Recovery Oriented Systems of Care (ROSC) 101 for Prescribers

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Welcome!

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- Webinar is being recorded and will be archived for future viewing at www.pcssNOW.org within 2 weeks.
- Submit questions in the Q&A box at the bottom of your screen.

Disclosures

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

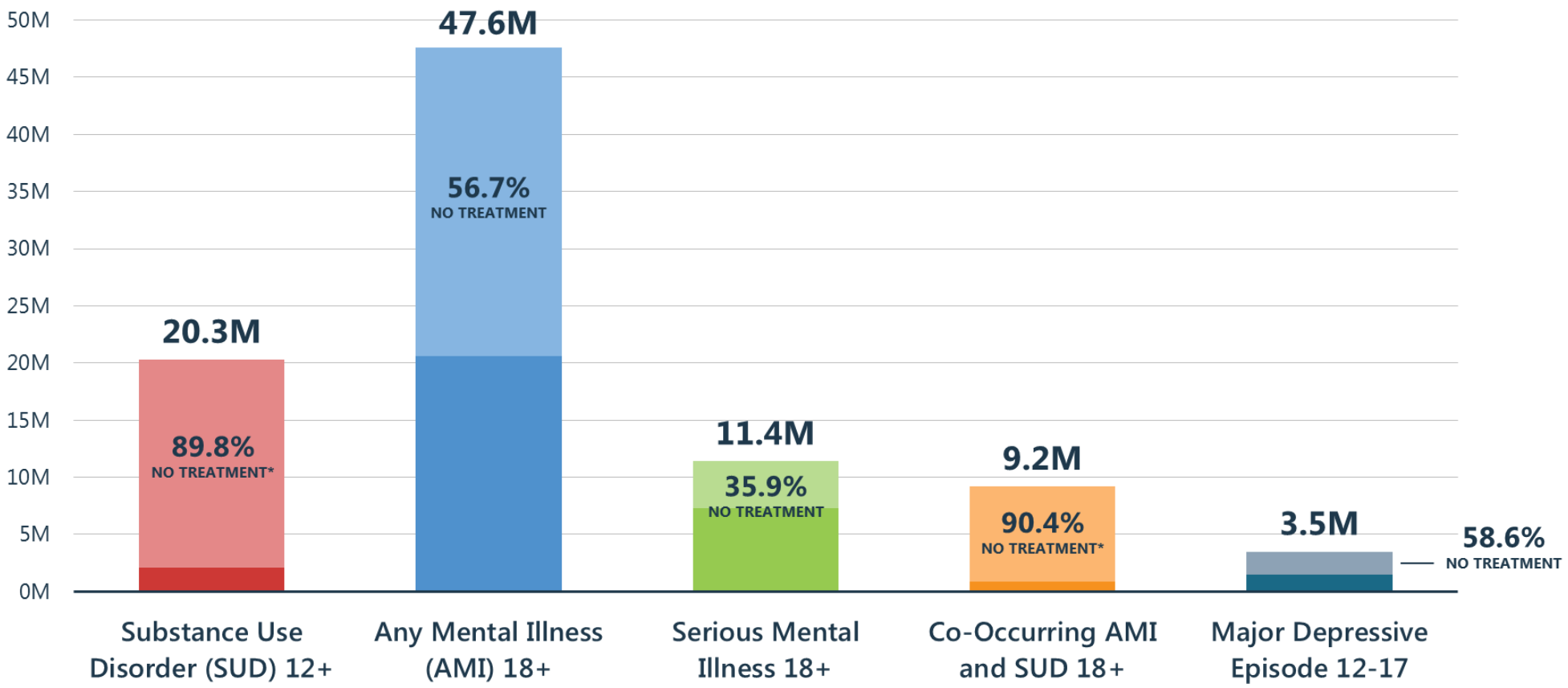
- Only about 10 percent of people with a substance use disorder receive any type of specialty treatment. (NSDUH 2018)
- Over 40 percent of people with a substance use disorder also have a mental health condition, yet fewer than half (48.0 percent) receive treatment for either disorder. (NSDUH 2018)
-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

*NIDA Principles of Drug Addiction Treatment: A Research-Based Guide (Third Edition)

https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/frequently-asked-questions/how-effective-drug-addiction-treatment

Despite Consequences and Disease Burden, Treatment Gaps Remain Vast

PAST YEAR, 2018 NSDUH, 12+



* 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.

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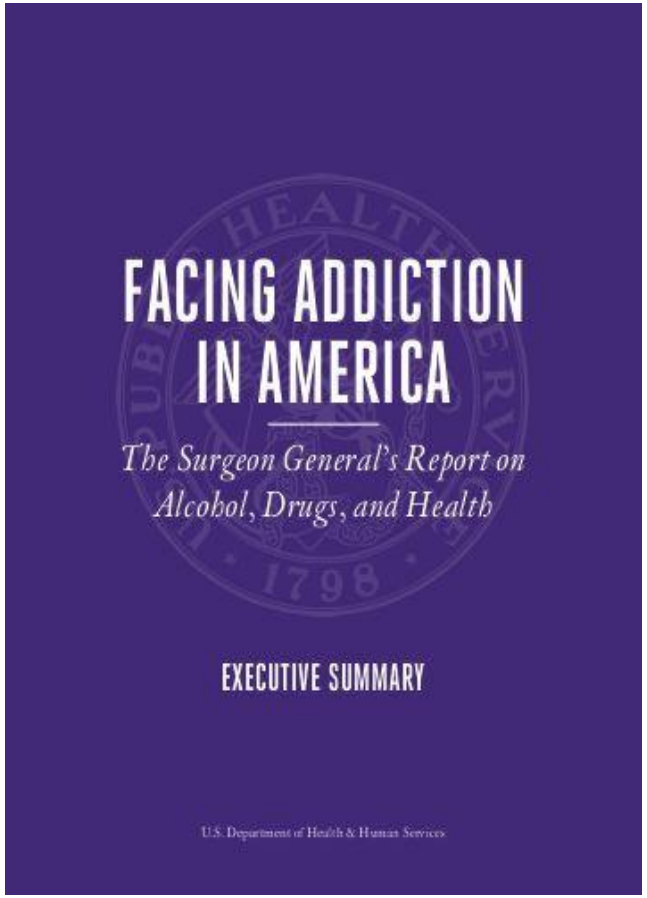
Addiction: Science-based Definition



