Creating a Recovery Oriented System of Care

Lessons for Healthcare Settings

Aaron M. Williams
3/8/2019
Working with communities to address the opioid crisis.

- SAMHSA’s State Targeted Response Technical Assistance (STR-TA) Consortium assists STR grantees and other organizations, by providing the resources and technical assistance needed to address the opioid crisis.

- Technical assistance is available to support the evidence-based prevention, treatment, and recovery of opioid use disorders.

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Numbers of People Aged 12 or Older with a Past Year Substance Use Disorder: 2017

NSDUH: 2018

Note: Estimated numbers of people refer to people aged 12 or older in the civilian, noninstitutionalized population in the United States. The numbers do not sum to the total population of the United States because the population for NSDUH does not include people aged 11 years or younger, people with no fixed household address (e.g., homeless or transient people not in shelters), active-duty military personnel, and residents of institutional group quarters, such as correctional facilities, nursing homes, mental institutions, and long-term care hospitals.

Note: The estimated numbers of people with substance use disorders are not mutually exclusive because people could have use disorders for more than one substance.
Past Year Opioid Misuse among People Aged 12 or Older: 2017

11.1 Million People with Past Year Pain Reliever Misuse (97.2% of Opioid Misusers)
562,000 People with Past Year Pain Reliever Misuse and Heroin Use (4.9% of Opioid Misusers)
886,000 People with Past Year Heroin Use (7.8% of Opioid Misusers)
10.5 Million People with Pain Reliever Misuse Only (92.2% of Opioid Misusers)
324,000 People with Heroin Use Only (2.8% of Opioid Misusers)

11.4 Million People Aged 12 or Older with Past Year Opioid Misuse

NSDUH: 2018

Note: Opioid misuse is defined as heroin use or prescription pain reliever misuse.
Note: The percentages do not add to 100 percent due to rounding.
National Overdose Deaths
Number of Deaths Involving All Drugs

Source: National Center for Health Statistics, CDC Wonder
The History of Addiction Treatment in the US

- Early 1800's: drunkenness equated with sin, a few Homes for the Fallen were opened
- Temperance movement; linked to religious oriented missions (Abstinence based)
- Late 1800's asylums closed and inebriated persons were placed in jails or workhouses
- Sigmund Freud advocating use of cocaine, opiates present in OTC 'cures'
- 1919: Supreme Court made it illegal for physicians to practice harm reduction
- AA begins in 1930's; Founded by men who overcame alcoholism
- 1940's through 1960's some research and inklings that addiction might be a disease: At this point a split in care: Medical vs. community; Antabuse and methadone are being developed, hospitals are being urged to admit people for detox, AA membership surpasses 100,000.
- 1980's Just Say No: zero tolerance. Resurgence of criminal justice involvement in 'intervening' with substance use. War on Drugs
- 1990's: ASAM published levels of care system, Decade of the Brain
- 2000: McLellan: Addiction as Chronic medical illness
- 2008: Addictions Equity Act
- 2013: “Year of the Brain”
- 2016 Surgeon Generals Report:
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).*

Perceived Need for Substance Use Treatment among People Aged 12 or Older Who Needed but Did Not Receive Specialty Substance Use Treatment in the Past Year: 2017

18.2 Million People Needed but Did Not Receive Specialty Substance Use Treatment

1.0 Million Felt They Needed Treatment (5.7%)

17.1 Million Did Not Feel They Needed Treatment (94.3%)

NSDUH: 2018
Reasons for Not Receiving Substance Use Treatment in the Past Year among People Aged 12 or Older Who Felt They Needed Treatment in the Past Year: Percentages, 2017

- Not Ready to Stop Using: 139.7%
- No Health Care Coverage and Could Not Afford Cost: 30.3%
- Might Have Negative Effect on Job: 120.5%
- Might Cause Neighbors or Community to Have Negative Opinion: 17.2%
- Did Not Know Where to Go for Treatment: 10.9%
- Did Not Find Program That Offered Type of Treatment That Was Wanted: 19.0%

Note: Respondents could indicate multiple reasons for not receiving substance use treatment; thus, these response categories are not mutually exclusive.
Changing the Addiction Paradigm

- Moving from addiction as a moral failing to a chronic brain disorder
- 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*
Substance Use Disorder Treatment Continuum of Care

Enhancing Health
- Promoting optimum physical and mental health and well-being through health communications and access to health care services, income and economic security and workplace certainty

Primary Prevention
- Addressing individual and environmental risk factors for substance use through evidence-based programs, policies and strategies

Early Intervention
- Screening and detecting substance use problems at an early stage and providing brief intervention, as needed, and other harm reduction activities

Treatment
- Intervening through medication, counseling and other supportive services to eliminate symptoms and achieve and maintain sobriety, physical, spiritual and mental health and maximum functional ability

Recovery Support
- Removing barriers and providing supports to aid the long-term recovery process. Includes a range of social, educational, legal and other services that facilitate recovery, wellness and improved quality of life

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)
Recovery

- **Health** – managing one’s disease and supporting physical and emotional wellness
- **Home** – having a stable and safe place to live
- **Purpose** – conducting meaningful life activities
- **Community** – having social relationships and social networks
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.*

Dispelling the Myths

ROSC is...

