



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

## From the Office Director's Desk



Michigan, like most states, is seeing a rise in opiate use and treatment admissions for those who seek help for opioid addiction. Many seeking help for addiction to opioids are 1) younger than the “usual” population, in their 20’s, and 2) report that they began their addiction by taking prescription opiates. Some have stayed with prescription opiates, while others have switched to heroin. Many tried to stop using on their own before seeking treatment, but were unsuccessful.

Treatment providers know there is the need to ensure that individuals are able to access the services they need while in treatment. Be it medication-assisted treatment, residential treatment, outpatient treatment or case management is up to the individual and their needs at the time. We also know that without recovery supports and support within the community, many relapse and go back to using. Unfortunately, this can lead to accidental overdose due to the nature of opioids and a lack of knowledge in the community of the effects of opiates on the body and its systems.



Communities can help support those in recovery and prevent others from becoming addicted by utilizing a comprehensive approach to building healthy communities. Prevention Prepared Communities (PPCs) enable individuals, families, schools, faith-based organizations, and workplaces 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 (including opiates), suicide, and other health problems affecting the community are a hallmark of a PPC.

As identified in the Opioid Overdose Prevention Toolkit from Substance Abuse and Mental Health Services Administration (SAMHSA), there are five strategies communities can use to prevent overdose deaths:

**STRATEGY 1:** Encourage providers, persons at high-risk, family members and others to learn how to prevent and manage opioid overdose

**STRATEGY 2:** Ensure access to treatment for individuals who are misusing or addicted to opioids or who have other substance use disorders

**STRATEGY 3:** Ensure ready access to naloxone

**STRATEGY 4:** Encourage the public to call 911

**STRATEGY 5:** Encourage prescribers to use state Prescription Drug Monitoring Programs (PDMPs)

The Opioid Overdose Prevention Toolkit is available at [http://store.samhsa.gov/shin/content/SMA13-4742/Overdose\\_Toolkit\\_2014\\_Jan.pdf](http://store.samhsa.gov/shin/content/SMA13-4742/Overdose_Toolkit_2014_Jan.pdf).

Effective treatment of opioid use disorders can reduce the risk of overdose and help a person who is misusing or addicted to opioid medications attain a healthier life. Through working together as communities, we can help make this happen in Michigan.

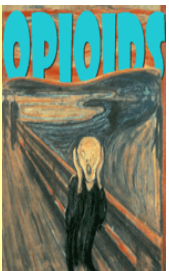
*Deborah J. Hollis*

## Increase in Opiate Use and Deaths by Opiate Poisoning



In 2012, 941 people died of unintentional drug poisoning overdoses in Michigan. The age-adjusted unintentional drug poisoning death rate increased from 2.4 to 9.7 per 100,000 population between 1999 and 2012. The drugs known as prescription pain relievers – also known as opioid analgesics include hydrocodone (e.g.,

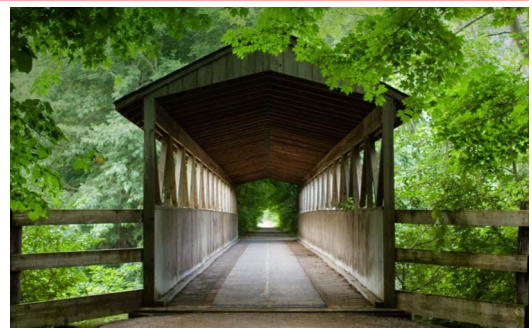
Vicodin), oxycodone (e.g., OxyContin, Percocet), fentanyl (e.g., Duragesic), and methadone - contributed greatly to this increase. In 2012, nearly 20 percent (n=188) of the unintentional drug overdose deaths were from opioid analgesic involvement. This is almost seven times the number of people who died from these drugs in 1999. We also have seen the impact of opioid analgesics on



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## Increase in Opiate Use and Deaths by Opiate Poisoning (continued)

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our service delivery system. Persons reporting opioids (other than heroin) as the primary substance at admission to Michigan's publicly-funded treatment increased 369 percent between 2001 and 2012 according to Treatment Episode Data Set (TEDS).

This epidemic increase in unintentional drug poisoning deaths and treatment

closely paralleled the increased availability of opioid analgesics statewide. According to 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 6.7 million prescriptions, accounting for 32.2 percent of all controlled substance prescriptions in 2012. In addition, one in 20 people in Michigan aged 12 or older reported nonmedical use of pain relievers in the past year according to the 2011-2012 National Survey on Drug Use and Health.

