

## Recovery Oriented Systems of Care (ROSC)

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Addiction Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

## Goal

Provide a conceptual framework of ROSC, the addiction system paradigm shift, and the challenges facing prevention, treatment and mental health services.

## Objectives

- Provide a basic understanding of ROSC
- Demonstrate the relationship between Healthcare Reform, ROSC, and NIATx

**Behavioral Health is Essential to Health  
Prevention Works!  
Treatment is Effective!  
People Recover!**

SAMHSA, 2010



## SAMHSA Strategic Initiative

Behavioral health is an essential part of health. Individuals and families cannot be healthy without positive mental health and freedom from addictions and abuse of substances. Behavioral health, prevention and treatment services are important parts of health service systems and community-wide strategies that work to improve health status.

## SAMHSA and ONDCP Approach

**Prevention is the top strategic priority!**

### The Focus:

Developing Prevention Prepared Communities

- Interventions address multiple risk factors and issues instead of having a single focus
- The individual focus of prevention programs is expanded to include a broader community/environmental focus
- Work is done through developing and mobilizing community coalitions to develop comprehensive, sustained efforts

## Drivers of Health Care Reform

- Greater attention to preventing illness and promoting wellness
- Primary focus is on the prevention of **Chronic Illnesses**
- Increased Access to Care
- Increased focus on the coordination/integration of services between primary care and specialty services
- Increased focus on Quality and Outcomes
- Increased provider accountability
- Greater emphasis on home and community based services and less reliance on institutional care

(Adapted from SAMHSA, John O'Brien)

## Challenges Facing Addiction Treatment Systems

- **Unmet Need:** < 10 % who need treatment seek treatment or if they do, arrive under coercive influences
- **Low Pre-Treatment Initiation Rates**
- **Low Retention:** > 50 % do not successfully complete treatment
- **Inadequate Service Dose:** significant % do not receive optimum dose of treatment as recommended by NIDA.
- **Lack of Continuing Care:** only 1 in 5 receive post-discharge planning
- **Recovery Outcomes:** most resume using within 1 year and most do so within the first 90 days of discharge from treatment.
- **Revolving Door:** > 60% one or more treatment. episodes, 24% 3 or more – 50% readmitted within 1 year.

## Challenges Facing the Problem Gambling System

- **Unmet Need** – Most states struggle to treat 1% of the Pathological Gambling
- **Low Pre-Treatment Initiation Rates** – Do we have pre-treatment for problem gambling?
- **Low Retention** – Iowa GTRS data shows that in the first half of FY2010, 38% completed treatment
- **Adequate Service Dosage** – What is an adequate service dosage for problem gambling clients?
- **Lack of Continuing Care**
- **Recovery Outcomes**
- **Revolving Door**

## Challenges Facing Prevention Systems

- By 2020, behavioral health disorders will surpass all physical diseases as a major cause of disability world-wide
- Each year, tobacco use results in more deaths (443,000/year) than AIDS, unintentional injuries, suicide, homicide, and alcohol and drug abuse combined; almost half of these deaths occur among people with mental and substance use disorders
- Half of all lifetime cases of mental and substance use disorders begin by age 14 and three-fourths by age 24.
- One estimate puts the total economic costs of mental, emotional, and behavioral disorders among youth in the United States at approximately \$247 billion.
- The annual total estimated societal cost of substance abuse in the United States is \$510.8 billion.

SAMHSA Prevention Strategies

## Challenges Facing Mental Health Treatment Systems

- **Unmet Need 2001:** less than one half of adults with SMI receive treatment (SAMHSA)
- **Low Retention:** a quarter of individuals have contact with the public systems for 8 days or less (Bray et al., 2004)
- **Low Dose of Treatment:** Insufficient doses of medication and short length of treatment have all been associated with poorer outcomes (DHHS, 1999, Young et al., 2001)
- **High Recidivism:** in higher levels of care, often leading to policies that limit access to care
- **Extremely High Burden of Disability:** When compared with all other diseases (such as cancer and heart disease), mental illness ranks first in terms of causing disability in the United States, Canada, and Western Europe, according to a study by the World Health Organization (WHO, 2001).

