Summer Issue

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MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
BEHAVIORAL HEALTH AND DEVELOPMENTAL DISABILITIES ADMINISTRATION
OFFICE OF RESCOVERY ORIENTED SYSTEMS OF CARE

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

From the Office Director's Desk

As our behavioral health system continues to transform, we must continue to ensure that SUD has the capacity to meet the needs of the population needing services, whether its prevention, treatment or recovery. Whether a person qualifies for Healthy Michigan, or Medicaid or Substance Abuse Block Grant, services must be available to promote wellness, strengthen communities and facilitate recovery.

In January, Governor Rick Synder released a report "Reinventing Michigan's Health care system, Blueprint for Health Innovation," which identifies elements needing transformation: Patient Centered Medical Homes, Accountable Systems of Care, Community Health Innovation Regions, Payment models and statewide infrastructure. In this article, I would like to focus on statewide infrastructure. Michigan's Blueprint for Health Innovation calls for a statewide infrastructure that responds to the needs of patients (individuals with SUD), PROVIDERS, communities and payers…(to get to desired outcomes). We have been working on population based prevention strategies for years so our efforts complement the Blueprint. MDCH also recently published a report on 2013 Substance Abuse Treatment Capacity. It was our aim to obtain a baseline on the capacity of the SUD counselor workforce, identify service and capacity gaps and plan for the future. Prevention staff and Peers workforce assessment will follow.

With all of the changes, there continues to be opportunities. MDCH and SAMHSA will continue to provide support to help behavioral health leaders ready their organizations for healthcare change. To support and accelerate provider adaption and change, SAMHSA has funded BHbusiness Plus to participants at no cost. Providers need only invest time and energy toward making change in the business operations most advantageous for the organization. Topics include Strategic Business Decision Making, Exploring Affiliations, Mergers and Acquisitions, Costing Out Your Services, Setting up a Third Party Billing System, Improving Billing System to Increase Collections and Compliance, New Business Planning, Third-party Contract Negotiations, and Eligibility and Enrollment. Nine providers have already engaged in BHbusiness. Providers may apply for the program as an individual organization or under the auspices of an umbrella group. Applications are online, apply at http://bhbusiness.org. Application deadline is August 15. "BHbusiness Plus focuses on key business needs driven by changes in healthcare-expanding capacity, utilizing new payer sources, and planning for growth" said Becky Vaughn, CEO of SAAS. This opportunity is highly recommended and meets many of the training needs identified in the 2013 Substance Abuse Treatment Staffing Capacity report.

Let's continue to be key partners in Michigan's transforming health care delivery system.

Deborah J. Hollis

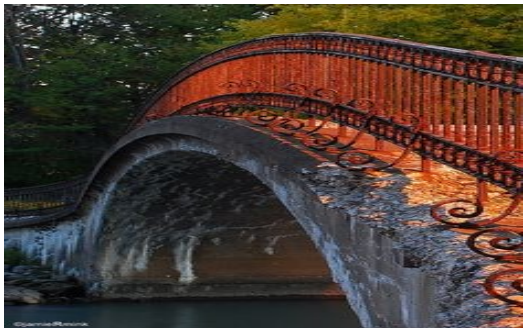
Lakeshore Prevention Initiative: Talksooner.org

Engaging Parents Through the Creative Use of Technology- Talksooner.org

The Lakeshore Coordinating Council, in partnership with Network 180 and local community coalitions, developed a parent education website in 2009 - www.talksooner.org. The purpose of Talk Sooner is to encourage parents to talk to their children early and often about the dangers of misusing prescription and other drugs.

To offer parents, caregivers and concerned citizens of West Michigan a simplified way to talk to their kids, Talk Sooner launched a mobile app for Apple and Android devices. To promote these new

Inside this issue:



Prevention Initiative - Talksooner.org (continued)

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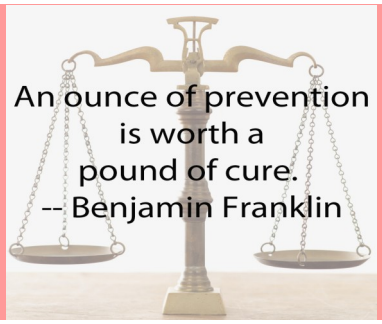
applications, a media campaign is underway. This campaign features billboards, bus ads, radio ads, secretary of state ads, and cinema ads in: Allegan, Berrien, Barry, Kent, Muskegon and Ottawa Counties. Printed literature, and a detailed website (www.talksooner.org) where parents can get current youth information about regional substance abuse trends, as well as promotes local resources that are being used to spread the message.

