



The Transformational News: Michigan's Transition to a Recovery Oriented System of Care for Behavioral Health

From the Office Director's Desk

With so much going on in the field of behavioral health, it is important to continue to ask the question how do we best serve individuals who need our services?

When we take the time to listen to the words of those who have gone before us in the ROSC transformation process, and of



those who speak and provide training on this subject nationally, we can learn a great deal. Here are a couple of the top messages we've learned from their lesson plan: 1) a ROSC is the overarching umbrella under which all services needed for an individual to achieve recovery exist; and 2) to be effective in the implementation of "cross-cutting issues," you must first have established a ROSC. It is ROSC that comes first, and then the cross-cutting issues can better be addressed.

Provided below are some elements of a ROSC:

- Effective evidence-based services.
- Recovery planning not just treatment planning.
- Smarter and more flexible application of available funds.
- Focus on the individual's needs and utilize their recovery capital to support their entire recovery journey.
- Broader array of available services.
- Change in the manner in which services are

provided, and a shift in the way that staff are oriented and trained.

- Policies and procedures that foster access and availability rather than provide unnecessary road blocks.
- Acknowledgement and acceptance that relapse is part of the disease of addiction, and not a reason to predict success of, or limit, services.
- Services and personnel that are at the ready to assist with the issues of relapse.
- Provision of skills and supports that build strength in recovery and assist in regaining and/or creating a more complete and active life and connection with the community.
- Relationships and resources that are grounded in the community.
- Development and support of community wellness and communities with a recovery orientation.

Having a ROSC - its array of programs, partnerships and collaboration, and community-embedded services - will help to provide the focus needed for behavioral health integration, and will provide the necessary culture, infrastructure, and mechanisms by which to accomplish fully integrated health care. In a word, it is all about **RECOVERY**.



Deborah J. Hollis

Motivation from the "MASTER"

Pearls of Wisdom from William White

One of the individuals listed below is the internationally renowned William White, guru on recovery and ROSC.

Do you know to which William White we are referring?

- American newspaper editor
- Pilgrim who came



over on the Mayflower

- Former American football safety
 - Senior research consultant at Chestnut Health Systems
 - Bishop of Pennsylvania
 - Canadian economist at the University of Winsor.
- If you guessed senior research consultant at Chestnut Health

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Motivation From the “MASTER” (continued)

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Systems...you would be correct! William L. White, MS, has long been recognized as an expert in the areas of recovery and ROSC. He has written innumerable publications on topics related to these areas. He has also provided extensive training and consultation on the subject. From his book entitled *Recovery Management and Recovery Oriented Systems of Care: Scientific Rationale and Promising Practices* several snippets of information have been provided. From this we hope that something sparks your interests and draws you further into the writings of William White, and/or motivates you to engage further in ROSC implementation. This information may also help you to break through a challenge

“The culture of recovery in America has deep historical roots, is growing daily, and is becoming even more heterogeneous. The recovery community today is made up of diverse individuals and groups who, while differing in their views on how to best initiate an sustain sobriety, speak with a united voice about the hope for permanent recovery from addiction.”

W. L. White, *Slaying the Dragon: the History of Addiction and Recovery in America*

that you are having and enable you to move forward within your goal of transformation.

Words of Wisdom:

- Recovery Management (RM) is a philosophical framework for organizing addiction treatment services to provide pre-recovery identification and engagement, recovery initiation and stabilization, long-term recovery maintenance, and quality of life enhancement for individuals and families affected by a severe substance use disorder.

- Recovery-focused performance measures include three dimensions of systems evaluation: 1) measures of infrastructure stability and adaptive capacity, 2) recovery-focused service process measures, and 3) long-term recovery outcome measures
- Efforts to create ROSC and to shift local treatment agencies toward a recovery management orientation will require tandem efforts to strengthen the national infrastructure of addiction



treatment in the United States and the infrastructure of local addiction treatment service providers. Lacking such efforts, ROSC and RM will constitute only a new rhetoric and isolated pockets of innovation rather than a true transformation of the system of care.

- The effective treatment of alcohol and other drugs (AOD) requires a clear formulation and delineation of strategies distinguishing transient and less severe AOD problems from AOD problems of great severity, complexity, and chronicity.

These bits of information can be found in the chapter summaries of the aforementioned

publication, chapters one through five. We hope this sparks further interest in this document and in Michigan’s ROSC transformation initiative.



Spotlight on ROSC Action in Michigan: Trauma Informed Care

TRAUMA INFORMED CARE IN A RECOVERY ORIENTED SYSTEM

The trauma-informed care (TIC) environment operates under the umbrella of ROSC. Can one exist without the other? Actually, both are intertwined with each other. With TIC, the ultimate outcome is recovery, as is for all ROSC services. An understanding of how trauma is linked to recovery and its impact on the lives of the individuals served is essential to healing.

