



# Recovery-Oriented Systems of Care (ROSCs): What Are They? Why Should We Adopt Them In Our State?

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February 15, 2008



Solving problems, guiding decisions – worldwide



# Presentation Goals

- To provide a definition and description of Recovery-Oriented Systems of Care (ROSCs);
- To present the benefits of ROSCs;
- To provide examples from other States implementing ROSCs; and
- To answer your questions about ROSCs.



# Recovery-Oriented Systems of Care (ROSCs)

# Definition of ROSCs

**Recovery-oriented Systems of Care (ROSCs) support person-centered and self-directed approaches to care that build on the strengths and resilience of individuals, families, and communities to sustain personal responsibility, health, wellness and recovery from alcohol and drug problems.**

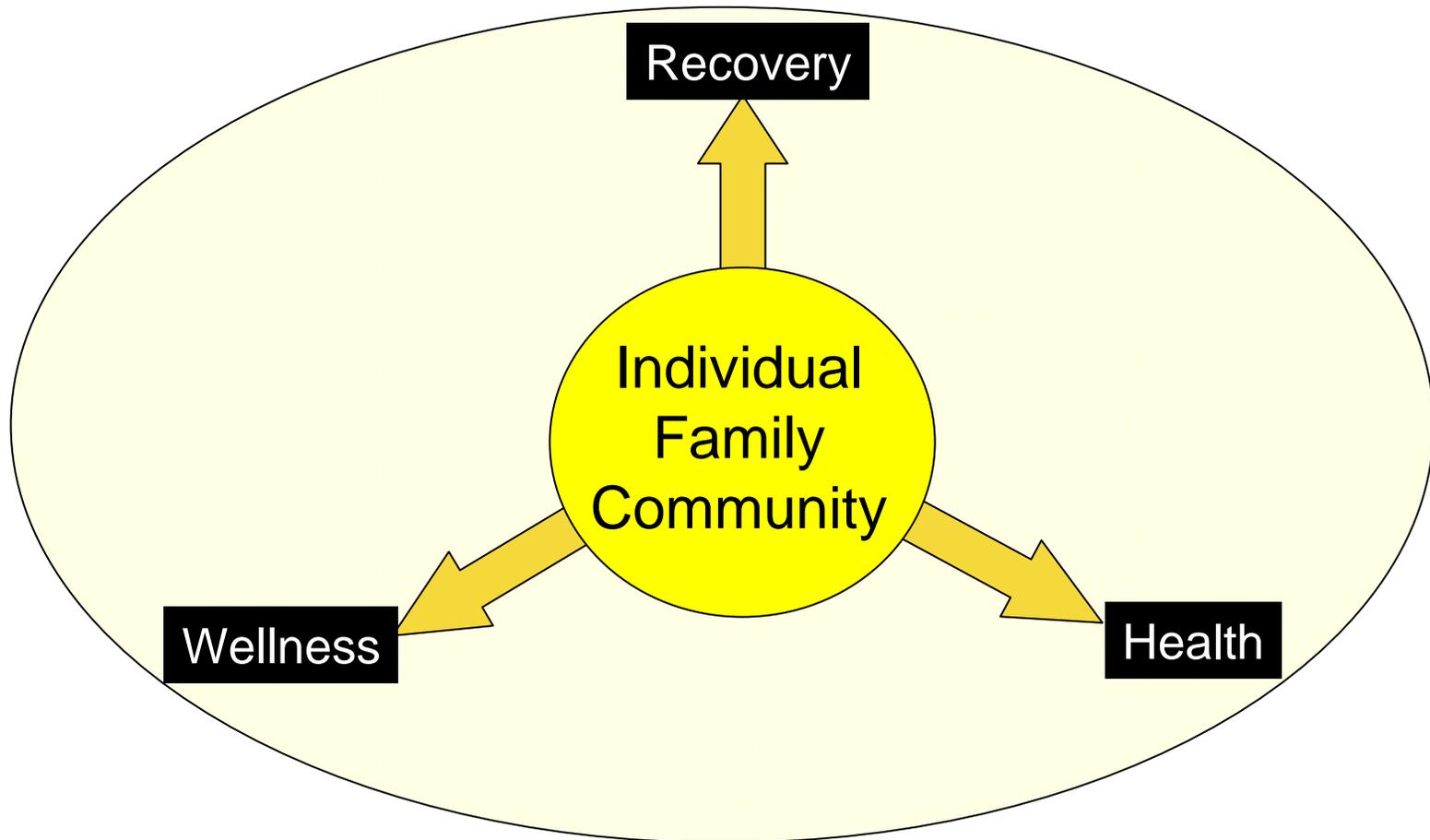
