Winter 2016 Issue

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
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

Happy New Year!!

As in years past, we enter 2016 with new opportunities to improve our service delivery system. The SUD workforce continues to be a priority for us. As I stated in the Fall newsletter, we contracted with Health Management Associates to conduct a workforce assessment survey of SUD prevention and treatment providers. This report is entitled "Michigan's Workforce and Environment for Preventing and Treating Substance Use", and was released in October, 2015. Check our website at www.michigan.gov/bhrecovery for the full report. Below are a few of the highlights from the report:

-Treatment capacity needs vary by PIHP region and by provider
-64% of prevention providers reported that they are at capacity; 23% reported being near capacity
-Our system is still challenged when addressing SUD needs

-Growth in prevention supervisory workforce is not keeping pace with growth in prevention specialists
-More than 20% of prevention staff are not certified or in a development plan
-Need to recruit new personnel
-Reported vacancies in treatment counselors increased from 29% in 2013 to current 47%

In addition, Michigan's Prescription Drug and Opioid Abuse Task Force reportedly recommended "Exploring ways to increase the number of addiction specialists practicing in Michigan."

We want to support recruitment and retention efforts that address our workforce capacity issues. An effective workforce and implementation of evidence based practices are two necessary components to providing the care persons with SUD need. The OROSC transformation steering committee will be addressing workforce strategies in 2016.

Let the good work continue.

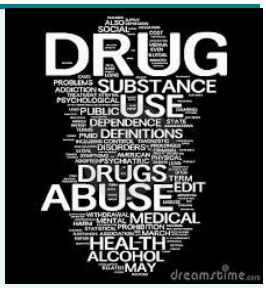
Deborah J. Hollis

Adolescent Treatment Planning Grant

MYTIE

CSAT Cooperative Agreements for State Adolescent and Transitional Aged Youth Treatment Enhancement and Dissemination Planning

OROSC was recently awarded a State Youth Treatment – Planning grant from the Center for Substance Abuse Treatment. The Michigan Youth Treatment Infrastructure Enhancement (MYTIE) initiative will develop a structure to build an effective system that will increase access to and improve the quality of treatment and recovery support services for transitional aged youth 16-21 years, including those transitioning out of



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Inside this issue:

Targeting Efforts for Continued Transformation (Continued)

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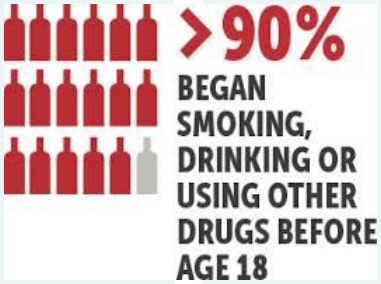
foster care, and their caregivers. An estimated 127,000 (14%) youth aged 16-21 had a substance use disorder (SUD) in 2013. Thirty-seven percent of those youth also had identified mental health concerns. In 2013, a total of 6,749 substance abuse treatment admissions for transition youth aged 16-21were reported by publicly funded SUD programs.

The purpose of the MYTIE project is to: Establish state infrastructure that will increase service access, treatment and recovery support service use and quality for transitional youth aged 16-21; Establish partnerships with key stakeholders for the purpose of developing policies, expanding workforce capacity, disseminating evidence-based practices, and implementing financial mechanisms; Identify issues and barriers that affect access and treatment of SUD and co-occurring disorders; Identify disparities that effect access to treatment; Promote the development of statewide family and youth support organizations; Develop a strategic plan to guide needed changes to the service delivery system.



The current system of care reflects poor penetration rates for the treatment of adolescents and transitional youth age 16-21, with only approximately 8% of those with an identified need, receiving substance use disorder (SUD) treatment services. In addition, there is no mechanism for conducting effective outreach to this population, direction for collaboration with referral sources, or linking to resources from the Single State Authority.

A full-time State Youth Coordinator will be on staff. An Interagency Council has been developed and convened with key stakeholder, youth and family involvement. The Interagency Council will help to develop the strategic plan for transitional aged youth treatment and recovery support services, guide the development of the financial map, and contribute to the development of the adolescent and transitional aged youth treatment policy. The Interagency Council and the State Youth Coordinator will review appropriate evidence-based practices, and assist in the dissemination, training and implementation of the chosen practices to the field.

Program evaluation, the workforce map, and workforce development plan will be accomplished by investigators from Wayne State University. With their guidance, surveys to the field will be completed and compiled, annual reports generated, and quality improvement plans developed.

