Winter 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

Welcome to recovery oriented systems of care (ROSC) transformation 2014.

There is a great deal of movement in the behavioral health (BH) world. We are making strides with continued state level BH integration, as well as shaping our direction and priorities for BH and primary health care integration.

As we stir the pot on ROSC integration, it is the perfect time to review, renew, and refresh our transformation vision, our current initiatives, and our plans for the future. We are excited about the continued support and encouragement of Michigan's behavioral health leadership as we engage in continued ROSC transformation.

There is a lot of discussion with regard to an integrated ROSC transformation including: expanding from a substance use disorder (SUD) ROSC to a behavioral health ROSC; working toward regional cohesiveness - what that looks like, how it will be shaped and accomplished; and refreshing and reshaping the Transformational Steering Committee (TSC) to align more effectively with our new state structure and continued transformation.

Moving forward, there is an eight point plan for the 2014 TSC that is forward thinking, inclusive of integration, and challenging regarding training and tasks.

- Support BHDDA in leading the behavioral health integration process and keeping the ROSC transformation moving forward, by assisting with the identification of next steps and keeping ROSC branding front and center within the process.
- Engage the SUD point person for each of the 10 regional entities as a liaison for implementing ROSC locally in their communities.
- Operate through workgroups to develop best practices, policies, and guidelines for strengthening and enhancing supports for successful recovery; including, but not limited to: housing, health and wellness, case management, workforce development, employment, education, parenting, prevention, medication assisted treatment, and mental health/SUD parity.
- Assure that ROSC principles are infused in BHDDA practices, policies, and procedures, as well as the entire statewide system of care.
- Generate agenda items and tasks for the TSC through feedback from the regions, and state direction on integration.
- Assist BHDDA in developing guidelines for the submission of multi-year strategic plans for ROSC-based SUD services as required by PA500 and the Application for Participation (AFP).
- Monitor regional implementation of ROSC-based services.
- Inform the public of the outcome of ROSC system transformation.

See you at the engagement party!!!

Deborah J. Hollis

Medication Assisted Treatment

Whether you work in the substance use disorder field or not, you would be hard pressed to find someone who has not heard about the epidemic of opioid abuse, and the exponential rise in opioid overdoses/deaths. A report by the Substance Abuse and Mental Health Services Administration (SAMHSA) shows that one of the most notable shifts that occurred in this period was in the rise of opiate admissions – attributable mostly to prescription drugs – from 8 percent of all opiate admissions in 1999 to 33 percent in 2009. There has been a 550 percent increase in persons who reported other opiates as primary substance of abuse. And there

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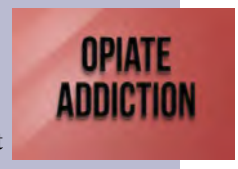

Inside this issue:

Medication Assisted Treatment (continued)

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has been a 72 percent increase in persons who reported heroin as primary substance of abuse. There are a significant number of individuals whose addiction began by abusing prescription medications, but whose use has switched to heroin due to ease in access and a significant reduction in cost as compared to prescription medications.

As a result, the demand on treatment for opiates has more than quintupled since 2000.

Michigan currently has 36 opioid treatment programs (OTP) that provide medication assisted treatment (MAT) services, and all are privately owned. All OTPs provide both outpatient treatment and MAT. It is important to note that MAT is an adjunct treatment, which means it is not intended to stand alone, but be used "in addition to" a therapeutic treatment, such as outpatient or residential treatment. Methadone, buprenorphine, and naltrexone are the medications approved for the treatment of opioids.

There are federal and state rules and regulations for the operations of an OTP and for the provision MAT services. To provide MAT, the facility/program must be licensed, accredited and certified – these designations come from the SAMHSA, the Michigan Department of Licensing and Regulatory Affairs, the Drug Enforcement Administration and one of two designated accrediting bodies. Additionally, the physicians working within the clinics prescribing the medications must be licensed and certified.

