



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

## From the Bureau Director's Desk

In the autumn 2011 edition of *The Transformational News*, my article spoke to you for the first time about the Michigan Department of Community Health (MDCH) priority of integrated health care – that is the integration of the substance use service, mental health, and primary care systems. In June 2012, the Bureau of Substance Abuse and Addiction Services (BSAAS) released a request for proposals for Michigan Screening, Brief Intervention and Referral to Treatment (MI-SBIRT) projects. This innovative effort provides support for integrated health care, an integral part of a strong and healthy recovery oriented system of care (ROSC).

In July 2012, the BSAAS awarded grants to four coordinating agencies (CAs): Genesee County Community Mental Health, Network 180, Southeast Michigan Community Alliance, and Washtenaw Community Health Organization. Each of the grantees will implement a project designed to embed the MI-SBIRT process into community medical systems such as hospitals, emergency departments, and community health centers. These regional projects identified



their commitment to the enhanced possibility that MI-SBIRT would not only remain active within the selected medical system, but would have a higher than average possibility to spread throughout other medical systems as well.

Through these four MI-SBIRT initiatives, it is projected that approximately 73,000 individuals will be served. What makes the MI-SBIRT initiative

unique is that the individuals served will not only receive consideration for alcohol matters, but for other drug and mental health concerns.



The application of MI-SBIRT occurs in a medical setting. Individuals entering the facility participate in a brief screening which has questions related to the use of alcohol and/or other drugs, and emotional health challenges. If a red flag is raised by the screen, the individual is referred for a brief intervention. For some individuals the benefit received through the education of the brief screen is all that is needed to make changes in their substance use. For those screens that indicate a higher, more questionable level of use, such as dependency, individuals will be referred to specialized treatment.

MI-SBIRT is an evidenced-based practice that is shown to be effective with the identification and appropriate intervention of substance abuse and mental health concerns in individuals. Based on opportunity, early identification and appropriate prevention, intervention, and treatment, these individuals can receive services in an environment that is familiar, convenient, trusted, and less stigmatizing than a stand-alone treatment center – and is shown to have a positive impact on their physical and mental health.

We look forward to getting positive outcomes from MI-SBIRT projects.

*Deborah J. Hollis*

## Michigan Recovery Voices: They have Roots and Wings

BSAAS is pleased to introduce **Michigan Recovery Voices** (MRV), the statewide recovery organization. The MRV **mission statement**: A unified group of people in recovery from alcohol and other drug addiction whose purpose is to engage, educate, and advocate for recovery oriented services, stigma



reduction and policy in support of recovery. Their **vision statement**: Through the utilization of the voice of lived experience, we will seek to expand opportunities to better understand addiction recovery and facilitate transformation to a recovery oriented system of care. The MRV **goals** are: 1) **Organize** existing recovery community organizations (RCOs) and facilitate the formation of new RCOs into a unified, amplified voice with a commonality of purpose; 2) **Educate**

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# Michigan Recovery Voices: They have Roots and Wings (continued)

**Advocate for the removal of barriers to recovery, the reduction of stigma attached to addiction and recovery...**

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the public about the facts and figures of recovery from substance use disorders and the benefits of a recovery oriented system of care; and 3) Advocate for the removal of barriers to recovery, the reduction of stigma attached to addiction and recovery, and for policies and legislation that support a recovery oriented system of care.

The courageous and dedicated people working to get MRV solidly on its feet

have their roots in the lived experience of recovery, and their wings are set for taking MRV statewide. MRV's first public appearance was at Sober Fest, a recovery celebration in Washtenaw County. MRV also participated in the 2012 Statewide Substance Use Disorder (SUD) Conference through having an exhibitor's display and providing a presentation about the organization.

Since the beginning of the SUD ROSC transformation process, the *Michigan's Recovery-Oriented System of Care - An Implementation Plan for*



*Substance Use Disorder Service System Transformation* (finalized February 2011) has had as a principle and a goal to include the voices of recovery and elevate persons within the recovery community to positions of leadership. This has been, and is still being accomplished in a number of ways. The MRV is probably one of the most exciting initiatives for this purpose.



