

# Recovery Oriented Systems of Care

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Midwest Conference on Problem Gambling and  
Substance Abuse

June 2013



# Recovery?

*“The process by which people are able to live, work, learn, and participate fully in their communities. For some individuals, recovery is the ability to live a fulfilling and productive life, despite a disability. For others, it implies the reduction or the complete remission of symptoms”...*

--The President's New Freedom Commission Report



# Recovery?

*“Recovery is a deeply personal process of (re)gaining physical, spiritual, mental and emotional balance. It is a process of healing and restoring wellness during stressful episodes of life”.*

--Mental Health First Aid

# What is Recovery?



Recovery from alcohol and drug addiction 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.

# What is a *Recovery Oriented System of Care*?

- Wide spectrum of services
- Supports **all** stages and pathways of recovery
- Addresses access to services
- Includes treatment, alternatives to treatment, and recovery support services
- Coordinates multiple services

# ROSC and the shift

- ROSC shifts the discussion from:
- How do we get the client into treatment?

TO

How do we support the process of recovery within the person 's life and environment?



# What is ROSC?

- Value added approach to structuring behavioral health systems and a network of service and supports.
- Bridges labels, taxonomies and thoughts.
- Focuses on returning people to “life in the community”.
- Is comprehensive and holistic.
- Focuses on essentials (jobs, housing, child and family)
- A framework to guide systems change.

# SAMHSA's Core Components of Recovery

- Hope
- Non-Linear
- Strengths based
- Peer Support
- Self-Direction
- Responsibility
- Holistic



