

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
BEHAVIOR HEALTH AND DEVELOPMENTAL DISABILITIES ADMINISTRATION
BUREAU OF SUBSTANCE ABUSE AND ADDICTION SERVICES

Annual Report for Fiscal Year 2012

Required by Public Act 368 of 1978, Section 6203(f)

The Michigan Department of Community Health, Bureau of Substance Abuse and Addiction Services (BSAAS), is the lead agency for the administration of federal and state funds for substance use disorder treatment, prevention, and recovery services. BSAAS also administers Michigan's publicly-funded problem gambling services.

This report was prepared to give the reader information about BSAAS administered services, the people we help, and the effectiveness of our programs in serving the people of Michigan.

Hyperlinks [\[in blue\]](#) are found throughout this document, click on these to view related information and reports on our website.

BSAAS 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.

BSAAS MISSION

Promote wellness, strengthen communities, and facilitate recovery.

Visit our website, www.michigan.gov/mdch-bsaas, for more information about our office.

For additional copies of this report or for a copy of our *Legislative Report*, visit our website and along the left choose "Reports and Statistics," then under "Data" choose "[S.A. Annual & Legislative Reports](#)."

Prevention Prepared Communities within a Recovery Oriented System of Care

This is an extraordinary time in the history of substance use disorder (SUD) prevention and treatment service delivery. A move toward a recovery oriented system of care (ROSC) has swept across the nation; and continues to have a profound impact on the design and delivery of said services and supports. Since 2009, the Michigan Department of Community Health, Bureau of Substance Abuse and Addiction Services (BSAAS), has been in the process of implementing a ROSC concept as the core philosophy for the delivery of SUD services in Michigan. ROSC coincides with the requirements of the Affordable Care Act, and movement toward the integration of behavioral health with primary care. Collectively, these initiatives are working together to improve the experience of care, the health of populations, and reduce the per capita cost of healthcare in our state.

A ROSC is a philosophical construct by which a behavioral health system (SUD and mental health) shapes its perspective on how it will address recovery from addiction and other disorders. Its philosophy encompasses all aspects of SUD prevention, treatment and recovery, including program structure/content, agency staffing, collaborative partnerships, policies, regulations, trainings, and staff/peer/volunteer orientation. Within a ROSC, SUD service entities, as well as their collaborative partners, cooperatively provide a flexible and fluid array of services. People should be able to move among and within the system's service opportunities without encountering rigid boundaries or silo-embedded services in order to obtain the assistance needed to pursue recovery, and approach and maintain wellness.

As defined by SAMHSA, behavioral health is a state of mental/emotional being and/or choices and actions that affect wellness. Substance abuse and misuse are one set of behavioral health problems. Others include, but are not limited to, serious psychological distress, suicide, and mental illness. In Michigan, we believe that behavioral health recovery is possible and can be achieved by individuals, families, and communities.

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.

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

Prevention Prepared Communities

A comprehensive approach to behavioral health requires prevention programming be codified as a part of an overall continuum of care. In this regard, Prevention Prepared Communities (PPCs) are essential to the successful implementation of a ROSC. PPCs enable individuals, families, schools, faith-based organizations, and workplaces take action to promote emotional health and reduce the likelihood of mental illness, substance abuse, and suicide. Prevention services that use community collaboration and strategic partnerships to prevent and mitigate consequences of drug use, suicide, and other health problems affecting the community are

a hallmark of a PPC. As are prevention services that draw on the strengths of the community to promote the health and wellbeing of individuals and families in the community.

FY 2012 Summary of Admissions

Treatment Numbers:

61,093 Admissions/Transfers

Gender:

Male	60.4 %
Female	39.6 %

Age:

17 and under	4.6 %
18 - 35	52.5%
36 - 54	35.8 %
55 and older	7.1 %

(Median age is 33)

Race/Ethnicity:

White	69.3 %
African Amer./Black	25.0 %
Hispanic	2.8 %
Native American	1.3 %
Multiracial/Other	1.6 %

Primary Substance Reported at Admission:

Alcohol	38.0 %
Heroin	20.7 %
Marijuana/Hashish	15.2 %
Other Opiates *	14.3 %
Cocaine/Crack	8.1 %
Methamphetamine	1.3 %
All Others	2.4 %

* includes prescription opiates

[\[More Demographic Data\]](#)

[\[Primary Substance by County\]](#)

In a PPC, a *strategic planning framework* is used to achieve wellness through comprehensive collaboration, joint assessment, and planning efforts to address identified community needs; and integrate a systems approach to deliver services. Five steps needed to promote integration are:

1. Sharing of relevant data
2. Identifying mutual needs and strengths
3. Developing complementary organizational processes and plans
4. Integrating and/or linking services in order to improve access to each other's services
5. Assessing effectiveness of actions

By 2020, mental and substance use disorders will surpass all physical diseases as a major cause of disability worldwide.

