

# Thriving in an Era of Change: Developing Recovery-Oriented Systems of Care

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Great Lakes ATTC Webinar Series

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# Building Momentum for Change

Advocacy within the growing recovery community

Emerging research about addiction

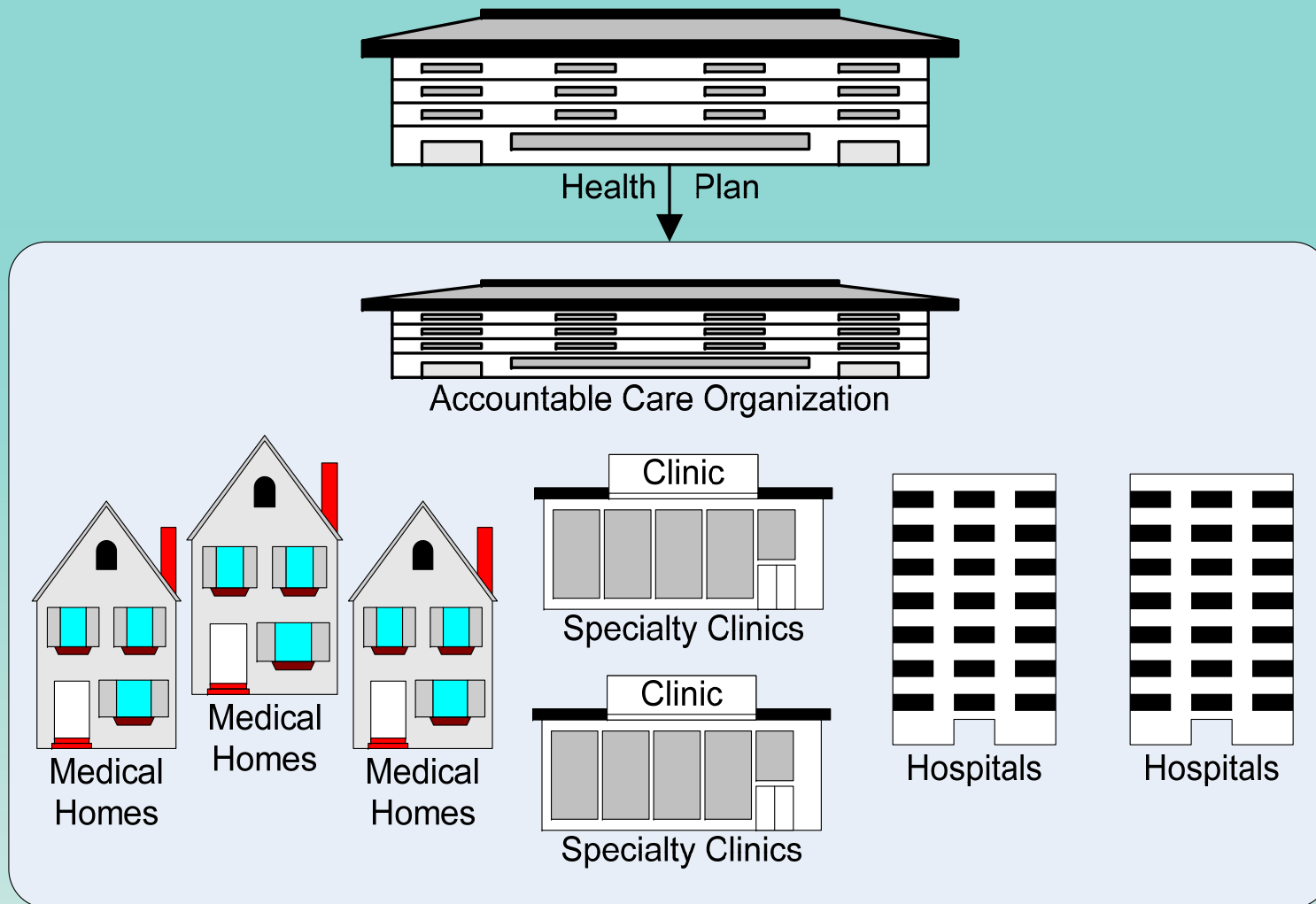
Service system data

RM pilots

## Federal Agenda

- SAMHSA, CSAT Recovery Community Support Program (1998)
- Mental Health: A Report of the Surgeon General (1999)
- Mental Health: Culture Race and ethnicity, Supplement to the Surgeon General's Report (2001)
- Institute of Medicine: Crossing the Quality Chasm (2001)
- The Presidents New Freedom Commission on Mental Health (2003)
- SAMHSA, CSAT Access to Recovery Project (2004)
- SAMHSA, CSAT ROSC Project (2006)
- Accountable Care Act (2010)

# Emerging Healthcare Models



Slide Acknowledgement: National Council on Community Behavioral Health

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# Accountable Care Organizations (ACOs)

Congress and CMS: An ACO would have at least one hospital, a minimum of 50 physicians (primary care and specialists), commit to being in business 3-5 years, and serve at least 5,000 patients

