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MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
MENTAL HEALTH AND SUBSTANCE ABUSE 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

Michigan is underway with transforming the substance use disorder (SUD) service system. As a state, Michigan takes great pride in efforts made and standards set, to date, to maintain high quality SUD services. However, improvement is a continual process and we will utilize emerging research and our experience to continue the transformation process.

To date, the Bureau of Substance Abuse and Addiction Services (BSAAS) has trained and collaborated with over a thousand people in the SUD, mental health, criminal justice and child welfare systems regarding the content, structure, relationships and collaborations needed for an effective recovery oriented system of care (ROSC) transformation. Between November 17, 2009, and August 30, 2010, BSAAS has hosted eight system transformation events varying in purpose, participation and venue, with three more slated to take place by the end of the fiscal year.

BSAAS created the Transformation Steering Committee (TSC) to guide the process and serve as an advisory group to partner with the state to lead this transformation. Contributions of the TSC through their partnership with the state include: developing and communicating a shared vision, determining services and supports to be integrated within the system, providing resources and technical assistance, developing strategies to engage stakeholders, and serving as a liaison with provider constituents.

To assist in the transformation effort, BSAAS has secured the assistance and support of Dr. Ijeoma Achara, Behavioral Health Consultant, Great Lakes Addiction Technology Transfer Center, and the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment (CSAT). CSAT is providing financial assistance for education and training initiatives during this process. BSAAS and the Michigan SUD service system benefit from Dr. Achara and CSAT's acquired knowledge, insight and experience in the transformation of SUD service systems to ROSC.

BSAAS embraces the fact that a ROSC transformational change process is very complex and requires a long-term investment. It is a process that will strengthen Michigan's SUD service system and improve the outcome for persons seeking recovery from a SUD. It is our belief that a ROSC approach to SUD recovery will achieve improved wellness for individuals, families and communities.

Deborah J. Hollis

Transforming SUD Care in Michigan

This is an extraordinary time in the history of the SUD service system. A recovery revolution is sweeping the nation and is having a profound impact on the design and delivery of all services and supports. Michigan, like many other states, is undergoing a transformation to a ROSC. This transformation includes a shift in philosophy, concept, context and practice. It will require review and revision of all aspects of the SUD service system including but not limited to: policies, practices, partnerships, networks, provider orientation, client goals and objectives, anticipated outcomes, data collection, expectations and evaluation.

Additionally, it will necessitate the integration and involvement of a broad variety of services to support SUD recovery.

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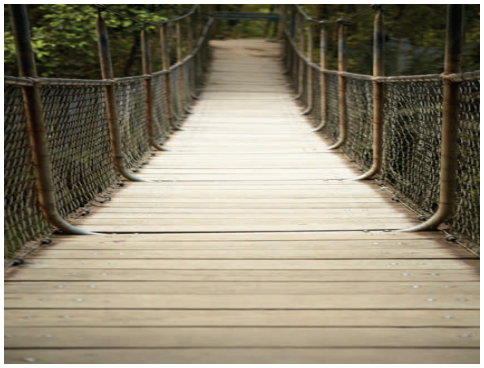

Transforming SUD Care in Michigan

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Why we need change:

1. Half of clients entering treatment have had at least one prior episode of care.
2. SUD is a chronic condition, but we currently have an acute care treatment model.
3. Treatment services need to be broadened, including additional community supports.
4. The coordination of prevention, follow-up or continuing care in the recovery process needs to be expanded.
5. Collaboration and partnerships are needed to provide all services.

A ROSC is an overarching philosophical approach applied to service networks and collaboration efforts developed, implemented and enhanced to address issues related to, and assist persons affected by, SUDs.

In a ROSC, SUDs are viewed as long-term or chronic illnesses/conditions that often require ongoing support and multiple coordinated strategies to promote sustained recovery for individuals, their families, significant others, and the community. As such, SUD initiatives are strategically planned and provided using a diverse range of services and supports that assist in assessing risk, preventing the initiation and escalation of use, initiating and sustaining recovery, and rebuilding life in the community. A ROSC places a greater emphasis on community health and wellness for all.

Assistance With Expertise and Experience

The SUD service system transition to a ROSC is in process in several states. The degree to which these states have embraced and are implementing ROSC varies significantly. To assist Michigan in developing a cutting edge recovery-oriented system, BSAAS has engaged an expert consultant, Ijeoma Achara, PhD.

Dr. Achara has worked extensively in the behavioral health field. Currently, she consults with state and local government entities, as well as provider organizations around the country, regarding the provision and development of recovery-oriented and culturally-competent systems of care. Prior to her work as a consultant, Dr. Achara served as the Director of Strategic Planning at Philadelphia's Department of Behavioral Health and Mental Retardation Services, where she was responsible for leading the transformation of Philadelphia's behavioral health system into a ROSC.

BSAAS is very fortunate to be working with someone as experienced and knowledgeable as Dr. Achara. Having lead this very process in another part of the country certainly gives Dr. Achara insight and experience, which will prove invaluable to Michigan's transformation. We welcome her guidance, and are grateful for her wisdom as we work toward the SUD ROSC transformation in Michigan.