# SAMHSA's Core Components of Recovery Continued

- Individualized and Person Centered
- Empowerment
- Respect

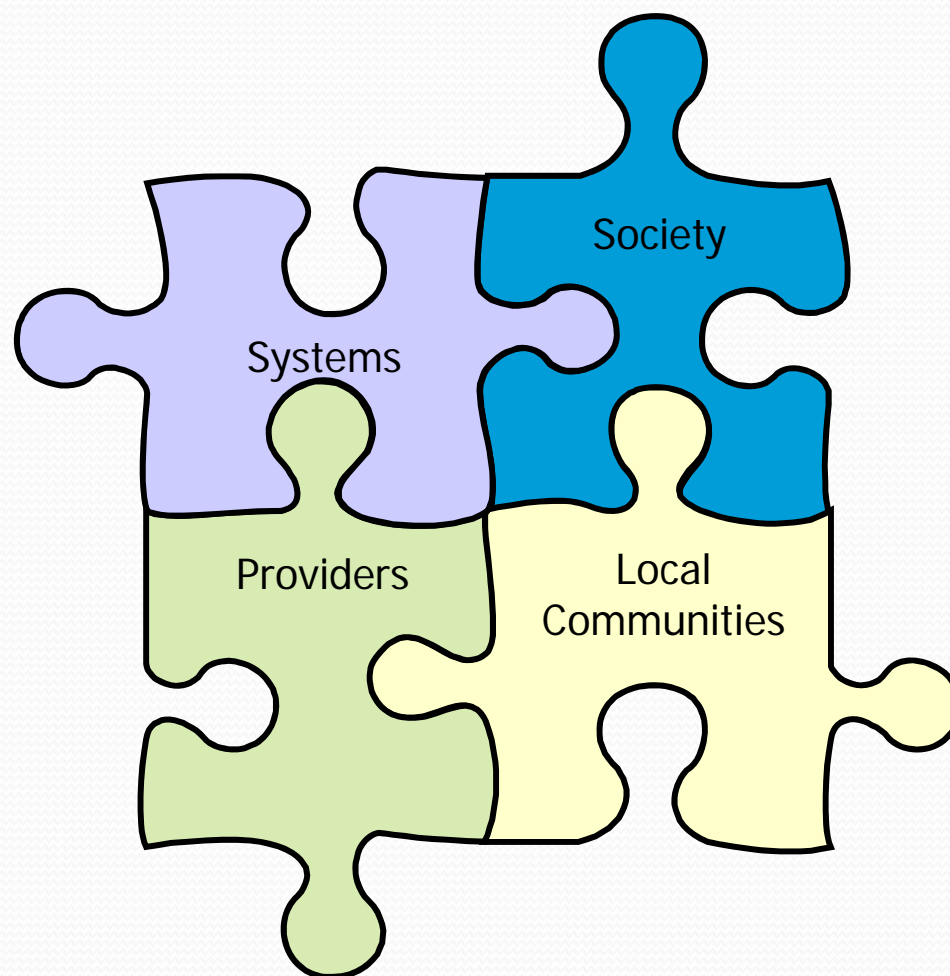


# Recovery Oriented System of Care

- *“A recovery oriented system of care identifies and builds upon each individual’s assets, strengths, and areas of health and competence to support achieving a sense of mastery over his or her condition while regaining