Fall Issue

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MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
BEHAVIORAL HEALTH AND DEVELOPMENTAL DISABILITIES ADMINISTRATION
OFFICE OF RECOVERY 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

We have entered into another fiscal year that will offer us many opportunities.

But first let me reflect on what we accomplished in fiscal year 2014.

- We transitioned our former regional substance abuse coordinating agencies into 10 Regional Prepaid Inpatient Health Plans. While the transition work continues, we are working to ensure that persons receiving our services continue to get the best care available.
- SUD benefits were expanded for those enrolled in Healthy Michigan.
- New Medication Assisted Treatment Guidelines were released to the field. This is an initial step to providing evidence based treatment and practices to opioid addicted clients.

- We received a second three-year FDA contract to conduct tobacco retailer inspections to determine if tobacco vendors in Michigan are compliant with the Family Smoking Prevention and Tobacco Control Act. This program along with our Synar surveys will continue to help us reduce youth access to tobacco rates.
- We have begun activities to integrate peer support and recovery coach training. BHDDA strongly supports roles for peers in the behavioral health care delivery system.
- We continue to see the effects of our prevention work, past month alcohol use and tobacco use among youth 12-17 is trending downward. (2002-2013).
- Through funds from our Partnerships for Success II grant we were able to mine data between the Michigan Automated Prescription Services and vital records to develop a profile of opioid deaths. www.michigan.gov/mimapsinfo

- We continued to receive national recognition for our ROSC efforts. The ROSC Transformation Steering Committee looked at its vision, purpose and membership composition to better accommodate and address the changes created by behavioral health system integration.
- As part of the Partnerships for Success II project, the MDCH and OROSC has developed a website associated with misuse of prescription and over-the-counter drugs. *Do Your Part: Be the Solution* used a multi-pronged approach to this problem. Visit the website at www.michigan.gov/doyourpart.
- And lastly, we just completed a very successful SUD/COD conference, where approximately 1100 participants' received information on recovery services and establishing recovery systems.

Let's greet each challenge as an opportunity and continue to advance recovery oriented systems of care in Michigan.

Deborah J. Hollis

Behavioral Health Integration: Michigan Systems Merge

The integration of behavior health services in Michigan began three years prior to the passage of Public Act 500 on December 28, 2012. That action mandated that a department designated community mental health entity would coordinate the provision of substance use disorder and mental health services in its region, and required that by October 1, 2014, the department designated community mental health entities become the coordinating agencies for purposes of receiving any funds statutorily required to be distributed to coordinating agencies."

After the pas-age of Public Act 500, the

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Inside this issue:

Behavioral Health Integration: Michigan Systems Merge (Continued)

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Michigan Department of Community Health's Behavioral Health and Developmental Disabilities Administration quickly moved to work with the stakeholders necessary to move the process forward. The existing Coordinating Agencies and the Pre-Paid Inpatient Health Plans (who themselves were in transition from 18 to 10 regions) were engaged to participate in the development of an agreed upon time line that all could support.

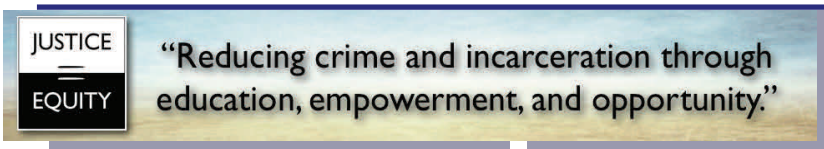
The first step in the process required the development of the *Assurances for the Integration of Substance Use Disorder Services*. The end result was the development of a document that served to ensure that the quality and delivery of services for substance use disorders was not in any way compromised. Subsequently, the department worked to establish and deliver a technical assistance training to establish the Substance Use Disorder Oversight Policy Boards, which are required by statute. The oversight policy boards will allow for the regional coordination of services.

