Fitting the Pieces Together: Shifting Culture
National Conference on Problem Gambling, Prevention, Research, Recovery and Treatment
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Folder and GPRA Forms
Questions
Goal
Provide a conceptual framework of ROSC, the behavioral health system paradigm shift, and the challenges facing prevention and behavioral health services.

Objectives
• Introduce a basic understanding of ROSC
• Describe the why behind the paradigm shift
• Demonstrate the relationship with Healthcare Reform

WHY ARE YOU HERE?

Behavioral Health is Essential to Health
Prevention Works!
Treatment is Effective!
People Recover!

SAMHSA, 2010
SAMHSA Strategic Initiative

Behavioral health is an essential part of health. Individuals and families cannot be healthy without positive mental health and freedom from addictions and abuse of substances. Behavioral health, prevention and treatment services are important parts of health service systems and community-wide strategies that work to improve health status.

SAMHSA and ONDCP Approach

Prevention is the top strategic priority!
The Focus:
Developing Prevention Prepared Communities
• Interventions address multiple risk factors and issues instead of having a single focus
• The individual focus of prevention programs is expanded to include a broader community/environmental focus
• Work is done through developing and mobilizing community coalitions to develop comprehensive, sustained efforts

Drivers of Health Care Reform

• Greater attention to preventing illness and promoting wellness
• Primary focus is on the prevention of Chronic Illnesses
• Increased Access to Care
• Increased focus on the coordination/integration of services between primary care and specialty services
• Increased focus on Quality and Outcomes
• Increased provider accountability
• Greater emphasis on home and community based services and less reliance on institutional care
(Adapted from SAMHSA, John O’Brien)
Challenges Facing Addiction Treatment Systems

- **Unmet Need**: < 10% who need treatment seek treatment or if they do, arrive under coercive influences
- **Low Pre-Treatment Initiation Rates**
- **Low Retention**: > 50% do not successfully complete treatment
- **Inadequate Service Dose**: significant % do not receive optimum dose of treatment as recommended by NIDA.
- **Lack of Continuing Care**: only 1 in 5 receive post-discharge planning
- **Recovery Outcomes**: most resume using within 1 year and most do so within the first 90 days of discharge from treatment.
- **Revolving Door**: > 60% one or more treatment episodes, 24% 3 or more – 50% readmitted within 1 year.

Challenges Facing Prevention Systems

- By 2020, behavioral health disorders will surpass all physical diseases as a major cause of disability world-wide
- Each year, tobacco use results in more deaths (443,000/year) than AIDS, unintentional injuries, suicide, homicide, and alcohol and drug abuse combined; almost half of these deaths occur among people with mental and substance use disorders
- Half of all lifetime cases of mental and substance use disorders begin by age 14 and three-fours by age 24.
- One estimate puts the total economic costs of mental, emotional, and behavioral disorders among youth in the United States at approximately $247 billion.
- The annual total estimated societal cost of substance abuse in the United States is $510.8 billion.

Challenges Facing Iowa Problem Gambling

- **Unmet Need** – Iowa struggles to treat 1% of the Pathological Gambling
- **Gambling Activities**: Some form of gambling is common practice among adult Iowans, 2 out of 3 the last 12 months *
- **Problem and Pathological Gambling**: 1 in 8 adult Iowans who gambled in past 12 months has experienced one or more symptoms of problem gambling *
- **Consequences**: more than 1 in 5 adults said personally negatively affected by the gambling behavior of someone they know *
- **Social Support**: 1 in 4 who experience symptoms talked to someone. Two-thirds said they would recognize signs *
- **Treatment**: Most aware of help line, but only 36% know of treatment options in community*
- **Treatment Completion**: Despite NIATx effort treatment completion keeps dropping

*Gambling Attitudes and Behaviors: A 2011 Survey of Adult Iowans - University of Northern Iowa
Challenges Facing Mental Health Treatment Systems

- **Unmet Need 2001**: less than one half of adults with SMI receive treatment (SAMHSA)
- **Low Retention**: a quarter of individuals have contact with the public systems for 8 days or less (Bray et al., 2004)
- **Low Dose of Treatment**: Insufficient doses of medication and short length of treatment have all been associated with poorer outcomes (DHHS, 1999, Young et al., 2001)
- **High Recidivism**: in higher levels of care, often leading to policies that limit access to care
- **Extremely High Burden of Disability**: When compared with all other diseases (such as cancer and heart disease), mental illness ranks first in terms of causing disability in the United States, Canada, and Western Europe, according to a study by the World Health Organization (WHO, 2001).

