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

The Transformational News:

Michigan's Transition to a Recovery Oriented System of Care for Substance Use Disorders

From the Bureau Director's Desk

As the integration of behavioral health and primary healthcare continues to be at the forefront of change in the field, the Behavioral Health and Developmental Disabilities Administration is also engaged in integration activity. A majority of the funding for behavioral health services is obtained through an application process to the Substance Abuse and Mental Health Services Administration. Historically, the state has submitted two applications to receive funding for mental health and substance use disorder services. In 2014, the department will be submitting a combined application.

With the emphasis of this combined application on an improved and integrated service system, an advisory council has been established. The purpose of this council is to provide oversight to the integration and provision of services. This Behavioral Health Advisory Council (BHAC) will advise the department in the application process and ensure effective, coordinated advancement of treatment and recovery in Michigan. Along with the required state agency representation, the membership of the BHAC is composed of individuals in recovery, family members of individuals in recovery, parents of children with a behavioral health disorder, provider organizations, advocacy organizations, tribal behavioral health, coordinating agencies, community mental health service programs, and pre-paid inpatient health plans.

> … this council is to provide oversight to the integration and provision of services.

This council will reinforce the recovery oriented system of care (ROSC) work that is taking place around the state as the Transformation Steering Committee (TSC) will report on activities at each meeting. It will seek to provide comprehensive treatment services, access to specialties, and a unified voice of recovery empowering individuals to be involved in decision-making processes in order to advance the behavioral health service system. As we continue to work to change the philosophy of the system to one based on recovery, the BHAC will be a key element in the process.

Deborah J. Hollis

Coming together is a beginning; keeping together is progress; working together is success.

-Henry Ford

MI-SBIRT: The Washtenaw/Livingston Project

The Washtenaw Community Health Organization (WCHO) was awarded a one-year special project grant along with three other coordinating agencies (CAs) to implement Michigan Screening, Brief Intervention, and Referral to Treatment (MI-SBIRT) Services within the primary care settings in the community. WCHO was fortunate to partner with three "safety net clinics" in Livingston and Washtenaw County who tend to serve low-income or Medicaid recipients, who may be at-risk of using alcohol or other substances that could impact their physical health. Each of these clinics is an integrated health home with community mental health (CMH) services provided at the clinic. The goals of the project include 1) co-locate care management clinicians and peer re-

SBIRT
Screening, Brief Intervention, and Referral to Treatment

(Continued on page 2)

Inside this issue:

MI-SBIRT: The Washtenaw/Livingston Project (continued)

(Continued from page 1)
covery coaches at two primary care safety net clinics in Washtenaw County and one in Livingston County; 2) establish automated pre-screening and screening process to identify individuals in primary care who screen positive for substance misuse/abuse/dependence; 3) provide training for WCHO staff, clinic staff, and peers; 4) use a universal approach to pre-screen and follow-up full screen for adult patients seeking care at the primary care clinics, provide brief interventions for those who need them, and refer those needing specialty care to existing substance use disorder (SUD) ROSC service providers; and 5) conduct six-month follow-up outcome assessments.

Since WCHO began implementation in October, training and ongoing consultation/supervision has been provided to staff. Additionally, training for all clinic staff and physicians was provided. One key factor was to review the "patient flow" at the clinics in order to strategize how to capture those clients who need next-step assessments and brief interventions. WCHO learned that each clinic is different and key players need to be involved in discussions. WCHO also created a mechanism for having the assessment tools in an electronic format on a small tablet. The patient enters responses to the questions and once the submit button is pushed, the tool is automatically scored and available for the clinician to review. Thus, the brief intervention can begin immediately.

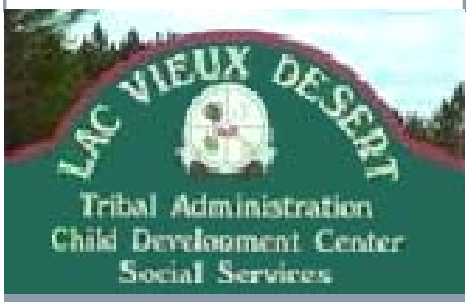
WCHO also has peers placed at each clinic location. Peers support the clinical team when there are patients who need assistance with resources. They can serve to assist the patient with referrals to treatment where needed and have offered to continue contact as ongoing support following the transfer.

The primary care teams have welcomed this project. They report they are often at a loss as to how to approach the patient whom they suspect has issues with SUD, and also what to do once this has been identified. To date, the project has pre-screened close to 500 patients with 85 patients scoring positive on the screening assessment and receiving a brief intervention. That 17% rate is consistent with studies of persons who show positive for SUD risk at primary care clinics.

