

Empowering Communities to Address America's Mental Health and Substance Use Needs

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The Great Lakes Addiction
Technology Center
June 6th, 2024

Focus

What is a ROSC? Why is it important?

A few core definitions

How to build a ROSC

Examples of a ROSC – Who should lead ?

Will ROSC make a difference?

ROSC webinars and today's new challenges:

- Workforce
- Harm Reduction
- Overdose prevention
- Prevention and Population Health

The success of America halting its drug problem depends on a shared purpose and “Community-UP” solutions

Status quo approaches to America’s drug problems aren’t working. Each year drug use and its related negative consequences grow in America. We cannot “arrest” or “treat” our way out of this problem.

We have the tools, science and knowledge if are willing to arouse ourselves and build recovery Community UP. Recovery communities are the “sleeping giant” to America’s solution. (1)

Core Question:

Why Do *WE* Do What *WE* Do?

Step One: Purpose and Leadership

Providers, leaders and communities can lead by:

- Joining and seeing a **purpose** not just a pathology – Recovery or gained wellness becomes the: “unifying construct” (2)
- Valuing and measuring health outcome (s) – not TAU
- Collaborate effectively to integrate with *all* community resources
- Produce/track outcomes that matter to the patient (i.e. measures of recovery) – accountability
- Effectively build and measure recovery in individuals, family, community
”recovery capital” (3)
- Promote community wellness and community recovery:
“population health” (4)

What is a ROSC?

A **recovery-oriented system of care** is a coordinated network of *community* services and supports that are person-centered and built upon the strengths and resiliencies of individuals, families, and the community itself to achieve recovery and measured improved health, wellness and quality of life for those at risk in the community. (5)

ROSC joins a Community with Science to state a value. The “21st Century Medical Model” (6)

Five Steps to Recovery Model

1. Define and adopt “recovery” for your agency, population served and your community.
2. Build and work within a Recovery Oriented System of Care (ROSC) ⁽²⁾; build Recovery Management (RM) ⁽⁴⁾
3. Involve community, families and peers in all you do – including oversight.
4. Measure and report recovery and progress.
5. Build Prevention or Community *Recovery Capital* – *Population Health*

Select a Systemic approach to build ROSC ⁽⁷⁾

Additive - Adding peer and community based recovery supports to the existing treatment system.

Selective - Practice and Administrative alignment in selected parts of the system – e.g. pilot projects, criminal justice, recovery populations.

Transformative - Cultural, community values-based change drives practice, policy, measurement and fiscal change in all parts of the system. Everything is viewed through the lens of and aligned with recovery and improved individual and community health and wellness.

Step 1

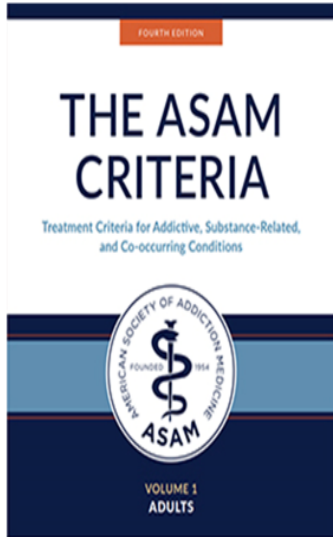
Educate and involve your community

- Identify your leaders and a “recovery” plan/lead agency/oversight group
- Disseminate/educate your stakeholders /community
- Form a ROSC Leadership Team/ 10 P’s
- Analyze system strengths/fill weaknesses
- Draft a Community “Preamble for Care”
- Set your initial goals and measures

10 P's

- Providers
- People in recovery & general public
- Parents
- Philanthropists (foundations)
- Payers (public and private ins.)
- Police
- Press
- Pastors/clergy
- Professors (universities, researchers)
- Policy makers

Assess & Build your System of Care (Fill the Gaps)



PATIENT MATCHING & WHY

The ASAM Criteria Continuum of Care for Adult Addiction Treatment



Step 2
Overarching Goal

Defining Recovery for all

Recovery from Mental Health and Substance Use Disorders is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their potential - delineated over four dimensions:

- **Health**: overcoming or managing one's disease as well as living in a physically and emotionally healthy way, e.g. abstaining from AOD use, non-Rx use, etc.
- **Home**: stable and safe
- **Purpose**: meaningful life
- **Community**: relationships and social networks that provide support, friendship, and hope. (9)

Step 3

Recovery becomes the overarching & unifying construct for all care

Bring community together and its services in a united effort and focus to build health, wellness and recovery for all – across *all* systems and for *all* populations

Key: Within a ROSC an **opportunity for recovery** is in *every* level, episode and stage of care.

CBT-R (Beck/Flaherty)

Individual Recovery Measures

- AOD use/consequences*
- living environment*
- Physical health and health costs*
- Emotional health*
- Family health and relationships*
- Citizenship (legal, community, etc.)*
- Quality of Life (meaning, purpose)*

* All are embedded in NBHQF!

Agency Recovery Measures

- Treatment attraction and access
- Screen, assessment and matched Level of Care – including Medication Assisted Treatment (MAT)
- Quality of service team – experience/credentials/retention
- Service Relationship – engagement, retention in tx. and continuing care; service dose, scope and quality
- Assertive linkage to or use of peer supports; warm hand offs and communities of recovery
- Post treatment monitoring, support and early re-intervention (90 days, 6mos, 1 year)

Accountability: Measure/Report Health, Wellness & Recovery

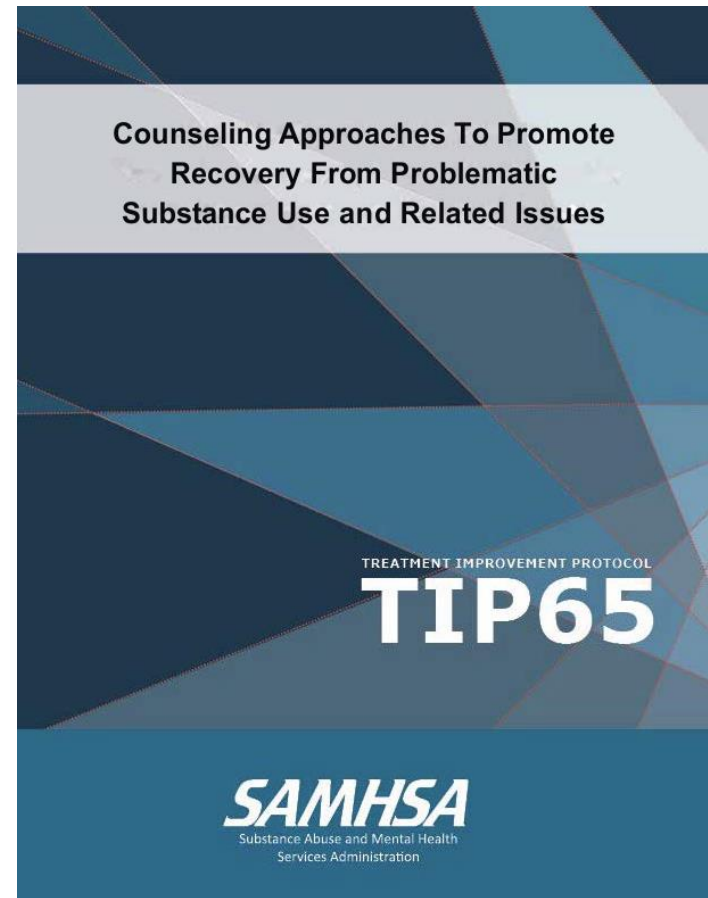
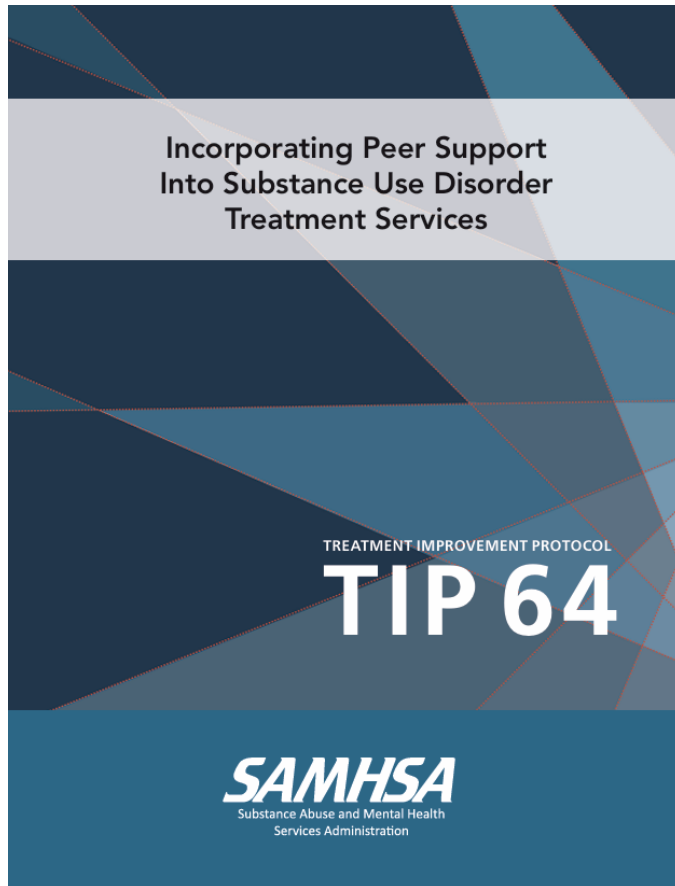
- Access, Retention and Outcomes
- Reduction in acute care, ER visits, OD
- Reduction in waiting lists; jails
- Reduction in social costs (crime, welfare, CYF, courts, etc.)
- Improved community health
- Increased individual, family and community “recovery capital.”