Emerging Research

- Need holistic services that don’t just focus on reducing unwanted behaviors but promoting healthy behaviors
- Need continuous prevention supports and systems to be available
- Need to integrate peer support services
- Similar risk factors predict multiple interrelated problems (drop out, pregnancy, bullying, drug use)
- Youth are impacted by many spheres of influence, coordinated, continuous community systems are needed to support young people
- Programs that can be delivered primarily by peer leaders have increased effectiveness
- Programs that have a focus on broader life skills have increased effectiveness

(Source: ONDCP and IOM Report, 2009)

Emerging Research Related to Health Care Reform

- Increased need for collaborations with primary care
- Screening for risk factors and early intervention is critical
- Priority focus on youth will increase the need for a developmental approach to prevention services
- Opportunities exist to focus on prevention across the lifespan
- Prevention and treatment interventions need to be targeted to the individual, family, and community levels
- Increased focus on health disparities and culturally relevant services
- Need to reiterate that addiction is a chronic illness
State of the Prevention Field:

- Most prevention efforts are problem specific programs focused at the individual level
- Nine different federal and agencies award grants with little coordination
- Different applications, reporting requirements, foci, timeframes, etc
- Funding mechanisms drive practice

(Source: ONDCP)

State of the Gambling and Substance Abuse Treatment Field

- Length of stay in treatment averages six to eight weeks
- Limited family involvement
- Limited partnerships with community
- Clients cycle in and out
- Recovery services limited

What is a ROSC?
DEFINITIONS

Recovery from alcohol and drug and gambling problems is a process of change through which an individual achieves abstinence and improved health, wellness, and quality of life.

SAMHSA/CSAT, 2010
RECOVERY-ORIENTED SYSTEMS OF CARE (ROSC)

A ROSC is a coordinated network of community-based services and supports that is person-centered and builds on the strengths and resilience of individuals, families, and communities to achieve abstinence and improved health, wellness, and quality of life for those with or at risk of alcohol, drug and gambling problems.

SAMHSA/CSAT, 2010

William White’s Definition of ROSC

A PHILOSOPHY for organizing treatment and recovery support services to enhance pre-recovery engagement, recovery initiation, long-term recovery maintenance, and the quality of personal/family life in long-term recovery

SAMHSA Definition

A ROSC is a coordinated network of community-based services and supports that is person-centered and builds on the strengths and resilience of individuals, families, and communities to achieve abstinence and improved health, wellness, and quality of life for those with or at risk of alcohol and drug problems.
Iowa ROSC Definition

ROSC supports person-centered and self-directed approaches to care that build on the strengths and resilience of individuals, families and communities to take responsibility for their sustained health, wellness, and recovery from alcohol and drug problems and problem gambling. A ROSC offers 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.

2010

What does ROSC mean to you?

ROSC Integrated Strategies

• Prevent the development of new addiction disorders
• Reduce the harm caused by addiction
• Help individuals transition from brief experiments in recovery initiation to sustained recovery maintenance
• Promote good quality of life, community health and wellness for all
**ROSC Guidelines**

- Consumer and Family Driven
- Timely and Responsive
- Person Centered
- Effective, Equitable and Efficient
- Safe and Trustworthy
- Maximizes Use of Natural Supports and Settings

Connecticut Model

**A ROSC is more than adding peer or community based supports to the existing treatment system, it entails a shift in culture, service delivery and administrative alignment. It is a PHILOSOPHY.**