- **The ACO receives incentive payments if it meets pre-established quality goals**
- **Penalties are assessed if care does not meet the quality goals established**
- **Incentive payments and penalties would be split between the members of the ACO**
- **The ACO providers would follow best practices, be patient centered and contribute to the development of best clinical practices to build standards of evidence-based medicine**

Slide: MTM Services, David Lloyd

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# The Value of Specialty Addiction Treatment

The Value of specialty addiction providers will depend on their ability to:

1. Be accessible (fast access to all needed services)
2. Be efficient (provide high quality, cost effective services)
3. Have the capacity for electronic health records to coordinate care with other providers
4. Produce Outcomes
  - **Engaged clients and natural support network**
  - **Help clients self manage their wellness and recovery**
  - **Greatly reduce need for disruptive/high cost services**

**Essentially, effectively promote sustained recovery**

Slide Acknowledgement: MTM Services, David Lloyd, Presented at National Council 2011 Conference

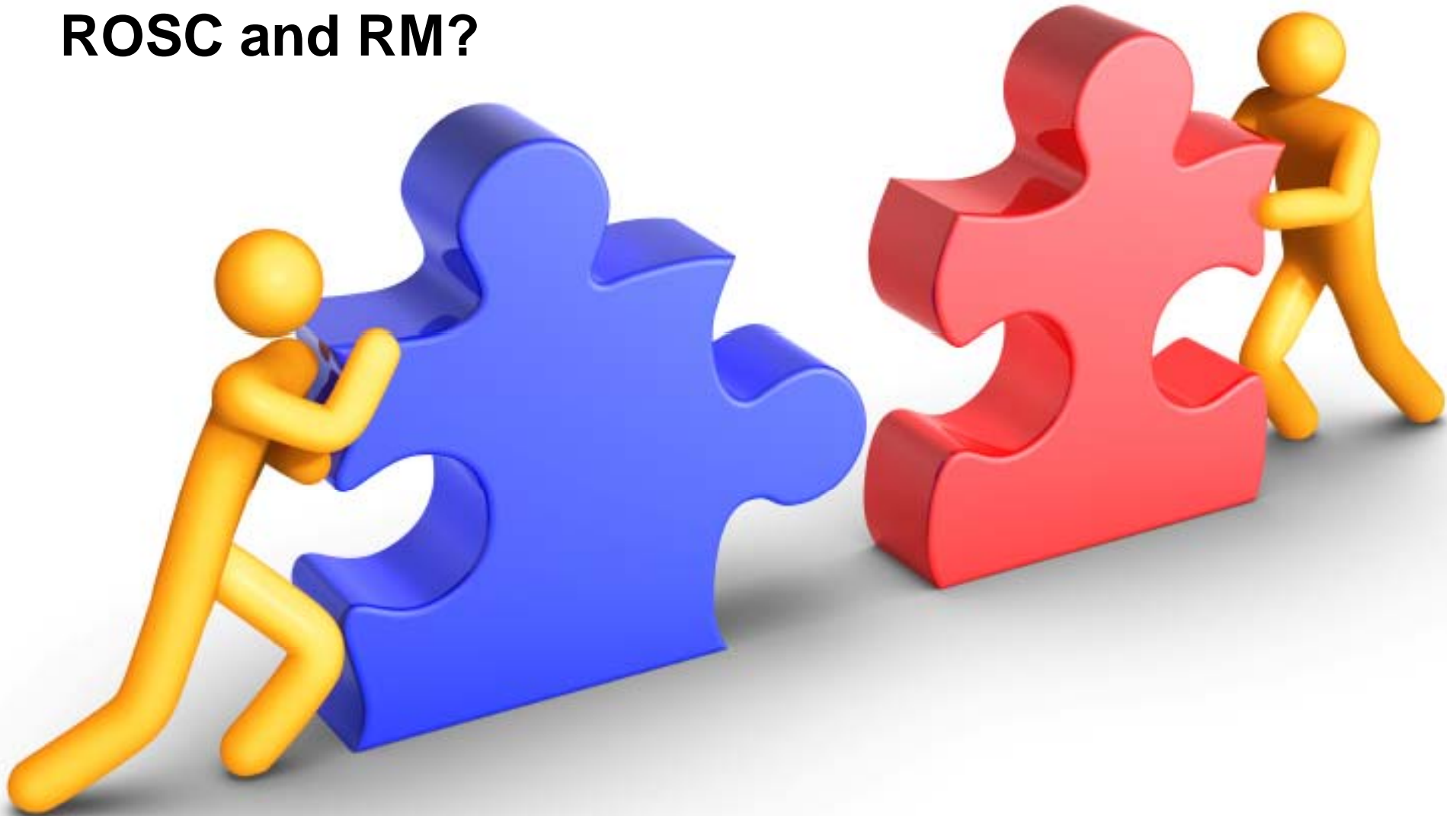
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# Current Trends Due to Health Care Reform

