

Moving Recovery-Oriented Systems of Care Forward



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Ohio Association of Behavioral Health Authorities
December 4, 2018 Conference
Columbus, Ohio

Gratitude

OACBHA

Cheri Walter and Tony Coder

Precia Stuby & Board Hancock ADAMHS

Great Lakes ATTC

Those in Recovery and their Families

What We Will Cover Today

- Definition of ROSC - MH & SUD
- Review of ROSC Principles and Objectives – MH and SUD
- Steps in Building and Evaluating ROSC
- Will a ROSC make a difference?
- Where is ROSC today?
- Q/A

Definition of ROSC

A *ROSC* is a coordinated network of community based serves and supports that is person-centered and builds on the strengths and resiliencies of individuals, families, and communities to achieve abstinence and improved health, wellness and quality of life for those with or at risk. (SAMHSA, 2011)

Basic Premise for MH and SU

A ROSC is a System of Care Built on
each community's *Values* and best
Science and *Practice*.

What are Your Values ?

Why do you do what you do?

The Critical Question

What if MH and addiction treatment, and related recovery support services were guided not a payment methodology, but on the lessons drawn from millions of people who have achieved long-term recovery ?

A ROSC will

A *ROSC* will refine our understanding of our services from seeking what is paid for, to providing person centered service based on **best science in actual applied, lived experience** thereby making our work more relevant, adoptable, evidence based, accountable and effective, i.e. a true **evolved "21st century medical model "** (APA, *Psychiatric 63 Services* , 2012,)

ROSC and The Medical Model

Medical Model

Education

Prevention

Treatment

After-care

21st Century Model

Health

Resilience

Wellness

Sustained Recovery

How To Build a ROSC ?

1. Find Your Community Values

Gather your leaders and decide what the **Values** for your *population health* are to be?

Include 10 P's – Providers, Persons in Recovery, Parents/families, Pastors, Press, Policy makers, Payers (Ins), Philanthropy, Police, Professors/research

Assessing Community Need via Community Need (not MCO) – Public or Population Health based

Example of traditional community assessment process:

Issues may be considered “pressing” when:

- » The problem occurs frequently (frequency), e.g. OD, incarceration
- » The problem has lasted for a while (duration)
- » The problem affects many people (scope), e.g. integrated care, ER
- » The problem is intense (severity), e.g. ER, hospital admits, jail, pregnancy
- » The problem deprives people of legal and human rights (social Importance), e.g. crime, shootings, violence, veterans
- » The problem is perceived to be important (perception)

Goals of ROSC:

- Reduce the harm caused by mental health or addiction and **increase attained and sustained recovery** in individuals, families and communities.
- Help individuals transition from brief experiments in treatment to recovery initiation and sustained recovery maintenance
- Promote a quality of life, community health and wellness for each individual, family and community
- Intervene earlier in the progression of the disease
- Prevent the development of substance use disorders

2. Define Recovery

Mental Health Recovery

Mental health recovery is 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. – SAMHSA (2017)

Substance Use Recovery

- Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their potential as delineated over four measured dimensions: health, home, purpose and community. (SAMHSA)
- 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. (SAMHSA)

Review Principles of Recovery

- 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 involving the body, mind, relationships and spirit
- Recovery has cultural dimensions
- Recovery exists on a continuum of improved health and wellness

Principles of Recovery

- Recovery emerges from hope and gratitude.
- Recovery is a process of healing and self-redefinition.
- Recovery involves addressing discrimination and transcending shame and stigma.
- Recovery is supported by peers and allies.
- Recovery is (re) joining and (re) building a life in the community
- Recovery is a reality

Mental Health Recovery

The 10 Fundamental Components of Recovery (SAMHSA)

- Self-Direction
- Individualized and person centered care
- Empowerment
- Holistic
- Non-linear

