



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

From the Bureau Director's Desk



Since embarking on transformation to a recovery oriented system of care (ROSC), the Bureau of Substance Abuse and Addiction Services (BSAAS) has considered

the core principle of recovery community inclusion and participation as important. The BSAAS has worked to establish different forums to create opportunities for peer involvement. This alliance, and its ensuing initiatives, have worked to engage and utilize the strength, character, and experience of the recovery community.

Here are some recent accomplishments that resulted from the enthusiasm and dedication of Michigan's recovery network.

- The number of individuals representing the recovery community on the ROSC transformation steering committee (TSC) has increased; peers now comprise 25 percent of membership.
- Six peer recovery coach trainings have been held, resulting in approximately 200 trained recovery coaches.
- A technical advisory on the role of peer recovery support services has been developed and will soon be disseminated to the field.
- Behavioral Health and Developmental Disabilities Administration was awarded a grant addressing the role of peers within ROSC. A team of state and peer representatives has been convened to develop a plan, goals, and objectives to help reach additional milestones related to peer involvement, policies, and service development and implementation.

- The former TSC Recovery Voice Workgroup has transitioned to a core body of individuals working to establish a statewide recovery entity, now called "Michigan Recovery Voices" – watch for more action from this group.

William White, one of the foremost experts on all things recovery-oriented has identified peer supports as one of the most significant components of an ROSC. He purports that "peer-based recovery support (P-BRS) and formal peer-based recovery support services (P-BRSS) constitute central recovery management strategies and a core component of recovery-oriented systems of behavioral health care..." He further states that "peer-based recovery support is the process of giving and receiving nonprofessional, non-clinical assistance to achieve long-term recovery from severe alcohol and/or other drug-related problems.

This support is provided by people who are experientially credentialed to assist others in initiating recovery, maintaining recovery, and enhancing the quality of personal and family life in long-term recovery."

The BSAAS supports the tenet of peer involvement as integral to an informed and effective ROSC. Furthermore, BSAAS appreciates the knowledge, energy, and commitment that persons in recovery have contributed to Michigan's ROSC transformation process. I look forward to the continued collaboration and dedication of Michigan's peer community. They truly are partners in recovery.



Deborah J. Hollis

Bringing Recovery Support Services to Scale

In March of 2012, the Michigan Department of Community Health was awarded a policy academy grant through the Substance Abuse and Mental Health Services Administration. This grant is designed to support the adoption of recovery oriented



systems of care. The overall focus is to emphasize the value of people's lived experience of recovery from substance use and mental health disorders. Michigan is one of seven states that received funding for this highly competitive grant. The transformation and recovery support efforts that are already in place in our state were viewed as a very positive part of the application.

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Brining Recovery Support Services to Scale (continued)

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Michigan's 12 member policy academy team consists of state office representatives from the bureaus of Medicaid, mental health, and substance abuse services; members of the recovery community; and service providers. The team attended training



in April for the purposes of developing an action plan for Michigan that will allow the recovery

community to have significant representation and involvement in the behavioral health workforce.

The action plan focuses on the following:

- Adopt and strengthen the culture of re-

covery and recovery support services in the behavioral health service system.

- Recreate the policy and decision-making process in a way that ensures the involvement of the recovery community as equal stakeholders.
 - Create incentives for the transformation to a recovery-oriented system.
- By focusing on these priorities, a system of recovery community representation and participation will be developed to ensure the role of peers in all policy and procedure level decision making. The use of recovery support services will become a standard component of the workforce as well as all forms of service delivery. As a result of these activities, the behavioral health system in Michigan will be transformed to a recovery-oriented system.

As Michigan begins the work on this plan, there will be opportunities for members of

the recovery community, as well as service providers, to participate in some of the planning and development



processes for the various activities to be completed within each priority. Members of the policy academy are responsible for ensuring the goals of the action plan are met and work is already beginning on various parts of the plan. The transformation process continues to grow and this policy academy plan will support the framework that has already been built in Michigan.

Spotlight on ROSC Action in Michigan: SEMCA ROSC Landscape

The Southeast Michigan Community Alliance (SEMCA) is a part of a systems transformation that is changing service delivery for people who live with substance abuse challenges. SEMCA believes that there are many pathways to recovery. Individuals

“SEMCA believes that there are many pathways to recovery. Individuals are unique with specific needs, strengths, goals, health attitudes, behaviors, and expectations for recovery.”

are unique with specific needs, strengths, goals, health attitudes, behaviors, and expectations for recovery. SEMCA's recovery oriented system of care (ROSC) offers an array of services in a continuum of care that is available 24/7, 365 days of the year. SEMCA uses informal and formal services to sustain long-term recovery and promote wellness in the individuals served and the community. SEMCA provides a comprehensive, culturally sensitive service array. Individuals from 11 to more than 65 years

of age who are seeking help are served. SEMCA services are holistic and individualized, working with each person's



strengths, and abilities. The continuum of care consists of traditional treatment modalities as well as innovative modes of treatment such as Early Intervention, Relapse Recovery/Peer Recovery Coaches, Case Management, Acupuncture, Home-based, Faith-based, Drug/Mental Health Courts and Intensive Wraparound Services.

