Recovery Oriented Systems of Care

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At the conclusion of this presentation, participants should be able to:

- Understand that behavioral health disorders are chronic and need ongoing care management.
- Define long-term recovery.
- Possess a basic overview of Recovery Oriented Systems of Care (ROSC).
- Understand the difference between “acute” models of care and “recovery management.”
- Understand the values, principles, and essential elements of an ROSC.
Addiction and Mental Health Disorders Tend to Be Chronic Conditions

- Influenced by genetic and environmental risk factors.
- Influenced by behaviors that begin as voluntary choices, but evolve into patterns of behavior due to neurobiological changes in the brain.
- Can be identified and diagnosed using validated screening tools.
- Have effective treatments, self-management protocols, and peer support frameworks.
- Relapses may occur and continuous efforts to manage the illness are needed.
COMPARISON OF RELAPSE RATES BETWEEN DRUG ADDICTION AND OTHER CHRONIC ILLNESSES

<table>
<thead>
<tr>
<th>Condition</th>
<th>Percent of Patients Who Relapse</th>
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</thead>
<tbody>
<tr>
<td>Drug Addiction</td>
<td>40 to 60%</td>
</tr>
<tr>
<td>Type 1 Diabetes</td>
<td>30 to 50%</td>
</tr>
<tr>
<td>Hypertension</td>
<td>50 to 70%</td>
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<tr>
<td>Asthma</td>
<td>50 to 70%</td>
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Substance Abuse and Mental Health Services Administration (SAMHSA) – Eight Dimensions of Wellness

- **EMOTIONAL**
  Coping effectively with life and creating satisfying relationships.

- **ENVIRONMENTAL**
  Good health by occupying pleasant, stimulating environments that support well-being.

- **INTELLECTUAL**
  Recognizing creative abilities and finding ways to expand knowledge and skills.

- **FINANCIAL**
  Satisfaction with current and future financial situations.

- **SOCIAL**
  Developing a sense of connection, belonging, and a well-developed support system.

- **PHYSICAL**
  Recognizing the need for physical activity, diet, sleep, and nutrition.

- **SPIRITUAL**
  Expanding our sense of purpose and meaning in life.

- **OCCUPATIONAL**
  Personal satisfaction and enrichment derived from one's work.

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Long-Term Recovery

- The resolution of alcohol and other drug problems
- The progressive achievement of global health (physical, emotional, relational)
- Citizenship (life meaning and purpose, self-development, social stability, social contribution, and elimination of threats to public safety)

Per SAMHSA 2012: Recovery from mental disorders and/or substance use disorders 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.
Many Paths to Recovery

- Mutual support groups
- Peer support
- Medical intervention (medication-assisted treatment)
- Professional treatment
- Family support
- Faith support
- Comprehensive continuing care
What Is ROSC?
What Is ROSC?

- A value-driven approach to structuring behavioral health systems and a network of clinical and non-clinical supports
- A framework to guide system transformation using clinical and non-clinical service approaches

ROSC is *not* a specific model, a closed network of service and supports, or a new initiative. Instead, it is taking the best of what we know works, based on research; finding the gaps and/or community needs; and transforming the community into a stronger support for life-long recovery.
William White on ROSC

“This movement represents a shift away from crisis-oriented, professionally directed, acute-care approach with its emphasis on isolated treatment episodes, to a recovery management approach that provides long-term supports and recognizes the many pathways to healing.”
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Movement Toward Recovery Management

• Based on Acute Care Model
  o Growing population of individuals recycling through expensive acute care treatment with increasingly severe and complex disorders
  o Awareness that the field needs to develop a better and more effective model of care
  o Shifting from a model of pathology and intervention to lived solution (long-term addiction recovery)

• The movement toward a Recovery Management Model
  o The emergence of “recovery” as a way to advocate, organize, and develop policy
  o Calls for recovery research
  o Promotion of peer-based recovery support services
  o Calls to integrate mental health and substance use disorder care
Acute Care
- Crisis linked point of intervention.
- Brief duration.
- Singular focus on symptom suppression.
- Professionally dominated decision-making.
- Short service relationship.
- Seeking full and permanent resolution of problem (“graduation”).
- Relapse is seen as non-compliance or treatment failure.