Mental Health Recovery

- Strength Based
- Peer Support
- Respect
- Responsibility
- Hope

<http://store.samhsa.gov/shin/content/SMA05-4129/SMA05-4129.pdf>

3. Draft A “Preamble for Care”

- A Preamble for Building Recovery in Hancock County-Core Definitions

“At the May 23, 2013 Community Advisory Meeting the following definitions of recovery, recovery oriented systems of care with defined elements and recovery management with Guiding Principles of recovery were presented as a potential foundation for care provided within Hancock County. Upon approval of that community advisory group the following core definitions are presented as a “Preamble for Care” to be provided within Hancock County:

- Initial definition of recovery.
Principles for all care
Recovery Management
Community Involvement and Oversight”

4. Analyze your System of Care

The Continuum of Care



Building *Recovery Capital* for individual and community

Examples of ROSC Continuum

- Prevention: Targets community education
Build community recovery capital
- Intervention: Screening/Outreach/Referral
- Treatment: Full Continuum for success w/
recovery support, continuing
care etc.; a means to larger goal.
- Post-treatment: Check ups; Peer Supports

(ROSC Mantra: At every entry point the individual has the opportunity to regain health, wellness and recovery vs episodic or topical care)

Building Community ROSC

Prevention:

- Community coalitions develop comprehensive, sustained plans
- Building supports in the natural environment beyond a program

Treatment within ROSC and RM:

- Peer support groups
- Recovery check-ups
- Peer leadership councils
- Recovery centers
- Clinic based individual and group sessions
- Recovery Housing
- Internet-based RSS
- Assertive linkages to natural supports
- Recovery community organizations
- Embedded within primary care settings

Define Approach

Additive – Adding peer and community based recovery supports to the existing treatment system.

Selective – Practice and administrative alignment in selected parts of the system.

Transformational – Cultural values based change drives practice, community policy, fiscal changes in all parts of the system. Everything is viewed through the lens of and aligned with recovery.

Enter the Providers:

Recovery Management

Recovery Management is a philosophical framework for organizing *MH and addiction 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 mental illness or substance use.

(SAMHSA, 2007 –ROSC Resource Guide;
www.samhsa.gov/resourceguide)

Recovery Values

- People who suffer from substance use disorders (recovering or not) have essential worth and dignity.
- The shame and discrimination that prevents many individuals from seeking help must be vigorously combated.
- Recovery can be achieved through diverse pathways and should be celebrated.
- Access to high-quality treatment is a human right, although recovery is more than treatment.
- People in recovery and their families have valuable experiences and encouragement to offer others who are struggling with substance use. ([Surgeon General Report](#), 2016, p.5-4)

Also see: SAMHSA ROSC Principles and Elements of Recovery

ROSC and Treatment

- *Each episode* of treatment is properly matched for sufficient length and level to offer an opportunity of recovery in every episode of care
- Each episode of system engagement and treatment offers Peer Support with Warm Handoffs - and Family Support
- Have sufficient access to MAR (MAT)
- No band-aide or topical-only treatment

Specialty Care Scientific Guidance (ASAM Levels of Care, 2016)

The ASAM Criteria: Patient Matched to appropriate level in a continuum of care:

Level 0.5 Early Intervention

Level 1 Outpatient

Level 2. Intensive outpatient/Partial Hospital

Level 2.5 More intense Partial Hospital

Level 3 Residential

Level 3.1 Clinically Managed low Intensity Residential

Level 3.3 High Intensity Residential (adult)

