



The Transformational News: Michigan's Transition to a Recovery Oriented System of Care for Behavioral Health

From the Office Director's Desk

Our workforce matters!

To provide the appropriate level of services, a system must have an adequate and qualified workforce. In Michigan, as in other states across the country workforce needs are being evaluated. Our workforce provides services delivered across a person's life span and includes prevention, treatment and recovery supports.



In 2013, Behavioral Health and Developmental Disabilities Administration/Office of Recovery Oriented Systems of Care implemented a survey to provide the department with data on provider capacity within the publicly funded SUD system. This data was used to check our system's readiness for the



coverage expansion authorized under Healthy Michigan. Some things we learned – there will likely be an increase in demand for treatment of primary SUD services as a result of Medicaid expansion. The number of counselors providing SUD treatment will be increasingly insufficient in Michigan's rural counties and possibly in the more populated areas of the state. We also recognized

the increase in demand for co-occurring SUD, mental illness and chronic medical conditions and impending changes in the SUD service environment. The entire report [Michigan's Workforce for Treating Substance Use Disorders: Is the Capacity Sufficient for Medicaid?](#) can be found on our website at http://www.michigan.gov/documents/mdch/Mich_Wrkfrc_Tx_SUD-Capcty_Suffent_Medicaid_422722_7.pdf

It's been over a year since Healthy Michigan was implemented. It's also been over a year since Regional PIHP's have had administrative responsibility for all SUD services. In July as a requirement of our SAPT block grant and to continue to monitor changes in the field, we contracted with Health Management Associates to conduct a workforce assessment survey of SUD prevention and treatment providers. We look forward to reviewing and developing strategies to address workforce needs, so stay tuned for a report in the fall.



Preserving Michigan's behavioral health workforce is a priority.

National Governors Association Policy Academy... Update

National Governors Association Policy Academy Reducing Prescription Drug Abuse Update

In the summer of 2014, Michigan was one of six states selected to participate in the National Governors Association (NGA) Policy Academy on Reducing Prescription Drug Abuse. The other states selected were Minnesota, Nevada, Wisconsin, North Carolina and Vermont. Each state was

required to send their team to the academy. Michigan's state team included representatives from the Michigan Department of Health and Human Services, including staff from the Director's Office, Behavioral Health and Developmental Disabilities Administration, and Population Health. The primary pur-



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National Governors Association Policy Academy... Update (Continued)

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EVERYDAY IN THE USA,
2,500 YOUTH ABUSE A
PRESCRIPTION DRUG

pose of the state teams was to develop state-level strategic plans for the reduction of prescription drug abuse.

The NGA Policy Academy consisted of two national sessions and state planning sessions. The initial national session was held in September 2014 and the most recent session in June 2015 with state planning sessions convened between the national meetings. Each national session was to provide state teams with key information needed to develop strategic plans including: a) the impact of prescription drugs; b) strategies for reducing prescription drug abuse and overdose; c) a comprehensive review of prescription drug monitoring capabilities and state efforts to increase their use by providers; d) opioid addiction and emerging threats of Heroin, Hepatitis C and HIV; e) understanding the science of pain and identifying evidence-based practices for treating it; f) best practices for

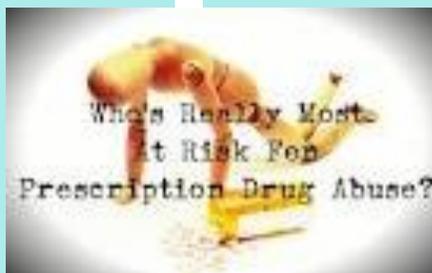


treatment, including medication assisted treatment, and peer coaching and recovery.

The June 2015 national session provided an opportunity for the Michigan state team to review and revise their recommendations for themes used to develop a state strategic plan for reducing prescription drug and opioid abuse. The themes were categorized in two priority areas: 1) Prevention, Treatment and Recovery; and 2) Regulation, Enforcement and Policies.