Next the regional merger and implementation plans were developed and submitted for department review and approval. This set forth the course for the collaborative discussions necessary to facilitate newly established regional structures. Simultaneously, the interest in the Affordable Care Act and what we now know as Healthy Michigan began to heat up. The notion of parity in the delivery of substance use disorder services was important. The department began to identity the benefits that were important in an integrated behavioral health environment in 2009. Accordingly, this work product was incorporated into the Essential Health Benefits model for approval, which is today reflected in the Healthy Michigan Plan.

"This set forth the course for the collaborative discussions necessary to facilitate newly established regional structures."

There have been significant milestones in the integration process. In each instance it has been the committed leadership of the coordinating agencies and the Prepaid Inpatient Health Plans that has allowed the process to move forward. However, the work to fully operationalize the integration of behavioral health is only just beginning.

Spotlight on ROSC Action in Michigan: Mental



When I was asked to talk to you about the Governor's Mental Health Diversion Council, I have to admit I did so with more than a little trepidation. Here I was barley over three months in to my new position as the Diversion Administrator for the Mental Health Diversion Council through the Michigan Department of Community Health being asked to talk about something I was still learning myself. It wasn't long however for my trepidation to turn to enthusiasm as I came to realize all of the innovative and progressive steps being taken by the Diversion Council to address the many mentally ill, developmentally disabled and co-occurring consumers around the state. Before I get to those steps however, I probably should start from the beginning and fill you all in on what the Governor had in mind when he put together the Mental Health Diversion Council.

Executive Order No. 2013-7 was the piece of legislation that formed the Mental Health Diversion Council as a means to recognize the goal of reducing the number of people with mental illness, intellectual or developmental disabilities (including comorbid substance addiction) from entering the corrections system, while maintaining public safety. Signed on February 20, 2013, this document set the wheels in motion to gather professionals from around the state who could influence change in the current system and offer innovative ways to help this targeted population get treatment instead of jail time. Within this Executive Order is a mandate for representation from:

- The Lt. Governor (chair)
- Michigan Department of Community Health (Director or designee)
- Michigan Department of Corrections (Director or designee)
- The Judiciary
- Local Law Enforcement
- CMHSP's
- Attorneys (experienced in representing the mentally ill)
- Advocates (or consumer representatives)
- Community Prisoner or Jail Re-entry
- State Court Administrative Office
- Medicaid Pre-paid Inpatient Health Plan (PIHP)
- Prosecutors
- Court Administrators
- County Sheriffs

On March 20th 2014 the Governor signed Executive Order 2014-7 that expanded the

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SPOTLIGHT on ROSC Action in Michigan: Mental Health Diversion Council (continued)

(Continued from page 2)

original Council from fourteen to eighteen members to include those that would be instrumental in reforming policy around juvenile justice issues and diversion among the youth population. Those new seats included representation from:

- Michigan Department of Human Services (Director or designee)
- Individual representing juvenile mental health treatment practitioners
- Individual representing the school system (intermediate or local district)
- Advocate or consumer representation on juvenile justice issues

So now that you know who sits on the Mental Health Diversion Council and why it was formed, let's get down to how the Diversion Council plans to address diverting folks from the criminal justice system and getting them in to treatment. Once the Mental Health Diversion Council was formed they needed a framework by which to systematically address the needs of those they were charged to help. This came in the form of an Action Plan that outlined all the major goals of the Diversion Council along with the steps that needed to take place in order to achieve those goals. To go over the entire Action Plan here would take up more space than I am currently allotted but you can view this document in its entirety as well as the Lt. Governor's progress report of the Mental Health Diversion Council over the past eighteen months at the following web site: http://www.michigan.gov/mobi/mentalhealth/0,,7-201-64984---,00.html .

