Winter Issue

January 2012

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
BEHAVIORAL HEALTH AND DEVELOPMENTAL DISABILITIES ADMINISTRATION
BUREAU OF SUBSTANCE ABUSE AND ADDICTION SERVICES

# The Transformational News:

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

# From the Bureau Director's Desk

Attention to integrated health care has increased since it was made a priority within the substance use disorder (SUD) recovery oriented system of care (ROSC) transformation. So far the efforts that support the Michigan Department of Community Health's priority of integrated health care have included:

- Engaging a member of the Primary Care Association to sit on the ROSC Transformation Steering Committee (TSC).
- Devoting two TSC meetings to: understanding integrated health care, obtaining information on the federal perspective of integrated health care as a priority, and initiating discussions on Michigan's position and perspective in relation to integrated care.
- Developing an inclusive draft substance use disorder benefits package to substantiate needed services within an effective ROSC.
- Conducting a recovery community focus group to obtain information specific to the experiences and challenges in pursuing recovery, health and wellness.
- Establishing a Prescription and Over-the-Counter Drug Abuse Workgroup, which will release a strategic plan in March of 2012.
- Securing a State Epidemiology Outcomes Workgroup grant. This project is in its second year of funding. Long term goals for this project year include: 1) building capacity for data-driven planning to address behavioral and related physical health problems; and 2) developing state and community level guidelines to assist data-driven planning across the state.
- Securing a contract with the Food and Drug Administration for the inspection of tobacco retailers for the purpose of assuring compliance with the Tobacco Control Act, specifically to reduce youth access to tobacco and advertisements that target youth.
- Being one of five states to be selected as part of the Office of National Drug Control Policy's ROSC Learning Community.

The Bureau of Substance Abuse and Addiction Services celebrates the energy and efforts that have been put forth on these initiatives. We applaud the work and commitment to achieve a healthier Michigan, and are excited to hear of more groundbreaking efforts in the arena of ROSC and integrated health care.

*Deborah J. Hollis*

# Healthy Environments Create Healthy Individuals

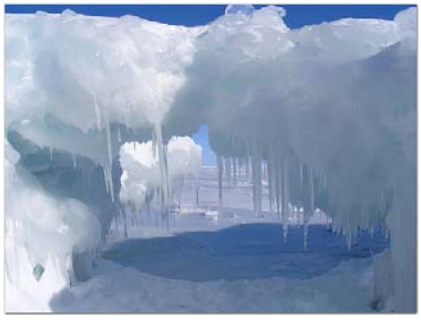
Mounting empirical evidence shows that the environment in which people live, work and play, including social, physical, and economic conditions, is the major determinant of health and safety status (Prevention Institute, 2011). If we follow the science and apply it to the health of Michigan populations, we should know that we are in for some serious trouble.


According to the 2008-2010 Michigan Behavioral Risk Factor Survey, 14.2% of adults reported their general health as either fair or poor; 10.7% reported their mental health as not good on 14 or more days in the past month; and 6.5% rarely or never received the social/emotional support they needed. Couple that with high

*(Continued on page 2)*

**Inside this issue:**





# Healthy Environments Create Healthy Individuals (continued)

*(Continued from page 1)*

rates of unemployment, housing foreclosures, increasing crime rates, escalating poverty rates, and the continual reduction in spending on social programs, and you have created a recipe for an unhealthy and unsafe community.

Communities with healthy environments have high levels of neighborhood attachment and pride; policies that promote healthy lifestyles; opportunities to get involved in positive community activities; strong extended family and friend support; prioritize educational achievement; and are accepting, not just tolerant, of cultural differences.


If we truly want to address the problems of substance abuse in our communities, we need to ask ourselves if we have created an environment where people have the opportunity to be healthy and make better life choices. In other words, an entire system that uses individual, family, and community strengths to allow for person-centered and self-directed approaches to care – recovery oriented systems of care.

Taking the time to understand the environment in which people live day to day can make a difference in the quality and effectiveness of services. Assuring that people have safe places to live and play, access to quality food resources, appropriate educational opportunities, reliable and cost-effective transportation, dependable childcare services, and job training and employment opportunities will ultimately influence a person's ability to refrain from substance abuse, and sustain recovery for those with substance use disorders.