Recovery Management
- Assessments include recovery capital and asking about dreams, hopes, and goals.
- Consumer-driven decision-making.
- Integrated services.
- Services over a lifetime.
- Focus on the whole person.
Acute Care Model

- **Modeled after the medical field**: Build bed capacity for stabilization rather than building resources in the community for long-term recovery maintenance. (Ironically, this was being developed as the medical field was criticizing acute care for chronic primary health disorders.)

- **Professionalization**: Led to increased legitimacy of counselors in short-term psychotherapy and abandonment of post-treatment maintenance efforts.

- **Specialization**: Led to silo for care.
Acute Care Model – Cont’d

**Business Orientation**: shift from 1960–1970s client-focused recovery orientation to institution-focused business orientation

- Shortened stays
- Eliminated continuing care as a reimbursable service
- Shift from accountability being the responsibility of individuals and families served to public and private purchasers of care; accrediting and monitoring authorities and parental organizations
- Shift from recovery outcomes to regulatory compliance, procedural efficiency, and maximization of billable services.
- Led to decreased front-end access (wait lists), intensity, and scope of services, and ultimately service completion rates
Addiction: Risk and Protective Factors

1970s research
• Rats alone in a wire cage with option of cocaine or water. Nine out of 10 rats continued to push the button for cocaine until they killed themselves.
• Rats then placed in a lush cage ("Rat Park") with colored balls, good food, tunnels, and other rats for social activity. These rats didn’t choose the drugged water and none of them died. Rats in a supportive healthy environment avoided use.
• When rats who were isolated for nearly two months and using cocaine heavily were placed into the Rat Park, they quickly discontinued using cocaine.

How Rat Park Relates to People

• Per Bruce Alexander, who performed the Rat Park research, “today’s flood of addiction is occurring because our hyper-individualistic, hypercompetitive, frantic, crisis-ridden society makes most people feel socially and culturally isolated. Chronic isolation causes people to look for relief.”

Growing Communities of Recovery

- Growth and diversification of recovery mutual aid societies (secular, spiritual, and religious)
- Emergence of grassroots recovery advocacy movements
- Rise of recovery community organizations independent of addiction treatment organization or aid societies
- New recovery community institutions (recovery homes, recovery colonies, recovery industries, recovery schools, recovery support centers, and internet-based recovery communities)
Creating and sustaining formal and informal services and resources in the community to support an individual’s journey toward recovery, wellness, and healing

Examples:
- Prevention services for all members of the community
- Integrated behavioral health (mental health and substance use disorders)
- Physical health care
- Medication
- Supports: housing, employment, education, child care, wellness, legal, crisis, support groups, faith-based supports, mentors/elders, peers, traditional healing ceremonies, etc.
An ROSC is a coordinated network of community-based services and supports that is person-centered and builds on the strengths and resilience of individuals, families, and communities to achieve abstinence and improved health, wellness, and quality of life for those with or at risk of alcohol and drug problems.

Includes housing improvements, social support, treatment, peer support, NAMI, life skills training, healthy relationships, community support meetings, family education, physical health, faith-based support, treatment, medication, etc.
1. Person-centered
2. Family and ally involvement
3. Individualized and comprehensive services across the lifespan
4. Systems anchored in the community
5. Continuity of care (pretreatment, treatment, continuing care, and recovery support)
6. Partnership/consultant relationship, focusing more on collaboration and less on hierarchy
7. Strengths-based (emphasis on individual strengths, assets, and resilience)
The 17 Essential Elements of an ROSC, cont’d:

8. Culturally responsive
9. Responsive to personal belief systems
10. Commitment to peer recovery support services
11. Inclusion of the voices of individuals in recovery and their families
12. Integrated services
13. System-wide education and training
14. Ongoing monitoring and outreach
15. Outcomes-driven
16. Based on research
17. Adequately and flexibly financed
Eight Key Performance Areas Linked to Long-Term Recovery Outcomes

- Attraction, access, and early engagement
- Screening, assessment, and placement
- Composition of the service team
- Service relationship
- Service dose, scope, and quality
- Locus of service delivery
- Assertive linkage to communities of recovery
- Post-treatment monitoring, support, and early re-intervention
Attraction and Access to Treatment Services

- Failure to attract: Average delay in substance use disorder (SUD) treatment is more than a decade.
- More than 50% of SUDs begin in adolescence.
- We know that rapid access to treatment leads to better outcomes and the longer the delay the greater the drop-out rate.
- With access delays:
  - Low retention rates: <50% do not successfully complete treatment.
  - Revolving door/frequent readmissions: >60% have one or more treatment episodes, 24% with three or more.
**Reasons For Not Seeking Treatment**