The Office of Recovery Oriented Systems of Care (OROSC) is working

with many state partners, including the Michigan Bureau of Disease Control, and Prevention, Michigan Department of Epidemiology, and the 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 prescription and Over-the-counter drug abuse education and use of brief screenings in behavioral and primary health care settings, and
- 4) Increasing access to, and use of the MAPS. Currently, OROSC and MAPS are working together to examine the drug prescription history

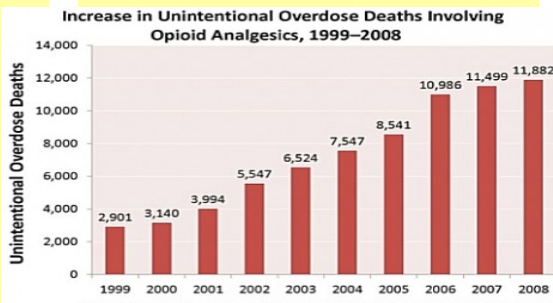
“Less than 650 000 people are thought to be receiving substitution treatment globally for opioid dependence, less than 10% of those in need of treatment.”

of people who died due to drug overdose between 2009 and 2012.

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 of the people in the United States 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 abuse problems.



## Spotlight on ROSC Action in Michigan: Building Men for Life

Contributed by Name by Jeff VanTresse

Building Men for Life, Inc. (BMFL) operates 12 recovery residences serving over 80 men in Ottawa and Allegan counties. BMFL is a founding member of the Michigan Association of Recovery Residences, Inc., (MARR) the West Michigan Association of Recovery Residences, Inc. (WestMARR) and is a member of the National Alliance of Recovery Residences (NARR). BMFL's recovery residences are rated as Level



III under NARR standards and are all located in single-family residences.

In 2004, BMFL's founder, Randall

Brouwer, was working through his own personal struggle with drugs and alcohol. Randy was leading a small group of recovering alcoholics and addicts conducting Bible studies and holding Alcoholics Anonymous (AA) meetings at a farm house owned by Ridge Point Community Church in Holland, Michigan. The farmhouse recovery group grew in size when the residents of a Holland residential treatment center started attending the Sunday Sunrise breakfast meetings. The greatest fear for these men leaving the residential treatment program was returning to the environment they came out of, while still remaining clean and sober. It was heartbreaking to watch countless men grasp at the edge of



continued sobriety only to succumb to the chronic disease of substance abuse. Something had to be done to provide a safe living environment so these men could continue their recovery program until they felt ready to make the transition into the world on their own.

In 2008, Randy felt God was leading him to open a men's recovery house in Holland. Fueled by his passion for recovery (and countless sermons from Jim Liske, former Ridge Point Pastor and current Chief Executive Officer (CEO) of Prison Fellowship Ministries), Randy is a witness to what God can accomplish with a step of faith. BMFL grew in five years from a

“Addiction enters when self love is traded for self limiting and judgmental thoughts.”

~ Dr. Bill Tollefson

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# SPOTLIGHT on ROSC Action in Michigan: (continued)

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single recovery house serving six men to a dozen recovery houses serving over 80 men. The statement God laid on Randy's heart was:

*"Passing up an opportunity to build something bigger than yourself, is a vision only a few can find to be more important than today."*

BMFL provides a holistic, safe and supportive living environment for addicts and alcoholics in recovery from their chronic disease. BMFL utilizes Scripture-based and proven 12-step program ideals as its bedrock. BMFL requires accountability and rigorous honesty to give its men a foundation on which to build a future that

**"It's important to meet people where they're at, but not leave them where they're at."**

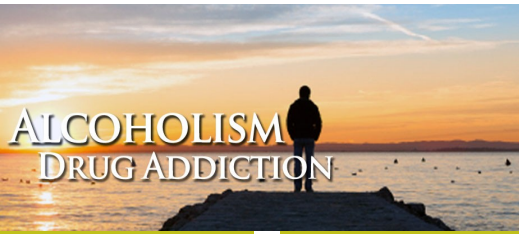
follows the path of sobriety and righteousness.

