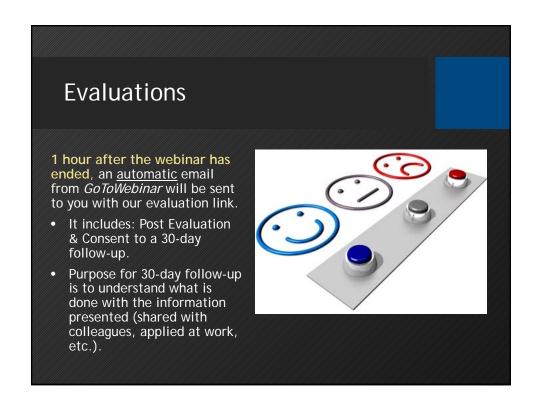
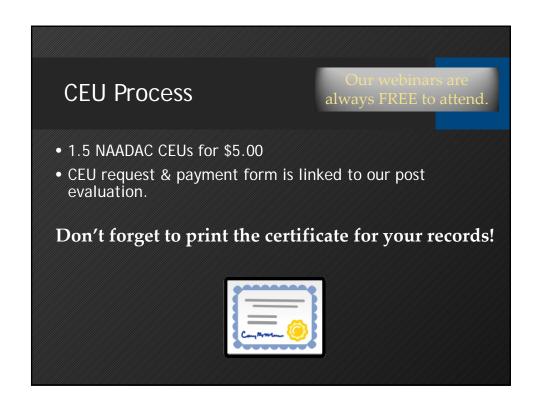


# Today's Agenda

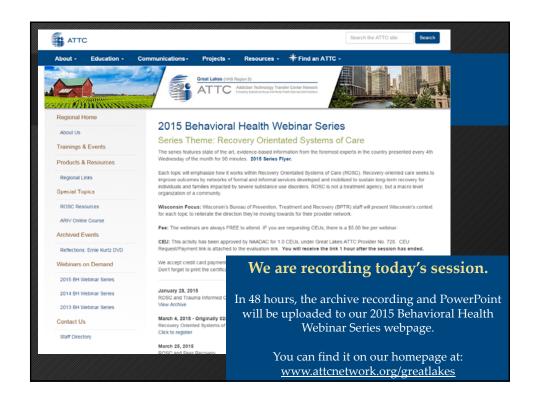
- Welcome, Evaluation & CEUs
- Overview of Technology
- Introduction of Facilitator
- Transformation Perspectives
- Questions & Answers











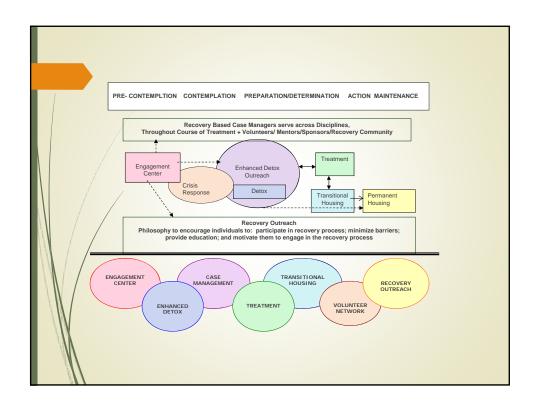
# Today's Panelists in order of Presentation

- Marci Scalera, ACSW, LMSW, CAADC, Director of Clinical & SUD Services, Community Mental Health Partnership of Southeast Michigan
- Mark Witte, MSW, Director of Substance Abuse Services, Lakeshore Regional Partners
- Andre Johnson, MA, President/CEO, Detroit Recovery Project Inc.



#### WHY ROSC and WHAT DID WE WISH FOR?

- We were tired of battling the availability of funds and service capacity gaps-needed to be creative
- Change the culture of SUD services from acute to chronic care
- Build stronger, collaborative relationships amongst providers and the community
- Integrate recovery principles and peers into service delivery
- Serve as a demonstration agent for transformational change for state and national interests





#### CREATED A MODEL

- FUNDING STRATEGIES
  - Provider allocations based on prior years utilization
  - Worked with State on joint planning What could we change?
- DATA COLLECTION
  - Identified data points pre and post implementation for evaluation
  - Looked at outcome measures
- SERVICE ARRAY
  - Implement community based case management and outreach services
  - Front Door Recovery focus, Services that matched Stage of Readiness
  - Peer Coaches and Recovery Mentors (volunteer and paid)
  - Co-Occurring Services