Step 5

Build Applied Prevention

- Learning from the illness and its recovery how to best prevent, intervene and eliminate it.
- Measuring the impact of our efforts at reducing illness and building wellness.
- Empowering individuals, families and communities with best science, practice and the proven experience of what works in their community – and proving it!

Recent Resources (8)



But does ROSC Work?

Outcomes

The Connecticut Experience – Improved efficiency and access:

Treating 90,000 patients annually, using ROSC Connecticut was able to reduce by 62% the use of acute care while increasing the use of ambulatory care by 78% with an overall 14% lower cost to the system – even after adding extensive recovery-support services such as housing and transportation. This translated into a 40% increase in first time admissions, and a 24% decrease in average annual cost per client. (Kelly and White, *Addiction Recovery Management*, 2011)

Outcomes

Michigan – ROSC can address Criminal Justice Needs

“When individuals are given a chance to attain and sustain recovery from addiction and mental illness, the revolving door between incarceration and the community can stop spinning.” (Terry Cline, SAMHSA, 2008)

Built ROSC for diversion, pre-release and re-entry to community. (Michigan’s Recovery Oriented System of Care – Implementation Plan, 2011)

Outcomes

Access to Recovery: (N=190,144)

- 73.1% of individuals reporting SU at intake reported no use at discharge.
- 23.4% of those reporting not having stable housing at intake reported being stably housed at discharge.
- 30.8% more employed
- 62.4 found positive social connections not had
- 85.9 reduction in CJ involvement

(SAMHSA – Access to Recovery: Approaches to ROSC – Three Case Studies,2009)

Outcomes

A study of RM applied in treatment in six countries reported improvement in 16 dominant areas of clinical practice:

- Client rights /choice(2)
- Social inclusion
- Seeing beyond service user
- Meaningfulness of TX.
- Holistic care
- Respect for individual
- Recovery vision
- Quality of care
- Hopefulness
- Workforce attitude/team(2)
- Strength based
- Peer supported
- Partnership
- Health

improved four practice domains: *promoting citizenship, organizational commitment, self-defined and sought recovery and the therapeutic relationship.* (Le Boutillier, Leamy, Bird et al, *Psychiatric Services*, December, 2011)

Outcomes

Clinical outcomes:

In a 4-year outcome study of early Re-Intervention (ERI) and Recovery Management Checkups (RMCs) there was a significant improvement in clinical outcome based on a significant reduction in use (increased days abstinent), reduced related health and personal problems and need for further acute treatment, related adverse events (e.g. CJ).

(Dennis and Scott, *Drug and Alcohol Dependence*, 121, (2012), 10-17)

Outcomes

Philadelphia – Changed Practice

Practice changes:

- Service: Earlier engagement/rapid access
- Assessment: holistic, culturally relevant, strength-based, recovery stage focused
- Retention: Enhanced via outreach/follow up checks
- Role of client: choice and empowerment, responsibility
- Service: how can we help you? vs. “do this”
- Clinical care: best practice/science , gender/culturally sensitive, trauma informed, integrated, long-term and recovery focused

Outcomes

Philadelphia - *Practice Changes*:

Service sites: Increased with assistance to develop supports within community.

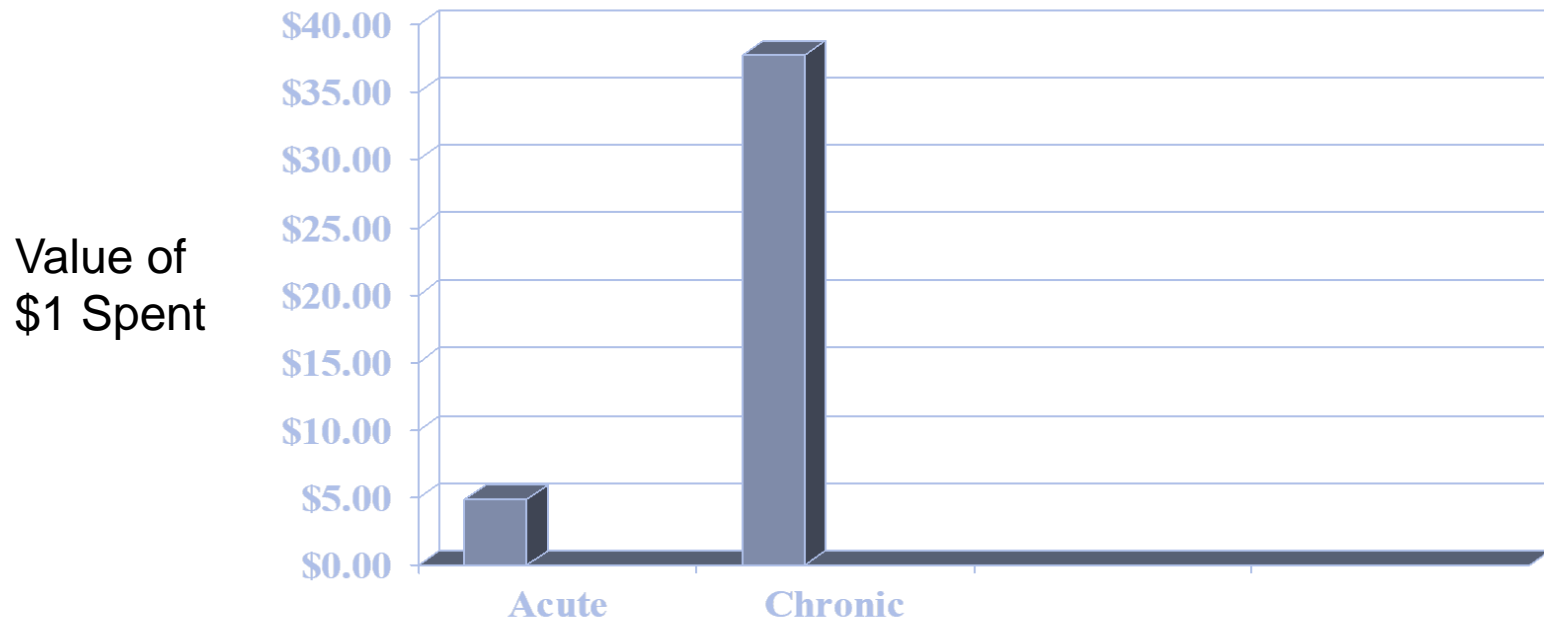
Peer-based support – paid and unpaid working with professionals

