



# **Recovery Oriented System of Care**

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M I C H I G A N

## **Michigan's System Transformation for Substance Use Disorder Services**

Michigan Department of Community Health  
Bureau of Substance Abuse and Addiction Services

# Why We Need Change

- ❑ Half of the individuals entering treatment have previously been treated for a SUD.
- ❑ A chronic condition is being treated in an acute care model.
- ❑ Narrow focus of treatment services.
- ❑ Minimal engagement or post treatment continuing care.
- ❑ Clients need more than traditional treatment services

# Why We Need Change

- ❑ No one system or agency has the resources to meet all the needs of their clients.
  - ❑ The only way to maximize services is by working together in partnership and collaboration.
- ❑ Service systems need to be aligned with what we know is true.
  - ❑ Addiction is a chronic illness.
  - ❑ Healthy communities help to sustain recovery and promote wellness for all.

# Michigan's Definition of ROSC

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

# Why We Need a ROSC

We are engaging in a ROSC transformation, because research tells us the current SUD system has:

- ❑ Limited Attraction
- ❑ Poor Engagement and Retention
- ❑ Lack of Continuing Care
- ❑ High Rates of Relapse
- ❑ Unbalanced Resource Expenditures
- ❑ Readiness for Change

# How a ROSC Differs from Traditional Service Systems

- ❑ The goal of treatment extends beyond abstinence or symptom management to helping people achieve a full, meaningful life in the community.
- ❑ Prior treatment is not viewed as a predictor of poor treatment outcomes and is not used as grounds for denial of treatment.
- ❑ People are not discharged from treatment for relapsing or confirming their diagnosis.

# **How a ROSC Differs from Traditional Service Systems** (continued)

- ❑ Post treatment continuing care services are an integrated part of the service continuum rather than an afterthought.
- ❑ Focus is on all aspects of the individual and the environment, using a strength-based perspective and emphasizing assessment of recovery capital.

# A Recovery Story

## The story of Jane D

- 38 years old.
- Single mother with two children, ages 8 and 11.
- Addicted to alcohol and prescription pain killers.
  - ▣ Began using alcohol at age 14 and experimenting with prescription drugs at age 16.
- Was in treatment twice during the past 7 years.
  - ▣ Has relapsed and returned to use both times.
- Attempted treatment a third time.
  - ▣ Left early because she had no one to care for her children while she was there.

*We will return to Jane later in the presentation.*



# Key Elements of an Effective ROSC

- Holistic Integrated Services
- Continuity of Care
- Culturally Responsive Services
- Peer Support
- Community Health and Wellness
- Relationships
- Systems Anchored in the Community
- Person Centered
- Family and Other Ally Involvement
- Individualized Approaches
- Partnership-Consultant Relationships

# What is Recovery?



A highly individualized journey to promote positive change in persons suffering from a SUD. This journey is a voluntarily maintained lifestyle that includes the pursuit of spiritual, emotional, mental, and physical well-being that is often supported by others.

# Making Transformational Change

## Framework Guiding the Transformation Process

- ▣ **Aligning Concepts:** Change how we think.
- ▣ **Aligning Practice:** Change how we use language and practices at all levels; implement values based change.
- ▣ **Aligning Context:** Change regulatory environment, policies and procedures, and community support.

# A Recovery Story (continued)

This is what Jane D's efforts to get help with her addiction would look like in the ROSC environment:

- ❑ Jane enters the hospital to undergo detoxification from drugs and alcohol.
- ❑ At the conclusion of her detox, Jane is referred to a program for further treatment services.....and this time it is different.
- ❑ The new program not only provides the appropriate level of treatment for Jane's needs, but they develop a method for her to get treatment while having skilled care for her young children.