For more information about Michigan Recovery Voices contact Chris Gordon at [chris@rcvry.com](mailto:chris@rcvry.com).

## Spotlight on ROSC Action in Michigan: Genesee County

The ROSC initiative has filtered down through states to communities with the goal of transforming the SUD service system. This initiative no longer views the SUD service system as a stand-alone acute care system, but encourages movement to a multi-pronged, continuing recovery oriented system. Following the state's lead, Genesee County has actively engaged the prevention field in this effort. In addition, the role of peers is emphasized. Stories of people in recovery are vital for not only reducing stigma, but encouraging others that long-term recovery is possible.

Genesee County embraced the idea of having prevention, peers, self-help groups, faith-based groups, etc. be a more structured part of our recovery system. So in order to bring the community together we held a kick off summit to launch our ROSC initiative. Genesee County's ROSC process is guided by a steering committee that consist of a diverse group of individuals from provider agencies, mental health, self-help groups, people in recovery, peer support, social service agencies, courts, etc.

**Genesee County's ROSC process is guided by a steering committee that consist of a diverse group of individuals...**

The steering committee was active in developing the mission statement, "Better life through recovery in a



supportive community, bridging formal and informal networks of care." A workgroup of the committee

started with the Substance Abuse and Mental Health Services Administration (SAMHSA) 10 Guiding Principles that Support Recovery, and adapted it to fit Genesee County. The following are the values that help define the base beliefs for the Genesee County ROSC:

- Recovery is person-driven.
  - Recovery occurs through many paths.
  - Recovery involves mind, body, spirit and community.
  - Recovery is supported by systems of care and peers.
  - Recovery is supported through relationships and social networks.
  - Recovery respects and embraces diversity and includes all cultural backgrounds.
  - Recovery is supported by addressing trauma and other contributing life experiences.
  - Recovery involves the connection between individuals, families, and communities whose strengths and resources serve as the foundation for the healing process.
  - Recovery is based on respect.
  - Recovery emerges from hope.
- Genesee County hosted four recovery

forums held throughout the community; two were held in June 2011 and two follow-up sessions were held in September 2011. Lonna Albright and David Whitters from the Great Lakes Addiction Technology Transfer Center (GLATTC) were guest speakers and provided technical assistance to the CA staff and steering committee. The focus of the initial forums was to give an overview of the ROSC movement at the national and state level, then at the local level discuss how to effectively collaborate with the recovery community. The follow-up forums were to establish recovery workgroup focus areas. The top five focus areas as identified from the individuals attending the forums were Youth, Education/Advocacy, Housing for Persons in Recovery (PIR), Recovery Coaching, and Building Lives (Employment). People volunteered to be involved in and/or lead projects in each area. Genesee started with action on the Recovery Coach and has also held workgroup meetings for the areas of Youth and Housing for PIR. As goals are accomplished in these identified areas, other focus areas will be added.

Interwoven into the work that is to be achieved through the ROSC is the essence



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# SPOTLIGHT on ROSC Action in Michigan: (continued)

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that the individual, family, and community need to feel comfortable telling their story to bring awareness that healing through recovery is possible. As one defining value states “Recovery emerges from hope.” When people focus on, and tell, their real



recovery story (not the “war stories”) it helps to promote that sustained recovery is possible. For this reason, Genesee brought in

Joan King to facilitate two Storytelling Trainings; one for persons in recovery and one for providers. For those in recovery, the art of telling stories provided direction and structure to help make sense of their goals and skills. There were 30 PIR that attended a training at which they were guided to embrace their past to define who they are becoming and create their story so that it can be used as a powerful tool for influencing others. There were 14 people that attended the provider training. The provider training was about creating a ‘culture of storytelling.’ Participants explored the power of stories, the role of storytelling in recovery, and identified ways to incorporate storytelling into their work and agency life. A lot of positive feedback was received from both trainings. Genesee continues to discuss ways to incorporate storytelling into the work we are doing.