*Jill Montgomery Keast, MPA*
Public Health Education Supervisor

# Spotlight on ROSC Action in Michigan: A Providers Perspective

Embarking on the transformation to a Recovery Oriented System of Care can be a daunting task for an agency that has been providing care in what has become known as the "traditional" manner. Home of New Vision took a step back to look at their roots, and then took the best from both the treatment program and the recovering community that surrounds and supports the members. Over time, substance abuse treatment has become prescriptive. Many substance abuse treatment agencies provide care based on what insurances or public funding allow. Accreditation and licensing require standardized treatment protocols; different regions require different protocols and data; and virtually no one paid for case management. This resulted in programs that, over time, emphasized Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) less and promoted the traditional "one individual a week; weekly group and a sign-in sheet from AA" protocol. Abstinence from day one was a requirement of most treatment programs: relapse meant discharge. Clients who were unable to stay sober or not ready to commit to sobriety were labeled as "non-compliant." Community support groups emphasized the partition between treatment and support groups, and the common refrain was, "Do not talk about treatment here! This is a self help program!" ROSC challenges the belief systems of all these groups and requires that we approach recovery with an integrated model that meets individuals where they are in the recovery process and acknowledges that there are many ways to achieve sobriety. Working together, all systems that touch the individual can support the goal of long-term, sustained recovery.

> ...took a step back to look at their roots, and then took the best from both the treatment program and the recovering community...

At the Home of New Vision, we found that, when entering the transformational change to a ROSC, it is paramount that the front line staff, from the receptionist to the therapist, understands and supports the change. Even their vernacular had to change. Clients became "members," denoting the long term nature of the relationship. Supports became "peers and coaches." Transitional housing became "recovery residences." Home of New Vision's administrative leaders took ownership of preparing the staff by first understanding ROSC and then communicating to staff the concepts, requirements, and positive outcomes that result. Administrators who are directing their agencies toward ROSC should expect resistance from staff. The emphasis on peer involvement may make professional staff feel that they are no longer important in the recovery process.


Staff may struggle with new expectations or paperwork. They may feel that their traditional roles will be usurped by peers in recovery. Some may not understand the concept of community case management. Administrators must explain the shift in treatment and make changes slowly, giving staff a chance to acclimate to the changing environment. Assuring staff that ROSC adds services and people to perform the work, without lessening the importance of the existing service array, rests on agency leaders. Pointing out the benefits of ROSC and thoughtfully implementing changes helps staff see the positive benefits in the transformation. An open attitude toward staff and encouraging discussion, staying open to staff's suggestions, honoring fears, and supporting staff with training, helps them commit to the transformation. More importantly, gaining buy-in from staff enables them to communicate the shift to a ROSC in a positive way to the members they work with.


In any major shift, there are bumps in the road. Challenging the staff to meet and overcome obstacles makes them part of the "team" and creates buy-in. Home of New Vision initiated an open door policy for planning sessions and encouraged staff to attend. Changes were discussed at staff meetings and tasks assigned to willing

*(Continued on page 3)*

# SPOTLIGHT on ROSC Action in Michigan: (continued)

*(Continued from page 2)*

staff. Staff was provided training as well. Infrastructure changes were made that prepared the agency. Peer specialists and case managers were added. As they began to provide services, existing staff came to rely on their special skills. Programming was re-worked by creating a chart that showed the intersection of programs and the gaps. Then systematically, with input from staff, clients, peers and stakeholders, filled the gaps until Home of New Vision had a complete ROSC transformation mapped out on paper. As they began to implement changes, they took each, one at a time. Several unintended consequences were found as each additional service was added and they continue to tweak services as new challenges arise.