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

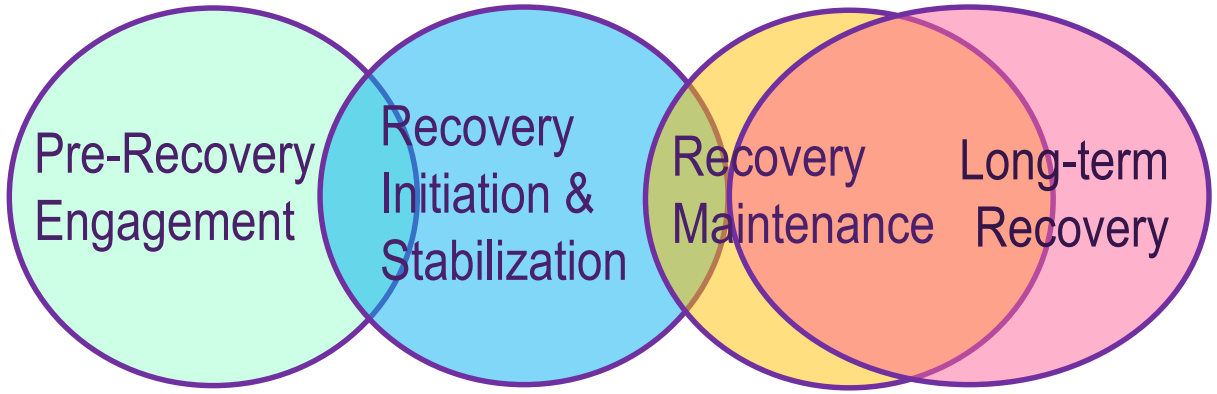
- Moving from criminal justice approaches to public health strategies
- Dropping old, stigmatizing language and developing new terminology
- Developing a science base that informs policy and practice
- Addressing substance use, misuse, and disorders across a full continuum and the lifespan: *prevention, 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

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."