Increased focus on:

- Preventing illness and promoting wellness
- Access to care
- Coordination/integration of services between primary care and behavioral health
- Quality, outcomes and accountability
- Evidence-based medicine
- Enhanced infrastructure to support the delivery of effective services (e.g. HIT)
- The role of Medicaid in MH/SUD services
- Reducing costs

# How Do These Changes Fit with ROSC and RM?



# ROSC Concepts PCHC Concepts

- Expand acute, episodic to chronic care
  - Attraction and Access via Assertive Outreach and Engagement
  - Holistic Approaches
  - Expanded, multi-disciplinary service teams
  - Collaborative, partnership-based service relationships
  - Individualized care with a focus on dose, scope and quality
  - Locus of services shifts to natural environments
  - Focus on community health and wellness
  - Continuing care
- Focus on chronic care
  - Increased eligibility requires increased focus on access
  - Whole person approaches
  - Team-based approach to services
  - Shared decision-making, focus on pt. education
  - Stepped care
  - Focus on community-based care at lower levels of intensity
  - Public health approach
  - Sustained relationships



# What is a ROSC?

A 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.

SAMHSA/CSAT

# A ROSC...

Integrates strategies to:

- Prevent the development of substance use disorders
- Intervene earlier in the progression of the disease
- Reduce the harm caused by addiction
- Help individuals transition from brief experiments in recovery initiation to sustained recovery maintenance
- Promote good quality of life, community health and wellness for all

# What is a ROSC?

A 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

A ROSC is

- A value- driven, *APPROACH* to structuring behavioral health systems and a network of services and supports
- A framework to guide systems change

## 3 Approaches to System Transformation

### Additive

Adding peer and community based recovery supports to the existing treatment system