Dose of care – associated with recovery, health and wellness

Post-Treatment check-ups

Community based – celebrations of recovery

Benefit-Cost Ratio of the First Treatment Episode (Acute Care Model) vs Lifetime Treatment Episodes (Chronic Care Model) for Heroin Users



Source: Adapted from Zarkin, G.A., Bray, J.W., Mitra, D., Cisler, R.A., & Kivlahan, D.R. (2005). Cost Methodology of COMBINE. *Journal of Studies on Alcohol Supplement*, (15):50-55.

ROSC Taking Root

ROSC joins a Community with Science to state a value. The “21st Century Medical Model” (6)

ASAM (3.12.24 (9)) and NYT (3.2.24 (1)) describe Recovery and ROSC as the “sleeping giant” solution to America’s drug growing problem.

SAMHSA Publishes TIP 65 and TIP 64 exemplifying ROSC (8)

Associated Press visit to Hancock: *As billions roll in to fight the US opioid epidemic, one county shows how recovery can work* (11.3.23) (10)

Hancock County, Ohio



“People recover in a community,” said Precia Stuby, the official who heads the county’s addiction and mental health efforts. “We have to build recovery-oriented communities that support individuals.”

pstuby@yourpathtohealth.org

Some Outcomes

- 42% increase in access/capacity to tx.
- 62% increase in those attaining 90 days of Tx. (national avg <10%)
- 54% of OUD on MAT; 57% of all connect with warm handoffs
- 103 ER OD admissions (2019); 66 (2023)
- 28 OD deaths in 2022; 10 in 2023
- Tripled utilization of Recovery Center; special one for teens, Completed ASAM continuum of care for community population including implementing SBIRT, MOMS project, hospital WM, 3 recovery homes, Vets (Battle Buddies), Peer Careers (U of F); Delegation of voices for all to be heard, community endorsed harm reduction, etc.
- Avg of 28 peers provide 1696 hours of free peer support in 2023

Positive Measures

1. Improve Access, Retention and

a. Outcomes:

community empowerment

reduced costs to system

recovery and recovery management

overdose reduction/MAT growth

reduction in jails, crime

strengthens families (measured recovery capital)

workforce enhancement

client satisfaction

system coordination

recognition of community unique population needs

measurement of population health & wellness

References

1. New York Times, “I’m Matt. For Some Politicians, Addiction Battles Drive Policymaking”, March 3, 2024 Section A, page 20. at [‘I’m Matt.’ For Some Politicians, Addiction Battles Drive Policymaking. - The New York Times \(nytimes.com\)](#)
2. White, W. and Davidson, L. Recovery. (2007). A Conceptual Bridge Between the Mental Health and Addiction Fields. Behav Health Serv Res. Apr;34(2):109-20. doi: 10.1007/s11414-007-9053-7. E-pub 2007. <https://pubmed.ncbi.nlm.nih.gov/17351758/>
3. Laudet, A. and White, W.L. (2008) . Recovery Capital as Prospective Predictor of Sustained Recovery, Life satisfaction and Stress among former poly-substance users. [Subst Use Misuse. 2008; 43\(1\): 27–54.](#)
[10.1080/10826080701681473](https://doi.org/10.1080/10826080701681473)
4. Jacobs, S. & Steiner, J. Eds. (2016). Yale Textbook of Public Psychiatry. Oxford University Press, pp.265-266.
5. White, W. (2008) Recovery Management and Recovery-Oriented Systems of Care: Scientific Rationale and Promising Practices. Northeast ATTC, GLATTC and DBHMRS (Philadelphia). <https://www.chestnut.org/william-white-papers>
6. Barber, ME: Recovery as the new medical model for psychiatry. Psychiatric Services 63;277-279, 2012
7. Kelly J. & White, W. (Eds). (2011). Addiction Recovery Management – Theory, Research and Practice. Humana Press. DOI 10.1007/978-1-60327-960-4.
8. Substance Abuse and Mental Health Services Administration (2023) Counseling Approaches To Promote Recovery From Problematic Substance Use and Related Issues, November, (TIP 65) <https://store.samhsa.gov/product/tip-65-counseling-approaches-promote-recovery-problematic-substance-use-and-related-issues>
9. ASAM Weekly news 03.12.24 at www.ASAMweekly@asam.org
10. Mulvihill, G. & Johnson, C. (2023) *As billions roll in to fight the US opioid epidemic, one county shows how recovery can work* Associated Press. <https://apnews.com/video/opioids-findlay-addiction-and-treatment-ohio-epidemics-0b76f418ee724cfd8b1d086f2e246914>

ROSC in Hancock County, Ohio A Transformation in Progress

Precia Stuby
Executive Director
Hancock County ADAMHS

June 2024

Gratitude



Moments & Milestones



Thinking About Substance Use and Mental Health Differently



What's the Approach?



ROSC

From Us/Them to We

Why ROSC?

- Increase outcomes by 15%
- Application to Mental Health & Addiction
- Role For Everyone

Building the Framework

- Full Continuum of Care with Involvement of Peers in all Points of the Treatment/Recovery Continuum
- Mobilizing and Activating the Recovery Community
- Performance Improvement and Evaluation
- Promotion of Population and Community Health with a Focus on Prevention and Early Intervention
- Individualized Services Appropriate to Trauma and Culture (Interventions)
- Fiscal, Policy and Regulatory Alignment

Third Floor

People in active drug use who do not wish help or are not ready to seek recovery.

Second Floor

People with a substance use disorder who have been led to treatment and/or recovery due to an outside influence or circumstance, such as involvement with law enforcement, incarceration, drug court, ER visit, OD reversal or family or child protective service intervention.

First Floor

People who recognize they might have or do have a substance use disorder and are willing to seek understanding and recovery through evaluation, treatment and community support.



