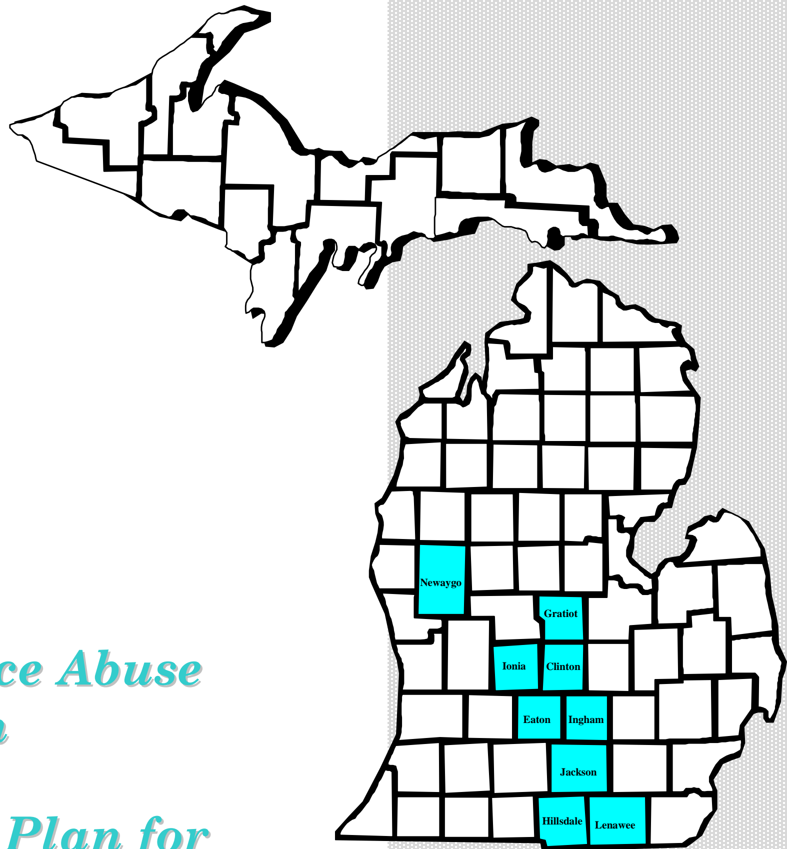

Mid-South Substance Abuse Commission

2010-2015 Strategic Plan for Transforming the Substance Use Disorder System

Approved by Program Development Committee: March 21, 2011
Approved by Board of Directors: March 28, 2011

Acknowledgements

This Five Year Strategic Plan could not have been developed and written without the help and input from the following: Mid-South's Program Development Committee , the Mid-South Substance Abuse Commission's Board of Directors', Mid-South's Quality Improvement Workgroup, the County Prevention Coalitions' membership, the Mid-South management staff, and members of the larger community. Direction, input, ideas, and discussions with everyone on how to transform the current substance abuse and substance use disorder service delivery system to the recovery oriented systems of care have all contributed to this Plan. We look forward to developing partner relationships with other systems to deliver improved overall services to benefit individuals within our communities.

The Mid-South Substance Abuse Commission in the Spring of 2010, submitted two proposals to the Center for Substance Abuse Treatment. One is for the development of Recovery Oriented Systems of Care services in two of the nine counties in the region. The second is for implementation of ROSC concepts in the Jackson County Recovery Court. Mid-South was awarded the grant for implementation of ROSC concepts in the Jackson Recovery Court which will benefit the implementation of this strategic plan.

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PART ONE: RECOVERY ORIENTED SYSTEMS OF CARE

Introduction

Hope. Hope that recovery is not only possible, but attainable and sustainable. Fear. Fear that once again whatever recovery is won't happen for them. These are two of the emotions our clients and their families/other significant allies feel when approaching the substance use disorder system. Hope diminishes and fear increases for those individuals who have had multiple treatment episodes and have not been able to attain nor sustain abstinence.

Addiction does not happen in a vacuum, active addiction negatively impacts not only the individual, but families, friends, employers, and society as a whole. To paraphrase a mutual-aid group, addiction negatively affects an individual three ways; physically, emotionally, and spiritually. The individual is not a healthy family member, a reliable employee, nor a constructively active member of society. Early recovery is not an easy process as the individual realizes how much damage addiction has caused. Home and family life, school, work, friends, ability to socialize without alcohol or other drugs, are all affected by active addiction. Services focusing on recovery, not just stopping the progression of the addiction, need to address all areas of life; either by direct services or by referral and follow-up.

While a consensus definition of recovery is elusive, most say they know what it "looks" like; a healthy, supportive and involved family member, a reliable employee, and someone who contributes positively to the greater society. Recovery oriented systems of care (ROSC) is designed to engage the whole community to help heal the whole individual in order to help heal the damage done to the whole community.

ROSC is a conceptual framework designed to understand and calm fears and to nurture and grow hope needed by individuals and their families/other significant allies in order to do what is necessary for sustained recovery. The Center of Substance Abuse Treatment's (CSAT) National Summit on Recovery Conference Report, (2005) defines ROSC as, "Recovery-oriented systems support person-centered and self-directed approaches to care that build on the strengths and resilience of individuals, families, and communities to take responsibility for their sustained health, wellness, and recovery from alcohol and drug problems." Subsequent to this, William White defined ROSC as "…networks of formal and informal services developed and mobilized to sustain long-term recovery for individuals and families impacted by severe substance abuse disorders. The systems in ROSC is not a treatment agency but a macro level organization of a community, a state, or a nation." Mid-South views this as a better definition given the focus on addressing individual and community benefit as one. It is important to keep in mind that ROSC is not a treatment agency or an evidence-based treatment or prevention program but a conceptual framework or focus to develop recovery supports which will positively affect all impacted by addiction. ROSC is a way forward to move away from an acute care medical model of treatment and prevention to a chronic care or recovery focused model of treatment and prevention.

Transformation of the substance use disorder (SUD) delivery system requires working within the current system to begin the realignment of the service delivery from an acute care model to a recovery

management model. As defined by William White (2008)[1], recovery management is "a philosophical framework for organizing addiction treatment services to provide pre-recovery identification and engagement, recovery initiation and stabilization, long-term recovery maintenance, and quality-of-life enhancement for individuals and families affected by severe substance use disorders."

While the definition of recovery management refers to "addiction treatment services," prevention plays a role in the ROSC framework and in recovery management. Transformation of the SUD service delivery system includes developing opportunities for treatment and prevention to work together to provide pre-recovery identification and engagement, recovery initiation and stabilization, long-term recovery maintenance, and quality-of-life enhancement services. Recognizing this relationship has prompted a structural reorganization within Mid-South with the alignment of the prevention and treatment departments into the Program Services Department.

Michigan's Recovery Oriented Systems of Care Framework

Building on the work at the national level, the Michigan Department of Community Health, Bureau of Substance Abuse and Addiction Services (BSAAS) held a stakeholder's meeting in November 2009. From this meeting, the Transformation Steering Committee (TSC) was formed with the task of creating a transformation framework for a Michigan specific ROSC. At the TSC's September 30, 2010 meeting, the stakeholders adopted a Michigan centric 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."

Further work by the TSC stakeholders resulted in the Guiding Principles of Michigan's ROSC. These sixteen principles are based on the seventeen ROSC elements established by CSAT but have been revised, combined, and edited. The resulting Michigan sixteen guiding principles are in descending order of importance. (For the CSAT Seventeen Systems of Care Elements, see Appendix B.)

Principle One: **Adequately and flexibly financed**
Our system will be adequately financed to permit access to a full continuum of services, ranging from prevention, early intervention, and treatment to continuing care and recovery support. In addition, we will strive to make funding sufficiently flexible to enable the establishment of a customized array of services that can evolve over time to support an individual's and a community's recovery.

Principle Two: **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 our system. People in recovery, youth, and family members will be included among decision-makers and have oversight responsibilities for service provision. Recovering individuals, youth, family, and community members will be prominently and authentically represented on advisory councils, boards, task forces, and committees at the state and local level.

[1] William White has written extensively on recovery oriented systems of care, peer supports, recovery management, and other relevant topics to recovery. Many of his works are cited in the references and bibliography in Appendices E & F.

Principle Three: **Integrated strength based services**
Our system will coordinate and/or integrate efforts across 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.

Principle Four: **Services that promote health and wellness will take place within the community**
Our system of care will be centered within the community, to enhance its availability and support the capacities of families, intimate social networks, community-based institutions, and other people in recovery. By strengthening the positive social support networks in which individuals participate, we can increase the chances for successful recovery and community wellness.

Principle Five: **Outcomes driven**
Our system will be guided by 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 recovery process on the individual, family, and community – not just the remission of biomedical symptoms. Outcomes will focus on individual, family, and community indicators of health and wellness, including benchmarks of quality-of-life changes for people in recovery.

Principle Six: **Family and significant-other involvement**
Our 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 substance use challenges. They will be incorporated, whenever it is appropriate, into needs-assessment processes, community planning efforts, recovery planning, and all support processes. In addition, our system will provide prevention, treatment, and other support services for the family members and significant others of people with substance use disorders.

Principle Seven: **System-wide education and training**
Michigan will seek to ensure that concepts of prevention, recovery, and wellness are foundational elements of curricula, certification, licensure, accreditation, and testing mechanisms. The workforce also requires continuing education, at every level, to reinforce the tenets of ROSC. Our education and training commitments are reinforced through policy, practice, and the overall service culture.

Principle Eight: **Individualized and comprehensive services across all ages**
Our system of care will be individualized, person/family/community-centered, comprehensive, stage-appropriate, and flexible. It will adapt to the needs of the individuals and communities, rather than requiring them to adapt to it. Individuals in treatment will have access to a menu of stage-appropriate choices that fit their needs throughout the recovery process. The approach to substance use disorders will change from an acute, episode-based model to one that helps people manage this chronic disorder throughout their lives. Prevention services will be developmentally appropriate and engage the multiple systems and settings that have an impact on health and wellness. Prevention efforts will be individualized based on the community's needs, resources, and concerns.

Principle Nine: **Commitment to peer support and recovery support services**
Our 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 substance use disorders. Individuals with relevant lived experiences will assist in providing these valuable supports and services.

Principle Ten: **Responsive to Cultural Factors and Personal Belief systems**
Our 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 prevention and treatment efforts.

Principle Eleven: **Partnership-consultant relationship**
Out system will be patterned after a partnership/consultant model that focuses more on collaboration and less on hierarchy. Systems will be designed so that individuals, families, and communities feel empowered to direct their own journeys of recovery and wellness.

Principle Twelve: **Ongoing monitoring and outreach**
Our 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 prevention, treatment, and other support services.

Principle Thirteen: **Research based**
Our system will be informed by research. Additional research on individuals in recovery, recovery venues, and the processes of recovery (including cultural and spiritual aspects) will be essential to these efforts. Research related to substance use disorders will be supplemented by the 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.

Principle Fourteen: **Continuity of care**
Our system will offer a continuum of care that includes prevention, early intervention, treatment, continuing care, and support throughout recovery. Individuals will have a full range of stage-appropriate services to choose from at any point in the recovery process. Prevention services will involve the development of coordinated community systems that provide ongoing support, rather than isolated, episodic programs.

Principle Fifteen: **Strength-based**
Our system of care will emphasize individual strengths, assets, and resiliencies.

Principle Sixteen: **Promote Community Health and Address Environmental Determinants to Health**
Our system will strive to promote community health and wellness through strategic prevention initiatives that focus on building community strengths in multiple sectors of our communities.

Principle Sixteen is unique to Michigan and indicates our commitment to include prevention in the ROSC framework.

Recovery in the Recovery Oriented Systems of Care

As commented earlier, a consensus definition of recovery has eluded the field for decades. Professionals and nonprofessionals alike have said they "know what recovery looks like", but have been unable to agree on a written definition. At the 2005 Recovery Summit, another attempt at reaching a consensus working definition was made. "Recovery from alcohol and drug problems is a process of change through which an individual achieves abstinence and improved health, wellness, and quality of life" was the definition developed. Another possible definition has been developed by White, "Recovery is the experience (a process and a sustained status) through which individuals, families, and communities impacted by severe alcohol and other drug (AOD) problems utilize internal and external resources to voluntarily resolve these problems, heal the wounds inflicted by AOD-related problems, actively manage their continued vulnerability to such problems, and develop a healthy, productive, and meaningful life."

