



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

From the Bureau Director's Desk

In 2009, at the statewide Substance Use Disorder (SUD) Conference, the Bureau of Substance Abuse and Addiction Services (BSAAS)



announced the intent to engage the publically funded SUD service system in the transformation to a recovery oriented system of care (ROSC). This February marked two years since the ROSC Transformation Steering Committee (TSC) was convened and began the work of transformation to a ROSC.

We recognized this milestone by celebrating the successes of our efforts. We celebrated 43 various forums convened to: 1) educate the field and stakeholders about ROSC and the transformation process; and train administrators, providers, peers and partners about what is involved in creating a ROSC; 2) glean important information from peers and professionals regarding ways in which we must grow and enhance services that will encourage, promote and support recovery; 3) create documents and tools to aid in gaining knowledge and carving out change; and 4) develop an implementation plan to guide us in all efforts toward transformation.

The nine goals within the implementation plan spawned the development of workgroups that took on the task of initiating progress toward these goals. A tremendous amount was accomplished during the ten months of their work

which addressed: prevention, collaborations and key partnerships, infrastructure, recovery voices, and cultural competence. Their impetus has generated a ground swell of energy around recovery.

Although applauding our accomplishments and successes, the TSC knows that its work is far from complete. At this time we are embracing the emergent goal of integrated health care. To address this all-important task, it is critical to have the infrastructure of an ROSC, and, at the same time, a recovery-oriented system would fall short without integrated care. Learn more about the efforts related to integration from the article entitled *Facing the Challenges of Integrated Health Care*, authored by Lynda Zeller, Deputy Director, Behavioral Health and Developmental Disabilities Administration.

The BSAAS is well aware that the road to a recovery oriented system of care, which embraces at its core integrated health, will take patience, drive, innovation, and courageous change. But be assured, we have all of that and more within the Michigan SUD service system...come watch us grow.



Deborah J. Hollis

Facing the Challenges of Integrated Health

Lynda Zeller — In March, I had the opportunity to attend the meeting of the Transformation Steering Committee (TSC) for the Recovery Oriented Systems of Care (ROSC). The dialogue was exciting and emphasized that creating a ROSC is a journey not a destination. It is a multi-faceted effort that involves a critical view of all our programs, policies, practices, relationships, and



systems. This is an extended journey which involves collaboration amongst a broad set of stakeholders and a truly new way of presenting and promoting recovery from substance use disorders.

It was very evident during this meeting that BSAAS, coordinating agencies (CA), providers, community health centers, and community mental health service providers (CMHSP) understand the importance of identifying strengths and needs of the individual, in all areas of life, to

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Facing the Challenges of Integrated Health Care (continued)

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truly promote recovery. Improving access to physical health care and personal responsibility for health are absolutely core elements to the successful ROSC journey. It is not sufficient to focus on treatment and prevention in the traditional sense. Unless the entire system increasingly focuses on the physical and mental health strengths and needs of the individual with a substance use disorder (SUD), we will not

“Unless the entire system increasingly focuses on the physical and mental health strengths and needs of the individual with a substance use disorder, we will not truly transform.”

truly transform the structure of programs, policies, and practices that make a lasting and positive difference. It is simply not possible to have a

strong system of SUD services in Michigan without looking more broadly at the integrated care issues including mental and physical health care needs, comprehensively.

A few of the most critical components of truly integrated care include: first, ensuring a full continuum of services and strategies are available starting with prevention. Second, ensuring all persons recovering from



SUDs have a primary care provider they see regularly, and one who is aware of and supports their recovery. Third, regardless of whether a person

has a serious mental illness or a less intensive need, truly integrated care provides expedient access to the professional help needed to manage everything from a serious mental illness to a short term need for psychiatric treatment. Finally, in the most advanced systems there would be maximum trust by the individual resulting in authorized and secure sharing of various components of the medical record across all health professions. This is needed to ensure the services provided by the system work well together, minimize negative interactions of pharmacy, and minimize duplication and fragmentation of tests and services.