Recent (March 2012) studies at Johns Hopkins University

have shown that recovering addicts using a longer-term recovery residence care model are up to 10 times more likely to stay sober than those using the traditional shorter-term treatment model with no stay in a recovery residence after treatment. The Johns Hopkins study revealed that only 5% of persons in the traditional short-term treatment model remain sober for 90 days after discharge; while more than 50% of those persons remain sober who stay in



recovery residences for 3 months after the traditional short-term treatment is completed. The antidotal experience of the hundreds of men served by BMFL support the same



tenfold increase in sobriety evidenced in the Johns Hopkins study.

This paradigm shift in the treatment of substance abuse

disorders is evidenced by the State of Michigan's OROSC recognizing the NARR standards and qualifications for operation of recovery residences. Simply stated, alcoholism and drug addiction is a chronic disease, much like diabetes. Addicts and alcoholics are not "cured" of their addiction with a 90 day stay in a treatment center. Rather, like diabetics, the disease of addiction must be addressed every day for the rest of their lives. The inclusion of recovery residences in the continuum of care available to addicts and alcoholics increases the length of care from a three-month stay in a treatment center to an additional 6 to 24 months in a recovery residence. The additional months of care in a recovery residence has proven to be incredibly effective, with an outcome of more than 10 times the rate of continued sobriety.

In addition to the measurable factor of continued sobriety, persons in recovery residences are much more likely to be employed and engaged in recreational activities in the months after leaving detox and treatment. The economic effect of employment transforms recovering addicts from being a net cost to a net benefit to society. As for the non-measurable factor of "being a husband, dad or brother again," the value is priceless.

Long-term recovery from alcoholism and addiction is problematic and difficult at best. Maintaining sobriety without stable housing and ongoing support is nearly impossible. The good news for the recovery community is that longer-term treatment of an admittedly chronic disease is now being embraced by professionals, policy makers, and virtually everyone involved in the recovery community. Standardization and self-regulation provided by entities such as NARR, MARR and WestMARR help raise the quality and

services provided by recovery residence operators, such as BMFL. The State of Michigan's OROSC and the substance use disorder professionals within the State's various Coordinating Agencies are also

## The Importance of Hope in Addiction Recovery



supportive of recovery residences.

BMFL has also served as a magnet to attract other people in recovery to "give back" to the recovery community. Keith Walters began assisting with BMFL's first men's recovery residence in 2008. Keith now serves as Housing Director for all 12



BMFL's recovery residences and as a Recovery Coach. Both Randy and Keith serve on the Board of Directors of MARR, WestMARR and the Ottawa County Recovery Fest committee. Jeffery W. Van Treese, Sr. joined the BMFL team in 2012 and now serves as General Counsel to BMFL, MARR, WestMARR, as president of the Michigan Recovery Voice and serves

on the State of Michigan's Behavioral Health Advisory Council. Cheri Ruiz came on board last year and now serves as BMFL's executive office administrator, and after 26 years is still actively involved with the AA community.

For more information concerning BMFL please contact Randy, Keith or Cheri at (616) 393 – 2188, Jeff at (616) 795 – 9969



(JVTLAW@gmail.com) or visit us on the web at [Buildingmenforlife.com](http://Buildingmenforlife.com).

# Michigan Substance Use Disorder Data Repository

Michigan Substance Use Disorder Data Repository (MI-SUDDR) is a collaborative project of the Michigan State Epidemiological Outcomes Workgroup (SEOW) and representatives from state agencies such as Bureau of Disease Control, Prevention, and Epidemiology, Department of Education, Office of Highway Safety Planning, and other local organizations including Michigan Primary Care Association. The purpose of MI-SUDDR is 1) to develop a systemic and ongoing monitoring system to describe the magnitude and distribution of substance-related consequences and consumption patterns as



well as indicators of mental, emotional and behavioral health across the state, 2) to enhance capacity to use data for decision making for behavioral health services planning and implementation, and 3) to serve as a one-stop-shop resource for OROSC, prevention professionals, and other related entities to further strengthen the prevention infrastructure in Michigan.

MI-SUDDR provides data related to the consumption and consequences of alcohol, tobacco, and other drugs, as well as risk and protective factors that are associated with behavioral health conditions. Data are provided



at the county, regional or state level whichever possible. The website (MI-SUDDR.com) is managed and coordinated by Wayne State University.