SPOTLIGHT on ROSC Action in Michigan

The Livingston Washtenaw Substance Abuse Coordinating Agency (CA) began moving toward a ROSC as part of a community wide initiative to address the needs of homeless individuals with SUDs and co-occurring disorders (CODs) in 2005. After completing an analysis of community services, a team, which consisted of community members, persons in recovery, local providers, professionals from the courts, mental health and the homeless shelter, came up with a model vision for our region. This model recognized that services needed to be available for people at all stages of readiness, and should incorporate persons in recovery at all levels. The team identified that the community needed to have a "front door" service point that could address the needs of individuals who were not yet ready for treatment and where recovery supports were available to help people engage and get connected.

It was also believed that a community-wide case management system that was not tied to a specific treatment provider was needed in order to follow clients across all resources, regardless of whether the client was in treatment or not. The team wanted to address the chronic nature of SUD and hoped that these services would be available to sustain recovery efforts over time.

In this model, peer supports became crucial to bringing together recovery possibilities for their clients. The team began to dialogue with community stakeholders on the need to change our system to ROSC through a series of community forums, town hall meetings, internal meetings, and retreats. The CA focused on the Case Management component and the Engagement Center by seeking alternative funding through SAMHSA and locally with county and healthcare systems. Local funds were used to pilot a small case management team, and then the CA was awarded an integrated treatment grant from BSAAS to expand the program. In 2008, the CA was also awarded a 1.2 million dollar SAMHSA funded ROSC grant, one of eight nationwide, that started to foster development of ROSC program implementation across the country.

The SAMHSA case

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SPOTLIGHT on ROSC Action in Michigan

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management grant project uses a strength–based approach with homeless persons who have SUDs and CODs. Peers and case managers come together to provide coordinated outreach and supportive services. To date, there have been 70 peers that have volunteered to help support individuals in the program. The Hamilton House Engagement Center (HHEC) was also developed to serve as a "sobering" facility where individuals who typically frequent emergency rooms could come and be safe. The engagement center became the hub of peer and case management connections for programs. Since HHEC opened its doors on January 1, 2009, there have been over 1,600 admissions and they have served about 700 unique individuals. The program is a 23 hour stay, with no limit on how many times someone can return. Program staff is available twenty-four hours a day/seven days a week and there are many visitors, volunteers, peers and case managers to help. Many of the staff are in recovery and there is a tremendous sense of community and support for persons who come to HHEC. There are volunteer doctors and nurses from the recovery community that complete required health appraisals for individuals attending the program. These programs reflect the warmth, welcoming and hopeful atmosphere that can be seen in a ROSC.

With the success of these programs, the CA has embarked on transformational change of its service delivery system, and is moving to a system-wide ROSC implementation. In August, the CA published a concept paper that lays a framework for services delivered within the ROSC. The CA issued a RFI that explored the capacity and readiness of its provider network in the delivery of recovery-based services. A selected group of core providers were identified to pilot the implementation of ROSC services. Services will be delivered in a comprehensive, long-term way that enables the individual to maintain connections with the core provider and the recovery community.

The CA is exploring new funding mechanisms that support the chronic nature of SUDs beyond the fee for service reimbursement model. As resources are limited, people on the waitlist will receive recovery supports regardless of their priority level. There will be an evaluation component to the work done to ensure the efforts have the outcomes we are seeking.

The Substance Abuse Advisory Committee began developing a Recovery Oriented Strategic Plan that not only addresses the clinical aspects of ROSC, but also the community aspects of ROSC. One of the initiatives has been to incorporate prevention into the ROSC model.

The CA believes that a healthy community can support recovery. There is a long way to go, but we have clearly paved the way for transformational change. The goal is to have the best outcomes for persons we serve.

Marci Scalera, Coordinator
Livingston Washtenaw Substance Abuse Coordinating Agency

Comments about ROSC and Previous Events

In this issue of the newsletter, comments given to BSAAS as part of previous ROSC trainings and events sponsored by BSAAS are being shared. We hope you enjoy the insights and various perspectives on the ROSC experience.

"Excellent job—I learned a lot—develop learning communities in ROSC."

"I found the collaborating, networking with prevention and treatment, and recovery community folks across the state most useful."

"I liked working in the small groups and discussing important [ROSC] questions."

"Would like more on contrast with current system. Also more tools using data to show current status and how ROSC can improve outcomes. What's the return on investment?"

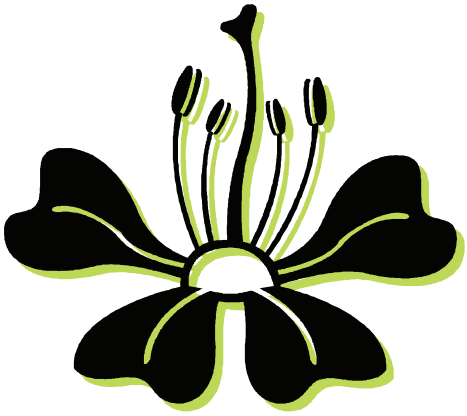
"I would strongly recommend the formation of a state level SUD Recovery Council separate from the Mental Health Recovery Council."

"I appreciate you trying to express how prevention is not relapse prevention."

"It was very helpful to have a long discussion about change and collaboration."

"Define prevention more clearly and stress it equally. Continue to encourage partnership and collaboration between prevention and treatment which can be incorporated in training."

"I appreciate the increased knowledge of ROSC principles and how to share ROSC information with the community."



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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 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.

Key Dates and Upcoming Events

December 2, 2010

Transformation Steering Committee Meeting

February 24, 2011

Transformation Steering Committee Meeting

For additional information, contact BSAAS at mdch-bsaas@michigan.gov.

Other Training Events

can be viewed at

www.MI-PTE.org