An Overview of ROSC: Building Hope Through Connection and Participation
Unmet Need

Failure to Attract

1. Among adults reporting a behavioral health condition, more than half report onset in childhood or adolescence.

2. Average delays in help seeking for mental health and SUD challenges is more than a decade (National Comorbidity Study).

3. Less than 10% of those who need SUD treatment seek treatment.
Why 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
Paradigm for High Performing Systems and Organizations Is Expanding

| FROM: | How can we get populations healthy?  
|       | How do we best protect children?  
|       | How do we transition CJ involved people into communities, reduce recidivism, and ensure community safety? |
| TO:   | How do we help people to get well and stay well?  
|       | How do we not only prevent abuse, but also promote health and wellness? How do we help children, families and all individuals to thrive, develop meaningful lives, and sustain their wellness? |

How do we make this shift?
1. Aligning Treatment with a Recovery-Oriented System of Care
2. Fully Integrating Peer and Other Recovery Support Services
3. Supporting the Development of a Mobilized Activated Recovery Community
4. Integrating recovery-oriented Performance Improvement and Evaluation
5. Developing a shared vision and strengthening cross-system collaborations
6. Focus on Prevention and Early Intervention through Promotion of Population and Community Health
7. Fiscal Policy, Regulatory and Administrative Alignment
Values and Guiding Principles
A Snapshot

- Person-Centered
- Holistic Approaches
- Family and other Ally Involvement
- Individualized and Comprehensive
- Anchored in the Community
- Continuity of Care
- Partnership-Consultant Relationships
- Strengths-based
- Culturally Responsive
- Commitment to Peer Recovery Support Services
- Inclusion of those with lived experience and their families
Cultural, values based change drives relationships, practice, policy and fiscal changes in all parts and levels of the organization. Everything is viewed through the lens of and aligned with recovery oriented care.

ADDITIVE
Adding peer and community based recovery supports to the existing treatment.

SELECTIVE
Practice and Administrative alignment in selected parts of the organization – e.g. pilot “recovery projects”

TRANSFORMATIONAL
Cultural, values based change drives relationships, practice, policy and fiscal changes in all parts and levels of the organization. Everything is viewed through the lens of and aligned with recovery oriented care.

3 Approaches
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.....
# The Framework

<table>
<thead>
<tr>
<th>Category</th>
<th>Existing Strengths</th>
<th>Priorities</th>
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<tbody>
<tr>
<td>Aligning Treatment with a Recovery Approach</td>
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<tr>
<td>Integrated Peer and Other Recovery Supports</td>
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<tr>
<td>Performance Improvement and Evaluation</td>
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<tr>
<td>Promotion of Population and Community Health with a Focus on Prevention and Early Intervention</td>
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<tr>
<td>Individualized Service Appropriate to Trauma, Culture, Gender, etc.</td>
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<tr>
<td>Fiscal, Policy and Regulatory Alignment</td>
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</tbody>
</table>
The Framework in the Board Room
## Existing Strengths
- Criminal Justice Division Forensic Team Services
- Corrections Services
- Robust Mental Health Treatment System
- Funded Positions
- NAMI
- AA-NA-Anon Community
- SMART Recovery Groups
- Celebrate Recovery Groups
- Focus on Friends Drop In Center
- You Are Not Alone Support Group
- Dedicated Staff Position at the Board Database Project
- Community Partnership
- Opiate Task Force
- Early Intervention Programming in Schools
- CIT (Crisis Intervention Training)
- Application of the Strategic Prevention Framework
- Existing Evidence Based Practices
- Medicaid Expansion
- Exchange Enrollment
- Grant Policy

## Accomplished During FY’14 – FY’17
### Outreach/Engagement/Recovery Check-ups
- Transform Focus on Friends into a Peer-led Recovery Support Center
- New Auditing Process
- SBIRT (Screening, Brief Intervention and Referral to Treatment)
- Trauma Informed Care Learning Community
- Shared Funding and/or Agreements; Incorporate Performance Measures into Funding Agreements

### Residential Treatment Facility (Tree Line)
- Recovery Homes (two)
- Community Measures for RDISC: Increased Access to Care; Retention in Care; Outcomes
- Mental Health First Aid
- Mental Health/Substance Abuse Criminal Risk Framework Grant
- RFP (Request for Proposal) Policy

### Medication Assisted Treatment (Opiate Protocol)
- Develop Vision for Recovery Guides; Certified Peer Supports; Career Ladder (Delivery Structure; Payment; Supervision; Position Descriptions etc.)
- Implementation of HB43 (Involuntary Outpatient Commitment)
- Advocate for Funds with Legislature

### Residential Treatment Facility (Tree Line)
- Recovery Homes (two)
- Community Measures for RDISC: Increased Access to Care; Retention in Care; Outcomes
- Mental Health First Aid
- Mental Health/Substance Abuse Criminal Risk Framework Grant
- RFP (Request for Proposal) Policy