# A Recovery Story (continued)

- ❑ Additionally, this program has a position identified as a “recovery coach” to assist Jane in obtaining supports she needs to be successful in recovery from SUD.
  - ❑ Jane’s recovery coach helps her pursue the type of treatment best suited for her.
  - ❑ Jane and her recovery coach work together to find community support services for:
    - ❑ Adequate, safe housing
    - ❑ Employability skills training and employment
    - ❑ Reliable transportation
    - ❑ Support services for her children
    - ❑ A peer support person

# Recovery Story Conclusion

Jane D learned:

- ❑ That she did not have to face the trials and challenges of addiction alone.
- ❑ That at any point in her recovery if she needed assistance, there was a place to go. She had people she knew and felt comfortable with to help locate what she needed to keep from returning to alcohol and drug use.
- ❑ That most importantly and without a doubt, life in recovery was much more manageable and meaningful, and much brighter than life inside addiction.

# Michigan's Parent-Child Assistance Program (PCAP)



- ❑ PCAP is a program that exemplifies ROSC.
- ❑ It is an evidence-based case management/home visitation intervention.
- ❑ It serves high-risk pregnant and parenting women and their families who are affected by SUD.
- ❑ Its goal is to support women in achieving and maintaining a clean and sober life style including healthy parenting and positive relationships and activities.

# PCAP and ROSC

PCAP incorporates the following elements which are common in a ROSC:

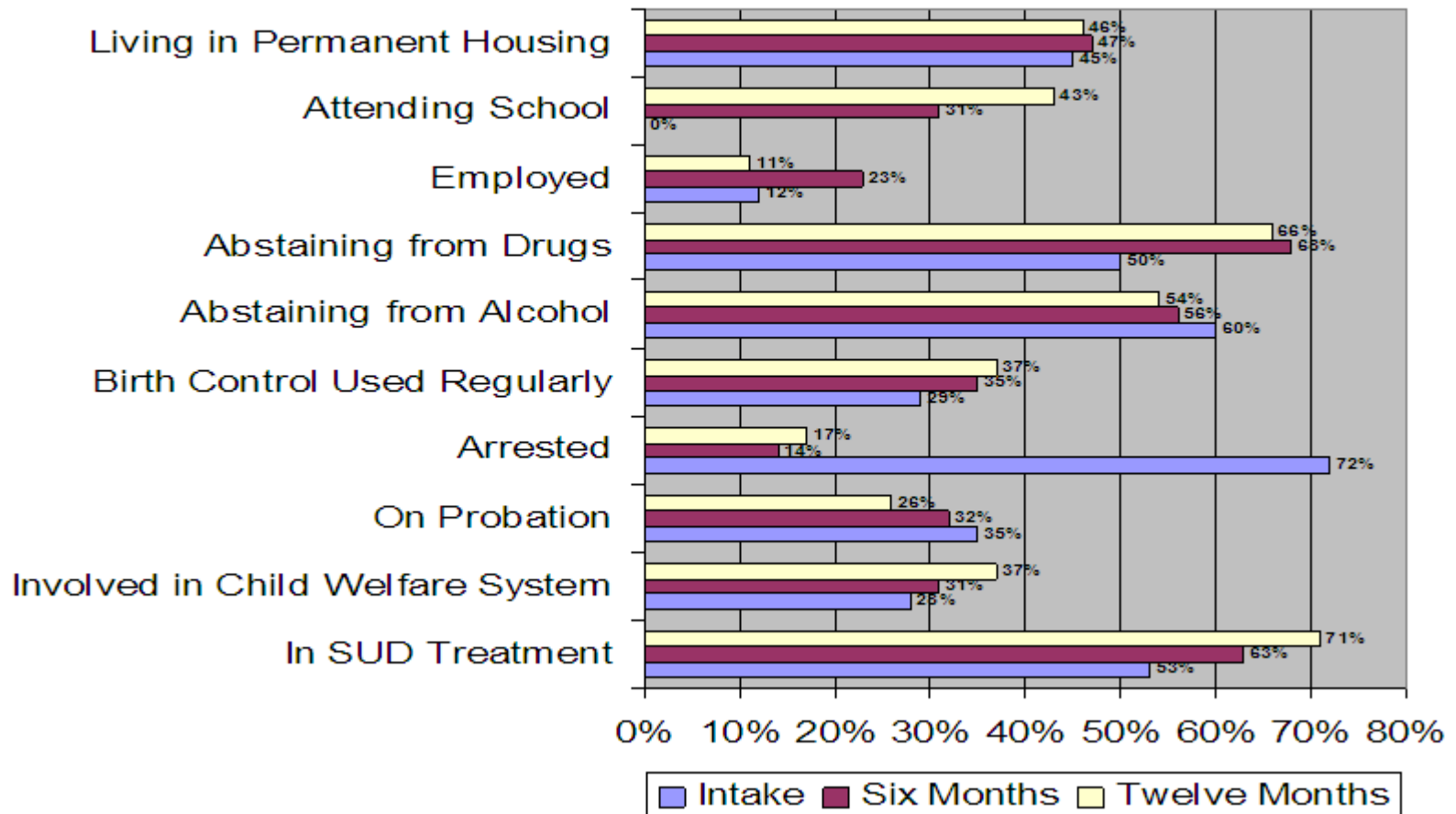
*(Recall Elements of an Effective ROSC from page 9)*