In the meantime, I'll just hit the highlights of what the Action Plan intends to address. First, strengthening "pre-booking" jail diversion for individuals with mental illness…in other words, what can we do to offer ways in which to intervene with this population before they get incarcerated? Second, to ensure quality, effective and comprehensive behavioral health treatment in jails and prisons. As you may well know, our jails and prisons have become pseudo psychiatric centers that are ill equipped to meet the needs of this very challenging population. How can we ensure that inmates with mental illness, developmental disabilities and/or co-occurring disorders are being given the proper treatment while incarcerated? Third, to expand "post-booking" jail diversion options for individuals with mental illness. How do we expand on the work already being done by communities utilizing drug courts, mental health courts, sobriety courts and veteran's courts for the benefit of those that need these specialized courts the most…and more importantly how do we get these courts in to communities that don't have them? Next, how can we reduce unnecessary incarceration or re-incarceration of individuals with mental illness…or, how do we engage with this population to make sure they have the tools needed to deal with their mental illness, developmental disability or co-occurring disorder both in and out of jail? Finally, working toward establishing an ongoing mechanism to coordinate and assist with implementation of the Action Plan goals and to facilitate needed system change. A large part of this last goal goes to developing and implementing innovative and replicable pilot programs around the state to change the way we do business in recognizing and diverting the mentally ill into treatment in lieu of jail or continued criminal justice involvement.

Innovative Programs

As mentioned, statewide pilot programming has been a focus of the Mental Health Diversion Council since its inception and currently has five sites. They are located in St. Joseph County, Marquette, Kalamazoo and two in Detroit Wayne. All of these sites have opted to focus on pre-booking diversion and offer a range of services that may include extensive police training (40 hours of Crisis Intervention Training), Moral Reconation Therapy, precinct based screening and evaluations, centralized electronic data collection and repository, and crisis residential services instead of jail. Each of these locations have had the opportunity to meet with one another and share information about what they are doing in their respective communities and are encouraged to continue to engage with one another in order to bolster their programs.

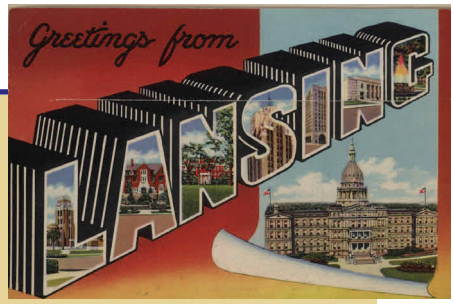
This round of pilot programs is only the beginning. As of this writing, an RFP has been posted on MDCH's website calling for between five and seven additional pilots to address some of the Diversion Council's priority considerations. Those priorities include: efforts to bolster and expand the use of Alternative Outpatient Treatment by way of "Kevin's Law"; increase law enforcement Crisis Intervention Teams (CIT) in communities statewide; increased use of centralized crisis assessment and/or treatment facilities for use by law enforcement in lieu of jails; and finally enhanced services for jails while consumers are housed there as well as when they are immediately released to the community. MDCH will also be in collaboration with the Michigan Association of Drug Court Professionals (MADCP) to address specific action steps within the Action Plan to enhance the availability of mental health services for drug court participants in the form of potential new pilots in the coming months. The Juvenile Justice branch of the Diversion Council is also gaining momentum in outlining their goals as presented in their version of the Action Plan that can also be accessed from the link above.

The Diversion Council is now in the process of bringing together a panel of experts that will look at the current state of "Kevin's Law" (the law that helps to institute assisted outpatient treatment for those mentally ill consumers that need treatment prior to becoming a danger to self or others) and how it can be modified to be utilized in a more effective manner statewide.

As you can see, this is an exciting time to be involved with the Mental Health Diversion Council and all of the initiatives this group is associated with. I am honored to be working with such a dynamic and dedicated group of professionals who truly care about the people they serve and am confident they will be able to accomplish whatever it is they set their sights on. In closing, I encourage you to stay tuned to what the Mental Health Diversion Council is doing at the Lt. Governor's website and know that this group will continue to aggressively pursue outcomes that will benefit the consumers of our services around our great state.