Third Floor

Naloxone/Project DAWN
QRT
MRSS for Youth
Overdose/Suicide Fatality Review Board
Zero Suicide Initiative
Syringe Service Program / SafeWorks
Other Harm Reduction Services

Second Floor

Naloxone/Project DAWN	Intensive Outpatient Treatment
Ambulatory Detox	Inpatient Withdrawal Management
MRSS for Youth	Recovery Housing
Drug Court	Zero Suicide Initiative
Family Dependency Court	MOMS Program
AYG - The Loft	Universal Screening in Jail
Specialized Services for Probation Dept.	
On-Site Services at Justice Center	
Opiate Treatment Protocol	
Overdose/Suicide Fatality Review Board	
Syringe Service Program / SafeWorks	
Other harm reduction services	

First Floor

Diagnostic Assessment	SBIRT
Outpatient Counseling	Recovery Support Center
Case Management	Recovery Housing
Peer Support	Recovery Check Ups
Residential Detox	Intensive Outpt. Treatment
MAT	Ambulatory Detox
MRSS For Youth	Family Support Group
Mental Health First Aid	Recovery Resources Guide
Crisis Text Line	MOMS Program
CRAFT Program	Hancock Helps
AYG - The LOFT	Naloxone / Project DAWN
Inpatient Withdrawal Mgmt.	Harm Reduction Education
Opiate Treatment Protocol	
Drug Free Workforce Community Initiative	

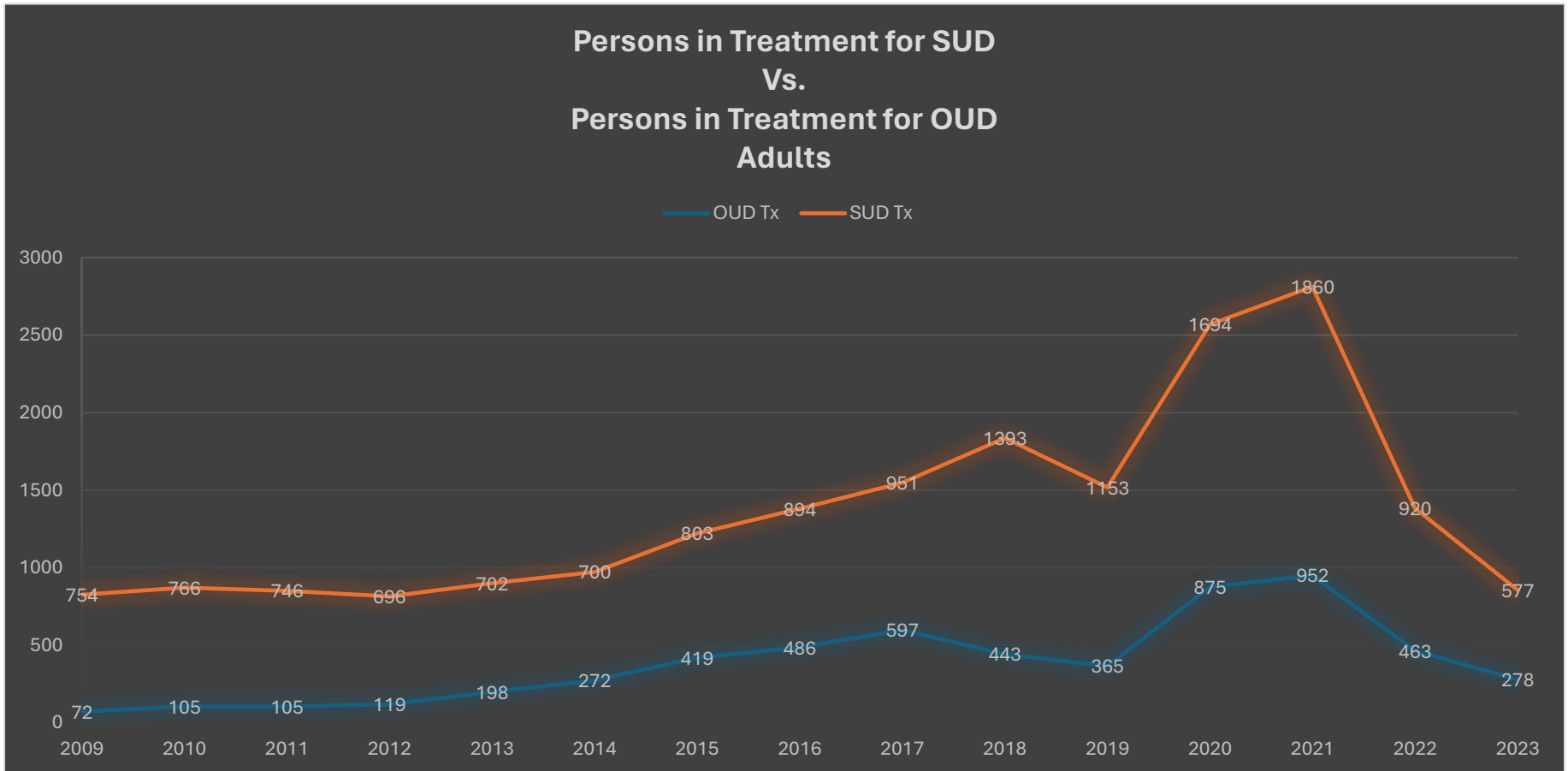


What does it look like?



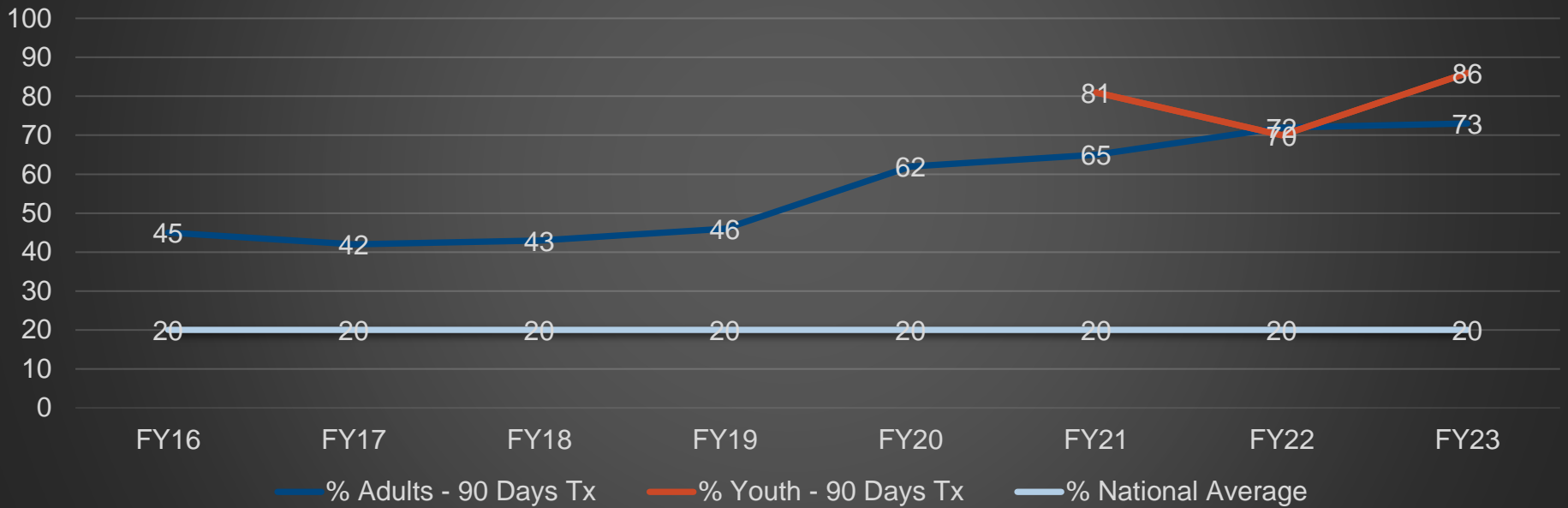
- Faith-based Services
- School-based Services
- Veterans' Services
- Hospital
- Businesses
- University of Findlay
- Criminal Justice
- Community Organizations
- Treatment Agencies
- Health Department