- Reluctance to give up substance use
- Lack of hope
- Unable to admit need for help and attempts to change on their own
- Lack of information and knowledge of treatment
- Lack of insurance or ability to pay for services
- Lack of transportation, lack of child care, scheduling difficulties, etc.
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Assertive Outreach and Engagement

- Offer pretreatment peer support groups.
- Use peers to welcome consumers (recovery support center with the most charismatic and engaging staff at the reception area).
- Offer peer mentors at first contact.
- Increase capacity and break down barriers (offer tele-health).
- Build strong linkages between levels of care through peer-based recovery support services.
- Connect with individuals before initial appointments via the phone.
- Screening and intervention in health care facilities.
- Establish relationships with nature supports to promote early identification.
Treatment Services in an ROSC

- How to bundle resources and sequence them in ways that widen the doorway to enter recovery and enhance quality of recovery.
- Counselors support people in making their own choices.
- Failure is an option.
- Services are offered as a menu.
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Peer Culture

• Recovery people on agency boards and leadership committees
• Openly recruiting recovering persons as paid staff
• Paid peer specialists to provide formalized support services
• Creating a sense of community where recovering persons are highly valued
• Infusing peer self-help throughout the continuum
Components of Developing an ROSC

- Align treatment with an ROSC.
- Fully integrate peer and recovery support services.
- Supporting the development of a mobilized, activated recovery community.
- Recovery-oriented performance improvement and evaluation.
- Provide individualized, evidence-based services.
  - Trauma informed
  - Gender specific
  - Culturally sensitive and competent
- Focus on prevention and early intervention through promotion of population and community health.
- Fiscal, policy, regulatory, and administrative alignment.
Strategic Prevention Framework (SPF) Process

- **Assessment** to identify community problems and to drive process (resource: Wisconsin Epidemiological Profile on Alcohol and Other Drug Use)
- **Capacity** building to assess current service systems and increase capacity, knowledge, and skills of workforce in services critical to systems integration effort
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Strategic Prevention Framework (SPF) Process

- **Planning** to strategically increase communication and collaboration of critical stakeholders for design of integrated services/functions
- **Implementation** of evidence-based services/interventions to prevent/mitigate identified substance abuse consequences and related problems within integrated framework of services
- **Evaluation** and monitoring quality and effectiveness of services provided
A needs assessment is a systematic process to acquire an accurate picture of strengths and risk factors of a community. It assists in developing plans to improve community conditions and create a supportive environment of substance use disorder recovery and individual, family, and community wellness.

“Recovery Capital” is those internal and external resources an individual may use to initiate and sustain recovery.

A Community Recovery Capital Needs Assessment is designed to help identify what recovery supports currently exist and where gaps may exist, in order to identify and prioritize enhancement of areas of weaknesses in the recovery support system.
Importance of Including Key Community Stakeholders

Set up joint assessment and planning efforts to address community needs:

- Share relevant data.
- Identify mutual needs and strengths.
- Develop complementary organization processes and plans.
- Integrate and/or link services.
- Identify cultural and linguistic needs of diverse populations.
- Assess effectiveness of actions.
Who Are the Community Stakeholders?

- Health care organizations: health departments, hospitals, dentists, pharmacists
- Law enforcement/courts
- Schools
- Employee assistance programs
- Social service agencies
- Tribal leaders
- Behavioral health providers
- Families, parents, and parent groups
- Faith-based organizations
- Coalitions/recovery organizations
- Suicide prevention groups
- Businesses/liquor stores and anyone living in the community
Identify and Address Disparities

Are there specific subsets of the population with greater needs and/or less access to physical and behavioral health care?

- Are racial/ethnic minorities accessing services (prevention, treatment, and community supports)?
- Are individuals who identify as LGBTQI accessing services?
- Are individuals with disabilities accessing services?
- Does the community have an increasing population of emerging adults using opiates?
- Are there other populations facing elevated levels of substance use disorders and/or higher suicide rates?
National Movement of Developing ROSC Communities

SAMHSA has:

- Funded 33 discretionary grant programs to implement ROSC.
- Developed the “Bringing Recovery Support to Scale Technical Assistance Center Strategy (BRSSTACS)” with expert panels looking at ways to overcome barriers for communities.

States and cities implementing ROSC: Michigan, Texas, Philadelphia, and many more
References


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