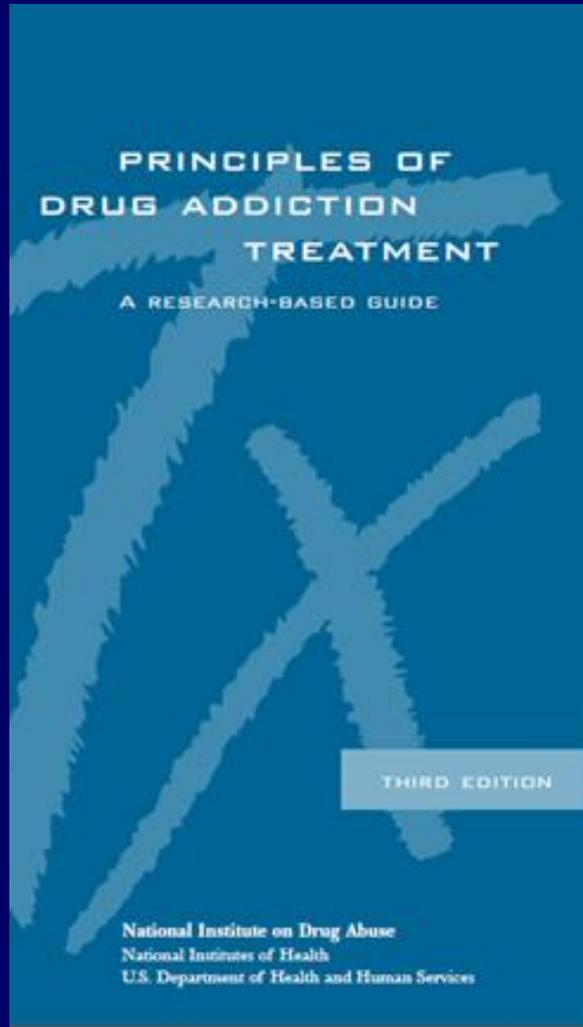
Level 3.5 High Intensity Residential (adolescent)

Level 4 Medically monitored Inpatient

Opioid Treatment Care

Adult and Adolescent Continued Care

Science, Best Practice and ROSC



National Institute on
Drug Abuse - Principles
of Effective Drug Abuse
Treatment

Available at www.nida.gov

Managing Managed Care

NIDA Principles of Effective Treatment

1. Addiction is a complex but treatable disease that affects brain function and behavior.
2. No single treatment is appropriate for everyone.
3. Treatment needs to be readily available.
4. Effective treatment attends to multiple needs of the individual, not just drug problem.
5. Remaining in treatment for an adequate period of time is critical.
6. Counseling, including individual and/or group and other behavioral therapies, is the most commonly used form of drug abuse treatment.
7. Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies.
8. An individual's treatment and services plan must be assessed continually and modified as necessary to ensure that it meets his or her changing needs.
9. Many drug-addicted individuals also have other medical disorders.
10. Medically assisted detoxification is only the first stage of addiction treatment and by itself does little to change long-term drug abuse.
11. Treatment does not have to be voluntary to be effective.
12. Drug abuse treatment must be monitored continuously because lapses during treatment do occur.

source: https://www.drugabuse.gov/sites/default/files/podat_1.pdf

Year 01 measures:

System Measures of Progress

- Increase access to education, prevention and treatment
- Increase screening, early intervention and matching to level of care, including MAT
- Increase retention in care (90 day marker)
- Increase use of Peer Supports and warm handoff to all components, i.e. court, treatment
- Stabilize and reduce OD and OD deaths
- Building support for recovery, remove stigma

Hancock County Measures

1. # of clients and hours of peer support services provided

Q1: 89 (789) Q2: 104 (1,036)

Q3: 143 (1,175) Q4: 135 (1,068)

2. Clients completing 90 days of continued SUD treatment

Century Health	51/97 (53%)	49/91 (54%)	36/91 (40%)	45/112 (40%)
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A Renewed Mind	7/15 (47%)	9/35 (26%)	37/68 (54%)
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5. Strengthen the Recovery Focus

Know Recovery

■ Stages of Recovery

1. Pre-Recovery and Early Initiation (0-6 mos.)
2. Initial recovery stabilization (6 mos. -2 years)
3. Long-term recovery Maintenance (2 years -5 years)

Post Treatment Generalist or Specialty Care
Check-ups – Integrated Care

A ROSC Will:

- Reduce the harm caused by mental illness or addiction and **increase attained and sustained recovery** in individuals, families and communities.
- Help individuals transition from brief experiments in treatment to recovery initiation and sustained recovery maintenance
- Promote a quality of life, community health and wellness for all – **population health**
- Intervene earlier in the progression of the disease
- Prevent the development of substance use disorders

The emergence of a science of Recovery -As Experienced

- 86% see abstinence as essential
- 98.6% saw complete honesty as essential
- 90% see handling negative experiences w/o using as essential
- Nearly 98% see recovery as personal growth
- 66% see recovery as having a spiritual component