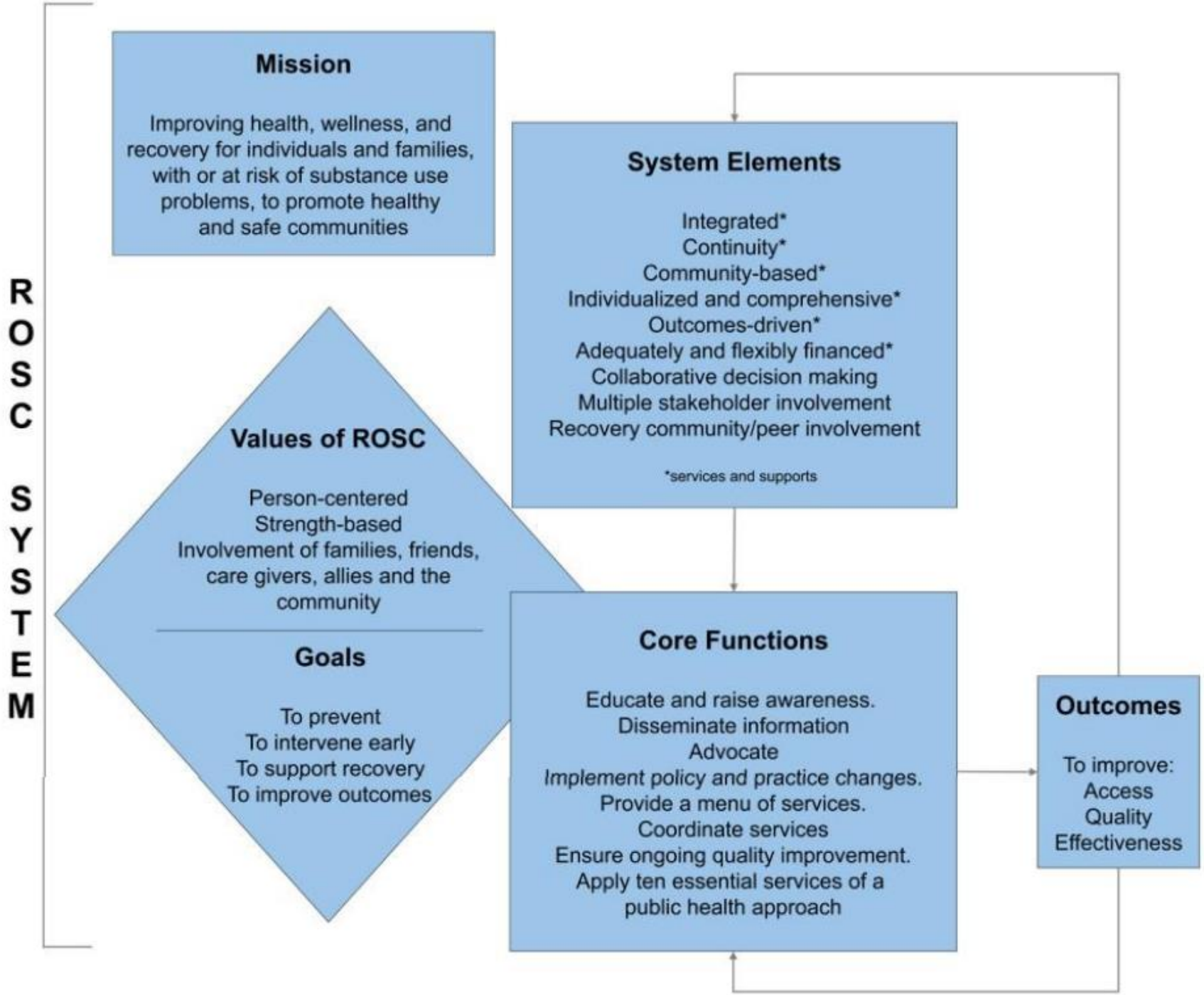
– William White

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.*

*Achara-Abrahams, I., Evans, A. C., & King, J. K. (2011). *Recovery-focused behavioral health system transformation: A framework for change and lessons learned from Philadelphia*. In J. F. Kelly & W. L. White (Eds.), Addiction recovery management: Theory, research and practice. (pp. 187- 208). Totowa, NJ: Humana Press.


ROSC SYSTEM
Mission
Improving health, wellness, and recovery for individuals and families, with or at risk of substance use problems, to promote healthy and safe communities
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
Values of ROSC
Person-centered
Strength-based
Involvement of families, friends, care givers, allies and the community
Goals
To prevent
To intervene early
To support recovery
To improve outcomes
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

