Winter Issue

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MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
BEHAVIORAL HEALTH AND DEVELOPMENTAL DISABILITIES ADMINISTRATION
OFFICE OF RESCOVERY 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

We are ready to provide opportunities for enhanced SUD services in 2015!

The Office of Recovery Oriented Systems of Care is providing funding to support strategies that serve to enhance the behavioral health service delivery system. Our goal is to:

- Promote and protect health, wellness, and safety
- Improve outcomes for children
- Transform the health care system
- Strengthen workforce and economic development

This fiscal year, additional funds will be provided to Prepaid Inpatient Health Plans (PIHPs), who submit successful applications, for the six focus areas. Funds will be distributed in early March. Focus areas and objectives are provided below:

Women's Specialty Services

To enhance Women's Specialty Services by increasing collaboration with primary care and public health agencies providing Fetal Alcohol Syndrome Disorder prevention and intervention services.

Recovery Housing

To expand the development and support of recovery housing for individuals with substance use and co-occurring disorders.

Adolescent Treatment Capacity Expansion

To address gaps in treatment services for adolescents and enhance the ability of the state to help adolescent populations in areas with emerging substance abuse problems.

Improving Health and Wellness Outcomes by Enhancing Employment Opportunities for Certified Peer Recovery Coaches in Integrated Primary Care and Behavioral Health Settings

To provide funding to interested (PIHP) for the reduction of health disparities among persons in recovery by employing Peer Recovery Coaches in primary care and behavioral health care agencies.

Strategic Enhancements to Recovery Oriented Service, Prevention Programming for Children Whose Parents are Receiving Medication Assisted Treatment

To provide prevention programming to children of parents receiving Medication Assisted Treatment services.

Strategic Enhancements to Recovery Oriented Services Pathways to Potential Collaboration

To develop and implement collaborative initiatives between interested PIHPs and local Department of Human Services' Pathway to Potential Projects (PPPs), participating PPP school districts and community coalitions.

Promoting wellness, strengthening communities and facilitating recovery.

Deborah J. Hollis

Evolving SUD Peer Recovery Coach Services

Michigan's peer support services arena, like any other, is ever evolving as supported by research, experience and need. Several years ago substance use disorder (SUD) peer recovery coaches were established to provide recovery support to persons engaged in SUD recovery. Peer recovery coaches, and their role, function and training were born of a Multidisciplinary statewide workgroup tasked with defining recovery coaches, and developing a sustainable purpose, philosophy and training model. This was accomplished, and to carry this important information forward Technical Advisory #7 was developed, and is today what continues to be the foundation and guidance for Peer Recovery Coach structure and services.

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Inside this issue:

Evolving SUD Peer Recovery Coach Services (Continued)

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With the integration of SUD and mental health services into one behavioral health system elements of ongoing recovery initiatives and supports are systemically being reviewed. As such, the Office of Recovery Oriented Systems of Care (OROSC) has established an advisory workgroup to review, update and make recommendations on the enhancement of a statewide curriculum and credentialing process for peer recovery coaches.

The first meeting was held on December 15 & 16, 2014 at the St. Francis Retreat Center in Dewitt, MI. Individuals who attended included representation from each of the 10 Pre-paid Inpatient Health Plans (PIHP), veteran's services, wellness coaching, Intertribal Council, Michigan Recovery Voice, REAL Michigan and OROSC staff. A significant majority of the individuals attending were Connecticut Community Advocates for Recovery trained peer recovery coaches and trainers. The process was led by Neil Campbell and Tony Sanchez from the Georgia Council on Substance Abuse. Some areas of discussion included multiple pathways of recovery, equal representation of recovery communities, how recovery coaches' stay connected and the variety of skills needed to assist people in recovery. From this, small groups were established based on individual interests.

A follow up meeting will be held in early February. The OROSC will finalize the group recommendations for the curriculum and certification process and provide the opportunity to receive broader input from the recovery community.

