



The Transformational News: Michigan's Transition to a Recovery Oriented System of Care for Substance Use Disorders

From the Bureau Director's Desk

As Michigan continues to move forward in the transformation to a recovery oriented system of care (ROSC), there has been a concerted effort to ensure that prevention services are included in the process. Michigan's decision to include prevention within ROSC represents one of the early efforts to do so nationwide. Michigan is paving the way for the rest of the country to recognize the importance of prevention within a ROSC.

We engaged the prevention community in a dialogue on prevention as part of a ROSC in June of 2010. The Bureau of Substance Abuse and Addiction Services (BSAAS) convened a focus group of various prevention professionals for the purpose of working toward the conceptual alignment of prevention within a ROSC. As the focus group moved toward greater conceptual alignment, the focus group also recommended that BSAAS develop a ROSC definition that reflects the role of prevention; and hold a comprehensive prevention stakeholder meeting to develop and provide a clear vision of prevention within a ROSC.

Members of the prevention community recommended the following steps in achieving conceptual alignment in the implementation of prevention within a ROSC: develop guiding principles for applying prevention in a ROSC, utilize

the strategic planning framework concept in implementing a ROSC, and include stakeholders and partners from the peer community who can speak to recovery in prevention settings.

Since those early meetings, the Transformation Steering Committee is finalizing an implementation plan that includes specific roles for prevention. It is initiating a prevention workgroup to focus on those roles. The overall purpose of the group is to engage and mobilize stakeholders to play identified roles in the development of a prevention prepared community model for Michigan; identify, prioritize and implement evidence-based and promising prevention practices that are consistent with ROSC; provide training and technical assistance on prioritized prevention practices and strategies to providers and coalitions for the purpose of implementing prevention prepared communities; and increase cross-system stakeholders' understanding of prevention prepared communities and their role in implementing a ROSC.

We are well on our way toward the development of a ROSC that has active roles for prevention. The inclusion of prevention will be key to our success in promoting behavioral health and wellness to communities throughout Michigan.

Deborah J. Hollis

Prescription Drug Abuse

Prescription and over-the-counter (RxOTC) drug abuse crosses socioeconomic, age, racial and ethnic groups. Michigan ranks among the top five states in prescription drug misuse among youth, according to a recent National Survey on Drug Use and Health, and is among the top fifteen states where prescription overdose is the second leading cause of unintentional death, just behind automobile crashes. The issue of prescription drug abuse is being addressed through the ROSC transformation process as part of the focus on improving the health and wellness of

communities. Addressing RxOTC drug abuse will be accomplished through the efforts of creating prevention prepared communities, which are a key component of Michigan's ROSC transformation.

In response to concerns received from communities across the state and a review of data at the state and federal levels, BSAAS initiated a statewide workgroup to address the reduction of the misuse and abuse of RxOTC drugs in Michi-

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Prescription Drug Abuse (continued)

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gan. Consistent with the ROSC transformation approach, BSAAS brought together the expertise of professionals from primary health care, pharmaceutical organizations, affected businesses, law enforcement, various education sectors and community stakeholders to ensure a holistic approach and multi-faceted perspectives combating RxOTC drug abuse in Michigan. The workgroup was charged with:

- Recommending priorities for reducing the misuse and abuse of RxOTC drugs.



- Advising BSAAS regarding state and community readiness to address proactively RxOTC drug issues.

- Recommending strategies to address readiness gaps and capitalize on assets.
- Providing input regarding a RxOTC assessment, key benchmarks and anticipated outcomes.
- Participating in infrastructure planning to sustain RxOTC drug abuse reduction initiatives.

These efforts enhanced our ability to support the health, wellness, and resilience of all individuals by creating communities that will prevent and stop RxOTC drug abuse.

Prevention Prepared Communities

The Substance Abuse and Mental Health Services Administration (SAMHSA) has established eight strategic initiatives. One initiative is the Prevention of Substance Abuse and Mental Illness. An identified mechanism for the prevention of substance abuse and mental illness is the establishment of prevention prepared communities (PPCs). According to SAMHSA, PPCs are communities where individuals, families, schools, faith-based organizations, and workplaces take action to promote emotional health and reduce the likelihood of mental illness, substance abuse, including tobacco, and suicide.

Michigan's ROSC 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. The ROSC Implementation Plan includes the goal: "To enhance our collective ability to support the health, wellness, and resilience of all individuals by developing prevention-prepared communities." This underscores the value of PPCs to a ROSC.

Objectives to accomplish this goal include: a) Developing systems that promote continuing prevention services, which enhance individual, family and community health; and b) Reducing the development of

substance use disorders among those at high risk by providing early intervention services to individuals and families with an increased risk of developing substance use challenges and disorders. Strategies that can be employed to achieve these objectives include: continuation of the strategic prevention framework in developing a role for prevention within a ROSC; identification, and implementation of evidence-based and promising prevention practices that strengthen families, and promotion of mental health and primary health in school and community settings.

PPCs promote behavioral health and wellness, and provide the infrastructure necessary and critical to the successful implementation of a ROSC. To that end, transformation will involve a dedicated workgroup focused on the establishment of prevention and PPCs within our recovery-oriented system.



SPOTLIGHT on ROSC Action in Michigan

The Family Action Network (FAN) program develops and implements lines of communication and service coordination between: students/families; schools where the students attend; the Family Resource/Student Assistance Program (SAP) Coordinator at each school; the school administration and

key resource staff; academic support team; and community-based service providers.

