

BSAAS Priority: Establish a Recovery Oriented System of Care (ROSC).

Overview

The Bureau of Substance Abuse & Addiction Services (BSAAS) is working to transform the public substance use disorder 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. These values and principles provide the foundation for a system that will provide:

- Accessible services that engage and retain individuals seeking recovery;
- A range of services and supports rather than just crisis-oriented care;
- Care that is age, gender and culturally appropriate; and
- Care in the individual's environment using natural and existing support systems.

A ROSC supports individualized and self-directed approaches to care that build on the strengths of individuals, families, and communities. In addition, ROSC helps individuals take responsibility for their sustained health, wellness, and recovery from alcohol and substance use problems. It recognizes a substance use disorder as a chronic illness and provides services to support the individual, his/her family members, and significant others.

BSAAS is at the beginning stage of transforming to a ROSC. The transformation process will include stakeholder participation in the development of Michigan's vision for ROSC.

Rationale

While research and literature points toward many effective acute treatment approaches for substance use disorders, it also reveals that once the services are rendered, they quickly lose their effectiveness. Over 50% of individuals who receive treatment services relapse within the first 30 days, and 80% relapse within 90 days. Current national research indicates that only one in five individuals receive any professionally directed continuing care services. Consequently, treatment outcomes are compromised by the lack of sustained recovery support services.

As the movement to recognize substance use disorders as a chronic illness progresses, it is necessary to ensure that a system is established that provides the appropriate services for the appropriate length of time. These services must have the capacity to address all of the needs of an individual seeking to establish recovery.

The path to recovery is individualized. There are no wrong paths to recovery. Recovery may be achieved through any number of ways, including natural recovery, mutual support groups,

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peer-recovery services, clinical treatment, faith-based approaches, or a combination of these and other methods. The critical variable is that individuals choose their path to recovery.

To be effective, a ROSC must encompass and coordinate the availability of the following service systems:

- housing
- employment
- primary health
- mental health
- human services
- criminal justice
- transportation

To successfully implement a ROSC, it is necessary to be deliberate in the implementation process; implementation must be an ongoing process of improvement that incorporates the experiences of those in recovery and their family members. A ROSC provides a comprehensive menu of services and supports that can be combined and readily adjusted to meet an individual's needs and chosen pathway to recovery.

Key Steps and Timeline

1. Secure the help of a transition consultant – Fall 2009 – Completed.
2. Obtain federally supported technical assistance – Fall 2009 – Completed.
3. Hold one-day stakeholders meeting – Fall 2009 – Completed.
4. Establish a ROSC Transformation Steering Committee (TSC) – Winter 2010.
5. Hold a ROSC TSC meeting to identify statewide needs and barriers – Winter 2010.
6. Introduce ROSC to key organizations and partners – Spring 2010.
7. Develop a work plan and initiate implementation – Spring 2010.
8. Conduct regional meetings to coordinate local initiatives – Summer/Fall 2010.
9. Focus on sustainability and fidelity – Fall 2010.