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BLUEPRINT FOR THE RECOVERY ORIENTED SYSTEM OF CARE (ROSC)

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BLUEPRINT FOR THE RECOVERY ORIENTED SYSTEM OF CARE (ROSC)

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*NOTHING TO DISCLOSE

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LEARNING OBJECTIVES:

- Identify Evidence-Based Practices that are essential elements for a co-occurring enhanced System of Care
- Develop an understanding of how to use mapping techniques to critically analyze your System of Care including how you engage with strategic partners
- Create a workable timetable for implementing changes that includes increased community collaboration with the goal of becoming a Recovery Oriented System of care

OUTCOMES

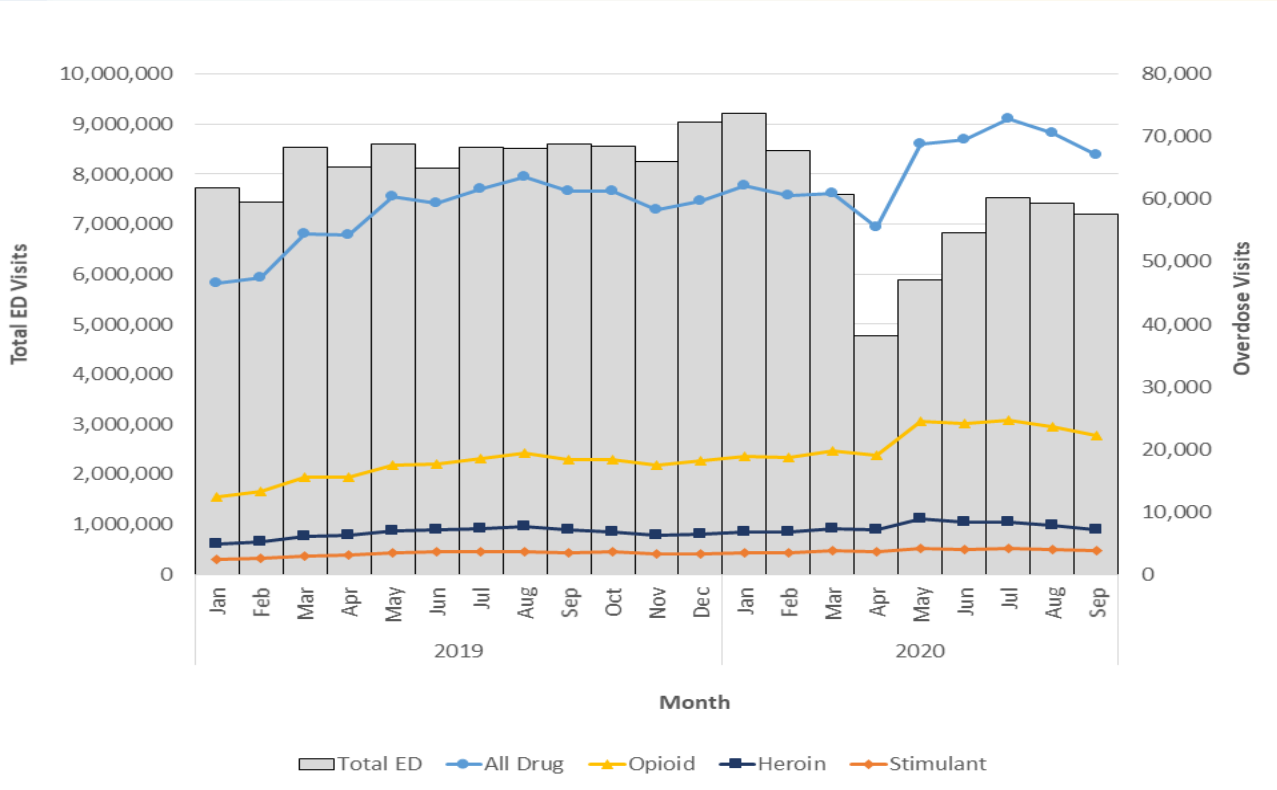
- Develop a path for INTEGRATING Behavioral Health Services –eliminating SILOS in your systems of care

- Explore how to engage with key partners: Criminal and Civil Justice System, Educational System (K-12 and beyond), Faith Based Resources

