Summer 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 Substance Use Disorders

From the Bureau Director's Desk

On June 9, 2013, the Behavioral Health and Developmental Disabilities Administration (BHDDA) underwent reorganization. Just as the substance use disorder (SUD) and mental health systems are integrating, the BHDDA administration has engaged in a like-minded reorganization. [See the reorganization announcement in the Spotlight on ROSC article.] These are challenging times for the behavioral health services community with so much happening and change at every level – federal, state, and local; however, as with all challenges BHDDA will meet this one head on, mindfully, and without hesitation. One of the things that I am most excited about is the office that I oversee — the *Office of Recovery Oriented Systems of Care (OROSC).* When BSAAS initiated the transformation to a recovery oriented system of care (ROSC), it was necessary to focus solely on the publically funded SUD system of services. Now, however, with the integration of BHDDA we have the opportunity to expand ROSC transformation throughout Michigan's publically funded behavioral health system of services. This is an amazing opportunity!

Furthermore, the establishment of the OROSC lends credence to the ROSC transformation efforts, as well as engages our behavioral health partners in transformation with us. This move supports a combined behavioral health transformation to ROSC.

Our integration will breathe new life into Michigan's ROSC endeavors, it will strengthen bonds with our behavioral health counterparts, and it will engender new liaisons and enhance collaborations necessary for a strong recovery oriented system of services, and service provision.

Let us all embrace this dynamic opportunity, as we roll-up our sleeves and dive into continued ROSC transformation… See you at the table.

Deborah J. Hollis

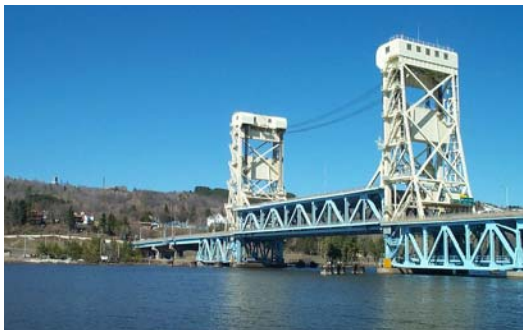
The Benefit of Peers in Healthcare Settings

Washtenaw County currently has two Screening, Brief Intervention, and Referral to Treatment (SBIRT) projects that are housed in safety net primary care settings. The staffing plan for these projects includes one Mental Health Professional (MHP) [masters prepared social workers] and one Peer Support Specialists at each clinic. These staff are county employees and are fully integrated into the clinic, they work full time at the clinics, attend staff meetings, and document in both the Washtenaw County record and the record that the clinic uses. Washtenaw County has been involved with primary care projects for many years, but this is the first time that peers have been included in the

peer insight

(Continued on page 2)

Inside this issue:



The Benefit of Peers in Healthcare Settings (continued)

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model of service. The project involves a universal pre-screen that identifies those patients that are partaking in risky substance use/misuse. This helps identify the patients that would benefit from an intervention from the MHP, the peer or both.

With current SBIRT Washtenaw County projects there have been many things that have already been learned about the use of peers. The first lesson is that the peers have their own story of recovery and this has been very helpful to engage patients beginning their own path of recovery. This has also proved helpful for the physicians to be able to say, "We have someone for you to talk to that understands what you are going through." The second lesson is in traditional primary care there has not been the capacity for any sort of community outreach, the majority of primary care services are office based. The positive of using peers in primary care is the ability to provide outreach in the community. This has been a big draw in the community in regards to engagement – peers can meet folks in the community, attend meetings, and introduce them to people in order to start forming their own recovery relationships. Since the peers are county employees, they have access to county cars for those folks that transportation is a barrier. A third lesson is that the two peers that were hired had previous relationships with the Washtenaw County substance abuse service providers. These relationships have proved very valuable, for not only getting patients engaged into treatment, but also helping to educate the primary care providers on what is available in their community. Overall, the project has been very successful and the MHP plus the peer has developed into a great team.

There have been a similar positive experiences to having a peer at the primary care clinic in Livingston County. The inclusion of peers a part of the care team has been an overwhelming success.

Contributed by Marci Scalera and Brandie Hagamen

Spotlight on ROSC Action in Michigan: Behavioral Health Reorganization

Reorganization of the Behavioral Health and Developmental Disabilities Administration

Lynda Zeller – The 2013 Michigan Department of Community Health (MDCH) strategic priorities include several areas focused on the integration of services and prevention. As is being done in the community, the MDCH Behavioral Health and Developmental Disabilities Administration (BHDDA) is also working to more effectively achieve our mission of promoting the health and safety of the people of Michigan, integrating needs related to physical health, behavioral health and habilitation supports and services, with a continuing focus on the most vulnerable citizens of our state.

I am pleased to announce that effective June 9, 2013, BHDDA is organized under a new structure that integrates all community based services (mental health, substance use and addiction, prevention, developmental disabilities), and integrates the systems that support those community based services (state and federal contracts, quality and planning, and performance monitoring). This change is reflective of what is going on at all levels of health care delivery and financing, from the point of service at the local level, to funding and regulations at the state and federal level.

The new structure includes two bureaus: Bureau of Hospitals and Administrative Operations, and Bureau of Community Based Services. As an MDCH BHDDA partner, you will continue to work closely with our office to help provide quality services and care to Michigan residents. As such, we would like to make you aware of our internal reorganization as we work through this transition so that you know who you can turn to for various topics or questions.

