

**Michigan Department of Health and Human Services**  
Behavioral Health & Developmental Disabilities Administration

**OFFICE OF RECOVERY ORIENTED SYSTEMS OF CARE**

Since 2008, the MDHHS Office of Recovery Oriented Systems of Care has been addressing the trauma associated with individuals who have substance use disorders by providing training in trauma informed evidence-based practices, addressing gaps in resources and resource deserts throughout Michigan, increasing access to anti-stigma programs, and increasing peer recovery coach training and opportunities. The essential elements of the department are:

**Trauma Reduction:** Prevention, timely response and early intervention can lower the impact and lasting effects of a traumatic event on a person. OROSC has released anti-stigma campaigns and created anti-stigma programs and online learning modules for home health aides and non-SUD counselors to reduce stigma when working with a SUD client. Stigma, which could further traumatize and shame the client. Trauma reduction of infants through early intervention with pregnant women, including access to medication assisted treatment (MAT) services and increase of information on MAT services to educate public, physicians and individuals with SUD that MAT services can reduce trauma and continued use.

**Trauma-Specific Assessment:** All clinicians in the State of Michigan are currently being trained in an assessment that is trauma informed and asks specific questions regarding historical trauma. This assessment, the Global Appraisal of Individual Needs (GAIN), will further reduce future traumatization of the client through the sharing of this assessment across programs the individual accesses. This will increase the continuity of care and treatment goals, plans and programs that work best with the individual client.

**Trauma Informed Evidence Based Practices:** Implementation through training of our clinicians and programmatic staff in trauma informed evidence-based practices such as Trauma Focused – Cognitive Behavioral Therapy, Seeking Safety, Trauma Recovery and Empowerment Model (TREM) and Beyond Trauma. Training in these EBP are ongoing and we continue to test for fidelity and gather outcome data. In addition, many clinicians are trained in the 5-point National Acupuncture Detoxification Association (NADA) protocol to help clients manage anxiety, cravings, sleep disturbance and the need for medications to manage these symptoms.

**Individualized Treatment Milieus:** Treatment for an individual should be focused on his/her individual needs, history, goals and abilities. Through the creation of women's specialty treatment settings as well as an adolescent and young adult treatment policy, procedure and programs, treatment is not one-size-fits-all, OROSC is better able to treat the individual as such. This includes using the American Society of Addiction Medicine's placement criteria of a client (this is included in the GAIN assessment).

**Increased Access to Treatment:** Through a process called financial mapping, OROSC can identify and address areas where services are being underutilized or are unavailable. Further interviews and investigation leads to discovery of gaps in services and further purposeful funding can be fused into the area to decrease these 'service deserts' where services are unavailable or not accessible.

**Trauma Informed Care in Health Care Settings:** Adverse Childhood Effects (ACEs) are taught and utilized to create a more trauma informed organizations setting (i.e. Federally Qualified Health Centers Project). Additionally, a part time substance use counselor has been placed in some Child and Adolescent Health Centers (SBHC) as a pilot for the 2018-2019

school year. These counselors will assist the SBHC staff with one-on-one counseling, outreach, referral assistance and other SUD information for the students utilizing the services.

**Ongoing Support Following Treatment:** Michigan's MISSION MI-REP project works with individuals with a Co-Occurring Disorder (both a substance use and mental health disorder) pre and post release from prison to increase their connection to services, compliance with ongoing substance use and mental health disorder treatment and to increase their likelihood of sustained recovery.