It quickly becomes apparent that while these two definitions have similarities, the emphasis is different. The 2005 Recovery Summit consensus definition emphasizes the individual's internal process to recovery, while White's emphasizes both the internal and external resources needed for recovery of the individual and the community as a whole. Using White's definition of recovery creates opportunities for both the treatment and prevention fields to come together to help not only the individuals and their families/other significant allies, but the community as a whole. Mid-South will utilize White's definition as a focus for service delivery development.

Even if no definition of recovery is agreed upon by the entire SUD field, the twelve (12) guiding principles of recovery are agreed to be an important component to the transformation of the SUD service delivery system to meet the ROSC elements (or Michigan's principles) of care.

The twelve guiding principles are:

- there are many pathways to recovery,
- recovery is self-directed and empowering,
- recovery involves a personal recognition of the need for change and transformation,
- recovery is holistic,
- recovery has cultural dimensions,
- recovery exists on a continuum of improved health and wellness,
- recovery emerges from hope and gratitude,
- recovery involves a process of healing and self-redefinition,
- recovery involves addressing discrimination and transcending shame and stigma,
- recovery is supported by peers and allies,
- recovery involves (re)joining and (re)building a life in the community,
- and finally, recovery is a reality.

(For a more detailed description, refer to Appendix C.)

Partnerships within the Larger Community

White's definition of recovery and inclusive in the ROSC framework is the word community. But it is much more than a word included in a definition. Recovery happens not only in a therapeutic group room

or in an individual therapist's office or in a mutual support group meeting, it happens as the individual interacts with the larger community.

A wonderful analogy from Don Coyhis of White Bison describes the importance of community in recovery. "Temporarily transplanting sick trees, nurturing them back to health and then replanting them in the original diseased soil from which they were removed makes little sense. We must treat the wounded individuals and the diseased soil of community life by treating the community as well as its members – by creating a healing forest. It is in this way that the community becomes simultaneously a recipient of treatment and an instrument of recovery initiation and maintenance." (Coyhis, 1999)

Communities can be either wounding and deforming (pathogenic) or healing and wholeness generating (salugenic) and how individuals and their families/other significant allies perceive and experience their communities is important to their healing experiences. If a community is experienced as pathogenic, directing individuals and their families/other significant allies to the community for recovery supports will not be effective. It will be perceived as another failure by the systems to help them. Under the ROSC framework, interventions focusing on the community are to move the community from pathogenic to salugenic in order for the larger community to understand that the health of individuals, families, and communities are inseparable. (White and Scott, 2009)

Establishing strong partnerships within the larger community, working collectively to address societal ills, and nurturing and empowering individuals to act as catalysts for change have all been attributes of the substance abuse prevention coalitions operating within the Mid-South region. The ROSC transformation provides an excellent opportunity for our coalitions and their provider networks to treat the community soil and increase the recovery potential in communities in conjunction with treatment interventions.

The majority of our clients come into the acute care SUD treatment setting with multiple needs. Lack of housing, no employment, involvement with either the criminal justice system or the child welfare system or both, lack of education, and lack of support systems are just a few of the needs or concerns needing to be dealt with in order for our clients to initiate and/or sustain recovery. The SUD service delivery system cannot resolve many of these concerns alone, nor should it. The "systems" within the recovery oriented systems of care, is the larger community. In reality, we share many of the same clients as homeless shelters, criminal justice, child welfare, and other human service agencies and with better coordination of care, the limited resources available can be better used for our mutual clients.

For the healing community to be created, partnerships with these other service providers will be imperative. However, the SUD service delivery field cannot expect these other systems to immediately or automatically buy-in to the ROSC model. It will be the responsibility of the treatment providers, prevention coalitions, and Mid-South, working together, to educate and advocate with other systems in the wisdom of working together for the betterment of our shared clients, and the larger community's overall health, wellness, and safety.

As CSAT is the driving force behind the ROSC movement and realizing the importance of community supports to the transformation of the field, they held regional Recovery Meetings across the country to discuss ROSC and to gather input from the recovery support movement in May of 2008. The Summary Report states; "Implementing ROSCs involves shared responsibility and partnerships. Although the

addictions system is primary(Sic) responsible for coordinating ROSCs activities, the ultimate outcomes of health, wellness, and recovery for individuals, families, and communities must be a *shared* commitment. Individuals and family members are active contributors to the process; service providers, policymakers, systems professionals, and the community *all* have a role in supporting ROSCs. Within ROSCs, the role of the addictions system is to directly provide a comprehensive range of services for those at-risk of substance-use problems and those diagnosed with substance use disorders; to collaborate with other systems to access supports for clients within the addictions system; and to collaborate to improve the provision of substance use services within other systems." (Emphasis added.)

Mid-South's Five Year Strategic Plan (the Plan) will provide opportunities for the SUD treatment providers and prevention coalitions, in conjunction with other systems, to design services under the ROSC framework, to increase sustainable recovery capital for individual clients, their families, and other significant allies within their local communities. Recovery capital is defined as including all the intrapersonal, interpersonal, and community resources that can be brought to bear on the initiation and maintenance of recovery. (White, 2008) Individuals, their families/other significant allies, and local communities all have recovery capital potential to be developed, enhanced, and nurtured. Nurturing recovery capital through our county coalitions, provider networks, and system partners will increase positive outcomes for individuals, their families/other significant allies, and the community as a whole. Exploratory and pilot programs will be initiated to address or improve upon client readiness, engagement, and retention in treatment as well as overall communication and collaboration between other systems and SUD treatment providers.

Common Understanding of Terms

Appendix D is a glossary of SUD treatment and prevention terms. However, as we move forward sharing this Plan, a common understanding of terms used throughout will be helpful. They are:

Action Plan: The prevention coalitions have been submitting written annual Implementation/Action Plans based on community needs assessments, focusing on programs, policies, and practices for several years. Their Implementation/Action Plans are the combined efforts of all county coalition members. Consensus is reached on the completed plan prior to submission to Mid-South. The treatment providers will begin a similar process for the services they are planning on offering to their clients and families/other significant allies, including other recovery support services. It is the why, what, and how of the service delivery. The goal is to have an integrated county-wide prevention and treatment action plan for each county by the end of the year 3 of the 5 year strategic plan.

Administrative capacity: It is minimally the statutory functions performed by a coordinating agency such as, contracting, reimbursement, data collection, program development, monitoring, performance indicators, and budgeting.

Community Recovery Capital Needs Assessment (CRCNA): Recovery capital, as defined in a prior section, is all the intra and inter personal and community resources brought to bear on the initiation and maintenance of recovery. The CRCNA will focus on what recovery resources are available in the local communities and what are the gaps. The CRCNA results will be used to develop the county-wide action plans to support what is in the community and to address the gaps.

Learning Circles: They are small gatherings of people who come together to share their ideals, goals, practices, and experiences. They are conducted in open neutral environments where participants can create dialogue and exchange ideas on any topic. The goal of a learning circle is to help participants develop new practices or action plans to initiate when they return to their respective agencies.

Substance Use Disorder Service Delivery System: This refers to the activities and services provided jointly or individually by the prevention coalitions/providers and the treatment providers for the pre-recovery identification and engagement, recovery initiation and stabilization, long-term recovery maintenance, and quality-of-life enhancement.

The following are two terms that are used interchangeably in common language usage, however, for purposes of this Plan, each will have a specific meaning.

Community Partners: They are those agencies, organizations, and other willing partners in the community that Mid-South will work with for implementation of this Plan. Community Partners may be referral sources for the treatment providers as well, but not necessarily. The use of this term is to describe Mid-South's relationship with them.

Referral Sources: These may be many of the same agencies and organizations as the community partners, but will be used to describe the relationship between them and the treatment providers.

Role of County-wide Substance Abuse Prevention Coalitions

There has been a long history of the separation between the SUD treatment and prevention fields. Separation has existed in planning, service delivery, activities, and target populations. This bifurcation of the SUD field as a whole has resulted in not being able to take advantage of opportunities to work collectively to reduce the impact of SUD on individuals, families, and communities. The long-term vision of this Plan is the elimination of these separate silos in order to establish and maintain effective collaboration between treatment and prevention, while still honoring areas of expertise and scope of practice.

The role envisioned for the county-wide substance abuse prevention coalitions is to continue to act as a catalyst for change in communities and to also address the opportunity of developing county-wide SUD Action Plans. The coalitions have a history of bringing diverse parties to the table through the Strategic Prevention Framework (SPF) activities of needs assessment, capacity building, strategic planning, implementation, and evaluation. These SPF related activities all have a place within the region's transformation to the ROSC framework. The county substance abuse prevention coalitions will also bring additional in-kind support, grant writing capability, and natural opportunities for SUD service integration. Their role is as diverse as their membership and holds the potential to impact the long-range success and sustainability of Mid-South's transformation efforts.

In the past five years, Mid-South has invested significant resources in building a regional network of county substance abuse coalitions. The established primary function of the county substance abuse coalitions has been to identify the substance abuse prevention needs of the county, develop plans to address those needs, and work to build capacity and to acquire additional national, state, and local prevention funding and resources to support their Action Plans. The county substance abuse coalitions

operating in the Mid-South region are the identified flow-through vehicle for Mid-South prevention funding, and as research has shown, the model achieves positive outcomes in prevention.

The underlying goal of the SPF is to build infrastructure, or more specifically, state, regional, and local systems of prevention. Beyond the initial community infrastructure development, the intent is to create positive, lasting population-level change involving substance use, abuse, and its related consequences. This intention of SPF fits in with Michigan's approach to the ROSC's principles and the guiding principles of recovery. The county substance abuse coalitions (which most already include representatives of the local treatment community) and the treatment providers will work collectively in reviewing the service array, the possibility of accessing and braiding funds, and the training of staff on ROSC principles and elements. The prevention service array specifically must include problem identification referral mechanisms for youth and families to enhance the identification of problem areas and increase the amount of supports available to improve overall quality-of-life in the community.

Training of prevention and treatment staff on each others essential roles in the continuum of care in order to create an atmosphere of mutual respect and cooperation will be critical. This atmosphere of mutual respect and cooperation is necessary for a successful transformation to ROSC as each field brings its expertise to the process.

The coalitions have developed an expertise in conducting community needs assessments and resource inventories. An additional role for the coalitions will be the Community Recovery Capital Needs Assessment (CRCNA). This will be a tool developed with treatment providers and people in recovery to determine what types of recovery capital are in the local communities that either support recovery or need to be developed. It will also assist in the identification of what exists in the local communities which negatively impacts recovery. Through this mechanism, county-wide action plans can be written to focus on the convergence of needs, resources, programs, and partners to support and develop recovery capital. The coalitions will continue to gain expertise in implementing an appropriate prevention service array within the full continuum of care and continue to strengthen partnerships with the SUD treatment agencies and other community systems.

Recovery Management and SUD Treatment Services

The language of ROSC is language of the SUD treatment field with limited understanding of how prevention plays an important role in the continuum of SUD services. As described previously, Mid-South acknowledges prevention's important role in the ROSC transformation process. This section discusses the roles the SUD treatment providers/agencies play in this transformation of service delivery to a recovery model.

Recovery management is "a philosophical framework for organizing addiction treatment services to provide pre-recovery identification and engagement, recovery initiation and stabilization, long-term recovery maintenance, and quality-of-life enhancement for individuals and families affected by severe substance use disorders." (White 2008) In other words, recovery management is a more precise way of describing the continuum of care to be inclusive of those services needed after the acute treatment episode is completed. It is also inclusive of the realization that not all individuals need acute episodic treatment, but can achieve recovery with supports within their community.

Recovery management activities such as, recovery coaches, case management, and recovery check-ups have been shown to improve retention, improve connection to community resources for clients and their families, and growing research is showing that implementing recovery management techniques with therapeutic interventions improves outcomes. These services, supports, and linkages have been chosen to be implemented in the Mid-South region. This decision is supported by ATTC monographs by William White and others that these are often the missing pieces in the treatment continuum, and by implementing them long-term, stable recovery is possible.

Peer-based Recovery Support Services:

Turning to White again, he defines Peer-based Recovery Support as, "the process of giving and receiving non-professional, non-clinical assistance to achieve long-term recovery from severe alcohol and/or other drug-related problems. This support is provided by people who are able to assist others in initiating recovery, maintaining recovery, and enhancing the quality of personal and family life in long-term recovery." When the word services is added to the phrase Peer-based Recovery Support, it indicates a more formalized structure within SUD organizations with clearly defined and specialized roles. Mid-South will be focusing on the development of the services and supporting the local SUD service delivery system in developing the supports.