DEFINITIONS

What is meant by ROSC? Michigan’s ROSC supports an individual’s journey toward recovery and wellness by creating and sustaining networks of formal and informal services and supports. “A recovery oriented system



of care is driven by the values that identifies and builds upon each

individual’s assets, strengths, and areas of health and competence to support achieving a sense of mastery over his or her condition while regaining a meaningful, constructive, sense of membership in the broader community.” (Connecticut DMHAS) “Trauma, on the other hand, is an experience that overwhelms our capacity to have a sense of control over ourselves and our immediate environment, to maintain connection with others and to make meaning of our experience.” (Community Connections) The recovery environment is about building a sense of community while trauma disrupts a meaningful connection to community. The value and goal of both is

a strong connection to the wider community through recovery.

PREVALANCE

A TIC approach is one that: “All components of an organization incorporate a thorough understanding of the prevalence and impact of trauma, the role that trauma plays and the complex and varied paths in which people recover and heal from trauma.” (SAMSHA)

The prevalence of trauma within all populations served by the public mental health system proves the necessity of addressing trauma. According to Fallot and Harris (Community Connections), trauma is insidious and preys particularly on the most vulnerable among us. It is these vulnerable populations, served by the public mental health system, that



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What Does It Mean to be a Trauma-Informed Clinician?



SPOTLIGHT on ROSC Action in Michigan: (continued)

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struggle the most with histories of trauma. “People who are in poverty, who are homeless, who have been diagnosed with

severe mental health problems, who struggle with alcohol or drug abuse, or who have developmental disabilities---all of these groups are at increased

risk of traumatic victimization.”

(Community Connections)

Trauma leads to a cause and effect when it comes to the populations served by the public mental health system. “These experiences (trauma) often lead to mental health and co-occurring disorders such as chronic health conditions, substance abuse, eating disorders and HIV/AIDS... Trauma is the expectation rather than the exception, among a majority of the populations referred for behavior health care services.”

(SAMSHA) The recognition of the high prevalence of trauma is a basic understanding of being a TIC system.

PHILOSOPHY

The concept of TIC changes the traditional viewpoint of initial treatment from “what is wrong with you?” to “what happened to you?” This fundamental change is a major part of TIC and extremely impactful in the healing process because it takes the “blame” off the individual and enables healing from victimization.

In TIC, there are elements that are important to its philosophy including recognition of trauma diagnosis, use of neutral language, support of caregivers in collaboration, lessening of power and control, culture awareness, and a transparent system that is open to outside parties. Recovery is the major environment under which elements of trauma operate: “Recovery is not a stand-alone initiative. It is an overarching theme and philosophy for everything we do.” (Connecticut Dept. of MH & SA)

PRINCIPLES OF TIC

The principles of trauma informed care are underlying in recovery-focused organizations. These principles are promoted by Community Connections, a national training organization, for TIC. These principles include the following and are applicable for both staff and consumers:

Safety: Activities and settings that ensure

physical and emotional safety.

Trustworthiness: By making the tasks involved in service delivery clear, by ensuring consistency in practice and by maintaining boundaries that are appropriate to the program, agency, and organization, trustworthiness is developed and implemented.

Choice: Modification of services to ensure that the individual has experiences of choice and control are maximized.

Collaboration: The question needs to be asked, “To what extent do the program’s activities and setting maximize collaboration and sharing of power between staff and individuals? How can services be modified to ensure that collaboration and power-sharing are maximized?” (Community Connections)

Empowerment:

A TIC environment prioritizes empowerment and skill building, which enables the individual to progress in their recovery.

Other important principles of a TIC system are: peer support and mutual self-help, resilience and strengths-based, inclusiveness and shared power; cultural, historical, and gender issues; and change process. Implementing these principles lays the foundation of recovery for the individual, family, and community.

Both systems of care address and emphasize similar principles and domains of recovery. These similarities are critical to both systems in order to provide comparable care that is effective, efficient, and emphatic for the individuals served.

RETRAUMATIZATION

Retraumatization is a situation, attitude, interaction, or environment that replicates the events or dynamics of the original trauma and triggers the overwhelming feelings associated with the early original trauma. Retraumatizing events with their unique triggers can lead to a crisis. Awareness of early warning signals can utilize strategies to avoid distress and crises. By having a trauma informed focus that promotes services and peer support, that creates a recovery environment, and is proactive and empowering, we thereby avoid retraumatization.

You are safe here.

ENGAGEMENT IN SERVICES

A trauma informed approach promotes the understanding that trauma affects the way people approach potentially helpful relationships. “Not surprisingly, individuals with histories of abuse are often reluctant to engage in, or quickly drop out of, many behavioral healthcare and other social services. This awareness creates a system of care that can address and treat trauma, which can motivate engagement of individuals served.