a meaningful, constructive, sense of membership in the broader community”. –Thomas Kirk, CDMHAS*

*Any problems faced by the individual substance user cannot be seen in isolation from their family, local community and society.*

— *Scottish Advisory Committee on Drug Misuse, 2008.*



# Describing Recovery-Oriented Systems

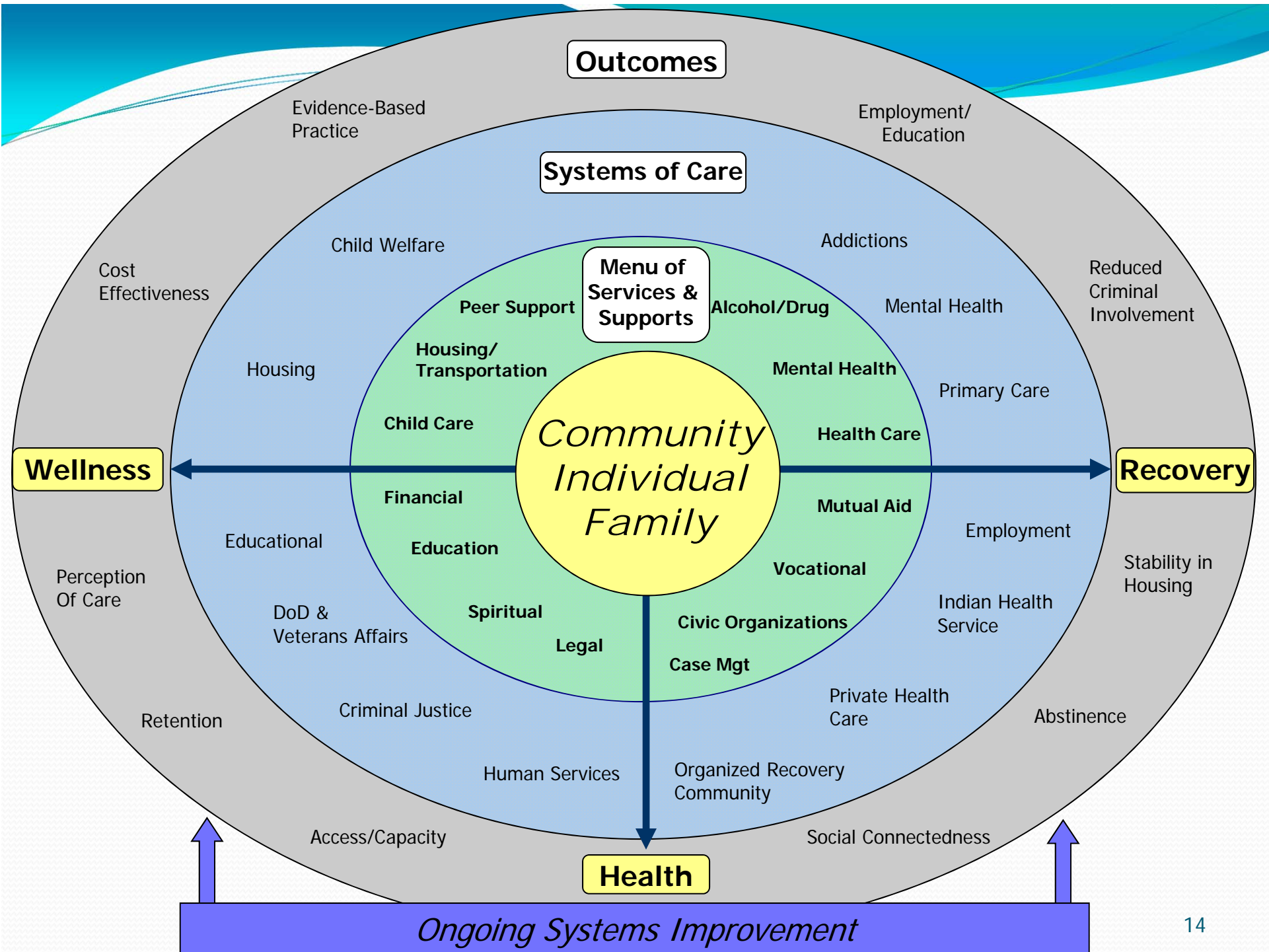
Recovery-oriented systems include:

- 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.
- An ongoing process of systems-improvement that incorporates the experiences of those in recovery and their family members.
- The coordination of multiple systems, providing responsive, outcomes-driven approaches to care.

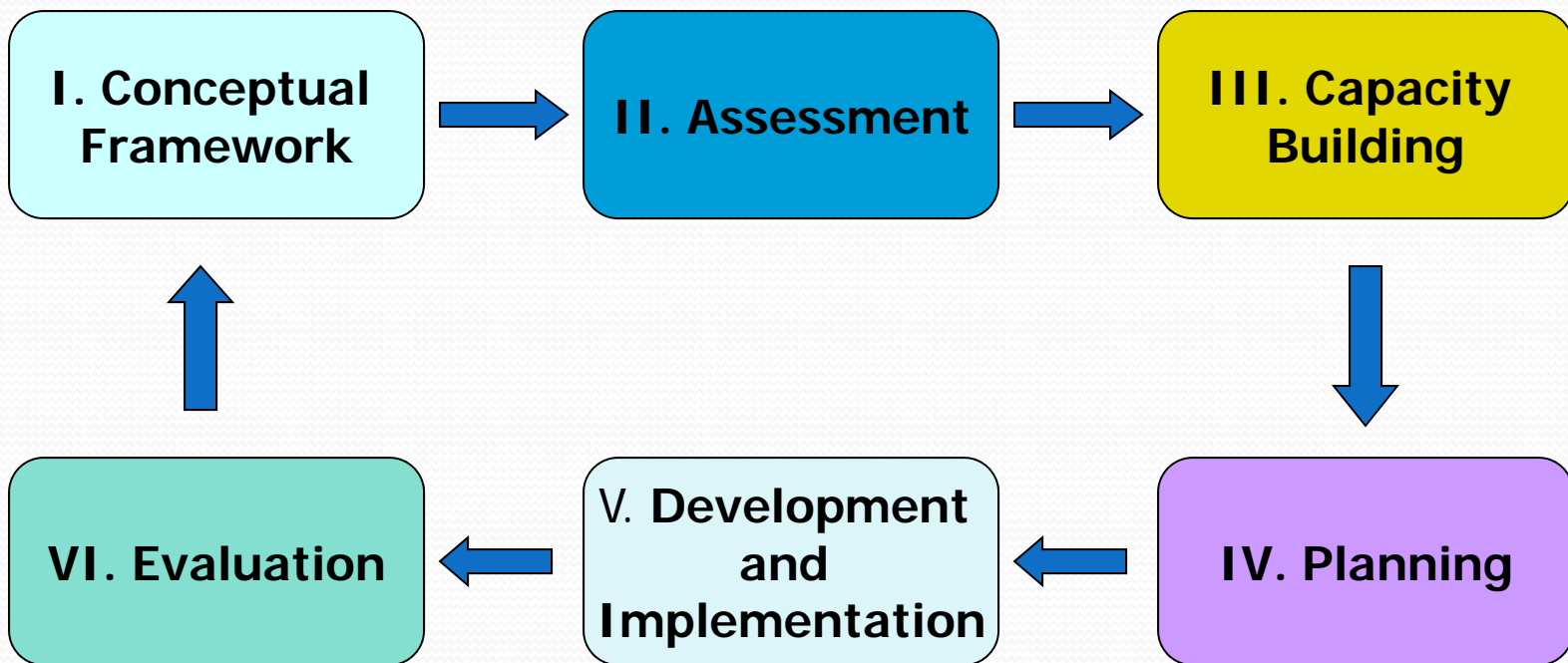


## The Force

- < less than 10% seek treatment that need it. Most are placed in treatment under coercive forces.
- Low treatment initiation rates. Nobody starts
- Lack of continuity 20% get positive discharge planning
- Most recidivate within one year most within 90 days
- Less than 50% of SMI receive treatment
- Low rates of retention
- Medication deficits have been linked to poor outcomes
- Access to care



# Planning Recovery-Oriented System Change



# Behavioral Health Treatment Providers

- Partners in the recovery process of every person enrolled in the program.
- A focal point of powerful social influences...the recovery community, faith-based organizations, community organizations and clinical treatment providers.
- A Recovery Hub...a touchstone for non-judgment, caring and wellness for individuals, families and communities.



# Goals of a *Recovery Oriented System of Care*

- Intervene **earlier**
- **Improve** treatment outcomes
- Support **sustained** recovery



# Goal: Intervene Earlier

- Why? – As disease progresses, damage is greater; positive outcomes more likely
  - Outreach
  - Engagement and Intervention
  - Continuity of care

# Goal: Improve Treatment Outcomes

- Acute model of care to treat a chronic disease
  - Partnership between treatment provider and patient
  - Integrated care
  - More choices for patient

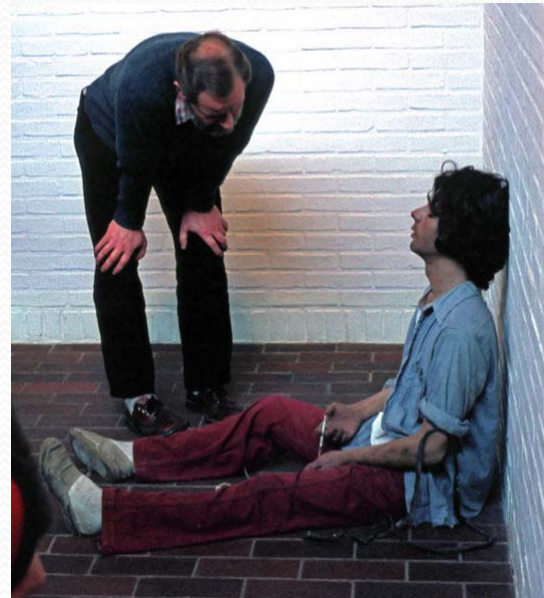


# Goal: Support Sustained Recovery

- Continuing Care – Recovery Checkups
- Recovery Coaches – connect patients with recovery community
- Community Development work
- Recovery Support Services

# What are *Recovery Support Services*?

- Outreach
- Engagement and intervention
- Recovery guiding or coaching
- Post treatment monitoring and support



# *Recovery Support Services*

- Sober or supported housing
- Transportation
- Childcare
- Legal services
- Educational/vocational supports





## Goals of *Recovery Support Services*

- Remove personal and environmental barriers to recovery
- Facilitate participation in the recovery community
- Enhance the quality of life of the person in recovery

# *Recovery Oriented System of Care* Elements

- **Partnership-consultant relationships**
- **Strength-based**
- **Culturally responsive**
- **Responsive to personal belief systems**







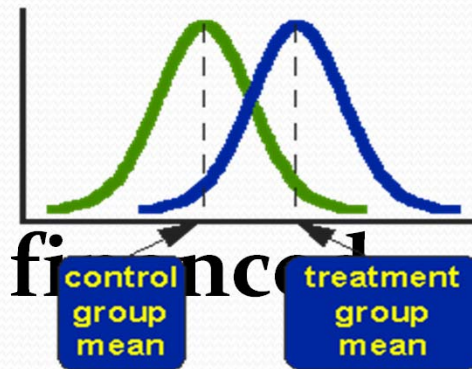
# ***Recovery Oriented System of Care*** Elements

