# 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:** May 18, 2017; 10:00 am to 3:00 pm

**LOCATION:** Peckham, Inc.,

3510 Capital City Blvd, Lansing, MI 48906-2102

**FACILITATOR:** Larry P. Scott **NOTE TAKER:** Recorded (C)

**ATTENDEES:** In Person: Sandra Bullard, Sara Coates, Su Min Oh, Sam Price,

Tom Renwick, Marci Scalera, Kristie Schmiege, 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. **Absent:** Darlene Owens, Jane Terwilliger, Lisa Miller

#### TOPIC SUMMARIES

### I. Welcome and Introductions – Larry Scott

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

#### II. Update on Next Steps/Action Items from Previous Meeting – Larry Scott

- Report on Prepaid Inpatient Health (PIHP) Plans related to Item that Ranked #2 *Lisa Tabled*
- Peer Services Data Pam will send out Phil's guidance on coding by e-mail.

### III. Agenda and Minute Review - All

The agenda and minutes from March 16, 2017 were reviewed and approved by consensus.

#### IV. BHDDA Leadership Update – Tom Renwick

Home and Community Based Service Requirements – A two-year extension has been granted to the states that come into full compliance with the Home and Community Based Service Requirements by 2022; representing a three-year extension. Services include; intellectual disabilities, serious mental illness or substance use disorders, and supported employment, among others has been implemented. There have been no changes and Michigan has submitted the state transition plan for approval.

1115 Waiver – Centers for Medicare and Medicaid Services (CMS) requested additional clarification concerning the budget neutrality. They also requested we consolidate all the substance use disorder (SUD) related services down to a single group to make reporting easier. We have submitted what they requested and we are still waiting for a reply/approval. Special terms and conditions have been drafted that would accompany the waiver. Conversation and discussion is ongoing.

**298 Report Discussions** – The House and Senate Appropriations Committee have variations on themes, such as both have language about a pilot approach; overall integration or consolidation from the ten PIHPs to a single PIHP structure within the state. However, a review will be taking place by the conference committee. At this point, we are waiting for the next step in the process. More information was related to the group about various types of piloting scenarios and types of transitions and how they might work.

### V. OROSC Updates

A. State Epidemiological Outcomes Workgroup (SEOW) - Su Min Oh
Data - State Targeted Response (STR) to the Opioid Crisis — Data is currently being collected and monitored in the field on opioids for the development of a statewide opioid surveillance tool. In 2016, and there were 2,240 overdose deaths that occurred in Michigan, of which 72% involved opioids (illicit and prescription opioids). There was also mention of underreporting by county medical examiners. Evidence reveals the counties need to do a better job at recording accurately related to opioid deaths. Mention of how some counties are showing high percentages of overdose death cases, as some show as high as 60%. Su Min urged everyone to approach health departments on doing a better and more thorough job at examining these cases for improved accuracy reporting. To assist year one of the grant funding allocation by PIHP region, five specific indicators for the funding formula will be used, they are opioid illicit and prescription combined deaths, opioid related hospitalizations, heroin related hospitalizations, opioid prescriptions, SUD treatment length of stay less than 30 days. Treatment data will be from 2015 and 2016 and the most recent.

A discussion took place about medical examiner reports, the information they collect, how it works and ideas about what the state can do to obtain standardized reporting. For more accurate reporting, Su Min recommends resurrecting or creating a drug overdose death mortality review board and Kristi recommends utilizing the Michigan Association of Counties. Larry says both these recommendations will be made to Vital Records within Population Health.

- B. Request for Information (RFI) on Innovative Practices to PIHPs Larry Scott Information regarding the RFI programs and practices to PIHPs was related to the group; specifically focus areas include: Prescription Drug and Opioid Overdose Prevention, Opioid Overdose Recovery, Innovative Strategies for Enhancing TX Services for Pregnant Women, and Drug Court Peer Recovery Support. Eight PIHPs applied and two declined. Allocation letters have been sent to the PIHPs that applied. The funding formula was also explained to everyone. Questions were asked and answers were offered.
- C. State Targeted Response (STR) to the Opioid Crisis Grant Larry Scott Information and details regarding the STR Opioid Crisis grant was explained to the group; specifically, the five programs include; under Prevention: Strengthening Families Program: For Parents and Youth 10-14 (SFP Iowa Model), The Red Project, under Treatment: Motivational Interviewing/MAT, Enhancement and Implementation of MAT, and Project Assert. The funding formula was also explained to everyone. Questions were asked and answers were offered.

## **D.** Michigan Peer Conference 2017 – Pam Werner

The dates of this conference are May 31, June 1 and 2, 2017. Also announced were the names of the workshops, presentations, a video on human trafficking, 120 are registered, open to everybody, registration, and late registration costs, as well as other details about the conference. The brochure was e-mailed to all the PIHPs and Substance Abuse

Prevention and Treatment (SAPT) Directors, Prevention Coordinators (PC)s, as well as others. If you need another conference brochure, please contact Sandra at bullards@michigan.gov. or Pam at Wernerp@michigan.gov.

