



# The Transformational News: Michigan's Transition to a Recovery Oriented System of Care for Substance Use Disorders

## From the Bureau Director's Desk

November 17, 2010, marked one year since the Bureau of Substance Abuse and Addiction Services (BSAAS) hosted a Recovery Oriented System of Care (ROSC) Stakeholder meeting. The most significant accomplishment was the identification and adoption of the 16 ROSC Guiding Principles; they are the underpinnings of Michigan's substance use disorder ROSC transformation. The ROSC Guiding Principles are:

- 1) Adequately and flexibly financed;
- 2) Inclusion of the voices and experiences of recovering individuals, youths, families, and community members;
- 3) Integrated strength-based services;
- 4) Services that promote health and wellness will take place within the community;
- 5) Outcomes driven;
- 6) Family and significant others involvement;
- 7) System-wide education and training;
- 8) Individualized and comprehensive services across all ages;
- 9) Commitment to peer support and recovery support services;
- 10) Responsive to cultural factors and personal belief systems;
- 11) Partnership-consultant relationship;
- 12) Ongoing monitoring and outreach;
- 13) Research-based;
- 14) Continuity of care;
- 15) Strength-based; and
- 16) Promote community health and address environmental determinants to health.

With this foundation laid, several elements of transformation followed. BSAAS is pleased to share the accomplishments from this past year. Awareness, education and establishing a transformation infrastructure were primary objectives,

which led to the formation of the ROSC Transformation Steering Committee (TSC); a statewide ROSC Symposium; three regional symposia; and the dedication of our statewide Substance Use Disorder Conference solely to issues of ROSC and Michigan's transformation efforts. To date, education and training have been provided on the importance of recovery and the transformation of the SUD system to over 1100 people. Additionally, BSAAS and the TSC have convened five workgroups to address specific transformation issues. A number of products have been completed as a result of these efforts: Michigan's ROSC Definition, a ROSC Overview Power Point Presentation, nine different ROSC Fact Sheets, a SUD ROSC Glossary of Terms, and a fall ROSC Newsletter. Also, soon to be complete is a Recovery Benefits Package, as well as a Peer Recovery Coach technical advisory, training and certification process. More information on these products can be found on the BSAAS ROSC webpage at [www.michigan.gov/mdch-bsaas](http://www.michigan.gov/mdch-bsaas).

ROSC transformation is long-term, and BSAAS and our partners have much work yet to do. We approach this work with anticipation, enthusiasm, and the promise of inclusion and transparency. Everyday is a new adventure and brings opportunity for new partners and enhanced vision. Please join us in our efforts - renewal, rejuvenation and recovery are transforming.

*Deborah J. Hollis*

## Prevention Grant Supportive of ROSC

In mid-November 2010, the Michigan Department of Community Health, Bureau of Substance Abuse and Addiction Services (BSAAS) received official notification of a grant award for a State Epidemiology Outcomes Workgroup (SEOW) from the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention (CSAP). This grant award was based, in part, on our success with infrastructure development through the Strategic Prevention

Framework State Incentive Grant (SPF/SIG). The amount of the award is \$200,000 per year, for a projected three-year period.

The SEOW grant has the following goals:

1. Expand and enhance the current substance abuse needs and assessment collection and tracking processes, by incorporating mental health data that will allow us to create state and community

*(Continued on page 2)*

### Inside this issue:

From the Director's Desk	1
Prevention Grant Supportive of ROSC	1
PCAP – Embracing a ROSC Philosophy	2
SPOTLIGHT on ROSC Action in Michigan	2
SPOTLIGHT continued	3
Key Dates and Upcoming Events	4



# Prevention Grant Supportive of ROSC (continued)

(Continued from page 1)

profiles that share common indicators, intervening variables and consequences related to Mental Emotional Behavioral (MEB) disorders;

2. Develop capacity to address MEB disorders by creating useful products and disseminating information that facilitates state, local, and joint decisions among mental health, substance abuse, education and other stakeholder agencies; and

3. Evaluate SEOW process and outcomes.

It is anticipated the work of the SEOW will inform and support the implementation of our Recovery Oriented Systems of Care (ROSC)

initiative, and other priorities outlined in our BSAAS Strategic Plan including: reducing underage drinking; reducing prescription and



over-the-counter drug abuse; and expanding integrated treatment for persons with mental health and substance use disorders. The SEOW membership was expanded to include participation from substance use disorder prevention and treatment, mental health, primary health care, education, human services, corrections, and the recovery community. BSAAS held the first meeting of the expanded SEOW in January 2011.