### Selective

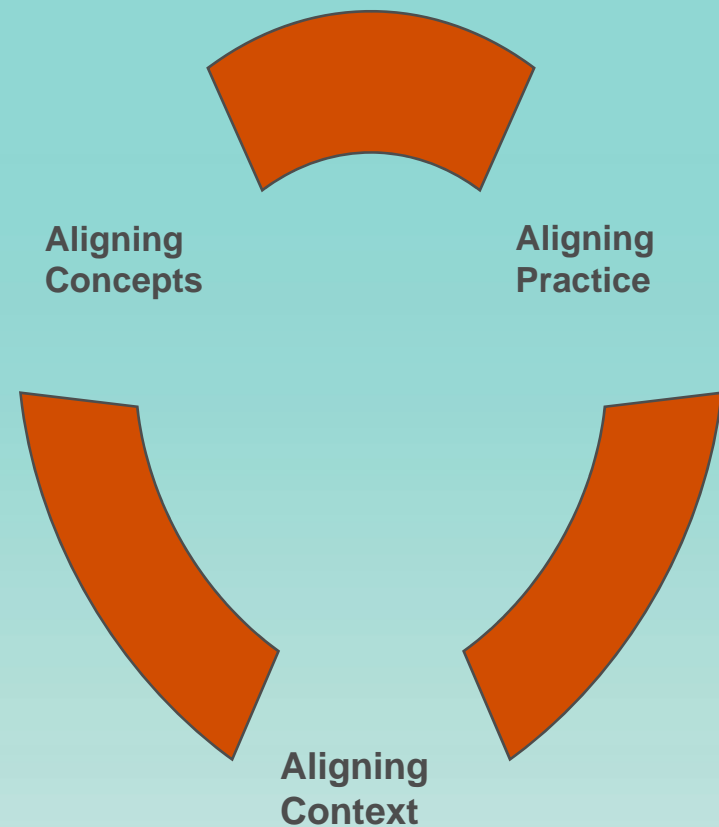
Practice and Administrative alignment in selected parts of the system – pilot projects

### Transformational

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

# Conceptual Framework Guiding the Transformation Process

- ***Aligning Concepts:***  
Changing how we think
- ***Aligning Practice:***  
Changing how we use language and practices at all levels; implementing values based change
- ***Aligning Context:***  
Changing regulatory environment, policies and procedures, community support



# Not So Fast...



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# Conceptual Alignment

## Involves

- Ensuring that stakeholders and staff really understand how a ROSC is different from a traditional system of care
- Clarifying values and guiding principles for your system and community
- Exploring the implications of recovery-oriented services for all levels and functions of the system and other partners
- Developing a ***shared vision*** of a ROSC in your community
- Using ROSC as the conceptual framework to connect all the dots
- **Attending to parallel processes**

# Values and Operational Elements

- Person centered
- Self-directed
- Strength-based
- Participation of family members, caregivers, significant others, friends and community
- Individualized comprehensive services and supports
- Community based services and supports
- Collaborative decision making
- Continuity of services and supports
- Service quality and responsiveness
- Multiple stakeholder involvement

SAMHSA/CSAT

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# Strategies to Promote Conceptual Alignment

- Set the Context and Establish a Sense of Urgency
- Form Powerful Guiding Coalitions
- Create and Over Communicate the Vision
- Create Transparent Participatory Approaches

# Practice Alignment

1. Exploring the implications of recovery-oriented principles for prevention and early intervention services
2. Aligning treatment with a RM approach
3. Fully integrating recovery support services into the system of care
4. Developing a culture of peer leadership and support throughout the service system
5. Identifying ways to promote community health and wellness and promote the development of recovery capital
6. Examining Implications for cross system partnerships

# 1. Exploring the Implications for Prevention and Early Intervention



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# Exploring the Implications for Prevention Services

## Holistic Approaches

- Need holistic services that don't just focus on reducing unwanted behaviors but promoting healthy behaviors

“we need to address substance abuse, but it has to be a part of a more comprehensive effort. Getting adolescents through life without using substances is not our end goal. We have to prevent adolescent substance use in order to promote healthy adolescent development, but we also have to promote healthy adolescent development in order to prevent substance abuse.”

- Employ interventions that alter the social, cultural, economic and physical environment in such a way as to promote shifts away from conditions that favor the occurrence of ATOD-involved problems.