Including "long-term recovery" in the definition of Peer-based Recovery Support Services, shifts the focus from acute care episodic treatment to building sustainable personal, family/other significant allies, and community recovery capital. The distinguishing characteristics of Peer-based Recovery Support Services (Peer Supports) are being recovery oriented and strengths-based rather than acute care/episodic treatment and problem-focused. Peer supports can be structured to be an adjunct to SUD treatment and/or as an alternative to professionally directed episodic SUD treatment. This does not mean peer supports will replace the SUD treatment agency with its professionally trained and licensed clinical staff. There will always be a need for clinically based episodic SUD treatment. However, when designed and implemented with clients' needs as the focus, peer supports can be used as an alternative for those individuals with low to moderate problem severity and with high levels of recovery capital. Instead of placing these individuals into episodic SUD treatment; they can be supported by peers, especially to connect with mutual aid support groups, and provide community-based case management. For those individuals with moderately high to high problem severity and with low levels of recovery capital, peer supports may be provided in conjunction with episodic SUD treatment to increase retention in treatment and to have supports in the community. Peer-based recovery support services offer a wider range of alternatives to how SUD treatment services are currently delivered; increasing the likelihood of needs being met and longer retention in services.

Recovery Community:

ROSC cannot successfully transform the SUD services delivery of care for those with substance abuse or SUD without the involvement of the recovery community. It is from this community volunteer peers/recovery coaches are drawn. Their understanding and support of ROSC and its implications for treatment and recovery will be essential. The phrase "recovery community" is used to describe an eclectic group of individuals who have a shared sense of identity of recovery and a desire for mutual support. Additional members of the recovery community are families/other significant allies, and a larger circle of "friends of recovery" that include both professionals working in the SUD field as well as recovery supporters within the wider community.

The recovery community is not limited to those who espouse any one particular method of mutual aid support groups. The twelve-steps of Alcoholics Anonymous may be the most widely recognized and accepted mutual aid support group. However, there are others that have a record of successfully helping others attain and maintain recovery. This needs to be taken into consideration when there is activity to recruit peer supports.

Recovery Coaches/Peer Supports:

The terms recovery coaches and peer supports are often used interchangeably, though recovery coaching is actually a form of peer supports. Peer supports are inclusive of the broader range of activities which benefit individuals as they work toward recovery. As Loveland and Boyle (2005) state, "the primary purpose of the recovery coach program is to help individuals in addiction treatment gain access to needed resources, services, or supports that will help them achieve recovery from their substance use disorder. Recovery coaches can help individuals address multiple domains in their life that have been impacted by their SUD, but are difficult to address within the structure of most addiction treatment programs, such as returning to employment or finding stable housing. Recovery coaches can also help individuals transition through the continuum of addiction treatment (i.e., from detox to aftercare). Finally, recovery coaches can help individuals sustain their recovery after the formal addiction treatment component has been completed through consultation, skills training, and, of course, coaching."

Individuals who become involved with the publicly funded SUD treatment system generally have multiple concerns in addition to their addiction which needs addressing concurrently; such as, physical issues, safe housing, employment and/or job training, mental health, and child care. As currently structured, SUD treatment does not allow for the time needed to focus on the concurrent issues but focus is on the acute need for treatment. Clinicians do what they can, but often are not able to give more than encouragement to clients to attend mutual aid groups, or contact other resources. None of the above statements are designed to reflect badly on the clinical staff at SUD treatment providers, they are statements of reality due to reimbursement rates and structures from both private and public funders, performance expectations, and other pressures on the providers to sustain their programs. Recovery coaches can be the resource person the clinical staff turns to for the support needed for clients. Mid-South will focus on working with the providers and the local prevention coalitions to develop recruitment activities and training supports for recovery coaches.

Recovery Check-ups:

The ROSC framework is based on the growing body of evidence that indicates alcohol and drug use meets the definition of a chronic condition with cycles of recovery, relapse, and multiple treatment episodes over many years before reaching stable recovery, permanent disability, or death. Whatever can be done to shorten the cycle between relapse and stable recovery will positively impact the individual, their family, and their community. As part of recovery management, the idea of using technology to maintain contact with clients post acute episodic SUD treatment has been explored. Contacting clients via the phone, email, Facebook, or even Twitter are some of the methods used to check-up on clients. The check-ups are made on an regularly established timeframe for up to 2 years with the most frequent contact made within the first 3 months post discharge. Scott and Dennis (2009) studied the impact of recovery check-ups and found "these regular checkups provided a proactive approach to help participants learn to identify symptoms and resolve their ambivalence about their substance use; to offer the opportunity for multiple episodes of care in the context of chronic-care management; and to include

an engagement and retention component to retain participants in treatment." Community-based case managers and/or the recovery coaches are in a position to maintain this level of contact with clients.

Community-Based Case Management:
Community-based case management offers opportunities to work with clients in their natural environment, to teach daily living or recovery management skills in real-world settings, and increased engagement through assertive outreach (i.e., bringing the treatment to the client). The closer case management services can be delivered in clients' natural environments, the more case managers are able to assist clients in completing their self-defined goals and objectives, such as attending a physician's appointment, or a job interview. Community-based case management can also keep clients engaged in the continuum of SUD treatment services while helping them acquire resources that either directly or indirectly support their moving to recovery.

As stated in the discussion on recovery coaches, clinicians often are limited to providing only verbal support and indirect guidance in an office-based model. While these activities are important and necessary for treatment, they often do not fully accomplish connecting with the pressing community resources needed by clients. Community-based case management focuses on the strengths of clients. Clients establish their case management goals and community-based case managers help clients to achieve them, by overcoming or removing barriers (internal and/or external) or otherwise helping clients bridge the gap between their needs and available resources. Learning how to master getting their needs met within the community in a positive way, builds skills and enhances recovery capital.

Transformation Impact on Workplace Culture and Attitude

The most difficult piece of any transformation process is changing the work culture and individual attitudes; however, if the transformation is to take root and hold, work culture and individual attitude needs to be acknowledged and transformed.

Making changes in how staff perform their job functions requires the ability to not only learn new techniques but alter how one thinks about their work. As William Bridges stated, "Change is situational: the new site, the new boss, the new team roles, new policy. Transition is the psychological process people go through to come to terms with the new situation. Change is external, transition is internal." (Bridges, 1991). This internal transition process everyone involved goes through is important work to support or may result in subtle or not so subtle sabotaging of the changes being implemented. White writes about an organization's "adaptive capacity" being "measures of the organization's ability to maintain service support while initiating and sustaining change processes." He goes on, "More specifically, it addresses the degree to which addiction treatment as a system of care can recognize major service design flaws and initiate and sustain system-transformation processes aimed at correcting such flaws." (White, 2008)

It will be Mid-South's responsibility to work with its SUD service delivery system and the individual staff members to be able to collectively recognize the flaws in service delivery, how ROSC elements can address those flaws, and how on an individual basis the transformation will impact the delivery of services to clients and their families/significant allies. This will be done through training opportunities to learn more about ROSC, involvement in planning, developing, and implementing service delivery

changes for their agencies, learning circles, community partner' forums, and other organizational transition activities as needed to facilitate the transformation to ROSC.

Mid-South will need to focus internally as the transformational process will impact each staff member at Mid-South. Open communication, staff development, and staff involvement in planning and implementing adaptations to their work functions will be an essential component to the overall success of our own internal transformation.

A tool to help guide this process has been developed by Texas Christian University (TCU) under a National Institute of Drug Abuse (NIDA) funded initiative. It is the Organizational Readiness for Change Inventory (ORC). This two-step process involves surveying both the clinical staff and the treatment program supervisor to determine their point of view regarding organizational readiness. The ORC measures 18 areas in the four domains of motivation for change, adequacy of resources, staff attributes, and organizational climate. This instrument will be useful for:

1. Examining changes in organizational readiness over time in relation to interventions designed to raise motivation;
2. Developing and testing the effectiveness of transfer strategies that address different levels of readiness for change;
3. Assessing the differential effectiveness of various transfer strategies for innovations that vary in complexity, counseling demands, and organizational resource requirements; and,
4. In the case of partial or complete failure to adopt an innovation, identifying the reasons involved. (Lehman, Greener, Simpson 2002)

The ORC will be used to help form the organizational interventions, training, and other technical assistance needs and to measure the impact on those interventions to help the SUD service delivery system to successfully transform. Due to funding considerations, this may be an optional activity but hopefully, the majority of the treatment providers will understand the value of the inventory. If it is not done at the beginning of the strategic plan implementation process, it can be used at any time the provider believes it would be beneficial relative to transformation to ROSC.

Learning Circles will be instrumental in this transformation process at the individual clinician level. An open neutral environment for front-line workers to discuss issues, concerns, problems, and fears and to focus on solutions is vital for buy-in of the transformation goals. Due to funding considerations, these may be optional for the program directors to send staff. It will be encouraged to have leadership, both formal and informal attend. In addition to training, the learning circles will provide opportunities to discuss the challenges of implementing the new skills and programs.

The community partner' forums focus will be an opportunity to work with the line workers at the various community agencies and referral sources to understand ROSC and how it will benefit our shared clients and their families/other significant allies.

Mid-South will create as many opportunities as possible to work with our community partners and provider referral sources to increase understanding, acceptance, and participation within ROSC. Without this understanding and acceptance by the community partners, providers may have additional

roadblocks to overcome. It is our responsibility to work with community partners to improve embracing ROSC to reduce resistance.

PART TWO: STRATEGIC PLAN

Mid-South's Vision, Mission, Goals & Objectives

Vision Statement:
Our vision is: Using the recovery oriented systems of care framework to transform the existing substance use disorder service delivery system by creating environments (opportunities) in which treatment and prevention work together to improve communities' understanding of addiction and recovery, so that individuals and their families have their needs met in order to sustain long-term recovery, wellness, and quality of life for healthy and safe communities within the Mid-South region.

Mission Statement:
Our mission is: At the Mid-South Substance Abuse Commission, we are working to transform the substance use disorder service delivery system, using the recovery oriented systems of care framework to improve long-term recovery outcomes in order for individuals and their families to live healthy and enjoy a full quality of life.

Goals & Objectives:
The Plan's goals and objectives are designed to move the SUD service delivery system to reflect on what, how, and why current services can better achieve the outcomes we have all entered the field to achieve. With this knowledge and understanding, transformation of the system can truly focus on the holistic recovery of our clients and their families/other significant allies which will lead to healthier communities.

The Mid-South staff and Board during the last two years have reviewed data on the current SUD services delivery system. This review has lead to this Plan and the goals and objectives stated below.

Goal One: To ensure there is appropriate administrative capacity to develop, implement, and sustain recovery management services within the ROSC framework using existing funding resources.

1. Create and refine mechanisms to collect and measure data to reflect the scope of funded services surrounding recovery management activities.
2. Incorporate contract language, site review protocols, and performance measures to evaluate recovery management activities for continuous quality improvement.
3. Move reimbursement language within contracts from an acute care model to a recovery model within the ROSC framework.
4. Provide training opportunities on the ROSC framework's elements of care and recovery management activities to the Mid-South line staff, Board, and Advisory Council members to increase understanding of their roles in this system of care concept.
5. Provide opportunities for Mid-South line staff to be involved with internal transformational planning and implementation of work processes.
6. Work with willing community partners in the development of rubrics to ensure ongoing communication, support, and cooperation between and among (but not limited to) the SUD service system, recovery community, primary health care providers, mental health services,

housing, and courts through the use of Memoranda of Understandings, policies, and/or other mechanisms.

Goal Two: To transform the SUD service delivery system, inclusive of treatment and prevention, from an acute care model to a recovery model within Michigan's ROSC elements of care utilizing recovery management services.

1. Utilize the Great Lakes Addiction Technology Transfer Center (GLATTC), as one resource, to develop and implement a training and development plan for provider clinical staff, prevention provider staff, referral sources' staff, and other interested partners to increase understanding and skills to transition their work with SUD clients and their families/other significant allies to be a partnership-consultant relationship.
2. Work with the SUD treatment service delivery system through the use of the provider implementation workgroup as well as the quality improvement workgroup to review data, policy revision implications, continuity of care, reduction of recidivism, and increase of engagement for services to facilitate an incremental approach to system transformation within the ROSC framework.
3. Support use of "Learning Circles" for the opportunity to share mutual experiences, questions, frustrations, and solutions as the transformation impacts the treatment, prevention, and referral sources' culture, practices, policies, attitudes, and service delivery.
4. Establish and sustain formal opportunities, such as focus groups, to solicit and include input from current/former clients and family/other significant allies in the design and implementation of recovery management services within the ROSC framework.
5. Perform a "Community Recovery Capital Needs Assessment" during the first year of the Plan, a second one at year three of the Plan, and maintain bi-annually thereafter.
6. Identify recovery management services for clients and their families/other significant allies that will positively impact recovery outcomes.
7. Develop recovery support services that are cognizant of individuals' stages of change and able to make stage appropriate recovery connections, which may not necessarily include formal SUD treatment services.

