

**Michigan Recovery Council**  
**Recovery Policy and Practice Advisory**  
**Version: 6/13/11**

**Purpose and Application**

It is the policy of Michigan Department of Community Health (MDCH) that services and supports provided to individuals with mental illness including co-occurring conditions are based in recovery. This policy and practice guideline specifies the expectations for the Pre-paid Inpatient Health Plans (PIHPs), Community Mental Health Service Programs (CMHSPs) and their provider networks. It is the culmination of a series of intentional milestones that include: the creation of the Michigan Recovery Council (to give voice), establishment of the Michigan Recovery Center of Excellence (to share resources) and the development of a peer workforce (to share the journey).

In order to move toward a recovery-based system of services, the beliefs and knowledge about recovery must be strengthened. MDCH asked the Recovery Council to develop and has adopted the following recovery statement, guiding principles and expectations for systems change:

**Recovery Statement**

Recovery is choosing and reclaiming a life full of meaning, purpose and one's sense of self. It is an ongoing personal and unique journey of hope, growth, resilience and wellness. In that journey, recovery builds relationships supporting a person's use of their strengths, talents and passions. Recovery is within each and every individual.

**Guiding Principles of Recovery**

The following principles outline essential features of recovery for the individual:

1. *Recovery is a Personal Journey* and each person can attain and regain their hopes and dreams in their own way. Each journey is grounded in hope, and a sense of boundless possibilities. The strength, talent and abilities of each individual provide an opportunity to reach his or her own life goals. Everyone can attain and maintain recovery and move to a place of independence beyond the public mental health system.
2. *Recovery includes all Aspects of Life* and is driven through the services and supports selected and controlled by the individual. Partnerships are formed based on trust and respect. Recovery will be attained and maintained with the support of friends, family, peers, advocates and providers.
3. *Recovery is Life Long* and requires ongoing learning. Each individual has the courage to plan for and achieve wellness. Increased personal knowledge builds experience in advocating for services and supports.

4. *Recovery Supports Health and Wellness* and is the responsibility of each individual with support from others who provide physical and mental health services. Integrating physical and mental health is essential to wellness. Through self advocacy and support, the highest attainable quality of life will be achieved. With the integration of mental health and physical health, increased length of life is possible.

### **Expectations for Implementation of Recovery Practices**

Based on the above principles, the Recovery Council established the following expectations to guide organizations at all levels in creating an environment and system of supports that foster recovery:

1. Promote changes in state law and policies at all levels to establish effective communication between peers, within systems and among service providers.

#### Requirements:

- Provide ongoing education to stakeholders on recovery principles and practices in conjunction with state level policies including recovery, trauma informed care, person-centered planning, and self-determination.
- Develop and maintain a plan to educate and increase communication within the broader community using guidance and leadership from local recovery committees and councils.
- Provide knowledge and education in partnership with the Michigan Recovery Council to stakeholders on recovery related policies and practices.

2. Develop policies and procedures that ensure seamless and timely entry and re-entry into services and supports.

#### Requirements:

- Provide a person-centered and peer-oriented access and welcoming process for individuals assessed for eligibility that addresses the reduction and elimination of redundant/duplicative paperwork.
- Assure pathways are in place for expedited reentry into services for individuals who have been discharged, but once again need services and supports from the public mental health system.
- Provide guidance during discharge planning with verbal and written information on how to access mental health and other community services.

3. Align policies, procedures and practices to foster and protect individual choice, control and self-determination, from the person-centered planning process through the arrangement of supports and services.

PIHP Requirements:

- Develop a proactive plan using baseline data to increase the number of self-determination arrangements as a direct result of choice during the person-centered planning process.
  - Provide an estimate of the cost of services annually, when significant changes occur to the individual plan of service and as requested by the individual following the person-centered planning process.
  - Provide training and mentoring opportunities to individuals receiving services/peers to become independent facilitators of both person-centered planning and self-determination practices.
4. Encourage peer support including the choice of working with Certified Peer Support Specialists (CPSS) as a choice and option for individuals throughout the service array and within the person-centered planning process.

Requirements:

- Develop and implement an educational approach with written materials to provide information to stakeholders on peer services.
  - Provide information on the choices and options of working with peers in a journey of recovery including CPSS as part of the person-centered planning process.
  - Collect baseline data on the number of individuals who receive peer services with a proactive plan on increasing the number of individuals served.
5. Address the concerns raised by the National Association of State Mental Health Program Directors (NASMHPD) report *Morbidity and Mortality in People with Serious Mental Illness* by aligning services and supports to promote and ensure access to quality health care and the integration of mental and physical health care. Specific concerns to address include: screening; increased risk assessments; holistic health education; primary prevention; smoking cessation and weight reduction.

Requirements:

- Regularly offer and provide classes ideally promoted, led and encouraged by peers related to whole health, including Personal Action Toward Health (PATH), Wellness Recovery Action Planning (WRAP), physical activity, smoking cessation, weight loss and management etc.
  - Collect information on morbidity, mortality and co-morbid conditions with a strategic planning process to address and decrease risk factors associated with early death.
  - Provide referrals and outreach to assist individuals with meeting their basic needs, including finding affordable housing and having enough income to address risk factors associated with poverty.
  - Identify, develop and strengthen community partnerships to promote models and access for the integration of physical and mental health.
  - Discuss and coordinate transportation for individuals to attend appointments, classes and health-related activities discussed in the person-centered planning process.
6. Assess and continually improve recovery promotion, competencies and the environment in organizations throughout the service array.

Requirements:

- Complete a strategic planning process that builds on the actions and outcomes of the Michigan Recovery Council, including results from the Recovery Enhancing Environment (REE) and implementation of the statewide recovery curriculum.
- Provide ongoing education of recovery and environments that promote recovery with all staff, including executive management, psychiatrists, case managers, clinicians, support staff, leadership and board members.
- Include a list of competencies in recovery principles and practices in employee job descriptions and performance evaluations.
- Work in partnership with individuals receiving services, including CPSS, in all aspects of the development and delivery of recovery-oriented trainings and activities.

**How Michigan's Efforts Align with Federal Policy**

MDCH recognizes that recovery is highly individualized. It is also a process, vision, conceptual framework that should adhere to guiding principles, but most importantly it is recognized and supported through a series of initiatives, as well as state and national policies. Recovery emphasizes the strong voice and advocacy of people with lived

experience. By drawing on their personal experiences and powerful passion, they have been and remain the primary force in promoting systems transformation.

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

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

SAMHSA ten fundamental components and the MDCH recovery policy and practices are just beginning to achieve their desired results. True change will require a series of legislative actions, state and federal policies and Mental Health Code changes intentionally designed to promote choice, voice and control for individuals who receive supports and services. Few states, Michigan included, have developed a policy and practice guideline on recovery, thus, MDCH relied on the work, ideas and heart of the Recovery Council to craft this document.

Successful implementation of these guiding principles and recommendations for systems change will demand an active response from people in recovery across the state. The policy must be treated like recovery itself, with meaning, purpose, and dedication to support individual and system actions toward making it an “ongoing personal and unique journey of hope, growth, resilience and wellness.” Hard work will be required to ensure that this policy is embraced and implemented. The Recovery Council and MDCH look forward to assessing progress toward these principles every year.