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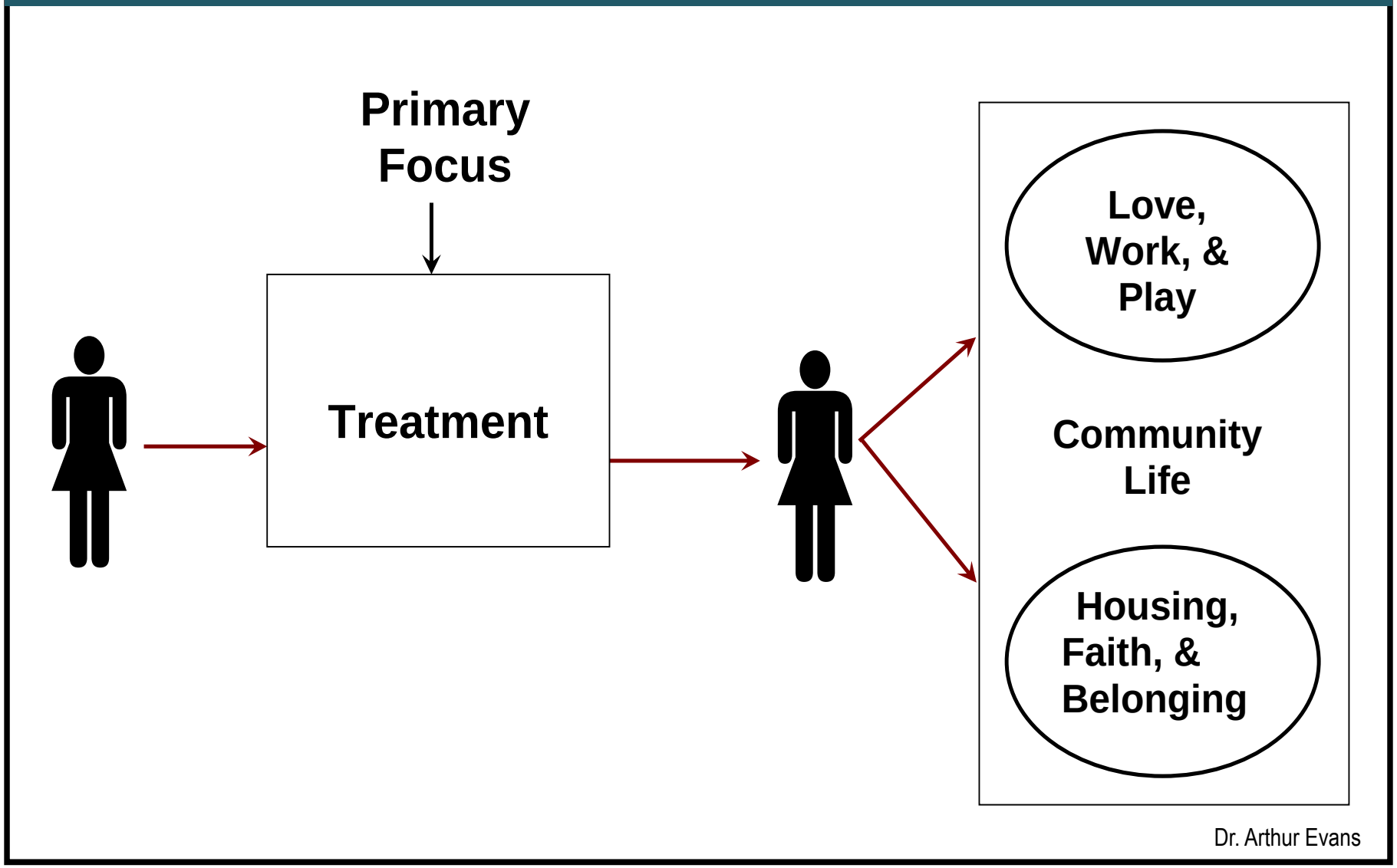
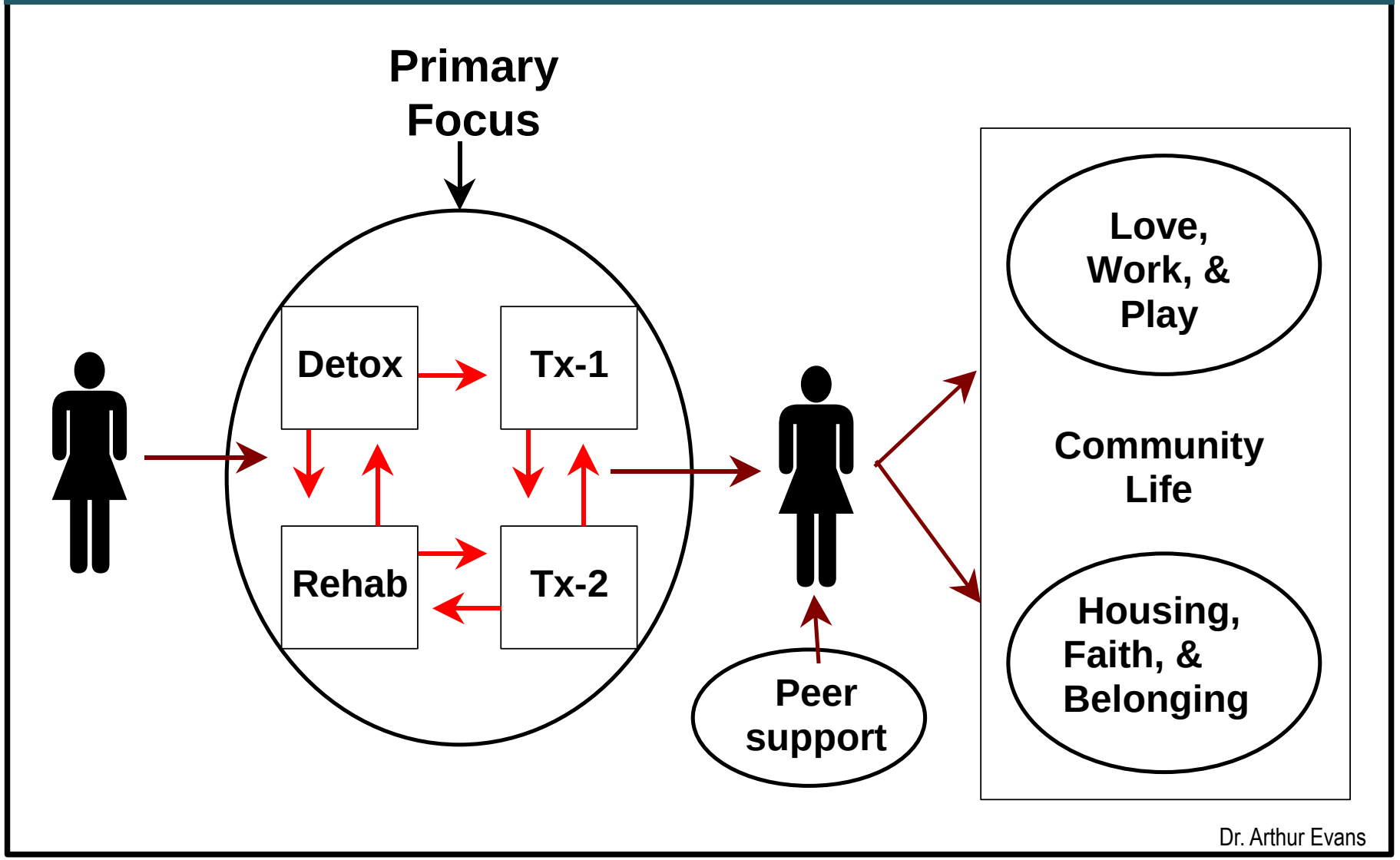
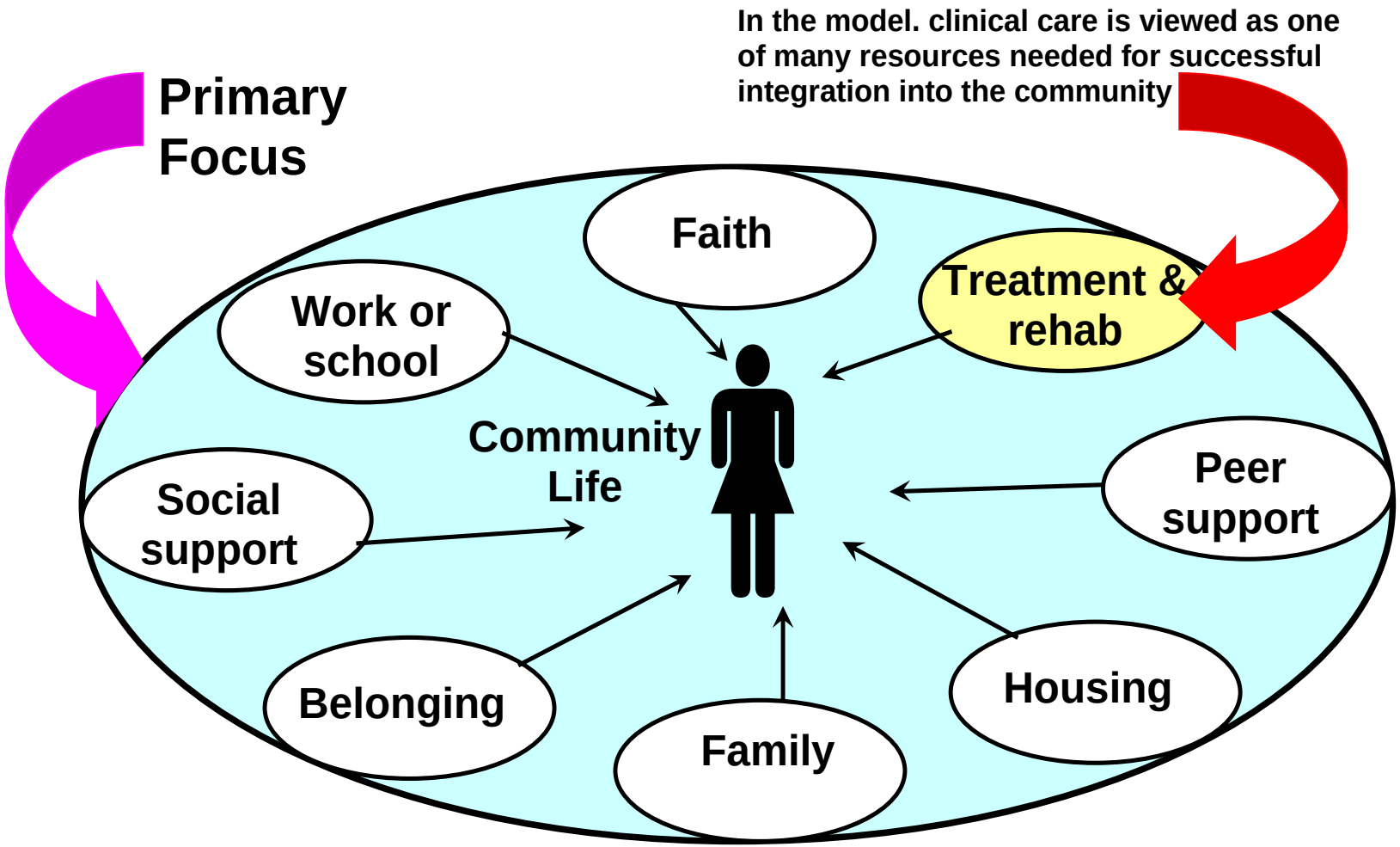
Service System Progression
Model 1: Effective Treatment