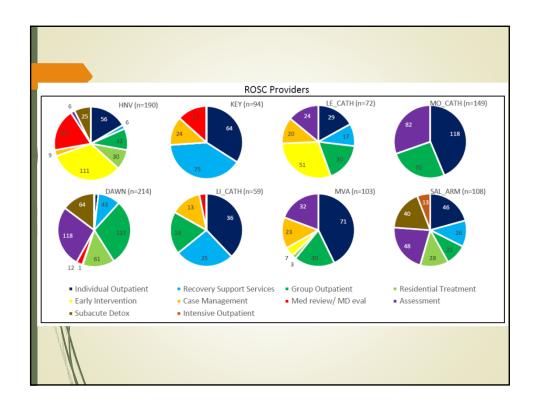
#### **ENGAGEMENT CENTER**

- To provide a welcoming alternative in a supervised, safe, hopeful environment for persons who require a less intensive level of care than an emergency room provides.
- To provide an environment of recovery that is focused specifically on substance abuse issues
- To assist individuals with making a positive connection to the recovering community
- To engage the individual in exploring their readiness for change
- To provide a direct linkage to detox, treatment services and other needed resources

#### **Engagement** Center

- Staff are similar to direct care workers and can monitor vitals/symptoms while providing support in a welcoming environment
- Many staff are in recovery
- Data collected on utilization of the center as well as treatment resources, referral sources; hospitalizations, discharge planning, population needs
- Volunteers include medical professionals in recovery to assist with health monitoring
- Protocols include ability to accept folks on medication
- Transportation available
- Has emergency clothes and food closets
- Graduates often return to help out

#### **ROSC DATA COLLECTION FINANCE SYSTEM** SYSTEM DASHBOARD implemented to review quarterly National Outcome Measures Utilization of services Sustained engagement in Staffing Allocation v. Fee for treatment Service Service array offered to Annual Rates individuals by providers Authorization or Bundle of Positive change on self services sufficiency matrix Delegated functions (Access to Wait List Comparisons for timeframes Core Provider Model vs. Direct Unduplicated Count of clients Contracting

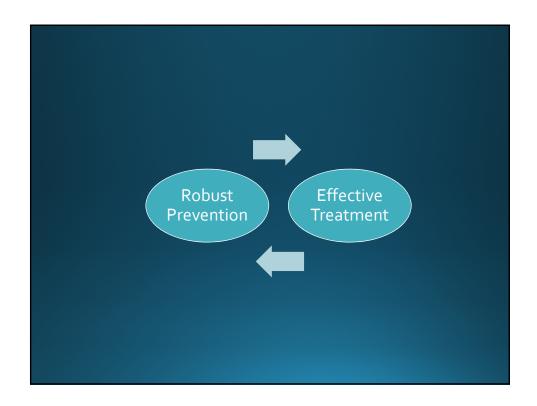


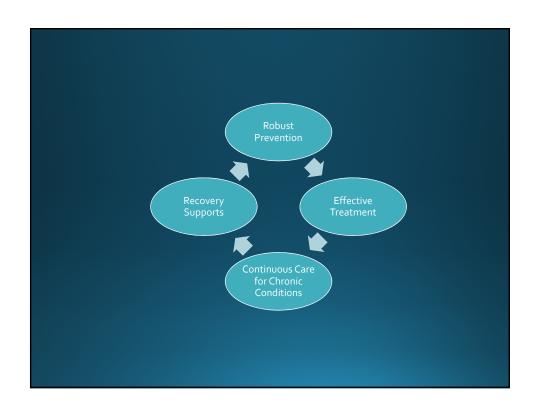


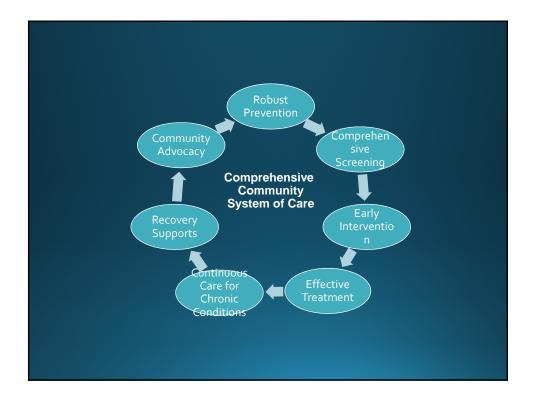
"We are ready for any unforeseen event that may or may not occur."