# Describing ROSCs

- ROSCs provide 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.
- ROSCs support the individual's progress through the continuum of care that is neither linear nor sequential.
- ROSCs shift the objective from "*How do we get the client into treatment?*" to "*How do we support the process of recovery within the person's environment?*"

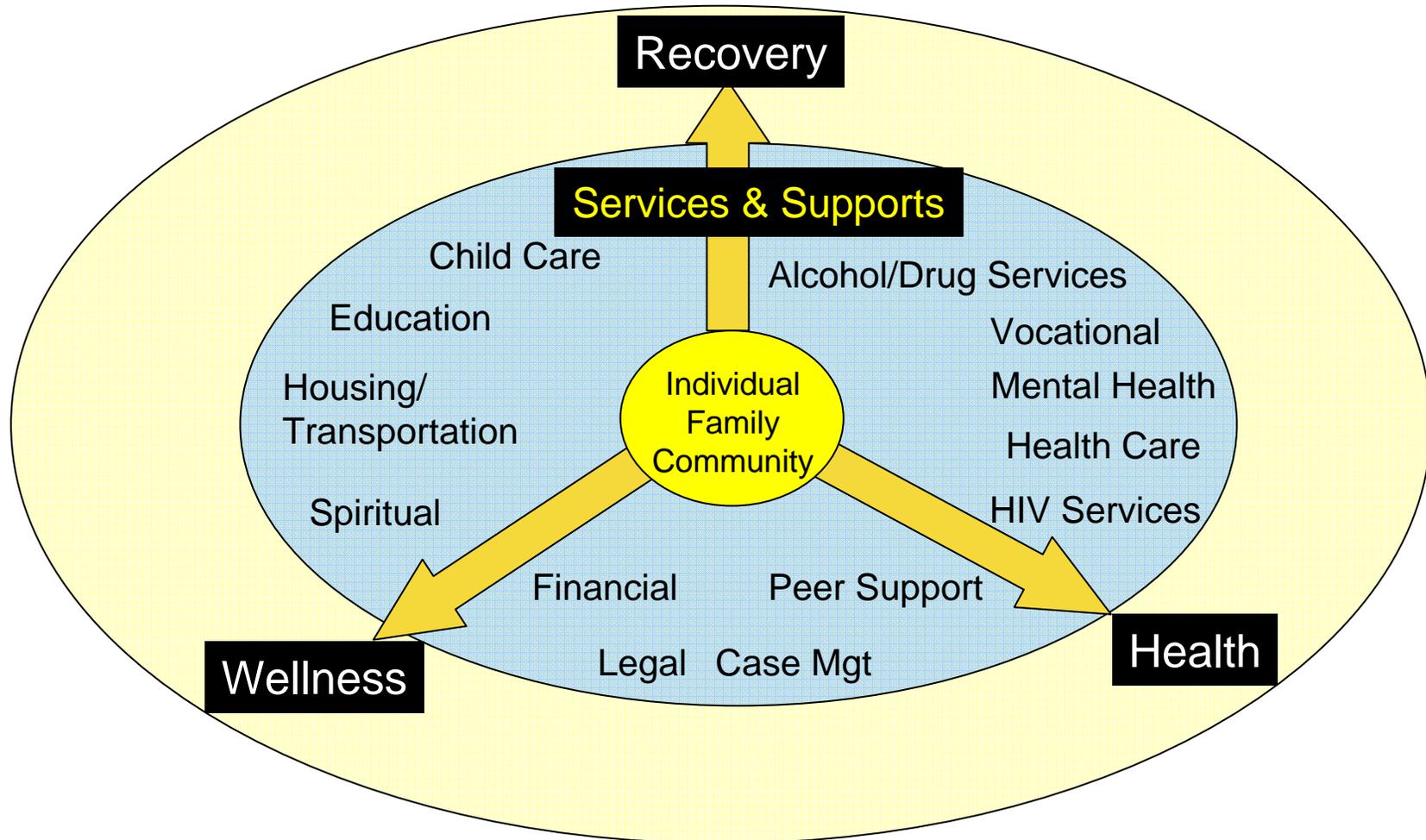
# Describing ROSCs (cont'd)

- ROSCs require an ongoing process of systems-improvement that incorporates the experiences of those in recovery and their family members.
- ROSCs encompass and coordinate the operations of multiple systems, providing responsive, outcomes-driven approaches to care.

