

**Michigan Department of Health and Human Services (MDHHS)
Behavioral Health and Developmental Disabilities Administration (BHDDA)
OFFICE OF RECOVERY ORIENTED SYSTEMS OF CARE (OROSC)**

**Recovery Oriented System of Care, Transformation Steering Committee Meeting
(ROSC/TSC)**

MINUTES

DATE/TIME: March 16, 2017; 10:00 am to 3:00 pm

LOCATION: Horatio Earle Learning Center
7575 Crowner Drive
Dimondale, MI

FACILITATOR: Larry P. Scott

NOTE TAKER: Recorded (B)

ATTENDEES: **In Person:** Sandra Bullard, Sara Coates, Colleen Jasper, Darlene Owens, Lisa Miller, Su Min Oh, Sam Price, Tom Renwick, Kristie Schmiede, Larry Scott, Joel Smith, Jeff Van Treese, Pam Werner, Cathy Worthem
Phone: Dawn Radzioch, Marci Scalera, Angie Smith-Butterwick, Jane Terwilliger, Ronnie Tyson, Stephanie VanderKooi

TOPIC SUMMARIES

I. WELCOME AND INTRODUCTIONS – *Larry Scott*

Larry welcomed the Transformation Steering Committee (TSC) and everyone introduced themselves.

II. REVIEW AGENDA AND MINUTES - *All*

The agenda was reviewed and approved by consensus. Minutes from the January 19, 2017 meeting were reviewed and two changes were indicated after which they were approved by consensus.

III. BHDDA Leadership Update – *Tom Renwick*

298 Report – The 298 Report is available online at http://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_76181_78075---,00.html. The report, required by the Legislature, issued broad consolidated recommendations. Subsequent discussion will take place regarding the recommendations, such as how are we assuring uniformity of access, among others that the department is already undertaking. BHDDA is reviewing the recommendations now and the TSC will be consulted in the process. Sam added more information, such as seven advocates were in attendance, suggestions as to what can be done to improve the system based on the recommendations, pilots, two surveys were sent out to further assess the system, as well as other information.

1115 Waiver – This is a federal demonstration waiver which is used as a vehicle to consolidate the currently operating waivers. The waiver also seeks approval to use Medicaid funds to pay for Substance use disorder (SUD) services provided in Institutions for Mental Disease (IMD). 1915 (b) and (c) B waiver extensions were approved. Still covered under our existing waivers under extensions. BHDDA is looking at an October 1, 2017 implementation, provided adequate notice of

approval is received. Once it is approved, *it* will be devoid of a 15 day limit in an IMD setting to use funds when SUD services are used. The Centers for Medicare and Medicaid (CMS) have drafted the special terms and conditions that will accompany the 1115 approval. Conversations are expected in the near future, including details on the formal evaluation of the 1115 Waiver that will need to take place.

Managed Care – An explanation of the old managed care rules vs the new managed care rules, as well as the array of services and how those services are distributed were explained, including service flow; urban, rural, etc. Questions were asked and answers were offered. Further discussion will take place at a future meeting.

IV. OROSC UPDATES

A. State Epidemiological Outcomes Workgroup *Su Min Oh*

To carry out data-driven prevention, three maps have been created and were presented; *Total Drug Poisoning Mortality Rates Michigan Residents, 2013-2015*, *Opioid Mortality Rates Michigan Residents, 2013-2015*, and *Heroin Mortality Rates Michigan Residents, 2013-2015*, as well as an explanation of each map. Suggestions included creating a map showing combining additional data from 2011/2012-2015, raw deaths by county which would include another rendition of the maps. Question on the reliability of data by county was asked and will deaths by county ever be provided and how many of deaths are mental health issue related. Su Min explained that reliability of the reporting varies from county to county; counties that have deaths as a priority do a better job. Another question was if Michigan Automated Prescription System (MAPS) could be integrated in the system to possibly see a correlation. Response was in the past pilot study on death certificates with MAPS data and prescription history, then with the new system there will be a test April 4. Mental health issues data is not available. MAPS is interested in data sharing. Larry is pushing for MAPS access at the PIHP level. A MAPS presentation will be conducted at the Advisory Council meeting in June. Further discussion took place surrounding data access.

B. Peer Conference May 31, June 1 and June 2 – *Pam Werner*

Pam describes the Peer Conference to be held May 31, June 1, and June 2 at the Lansing Center. Also at the kickoff a video will be shown about human trafficking called “Break the Chain.” A save-the-date flyer has been distributed widely. Pam will resend an announcement to the Prepaid Inpatient Health Plans (PIHP).

The peer curriculum is finalized and is currently under internal administration for review. A presentation will take place at a future PIHP meeting; however, it has to go through the Medicaid process first.

C. Request for Information (RFI) on Innovative Practices to PIHPs *Larry Scott*

Larry described the four 2017 RFI’s (**RFI #1: Prescription Drug and Opioid Overdose Prevention**, **RFI #2: Opioid Overdose Recovery**, **RFI #3 Innovative Strategies for Enhancing Treatment Services for Pregnant Women**, **RFI #4 Drug Court Peer Recovery Support**) indicating the due date, and encouraged the PIHPs to apply, as well as answered questions asked by the audience. Dollars allocated, must be spent in the amount of 5.6 million.