— Dan C. Quayle



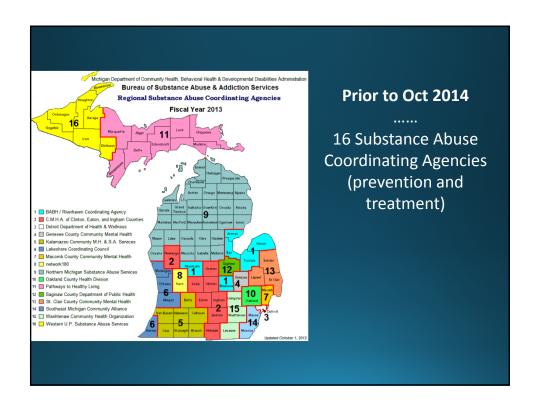




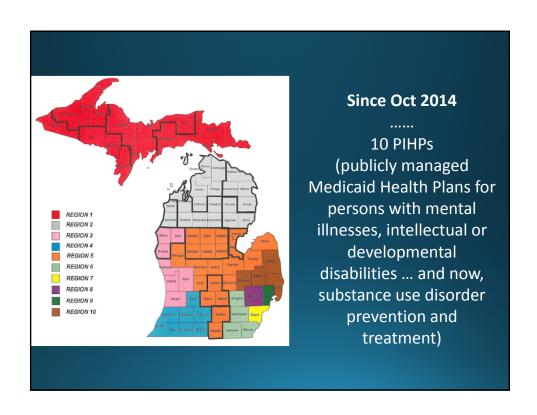


"I believe we are on an irreversible trend toward more freedom and democracy – but that could change."

— Dan C. Quayle









"I have made good judgments in the past. I have made good judgments in the future."

— Dan C. Quayle

# ROSC "Anchor" Service Development

- 2006 Recovery Management (TIP 27)
- 2010 Recovery Housing
  - In good standing with local housing authorities
    - Varying rules
    - Reasonable accommodation (ADA)
  - Member of recovery housing coalition
    - Peer inspections (NARR standards)
  - Agency standards for funding

### ROSC "Anchor" Service Development

- 2011 Helped found National Alliance of Recovery Residences (<u>www.narronline.org</u>)
- 2011 Addition of Recovery Coaches to Recovery Management teams
  - Initial and ongoing Recovery Coach Training being centralized by the state now
- 2013 Overdose Reversal Training/Kits peer led (<u>www.redproject.org</u>)

#### ROSC "Anchor" Service Development

- Future Directions Opportunistically Driven!
  - Regional Spread of All ROSC Services "Every thing, Every where"
  - Community-Based Recovery Support Center(s)
  - Recovery Employment Supports Creative employment "on-ramps"
  - Recovery Wellness Supports specialized health care access and supports
  - Ongoing public celebrations to challenge and encourage!

"If we don't succeed, we run the risk of failure."
— Dan C. Quayle

Andre L. Johnson, M.A.
President/CEO
Detroit Recovery Project Inc.

ROSC

in action Webinar

Wednesday, January 27, 2016

#### MISSION STATEMENT

DRP STRENGTHENS, REBUILDS AND EMPOWERS COMMUNITIES AFFECTED BY DRUG & ALCOHOL ADDICTION

# **DRP Challenges & Resistances**

- · Treatment Providers saw us at competitors
- Peers are not respected because lack of education
- · Push Back people saw DRP as a threat
- Pot of Money BG & Medicaid has not changed significantly

#### Principles of RCO's: Recovery Vision

Not a one-size fit all (Embrace many pathways)

12 Step Community
Faith Based Community
Corrections Community

Integration of MH & SUD e.g.