- ❑ Meet basic needs. *(Holistic Integrated Services)*
- ❑ Long-term case management. *(Continuity of Care)*
- ❑ Cases are kept open when clients relapse or disappear for periods of time. *(Continuity of Care)*
- ❑ Develop self efficacy by building on small successes. *(Culturally Responsive Services)*
- ❑ Provide peer support. *(Peer Support)*



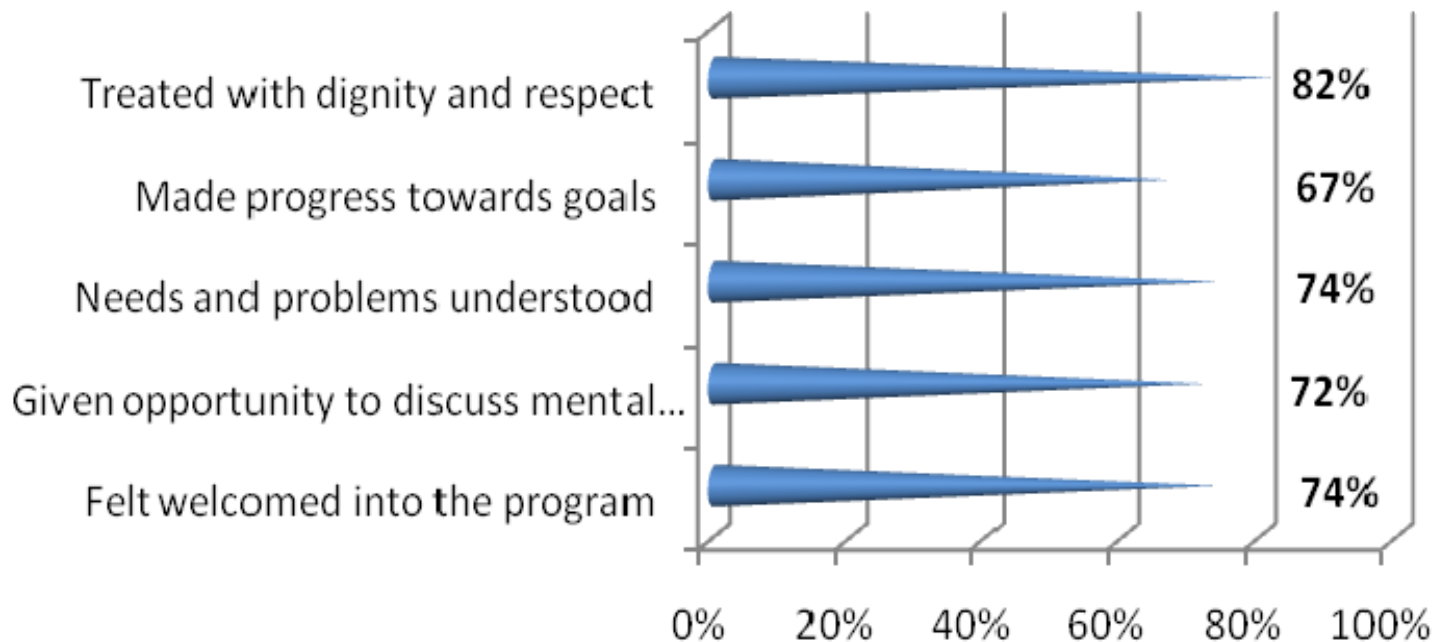
# PCAP Program Results

**PCAP Data at Intake, Six Months, Twelve Months**



# PCAP Program Results

## PCAP Client Satisfaction Results - October 2009



# Transformation Implications for Treatment Services and Supports

- ❑ Greater emphasis on outreach, pre-treatment supports and engagement.
- ❑ More diverse menu of services and supports.
- ❑ More assertive effort to connect individuals to families for support.
- ❑ Expanded availability of non-clinical/peer-based recovery supports.
- ❑ Consistent implementation of post-treatment recovery check-ups.
- ❑ Switch from an expert-patient model to a partnership-consultant approach.

# ROSC

## Transformation Steering Committee

**To lead the ROSC process in Michigan, BSAAS has formed a Transformation Steering Committee that is:**

- ❑ Comprised of multidisciplinary, culturally diverse representatives;
- ❑ Responsible for developing the implementation plan for the transformation process; and
- ❑ Charged with setting the pace for the transformation, and identifying next steps.



# Transformation in Michigan

## Michigan is:

- ❑ Working toward being one of the first states, if not the first state, to incorporate prevention into its transformational ROSC process in a holistic and meaningful way.
- ❑ Collecting feedback from all stakeholders.
- ❑ Educating stakeholders on ROSC.

# Michigan Action

- ❑ Introduced ROSC at statewide substance abuse conference, September 2009
- ❑ Stakeholder Meeting, November 17, 2009
- ❑ Established ROSC Transformation Steering Committee, February 17, 2010
- ❑ ROSC Symposium, March 29, 2010
- ❑ TSC Meeting and Training, March 30, 2010
- ❑ Prevention Focus Group, May 14, 2010
- ❑ TSC Meeting, June 10, 2010
- ❑ Regional ROSC Training Initiatives, three in 2010

# What Will ROSC Transformation Mean?

## □ State

1. Become leaders and partners in the process.
