

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

JUNE 21, 2012	9:00 a.m. – 3:00 p.m.	OKEMOS CONFERENCE CENTER 2187 UNIVERSITY PARK DR., OKEMOS, MICHIGAN
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MEETING CALLED BY	The Bureau of Substance Abuse and Addiction Services
TYPE OF MEETING	Quarterly Meeting of the Recovery Oriented System of Care (ROSC) Transformation Steering Committee (TSC)
FACILITATOR	Jeff Wieferich
NOTE TAKER	Lisa Miller and Jeff Wieferich
TIMEKEEPER	Jeff Wieferich
ATTENDEES	Sonia Acosta, Chris Gordon, Yarrow Halstead, Denise Herbert, Deborah Hollis, Lisa Miller, Dawn Radzioch, Marci Scalera, Kristie Schmeige, Larry Scott, Felix Sharpe, Pam Werner, Jeff Wieferich, Steve Wiland, Grady Wilkinson, Jackie Wood, and Cathy Worthem Guests: Lynda Zeller, DCH/BHDDA Deputy Director; Dr. Su Min Oh, BSAAS Epidemiologist; and Dr. Elizabeth Aguis, Wayne State University Researcher

TOPIC SUMMARIES

INTRODUCTIONS AND PLAN FOR THE DAY	DEBORAH HOLLIS AND JEFF WIEFERICH
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DISCUSSION	
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Deborah welcomed the group and thanked everyone for their attendance. She also commended the group for all of the great work we are doing. She mentioned that our work is being recognized, and indicated that Great Lakes Addiction Technology Transfer Center (GLATTC) is looking at, and using, our products; and Michigan is recognized as part of the Office of National Drug Control Policy Learning Community on recovery oriented systems of care (ROSC).

Deborah informed the group that there is legislation moving forward to change our administrative structures and, as part of this, we have to look at our value in the behavioral health system. This will set the framework for how substance use disorder (SUD) services fit into healthcare reform.

Deborah also shared that four coordinating agencies (CAs) were awarded Michigan Screening, Brief Intervention, and Referral to Treatment (SBIRT) grants from BSAAS this week. Those CAs are Genesee County Community Mental Health, network180, Southeast Michigan Community Alliance, and Washtenaw Community Health Organization. These efforts will help connect primary care and behavioral health services.

CONCLUSIONS	
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N/A

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
N/A	N/A	N/A

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POLICY ACADEMY ACTION PLAN	JEFF WIEFERICH
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DISCUSSION	
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The Behavioral Health and Developmental Disabilities Administration (BHDDA) received the Policy Academy Grant, *Bringing Recovery Supports to Scale Technical Assistance Center Award*. The purpose of this grant is to establish peer-delivered recovery support services as a standard part of the behavioral health workforce. The Substance Abuse and Mental Health Services Administration (SAMHSA) convened a meeting to help participating states develop action plans for their awards. Attendees from both SUD and mental health (MH) perspectives worked to formulate the action plan for Michigan. Edits are still being made and approval for the plan will be at the end of June. The TSC members on the academy team are Pam Werner, Deborah Hollis, Norm Delisle, Kevin O’Hare, Justin Williams, and Jeff Wieferich. In addition to supporting recovery services, Michigan’s plan will also support the development of a role for peers as part of integration with primary care.

The first priority of the plan is to strengthen the culture of recovery support services in the behavioral health system. The anticipated outcome is to develop a system-wide recovery policy to be used by both MH and substance abuse. The group work will focus on showing consistency in communication, adding a recovery website, and developing outcome measures.

The next priority is reviewing the policy- and decision-making process in order to assure the involvement of a diverse representation of the recovery community as equal stakeholders in those processes. Since the current systems of peer involvement for SUD and MH are different, we are looking at establishing a process that is consistent, and will include common language and terminology. A step in this process will be to establish a leadership academy that will prepare people to participate in organizational meetings and be involved in decision-making processes in various environments. The leadership academy will require a review of existing work to find out what we need to do to build an academy curriculum and keep it going. Another focus for the second priority is to create incentives for the transformation to a recovery-oriented system for providers. A report card process will be used to show providers their progress in becoming more recovery oriented. Providers need to be educated about how important the role of peers is and what providers can do to ensure the clinicians, within the program, know that the work peers do is valuable. Once this is accomplished, we will be able to educate the healthcare field on the value of peer-delivered support services. As a part of this education process, peers will be developing training for providers on accepting peers into their organization.