The campaign to date, has seen over 3.3 million impressions, 1,600 individuals downloaded the app and there has been a 75% increase in web traffic. The website and mobile apps continue to be updated regularly, and all content is based on community feedback and usage patterns. A corresponding Spanish version is also available. Additionally, Talk Sooner has a Facebook Page with nearly 600 likes. To download the FREE apps search "Talk Sooner" in your Google play or Apple store.

Contributed by : Stephanie Vanderkooi



Spotlight on ROSC Action in Michigan: Integrating Recovery Efforts

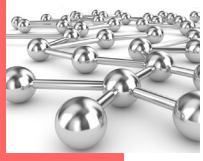
ROSC II Summit: Preparing a Broader Base for Recovery

I'll never forget what one client/presenter said in our first Recovery Oriented System of Care (ROSC) Summit in 2009: She said, in reference to her journey of recovery, to a room full of treatment providers: "You gotta get over it; this ain't no microwave thang!" What she was critiquing from first-hand experience was the way we'd designed our community treatment programs to work at that time. We would admit people in crisis, put them through a stabilizing course of care and then "release" them back to the communities from which they'd come; many times without the resources or support to remain strong and healthy.

We had created a system that expected people to improve the way some of us fix our meals… pop 'em in the microwave and three minutes later we're done. As Bill White often asks in his presentations, "What if we really believed addiction was a chronic disorder?" After three years of attempting to implement recovery oriented services in Kent County, the 2009 ROSC Summit attendees committed to make a community-wide change in how services were delivered.

Five years have passed since that important day of commitment, and more has changed than just the calendar. We have seen a strengthening of the ROSC movement across the state and nation. Our state agency has changed its name in support of this transition. Substance abuse Coordinating Agencies are set to merge into the Medicaid managed care entities for behavioral health by October 1 of this year. Medications to treat SUD are moving into the mainstream. Health care reform and Medicaid expansion are realities.

With all of that change, we thought it wise to call an even larger community together to review the work that has been done and to set the stage for the next phase of ROSC development in West Michigan. On April 16, 2014 ROSC Summit II was held at Pine Rest in Grand Rapids with nearly 250 participants. They represented from across the seven counties soon to be served by the Lakeshore Regional Partners (the regional PIHP and new administrative home for the publicly managed substance abuse services system). We were also graced with the presence and moral support of MDCH's Office of Recovery Oriented System of Care through both Lisa Miller and Director Deborah Hollis.



The day began with an update from Lonnetta Albright on the concept of ROSC as it has been developed nationally over the past five years. Lonnetta serves as the director of the

(Continued on page 3)

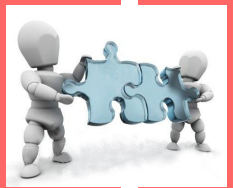
SPOTLIGHT on ROSC Action in Michigan: (continued)

(Continued from page 2)

Great Lakes Addiction Technology Transfer Center in Chicago, and graciously offered to spend an invigorating day before the Summit meeting with a number of area recovery coaches and recovery residence providers. She was a keynote presenter in 2009 as well, so it was great to have her back to review and comment on the growing success of the region in implementing ROSC.

Next was a keynote address by Dr. Corey Waller, addictionologist for Spectrum Health and SUD Medical Director for Network180. It may be an oversimplification of his message, but he consistently pointed to the need to understand addiction from a "data and science and math" perspective. That implies a need to leave the bad old days of "blame and shame" treatment behind so we can concentrate on addressing the onset and progression of perhaps the most serious and pervasive medical condition facing our communities with effective and compassionate science-based care.

After that, I (Mark Witte) provided an update on status of transition planning for the transfer of Coordinating Agency functions to the Lakeshore Regional Partners for (Allegan, Kent, Lake, Mason, Muskegon, Oceana and Ottawa counties). I noted several bright spots in this time of dramatic system change, including improved awareness of the epidemiology of substance abuse, the advent of expanded coverage for treatment, the positioning of behavioral health in conjunction with physical health, and the emergence of powerful community recovery supports and resources – including the recovery community itself. I underscored a commitment to support the development of a comprehensive community-based system of care for substance abuse and addiction, one which depends on a well-designed and effective prevention, treatment and recovery support services network for every citizen and community in the region.