If this sounds like a tall order, it is. But we are up for the challenge. It is not impossible and we have already moved a long way down the road together. Integrating SUD prevention and treatment services with physical and mental health care is a strategic priority for



MDCH. We are working together with CAs, the recovery community, providers, community health centers, primary care clinics, CMHSPs, pre-paid inpatient health plans, Medicaid health plans, and more. We are welcoming and appreciative of support from foundations and grants toward pilots and demonstrations that are helping immensely along this journey. We are looking to promote closer work on recovery efforts for persons with mental illness and chronic physical health conditions such as asthma and diabetes.

In summary, while the needs and strategies vary whether managing recovery from mental illness, a chronic physical condition, or a substance use disorder, the recovery concept



provides a strong common foundation upon which we can build individualized treatment based upon a common philosophy. I am very excited about seeing what the continuing work of TSC accomplishes in promoting transformation to ROSC in our communities and our state as a whole.

*Lynda Zeller, Deputy Director
Behavioral Health and Developmental
Disabilities Administration*

Spotlight on ROSC Action in Michigan: A Recovery Court

Mid-South Substance Abuse Commission and Jackson County 4th Circuit Recovery Court Partnership — Jackson County is one of the nine counties within the Mid-South Substance Abuse Commission’s (Mid-South) region. The Jackson County 4th Circuit Recovery Court has been operating since 2004. The Recovery Court accepts individ-



uals meeting the sentencing guidelines for an intermediate or straddle cell offender with a SUD diagnosis and non-violent felons who have a SUD diagnosis that are charged with any of the following: an OUIL third offence, a drug offense (possession and delivery if not for profit but to obtain drugs), or certain select financial crimes such as forgery, and uttering and publishing. The addition of the straddle cell offenders placed strains on the Recovery Court as they are a more difficult population to work with, requiring more time and resources than what the Recovery Court could offer. The graduation rate dropped from 65% in 2008 to 30% in 2009. It was this decrease in successful comple-

tion by the Recovery Court participants which led Mid-South and the Recovery Court to partner in the submission of a SAMHSA/CSAT Adult Drug Court grant in 2010.

In September 2010, notice of the award was received and work began to implement the three targeted project goals that include: 1) to increase the Recovery Court participants’ engagement in SUD recovery services to strengthen continuity of care and improve public safety; 2) incorporate



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SPOTLIGHT on ROSC Action in Michigan: A Recovery Court (continued)

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evidence-based practices to address the unique cultural and clinical characteristics of the Recovery Court population; and, 3) to solidify linkages and address system gaps among the following: SUD system, inclusive of treatment and prevention; recovery community; primary healthcare providers; other interested community resources; and the Recovery Court.

The development of a cadre of recovery coaches to support and assist the recovery court participants is a major objective of the “increasing engagement in SUD recovery services” goal area. A recovery coach was hired by the Recovery Court and began working with the participants to increase their connection with the recovery community in Jackson and in providing appropriate mentoring and one-on-one support to participants in need. Allegiance Addiction Recovery Center (AARC) has been designated as the “anchor” provider due to it having a full-continuum of care, from detoxification to outpatient. A case manager was hired by AARC to work with the participants in being admitted to the appropriate level of care with any one of the Jackson County providers or one of Mid-South’s regional residential providers. The case manager also works closely with the recovery coach, ensuring that the participants are being matched with the appropriate community agencies, resources, and recovery supports.

During the 1½ years of the grant, the connections with the community service agencies and the recovery community has grown. With the support of the grant, the Recovery Court has developed a relationship with the local federally-qualified health center, Center for Family Health (CFH), in Jackson.