Goal Three: To carry out the goals and objectives of the 2010-2015 MSSAC Prevention Strategic Plan. This plan has identified and prioritized one capacity building goal area and three substance abuse consequence areas involving Alcohol Involved Traffic Fatalities, Injuries, and Crashes, Tobacco Related Death, and Prescription Drug and Over-the-Counter Related Poisonings and Deaths. [To view the complete plan, please refer to the Prevention Strategic Plan located on the website, www.mssac.com]

Goal Four: To identify barriers and challenges, such as statutory and/or regulatory requirements, as early as possible that will adversely impact the transformation to the ROSC framework. Submit items to DCH to address with the appropriate statutory/regulatory entities.

1. To work with sister coordinating agencies to identify statutory and/or regulatory requirements that will negatively impact the transformation process.
2. To work with SUD providers to identify barriers and challenges that will negatively impact the transformation to the ROSC framework.
3. To work with BSAAS to address the appropriate regulatory or statutory entities in resolving the identified barriers and challenges.

As expressed in Goal #1, the transformational process is being planned within the existing funding resources of Mid-South. This does not mean however, we will limit ourselves to only this funding for it is our intention that every opportunity to pursue federal and/or state funding requests for proposals that best fit our transformation goals will be taken. We will also support any grant writing proposals our prevention coalitions and treatment providers pursue on a local, state, and/or federal level that best reflects our transformational goals and objectives.

Quality Improvement (QI) Processes and Performance Measures

It is vital to the transformation process that we have performance measures and data collection tools in place to be able to answer questions such as; what are we trying to accomplish, how can we know a change is an improvement, and what changes can we make that we predict will lead to improvement. Establishing performance measures and data collection tools are all necessary activities, however without any methods for review and adjustment, it becomes activity without meaning. Reviewing the quality improvement or transformation process and results is a team effort. Staff, providers, coalition members, the Board of Directors, and the Advisory Council are all part of the team. The provider implementation workgroup will be a primary vehicle in which plans for change are reviewed prior to implementation and data results reviewed for adjustments, system-wide implementation, or discard completely. The Program Development Committee will be the conduit to the Commission's Board of Directors on the status of the transformation and any necessary actions requiring full Board approval.

As we put into effect the QI processes and performance measures to measure quality, it is important to keep in mind the Institute of Medicine's (IOM) Six Aims for Improvement. They are:

1. **Safe**: "First, do no harm". Avoid injuries to patients from the care that is intended to help them.
2. **Effective**: Provide services based on scientific knowledge to all who could benefit and refrain from providing services to those not likely to benefit (avoiding underuse and overuse).
3. **Patient-centered**: Provide care that is respectful and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.
4. **Timely**: Reduce wait and harmful delay for both those who receive and those who give care.
5. **Efficient**: Avoid waste, in particular waste of equipment, supplies, ideas, and energy.
6. **Equitable**: Provide care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographical location, and socioeconomic status.

The IOM's Six Aims for Improvement have much in common with the ROSC framework. Both are designed to bring about quality services for the SUD population, their families/other significant allies, and the community. The QI processes established with this Plan will be designed to ensure it is meeting the Six Aims for Improvement.

The Network for the Improvement of Addiction Treatment (NIATx) has been modifying quality improvement processes from other fields to meet the needs of the addiction treatment field. This Plan will need to be flexible and make adjustments as even the best laid plans do not always work as hoped when implemented. NIATx utilizes the Plan-Do-Study-Act (PDSA) method of rapid cycle change. As systematic changes occur, PDSA will be used to determine quickly if it is bringing about the planned results.

The Quality Improvement workgroup has been involved in data review and other processes to determine what measures would best help determine outcomes. Seven performance measures have been decided on to measure quality-of-life improvements. Three additional performance measures have been agreed to that measure retention, which are a proxy measures for outcomes. The seven performance measures are based on the American Society of Addiction Medicine's Six Dimensions for client placement. The six dimensions are: intoxification/withdrawal potential, biomedical concerns, emotional/behavioral issues, readiness to change, relapse/continued use potential, and the recovery environment. The remaining performance measure is related to the prevention activities within the region and will be addressed in the bi-annual publication of the Outcome Evaluation Monitoring Tool developed in partnership with Michigan State University.

The four major performance measures are expressed as:

1. Decrease in the percent of clients returning to the system (recidivism)
2. Increase in the percent of clients who have successfully continued in treatment – transferred to the next level of care (continuity of care)
3. Decrease in the percent of clients who have 4 or less encounters in treatment episode (engagement)
4. Decrease in the 3 prioritized substance abuse consequence goal areas.
    a. Reduce alcohol involved traffic fatalities, injuries, and crashes
    b. Reduce tobacco related death due to tobacco use and exposure to secondhand smoke
    c. Reduce poisonings and deaths due to over-the-counter and prescription drug misuse and abuse

(For a complete description of the 3 prevention prioritized substance abuse and misuse consequence goal areas, please refer to the Prevention Strategic Plan, located on the website, www.mssac.com.)

Performance Measures:

No.	ASAM Dimension	Data	Measurement
1.	Intoxification/ Withdrawal (Dimension 1)	• CareNet ASAM Dimensions Monitoring Report • *As Evidenced by* Section of Authorizations	Demonstrate identified issues have decreased by ASAM level of care. For example: 1) Reduction or diminished use of substances as evidenced by decrease in days used in the past month.
2.	Biomedical (Dimension 2)	• CareNet ASAM Dimensions Monitoring Report • *As Evidenced by* Section of Authorizations	Demonstrate identified issues have decreased by ASAM level of care. For example: 1) ASAM Patient Placement Criteria on the Authorizations reflect movement from higher level of care to lower. 2) Referred and seen by a physician. 3) The client has learned to manage chronic pain without the use of illicit drugs. 4) Dental issues have been addressed. 5) If pregnant, there was a drug free

No.	ASAM Dimension	Data	Measurement
			birth. 6) A Fetal Alcohol Spectrum Disorder (FASD) screening is completed with referrals made for children.
3.	Emotional Behavioral (Dimension 3)	• CareNet ASAM Dimensions Monitoring Report • *As Evidenced by* Section of Authorizations	Demonstrate identified issues have decreased by ASAM level of care. For example: 1) ASAM Patient Placement Criteria on the Authorizations reflect movement from higher level of care to lower. 2) Identified mental health issues are addressed in a treatment plan with steps taken to manage symptoms.
4.	Readiness to Change (Dimension 4)	• CareNet ASAM Dimensions Monitoring Report • *As Evidenced by* Section of Authorizations	Demonstrate identified issues have decreased by ASAM level of care. For example: 1) ASAM Patient Placement Criteria on the Authorizations reflect movement from higher level of care to lower. 2) Address stage of change and report progress during the course of treatment. 3) Increase client retention.
5.	Relapse/Continued Use (Dimension 5)	• CareNet ASAM Dimensions Monitoring Report • *As Evidenced by* Section of Authorizations	Demonstrate identified issues have decreased by ASAM level of care. For example: 1) ASAM Patient Placement Criteria on the Authorizations reflect movement from higher level of care to lower. 2) Use of recovery supports and relapse prevention skills have increased. 3) Evidence of application of use of the clients' new-found knowledge-base has increased.
6.	Recovery Environment (Dimension 6)	• CareNet ASAM Dimensions Monitoring Report • *As Evidenced by* Section of Authorizations	Demonstrate identified issues have decreased by ASAM level of care. For example: 1) ASAM Patient Placement Criteria on the Authorizations reflect movement from higher level of care to lower. 2) There is improvement of quality of life in areas of housing, employment/securing of financial support. 3) SSI, education, financial, pro-sober supports, return of children from foster care/family placement, improvement in relationships with family/significant other/children, no new legal involvement/resolution of legal problems, veterans being

No.	ASAM Dimension	Data	Measurement
			hooked up with veteran's benefits if not were the barriers addressed.
7.	Recovery Environment (Dimension 6)	• CareNet Report – Changes to Employment Status and Living Arrangements	Demonstrate client improvement of quality of life in areas of employment and living changes.
8.	Retention	• CareNet Report – Client Retention (Fewer than 4 encounters)	Demonstrate a decrease in the number of fewer than 4 client encounters.
9.	Continuum of Care	• CareNet Continuing in Treatment-Transfer with No Next LOC (exclude CATS)	Demonstrate an increase in the number of clients continuing in treatment/ transferring to the next level of care.

Mid-South's 5 Year Strategic Plan Logic Model

Situation:		**Symptoms:** 1. SUD TX delivery model under managed care is an acute care model vs. chronic care model under ROSC framework. 2. Resistance to change. 3. Feds & State are moving to a ROSC framework but with few practical tools developed. 4. Limited involvement by the recovery community with SUD TX agencies. 5. Variety of evidenced-based programs utilized with limited fidelity. **Problems:** 1. Reporting & funding structures not aligned with model change. 2. Data collection system not designed to collect data in the ROSC framework. 3. Current MI economic & state budget situation have an adverse impact on funding, continue to underfund the system. 4. No additional funding to support systems' transformation; potential budget cuts; current inequitable statewide allocation formula. 5. Different funding sources, (i.e. Medicaid, ABW) are difficult to navigate with specific requirements regarding what services can be funded under which funding. 6. Not currently operating under a chronic-disease services model. 7. Systems are not working collaboratively regarding services for mutual clients and families/other significant allies. **Stakeholder Engagement:** 1. Individuals seeking services, family and other significant allies – want services but unaware of ROSC and Recovery Management. 2. Prevention Coalitions – highly engaged. 3. SUD treatment providers – committed but with limited engagement at this time. 4. Community resources – unaware of ROSC and Recovery Management. 5. Mid-South via Staff and Board of Directors – committed. **Assets:** 1. Prevention Coalitions established to address community wellness. 2. SUD system has basic understanding of ROSC & Recovery Management. 3. Access Management System has been restructured to better meet ROSC framework. 4. Possible resubmission of Federal Grant for ROSC implementation in 2 counties. 5. Awarded Federal Grant for ROSC implementation in Recovery Court/Jackson. 6. Individuals and family/other significant allies are an untapped asset for SUD system transformation.
	Inputs:	**Time, money, and materials:** Mid-South mgt. & staff time, funding allocations, training, and training materials. **Partners:** Mid-South mgt, & staff, TX Provider Clinical staff, TX Provider support staff, County SA Prevention Coalitions, SA Prevention Providers, Recovery Community (Volunteers, Peer Supports, Mentors), Department of Human Services (Protective Services, Foster Care), Community Mental Health, Mid-South Board of Directors members, Advisory Councils, District and Circuit Courts, County Collaboratives, and faith-based community.

Outputs	**Activities**:	1. Development of Mid-South Action Plan guidelines for implementation of ROSC framework for SUD Services. 2. Development of protocols, policies, procedures, & other mechanisms to implement recovery management based services. 3. Provide TA to TX providers' clinical & support staff and prevention to align their programming to ROSC framework and recovery management. 4. Community stakeholders informational groups on ROSC framework & impact on community. 5. Perform community recovery capital needs assessment with support of the SA prevention coalitions. 6. Perform needs assessment of TX services by Mid-South staff and address those identified service needs with TX providers. 7. Development of recovery management services such as recovery coaches, peer supports, recovery check-ups, case management, care management. 8. Develop TX service array Action Plans to address recovery management efforts with focus on quality performance measures. 9. Movement toward county-wide SUD action plan inclusive of prevention and treatment services.
	Participation:	Mid-South mgt. & staff, TX provider clinical & support staff, TX provider board &/or advisory members, SA Prevention provider staff, SA Prevention Coalition members, Recovery Community– (Volunteers, Peer Supports, Mentors), other Human Services Agencies, Primary Health Care Providers, Community Mental Health, Department of Corrections, Community Corrections, District & Circuit Courts, Housing Supports, Michigan Works, Michigan Rehabilitation, Mid-South Board of Directors members, Mid-South Advisory Council members, the 9 County Board of Commission members, Provider Board of Directors or Advisory Council members, Clients and Family & Other significant allies of clients, Schools, Colleges & Universities in region, Hospitals & ER Departments, Federally Qualified Health Clinics, County Health Plans (Ingham, etc.), Local United Ways, County Collaboratives, and Faith-based communities.
	Quality Improvement Performance Measures:	To ensure Mid-South is making progress in the transformation process, 3 quality improvement performance measures have been selected to monitor. These 3 measure client engagement with treatment leading to a reduction in recidivism and successfully transferring to the next level of care in clients' continuity of care. The performance measures are: 1. Decrease in the percent of clients returning to the system (recidivism) 2. Increase in the percent of clients who have successfully continued in treatment – transferred to the next level of care (continuity of care) 3. Decrease in the percent of clients who have 4 or less encounters in treatment episode (engagement) The 4th measure is prevention focused: Decrease in the 3 prioritized substance abuse and misuse consequence goal areas. a. Reduce alcohol involved traffic fatalities, injuries, and crashes b. Reduce tobacco related death due to tobacco use and exposure to secondhand smoke c. Reduce poisonings and deaths due to over-the-counter and prescription drug misuse and abuse Additional performance measures for the providers are based on the American Society for Addiction Medicine (ASAM) Patient Placement Criteria's six dimensions: Intoxification/withdrawals; biomedical; emotional/behavioral; readiness to change; relapse/continued use; and, recovery environment.

