#### 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

MEETING CALLED F TYPE OF MEETING:			
FACILITATOR: NOTE TAKER:	Larry P. Scott Recorded		
ATTENDEES:	<i>In Person:</i> Liz Agius, Sandra Bullard, Darlene Owens, David Blankenship, John Fryer, Yarrow Halstead, Denise Herbert, Liz Knisely, Lisa Miller, Su Min Oh, Kevin O'Hare, Eva Petoskey, Sam Price, Marci Scalera, Larry Scott, Felix Sharpe, Grady Wilkinson, Mark Witte, Kristie Schmiege, Kathy Worthem		
GUESTS: CONFERENCED IN:	Paola Schnabel, Prevention Intern, Genesee Health Care System None		
TOPIC SUMMARIES			

# • WELCOME AND INTRODUCTIONS – Larry Scott

• Larry welcomed the Transformation Steering Committee (TSC) and communicated the importance of this meeting, laying out the agenda for the day. The minutes of March 20, 2014 were reviewed by the group and no corrections were mentioned.

# • WORKGROUP UPDATES

# • Medication Assisted Treatment Guidelines (MAT) - Lisa Miller

There was a meeting scheduled for June 17, 2014 that included Mr. Jim Haveman, Director of the Michigan Department of Community Health and Dr. Corey Waller, a physician with Spectrum Health, among others to review the newly drafted MAT Guidelines. Rescheduling of the meeting was due to Dr. Waller being invited to share his knowledge and research with Vice President Biden in Washington D.C., as well as some other senators, such as Levin, Hatch and some others on subjects such as, lifting the cap on only being allowed to serve 100 people at a time, using Buprenorphine. There was also hope to discuss the new MAT guidelines, and possibly get them approved by SAMHSA, who commissioned these guidelines. The DCH administrative review meeting will be rescheduled in either July or August 2014.

Darlene Owens expressed that during the Prepaid Inpatient Health Plans (PIHPs) contract negotiations that the directors disagree that the outpatient treatment provider's doctor should determine the treatment authorization (medical necessity) for MAT and how long a patient will be in treatment, and feel the PIHP should be responsible for this due to funding issues.

Lisa responded with an explanation that the state administrative rules identifies the medical director at the Opioid Treatment Program makes the decision. In addition, the contract states that those who make dollar decisions should not also make the decision about treatment or authorization of services. Also, we as a group might want to look at how these rules can be changed.

The MAT Guidelines are comprehensive in that they indicate the level of an addiction disease, i.e., mild, moderate, and severe. These levels of treatment allow for a tighter set of guidelines for healthcare professionals to work with and ultimately treating the patient more effectively. A chart was explained and shared with the group showing the flow of services, symptomology, treatment options, etc. It also addresses how behavioral health is to be used in conjunction with the medication. The benefits of the MAT guidelines are that the research practices are sharper, more concise, consistent, and being collocated at one site creates an opportunity to talk with therapists about the therapeutic aspects.

# • SEOW Prevention – Su Min Oh

An outline draft of a document entitled, *A Profile of Drug Overdose Deaths Using the Michigan Automated Prescription System* report was distributed to the group. This outline gives the reader a brief overview of what will be in the final report. The report will be available in its entirety in approximately two weeks.

She also shared and talked about the fact sheet entitled, *Poisoning Deaths due to Unspecified Drugs in Michigan*, 2009-2012. The fact sheet gives the reader a snapshot of Poisoning Deaths due to Unspecified Drugs in Michigan.

Dr. Oh also reports that the Central Data Repository (CDR) is online and can be viewed at **www.mi-suddr.com**. Data will be added soon for mental health.

# • BHDDA Administrative Update – Liz Knisely

- **Health Plans** The sole focus at this point is the clinical advisory committee directors, especially with the Healthy Michigan plan. Another critical area in peer initiatives is the training and availability of peers, including recovery coaches and peer support specialists in the Medicaid Health Plans. This will create an engagement point because Healthy Michigan is now available. A meeting will be held in July to discuss who receives services, who is in need of services, how many are substance use disorder (SUD) related, and their ability to navigate back to the PIHP.
- Jail Diversion Steven Mays is our new Jail Diversion Clinician. There is a pilot about outcomes and what areas are doing a really good job. We need to know where these practice models originate out of and how they are working with law enforcement. Once the origination is discovered, it will be used, and depending on how they are doing, set an example.
- Opioid Abuse Prevention Liz has been asked to sit on a panel in the middle of September. Senator Carl Levin is holding a Meth and Opioid Summit in September –in Marquette. Wesley Clark from SAMHSA, Senator Levin, state and local individuals among others, will address what we are doing as a state as well as nationally. BHDDA staff and members of the DCH Public Health Administration had a meeting with Jim Haveman and discussed the Governor's Prescription Drug Abuse Summit that was held last year in October. The intent now is to work with the Attorney General's office to deal with this statewide epidemic and determine who to partner with throughout the state. An outline consisting of several themes for a press conference of Prescription Drug and Opioid Abuse has been submitted to Director Haveman for review for the purpose of conducting a series of press conferences throughout the state.