- SETTING YOUR SYSTEM UP FOR SUCCESS BY ENGAGING LEADERSHIP TO LINE STAFF IN ADOPTING A NEW WAY OF APPROACHING TREATMENT

ITS MORE THAN JUST OPIOIDS

ED Visit Totals and Suspected Nonfatal overdose Numbers for 42 States Sharing Data with CDD – January 2019 – September 2020



IT IS MORE THAN JUST OPIOIDS

- CDC Drug Overdose Fatality Data – July 2020 Year over Year
  - Opioid - 22.8% increase (primarily non-methadone synthetics)
  - Psychostimulant – 42.6% increase
  - Cocaine – 30.7% increase Year over Year

- JAMA Network September 2020 – Alcohol (the third leading cause of Preventable Death) Consumption Data
  - 14% Increase in consumption year over year since the start of Covid
  - Women are disproportionately affected
    - 17% increase in consumption
    - 41% increase in heavy use

THE SUBSTANCE USE DISORDER EPIDEMIC WILL NEED THE SAME LEVEL OF COMMITMENT AND STAKEHOLDER ENGAGEMENT REQUIRED TO ADDRESS THE COVID PANDEMIC …

RECOVERY ORIENTED SYSTEMS OF CARE ARE A KEY PART OF THE SOLUTION

RECOVERY ORIENTED SYSTEMS OF CARE ARE INTEGRATED SYSTEMS OF CARE

- The Secret Sauce: **Access to a holistic model of care and wellness** that **integrates physical, mental health and addiction services** with the social and emotional supports necessary to achieve and maintain recovery.
- No Wrong Door – Rapid Access to Team Based Care … **No Silos**
- Primary Care Integration – SUDs are Chronic Medical Conditions with significant Medical Complications
- Co-occurring Competent Services – Medical and Clinical Teams must work in tandem using EBPs
- Community Stakeholder Engagement – It WILL take a village to pull us out of this crisis

INTEGRATED BEHAVIORAL HEALTHCARE

- Chronic Disease Model
  - There is no “cure”, but there is treatment
  - There is a pattern of relapse, remission, progression and disability
  - Treatment is medically driven, multidisciplinary and must support healthy lifestyle changes
  - Continuous focus on improving EBP

- Family Impact of Chronic Diseases
  - Grieving process
  - Supporting Recovery
  - Changes in Family Dynamics

CO-OCCURRING COMPETENCE

•Medical Management which involves a comprehensive assessment of primary care, mental health and SUD conditions with treatment using established protocols

•Clinical Services – Curriculum Based with treatment plans that take into accounting the individual's readiness to change

•Social Determinants – recognizing the impact of life circumstances and working with community-based resources to stabilize the individual's environment so they can focus on their treatment

DO YOU HAVE A COMPREHENSIVE SYSTEM OF CARE IN YOUR COMMUNITY?

- Prevention – School Based and Community Based
- Medical
  - Medical Management of SUD
    - Detoxification
    - Post Acute Withdrawal/Prolonged Withdrawal Syndromes
    - Opioid Agonist Treatment (OAT)
    - Antagonist Treatment
    - Rescue Treatment
  - Psychiatric Evaluation and management – track symptoms and don't over treat
- Outpatient
  - Individual Counseling
  - IOP
  - PST
  - Clubhouse
  - Partial Hospitalization

DO YOU HAVE A COMPREHENSIVE SYSTEM OF CARE IN YOUR COMMUNITY?

- Housing with overlay services
- Inpatient Crisis stabilization services
- Residential Services based on ASAM Criteria
- Sober Living
- Peer Supports
- Outreach

ARE YOU USING EVIDENCE BASED PRACTICES WITH FIDELITY?

- Goals of Recovery
  - Establish Sobriety
  - Build Resilience
  - Establish Self Esteem
- Manualized Programming … with individualization
  - Educational Groups
  - Motivational Enhancement
  - CBT – individual and Group
  - MRT – especially with CJS involved individuals
  - Relapse Prevention
  - Self Help Groups
- Trauma Informed Care
  - Seeking Safety
  - Right Time and Pace based on resilience and ability to utilize effective coping strategies
- See Handout for More details

STAFF SKILL SET

- Respectful Engagement –
  - Asking motivational questions without judging
  - Able to tolerate “failure” and “dishonesty”
  - Set positive – and firm - boundaries

- “Investigative Reporter”
  - Healthy skepticism
  - Identify Discrepancies
  - Research – PDMP, Arrest History

- Self Awareness
  - Humility – expert but not the driver of recovery
  - Dissonance and countertransference

ARE YOU ASKING THE RIGHT QUESTIONS?