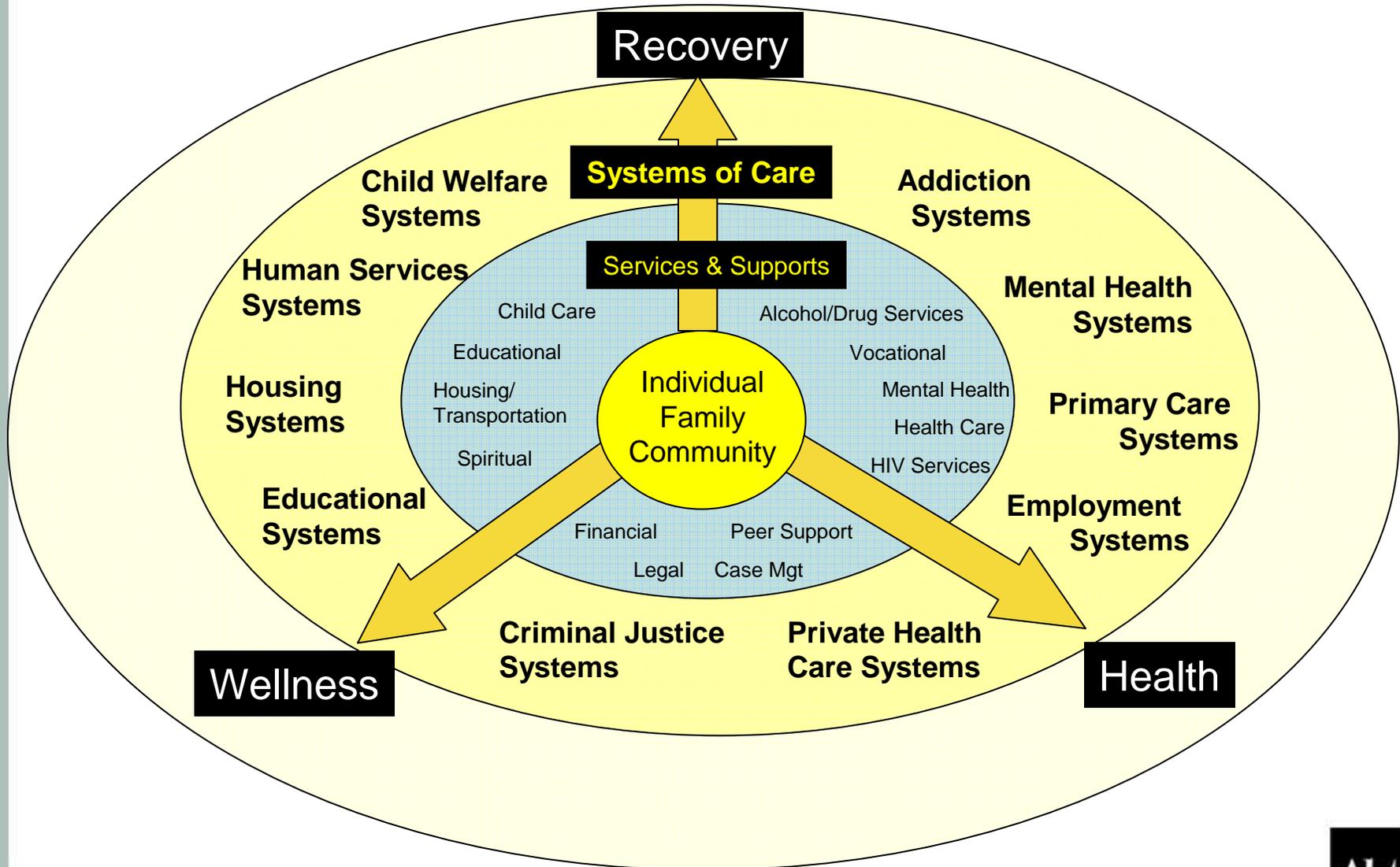
ROSCs support person-centered and self-directed approaches to care that build on the strengths and resilience of individuals, families and communities to achieve health, wellness, and recovery from alcohol and drug problems.



