

March 2023

Recovery Maintenance Plan (RMP)

Please watch for updated information on the relaunch of the RMP, which is required for all patients in Mental Health and Addiction Recovery.

Value Stream Update

The Mental Health and Addiction Recovery (MHAR) Value Stream is focused on the continual improvement of MHAR services provided by our organization. Our mission is to provide high-quality mental health and addiction treatment that meets our patients' needs while ensuring that the needs of employees are considered to help Rogers be a place where people want to work and grow in their careers.

The data we are tracking over the next 12 months include:

- Therapeutic dose of MHAR and last Brief Addiction Monitor (BAM) score meeting target
- Continuing care appointments within five days
- Resignation from MHAR within the first year of service
- Patients leaving inpatient in less than 48 hours of treatment
- Paired Packet Rates

We are currently working on a large project to evaluate and improve the training for MHAR team members at all levels of care, including basic, intermediate, and advanced training and offering more continuing education (CE) opportunities.

In the next 30 days: 1) Time studies to determine the most effective MHAR employee roles and responsibilities and 2) Applying for MHAR licensure in Minnesota

In the next 60 days: 1) Developing an electronic process for collecting ROIs and 2) Spreading solutions from last year's stigma reduction and philosophy alignment event

In the next 90 days: 1) System collaboration to evaluate and improve the ROI process and 2) Aligning the number of supervision hours for employees with state regulations to reduce burden

If you have any questions or suggestions for future improvement work, please bring it up in clinical supervision or contact Michelle Maloney, PhD, system executive clinical director, Addiction Services, or Jim Hishmeh, Addiction Services leader, directly.

President Biden expands access to medication proven to reduce overdose deaths



President Joe Biden signed a bill on December 29 that includes the bipartisan Mainstreaming Addiction Treatment (MAT) Act. The measure will make buprenorphine — a U.S. Food and Drug Administration-approved medication for opioid use disorder (OUD) — more readily

accessible to people seeking treatment. [Buprenorphine is proved to reduce overdose deaths](#), curb illicit drug use, slow infectious disease transmission, and help people stay in treatment.

The MAT Act will help remove these barriers to care. Its enactment will:

- Eliminate bureaucratic guardrails that limit buprenorphine prescribing
- Help historically underserved communities access OUD treatment
- Reduce stigma surrounding medication to treat addiction

Passing the MAT Act was long overdue. In 2021 alone, the [U.S. lost more than 100,000 people to drug overdose deaths](#), with 75% of those fatalities stemming from opioids. Medications are the most effective treatment for OUD, yet [only 11% of people with the disorder received medication for their condition in 2020](#). This bipartisan law is an important step forward in helping to close that treatment gap. [President Signs Bipartisan Measure to Improve Addiction Treatment | The Pew Charitable Trusts \(pewtrusts.org\)](#)

What influences health and why do we become resilient?

Did you ever stop to think about what shapes our health? Our health is shaped through nearly every aspect around us: where we work, live, our relationships, and the groups within our community. Becoming resilient allows us to pursue health equality. Resilience gives us the strength to bounce back from challenges in life. We all face hardships at some point in life, but those who develop resilience can tap into their strengths and support systems to give them the best chance to overcome challenges and work through problems.

The factors that affect all aspects of our health are grouped into five categories:

1. Social determinants
2. Risk and protective factors
3. Trauma and toxic stress
4. Adverse childhood experiences
5. Trauma-informed practices



Nobody's health should be influenced by where they live, how much money they make, or the culture or community they were born into. Unfortunately, these health disparities exist. Factors like race, sexual orientation, age, and disability status have been shown to play a role in people's health. We can change this through policy and prevention efforts to address the root causes of health inequities and help improve people's social, economic, and environmental conditions.

Factors like age, race, or family health history can't be changed; whereas other factors like where a person lives or how much money they earn, change over time; and even other factors may be affected by awareness, trauma, environments, or experiences.

Trauma is the impact felt from high levels of toxic stress, which can be emotional or physical. We may feel toxic stress when we face strong, frequent, or prolonged challenges, including abuse, neglect, violence, or substance use in the home. If these occur prior to the age of 18, we call them adverse childhood experiences (ACEs). These can have a lasting, negative effect on our lives.

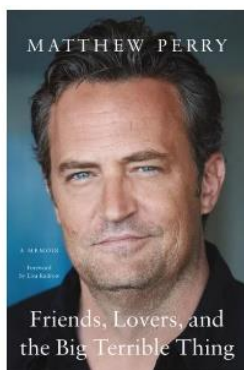
Trauma-informed practices are ways to understand and show care to people who are affected by toxic stress and trauma. Trauma-informed practices are rooted in being able to understand the feelings of others, otherwise known as empathy. The goal is to reduce the stigma that often surrounds mental and behavioral health disorders like depression, substance use, chronic disease, and other effects of trauma. Instead of asking “what is wrong with you,” a trauma-informed approach would ask “what has happened to you?” Caring for someone in this way can show them as a whole person.

The goal of building resilience gives everyone the opportunity to live their best lives.

[Resilient Wisconsin | Wisconsin Department of Health Services](#)

Book review of the month

Written by Michelle Stewart, Continuing Care specialist



Excerpt from Amazon: “Hi, my name is Matthew, although you may know me by another name. My friends call me Matty. And I should be dead.” So begins the riveting story of acclaimed actor Matthew Perry, taking us along on his journey from childhood ambition to fame to addiction and recovery in the aftermath of a life-threatening health scare. Before the frequent hospital visits and stints in rehab, there was 5-year-old Matthew, who traveled from Montreal to Los Angeles, shuffling between his separated parents; 14-year-old Matthew, who was a nationally ranked tennis star in Canada; 24-year-old Matthew, who nabbed a coveted role as a lead cast member on the talked-about pilot then called *Friends Like Us*. . . and so much more.