With that introduction, we turned to those assembled to provide input for the plans that we promised would be used to build and guide regional service and system development – and be represented in the region's three-year strategic plan submission to DCH for 2015-2017. We asked for table dialogue and documented the region's feedback on four questions:

How are the people you serve being affected by substance use disorders?

Participants said that persons affected by SUD lose relationships (with family, friends, doctors), financial stability (jobs, sources of income, housing), time/productivity (by spending their days either trying to find more of the substance, or by being under the influence), peace/safety (exposed to traumatic/violent situations) and often times end up in legal trouble, and an increase in physical problems as well as mental and emotional instability, and are increasingly isolated. The symptoms of their illness inhibit good decision making, the ability to communicate or ask for help. They are more likely to be abusive/neglectful, and can lose their children. After they recover they have to overcome stigma, lack of trust. The developmentally delayed/cognitively-challenged population who are using don't have interventions available to them that are built for people with limited understanding.

What new or continuing barriers do people experience today seeking help?

Participants said that people encounter a number of barriers, including a lack of insurance, not enough funding for extensive treatment, an "unmanageable" life due to addiction (creates barriers to transportation, housing, few/damaged personal relationships, legal concerns/constraints, unaddressed medical/pain issues, childcare concerns, unpredictable behavior and emotions when trying to get the service that they need). In addition barriers exist in the form of waitlists and/or services being available only at a distance, insufficient degree of linguistic and cultural competence at access/intake, combined with fears of deportation, emergency room staff unfamiliar with how to screen for SUD or to know about any services other than "detox", internal stigma (shame and guilt), external stigma (possible job loss, etc.), beliefs in traditional treatment as a "short term fix" and a revolving door, archaic notions from providers about treatment and consumers (non-compliant, resistant, needing to be "broken" or to "hit bottom") and a lack of wet/damp housing available locally as a step of "pre-help".

What supports are key for people seeking to achieve/sustain recovery?

Participants told us that they need mental/emotional and physical health supports (from physicians, psychiatrists, therapists and recovery coaches/sponsors), stable housing/sober living environments, education/job training, sober recreational activities and social groups, urban pastors who are well informed about addiction/recovery and evidence of recovering people present in the community, opportunities to volunteer/mentor/share stories, and good hand-offs/communication/linkages between systems and providers.

How can systems work together more effectively to achieve ROSC's ideals?

Finally, participants identified opportunities for increased effectiveness through co-location of clinicians and recovery coaches in emergency rooms, integrated health clinics with skilled behavioral health clinicians, presence of skilled clinicians in courts, development of common pathways for communication between providers (leveraging technology), a web-based "SUD services" directory updated quarterly and available to the community/providers, and continued offerings of trainings/conferences on SUD and surrounding issues to foster integrated health teams, especially physical health providers and criminal justice workers.

I would imagine that if you had held a similar session, you might have seen the same kinds of results in any other region of the state or the country. Yet these are the words of our community's people – providers, community leaders, and (importantly) persons in recovery.

The beautiful reality is that the solutions to which participants pointed are possible through deliberate, comprehensive and committed planning efforts by resourceful communities. Resources are obviously involved, but only as an enabling final step in the planning work.

We intend to do what we can to honor the voice of this particular community – the Lakeshore Region – by building toward an ever-improved and ever-so-much-better Recovery Oriented System of Care. I encourage you to keep on the journey as well, no matter how your region is organized. Work it! It truly is not a microwave thing! It will take time, but make sure you use the time you take constructively and for the benefit of the communities and families and individuals we are charged to help. Thanks for the opportunity to share.

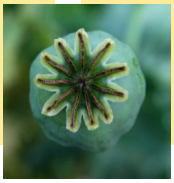
Contributed by Mark Witte

Profiling Drug Overdose Deaths

A profile of drug overdose deaths using the Michigan Automated Prescription System

From 2009 through 2012, the age-adjusted unintentional or undetermined intent poisoning death rate was 12.3 per 100,000 Michigan residents.