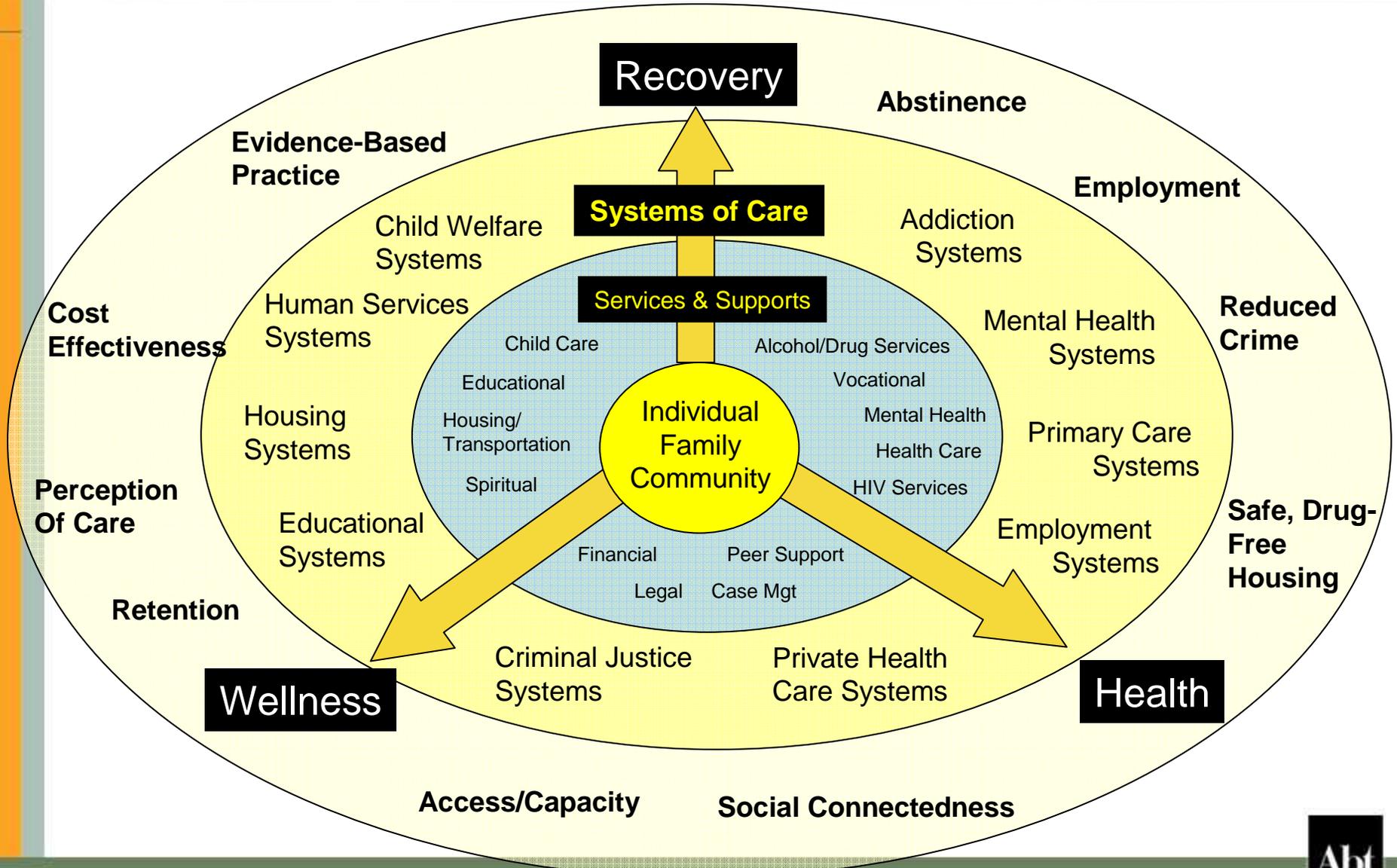
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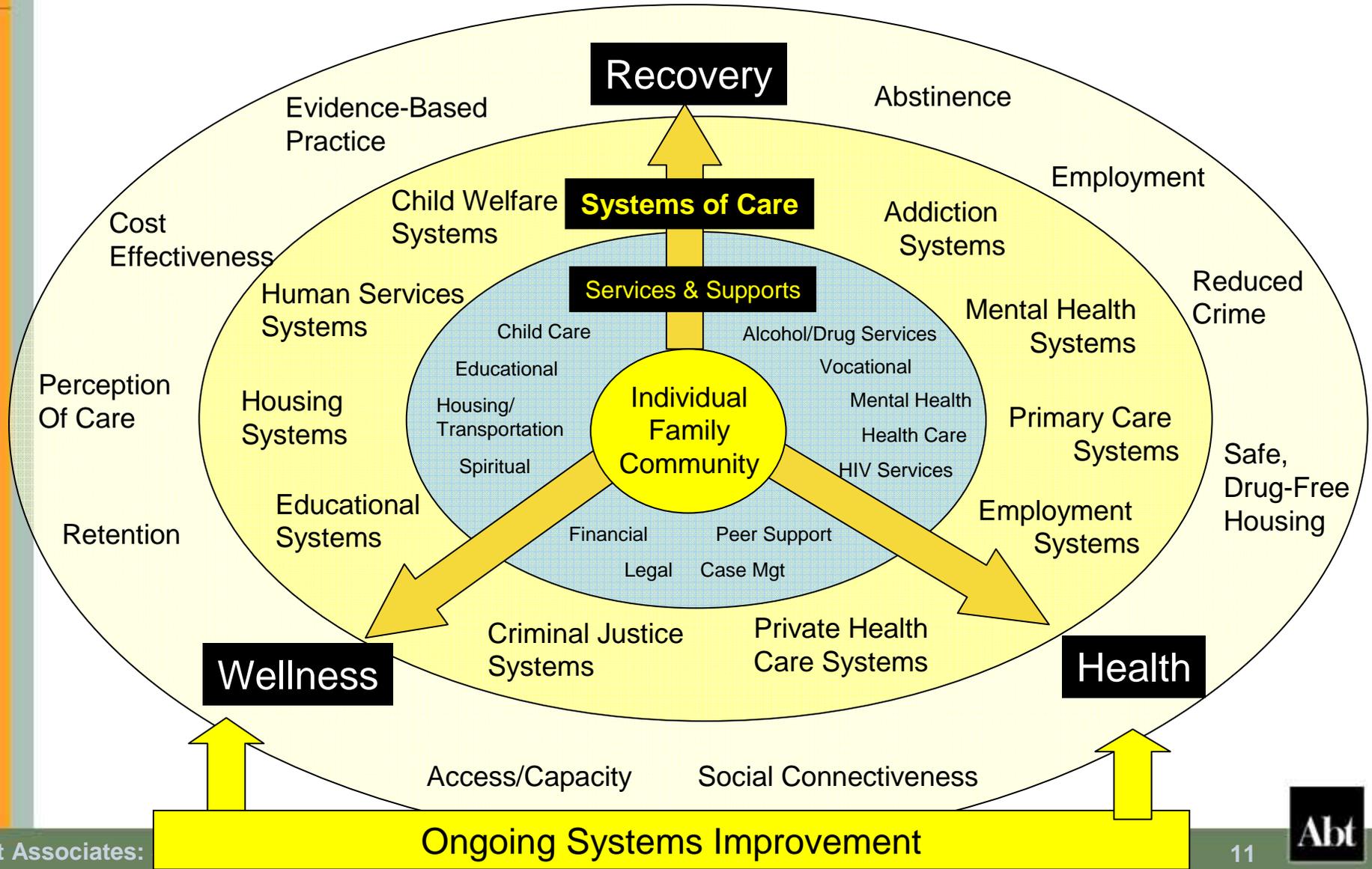
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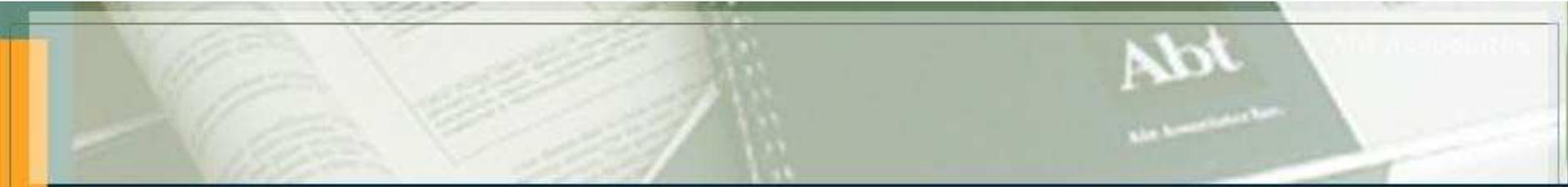


