**Recovery Management (RM)
and the Recovery Oriented Systems of
Care (ROSC) Systems Transformation:
Conceptual Framework & Evidence Base**

International Nurses Society on Addictions (IntNSA)
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Katherine Fornili, MPH, RN, CARN
University of Maryland, Baltimore

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Learning Objectives---

‣ 1. Describe the addictions treatment system's transformation from an acute-care (AC) model that focuses on brief bio-psycho-social stabilization, to a recovery management (RM) model that emphasizes sustained recovery support;

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Learning Objectives---

‣ 2. Describe the conceptual framework behind this transformation, e.g., how Ecological Systems Theory is used to distinguish the terms
"recovery management" (RM) and recovery-oriented systems of care (ROSC);

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Learning Objectives---

‣ 3. Identify recovery-focused performance measures that can be used to evaluate:

• The addictions treatment system of care; and

• The performance of organizations specializing in the treatment of addiction.

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SYSTEM TRANSFORMATION

FROM an Acute Care Model
TO a Recovery Management Model

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**The Recovery Movement Revolution:
Fundamental Systems Transformations in Progress**

Modern field of addictions treatment:

‣ Built on a foundation of assumptions, best guesses and experiential knowledge

‣ Pre-professional Development Years: 1945-1975

‣ Missing an Evidence Base (lacking well designed, rigorous prospective treatment effectiveness studies)

White, W.L. (2008). Recovery Management and Recovery–Oriented Systems of Care: Scientific Rationale and Promising Practices.

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The Recovery Movement Revolution: Fundamental Systems Transformations in Progress

<u>Modern field of addictions treatment</u>:
- Several past decades→ Evidence for drawing empirically grounded conclusions about treatment approaches and RECOVERY:
  - Treatment Outcomes Prospective Study (TOPS) → 1980s
  - Drug Abuse Treatment Outcomes Study (DATOS) → 1990s
  - National Treatment Improvement Evaluation Study (NTIES) → 1990s
  - California Drug and Alcohol Treatment Assessment (CALDATA) → 1990s
  - Pathways to Recovery 9 Year Study → 1990s to 2000s
  - Assertive Continuing Care (ACC) →1990s to 2000s
  - Broad population based surveys
    (i.e., National Survey on Drug Use and Health (NSDUH)
  - Numerous others…

White, W.L. (2008). Recovery Management and Recovery–Oriented Systems of Care: Scientific Rationale and Promising Practices.

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The Recovery Movement Revolution: Fundamental Systems Transformations in Progress

- "Fundamental shift in thinking"
- "Paradigm shift"
- "Fundamental redesign"

- FROM crisis-oriented, professionally-directed, acute care approach with emphasis on isolated treatment episodes

- TO a Recovery Management approach that:
  - Provides long-term supports; and
  - Recognizes the many pathways to healing.

White, W.L. (2008). Recovery Management and Recovery–Oriented Systems of Care: Scientific Rationale and Promising Practices.

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BACKGROUND: Recovery-Oriented System of Care Development

- **CSAT: National Summit on Recovery (2005)**
  - Provided forum to establish network for recovery & ROSCs
- **Five (5) Regional Meetings (2007)**
  - Held around the country to assist states and communities in developing, strengthening, and implementing ROSC plans
- **CSAT: 2nd National Summit on Recovery (2010)**
  - Assessment of progress since 2005 summit
  - Solicitation of essential suggestions from summit participants
- **Call for a National Recovery Agenda:**
  - Provided unified message to Federal, State and local agencies about and in support of recovery

SAMHSA's Partners for Recovery: Recovery–Oriented Systems of Care
partnersforrecovery.samhsa.gov/rosc.html

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BACKGROUND: Recovery-Oriented System of Care (ROSC) Development

- **Resources developed and available online:**
  - National Summit on Recovery Conference Report;
  - Approaches to Recovery-Oriented Systems of Care at the State and Local Level: Three Case Studies;
  - Provider Approaches to Recovery-Oriented Systems: Three Case Studies;
  - Access to Recovery Approaches to Recovery-Oriented Systems: Three Case Studies;
  - Recovery-Oriented Systems of Care (ROSC) Resource Guide;
  - **Guiding Principles and Elements of Recovery-Oriented Systems: What do we know from the research?**

SAMHSA's Partners for Recovery: Recovery–Oriented Systems of Care
partnersforrecovery.samhsa.gov/rosc.html

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IMPORTANT TERMS:

- <u>ADDICTION</u>:
  - Severe alcohol & drug dependence
  - Long characterized as a **chronic, relapsing condition** (like hypertension or diabetes)
  - Often treated in an **acute–care model**:
    - **Crisis–linked** points of intervention
    - **Brief–duration** services
    - **Professionally–dominated** decision–making process
    - **Singular focus of symptom suppression**.