- Barriers
  - Preconceptions
  - Silos
  - Too close to home

- What you need to ask … assume the answer is yes
  - Review all substances, quantity and duration
  - Discuss impact on functioning, relationships and admissions
  - Ask family members and other supports if possible

- Data
  - UDS with quantitative measures when appropriate
  - Screening Tools – EB Measurements
  - Ongoing monitoring – Functional Assessments

ASSESSING TREATMENT NEEDS

- ASAM Criteria – determines LOC Treatment Recommendation
  - Intoxication/withdrawal potential
  - Physical Health
  - Mental Health
  - Readiness to change
  - Risk of Relapse
  - Recovery Environment

- Four Quadrant Models – determines what treatment to provide
  - MH and SUD disease burden
  - Motivation – Internal vs External (CJS, Family, Employment)

HIGH MH/LOW SUD: SPMI/Significant MH (including PD); SUD mild: **Need definitive psychiatric treatment including PSR with addiction overlay** **SUD services including outpatient, self help programs, Family/support system engagement, prevention**	**HIGH MH/HIGH SUD: SPMI/significant MH (Including PD); SUD moderate to severe:** **Need definitive psychiatric treatment including PSR with addiction overlay** **Need detoxification and "PAWS" treatment** **Intensive SUD treatment – Medical Management/ IOP/Residential/Transitional Housing**
LOW MH/LOW SUD: Possible SUD induced symptoms; SUD mild: Supportive psychiatric management SUD services including outpatient, self help programs, Family/support system engagement, prevention	LOW MH/HIGH SUD: Possible SUD induced symptoms; SUD moderate to severe: Supportive psychiatric management Need detoxification and "PAWS" treatment Intensive SUD treatment – Medical Management/ IOP/Residential/Transitional Housing

HIGH MOTIVATION/LOW CJ INVOLVEMENT: **Rapid Access to services including Peer Support/Staff Engagement if there is a delay in admission to LOC need programming** **Prevention services to decrease risk of penetration into the CJ – education and focus on social determinants/social support systems**	**HIGH MOTIVATION/HIGH CJ INVOLVEMENT:** **Rapid Access to services including Peer Support/Staff Engagement if there is a delay in admission to LOC need programming** **Partner with CJ/Court system - CIT, In Custody Services, Reentry Programs, Probation Engagement, Problem Solving Courts, Civil Commitment Options** **Monitor ASP Traits to prevent negative impact on peers**
LOW MOTIVATION/LOW CJ INVOLVEMENT Need Motivational Enhancement/Peer Engagement Prevention services to decrease risk of penetration into the CJ – education and focus on social determinants/social support systems	LOW MOTIVATION/HIGH CJ INVOLVEMENT Need Motivational Enhancement/Peer Engagement Partner with CJ/Court system - CIT, In Custody Services, Reentry Programs, Probation Engagement, Problem Solving Courts, Civil Commitment Options Monitor ASP Traits to prevent negative impact on peers

STRATEGIC MAPPING – FIND YOUR PARTNERS

- Sequential Intercept Model – GAINS Center Model to prevent further penetration into the CJ System
  - Intercept “0” – System of Care
  - Law Enforcement Engagement
  - Initial Court Hearing
  - Jails/Courts
  - Reentry
  - Community Corrections (Probation)

- Service Gap Analysis
  - Intra-agency
  - Community
  - Stakeholders

COMMUNITY RESOURCES

- Filling the SOC Gaps
  - Primary Care Services
  - Peer Support Organizations
  - Sober Living Communities
  - Faith Based Supports
  - School Based Programming

- Criminal Justice System (CJS) Engagement
  - Community Policing and MRT
  - Jail Based Services and Reentry
  - Problem Solving Courts

- Addressing Social Determinants of Health (SDOH)
  - Homeless Supports
  - Employment Supports

FINDING A COMMON LANGUAGE

- Collaboration means communication
  - Biopsychosocial Assessment
  - Functional Assessments – DLA 20. OASIS (primary care)
  - Risk/Needs Assessments - CJS

- One Treatment Plan – treating to achieve Client Centered Targets
  - The case for care coordination
  - Treat to individualized targets

- Measurement Tools – See Handout
  - Assess adherence and engagement
  - Assess response and progress

