RECOVERY IS BEAUTIFUL

A Blueprint for Ohio's Community Mental Health and Addiction Services

HOPE 2018
unityrecoverycommunity

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RECOVERY

Is Beautiful.™

In Ohio

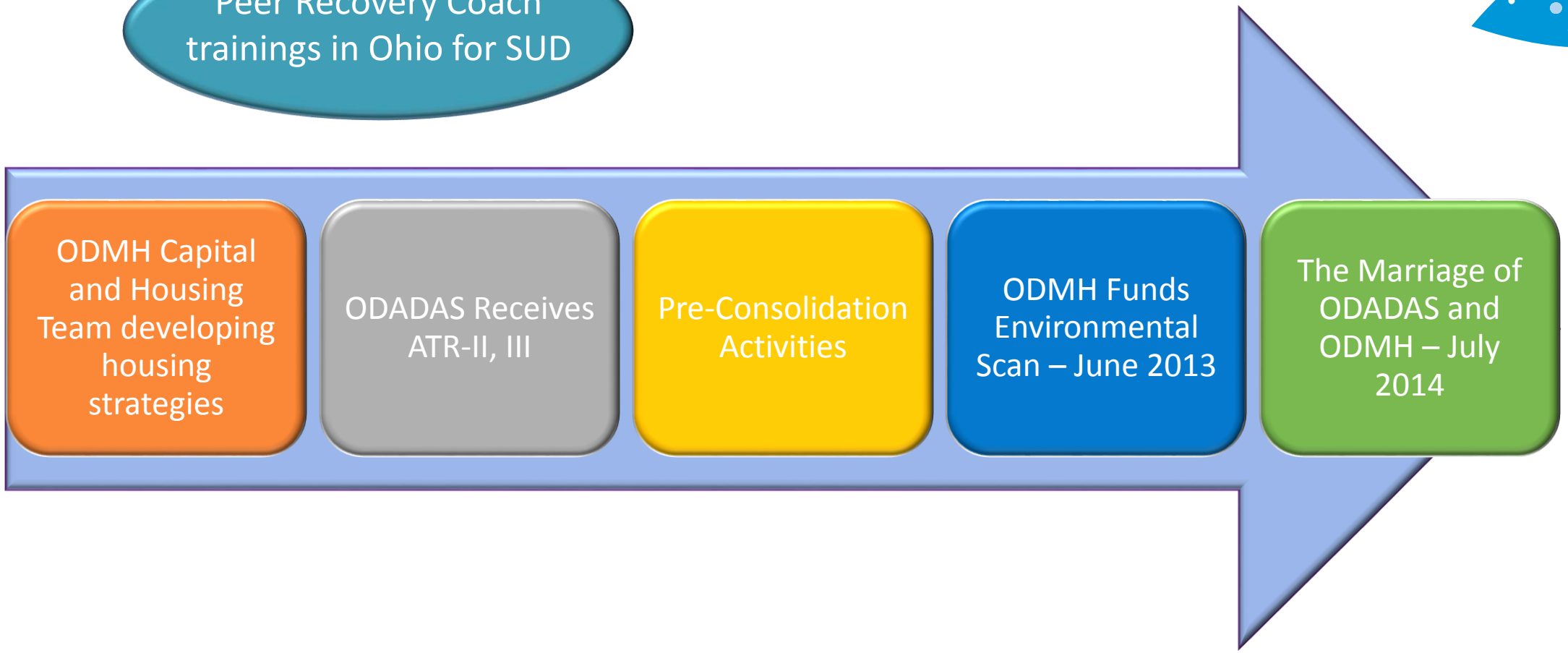
Early ROSC Efforts in Ohio

Setting the Stage for Recovery Is Beautiful

In the beginning…. ATR was granted to Ohio

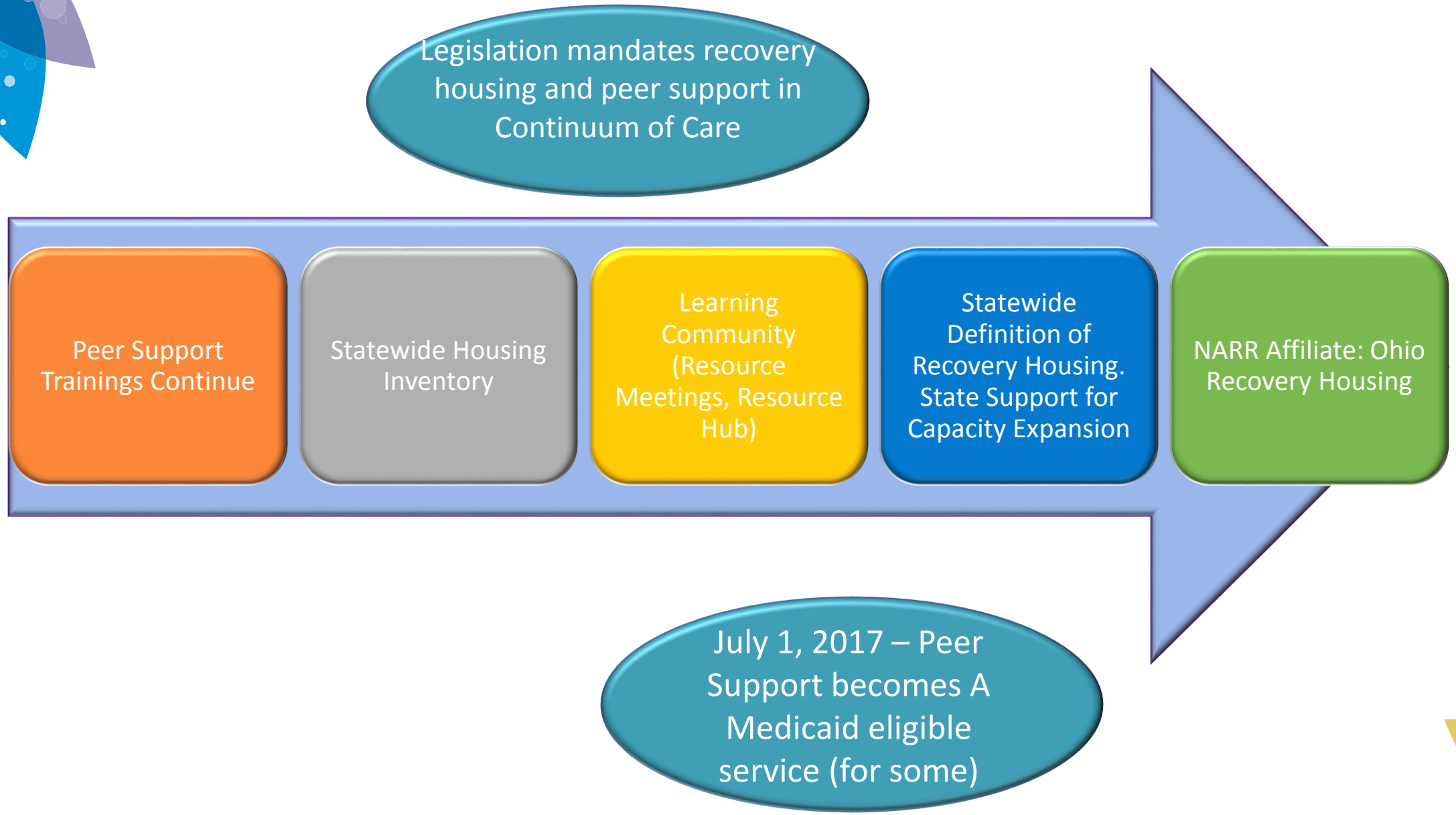
- This allowed for the idea of Recovery Support Services outside primary treatment
- Variety of services made available for the support of individuals in recovery
- Housing was the main one identified as biggest need to sustain recovery
- State Departments were still separate agencies but engaged in BRSS TAC Policy academy to create a unified definition of recovery.