Access

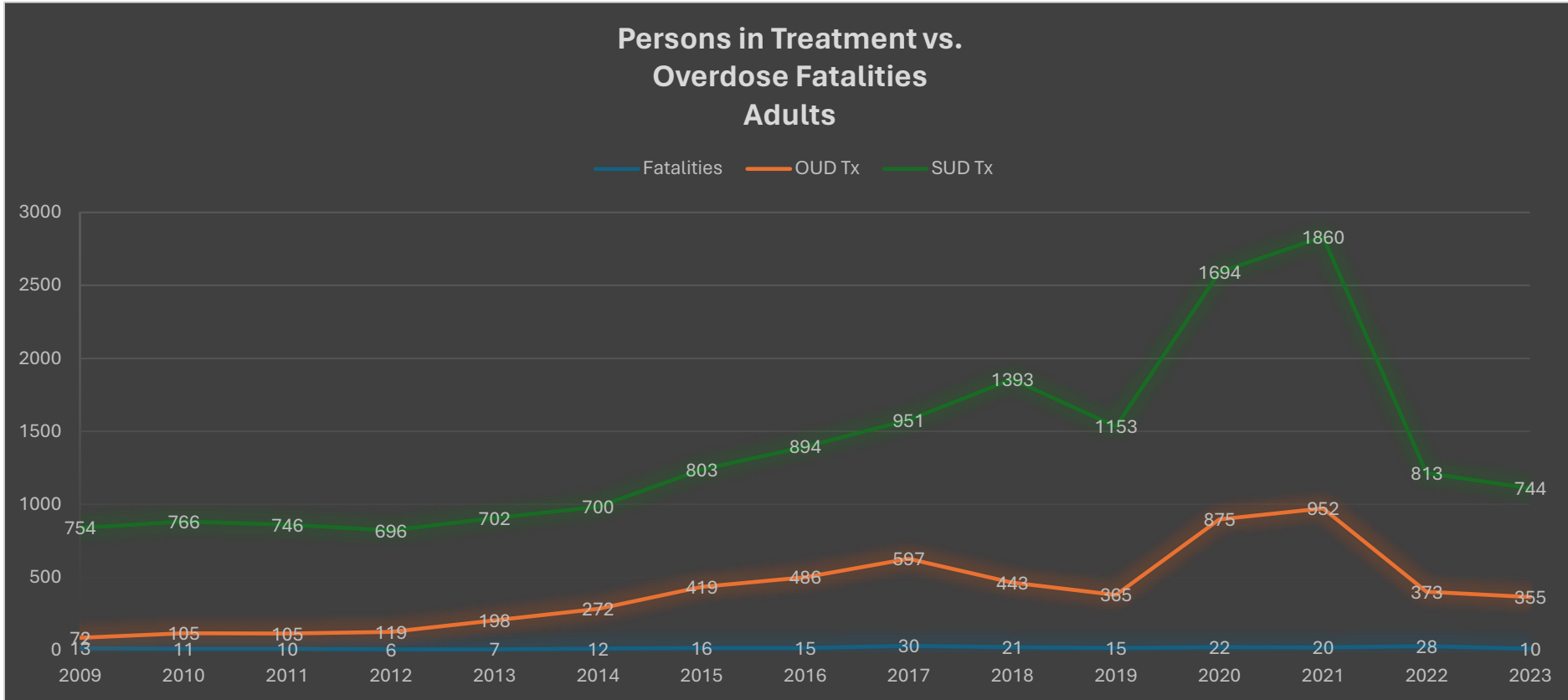


Retention

Percent of Clients Completing 90 Days of Continued SUD Tx
FY16-FY23



Outcomes



Lessons Learned

- Don't lose site of the vision.
- Homework matters! It's hard to argue with science.
- Find ways to measure efforts from multiple systems and share results on a regular basis with a well-rounded leadership group who is overseeing efforts.
- The more you mobilize and include the recovery community, the more relevant and expedient change will occur.
- Change is not linear. Match needs with opportunities. (Brandeis)
- Partner with a University.
- When there are barriers, be respectful, but persistent.
- Be inclusive: there's a role for every person, system, organization, etc.
- Celebrate moments and milestones.

Community is the Cure



Contact Information

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Community Collaboration in ROSC

Presented By:

Zachary Thomas

Director of Wellness & Education
Hancock County ADAMHS

June 2024



ROSC

2010

Hancock County
Coalition on
Addiction

1990

Hancock County
Community
Partnership

2013

ROSC Leadership
Committee

2016

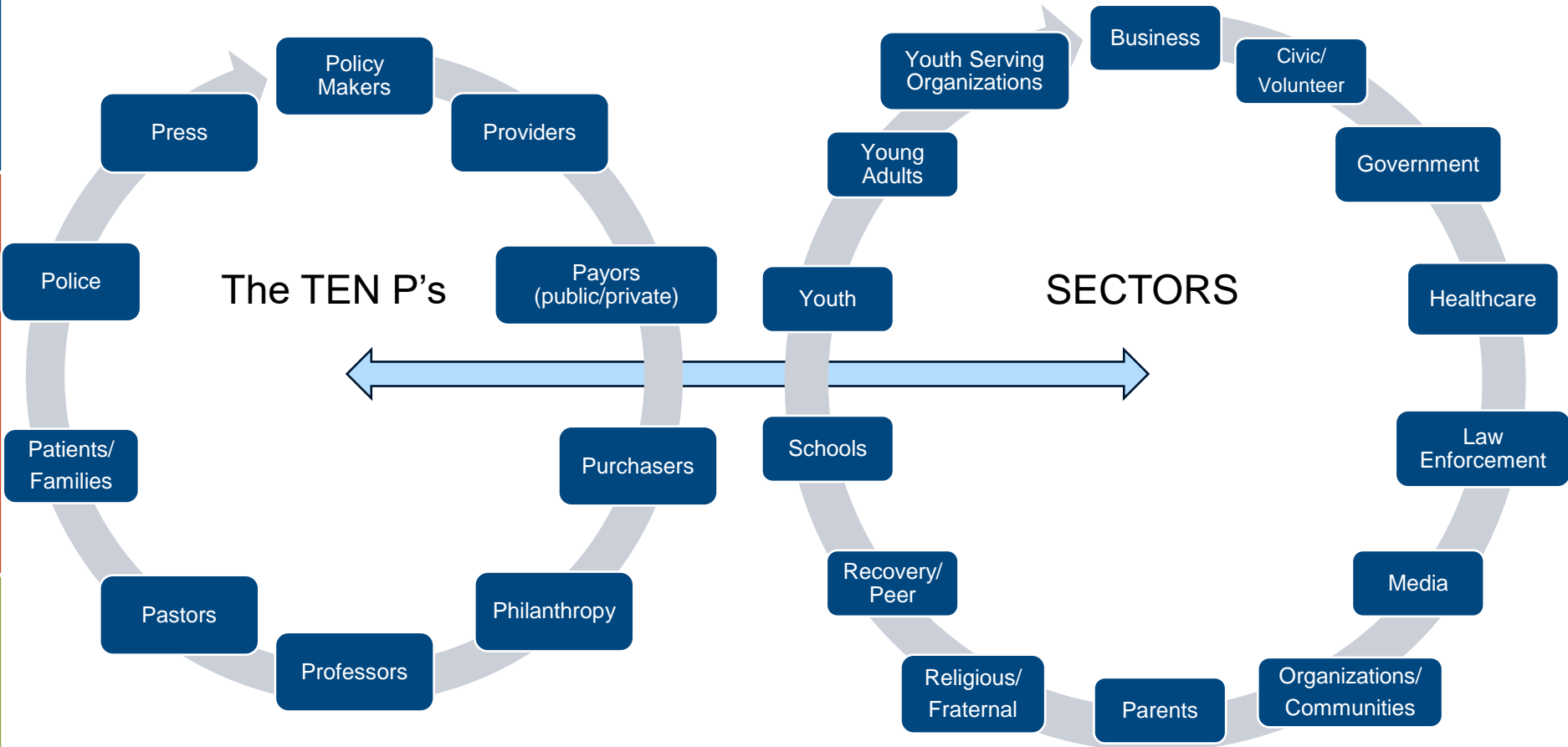
The Delegation

2022

Suicide Prevention
Coalition

2022

Health & Human
Services Workforce
Committee



The TEN P's

SECTORS

Youth

Police

Patients/
Families

Pastors

Professors

Philanthropy

Purchasers

Payors
(public/private)