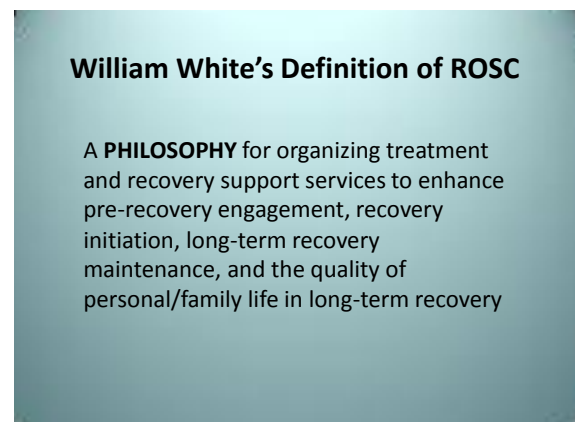
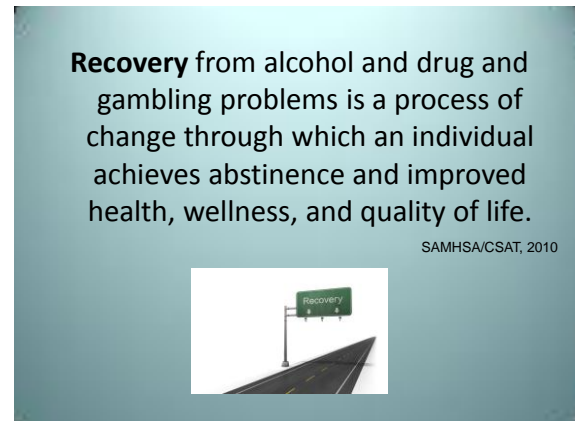
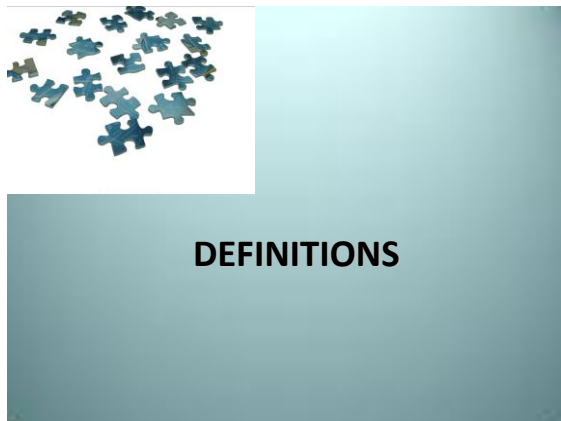
## State of the Prevention Field:

- Most prevention efforts are problem specific programs focused at the individual level
- Nine different federal and agencies award grants with little coordination
- Different applications, reporting requirements, foci, timeframes, etc
- Funding mechanisms drive practice

(Source: ONDCP)

## State of the Treatment Field

- Length of stay in treatment averages six to eight weeks
- Limited family involvement
- Limited partnerships with community
- Clients cycle in and out
- Recovery services limited



### State's Might Have Own Definition

ROSC supports person-centered and self-directed approaches to care that build on the strengths and resilience of individuals, families and communities to take responsibility for their sustained health, wellness, and recovery from alcohol and drug problems and problem gambling. A ROSC offers a comprehensive menu of services and supports that can be combined and readily adjusted to meet the individual's needs and chosen pathway to recovery.

