ROSC Today – Where are We and Where are We Going?

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Gratitude

Cheri Walter, OACBHA
P.Stuby & Board Hancock ADAMHS
Great Lakes ATTC
Those in Recovery and their Families

William Schofield
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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)
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)
**ROSC Outcomes**

- By joining with families and combining telephone and in-person interviews a 16-25% improvement in attendance at treatment was observed. (McKay, et al, 1998)

- Youth had better outcomes in treatment if they remain connected to behavioral health services and supports until they established a foundation of wellness (Wallace & Weeks, 2004).

- The use of intensive family focused telephone engagement strategies brought a 50% decrease in initial no-show rates and a 24% decrease in early service termination (Szapocznik, 1988).

- Treatment that connects to recovery supports does about 15% better than treatment alone. (Litt et al, 2016)
Benefit-Cost Ratio of the First Treatment Episode (Acute Care Model) vs Lifetime Treatment Episodes (Chronic Care Model) for Heroin Users

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)
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.
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 defines:

What is 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)

- 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)
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

Sustaining 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
The Cornerstones of ROSC

Building Health, Wellness and Recovery
<table>
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<tr>
<th>ROSC Model</th>
<th>Medical Model</th>
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<td>Health/Resilience</td>
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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 and units of service per MCO!)
Today’s Health Care Demands

» Greater attention to *preventing illness* and promoting wellness
» Increased access to care
» Increased focus on the coordination/integration of services between primary care and behavioral health
» Increased focus on quality, outcomes and accountability
» Enhanced infrastructure to support the delivery of effective services (e.g. HIT)
» ACA, Medicaid and Parity will play a much larger role in MH/SUD services
» Focus on evidence-based medicine
» Shifting and Shrinking budgets
» Need to develop organizational cultures that are adept at effectively responding to change!
and ... in Ohio

- Address overdose epidemic

- Get ready for managed care while ...

- Build and sustain recovery!
ROSC and Managed Care

Get Ready to Manage Managed Care!!

Building a Recovery Oriented System of Care and Recovery Management that serves you, your community and meets payer and MCO core interests and ...

“Builds Health, Wellness and Recovery”
Managing Managed Care with ROSC Principles and Objectives

Treatment Guidelines

- Most have their own
- Must support a full continuum of care for chronic illness that can offer an opportunity for recovery
- Medical Necessity – the battle ground – must support recovery and not just authorization of a unique episode of treatment

(also see: OPTUM Health [www.optum.com](http://www.optum.com) or UPMC CCBH [www.ccbh.com/providers/recoveryinstitute](http://www.ccbh.com/providers/recoveryinstitute))
ROSC/CC Continuum of Care: Education, Prevention, Treatment and Recovery

1. Education and Prevention

To effectively prevent substance misuse, it is important to understand the nature of the problem, including age of onset.

Early initiation, substance misuse, and substance use disorders are associated with a variety of negative consequences, including deteriorating relationships, poor school performance, loss of employment, diminished mental health, and increases in sickness and death (e.g., motor vehicle crashes, poisoning, violence, or accidents).

Preventing or reducing early substance use initiation, substance misuse, and the harms related to misuse requires the implementation of effective programs and policies that address substance misuse across the lifespan.
ROSC and Education and Prevention

Risk factors. Factors that increase the likelihood of beginning substance use, of regular and harmful use, and of other behavioral health problems associated with use. (vs. Individual Recovery Capital; Community Recovery Capital)

Protective factors. Factors that directly decrease the likelihood of substance use and behavioral health problems or reduce the impact of risk factors on behavioral health problems. (Recovery informs each community of its relevant Risk and Protective Factors)
ROSC and
Types of Prevention Interventions

- **Universal Prevention** - Interventions reduce specific health problems across all people in a particular population by reducing a variety of risk factors and promoting a broad range of protective factors (building

- **Selective** Interventions-particular communities, families, or children who, due to their exposure to risk factors, are at increased risk of substance misuse problems

- **Indicated Interventions** – risky behavior but not yet SUD
2. ROSC and Treatment

- Each episode of treatment is properly matched and of sufficient lengths to offer the possibility of recovery
- Each episode of system engagement and treatment offers Peer Support and Warm Handoffs
- No band-aide or topical only treatment
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 will

- Shift the center of gravity for your work from funding driven care to meeting the individual, family and community need. It will refine our understanding by the illness we seek to prevent based on current best science and actual lived experience thereby making our work more relevant, adoptable, scientific, accountable and effective or a true evolved 21\textsuperscript{st} century \textit{medical model}.
Ohio’s Challenges Today

Where Are We Going?
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
Specialty Care Scientific Guidance (8)

The ASAM Criteria (8): 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
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)

Since ROSC is grounded in each community it is equally applicable to MH or SU service systems.
Recovery Management

Recovery Management is a philosophical framework for organizing MH and addiction services to provide education, prevention, pre-recovery identification and engagement, recovery initiation and stabilization, long-term recovery maintenance, and quality of life enhancement for individuals and families affected by substance use.


Negotiate this with your MCO!
Primary Goals of ROSC:

• 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
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
ROSC will most importantly:

Let the illness and how we **prevent** and attain and sustain individual, family and community wellness and recovery from it educate us.

- **Person Centered Care** – **Recovery Capital**
- **Community Centered Care** – **Community Recovery Capital**
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)
System Measures of Progress

- Increase access to care
- 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
- Increased community education and prevention
- 90 day treatment attainment
- Continuing care
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)

Over time – 90 days, 6 months
Heroin and Overdose

“We cannot arrest or incarcerate ourselves out of this problem. The Problem demands a 360 degree solution.” David Hickton, US Attorney, W. Pa and Co-Chair of DOJ/ONDCP National Heroin Task Force, September 29th, 2014.

Community Plan:
https://www.justice.gov/file/822231/download

President’s Proposed Plan:
https://click.mail.whitehousqs=d7be5f65049db5259bbbde0bdda7842444bc80abafeb5679f1da86fda225b9f17e507959b0dcd10>e.gov/?
Overdose and ROSC

To prevent OD and OD death in this “epidemic”:

- All individuals seeking treatment with opioids should be screened for opioid withdrawal via a validated risk assessment, e.g. ASAM, Placement Criteria, p.162.

- All ODs and OD deaths should be reviewed for root cause analysis and prior missed intercept points that can be strengthened for the community as a result.

- A person on MAT can be in “recovery”. A dead person cannot.

- Narcan or naloxone should be available to all persons in opioid treatment, families and first responders.

- Build “warm handoffs” from first responders and high risk

- End the medical stigmatization of the person seeking recovery
ROSC and OD

- Law enforcement and treatment need to work together with the community in a 360 degree approach.
- ALL HANDS if we are to regain our community.
Thank you!

copies or citations:

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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