#### E. Peer Recovery Coach State Certification Update - Pam Werner

Everyone was informed about updates on peer recovery coach state certification. Pam attended a SAMHSA Expert Panel called *Forensic Peer Support* (Pam will be calling it *Peers in Criminal Justice Settings*) and explains to everyone that she was on the expert panel and the details surrounding being on the panel, as well as coaches having criminal justice background experience, prison experience, etc. Other announcements included certifying peer support specialists in forensics in criminal justice, and the various ideas about valuable backgrounds and experience, including others and more information about additional certifying of peers, such as workforce, and training, among others.

A PowerPoint was presented called, *Recovery Coach Training and Curriculum Development*. The *Recovery Coach Training and Curriculum* will be in the Medicaid manual by October 1, 2017. Pam told the group the process that took place in the development of the *Recovery Coach Training and Curriculum*. Discussions took place, questions were asked and answers were offered. This presentation will be sent to this group by Sandra.

# F. Partnership for Success (PFS) 2015-2020 and Prevention Network (PN) Higher Education Network Update – Larry Scott

An update regarding the PFS 2015-2020 and PN Higher Education Network was related to the group; specifically, the first two years was the planning stage. Moving into the third year and kicking into the implementation and the sub grantees are anticipating Screening, Brief Intervention, and Referral to Treatment (SBIRT), evidence-based practices and implementation. Very important that PIHPs start to prepare health disparities plan. Everyone in the group will receive the Health Disparities template. Liz described what the template and the data will look like. PFS training is open to all PFS grantees. Some of those trainings include: 1) June 22, 2017, A CAPT training on Reaching Priority Populations and will be conducted by Albert Gaye in Lansing, Michigan; 2) Date to be determined, Implementation Training online seminar will take place in early August Conducted by Center for the Application of Prevention Technologies (CAPT); 3) July 13, 2017 in Mount Pleasant, The Higher Education Network prevention conference established through PN training for underage drinking and opioid misuse on campuses. For FY 2018, a pilot will also take place that will be aimed at reducing underage drinking and opioid misuse.

# VI. Discussion on OROSC Policy for Withdrawal Management – All

A handout and discussion took place regarding the OROSC policy for Withdrawal Management by the American Society of Addiction Medicine (ASAM); specifically, level of care is being applied consistently and succinctly across the board and that it is being used appropriately. There is an ASAM training on May 23 and 24<sup>th</sup>, 2017 for all the PIHPs. There are six more trainings for providers that will take place now through August 2017. There was a 1115 Waiver online seminar that took place yesterday, May 17, 2017. Still accepting applications for ASAM Level of Care for residential withdrawal management and outpatient services.

The prevention and treatment policy is being revised and will be included in the fiscal year 2018 contract. The outpatient treatment policy is also being revised and will be in the FY

2018 contract. The *Withdrawal Management Policy* is out for comment and the final version will be in the FY 2018 contract. The policy was displayed on the screen and Larry reviewed it with the group, pointing out various aspects of the policy. A group member felt that Level III should have stronger language, such as on the last page grid on core services, ambulatory detox needs better language. Questions were asked and answers were offered.

# Discussion on the Global Appraisal of Individual Needs (GAIN) Assessment as the Standard Assessment Tool – Larry Scott

Members offered feedback on MDHHS's decision about the need to use a standard assessment tool across the board. Dr. Tyson offered the website for GAIN <a href="http://gaincc.org/instruments/">http://gaincc.org/instruments/</a> or <a href="http://gaincc.org/get-started/">http://gaincc.org/instruments/</a> or <a href="http://gaincc.org/get-started/">http://gaincc.org/get-started/</a>.

# **VII PIHP CEO Update** – *PIHPs* - *Tabled*

#### VIII. SAPT Directors Update – SAPT Directors

Marci reports that they have bid out all their services. Due to the opioid epidemic, they are having to rework all aspects of their system and re-resource.

#### IX. Innovative ROSC Initiatives – All – Tabled

#### X. Additional Information - All

Michigan Primary Care Association (MPCA) - Sara let everyone know that the MPCA's Annual Conference will be July 23-25, 2017 at the Grand Traverse Resort, at which time there will be a substance use disorder track and a course offered by ASAM called *Safe Prescribing*. Registration opened today May 18, 2017 at <a href="https://www.MPCA.net">www.MPCA.net</a>.

Larry mentioned that the Youth Implementation grant was awarded.

ITEMPERSON(S) RESPONSIBLEDEADLINEE-Mail Phil's guidance on codingPam7/20/17Pam's PowerPoint Presentation to all TSC membersSandra5/19/17

#### WRAP-UP AND ADJOURNMENT

2:00 pm

#### **NEXT MEETING**

**Date/Time:** July 20; 10:00 am to 3:00 pm **Location:** Horatio S. Earle Learning Center,

7575 Crowner Drive, Lake Superior Rm.,

Dimondale, MI