A ROSC is a coordinated network of community-based services and supports that is person-centered and builds on the strengths and resilience of individuals, families, and communities to achieve abstinence and improved health, wellness, and quality of life for those with or at risk of alcohol and drug problems.
Elements of a ROSC
Values Underlying a ROSC

Operational Elements of a ROSC

Values

• Person-centered
• Self-directed
• Strength-based
• Participation of family members, caregivers, significant others, friends, community
• Timely
• Effective
• Individualized, comprehensive services and supports
• Community-based services and supports

Operational Elements

• Collaborative decision-making
• Continuity of services & supports
• Service quality & responsiveness
• Multiple stakeholder involvement
• Recovery community/peer involvement
• Outcomes-driven
  • For the individual
  • For the system
• Adequately and flexibly funded

Outcomes
Outcomes

Individual
- Abstinence
- Education
- Employment
- Reduced criminal justice involvement
- Stability in housing
- Improved health
- Social connectedness
- Quality of life

Systems
- Increased access/capacity
- Proper placement and quality of care
- Retention
- Perception of care
- Cost-effectiveness
- Use of evidence-based practices

Rhetoric versus Reality

Acute versus Chronic Disorders

Addiction/Chronic Illness

Chronic Illnesses: Relapse and Compliance Rates

<table>
<thead>
<tr>
<th>W. White</th>
<th>Addiction/Chronic Illness</th>
<th>Compliance Rate (%)</th>
<th>Relapse Rate (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>30-50</td>
<td>50</td>
<td></td>
</tr>
<tr>
<td>Opioid</td>
<td>30-50</td>
<td>40</td>
<td></td>
</tr>
<tr>
<td>Cocaine</td>
<td>30-50</td>
<td>45</td>
<td></td>
</tr>
<tr>
<td>Nicotine</td>
<td>30-50</td>
<td>70</td>
<td></td>
</tr>
<tr>
<td>Insulin Dependent Diabetes</td>
<td>Medication</td>
<td>&lt;50</td>
<td>30-50</td>
</tr>
<tr>
<td>Diet and Foot Care</td>
<td>Medication</td>
<td>&lt;50</td>
<td>30-50</td>
</tr>
<tr>
<td>Hypertension</td>
<td>Medication</td>
<td>&lt;30</td>
<td>50-60</td>
</tr>
<tr>
<td>Diet</td>
<td>&lt;30</td>
<td>50-60</td>
<td></td>
</tr>
<tr>
<td>Asthma</td>
<td>Medication</td>
<td>&lt;30</td>
<td>60-80</td>
</tr>
</tbody>
</table>

Historical Forces Leading to Recovery Transformation

- Explosive growth in advocacy groups and mutual aid societies
- Increasing frustration on the part of behavioral health providers
- Expanding research base outlining effective treatment approaches
- Federal studies and reports of behavioral health systems nationally including mental health systems

William White

Shifting our Paradigm to Recovery-Oriented System of Care

A Traditional Course of Treatment for a Mental Health, Substance and Gambling Use Disorder

Resource: Tom Kirk, Ph.D
Recovery-Oriented Systems of Care: A Paradigm Shift

Recovery-Oriented Systems of Care shifts the question from “How do we get the client into treatment?” to “How do we support the process of recovery within the person’s environment?”

A Recovery Oriented Response

Promote Self Care, Rehabilitation

Resource: Tom Kirk, Ph.D
**Benefits of Moving into a Recovery Zone**

- Most clients undergo 3 to 4 episodes of care before reaching a stable state of abstinence.
- Chronic care approaches, including self-management, family supports, and integrated services, improve recovery outcomes.
- Integrated and collaborative care has been shown to optimize recovery outcomes and improve cost-effectiveness.

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**So How Does This Change the Treatment System?**

- If we don’t provide the service you don’t need it.
- A “good patient” will accept a fix; a “non-complaint” patient will reject it.
- One fix is enough.
- Progression of more and more complicated cases with more needs.
- Important to provide more comprehensive services through collaboration.
Why Transformation: A Person’s Perspective

In 2003 I was forced to attend substance abuse treatment. At that time I felt like I was told what to do and had no say in my treatment. In 2010 I returned to the same program and experienced an incredible change in the program. Counselors talked to me about different options in regards to attending support meetings in the community. I had a say in treatment. Having options and a say in my treatment was empowering.