Service System Progression
Model 2: Continuity of Care



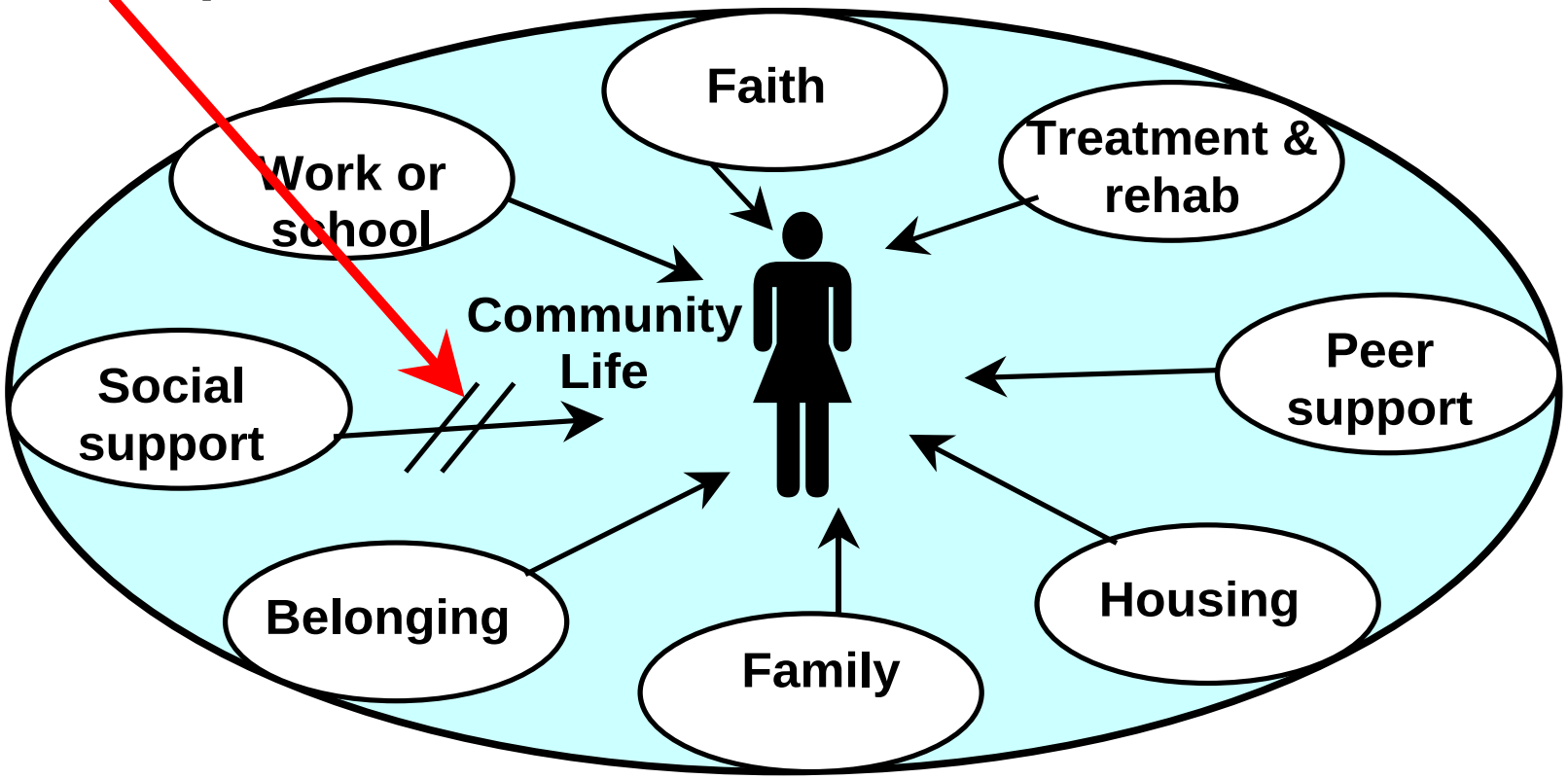
Service System Progression
Model 3: Recovery-oriented System of Care



Risk and Resilience Model

What connections are <u>not yet in place</u> for this person and <u>what needs to be done</u> to establish or cultivate them?

