Recovery Oriented Systems of Care: Where Does Prevention Fit In?

Langston Hughes, Comprehensive Community Services Coordinator
Andrea Jacobson, Substance Abuse Treatment Coordinator
June 12, 2015

Division of Mental Health and Substance Abuse Services

Educational Objectives
At the conclusion of this presentation, participants should be able to:
- 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 a ROSC.
- Identify where prevention fits into the ROSC continuum of care.
- Understand Prevention Prepared Communities, including preparing a Community Capital Needs assessment and Community Readiness assessment.

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?

- A value-driven approach to structuring behavioral health systems and a network of clinical and non-clinical and 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 “Bill” 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.”

Acute Care
- Crisis-linked point of intervention.
- Brief duration.
- Singular focus on symptom suppression.
- Professionally dominated decision making.
- Short service relationship.
- Focus on the whole person.
- Relapse 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.

Movement Toward Recovery Management

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

- The movement toward a Recovery Management Model
  - The emergence of “recovery” as a way to advocate, organize, and develop policy.
  - Calls for recovery research.
  - Promotion of peer-based recovery support services.
  - Calls to integrate mental health and substance use disorder care.
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, National Alliance on Mental Illness, life-skill training, healthy relationships, community support meetings, family education, physical health, faith-based support, treatment, medication, etc.

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)

Substance Abuse and Mental Health Services Administration (SAMHSA) – Eight Dimensions of Wellness
ROSC: Integrated System of Care

- 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 disorder)
  - Physical health care
  - Medication
  - Supports: housing, employment, education, child care, wellness, legal, crisis, support groups, faith-based supports, mentors and elders, peers, traditional healing ceremonies, etc.

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.

ROSC Continuum of Care

- Promotion: These strategies create environments and conditions that support behavioral health and the ability of individuals to withstand challenges.
- Prevention: Prior to the onset of a disorder and intended to prevent or reduce the risk of developing a problem.
- Treatment: For those people diagnosed with a substance use disorder.
- Maintenance: Support individual participation in long-term treatment and continuing care.
Prevention-Prepared Community

- "Creating communities where individuals, families, schools, faith-based organization and workplaces take action to promote emotional health and reduce the likelihood of mental illness, substance abuse ... and suicide" (SAMHSA)
- Prevention
  - Prevention services that use community collaboration and strategic partnerships to prevent and mitigate consequences of drug use, suicide, and other health problems affecting the community
  - Prevention services that draw on the strengths of the community to promote the health and well-being of individuals and families in the community

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
Wisconsin Department of Health Services

Strategic Prevention Framework (SPF) Process

- **Planning** to strategically increase communication and collaboration of critical stakeholders for design of integrated services and functions
- **Implementation** of evidence-based interventions to mitigate identified substance abuse consequences and related problems within integrated framework of services
- **Evaluation** and monitoring quality and effectiveness of services provided

Wisconsin Department of Health Services

Questions to Ask

- In what ways are we a healthy community that supports recovery?
- What are things that we should have in place to support recovery?
- How can we become more supportive for someone in recovery?

Determine the stage that fits for the following items on the scale above:

1) We use the data-driven Strategic Prevention Framework process.
2) We include key community stakeholders.
3) We coordinate substance abuse prevention initiatives with government health efforts.
4) We use evidenced-based programs, services, and interventions.
5) We develop workforces' capacity to provide integrated and specialized substance abuse prevention services that promote health and well-being.
6) We focus on populations facing behavioral and physical health disparities.
Community Recovery Capital Needs Assessment

- 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.

Various methods of gathering assessment information:
- Focus groups
- Brief surveys of a specific population
- Web-based surveys

Example questions:
- What support groups are held in the community? Where? How many support groups and meetings are held weekly? What times? Days?
- Are there groups for specific populations?
- Are the support groups welcoming to diverse populations?
- Are there any inter-area groups for the support groups?
- Are support groups widely known? Listed on 2-1-1 system? Hotlines?
Community Recovery Capital Needs Assessment

- Peer supports and recovery coaching within publicly funded treatment? Outside of treatment?
- Are there recovery residences or “sober homes”? Transitional housing? Halfway and three-quarters-way houses? Available for men, women, and families?
- Do community systems support recovery in tangible ways? Hospital, public health, community action, housing, primary care, and mental health agencies, etc.?
- Have any treatment courts? Underage programs for diverting from criminal justice?
- Community recommendations or feedback?

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 and courts
- Schools
- Employee assistance programs
- Social service agencies
- Tribal leaders
- Behavioral health providers
- Families, parents, and parent groups
- Faith-based organizations
- Coalitions or recovery organizations
- Suicide prevention groups
- Businesses and anyone living in the community
Identify and Address Disparities

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

- Are racial or ethnic minorities accessing services (prevention, treatment, and community supports)?
- Are individuals who identify as LGBTQ+ 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?

What Would Treatment in an ROSC Look Like?

- Enhanced pre-recovery engagement
- Recovery initiation
- Long-term recovery maintenance
- Quality of personal/family life in long-term recovery
- Community health

“Bridging the gaps between the prevention, treatment and the recovery communities”

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 (BRSTACS)”, with expert panels looking at ways to overcome barriers for communities.

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

[Link to study](http://www.huffingtonpost.com/johann-hari/the-real-cause-of-addicti_b_6506936.html)

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, hyper-competitive, frantic, crisis-ridden society makes most people feel social and culturally isolated. Chronic isolation causes people to look for relief."
- What does this mean from a prevention perspective?

[Link to Bruce Alexander's articles](http://www.brucekalexander.com/articles-speeches/rat-park/addiction-the-view-from-rat-park)

References
Wisconsin Department of Health Services
Contact Information

Andrea Jacobson
Substance Abuse Treatment Coordinator
1 West Wilson Street, Room 850
Madison WI, 53703
608-261-0652
Andrea.jacobson@dhs.wisconsin.gov

Langston Hughes
Comprehensive Community Services Coordinator
1 West Wilson Street, Room 950
Madison WI 53703
608-266-9612
Langston.hughes@dhs.wisconsin.gov