The annual total estimated societal cost of substance abuse in the United States is \$510.7 billion, with an estimated 23.5 million Americans aged 12 and older needing treatment for substance use.

Each year, approximately 5,000 youth under the age of 21 die as a result of underage drinking.

Age at First Use of Primary Drug at Admission	
13 and under	17.8 %
14 – 17	35.1 %
18 – 20	17.5 %
21 – 25	13.8 %
26 – 29	5.5 %
30 and older	10.2 %
<i>(Median age is 17)</i>	
<i>Half of all lifetime cases of mental and substance use disorders begin by age 14 and three-fourths by age 24.</i>	

The above-mentioned steps are coordinated with other health promotion efforts in order to plan and deliver specialized, cost effective prevention services that promote social and emotional well-being and align with healthcare reform outcomes. These steps also use evidence-based services and interventions, and meet the cultural and linguistic needs of diverse populations.

Numerous partners and stakeholders are involved, including representatives from: healthcare, schools, education, law enforcement, courts, multi-purpose collaborative bodies, government (in particular, human services), ethnic/tribal leaders, behavioral health providers, families/parents/parent groups, business community, media, youth/student-led groups, faith-based/fraternal organizations, the recovery community, civic/volunteer groups, suicide prevention groups, and older adult organizations.

With these partners at the table, a PPC in a ROSC can be described as *a community-based integrated prevention initiative designed to support recovery and wellness by:*

- *Preventing and reducing the use of drugs*
- *Mitigating the consequences of substance use disorders to individuals, families, and communities*
- *Forging partnerships that can foster collaborative efforts and develop an integrated service system able to sustain persons in recovery and their families*
- *Promoting good quality of life and improving health and wellness of a community*

Behavioral Health Indicators	Baseline	2017 Goals
Alcohol use during past 30-days – percent of youth in 9 th -12 th grades (MI YRBS, 2011)	30.5 %	26.0 %
Binge drinking during past month – percent of youth in 9 th -12 th grades (MI YRBS, 2011)	17.8 %	14.5 %
Heavy drinking – percent of individuals over 18 years old (BRFSS 2008-10)	5.4 %	5.2 %
Alcohol involved deaths – deaths where at least one driver was 16-20 years old and had been drinking (average 2004-10)	29	28
Alcohol involved serious injuries – injuries where at least one driver was 16-20 years old and had been drinking (avg. 2004-10)	144	142
Non-medical use of pain relievers – percent of youth 12-17 years old (NSDUH, 2009-10)	6.4 %	5.0 %
Non-medical use of pain relievers – percent of youth 18-25 years old (NSDUH 2009-10)	13.4 %	12.7 %
Past year major depressive episode experienced – percent of youth in 9 th -12 th grades (MI YRBS, 2011)	26.0 %	23.0 %
Suicides – age-adjusted rate per 100,000 people in 2010	12.5	10.8

When a focused inventory has been completed, communities can identify what is already in place and any unmet needs or gaps in services. The more diverse the group of people conducting the inventory, the richer the action plan will be. An example of a PPC within a ROSC would include:

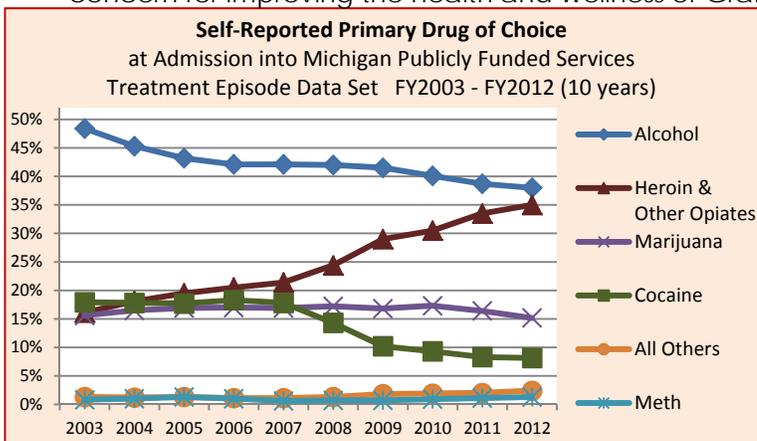
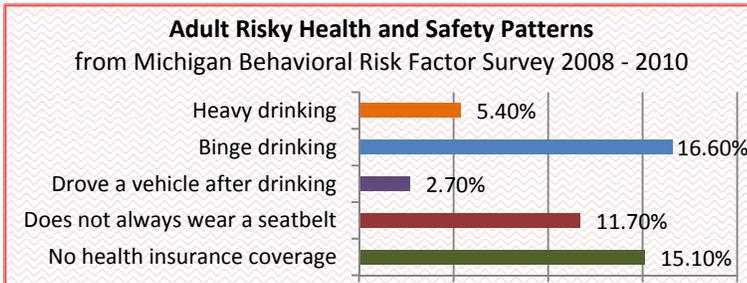
- Prevention services for individuals, families, groups, and communities
- Behavioral health services for mental health and substance use disorders
- Physical health services, both primary and specialty care
- Medication support
- Other supportive systems for overall health and well-being, including: housing, employment, education, child care, wellness, legal issues, crisis management, and support groups

During the past year, 14 communities across Michigan have focused on developing PPCs within a ROSC.

PPCs in Kent County

In Kent County, the regional coordinating agency (CA), **network180**, has been a vehicle for the mobilization of a diverse array of stakeholders who serve different functions, have different roles, and identities. Together they have successfully designed and implemented large-scale, culturally competent strategies that promote community restoration and public health. The Kent County Prevention Coalition (KCPC) has built a team of 30+ partner organizations and over 40 residents who represent 12 core sectors. This village-like framework has changed community conditions, norms, systems, and policies in Grand Rapids and beyond in landmark ways.

KCPC is a testament to the power of community coalition-building and collaborative problem-solving as vehicles to prevent and reduce social ills. Their work has shifted concerned community members from being 'lone rangers' to a collaborative 'A-Team,' with an understanding that the greater synergy there is among community stakeholders, the greater the impact. KCPC members have a shared concern for improving the health and wellness of Grand Rapids and surrounding communities. This synergy and shared concern unites all of the partner organizations who form PPCs via the coalition.



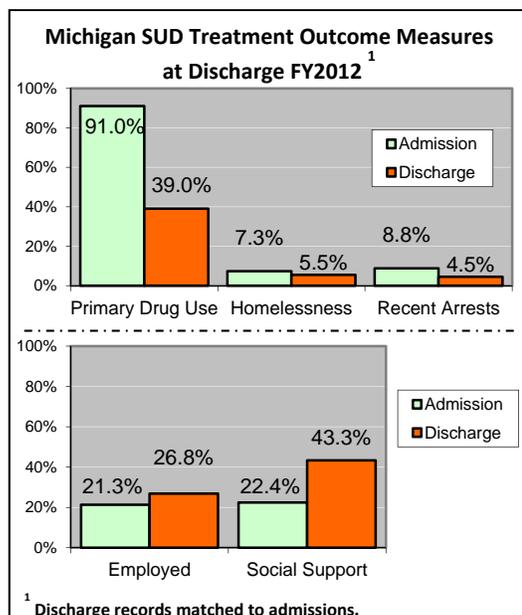
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network180 is committed to educating, empowering, and engaging people and organizations to work in tandem versus silos, and has used its leadership to spearhead the creation of community partnerships that braid resources, reduce overlap, and eliminate duplication of services. Kent County knows PREVENTION WORKS, and healthy communities are essential to recovery.

PPCs in Monroe and Wayne Counties

In a similar fashion, **Southeast Michigan Community Alliance (SEMCA)**, the CA serving Monroe and Wayne counties (outside of Detroit), recognizes the value of leveraging partnerships to develop healthy communities for recovery, and sustain community change. Community coalitions are building capacity through a structured strategic planning process to identify and effectively address substance misuse/abuse and consequence issues in their local communities. Thirteen different community coalitions in this geographic area are either directly funded or work in collaboration with SEMCA as a strategic partner. Some specific examples include:

Wayne County Home Visiting Program Hub: SEMCA has partnered with the Wayne County Great Start Collaborative, The Wayne Children’s Healthcare Access Program (WCHAP), and the Information Center to become the managing entity for the local Home Visiting Hub in Wayne County. The purpose of the Home Visiting Hub is to streamline and coordinate outreach, intake, referral, and feedback loops across home visiting programs; and to assure equitable access to the most appropriate services for high-risk families. The WCHAP (an independent, physician led, public-private community health collaborative based on a proven medical home improvement model) has committed to utilizing the Home Visiting Hub by referring children from its participating pediatric practices and federally qualified health clinics, if they are eligible or need home visiting. Similarly, WCHAP receives referrals from the home visiting partners for children who are not attending their regular well child visits, do not have a primary care provider, or have significant issues with asthma or childhood obesity.