Also vitally important, is gaining support from the recovering community and making them an essential and welcomed part of the protocol. Home of New Vision found

buy-in from the recovering community, but there were challenges associated with recruiting, training and maintaining an assemblage of peers willing to commit the time required to train and understand the ROSC philosophy. There is not much research about what works for recruiting and maintaining peers, so peers were invited to voice what works for them. Peer events like bowling nights, barbeques, and picnics are held to encourage peers to come and learn about the programs. Training and certification is being offered, and Home of New Vision is active on committees that are formulating the standards for peers in our state. Still, challenges remain, including helping peers understand confidentiality, interpersonal relationships, and boundaries. Because this is new to the agency as well, situations have been encountered that have helped to develop protocols and to deal with new situations as they "go along." Being flexible as well as having an understanding of the needs of the peers and members has helped Home of New Vision navigate the waters. Recruiting and maintaining a large group of peers continues to challenge, and making the connection is continual work.


It is also important to educate other human service agencies and provide services that help them manage their clients' substance abuse issues. One example of how this was done is the Hamilton House Engagement Center, a 24-hour sobering facility for intoxicated clients. It has helped reduce emergency room visits and gives the ERs a place to send intoxicated clients who no longer require ER care, but who cannot be safely discharged home, to the streets, or to local shelters. The program also accepts referrals from other community agencies and treatment programs as well as self-referral. The program has quickly become an indispensable part of the community ROSC.

As this was being written, Home of New Vision was preparing for their first accreditation visit since the shift to ROSC. They expect a lot of explaining may be needed. ROSC is not yet widely adopted across the country and since the surveyors come from all over, they may not have an understanding of ROSC. They also have additional programs to accredit in categories not previously used. Adapting policy and procedure to incorporate both the accreditation standards as well as the ROSC model has resulted in the need for a careful review of policy. Not only does this make Home of New Vision well prepared for the accreditation visit, it strengthens their infrastructure and creates policies and procedures reflective of the actual work being done.


All in all, the shift to ROSC has had enormous benefit for members and created a welcoming atmosphere where the views and suggestions of staff, peers, and members are given voice with equal authority. The shift has given a fresh perspective on services, strengthened infrastructure, given additional resources for members and created a community where people seeking recovery services can find an array of people and programs to assist them on their journey.

*Robbie Renkes, Director of Operations*
*Glynis Anderson, CEO*
**Home of New Vision**

# The Role of Recovery Residences in a ROSC

The essence of a recovery oriented system of care, is its systemic transformation from the current acute-care model, to a community-based approach utilizing a chronic-care approach. Recovery Residences provide a nurturing, safe, and traditionally abstinence-based environment, that concentrates more on a long-term recovery plan, than a treatment plan.

> Evidence of the first "Recovery Houses," is found as early as the 1840s... (William White).

Evidence of the first "Recovery Houses," is found as early as the 1840s with the Washingtonians' inebriate homes; and even earlier evidence is found of a similar system within the Native American community (William White).

AA began the common practice of taking the newly sober home. Consequently, so began the roots of "Social Model" recovery. The newly sober often struggled, initially with homelessness, not unlike today. Members were taken home and guided through early recovery, the more sober members sharing their own early experiences of recovery, acting much like a recovery coach today. As AA grew so did the need for housing and mentorship. Because AA's tradition would not allow direct involvement in the organized development of homes, the support systems became a movement of their own.

Today's model contains many of the ROSC elements as part of their core support. A "buddy system" is offered by the

*(Continued on page 4)*

# The Role of Recovery Residences in a ROSC (continued)


*(Continued from page 3)*
more sophisticated programs, providing for a mentor of sorts whenever the newly initiated are away from the homes. Recovery coaches are offered more and more frequently. Always, a support structure exists in the homes where those with more time assist newer residents with the adjustment to the new "culture of recovery." The more developed programs also offer job search assistance, recognizing that many have few job search skills and may not have interviewed in a considerable period of time.

The most often asked question regarding recovery residences is that of evidenced-based practice. Until recently, the information was almost all anecdotal. Recently however, a study in Sacramento, CA, showed that in a sampling of 245 residents over an 18-month period, the average resident stayed over five months. It showed also, that over 40% remained at the sixth month, while 18% and 16% remained at the twelfth and eighteenth month respectively (Polcin, et.al., 2010). These numbers represent the promise of the most overlooked, yet most outcome effective partner in the recovery process. The cost of the stay at these facilities was reportedly $695 per month, meals provided. That cost was born primarily by the residents themselves, with almost 90% being self-pay and 10% receiving assistance from a substance abuse services coordinating agency.