In addition to the workgroups efforts with regard to peer recovery coach growth and enhancement some other refresher trainings were offered including: trauma, addictions, boundaries and ethics. Peer Recovery Coaches and Certified Peer Support Specialists attended these trainings together as part of the MDCH behavioral health integration efforts. Below is a picture of the advisory workgroup.

Spotlight on ROSC Action in Michigan: Recovery Oriented Medication...

Recovery-Oriented Medication Assisted Treatment

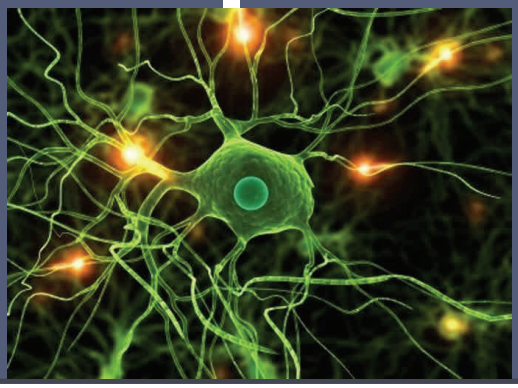
Submitted by Mark A. Witte, MSW, LMSW

(Note: The following article is adapted from the introduction to the Medication Assisted Treatment Guidelines written by R. Corey Waller, MD and Shelley Virva, LMSW. It has been adopted by BHDDA and was issued to the field on 9/17/2014.)

Introduction

Medication Assisted Treatment has become an important frontier in Michigan's effort to promote a recovery oriented system of care in its public substance use disorder treatment system. The guidelines for which this article served as an introduction were designed as a briefly stated set of current evidence-based guidelines for the treatment of opioid use disorders. The guidelines are based on a review of current scientific medical literature and other available national/international guidelines.

Guidelines, not Standards



Standards represent medically accepted principles for patient care, and are based on current literature and high level medical consensus; Standards address actions that could affect life and death for a patient or safety for the community. Standards are only changed under exceptional circumstances and where the rationale for departure from the standards are clearly documented.

By contrast, guidelines are recommendations to help providers make better decisions. Guidelines are also supported literature and consensus, but may be adapted, modified, or rejected based on individual patient needs, local resources,

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SPOTLIGHT on ROSC Action in Michigan: (continued)

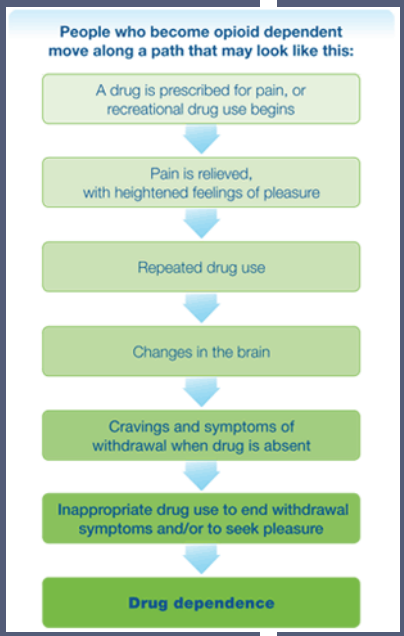
(Continued from page 2)

and physician discretion. They are not inflexible protocols nor are they meant to replace professional judgment.

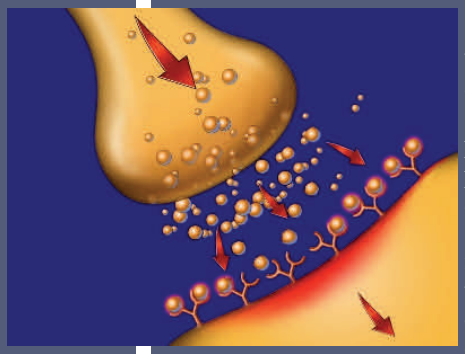
Effective treatments are available for Opioid Use Disorders (OUDs). Treatment tends to be more effective when opioid use is identified early and the interventions are tailored to the needs of the individual.