The director of the Bureau of Hospitals and Administrative Operations is Cynthia Kelly. This bureau will oversee contracts and block grants for substance abuse and community mental health related services, as well as hospitals and all areas of BHDDA administrative operations, working to streamline and integrate services supports. Other leaders within this bureau with whom stakeholders will often interface include Tom Renwick (Contracts and Consultation), David Verseput (Community Living), Price Pullins (Psychology), and Rosettus Weeks (Revenue and Reimbursement). Hospital leadership includes Rose Laskowski (Caro Center), Dr. Carol Holden (Center for Forensic Psychiatry), Roy Calley (Hawthorn Center), Dr. James Coleman (Kalamazoo Psychiatric Hospital), and Rick Young (Walter Reuther Psychiatric Hospital).

The director of the Bureau of Community Based Services is Elizabeth Knisely. The areas within this bureau are not divided by diagnostic line or between community mental health or substance use disorder services, but by functional areas crossing diagnostic lines. Deborah Hollis has cho-

(Continued on page 3)

Spotlight on ROSC Action in Michigan: Behavioral... (continued)

(Continued from page 2)

sen to lead the newly established Office of Recovery Oriented Systems of Care within this bureau. This office will work to ensure the concepts of wellness and recovery are integrated into behavioral health services and supports. Other leaders within this bureau with whom stakeholders will often interface include Sheri Falvay (Services to Children and Families) and Deb Ziegler (Quality Management and Planning). Felix Sharpe is providing project management and support for integration of coordinating agency and pre-paid inpatient health plan services in this new structure.

We are committed as a group to ensure we continue to focus on the strategic priorities of the department and the BHDDA as they pertain to the integration of services and prevention. We anticipate this transition will take time and effort, which may also include some future adjustments as necessary, but we appreciate your support through this process and look forward to continuing our work together. Your partnership is crucial to us being able to protect the health, wellness, and safety of Michigan residents and we greatly appreciate your understanding during this transition.

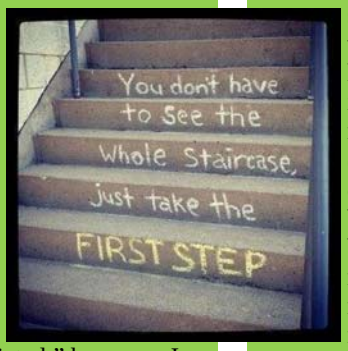
Thank you again for all of the hard work and dedication that each of you demonstrate on a daily basis. ✧

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.

Chris O'Droski — Looking back on my early sobriety, knowing what I now know, I can see some gaps that could have been prevented and some barriers that have since been knocked down and pulverized. There was a system change happening that I was unaware of. Today I can reflect on my journey instead of dwelling on the past.

My fiancé, whom I met at a 12-step meeting five years ago, refers to me as a pure blood alcoholic, meaning I only battled with alcohol. I never used or abused any other substances. I was certainly offered a wide variety of poisons plenty of times, but I was too busy drinking. I tell people that I'm not "cross addicted;" however, I do have great addict potential so I stay away from drugs and alcohol, and have done so since October 6, 2008.



Addiction is like a bad relationship that you just can't get out of. I fell in love with alcohol at a very young age. Alcohol was my best friend and worst enemy. It was there for every celebration and every failure. No matter how bad things were, I would always take it back. Today I can see the progression of my alcoholism; from those early bad nights to becoming a virtual shut in who was sick every day, whether I drank or not. I had thoughts of suicide, blackouts, horrible nightmares, and auditory hallucinations. My drinking career ended with a third DUI and a suicide attempt. Although I had plenty of opportunities to quit in the past, I was done and I needed help. After I detoxed, I attended a few 12-step meetings. I had been to 12-step meetings in the past, and also read some alternatives to 12-step literature. I didn't like 12-steps meetings, but I didn't have anywhere else to go. I never knew anything about multiple pathways and had very little treatment experience. After I talked about my suicide attempt at a meeting, it was suggested that I seek clinical help. The combination of meetings and therapy worked well for me. After a couple years of sobriety, I paid my debts from my last drink, cleaned up my credit, went back to grad school, took steps to becoming a semi-professional musician, and become a full time member of the recovery community.

What really worked for me was service work, not just in the recovery community, but everywhere I went. Some friends suggested that I get into the substance use disorder service field. I did eventually get a job at Home of New Vision in Ann Arbor as a residential treatment assistant. There I was introduced to recovery-oriented systems of care (ROSC). I learned about meeting people where they're at and not forcing them into "cookie cutter recovery plans." I was inspired by the work of Bill White and a multiple pathways approach to recovery. I went on to work as an outreach case manager on the SAMSHA/ROSC team. I worked with homeless individuals, using the strengths-based approach and the stages of change model, connecting them to resources and offering gateways to recovery. I'm currently a Peer Recovery Support Supervisor and a Recovery Coach. I recruit people in recovery with different increments of sober time from several different pathways including the 12-step fellowships, SMART Recovery, Celebrate Recovery, and variations on the 12-step model. My team of peer supports work together with clinicians providing both experience and expertise to our clients. I truly love my job, which means it rarely feels like work. I wouldn't have dreamed this life for myself 5-6 years ago, but I can't imagine anything different now. ✧

Michigan Department of Community Health

MDCH

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BEHAVIORAL HEALTH AND DEVELOPMENTAL DISABILITIES ADMINISTRATION
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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 FY2009 to FY 2012 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 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
www.MI-PTE.org

Coming Events

- Statewide SUD Conference — **September 16 and 17, 2013**