Lincoln Park Community Prevention Coalition: Over the past several years, a community park has been “home” to stores selling tobacco and synthetic drugs to youth, prostitution, drug abuse, and a significant homeless population. The coalition has been working with neighbors, the City of Lincoln Park, Lincoln Park Police Department, and the Lincoln Park Citizens Patrol Watch to provide an overhaul of the park and surrounding neighborhood. The coalition has connected residents with the Citizens Patrol Watch to take ownership of the community and establish patrols through the park and neighborhood. In addition, the coalition conducts ongoing compliance checks and provides vendor education to retailers to make the community a safer place for youth. The coalition has identified and provided a link between government and the community.

Monroe County Intermediate School District: As part of a ROSC approach, a program is offered for families with children ages birth to three who have been exposed prenatally to alcohol or other drugs, and/or who have parents involved in SUD treatment.

The goal of the program is to increase parenting skills by enhancing parental understanding and promoting child development. The program has partnered with Salvation Army Harbor Light, a SUD treatment agency, to offer parenting services through home visits. To ensure the success of families, the ROSC program collaborates with other community agencies such as Mercy Memorial Hospital, The Monroe Great Start Collaborative, Monroe Department of Human Services Foster Care Department, and Maternal Infant Support Services.

Babies & Substance Abuse

The latest studies estimate that 40,000 infants are born each year with Fetal Alcohol Spectrum Disorders (FASD) – 1 out of every 100 births in the U.S.

Direct costs associated with Fetal Alcohol Syndrome (estimated at \$3.9 billion annually) include not only healthcare costs but also costs associated with social services and incarceration.

- Of individuals with FASD, 60% will end up in an institution (mental health facility or prison).
- It is estimated that almost 70% of children in foster care are affected by prenatal alcohol exposure in varying degrees.

(National Organization on Fetal Alcohol Syndrome)

192 babies were born drug-free to women in Michigan SUD treatment programs, during FY12.

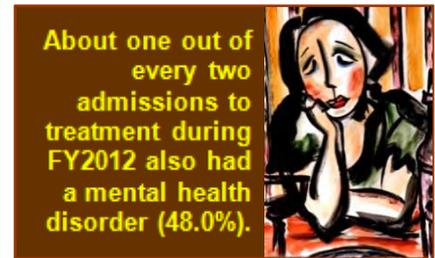
PPCs in Washtenaw County

A third CA, **Washtenaw Community Health Organization (WCHO)**, has also been working in their region to implement PPCs within a ROSC. The Washtenaw Health Initiative (WHI) formally started with a planning meeting in January 2011 as community leaders came together to discuss how best to help Washtenaw County plan and prepare for implementation of the Patient Protection and Affordable Care Act of 2010.

With the sponsorship of both the University of Michigan Health System and Saint Joseph Mercy Health System, a 12-member steering committee was formed. The planning group includes multiple community sectors working together to assess the state of health care of Medicaid recipients, low-income residents, and the uninsured in the county. By July 2011, this group made recommendations to improve access and coordination of care for these populations. The WHI has grown to more than 70 participants from more than 40 organizations.

Using the 5-step strategic planning framework, the WHI developed recommendations and implementation proposals to bridge some of the identified gaps in access to care. The work of WHI generated collaborative activities with partners at the table, one of which is WCHO. In addition to many other successes, WHI facilitated connections between Washtenaw County and the BSAAS that enabled them to successfully obtain a Screening, Brief Intervention, Referral and Treatment grant to place case managers in local safety net settings in order to assist residents struggling with substance

use. Future projects include supporting primary care clinicians in diagnosis, treatment, and management of depression symptoms; and developing a tool-kit for other communities that wish to implement their own community-based efforts.



