



HURON BEHAVIORAL HEALTH POLICY

Policy #: SD.1.18
Issue Date: 08/19/10
Rev. Date: 02/21/22
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Title: Recovery Oriented System of Care (ROSC) Policy

Prepared By: Clinical Director

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Purpose:

To define Huron Behavioral Health's philosophy and guiding principles regarding Recovery Oriented Systems of Care (ROSC).

Scope:

This policy applies to all employees (including full-time and part-time employees), contract providers, volunteers, students, and/or interns of Huron Behavioral Health (HBH). It also applies to all persons served.

Information:

1. In conjunction with and in support of the Mid-State Health Network (MSHN), HBH promotes a holistic and effective behavioral health system of care that promotes recovery and resilience across its network of care, through the adoption of the sixteen (16) guiding principles of a Recovery Oriented System of Care (ROSC) developed by the state of Michigan. This includes individuals who encompass one (1) or more of the following disorders:

- Substance Use Disorders (SUD)
- Severe and Persistent Mental Illness (SPMI)
- Serious Emotional Disturbances (SED)
- Autism Spectrum Disorder (ASD)
- Intellectual/Development Disabilities (I/DD)
- Co-Occurring Disorders (COD)

2. In 2006, the U.S. Department of Health and Human Services (HHS), Substance Abuse and Mental Health Services Administration (SAMHSA) published a National Consensus Statement that defined recovery as "a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential." Additionally, the Consensus Statement lists the following "Ten Fundamental Components of Recovery" that are reflected in the Council's recommendations above:

Self-Direction
Individualized and Person-Centered
Empowerment
Holistic
Non-Linear
Strengths-Based
Peer Support
Respect
Responsibility
Hope

3. HBH embraces the vision, mission and values of the Michigan Recovery Council which is:

Vision:

- Each person who receives public mental health services is supported in their individual recovery journey.

Mission:

To lead the transformation of the public mental health system to one that is based on a recovery foundation:

- Promoting consumer empowerment, self-determination, and peer support
- Creating partnerships and networks of consumers

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- Integrating others who will promote a recovery message throughout the system
- Providing leadership, education, training and technical assistance on recovery
- Recommending systems, policies, and practices that support recovery

Values:

- Hope - a system made up of those who give hope and those who receive hope
- The right to pursue and achieve happiness
- Consumers checking on the quality of services and supports provided
- Consumer leadership at all levels of the system

Recovery:

- Recovery is choosing and reclaiming a life full of meaning, purpose, and one's sense of self. It is an ongoing personal and unique journey of hope, growth, resilience and wellness. In that journey, recovery builds relationships supporting a person's use of their strengths, talents, and passions. Recovery is within each and every individual.
 - Recovery is a personal journey and each person can attain and regain their hopes and dreams in their own way. Each journey is grounded in hope, and a sense of boundless possibilities. The strengths, talents, and abilities of each individual provide an opportunity to reach his or her own life goals. Everyone can attain and maintain recovery and move to a place of independence beyond the public mental health system.
 - Recovery includes all aspects of life and is driven through the services and supports selected and controlled by the individual. Partnerships are formed based on trust and respect. Recovery will be attained and maintained with the support of friends, family, peers, advocates, and providers. Recovery is life long and requires ongoing learning. Each individual has the courage to plan for and achieve wellness. Increased personal knowledge builds experience in advocating for services and supports.
 - Recovery supports health and wellness and is the responsibility of each individual with support from others who provide physical and mental health services. Integrating physical and mental health is essential to wellness. Through self-advocacy and support, the highest attainable quality of life will be achieved. With the integration of mental health and physical health, increased length of life is possible.
4. The U.S. Department of Health and Human Services (HHS) Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Mental Health Services has identified ten (10) fundamental components of recovery:
- a. *Self-Direction:* Consumers lead, control, exercise choice over, and determine their own path of recovery by optimizing autonomy, independence, and control of resources to achieve a self-determined life. By definition, the recovery process must be self-directed by the individual, who defines his or her own life goals and designs a unique path towards those goals.
 - b. *Individualized and Person-Centered:* There are multiple pathways to recovery based on an individual's unique strengths and resiliencies as well as his or her needs, preferences, experiences (including past trauma), and cultural background in all of its diverse representations. Individuals also identify recovery as being an ongoing personal journey and an end result as well as an overall paradigm for achieving wellness and optimal mental health.
 - c. *Empowerment:* Consumers have the authority to choose from a range of options and to participate in all decisions, including the allocation of resources that will affect their lives, and are educated and supported in so doing. They have the ability to join with other consumers to collectively and effectively speak for themselves about their needs, wants, desires, and aspirations. Through empowerment, an individual gains control of his or her own destiny and influences the organizational and societal structures in his or her life.
 - d. *Holistic:* Recovery encompasses an individual's whole life, including mind, body, spirit, and community. Recovery embraces all aspects of life, including housing, employment, education, mental health and healthcare treatment and services, complementary and naturalistic services, addictions treatment, spirituality, creativity, social networks, community participation, and family supports as determined by the person. Families, providers, organizations, systems, communities, and society play crucial roles in creating and maintaining meaningful opportunities for consumer access to these supports.