White, W.L. (2008). Recovery Management and Recovery–Oriented Systems of Care: Scientific Rationale and Promising Practices.

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IMPORTANT TERMS:

- <u>Working Definition of RECOVERY 2005</u>:
  "Recovery from alcohol and drug problems is a process of change through which an individual achieves abstinence and improved health, wellness and quality of life."

  (SAMHSA, 2005, http://www.atforum.com/addiction–resources/documents/SAMHSAWorkingDefinitionofRecovery.pdf)

- <u>Working Definition of RECOVERY 2011:</u>
  "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, http://www.samhsa.gov/newsroom/advisories/1112223420.aspx)

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RECOVERY-ORIENTED CARE:

- ‣ Shifts design of the treatment system:
  - ◦ **FROM acute-care model** focused serial episodes of biopsychosocial stabilization
  - ◦ **TO model of sustained Recovery Management**
  - ◦ BEYOND emergency and palliative care
  - ◦ **TO care that is oriented to promoting long-term recovery**
  - ◦ BEYOND cyclical crisis intervention, symptom suppression and reduced hospitalizations
  - ◦ **TO recovery enhancement**

White & Davidson, 2006; System Transformation. Recovery: The Bridge to Integration? Behavioral Healthcare, 26(11), 22–25).

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RECOVERY-ORIENTED CARE FOCUSES ON:

- ‣ Recovery Capital (internal and external assets required for recovery initiation and self-maintenance);
- ‣ Global Health (physical, emotional, relational & spiritual health);
- ‣ Community Integration (meaningful roles, relationships & activities).

White & Davidson, 2006; System Transformation. Recovery: The Bridge to Integration? Behavioral Healthcare, 26(11), 22–25).

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RECOVERY AND BEHAVIORAL HEALTH INTEGRATION:

- ‣ Historically chicken & egg arguments about relationship b/w MH and SUDs;
- ‣ Cultural/professional ownership of the most intractable clients and their diagnosis/treatment;
- ‣ "Sustained conflict, competition, mutual antipathy, and failed service integration efforts followed by re-segregation of the fields".

White & Davidson, 2006; System Transformation. Recovery: The Bridge to Integration? Behavioral Healthcare, 26(11), 22–25).

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RECOVERY AND BEHAVIORAL HEALTH INTEGRATION:

- ‣ People with addictions & MI share history of long being considered hopeless and the target of social stigma;
- ‣ Developing sense that the fate of individuals with MI and SUDs are somehow linked, and that joint efforts might lead to more progress than isolated efforts.
- ‣ **Recovery Revolution and Paradigm Shift:**
  → *"Can recovery serve as the conceptual bridge through which the treatment of addiction and mental illness [can] be integrated within one recovery-oriented system of care?"*

White & Davidson, 2006; System Transformation. Recovery: The Bridge to Integration? Behavioral Healthcare, 26(11), 22–25).

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RECOVERY REVOLUTION:

Shift within broad arena of behavioral health
FROM PATHOLOGY and TREATMENT PARADIGMS
TO a RECOVERY PARADIGM

- ‣ **Recovery mutual aid structures**
  (support groups, recovery centers, recovery housing);
- ‣ **Grassroots recovery advocacy organizations**
  (addressing COD);
- ‣ **New federal pilot initiatives**
  (CSAT's Recovery Community Support Program, Access to Recovery)
- ‣ **Quality Scientific Studies**
  (pathways and processes of long-term recovery from addiction & MI)

White & Davidson, 2006; System Transformation. Recovery: The Bridge to Integration? Behavioral Healthcare, 26(11), 22–25).

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BEHAVIORAL HEALTH INTEGRATION and RECOVERY:

- ‣ **RECOVERY: Movement from experiencing MI and SUDs to actively managing them:**
  - · Managing the disorders;
  - · Managing residual effects;
  - · Building full, meaningful lives in the community
- ‣ **RECOVERY: More than elimination of symptoms from otherwise unchanged life**
- ‣ **RECOVERY: Regaining wholeness, connection to community and a purpose-filled life**

White & Davidson, 2006; System Transformation. Recovery: The Bridge to Integration? Behavioral Healthcare, 26(11), 22–25).