Some of the themes recommended for the priority area of Prevention, Treatment, and Outcomes included:

- Expanded distribution of Naloxone
 - Prescriber education and public school education on evidence-based practices
 - Law enforcement referral to treatment and a process for enforcing Public Act 200
 - Use incentives to encourage prescribers to check the Michigan Automated Prescription System (MAPS), including modernizing MAPS and integrating it into the prescriber workflow
 - Building upon MDHHS "Do Your Part Media Campaign."
- A few of the themes recommended for the



priority area of Regulation, Enforcement, and Policies include:

- Allowing for delegate access to MAPS
- Expansion of Drug Courts
- Developing and Expanding workforce capacity within the substance use disorder and mental

health field

- Modernization of MAPS including legislative change, interstate sharing, and interoperability.

On June 18, 2015, Governor Snyder announced the creation of a Michigan Task Force on Prescription Drug Abuse, charged with developing strategies to curb the problem of prescription drug abuse. The task force will be chaired by Lt. Governor Brian Calley and includes legislators, health care administrators, law enforcement officials, and department directors. The governor has provided a fiscal year 2016 budget of \$1.5 Million to address the issue. Recommendations from the task force are due in the fall.



Spotlight on ROSC Action in Michigan: Increase In Opioid Use and Related Deaths

Increase in opiate use and drug poisoning deaths related to opioids

In 2013, 1,535 people died of drug poisoning overdoses in Michigan. Of them, 472 (30.7%) died from drug poisoning involving opioids. From 2002 through 2013, the age-adjusted rate for drug poisoning deaths involving opioids increased more than 3 times, from 1.5 deaths per 100,000 in 2002 to 4.8 deaths per 100,000 in 2013. The death rates increased to in 2006 with the rate of

4.6, dropped to less than 4.0 for the next two years, then increased again after 2008.

In 2013, men were 16% more likely than women to die from drug poisoning in-



volving opioids. From 2002 through 2013, the age-adjusted rate in-

was 3.3 per 100,000 for blacks. In 2013, adults aged 30-34 had the highest death rate involving opioids (11.7 per 100,000) followed by adults aged 45-49 (9.4 per 100,000). From 2002 to 2013, the greatest death rate change occurred among adults



creased from 1.8 to 5.1 per 100,000 for men and from 1.2 to 4.4 per 100,000 for women. In 2002, the rates for drug-poisoning deaths involving opioids were similar among whites and blacks (1.5 and 1.6 per 100,000 respectively). However, in 2013, the rate was higher among whites with the rate of 5.2 per 100,000 while the rate

Table 1. Frequently Prescribed Opioids

- Codeine
- Fentanyl
- Hydrocodone
- Morphine
- Methadone
- Oxycodone

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aged 30-34, which increased 8.3-fold from 1.4 to 11.7 per 100,000.

This epidemic increase in drug poisoning deaths closely paralleled the increased availability of opioid analgesics statewide. According to the Michigan Automated Prescription System

(MAPS), the number of prescriptions for these opioid analgesics has increased steadily since its launch in 2003. The most commonly prescribed pain relievers were hydrocodone at 6.5 million prescriptions, accounting for 31.5% of all controlled substance prescriptions in 2013. In addition, 4.7% of persons aged 12 or older in Michigan reported nonmedical use of pain relievers in the past year according to the 2012-2013

National Survey on Drug Use and Health. OROSC is working with many state partners including the bureau of disease con-

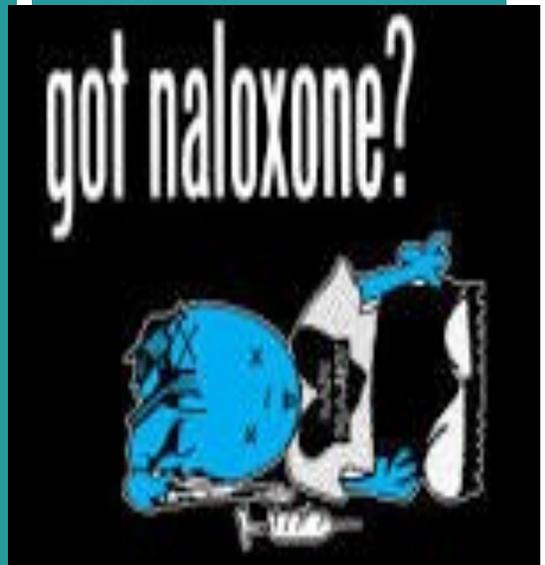
Is someone having an OVERDOSE?