Iowa Definition 2010

### ROSC Integrated Strategies

- Prevent the development of new addiction disorders
- 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

### ROSC Guidelines

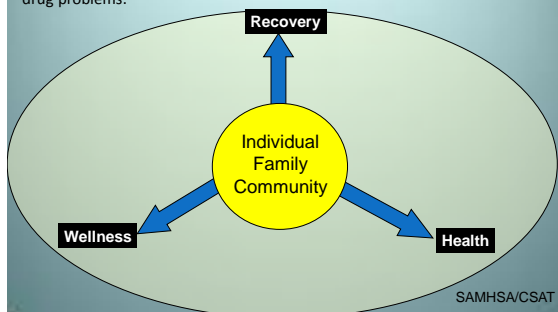
- Consumer and Family Driven
- Timely and Responsive
- Person Centered
- Effective, Equitable and Efficient
- Safe and Trustworthy
- Maximizes Use of Natural Supports and Settings

Connecticut Model

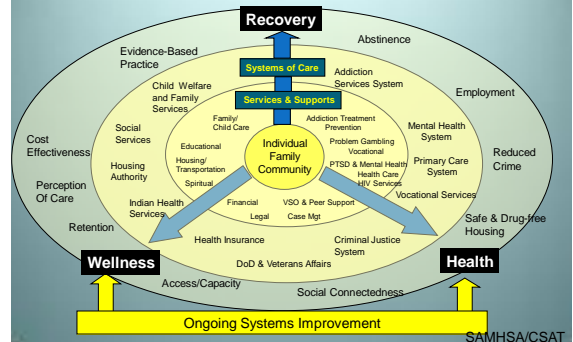
**A ROSC is more than adding peer or community based supports to the existing treatment system, it entails a shift in culture, service delivery and administrative alignment. It is a PHILOSOPHY.**

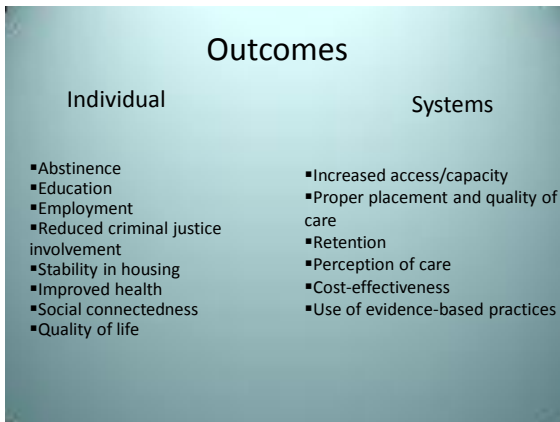
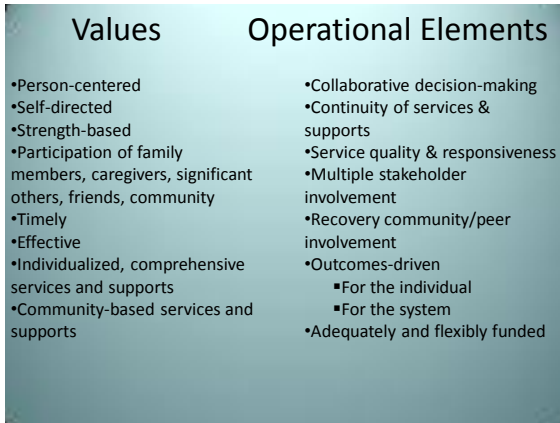
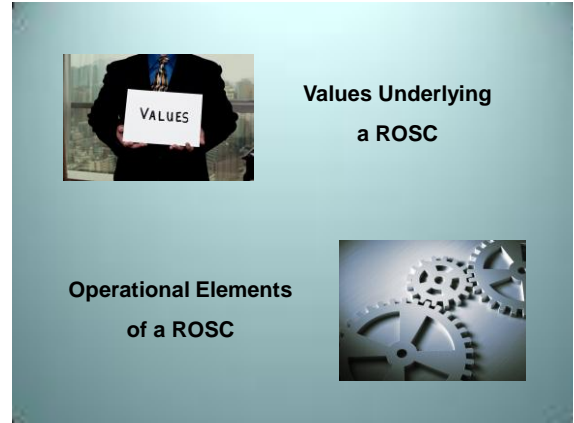


A ROSC is a coordinated network of community-based services and supports that is person-centered and builds on the strengths and resilience of individuals, families, and communities to achieve abstinence and improved health, wellness, and quality of life for those with or at risk of alcohol and drug problems.



