

NORTHCARE NETWORK

POLICY TITLE: Recovery Based/Prevention Services	CATEGORY: Clinical Practices	
EFFECTIVE DATE: 12/11/19	BOARD APPROVAL DATE: 12/11/19	
REVIEW DATE: 12/10/24	REVISION(S) TO POLICY STATEMENT: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	OTHER REVISION(S): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
RESPONSIBLE PARTY: Clinical Practices Specialist & SUDHH Coordinator	CEO APPROVAL DATE: 2/4/25 Megan Rooney, CEO	

APPLIES TO

NorthCare Network Personnel
Network Providers

POLICY

All services and supports for individuals and their families shall be provided within the context of a true partnership that instills hope and a belief that individuals can recover. It is essential that NorthCare Network providers offer integrated treatment practices supported by research and selected by the individual and the treatment provider(s) according to a person-centered planning process and medical necessity. NorthCare Network and the Community Mental Health Specialty Providers and NorthCare Network Substance Use Disorder Providers assist each consumer by providing medically necessary services and supports to help approach each day's challenges, overcome disabilities, acquire skills, live in community, and contribute to society in meaningful ways.

PURPOSE

NorthCare Network Prepaid Inpatient Health Plan (PIHP) aligns its efforts with MDHHS, "It is the policy of Michigan Department of Health and Human Services (MDHHS) that services and supports provided to individuals with behavioral health disorders (the term 'behavioral health' equates to substance use and mental health disorders) are based in recovery and embedded within a recovery-oriented system of care." Further, NorthCare Network supports system transformation toward integrated care for all individuals served by Member CMHSPs and Substance Use Disorder Providers based on the principles of recovery. Recovery based services include self-direction by the individual, who defines their goals and designs a unique path toward those goals. Active outreach to inform our communities about the prevalence of trauma and to encourage a culture of safety will aid individuals in their recovery.

DEFINITIONS

1. **Recovery** from mental disorders and substance use disorders as defined by SAMHSA as of Feb 2012 is: A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. SAMHSA also has delineated four major dimensions that support a life in recovery:
 - Health: Overcoming or managing one's disease(s) as well as living in a physically and emotionally healthy way.

- Home: A stable and safe place to live.
 - Purpose: Meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income, and resources to participate in society.
 - Community: Relationships and social networks that provide support, friendship, love, and hope.
2. **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. (ROSC TSC 2010)
 3. **Self-Determination:** means the rights of an individual to exercise his or her own free will in deciding to accept or reject, in whole or in part, the services which are being offered. People cannot develop a sense of dignity unless they are afforded the freedom and respect that comes from exercising opportunities for self-determination.

REFERENCES

- www.samhsa.gov, Working Definition of Recovery, SAMHSA News Release, 12/22/12
- MDHHS Recovery Policy & Practice Advisory
<https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/drugcontrol/reportstats/reportcontent/policies-and-advisories>
- MDHHS Self Directed Services Technical Requirement
<https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/mentalhealth/practiceguidelines>
- Applicable NorthCare Network Policies

HISTORY

Previously part of rescinded Recovery Based Services Policy and Inclusion/Prevention of Relapse Policy

NEW POLICY: 12/11/19

REVISION DATE: 5/2/22, 2/1/24, 12/10/24

REVIEW DATE: 10/21/20, 7/19/21, 5/2/22, 2/20/23, 2/1/24, 12/10/24

CEO APPROVAL: 11/3/20, 9/7/21, 6/9/22, 3/7/23, 2/6/24, 2/4/25

BOARD APPROVAL: 12/11/19

PROCEDURES

NorthCare adopts the MDHHS Recovery Policy and Practice Advisory. This policy emphasizes that recovery occurs via many pathways which includes the experiences of individuals in recovery. Recovery is supported by peers and allies, promotes health and wellness, is holistic outcome driven and researched based. A true recovery model must incorporate the long-term natural supports that will be necessary for the lifelong management of a chronic illness or disability. To support a recovery-oriented environment, NorthCare Network and its providers:

NorthCare Network in partnership with affiliated CMH and SUD providers will:

- A. Assure job descriptions for all employees and volunteers contains the language of recovery. Job responsibilities will outline recovery-based, person-centered and

culturally competent practices. Trauma Informed practices will also be emphasized. Job qualifications will specify that lived experiences with behavioral health issues are desired.

- B. Educate, train, and provide technical assistance for consumers and their supports, network providers, stakeholders, and the community about the reality of recovery as well as:
- mental illness and developmental disabilities and medically necessary services available
 - substance use disorders and services available
 - trauma informed care and trauma specific services
 - positive behavior supports
 - coordination of care between treatment providers
 - relapse prevention
 - stigma
- C. Shape programs and services to achieve recovery principles.
- D. Provide opportunities for consumer representation and membership on committees and workgroups.
- E. Invite and encourage consumer participation in sponsored events.
- F. Assure all medically necessary behavioral health services are available to individuals in the Upper Peninsula and provided within the context of recovery. This includes utilization of community resources.
- G. Assure coordination with primary healthcare when integrated treatment planning occurs for individuals with two or more serious disorders. It is expected that integration of treatment will occur across physical medical health, school related problems, corrections and any other key service provider assisting the consumer.
- H. Participate in local collaborations, statewide and national workgroups and conferences to remain on the forefront of this transformation and excel in translating principles into action for the wellbeing of the community.
- I. Develop relationships based on welcoming, an accepting attitude and understanding of how people 'present' for treatment and assure all consumers will be treated with dignity and respect.
- J. Provide integrated treatment planning via the person-centered planning process, within the plan of service, which may also include a Recovery Plan for relapse/crisis response. Assure the language of recovery is utilized throughout plan of service.
- K. Encourage family/supports participation in treatment.
- L. Encourage consumers to be as self-directed as possible and have an active role in their treatment.
- M. Encourage the creation of a "Plan for Difficult Times" and/or Recovery Plan/Wellness Plan, and/or psychiatric advanced directive.

- The Plan will assist individuals understand the symptoms and triggers that indicate if they are moving toward a relapse. This education continues throughout the course of treatment; encouraging the individual's development of a plan to manage one's illness during difficult times.
- Relapse prevention is further addressed as the individual moves through treatment to aftercare. Relapse prevention is then clearly outlined during transition services and may continue in aftercare sessions.
- Prevention of relapse will be best supported by transition planning that is initiated early in the individual planning and delivery process. Transition services are particularly critical when adolescents are reaching the age of majority and will require ongoing services in adulthood. Services and personnel in the community may be identified who need to be responsible for follow-up after transition.

N. Typically, the following issues would be addressed in a relapse prevention plan:

- Identification of high-risk situations and warning signs
- Strategies to handle high risk situations
- Identification of feelings
- Anger management
- Understanding self-defeating learned behaviors
- Identifying habits/process of change
- Stress management
- Working on a long-term plan
- Working on relationships
- Culture and/or Spirituality
- Daily relapse prevention inventory