



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

From the Bureau Director's Desk

Change is in the Air

As we enter spring, the behavioral health field in Michigan is facing another season of integration. The pre-paid inpatient health plans (PIHPs) are in the process of being reduced from 18 to 10 and, at the same time, the substance abuse regional coordinating agencies are in the process of integrating their functions into these new PIHP regions. When the dust settles from these changes, we will have 10 PIHP regions in the state that will be responsible for ensuring the provision of mental health and substance use disorder (SUD) services.

Where does Recovery Oriented System of Care (ROSC) fit in with these changes? It is helping to drive the process by providing direction on the development of provider networks and service delivery systems that are based on and support recovery. What does it mean to have a ROSC? In the simplest of terms it means to have a service delivery system whose end goal is the facilitation of an individual's recovery. This system would have an array of policies, procedures, protocols, services, and supports to meet the individual needs of a person's planned path to recovery. A recovery oriented system would also allow for the fluid movement among and between these needed services. There would not be constructed or



artificial road blocks to obtain any required or needed service. This expanded array of recovery options, the collaborative ability for service access, and the enhanced flow of resources to support an individual's needs will all be hallmarks of a system designed and dedicated to recovery.

The PIHPs are adopting Michigan's Guiding Principles for a ROSC as part of the development of a service delivery system for SUD. The work on ROSC over the last four years has served to prepare the field for these changes. A ROSC provides services that will benefit and support the ongoing recovery of individuals; a belief that is supported by both the mental health and SUD fields.

This time of integration provides an opportunity to firmly establish the needed philosophical shift to a system that promotes recovery and resilience. The ROSC framework that has been established will protect the SUD prevention and treatment services because it serves as a value-driven approach that seeks to organize all behavioral health services.

Keep up the hard work and keep supporting ROSC, as it is the catalyst that is driving the change in our behavioral health system.

Deborah J. Hollis



Recovery Capital: The Building Block of Success

Glynis Anderson — When I entered into recovery in 1990, there was little focus on recovery capital. The good news is I had some and gained plenty. Of course that was without the support or guidance of the clinical staff at the treatment center I attended. With determination and stamina, I tapped into



concealed and sometimes almost unattainable resources to assist me and my two young children on the long road to success. Today as the CEO of Home of New Vision, a 501(c)3 nonprofit that provides treatment and recovery services for substance use and co-



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Recovery Capital: The Building Block of Success (continued)

(Continued from page 1) occurring disorders, the team and I ensure that our members are supported in building recovery capital.

With ROSC at the forefront in the field of addiction services, we now know that recovery capital is an important component of one's ability to sustain addiction recovery and achieve their desired goals. A common definition of recovery capital is the 'breadth and depth of internal and external resources that can be drawn upon to



initiate and sustain recovery' from substance misuse (Granfield and Cloud, 2001). It is vital to list not just the problems a person may have, but to identify the strengths and resources they have that can be used toward their recovery. The different types of recovery capital are personal (physical and human); family/social; community, and cultural. Recovery capital encompasses the accessibility of individual, social, community, and cultural resources and can change at various points in time. Therefore, staff (therapists, case managers, and peers) must provide ongoing assessment in order to determine which areas to focus their assistance.

There are tools we utilize that assist the staff and persons served to determine and monitor recovery capital. The *Self-Sufficiency Matrix* and the *Recovery Capital Scale* are tools that can be utilized to measure recovery capital. These tools measure progress in domains that focus on individual recovery capital such as income, employment, parenting skills and education level. Social capital domains that focus on community involvement and family relationships and domains that focuses on access to community resources such as behavioral and physical health care, child-care, and transportation. Upon completion

of the Matrix and the Scale, staff is able to identify what type of recovery capital each individual has and utilize their strengths to build capital in other domains. This includes assisting clients with basic needs first, such as clothing, food, and shelter and then working on building social and community capital.

While these tools can be very beneficial, it is also necessary to recognize how quickly recovery capital can shift. A tool that can be helpful in monitoring these shifts is the *Milestones of Recovery Scale*.



Staff complete, this scale on a monthly basis and assesses an individual's level of engagement and level of risk within the community.

By assessing and monitoring recovery capital in several ways and on an ongoing basis, we are able to assess the most appropriate interventions for each individual we serve.

*Contributed by Glynis Anderson, CEO
Home of New Vision*



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Spotlight on ROSC Action in Michigan: Project VOX, Macomb Co.

Deborah Garrett — I am a person in long-term recovery and what that means to me is that I have not used alcohol or other drugs since November of 2000. In 2005, I went in to the offices of CARE of Southeastern Michigan for an evaluation to get my driver's license back after my third DUI conviction, and picked up a flyer for Greater Macomb Project Vox. Greater Macomb Project Vox is a grassroots recovery community organization that has three main goals: advocate, educate, and celebrate.



strong core group at the table every month, but we have also been able to build mem-

bership through email lists, and more support through participation at events, or as part of letter writing or email campaigns.