Peer Recovery Coach trainings in Ohio for SUD



ROSC Trainings

BRSS TACS


Legislation mandates recovery housing and peer support in Continuum of Care
Peer Support Trainings Continue
Statewide Housing Inventory
Learning Community (Resource Meetings, Resource Hub)
Statewide Definition of Recovery Housing. State Support for Capacity Expansion
NARR Affiliate: Ohio Recovery Housing
July 1, 2017 – Peer Support becomes A Medicaid eligible service (for some)

Why Recovery-Oriented Systems of Care (ROSC)?

- **Low Pre-Treatment Initiation Rates**
- **Limited Retention/Engagement**
- **Lack of Continuing Support : For SUD, only 1 in 5 receive post-discharge planning**
- **SUD Recovery Outcomes: More than 50% resume using within 1 year and most within 90 days following discharge**
- **High Recidivism Rates**

What is ROSC?

ROSC is:

- Value-driven APRROACH to structuring behavioral health systems and a network of services and supports
- Framework to guide systems transformation

ROSC is not:

- A model
- Primarily focused on the integration of recovery support services
- Dependent on new dollars for development
- A new initiative
- A group of providers that increase their collaboration to improve coordination
- An infusion of evidence-based practices
- An organizational entity
- A closed network of services and supports

Recovery Is Beautiful

Ohio's

Recovery-Oriented Systems of Care

The Case for Change

Ohio's movement to a (ROSC), represents a shift away from crisis-oriented, acute-care treatment to a recovery management approach that provides long-term supports with the recognition that there are many pathways to healing and recovery.

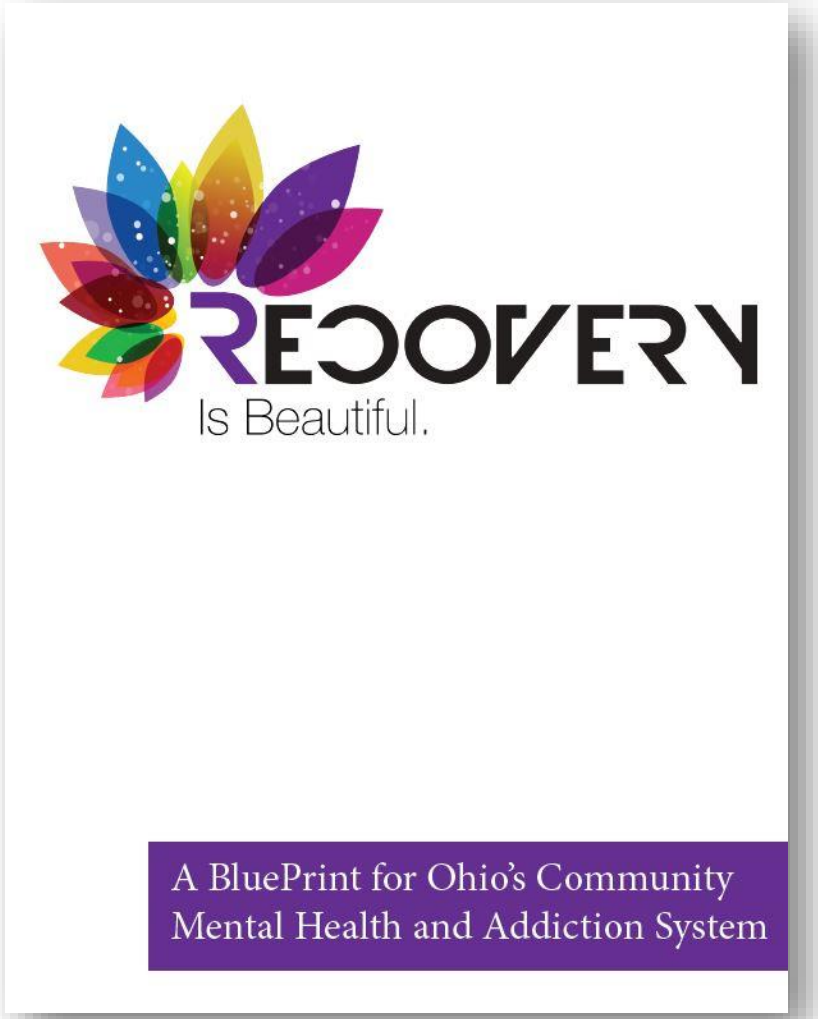
Ohio made the decision to overhaul the entire county-based mental health and addiction system to a Recovery-Oriented System of Care - Ohio's **Alcohol, Drug Addiction and Mental Health (ADAMH) Boards**, in partnership with individuals in recovery and local stakeholders, are transforming local services and supports to fit within the recovery paradigm.