Outcomes		
	Short Term: **FY 2010/2011**	1. Monitoring tools have been created and refined to measure Mid-South's administrative capacity. 2. Training has been initiated to increase knowledge by the SUD service delivery system, Mid-South staff, Board and Advisory members and awareness by the community referral sources and partners of the ROSC framework and impact on SUD services in their communities. 3. Baseline of performance measures has been established. 4. Workgroups, learning circles, and focus groups have been established for input of the SUD service delivery system, and current/former clients and their families/other significant allies on the transformation to the ROSC framework for SUD service delivery. 5. First Action Plan submissions from selected treatment providers. 6. The first community recovery capital needs assessment has been completed. 7. Identification of barriers and challenges which negatively impact the transformation to service development within the ROSC framework has begun.
	Short Term: **FY 2011/2012**	1. Increased administrative capacity with changes in contract language, inclusive of reimbursement language, allocation adjustments, and other administrative capacity functions being monitored. 2. Increased knowledge and awareness due to continuation of training initiated during FY 2010/2011. 3. Refinement of Action Plan requirements and expansion of number of providers involved for FY 2011/2012 submissions. 4. Recovery management services developed and implemented, in selected counties, based on the community recovery capital needs assessment and focus groups results. 5. Evaluation of 1st year performance measures from baseline to determine if improvements are being made. 6. Barriers and challenges which negatively impact the transformation to service development within the ROSC framework has been sent to BSAAS for discussion.
	Intermediate Term: **FY 2012/2013 & FY 2013/2014**	1. Continuation of years 1 and 2 outcomes of this strategic plan in conjunction with years 3 and 4 objectives and timeline. 2. Completed development and issuance of RFP for recovery management services in the ROSC framework. 3. Awarded RFP to selected providers. 4. Submitted Annual Action Plans are county-wide in focus.
	Long Term: **FY 2014/2015**	1. Completion of all goals and objectives for Strategic Plan resulting in SUD service delivery system transformed to recovery management services within the ROSC framework. 2. Evaluation of performance measures completed. 3. Begin review of data and outcomes for development of new strategic plan.

Summary

Implementation of this Plan requires conceptual clarity, organizational commitment, and strong leadership. All parties involved with this change will need to enter into it with a firm commitment to see it through. For Mid-South's ROSC transformation and implementation of a recovery management philosophy to be successful requires substantial changes in: treatment and prevention philosophies; funding strategies; regulatory policies and monitoring protocols; clinical and support services menus; service relationships; roles and responsibilities; the training and supervision of staff and volunteers; and intra- and inter-organizational relationships. In summary, this Plan requires leadership and commitment to truly achieve the vision of "…long-term recovery, wellness, and quality-of-life for healthy and safe communities within the Mid-South region."

Appendix A

Mid-South's 5 Year Strategic Plan Timeline and Milestones

Year	Key Activities	Milestone	Lead Staff
Year One FY 2010/2011 3rd Quarter (Apr, May, Jun)	Develop and send out Action Plan guidelines to providers with submission due date	Action Plan will be developed and sent out to providers for submission	Mary Kronquist Special Projects Coordinator
	Review data to determine needs and establish baseline for performance measures	Baseline for performance measures established	Joel Hoepfner Program Services Manager Jeanne Diver, CCC/Quality Improvement Manager
	Review contract language and make initial language change for FY 2010/2011 contracts	Initial ROSC framework language in contracts	Gary VanNorman, Executive Director
	Work with Administrative Infrastructure Workgroup in identification of barriers & challenges	Identification of barriers & challenges region & statewide	Gerrie Roeser, Finance Manager
	Select providers to begin recovery management services	Providers will be selected to begin implementation of recovery management services	Gary VanNorman, Executive Director
	Transformational workgroup made up of providers and Mid-South staff is formed.	Transformational Workgroup will establish a process and use it to review data, policy revision implications, continuity of care, reduction of recidivism, and increased engagement to offer input and possible solutions as well as potential barriers and challenges due to regulatory/statutory requirements.	Joel Hoepfner Program Services Manager Mary Kronquist, Special Projects Coordinator
	Focus group will be held in one county before beginning of new fiscal year	Focus group will provide input on SUD services delivery system	Mary Kronquist, Special Projects Coordinator
Year One FY 2010/2011 4th Quarter (Jul, Aug, Sept)	Create, refine, and use tools to monitor and measure Mid-South's administrative capacity	Tools to monitor and measure Mid-South's administrative capacity will be created, refined, and used.	Joel Hoepfner Program Services Manager Mary Kronquist Special Projects Coordinator
	Begin training providers, community referral agencies, other interested partners on ROSC concepts and how to move to Recovery Management	Providers, community referral agencies, other interested partners will have understanding of ROSC concepts and what is needed to begin moving to Recovery Management	Mary Kronquist, Special Projects Coordinator
	Work with selected providers to implement Action Plans	Technical assistance is given to selected providers to begin	Joel Hoepfner Program Services Manager

		implementation of Recovery Management	Mary Kronquist Special Projects Coordinator
	Begin working with GLATTC to plan training for FY 201/2012	Initial training plan will be developed	Mary Kronquist, Special Projects Coordinator
	Learning Circles initiated and regular schedule established	Learning Circles have been initiated and a regular schedule has been established	Mary Kronquist, Special Projects Coordinator
	Focus group will be held in one county for the quarter	Focus group will provide input on SUD services delivery system	Mary Kronquist, Special Projects Coordinator
	Transformational Workgroup will continue its process for their input on the transformation process	Transformational Workgroup to review data, policy revision implications, continuity of care, reduction of recidivism, and increased engagement to offer input and possible solutions as well as potential barriers and challenges due to regulatory/statutory requirements.	Joel Hoepfner Program Services Manager Mary Kronquist, Special Projects Coordinator
	Initiate partnership in ROSC transformation with willing community partners	Partnerships with willing community partners begin	Gary VanNorman, Executive Director
	Continue to review data	Monitoring of data to determine if meeting baseline continues	Joel Hoepfner Program Services Manager Jeanne Diver, CCC/Quality Improvement Manager
	Continue to work with Administrative Infrastructure Workgroup in identification of barriers & challenges	Identification of barriers & challenges region & statewide	Gerrie Roeser, Finance Manager
	Continue to work with selected providers to begin recovery management services	Technical assistance is given to selected providers to begin implementation of Recovery Management	Joel Hoepfner Program Services Manager Mary Kronquist Special Projects Coordinator
Year Two FY 2011/2012 1st Quarter (Oct, Nov, Dec)	Transformational Workgroup will continue its process for their input on the transformation process	Transformational Workgroup to review data, policy revision implications, continuity of care, reduction of recidivism, and increased engagement to offer input and possible solutions as well as potential barriers and challenges due to regulatory/statutory requirements.	Joel Hoepfner Program Services Manager Mary Kronquist, Special Projects Coordinator

	Focus group will be held in at least one county for the quarter	Focus group will provide input on SUD services delivery system	Mary Kronquist, Special Projects Coordinator
	Create, refine, and use tools to monitor and measure Mid-South's administrative capacity	Tools to monitor and measure Mid-South's administrative capacity will be created, refined, and used.	Joel Hoepfner Program Services Manager Mary Kronquist Special Projects Coordinator
	Continue training providers, community referral agencies, other interested partners on ROSC concepts and how to move to Recovery Management	Providers, community referral agencies, other interested partners will have understanding of ROSC concepts and what is needed to begin moving to Recovery Management	Mary Kronquist, Special Projects Coordinator
	Begin retrospective reviews of providers	Retrospective reviews will have begun	Jeanne Diver, CCC/Quality Improvement Manager
	Selected County Prevention Networks prepare for Community Recovery Resources Needs Assessment	Preparations are made for needs assessment in selected counties	Joel Hoepfner, Prevention Manager Mary Kronquist Special Projects Coordinator
	Learning Circles continue on regular schedule established	Learning Circles continue on the regularly established schedule	Mary Kronquist, Special Projects Coordinator
	Continue partnership in ROSC transformation with willing community partners	Partnerships with willing community partners continue	Joel Hoepfner Program Services Manager Mary Kronquist Special Projects Coordinator
	Continue to review data	Monitoring of data to determine if meeting baseline continues	Joel Hoepfner Program Services Manager Jeanne Diver, CCC/Quality Improvement Manager
	Continue to work with Administrative Infrastructure Workgroup in identification of barriers & challenges	Identification of barriers & challenges region & statewide	Gerrie Roeser, Finance Manager
	Continue to work with selected providers on recovery management services	Technical assistance is given to selected providers on implementation of Recovery Management	Joel Hoepfner Program Services Manager Mary Kronquist Special Projects Coordinator
Year Two FY 2011/2012 2nd Quarter (Jan, Feb, Mar)	Transformational Workgroup will continue its process for their input on the transformation process	Transformational Workgroup to review data, policy revision implications, continuity of care, reduction of recidivism, and increased engagement to offer input and possible solutions as well as potential barriers	Joel Hoepfner Program Services Manager Mary Kronquist, Special Projects Coordinator

		and challenges due to regulatory/statutory requirements.	
	Focus group will be held in at least one county for the quarter	Focus group will provide input on SUD services delivery system	Mary Kronquist, Special Projects Coordinator
	Continue to create, refine, and use tools to monitor and measure Mid-South's administrative capacity	Tools to monitor and measure Mid-South's administrative capacity will be created, refined, and used.	Joel Hoepfner Program Services Manager Mary Kronquist Special Projects Coordinator
	Continue training providers, community referral agencies, other interested partners on ROSC concepts and how to move to Recovery Management	Providers, community referral agencies, other interested partners will have understanding of ROSC concepts and what is needed to begin moving to Recovery Management	Mary Kronquist, Special Projects Coordinator
	Continue retrospective reviews of providers	Retrospective reviews continue	Jeanne Diver, CCC/Quality Improvement Manager
	Learning Circles continue on regular schedule established	Learning Circles continue on the regularly established schedule	Mary Kronquist, Special Projects Coordinator
	Continue partnership in ROSC transformation with willing community partners	Partnerships with willing community partners continue	Joel Hoepfner Program Services Manager Mary Kronquist Special Projects Coordinator
	Review of 1st year data for planning purposes to address gaps in service array.	Data review for input on needs for service array.	Joel Hoepfner Program Services Manager Jeanne Diver, CCC/Quality Improvement Manager
	Begin Community Recovery Resources Needs Assessment by Prevention Networks in selected counties	Community Recovery Resources Needs Assessment begins	Joel Hoepfner Program Services Manager Mary Kronquist Special Projects Coordinator
	Continue to work with Administrative Infrastructure Workgroup in identification of barriers & challenges	Identification of barriers & challenges region & statewide	Gerrie Roeser, Finance Manager
	Continue to work with selected providers on recovery management services	Technical assistance is given to selected providers on implementation of Recovery Management	Joel Hoepfner Program Services Manager Mary Kronquist Special Projects Coordinator
	Transformational Workgroup will continue its process for their input on the transformation process	Transformational Workgroup to review data, policy revision implications, continuity of care, reduction of recidivism, and increased	Joel Hoepfner Program Services Manager Mary Kronquist, Special Projects Coordinator