Participants are sent for physicals and dental care. Most participants have not had



dental care for many years and end up with infected teeth – as well as pain that can lead to a potential relapse. In fact, the Recovery Court’s relationship with the CFH has been credited for saving a participant’s life. Arrangements were made for him to get his physical and a dental check-up as a new participant in Recovery Court. When he went for his physical, the doctor immediately sent him to the emergency room via an ambulance because his heart was in a-fib (irregular heartbeat). He told the doctors that his chest had been “feeling funny” for a while but he thought it was because of his drinking and did nothing about it. He was told by the emergency room doctors, he is lucky to be alive. They were surprised that he had not had a major stroke or a coronary. His heart was “shocked” back into rhythm, he was put on medication, and is now under a doctor’s care for his heart

“Mid-South and the Jackson County 4th Circuit Recovery Court have established several new and exciting alliances with existing community systems to benefit the needs of the individuals they serve”.

condition. He is very grateful for the help he received and thanked everyone within a formal court session for the help and support given to him through the grant.

The Home of New Vision in Ann Arbor has a program in Jackson that Mid-South has been funding for the development of community-based case management, peer supports, and a recovery center. The Jackson Recovery Resource Center opened in 2011 and is now the place that participants go to for recovery groups, craft activities, pro-social events such as movie nights or Super Bowl parties, and have access to a computer room. This relationship has been beneficial for both the Recovery Court participants and the Resource Center as participants are also connected through community service hours that support the maintenance and upkeep of the house. The Resource Center is located within a historic home once belonging to Ella Sharpe, a major figure in Jackson history. The participants have painted, done building repairs, and planted gardens as part of their

Recovery is a reality for millions of people affected by Addiction

volunteer or community service hours over the past 1½ years. This has been a healing experience for many of

the participants and has brought together a network of recovering individuals, supports, and resources under one roof.

The development of additional recovery coach/peer support staffing through the Jackson Recovery Resource Center and Home of New Vision is also underway that will enhance the Recovery Court participants’ opportunities and interactions with recovery support services. This expansion should connect the recovery community by way of the Recovery Center to the Recovery Court participants in multiple ways that have the potential to improve outcomes involving participant engagement, retention, and re-arrest.

Mid-South and the Jackson County 4th Circuit Recovery Court have established several new and exciting alliances with existing community systems to benefit the needs of the individuals they serve. Recovery networks have been expanded and solidified in the county and additional recovery capital has been identified and activated. At the time of this article, Mid-South is awaiting formal analysis to be completed by the evaluators on the specific outcome data and performance measures surrounding the mid-way point of the grant. In the absence of formal indicators and data elements, the parties involved in this collective effort can without a doubt, verify and attest to the powerful outcomes achieved through a commitment to recovery management principles and system collaborations. Barriers have been addressed, systems have been aligned, and lives have been changed.

Contributed by Mary Kronquist and Joel Hoepfner

Mid-South Substance Abuse Commission



Cultural Competence: Expanding the Conversation

Recently, the Recovery Oriented System of Care Transformation Steering Committee (ROSC TSC) adopted a document entitled *Transforming Cultural and Linguistic Theory into Action*. This appropriately labeled 'toolkit for communities' was designed to bring cohesion to the work of many previous administrators and substance use disorder professionals who recognized that the people we serve are unique individuals.

Armed with a fundamental understanding that the populations we encounter come from diverse walks of life, treatment clinicians and preventionists have researched a variety of groups. This has subsequently led to tailoring model policies and an evolution from cultural awareness and sensitivity to demonstrating a level of respect that



ultimately has helped the substance use disorder service field target minority groups and special

dignity+respect
= Inclusion

populations. The BSAAS has advanced this area by contractually requiring

that coordinating agencies and funded sub-recipients officially incorporate cultural competency policies into their procedural guidance.

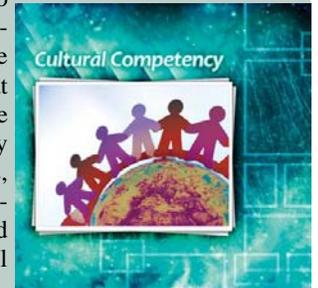
This new toolkit represents even greater growth, in that it gives "operational legs" to theoretical policy by providing:

- Clear premise for cultural and linguistic (C&L) proficiency.
- Definitions to bring consistency to terminology.
- Fundamental elements that demonstrate C&L implementation.
- Self-assessment tools that allow agencies/individuals to measure their status and set goals.