Laying the Foundation

- OACBHA and local boards engaged community members including individuals in recovery, providers and other stakeholders to provide information and education
- We ensured that individuals in recovery had a voice throughout the process
- We updated our mission and vision of the system to ensure in was ROSC oriented
- We worked to infuse recovery-oriented values in all our planning, development and implementation.

Ohio's ROSC: Recovery Is Beautiful

- ADAMH Boards began working on ROSC in 2013.
  - First BluePrint published in summer of 2014.
    - Reviewed and informed the work of by Dr. Leon Evans, Dr. Ijeoma Achara, Dr. Michael Flaherty, and Lonnetta Albright
- Recovery Is Beautiful Implementation and Advisory Committees were formed to continue the work



- The BluePrint serves as the guiding document for the ROSC work.
- The BluePrint sets out a framework in which Boards are the Recovery Oriented System of Care "hub" for their local communities that coordinate across systems.
- The BluePrint includes a series of Principles, Goals, and Action Steps
- The first BluePrint was published in 2014 and an update was issued in 2016.

Note: Both BluePrints are available for review at www.oacbha.org/recovery-oriented_systems_of_c.php

OACBHA Vision for Behavioral Health in Ohio

Ohio's mental health and addiction services system shall emphasize a **Recovery Oriented System of Care (ROSC)** that capitalizes on community strengths. Ohio's ROSC shall offer Ohioans an array of accessible mental health and addiction services and recovery supports that are culturally appropriate, accountable, effective, and efficient while promoting individual and family recovery.

Ohio's Alcohol, Drug Addiction, and Mental Health (ADAMH) Boards ensure that individuals and families affected by mental illness and/or addiction have access to this high-quality, recovery oriented system of care. Boards, through strong community partnerships, will continue to lead and advance efforts to ensure Ohio's communities are healthy, safe, and drug-free, while assuring accountability and effectiveness in client care.

Recovery Is Beautiful

Recovery is Beautiful is all about putting the needs of individuals and families requiring alcohol, drug, and/or mental health programming first and foremost. Members of the Ohio Association of County Behavioral Health Authorities have envisioned a framework where Ohio will be best served by moving toward a Recovery-Oriented System of Care that supports individuals, families, and communities through a system of alcohol, drug, and mental health prevention, wellness, crisis intervention, treatment, and recovery support programs and services

BluePrint Principles

Focusing on Clients and Families

Boards fully involve clients and families in moving Ohio to a Recovery-Oriented System of Care engaging them to drive the mental health and addiction programs, services, and supports in their community.

Ensuring Timely Access to Care

Boards ensure that clients and families have timely access to a full continuum of local mental health and addiction programs, services, and supports when and where they need them.

Boards work in collaboration with their local partners, including law enforcement, businesses, education, and other local leaders to promote the health, wellness, and safety of individuals and communities.

Promoting Healthy, Safe, and Drug-Free Communities

Prioritizing Accountable and Outcome-Driven Financing

Boards maximize the use of federal, state, and local funds to enhance accountability while allocating resources in the most efficient and effective manner possible to achieve locally identified outcomes.

Boards, working with local partners, establish and maintain a full continuum of care ensuring continuity of care over time and across agency boundaries.

Locally Managing Systems of Care

ADAMH Boards are the "Hub" of the local ROSC. Boards engage local partners to educate, advocate, coordinate, and facilitate programs, services, and supports needed for individuals, families, and communities.