For example



Dr. Arthur Evans

Distinguishing Features of a ROSC

Services that are:	
✓	Person-centered
✓	Strength-based
✓	Trauma-informed
✓	Inclusive of family
✓	Individualized and comprehensive
✓	Connected to the community
✓	Outcomes-driven
✓	Evidence-based
✓	Adequately and flexibly funded

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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

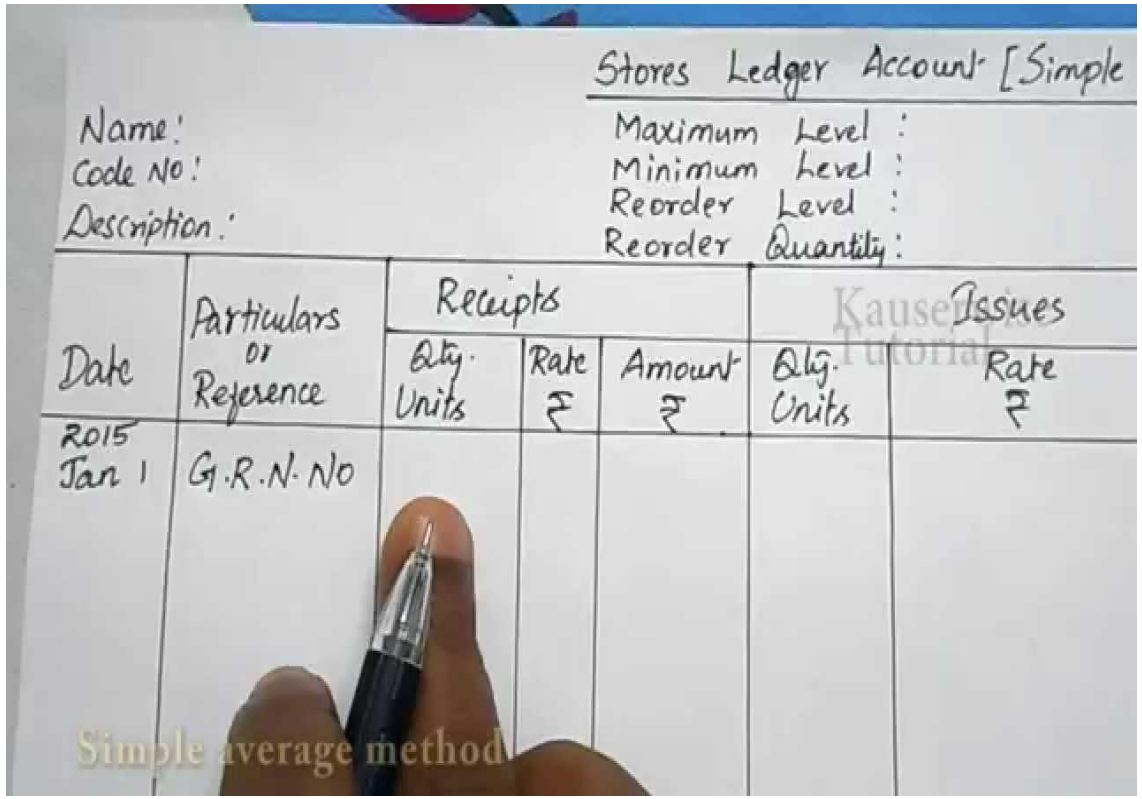
A Story of the Healing Forest

Recovery Capital

Recovery Capital Definition

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

Best & Laudet (2010)

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

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

Peeling the Onion: Going Deeper in Recovery

Helping people create and move towards their own vision of wellness.

- 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

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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)

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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

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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

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Landscape for People Who Use Drugs
Scenario #2

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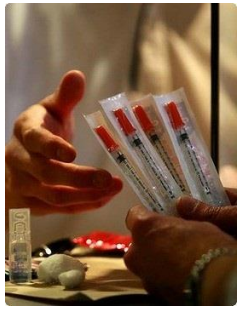
Harm Reduction: A Public Health Approach

Naloxone Distribution



Syringe Exchange

Peer Support & Community Mobilization

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.

Low Barrier Drop-In Spaces

Safe Consumption Sites

Legal Support & Policy Reform

[1]Open Society Foundations: "What is harm reduction?" https://www.opensocietyfoundations.org/explainers/what-harm-reduction

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Harm Reduction: A Social Justice Approach

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

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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?

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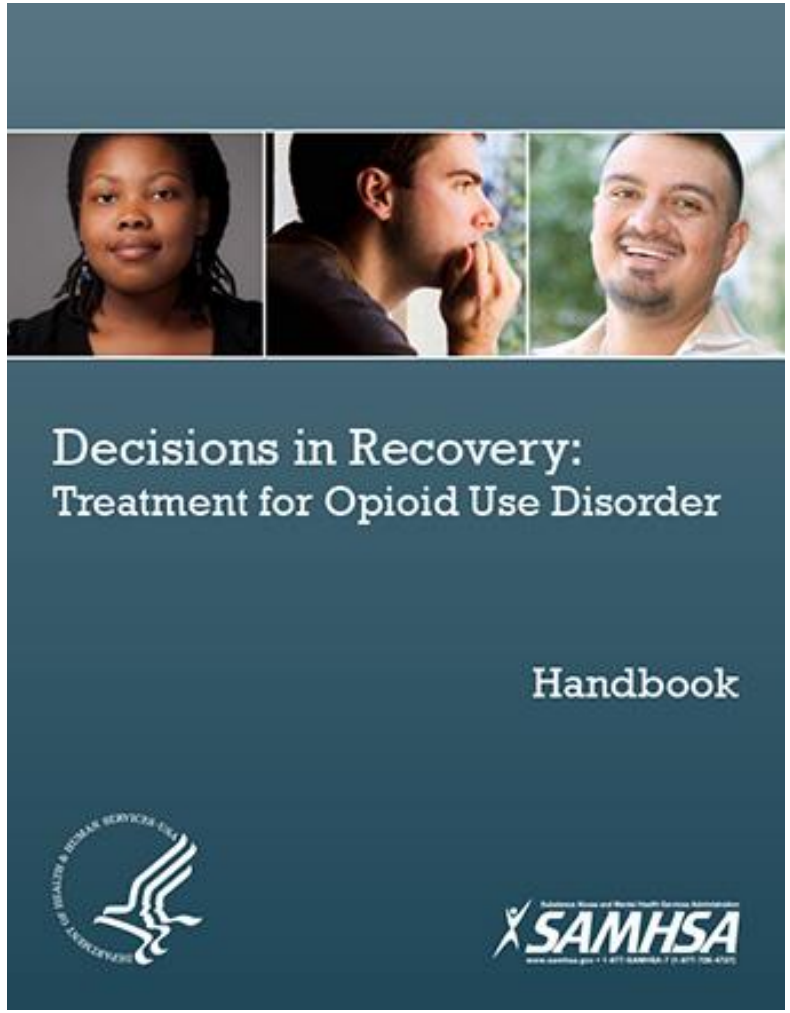
Shared Decisions between Patient and Professional