If a person has **any** of these signs **and can't respond to you**, they are having an overdose. An overdose usually happens 1 to 3 hours after a person has used.

First, look for these things:

- **Heavy nodding**
- **No response when you yell person's name or rub the middle of the chest hard**
- **Blue lips or blue fingertips**
- **Slow breathing (less than 1 breath every 5 seconds) or no breathing**
- **Very limp body and very pale face**
- **Choking sounds or a gurgling, snoring noise**

trol, prevention, and epidemiology, as well as MAPS to address this epidemic. OROSC is focusing on four areas 1) increasing multi-systemic collaboration at state and community levels, 2) broadening statewide media messages, 3) broadening Rx/OTC drug abuse education and use of brief screenings in behavioral and primary health care settings, and 4) increasing access to, and use of MAPS. OROSC and MAPS have created a report which examined the drug prescription history of people who died due to drug overdose between 2009 and 2012. The report, *A Profile of Drug Overdose Deaths*



of the people in the U.S. who use a prescription pain reliever nonmedically obtained it for free from a friend or relative. Health care providers can also help by prescribing pain relievers only for the expected length of pain and screen patients for potential substance

Overdose Recovery Position



1. tilt head back, lift chin to open airway
2. turn to one side, place hand against chin
3. bend knee against floor
4. tilt head back, check breathing
5. call emergency and wait till it arrives

Using the Michigan Automated Prescription System, is available on the OROSC website. This information may help

Michigan better understand how prescription drugs are involved in drug poisoning deaths and help prevent future overdoses.

More importantly, individuals need to use prescription pain relievers only as directed by a health care provider and never sell or share unused medication with others. More than half

abuse problems.

Table 2. Side Effects of Narcan Administration

Agitation
Tachycardia
Pulmonary Edema
Nausea
Vomiting
Seizures



About Naloxone: Form the Harm Reduction Coalition - New York

This article is taken in its entirety from the *Harm Reduction Coalition—Blog and Action Center*

“Naloxone (also known as Narcan®) is a medication called an “opioid antagonist” used to counter the effects of opioid overdose, for example morphine and heroin overdose.

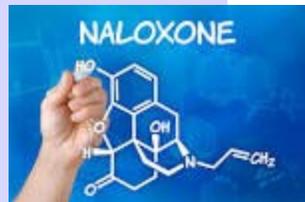


Specifically, naloxone is used in opioid overdoses to counteract life-threatening depression of the central nervous system and respiratory system, allowing an over-

dose victim to breathe normally. Naloxone is a nonscheduled (i.e., non-addictive), prescription medication. Naloxone only works if a person has opioids in their system; the medication has no effect if opioids are absent. Although traditionally administered by emergency response personnel, naloxone can be administered by minimally trained laypeople, which makes it ideal for

treating overdose in people who have been prescribed opioid pain medication and in people who use heroin and other opioids. Naloxone has no potential for abuse. Naloxone may be injected in the muscle, vein

or under the skin or sprayed into the nose. Naloxone that is injected comes in a lower concentration (0.4mg/1mL) than Naloxone that is sprayed up the nose (2mg/2mL). It is a temporary drug that wears off in 20-90 minutes.”



TAKE ACTION!

Peer Viewpoint

Peer Viewpoint is a designated space in the *Transitional News* to provide an opportunity where the voices of those in recovery can share important messages about the recovery journey. These messages share wisdom, hope, compassion, and knowledge to all who experience the disease of addiction, but more importantly the messages share the promise of wholeness, health and re-unification with life, family, and community. The individuals who submit articles give a great gift

My Recovery Journey

Contributed by LisaJean Bloomberg

Pain and loss are terrific and awesome motivators. But for me it was awareness and exposure that were the keys to finally unlock the gate across the road to recovery.

It was 1987 when I was diagnosed with Bi Polar Disorder at the age of 19, I was put on Lithium, and told that I would only get worse as I got older. I was left with no hope for recovery.

1996 brought about a major turn in my life; I was introduced to Dr. Gopel Bedi, my psychiatrist and it was a 17 year long relationship.

He gave me my first real psychiatric eval-

uation and found out that in addition to having Bi Polar Disorder I also suffered from Post-Traumatic Stress Disorder, ADHD, and alcoholism.