Providers

Policy
Makers

Press

Youth Serving
Organizations

Young
Adults

Business

Civic/
Volunteer

Government

Healthcare

Law
Enforcement

Media

Organizations/
Communities

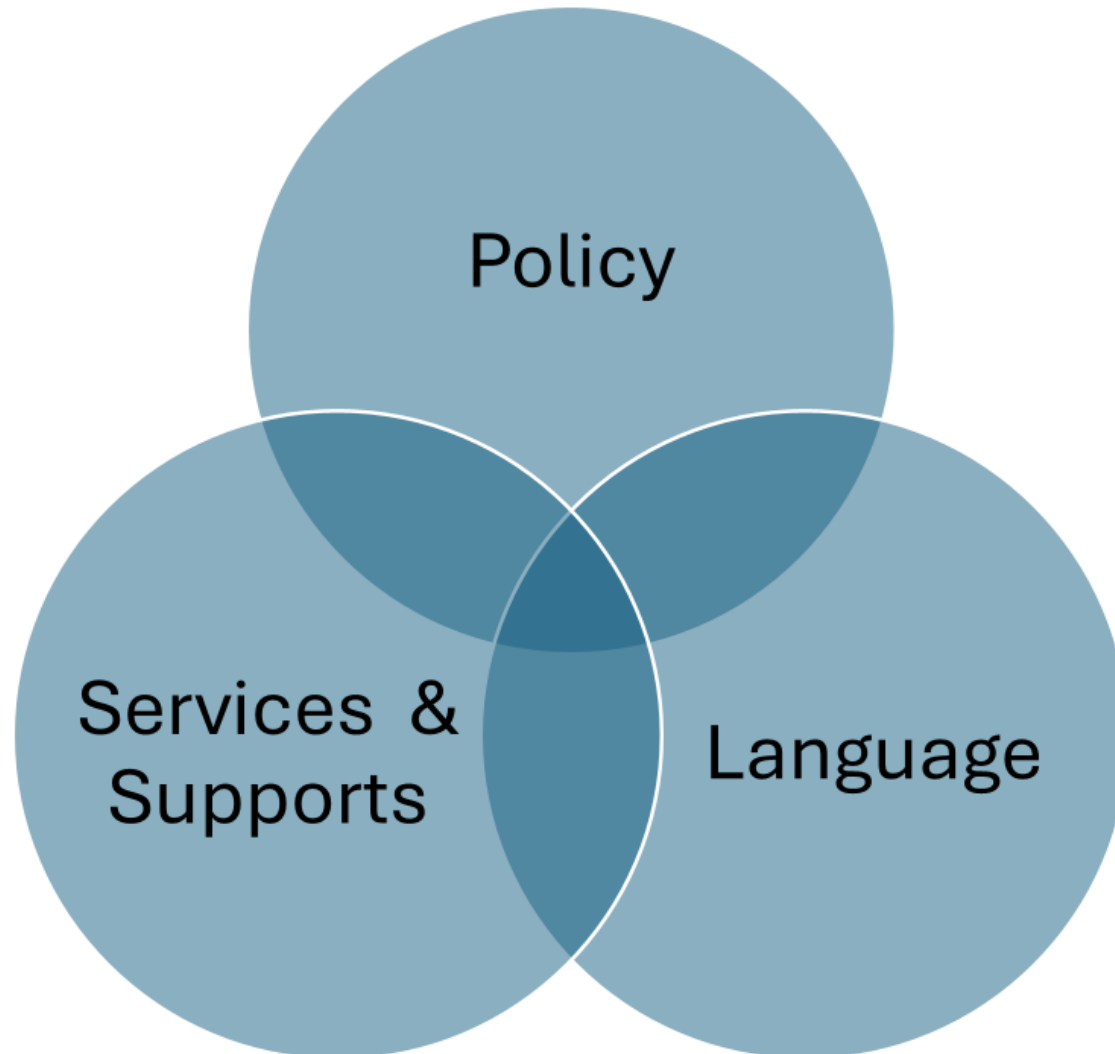
Parents

Religious/
Fraternal

Recovery/
Peer

Schools

Collaborative Areas of Focus



Language

Evolution of
Headlines

Creating Spaces
of Belonging

Anti-Stigma
Initiative

Services & Supports

Informed
Prevention

Recovery
Resources
Guide

eRecovery App

Policy

MAT Protocols

Inclusion Toolkit

Guiding
Principles



MISSION STATEMENT

Compassionately empower and improve the lives of our veterans and their families by serving those who served.

CORE VALUES

Devotion to service
Integrity

Accountability
Respect of self and others

Offering Resiliency Programs to Our Veterans

Developing Healthy Behaviors,
Thoughts and Actions

Presented by: Nichole Coleman

Executive Director, Hancock County Veterans Services Office

June 2024

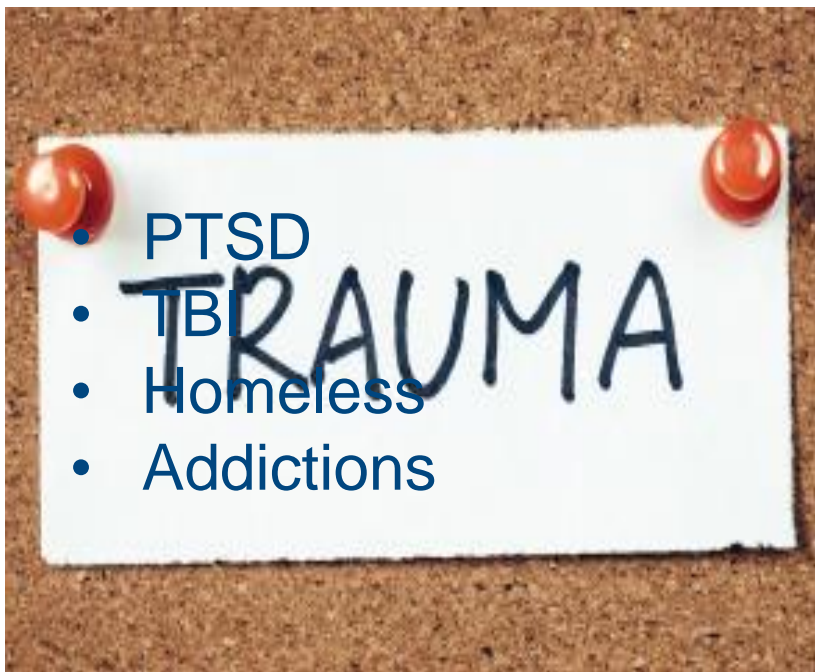
Overview

- Define Resilience and Discuss Its Place in the Veterans Service Office
- Hancock County (Ohio) Veterans Service Office Resiliency Programs
- Veteran Empowerment Fairs
- Hidden Heroes Program – Strengthening Family Resiliency
- Getting Staff Buy In