Person in Recovery, SASC, Dubuque, Iowa

How Does Prevention Fit into ROSC?

SAMHSA, LEADING CHANGE

A Plan for SAMHSA’s Roles and Actions 2011–2014

Strategic Initiative 1: Prevention of Substance Abuse and Mental Illness

Create Prevention Prepared Communities where individuals, families, schools, faith-based organizations, workplaces, and communities take action to promote emotional health and reduce the likelihood of mental illness, substance abuse including tobacco, and suicide.
SAMHSA and the Office of National Drug Control Policy (ONDCP) Approach

**Prevention is the top strategic priority!**

**The Focus:**
Developing Prevention Prepared Communities

- Interventions address multiple risk factors and issues instead of having a single focus
- The individual focus of prevention programs is expanded to include a broader community/environmental focus
- Work is done through developing and mobilizing community coalitions to develop comprehensive, sustained efforts

**What are Prevention Prepared Communities?**

Communities that work cooperatively with States and Territories to implement effective mental illness and substance abuse prevention and health promotion practices, strategies and policies to improve community and individual wellness.

**Goal of Prevention Prepared Communities**

- Improve community and individual level wellness and health promotion outcomes
- Strategies target individuals, families and communities
So What?

Recovery Oriented System of Care
Makes Cents…

The Connecticut experience* (statewide ROSC—both addictions and mental health)
• 24% decrease in expenses
• 46% increase in number of people served statewide
• 62% decrease of acute care
• 40% increase in outpatient care
• 25% decrease in annual cost per client
• 14% lower cost with recovery support

Provider Perspective
Joe Schultz, NET, Philadelphia

There’s been a huge turnaround in outcomes. Consumers do better.....We have more people completing treatment than we’ve ever had! ........Even when they leave early the peer specialists are able to reengage a lot of them. That didn’t happen before. The attendance rate has gone from 50% to over 75%... ......now counselors feel they are actually helping people. They can actually see the results of all the work they do...
Cost Neutral Strategies

• Mobilizing the community of people in recovery
• Holistic assessments
• Recovery planning
• Partnerships with natural supports
• Consultation approach
• Recovery check-ups
• Family inclusion
• Menu of supports and services

Recovery Oriented System of Care Makes Sense...

• Based on the experience of people in treatment and in recovery, the core elements of ROSC 'make sense'
• The transition to ROSC will
  – Take time and take place gradually
  – Take full commitment from the 'system' including payers
  – Be a philosophical switch
• Experience and success of 'leader states/cities' (e.g., CT, Philly, AZ) will be invaluable
• In the meantime, strive to ADOPT AS MANY ELEMENTS OF ROSC AS BUDGET ALLOWS

NEVER GIVE UP

What Next?
3 Approaches to System Transformation

- **Additive**: Adding peer and community based recovery supports to the existing treatment system
- **Selective**: Practice and Administrative alignment in selected parts of the system – pilot projects
- **Transformational**: Cultural, values based change driven practice, community, policy and fiscal changes in all parts and levels of the system. Everything is viewed through the lens of and aligned with recovery oriented care.

Achara, Evans & King, 2010

**REMEMBER**

A ROSC is more than adding peer or community based supports to the existing treatment system, it entails a shift in culture, service delivery and administrative alignment. ROSC is a PHILOSOPHY.