He told me that our first order of business would be dealing with the alcoholism, he wouldn't even consider putting me on medications for the psychiatric disorders until I had quit drinking.

He found an intensive outpatient program for me, I attended faithfully, quit drinking, and graduated with honors. But I didn't stay quit; that would become a seven year internal war against myself.

Finally in 2003 Dr. Bedi found a dual diagnosis program that began with a 30 day inpatient stay in a rehab facility, graduating to Intensive Out Patient therapy, then to 12 months of cognitive behavior therapy counseling.

It worked! I haven't had a drink since October 3, 2003.

Now we could start treating my Bi Polar with medications; this took nine years of trial and error. I am currently on three psychotropic drugs: Cymbalta, Abilify, and Deseril; they work very well for me.

In August of 2012 at my med review, Dr. Bedi told me about the Recovery Institute and a class there for women that had been through trauma in their pasts and that he wanted me to attend that class.

I put it off for a couple of weeks but one day in late August of 2012 I finally walked through the doors of the Recovery Institute-from that day on my life has never

i'm not telling you it is going to be easy, i'm telling you it's going to be worth it.

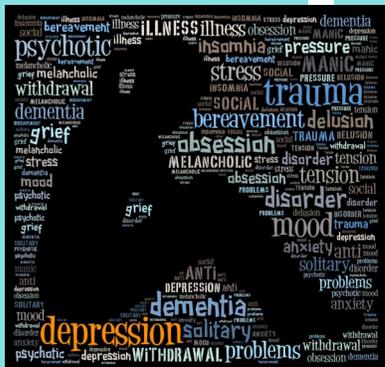
been the same-I was a week too late to register for the class, but I did become a member that day.

The people at the Recovery Institute were more than willing to teach me these skills and pass these tools along to me. I have learned some valuable things such as social skills, goal setting, and how to choose healthy people as friends.

Some of the tools that have been passed along to me are: meditation, using my spirituality in my recovery, how to relax, coping with triggers and chronic pain, anger management techniques, developing balance in all areas of my life and more.

Today I am a writer for The Recovery Journal, the quarterly newsletter put out by the Recovery Institute, I am a member of the Board of Directors at the Recovery Institute, I volunteer there as a greeter, and am a member of the PoWer Group.

All these things work together to build my self-esteem and to fight against the stigma of mental illness in my world.



Excerpts from the Bureau of Substance Abuse and Addiction Services 2009-2012 Strategic Plan

Vision: A future for the citizens of the state of Michigan in which individuals and families live in healthy and safe communities that promote wellness, recovery, and a fulfilling quality of life.

One of our priorities:

Establish a Recovery Oriented System of Care (ROSC)

The Bureau of Substance Abuse & Addiction Services (BSAAS) is working to transform the public substance use disorder service system into one that is focused on supporting individuals seeking recovery from chronic illness. A ROSC requires a transformation of the entire service system to one more responsive to the needs of individuals and families that are impacted by addiction. To be effective, a recovery-oriented system must infuse the language, culture, and spirit of recovery throughout the entire system of care. The values and principles that are developed must be shaped by individuals, families, and community stakeholders.

**MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
BEHAVIORAL HEALTH AND DEVELOPMENTAL DISABILITIES ADMINISTRATION
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Substance Abuse Treatment Assistance
www.michigan.gov/bhrecovery

Problem Gambling Help-line
800-270-7117 (24/7)

We're on the Web
www.michigan.gov/bhrecovery

Michigan's ROSC Definition

Michigan's recovery oriented system of care supports an individual's journey toward recovery and wellness by creating and sustaining networks of formal and informal services and supports. The opportunities established through collaboration, partnership and a broad array of services promote life enhancing recovery and wellness for individuals, families and communities.

Adopted by the ROSC Transformation Steering Committee, September 30, 2010

Key Dates and Upcoming Events

<p>Mark Your Calendars</p>	<p>More Training Opportunities Information on workshops, conferences and other educational/training events can be viewed at https://www.macmhb.org/</p>	
<p>Upcoming Events August 17, 18, 24, 15 - SAPST: 4 days September 21 & 22—Statewide Substance Use Disorder Conferences</p>		