# Strength-Based Approaches



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# Community Assessment in Prevention

Example of recommended typical community assessment process:

- Issues may be considered “pressing” when:
  - a. The problem occurs frequently (Frequency)
  - b. The problem has lasted for a while (Duration)
  - c. The problem affects many people (Scope)
  - d. The problem is intense (Severity)
  - e. The problem deprives people of legal and human rights (Social Importance)
  - f. The problem is perceived to be important (Perception)

# Exploring the Implications for Prevention Services

## Peer Support

- Programs that can be delivered primarily by peer leaders have increased effectiveness (IOM, 2009)
- Expanded roles for peers with family members

## Continuous Services and Supports

- Prevention Prepared Communities

## Community Based Services and Supports

- Expanded prevention efforts within primary care settings

## Family Involvement

## 2. Aligning Treatment With an RM Approach



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A photograph showing two men in conversation. The man on the left is older, with grey hair, wearing a brown jacket over a white hoodie. The man on the right is younger, wearing a black beanie and a plaid shirt. They are standing in front of a wall with blue graffiti. The background also shows a white van and a metal structure.

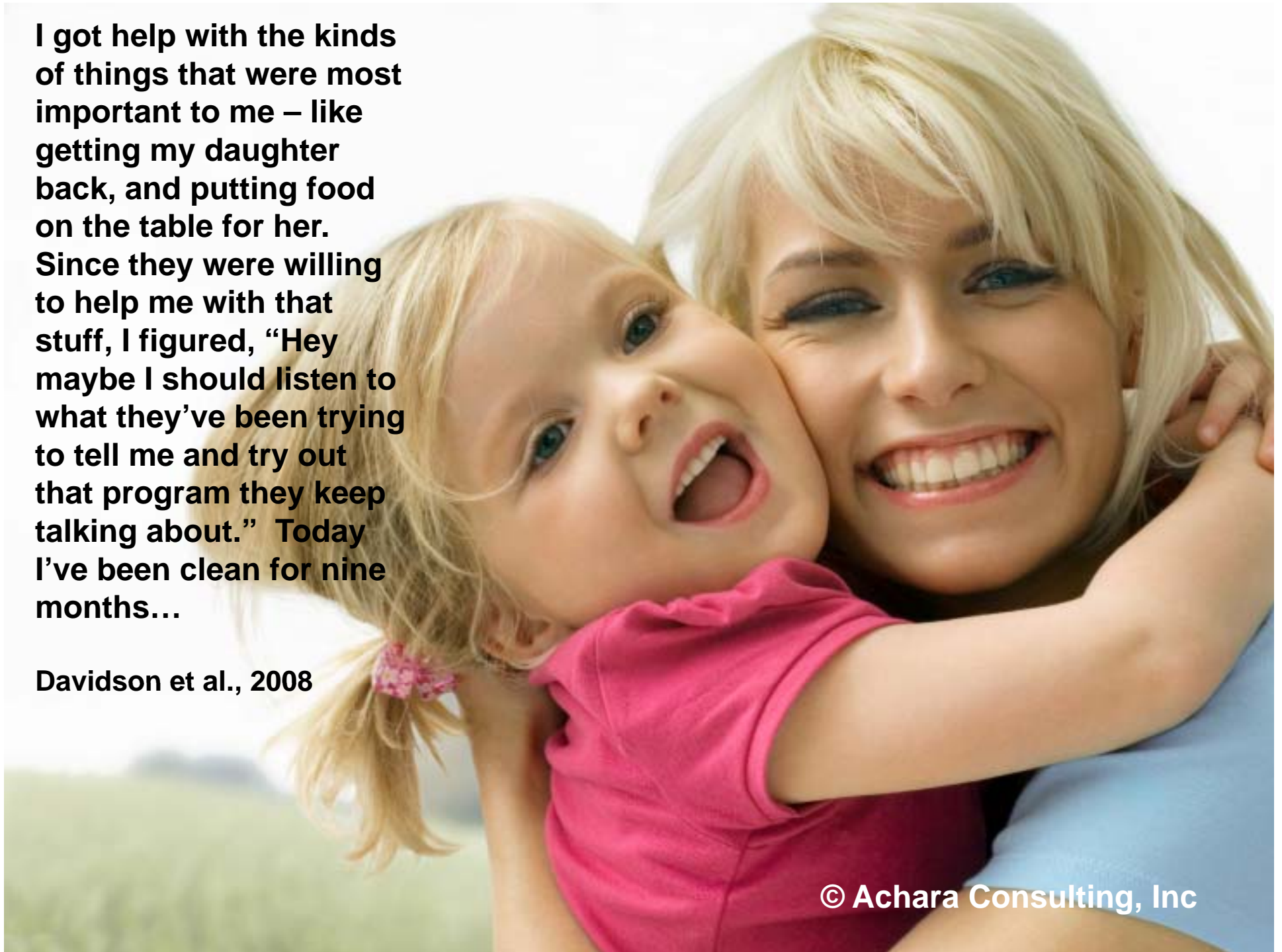
**Assertive Outreach,  
Engagement, and  
Early Intervention**