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OVERARCHING PRINCIPLES OF RECOVERY:

- Recovery is a reality for millions of people;
- Many pathways and styles of recovery;
- Voluntary process;
- Thrives in supportive communities;
- Recovery gives back what addiction and mental illness took away.

White & Davidson, 2006; System Transformation. Recovery: The Bridge to Integration? Behavioral Healthcare, 26(11), 22-25).

CONCEPTUAL FRAMEWORK MODELS BEHIND THE RECOVERY TRANSFORMATION
FROM an Acute Care Model
TO a Recovery Management Model

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CONCEPTUAL FRAMEWORK MODELS:
Recovery-Oriented Systems of Care (ROSC)

1) Brofenbrenner's Ecological Systems Theory

- Brofenbrenner, U. (July, 1977). Toward an experimental ecology of human development. *American Psychologist 32*(7), 513-531.

- White, W.L. (2008). Recovery Management and Recovery-Oriented Systems of Care: Scientific Rationale and Promising Practices. http://www.facesandvoicesofrecovery.org/pdf/White/recovery_monograph_2008.pdf

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CONCEPTUAL FRAMEWORK:
Brofenbrenner's Ecologic Framework
SYSTEMS PROPERTIES OF ECOLOGICAL TRANSITIONS:

- *Calls for attention to a varied array of events in everyday life that take place in real-life settings*
- *Personally as well as scientifically significant changes over time (Role, Activity, Place)*
- *"Ecological transitions shape the course and content of human development and provide a framework for dealing with developmental changes throughout the life span"*

Brofenbrenner, U. (July, 1977). Toward an experimental ecology of human development. *American Psychologist 32*(7), 513-531.

CONCEPTUAL FRAMEWORK:
Brofenbrenner's Ecologic Framework
ECOLOGY OF HUMAN DEVELOPMENT:

"focuses on the progressive accommodation, throughout the lifespan, between the growing human organism and the changing environments in which it actually lives and grows....not only the immediate settings containing the developing person but also the larger social contexts, both formal and informal, in which these settings are embedded"

Brofenbrenner, U. (July, 1977). Toward an experimental ecology of human development. *American Psychologist 32*(7), 513-531.

CONCEPTUAL FRAMEWORK:
Brofenbrenner's Ecologic Framework
WILLIAM WHITE: ECOLOGY OF ADDICTION RECOVERY:

- *"Addiction treatment outcomes are best viewed in systemic terms—achievements are influenced by policy level, community-level, and client-level variables…"*
- *"There is an ecology of addiction recovery revealed through studies of the inter-relationships among individuals experiencing and resolving severe AOD problems and their physical, family, social, and cultural environments"*

White, W.L. (2008). Recovery Management and Recovery-Oriented Systems of Care: Scientific Rationale and Promising Practices http://www.facesandvoicesofrecovery.org/pdf/White/recovery_monograph_2008.pdf

CONCEPTUAL FRAMEWORK:
Brofenbrenner's Ecologic Framework

- Micro
- Meso
- Exo
- Macro

Figure 1: The Ecology of Recovery

White, W.L. (2008). Recovery Management and Recovery–Oriented Systems of Care: Scientific Rationale and Promising Practices.

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CONCEPTUAL FRAMEWORK:
Brofenbrenner's Ecologic Framework

PATIENT CENTERED

"At the center of the ecological onion rests the individual and the internal vulnerabilities and assets the individual brings to AOD problem–resolution efforts"

White, W.L. (2008). Recovery Management and Recovery–Oriented Systems of Care: Scientific Rationale and Promising Practices.

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CONCEPTUAL FRAMEWORK:
Brofenbrenner's Ecologic Framework

- Microsystem Level *(Direct influence)*

- Mesosystem Level *(Services and recovery support)*

- Exosystem Level *(Larger community environment)*

- Macrosystem Level *(Policies, programs, and support institutions)*

White, W.L. (2008). Recovery Management and Recovery–Oriented Systems of Care: Scientific Rationale and Promising Practices.