...providing responsive, outcomes-driven approaches to care.



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





# ROSCs Elements & Goals

# ROSCs Elements

## Person-Centered:

- Individualized & Comprehensive Services Across the Lifespan
- Responsive to Culture & Personal Belief Systems
- Partnership-consultant Relationships
- Strength-based
- Community-based
- Commitment to Peer Services
- Involvement of Recovering Individuals, Families and other Allies

# ROSCs Elements (cont'd)

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## Efficiency and Cost Effectiveness:

- Outcomes-oriented
- Integrated Services
- Systems-wide Education and Training
- Continuity of Care
- Monitoring and Outreach
- Research-based
- Adequately & Flexibly Financed

# Goals of ROSCs

- To support preventative strategies related to substance use problems & disorders;
- To intervene early with individuals with substance use problems;
- To support sustained recovery for those with substance use disorders; and
- To improve individual and family outcomes.



# Distinguishing ROSCs from Current Systems

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*This systems-improvement concept is not unfamiliar, but it has not been systematically or sufficiently implemented.*

## ROSCs systems enhancements include:

- Incorporation of ongoing prevention, early engagement and early intervention;
- Implementation of clinical and non-clinical supports;
- Emphasis on recovery support services throughout the continuum of care;

# Distinguishing ROSCs from Current Systems

(cont'd)

## ROSCs systems enhancements include: (cont'd)

- Individualized and flexible menu of services;
- Inclusion of chronic care approaches (i.e., recovery management);
- Emphasis on evidence-based practices; and
- Coordination of multiple systems.



# Why ROSCs?

# Why ROSCs?

- To be more responsive to persons in recovery, their families and their community;
- To be involved in and contribute to this priority area for the Federal government; and
  - SAMHSA – RCSP, ATR, PFR
- To apply research demonstrating the effectiveness of recovery-oriented elements.



# Responsive to Persons in Recovery

# Philosophical Change – Responsive to Individuals/ Families

- In ROSCs, treatment is viewed as one of many resources needed for a client's successful integration into the community.
- No one source of support is more dominant than another.
- Various supports work in harmony with the client's direction.
- Policies are established and maintained that allow people in recovery maximum opportunity for choice and control in their own care.
- Measures of satisfaction are collected routinely and in a timely fashion from people in recovery and their families.



# Federal Direction and Activities

# Federal ROSCs Activities

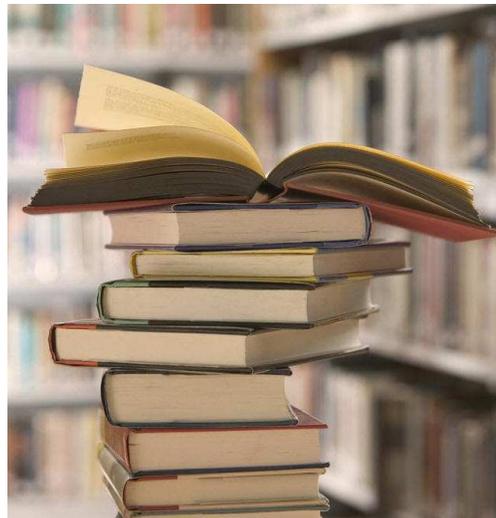
- **Regional Recovery Meetings** – Five regional meetings, 220 participants representing 49 states, D.C., and Puerto Rico
- **White Papers** – Three white papers describing ROSCs in States and communities, one paper presenting research related to the elements of ROSCs
- **Conference Report** – Report on emerging peer recovery support services indicators of quality
- **ROSC Tool-kit** – Tool-kit on policies, administrative rules, strategic plans, practice guidelines, vision statements, workforce competencies, training outlines, surveys, protocols, and literature review
- **Recovery Self-Assessment** – Self-assessment for States to use as they prepare their own ROSCs