A new endeavor SEMCA launched was training thirty-four peer recovery coaches using the Connecticut Community for Addiction Recovery (CCAR) curriculum; provision of ongoing recovery training is continuing annually. The Recovery Coach Training was a five-day training opportunity, held December 5 - 9, 2011, designed for those interested in becoming actively involved in serving as a recovery coach. A Recovery Coach is anyone interested in promoting recovery by removing barriers and obstacles to recovery and serving as a personal guide and mentor for people seek-

ing, or already in, recovery. The training provided participants a comprehensive overview of the purpose and tasks of a recovery coach and explained the various roles played by a recovery coach. The training gave participants the tools and resources useful in providing recovery support services. Some of the key elements addressed were: What Recovery Coaching Is and Isn't, Exploring Recovery, Building Relationships, Stigma and Labels, Making Referrals, Stages and Pathways of Recovery, Stages of Change, Motivational Interviewing, Cultural Competence, Spirituality and Religion, Self-Care, and Resources.

SEMCA began funding recovery homes that are operated by peers, along with a welcoming center. Peer recovery coaches



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SPOTLIGHT on ROSC Action in Michigan (continued)

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conduct intense outreach in the communities and help to engage potential clients, who would not otherwise seek help, in treatment. Another function of peer recovery coaches is to engage clients leaving a higher level of care to stay motivated and move them to lower levels of care, in order to aide their completion of treatment in the least restrictive environment. SEMCA also has peer recovery coaches that work in Federally Qualified Health Centers (FQHC), which help clients navigate and

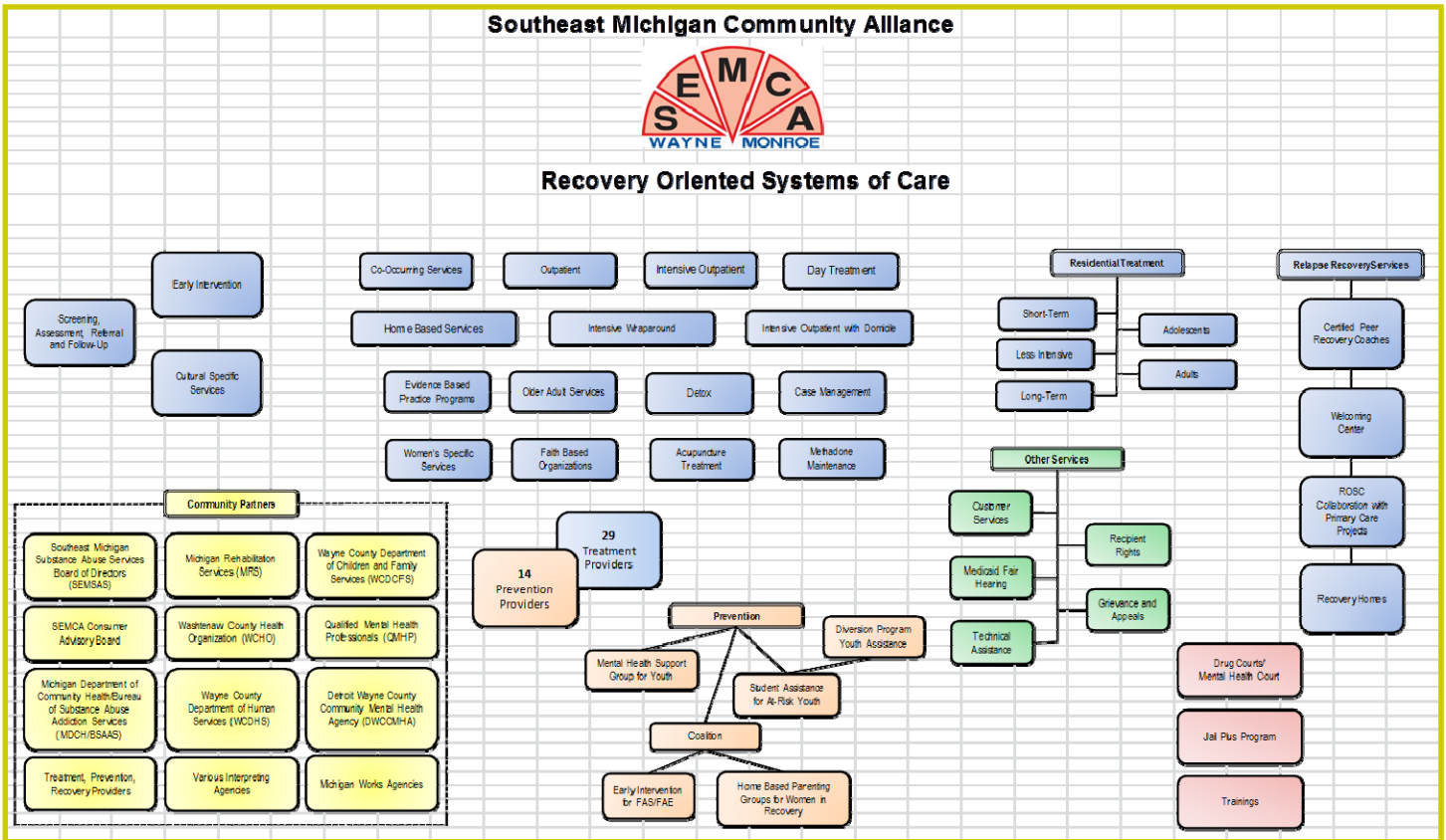
advocate on their behalf through various systems, to address their primary care, mental health, and substance abuse service needs as appropriate.