Contributed by the WCHO

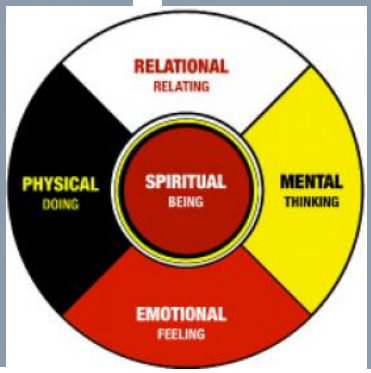
Spotlight on ROSC Action in Michigan

Integrated Health Initiative – Lac Vieux Desert Tribal Health Clinic



In the western Upper Peninsula there is a population with special needs. Fortunately, the Watersmeet community located in eastern Gogebic County has the Lac Vieux Desert (LVD) Tribal Health System. They have developed an integrated health initiative within a ROSC. The LVD clinic provides services that include:

- Family Practice Medical Care
- Behavioral Health
- Substance Use Treatment
- Fetal Alcohol Syndrome Disorder (FASD) Prevention and Screening
- Healthy Start Project for pre-natal women and their children up to two years of age



All of the disciplines are available in one building and clients are referred "in house."

The clinic medical providers, Dr. Pusateri, MD, Paula Havisto, PA-C, nursing staff from the Healthy Start Department, and the behavioral health therapist have attended the FASD Training of Trainers Certificate Program for the past two years. They are in the process of integrating FASD screening into well-child visits along with alcohol and substance use screenings of all women in childbearing years, during routine visits. Those found to be at-risk are referred to the behavioral health department and/or a substance abuse counselor.

Recently, a digital story was completed by the FASD project that depicts a local family's struggle with fetal alcohol effects (FAE) as well as the story of the efforts at Lac Vieux Desert to provide screening and treatment for children with FASD. What follows is an excerpt from this effort to serve as an example of the types of challenges being faced by families with children who are diagnosed with FASD/FAE:

> At age four, they were diagnosed with Attention Deficit Hyperactivity Disorder and placed on Ritalin. However; they continued to have problems with their schooling. At age eight they were diagnosed with Fetal Alcohol Effect ....

"…Our twin boys came to us by adoption immediately after they were born. They were very active from the beginning. At age four, they were diagnosed with Attention Deficit Hyperactivity Disorder [ADHD] and placed on Ritalin. However, they continued to have problems with their schooling. At age eight, they were diagnosed with Fetal Alcohol Effect [FAE] and placed in special education to get the instruction they needed to succeed. However, in their teenage years, both boys continued to get into trouble. One was sent to a detention center for nine months. With assistance, both were able to achieve their high school diplomas, but their problems continued after graduation. One of the

(Continued on page 3)

SPOTLIGHT on ROSC Action in Michigan (continued)

(Continued from page 2)

boys was seriously injured during a night [of] partying [that] required protracted hospitalization. He is having difficulty finding employment. The other son tried college for one semester then returned home. He now works as a security guard. It has been difficult dealing with the special needs of our sons. We have become strong advocates for Fetal Alcohol Awareness. We know firsthand the issues these children face daily. Fetal Alcohol Effects is a lifetime condition and has devastating results…."

Many of the Tribes' children have learning difficulties, including ADHD. The LVD clinicians screen, treat as appropriate, and work with the school system to provide individual educational plans. The behavioral health counselors have the ability to administer a computer test to patients and clients to assess for ADHD. The medical providers work closely with the Behavioral Health department to discuss the test results and appropriate treatment that often includes therapy, medication, family interventions, and counseling.

Staff work with children and their parents on behavioral issues, including those that can be found in children diagnosed with FAE or FASD. The work with children can include teaching the children to read expressions and building empathy for others, along with following simple instructions and safety precautions. The work with the parents usually includes teaching them to set-up routines and use simple concrete directions for their child. At-risk children may be identified by the child welfare agencies, health clinic, school, or day-care programs.

Additionally, Christine Fink, RN, Healthy Start Nurse, provides FASD presentations to local schools, clinics, hospitals, the Tribal Elder Program, Head Start staff, local colleges, and other interested parties. This year, as in years past, an FASD presentation was conducted at the local high school. At the end of the presentation, the students began to create posters that show what they learned from the presentation. The students will complete their posters in their art and science classes, and they will be judged in 2013. These posters will be displayed in the clinic and school.

The efforts identified in this article are made possible by a grant from the Michigan Department of Community Health along with funding and technical support from the Western Upper Peninsula Substance Abuse Services Coordinating Agency, Inc.

The Lac Vieux Desert tribal community has a strong belief in the future of their children. Tribal elders have taught that each seventh generation is responsible for the survival of the people until the next seventh generation. It is said that the seventh generation will:

- Save the earth and the people
- See that the earth is respected and restored
- Revive and preserve the traditional heritage, culture, and philosophy
- Ensure the survival and prosperity of the people

"…Our behavior affects the next generation. Walking the 'good road' is a commitment for the future of the people and protection for generations of healthy children…" LVD tribal source.

Contributed by:
Terry Fox, Health Director,
Paula Havisto, PA-C,
Christine Fink, RN,

Christine Fink, RN, Healthy Start Nurse, provides FASD presentations to local schools, clinics, hospitals, the Tribal Elder Program, Head Start staff, local colleges ...

The BSAAS ROSC Transformation Keeps Moving Forward

The Michigan publically funded SUD service system continues its transformation to a ROSC.