Surgeon General Report (2016) or Flaherty, Kurtz, White, Larson (ATQ, 2014, Vol 32)

2-3 year measures:

Individual Measures of Recovery

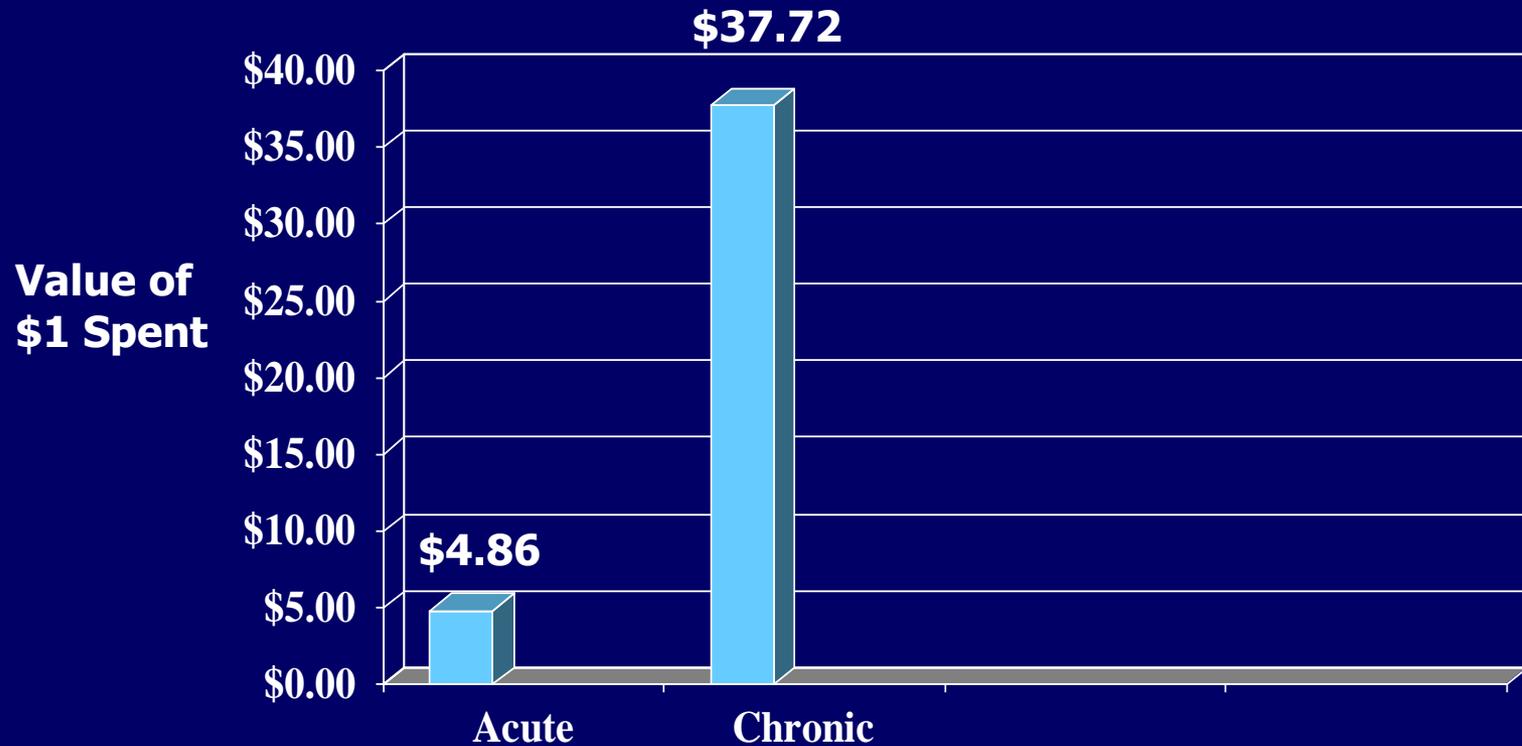
- Improved access and retention
- Abstinence
- Reduction in AOD use and consequences
- Living environment
- Physical health and health care costs
- Emotional health
- Family relationships and family health
- Citizenship (legal status, education, employment, community participation, community service)
- Quality of life (spirituality, life meaning, purpose)

