

**Michigan Department of Health and Human Services
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: May 21, 2015; 10:00 am to 3:00 pm

LOCATION: Michigan Association for Community Mental Health Boards (MACMHB)
426 S. Walnut Street, Basement, Lansing, MI

FACILITATOR: Deborah J. Hollis

NOTE TAKER: Recorded

ATTENDEES: **In Person:** Marsha Bianconi, David Blankenship, Sandra Bullard, Rebecca Cienki, Yarrow Halstead, Julia Hitchingham, Deborah Hollis, Colleen Jasper, Kim Kovalchick, Lisa Miller, Kevin O'Hare, Darlene Owens, Sam Price, Marci Scalera, Kristie Schmiede, Larry Scott, Mindie Smith, Ronnie Tyson, Pam Werner, and Mark Witte.

GUESTS: Mike Palmer, Student Intern

CONFERENCED IN: Dawn Radzioch, Nancy Miller

TOPIC SUMMARIES

I. WELCOME AND INTRODUCTIONS – *Deborah Hollis*

Deborah welcomed the Transformation Steering Committee (TSC). Members and guests introduced themselves. Minutes from the March 19, 2015 meeting were reviewed with one correction; Darlene Owens was absent.

II. UPDATES

- **Behavioral Health and Developmental Disabilities Administration (BHDDA) Administrative Updates – *Deborah Hollis***

We are contracting with Health Management Associates (HMA) to conduct an assessment of substance use disorder (SUD) prevention and treatment workforce. Prepaid Inpatient Health Plans (PIHP) and Substance Abuse Prevention and Treatment (SAPT) directors will be contacted by HMA.

Lisa Miller reports that the contracts for the PIHPs do not indicate that reports are required. However, Deborah states we still need to know how ROSC is being implemented in the PIHP regions.

We are now the Michigan Department of Health and Human Services (MDHHS), however, everything else is basically the same, except Sheri Falvay's team has moved to the Division of Mental Health Services to Children and Families.

- **National Governors Association (NGA), State Team Prescription Drug Abuse Initiative – *Larry Scott***

The prevention of prescription and opioid abuse has been a strategic initiative, not only for our office, but for our department. We have asked the PIHPs to develop

strategic plans and incorporate the prevention of prescription and opioid abuse as part of the process. We have also responded to the Governor's charge with an updated strategic plan. The last strategic plan was developed in 2012 and needs to be updated. The NGA reached out to various states that were interested in developing strategic plans; Michigan was among some six other states, applied and was accepted under the auspices of the NGA. I am on a team of seven individuals representing several departments to develop a strategic plan. There will be a follow-up NGA Summit in Burlington Vermont during the 2nd week of June, which will be a lessons learned type of environment where other states will discuss where they are, which will inform our strategic planning process. Some of the various departments involved include LARA and Michigan State Police (MSP) to name a couple.

Feedback has been received regarding the leadership questions to raise with the state team. The responses were robust and included the U of M Injury Center, Medicaid Services Administration within LARA, the former Department of Human Services, and Michigan State Police. Thank you for your feedback. Additional feedback will be accepted. The leadership questions will be resent to each of you.

- **Recovery Coach Retreat – Pam Werner**

Twenty (20) people have confirmed their attendance at the upcoming Recovery Curriculum and Credentialing workgroup Retreat; the meeting will be held at Higgins Lake, Michigan.

There are three committees who will look at; trainer/trainee requirements, and development of a curriculum. Some of the curriculum areas include the role of recovery coaches, storytelling, reporting the process, professional competencies, health, wellness and recovery, cultural competency, and cultural influences. We are working with the *Center for Social Innovation* of which Cheryl Gagne is the facilitator. Nationally, SAMHSA has provided funds to look at peer competencies in general. We were awarded a *Bringing Recovery Supports to Scale Technical Assistance Center Strategy* Grant to certify individuals incarcerated as Certified Peer Support Specialists and/or Certified Recovery Coaches. Two sites will be involved; Women's Huron Valley and Gus Harrison Correctional facilities. Deborah encourages the TSC to share any other questions and concerns on the curriculum and Credentialing Workgroup with Pam.

- **Overview of Substance Use Disorder (SUD) Services – Julia Hitchingham, Michigan Department of Corrections (MDOC)**

The DOC is facing delays in publishing the *Request for Proposals* because of internal issues and controls. A committee was formed 1.5 years ago that included multiple staff within both MDHHS and MDOC, as well as treatment providers and coordinating agency input to develop collaborative strategies to utilize Medicaid for offenders while maintaining the necessary programming and communication needed within MDOC responsibilities and to meet offender treatment needs. Through this collaboration, a general plan was developed and agreement has been made between MDHHS and MDOC. We are now in the process of determining the final details of

referrals and billing and how we will work together. We have a clear understanding that there will be a combination of Medicaid reimbursements and MDOC payments to cover the needs of offenders in treatment. We will have a collaborative and working relationship with the PIHPs to determine treatment locations and authorizations through Medicaid and MDOC. The result will be a criminal justice specialty network. Our (MDOC) contractors and staff have similar credentialing requirements as the Medicaid contract; however, MDOC has additional requirements because our offenders not only need to be treated for their substance abuse, but their criminality as well. Therefore, contractors and staff must have additional training and/or experience. There is a process that will take place between the PIHPs, contractors, and Medicaid regarding billing. An explanation of the differences between MDHHS and MDOC in terms of substance abuse and offenders was explained. Discussion occurred. More details are forthcoming. The DOC will share with everyone the current contracts regarding the types of programs required.