For further information regarding the SEOW grant award or workgroup, please contact Larry Scott, BSAAS Prevention Section Manager and SEOW Project Director, at [ScottLP@michigan.gov](mailto:ScottLP@michigan.gov) or (517) 335-0174.

## PCAP—A Program Embracing a ROSC Philosophy

In 2008, the Bureau of Substance Abuse and Addiction Services (BSAAS) was named the recipient of a grant provided by the Center for Substance Abuse Prevention through the Fetal Alcohol Spectrum Disorder (FASD) Center for Excellence. This is the third year of the four-year grant, which funds the Parent-Child Assistance Program (PCAP). This grant serves women in Kent, Berrien and Muskegon Counties who are pregnant, or up to six months post-partum, and who have used alcohol during their most recent pregnancy. The PCAP is an intensive three-year home-based intervention, providing peer case management and advocacy. The primary goal

of PCAP is to prevent subsequent alcohol and drug exposed births. PCAP uses a two-prong approach to meet this goal: 1) increase abstinence from alcohol and drug use, and/or 2) motivate clients to use an appropriate family planning method.

PCAP is an excellent example of a recovery approach that helps women address their substance use, thus working to prevent future alcohol and drug exposed births. Interventions use treatment, prevention and case management strategies over three years to first create a dependent relationship, then move to an interdependent relationship, and finally to

independence. At the end of the intervention, the goal is that the women will be able to provide for themselves and their family. The model provides support to the women during good times and bad. It does not discharge clients for relapsing or for getting “lost.” Advocates stick with the women to help them take the steps needed to make a difference in their lives.

The PCAP model was developed at the University of Washington by Dr. Therese Grant. (<http://depts.washington.edu/fadu/altResources/index.html>)

## SPOTLIGHT on ROSC Action in Michigan

Over the years, network180 has become involved with a number of community systems change initiatives that go well beyond the original efforts of integrated treatment. network180 participated in the community’s Vision to End Homelessness initiative. network180 has won several federal grants over the years, including a five-year Treatment for Homelessness grant for seriously mentally ill co-occurring (COD) individuals and a six-year Children’s System of Care grant. network180 is currently implementing SAMHSA grants for Drug Free Communities, a sys-



tems transformation grant that will implement Trauma Informed services for at-risk young adults, and a Department of Justice (DOJ) grant for local inmates with COD to assist them in successful transition from jail to community. In addition, an initiative emerging from the developmental disability field known as “Culture of Gentleness” is being implemented in our community under the label of “A Life of Engagement” for everyone. In the midst of this, came our efforts on the substance use disorder (SUD) side to promote a recovery oriented system of care (ROSC).

Many will probably agree that the wide array of systems change efforts is daunting – if not flat out bewildering! network180 decided to see if we could synthesize some of these

efforts in order to support them competently as coordinated multi-systems change efforts. network180 was pleased and surprised at the result of that effort. There were a number of similarities across the various initiatives.

### A Vision for the Whole Community

network180 has determined that many of these systems change efforts are not network180’s alone. ROSC in its fullest expression, by itself requires that the community’s resources be aligned to support the needs of the community members for prevention, treatment and recovery support services of all kinds. It cannot be done by any agency alone. So, as a way of fostering the community conversation needed to support complex system

(Continued on page 3)

# SPOTLIGHT on ROSC Action in Michigan (continued)

(Continued from page 2)

*“We are calling the community to embrace this vision . . . of all systems working together . . . for all individuals and their families.”*

change, network180 crafted a “Community Vision” document that identifies our perspective of the kind of community network180 envisions as these systems change efforts come to reality:

*network180’s mission is inspiring hope, improving mental health, supporting self-determined lives, and encouraging recovery. However, our vision for the*

*future encompasses a vision for our community. This vision includes:*

- *A community that embraces all people, regardless of disability or situation, and that encourages all people to reach their potential.*
- *A community that actively combats stigma of all kinds, including stigma attached to disabilities.*
- *A community that values the worth and dignity of all persons, [and that] support[s] welcoming, accessible, and responsive services to all people.*
- *A community that supports health and wellness through prevention and accessible early intervention services.*

*This vision can be realized when systems work together using [guiding principles for a] common system of care ..., including:*

- *System improvements [that] are based on partnerships, local community needs, and integrated system planning.*
- *...Agencies and partners [that] participate, and the programs/supports [that are] generated, are responsible to [ensure services offered meet] the cultural context and characteristics of the community being serviced.*
- *Services and supports [that] are driven by the principles of strength-based, person- and family-centered holistic, and respect ... all people.*
- *Families/recovering individuals are involved and included in planning, service delivery, and development of clinician competency guidelines.*