This coordination of

services creates a linkage of support systems for all student program participants and their families. This type of service delivery coordination portrays the philosophy of a ROSC. By embracing ROSC concepts, students and parents are met with a comprehensive approach offering a wide array of services to individuals, families and communities.

FAN is an initiative of the Detroit Department of Health and Wellness Promotion's Bureau of Substance Abuse Prevention, Treatment and Recovery (BSAPTR), in conjunction with the Michigan Department of

Human Services (DHS) and the Detroit Public Schools (DPS), and was supported by the Michigan Department of Community Health. The FAN program has targeted for expansion eighteen Detroit Public High Schools by October of 2011; to date the program is being offered at 12 of the targeted locations.

The BSAPTR provides oversight for the program, with implementation/service delivery provided by Professional Psychological and Psychiatric Services.

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SPOTLIGHT on ROSC Action in Michigan (continued)

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The FAN program has demonstrated success by equipping each school and community-based agency/program with an orientation to the key concepts that encompass early identification/referral linking and demonstrates the ROSC philosophy. The FAN program also assists community-based agencies in developing referral networks equipped with on-site group therapy, clinical assessment screenings and referrals to additional services outside of the school. By doing so, FAN creates a seamless system for service delivery that is modified to fit the need of each academic/community catchment area.

Of special interest are youth in foster care and children of addicted parents (COAPs). The youth and families are identified through school social workers and provided with additional supports not offered through the DHS, including curriculum-based training for families.



Components of the FAN Program

- 1) Staff development – training of teachers, administrators, and parents on identifying problems that impact students' well-being and academic growth. This includes awareness of substance abuse and addiction, mental health and behavioral issues.
- 2) Life skills instruction for 9-12th grade students.
- 3) Student support groups within the schools.
- 4) Behavioral health screens.
- 5) Resource Coordination Team and community health providers work together directly.
- 6) Student referrals are coordinated with community resource agencies.
- 7) Program awareness through parent education.
- 8) Evaluation process.

These components are currently being coordinated by the FAN coordinator at each school, with a staff/parent core team to

achieve the expected outcomes. The program has the following seven expected outcomes for the coordination of services:

- 1) Reduce intergenerational substance abuse occurrences.
- 2) Increase positive student social behaviors.
- 3) Improve student academic performance.
- 4) Increase parental participation.
- 5) Increase access to mainstream healthcare systems.
- 6) Reduce maladaptive adolescent behaviors.
- 7) Increase early identification of behavioral issues via behavioral health screenings.

In addition to the expected outcomes/goals, the FAN program at each school works directly with school staff to develop a referral system that identifies program participants. Each of the outcomes/goals is achieved with ongoing success.

Currently, the FAN program is serving students in the Detroit Public School system, who are receiving weekly assistance for academic, behavioral and ancillary health services/support. This coordination with the FAN core team(s) has been established to analyze the progress and needs for increased effectiveness of the FAN program.

Parents are provided with referral information, that assists them in their ability to overcome challenges they may have with substance abuse, and they are given tools that help enhance their parental skills.

The initial start of the FAN program presented a challenge; however, even with a less than ideal start, the program was able to show measurable outcomes. The late start did have the benefit of requiring that we build a relationship of trust with the staff and the core team immediately. One very important aspect was the support of each school's principal, who quickly encouraged their staff to work directly with the FAN program.

Since the first staff meeting, which occurred in October 2009, BSAPTR quickly established a referral system. The referral system, in conjunction with the program design for the coordination of service, could help achieve expected outcomes for the FAN program at each school.

A crucial aspect of this program is the development of a core team that works together weekly for the coordination of the collective ancillary health services and resources. The team's aim is to foster improvement in student academic success and behavioral development.

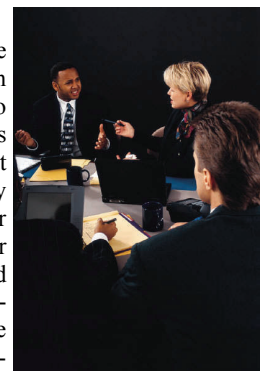
The following points are key for the program's success:

- Upon completion of the signed memorandum of understanding, key staff should be trained.
- Referral processes should be in place within two weeks of initial acceptance.
- Each school should request to have its academic support team identified within one week of acceptance.
- Each school should complete an inventory of on-site assets.
- Each school should have its referral network in place as soon as possible.
- All school service providers, who are not part of the schools academic system, should be identified and their utilization coordinated.
- Parental involvement should be increased by identifying concepts to address family-based needs.
- Participant/family needs-based assessment tool should be developed.
- Programming should encompass the entire school year in 13-week programming cycles.
- A process to follow program participants from enrollment to graduation should be created.

Summary

It is clear that the FAN program is an effective way to help adolescents address issues that impact the totality of their needs, foster positive behavior patterns and strengthen decision-making. Thus, the adolescent educational community should be a recognized and viable part of a ROSC within each local catchment area.

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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 this 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'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

Mark your calendar

May 18, 2011 — Kalamazoo Regional
ROSC Symposium

May 19, 2011 — SUD ROSC TSC
Meeting

June 22, 2011 — Mid-South ROSC
Regional Symposium

June 23, 2011 — Macomb ROSC
Regional Symposium

Other Training Events
can be viewed at
www.MI-PTE.org