Year Two FY 2011/2012 3rd Quarter (Apr, May, Jun)		engagement to offer input and possible solutions as well as potential barriers and challenges due to regulatory/statutory requirements.	
	Focus group will be held in at least one county for the quarter	Focus group will provide input on SUD services delivery system	Mary Kronquist, Special Projects Coordinator
	Continue to create, refine, and use tools to monitor and measure Mid-South's administrative capacity	Tools to monitor and measure Mid-South's administrative capacity will be created, refined, and used.	Joel Hoepfner Program Services Manager Mary Kronquist Special Projects Coordinator
	Continue training providers, community referral agencies, other interested partners on ROSC concepts and how to move to Recovery Management	Providers, community referral agencies, other interested partners will have understanding of ROSC concepts and what is needed to begin moving to Recovery Management	Mary Kronquist, Special Projects Coordinator
	Continue retrospective reviews of providers	Retrospective reviews continue	Jeanne Diver, CCC/Quality Improvement Manager
	Learning Circles continue on regular schedule established	Learning Circles continue on the regularly established schedule	Mary Kronquist, Special Projects Coordinator
	Continue partnership in ROSC transformation with willing community partners	Partnerships with willing community partners continue	Joel Hoepfner Program Services Manager Mary Kronquist Special Projects Coordinator
	Continued review of 1st year data for planning purposes to address gaps in service array	Data review for input on needs for service array	Joel Hoepfner Program Services Manager Mary Kronquist Special Projects Coordinator
	Continue to work with Administrative Infrastructure Workgroup in identification of barriers & challenges	Identification of barriers & challenges region & statewide	Gerrie Roeser, Finance Manager
	Determine if any allocation changes will be warranted for next fiscal year	Allocations will be adjusted as necessary	Gerrie Roeser, Finance Manager
	Work with providers for submission & implementation of Action Plan for next fiscal year	Providers will have ability to submit & implement action plan for new fiscal year.	Joel Hoepfner Program Services Manager Mary Kronquist Special Projects Coordinator
	Continue to work with selected providers on recovery management services	Technical assistance is given to selected providers on implementation of Recovery Management	Joel Hoepfner Program Services Manager Mary Kronquist Special Projects Coordinator

Year Two **FY 2011/2012** **4th Quarter** **(Jul, Aug, Sept)**	Transformational Workgroup will continue its process for their input on the transformation process	Transformational Workgroup to review data, policy revision implications, continuity of care, reduction of recidivism, and increased engagement to offer input and possible solutions as well as potential barriers and challenges due to regulatory/statutory requirements.	Joel Hoepfner Program Services Manager Mary Kronquist, Special Projects Coordinator
	Focus group will be held in at least one county for the quarter	Focus group will provide input on SUD services delivery system	Mary Kronquist, Special Projects Coordinator
	Continue to create, refine, and use tools to monitor and measure Mid-South's administrative capacity	Tools to monitor and measure Mid-South's administrative capacity will be created, refined, and used.	Joel Hoepfner Program Services Manager Mary Kronquist Special Projects Coordinator
	Continue training providers, community referral agencies, other interested partners on ROSC concepts and how to move to Recovery Management	Providers, community referral agencies, other interested partners will have understanding of ROSC concepts and what is needed to begin moving to Recovery Management	Mary Kronquist, Special Projects Coordinator
	Continue retrospective reviews of providers	Retrospective reviews continue	Jeanne Diver, CCC/Quality Improvement Manager
	Learning Circles continue on regular schedule established	Learning Circles continue on the regularly established schedule	Mary Kronquist, Special Projects Coordinator
	Continue partnership in ROSC transformation with willing community partners	Partnerships with willing community partners continue	Joel Hoepfner Program Services Manager Mary Kronquist Special Projects Coordinator
	Review of Community Recovery Resources Needs Assessment results	Results are reviewed	Joel Hoepfner, Program Services Manager Mary Kronquist, Special Projects Coordinator
	Continue to work with Administrative Infrastructure Workgroup in identification of barriers & challenges	Identification of barriers & challenges region & statewide	Gerrie Roeser, Finance Manager
	Continue to work with selected providers on recovery management services	Technical assistance is given to selected providers on implementation of Recovery Management	Joel Hoepfner Program Services Manager Mary Kronquist Special Projects Coordinator
Year Three **FY 2012/2013** **1st Quarter**	Transformational Workgroup will continue its process for their input on the transformation	Transformational Workgroup to review data, policy revision	Joel Hoepfner Program Services Manager

(Oct, Nov, Dec)	process	implications, continuity of care, reduction of recidivism, and increased engagement to offer input and possible solutions as well as potential barriers and challenges due to regulatory/statutory requirements.	Mary Kronquist, Special Projects Coordinator
	Work with prevention coalitions and treatment providers to begin long term planning for county-wide action plans by the fourth year of the strategic plan	Framework will begin to be developed for long term planning for county-wide action plans with the prevention coalitions and treatment providers	Joel Hoepfner Program Services Manager Mary Kronquist Special Projects Coordinator
	Focus group will be held in at least one county for the quarter	Focus group will provide input on SUD services delivery system	Mary Kronquist, Special Projects Coordinator
	Continue to create, refine, and use tools to monitor and measure Mid-South's administrative capacity	Tools to monitor and measure Mid-South's administrative capacity will be created, refined, and used.	Joel Hoepfner Program Services Manager Mary Kronquist Special Projects Coordinator
	Continue training providers, community referral agencies, other interested partners on ROSC concepts and how to move to Recovery Management	Providers, community referral agencies, other interested partners will have understanding of ROSC concepts and what is needed to begin moving to Recovery Management	Mary Kronquist, Special Projects Coordinator
	Continue retrospective reviews of providers	Retrospective reviews continue	Jeanne Diver, CCC/Quality Improvement Manager
	Learning Circles continue on regular schedule established	Learning Circles continue on the regularly established schedule	Mary Kronquist, Special Projects Coordinator
	Continue partnership in ROSC transformation with willing community partners	Partnerships with willing community partners continue	Joel Hoepfner Program Services Manager Mary Kronquist Special Projects Coordinator
	Select second round of County Prevention Networks for Community Recovery Resources Needs Assessment	Begin Technical Assistance for Prevention Coalitions for Community Recovery Resources Needs Assessment	Joel Hoepfner Program Services Manager Mary Kronquist Special Projects Coordinator
	Continue to work with Administrative Infrastructure Workgroup in identification of barriers & challenges	Identification of barriers & challenges region & statewide	Gerrie Roeser, Finance Manager
	Continue to work with selected providers on recovery management services	Technical assistance is given to selected providers on implementation of Recovery Management	Joel Hoepfner Program Services Manager Mary Kronquist Special Projects Coordinator

Year Three FY 2012/2013 2nd Quarter (Jan, Feb, Mar)	Work with prevention coalitions and treatment providers to begin long term planning for county-wide action plans by the fourth year of the strategic plan	Framework will begin to be developed for long term planning for county-wide action plans with the prevention coalitions and treatment providers	Joel Hoepfner Program Services Manager Mary Kronquist Special Projects Coordinator
	Develop & send out Action Plan request with guidelines to providers with beginning focus on combined prevention & treatment county-wide plan for FY 2012/2013	Beginning of combined action plans for prevention and treatment	Joel Hoepfner Program Services Manager Mary Kronquist Special Projects Coordinator
	Transformational Workgroup will continue its process for their input on the transformation process	Transformational Workgroup to review data, policy revision implications, continuity of care, reduction of recidivism, and increased engagement to offer input and possible solutions as well as potential barriers and challenges due to regulatory/statutory requirements.	Joel Hoepfner Program Services Manager Mary Kronquist, Special Projects Coordinator
	Focus group will be held in at least one county for the quarter	Focus group will provide input on SUD services delivery system	Mary Kronquist, Special Projects Coordinator
	Continue to create, refine, and use tools to monitor and measure Mid-South's administrative capacity	Tools to monitor and measure Mid-South's administrative capacity will be created, refined, and used.	Joel Hoepfner Program Services Manager Mary Kronquist Special Projects Coordinator
	Continue training providers, community referral agencies, other interested partners on ROSC concepts and how to move to Recovery Management	Providers, community referral agencies, other interested partners will have understanding of ROSC concepts and what is needed to begin moving to Recovery Management	Mary Kronquist, Special Projects Coordinator
	Continue retrospective reviews of providers	Retrospective reviews continue	Jeanne Diver, CCC/Quality Improvement Manager
	Learning Circles continue on regular schedule established	Learning Circles continue on the regularly established schedule	Mary Kronquist, Special Projects Coordinator
	Continue partnership in ROSC transformation with willing community partners	Partnerships with willing community partners continue	Joel Hoepfner Program Services Manager Mary Kronquist Special Projects Coordinator
	Begin Community Recovery Resources Needs Assessment by Prevention Networks in selected counties	Community Recovery Resources Needs Assessment begins	Joel Hoepfner Program Services Manager Mary Kronquist Special Projects Coordinator

	Continue to work with Administrative Infrastructure Workgroup in identification of barriers & challenges	Identification of barriers & challenges region & statewide	Gerrie Roeser, Finance Manager
	Continue to work with selected providers on recovery management services	Technical assistance is given to selected providers on implementation of Recovery Management	Joel Hoepfner Program Services Manager Mary Kronquist Special Projects Coordinator
Year Three FY 2012/2013 3rd Quarter (Apr, May, Jun)	Transformational Workgroup will continue its process for their input on the transformation process	Transformational Workgroup to review data, policy revision implications, continuity of care, reduction of recidivism, and increased engagement to offer input and possible solutions as well as potential barriers and challenges due to regulatory/statutory requirements.	Joel Hoepfner Program Services Manager Mary Kronquist, Special Projects Coordinator
	Focus group will be held in at least one county for the quarter	Focus group will provide input on SUD services delivery system	Mary Kronquist, Special Projects Coordinator
	Continue to create, refine, and use tools to monitor and measure Mid-South's administrative capacity	Tools to monitor and measure Mid-South's administrative capacity will be created, refined, and used.	Joel Hoepfner Program Services Manager Mary Kronquist Special Projects Coordinator
	Continue training providers, community referral agencies, other interested partners on ROSC concepts and how to move to Recovery Management	Providers, community referral agencies, other interested partners will have understanding of ROSC concepts and what is needed to begin moving to Recovery Management	Mary Kronquist, Special Projects Coordinator
	Continue retrospective reviews of providers	Retrospective reviews continue	Jeanne Diver, CCC/Quality Improvement Manager
	Learning Circles continue on regular schedule established	Learning Circles continue on the regularly established schedule	Mary Kronquist, Special Projects Coordinator
	Continue partnership in ROSC transformation with willing community partners	Partnerships with willing community partners continue	Joel Hoepfner Program Services Manager Mary Kronquist Special Projects Coordinator
	Review of 2nd year data for planning purposes to address gaps in service array	Data review for input on needs for service array	Joel Hoepfner Program Services Manager Jeanne Diver, CCC/Quality Improvement Manager
	Continue to work with Administrative Infrastructure	Identification of barriers & challenges region &	Gerrie Roeser, Finance Manager

	Workgroup in identification of barriers & challenges	statewide	
	Determine if any allocation changes will be warranted for next fiscal year	Allocations will be adjusted as necessary	Gerrie Roeser, Finance Manager
	Work with providers on implementation of Action Plan for next fiscal year	Providers will have ability to implement action plan for new fiscal year.	Joel Hoepfner Program Services Manager Mary Kronquist Special Projects Coordinator
	Continue to work with selected providers on recovery management services	Technical assistance is given to selected providers on implementation of Recovery Management	Joel Hoepfner Program Services Manager Mary Kronquist Special Projects Coordinator
Year Three FY 2012/2013 4th Quarter (Jul, Aug, Sept)	Work with prevention coalitions and treatment providers to begin long term planning for county-wide action plans by the fourth year of the strategic plan	Framework will begin to be developed for long term planning for county-wide action plans with the prevention coalitions and treatment providers	Joel Hoepfner Program Services Manager Mary Kronquist Special Projects Coordinator
	Develop RFP for recovery management services within the ROSC framework	A RFP will be developed for letting	Mary Kronquist, Special Projects Coordinator
	Transformational Workgroup will continue its process for their input on the transformation process	Transformational Workgroup to review data, policy revision implications, continuity of care, reduction of recidivism, and increased engagement to offer input and possible solutions as well as potential barriers and challenges due to regulatory/statutory requirements.	Joel Hoepfner Program Services Manager Mary Kronquist, Special Projects Coordinator
	Focus group will be held in at least one county for the quarter	Focus group will provide input on SUD services delivery system	Mary Kronquist, Special Projects Coordinator
	Continue to create, refine, and use tools to monitor and measure Mid-South's administrative capacity	Tools to monitor and measure Mid-South's administrative capacity will be created, refined, and used.	Joel Hoepfner Program Services Manager Mary Kronquist Special Projects Coordinator
	Continue training providers, community referral agencies, other interested partners on ROSC concepts and how to move to Recovery Management	Providers, community referral agencies, other interested partners will have understanding of ROSC concepts and what is needed to begin moving to Recovery Management	Mary Kronquist, Special Projects Coordinator
	Continue retrospective reviews of providers	Retrospective reviews continue	Jeanne Diver, CCC/Quality Improvement Manager

