Recovery Oriented Systems of Care (ROSC) 101 for Prescribers

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National Council for Behavioral Health
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Welcome!

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Today’s presenters have no conflicts to disclose.
Educational Objectives

• At the conclusion of this activity participants should be able to:
  ▪ Recognize recovery in the context of health and wellness
  ▪ Describe the components of a Recovery Oriented System of Care (ROSC)
  ▪ Explore the role of peer support workers in a ROSC model
  ▪ Discuss the relationship between providing medications for substance use disorders and recovery support services
  ▪ Explore the staffing and services necessary to support a ROSC model
Current State: Challenges to the Treatment System

- Only about 10 percent of people with a substance use disorder receive any type of specialty treatment. (NSDUH 2018)
- Over 40 percent of people with a substance use disorder also have a mental health condition, yet fewer than half (48.0 percent) receive treatment for either disorder. (NSDUH 2018)
- Relapse rate between 40-60 percent (most within the first 90 days of treatment).*

Despite Consequences and Disease Burden, Treatment Gaps Remain Vast

* No Treatment for SUD is defined as not receiving treatment at any location, such as a hospital (inpatient), rehabilitation facility (inpatient or outpatient), mental health center, emergency room, private doctor's office, self-help group, or prison/jail.
Addiction: Science-based Definition

“Well-supported scientific evidence shows that addiction to alcohol or drugs is a chronic brain disease that has potential for recurrence and recovery.”

- Moving from criminal justice approaches to public health strategies
- Dropping old, stigmatizing language and developing new terminology
- Developing a science base that informs policy and practice
- Addressing substance use, misuse, and disorders across a full continuum and the lifespan: prevention, treatment, recovery management
SAMHSA’s Working Definition of Recovery

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, 2011
Continuum of Addiction Recovery/ Stages of Change

Adapted from William White

Pre-contemplation ◆ Contemplation ◆ Preparation ◆ Action ◆ Maintenance

Prochaska & DiClemente
Recovery Oriented Systems of Care (ROSC)
Recovery Oriented Systems of Care (ROSC)

“Recovery-oriented systems of care are networks of formal and informal services developed and mobilized to sustain long-term recovery for individuals and families impacted by severe substance use disorders.”

– William White
**Recovery Oriented System of Care (ROSC)**

**ROSC** is…

…A shift away from crisis-oriented, deficit-focused, and professionally-directed models of care to a vision of care that is directed by people in recovery, emphasizes the reality and hope of long-term recovery, and recognizes the many pathways to healing for people with addiction and mental health challenges.*

**Mission**
Improving health, wellness, and recovery for individuals and families, with or at risk of substance use problems, to promote healthy and safe communities.

**Values of ROSC**
- Person-centered
- Strength-based
- Involvement of families, friends, caregivers, allies, and the community

**Goals**
- To prevent
- To intervene early
- To support recovery
- To improve outcomes

**System Elements**
- Integrated*
- Continuity*
- Community-based*
- Individualized and comprehensive*
- Outcomes-driven*
- Adequately and flexibly financed*
- Collaborative decision making
- Multiple stakeholder involvement
- Recovery community/peer involvement

*services and supports

**Core Functions**
- Educate and raise awareness.
- Disseminate information
- Advocate
- Implement policy and practice changes.
- Provide a menu of services.
- Coordinate services
- Ensure ongoing quality improvement.
- Apply ten essential services of a public health approach

**Outcomes**
To improve:
- Access
- Quality
- Effectiveness
New Perspective to Recovery

**Traditional**
- Crisis-oriented
- Professionally-directed
- Acute-care approach
- Discrete treatment episodes
- Limited options

**ROSC**
- Recovery, stabilization management
- Person-directed
- Chronic care approach
- Ongoing recovery management
- Many pathways to health and wellness
Service System Progression Model 2: Continuity of Care

Primary Focus

Detox ➔ Tx-1
Tx-2 ➔ Rehab

Peer support

Love, Work, & Play
Community Life
Housing, Faith, & Belonging

Dr. Arthur Evans
In the model, clinical care is viewed as one of many resources needed for successful integration into the community.

Service System Progression
Model 3: Recovery-oriented System of Care

- Faith
- Work or school
- Social support
- Belonging
- Community Life
- Family
- Housing
- Peer support
- Treatment & rehab

Primary Focus

Dr. Arthur Evans
What connections are **not yet in place** for this person and **what needs to be done** to establish or cultivate them?