- an IDEA and new way of thinking
- a value-driven approach to structuring systems and a network of services and supports
- a FRAMEWORK to guide systems transformation

ROSC is NOT...

- A model
- An organizational entity
- A new initiative
- Primarily focused on the integration of recovery support services
- Dependent on new dollars for development
- A group of providers that increase their collaboration to improve coordination
- An infusion of evidence-based practices
- A closed network of services and supports
Primary Goals of ROSC

- Prevent the development of SUD and MH conditions
- Intervene earlier in the progression of illnesses
- Reduce the harm caused by SUD and MH conditions
- Help people transition from recovery initiation to recovery maintenance
- Actively promote good quality of life, community health, and wellness for all
Building Blocks of ROSC

- Optimize clinical service delivery
- Add and integrate recovery support services
- Fiscal and administrative policy & procedures and other organizational changes
- Build cross-systems partnerships and community recovery capital
**Values and Principles**

<table>
<thead>
<tr>
<th>Recovery</th>
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<tbody>
<tr>
<td>Authenticity of recovery experience and voice</td>
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<tr>
<td>Recovery visibility and accountability</td>
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<tr>
<td>Leadership development</td>
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<tr>
<td>Cultural diversity and inclusion</td>
</tr>
<tr>
<td>Participatory process</td>
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<tr>
<td>Strength-based perspectives</td>
</tr>
<tr>
<td>Peer support, volunteerism, and service</td>
</tr>
</tbody>
</table>
### Services that are:

<table>
<thead>
<tr>
<th>✔ Person-centered</th>
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<tbody>
<tr>
<td>✔ Strength-based</td>
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<tr>
<td>✔ Trauma-informed</td>
</tr>
<tr>
<td>✔ Inclusive of family</td>
</tr>
<tr>
<td>✔ Individualized and comprehensive</td>
</tr>
<tr>
<td>✔ Connected to the community</td>
</tr>
<tr>
<td>✔ Outcomes-driven</td>
</tr>
<tr>
<td>✔ Evidence-based</td>
</tr>
<tr>
<td>✔ Adequately and flexibly funded</td>
</tr>
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</table>
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
Substance Use Disorder Treatment Continuum of Care

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Enhancing Health and Primary Prevention

- Social Determinants of Health
- Health Education and Improved Health Literacy
- Peer-led classes
- Public education, social marketing and media advocacy, i.e. Know-the-O Facts
Early Intervention

- Screening, Brief Intervention and Referral to Treatment (SBIRT)
- Harm Reduction
What is Screening, Brief Intervention, and Referral to Treatment (SBIRT)?

- SBIRT is the framework by which providers can make the identification and treatment of substance use disorders a routine part of the healthcare process.
- Provides an opportunity for prevention and early intervention activities designed to reduce risky substance use and the negative consequences of use.
- Designed to be used in a wide variety of settings: mental health, primary care, emergency departments, schools, or other non-traditional settings to provide opportunities to intervene BEFORE more severe consequences occur.
Early Intervention/Harm Reduction

Naloxone is a medication designed to rapidly reverse opioid overdose. It is an opioid antagonist—meaning that it binds to opioid receptors and can reverse and block the effects of other opioids. It can very quickly restore normal respiration to a person whose breathing has slowed or stopped as a result of overdosing with heroin or prescription opioid pain medications.*

*National Institute on Drug Abuse

https://www.drugabuse.gov/related-topics/opioid-overdose-reversal-naloxone-narcan-evzio
• Screening and Assessment
• Withdrawal Management
• Behavioral Therapies
• Peer Recovery Services
• Medication-Assisted Treatment
Medication-assisted Treatment

“We have highly effective medications, when combined with other behavioral supports, that are the standard of care for the treatment of opiate addiction.” - Michael Botticelli Former Director ONDCP
# Medications for Opioid Use Disorder (OUD)