Pam Werner and Norm Delisle mentioned that there has been a lot of hope within these discussions, but accomplishing these goals will be challenging. Pam stated that a wealth of information was gleaned from all of this work, especially from the peers who were involved.

At the planning conference, SAMHSA provided each state with a flash drive that has a large amount of good information on recovery. Jeff stated that Michigan was particularly recognized for the work we have already done with regard to mental health and peer recovery support services, the MH-certified peer support specialist, and the work done by the TSC and on ROSC.

CONCLUSIONS	
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BSAAS will keep the TSC updated as we move forward.

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
N/A	N/A	N/A

RECOVERY VOICE UPDATE	CHRIS GORDON
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DISCUSSION

Chris provided a brief overview of the group’s progress, including its new name, “Michigan Recovery Voices.” He explained that the roots of the organization are in the ROSC Recovery Voice Workgroup that was part of the TSC. The website, www.michiganrecoveryvoices.org, will be up and running by the next TSC meeting. The group is using Faces and Voices of Recovery as the blueprint for the organizational structure.

The current members meet the second Tuesday of each month in the Lewis Cass Building. The organizational structure is a 501(c)(3) non-profit executive advisory board, made up of the member communities throughout the state. The group is looking for some seed money of approximately \$1,000 to pay for conferences and workshops. They were able to join the Association of Recovery Community Organizations for free because their budget is currently less than \$50,000. The group's next meeting will be in September. Deborah Hollis asked if members have to be in recovery to be a part of the organization and Chris indicated that membership is all-inclusive.

The group will present a workshop at the SUD conference to announce the formation of the organization and what it entails, as well as take that opportunity to recruit membership. The group will be involved with the national recovery walk, and Soberfest, as well as additional grassroots organizational initiatives throughout the summer and fall. A calendar of activities and events is being developed.

The mission statement for the group is: “We are a unified group of people in recovery from alcohol and drug addiction whose purpose it is to engage, educate, and advocate for recovery-oriented services, stigma reduction, and policy support of recovery.” The vision statement is: “It is through the utilization of a voice of lived experience that we will seek to expand opportunities and better understand addiction recovery and facilitate transformation to a ROSC.” The goals are threefold: "seek to organize, educate, and advocate."

CONCLUSIONS

N/A

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Grant information for community organizations will be forwarded to Chris	Pam Werner	7-13-2012

BENEFIT PACKAGE UPDATE

JEFF WIEFERICH

DISCUSSION

Jeff provided an update on the status of the benefits package that was completed earlier this year. As it entered the department-level approval process, administration identified some different ways to present the services to assist in how the information can be used. An overview of the benefits package was presented to the pre-paid inpatient health plan (PIHP) directors to show what would happen if the block grant was not available and there was just Medicaid to support these services. The overall intent of this plan was to provide information on what a full array of services for SUD recovery would look like. The key essential benefits were highlighted - preventive and wellness services, and chronic disease management; assessment; outpatient, including intensive outpatient services; residential/inpatient treatment recovery and rehabilitative support services; emergency services; pharmacotherapy laboratory services; and maternal, newborn, and pediatric services.

Deborah Hollis indicated that, with the Affordable Care Act (ACA) moving forward, the number of Medicaid-eligible patients will significantly increase, and this plan lays the foundation for the needs of the SUD service system.

