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 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-

(Continued on page 2)
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 prenatal 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 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:

“…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 ….

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

(Continued on page 3)
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...
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 whole-ness, 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 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 my 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

There are far, far better things ahead than any we leave behind.
— C.S. Lewis
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

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

**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)