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**I got help with the kinds of things that were most important to me – like getting my daughter back, and putting food on the table for her. Since they were willing to help me with that stuff, I figured, “Hey maybe I should listen to what they’ve been trying to tell me and try out that program they keep talking about.” Today I’ve been clean for nine months...**

**Davidson et al., 2008**

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# Assertive Outreach, Engagement and Early Intervention

***My clients don't hit bottom; they live on the bottom. If we wait for them to hit bottom, they will die. The obstacle to their engagement in treatment is not an absence of pain; it is an absence of hope.***

-- Outreach Worker (Quoted in White, Woll, and Webber 2003)

# Strategies to Promote Assertive Outreach and Engagement and Early Intervention

- Pre-treatment Peer Support Groups
- Offer peer mentors as soon as contact is initiated
- For urban settings, develop a welcome/recovery support center
- Build strong linkages between levels of care through peer-based recovery support services
- Use the most charismatic and engaging staff in reception areas
- Connect with people before initial appointments via phone
- Screening and early intervention in primary care, child care and school settings
- Establish relationships with natural supports to promote early identification
- Utilize social media

A photograph of an elderly African American couple riding bicycles outdoors. The woman on the left is wearing a white t-shirt and blue jeans, and the man on the right is wearing a pink short-sleeved button-down shirt and blue jeans. They are both smiling broadly and looking towards the camera. The background is a lush green park with trees and foliage.

# Holistic Approaches To Wellness

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# Strategies to Promote Holistic Approaches to Wellness

## Treatment Efforts

- Holistic/global, ongoing assessments
- Recovery plans versus treatment plans
- Flexible menu of services, including P-BRSS
- Services in non-stigmatized settings
- Mutually beneficial collaborations
- Co-occurring services
- Collaborations with primary care
- Trauma-informed services

# Continuing Support

## Chronic Illnesses: Relapse and Compliance Rates

W. White

Addiction/Chronic Illness	Compliance Rate (%)	Relapse Rate (%)
Alcohol	30-50	50
Opioid	30-50	40
Cocaine	30-50	45
Nicotine	30-50	70
<b>Insulin Dependent Diabetes</b>		
Medication	<50	30-50
Diet and Foot Care	<50	30-50
<b>Hypertension</b>		
Medication	<30	50-60
Diet	<30	50-60
<b>Asthma</b>		
Medication	<30	60-80

O'Brien CP, McLellan AT. Myths about the Treatment of Addiction (1996). The Lancet, Volume 347(8996), 237-240.

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# Self-Direction

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A photograph of a group of people in a church, with a close-up of hands clasped in prayer in the foreground. The background is blurred, showing a congregation of people in various attire, including a man in a red shirt and a woman in a white shirt. The lighting is warm and indoor.

### 3. Integrate Recovery Support Services

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# Various Types of Recovery Support Services

- Recovery houses
- Employment and educational supports
- Child care
- Peer-based recovery support services
- Recovery check-ups
- Transportation
- Recovery resource centers
- What do people need to sustain their recovery?

Unresolved tension

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- Who provides recovery support services?