2. Clearly explain the mission, vision and purpose for change to ROSC.
3. Examine current regulations, policies, and procedures.
4. Work with CAs and providers.
5. Evaluate the impact and outcomes achieved.
6. Work with other agencies impacted by SUD services and clients.

# What Will ROSC Transformation Mean?

## □ Providers

1. Assess the readiness for change and the needs for successful transformation within communities in their region.
2. Ascertain the readiness for change and the needs for successful transformation within their service providers.
3. Assess the need, and provide training and education to system providers and community groups.
4. Develop and/or enhance relationships with partners within their region's communities necessary to establish and maintain a ROSC – this may include the development of interagency agreements or memoranda of understanding.
5. Evaluate the impact and outcomes achieved by transformation to a ROSC by examining the effects of this change on individuals, families and communities.



# What Will ROSC Transformation Mean?

## □ **Communities**

1. Be open to information about substance use disorders, co-occurring disorders, and what is meant by stigma in these instances and what constitutes true community support for these disorders.
2. Be supportive of services within the community that are part of a recovery oriented system of care.
3. Be open to partnership opportunities with the SUD services system that can support recovery and promote wellness.

# What Will ROSC Transformation Mean?

## □ Clients and Families

1. Understand that SUD is a chronic illness prone to relapses, which can best be managed by ongoing and/or intermittent interventions, education and support.
2. Be proactive in identifying and pursuing needed services and supports.
3. Appreciate the fact that by actively pursuing needed intervention and support, a life of recovery and wellness can be attained and embraced.

# For Additional Information or to Provide Feedback

*Contact:*

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Michigan Department of Community Health*

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