D. State Targeted Response (STR) to the Opioid Crisis Grant *Larry Scott*

Larry described the STR Grant indicating Michigan is number six, proposed funding areas, estimated amounts, spending, an opioid media campaign that will roll out in April and August, opioid specific, 25-44 year olds, motivational interviewing, which are also in the Medicaid Assisted Treatment (MAT) guidelines, statewide expansion of strengthening families (Iowa

model), statewide opioid prevention based on the Project Red Model, funding to Licensing and Regulatory Affairs (LARA), University of Michigan, as well as other information, such as training, Medication Assisted Treatment (MAT) to rural areas by incentivizing PIHPs, MAT services not covered by Medicaid or Block Grant, peer navigators/recovery support training for individuals involved in treatment programs, additional funding or Vivitrol/Suboxone, transportation to clinics, access to psychiatric services, prescription and psychiatric medication, increase and enhance *Project Assert Model* used by Boston Medical who conduct brief motivational interviewing. The proposals are on the website for you to read. Also attached is the Abstract/Center for Substance Abuse Treatment (CSAT) State Targeted Response to the Opioid Crisis document – TI-17-004.

V. 2017 Workplan for TSC Discussion - All

Rankings (1 through 5) \from the TSC Membership Survey on Work Tasks for FY 17 and Beyond

- 1) Gather data on SUD relative to population health to inform decisions.
- 2) Implementation status of ROSC across all PIHPs (few responded, thus its ranking).
- 3) Healthy Michigan Benefits package (need alternative if it goes away) pertaining to Medicaid expansion only
- 4) Status of opioid work statewide
- 5) Workforce Development

Feedback

There were 22 responses out of 25.

RANK ITEM

1. Data Gathering

- Chronic physical health
- Comorbidity with SUD
 - ✓ Hypertension, heart disease, diabetes, asthma, COPD, asthma, cancer, etc.
 - ✓ 298 shared how they want to see chronic healthcare conditions and the correlations that exist, as well as what we are doing to address
 - ✓ Challenges; co-occurring mental health disorders if not severe or consistent, they can't be referred to the Community Mental Health (CMH) and a lack of providers who are willing to take on the mild to moderate, so we need a way to deal with this
- For a SUD diagnosis, data indicators should be merged by incidence, prevalence or morbidity/mortality
- Michigan Primary Care Association collects data from the federally qualified health centers about multiple chronic conditions. They also look at primary, secondary and other groups
- Co-occurring disorders cannot always be referred to CMH, so how do we get that service, if not severe and persistent?
- Financial mapping of SUD treatment/prevention services
- Behavioral Health (BH) TEDS (useful indicators). Specifically peer service code use data. Review use of Peer services. Will consult Phil Chvojka
- What data is collected by PIHPs
- Co-occurring across the board
- Data must be continuity from state to state
- Medical reports that include primary and related causes of death. Medical reports that include unique underlying cause of death along with SUD and other conditions (medications in the body) based on the death certificate

- Legislative report reviews and recommendations
 - ✓ Service utilization
 - ✓ Program Completion Rates
- National data Resources, based on indicators, such as NISHDA, NSDUH, BRFSS, and Behavioral Health Treatment Episode Data Set (TEDS), among others
- Medication records on clients from Licensing and Regulatory Affairs (LARA) as a cross-reference
- MAPS is only collecting controlled substances, schedule 2.5
- Update data matching morbidity with opioid prescriptions written prior to death
- Michigan mortality data with MAPS report on patients
- Implementation of ROSC status
- Report out on plans
- Number of opioid prescriptions written

RANK ITEM

2. Implementation status of ROSC across all PIHPs (few responded, thus its ranking).

- Plan responses must be by ROSC element and by which alignment; conceptual, contextual or practice. They can focus on their whole region or a portion, to see where they are focusing their time and energy, such as holistic and integrated services, cultural competence, community wellness, as well as others and how they seek to achieve results in their plans moving forward.
- Suggestion of a schematic across regions to learn status of each region

Larry suggests sending this item (*Implementation status of ROSC across all PIHPs*) back out to the membership to obtain a clearer understanding of what they understood.

Lisa will report on the plans at a future or next TSC meeting.

VI. PIHP CEO Update – *Tabled*

VII. SAPT Directors Update – *All*

Detroit Wayne Mental Health Authority: Finalizing healthy Michigan document for Jeff Wieferich.

VIII. Innovative ROSC Initiatives – *All*

Office of Minority Health - Peer navigators have been hired for their prison initiative; seeing positive results.

ITEM	PERSON(S) RESPONSIBLE	DEADLINE
Report on PIHP plans related to Item that Ranked #2	Lisa	5/18/17
Peer Services Data – Consult Phil Chvojka	Pam	5/18/17

ADDITIONAL INFORMATION

NONE

WRAP-UP AND ADJOURNMENT

The meeting ended at – 2:00 pm

NEXT MEETING

Date/Time: May 18; 10:00 am to 3:00 pm

Location: Peckham, Inc.
3510 Capital City Blvd.
Lansing, MI 48906-2102