ROSC require an ongoing process of systems improvement that incorporates the experiences of those in recovery and their family members.





### Addiction/Chronic Illness

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
	Insulin Dependent Diabetes		
	Medication	<50	30-50
	Diet and Foot Care	<50	30-50
	Hypertension		
	Medication	<30	50-60
	Diet	<30	50-60
	Asthma		
	Medication	<30	60-80

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

### Historical Forces Leading to Recovery Transformation

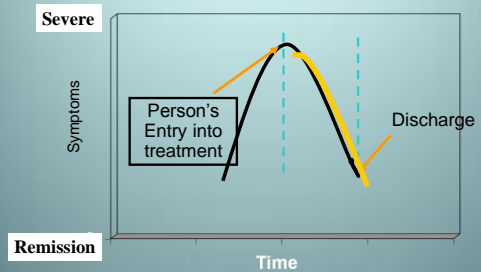
- Explosive growth in advocacy groups and mutual aid societies
- Increasing frustration on the part of behavioral health providers
- Expanding research base outlining effective treatment approaches
- Federal studies and reports of behavioral health systems nationally including mental health systems

William White

### Shifting our Paradigm to Recovery-Oriented System of Care

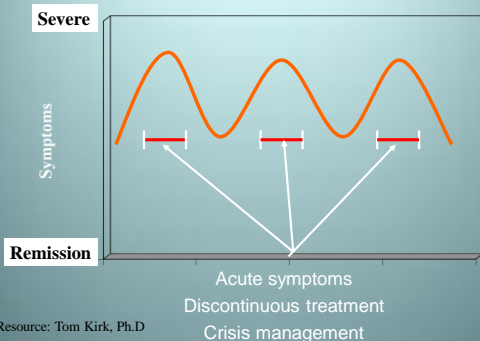


### A Traditional Course of Treatment for a Mental Health, Substance and Gambling Use Disorder



Resource: Tom Kirk, Ph.D

### A Traditional Service Response

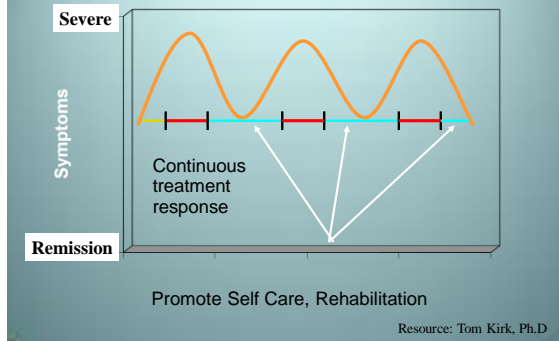


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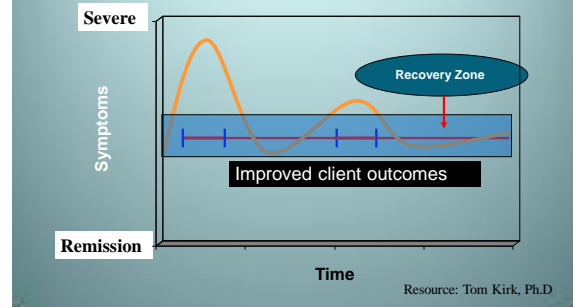
### Recovery-Oriented Systems of Care: A Paradigm Shift

Recovery-Oriented Systems of Care shifts the question from *“How do we get the client into treatment?”* to *“How do we support the process of recovery within the person’s environment?”*

## A Recovery Oriented Response



## Helping People Move Into a Recovery Zone



## Benefits of Moving into a Recovery Zone

- Most clients undergo 3 to 4 episodes of care before reaching a stable state of abstinence<sup>1</sup>
- Chronic care approaches, including self-management, family supports, and integrated services, improve recovery outcomes<sup>2</sup>
- Integrated and collaborative care has been shown to optimize recovery outcomes and improve cost-effectiveness<sup>3</sup>

<sup>1</sup> Dennis, Scott & Funk, 2003

<sup>2</sup> Long et al., 2001; Jason, Davis, Ferrari, & Bishop, 2001; Weisner et al., 2001; Friedmann et al., 2001

<sup>3</sup> Smith, Meyers, & Miller, 2001; Humphreys & Moos, 2001)

## Why Transformation: A Person's Perspective

I've been struggling with trying to maintain recovery for fifteen years....I've been in other programs, got some good treatment....but for me, this was the missing ingredient right here. This is what I needed to not just get clean but stay clean. Because it helped me to identify and realize what I need to do with my life after I'm clean. It's given me a sense of purpose, you know. I spent all those years drinking and drugging and it was like, now that I'm clean what am I going to do with my life?