Marci Scalera feels it would be worth our while to know what's going on statewide to learn what is happening at the local levels. Liz suggests adding this to the next agenda.

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• Office of Services to the Aging – Liz will be sitting on a council for Services to the Aging, an area that is a priority for the governor. One of the pieces that we want to start looking at is the Medicaid and block grant data for persons ages 55 and/to 65, with respect to substance use, MSA, behavioral health data, and Office of Services to the Aging and local data, which is very different. We need to determine strategic ways of gathering comprehensive data. The funding streams must talk to each other.

A concern was expressed about overspending Healthy Michigan and a lapse in Block Grant funding. We should do something that opens up the service array eligibility for the block grant so that those funds can be used for recovery support services. Liz commented that there needs to be an increase in the number of recovery coaches, engagement, put recovery coaches at the front door. Healthy Plan and Medicaid covers these areas.

A monthly conference call/discussion takes place with Health and Human Services, Office of National Drug Control Policy about using Block Grant funds for recovery services. Larry comments that an official query has been sent to Center for Substance Abuse Treatment (CSAT) to see if we can use block grant money for recovery housing and we are still awaiting direction from CSAT.

Another interrelated piece is the LARA on Administrative rules and that recovery housing has not been added.

- **Corrections** Working closely with corrections and that the priority people who are being released are signed up with Medicaid services before they are released. There is a suggestion that Steven Mays become a member of TSC. There is a suggestion that recovery coaches be allowed into prisons.
- **Health Homes** CMH Health Homes start July 1, 2014. Some of those health homes specified will be in the counties of Grand Traverse, Manistee, and Washtenaw.
- **Population Health** Must start looking at managing population health as a whole. The more you work with your CMH, etc., the healthier the population will be. Data outcomes are key, first and foremost.

#### **Action Items:**

Item	Person(s) Responsible	Deadline
What is going on at the Local Level	Lisa	9/8/14

# • Behavioral Health Integration Update – Felix Sharpe

• Oversight Policy Board Guidance and Discussion

**Data Transfer** – As of July 1, 2014, the data transfer responsibility discussion and coordination starts between the CA and PIHPs regions. In region four (4), initiated this process in January 2014. The data transfer process has some issues. Some files will not be transferred due to not being able to obtain the correct consent forms. Active files, signed, will be transferred.

**Close Out** – CAs will continue to exist beyond 10/1/14 due to their fiscal obligations. Communication is being prepared for reporting procedures, timelines, unobligated funds, block grant funds, Medicaid funds, and additional research on MiPHY funds of which PIHPs will be informed. PA2 funds are based on the *Convention Facilities Act*, which is a tax collected from communities throughout for the Detroit Cobo Convention Center, and the excess funds are used to provide SUD services in local communities . PA2 funds will be transferred to the designated entity by the department who has administrative responsibility for prevention and treatment programs. **Data Freeze** – December 31, 2014 is the end date for outstanding issues, including corrections on data transferred to the department. No other data will be accepted by the department. The timeline for final report submission will be January 30, 2015 which is when total CA operations will end.

A letter will go out to all of the CAs and PIHPs about procedures next week.

Oversight Policy Boards (OPB) – There should be some connection between the OPB and TSC.

**Regions Progress -** Various regions (2, 4, 5, 7, and 10) reported on their progress, as well as any relevant issues related to the integration.

# • Workgroup Updates cont....

# • Healthy Michigan Substance Use Disorder Benefits/Licensing – Jeff Wieferich

Expanded behavioral health substance use disorder benefits and other services, working in conjunction with licensing have been added to the Healthy Michigan plan and are now approved. The next phase will include edits to the Medicaid Provider Manual that will include the changes to the Healthy Michigan Plan. A document in the form of a table was provided showing the various aspects.

# • Peer Initiative – John Fryer

Peer Support Specialists and their roles and responsibilities were explained. A description of training on emotional CPR out of the National Empowerment Center was explained and recovery coaches attended. There will be a Michigan Peer conference taking place November 5 through 7, 2014, at the Lansing Center. Details will be available soon. Lastly, John communicated his contact information to the group letting everyone know his e-mail address as <u>fryerj@michigan.gov</u>.

# • Transformation Steering Committee Roles and Responsibilities – Group Discussion

**Review Purpose and Structure document for changes** - Changes were made to the Purpose and Structure document by the group.

**Membership** - A discussion took place whereby the intent was to determine the current members and their areas of expertise, as well as who should be added as a member based on their areas of expertise.

# Task Identification for the next six (6) to 12 months – No discussion.

#### **Action Items:**

Item	Person(s) Responsible	Deadline
Add Oversight Policy Board representation	All	N/A
Add current membership representation to Sandra's matrix	All	N/A

# VII. ADJOURNMENT

The meeting adjourned as scheduled.

# ADDITIONAL INFORMATION

# NEXT MEETING

**Date/Time:** September 18, 2014; 9:00 am to 3:00 pm **Location:** Horatio S. Earle Learning Center, 7575 Crowner Dr., Dimondale, MI 48821