*For example*
Distinguishing Features of a ROSC

<table>
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<tr>
<th>Services that are:</th>
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<tr>
<td>✓ Person-centered</td>
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<tr>
<td>✓ Strength-based</td>
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<tr>
<td>✓ Trauma-informed</td>
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<tr>
<td>✓ Inclusive of family</td>
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<tr>
<td>✓ Individualized and comprehensive</td>
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<tr>
<td>✓ Connected to the community</td>
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<tr>
<td>✓ Outcomes-driven</td>
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<tr>
<td>✓ Evidence-based</td>
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<td>✓ Adequately and flexibly funded</td>
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White Bison: The Four Laws of Change

1. Change is from within.
2. For development to occur, it must be preceded by a vision.
3. A great learning must take place.
4. You must create a Healing Forest.
A Story of the Healing Forest
A Story of the Healing Forest
Recovery Capital
Recovery Capital is the sum of the strengths and supports – both internal and external – that are available to a person to help them initiate and sustain long-term recovery from addiction.

(Granfield and Cloud, 1999, 2004; White, 2006)
## Recovery Capital Domains

**Domains**  | **Key Questions**  | **Examples**  
---|---|---  
Social  | What kinds of support are available from family, social networks, and community affiliations? What are the participant’s obligations to these entities?  | ▪ Family and kinship networks  
▪ Friendships  
▪ Support groups  
▪ Community affiliations  

Physical  | What tangible assets (e.g., property, money, job, etc.) are available to expand the participant’s recovery options?  | ▪ Money  
▪ Personal property  
▪ Job  
▪ Home  

Human  | What intangible assets (skills, aspirations, personal resources, etc.) will enable the participant to flourish in recovery?  | ▪ Skills and talents  
▪ Education  
▪ Dreams and aspirations  
▪ Personal resources  

Cultural  | What network of values, principles, beliefs, and attitudes will serve to support the participant’s recovery?  | ▪ Access to cultural activities  
▪ Connection to cultural institutions  
▪ Belief systems and rituals  

*Best & Laudet (2010)*
Consequences of Addiction Can Deplete Recovery Capital

- Limited education
- Minimal or spotty work history
- Low or no income
- Criminal background
- Poor rental history
- Bad credit; accrued debt; back taxes
- Unstable family history
- Inadequate health care
Creating and Reinforcing Recovery Capital

Common Sticking Points:

- Legal issues
- Expunging criminal records
- Financial status: debt, taxes, budgeting, etc.
- Restoring revoked licenses: professional, business, driver’s
- Regaining custody of children
- Developing relationship and parenting skills
- Developing recovery support networks and community connections

Essential Ingredients for Sustained Recovery

- Safe and affordable place to live
- Steady employment and job readiness
- Education and vocational skills
- Life and recovery skills
- Health and wellness
- Recovery support networks
- Sense of belonging and purpose
- Community and civic engagement
Helping people create and move towards their own vision of wellness.

Peeling the Onion: Going Deeper in Recovery

- Forming new relationships and social networks
- Developing goals and aspirations
- Rethinking and reframing personal narratives
- Childhood development and family of origin work
- Developing strong esteem and identities
- Identifying roots of anger, guilt, shame, and fear and creating a personal Healing Forest
Peer Support: One Component of ROSC
What is a Peer Support Worker?

A person who uses his or her lived experience of recovery from mental illness and/or addiction, plus skills learned in formal training, to deliver services in behavioral health settings to promote mind-body recovery and resiliency.

SAMHSA, 2014
Service Roles of Peer Support Workers

*Service roles played by peer support workers can include:
  • Whole health and wellness coaches
  • Community treatment teams (e.g., Assertive Community Treatment teams)
  • Transition team members bridging consumers from hospitals to community
  • Data collection
  • Supported employment
  • Supported housing
  • System navigators
  • Insurance navigators
  • Recovery coaches

*Open minds State Medicaid Reimbursement For Peer Support Services Reference guide (2018)
Peer Recovery Support Services

Benefits:
• Effective outreach, engagement, and portability
• Manage recovery as a chronic condition
• Stage-appropriate
• Cost-effective
• Reduce relapse and promote rapid recovery reengagement
• Facilitate reentry and reduce recidivism
• Reduce emergency room visits
• Create stronger and accountable communities
Where Are Peer Supports Delivered?

- Faith and community-based organizations
- Emergency rooms and primary care settings
- Addiction and mental health treatment
- Criminal justice systems including drug courts
- HIV/AIDS and other health and social service agencies
- Children, youth, & family service agencies
- Recovery high schools and colleges
- Recovery residences
- Recovery community centers
Supporting Successful Workforce Integration

For Peer Support Staff:

- The Peer Support Worker’s recovery must always come first
- Ensuring a fair and livable wage and appropriate compensation and benefits
- Training and ongoing education
- Career and leadership ladder
- Thorough orientation to diverse and cross-disciplinary work environments
- Managing realistic expectations and goals within a non-peer environment
Supporting Successful Workforce Integration

For Administration and Non-peer Staff:

- Developing an understanding and appropriate use of the peer support role and “stay in your lane” guidelines
- Setting and managing realistic expectations and goals
- Elevating status of Peer Support Workers as valued resources
- Providing qualified supervisors to appropriately oversee and support Peer Support Workers
- Creating mechanisms for peer representation on care management teams
Tasks and Activities That Compromise the Peer Support Worker Role

- Counselling
- Giving advice
- Doing for someone what they can do for themselves
- Breaking trust and confidences
- Coercing, forcing, or manipulating
- Performing tasks that:
  - are inappropriate to peer support role
  - undermine the peer-to-peer relationship
  - jeopardize the Peer Support Worker’s recovery
Harm Reduction
Landscape for People Who Use Drugs
Scenario #1

Public Health: Prevention

Arrest, Incarceration, Death

Public Health: Treatment
Landscape for People Who Use Drugs
Scenario #2
Harm reduction refers to a range of services and policies that lessen the adverse consequences of drug use and protect public health. Unlike approaches that insist that people stop using drugs, harm reduction acknowledges that many people are not able or willing to abstain from illicit drug use, and that abstinence should not be a precondition for help.

Harm reduction is a set of public health and social justice principles aimed to reduce the harms that may result from drug and alcohol use. It also acknowledges that the harm and consequences of drug use are disproportionately applied to those who are low-income and people of color, many of whom are filtered into the criminal justice system.

The goal of harm reduction is to move people to the place where they are most realized, healthy and safe. For some people that place is abstinence, but for others it’s not, because abstinence from drug use is not an actual requirement for full participation in society.

– Vitka Eisen, HealthRight 360
Medications for Opioid Use Disorder or Medication-assisted Treatment
Medication-assisted Treatment: A Three-legged Stool
Common Questions Regarding MAT

Is medication-assisted treatment right for me and my recovery?

- What are the options?
- What about non-medication approaches to recovery?
- What should I expect? Am I ready for that?
- Does one medication work better than another?
- Which is best for me?
- What are the risks?
- How will it affect my life, my bones, work, unborn child?
Shared Decisions between Patient and Professional

- Is medication right for me?
- Which medication is best for me?
- What is an appropriate dosage for me?
- What is a suitable duration of the medication plan?
- What psychosocial services are available?
- What recovery supports may be helpful?
MAT/MAR: The Controversy Continues

- Methadone and buprenorphine are regulated as controlled substances
- Methadone and buprenorphine: issues of diversion and street value
- Beliefs widely-held by practitioners, recovery community members, and general public that MAT is:
  - Substitution therapy
  - Use of a crutch
  - “Getting high”
  - Pseudo-recovery
  - Not abstinence-based
Medication First Model

- Relieves distress caused by withdrawal symptoms
- Stabilizes the person
- Decreases craving
- Creates mental ability for person to engage in psychosocial
- Increases treatment retention
- Decreases overdose rates

Question: If Medication is First, What Happens Next?
12-step Programs and MAT

The only known study to examine the effects of the three most widely used psychosocial intervention modalities in a multisite and diverse sample of individuals receiving medication for OUD:

• Findings suggest that greater levels of individual therapy and 12-step participation may be beneficial for individuals receiving medication treatment for opioid use disorder.

• The current study also found that greater levels of 12-step group participation significantly predicted illicit opioid abstinence.

MAR = Medication-assisted Recovery

- **Medication assisted treatment (MAT)** refers to using one of three FDA-approved medications to assist a person in addressing an opioid use disorder.
- **Medication assisted recovery (MAR)** emphasizes a commitment to engaging in recovery supports to achieve long-term abstinence-based recovery while using medication.
Acceptance of MAT/MAR: It’s slowly changing!

Changing attitudes and policies in:

- Primary care
- Specialized treatment
- Criminal justice: jails, prisons, probation
- Drug courts
- Child welfare agencies
- Recovery community organizations
- Recovery residences, including Oxford House
- Some 12-step communities
- Recovery Works
- Recovery is Possible
- Recovery is an Expectation!

PCSS Mentoring Program

- PCSS Mentor Program is designed to offer general information to clinicians about evidence-based clinical practices in prescribing medications for opioid use disorder.

- PCSS Mentors are a national network of providers with expertise in addictions, pain, evidence-based treatment including medications for addiction treatment.

- 3-tiered approach allows every mentor/mentee relationship to be unique and catered to the specific needs of the mentee.

- No cost.

For more information visit: https://pcssNOW.org/mentoring/
PCSS Discussion Forum

Have a clinical question?

Ask a Colleague
A simple and direct way to receive an answer related to medication-assisted treatment. Designed to provide a prompt response to simple practice-related questions.

Ask Now

http://pcss.invisionzone.com/register
**PCSS** is a collaborative effort led by the American Academy of Addiction Psychiatry (AAAP) in partnership with:

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Questions?
Thank You!

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