Contributed by Steven Mays

15th Annual SUD/COD Conference



The 15th Annual SUD/COD conference is behind us, and we're happy to report that we had 1,100 participants at the conference in Lansing. This year featured: Mr. David Mineta, Deputy Director of Demand Reduction with the Office of National Drug Control Policy, who described the National Drug Control Strategy and initiatives; Ms. Carol A. Redding of Sparrow Consulting, who provided information on the ACE Study and the link to substance use and mental health disorders; and Mr. Justin Luke Riley of Young People in Recovery who talked about the recovery movement and getting involved at the grass roots level. Eastern Michigan University, Michigan State University and the University of Michigan collegiate recovery programs sponsored the Sunflower Room this year, and we hope you got a chance to spend some time there and speak with those programs. We would like to thank Jeanne, Leslie and Lynn of The Knopf Company for working so diligently on our trainings and projects for the last five years. We look forward to re-establishing our working relationship with MACMHB for the future training efforts.

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 addication, 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.

My using started out like many others. Growing up in a rural community one would never think I would become a full blown junkie by the age of 19, but I did. I actually remember sitting in front of the parole board my first prison bit and the man said "I don't see many farmers' daughters in prison; they usually grow up knowing the importance of hard work." As if my addiction wasn't hard work and how many farmers pass down genes with a combination of mental health disorders and addiction? I learned a lot as a child of alcoholic and addict parents. If addiction isn't hereditary the behaviors are surely learned. I grew up masking feelings, keeping secrets, and had little healthy coping skills if any. My parents divorced and my dad did get sober but I never got healthy. The seed was planted and I managed to find others like myself. My recreational drug use of anything mind altering from robitussin to marijuana to ecstasy and acid took a turn for the worst when I found OxyContin and eventually the needle.

Before long I was using these daily and eventually found heroin easier to obtain with a four hour drive to Detroit. I was selling to use and using to live. I would be so sick without it that I could not get out of bed let alone function. Withdrawals are by far the worst feeling in the world! After multiple run in's with the law I did a lot of jail time and two prison sentences in MDOC. Along the way I utilized a detox center, residential treatment, outpatient treatment, suboxone program and drug court. I was defiant with no respect for authority. Even when I managed to put together some clean time I still ended up back in prison for those very reasons. I loved my family, but love had nothing to do with my using. I finally came to understand the expression "you need to learn to love yourself" and when I did my life got better. I took up yoga and became familiar with CBT and used these techniques to change my thinking which changed my feelings and in turn changed my behavior. In June I celebrated five years heroin free.

Today I am honored to work with NMSAS participating in Peer Recovery Support Services. I am a Recovery Coach, and now I train Recovery Coaches through NMSAS. I chair an AA meeting where we accept people no matter what their drug of choice and we have fun together whenever possible. I'm involved in SMART Recovery and we are excited to be starting a new meeting in Pellston Michigan this month. I have friends who are clean and sober. I am finally finishing my associate's degree this semester and plan to continue to obtain a bachelor's degree in social work. I work at a horse stable with animals that teach me more about myself every day. I am the sister my sisters deserve and my family is proud of me. I abide by laws and I have become a productive member of society. I am trustworthy, consistent, and reliable. I strive to be better every day and I love my life. Recovery has given me my life back and for that I am truly grateful.

Contributed by Amanda Tryban

Michigan Department of Community Health

MDCH

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

Lewis Cass Building, 5th Floor
320 South Walnut Street
Lansing, Michigan 48913

Phone: (517) 373-4700
Fax: (517) 335-2121
Email: mdch-bsaas@michigan.gov

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.

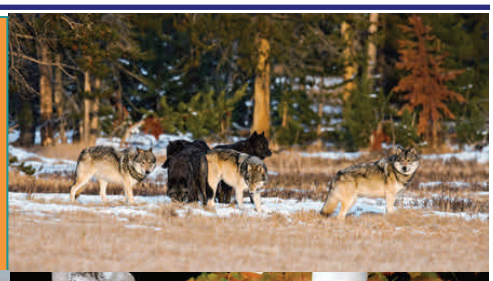
Michigan's ROSC Definition

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

More Training Opportunities
Information on workshops, conferences and other educational/training events can be viewed at
https://www.macmhb.org/



Upcoming Events

- **November 15, 2014**—Parenting Awareness Michigan Conference Lansing
- **March 2, 2015** - Problem Gambling Symposium