goal, objectives and functions, and add oversight and guidance to BHDDA's regulatory committees or assigned committees and priorities and then pick up what is already written. This means that we would be doing all of their oversight to their regulatory committees regarding policies and guidelines, priorities, which will capture the standards group, the TSG, etc.
- The role of the TSC will be to provide recommendations on action items from these committees from BHDDA to finalize guidance and procedures. To be clear is that they need to feed up to us. Be more directionally clear by describing which way materials are coming which will give you more leeway for finalization.
- This group should provide technical assistance.
- **T**here needs to be communication between the TSC and TSG.
- Align against the mission and vision is of the BHAC so that we can see and match with the skill set and experience of both the TSC and TSG.

- Make recommendations to the TSG.
- Spell out our role of the TSC in relation to the TSG. Take the pieces and determine how to feed to TSG to feed to BHDDA and BHAC.
- Modify bullet points to describe our discussion today.
- Propose that we are parallel with them.
- The TSC and the TSG should be equal partners on an organization chart and the TSC is the influence that keeps the TSG recovery oriented.
- Oversight to the TSG needs to be more apparent.
- State the workgroups description and monitor.
- Define potential markers and operationalize integration to put into a contract and we are holding you to a standard for integration. Prioritize and define what people should be doing. Show evidence of a client on a board. If this is not shown, then you are out of compliance with the contract.
- Go on the website and Pull up the two policy sections of the AFP of the ROSC and recovery one according to the public act. Our group needs to capture the policy that those two sections actualize in the contract and if they are not, they are not contract compliant and can be bid out.
- Define and operationalize the three year plan and then it becomes part of the PIHP contract.
- We need a purpose for returning to meet.
- There has to be a vision for sustainability.
- Create a role and vision for all BHDDA committees, BHAC, TSC, and TSG.
- We need to know what BHACs vision for TSC is.
- We should make overtures to the 10 PIHPs and build some other positions and meet.
- There is a need for a strategic planner to come in to help formulate a vision for the TSC before the next meeting. Come back before June and be prepared with a vision and purpose before the June meeting. Provide a document prior to the next meeting so we will be ready with an action plan. We have enough talent around the table to provide what we need if we cannot contract with an outside agency. We need an execution plan. We get together before June to plan out the document focused on action.
- The plan is to get the documents from the other committees, their roles, mission, and vision and review them and come back together to see how they fit to fill any gaps or add to them.
- Before the meeting, everyone should send in their thoughts about what gaps this group could fill so you have someplace to start so we don't spend all morning trying to determine what to do, find areas of commonality and work through that first.
- Obtain a bubble chart to show the organization of the BHAC, TSC, Contracts Group, and Standards Group.
- Meet within the next 60 days and our charge will be to pull out the roles, mission, and vision as written for the BHAC and the Standards Group to help define and send it to you before the next meeting and develop our vision, mission, and priorities. We must know who we are and what we want to do.
- Contract with Liz Agius?
- Ask the BHAC what their current vision is.
- TSC must be on one accord.
- Kevin is on the agenda to report back to the BHAC about the TSC and restate our plans that will take place within the next 60 days as described earlier.
- We must influence those at the top of BHAC.

Action Items:

Item	Person(s) Responsible	Deadline
Meet to determine mission, roles and vision based on the BHAC and Standards Groups	All	60 Days
Report back to the BHAC about the TSC	Kevin	Next Meeting

IX. FINAL FEEDBACK/EXCHANGE – *Deborah Hollis and Liz Knisely*

N/A

X. ADJOURNMENT

The meeting adjourned as scheduled.

ADDITIONAL INFORMATION

NEXT MEETING

Date/Time: June 19, 2014; 9:00 am to 3:30 p.m.
Location: Horatio S. Earle Conference Room, Horatio S. Earle Learning Center, 7575 Crowner Drive,
Dimondale, MI 48821