<table>
<thead>
<tr>
<th>Medication</th>
<th>Frequency of Administration</th>
<th>Route of Administration</th>
<th>Who May Prescribe or Dispense</th>
</tr>
</thead>
<tbody>
<tr>
<td>Methadone</td>
<td>Daily</td>
<td>Orally as liquid concentrate, tablet or oral solution of diskette or powder.</td>
<td>SAMHSA-certified outpatient treatment programs (OTPs) dispense methadone for daily administration either on site or, for stable patients, at home.</td>
</tr>
<tr>
<td>Buprenorphine</td>
<td>Daily for tablet or film (also alternative dosing regimens)</td>
<td>Oral tablet or film is dissolved under the tongue</td>
<td>Physicians, NPs and PAs with a federal waiver. Prescribers must complete special training to qualify for the federal waiver to prescribe buprenorphine, but any pharmacy can fill the prescription. There are no special requirements for staff members who dispense buprenorphine under the supervision of a waivered physician.</td>
</tr>
<tr>
<td>Probuphine (buprenorphine implant)</td>
<td>Every 6 months</td>
<td>Subdermal</td>
<td></td>
</tr>
<tr>
<td>Sublocade (buprenorphine injection)</td>
<td>Monthly</td>
<td>Injection (for moderate to severe OUD)</td>
<td></td>
</tr>
<tr>
<td>Naltrexone</td>
<td>Monthly</td>
<td>Intramuscular (IM) injection into the gluteal muscle by a physician or other health care professional.</td>
<td>Any individual who is licensed to prescribe medicines (e.g., physician, physician assistant, nurse practitioner) may prescribe and/or order administration by qualified staff.</td>
</tr>
</tbody>
</table>
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 reduces recidivism
- Reduce emergency room visits
- Create stronger and accountable communities
Recovery housing; recovery residences

At the intersection of housing and recovery
Recovery housing policy guide

- A joint effort between National Council and NARR with input from other stakeholders, including Oxford House.
- Provides state policymakers and advocates strategies, tools, and policy language that support the infrastructure of recovery housing, quality operating standards, and protections for people in recovery.
- Highlights three main sections:
  1. Protecting Recovery Housing
  2. Supporting Recovery Housing in Practice
  3. Sample Legislative Language
Recovery Oriented Systems of Care

- **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
How Are Recovery Services Paid For?

- Substance Abuse Prevention and Treatment Block Grant
- Medicaid
  - 1115 waivers
  - State plan amendment
  - 1915b waiver.
- Other federal funding
- State and local funding
- Private Partnerships
Currently, 39 states allow Medicaid billing for any type of peer support services. *

Of those states, 23 states allow peer support reimbursement for individuals with addiction and mental health disorders, 12 allow for mental health only, and four allow for addiction only. *

* Open minds  State Medicaid Reimbursement For Peer Support Services  Reference guide (2018)
Services/ Role of Peers

Service roles played by peer specialists can include:

- Whole health and wellness coaches
- 2. Community treatment teams (e.g., Assertive Community Treatment teams)
- 3. Transition team members bridging consumers from hospitals to community
- 4. Data collection
- 5. Supported employment
- 6. Supported housing
- 7. System navigators
- 8. Insurance navigators
- 9. Recovery coaches
# Language

<table>
<thead>
<tr>
<th>Recovery Dialects</th>
<th>Mutual Aid Meetings</th>
<th>In Public</th>
<th>With Clients</th>
<th>Medical Settings</th>
<th>Journalists</th>
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<tr>
<td>Addict</td>
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<td>STOP</td>
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<td>✓</td>
<td>✓</td>
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<tr>
<td>Person w/ an Alcohol Use Disorder</td>
<td>✓</td>
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<tr>
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Language matters but can change depending on the setting we are in. Choosing when and where to use certain language and labels can help reduce stigma and discrimination towards substance use and recovery.

Resources

• Faces and Voices of Recovery
  https://facesandvoicesofrecovery.org/

• Bringing Recovery Supports to Scale Technical Assistance Center Strategy
  https://www.samhsa.gov/brss-tacs

• Building and Sustaining Peer Support Services: Tips from the Field (60 minutes) - September 27, 2018
  https://www.youtube.com/watch?v=VrYC1VmgdeE&feature=youtu.be

• Resource Guide: Screening for Drug Use in General Medical Settings

• SAMHSA’s Center for Integrated Health Solutions
  www.integration.samhsa.gov
Questions
Thank You

CONTACT INFORMATION

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Contact the STR-TA Consortium

✧ To ask questions or submit a technical assistance request:

• Visit www.getSTR-TA.org
• Email str-ta@aaap.org
• Call 401-270-5900

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