- 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?

Medication First Model
for the treatment of Opioid Use Disorder

Introduction

The Medication First (or low-barrier maintenance pharmacotherapy) approach to the treatment of Opioid Use Disorders (OUD) is based on a broad scientific consensus that the epidemic of fatal accidental poisoning (overdose) is one of the most urgent public health crises in our lifetimes. Increasing access to buprenorphine and methadone maintenance is the most effective way to reverse the overdose death rate. Increased treatment access will best be achieved by integrating buprenorphine induction, stabilization, maintenance, and referral throughout specialty addiction programs as well as primary care clinics and other medical settings throughout the mainstream healthcare system[1].

Parallels to Housing First

The name and principles of "Medication First" are borrowed from the Housing First approach to homelessness. The National Alliance to End Homelessness explains: *Housing First is a homeless assistance approach that prioritizes providing people experiencing homelessness with permanent housing as quickly as possible – and then providing voluntary supportive services as needed. This approach prioritizes client choice in both housing selection and in service participation[2].*

Not Treatment as Usual

Maintenance pharmacotherapy with buprenorphine and methadone can reduce fatal opioid overdose rates by 50-70%, reduce illicit drug use, and increase treatment retention[3-4]. However, in traditional treatment programs for addiction, the vast majority of patients are offered no ongoing medical treatment. Those who do receive medical care often face intensive psychosocial service requirements that make treatment both burdensome and costly.

4 Principles of the Medication First Model:

1. People with OUD receive pharmacotherapy treatment as quickly as possible, prior to lengthy assessments or treatment planning sessions;
2. Maintenance pharmacotherapy is delivered without arbitrary tapering or time limits;
3. Individualized psychosocial services are continually offered but not required as a condition of pharmacotherapy;
4. Pharmacotherapy is discontinued only if it is worsening the person's condition.

Medication *first* ***does not mean*** Medication *only*

Like the Housing First approach, the Medication First model provides a crucial, stabilizing resource—OUD pharmacotherapy—without conditioning the receipt of medical treatment on other service requirements. However, all participants should be offered a full menu of psychosocial services be engaged in an individualized manner. In this way, "meeting people where they are" is a mantra of both Motivational Interviewing and Medication First. Once stable on anti-craving medication, people may choose to re-engage in normal life activities rather than invest many hours per day or week in group therapy and education. Medication First is consistent with the Substance Abuse and Mental Health Administration's working definition of recovery which prioritizes this form of self-determination: *Recovery 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[5].*

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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:

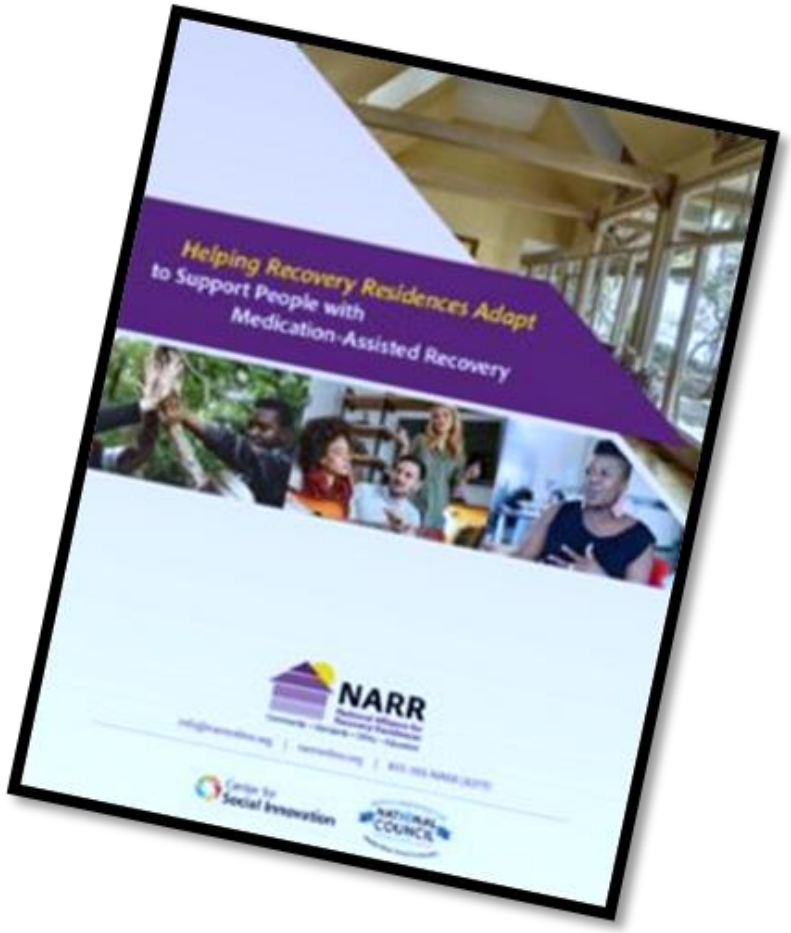
- Findings suggest that greater levels of individual therapy and 12-step participation may be beneficial for individuals receiving medication treatment for opioid use disorder.
- The current study also found that greater levels of 12-step group participation significantly predicted illicit opioid abstinence.