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ROSC and Brofenbrenner's Ecologic Framework

- **Microsystem** *(Direct influence)*

  ◦ Immediate environments that act to inhibit or support AOD problem resolution:
    - Physical
    - Family
    - Social
    - Cultural

  ◦ The individual's "Stage of Daily Living"
    - Family and kinship network
    - Intimate and social relationships
    - Neighborhood
    - Workplace

White, W.L. (2008). Recovery Management and Recovery–Oriented Systems of Care: Scientific Rationale and Promising Practices.

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ROSC and Brofenbrenner's Ecologic Framework

- **Mesosystem** *(Services and recovery support)*

  ◦ Professional Services & Recovery Supports available to the individual that support long–term recovery:
    - Local addiction treatment
    - Indigenous Recovery Supports available in the local community

White, W.L. (2008). Recovery Management and Recovery–Oriented Systems of Care: Scientific Rationale and Promising Practices.

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ROSC and Brofenbrenner's Ecologic Framework

- **Exosystem** *(Larger community environment)*

  ◦ Larger community environment in which recovery efforts either succeed or fail:
    - Community attitudes about addiction/recovery;
    - Resource availability from larger network of health and human services;
    - Response of key community institutions to those with AOD problems
      - (Law, religion, medicine, financial institutions, media, business, and industry)

White, W.L. (2008). Recovery Management and Recovery–Oriented Systems of Care: Scientific Rationale and Promising Practices.

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ROSC and Brofenbrenner's Ecologic Framework

▶ **Macrosystem** *(Policies, programs, and support institutions)*

- Broad state, national and international trends that exert influence on recovery efforts of individuals, families and local communities;
- Broad AOD-related attitudes and policies
- More focused policies and programs
- Federal and state agencies
- Related support institutions in addictions field
  - (Advocacy, research, education and training)

White, W.L. (2008). Recovery Management and Recovery-Oriented Systems of Care: Scientific Rationale and Promising Practices.

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IMPORTANT TERMS:

▸ **RECOVERY-ORIENTED SYSTEMS OF CARE (ROSC):**

"Networks of formal and informal services developed and mobilized to sustain long-term recovery for individuals and families impacted by severe substance use disorders; not a local, state, or federal treatment agency, but a macro-level organization of a community, a state or a nation" (p. 13)

White, W.L. (2008). Recovery Management and Recovery-Oriented Systems of Care: Scientific Rationale and Promising Practices http://www.facesandvoicesofrecovery.org/pdf/White/recovery_monograph_2008.pdf

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Recovery-Oriented Systems of Care (ROSC) Framework:

▸ **ROSC Mission:**
- Improving health, wellness, and recovery for individuals and families with or at risk of substance use problems, to promote health and safe communities.

▸ **ROSC Values:**
- Person-centered
- Strength-based
- Involvement of families

Recovery-Oriented Systems of Care (ROSC) Resource Guide

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Recovery-Oriented Systems of Care (ROSC) Framework:

▸ **ROSC Goals:**
- To prevent
- To intervene early
- To support recovery
- To improve outcomes

▸ **ROSC Outcomes:**
- To improve:
  - Access
  - Quality
  - Effectiveness

Recovery-Oriented Systems of Care (ROSC) Resource Guide

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Recovery-Oriented Systems of Care (ROSC) Framework:

ROSC System Elements—Services and supports that are:
- Integrated
- Continuous
- Community-based
- Individualized
- Comprehensive
- Outcomes-driven
- Adequately & flexibly financed
- Based on collaborative decision making
- Involve multiple stakeholders
- Involve the community
- Involve peers in recovery

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CONCEPTUAL FRAMEWORK MODELS: Recovery-Oriented Systems of Care (ROSC)

2) Wagner's Chronic Care Model

- Bodenheimer, T., Wagner, E. G., & Grumbach, K. (Oct. 9, 2002). Improving primary care for patients with chronic illness. *JAMA* 288(14), 1775-1779.

- Bodenheimer, T., Wagner, E. G., & Grumbach, K. (Oct. 16, 2002). Improving primary care for patients with chronic illness: The chronic care model, part 2. *JAMA* 288(15), 1909-1914.