# Access to Recovery Reporting Outcomes

- **Reported Abstinence** – Of clients reporting substance use at Access to Recovery (ATR) intake, 73.1% were abstinent from substance use at discharge.
- **Stable Housing** – Of the clients who reported not having stable housing at ATR intake, 23.4% reported by stably housed at discharge.
- **Employment** – Of the clients who were unemployed at ATR intake, 30.8% reported being employed at discharge.
- **Social Connectedness** – Of the clients who reported not being socially connected at ATR intake, 62.4% were socially connected (attended self-help groups or had someone to whom to turn in times of trouble) by discharge.
- **Criminal Justice** – Of the clients involved with the criminal justice system at ATR intake, 85.9% reported no criminal justice involvement at discharge.

\*through June 30, 2007

# Research Supports Recovery-oriented Strategies

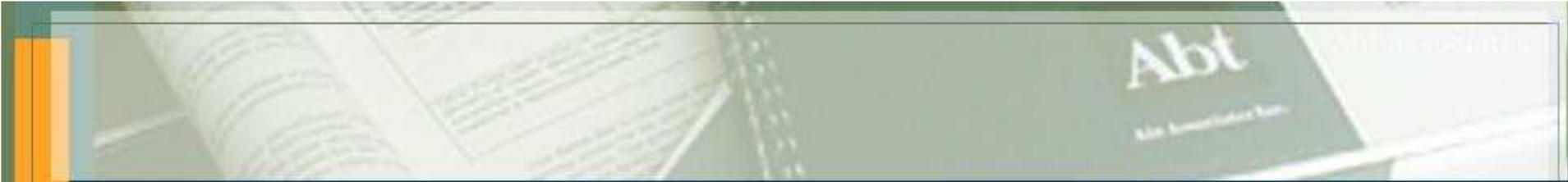


## Research Supporting Recovery-oriented Strategies

- **Inclusion of Preventative Strategies** – recovery management check-ups can significantly decrease relapse and re-admission (Dennis, Scott, & Funk, 2003).
- **Intervening Earlier** - the earlier the age and stage at which treatment begins, the shorter the addiction and treatment careers and the longer the recovery career (Fleming et al., 2002).
- **Broader Access** - Outreach workers nestled within natural environments and using non-traditional approaches can facilitate identification, screening and service linkage and retention (White & Sanders, 2006).

## Research Supporting Recovery-oriented Strategies (cont'd)

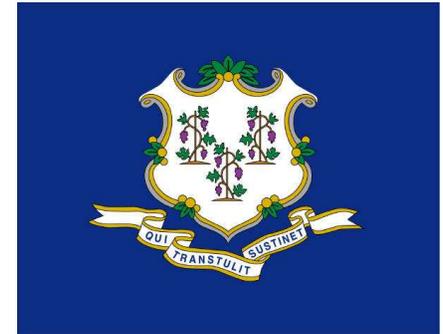
- **Improving Treatment Outcomes and Sustaining Recovery** – Long-term recovery outcome is enhanced by individual choice and commitment (Laudet & White, 2008). Integrated systems of care have been proven to improve recovery outcomes (Lorig, et al., 2001; Weisner, et al., 2001).
- **Cost-effectiveness** – Individuals with co-occurring substance abuse/medical problems randomized to integrated care had significantly lower total medical costs than those in independent care (Parthasarathy, Mertens, Moore, Weisner, 2003). Community-based treatment costs less to operate and results in higher levels of service satisfaction than those provided in acute settings (Hoult, 1986).



# Implementing ROSCs in States & Localities

# States and Localities Engaging in ROSCs





# A State Example: Connecticut

## Policy Statement – First Step Toward Implementation

- In September 2002, the Connecticut State Department of Mental Health and Addictions Services (DMHAS) issued a policy statement entitled: Commissioner’s Policy Statement No. 83 Promoting a Recovery-Oriented Service System.
- Policy Statement No. 83 “designated the concept of recovery as the overarching goal, guiding principle, and operational framework for the system of care supported by DMHAS” and committed the State to systems transformation.