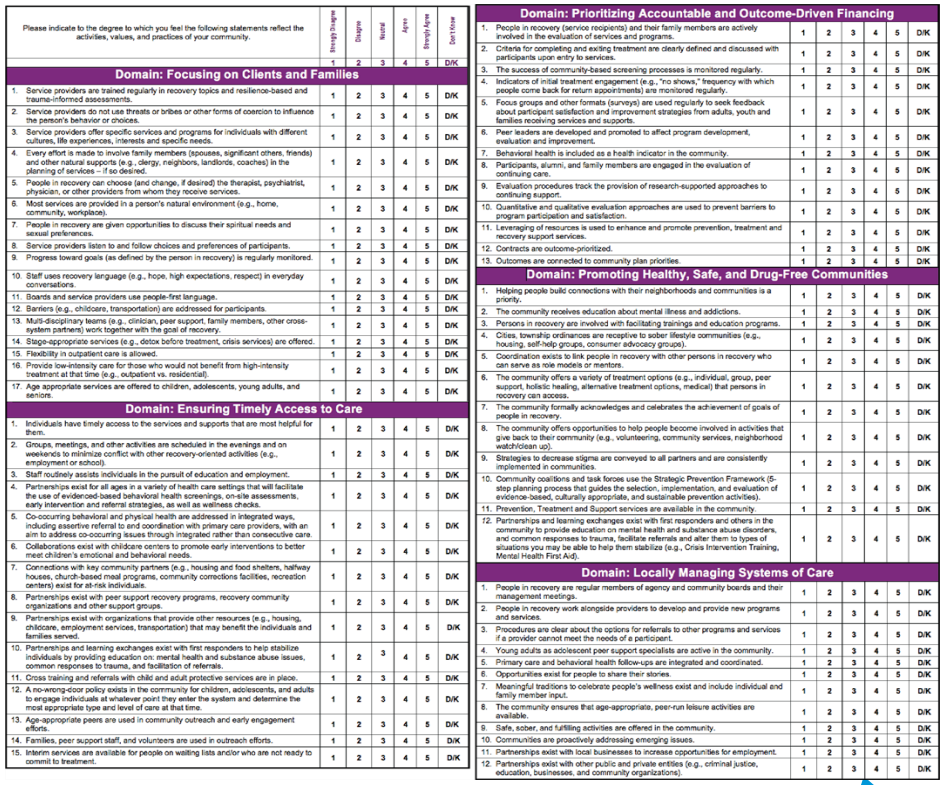
The Look of Success

The goal before us in the BluePrint is to transform the existing mental health and addiction system of care in Ohio into a ***Recovery Oriented System of Care***. We will know we have succeeded when:

- Stigma and social isolation decrease.
- Prevention, early identification, treatment, and recovery are understood, valued, and utilized.
- Services, supports, and decisions are client-centered and client-driven.
- Contracts and payments are based on outcomes, assuring that resources used are justified by the outcomes achieved.
- Ohio moves away from a model focused on acute care to one focused on long term recovery for individuals and their families.
- Boards continue to maximize the utility of public funds by improving the cost efficiency and quality of publicly funded mental health and addiction services.
- All Ohioans have the opportunity to recover, and as a result, Ohio will have healthier, safer communities.
- Increase and sustain recovery rates through improved system access, engagement, and retention in services.
- ***Treatment works and people recover.***

Assessing Our Efforts

- In 2014, we conducted our first community assessment to help us identify a baseline to measure our progress.
- This assessment determine community strengths and areas of opportunities within ROSC. This self-assessment process, adopted from multiple national ROSC assessments, focused on the domains of Ohio's Recovery Is Beautiful BluePrint.
    - After completion, focus groups convened with individuals in recovery, family members and stakeholders to stimulate conversation about the findings.



Please indicate to the degree to which you feel the following statements reflect the activities, values, and practices of your community.	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Don't Know
	1	2	3	4	5	D/K
Domain: Focusing on Clients and Families						
1. Service providers are trained regularly in recovery topics and resilience-based and trauma-informed assessments.	1	2	3	4	5	D/K
2. Service providers do not use threats or bribes or other forms of coercion to influence the person's behavior or choices.	1	2	3	4	5	D/K
3. Service providers offer specific services and programs for individuals with different cultures, life experiences, interests and specific needs.	1	2	3	4	5	D/K
4. Every effort is made to involve family members (spouses, significant others, friends) and other natural supports (e.g., clergy, neighbors, landlords, coaches) in the planning of services – if so desired.	1	2	3	4	5	D/K
5. People in recovery can choose (and change, if desired) the therapist, psychiatrist, physician, or other providers from whom they receive services.	1	2	3	4	5	D/K
6. Most services are provided in a person's natural environment (e.g., home, community, workplace).	1	2	3	4	5	D/K
7. People in recovery are given opportunities to discuss their spiritual needs and sexual preferences.	1	2	3	4	5	D/K
8. Service providers listen to and follow choices and preferences of participants.	1	2	3	4	5	D/K
9. Progress toward goals (as defined by the person in recovery) is regularly monitored.	1	2	3	4	5	D/K
10. Staff uses recovery language (e.g., hope, high expectations, respect) in everyday conversations.	1	2	3	4	5	D/K
11. Boards and service providers use people-first language.	1	2	3	4	5	D/K
12. Barriers (e.g., childcare, transportation) are addressed for participants.	1	2	3	4	5	D/K
13. Multi-disciplinary teams (e.g., clinician, peer support, family members, other cross-system partners) work together with the goal of recovery.	1	2	3	4	5	D/K
14. Stage-appropriate services (e.g., detox before treatment, crisis services) are offered.	1	2	3	4	5	D/K
15. Flexibility in outpatient care is allowed.	1	2	3	4	5	D/K
16. Provide low-intensity care for those who would not benefit from high-intensity treatment at that time (e.g., outpatient vs. residential).	1	2	3	4	5	D/K
17. Age appropriate services are offered to children, adolescents, young adults, and seniors.	1	2	3	4	5	D/K
Domain: Ensuring Timely Access to Care						
1. Individuals have timely access to the services and supports that are most helpful for them.	1	2	3	4	5	D/K
2. Groups, meetings, and other activities are scheduled in the evenings and on weekends to minimize conflict with other recovery-oriented activities (e.g., employment or school).	1	2	3	4	5	D/K
3. Staff routinely assists individuals in the pursuit of education and employment.	1	2	3	4	5	D/K
4. Partnerships exist for all ages in a variety of health care settings that will facilitate the use of evidenced-based behavioral health screenings, on-site assessments, early intervention and referral strategies, as well as wellness checks.	1	2	3	4	5	D/K
5. Co-occurring behavioral and physical health are addressed in integrated ways, including assertive referral to and coordination with primary care providers, with an aim to address co-occurring issues through integrated rather than consecutive care.	1	2	3	4	5	D/K
6. Collaborations exist with childcare centers to promote early interventions to better meet children's emotional and behavioral needs.	1	2	3	4	5	D/K
7. Connections with key community partners (e.g., housing and food shelters, halfway houses, church-based meal programs, community corrections facilities, recreation centers) exist for at-risk individuals.	1	2	3	4	5	D/K
8. Partnerships exist with peer support recovery programs, recovery community organizations and other support groups.	1	2	3	4	5	D/K
9. Partnerships exist with organizations that provide other resources (e.g., housing, childcare, employment services, transportation) that may benefit the individuals and families served.	1	2	3	4	5	D/K
10. Partnerships and learning exchanges exist with first responders to help stabilize individuals by providing education on: mental health and substance abuse issues, common responses to trauma, and facilitation of referrals.	1	2	3	4	5	D/K
11. Cross training and referrals with child and adult protective services are in place.	1	2	3	4	5	D/K
12. A no-wrong-door policy exists in the community for children, adolescents, and adults to engage individuals at whatever point they enter the system and determine the most appropriate type and level of care at that time.	1	2	3	4	5	D/K
13. Age-appropriate peers are used in community outreach and early engagement efforts.	1	2	3	4	5	D/K
14. Families, peer support staff, and volunteers are used in outreach efforts.	1	2	3	4	5	D/K
15. Interim services are available for people on waiting lists and/or who are not ready to commit to treatment.	1	2	3	4	5	D/K