IMPACT OF VALUE BASED CARE INITIATIVES

- Developing Cost Effective Systems of Care
  - Collaborative Care Models
  - Measurement Based and Treating to Target – “The Golden Thread”
  - Connecting Resources for Individualized care
  - Length of Stay Decisions
  - Transition Planning

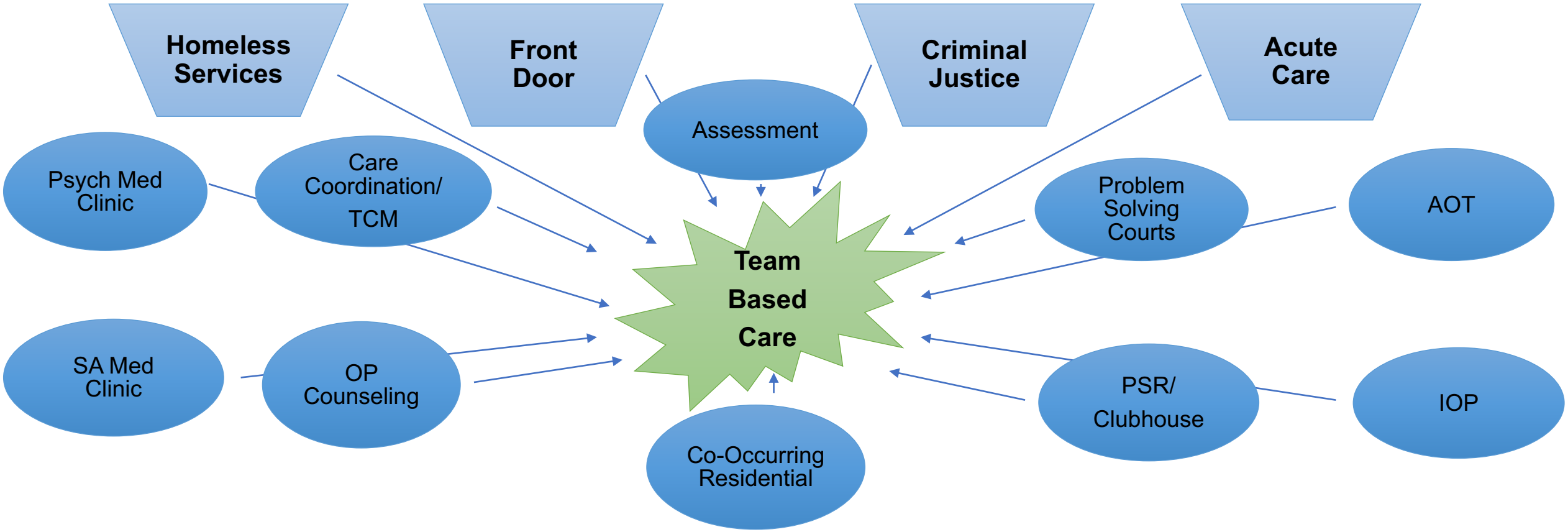
- Role of Prevention and Wellness Services
  - Resilience and Grit - An Ounce of Prevention is worth a Pound of Cure
  - Recovery requires maintaining the changes
  - Reframing Progress and Setbacks

TREAT TO TARGET ESSENTIALS

- Motivational engagement is the foundation for the change process
- Short-term achievable goals with consumer buy-in (targeted levels of symptom reduction)
  - Highly Engaging
  - Progress builds resilience
- Measurement based care promotes effective monitoring, tracking and documenting of progress
- Treatment plans are dynamic and are modified regularly – as frequently as every encounter - addressing improvement and setbacks

No wrong doors - Multiple Entry points - One Treatment Team

The Treatment Web



TAKE AWAYS

- Brainstorm your vision internally and with community partners
  - Create Collaborative Work Groups to achieve specific goals
  - Plan implementation based on current strengths and financial resources
  - Establish timelines you can – AND WILL - keep
  - Create pilot projects for proof of concept
- Measure your successful outcomes
  - Person Centered Functionality, HEDIS Measures and Screening/Monitoring Tools
  - Transform successful pilots into cost saving, Value Based Services
  - Use data to support funding and grant requests.

THE BOTTOM LINE

CRISIS CREATES the OPPORTUNITY for
TRANFORMATIONAL CHANGE
In your
SYSTEM OF CARE

TALK is CHEAP … ACTION PLANS with TIME FRAMES are a
COMMITMENT to CHANGE

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Thank you!

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