The roots of the group are seated deep in the Detroit area and Michigan recovery community. Marty Mann, the first woman to use the 12-steps to maintain her sobriety came to Detroit to help convene a council of sorts to discuss alcoholism in 1944. The National Council of Alcoholism and Drug Dependence (NCADD) was born. Flint Project Vox was formed through NCADD, and later Greater Macomb Pro-

ject Vox as a sister to the Flint group. The group was formed in 2005 through the efforts of Kathy Rager who was acting Executive Director of CARE of Southeastern Michigan at the time, and Randy O'Brien from the Macomb County Office of Substance Abuse.

The group's contributions to the recovering community have been many over the years. Our advocacy efforts have included

members speaking in front of house appropriations committees, and letters to the editors in local papers. We strive to keep members informed of legislative issues that

affect the recovering community and provide ways for them to get involved. Cur-

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ASSOCIATION OF
**RECOVERY
COMMUNITY
ORGANIZATIONS**
FACES & VOICES OF RECOVERY

recovery learning
reassurance fear
positive self
understanding support
barriers relapse

SPOTLIGHT on ROSC Action in Michigan (continued)

(Continued from page 2)

rent issues that are on our “watch list” are changes in Michigan Liquor Control Laws that raise public health issues both to those in recovery and to the community at large. You can learn about these changes and how to become involved at <http://michiganalcoholpolicy.org/>.

There is a need for the recovering community to maintain a united voice more than



ever because of the changes that will be occurring as part of the

Affordable Care Act (ACA). Project Vox feels it is important to stay informed of advocacy issues such as making peer recovery coaching services part of the package of essential benefits available to those who will be Medicaid eligible with the implementation of ACA changes. Project

Vox will certainly offer the many benefits of our lived experience to policy makers as those services unroll. Project Vox

members will continue to reach out individually to local legislators and keep our organization on their radar as a source of support and information.

Our efforts to celebrate recovery are diverse and provide something for everyone! This coming August will be our fifth year of hosting a sober dinner cruise on the De-

troit Princess as a summer event. Such events are an important part of engaging people new in recovery. It gives a great opportunity to socialize with people that are very engaged in their recovery



recovering people live better lives by sharing support and skills.



and it teaches that one can be social without the use of alcohol or other drugs. We have hosted performances of nationally recognized comedians, including Mark Lundholm

(www.marklundholm.com). We have produced recovery-related plays and hosted art exhibits, thus using the arts as a way to engage the recovering community. We hosted a showing of the film “Bill W.” at the Star Gratiot Theatre on April 25. More information about events is available on the Project Vox website, www.projectvox.com. We often present awards of recognition at these events to show appreciation for the efforts of the recovering community and celebrate their achievements.

Our final goal is to educate. Our members have presented at the state SUD conference on the importance of the use of “recovery friendly” language. Members have participated as speakers at local dialogue nights collaborating with local prevention coalitions. Many present

education programs on women and trauma, relapse prevention, and other recovery related issues.

Recovery community organizations such as Greater Macomb Project Vox are a vital part of Michigan’s implementation of a ROSC. Treatment is not an event; it is an on-going process that needs to be supported by continued engagement in that process. Becoming engaged in the recovery advocacy movement provides many things. It gives the person in recovery

the opportunity to stay engaged in his or her own recovery. It gives the person new in recovery an opportunity to see the reality of recovery and gain a new set of tools to sustain their own recovery. It gives those in the prevention field a chance to see the continuum of the recovery experience from primary prevention through sustained recovery. One of the most important benefits is that it gives those providing services

the opportunity to see the “success stories.” Far too much emphasis is put on the failures of those in recovery and the systems that provide services to them, it is crucial

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that those providing those services see the reality of recovery.

Supporting the recovering community is an issue that should be important to everyone. One in ten children is living in a home with substance use present, so doesn’t it make good sense to support policies and access to

services so those children can grow up in a healthy home? It makes good sense from a fiscal perspective. For every one dollar spent on providing support for those in recovery, it saves seven dollars in medical expenses, lost wages, etc.

If you are in Macomb County, and would like to join us for our meeting, we meet at 5:45 pm the first Wednesday of every month at the offices of CARE of Southeastern Michigan, 31900 Utica Road, Fraser, MI, 48026 (near Masonic Blvd.) There are many re-

covery community organizations around the state.



Please feel free to contact me at dgarrett@careofsem.com for further information. I will be happy to provide further information if there is an active group in your area. If not why not start one!!

Contributed by Deborah Garrett



Be a Voice Within ROSC Transformation

The Bureau of Substance Abuse and Addiction Services (BSAAS) ROSC Transformation Steering Committee (TSC) has identified three top priorities for the continuation of SUD transformation to a recovery-oriented system. These priorities will stand for the next 12 months of transformation, they are: 1) Conduct a second baseline survey that will assess knowledge, preparedness, and capacity for further transformation. 2) Increase the awareness and understanding of ROSC and its importance in this integrated environment to external/other stakeholders and additional layers within the SUD and stakeholder

systems. 3) Increase the expectation around the transformation to an ROSC and the movement of services and supports to that end.

The following are initiatives/activities in which you and your agency can engage to continue ROSC SUD transformation.