	Learning Circles continue on regular schedule established	Learning Circles continue on the regularly established schedule	Mary Kronquist, Special Projects Coordinator
	Continue partnership in ROSC transformation with willing community partners	Partnerships with willing community partners continue	Joel Hoepfner Program Services Manager Mary Kronquist Special Projects Coordinator
	Review of Community Recovery Resources Needs Assessment results	Results are reviewed	Joel Hoepfner Program Services Manager Mary Kronquist Special Projects Coordinator
	Continue to work with Administrative Infrastructure Workgroup in identification of barriers & challenges	Identification of barriers & challenges region & statewide	Gerrie Roeser, Finance Manager
	Continue to work with selected providers on recovery management services	Technical assistance is given to selected providers on implementation of Recovery Management	Joel Hoepfner Program Services Manager Mary Kronquist Special Projects Coordinator
Year Four FY 2013/2014 1st Quarter (Oct, Nov, Dec)	Transformational Workgroup will continue its process for their input on the transformation process	Transformational Workgroup to review data, policy revision implications, continuity of care, reduction of recidivism, and increased engagement to offer input and possible solutions as well as potential barriers and challenges due to regulatory/statutory requirements.	Joel Hoepfner Program Services Manager Mary Kronquist, Special Projects Coordinator
	Focus group will be held in at least one county for the quarter	Focus group will provide input on SUD services delivery system	Mary Kronquist, Special Projects Coordinator
	Continue to create, refine, and use tools to monitor and measure Mid-South's administrative capacity	Tools to monitor and measure Mid-South's administrative capacity will be created, refined, and used.	Joel Hoepfner Program Services Manager Mary Kronquist Special Projects Coordinator
	Continue training providers, community referral agencies, other interested partners on ROSC concepts and how to move to Recovery Management	Providers, community referral agencies, other interested partners will have understanding of ROSC concepts and what is needed to begin moving to Recovery Management	Mary Kronquist, Special Projects Coordinator
	Continue retrospective reviews of providers	Retrospective reviews continue	Jeanne Diver, CCC/Quality Improvement Manager
	Learning Circles continue on regular schedule established	Learning Circles continue on the regularly established schedule	Mary Kronquist, Special Projects Coordinator

	Continue partnership in ROSC transformation with willing community partners	Partnerships with willing community partners continue	Joel Hoepfner Program Services Manager Mary Kronquist Special Projects Coordinator
	Work with prevention coalitions and treatment providers to begin long term planning for county-wide action plans by the fourth year of the strategic plan	Framework will begin to be developed for long term planning for county-wide action plans with the prevention coalitions and treatment providers	Joel Hoepfner Program Services Manager Mary Kronquist Special Projects Coordinator
	Continue to work with selected providers on recovery management services	Technical assistance is given to selected providers on implementation of Recovery Management	Joel Hoepfner Program Services Manager Mary Kronquist Special Projects Coordinator
Year Four **FY 2013/2014** **2nd Quarter** **(Jan, Feb, Mar)**	Work with prevention coalitions and treatment providers to begin long term planning for county-wide action plans by the fourth year of the strategic plan	Framework will begin to be developed for long term planning for county-wide action plans with the prevention coalitions and treatment providers	Joel Hoepfner Program Services Manager Mary Kronquist Special Projects Coordinator
	Award RFPs to selected providers	RFPs awarded	Mid-South Board of Directors
	Transformational Workgroup will continue its process for their input on the transformation process	Transformational Workgroup to review data, policy revision implications, continuity of care, reduction of recidivism, and increased engagement to offer input and possible solutions as well as potential barriers and challenges due to regulatory/statutory requirements.	Joel Hoepfner Program Services Manager Mary Kronquist, Special Projects Coordinator
	Focus group will be held in at least one county for the quarter	Focus group will provide input on SUD services delivery system	Mary Kronquist, Special Projects Coordinator
	Continue to create, refine, and use tools to monitor and measure Mid-South's administrative capacity	Tools to monitor and measure Mid-South's administrative capacity will be created, refined, and used.	Joel Hoepfner Program Services Manager Mary Kronquist Special Projects Coordinator
	Continue training providers, community referral agencies, other interested partners on ROSC concepts and how to move to Recovery Management	Providers, community referral agencies, other interested partners will have understanding of ROSC concepts and what is needed to begin moving to Recovery Management	Mary Kronquist, Special Projects Coordinator
	Continue retrospective reviews of providers	Retrospective reviews continue	Jeanne Diver, CCC/Quality Improvement Manager

	Learning Circles continue on regular schedule established	Learning Circles continue on the regularly established schedule	Mary Kronquist, Special Projects Coordinator
	Continue partnership in ROSC transformation with willing community partners	Partnerships with willing community partners continue	Joel Hoepfner Program Services Manager Mary Kronquist Special Projects Coordinator
	Work with all providers on recovery management services within the ROSC framework	Recovery management services are developing in all counties	Joel Hoepfner Program Services Manager Mary Kronquist Special Projects Coordinator
Year Four FY 2013/2014 3rd Quarter (Apr, May, Jun)	Transformational Workgroup will continue its process for their input on the transformation process	Transformational Workgroup to review data, policy revision implications, continuity of care, reduction of recidivism, and increased engagement to offer input and possible solutions as well as potential barriers and challenges due to regulatory/statutory requirements.	Joel Hoepfner Program Services Manager Mary Kronquist, Special Projects Coordinator
	Focus group will be held in at least one county for the quarter	Focus group will provide input on SUD services delivery system	Mary Kronquist, Special Projects Coordinator
	Tools to monitor and measure Mid-South's administrative capacity are in place, ongoing monitoring for refinement	Tools to monitor and measure Mid-South's administrative capacity will be used and refined	Joel Hoepfner Program Services Manager Mary Kronquist Special Projects Coordinator
	Continue training providers, community referral agencies, other interested partners on ROSC concepts and how to move to Recovery Management	Providers, community referral agencies, other interested partners will have understanding of ROSC concepts and what is needed to begin moving to Recovery Management	Mary Kronquist, Special Projects Coordinator
	Continue retrospective reviews of providers	Retrospective reviews continue	Jeanne Diver, CCC/Quality Improvement Manager
	Learning Circles continue on regular schedule established	Learning Circles continue on the regularly established schedule	Mary Kronquist, Special Projects Coordinator
	Continue partnership in ROSC transformation with willing community partners	Partnerships with willing community partners continue	Joel Hoepfner Program Services Manager Mary Kronquist Special Projects Coordinator
	Review of 3rd year data for planning purposes to address gaps in service array	Data review for input on needs for service array	Joel Hoepfner Program Services Manager Jeanne Diver,

			CCC/Quality Improvement Manager
	Determine if any allocation changes will be warranted for next fiscal year	Allocations will be adjusted as necessary	Gerrie Roeser, Finance Manager
	Annual Action Plan submissions to be made in partnership with prevention coalitions & be county-wide in focus	Action Plans will be made in partnership with the Prevention Coalitions & be county-wide in focus	Joel Hoepfner Program Services Manager Mary Kronquist Special Projects Coordinator
	Full determination of Key Activities and Milestones will be made during third year of the strategic plan. Continuation of data review, retrospective reviews, training and development, and performance reviews.		Joel Hoepfner Program Services Manager Mary Kronquist Special Projects Coordinator
Year Four FY 2013/2014 4th Quarter (Jul, Aug, Sept)	Full determination of Key Activities and Milestones will be made during third year of strategic plan. Continuation of data review, retrospective reviews, training and development, and performance reviews. Complete evaluation of effectiveness of 5 year strategic plan.		
Year Five FY 2014/2015	Begin developing and writing new 5 year strategic plan to have in place by end of FY.		
FY 2015/2016	Beginning of new 5 year strategic plan		

Appendix B

CSAT's Description of ROSC Care Elements

Recovery-oriented systems support person-centered and self-directed approaches to care that build on the strengths and resilience of individuals, families, and communities to take responsibility for their sustained health, wellness, and recovery from alcohol and drug problems.

Systems of Care Elements

Element One: **Person-centered:** ROSC will be person-centered. Individuals will have a menu of stage-appropriate choices that fit their needs throughout the recovery process. Choices can include spiritual supports that fit with the individual's recovery needs.

Element Two: **Family and significant others involvement:** ROSC will acknowledge the important role that families and other allies can play. Family and other allies will be incorporated, when appropriate, in the recovery planning and support process. They can constitute a source of support to assist individuals in entering and maintaining recovery. Additionally, systems need to address the treatment, recovery, and other support needs of families and other allies.

Element Three: **Individualized and comprehensive services across the lifespan:** ROSC will be individualized, comprehensive, stage-appropriate, and flexible. Systems will adapt to the needs of individuals, rather than requiring individuals to adapt to them. They will be designed to support recovery across the lifespan. The approach to SUD will change from an acute-based model to one that manages chronic disorders over a lifetime.

Element Four: **Systems anchored in the community:** ROSC will be nested in the community for the purpose of enhancing the availability and support capacities of families, intimate social networks, community-based institutions, and other people in recovery.

Element Five: **Continuity of care:** ROSC will offer a continuum of care, including pretreatment, treatment, continuing care, and support throughout recovery. Individuals will have a full range of stage-appropriate services from which to choose at any point in the recovery process.

Element Six: **Partnership-consultant relationships:** ROSC will be patterned after a partnership-consultant model that focuses more on collaboration and less on hierarchy. Systems will be designed so that individuals feel empowered to direct their own recovery.

Element Seven: **Strength-based:** ROSC will emphasize individual strengths, assets, and resiliencies.

Element Eight: **Culturally responsive:** ROSC will be culturally sensitive, competent, and responsive. There will be recognition that beliefs and customs are diverse and can impact the outcomes of recovery efforts. In addition, the cultures of those who support the recovering individual affect the recovery process.

Element Nine: **Responsiveness to personal belief systems:** ROSC will respect the spiritual, religious and/or secular beliefs of those they serve and provide linkages to an array of recovery options that are consistent with these beliefs.

Element Ten: **Commitment to peer recovery support services:** ROSC will include peer recovery support services. Individuals with personal experience of recovery will provide these valuable services.

Element Eleven: **Inclusion of the voices and experiences of recovering individuals and their families:** The voices and experiences of people in recovery and their family members will contribute to the design and implementation of ROSC. People in recovery and their family members will be included among decision-makers and have oversight responsibilities for service provision. Recovering individuals and family members will be prominently and authentically represented on advisory councils, boards, task forces, and committees at the Federal, State, and local levels.

Element Twelve: **Integrated services:** ROSC will coordinate and/or integrate efforts across service systems to achieve an integrated process that responds effectively to the individual's unique constellation of strengths, desires, and needs.

Element Thirteen: **System-wide education and training:** ROSC will ensure that concepts of recovery and wellness are foundational elements of curricula, certification, licensure, accreditation, and testing mechanisms. The workforce also requires continual training, at every level, to reinforce the tenets of ROSC.

Element Fourteen: **Ongoing monitoring and outreach:** ROSC will provide ongoing monitoring and feedback with assertive outreach efforts to promote continual participation, re-motivation, and reengagement.

Element Fifteen: **Outcomes-driven:** ROSC will be guided by recovery-based process and outcome measures. These measures will be developed in collaboration with individuals in recovery. Outcome measures will reflect the long-term global effects of recovery process on individuals, family and community, not just remission of biomedical symptoms. Outcomes will be measureable and include benchmarks of quality-of-life changes.

Element Sixteen: **Research-based:** ROSC will be informed by research. Additional research on individuals in recovery, recovery venues, and the processes of recovery, including cultural and spiritual aspects, is essential. Research will be supplemented by the experiences of people in recovery.