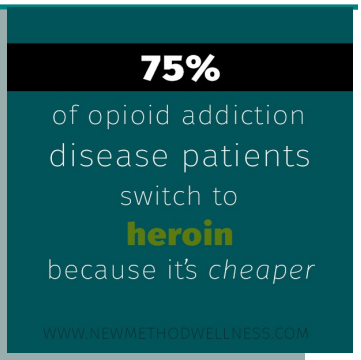
Spotlight on ROSC Action in Michigan: Opioid Task Force Recommendations

In June of 2015 Governor Rick Snyder announced the creation of the Michigan Prescription Drug and Opioid Abuse Task Force to address the growing prescription drug and opioid problem in our State. The 21 person membership was comprised of state lawmakers, government officials, court officials, law enforcement personnel, medical professionals, and other stakeholders.

Their purpose was/is to develop a statewide action plan. The task force met into the Fall, evaluating trends and considering strategic initiatives.

Prescription drug abuse has become an epidemic largely due to the increased availability of prescription drugs and the general misperception regarding the safety of physician prescribed medications. Here are some interesting and supporting data and trends around prescription drugs and opioid abuse:

- In Michigan the number of drug overdose deaths (the majority from prescription drugs) has tripled since 1999.
- National studies show that many teens are more likely to abuse prescriptions drugs than illicit Street drugs.
- According to the National Survey on Drug Use and Health: nearly one third of people age 12 and older who used drugs for the first time in 2009 began by using a prescription drug non-medically; more than 70% of people who abused prescription pain killers obtained them from friends and relatives, and only about 5% from a drug dealer or the internet.



- In the United States, everyday 44 people die from an overdose of prescription painkillers, more than cocaine and heroin combined.
- While U.S. residents constitute less than 5% of the world population, they consume 80% of the global opioid supply and 99% of the global hydrocodone supply.
- Heroin use among women has

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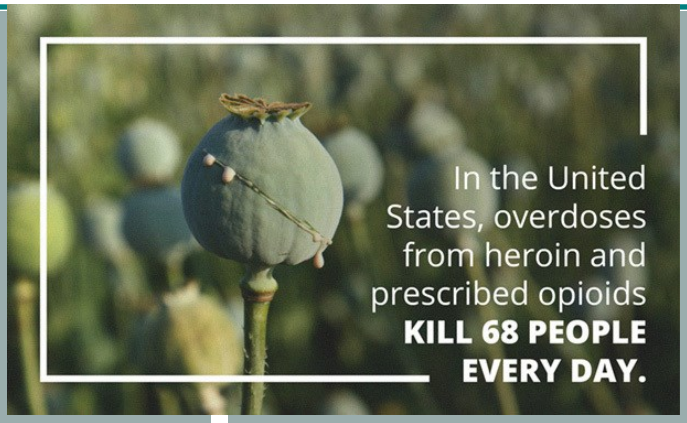
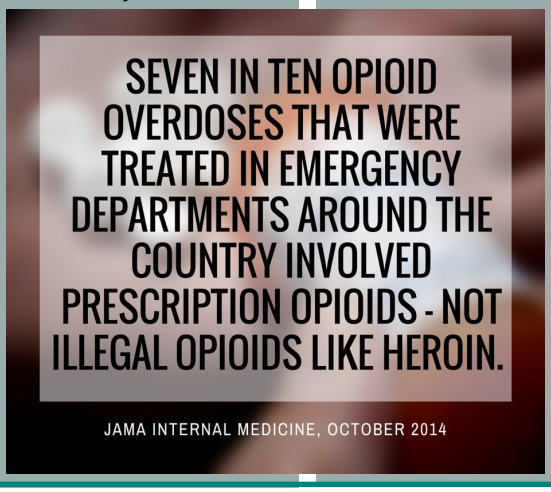
increased 100% in the past 10 years.

- Between 2000 and 2012 there was a five-fold increase in babies born in the United States suffering from Neo-natal Abstinence Syndrome (NAS).
- The average hospital cost for an infant born with NAS is $66,700 compared to $3,500 for an infant born without NAS.