**How Transformational Change is Different**

Transformational Change is unique in three critical ways:

• The future is unknown and only through forging ahead will it be discovered.
• The future state is so different than the traditional state that a shift of mindset is required to invent it.
• The process and the human dynamics are much more complex, partnership is critical!
Conceptual Framework
Guiding the Transformation Process

- **Aligning Concepts:** Changing how we think
- **Aligning Practice:** Changing how we use language and practices at all levels; implementing values based change
- **Aligning Context:** Changing regulatory environment, policies and procedures, community support

LEADERSHIP

Leading Transformational Change

Transformational change requires:
- Courageous leadership
- A focus on empowering others
- Leaders who can motivate and inspire others
- A shift from micro-management and “accountability” to empowerment
- Leaders and Managers working in partnership
  - Leadership creates vision and strategies
  - Management creates plans and budgets (Kotter, 1996)
**Iowa’s Progress in Problem Gambling Recovery Support Services**

- A broad array of client-selected provider or community-based supports and services intended to further enhance and further the client’s recovery journey.
- Introduced in July 2011
- Maximum client benefit = $1,400 or amount approved by IDPH.
- Based on Access to Recovery (ATR) menu of services
Principles of Recovery Support

1. Individuals have the right to choose recovery and the recovery-related services and supports that best meet their needs.

2. Client choice is enhanced by a recovery-oriented system of care that honors each client’s familial, cultural, spiritual, economic and logistical needs.

3. Individualized choice enhances client retention in treatment and strengthens client commitment to and success in recovery.

Eligibility to receive Recovery Support Services

- Resident of the state of Iowa.
- Admitted to treatment as a problem gambler for a minimum of 30 days.
- Inability to pay for recovery support service based on one of the following:
  - Client at or below 200% of the Federal Poverty Level
  - Burden of gambling related debt drives the client income at or below 200% of the Federal Poverty Level
  - Client is without other financial resources to pay for the service(s)

Recovery Support Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life skills coaching</td>
<td>Individual coaching with clients to develop the skills that help individuals make informed decisions, manage finances, communicate effectively and develop coping and self-management skills that assist their recovery.</td>
</tr>
<tr>
<td>Housing Assistance</td>
<td>Short-term housing in a safe and recovery-oriented environment for clients with no other housing alternatives conducive to recovery. Housing may be provided in a facility for individuals in recovery or in a facility providing related services in the community.</td>
</tr>
<tr>
<td>Recovery Peer Coaching</td>
<td>Face-to-face meetings and recovery calls between the client and a recovery Peer Coach to discuss routine recovery issues from a peer perspective. A maximum of 4 hours of contact per month will be reimbursed.</td>
</tr>
<tr>
<td>Electronic Recovery Support Messaging</td>
<td>One-way electronic communication sent to a client intended to support recovery, improve health, life quality and wellness.</td>
</tr>
</tbody>
</table>
Recovery Support – Supplemental Needs

Utility Assistance
Assistance provided for the purpose of addressing past due utilities or deposits that will assist in establishing or maintaining their residence. Utility assistance can be used for past due bills that are interfering in the client’s ability to obtain housing.

Clothing/Hygiene
Assistance provided to purchase clothing and hygiene products that support the client’s recovery. Hygiene products are limited to soap, shampoo, toilet paper, toothpaste, deodorant, shaving needs, laundry detergent, feminine hygiene products and dental products.

Education
Assistance provided for the purpose of completing or continuing education. This service may be used for GED coursework and testing, English as a second language classes (ESL), or educational materials and tuition at a secondary educational institution.

Gas Cards
Transportation assistance in the form of gas cards to be given directly to the client for the purpose of transportation to and from an activity related to the client’s recovery. Gas cards may not be used solely for the purpose of transportation to and from work. Client must provide proof of gas purchase.

Recovery Support – Supplemental Needs (cont’d)

Supplemental Needs Wellness
Assistance provided to clients for the purchase of items or services that support improved health. This may include an eye exam or the purchase of eyeglasses or contact lenses, fitness memberships (excluding family memberships), smoking cessation, or nutrition counseling.

Supplemental Needs Housing Rental Assistance
Assistance provided to clients for housing rental costs incurred in the client’s name and conducive to the client’s recovery. Client must provide proof of lease. Rent cannot be paid to a family member.

Supplemental Needs Bus/Cab
Transportation by bus or cab to and from an activity related to the client’s recovery.