In an extraordinary story that only he could tell — and in the heartfelt, hilarious, and warmly familiar way only he could tell it — Matthew Perry lays bare the fractured family that raised him (and also left him to his own devices), the desire for recognition that drove him to fame, and the void inside him that could not be filled even by his greatest dreams coming true. But he also details the peace he’s found in sobriety and how he feels about the ubiquity of *Friends*, sharing stories about his castmates and other stars he met along the way. Frank, self-aware, and with his trademark humor, Perry vividly depicts his lifelong battle with addiction and what fueled it despite seemingly having it all.

Friends, Lovers, and the Big Terrible Thing is an unforgettable memoir that is both intimate and eye-opening — as well as a hand extended to anyone struggling with sobriety. Unflinchingly honest, moving, and uproariously funny, this is the book fans have been waiting for.

Why did you choose this book? Being in recovery myself, I enjoy reading books on the stories of others that have struggled with addiction. Reading stories about other people’s experiences offers me comfort, support, and encouragement that I am not alone. Hearing about Matthew Perry’s battle with addiction is a stark reminder of the importance of my recovery, and it has helped me to stay grounded to the daily work that goes into recovery.

What were your three biggest takeaways? This book did a great job of reflecting how addiction can affect absolutely anyone. It reminded me that it doesn’t matter if you are rich or poor and that addiction affects and infects all the successes one has in life. It offered a candid look at the progression of addiction and how long-term addiction takes a toll on not only the person with the use disorder but also every person in their lives.

This book reminded me that it is not helpful to ruminate over the past, yet remembering the past can be an incentive to maintain recovery. The story drives home the point that anything and everything that is put before recovery will eventually be lost. It was a helpful reminder of how important it is to prioritize my recovery every single day. Something that is especially important to remember as well is that relapse can be a part of the journey for many people, and it does not always equate to failure. Rather this story reminds us that it is important to embrace the lessons that relapse teaches us and build on those lessons. It is the essence of remembering recovery is always one day at a time.

Would you recommend this book to 1. Clinicians 2. Patients 3. Support (friends and family of patients)? I think this book is an excellent way for clinicians/patients/supports to experience the raw and sometimes hard-to-understand toll that addiction takes on a person. I truly believe that everyone could benefit from being able to have this candid look into the true battle that both addiction and recovery can be.



MHAR employee spotlight

Kristen Lauder, therapist II, Depression Recovery adolescent residential care in Brown Deer

I have been with Rogers since July 2022 and completed my MSW in December of 1999. I have an LCSW, EMDR (Eye Movement Desensitization and Reprocessing) certification, Colorpuncture certification (like acupuncture with color lights instead of needles), and school social worker license. My main area of focus has been in trauma, but recently substance use disorder has become my focus.

What would your advice be to someone considering entering the SUD field?

You are about to have the honor of meeting people of great strength and great courage. Many will be carrying immense pain and regret, shame and fear, grief, and loss, and most importantly, they will also be carrying hope. Hope is the foundation of perseverance for all of us. Hope ignites our strength and reminds us that we still have value. We will see our patients repeatedly falling deep into the addiction and coming to us for refuge. Coming up for air and needing a safe space to breathe and to heal. Listen with empathy. Never give up hope. Notice thoughts of judgement and remember the heart of the human being in front of you.

What do you know now that you wish had known before entering the field?

Over 20 years ago, as I began this journey in the mental health field, there was a division between the treatment of addiction and mental health. One consequence was my lack of understanding regarding the brain and how it is affected by addiction. I know if I had that information to share with my youngest patients, it would have been a valuable tool. A necessary tool in supporting their shift away from self-blame, as they endured devastating life-altering events, resulting from parental substance use.

What is your philosophy toward substance use treatment?

We are all valuable. We have all taken wrong turns in life that have negatively impacted ourselves and even those we love. We are all still learning. After all, we're only human. Substance use treatment needs to include elements of self-compassion, a space to process shame and trauma, and a promotion of self-love and acceptance in our entirety. We can validate the pain others experienced as a result of our actions while maintaining worth. My core is good – I have just lost my way.

A hope for the future at Rogers:

Children. All children are precious. It is easy to love them, have empathy for their suffering and rage toward those who harm them. Every child deserves unconditional love, to be safe and to feel safe. To protect, we want to blame. We want to rescue. The stigma for mothers and especially pregnant mothers with substance use disorders is immense. Just as we attack them, they are attacking themselves. With every invalidation, a greater divide is created between mother and child. Some of us might say, “Good. She shouldn’t be a mother anyway.” I challenge us to take these mothers under our wing and provide specialized care: treat the substance use, treat the shame, and build a trusting community. As the shame and isolation fall away, we will be lighting a pathway between the hearts of the mother and child.

Drop-in supervision days and times

- Monday.....12 to 1 pm CT
- Tuesday.....12 to 1 pm and 2 to 3 pm CT
- Wednesday.....12 to 1 pm
- Thursday.....12 to 1 pm and 3:30 to 4:30 pm CT
- Friday.....2 to 3 pm CT
- Saturday.....12 to 1 pm CT
(2nd and 4th of the month)

[Click here to join the meeting](#)



A recent study found that those on recovery medications had a 63% lower likelihood of an alcohol-related liver disease diagnosis.