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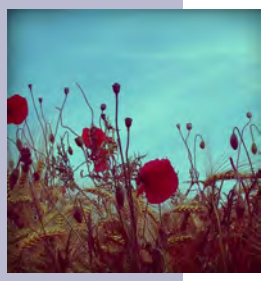
MAT services are frequently misunderstood by key stakeholders, so consistent and regular education efforts need to be conducted to assure that the benefits of MAT are clearly understood, and misinformation and myths are dispelled.

In May 2013, OROSC established a MAT Workgroup to deal with important and emergent issues related to MAT services and OTPs. This group is comprised of regional administrators, program providers, physicians, and persons with lived experience. As contributors to the workgroup, there are representatives from the Department of Human Services, the State Court Administrators Office, and Medicaid. This is a very strong, informed and committed group and OROSC is fortunate to have them.



In fiscal year 2014, new federal guidelines for the provision of MAT services will be released by SAMHSA, and the workgroup will being working with these guidelines to prepare them for state dissemination. In addition, the workgroup will be developing recommendations for the Department of Community Health on policies to support the new federal guidelines. Technical assistance or new MAT guidelines and policies will be provided…stay tuned as the process unfolds.

Spotlight on ROSC Action in Michigan: Building Systems Takes Time

Mark Witte — Every so often, I hear people talk about 'ROSC' as if it were a noun; as if it were a thing that one has or doesn't have. It makes me cringe a little because achieving systems that are recovery oriented is an ideal; a journey, not a destination. I am intrigued by the journey we have traveled to improve our communities for persons with physical limitations or disabilities. Just last weekend, I met with my aging parents who depend on reserved parking spaces to make it possible to drive and walk to public facilities like restaurants. Without public accommodations, persons with the kind of physical challenges they have would not be able to live their lives to the fullest.

As a child of the early 1960's, I remember how communities used to look to people with disabilities. Street corners had no ramps to allow people in wheelchairs to cross. Buildings had no way for persons who couldn't climb to get to anything but the main floor (if that). This would be unthinkable today. Thanks to grass-roots movement, increased public compassion and the Americans with Disability Act, we see a lot more of our fellow citizens participating in the full range of life in all of our communities.

Developing recovery oriented systems of care is a lot like that. Removing barriers to full participation in the life of the community helps people who struggle with substance use disorders to gain back access to the full life of the community. The barriers we see are made of brick and mortar in most cases; we need different kinds of "ramps".

The ramps needed by persons in early recovery from drug or alcohol addiction involve other kinds of access. Some of those needs are focused on fixing old problems while other needs deal with constructing a future life that is better than it has been so far.

Each community is different and needs to undertake this work in its own way.

In order to become strong and stable, persons in recovery need to find suitable work, affordable sober housing and acquire needed education. They need to get health care, legal services and deal with family problems. If communities are to be helpful to persons in recovery, we will need ways to provide ramps to those services so that they may reclaim or improve their lives and reduce the risks for returning to substances.

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SPOTLIGHT on ROSC Action in Michigan: (continued)

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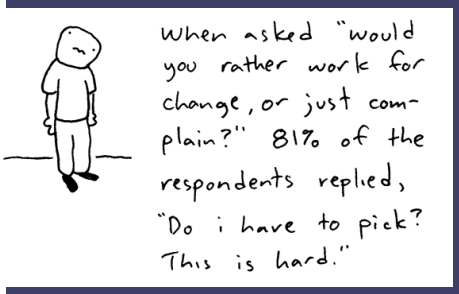
Each community is different and needs to undertake this work in its own way. The goals of access and enrichment will need to be customized to deal with the barriers that must be removed in every community.

In my mind, this is what ROSC is all about. It is the development of a community system that is "friendly" to recovery. It welcomes and supports people who have been affected by a complex health care condition as they navigate the transition from illness to wellness. Just as the whole community is affected by the illness, so the whole community must be involved in and supportive toward the wellness we want to foster. It makes little sense to treat illnesses if the environment in which recovery must happen is filled with risks and hazards.