The recently formed National Association of Recovery Residences (NARR) provides an accreditation and a standard of operation and ethics. NARR also provides a clear operational guideline and a recognized vocabulary that standardizes recovery language for transitional housing. Within Michigan, the Michigan Association of Recovery Residences (MARR) is the state affiliate for NARR, and acts as the entity that performs at a minimum, annual inspections to insure that members are upholding or surpassing the standard, and passes on new information about cost-effective and outcome-effective operations of recovery residences. In short, at minimum cost and with great efficacy, accredited recovery residences provide a solid foothold in recovery, a place to sustain and nurture a new life, and the skills to maintain it.


*Kevin O'Hare*
**Touchstone Recovery**

# Resources Pertaining to Integrated Health Care within a ROSC

The following resources have been compiled and provided for your edification, and to enhance your understanding of integrated care, health homes, etc., and their relationship to the Affordable Care Act. The BSAAS does not endorse these specific resources., they are simply provided for your information.

- ***Understanding Health Reform: Integrated Care and Why You Should Care*** — SAMHSA
  www.samhsa.gov/healthReform/docs/ConsumerTipSheet_IntegrationImportance.pdf

- ***Health Homes and Primary and Behavioral Health Integration*** — SAMHSA
  www.samhsa.gov/healthreform/healthhomes

- ***SAMHSA—HRSA Center for Integrated Health Solutions*** — SAMHSA
  www.integration.samhsa.gov

- ***From the Beneficiary Perspective: Core Elements to guide Integrated Care for Dual Eligibles*** — Center for Health Care Strategies Inc.
  http://humanservices.vermont.gov/dual-eligibles-project/person-centered-materials/tcde-core-elements/view

- ***Behavioral Health/Primary Care Integration and the Person-Centered Health Home*** — National Council for Community Behavioral Healthcare Home
  www.thenationalcouncil.org/galleries/resources_services%20files/Integration%20and%20Healthcare%20Home.pdf

- ***HHS to Give States More Flexibility to Implement Health Reform*** — U.S. Department of Health and Human Services
  www.hhs.gov/news/press/2011pres/12/20111216c.html

## Big News

## Congratulations

Northern Michigan Substance Abuse Services, Inc. (NMSAS)!

As part of SAMHSA's *National Prevention Week 2012,* NMSAS was selected as an exemplary program in Michigan who would host a *National Prevention Week* event, during May 20-26, 2012.

This is the inaugural year for *National Prevention Week*, and only one organization was selected in each state to receive an award. The theme for this inaugural event is "We are the ones. How are you taking action?" It touches on the small, everyday actions that contribute to healthier and more vibrant communities. Everyone can take action to prevent substance abuse and promote mental, emotional, and behavioral well-being.

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH**
**BEHAVIORAL HEALTH AND DEVELOPMENTAL DISABILITIES 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***

***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)**

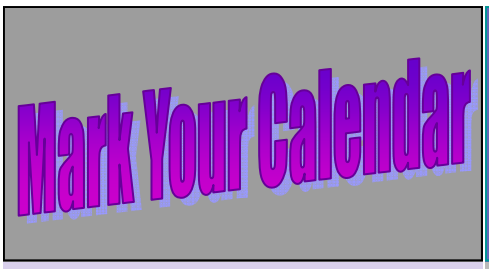
The Bureau of Substance Abuse & Addiction Services (BSAAS) is working to transform the public substance use disorder service system into one that is focused on supporting individuals seeking recovery from chronic illness. A ROSC requires a transformation of the entire service system to one more responsive 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




***Other Training Events***
Information on workshops, conferences and other educational/training opportunities can be viewed at
**www.MI-PTE.org**

## Coming Events

- **March 5, 2012** — Problem Gambling Symposium
- **March 15, 2012** — ROSC Transformation Steering Committee