Getting peers involved with Genesee’s system has opened up opportunities to create innovative programs. Genesee County Community Mental Health (GCCMH)

started a Recovery Navigator Program, where peers are joined with clinicians to offer support to people with a chronic medical condition and mental health or substance use disorder. The team working with the above-identified individuals is comprised of social workers, nurses, and recovery coaches.

In August of 2012, GCCMH hosted its first ever Recovery Coach training created to prepare a select group of persons in addiction recovery for careers as recovery coaches. There were 28 individuals in attendance. The training was conducted by David Whitters, a GLATTC consultant, assuring it met the standards for peer recovery training put forth by the state’s draft technical advisory. This was an eight-day training with two additional days for train-the-trainer. Genesee was grateful to have 10 individuals complete the train the trainer module. GCCMH was proud to be a small part of this energy-charged monumental event. The training allowed us to witness the power of the story of recovery. The recovery coach supports individuals in making the life changes necessary to recover from a disabling mental health and/or substance use disorder with the focus on addiction. David Whitters highlighted that an individual’s lived experience is useful in making a connection with others who are seeking recovery.

Upon completion of the training, the recovery coaches are required to complete a 128-hour internship. Currently, they are completing these internships at various providers throughout our system of care. Genesee is extremely grateful to these sites. They are as follows: BioMed, Catholic Charities, Consumer Services, Inc., Flint Odyssey House, Genesee County Drug

Court, Hope Network/New Passages, New Paths, Sacred Heart, and Training and Treatment Innovations.

The next step is for Genesee to create additional opportunities for recovery coaches in our system of care. GCCMH was recently awarded a Michigan Screening, Brief Intervention, and Referral to Treatment (MI-SBIRT) grant from the BSAAS. This grant will allow us to hire 3 peers who graduated from the 2012 peer recovery coach class. In addition, a few other agencies came forward and said that they would be interested in hiring some of the graduates. There are also plans underway for an additional Recovery Navigator Team with the focus on addiction. Genesee looks forward to the outcomes that will be achieved by adding these recovery coaches to our system of care.



The recovery coaches themselves have also contributed to finding ways to market themselves. They have started a recovery coach support group to network among themselves.

Others are preparing to conduct additional training with persons in recovery at agencies or faith-based organizations. Needless to say, the ROSC concept has not only been embraced, but is being implemented in Genesee County through the bridging of formal and informal networks of care.

*Contributed by Lisa Coleman  
Genesee County Community Mental Health*

## The 13th Annual Statewide SUD Conference

The 13<sup>th</sup> Annual Statewide Substance Use Disorder (SUD) Conference took place on



September 13 and 14, 2012, at the Marriott Hotel – Renaissance Center in Detroit, Michigan. And what an exciting con-

ference it was. Over 900 people participated in this two-day conference, which included interesting topics such as: media coverage of underage drinking, integration of behavioral health and primary health care, Michigan Recovery Voices, a clinic designed to work specifically with persons who struggle with addiction, the power of community coalitions, and synthetic/designer drugs.

There was a variety of informative and exciting topics that captured the interest of many impacted by the disease of addiction,



as well as presentation that shed light on the uncertain road ahead for the people who work to help return others to health. There were speakers from across the country: Andrea McCarren (pictured above) from

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# The 13th Annual Statewide SUD Conference (continued)

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the media world, Dr. Westley Clark (pictured below) from the Substance Abuse and Mental Health Services Administration, Dr. Corey Waller who provides integrated health care in a clinic that services persons with dependences and addictions,



and a group of dedicated individuals who have established Michigan Recovery Voices, a statewide substance abuse recovery organization - just to name a few.

Each year at this conference, the BSAAS presents awards to individuals that have made extraordinary contributions to Michigan's SUD service efforts. This year the awards and winners were: *Collaborative Partner of the Year* – Ed Weglarz, *Preventionist of the Year* – Achilles Malta, *Treatment and Systems Transformation* – Glynis Anderson, and *Giving Back* – Kevin

O'Hare. Congratulations to all the winners; your contributions are greatly appreciated.