Element Seventeen: **Adequately and flexibly financed:** ROSC will be adequately financed to permit access to a full continuum of services, ranging from detoxification and treatment to continuing care and recovery support. In addition, funding will be sufficiently flexible to permit unbundling of services, enabling the establishment of a customized array of services that can evolve over time in support of an individual's recovery.

Center for Substance Abuse Treatment, *National Summit on Recovery Conference Report,* 2005.

Appendix C

CSAT's Working Definition & Guiding Principles of Recovery

Working Definition: Recovery from alcohol and drug problems is a process of change through which an individual achieves abstinence and improved health, wellness, and quality of life.

Guiding Principles of Recovery:

Principle One: **There are many pathways to recovery.**
Individuals are unique with specific needs, strengths, goals, health attitudes, behaviors, and expectations for recovery. Pathways to recovery are highly personal, and generally involve a redefinition of identity in the face of crisis or a process of progressive change. Furthermore, pathways are often social, grounded in cultural beliefs or traditions and involve informal community resources, which provide support for sobriety. The pathway to recovery may include one or more episodes of psychosocial and/or pharmacological treatment. For some, recovery involves neither treatment nor involvement with mutual aid groups. Recovery is a process of change that permits an individual to make healthy choices and improve the quality of his or her life.

Principle Two: **Recovery is self-directed and empowering.**
While the pathway to recovery may involve one or more periods of time when activities are directed or guided to a substantial degree by others, recovery is fundamentally a self-directed process. The person in recovery is the "agent of recovery" and has the authority to exercise choices and make decisions based on his or her recovery goals that have an impact on the process. The process of recovery leads individuals toward the highest level of autonomy of which they are capable. Through self-empowerment, individuals become optimistic about life goals.

Principle Three: **Recovery involves a personal recognition of the need for change and transformation.**
Individuals must accept that a problem exists and be willing to take steps to address it; these steps usually involve seeking help for a substance use disorder. The process of change can involve physical, emotional, intellectual, and spiritual aspects of the person's life.

Principle Four: **Recovery is holistic.**
Recovery is a process through which one gradually achieves greater balance of mind, body, and spirit in relation to other aspects of one's life, including family, work, and community.

Principle Five: **Recovery has cultural dimensions.**
Each person's recovery process is unique and impacted by cultural beliefs and traditions. A person's cultural experience often shapes the recovery path that is right for him or her.

Principle Six: **Recovery exists on a continuum of improved health and wellness.**
Recovery is not a linear process. It is based on continual growth and improved functioning. It may involve relapse and other setbacks, which are a natural part of the continuum but not inevitable outcomes. Wellness is the result of improved care and balance of mind, body, and spirit. It is the product of the recovery process.

Principle Seven: **Recovery emerges from hope and gratitude.**
Individuals in or seeking recovery often gain hope from those who share their search for or experience of recovery. They see that people can and do overcome the obstacles that confront them and they cultivate gratitude for the opportunities that each day of recovery offers.

Principle Eight: **Recovery involves a process of healing and self-redefinition.**
Recovery is a holistic healing process in which one develops a positive and meaningful sense of identity.

Principle Nine: **Recovery involves addressing discrimination and transcending shame and stigma.**
Recovery is a process by which people confront and strive to overcome stigma.

Principle Ten: **Recovery is supported by peers and allies.**
A common denominator in the recovery process is the presence and involvement of people who contribute hope and support and suggest strategies and resources for change. Peers, as well as family members and other allies, form vital support networks for people in recovery. Providing service to others and experiencing mutual healing help create a community of support among those in recovery.

Principle Eleven: **Recovery involves (re)joining and (re)building a life in the community.**
Recovery involves a process of building or rebuilding what a person has lost or never had due to his or her condition and its consequences. Recovery involves creating a life within the limitation imposed by that condition. Recovery is building or rebuilding healthy family, social, and personal relationships. Those in recovery often achieve improvements in the quality of their life, such as obtaining education, employment, and housing. They also increasingly become involved in constructive roles in the community through helping others, productive acts, and other contributions.

Principle Twelve: **Recovery is a reality.**
It can, will, and does happen.

Center for Substance Abuse Treatment, *National Summit on Recovery Conference Report,* 2005.

Appendix D

Glossary of Terms

Acute Illness: Rapid and severe onset of illness.

Addiction Technology Transfer Centers (ATTC): A nationwide, multidisciplinary resource for professionals in the addictions treatment and recovery services field, the ATTC Network serves to: Raise awareness of evidence-based and promising treatment and recovery practices, Build skills to prepare the workforce to deliver state-of-the-art addictions treatment and recovery services, and Change practice by incorporating these new skills into everyday use for the purpose of improving addictions treatment and recovery outcomes. Great Lakes Addiction Technology Transfer Center (GLATTC) is Michigan's Center.

American Society of Addiction Medicine (ASAM): The American Society of Addiction Medicine is a professional organization for physicians who specialize in the treatment of addiction.

ASAM PPC2R: **(See ASAM) American Society of Addiction Medicine Patient Placement Criteria for the Treatment of Substance-Related Disorders (2nd edition).** This document is the most widely used and comprehensive national guidelines for placement, continued stay and discharge of patients with alcohol and other drug problems. The ASAM PPC-2R provides two sets of guidelines, one for adults and one for adolescents, and five broad levels of care for each group. The levels of care are: Level 0.5, Early Intervention; Level I, Outpatient Treatment; Level II, Intensive Outpatient/Partial Hospitalization; Level III, Residential/Inpatient Treatment; and Level IV, Medically-Managed Intensive Inpatient Treatment. Within these broad levels of service is a range of specific levels of care.

Bureau of Substance Abuse and Addiction Services (BSAAS): The Bureau of Substance Abuse & Addiction Services (BSAAS), within the Mental Health & Substance Abuse Administration, administers the state's public substance use disorder network of prevention, treatment, and recovery services.

Chronic Diseases: Disorders that cannot be cured with existing medical technologies and whose symptoms wax and wane over an extended period of time.

Engagement: Implementing a process to successfully engage and retain individuals in a treatment or therapeutic Program.

NIATx: Formerly known as the Network for the Improvement of Addiction Treatment – now simply known as NIATx. NIATx is part of the Center for Health Enhancement System Studies at the University of Wisconsin – Madison. Their main focus is on implementing simple and innovative solutions to get more people into treatment and keep them there longer, reduce costs, improve staff morale and increase revenue using existing resources.

Pathways to Recovery: The many different ways people use to successfully achieve recovery. Individuals are unique with specific needs, strengths, goals, health attitudes, behaviors and expectations for recovery. Pathways to recovery are highly personal, and generally involve a redefinition of identity in the face of crisis or a process of progressive change. Furthermore, pathways are often social, grounded in cultural beliefs or traditions and involve informal community resources, which provide

support. Recovery is a process of change that permits an individual to make healthy choices and improve the quality of his or her life.

Peer: A person in a journey of recovery who identifies with an individual based on shared background and life experience. The peer supports the individual in their journey of recovery.

Recovery Plan: An individualized plan that focuses on personal recovery management.

Retention: A measure of the rate at which an individual persists in their prevention/treatment program at an institution or facility.

Strength Based Assessment: The measurement of those emotional and behavioral skills, competencies, and characteristics that create a sense of personal accomplishment; contribute to satisfying relationships with family members, peers, and adults; enhance one's ability to deal with adversity and stress; and promote one's personal, social, and academic development." As such, strength-based assessment offers a strategy for empowering individuals by building on the personal strengths and resources that are frequently overlooked or given minimal attention in more problem oriented approaches to assessment.

Therapist: Substance Abuse Therapists help people with alcohol, drug, gambling and eating disorders to identify behaviors related to their addiction, and develop therapeutic strategies to break dependencies and prevent relapses.

Transformational Change: A cultural, values based change which drives structural and practice changes. TC is unique in three critical ways: 1) The future is unknown and only through forging ahead will it be discovered; 2) The future state is so different from the traditional state that a shift of mindset, values and culture is required to invent it; and 3) The process and the human dynamics are much more complex; partnership is critical!

Transformational Steering Committee (TSC): A diverse group of individuals empanelled to lead an informed and transparent transformation process to an SUD recovery oriented system of care in Michigan.

Treatment (or therapy)**:** A term for the processes of medical and/or psychotherapeutic treatment, for dependency on psychoactive substances such as alcohol, prescription drugs, and so-called street drugs such as cocaine, heroin or amphetamines. The general intent is to enable the patient to cease substance abuse, in order to avoid the psychological, legal, financial, social, and physical consequences that can be caused, especially by extreme abuse.

Wellness: A term generally used to mean a healthy balance of the mind, body and spirit that results in an overall feeling of well-being. Additionally, it is considered an active process of becoming aware of and making choices toward a more successful existence.

Appendix E

Resources

1. Regional Resources
   a. Mid-South Substance Abuse Commission: www.mssac.com
   b. Blackboard Resource: www.blackboard.edzone.net (enter *eis.g.inghamguest* as username with *guest* as password) or contact the Mid-South Prevention Department for details
   c. County Coalition Websites
      - Clinton County: www.drugfreeclinton.org
      - Eaton County: www.eatondrugfree.org
      - Gratiot County: www.gir.gnnet.us/ (enter *eis.g.gratiotguest* as a username with *guest* as password)
      - Hillsdale County: www.mvabhs.com/prevention
      - Ingham County: www.drugfreeingham.org
      - Ionia County: www.ioniacounty.org/health-department/substance-abuse-home.aspx
      - Jackson County: www.drugfreejackson.com
      - Lenawee County: www.drugpreventionlenawee.com
      - Newaygo County: http://safeanddrugfree.ncresa.org

2. State Resources
   a. Michigan Department of Community Health: www.michigan.gov/mdch
   b. Bureau of Substance Abuse and Addiction Services: www.michigan.gov/mdch/0,1607,7-132-2941_4871---,00.html
   c. Michigan State Police: Office of Highway Safety Planning: www.michigan.gov/msp/0,1607,7-123-1593_3504---,00.html
   d. Michigan Liquor Control Commission: www.michigan.gov/dleg/0,1607,7-154-10570---,00.html
   e. Michigan Profile for Healthy Youth (MiPHY): www.michigan.gov/miphy

3. National Resources
   a. Office of National Drug Control Policy (ONDCP): www.whitehousedrugpolicy.gov
   b. Substance Abuse & Mental Health Services Administration (SAMHSA) website: www.samhsa.gov
   c. SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP) website: www.nrepp.samhsa.gov
   d. Center for Substance Abuse Prevention (CSAP): www.prevention.samhsa.gov
   e. Center for Substance Abuse Treatment: http://csat.samhsa.gov/
   f. Community Anti-Drug Coalitions of America (CADCA): www.cadca.org

4. General Prevention Resources
   a. Strategic Prevention Framework overview: www.carnevaleassociates.com/CA_IB-SAMHSA_SPF_Overview.pdf
   b. Prevention Network: www.preventionnetwork.org

c. Medicine Abuse Resource Guide: www.michigan.gov/mdch/0,1607,7-132-2941_4871_48558-15090--,00.html
d. FACE: www.faceproject.org/index.html
e. Michigan Prevention Association (MPA): www.yourmpa.org

5. Treatment and ROSC Resources
   a. Mid-South Substance Abuse Commission: www.mssac.com
   b. MDCH/Bureau of Substance Abuse and Addiction Services: http://www.michigan.gov/mdch/0,1607,7-132-2941_4871_4877_48561-113480--,00.html
   c. Michigan AA Resource Directories: www.step12.com/michigan.html
      www.usrecovery.info/AA/Michigan.htm
      www.theagapecenter.com/AAinUSA/Michigan.htm
   d. Recovery Oriented Systems of Care (ROSC)
      www.rcsp.samhsa.gov/_pubs/rsswhitepaper.pdf
   e. William White's website: www.williamwhitepapers.com
   f. Connecticut's ROSC initiative:
      http://www.ct.gov/dmhas/cwp/view.asp?a=2901&q=335084
   g. Faces and Voices of Recovery: www.facesandvoicesofrecovery.org
   h. Faces and Voices of Recovery mutual support groups finder:
      www.facesandvoicesofrecovery.org/resources/support/index.html
   i. Partners for Recovery website: http://pfr.samhsa.gov/index.html
   j. Addiction Technology Transfer Center: http://www.attcnetwork.org/index.asp

Appendix F

LITERATURE REVIEW

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MLA formatting by BibMe.org.

Copies of the 2010-2015 Substance Use Disorder System Strategic Plan and the Prevention Strategic Plan are available at the Mid-South website: http://www.mssac.com

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