Let me offer "Pete's" story, a fictionalized account drawn from an actual example with which I'm familiar in my role as Kent County's coordinator for substance abuse services. Pete's first exposure to alcohol was when he was a teen. A few of his friends had access to their parents' stock of liquor, and they experimented together one weekend while camping out in his parent's back yard. They were not monitored very closely that night, and were able to drink unnoticed.



As he grew, Pete drank when he could because he really liked the way it made him feel. He discovered he could easily steal liquor from stores and pharmacies and made it a regular practice; and he never got caught. Throughout all of his youth, no one at school or in his doctor's office ever screened him for alcohol or other drug use. After high school, Pete found a job in his uncle's metal plant. He worked as a press operator; all the while Pete continued to drink. With a job, he had money to purchase what he used to steal.

He managed to avoid the use of illegal drugs because he knew he'd be tested for those, but he drank a lot more. Life started to deteriorate with car accidents, the breakup with his fiancée, and gradually increasing work performance problems. He was increasingly late and sometimes missed shifts altogether. His family knew he was drinking excessively, and word eventually got back to Pete's uncle. He was given one chance to get help to avoid being fired. Pete and his family worked to find help – a residential program – to deal with his excessive drinking. He graduated sober after six weeks and returned home – confident, but unprepared for the challenges of early recovery.

He'd planned to avoid it, but Pete resumed drinking within two weeks. His boss fired him. His family, in a desperate effort to help him, kicked him out. The next six months were a frantic blur of increasingly difficult access to treatment, unstable housing, ER visits, cash jobs, and ongoing use. As hard as it is to believe, Pete died at age 23 of the physical consequences of alcoholism.

What can a better recovery oriented system of care do for people like Pete? They can make it more likely that addictions are prevented, identified early and treated aggressively. When needed, those with chronic conditions are engaged in ongoing care systems that work to keep them engaged and motivated to deal with the ups and downs of their conditions – using effective interventions supported with adequate healthcare systems. Let's look at some of those resources that might have made a difference for Pete:

Effective Prevention – Youth education, parent education, alcohol access policies, theft detection, pediatrician-based alcohol screening.

Access to Treatment – Local options need to be accessible on demand, care needs to include the full array of evidence-based services (including medications), recovery coaches need to be available as living examples of the reality of recovery and as guides to the initial steps.

Employment – Low-risk employment alternatives, workplace recovery mentors, employer incentives for hiring persons in early recovery.

Sober Housing – Recovery residences (quality housing with peer support/accountability).

Long-Term Recovery Support – Home-based treatment after residential care.

In mid-April of this year, Network180 and the Lakeshore Coordinating Council will host a symposium for ongoing ROSC planning. It revisits a 2009 symposium, and will build on the progress made since then through information and planning sessions. Lonnetta Albright (Great Lakes Addiction Technology Transfer Center) will present on the history and future of ROSC, and R. Corey Waller, MD (SUD Medical Director for Network180) will place our planning work on a modern medical understanding of addiction.

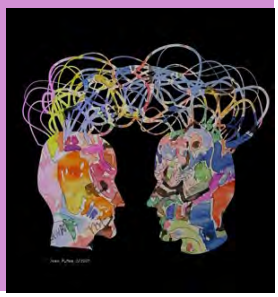
The planning session will walk participants through an interactive, county-specific process to produce county-specific plans for ROSC development in each county that will be a part of the future Lakeshore Regional Entity. The plans will be used as a blueprint for regional ROSC work. We will expect that counties will make progress according to those plans, and the counties will expect that the Lakeshore Regional Entity will support ROSC development according to their community plans.

As I said at the beginning, this work is a journey. I encourage everyone to become involved in local level change efforts. It's time to leverage the knowledge we've gained about this health care condition to create better environments for recovery for the people and communities we serve.