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CONCEPTUAL FRAMEWORK:
Wagner's Chronic Care Model (CCM)

Higher-quality chronic illness management in primary care
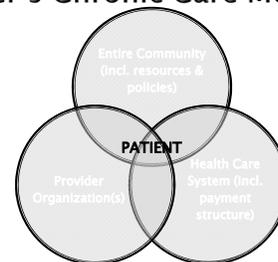
Six (6) Inter-Related Components:	System Reform:
1. Self-management support	‣ Multi-dimensional solution to a complex problem
2. Clinical information systems	‣ Informed, activated patients
3. Delivery system redesign	‣ Prepared, proactive practice teams
4. Decision support	
5. Health care organization	
6. Community	

Bodenheimer, T., Wagner, E. G., & Grumbach, K.
JAMA, Oct. 9, 2002 and October 16, 2002

CONCEPTUAL FRAMEWORK:
Wagner's Chronic Care Model (CCM)

Entire Community (incl. resources & policies)

PATIENT

Provider Organization(s)

Health Care System (incl. payment structure)

Evidence for CCM in primary care:

- Improves process and outcomes measures
- Reduces health care costs and use of services

"Trigalactic universe which may help or hinder care"

Bodenheimer, T., Wagner, E. G., & Grumbach, K.
JAMA, Oct. 9, 2002 and October 16, 2002

Shared Characteristics of Chronic Diseases (including SUDs)

- Genetic heritability
- Risk factors Personal/family/environmental risk factors
- Identified and diagnosed with screening instruments
- Influenced by behaviors that begin as voluntary choices but evolve into deeply ingrained patterns of behavior
- Patterns of onset (sudden or gradual)
- Prolonged or permanent course varies person to person
  - INTENSITY: mild-to-severe
  - PATTERN: constant to recurrent

White, W.L. (2008). Recovery Management and Recovery-Oriented
Systems of Care: Scientific Rationale and Promising Practices
http://www.facesandvoicesofrecovery.org/pdf/White/recovery_monograph_2008.pdf

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Shared Characteristics of Chronic Diseases (including SUDs)

- Risk of pathophysiology, disability and premature death
- Effective treatments, self-management protocols, peer support available
- Similar remission rates
- No known definitive cure
- Often generate psychological responses

- ADDICTION: further exacerbated by neurobiological changes in the brain that weaken volitional control over contributing behaviors;

White, W.L. (2008). Recovery Management and Recovery-Oriented
Systems of Care: Scientific Rationale and Promising Practices
http://www.facesandvoicesofrecovery.org/pdf/White/recovery_monograph_2008.pdf

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Acute Care Model

- Programmatic delivery–uniform, encapsulated activities
- Symptom elimination for single primary problem
- Professional experts direct and dominate assessment, treatment planning & decision-making
- Time-limited (shorter and shorter)
- Discharge/Graduation when "cured"
- Long-term recovery viewed as self-sustainable without ongoing professional assistance
- Evaluation of intervention is short-term (single point-in-time follow-up)

White, W.L. (2008). Recovery Management and Recovery-Oriented
Systems of Care: Scientific Rationale and Promising Practices
http://www.facesandvoicesofrecovery.org/pdf/White/recovery_monograph_2008.pdf

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Acute Care Model

"Post-treatment relapse and readmission are viewed as the failure (non-compliance) of the individual rather than flaws in the design or execution of the treatment protocol. "

WHY?
- Medicalization of treatment
- Categorical segregation
- Professionalization of addiction counseling
- Business orientation
- Disconnection from communities of recovery
- Level-of-care specialization

White, W.L. (2008). Recovery Management and Recovery-Oriented
Systems of Care: Scientific Rationale and Promising Practices
http://www.facesandvoicesofrecovery.org/pdf/White/recovery_monograph_2008.pdf

Acute Care Model

▸ RECOVERY MAINTENANCE VS. RECOVERY INITIATION:

◦ RECOVERY INITIATION:
Treatment plays role

◦ RECOVERY MAINTENANCE:
Factors outside the treatment experience play critical role in long-term (especially as TIME FROM DISCHARGE INCREASES)

White, W.L. (2008). Recovery Management and Recovery-Oriented Systems of Care: Scientific Rationale and Promising Practices http://www.facesandvoicesofrecovery.org/pdf/White/recovery_monograph_2008.pdf

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IMPORTANT TERMS:

▸ RECOVERY MANAGEMENT:
"Philosophical framework for organizing addiction treatment services to provide pre-recovery identification and engagement, recovery initiation and stabilization, long-term recovery maintenance, and quality of life enhancement for individuals and families affected by severe substance use disorders" (p. 13)