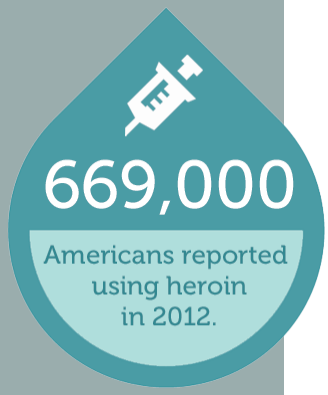
In summary: "…total U.S. cost of prescription opioid abuse were estimated at $55.7 billion in 2007…Workplace costs accounted for $25.6 billion (46%), healthcare costs accounted for $25 billion (45%), and criminal justice costs accounted for $5.1 billion (9%)."

With regard to heroin: from 2000 to 2013 heroin related overdose deaths (in the Midwest) increased 11-fold. This is attributed to 1) the increase in the average purity of retail heroin; 2) a decrease in its price; and an increase in its availability. In 2014 data from the Center for Disease Control reported that of persons beginning their use after 2000, more than 75% reported that a prescription drug was the first opioid they abused. Heroin was found to be more accessible, less expensive, and more potent.



Significant time was spent by the task force conducting research, amassing information, reviewing data and trends, and considering strategies to impact this tremendous problem. On October 26, 2015 the Governor announced the recommendations of the Prescription Drugs and Opioid Abuse Task Force. "The full report makes 25 primary recommendations and seven contingent recommendations in the areas of prevention, treatment, regulation, policy and outcomes, and enforcement. Highlights of the recommendations include:

- Updating or replacing the Michigan Automated Prescription System (MAPS).
- Requiring registration and use of MAPS by those who are prescribing and dispensing prescription drugs.
- Updating regulations on the licensing of pain clinics, which hasn't been done since 1978.
- Increasing licensing sanctions for health professionals who violate proper prescribing and dispensing practices.
- Providing easier access to Naloxone, a drug that reduces the effects of an opioid overdose.
- Limiting criminal penalties for low-level offenses for those who seek medical assistance with an overdose.
- Increasing access to care through wrap-around services and Medication Assisted Treatment programs.
- Requiring additional training for professionals who prescribe controlled substances.
- Reviewing successful drug takeback programs for possible replication and expansion.
- Increasing the number of addiction specialists practicing in Michigan.
- Reviewing programs to eliminate doctor and pharmacy shopping and requiring a bona-fide doctor-patient relationship for prescribing controlled substances.
- Creating a public awareness campaign about the dangers of prescription drug use and abuse and how people can get help for themselves or family members.



- Increasing training for law enforcement in recognizing and dealing with addiction for those officers who do not deal directly with narcotics regularly.
- Considering pilot programs for the development of testing to reduce the increasing incidence of Neonatal Abstinence Syndrome, which leads to severe withdrawal symptoms for babies born to mothers who have been using opioids."

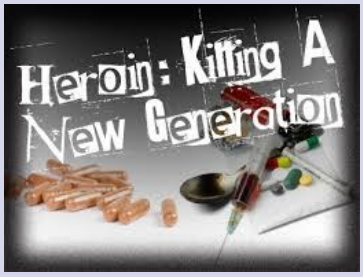
There is much to be done and many challenges to be faced, none of which can be accomplished without collaboration. We need leaders and partners at all levels of this work. We thank the Governor for his leadership, his commitment, and his desire to protect the people of Michigan from this growing epidemic.

Statistical brief on heroin use: Hospitalizations and overdose deaths

As with any substance abuse, heroin use put a substantial burden on individuals, families, and the health care system. This statistical brief presents data from the Healthcare Cost and Utilization Project (HCUP), Center for Disease Control and Prevention (CDC) Wonder online database, and Treatment Episode Data Set (TEDS).

In 2013, poisoning by heroin was noted in 531 hospital stays with the average length of stay of 3.2 days from the HCUP State Inpatient Databases. The average charge per stay was $20,923. Demographically, poisoning by heroin was more common in male and younger patients in Michigan. Males accounted for more than 70% of stays that involved poisoning by heroin.

The largest portion of poisoning by heroin stays was for patients age 18-44 (69.3%) and those 45-64 years old accounted for another 27.5 percent.



As the number of drug overdose deaths related to heroin increased from 95 with age-adjusted death rate of 1.0 per 100,000 in 2004 to 526 with age-adjusted rate of 5.5 in 2014 according to CDC Wonder. In 2004, the only age groups with reliable death rates were individuals 45-54 years old and 35-44 years old (2.6 and 1.7 respectively). In 2014, however, young adults 25-34 years had the highest death rate at 13.7 per 100,000, followed by 45-54 years old at 9.0 and 35-44 years old at 8.2 per 100,000 population. It is notable that those 15-24 years old had the death rate at 4.2 per 100,000. More men than women died from drug poisoning involving heroin. In 2014, the number of heroin-related drug overdose deaths from men (396 deaths) was nearly three times that for women (130 deaths). From 2004 through 2014, the age-adjusted rate increased from 1.5 to 8.3 per 100,000 for men and from 0.4 to 2.8 per 100,000 for women.