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- e. *Non-Linear*: Recovery is not a step-by-step process but one based on continual growth, occasional setbacks, and learning from experience. Recovery begins with an initial stage of awareness in which a person recognizes that positive change is possible. This awareness enables the consumer to move on to fully engage in the work of recovery.
- f. *Strengths-Based*: Recovery focuses on valuing and building on the multiple capacities, resiliencies, talents, coping abilities, and inherent worth of individuals. By building on these strengths, consumers leave stymied life roles behind and engage in new life roles (e.g., partner, caregiver, friend, student, employee). The process of recovery moves forward through interaction with others in supportive, trust-based relationships.
- g. *Peer Support*: Mutual support (including the sharing of experiential knowledge and skills and social learning) plays an invaluable role in recovery. Consumers encourage and engage other consumers in recovery and provide each other with a sense of belonging, supportive relationships, valued roles, and community.
- h. *Respect*: Community, systems, and societal acceptance and appreciation of consumers (including protecting their rights and eliminating discrimination and stigma) are crucial in achieving recovery. Self-acceptance and regaining belief in one's self are particularly vital. Respect ensures the inclusion and full participation of consumers in all aspects of their lives.
- i. *Responsibility*: Consumers have a personal responsibility for their own self-care and journeys of recovery. Taking steps towards their goals may require great courage. Consumers must strive to understand and give meaning to their experiences and identify coping strategies and healing processes to promote their own wellness.
- j. *Hope*: Recovery provides the essential and motivating message of a better future—that people can and do overcome the barriers and obstacles that confront them. Hope is internalized; but can be fostered by peers, families, friends, providers, and others. Hope is the catalyst of the recovery process. Mental health recovery not only benefits individuals with mental health disabilities by focusing on their abilities to live, work, learn, and fully participate in our society, but also enriches the texture of American community life. America reaps the benefits of the contributions individuals with mental disabilities can make, ultimately becoming a stronger and healthier nation.

Policy:

A. Guiding Principles:

The Michigan Department of Health and Human Services (MDHHS) Bureau of Substance Abuse and Addiction Services (BSAAS) have developed Michigan's Recovery Oriented System of Care which includes sixteen (16) guiding principles. HBH and its Provider Network utilize these ROSC principles to support and guide behavioral health services as identified below:

1. *Adequately and flexibly financed:*

HBH'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. Additionally, HBH strives 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 the community's recovery.

2. *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.

3. *Integrated strength-based services:*

HBH will coordinate and/or integrate efforts across behavioral health service systems, particularly with

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primary care services, to achieve an integrated service delivery system that responds effectively to the individual's or the community's unique strengths, desires, and needs.

4. Outcomes driven:

HBH systems will be guided by a recovery-based process and outcome measures. These measures will be developed in collaboration with individuals in recovery and with 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.

5. Family and significant-other involvement:

HBH'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. Additionally, HBH's system will identify and coordinate behavioral health services for the family members and significant others of people with substance use disorders.

6. System-wide education and training:

HBH's 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 principles of ROSC. Education and training commitments are reinforced through policy, practice, and the overall service culture.

7. Individualized and comprehensive services across all ages:

HBH'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 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.

8. Commitment to peer support and recovery support services:

HBH'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 life experiences will assist in providing these valuable supports and services.

9. Responsive to Cultural Factors and Personal Belief Systems:

HBH's system of care will be culturally sensitive, gender competent, and age appropriate. There will be recognition that beliefs and customs are diverse and can impact the outcomes of behavioral health prevention and treatment efforts.

10. Partnership-consultant relationship:

HBH'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.

11. Ongoing monitoring and outreach:

HBH'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 prevention, treatment, and support services.

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12. Research based:

HBH'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 experiences of people in recovery. Prevention efforts will utilize a needs-assessment approaches to identify behavioral health issues and community concerns. Individual, family, and environmental prevention strategies will be data driven.

13. Continuity of care:

HBH'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. Behavioral health prevention services will involve the development of coordinated community systems that provide ongoing support, rather than isolated, episodic programs.

14. Promote Community Health and Address Environmental Determinants to Health:

HBH 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.