# Emerging Innovations

**Michigan:** Deborah Hollis, Bureau of Substance Abuse and Addiction Services

## Regional Efforts:

**Detroit Recovery Project:** Andre Johnson

- Life Skills Workshops
- GED workshops
- Peer-led support groups
- Adult Education and Employ-ability skills offered to individuals on probation
- Strengthening Families Program
- Health Education : nutrition, HIV/AIDS testing, education related to diabetes, physical fitness, high blood pressure
- Partnership with health department to provide flu vaccines
- C.O.P.E. (Co-Occurring Peer Empowerment Program) provides peer support to CJ population within jails and the community to assist with re-integration
- W.I.R.E.D. (Women in Recovery Enhancement Program) is a 90 day recovery support service for pregnant women and women with children designed to address gender and cultural barriers to sustained recovery.



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# Emerging Innovations

## Georgia

**State:** Cassandra Price

Department of Behavioral Health and Developmental Disabilities

### **Regional Effort:**

Recovery Consultants of Atlanta: A faith-based recovery community organization

### Services:

- A workforce development initiative to train certified addiction counselors
- The Saved Team for HIV/AIDS, Hepatitis C, and Substance Use Risk Reduction, is a faith-based peer led pre-treatment program designed to link people with treatment as a method of reducing HIV and HCV infection
- Better Parents = Better Kids Mentoring and Education Program
- Recovery at Work (RAW) is an apprenticeship program for men in recovery from substance use disorders. This is a joint effort between RCA, Inc. and Peace Baptist Church. The men in this program develop residential and commercial painting and pressure washing skills and minor home repair techniques.





## **4. Developing a Culture of Peer Leadership and Support**

# Strategies to Promote a Culture of Peer Support

- Formal and informal peer support
- Recovery resource centers
- Facilitating linkages
- Leadership councils
- Recovery check-ups and early re-engagement
- Companionship/modeling of recovery lifestyle
- Coordination of volunteers
- PIR led groups
- Program development and evaluation
- Expanded opportunities for peers

# Provider Perspective

## Joe Schultz, NET

There's been a huge turnaround in outcomes. People do better, they're invested in what they're doing. We have more people completing treatment than we've ever had! We have people staying longer. Even when they leave early the peer specialists are able to reengage a lot of them. That didn't happen before. The attendance rate has gone from 50% to over 75%... And clients don't leave NET they stay connected. That's something we never saw before. A person completed treatment and they were gone we never saw them again. ..this is making a big difference for counselors, now they feel they are actually helping people. They can actually see the results of all the work they do...



# Organizational Strategies

## Prepare the organization

- Peer-based recovery supports have to be embedded in something broader
- Develop organizational transformation plan that incorporates P-BRSS
- Create expectations of collaboration prior to integrating peer support staff
- Involve staff in hiring
- Identify appropriate supervisors
- Clarify roles and boundaries
- Hire more than one peer support person
- Acknowledge the importance of selection vs. training

# Robert Martin Peer Specialist

In the beginning it was very degrading at times, it was very intense between peer support staff and traditional staff. Their attitude in the beginning was “these people have these 2 weeks CPS training and who do they think they are to tell us how to do our jobs.” It was split right down the middle. It was us vs. them for a minute. Now the respect is on both sides. We compliment each other. The therapists learned that the stuff they write on the paper about what the person needs, we can actually go out in the community and get those things started.... They don't have to just be words on a paper anymore...

# Create Pathways of Opportunity



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## 5. Promoting Community Health

- Put a face on recovery
- Address stigma and AOD promoting forces
- Prevention efforts aimed at community asset mapping
- Prevention efforts aimed at community coalition building
- Prevention efforts aimed at educating other services and systems about the impact of SUD
- Mobilization of natural supports to build recovery capital

## 6. Exploring Implications for Cross System Partnerships

### Criminal Justice System

- Increased Attraction: People typically referred after very long addiction careers. ROSC provides increased opportunities for early intervention.
- Increased Access: finite capacity of the treatment system leads to long waiting lists. CJ has an opportunity to expand the use of and develop recovery natural supports. Opportunities for partnership with both prevention, treatment, and grass roots community.
- Increased Engagement