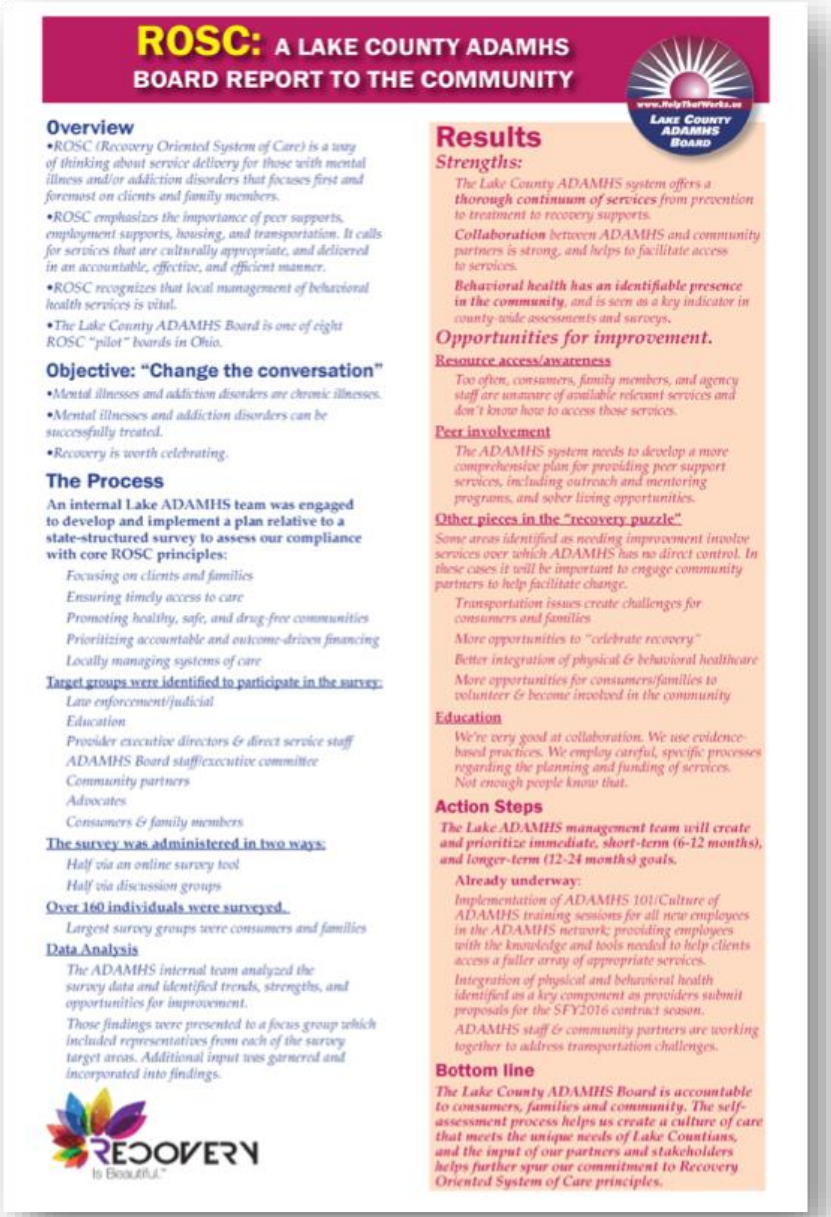
Domain: Prioritizing Accountable and Outcome-Driven Financing						
1. People in recovery (service recipients) and their family members are actively involved in the evaluation of services and programs.	1	2	3	4	5	D/K
2. Criteria for completing and exiting treatment are clearly defined and discussed with participants upon entry to services.	1	2	3	4	5	D/K
3. The success of community-based screening processes is monitored regularly.	1	2	3	4	5	D/K
4. Indicators of initial treatment engagement (e.g., "no shows," frequency with which people come back for return appointments) are monitored regularly.	1	2	3	4	5	D/K
5. Focus groups and other formats (surveys) are used regularly to seek feedback about participant satisfaction and improvement strategies from adults, youth and families receiving services and supports.	1	2	3	4	5	D/K
6. Peer leaders are developed and promoted to affect program development, evaluation and improvement.	1	2	3	4	5	D/K
7. Behavioral health is included as a health indicator in the community.	1	2	3	4	5	D/K
8. Participants, alumni, and family members are engaged in the evaluation of continuing care.	1	2	3	4	5	D/K
9. Evaluation procedures track the provision of research-supported approaches to continuing support.	1	2	3	4	5	D/K
10. Quantitative and qualitative evaluation approaches are used to prevent barriers to program participation and satisfaction.	1	2	3	4	5	D/K
11. Leveraging of resources is used to enhance and promote prevention, treatment and recovery support services.	1	2	3	4	5	D/K
12. Contracts are outcome-prioritized.	1	2	3	4	5	D/K
13. Outcomes are connected to community plan priorities.	1	2	3	4	5	D/K
Domain: Promoting Healthy, Safe, and Drug-Free Communities						
1. Helping people build connections with their neighborhoods and communities is a priority.	1	2	3	4	5	D/K
2. The community receives education about mental illness and addictions.	1	2	3	4	5	D/K
3. Persons in recovery are involved with facilitating trainings and education programs.	1	2	3	4	5	D/K
4. Cities, township ordinances are receptive to sober lifestyle communities (e.g., housing, self-help groups, consumer advocacy groups).	1	2	3	4	5	D/K
5. Coordination exists to link people in recovery with other persons in recovery who can serve as role models or mentors.	1	2	3	4	5	D/K
6. The community offers a variety of treatment options (e.g., individual, group, peer support, holistic healing, alternative treatment options, medical) that persons in recovery can access.	1	2	3	4	5	D/K
7. The community formally acknowledges and celebrates the achievement of goals of people in recovery.	1	2	3	4	5	D/K
8. The community offers opportunities to help people become involved in activities that give back to their community (e.g., volunteering, community services, neighborhood watch/clean up).	1	2	3	4	5	D/K
9. Strategies to decrease stigma are conveyed to all partners and are consistently implemented in communities.	1	2	3	4	5	D/K
10. Community coalitions and task forces use the Strategic Prevention Framework (5-step planning process that guides the selection, implementation, and evaluation of evidence-based, culturally appropriate, and sustainable prevention activities).	1	2	3	4	5	D/K
11. Prevention, Treatment and Support services are available in the community.	1	2	3	4	5	D/K
12. Partnerships and learning exchanges exist with first responders and others in the community to provide education on mental health and substance abuse disorders, and common responses to trauma, facilitate referrals and alter them to types of situations you may be able to help them stabilize (e.g., Crisis Intervention Training, Mental Health First Aid).	1	2	3	4	5	D/K
Domain: Locally Managing Systems of Care						
1. People in recovery are regular members of agency and community boards and their management meetings.	1	2	3	4	5	D/K
2. People in recovery work alongside providers to develop and provide new programs and services.	1	2	3	4	5	D/K
3. Procedures are clear about the options for referrals to other programs and services if a provider cannot meet the needs of a participant.	1	2	3	4	5	D/K
4. Young adults as adolescent peer support specialists are active in the community.	1	2	3	4	5	D/K
5. Primary care and behavioral health follow-ups are integrated and coordinated.	1	2	3	4	5	D/K
6. Opportunities exist for people to share their stories.	1	2	3	4	5	D/K
7. Meaningful traditions to celebrate people's wellness exist and include individual and family member input.	1	2	3	4	5	D/K
8. The community ensures that age-appropriate, peer-run leisure activities are available.	1	2	3	4	5	D/K
9. Safe, sober, and fulfilling activities are offered in the community.	1	2	3	4	5	D/K
10. Communities are proactively addressing emerging issues.	1	2	3	4	5	D/K
11. Partnerships exist with local businesses to increase opportunities for employment.	1	2	3	4	5	D/K
12. Partnerships exist with other public and private entities (e.g., criminal justice, education, businesses, and community organizations).	1	2	3	4	5	D/K