CONCLUSIONS		
N/A		
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Current benefit package to be sent to TSC	Jeff Wierich	7/13/12
MENTAL HEALTH UPDATE		
		STEVE WILAND
DISCUSSION		
<p>Steve Wiland stated that the fifth annual statewide co-occurring conference was held earlier this week [June 18-19], with about 450 people attending. Two of the featured areas were co-occurring trauma and addiction. Lisa Najavits, who is the creator of the Seeking Safety Model for providing treatment to those who have experienced trauma, did a plenary session. Other emphasis at the conference included engagement, motivation, and motivational enhancement. Over the five years of doing this conference, the focus has been to deliver intense training that is value-added so that front-line service providers can come away with something they can use to improve their job and their service delivery.</p> <p>The Co-Occurring Change Agent Leadership group has sub-committees involved in some work as well. One is focusing on outcomes and another has been looking at the billing codes. Each billing code that is used is being reviewed for the appropriate definition or descriptor of the service that it represents to ensure that it is being used appropriately in both the MH and SUD service systems. By the time the TSC meets again, this work should be final.</p> <p>Clarification was sought about what specific codes were being looked at and Steve indicated that the group is looking at the existing codes that are currently in use for billing and recording co-occurring services, program populations, and those that are used for billing and recording mental health operations. In order to make meaningful use of recorded data and answer questions such as how we are doing, the goal is to get common definitions based on what the standard national definitions are for each code.</p> <p>The outcome workgroup has been focused on the use of the dual diagnosis capability and MH treatment (DDCMHT) tool and its sister tool, the dual diagnosis capability and addictions treatment (DDCAT). Both of these have been strongly embraced by SAMHSA as the framework to use to move forward with co-occurring service delivery in the integrated behavioral healthcare world. A third tool, the dual diagnosis capability and physical healthcare/community healthcare tool, is in the process of being validated. This tool is intended to be used at physical healthcare provider sites to get a snapshot as to where they are with co-occurring service delivery.</p>		
CONCLUSIONS		
N/A		
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
N/A	N/A	N/A
BHDDA UPDATE		
		LYNDA ZELLER
DISCUSSION		

Lynda began her presentation by discussing integration and what it means when integration is talked about. She stated that it essentially involves three areas: services, funding, and systems. For integration to be effective, these areas need to change together/simultaneously.

Lynda then discussed the pending change of the current Advisory Council on Mental Illness (ACMI) to a behavioral health advisory council that is inclusive of the SUD service system. She is not sure about the impact this will have on the TSC, but she indicated that it would make sense for the TSC to somehow have the ability to inform the work of the advisory council. There are still issues to be addressed, as the changes are scheduled to begin in December, and the TSC will be kept updated.

Lynda asked Steve Wiland if he has heard anything on the mental health side as far as bringing this together. Steve indicated that there are issues from all sides on changes and formal procedures and policies. For the most part, all parties affected are concerned about getting lost in the process.

Lynda indicated that SAMHSA may be coming in to do some technical assistance on veterans' services pretty soon. Michigan is 54 out of 54 (Puerto Rico and other non-state entities) as far as health care, mental health, and substance abuse services being provided to veterans is concerned. We need to find out why we are in last place and how our state and local systems can best work with the federal system. SAMHSA has a special division called the Veterans and Military Families Initiative. They are doing some technical assistance, public policy academies, etc. The Veterans Administration (VA), and all the branches of the military, supports SAMHSA as being the lead for these discussions. SAMHSA is going to various states to find out who are all the players that are involved in various roles of providing services to military members and bring them together; then SAMHSA will come in and facilitate a dialogue. Lynda asked the group to think about those people who are experts about problems related to delivery of services for veterans. These are the people who need to be at the table, either directly or indirectly, influencing the people that make the problems known.

Lynda talked about the K2/Bath Salts issue hitting the news and how she needs to gather information about the need for best practices and what communities are doing to increase awareness, not only on these issues but all SUD-related services. Lynda further indicated that we must assure that the public information (through Angela Minicuci) and our legislative liaison office (through Karla Garcia) know what we are advocating for change. Lynda stated that ensuring that these two offices have updated information on the needs of SUD is important, especially in this time of change. The legislature is very interested in this information and wants us to be able to present this in a simplified form, so we can show a return on investment.

Lynda discussed the expansion of Medicaid and the potential impact it could have on the SUD service system. There was a comment about the expansion of Medicaid and seeing a significant service expansion for residential care, and the lack of the ability to recruit quality staff. Lynda indicated that the Medical Services Administration (MSA) has heard this and they are willing to provide funds to create a proposal to help work with CAs and the SUD service system to study the pending workforce problems. They will be reviewing credentialing services, salary studies, and collecting basically everything out there on the systems to quantify the gaps, because we have less than three years to prepare.

In regards to the workforce, it was asked if there is some way to dovetail the credentials between the MH and SUD service systems. Lynda stated that we do need to know if there is a distinction between degreed and non-degreed credentialing in both the Medicare and Medicaid systems. Making sure that MSA is aware of that challenge will be important. We need to be able to determine what the difference is between the publicly funded SUD service system and other services.

