IV: Narrative Plan

L. Involvement of Individuals and Families

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Narrative Question:

The State must support and help strengthen existing consumer and family networks, recovery organizations and community peer advocacy organizations in expanding self advocacy, self-help programs, support networks, and recovery-oriented services. There are many activities that State SMHAs and SSAs can undertake to engage these individuals and families. In the space below, States should describe their efforts to actively engage individuals and families in developing, implementing and monitoring the State mental health and substance abuse treatment system. In completing this response, State should consider the following questions:

- •How are individuals in recovery and family members utilized in the development and implementation of recovery oriented services (including therapeutic mentors, recovery coachers and or peer specialists)?
- •Does the State conduct ongoing training and technical assistance for child, adult and family mentors; ensure that curricula are culturally competent and sensitive to the needs of individuals in recovery and their families; and help develop the skills necessary to match goals with services and to advocate for individual and family needs?
- •Does the State sponsor meetings that specifically identify individual and family members? issues and needs regarding the behavioral health service system and develop a process for addressing these concerns?
- •How are individuals and family members presented with opportunities to proactively engage and participate in treatment planning, shared decision making, and the behavioral health service delivery system?
- • How does the State support and help strengthen and expand recovery organizations, family peer advocacy, self-help programs, support networks, and recovery-oriented services?

Footnotes:

Involvement of Individuals and Families

The State must support and help strengthen existing consumer and family networks, recovery organization and community peer advocacy organizations in expanding self advocacy, self-help programs, support networks and recovery-oriented services. There are many activities that State SMHAs and SSAs can undertake to engage these individuals and families. In the space below, States should describe their efforts to actively engage individuals and families in developing, implementing, and monitoring the State mental health and substance abuse treatment system. In completing this response, State should consider the following questions:

- How are individuals in recovery and family members utilized in the development and implementation of recovery-oriented services (including therapeutic mentors, recovery coachers and/or peer specialist)?
- Does the State conduct ongoing training and technical assistance for child, adult and family mentors; ensure that curricula are culturally competent and sensitive to the needs of individuals in recovery and their families; and help develop the skills necessary to match goals with services and to advocate for individual and family needs?
- Does the State sponsor meetings that specifically identify individual and family members issues and needs regarding the behavioral health services system, and a process for addressing these concerns?
- How are individual and family members presented with opportunities to proactively engage and participate in treatment planning, shared decision making, and the behavioral health service delivery system?
- How does the state support and help strengthen and expand recovery organizations, family peer advocacy, self-help programs, support networks, and recovery-oriented services?

Michigan is engaged in a full transformation to a recovery oriented system of care. The SSA has established a Transformation Steering Committee (TSC) to partner with BSAAS in the transformation process. The TSC is diverse in race, ethnicity and culture as well community orientation, education, perspective and geography. This entity provides the opportunity for input from many facets of the SUD system, and the community, including: state, regional, and local levels of the SUD system; representation from both the treatment and prevention domains; and representatives from criminal justice, human services and most importantly the recovery community. The TSC is instrumental in reviewing all levels of SUD services and supports. It has established workgroups to address: educational materials; uniform terminology; a desired SUD benefits package and justification; enhance infrastructure; prevention; cultural competence; collaboration and key partnerships; and recovery community involvement.

BSAAS has also contributed to a peer coaches training in which 45 peer coaches were trained (with 15 of them also trained as trainers), convened six local ROSC symposiums, and (most recently) coordinated a peer recovery symposium. At this time, one priority area of the department is the development of a statewide peer advisory body. In 2010 and 2011 the statewide SUD conference, which is sponsored by BSAAS and attended by over 1000 people, has had as its sole focus on recovery oriented systems of care.

Regional coordinating agencies utilize their recovery population and family members regularly in the development and review of services, and encourage those individuals to be involved in all levels of the planning process.

Mentoring training is being considered as part of the broader category of peer recovery services and supports, and is one of the BSAAS priorities within the ROSC transformation process. We have community/peer involvement through the TSC and its workgroups and the planned development of a statewide peer advisory board. A successful peer coaches training has already been conducted, and the trainees from that group has been active in the ROSC transformation process. Additionally, we have a specialty workgroup creating peer recovery coaching practice guidance for statewide use. This group is a mixture of peers, providers, CA and department personnel.

Cultural competence is addressed in all areas of service provision through contract requirements and policy guidelines. Cultural competence is also required in CA action plans; it is echoed in CA and provider contract language; it is verified as part of the (coordinating agency and provider) monitoring protocols and processes; and as previously mentioned, one of the ROSC TSC workgroups focused solely on cultural competence.

There is no specific state level forum for this type of information exchange. However, this is accomplished at the regional CA level. There are a number of opportunities to provide input into service planning and development, and those are listed in the response to the question cited below. In addition, if there are specific concerns with service content and/or provision, there are recipient rights representatives at each if the regional CAs who facilitates a process that will address concerns locally or assist with them being addressed at the state level.

Individualized treatment planning encourages family involvement in the treatment process, and allows the individual to define their family. The opportunity to participate in service planning and development, including planning for system initiatives, is offered in a number of ways: CA and provider level boards and advisory councils – whose meetings are advertised, posted and open to the public; community coalitions within each region; provider satisfaction surveys; local symposiums on system transformation; town hall meetings; and other community forums.

Recovery organizations are not directly affiliated with the state. The CAs can establish contractual relationships with recovery organizations to ensure that those services are made available to the clients that are being served in their regions. The SSA has participated in rallies and other engagements at the request of these organizations. Another area in which BSAAS does have involvement is the transformation to a recovery oriented system of care, which encourages participation from these organizations.
The ROSC transformation in Michigan has been in motion for over two years. Integral to the ROSC transformation is the belief that there is no one path to recovery, but many. The publically funded SUD service system is being transformed with considerable effort given to the development and enhancement of the partnerships, collaborations and service networks necessary to provide individuals with the variety of services and support needed for success in recovery.