Why Assess ROSC Implementation?

- Engage System Stakeholders
  - Gather multiple perspectives, builds buy-in
  - Convey board values and priorities (ROSC!)
- Data Driven Planning
  - Identify local and state strengths
  - Identify problems that need a solution
  - Link future efforts to identified ROSC needs
    - Prioritize and target future initiatives
    - Justify requests for funding
- Monitor Progress
  - Track changes in ROSC domains over time
  - Inform adjustments to programming and administration

First Assessment

- The Assessment Domains aligned with the BluePrint principles.
- Each Board developed a community report with the findings from the first assessment.
- Lessons learned from the first Assessment
  - Too many questions
  - All respondents should not be asked all of the questions. The assessment should be tailored by audience (board members, clients, providers, stakeholders).
  - Need to refine items – rephrase, clarify, and remove "double barreled" questions
  - The survey should be made available electronically and via paper for clients and family members



ROSC: A LAKE COUNTY ADAMHS BOARD REPORT TO THE COMMUNITY

Overview

•ROSC (Recovery Oriented System of Care) is a way of thinking about service delivery for those with mental illness and/or addiction disorders that focuses first and foremost on clients and family members.

•ROSC emphasizes the importance of peer supports, employment supports, housing, and transportation. It calls for services that are culturally appropriate, and delivered in an accountable, effective, and efficient manner.

•ROSC recognizes that local management of behavioral health services is vital.

•The Lake County ADAMHS Board is one of eight ROSC "pilot" boards in Ohio.

Objective: "Change the conversation"

•Mental illnesses and addiction disorders are chronic illnesses.

•Mental illnesses and addiction disorders can be successfully treated.

•Recovery is worth celebrating.

The Process

An internal Lake ADAMHS team was engaged to develop and implement a plan relative to a state-structured survey to assess our compliance with core ROSC principles:

- Focusing on clients and families
- Ensuring timely access to care
- Promoting healthy, safe, and drug-free communities
- Prioritizing accountable and outcome-driven financing
- Locally managing systems of care

Target groups were identified to participate in the survey:

- Law enforcement/judicial
- Education
- Provider executive directors & direct service staff
- ADAMHS Board staff/executive committee
- Community partners
- Advocates
- Consumers & family members

The survey was administered in two ways:

- Half via an online survey tool
- Half via discussion groups

Over 160 individuals were surveyed.

- Largest survey groups were consumers and families

Data Analysis

The ADAMHS internal team analyzed the survey data and identified trends, strengths, and opportunities for improvement.

Those findings were presented to a focus group which included representatives from each of the survey target areas. Additional input was garnered and incorporated into findings.

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Results

Strengths:

The Lake County ADAMHS system offers a **thorough continuum of services** from prevention to treatment to recovery supports.

Collaboration between ADAMHS and community partners is strong, and helps to facilitate access to services.