Building Recovery Capital

- Individual Recovery Capital – all of the intrapersonal, interpersonal, and community resources that can be brought to bear on the initiation and maintenance of recovery.
- Community Recovery Capital – made up by the community's developed programs and recovery community organizations and individual and family gained recovery capital, is the accumulated strength and resilience of the community to increase its health and wellness. (a.k.a. population health)

Is ROSC Effective ?

Benefit-Cost Ratio of the First Treatment Episode (Acute Care Model) vs Lifetime Treatment Episodes (Chronic Care Model) for Heroin Users



Source: Adapted from Zarkin, G.A., Bray, J.W., Mitra, D., Cisler, R.A., & Kivlahan, D.R. (2005). Cost Methodology of COMBINE. *Journal of Studies on Alcohol Supplement*, (15):50-55.

State Outcomes

The Connecticut Experience – Improved efficiency and access:

Treating 90,000 patients annually, using ROSC Connecticut was able to reduce by 62% the use of acute care while increasing the use of ambulatory care by 78% with an overall 14% lower cost to the system – even after adding extensive recovery-support services such as housing and transportation. This translated into a 40% increase in first time admissions, and a 24% decrease in average annual cost per client. (Kelly and White, *Addiction Recovery Management*, 2011)

ROSC and Outcomes

Access to Recovery: (N=190,144)

- 73.1% of individuals reporting SU at intake reported no use at discharge.
- 23.4% of those reporting not having stable housing at intake reported being stably housed at discharge.
- 30.8% more employed
- 62.4 found positive social connections not had
- 85.9 reduction in CJ involvement

(SAMHSA – Access to Recovery: Approaches to ROSC – Three Case Studies,2009)

So Where is ROSC Today?

1. Currently used in 11 Countries; 32 states
2. Being adopted by Ohio as state model – Agency ROSC Self-Assessment Tool
3. Embedded in HHS State Block Grants as Quality Measures
4. Fits with Managed Care ... or Care Management.

Where is ROSC Today?

A study of RM applied in treatment in six countries reported improvement in 16 dominant areas of clinical practice:

- Client rights /choice(2)
- Social inclusion
- Seeing beyond service user
- Meaningfulness of TX.
- Holistic care
- Respect for individual
- Recovery vision
- quality of care
- hopefulness
- workforce attitude/team(2)
- strength based
- peer supported
- partnership
- health

improved four practice domains: *promoting citizenship, organizational commitment, self-defined and sought recovery and the therapeutic relationship.*

(Le Boutillier, Leamy, Bird et al, *Psychiatric Services*, December, 2011)

2018 SAMHSA ROSC Grants

- ATTC's – 11 \$8.9 million
- Recovery Community Services Program
state RCO Networks - 15 - \$1.5 million
- Drug (56) and Family Drug Courts (15) -
\$12.5 m
- Youth Treatment – 12 - \$9.6 million
- Pregnant and Post Partum Women – 12 -
\$9.6 million
- Youth and COD – 12 - \$3 million
- RTP and BRSS-TACS

Recent Funding

- Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) – HR6 - \$4 Billion (OD/Opioids) + \$6.7 Billion MH & SU
- Comprehensive Addiction Recovery Act (CARA)
- 21st Century Cures Act (CURES Act)

A Science of Recovery

Key Resources:

1. William White

<http://Williamwhitepapers.com>

2. Recovery Research Institute Harvard

<http://www.recoveryanswers.org>

3. SAMHSA

<http://samhsa.gov/recovery>

ATTCs/GLATTC; Recovery To Practice; BRSS-TACS
SAMHSA Recovery Oriented Systems of Care Resource Guide

ROSC will most importantly:

Build health, resiliency, wellness and individual, family and community ... our collective **Recovery Capital**.

It strengthens *us all*.

The Answer



Thank you !

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