This profile uses a previously untapped database, the Michigan Automated Prescription System (MAPS), to characterize these deaths by analyzing how decedent prescription drug history differs across groups and drug types listed as the underlying cause of death (e.g., opioids, heroin) during 2009-2012.



Out of 930 opioid-related deaths, nearly half (48%) of decedents had no prescriptions filled for opioids in the 30 days prior to death. Men were 1.6 times more likely than women to have an opioid-related death with a death rate of 3.0 per 100,000 population. A majority of opioid-related deaths involved decedents aged 25 to 54 with the highest death rate for adults aged 35 to 44 (4.5 per 100,000).

Overall, 826 individuals died due to heroin-related causes. One-fifth (18%) of heroin-related decedents obtained a prescription for opioids in the 30 days prior to death. Men were 3.4 times more likely to die from heroin-related causes than women. Young adults aged 15 to 24 years had the highest heroin-related death rate (4.4 per 100,000).

Prescription drug monitoring programs are an important tool in preventing further increase in drug poisoning deaths and reducing prescription drug misuse and abuse. Increased utilization of MAPS may help prescribers and pharmacies when making decisions related to treating patients who are at higher risk of addiction and overdose death.

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.

Recovery Is Brave

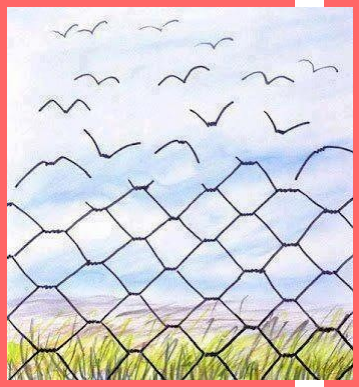
After 10 years of drug abuse I decided to stare down sadness and pain, look in the eye at the all-consuming slow assentation into death that had become life...my life. The truth was at one point heroin worked for me. I know, you're not supposed to say things like that but let's be real, I did not think there was any other option, than death or escape… escape meant heroin. I chose to live, I chose to escape.

On that first day of what became my recovery, I had to mourn my drug, its absence from my life. Like some sort of Stockholm syndrome, I had fallen in love with my captor, and now missed its abusive but all-encompassing power it had over me. Now what was supposed to get me out of bed? What was going to put me to sleep?

What would make me feel love or a sense of closeness to others?

I had to look in the mirror and stare down the damage, two sons, one placed for adoption on the day he was born, another living with his father, and a daughter who for the first two years of her precious life had an opiate addicted mother. I felt overwhelmed with the trail of lies and broken trust, everywhere a sea of disappointed eyes that I couldn't rebuke.

Not one of these things stopped me, with the same tenacity that I had in my using days, I tackled recovery, when traditional methods did not seem to work for me, I searched on my own, I utilized a Dialectical Behavior therapy group, I started gardening, and I really dug into past traumas and learned how to rescue myself. I was inspired to start helping others and advocating for vulnerable populations. I found PASSION, I believed in a world and universe greater than the one I thought was available to me.



Six years and a few months after that fateful first day, now working as a Recovery Coach, working with two non-profits, and speaking nationally on trauma informed care and its impact on system change. Knowing that I have a voice that is being listened to has become my passion and calling. As I look at my three beautiful children, I also look back on my struggle,

traumas and recklessness with a strange sense of fondness. Without them I know I would not be the mother, advocate and friend that I have turned out to be.

People in recovery are the bravest group I have ever known, we take trauma and pain and face it head on, we overcome, learn, and grow. We become self-aware; we champion the recovery of those suffering around us. We utilize our strengths to heal each other's broken wounds; we are proud but humble, strong yet weak and ever changing. A group I am proud to be a part of.

Contributed by: Sara C. Vanderleest

Michigan Department of Community Health

MDCH

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Substance Abuse Treatment Assistance
www.michigan.gov/mdch-bsaas

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

We're on the Web
www.michigan.gov/mdch-bsaas

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'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 Calendars

More Training Opportunities
Information on workshops, conferences and other educational/training events can be viewed at
www.MI-PTE.org

Coming Events

Sept. 22 & 23, 2014 - Michigan Statewide SUD Conference

Sept. 11, 2014 - Cultural Competence Training