White, W.L. (2008). Recovery Management and Recovery-Oriented Systems of Care: Scientific Rationale and Promising Practices http://www.facesandvoicesofrecovery.org/pdf/White/recovery_monograph_2008.pdf

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Recovery Management (RM):

▸ Typifies the shift:

◦ FROM the acute care model which treats medical conditions in an intensive, short-term manner

◦ TO a chronic care approach reflecting a service commitment to long-term supports and wellness

▸ ENGAGES individuals with chronic substance use conditions

▸ ASSISTS the person in managing efforts to achieve long-term recovery

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Recovery Management (RM):

▸ Establishes assertive engagement processes;

▸ Conducts strength-based assessments;

▸ Provides recovery-focused, person-centered treatment and recovery support services (RSS);

▸ Trains clients on self-care;

▸ Provides post-treatment check-ups;

▸ Uses community resources to support sustained recovery.

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RECOVERY-ORIENTED ACTIVITIES

Shifting Focus Areas and Service Priorities for a Full Continuum of Care

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SHIFTING FOCUS AREAS

CLIENT, FAMILY & RECOVERY ADVOCATE ROLES:

▸ FROM viewing people with MI and SUDs as "problems a system has to deal with"

▸ TO viewing people in recovery as assets & partners at all levels of service organization & across major functions

White & Davidson, 2006; System Transformation. Recovery: The Bridge to Integration? Behavioral Healthcare, 26(11), 22-25).

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SHIFTING FOCUS AREAS

IDENTIFICATION, ENGAGEMENT & RETENTION:

‣ FROM pain-based intervention strategies

‣ TO hope-based intervention strategies

  ◦ Assertive outreach
  ◦ Increased use of Case Management to remove obstacles to participation
  ◦ Lowered thresholds of admission
  ◦ Welcoming environment

White & Davidson, 2006; System Transformation. Recovery: The Bridge to Integration? Behavioral Healthcare, 26(11), 22–25.

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SHIFTING FOCUS AREAS

ASSESSMENT PROTOCOLS:

‣ FROM categorical (specialized), pathology-based, individual-focused intake function

‣ TO global, strengths-based, family-centered and continual

White & Davidson, 2006; System Transformation. Recovery: The Bridge to Integration? Behavioral Healthcare, 26(11), 22–25.

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SHIFTING FOCUS AREAS

SERVICE GOALS:

‣ FROM symptom-reduction
‣ FROM remission

‣ TO quality of life
  TO achievement of personal aspirations
‣ TO meaningful participation in and service to the community

White & Davidson, 2006; System Transformation. Recovery: The Bridge to Integration? Behavioral Healthcare, 26(11), 22–25.

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SHIFTING FOCUS AREAS

SERVICE PLANNING & SERVICE TEAM:

‣ FROM professionally-directed treatment teams

‣ TO client-driven recovery plans
‣ TO multi-agency, interdisciplinary service models

‣ INCLUSIVE of family, indigenous healers and recovery peers in treatment and recovery planning process

White & Davidson, 2006; System Transformation. Recovery: The Bridge to Integration? Behavioral Healthcare, 26(11), 22–25.

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SHIFTING FOCUS AREAS

SERVICE TIMING:

‣ FROM crisis-based contact

‣ TO long-term support focused on:

  · Windows of peak functioning (acknowledging & celebrating recovery)

  · Windows of critical vulnerability (supporting through periods of high risk to relapse)

White & Davidson, 2006; System Transformation. Recovery: The Bridge to Integration? Behavioral Healthcare, 26(11), 22–25.

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SHIFTING FOCUS AREAS

LOCUS OF SERVICE DELIVERY:

‣ FROM institutional environment

‣ TO client's natural environment

  · FOCUSED ON "Ecology of Recovery" (helping clients create recovery-conducive physical & social environments)

White & Davidson, 2006; System Transformation. Recovery: The Bridge to Integration? Behavioral Healthcare, 26(11), 22–25.

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SHIFTING FOCUS AREAS

SERVICE RELATIONSHIP:

- FROM expert model of diagnosis & treatment
- TO sustained health care partnership

- FROM relationships that:
  - Are hierarchical, transient and highly commercialized
- TO relationships that:
  - Are less hierarchical, more sustained and natural
  - Provide more peer-based recovery support

White & Davidson, 2006; System Transformation. Recovery: The Bridge to Integration? Behavioral Healthcare, 26(11), 22–25.