# Connecticut DMHAS' Systemic Approach to Recovery

- Develop core values and principles
- Establish conceptual and policy framework
- Build competencies and skills
- Change programs and service structures
- Align fiscal resources and administrative policies in support of recovery
- Monitor, evaluate and adjust

# Connecticut Implementation Plan

	<b>Phase I</b>	<b>Phase II</b>	<b>Phase III</b>
<b>Philosophical/ Conceptual</b>	<ul style="list-style-type: none"> <li>- Draft Definitions</li> <li>- Build Consensus</li> </ul>	<ul style="list-style-type: none"> <li>- Identify Implications</li> <li>- Market Concept</li> </ul>	<ul style="list-style-type: none"> <li>- Address stigma with other systems and the community</li> </ul>
<b>Competencies, Skills, and Programs</b>	<ul style="list-style-type: none"> <li>- Evaluate Approach</li> <li>- Baseline Assessment</li> </ul>	<ul style="list-style-type: none"> <li>- Skills Training</li> <li>- Pilot Recovery Practices (“Centers of Excellence”)</li> </ul>	<ul style="list-style-type: none"> <li>- Advanced Training</li> <li>- TA/Knowledge Transfer</li> </ul>
<b>Fiscal &amp; Administrative</b>	<ul style="list-style-type: none"> <li>- Identify Barriers and Incentives</li> </ul>	<ul style="list-style-type: none"> <li>- Solution-focused Workgroups</li> <li>- Develop Fiscal Support</li> </ul>	<ul style="list-style-type: none"> <li>- Performance Measures</li> <li>- Implement Policy and Resource Changes</li> </ul>

# Connecticut Recovery Practice Guidelines

- 1) Primary of Participation** – People in recovery are routinely invited to share their stories with current service recipients and to provide training to staff.
- 2) Promoting Access and Engagement** – The service system has the capacity to go where the potential client is rather than always insisting that the client come to the service.
- 3) Ensuring Continuity of Care** – Individuals are not expected or required to progress through a pre-determined continuum of care in a linear or sequential manner.
- 4) Employing Strengths-Based Assessment** – A discussion of strengths is a central focus of every assessment, care plan, and case summary.

# Connecticut Recovery Guidelines (cont'd)

- 5) **Offering Individualized Recovery Planning** – Community inclusion is valued as a commonly identified and desired outcome.
- 6) **Functioning as a Recovery Guide** – Interventions are aimed at assisting people in gaining autonomy, power, and connections with others.
- 7) **Community Mapping and Development** – People in recovery are viewed primarily as citizens and not as clients and are recognized for the gifts, strengths, skills, interests, and resources they have to contribute to community life.
- 8) **Identifying and Addressing Barriers to Recovery** – There is a commitment at the local level to embrace the values and principles of recovery-oriented care and to move away from the dominant illness-based paradigm.

# Connecticut Outcomes

- Utilize National Outcome Measures (NOMs) developed by SAMHSA.
- Establish process in which individuals in recovery participate in developing performance indicators (i.e., client satisfaction).
- Apply the Washington Circle Group performance indicators (i.e., connect-to-care, readmissions, service system engagement).
- Develop incentives for performance and reporting.

# Connecticut NOMs Trends



	<b>FY03</b>	<b>FY04</b>	<b>FY05</b>
Change* in Percent of Clients Reporting Employment from Admission to Discharge	8.6	6.0	1.72
Change in Percent of Clients Homeless from Admission to Discharge	-4.5	-3.0	-1.36
Change in Percent of Clients Arrested from Admission to Discharge	NA	NA	-2.55
Change in Percent of Clients Reporting Abstinence from Alcohol from Admission to Discharge	35.4	36.2	34.6
Change in Percent of Clients Reporting Abstinence from Drugs from Admission to Discharge	28.8	28.0	22.6
Change in Percent of Clients Reporting Change in Social Support from Admission to Discharge	18.6	24.1	45.9

\*Change refers to the absolute percentage point change from admission to discharge for each measure.





# Systems-change Lessons from States

# Strategies for Change

- Develop statement of intent – Mission, Vision
- Multi-year implementation process
- On-going systems improvement process
- Broad consensus building
- Re-orient all systems to support ROSCs
- Identify strengths and gaps in existing systems
- Build on strengths of the existing infrastructure
- Implement recovery-oriented performance outcomes
- Adjust systems based on outcomes

# QUESTIONS