Lynda indicated that there is no new information on the duals project yet. The federal government is

currently reviewing the plan and then negotiations will begin with the state. At this time, there is no timeframe for the conclusion of those talks. She also shared that the Poleski bills passed out of the House earlier this summer. There will be groups (Michigan Association of Counties, CAs, and Community Mental Health) that will come together this summer, to sit down and decide how to struggle with the content of these bills in preparation for consideration in the Senate this fall.

Grady asked about how to put that conversation about the CAs into the PIHP system reduction. It seems one should happen before the other, but both need to happen. As a response to Grady’s questions, Lynda said that a reduction in the PIHPs is only an assumption as nothing has been decided yet. The goal is to have an alignment among substance abuse, mental health, and physical health to reduce fragmentation and gaps for people using the system.

CONCLUSIONS

N/A

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Provide Lynda with information about veteran services	Group	7/31/12
Provide Lynda with information regarding concerns about the workforce	Group	7/31/12

STATE EPIDEMIOLOGICAL REPORT **LARRY SCOTT AND DR. SU MIN OH**

DISCUSSION

Dr. Oh indicated that the SEOW is in its second year and will be finishing in August 2012. The expectations for the grant were to establish a workgroup that was charged with exploring data needs in order to assess the current substance abuse data that is gathered by the state.

She also indicated that the state and community-level profiles are a part of the deliverables for this grant. The state epidemiological (epi) profile is a document that summarizes and characterizes the magnitude and the distribution of substance abuse issues based on consequences across the state. The profile tracks the key components and other drug indicators, and their consequences.

Dr. Oh concluded by saying that the epi profile contains brief reviews of the various categories related to the problem and its consequences. These categories included alcohol, traffic crash and injury data, risk factors for youth, addiction information, and consumption patterns among youth and adults. The epi profile shows that prescription drugs have been a topic that has been brought to the forefront due to inquiries from public relations and the media.

CONCLUSIONS

N/A

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
N/A	N/A	N/A

EVALUATING ROSC PROGRESS **ELIZABETH AGIUS**

DISCUSSION

Dr. Agius, Wayne State University School of Social Work, has been working with Larry Scott and Dr. Su Min Oh on the SEOW and Strategic Prevention Enhancement (SPE) grant evaluation. She is participating in the TSC today to begin a discussion about an evaluation of the ROSC transformation process.

Dr. Agius indicated that in order to create an evaluation, we have to look at general system characteristics, goals, and objectives, implementation plans, a combination of those, or some entirely different set of categories. To begin this process, feedback is needed from the TSC to determine what we want to evaluate. The evaluation that will be developed will establish a baseline. By gathering data now for that baseline we will be able to fine tune and evaluate the work being done.

Dr. Agius provided the group with a handout that contained the following topics for initial evaluation consideration: leadership, management, comprehensiveness, consumer involvement, and cultural relevance. The group was asked to think about what other characteristics should be added. She also indicated that, from a quality perspective, to effect change, we need to begin thinking about what the highest measure would be that would effect change toward a ROSC.

The next step in being able to develop these measures will be to gather feedback from the group to determine if these are the right categories.

CONCLUSIONS

N/A

ACTION ITEMS

PERSON RESPONSIBLE

DEADLINE

Feedback from the group

LISA MILLER

7/31/12

NEXT STEPS AND PLANNED ACTIVITIES

JEFF WIEFERICH

DISCUSSION

There was some concern expressed in the group about the decreasing attendance at the quarterly meetings and whether or not we have the right representation on the TSC. The changing landscape of healthcare and the need for SUD representation was identified as the primary reason for the work of the TSC to continue. Different ideas were shared about how to keep people engaged and how to look at the membership again.

CONCLUSIONS

N/A

ACTION ITEMS

PERSON RESPONSIBLE

DEADLINE

Feedback will be sought from the group on membership and participation.

LISA MILLER

7/31/12

ADDITIONAL INFORMATION

OBSERVERS

N/A

RESOURCE PERSONS

N/A

SPECIAL NOTES

NEXT MEETING: SEPTEMBER 20, 2012; OKEMOS CONFERENCE CENTER, 2187 UNIVERSITY PARK DRIVE, OKEMOS, MICHIGAN 48864