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SHIFTING FOCUS AREAS

SERVICE EVALUATION:

- FROM pathology measures
- TO key recovery indicators

- FROM evaluating discrete service episodes
- TO evaluating impact of service combinations & sequences on person's overall life over time

- CLIENTS, FAMILY MEMBERS & COMMUNITY involved in the evaluation process

White & Davidson, 2006; System Transformation. Recovery: The Bridge to Integration? Behavioral Healthcare, 26(11), 22–25.

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Recovery-Oriented Activities:

PREVENTION:
- Early screening before onset
- Collaboration with other systems (e.g. child welfare, VA)
- Stigma reduction activities
- Prevention for families and siblings of individuals in treatment

INTERVENTION:
- Screening
- Early intervention
- Pre-treatment
- Recovery-Support Services (RSS)
- Outreach Services

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Recovery-Oriented Activities:

TREATMENT:
- Menu of treatment resources
- Recovery-Support Services (RSS)
- Alternative services and therapies

POST-TREATMENT:
- Continuing Care
- Recovery-Support Services (RSS)
- Linkage & Coordination
- Recovery/Wellness Check-Ups
- Peer Recovery Coaching
- Self-Monitoring
- Re-Intervention Support

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RECOVERY SUPPORT SERVICES (RSS):

- Non-clinical services that assist individuals and families working towards recovery from SUDs;
- Incorporate a full range of services to reduce or eliminate environmental or personal barriers to recovery:
  - Social
  - Legal
  - Wellness
  - Social supports
  - Linkage & coordination among allied service providers
- Provided by professional and peers;
- Delivered through variety of community, faith-based, treatment and/or RSS providers;
- Offered before, during or in lieu of treatment.

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RECOVERY SUPPORT SERVICES (RSS):

Continuum of resources to foster recovery:

- Child care
- Transportation
- Housing
- Life skills training
- Employment readiness
- Legal consultation
- Wellness checks (to support healthy lifestyles, like those services currently used in primary care for persons with chronic illnesses such as diabetes, asthma, or heart disease)

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Self-Management Support

‣ People live with chronic illness for many years
‣ Management of the disease can be taught to patients
‣ Patients become the principal care-givers
‣ Substantial segments of chronic illness management is under the direct control of the patient

‣ *"Self-management support involves collaboratively helping patients and their families acquire the skills and confidence to manage their chronic illness, providing self-management tools...and referrals to community resources...and routinely assessing problems and accomplishments"* (p. 1776)

Bodenheimer, T., Wagner, E. G., & Grumbach, K.
JAMA, Oct. 9, 2002 and October 16, 2002

RECOVERY-FOCUSED PERFORMANCE MEASURES

Evaluation of the Addictions Treatment System of Care and Organizations Specializing in the Treatment of Addiction

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RECOVERY-FOCUSED PERFORMANCE MEASURES

‣ Three critical performance arenas:

- *Recovery-focused systems measures*
- *Recovery-focused program process measures*
- *Recovery-focused treatment recovery outcomes*

White, W.L. (2008). Recovery Management and Recovery-Oriented Systems of Care: Scientific Rationale and Promising Practices
http://www.facesandvoicesofrecovery.org/pdf/White/recovery_monograph_2008.pdf

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SYSTEMS MEASURES:

‣ INFRASTRUCTURE STABILITY
  ◦ Recovery-focused organizational culture
  ◦ Adequate capitalization
  ◦ Sustainability
  ◦ Leadership
  ◦ Workforce
  ◦ Recovery representation (policy/decision-making)
  ◦ Institutional relationships

‣ ADAPTIVE CAPACITY
  ◦ Organizational readiness to change
  ◦ Resources to mobilize for change initiation and sustainability
  ◦ Maintain service support while implementing change processes

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PROGRAM PROCESS MEASURES:

‣ Access
‣ Engagement
‣ Retention
‣ Service scope
‣ Service duration
‣ Linkages to recovery communities
‣ Post-treatment monitoring/support

White, W.L. (2008). Recovery Management and Recovery-Oriented Systems of Care: Scientific Rationale and Promising Practices
http://www.facesandvoicesofrecovery.org/pdf/White/recovery_monograph_2008.pdf

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TREATMENT OUTCOME MEASURES:

‣ RELAPSE RATES and
‣ LONG-TERM RECOVERY:
  ◦ RESOLUTION OF AOD PROBLEMS
  ◦ GLOBAL HEALTH *(Progressive achievement of goals for physical, emotional and relational health)*
  ◦ CITIZENSHIP *(Life meaning & purpose, self-empowerment, social stability, social contribution, elimination of threats to public safety).*

‣ ABSTINENCE ALONE IS NOT RECOVERY:
Evidence that abstinence & sustained periods of subclinical use may be obtained without concomitant improvements in criminal lifestyle, health, employment, income and housing

White, W.L. (2008). Recovery Management and Recovery-Oriented Systems of Care: Scientific Rationale and Promising Practices
http://www.facesandvoicesofrecovery.org/pdf/White/recovery_monograph_2008.pdf

PLANNING and IMPLEMENTATION ISSUES
Establishing a Systems Change Process

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Planning & Implementation Issues:

STEPS FOR ESTABLISHING A SYSTEMS CHANGE PROCESS:

▸ **Assess Readiness:**
- Examine willingness and ability to establish platform for ROSC;
- Engage coalition of stakeholders to examine level of commitment and feasibility for effort;
- Build dialogue that prompts divergent opinions before reaching consensus;
- Use outside facilitator to keep discussion going;
- Maintain record of proceedings.

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Planning & Implementation Issues:

STEPS FOR ESTABLISHING A SYSTEMS CHANGE PROCESS:

▸ **Establish Conceptual Framework:**
- Use focus groups & key informant interviews to ensure input from broad spectrum of community;
- Include participation by persons in recovery and their family members & allies;
- Develop vision for system of care, clearly articulating values for how services should be delivered;
- Define the following:
  - Recovery;
  - What ROSC will look like in your community;
  - Why change is needed;
  - Outcomes hoped to achieve.

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Planning & Implementation Issues:

STEPS FOR ESTABLISHING A SYSTEMS CHANGE PROCESS:

▸ **Complete Needs Assessment:**
- Identify and develop stakeholder understanding of:
  - Extent of substance use problems
  - Populations affected
  - Gaps in services and supports
  - Systems that require quality improvements
  - Resources to target and maximize
  - Community & organizational strengths
  - Policies and practices aligned/not aligned w/ ROSC elements
  - Determine changes required to structure a functional ROSC.

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Planning & Implementation Issues:

STEPS FOR ESTABLISHING A SYSTEMS CHANGE PROCESS:

▸ **Capacity Building:**
- Assess capacity to implement ROSC at all levels:
  - Staff/volunteer level
  - Organizational level
  - Broader systems level
- Reflect a service provision approach that is:
  - Comprehensive
  - Person-centered
  - Individualized
- Consider:
  - Workforce capacity
  - Technology
  - Billing/reimbursement capability
  - Financing
  - Resources needed

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Planning & Implementation Issues:

STEPS FOR ESTABLISHING A SYSTEMS CHANGE PROCESS:

▸ **Develop Strategic Planning Process:**
- Assemble planning team that represents stakeholder interests to develop the ROSC-specific strategic plan, after:
  - Articulating vision
  - Conducting needs assessment
  - Constructed capacity building plan
- Ensure community representation, inclusive of individuals in recovery, their families and other allies;
- Identify goals, measurable objectives, strategies and action steps;
- Identify timelines/responsible parties;
- Create resource and financing plan;
- Incorporate cultural competence;
- Document entire plan.

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Planning & Implementation Issues:

STEPS FOR ESTABLISHING A SYSTEMS CHANGE PROCESS:

▸ **Implementation Process:**
  ◦ Engage community at large;
  ◦ Engage individuals in recovery, their families & allies;
  ◦ Strengthen efforts to identify & garner resources;
  ◦ Change institutional practices, processes & policies;
  ◦ Affect change in multiple levels of systems that interact with multiple levels of other systems
    (can be overwhelming); Focus initially on:
    · Workforce development
    · Financing
    · Policy enhancement
    · Technology changes to support data tracking and billing/reimbursement

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For questions/comments, please contact:

Katherine Fornili, MPH, RN, CARN
Assistant Professor, Family & Community Health
University of Maryland School of Nursing
655 W. Lombard Street, #545–D
Baltimore, MD 21234
Office: 410.706.5553
Cell (Preferred): 443.902.3622
Email: fornili@son.umaryland.edu