Behavioral health has an identifiable presence in the community, and is seen as a key indicator in county-wide assessments and surveys.

Opportunities for improvement.

Resource access/awareness

Too often, consumers, family members, and agency staff are unaware of available relevant services and don't know how to access those services.

Peer involvement

The ADAMHS system needs to develop a more comprehensive plan for providing peer support services, including outreach and mentoring programs, and sober living opportunities.

Other pieces in the "recovery puzzle"

Some areas identified as needing improvement involve services over which ADAMHS has no direct control. In these cases it will be important to engage community partners to help facilitate change.

- Transportation issues create challenges for consumers and families
- More opportunities to "celebrate recovery"
- Better integration of physical & behavioral healthcare
- More opportunities for consumers/families to volunteer & become involved in the community

Education

We're very good at collaboration. We use evidence-based practices. We employ careful, specific processes regarding the planning and funding of services. Not enough people know that.

Action Steps

The Lake ADAMHS management team will create and prioritize immediate, short-term (6-12 months), and longer-term (12-24 months) goals.

Already underway:

Implementation of ADAMHS 101/Culture of ADAMHS training sessions for all new employees in the ADAMHS network; providing employees with the knowledge and tools needed to help clients access a fuller array of appropriate services.

Integration of physical and behavioral health identified as a key component as providers submit proposals for the SFY2016 contract season.

ADAMHS staff & community partners are working together to address transportation challenges.

Bottom line

The Lake County ADAMHS Board is accountable to consumers, families and community. The self-assessment process helps us create a culture of care that meets the unique needs of Lake Countians, and the input of our partners and stakeholders helps further spur our commitment to Recovery Oriented System of Care principles.

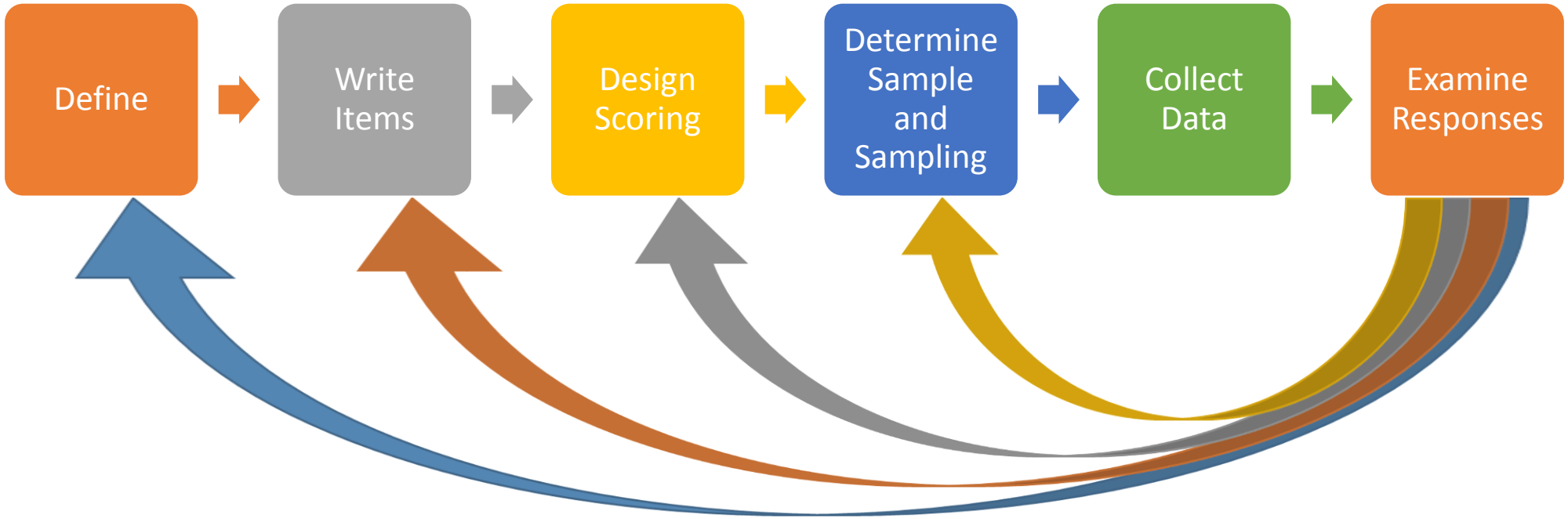
Second Assessment – Underway Now

- Partnered with OSU and Dr. Alicia Bunger, a researcher with the Ohio State University School of Social Work

1. Status of ROSC implementation - Overall Results
    - Have all ROSC domains been implemented similarly?
    - Do all stakeholders (consumers, board members, providers, and partners) agree?
    - Do perceptions of ROSC implementation vary across other important demographics or regions?
2. Tool Performance – How Well Does This Assessment Capture ROSC Implementation?
    - Missing data – are some items difficult to answer?
    - Consistency - how well do the items "hang" together to measure each domain? Are there some that don't add measurement value (and can we cut them?)

Second Assessment – Underway Now

Designing a New Instrument is an Iterative Process…



Second Assessment – Underway Now

- Local Boards are currently collecting data with the new Assessment.
- Dr. Bunger and her team will review and analyze the responses and develop a report on the ROSC results.
- They'll then offer recommendations for the third version of the Assessment –
  - Use data to identify items to eliminate
  - Use best practices to rephrase items
  - Offer alternative items that might improve measurement in each domain
  - Standardize ROSC assessment across counties
    - Sampling
    - Administration
- We expect to issue reports from the second Assessment by early Fall.

Recovery Is Beautiful

Changing the Conversation in Ohio

Changing the Conversation

Recovery Is Beautiful is a movement providing hope and encouragement while changing the conversation in regards to mental illness and addiction. We want people to know and understand that:

1. Mental illness and addiction are ***chronic illnesses***;
2. Both mental illness and addiction can be treated - ***treatment works, and people recover; and***
3. ***Recovery is to be celebrated***, individuals in recovery become active, contributing members of their communities!