Harvey et al. (2018). Psychosocial intervention utilization and substance abuse treatment outcomes in a multisite sample of individuals who use opioids. *Journal of Substance Abuse Treatment, 112,* 68-75. https://doi.org/10.1016/j.jsat.2020.01.016

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!

References

Achara-Abrahams, I., Evans, A. C., & King, J. K. (2011). *Recovery-focused behavioral health system transformation: A framework for change and lessons learned from Philadelphia.* In J. F. Kelly & W. L. White (Eds.), Addiction recovery management: Theory, research and practice. (pp. 187- 208). Totowa, NJ: Humana Press.

Harvey, L. M., Fan, W., Cano, M.Á., Vaughan, E. L., Arbona, C., Essa, S., Sanchez, H., & de Dios, M. A. (2018). Psychosocial intervention utilization and substance abuse treatment outcomes in a multisite sample of individuals who use opioids. *Journal of Substance Abuse Treatment*, *112*, 68-75. https://doi.org/10.1016/j.jsat.2020.01.016

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/

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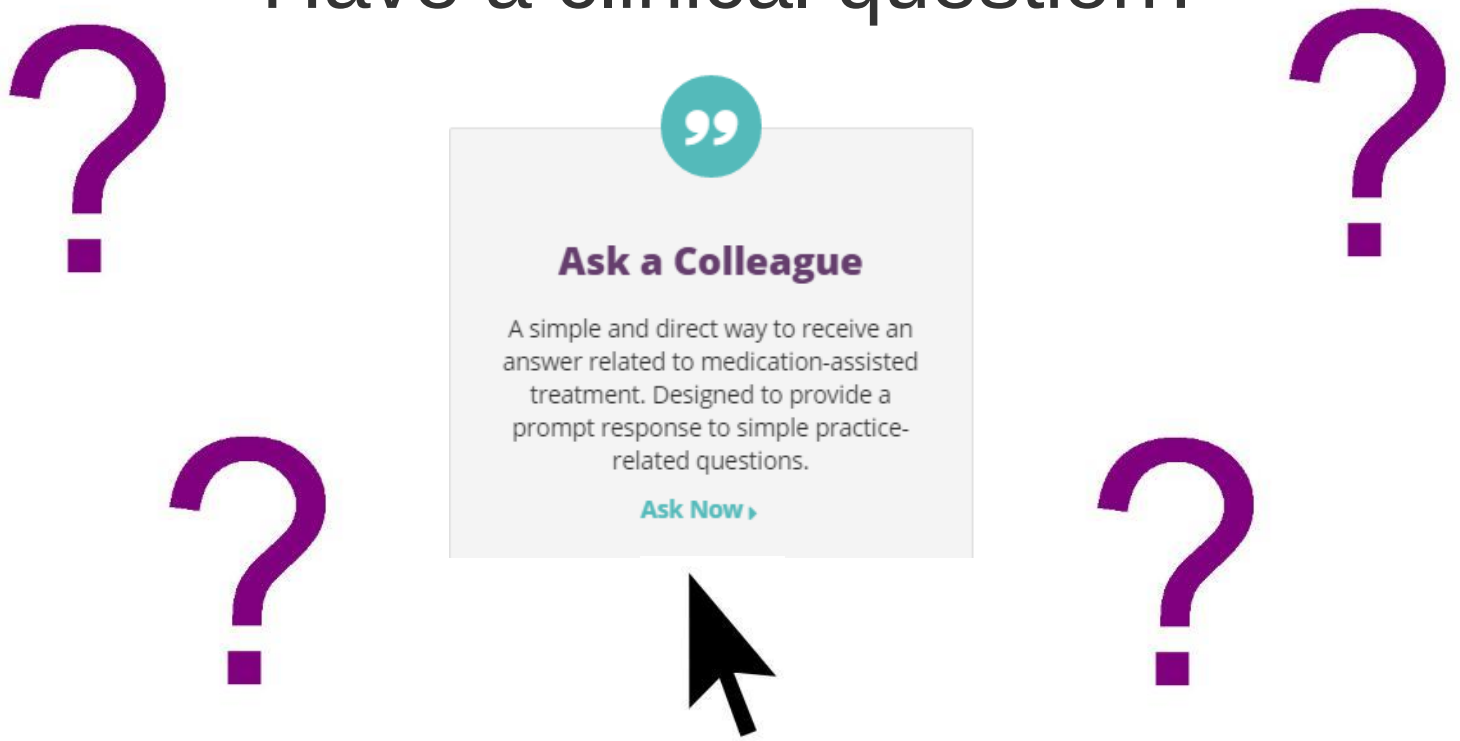
PCSS Discussion Forum

Have a clinical question?



http://pcss.invisionzone.com/register

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PCSS is a collaborative effort led by the American Academy of Addiction Psychiatry (AAAP) in partnership with:

Addiction Technology Transfer Center	American Society of Addiction Medicine
American Academy of Family Physicians	American Society for Pain Management Nursing
American Academy of Pain Medicine	Association for Multidisciplinary Education and Research in Substance use and Addiction
American Academy of Pediatrics	Council on Social Work Education
American Pharmacists Association	International Nurses Society on Addictions
American College of Emergency Physicians	National Association for Community Health Centers
American Dental Association	National Association of Social Workers
American Medical Association	National Council for Behavioral Health
American Osteopathic Academy of Addiction Medicine	The National Judicial College
American Psychiatric Association	Physician Assistant Education Association
American Psychiatric Nurses Association	Society for Academic Emergency Medicine

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Questions?

Thank You!

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