Medications

- **Methadone** – This treatment has been used for more than 30 years to effectively and safely treat opioid addiction. Properly prescribed, methadone is not intoxicating or sedating, and its effects do not interfere with ordinary activities such as driving a car. The medication is taken orally and it suppresses opioid withdrawal for 24 to 36 hours. Patients are able to perceive pain and have emotional reactions. Most important, methadone relieves the craving, a major reason for relapse, associated with Opioid Use Disorders. It is also been shown that the quality of life in patients on methadone maintenance treatment is significantly improved. Among methadone patients, it has been found that normal street doses of heroin are ineffective at producing euphoria, thus making the use of heroin more easily extinguishable.



- **Buprenorphine** – This is a particularly attractive treatment for Opioid Use Disorders because, compared with other medications, such as methadone, it causes weaker opiate effects and is less likely to cause overdose problems. Buprenorphine produces a lower level of physical dependence, so patients who discontinue the medication generally have fewer withdrawal symptoms than do those who stop taking methadone. Because of these advantages, buprenorphine is appropriate for use in a wider variety of treatment settings than other currently available medications. Several other medications with potential for treating heroin overdose or addiction are currently under investigation by NIDA.



- **Naloxone** and **Naltrexone** – These medications also block the effects of morphine, heroin, and other opioids. As antagonists, they are especially useful as antidotes. Naltrexone has long-lasting effects, ranging from 1 to 3 days, depending on the dose. The injectable version of naltrexone (Vivitrol*) lasts for 30 days. Naltrexone blocks the pleasurable effects of heroin and is useful in treating some highly motivated individuals. Naltrexone has also been found to be successful in preventing relapse by former opioid addicts released from prison on probation.
- Other medications can be used to reduce the severity of withdrawal symptoms. Clonidine can help, but has side effects of sedation and low blood pressure. Lofexidine became available in 1992 for symptom relief of patients undergoing opiate withdrawal.

Behavioral Treatment

Although also effective alone, behavioral and pharmacologic treatments are most effective when integrated and matched to the particular needs of the patient. Several new therapies such as contingency management and cognitive-behavioral interventions show particular promise. Behavioral and pharmacological treatments help to restore a degree of normalcy to brain function and behavior, with increased employment rates and lower risk of HIV and other diseases and criminal behavior.

Opioid Replacement Therapy (ORT)

ORT is based on a harm reduction philosophy and represents one component of a continuum of treatment approaches for opioid-dependent individuals. Opioid replacement therapy is a substitution therapy that allows a return-to-normal physiological, psychological and societal functioning. It is one possible treatment for opioid dependence. For some people, opioid replacement therapy may continue for life, while others may be able to eventually discontinue opioid replacement therapy and remain abstinent while preserving the normal level of function they attained while on opioid replacement therapy. Successful outcomes through ORT require knowledge, experience, vigilance, and diligence on the part of the clinical provider, the patient, and all of those involved in treatment. Effective ORT services should include all of the components of care that are recommended by the standards of the American Society of Addiction Medicine (ASAM).

Individualized Treatment

It is essential that each patient be assessed, treated, and monitored on an individual basis, regardless of the treatment pathway selected. Medication alone does not constitute effective treatment of opioid dependency.

In Conclusion

This is but a small sample of the rich information available in the full document. Please go to (www.michigan.gov/bhrecovery) to review the Medication Assisted Treatment Guidelines in their entirety.

FASD in the SUD Field

Fetal Alcohol Spectrum Disorders (FASD) is an umbrella term that is used to describe the range of affects that can occur in an individual prenatally exposed to alcohol. FASDs are the most preventable birth defect. FASD takes an enormous financial toll on affected families and society as a whole. Fetal Alcohol Syndrome (FAS), the most severe under the umbrella, costs the United States $5.4 billion annually. When a pregnant woman drinks alcohol, her unborn baby does too, no matter how much, how little or what type of alcohol she consumes. Binge drinking is especially harmful to the developing baby.