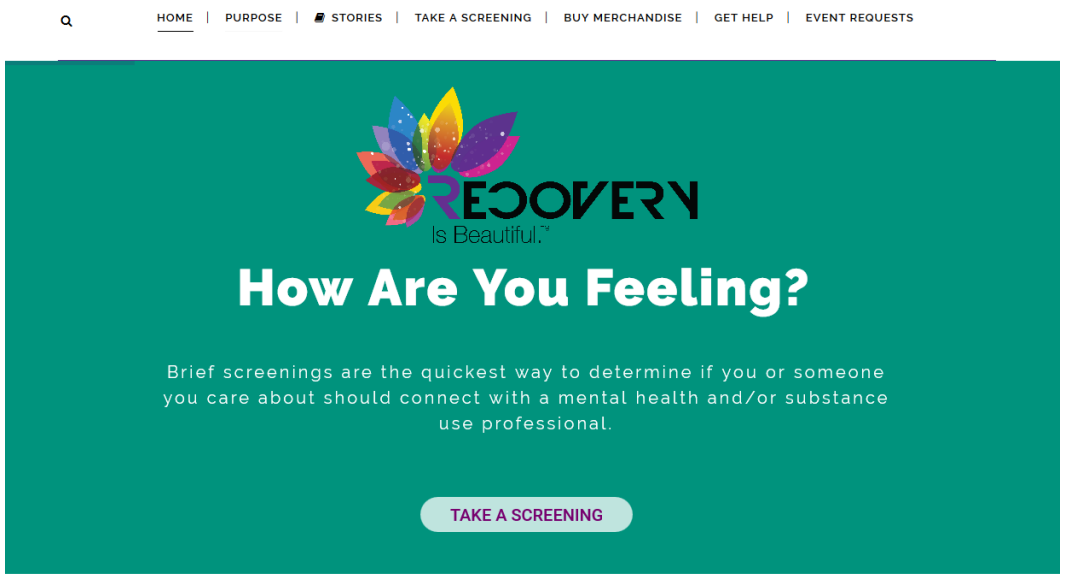
Ohio's 2016 RECOVERY Conference

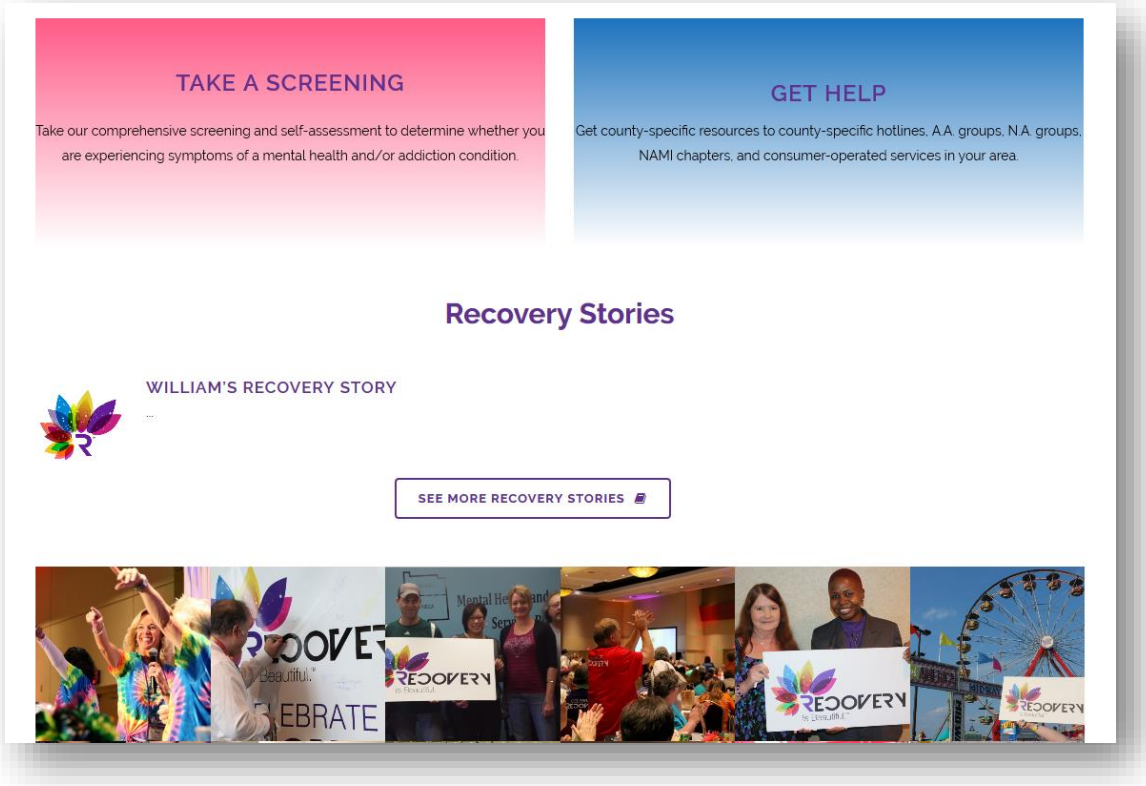
Ohio's 2017 RECOVERY Conference

Ohio's 2018 RECOVERY Conference

October 1-2, 2018 · Hyatt Regency, Columbus

Recoveryisbeautiful.org





- Get Help
- Recovery Stories
- Reflections on Recovery
- Screenings

Empowering Peers and Peer-Run Organizations

- Working with the recovery community to strengthen the presence and availability of peer support/consumer-operated services.
- Gathering feedback about needed services and supports
- Developed a resource tool-kit
- Provided training opportunities on:
  - Leadership development
  - Grant-writing
  - Organizational development
  - Managed Care

Statewide Advocacy NETWORK

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"Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has."

~ Margaret Mead

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