Barbara, Person in Recovery, Amistad Village Project

## So What?



## Recovery Oriented System of Care Makes Cents...

The Connecticut experience\* (statewide ROSC-both addictions and mental health)

- 24% decrease in expenses
- 46% increase in number of people served statewide
- 62% decrease of acute care
- 40% increase in outpatient care
- 25% decrease in annual cost per client
- 14% lower cost with recovery support



## Provider Perspective Joe Schultz, NET, Philadelphia

There's been a huge turnaround in outcomes. Consumers do better.....We have more people completing treatment than we've ever had! .....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%... .....now counselors feel they are actually helping people. They can actually see the results of all the work they do...

## 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

## Recovery Oriented System of Care Makes Sense...

- Based on the experience of people in treatment and in recovery, the core elements of ROSC 'make sense'
- The transition to ROSC will
  - Take time and take place gradually
  - Take full commitment from the 'system' including payors
  - Be a philosophical switch
- Experience and success of 'leader states/cities' (e.g., CT, Philly, AZ) will be invaluable
- In the meantime, strive to ADOPT AS MANY ELEMENTS OF ROSC AS BUDGET ALLOWS

**NEVER GIVE UP**



## Aims of Health Care Reform

- Increase the number of individuals that have health insurance
- Increase accountability through the expansion of primary care, medical homes and accountable care organizations and financing structures
- Increase access to preventive services to improve health outcomes

## Aims of Health Care Reform (cont.)

- Expanded Populations
  - Newly Medicaid Eligible--133% of the Federal Poverty Level (FPL)
  - Health Insurance Exchange Participants-- Individuals and Families at or below 400% of the FPL

## Implications of Health Care Reform

- Buy what is good and modern
- Focus on coordination between primary care and specialty care:
  - Significant enhancements to primary care
    - Workforce enhancements
    - Increased funding for FQHCs
  - Bi-directional
    - MH/SUD in primary care
    - Primary care in MH/SUD settings

## Implications of Health Care Reform (cont.)

- More Incentives to identify MH/SUD
  - SBIRT—huge focus by SAMHSA and HRSA
  - Coverable service—enhanced Medicaid match
- More payment strategies
- Payment on successful episode of care

## Aims of ROSC

- Access
- Engagement
- Retention
- Outcomes



A ROSC is a coordinated network of community-based services and supports that is person-centered and the strengths and resilience of individuals, families, and builds on communities to achieve abstinence and improved health, wellness, and quality of life for those with or at risk of alcohol and drug problems.

SAMHSA, 08/2010

**A ROSC is more than adding peer or community based supports to the existing treatment system, it entails a shift in culture, service delivery and administrative alignment. It is a PHILOSOPHY.**



## National Outcomes Measures (NOMs)

SAMHSA's initiative to set performance targets for State and Federally funded programs

- substance abuse prevention, early intervention and treatment services
- mental health promotion, early intervention and treatment services

Meaningful, real life outcomes for people who are striving to attain and sustain recovery

SAMHSA developed the NOMs domains in collaboration with the States.

## NIATx

- Unique collaboration between University of Wisconsin, Robert Wood Johnson Foundation (RWJF) and Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT)
- A model of process improvement designed specifically for behavioral health care
- Focused on improving systems and processes and on increasing the rates at which Americans receive and continue through addiction treatment.
- This model allows payers and providers to make small changes that substantially impact outcomes.

