Recovery-Oriented Systems of Care: Statewide Assessment Results 2018

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What is a Recovery Oriented System of Care?

A **ROSC** is a coordinated network of community-based services and supports that builds on the strengths and resiliencies of individuals, families, and communities to achieve improved health, wellness, and quality of life for those with or at risk of mental illness or substance use disorders.

**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 full potential - SAMHSA
ROSC Assessment

The purpose of the ROSC assessment is to:

1. Examine the degree to which state and local behavioral health systems align with the principles and values of ROSC

2. Identify areas of strength and opportunities for development/improvement

3. Embracing the Principles in the way we conduct the Assessment
Researched Best Practices

“For a Recovery-Oriented system to be successful, it must be an integral part of the community, engaging stakeholders within not only the mental health and substance abuse disorder systems, but also the general community.

Recovery-oriented systems must assess existing resources, map community recovery capital and assist in how to utilize natural community supports as part of their recovery.

Breaking down the unnatural barriers between the mental health and substance use disorder communities, and the natural communities around them, will reduce stigma and discrimination and increase opportunities for meaningful inclusion in the community”

Keywords?

- **Empower**- To Make Informed Decisions Regarding Care

- **Shared**- Using attributes and input of individuals, families and communities to improve access and quality of services

- **Individualized**- Supports individualized pathway to recovery inclusive of traditional/alternative services, employment, child care, care management and housing and other supports
Recovery Self Assessment (RSA)

- Developed to assess the degree to which recovery-supporting practices are evident in the Connecticut Department of Mental health and Addiction Services agencies. The authors (of the RSA) wanted to move beyond the rhetoric of recovery by operational principles of recovery into standards and practices that could be observed, measured and fed back to mental health organizations in ways that allowed these organizations to use data to inform program improvement and organizational change efforts.

- 36 items associated with nine principles of recovery identified through extensive literature review and input from persons in recovery, family members, service providers and administrators.

- Created by Yale Program for Recovery and Community Health

- Adapted for our use
ROSC Assessment Domains:

- Focusing on clients and Families
- Ensuring timely access to care
- Promoting healthy, safe, and drug-free communities
- Prioritizing accountable and outcome-driven financing
- Locally managed systems of care
2015 Pilot:

- 8 Boards piloted the RSA (Allen/Auglaize/Hardin, Lake, Lorain, Muskingum, Paint Valley, Richland, Summit, Warren-Clinton)

- Each uses Recovery Self Assessment and Focus Group formats

- Scored the RSA

- Held Focus Group(s)

- Created a Community Report
OSU’s Role:

- Helping to refine survey questions
  - Validity & reliability
- Centralizing Data Management and Analysis
- Statewide Survey Results
- Individual County Results
ROSC Assessment Tool

- 4 versions tailored to unique participant groups
  - Board members and staff
  - Persons in recovery and their family members
  - Providers
  - Stakeholders

- 75 items organized into 5 domains
  - Focusing on clients and family (clients)
  - Ensuring timely access to care (access)
  - Promoting healthy, safe, and drug-free communities (communities)
  - Prioritizing accountable and outcome-driven financing (financing)
  - Locally managed systems of care (systems)

- Rated agreement on each item on 6-point scale
  (1=Strongly agree; 6=Strongly disagree)

- *We reverse coded so that higher scores reflect greater agreement*
Who Participated?

- 3,407 total participants (attempted)
  - 55% Online
  - 45% Paper
- 98% of counties (n=86)
  - Avg. of 40 responses/county
  - Varied from 1-275
  - Midpoint of 27
  - 12 counties had ≤ 5 responses.

pg. 3 of report
Who Participated?

Gender

- Male, 30.82%
- Female, 66.71%
- Prefer Not to Say, 2.31%

Race

- White, 85.46%
- Black, 6.15%
- Pacific Islander, 0.12%
- Asian, 0.21%
- Native American, 1.12%
- Other, 2.85%
- Declined, 4.09%
Who Participated?

- Majority of participants were:
  - Female (67%)
  - Caucasian (85%)
  - Non-Latinx (87%)
  - Working in a full or part time job (80%)
  - Married (51%)
  - Had a college degree (56%)

- On average, 48 years old

- Employed by nonprofit org (54%) or public agency (34%) (*for board members, staff, providers, or stakeholders)
How Well have ROSC Domains been Implemented?

- 2,822 participants (83%) rated at least one item
- Overall average of all ROSC items = 4.58 (between “somewhat agree” and “agree”)

AVERAGE SCORE

<table>
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<th>Domain</th>
<th>Average Score</th>
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<td>Focusing on Clients and Families</td>
<td>4.78</td>
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<td>Ensuring Timely Access to Care</td>
<td>4.68</td>
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<tr>
<td>Promoting Healthy, Safe, and Drug-Free Communities</td>
<td>4.45</td>
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<td>Prioritizing Accountable and Outcome-Driven Financing</td>
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<td>Locally Managing Systems of Care</td>
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(3 highest & 3 lowest scoring items)

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<td>Locally Managing Systems of Care</td>
<td>Engaging people in recovery to construct their own narratives, understand their rights, and in managing systems.</td>
<td>Engaging local businesses, managed care, and peer-run leisure partners.</td>
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Board members and staff rated ROSC higher than other groups

Family members and Stakeholders rated ROSC lowest

Greatest disagreement:

- Boards and Family Members related to Health Communities & Outcome-Driven Financing
Does ROSC Vary By County?

- YES!
- Overall scores ranged from 3.40 (neutral views) to 5.96 (strong, positive views)
- Most variation around perceptions on accountable financing, and local systems of care
Did We Find Anything Else?

- Controlling for respondent type, participants tended to rate ROSC higher when they were:
  - Younger
  - Male
  - Or were not employed

*No variations by race or ethnicity*
So What Do We Think This Means?

- Respect for people in recovery
- Integration of behavioral health & medical care, Spectrum of prevention supports
- Targeted contracting, Engaging people in recovery

Strong statewide implementation

- Tailoring services to individual needs and barriers
- Promote sober lifestyles and decrease stigma
- Engaging people in recovery in contract evaluation, wider array of community stakeholders

Opportunities to improve

- To family members and external stakeholders

Outreach

- Promote accountable financing and local systems of care

County variation
Next Steps

1. Refine the assessment tool further - cut items!
2. Follow Up - Longitudinal assessment to track improvements over time
3. Strategic outreach - target groups not well represented in assessment, boost participation in every county
Next Steps County Level

1. Stakeholder Interviews:
   a) Education about ROSC Principles
   b) Engagement in Planning & Solutions
   c) Identification of Educational Needs around Available Services
      a) Examples...

2. Action Planning
   a) Community Report
   b) Messaging & Community Education
Agency Level Utility

1. How can organizations use this information?
   a) Benchmark within your organization
   b) Focus on the items that serve as opportunities
   c) Pat yourself on the back about positive feedback
   d) Establish an organizational action plan
Questions?