PPCs in Northern Michigan Counties

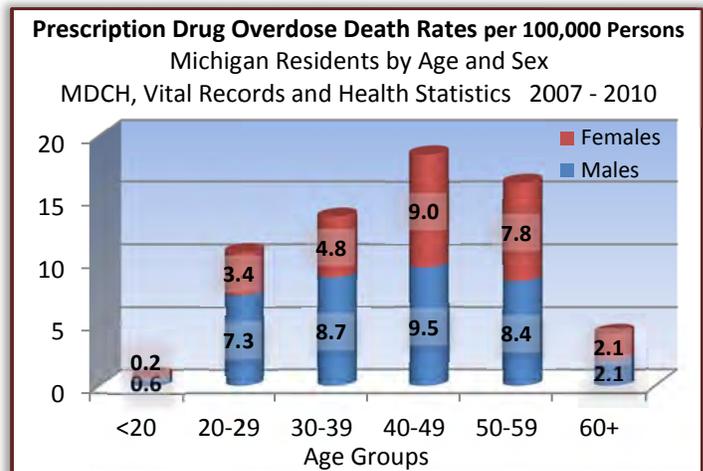
PPCs within a ROSC are not just developed in metropolitan areas of the state; rural parts of Michigan also develop community-based integrated prevention initiatives.

Northern Michigan Substance Abuse Services (NMSAS), the CA covering 30 counties in the Northern-Lower Peninsula, initially convened a meeting in 2009 to discuss the problem of rising prescription drug misuse/abuse. Community members known to share concern about the issue were solicited to attend, and others were welcomed. Water quality and medical professionals; hospital and Federally Qualified Health Center representatives; law enforcement and waste management organizations; and mental health and SUD prevention and treatment representatives created a diverse group of participants in the forum. Concerns brought to the table for discussion ranged from decreased water quality from improper disposal, to increased numbers of Schedule II and III prescriptions being filled. The common goal, reducing prescription drug misuse and abuse was shared by all.

A task force was formed and a strategic plan was developed using a strategic planning framework to address identified community needs and integrated systems approach to deliver services. Because of this process, strategies continue to be implemented throughout the NMSAS region, including:

- A media campaign, *I am the Solution*, promoting awareness and dangers of prescription drug misuse/abuse, and positive social norm messages of "Secure, Monitor, and Dispose Properly"
- Editorials, media articles, and interviews that support efforts
- A dedicated website, www.drugfreenorthernmichigan.com, with templates, fact sheets, and other resources for public use
- A dedicated Facebook community page (same name as the website)
- Local medication disposal sites and events
- Medical professional education on "Best Practices in Pain Management" and "Use of the Michigan Automated Prescription Monitoring Service (MAPS)"

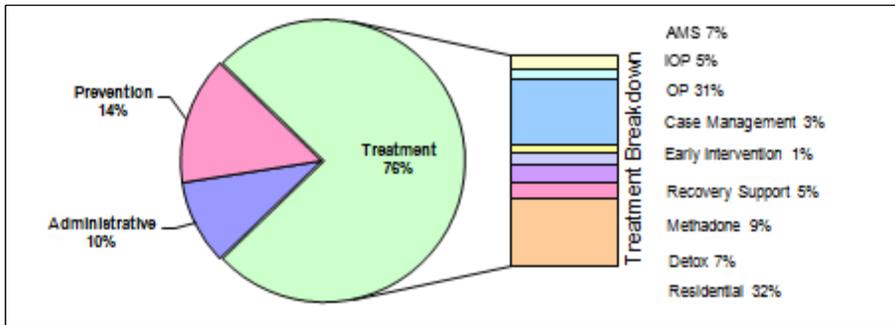
Community surveys and community-level data are being used to measure the impact of these initiatives on overall health and wellbeing in the region.



PPCs Lead to Healthier Communities

The effective administration of evidence-based practices to reduce risk factors that contribute to SUDs are oftentimes also successful in reducing risk factors for mental health disorders. PPC's positive impact on reducing risk factors common to SUDs and mental health disorders also promotes resilience, supports recovery, and leads to healthier communities.

Additional Information About BSAAS...