## Aims of **NOMs** and **NIATx**

### **NOMs**

Abstinence  
 Resilience & sustaining recovery  
 Finding safe & stable housing  
 Improving social connectedness  
 Increased access to services  
 Retention in substance abuse  
 Quality of services provided  
 Client perception of care  
 Cost-effectiveness  
 Evidence-based practices

### **NIATx**

Increase Admissions  
 Increase Continuation  
 Reduce No-Show  
 Reduce Waiting

## Linkage of **NOMs** and **NIATx** Aims

### Increase Admissions

- Increased access to services
- Quality of services provided
- Cost-effectiveness
- Evidence-based practices

### Reduce No-Shows

- Resilience & Sustaining Recovery
- Increased access to services
- Client perception of care
- Cost-effectiveness

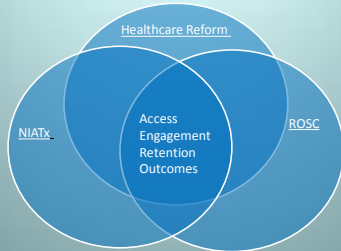
### Increase Continuation

- Abstinence
- Resilience & Sustaining Recovery
- Retention in substance abuse
- Quality of services provided
- Client perception of care
- Cost-effectiveness
- Evidence-based practices
- Finding safe & stable housing
- Improving social connectedness

### Reduce Waiting

- Abstinence
- Resilience & Sustaining Recovery
- Recovery
- Increased access to services
- Retention in substance abuse
- Client perception of care

## Linkage of Health Care Reform, **ROSC** and **NIATx**



**A primary ingredient of sustaining services during the transition of health care reform is transforming into a recovery oriented system of care.**

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.

## Recovery Oriented Systems of Care

### Working Together

Each Regional Center Can Support You in Different Ways.



## Prairielands Addiction Technology Transfer Center

Minnesota, Iowa, North Dakota, South Dakota and Wisconsin  
 Project Director: Anne Helene Skinstad, PhD

For more information about ROSC in the Prairielands ATTC region contact:

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 Tele: 319.335.5368

For More Information About ROSC in Other Regions Contact Use the Following Link and contact your local Regional Center

<http://attcnetwork.org/findregcenter.asp>



## ROSC Resources

### Addiction Technology Transfer Centers

- ATTC / ROSC Website: [www.attcnetwork.org/recovery](http://www.attcnetwork.org/recovery)

### Monograph Series

- Free downloads of Bill White's Monographs
  - [www.attcnetwork.org/recovery](http://www.attcnetwork.org/recovery) under the resource tab

### ROSC Faculty

- ROSC trained Regional Teams of Facilitators & Presenters



## ROSC Resources- "Partners for Recovery"



- White Papers
  - "Approaches to ROSC at the State and Local Levels: Three Case Studies"
  - "Provider Approaches to ROSC: Four Case Studies"
  - "Access to Recovery Approaches to ROSC: Three Case Studies"
  - "Guiding Principles and Elements of Recovery-Oriented Systems of Care"
- Recovery-Oriented Systems of Care (ROSC) Technical Assistance Resource Guide (Working Draft)
- Summary of the Center for Substance Abuse Treatment's (CSAT's) Regional Recovery Meetings
- "Financing Recovery Support Services: Review and Analysis of Funding Recovery Support Services and Policy Recommendations"
- "Strategies for Strengthening Substance Use Prevention, Treatment, and Recovery Systems: Provider Networks and Impact on the Workforce"
- Faces and Voices of Recovery: "Guide to Mutual Aid Resources" (with support from PFR)
- Survey of State ROSC and Health Care Reform Implementation (under development)
- Survey of State Mental Health Transformation and Health Care Reform Implementation (under development)
- [www.pfr.samhsa.gov](http://www.pfr.samhsa.gov)

## ROSC Resources for Community Services Program

- [www.rcsp.samhsa.gov](http://www.rcsp.samhsa.gov)

- What are Peer Recovery Support Services?
- White Paper....The Role of Recovery Support Services in a Recovery-Oriented System of Care



# Thank you



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