My Story & How ROSC Impacted My Recovery



Veterans at risk

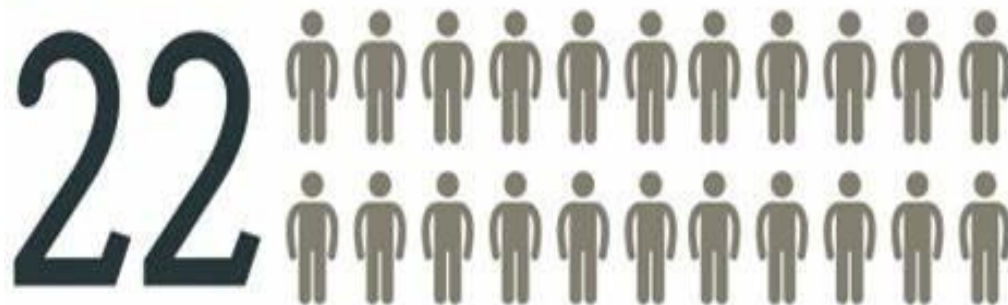


- PTSD
- TBI
- Homeless
- Addictions

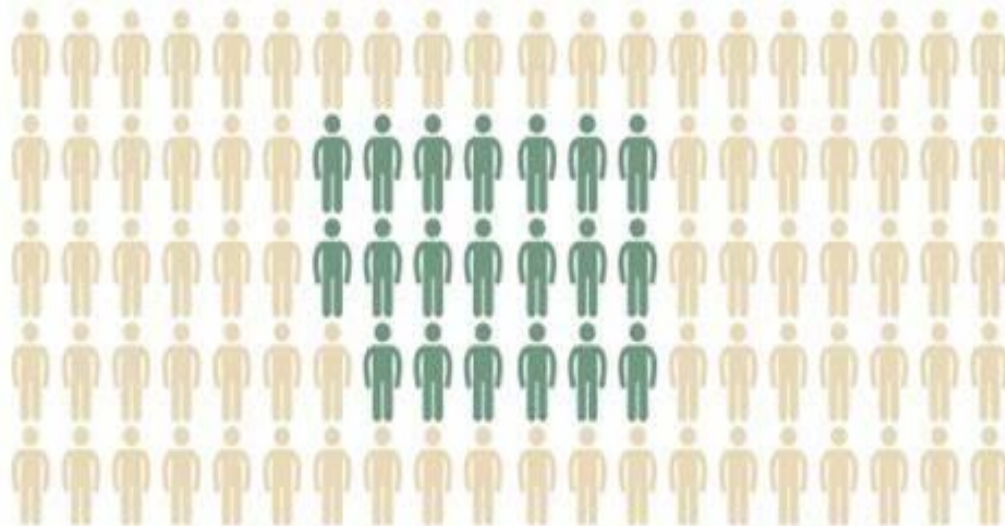
Wentling, N. (2018, June 21). *VA reveals its veteran suicide statistic included active-duty troops*. Retrieved from <https://www.stripes.com/theaters/us/va-reveals-its-veteran-suicide-statistic-included-active-duty-troops-1.533992>

SUICIDE

NUMBER OF VETERANS WHO COMMIT SUICIDE EVERY DAY IN
THE UNITED STATES:

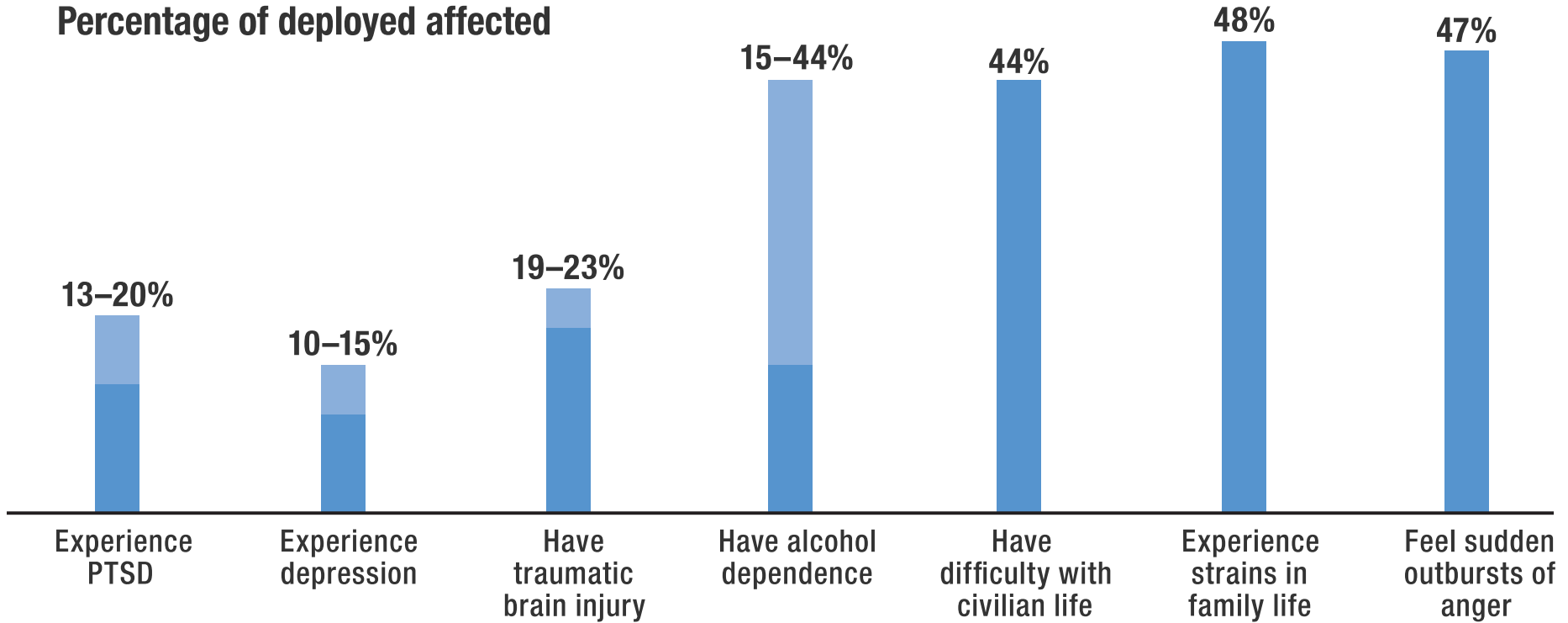


ABOUT 20% OF U.S. SUICIDE DEATHS ARE VETERANS.



Veterans are at risk

Percentage of deployed affected



RAND Corporation. (2019). *Improving the quality of mental health care for veterans*. Retrieved from <https://doi.org/10.7249/RB10087>

What Resilience is Not



Medical System



BH Tx system

Resiliency is built by working with vets to enhance skills, and increase confidence and supportive relationships.