- Contact a TSC member for updates and ideas on transformation, and assistance with adopting some goals, objectives and strategies for your transformation efforts.
- Talk to your supervisor about creating a team within your program to lead the ROSC transformation process.

- Visit the BSAAS website at www.michigan.gov/mdch-bsaas, to find Michigan's ROSC implementation plan, definition of a ROSC, fact sheets for a variety of audiences, and copies of previously published issues of the *Transformation News* [the ROSC newsletter].
- Contact BSAAS, via email at mdch-bsaas@michigan.gov, with ideas or questions regarding Michigan's ROSC transformation
- Be a voice and a participant in the ROSC transformation process—Hear us roar.

Peer Viewpoint

Peer Viewpoint is a designated space in the *Transitional News* to provide an opportunity where the voices of those in recovery can share important messages about the recovery journey. These messages share wisdom, hope, compassion, and knowledge to all who experience the disease of addiction, but more importantly the messages share the promise of wholeness, health and re-unification with life, family, and community. The individuals who submit articles give a great gift through this offering, and we thank them.

Kevin O'Hare — My early use of alcohol began in Arizona, at age sixteen between my junior and senior high school years on one of the endless out-of-town swim meets that were always part of my adolescent life. There was no down side. It was fun. It was forbidden. It helped me feel like I fit in. Looking back, it never felt like alcoholism or what I perceived as alcoholism. Alcoholics slept under bridges and soiled themselves. We were just trying to have fun. It felt innocuous, but instead was insidious.

Through my time in the Air Force and college, it let me assimilate into cultures I would not normally feel part of. As my alcoholism grew, so did the trouble associated with it. It removed fear, but it also removed a marriage, children, a business, and ultimately self-respect.

I wound up in North Idaho and Alaska. In 1996 behind late stage alcoholism, I felt like I didn't want to

live anymore. Hitchhiking back to the ski resort where I worked, I decided to jump in front of a truck. It obviously didn't kill me. It did, however, shatter a femur and leave me lying in the road for a second truck to finish the work of the first. That didn't work either. It only served additionally, to break every rib (most in two places), bruise both lungs and the pericardium, separate both shoulders, and give me a concussion.

Leaving the hospital thirty days later, the attending physician said, "You know what the problem with guys like you is? You'll be back!" God, I hated that. In one sentence he said, "I know what you are! I know it wasn't an accident! I know you'll drink again!" I was determined to make a liar out of him.

Unfortunately, he was right. Fast-forward four and half years and I am in Newport Beach, California, having just delivered a yacht from Baja Mexico, with that same feeling of not wanting to live anymore. This time I tried 300 aspirin and a fifth of gin and rum. Found almost dead, I was rushed to the hospital there. The first question they asked was not, "what were you thinking?" It was, "do you want help for your alcoholism?" I was sweetly reasonable. I said, "Yes." I was given two options, the Salvation Army or a recovery residence. I chose the recovery residence. A program, "Serving People In Need," SPIN, placed me in a recovery home. I

Today in my thirteenth year of recovery, I sit at the helm of a program with twelve [recovery] homes in two states and four counties.

was expected to get a job within two weeks, go to six AA meetings a week, get



an AA sponsor, and work a program. They paid \$100 per week for four weeks for me to live in a recovery home. I found work at minimum wage in a week, got that sponsor and went to twelve meetings a week because I thought I was twice as sick as

everyone else. I stayed in that recovery residence for a year paying my own way after that initial investment of \$400.

In a few years, behind a request to create a recovery residence program in the Midwest, I moved to Michigan. After a couple of iterations, I wound up with my own recovery program, providing the same relief I



had received, at similar cost and effectiveness.

Today, in my thirteenth year of recovery,

I sit at the helm of a program with twelve homes in two states and four counties. I have founded the Michigan Association of Recovery Residences, and co-founded the National Association of Recovery Residences. I am recently remarried to a wonderful woman and business partner, have a wonderful relationship with the three children that were left behind in 1993, and a blossoming relationship with my wife's daughter.

Recovery for me looks remarkably like a miracle! The miracle is not me. It is the work of a loving creator, who took a lemon...and made lemonade!

Contributed by Kevin O'Hare



**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 Strategic Plan for FY2013 to FY2014**

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)

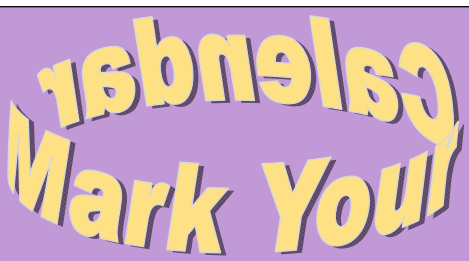
The Bureau of Substance Abuse and Addiction Services (BSAAS) is working to transform the public substance use disorder (SUD) service system into one that is focused on supporting individuals seeking recovery from this chronic illness. A ROSC requires a transformation of the entire service system to one 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.

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



Coming Events

- MAADAC Conference—May 10, 2013
- Behavioral Health Advisory Council Mtg.— June 28, 2013
- Statewide SUD Conference—September 16 and 17, 2013

More Training Opportunities

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