The Michigan SEOW utilizes a public health approach to prevent substance abuse and its consequences as guided by the steps of Strategic Prevention Framework (SPF). The SEOW also expands the focus of data-driven monitoring and surveillance of substance abuse to include mental and behavioral health correlates through comprehensive analyses of state and local data.

## 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 through this offering, and we thank them.

Contributed by Cheri Ruiz

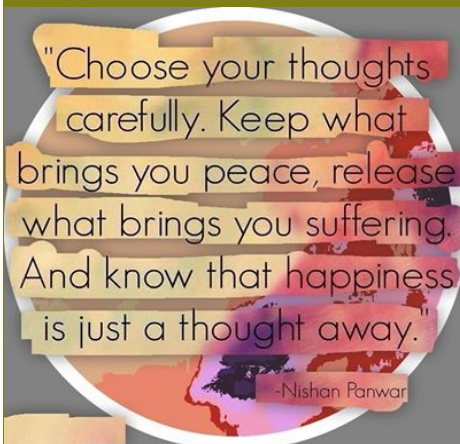
One day at a time. After 26 years my goal remains to practice simple living with gratitude that I am still alive. On January 17, 1998 I walked into an AA meeting and found a second chance to live a sober and productive life. Promises do come true, as progress and not perfection. My journey in recovery has had its share of bumps in the road, from battling cancer, surviving a house fire from jumping from a second story window, as well as having a number of ruptured and bleeding brain aneurysms. Nevertheless, I am still kicking and grateful to be alive.

When I was drinking it was all about me; I did not care about others or what was happening in their lives. While growing up in Holland,



MI, I was treated as an outcast, because I was the only blonde haired child raised in an otherwise Hispanic looking family. To this day, my family still brings up the fact that I look like one of the "white people". Being rejected by both the whites and the Latinos caused me to try to escape by using alcohol and drugs.

My tumultuous childhood taught me much of accepting life on life's terms. Love unconditionally no matter what color you are and never pass judgment based upon the color of a person's skin or how they talk. What I have learned, and what I want to pass on to others, is that you can recover



while being willing, open and honest about yourself and others. This will take you farther along the path than being in a fog and not having a clear mind from alcohol and drugs.

Where the mind goes the behind follows. You can change your attitude and practices to be on the beam of the spirit. Nothing changes if nothing changes.

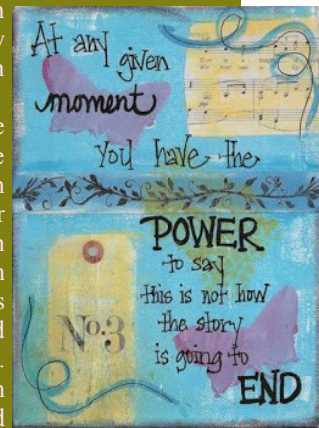
Helping others in their battle with alcoholism and addiction has helped with

my own battle for the last 26 years with alcohol. I find satisfaction in helping people and Sobriety Court and as a Sobriety Coach. I am also actively engaged in Alcoholics Anonymous. For the last two years I have volunteered with Building Men for Life, Inc., an operator of a dozen recovery residences in Ottawa and Allegan counties. Witnessing people in their spiritual and recovery journey is a gift. Recovery does work by getting a sponsor and working the 12 steps. Giving back by acting as a sponsor has helped me through my "bumps in the road".

I have to continue every day to help people in their journey to recovery, as life is too short to waste on alcohol or drugs. An attitude of gratitude, a humble life in service, and a passion to help others is what keeps me kicking, one day at a time.

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Your humble servant,  
*Cheri Ruiz*





**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH  
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**Substance Abuse Treatment Assistance**  
[www.michigan.gov/mentalhealth-addiction-help](http://www.michigan.gov/mentalhealth-addiction-help)

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

**We're on the Web**  
[www.michigan.gov/bhrecovery](http://www.michigan.gov/bhrecovery)

**Excerpts from the FY2013 to FY 2014 Strategic Plan for Substance Abuse and Addiction Services**

**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 Office of Recovery Oriented Systems of Care (OROSC) 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'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**



**More Training Opportunities**  
Information on workshops, conferences and other educational/training events can be viewed at [www.MI-PTE.org](http://www.MI-PTE.org)

- Coming Events**
- May 5—Women's Gender Responsive Treatment
  - June 17—Prevention and Primary Care
  - July 18—Developing Recovery-Oriented Treatment Plans