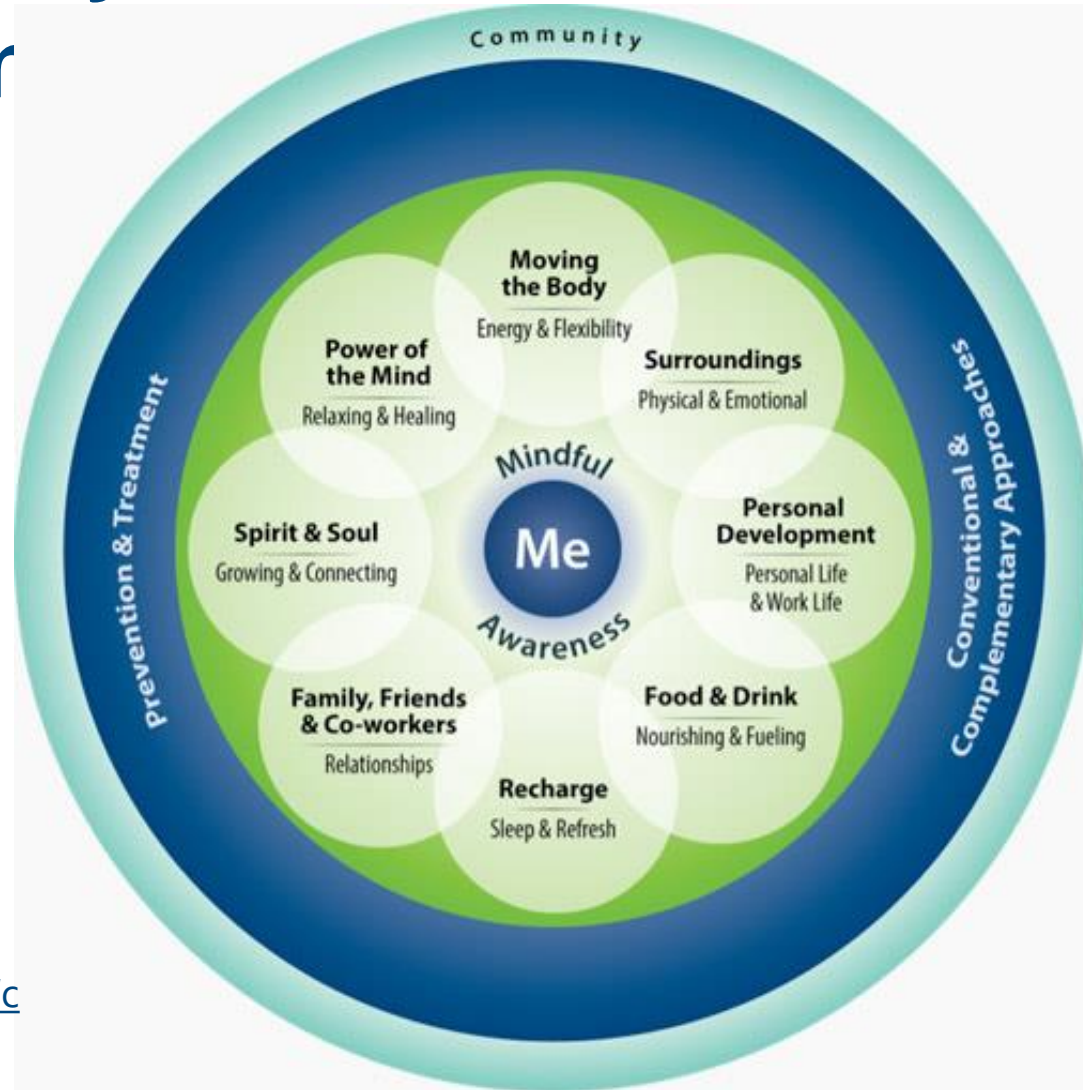


Many different ways to view Resilier

- Relationships
- Skills
- Confidence

The Circle of Health

U.S. Department of Veterans Affairs.
(2021, April 1). Retrieved from
<https://www.va.gov/WHOLEHEALTH/circle-of-health/index.asp>



Resilience Defined

Psychologists define resilience as the process of adapting well in the face of adversity, trauma, tragedy, threats, or significant sources of stress—such as family and relationship problems, serious health problems, or workplace and financial stressors. As much as resilience involves “bouncing back” from these difficult experiences, it can also involve profound personal growth.

Army Ready and Resilient (R2)

- **RESILIENCE** is the ability to *persevere, adapt, & grow* in dynamic or stressful environments.
- Ready and Resilient (R2) is the Army's strategy for strengthening individual and unit personal readiness and fostering a culture of trust. R2 provides training and resources to the Army Family to enhance resilience and optimize performance. R2 reinforces the Army Values, beliefs and attitudes, and educates members of the Army team about the importance of building connections with each other, taking care of one another, and being there to support fellow Soldiers.

Army Ready and Resilient (R2)

- Ready and Resilient (R2) provides the foundation for individuals to build and sustain personal readiness and resilience. R2 provides training and education resources to Soldiers in Active Duty, Reserve, and National Guard, as well as Family Members and Department of the Army Civilians at 32 R2 Performance Centers across the Army.

We're all
fighting
hard battles.
Check on
each other.



Veterans Empowerment Fairs

- Guest Speaker
- Coffee, Donuts & Lunch
- 30-35 vendors providing resources to empower veterans and their families in areas ranging from:
 - Wellness
 - Finances
 - Home/Environment
 - Growth
 - Life Resources



Veterans Discovering New Life

- **Veterans Discovering New Life** offers a safe, group environment where veterans can explore what God is doing in their lives, and help them find purpose and meaning. This faith-based program is devoted to bringing peace and understanding in the lives of local veterans.



Standing Strong Together And
Growing In God's Love

GI Tunes

- GI Tunes is a unique program designed to provide veterans the opportunity to engage in and explore how music listening can affect ongoing symptoms of PTSD.
- Veterans are paired with a local Music Therapist and together they develop a playlist of songs that aid and bring comfort to the Veteran when needed.



Battle Buddies

- **Battle Buddies** is a unique program designed to link veterans in need of support with other professionally-trained veteran peers. The purpose is to aid in overall mental, physical and spiritual well-being of each individual.



Guitars for Vets

- National non-profit that began in 2007
- Over 115 chapters across the USA
- Free loaner guitar, 10 hours of individualized lessons
- Free graduate guitar upon completion
- Findlay/Hancock Chapter first ever to be unaffiliated in 2019
- Graduated 98 vets, 1,500 hours of instruction
- After care programs available



Veterans Response Team

- **VRT** is a voluntary team we are in the process of forming. The team will consist of local veterans with specialized training in peer support. The primary responsibility of the team will be to respond to events in support of in-need veterans when called upon by local law enforcement or mental health facilities.



**VETERANS
RESPONSE**
★ ★ ★ **TEAM** ★ ★ ★

**First Responder Services
For Vets In Distress.**

Hidden Heroes Initiative

- Hidden Heroes, an initiative of the **Elizabeth Dole Foundation**, brings vital attention to the untold stories of military caregivers and seeks solutions for the tremendous challenges and long-term needs they face.
- We are holding an event on May 10th in which Findlay Mayor Christina Muryn will read a proclamation officially recognizing Findlay/Hancock County as an Elizabeth Dole Hidden Heroes Community.



Staff Commitment

- Staff involvement in the mental health, recovery and homelessness committees
- I share my journey with them authentically as I continue to walk out the ROSC way personally in my life



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www.HancockVeterans.com



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Sources

American Psychological Association. (2020, February 1). Retrieved from <https://www.apa.org/topics/resilience>

Palmiter, D., Alvord, M., Dorlen, R., Comas-Diaz, L., Luthar, S., Maddi, S., O'Neill, H., Saakvitne, K., & Tedeschi, R. (2020, February 1).

Retrieved from <https://www.apa.org/topics/resilience>

RAND Corporation. (2019). *Improving the quality of mental health care for veterans*. Retrieved from <https://doi.org/10.7249/RB10087>

U.S. Army. Retrieved from www.armyresilience.army.mil on 2022, February 15.

U.S. Department of Veterans Affairs. (2021, April 1). Retrieved from <https://www.va.gov/WHOLEHEALTH/circle-of-health/index.asp>

Wentling, N. (2018, June 21). *VA reveals its veteran suicide statistic included active- duty troops*. Retrieved from <https://www.stripes.com/theaters/us/va-reveals- its-veteran-suicide-statistic-included-active-duty-troops-1.533992>