This toolkit is not intended to be the last word, but is rather a benchmark that combines the work of many previous workgroups and SUD service professionals.

The goal was to make us all more comfortable in addressing a sensitive topic. Updates and technical assistance will follow.

The BSAAS had the good fortune of convening a statewide Cultural Competency Committee (2007-2009) and has been supported by subsequent administrations to continue work on this cross-cutting issue. Ultimately, this led to the ROSC TSC commissioning a Cultural Competency Workgroup to deliver a tangible guidance document that can easily be used by BSAAS, CAs, paraprofessionals, and professional groups.



We encourage you to read it, use it, and even suggest revisions. Most of all, allow it to help you effectively reach out to your clients and target communities and move us closer to building healthy citizens.

Resources Pertaining to Peer Support Services within a ROSC

The Role of Recovery Support Services in Recovery Oriented Systems of Care – White Paper

<http://www.facesandvoicesofrecovery.org/pdf/SAMHSARecoveryWhitePaper.pdf>

What Are Recovery Support Services?

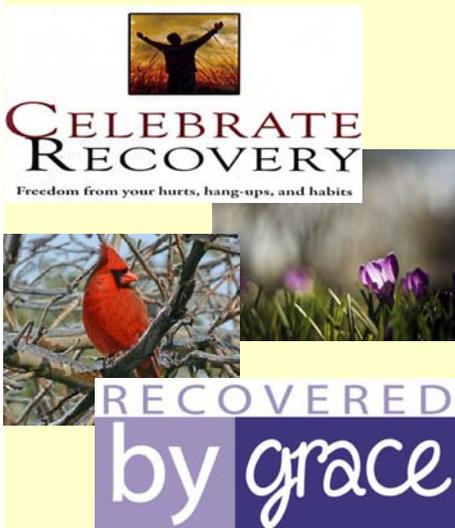
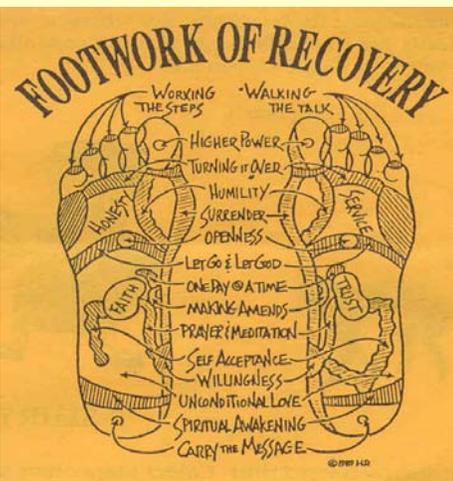
<http://www.attcnetwork.org/learn/topics/rosc/rss.asp>

What Are Peer Recovery Support Services?

<http://store.samhsa.gov/shin/content/SMA09-4454/SMA09-4454.pdf>

Financing Recovery Support Services

http://partnersforrecovery.samhsa.gov/docs/RSS_financing_report.pdf



Exciting Announcement!



The Behavioral Health and Developmental Disabilities Administration was recently awarded a Substance Abuse and Mental Health Services Administration (SAMHSA) Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS TACS) 2012 Policy Academy grant. This will be a joint effort of BSAAS and the Bureau of Community Mental Health Services to develop a plan to integrate the mental health and SUD recovery support communities within the overall integration of behavioral health and primary care. A team of state staff, peers and service providers will be actively involved in developing this plan for Michigan. Stay tuned for more details...



**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
BEHAVIORAL HEALTH AND DEVELOPMENTAL
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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

Mark Your Calendar

Coming Events

- **Co-Occurring Disorder Conference** — June 18 and 19, 2012
- **ROSC Transformation Steering Committee** — June 21, 2012
- **Statewide SUD Conference** — September 13 and 14, 2012
- **Michigan Celebrates Recovery - Walk and Rally** — September 15, 2012

Other Training Events

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