## Priorities for FY’18 – FY’21
### Involvement of Peers at all points of the treatment/recovery continuum
- Work with Housing Collective Impact Coalition to Advocate for affordable housing for individuals with mental illness and/or substance use disorders
- Establish a mechanism for Ongoing Consumer Feedback
- Conduct a Public Awareness Campaign aimed at involving the community and to promote prevention messages
- Develop specialized programming for caregiver and children impacted by substance use, mental health and family dysfunction
- Monitor the implementation of BH Redesign and Managed Care

### Increase the use of Medication Assisted Treatment
- Work with Employment Collective Impact Coalition to Advocate for employment opportunities for individuals with mental illness and/or substance use disorders
- Participate in the Collective Impact Initiative, especially in the focus area of mental health and substance use
- Apply for a Coalition of Excellence Designation from the State Department of Mental Health and Addiction Services
- Establish a Technology Committee to develop and implement a plan to advance the use of technology in Board System
- Incorporate quality measures and service evaluation results into contracting and link to funding

### Develop a Crisis Stabilization/Withdrawal Management Center
- Develop Housing for Pregnant Women with Substance Use Disorders
- Fully Implement CRAFT Groups on an ongoing basis
- Fully Implement Zero Suicide Initiative for youth and adults

### Establish follow-up care and warm hand-offs for individuals who present with an overdose in the emergency room
- Develop Adult Prevention Services
- Establish a Specialty Team for Pregnant Women with Substance Use Disorders

### Performance Improvement and Evaluation
- Integration of Peer and Other Recovery Supports: Mobilizing and Activating the Recovery Community
- Promotion of Population and Community Health with a Focus on Prevention and Early Intervention
- Individualized Services Appropriate to Trauma, Culture, Gender, etc.

### Individualized Services Appropriate to Trauma, Culture, Gender, etc.
- Performance Improvement and Evaluation
- Promotion of Population and Community Health with a Focus on Prevention and Early Intervention
- Individualized Services Appropriate to Trauma, Culture, Gender, etc.
Goal: Link Priority to Opportunity
Aligning Treatment with a Recovery Approach

Hancock County Formula for Successful Outcomes

Of those with a substance dependence diagnosis, over half will relapse within 30 days of discharge from treatment. If you can provide the person 90 days of continuous care you will create an 80% chance of that person reaching 6 months of recovery. If you can get them to 6 months you will have created a 50% percent chance of them getting 1 year of recovery. If you get 1 year you have a 50% chance of that person reaching 2-5 years of sustained recovery. At five years of recovery the illness is considered in remission. Emerging studies show that...
<table>
<thead>
<tr>
<th>Treatment Services</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
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<td>Diagnostic Assessment</td>
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<td>Outpatient Counseling</td>
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<td>Case Management</td>
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<td>Peer Support (Paid)</td>
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<td>Residential Treatment</td>
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<tr>
<td>You’re Not Alone Family Support Group</td>
<td></td>
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<tr>
<td>MAT (Medication Assisted Treatment)</td>
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<tr>
<td>Naloxone</td>
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<td>SBIRT (Screening, Brief Intervention and Referral to Treatment)</td>
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<td>Recovery Guides (volunteer)</td>
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<td>Recovery Support Center (Focus on Friends)</td>
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<td>Recovery Housing (2)</td>
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<td>Residential Detox (purchased on case by case basis from Arrowhead at $750 per day)</td>
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<td>Recovery Check-ups</td>
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<td>Intensive Outpatient Treatment</td>
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<td>Ambulatory Detox</td>
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<tr>
<td>MAT (Medication Assisted Treatment) for Youth</td>
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<td>Inpatient Withdrawal Management (Blanchard Valley Hospital) – developing</td>
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<td>ICD (Integrated Co-occurring Disorders) Home Based Services for Youth – developing</td>
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<td>MRSS (Mobile Response – Stabilization Services) – developing</td>
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</table>
Integrated Peer and Other Recovery Supports

Focus Recovery Center

Recovery Housing

Recovery Guides

Battle Buddies
## Priority 4: Monitored Outcomes

### Focus on Friends Utilization

**Number of hours facility open** – 45 hrs. per week

**Number of individuals utilizing programming:**

<table>
<thead>
<tr>
<th>Metric</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Comments:</th>
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<tbody>
<tr>
<td>Unduplicated Individuals</td>
<td>487</td>
<td>449</td>
<td></td>
<td></td>
<td>The unduplicated number of individuals using Focus continues to climb. Focus has revised their table of organization, outsourcing their financial management and moving to a full time Program Coordinator and a full time Recovery Support Coordinator. They will also be assisting Family Resource Center with the development of Alternative Peer Support Services as required by the recently awarded grant to develop addiction treatment services and supports for youth.</td>
</tr>
<tr>
<td>Attendance</td>
<td>300</td>
<td>263</td>
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<tr>
<td>*Total Visits</td>
<td>1,483</td>
<td>1,187</td>
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</table>
## ROSC Outcome Measures Report Results:

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<tr>
<th>Clients completing 90 days of continued SUD treatment</th>
<th>1Q FY 18</th>
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</thead>
<tbody>
<tr>
<td>Century Health (CH)</td>
<td>73/121</td>
</tr>
<tr>
<td>(60%)</td>
<td></td>
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<tr>
<td>CH FY 17 Average: 51/99 (52%)</td>
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<tr>
<td>CH FY 16 average: 45/98 (47%)</td>
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<tr>
<td>A Renewed Mind (ARM)</td>
<td>28/65</td>
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<tr>
<td>(32%)</td>
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<tr>
<td>ARM FY 17 Average: 20/62 (32%)</td>
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<tr>
<td>ARM FY 16 Average: 18/39 (42%)</td>
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</tbody>
</table>
Recovery Resources Guide

- Opiate and Naloxone Information
- Quick Response Team Information
- Withdrawal Management/Substance Use Disorder Treatment Providers
- Recovery Services and Support Groups
- No Wrong Door Resources
- Addiction and Recovery Information
- Low Tolerance – High Risk Information
- Focus on Friends Recovery Center Information
- You're Not Alone Support Group Information
- Ohio Medicaid Information

CRISIS HOTLINE: 1-888-938-7116

HANCOCK COUNTY OPIOID TASK FORCE

February 2018
Medication Collection

COMMUNITY MEDICATION COLLECTION

Take it to the box

What? When? Where?

Protect your family & community by dropping off unwanted, unused or expired medications or necessary for proper disposal.

Saturday, October 22, 2016
9:00am-12:00pm

Findley Municipal Building Parking Lot on West Crawford Street

FACT: Since 2011, the number of adults who misuse prescription drugs in Hancock County has doubled.*

Let's work together to reduce that number and Take it to the Box.

Questions? Call (499) 424-1985

*Data from the National Survey on Drug Use and Health

www.jampus.com/medcoll
Individualized Services Appropriate to Trauma, Culture, Gender, etc.

<table>
<thead>
<tr>
<th>Program Changes/Enhancements</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
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<tr>
<td>Overdose Death Case Reviews</td>
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<tr>
<td>On-site Services at Probation Department (4 FTE’s)</td>
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<tr>
<td>On-site Services at the Justice Center (4 FTE’s)</td>
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<td>Physician Education CME’s</td>
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<td>Trauma Learning Community</td>
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<td>Opiate Treatment Protocol Ratified</td>
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<td>Mental Health First Aid</td>
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<td>Drug Court (2)</td>
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<td>Vivitrol Protocol</td>
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<td>Recovery Resource Packet</td>
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<td>CRAFT Training</td>
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<td>Zero Suicide Initiative</td>
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<td>Family Dependency Court</td>
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<td>Specialty Team for Pregnant Women (MOMS [Maternal Opiate Medical Support] Program)</td>
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<td>Motivational Interviewing (Youth Staff)</td>
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<tr>
<td>AYG (Alternative Youth Groups) – developing</td>
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</table>
A Shared Philosophy to Address Opioid Use and Overdose in Hancock County, Ratified November 2014
Fiscal Policy and Regulatory Alignment

•

• Request for Proposal Policy

• Implementation of Managed Care

• Incorporate quality measures and serve evaluation results into contracting and link to funding
Change: An Up Hill Climb
Community Guidelines
A Community Position on the Value of Life in Hancock County
Adopted February 2017

“All have their worth and each contributes to the worth of others.” – J.R.R. Tolkien

As a community, we embrace these truths:
1. No person is expendable.
2. Addiction is a chronic disease of the brain.
3. Each member of our family serves as the best hope for ending this crisis.
4. Prevention and treatment work, and recovery is real.

When we speak this common language, we break down barriers and allow our community to heal.
2016 Levy Campaign Chair, Bill Ruse
Changes in the Media

January 6, 2015 Headlines: “Plans for Addict House Cause Uproar; Sprague, Mayor Don’t Support Planned Location”

January 29, 2018 Headlines: “Recovery Homes’ Efforts Earn Praise”
Trends in Treatment vs Overdose Deaths

- **Total SA Tx**
- **Opiate SA Tx**
- **Deaths**

Year:
- 2009: 754, 72, 13
- 2010: 766, 105, 11
- 2011: 746, 105, 10
- 2012: 696, 119, 6
- 2013: 702, 198, 7
- 2014: 700, 272, 12
- 2015: 803, 419, 16
- 2016: 894, 486, 15
- 2017: 951, 594, 35

Graph shows increasing trends in treatment and overdose deaths over the years.
A Purpose for Tomorrow

Dear Everyone,

Thank you so much for all we do in the community and for your support during our time of sorrow.

You guys rock and keep up the great work for the recovery people.

Mark & Family.

God Bless.