Illness Management & Recovery (EBP)

Motivational Interviewing

Dual Recovery Anonymous

### Principles of RCO's: Recovery Vision

Ceasefire – Reducing Gang violence in Detroit (Mayor Mike Duggan, Chief of Police, Prosecutors Office, U.S. District Attorney, MI State Police)

Returning Citizens Task Force – Assisting with organizing Returning Citizens Conference (At-CityCouncil Janee Ayers)



Authenticity of Voice: MI Recovery Community Organizations				
egion	Ambassador	Ambassador	Organization	
n 1		Ciara Krantz	EVN (ŠŠ)	
n 2		Tom McHale	NWSYS (\$\$)	
n 3		Kevin McLaughlin	Recovery Allies of W	
n 4	Tori Lafler	Sean Harris	Community Services	
n 5	Beth Ureche	Mike Tobias	Capitol Area Project Peer 360	
n 6	Ross Zini	Chris O'Droski/Glynis Anderson	Washtenaw Recove Advocacy Project	
n 7	Gloria McCastle	Deborah Boerma	REAL MI Detroit Recovery Pro	
n 8	Malkia Newman	Scott Masi	Mi-Hope/Bryan's Ho	
n9	Mark Kilgore	Lorna McFarlane	Greater Macomb Pr Vox	
n 10	Lisa Coleman	Tara Moreno	Serenity House	
			, 110000	

# Value of RCO: Creating Recovery Friendly Communities

- Create a full continuum of treatment and recovery services.
- Link personal, professional and indigenous community resources into recovery management teams.
- Guide the individual/family into a relationship with a larger community of shared experience.
- Create the physical, psychological and social space within a community in which recovery can occur. (E.g., DRP Health & Wellness Recovery Resource Centers)

# Accountability to the Recovery Community

- Member of the Association of Recovery Community Organization
- · Member of Faces & Voices of Recovery
- Council of Accrediation of Peer Recovery Support Services (Pending CAPRSS Application)

# Accountability to the Recovery Community

- CARF Accreditated since 2009
  - Licensed by Michigan Department of Community Health
- Prevention-CAIT
- CLIA Waiver
- · Out-Patient Treatment
- Recovery Support Services
- Case Management Services

# Value of having a RCO in a ROSC

- · It fosters resilience
- Enhances pre-recovery engagement
- Recovery Initation
- Long-Term Recovery Maintenance



Cost Effective			
Recovery Support Costs	Treatment Costs		
Relapse Recovery \$25	Short Term Residential \$123 per day		
Recovery Coaches \$10	Long Term Residential \$93		
<ul> <li>Recovery Support &amp; Skills \$25</li> </ul>	Residential Adolescents \$248		

#### **Recovery Support Services**

- Recovery Coach
- Individualized Recovery Plan
- Relapse Prevention
- Emotional Support
- · Informational Support
- · Companionship Support

# **Recovery Support Services**

- Instrumental Support
- On-site 12-step support groups
- GED Preparation
- Wireless Internet
- Basic Computer Skills
- Life Skills
- Transitional Housing
- Employment Referral

# The Big Picture!

Attitudes and policies toward addiction and recovery will change only when local faces of addiction and recovery are brought into the consciousness of American citizens, professional helpers, and policy makers.



### Issue Faced Today!

- Lack of understanding of substance use disorders as a chronic health condition.
- Collateral consequences are associated with addiction that are punitive and would not be associated with any other chronic health condition.
- Communities are not "recovery friendly" in many cases with addiction being stigmatized rather than normalized.

## **Collateral Consequences**

"The denial of basic social services and benefits to individuals who are convicted of drug offenses represent the "collateral consequences" of the war on drugs. These consequences not only discriminate against families and communities of color as well as poor communities, but also intensify the struggles individuals face on the road to recovery and rehabilitation by erecting significant barriers.

Levi, R. and Apel, J. (2003, June 13). Collateral Consequences: Denial of Basic Social Services Based Upon Drug Use. Retrieved from Drug Policy Alliance.

### **Collateral Consequences**

While various challenges have been made to oppose these policies at the state and national level, a firm commitment to looking at these post-incarceration and conviction policies in their entirety should also serve to understand their broader effects. What is revealed is a pattern of discrimination that only serves to undermine, rather than bolster, a commitment to ensuring the public health and well-being of families and communities affected by the war on drugs. "

## Deaths in Jail/Chronic Health Issue

- 32 year-old David Stocjevski died on June 27, while inside Macomb County Jail
- He was sentence for 30 days for not paying a careless driving ticket
- He was naked on the jail cell stone floor for 16 days
- 50 lbs. lighter while experiencing excruciating painful slow withdrawals from his addiction

#### In Conclusion:

- The strength and future growth of the recovery support services and the recovery advocacy movement depends on a broad base of support.
- Michigan has a dynamic recovery community and hope you partner with your local recovery community organizations
- In addition you become familiar with them, but encourage those you work with to do the same.