The network of providers is dual diagnosed capable with over half being dually diagnosis enhanced. SEMCA is supported by a Substance Abuse Board of Directors and a Consumer Advisory Board, who are former consumers of services. Both boards and a host of stakeholders contribute to the design of SEMCA's system. Numerous evidence-based practice workshops have

been provided for the network, parents, and communities. SEMCA conducts ongoing monitoring of the care clients receive, provides technical assistance, works to change public policy, and makes positive environmental change in the communities served.

Contributed by Darlene D. Owens,
Treatment Services Manager

Below is SEMCA's recovery oriented systems of care array of services at a glance.



BSAAS Strategic Plan: Reducing Prescription and OTC Drug Abuse

The Bureau of Substance Abuse and Addiction Services has accepted and released the Prescription and Over-the Counter (Rx/OTC) Drug Abuse Strategic Plan submitted by the Prescription and Over-the-Counter



Drug Abuse Workgroup.

The strategic plan, covers the period 2012 to 2015, and details four strategies for impact (along with recommendations):

- 1) Increase Multi-System Collaboration;
- 2) Broaden Statewide Media Messages;
- 3) Broaden Rx/OTC Drug Abuse Education and Use of Brief Screenings; and
- 4) Increase Access and Use Michigan Automated Prescription System (MAPS).

The workgroup was charged with developing a strategic plan in response to the number of deaths in Michigan attributed to

unintentional poisonings. According to the Michigan Department of Community Health,



data from 1999 to 2009 indicate that the unintentional drug poisoning death rate for

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opioid analgesics in Michigan increased by 734.6%, while the death rate for heroin and cocaine increased by 487.8% and 203.9%,



respectively. In 2008, unintentional poisonings were the second leading cause of injury and death in the United States, followed by motor vehicle crashes. In 2009, unintentional poisonings became the leading cause of injury and death in Michigan.

The increase in unintentional poisonings was caused primarily by opioid analgesics, including oxycodone, hydrocodone, and methadone, which are usually prescribed to relieve pain. From 1999 to 2002, the number of unintentional drug poisoning deaths in the United States involving opioid analgesics increased by 91.2%, while deaths involving cocaine or heroin increased by

22.8% and 12.4%, respectively.

The workgroup membership included representatives from state- and community-level agencies responsible for the provision of behavioral health care, substance use disorder prevention, education, law enforcement, and environmental quality.



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 have written, and those who will in the future, have given a great gift through this offering, and we thank them.

Jill Kent — My recovery story began on June 25, 2001. Alcohol and drugs had brought me to a place where I felt that I had very few options left, and early that morning, I made a call to a suicide hotline that changed the course of my life. I was taken to an emergency psychiatric department where I stayed until I sobered up; the doctor suggested I try not to drink for 30 days. That seemed ludicrous to me, and I couldn't understand why no one was addressing my obvious depression. The idea that alcohol might be playing a part in my current situation had honestly never occurred to me. My family collected me from the hos-



pital and took me home. They had wanted to intervene in the months prior but I was unwilling to listen; this, however, would be impossible to ignore. Two days later I found myself in a 90-day residential treatment facility.

My three months there were unlike anything I had ever experienced. At times it was gut-wrenching; having to look at your past honestly and openly and to see the

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damage that had been done, but overall, it was the safest I had ever felt. I was introduced to Alcoholics Anonymous and strongly encouraged to get in-

involved right away. I had a sponsor by the end of my first meeting and began building a support system that I utilized well into the first few years of my sobriety (and am still close to).

I was fortunate enough to enter transitional housing after treatment, and I remained there for the next 18 months, first as a resident, then as a house manager. I am convinced that the almost two years of continuous support enabled me to build a founda-

tion that has given me over a decade of uninterrupted sobriety.

My life today is a direct result of what I have learned from this recovery process. I married someone in recovery, I get to work with people in recovery, and the basic principles that I was introduced to early on are just as relevant today. I do not pretend to know why things work out the way they do, but it does seem as though it all started from one phone call just asking for help. I get to answer those calls today – what an amazing gift. Even if someone does not grab hold right away, it's okay. I'll be here when they are ready and they will know that no one has to do this alone.

Contributed by Jill Kent

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Problem Gambling Help-line
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We're on the Web

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www.gamblersresponsibly.org

Excerpts from the Bureau of Substance Abuse and Addiction Services FY2013 to FY2014 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

Mark Your Calendar

Coming Events

- **August 16, 2012** — Motivational Interviewing, Lansing
- **September 13 & 14, 2012** — Statewide SUD Conference, Detroit

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