Education within SUD prevention and treatment programs is one of the most important interventions that front line staff can offer. Unplanned pregnancy poses one of the greatest challenges to preventing FASD. So, for women who are drinking and sexually active, use of effective contraception is also important. Everyone entering SUD prevention and treatment services should receive some level of education on FASD because you just never know whose words will make a difference!

The Michigan Department of Community Health is in the process of developing a comprehensive plan to address the needs of individuals affected by FASD and to reduce the prevalence of FASD in Michigan. The reduction plan is divided into three approaches: 1) health promotion, 2) health prevention and 3) interventions designated to targeted population groups and to address the complexities of the needs created by the impact of FASD.

Peer Viewpoint *Contributed by Shelley Campbell*

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.

I've been called a junkie and a crackhead. I've even called myself those things. I don't believe that I was born an addict, I don't blame my parents or my friends or society. Sometimes I want to blame myself but the recovery community tells me I cannot do that. I wasn't beaten or molested. I wasn't neglected. I wasn't raped. I was a typical little girl from a middle class family. My family is educated and hold respectable careers such as nurses and police officers. I have an education too, had a great job, married a wonderful man, have a gorgeous little boy. I ran marathons and taught aerobics. The disease of addiction does not discriminate. You are probably expecting something terrible to happen that made my life take a tragic turn. NOPE. A tragic turn it took but I can't tell you why. I wish I knew why I let it all go. I traded it for a really dark, disgusting, cruel, miserable, hopeless way of life. Of course at the time it was happening I still believed I was just having a little fun. That is called denial.

That's not what this story is about though. This is a story of recovery, redemption, hope and forgiveness. Let me back up. For years I struggled. Rehab after rehab. Nothing worked. Maybe I wasn't ready, maybe I was afraid. Maybe the way of life had somehow become easier. Then it happened. The night that changed everything. January 2010, I had gotten clean AGAIN but was struggling. Living in a strange town (thought changing cities would be my fix), 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 nodded out as people high on heroin often do. . .but. . .Larry never woke up. Someone I called a friend, someone I was supposed to be supportive of and strong for. . .just overdosed and died on less than 1/2 of what I had just done.

I am usually pretty long winded but the details of this dreadful night need not be shared. This wasn't some random stranger that I got high with. Larry was a friend, he was a son, he was a brother, he was a dad and his death was a direct result of my addiction. I was charged with his death. Involuntary manslaughter for helping him obtain the heroin that took his life.

We all have issues, vices, demons, and skeletons in the closet, whatever you want to call it. But we are all human, whatever means we use to cope with these things, we are people. . .

The next 3 years and 47 weeks were spent on a cracked oval ¼ mile track at a women's correctional facility, searching for answers. I wanted to know why it wasn't me. 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. It doesn't matter where I was or who I was with during the next few years. What matters is I found out that recovery is possible. Today, I don't have the job I use to have, the car I use to have or the money I use to have. I have something so much more precious. I have my family back (turns out I never actually lost them), I have friends that mean the entire world to me, I am running more than ever (a shout out to the sport that saved my life), I have gone back to school to obtain a degree in social work, and I even have a new friend. She was one of Larry's closest friends. She taught me that it's okay to forgive myself. SHE forgave me and for that I know that I MUST forgive myself.

The reason I am sharing this with the world today is because most of "us" aren't as lucky as me. Most addicts don't know that there is a way out. The only way others are going to get clean is by hearing someone share their own story. If I could share one piece of advice it would be to find your passion. What did you love before drugs took it away? You can't replace something with nothing. I will no longer be embarrassed or ashamed of what I did. Instead, I will be proud for what I did about it! If I can, you can too

Michigan Department of Community Health

MDCH

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www.michigan.gov/mdch-bsaas

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 2009-2012 Strategic Plan

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

March 3—Annual Gambling Disorder Symposium

March 31—Sustainability Planning Training

May 26, 27, & 28—Peer Conference