B. Philosophies of ROSC:

1. Huron Behavioral Health will support individuals who experience mental illness, substance use disorders, or co-occurring disorders in assuming active control of their recovery process and the prevention of relapse. HBH will structure its service delivery systems to minimize dependency and encourage independence. The system of care will emphasize individual strengths, assets, and resiliencies.
2. HBH staff and contract providers will actively engage consumers in the recovery process. Individuals will be encouraged to direct their own recovery process and provide their input throughout the process.
3. HBH staff will seek to create an environment which is supportive to the recovery process by emphasizing a
 - holistic integrated approach
 - person centered and individualized plan of service
 - family, natural supports, and other allies involvement
 - culturally responsive services
 - continuity of care
 - community integration
 - peer support
 - sensitivity to diversity in service access and delivery processes.
4. Service access and planning activities will operate from a strength-based and asset-based perspective and individual choice will be emphasized.
5. HBH staff and contract providers will collaborate with the individual to identify recovery strategies through the person-centered planning process. This will focus on interventions which facilitate recovery and resources that will support the recovery process. The assessment will define stages of recovery to provide structure to the process and provide indicators of progress for the individual. The plan will describe the individual's status in regard to recovery and the provider's specific role in the process. The Crisis Plan serves as the recovery management plan and will be pre-defined and include interventions to occur in the event that the individual is unable to make decisions during a period of exacerbated symptoms.
6. HBH staff and contract providers are knowledgeable regarding recovery models and best practices. Workers educate and support consumers (primary and secondary) regarding the stages of recovery, recovery management planning, and related concepts. See also "[Training Goals and Requirements for HBH Employees Procedure](#)" (TR.2.03).
7. HBH participates in local community education activities to promote understanding of mental illness as a disability, emphasize recovery principles, and decrease stigma and to provide knowledge and education to stakeholders on recovery principles and practices. Annual community assessments are conducted along

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with focus groups, and participation in the county collaborative body to identify and promote ways to reduce stigma in our community.

Definitions/Acronyms:

Acronyms:

ASD – Autism Spectrum Disorder
BSAAS – Bureau of Substance Abuse and Addiction Services
COD – Co-Occurring Disorder
HHS – Health and Human Services
HBH – Huron Behavioral Health
IPLTs – Improving Practices Leadership Teams
MDHHS – Michigan Department of Health and Human Services
MSHN – Mid-State Health Network
PIHP – Pre-paid Inpatient Health Plan
ROSC – Recovery Oriented Systems of Care
SAMHSA - Substance Abuse and Mental Health Services Administration
SED – Serious Emotional Disturbance
SPMI – Serious and Persistent Mental Illness
SUD – Substance Use Disorder

Definitions:

Behavioral Health Systems: is the system inclusive of individuals who encompass one or more of the following disorders: substance use, severe and persistent mental illness, autism, serious emotional disturbances, intellectual/development disabilities, and co-occurring disorders

Recovery: is defined as 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).

Recovery Oriented System of Care: based upon significant input from stakeholders, Michigan defines a ROSC as follows: "Michigan's recovery-oriented system of care supports an individuals' 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.*

Forms:

N/A

Records:

N/A

Reference(s) and/or Legal Authority

- U.S. Department of Health and Human Services (HHS) Substance Abuse and Mental Health Services Administration Center for Mental Health Services www.samhsa.gov
- Medicaid Managed Specialty Supports and Services Concurrent 1915 (b)/(c) Waiver Program
- [SD.1.03 Service Delivery Policy](#)
- [TR.2.03 Training Goals and Requirements for HBH Employees Procedure](#)
- 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
- 2013 Application for Participation Region 5 Response @ <http://www.midstatehealthnetwork.org/docs/Region5PIHP2013AFP.PDF>
- Guiding Principles and Elements of Recovery Oriented Systems @ www.samhsa.gov/.../rosc resource guide

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Change History:

Change Letter	Date of Change(s)	Changes
None		New policy to comply with AAM's Technical Requirement document section 1; 1-3
A	06/13/13	Reviewed and revised to comply with 8 th edition COA standards – in "Information" section #1 removed "Substance Use Disorders (SUD)"
B	03/04/15	Total rewrite of old policy entitled "Recovery and Relapse Prevention Policy" – see Controlled Documentation Manager for old versions and/or changes.
C	10/04/16	Changed "MDCH" to "MDHHS" throughout document (2 places), in "References" section added MSHN Policy
D	05/08/18	In B.3 added bullets to match MDHHS Key Elements, in "Acronyms" section added "BSAAS", in "References" section removed contract dates and removed reference to Psychosocial Rehabilitation Journal, made several minor wording/grammatical changes/corrections throughout document without changing sentence content.
E	04/21/20	In "Information" section changed "Autism" to "Autism Spectrum Disorder", in "Policy" section B.3 second bullet added "plan of service", in third bullet added "natural supports", in "Acronyms" section added "ASD", made numerous additional minor wording/grammatical changes/corrections throughout document without changing sentence content.
F	02/21/22	In "Policy" section removed A.4 ("Services that promote health and wellness will take place within the community"), made several minor wording/grammatical changes/corrections throughout policy without changing sentence content.