The intent of ROSC transformation was first announced at the 2009 Statewide SUD Conference in September of that year. Over the following three plus years much has happened, and transformation progress has been, and continues to be, made.

At the core of the transformation process is the TSC, a diverse group of representatives from a number of organizations; they have shown true dedication the development of a ROSC. For the next 12 to 18 months the TSC has identified, compiled, and assessed efforts directed toward conceptual, practice, and contextual accomplishments made since the announcement of the transformation process. In previous issues of The Transformational News BSAAS has provided specific information on these efforts and successes and they are numerous. We have seen progress in education of other systems, establishment of new collaborations and strengthening of existing ones, initiation of

(Continued on page 4)

BSAAS ROSC Transformation Keeps Moving Forward (continued)

(Continued from page 3)
exciting new integrated health services and relationships, production of numerous print materials used to engage additional partners and systems, and provision of training and a plethora of opportunities to engage and utilize the learned experience of persons in recovery. At this time, the TSC is looking toward the next phases of ROSC transformation.

At the December 2012 TSC meeting, a workgroup of the TSC provided an assessment of the status of ROSC accomplishments and challenges, and rolled out its recommendations for the next phase of ROSC transformation to the full committee. This information focused on identifying new priorities for the transformation process. Additionally, goals, objectives and strategies from *Michigan's Recovery Oriented System of Care: An Implementation Plan for Substance Use Disorder Services System Transformation* were identified for each of the priorities to help guide transformation efforts at the state, regional, and local levels. As with all change, working toward these priorities will take energy, focus, and determination. However, there is no concern as we lay the ground work to continue moving forward, because as BSAAS has seen time and again, the SUD services system is strong, competent and capable of meeting challenges head on…and coming out the victor.

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.

The Tailwind

Kevin McLaughlin — I was the first born of three in 1967. With both Vietnam [war experience] and mental illness present in our family, we had what might be considered a "typical" dysfunctional family of that time. I like to say I grew up in a family of "dis-ease."

My first experience with intoxication wasn't from a substance. It was girls. It was the emotional intimacy not the physical (that would mess me up much later) that grabbed me. I had never experienced such closeness and such a sense of purpose! A people pleasing, future alcoholic, codependent had been born!

I was introduced to a mentor of sorts. His main purpose was to instill hope where there had been none.

I was the kid who heard "he has such potential...if only he put all of his energy into..." over and over. What I ended up putting all my energy into was the "duck and run." I avoided pain at all costs. I started using substances to help with that quest at around fourteen. In the world of high-risk takers, I was generally the last man standing. I was the funniest, most outgoing, sensitive guy around. In most peoples' eyes, I was certainly the least likely to end up of all things "an alcoholic!"

After a few arrests, a failed marriage and several near death experiences (I even claimed to have "seen the light!" — which the doctor explained was just his flashlight looking at my pupils). I came up for air. For a long time I wasn't entirely sure of what was different about that time. It's been nine years of what I like to call wellness. I now understand that the one thing that was different was the presence of hope. I was introduced to a mentor of sorts. His main purpose was to instill hope where there had been none. I thought I would never be a good father, son, husband, or employee. I had gone too far. I had blown it all with everyone I knew. His message was different. He said not only would I be a good father, son, husband, and employee, but that I would be a good human. One that people ask for help. One that people come to trust and depend on. One that understands his place in the universe. He was right.

I describe my life today as "flying with a tailwind." In active addiction, my life was much more like flying with a headwind. A headwind is helpful at takeoff but not much at all after that. In fact it is a bumpy ride that takes more fuel and longer to reach your destination. With the absence of hope, the best I could shoot for was a "no wind" situation. When hope was introduced, I suddenly found myself in a tailwind. Flying in a tailwind takes less fuel, less time, and is a very smooth ride. In a material world, that defies all logic and laws of space and time. In a spiritual world, it is the norm.

Today, I am a good father, a better son, a great future husband, and not only do I get to work for a company that helps others find their tailwind, I own the company!

By Kevin McLaughlin

Michigan Department of Community Health

MDCH

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Substance Abuse Treatment Assistance
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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 Strategic Plan for FY2013 to FY2014

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 and Addiction Services (BSAAS) is working to transform the public substance use disorder (SUD) service system into one that is focused on supporting individuals seeking recovery from this 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

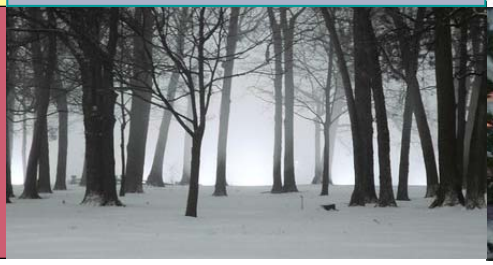
Michigan's recovery oriented system of care supports an individual's journey toward recovery and wellness by creating and sustaining networks of formal and informal services and supports. The opportunities established through collaboration, partnership and a broad array of services promote life enhancing 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 Calendar

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



Coming Events

- **March 4, 2013 —** Problem Gambling Symposium
- **September 16 & 17, 2013 —** Statewide SUD Conference