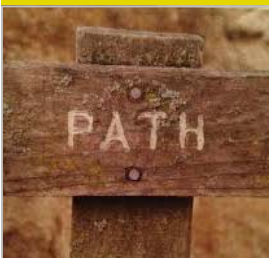
We hope to see you next September!!

## 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.

Since becoming a *Certified Peer Support Specialist* in September 2009, my recovery from co-occurring challenges has been profound. Sober since November 22, 1984, (27 years) and my last hospitalization for depression/bi-polar/personality disorder was in 2004. I have struggled for years in recovery with anxiety that has *been off-the-charts*, chronic, often severe depression, and suicidal ideation and attempts. The opportunity to become a peer support specialist, to be trained and receive certification, has allowed me to grow and become the person I have always wanted to be – honoring what is sacred in me and what is sacred in others.

My recovery journey is dependent upon access to and support from community services, psychiatric and mental health services, medications, AA, and a per-



sonal spiritual practice. My substance use and mental health are intertwined, therefore my recovery needs to address both. There is a debate going on about treating substance abuse first and then mental health. In my case, I need an integrated treatment plan. For many years, I felt that all I needed to succeed in life was to become sober, not reliant on any kind of mental health help. Medications were taboo and only contributed to relapse or dry drunk. Consequently, I would be on medication after a hospitalization, and once I felt stable, I would take myself off the medication. This pattern repeated for many years. The movement in Michigan to adopt a ROSC, to redefine what recovery is and hold true to the possibility of recovery for *everyone*, is what makes recovery happen.

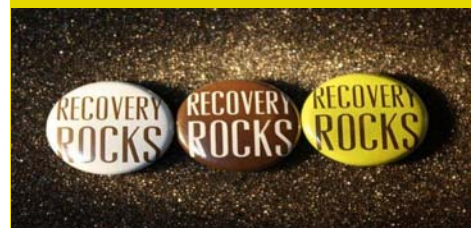


Being in recovery from alcoholism and from mental health challenges, I understand that how we talk about each other, talk to each other, and advocate for each other is so very important to living a healthy life with meaning and purpose. The stigma and prejudice associated with mental health and substance abuse treatment services are perpetuated by therapists, psychiatrists, mental health workers, and support services. I am constantly amazed at my own prejudices and internalized negative thinking. Recognizing the connotation and impact of termi-

nology, hanging on to outmoded ways of *thinking* and *speaking* about the people we serve, not only limits my recovery, but in many cases becomes a barrier to health and wellbeing.

Today I live my life fully engaged. I interact with people, advocate for human rights, and share my hope of recovery for everyone. The opportunity to utilize my unique gifts and talents, to have these gifts recognized, and to build on my strengths, has brought me to a place of wellbeing I never thought possible. Becoming fully employed (with health care benefits) as a peer support specialist has afforded me the ability to live my life fully, with joy, meaning, and purpose. The offering of further training and skill-building keeps my spirits up and affords greater ability for me to be in conversation with other advocates, with the people I serve, and with my community. We need to take responsibility for our own antiquated ways of thinking and for the negative beliefs that ooze out in our work. We heal each other as we heal ourselves. This in turn helps to heal a wounded, ill-informed community.

Contributed by Yarrow Halstead





**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH  
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**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)**

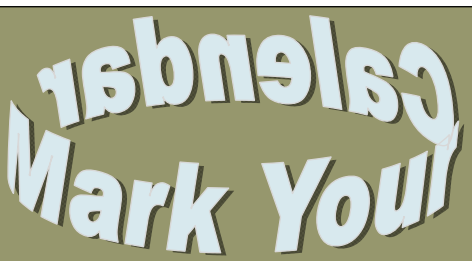
The Bureau of Substance Abuse & Addiction Services (BSAAS) is working to transform the public substance use disorder service system into one that is focused on supporting individuals seeking recovery from chronic illness. A ROSC requires a transformation of the entire service system to one more responsive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



**Coming Events**

- December 13, 2012 — ROSC TSC Meeting