Recovery Support Services Utilization

- Graph showing trend of use over the past 12 months
- Highlight TA provided through RSS and ROSC calls
Aims of Health Care Reform

- Increase the number of individuals that have health insurance
- Increase accountability through the expansion of primary care, medical homes and accountable care organizations and financing structures
- Increase access to preventive services to improve health outcomes

Aims of Health Care Reform (cont.)

- Expanded Populations
  - Newly Medicaid Eligible -- 133% of the Federal Poverty Level (FPL)
  - Health Insurance Exchange Participants -- Individuals and Families at or below 400% of the FPL

Implications of Health Care Reform

- Buy what is good and modern
- Focus on coordination between primary care and specialty care:
  - Significant enhancements to primary care
    - Workforce enhancements
    - Increased funding for FQHCs
  - Bi-directional
    - MH/SUD in primary care
    - Primary care in MH/SUD settings
Implications of Health Care Reform (cont.)

- More incentives to identify MH/SUD
  - SBIRT—huge focus by SAMHSA and HRSA
  - Coverable service—enhanced Medicaid match
- More payment strategies
- Payment on successful episode of care

Aims of ROSC

- Access
- Engagement
- Retention
- Outcomes

A ROSC is a coordinated network of community-based services and supports that is person-centered and builds on the strengths and resilience of individuals, families, and communities to achieve abstinence and improved health, wellness, and quality of life for those with or at risk of alcohol and drug problems.

A ROSC is more than adding peer or community based supports to the existing treatment system, it entails a shift in culture, service delivery and administrative alignment. It is a PHILOSOPHY.
NIATx

• Unique collaboration between University of Wisconsin, Robert Wood Johnson Foundation (RWJF) and Substance Abuse and Mental Health Services Administration’s (SAMHSA) Center for Substance Abuse Treatment (CSAT)
• A model of process improvement designed specifically for behavioral health care
• Focused on improving systems and processes and on increasing the rates at which Americans receive and continue through addiction treatment.
• This model allows payers and providers to make small changes that substantially impact outcomes.

Linkage of Health Care Reform, ROSC and NIATx

A primary ingredient of sustaining services during the transition of health care reform is transforming into a recovery oriented system of care.

A ROSC is a coordinated network of community-based services and supports that is person-centered and builds on the strengths and resilience of individuals, families, and communities to achieve abstinence and improved health, wellness, and quality of life for those with or at risk of alcohol and drug problems.
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Project Director: Anne Helene Skinstad, PhD

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ROSC Resources
Addiction Technology Transfer Centers
• ATTC / ROSC Website: www.attcnetwork.org/recovery

Monograph Series
• Free downloads of Bill White’s Monographs
  • www.attcnetwork.org/recovery
  under the resource tab

ROSC Faculty
• ROSC trained Regional Teams of Facilitators & Presenters
ROSC Resources - “Partners for Recovery”

- White Papers
  - “Approaches to ROSC at the State and Local Levels: Three Case Studies”
  - “Provider Approaches to ROSC: Four Case Studies”
  - “Access to Recovery Approaches to ROSC: Three Case Studies”
  - “Guiding Principles and Elements of Recovery-Oriented Systems of Care”
- Recovery-Oriented Systems of Care (ROSC) Technical Assistance Resource Guide (Working Draft)
- Summary of the Center for Substance Abuse Treatment’s (CSAT’s) Regional Recovery Meetings
- “Strategies for Strengthening Substance Use Prevention, Treatment, and Recovery Systems: Provider Networks and Impact on the Workforce”
- Faces and Voices of Recovery: “Guide to Mutual Aid Resources” (with support from PFR)
- Survey of State ROSC and Health Care Reform Implementation (under development)
- Survey of State Mental Health Transformation and Health Care Reform Implementation (under development)
- www.pfr.samhsa.gov

ROSC Resources for Community Services Program

- www.rcsp.samhsa.gov
  - What are Peer Recovery Support Services?
  - White Paper...The Role of Recovery Support Services in a Recovery-Oriented System of Care

Thank you

A special thank you to Dr. Ijeoma Achara, William White, Dr. Michael Flaherty and Lorrenetta Albright for their guidance