

## POLICIES AND PROCEDURES MANUAL

<b>Chapter:</b>	<b>Service Delivery System</b>		
<b>Title:</b>	<b>Behavioral Health Recovery Oriented System of Care</b>		
<b>Policy:</b> <input checked="" type="checkbox"/>	<b>Review Cycle:</b> Biennial	<b>Adopted Date:</b> 1.06.2015	<b>Related Policies:</b> Service Philosophy & Treatment
<b>Procedure:</b> <input type="checkbox"/>	<b>Author:</b> Chief Behavioral Health Officer	<b>Review Date:</b> 01.07.2025	
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### **Purpose**

To ensure that Mid-State Health Network (MSHN) and its Provider Network develop a holistic and effective behavioral health system that promotes recovery and resilience across its network of care, through adoption of the fifteen guiding principles of a Recovery Oriented System of Care (ROSC) developed by the state of Michigan. Behavioral health systems are inclusive of individuals who encompass one or more of the following disorders:

- Substance use disorders,
- Severe and persistent mental illness,
- Serious emotional disturbances,
- Autism,
- Intellectual/Developmentally disabilities and;
- Co-occurring Disorders.

### **Policy**

MSHN and its Provider Network adopts fifteen ROSC principles to support and guide the development of behavioral health throughout the region as identified below.

- A. **Adequately and flexibly financed:** MSHN’s system will be adequately financed to permit access to a full continuum of behavioral health services, ranging from prevention, early intervention, case management, and treatment to continuing care, peer support and recovery support. In addition, MSHN will strive to make funding sufficiently flexible to enable the establishment of a customized array of behavioral health services that can evolve over time to support an individual's and a community’s recovery.
- B. **Inclusion of the voices and experiences of recovering individuals, youth, family, and community members:** The voices and experiences of all community stakeholders will contribute to the design and implementation of the system. People in recovery, youth, and family members will be included among decision-makers and have input and/or oversight responsibilities for behavioral health service provision. Recovering individuals, youth, family, and community members will be prominently and authentically represented on behavioral health advisory councils, boards, task forces, and committees.
- C. **Integrated strength-based services:** MSHN’s system will coordinate and/or integrate efforts across behavioral health service systems, particularly with primary care services, to achieve an integrated service delivery system that responds effectively to the individual's or the community’s unique constellation of strengths, desires, and needs.
- D. **Outcomes driven:** MSHN’s system will be guided by recovery-based process and outcome measures. These measures will be developed in collaboration with individuals in recovery, the Provider network and the community. Outcome measures will be diverse and encompass measures of community wellness as well as the long-term global effects of the behavioral health recovery process on the individual, family, and community – not just the remission of biomedical symptoms. Behavioral health outcomes will focus on individual, family, and community indicators of health and wellness, including benchmarks of quality-of-life changes for people in recovery.