The 15th Annual Statewide Behavioral Health Conference

2014 SUD/COD Conference

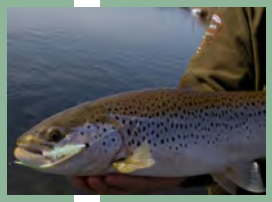
Planning has begun for the annual SUD conference, which will be combined with the co-occurring disorders (CODs) conference for the first time. We have a great committee working on the conference and are committed to including peers and those with lived experience in the conference event. We had such a positive experience with the Sunflower Room and Northern Michigan recovery volunteers last year in Traverse City and we look forward to working with another group this year. A combined conference is an exciting opportunity to bring new topics and fresh views to both fields! The call for presentations will go out in March. Those of you who interested in sharing your work with your colleagues, please keep an eye out for the notice. We look forward to seeing you on September 22 and 23, 2014, at the Lansing Center!



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.

Mike Tobias — Long term recovery has allowed me to be a better person and live an awesome life! I love camping, fishing, and enjoying the outdoors with my family and friends. I frequent my local library, and attend concerts, movies, and cultural events. With so much to do, I rarely miss drinking and I am thankful that it's been over 20 years since I last used any drugs.



The last time I drank I totaled my car during a black out. I was scared that the police were going to knock on my door and tell me that I killed someone. I really don't know what happened that night but I believed that if I continued drinking I would end up killing someone. This incident as well as numerous other situations scared and motivated me to seek recovery. Numerous negative consequences combined with the unwavering support of my family and friends, is what has allowed me to discover and maintain my recovery. My parents, family, and friends have always been there for me and still are. Knowing I can come to them for anything is comforting and allows me to face any difficult situation.

Looking back, the main factors that contributed to my drinking were that despite being a minor, I was able to get alcohol easily. By age 16 I was buying alcohol myself from several party stores. The clerks knew that I was underage but sold to me anyway. At one store I was able to buy alcohol on credit and after hours (they would leave alcohol outside for me after closing time).

20 years ago and perhaps to a lesser extend today, people did not see underage drinking as a very serious problem. The school I attended would look the other way when kids were drinking. I believe school staff knew me and others were drunk at dances and football games but chose not to address the behavior. Either they didn't think it was a big deal or maybe they didn't know how to address the issue. As a teenager I also worked several jobs where supervisors would look the other way when people were drinking or using other drugs and often times adult co-workers were the ones providing the drugs.

...30 day use of alcohol among high school students has gone from 62% to 37%. Although this is good news, more progress is needed.

Today, I believe more and more people are learning that there are other serious issues around underage drinking than just car crashes - assaults, rapes, sexual transmitted infections, unintended pregnancies, damaged relationships, and a growing body of research demonstrating that alcohol negatively affects the developing brain.

Since my graduation from high school, the past 30 day use of alcohol among high school students has gone from 62% to 37%. Although this is good news, more progress is needed. As a person in long-term recovery and Coordinator for the Michigan Coalition to Reduce Underage Drinking, I will continue to Do My Part to prevent alcohol and other drug problems. I will advocate for proven strategies that reduce underage drinking and alcohol related harm. Strategies like increasing alcohol taxes, regulating outlet density, maintaining limits on hours of sale, and other strategies (see www.thecommunityguide.org/alcohol for more information). I believe there are many paths to recovery and I hope that policymakers start to understand their role in creating communities that support people in recovery!

Michigan Department of Community Health

MDCH

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Substance Abuse Treatment Assistance
www.michigan.gov/mentalhealth-addiction-help

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

We're on the Web
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 [behavioral health] 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. 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**

Coming Events

- **6th Annual Michigan Problem Gambling Symposium**, March 3, 2014
- **Trauma Specific Methodology**, March 21, 2014
- **How to Use MAPS,** March 25, 2014