# Implications for Criminal Justice Systems and Populations, Cont'd

- Collaborative Opportunities: e.g. holistic assessments can identify prevention and early intervention opportunities for siblings and children.
- Recovery Capital Assessments
- Relevance of Recovery Planning
- Effectiveness of peer-support to assist with transitioning between cultures
- Empowerment, Hope and Choice
- Continued monitoring AND support that integrates natural community based supports
- Work with criminal justice partners to develop graduated sanctions for relapse and/or low participation

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Rebuilding lives within the context of communities

# Align the Context



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# Systemic Alignment

## Policy Alignment

- Policies that allow administrative discharges for relapse
- Policies that predict future success in treatment based on prior experience and thereby limit tx episodes in a given year
- Policies that prevent integrated recovery and treatment planning
- Policies that limit the amount of support that can be provided in community settings
- Policies that promote a fail first approach

## Fiscal Alignment

## Provider Monitoring



# Organizational Alignment

## Developing a Recovery-Oriented Work Environment

- To what extent do people feel a sense of belonging and feel a part of a team?
- To what extent are people acknowledged or rewarded for accomplishments, and nurtured in developing their careers?
- To what extent is there a strong culture of collaboration versus competition?
- To what extent do people seem comfortable voicing potentially unpopular opinions or ideas?
- To what extent do people feel safe to take risks, try or suggest new ways of doing things?
- To what extent are there **effective** feedback loops between senior leadership, direct service staff and people receiving services?
- To what extent is the staff at all levels of the organization involved in planning and setting new goals for the organization.
- To what extent are staff involved in making important decisions that impact them?

# Organizational Alignment

- Streamlining paperwork and duplicative processes for staff and people being served
- Ensuring that staff have sufficient support and supervision
- Utilizing rapid cycle change processes like NIATx
- Examine what you do through a new lens of recovery-oriented services
- Align staff performance evaluations with your vision

# Cost Neutral Strategies

- Mobilizing the community of people in recovery
- Holistic assessments
- Recovery planning
- Partnerships with natural supports
- Consultation approach
- Recovery check-ups
- Family Inclusion
- Menu of supports and services

# Lessons Learned

1. Create the expectation that this is a marathon not a sprint
2. Developing a ROSC requires courageous leadership
3. Assign a point person with power to make changes
4. Attend to parallel processes
5. To start, identify specific areas of focus
6. Create short-term wins and celebrate the successes
7. Identify and incorporate mechanisms for skill-building
8. Collaborate with vibrant recovery advocacy organizations
9. Be strategic about when you engage cross-system partners
10. Move beyond the choir
  - Tie into the broader political agenda
  - Build allies from other systems
  - Address Stigma
  - Put a face on recovery

**You can do this, we can help!!**



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**Let's go for it!!!**



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# Where is your system in the change framework?

## Pre-Contemplation

- Stakeholders not giving any consideration to aligning services. They tend to defend existing service delivery systems and do not believe that there is a need to modify them.

## Contemplation

- Stakeholders see some of the challenges associated with the way in which services and systems are currently configured. They may be considering the possibility of aligning services but they are ambivalent and unsure of the long-term benefits.

## Preparation

- Stakeholders have made a commitment to transforming their service system and are engaging in the necessary planning. During the Preparation stage, stakeholders focus on the development of a shared vision of a recovery oriented system of care, along with the identification of guiding principles or values that are relevant to their system and community.

# Where is your system in the change framework?

## Action

- Stakeholders are actively involved in aligning all levels of the service system with a recovery orientation. They are modifying their behavior and relational dynamics. Additionally, there is a considerable investment of time, energy and resources devoted to operationalizing all of the principles of recovery oriented care.

## Maintenance

- Stakeholders are engaged in activities to ensure that the practice changes in the system are sustainable. They ensure that recovery oriented care is supported by regulatory and fiscal alignment and that lessons learned are fed back into the system. The focus during this stage is on consolidating and reinforcing the gains made during "Action."



# Questions

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