- *System improvement can and should occur within existing resources, [and be] supported by flexible, integrated funding.*
- *System improvement [that] incorporates early identification and intervention with continuity of care across the lifespan for complex conditions.*
- *System improvement [that] is supported through empowering and supporting staff, caregivers, and other people.*

*We are calling the community to embrace this vision, with the aim of infusing cultural competency and of all systems working together to create and sustain a shared goal of recovery, community inclusion, and active engagement for all individuals and their families.*

*The goals and principles, described above, are over-arching and apply to all population[s] served by network180. Distinctive system change frameworks have been adopted for population areas for achieving the stated goals and operationalizing the principles that [are] unique, and matched to the needs of those populations.*

The document goes on to describe some of the various specific change initiatives, among which is (of course) ROSC.

## **Initial Efforts at Recovery Oriented Services**

network180 has undertaken a few efforts to improve the “ROSC-y” quality of certain services. Among the more specific efforts are the following service initiatives:

o *Family Engagement Therapy* is a long-term service offered to women with SUD who are caring for children in their home. network180 started this service with a grant from Kent County supporting several programs focused on preventing the onset of difficulties in children. Kent County reasoned that having a parent with untreated SUD was an important risk factor. network180 has seen great results for the women from this program, but the battles they face in meeting their needs in the community is sometimes more than they can bear.

o *Recovery Management* is a clinical service operated like a case management program where a MA/MSW clinician (there are four) serves a caseload of approximately 25 individuals who have had numerous admissions to acute-care programs without apparent benefit. network180 contracts with four agencies; the Recovery Managers function as a team to connect the individuals they serve with the best resources available in the community to help them manage their chronic

SUD conditions. network180 needs to add recovery coaches to each worker to extend their reach and support more efficient and effective ongoing care.

o *StreetReach* is the name of the program that resulted from a five-year SAMHSA grant for services for individuals who were both homeless and struggling with a co-occurring mental illness and substance use disorder.

o *Parent-Child Assistance Program (PCAP)* is an evidence-based program operated in partnership with BSAAS and Lakeshore Coordinating Council and funded through a grant from the human services division of Northrop-Grumman. The service is aimed at women in recovery from alcohol who are of childbearing years and at risk of pregnancy. Like the family engagement program, part of the objective is focused on preventing the birth of children exposed to alcohol (FAS/FAE) but the program also is creative in that it uses peers in a rather robust way to provide supports to women in order to help them maintain sobriety.

There have been other projects and services too, but these few represent network180’s most enduring efforts. network180 has worked to create the ability of these programs to bill Medicaid for eligible services to eligible people, believing this is a key to sustainability as well as a way of positioning it for expansion should national health reform efforts shift to support this kind of work.

Overall, network180’s journey has been fruitful, but network180 believes it’s far from done. network180 believes that the future will require a more complete transformation of traditional (“acute care”) services with the wisdom of providing continuing care for a chronic illness . . . which is ROSC.

Mark Witte, Planning Director  
Substance Use Disorder Division  
network180





MICHIGAN DEPARTMENT OF COMMUNITY HEALTH  
MENTAL HEALTH AND SUBSTANCE ABUSE  
ADMINISTRATION  
BUREAU OF SUBSTANCE ABUSE AND ADDICTION  
SERVICES

Lewis Cass Building, 5th Floor  
320 South Walnut Street  
Lansing, Michigan 48913

Phone: (517) 373-4700  
Fax: (517) 335-2121  
Email: mdch-bsaas@michigan.gov

**Substance Abuse Treatment Assistance**  
[www.michigan.gov/mdch-bsaas](http://www.michigan.gov/mdch-bsaas)

**Problem Gambling Help-line**  
**800-270-7117 (24/7)**

**We're on the Web**

[www.michigan.gov/mdch-bsaas](http://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 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.

### 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



**February 10, 2011**  
*Storytelling Workshop* for providers and leaders

**February 11, 2011**  
*Storytelling Workshop* for people in recovery

**February 26, 2011**  
*Transformation Steering Committee Meeting*

**March 7, 2011**  
*Problem Gambling Symposium*

**March 22, 2011**  
*Training: Developing Recovery Oriented Treatment Plans*

For additional information, contact BSAAS at [mdch-bsaas@michigan.gov](mailto:mdch-bsaas@michigan.gov).

### Other Training Events

can be viewed at  
[www.MI-PTE.org](http://www.MI-PTE.org)