- **Commitment to peer recovery support services**
- **Inclusion of voices of recovering individuals and families**
- **Integrated services**

# *Recovery Oriented System of Care* Elements

- System-wide education and training
- Ongoing monitoring and outreach
- Outcomes driven
- Research based

- Adequately and flexibly financed





# TRI Studies

Studies show that clients in SA treatment, who also have problems in other areas of their lives (e.g. medical, employment & psychiatric), have better outcomes when those other problems areas are also addressed

- McLellan compared 2 groups of SA clients
  - Standard group received treatment as usual
  - Enhanced group received treatment as usual, plus referrals for help with other problems (e.g. medical screening & parenting classes)
- Enhanced group had better outcomes at 6 months
  - Stayed in tx longer & had higher tx satisfaction
  - Had fewer psychological & physical problems
  - Had less substance use



# TRI Studies

Specifically, McLellan found:

- After 30 days
  - 39% of Standard group clients still in treatment
  - 68% of Enhanced group clients still in treatment
- After 60 days
  - 12% of Standard group clients still in treatment
  - 49% of Enhanced group clients still in treatment
- After 6 months (unexpected finding)
  - 60% of Standard group counselors left job
  - 20% of Enhanced group counselors left job



# TRI Studies Concluded:

Give Your Clients

Names & Phone Numbers of

Free & Low Cost Service Community

Referrals!

- ✓ Costs you close to nothing
- ✓ Improves treatment outcomes



## What does ROSC really look like?

- Statewide & Local Models
- Cross system training
- Cross system referrals
- Usually voucher based (funding follows client)
- Partial Performance Incentive
- Outcome and data driven
- Engagement, Retention & Continuation (NIATx)

## Differentiating peer recovery support services from other services

- Peer-based recovery support is the process of giving and receiving nonprofessional, non-clinical assistance to achieve long-term recovery from severe alcohol and/or other drug-related problems.



## Professional addiction treatment services:

- These services are provided by individuals with formal education in a clinical/medical setting. The treatment services offered reflect the treatment philosophy of each service provider



# Mutual aid support:

- Mutual aid is provided by individuals with experiential knowledge within a particular
- Community of recovery

## Where are Peer Recovery Support Services in the Recovery Process?

- For the millions of Americans who are not receiving clinical treatment for whatever reason, peer recovery support services provide an invaluable community network (including or in lieu of mutual aid groups) and infrastructure for recovery initiation.

# Recovery Community Centers Service Roles

- Peer/Recovery Coach
- Support Group Facilitator
- Peer Resource Coordinator
- Substance-free Activities Coordinator
- Workshop Facilitator



## Where are Peer Recovery Support Services Delivered?

- Depending on where a person is in his or her recovery process, they can receive services in a variety of settings

## What Organizational Entities are Delivering Peer Recovery Support Services?

- The vast majority of peer recovery support services are being delivered by nonprofit recovery community organizations governed by members of the recovery community.
- Other entities include nonprofit organizations focusing on the service needs of specific populations such as people with HIV/AIDs; people with mental illness; and child welfare agencies.



## Who is Delivering Peer Recovery Support Services?

- Services are delivered by people with the lived experience of recovery from addiction to alcohol and other drugs,
- either as a person in long-term recovery
- or a family member or significant other



# SMART Goals for your Plan

- Specific
- Measurable
- Attainable
- Relevant
- Time limited

# Resources

- <http://partnersforrecovery.samhsa.gov/docs/Summit-Report.pdf>  
Summit Report
- [www.glattc.org](http://www.glattc.org) Click on Recovery Management Resources
- <http://pfr.samhsa.gov> Click on Recovery, then Resources.  
Information about the national movement
- <http://rcsp.samhsa.gov> Recovery Community Services Program  
on CSAT'S website
- [www.ct.gov/dmhas/site.default.asp](http://www.ct.gov/dmhas/site.default.asp) Connecticut's *Practice Guidelines for Recovery-Oriented Behavioral Health Care* booklet  
can be accessed on this site
- [www.bhrm.org](http://www.bhrm.org) Behavioral Health Recovery Management