Peer Viewpoint

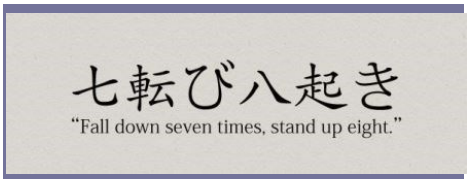
Peer Viewpoint is a designated space in the *Transitional News* to provide an opportunity where the voices of those in recovery can share important messages about the recovery journey. These messages share wisdom, hope, compassion, and knowledge to all who experience the disease of addiction, but more 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

My name is Shelly and I am a person in long term recovery from a substance use disorder. What that means to me is that I haven't used drugs or alcohol since January 29, 2010. I wish that I had the words to express how huge that is for me as my life has not always felt so wonderful. From all outside appearances I was a normal country girl from a successful middle class family. I was an athlete, I got good grades, I went to college, got married, had a little boy. What nobody could see though is that I had been struggling with alcoholism since I was 16. As I matured, my addiction also grew stronger. Pot, cocaine, pills, crack and eventually IV heroin use was the progression of my disease. Only one word can describe my life throughout those time. Hopeless.

For years I struggled. Rehab after rehab. Nothing worked. Then it happened. The night that changed everything. January 2010, I had gotten clean AGAIN but was struggling. Living in a strange town, I didn't have many friends and most of the people I did know were also struggling. There is not a more dangerous combination than two (newly clean) addicts fighting the fight. Larry and I were friends, we had met through an "anonymous" program and had started hanging out. We decided to get high. We both passed out. And Larry never woke up. I had helped him inject the heroin that took his life.

Convicted of involuntary manslaughter (plead down from delivery causing death), the next 3 and a half years were spent on a dilapidated ¼ mile track at a women's correctional facility, searching for answers. I wanted to know why it wasn't me who died. I wanted to know how I was going to live with this for the rest of my life. I wanted to know how the hell I was going to never use again.

Today, my life is so much different. When I was released from prison in August 2013, I didn't know how involved I wanted to be in recovery. My disorder still told me I could do it on my own. My higher power had other plans though. I was sent to out-patient treatment where, with a clean mind, I learned more about myself than I had ever



been able to. I became a peer support person and started attending meetings. I became a recovery coach and eventually found a job working in the field of recovery. A recovery coach to people just like me—caught up in the justice system facing the consequences of their substance use disorder. I went back to school, obtaining a degree in social work. I started running and have now ran countless races, earned priceless medals, and gained many new friends throughout this journey. I have the love and support of my family. I recently got engaged to a wonderful man, also in long term recovery and we are expecting our first child together, a girl. My son is also back in my life and is looking forward to being a big brother. I love life today. I cherish every moment and can, for once in my life say that I am truly happy. I am living proof that we DO recover!

Contributed by: Shelly Campbell

Michigan Department of Health & Human Services
RICK SNYDER, GOVERNOR | NICK LYON, DIRECTOR

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800-270-7117 (24/7)

We're on the Web

www.michigan.gov/bhrecovery

Excerpts from the Michigan Department of Health and Human Services 2016-2018 Strategic Plan:

Mission: The Michigan Department of Health and Human Services provides opportunities, services and programs that promote a healthy, safe and stable environment for residents to be self-sufficient.

Vision: Develop and encourage measurable health, safely and self-sufficiency outcomes that reduce and prevent risks, promote equity, foster healthy habits, and transform the health and human services system to improve the lives of Michigan families.

One of OROSC priorities:

Transform the healthcare system by:

- Continuing the implementation of a recovery oriented system of care
- Expanding integrated behavioral health and primary care services for persons at risk for and with substance use and mental health disorders
- Promoting opportunities for individuals with mental illness to self-direct their services and supports.
- Promoting and strengthening the role of consumer run programs.
- Treating addiction as a chronic disease.
- Improving behavioral health outcomes while leveraging efficiencies in cost and societal consequence.

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

Watch for events that will be coming soon!