- E. Family and significant-other involvement: MSHN's system of care will acknowledge the important role that families and significant others can play in promoting wellness for all and recovery for those with behavioral health challenges. They will be incorporated, whenever it is appropriate, into needs-assessment processes, community planning efforts, recovery planning and all support processes. In addition, MSHN's system will identify and coordinate behavioral health services for the family members and significant others of people with substance use disorders.
- F. System-wide education and training: MSHN's Provider Network will seek to ensure that concepts of behavioral health prevention, recovery, and wellness are foundational elements of curricula, certification, licensure, accreditation, and testing mechanisms. The workforce requires continuing education, at every level, to reinforce the tenets of ROSC. Education and training commitments are reinforced through policy, practice, and the overall service culture as identified by the state of Michigan.
- G. Individualized and comprehensive services across all ages: MSHN's system of care will be individualized, person/family/community-centered, comprehensive, stage-appropriate, and flexible. It will adapt to the needs of individuals and communities, rather than requiring them to adapt to it. Individuals will have access to a menu of stage-appropriate choices that fit their needs throughout the recovery process. The approach to behavioral health care will change from an acute, episode-based model to one that helps people manage their symptoms throughout their lives. Behavioral health treatment and prevention services will be developmentally appropriate, emphasizing strengths, assets, and resiliencies; and engage the multiple systems and settings that have an impact on health and wellness. Behavioral health efforts will be individualized based on the community's needs, resources, and concerns.
- H. Commitment to peer support and recovery support services: MSHN's system of care will promote ongoing involvement of peers, through peer support opportunities for youth and families and peer recovery support services for individuals with behavioral health concerns. Individuals with relevant lived experiences will assist in providing these valuable supports and services.
- I. Responsive to Cultural Factors, Personal Belief Systems, and Trauma Sensitive: MSHN's system of care will be culturally sensitive, gender competent, age appropriate, and trauma sensitive. There will be recognition that beliefs and customs are diverse as well as how a history of trauma can impact the outcomes of behavioral health efforts.
- J. Partnership-consultant relationship: MSHN's system will be patterned after a partnership/consultant model that focuses more on collaboration and less on hierarchy. Systems and services will be designed so that individuals, families, and communities feel empowered to direct their own journeys of behavioral health recovery and wellness.
- K. Ongoing monitoring and outreach: MSHN's system of care will provide ongoing monitoring and feedback, with assertive outreach efforts to promote continual participation, re-motivation, and re-engagement of individuals and community members in behavioral health services.
- L. Research based: MSHN's system will be informed by research. Additional research on individuals in recovery, recovery venues, and the processes of behavioral health recovery (including cultural and spiritual aspects) will be essential to these efforts. Published research related to behavioral health will be supplemented by the individual experiences of people in recovery. Prevention efforts will use the Strategic Prevention Framework and epidemiologically based needs-assessment approaches to identify behavioral health issues and community concerns. Individual, family, and environmental prevention strategies will be data driven.
- M. Continuity of care: MSHN's system will offer a behavioral health continuum of care that includes prevention, early intervention, treatment, continuing care, and support throughout recovery. Individuals will have a full range of stage-appropriate behavioral health services to choose from at any point in the recovery process with the outcome of improving quality of life. Behavioral health prevention services will involve the development of coordinated community systems that provide ongoing support, rather than isolated, episodic programs.
- N. Promote Community Health and Address Environmental Determinants to Health: MSHN's system will strive to promote community health and wellness through strategic behavioral health prevention initiatives that focus on building community strengths in multiple sectors of our communities.

**Applies to:**

- All Mid-State Health Network Staff
- Selected MSHN Staff, as follows:
  - MSHN CMHSP Participants:       Policy Only       Policy and Procedure
  - Other: Sub-contract Providers

**Definitions:**

**BHS:** Behavioral Health Systems: The system is inclusive of individuals who encompass one or more of the following disorders: Substance use, Severe and persistent mental illness, Autism, Serious emotional disturbances, Intellectual/Developmentally disabilities and Co-occurring disorders.

**MSHN:** Mid-State Health Network

**OROSC:** Office of Recovery Oriented Systems of Care

**Recovery:** Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life and strive to reach their full potential. (Substance Abuse and Mental Health Services, SAMHSA).

**ROSC:** Recovery Oriented System of Care; based upon significant input from stakeholders, Michigan defines a ROSC as: *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

**SAMHSA:** Substance Abuse and Mental Health Services Administration

**SUD:** Substance Use Disorder

**Strategic Prevention Framework:** The framework establishes the parameters within which a regional prevention plan is established and monitored.

**TSC:** Transformation Steering Committee – committee working under the direction of OROSC staff. Developed Michigan’s ROSC – An Implementation Plan for SUD Service System Transformation.

**Other Related Materials:**

*Michigan’s Recovery Oriented System of Care–An Implementation Plan for Substance Use Disorder Service System Transformation:*

[http://www.michigan.gov/documents/mdch/ROSC\\_Implementation\\_Plan\\_357360\\_7.pdf](http://www.michigan.gov/documents/mdch/ROSC_Implementation_Plan_357360_7.pdf)

*Guiding Principles and Elements of Recovery Oriented Systems:* [www.samhsa.gov/.../rosc\\_resource](http://www.samhsa.gov/.../rosc_resource) guide

**References/Legal Authority:**

2013 Application for Participation Region 5 Response:

<http://www.midstatehealthnetwork.org/docs/Region5PIHP2013AFP.PDF>

**Change Log:**

<b>Date of Change</b>	<b>Description of Change</b>	<b>Responsible Party</b>
01.06.2015	New Policy	SUD Workgroup and HITP Director
06.2016	Policy reviewed	Clinical Leadership Committee
03.2017	Annual Review	Clinical Leadership Committee/Deputy
02.2018	Annual Review	Clinical Leadership Committee / Chief
03.2019	Annual Review	Chief Clinical Officer
10.2020	Annual Review	Chief Clinical Officer
08.2022	Biennial Review	Chief Clinical Officer
06.2024	Biennial Review	Chief Behavioral Health Officer