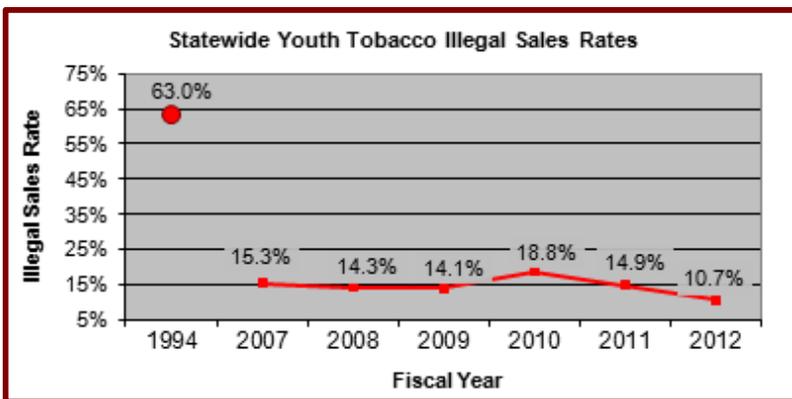
Substance Use Disorder Prevention, Treatment and Recovery Services: Regional coordinating agencies (CAs), established by Public Act 368 of 1978, locally manage services for persons with substance use disorders. Michigan has sixteen CAs (see [Coordinating Agency Map](#)) who contract with over 400 providers to make services available statewide.

In fiscal year 2012, BSAAS administered over \$68 million in federal funds and over \$16 million in state funds to purchase services on behalf of Michigan residents. Please see our [Legislative Report](#) for spending details and information on providers (including types/quantities of services, and amounts/sources of funds).

Problem Gambling: Services available to Michigan residents include a 24-hour help-line, treatment, and prevention. State restricted revenue for problem gambling services comes from several sources: casinos, lottery, and racetracks. In FY2012, 605 individuals were admitted to treatment, a program record. Of those, 62 were on the Disassociated Persons List and voluntarily enrolled in the Problem Gambling Diversion Program to receive treatment in place of criminal trespassing convictions. Please see the [BSAAS Problem Gambling webpage](#) or the re-designed www.gamblersresponsibly.org website for more information about problem gambling services.

Admissions to Problem Gambling Treatment in Michigan	
Region	No. of Clients
Wayne County, including Detroit	228
Detroit Metro (outside Wayne Co.)	221
East Region	68
West Region	98
Upper Peninsula (UP)	0
Statewide During FY 2012	605

Youth Tobacco Sales Rates, Synar: A key target for prevention services is reducing youth access to tobacco. Statewide, prevention agencies, anti-tobacco groups, selected tobacco retailers, and law enforcement agencies continue to work at reducing the frequency of illegal tobacco sales to youth under the age of 18.



Studies show that strict compliance enforcement of youth access to tobacco laws is a strong deterrent for youth who are contemplating initiation of tobacco or experimenting with tobacco use.^{1,2} Michigan began conducting annual random inspections of tobacco retail outlets in 1994 to determine the extent of youth access to tobacco. In accordance with the Synar regulation issued by the Substance Abuse and Mental Health Services Administration, beginning in 1997, Michigan was required to survey tobacco retailers and achieve a federally prescribed retailer violation rate (RVR).

Since 2007, with the exception of 2010, Michigan has seen a continuous decrease in RVRs. In 2012, the RVR was 10.7%, a decrease of over four percentage points from Michigan's RVR of 14.9% reported in FY2011.

In 2013, Michigan is taking measurable steps to address youth access to tobacco RVR increases; developing a state-level Synar Strategic Plan, pooling additional funding streams to increase enforcement efforts, and aligning services to reflect a holistic approach to develop prevention-prepared communities. Please see our [Youth Access to Tobacco and Synar Info webpage](#), on our website under Prevention, for more details.

¹ Doubeni, C.A., Wenjun, L., Fouayzi, H., and DiFranza, J.R. (2008). Perceived accessibility as a predictor of youth smoking. *Annals of Family Medicine*, 6(4): 323-330.

² Forester, J.L., Murray, D.M., Wolfson, M., Blaine, T.M., Wagenaar, A.C., and Hennrikus, D.J. (1998). The effects of community policies to reduce youth access to tobacco. *American Journal of Public Health*, 88(8): 1193-1198.

For More Statistical Information: Reports with statistical information by regional areas are also available as listed below. They are on our website at www.michigan.gov/mdch-bsaas, along the left side choose "Reports and Statistics."

[Treatment Demographics \(includes Correctional/Judicial involvement statistics\)](#)

[Primary Substance Reported at Admission by County](#)

[Women & Pregnant Women - Admissions and Discharges](#)

[Reported Mental Health Disorder as Factor in Treatment](#)

[Treatment Activity Summary \(TEDS\)](#)

[Treatment Discharge Reasons](#)

[Treatment Outcomes Measured at Discharge](#)

[Prevention - Youth Tobacco Sales Rates, Synar](#)

[Problem Gambling Services](#)

Other Programs We Oversee: Our website also has information about other programs we oversee:

[Prescription and Over-The-Counter Drug Abuse](#)