TRAUMA SPECIFIC SERVICES

Within the TIC, trauma specific services need to be provided in a consistent way to identify individuals who have been exposed to trauma, to conduct appropriate follow-up assessments, to include trauma-related information in planning services, and to promote recovery. The National Center on Trauma Informed Care states, “Trauma-specific interventions are designed specifically to address the consequences of trauma in the individual and to facilitate healing.” Trauma specific programs recognize the following:

- The survivors need to be respected, informed, connected, and hopeful regarding their own recovery.
- The interrelation between trauma and symptoms of trauma (e.g. substance abuse, eating disorders, depression, and anxiety).
- The need to work in a collaborative way with survivors, family and friends of survivors, and other human services agencies in a manner that will empower survivors and consumers.

(National Center on Trauma Informed Care)

In conclusion, recovery oriented systems of care inclusive of trauma informed care both have the outcomes of recovery based on respect, resilience, and renewal. These three “Rs” are explained in “Implementing a Statewide Recovery Oriented System of Care: From Concept to Reality.”

NASMHPD Research Institute further details that “the Journey to a Recovery-Oriented HealthCare System is based on strategies, successes, and challenges.” The

incorporation of TIC creates a ROSC that focuses on solutions to challenges, expands strategies, and recognizes recovery successes.

Contributed by:
Colleen Jasper



The 14th Annual Statewide SUD Conference

The Grand Traverse Resort in Traverse City, Michigan, was the site of the 14th Annual Statewide SUD Conference. Nine Hundred people came to participate in the informative, skill-enhancing event. With 40 workshops to choose from, there were opportunities in which all participants could engage. In addition, there were keynote plenaries by Pamela Hyde, Administrator of



the Substance Abuse and Mental Health Services Administration; James Haveman, Director of the Michigan Department of Community Health; and Dr. Corey Waller, Spectrum Health Systems. Many thanks to the Northern Michigan Recovery Community for the amazing addition of the Sunflower Room, providing a quiet friendly space with music, art, refreshments, creation station, and more!



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Many thanks to the Northern Michigan Recovery Community for the amazing addition of the Sunflower Room, providing a quiet friendly space with music, art, refreshments, creation station, and more!



They also gladly helped all conference goers get to where they needed to be. Thank you all for your time, talent, and energy.

Even if you were not able to join us at the SUD Conference this year, we hope many of you will be able to attend the 2014 Co-Occurring and SUD Conference to be held September 22 and 23, 2014, at the Lansing Center. **See you there!**



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.

Heather Scheuer — I had tried for many years to get sober and stay sober but was unsuccessful. I would go to detox followed by inpatient treatment and when discharged with no support, I'd be in pretty much the same situation that I was in prior to entering treatment.



Detox and treatment sobered me up and taught me about my addiction but what it failed to do was teach me how to live life on life's terms in a safe environment.

I struggled with a heroin addiction and anything else I could get my hands on for fifteen years. I started drinking and experimenting with other drugs at the age of fifteen, and by the time I turned sixteen I was injecting heroin on a daily basis. I fell in love with heroin the very first time I injected it. My entire world revolved around the means I needed to get and use heroin.

I started my addiction to heroin in the comforts of my parent's home in the suburbs and ended my addiction homeless on the streets of Detroit. I was definitely of the low bottom variety.

I had tried countless treatment centers over the years and was unsuccessful.

All the treatment centers I had been to in those fifteen years never offered much to follow up with after completing treatment. There laid the gap in services for me. I was great at going to and completing treatment but could not live without using in the "real world." Finally, I was introduced to the option of transitional housing, better known today as recovery residence. Once completing detox and residential treatment, I entered a recovery residence program at the Home of New Vision in Ann Arbor, Michigan.

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My recovery started the day I entered this program, July 04, 2008. This program gave me the structure, support, and hope that I needed to recover from alcoholism and addiction. They taught me how to



live life on life's terms one day at a time without drugs and alcohol. I began to attend Alcoholics Anonymous regularly, I started working with a sponsor and building a solid support system within the recovery community. A few days after completing the recovery residence program, I lost my father suddenly and tragically. If it wasn't for the solid support system I built early on, I would have never been able to stay sober through that time in my life.

Since completing recovery residence I started working at the Home of New Vision in July 2010 as a peer support, I became a CCAR certified Recovery Coach and I am currently the full time Recovery Oriented Systems of Care Case Manager. I am also working towards my degree in Social Work.





**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
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We're on the Web
www.michigan.gov/bhrecovery

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

- **Advanced Adolescent Substance Abuse Treatment Training**, November 15, 2013, three locations statewide.
- **Building Recovery Capital Training**, December 13, 2013, three locations statewide.