- **Behavioral Health (BH) Data – *Phil Chvojka***

Phil provided an explanation of the BH Treatment Episode Data Set, known as TEDS training and how it is expanding across BH and SUD. SUD will be moved to federal coding. Phil goes on to explain how records will change as far as codes and levels of admission on both the BH and SUD sides. HL7 Update will replace the batch system by 10/1/16. Bottom line, everyone gets the same record. We have completed two trainings (CMH Partnership of Southeast Michigan and Lakeshore) with the PIHPs and have eight to complete. Phil states the trainings will take place for all the other PIHPs. Please make sure your clinical (AM session) and technical staff (PM session) attends the trainings. Starting 10/1/15, we are going live. Codes may be used now.

- **Trauma Policy and Training – *Colleen Jasper***

The Upper Peninsula Consumer Conference was last week and 200 attended. The emphasis was on recovery for co-occurring (mental health and substance abuse) and self-compassion which was a healing aspect to the trauma element. We hope to have another conference next year.

The mandated *Practice Improvement Steering Committee* has a subcommittee on Trauma for the children's area. A policy has been created addressing trauma. The policy is now at the MACMHB under negotiations. Once the policy is finalized and approved, it will be added as an amendment to the contract. An explanation about the details of the policy is stated. Trauma specific training will take place at MACMHB on July 29, 30, and 31, 2015 and August 3, 4, and 5, 2015 on group therapy for men and women. We need teams to buy-in to know what the clinicians are doing.

On the *Improving Practices* website, there are modules for assessing your agency needs. Coding is being finalized. We welcome your suggestions, comments, and ideas.

- **Federally Qualified Health Centers (FQHC) and Behavioral Health (BH) – Rebecca Cienki, Michigan Primary Care Association (MPCA)**

A PowerPoint presentation entitled, *Integrated Care within Community Health Centers* (attached) was distributed and discussed. Still working with 2013 data, and when 2014 data is out, a difference will be apparent. MPCA is working on two items; the integration of community health type worker individuals within healthcare teams to support older adults, pregnant women and children with asthma and the health homes project where MPCA is working with MDHHS to develop the model that will focus on supporting Medicaid beneficiaries with anxiety or depression and another chronic condition.. The Care model is moving along well. Implementation is around January 1, 2016. No questions.

III. Discussion on ROSC

Based on the *ROSC/TSC Discussion Document*, the TSC still feels that ROSC has a major role in how BH services are delivered in the state of Michigan. We need to think about how we do business; how do we live up to our priorities as far as our role, and living up to the TSC and infusing ROSC principles in our policies and practices. We need to determine what mechanisms we want to pursue and recommend back to the Department. A suggestion was made that it would be helpful to have a discussion on terminology so that we can look at all the pieces that go into developing a ROSC which could be helpful in assisting people in identifying which of those elements and pieces are needed or need to be deleted. Examples would be researched based elements; trauma informed care based elements, etc. Questions or comments are accepted.

Deborah asked the TSC members to look at the *ROSC/TSC Discussion Document* and to express any changes that need to be made. Each section was reviewed bullet-by-bullet beginning with *Priorities and Ensuing Action We:*

Bullet #1: No Changes.

Bullet #2: Change SUD point person to a SAPT point person.

Bullet #3: We are choosing to work through workgroups to bring updates to the TSC committee. The workgroups should communicate with one another to assure that what they are doing does not overlap, and more importantly, goals the TSC has established for those workgroups to work towards. Each workgroup must have a purpose and that purpose needs to be clear to effectively evolve. Another priority is the SUD policies in the contracts. We have had some successes with workgroups, which include the State Epidemiological (EPI) Outcomes (SEOW), Curriculum for Recovery Coaches, Medication Assisted Treatment, and Prevention/TSC. Our next step is deciding if other workgroups are needed. Workgroups must not duplicate or overlap. There should be some overarching direction so that the workgroups know where they connect and where the charges are. The department is looking at workgroups and how they overlap and duplicate, as well as establishing additional workgroups. Tom is supportive of what we are addressing. We must know how the TSC wants to communicate the core principles.

Discussion took place about how to collect ROSC information and feedback from the PIHPs and deliver back to the TSC.

IV. Workgroup Reports

- **Peer Recovery Coach Curriculum and Certification – Pam Werner**
The coach curriculum and certification will not be ready before the next TSC meeting.
- **SUD Policies – Deborah Hollis**
Angie Smith-Butterwick is leading this Access Workgroup. A meeting is scheduled for next week.
- **State Epidemiological Outcomes – Larry Scott**
The EPI profile is now available on www.michigan.gov/bhrecovery/EPIprofile or www.michigan.gov/bhrecovery, click on *Prevention*, click on *State Epidemiological Outcomes Workgroup (SEOW)*, then click on *Michigan Epidemiological Profile, 2015*. We are accepting feedback because this is a quality improvement project. An explanation of how the EPI profile can be used is explained.

Action Items:

Item	Person(s) Responsible	Deadline
Questions for Recovery Assessment	Lisa	7/16/15
PA2 Funding Decrease Strategy (List items funded and not funded)	Mindie	7/16/15

ADDITIONAL INFORMATION

NEXT MEETING

Date/Time: July 16, 2015; 10:00 am to 3:00 pm
Location: Horatio Earle Center, Lake Huron Rm.
7575 Crowner Drive
Dimondale, Michigan