Presentation to Indiana Council

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Agenda

ROSC Model

Why e-ROSC?

e-ROSC Demo/Tour

Outcome Data
Recovery-oriented systems of care (ROSC) are networks of formal and informal services developed and mobilized to sustain long-term recovery for individuals and families impacted by severe substance use disorders. The system in ROSC is not a treatment agency but a macro level organization of a community, a state, or a nation.

William White
Why ROSC?

**Unmet Need for Services**
- Need exceeds capacity
- Only 1 of 10 receives treatment who need it
- 80% in the criminal justice system suffer from a substance use disorder

**Funding Challenges**
- Both states and the federal government are cutting budgets.
- More likely to be poor and uninsured

**Traditional Care does not match Client needs**
- **COMPLEX** treatment needs
- Organizations are **SILOED**
Funding Siloes = Resource Siloes

Traditional supports require the client to navigate complex and disjointed silos of support.

Blended, individualized, and recovery oriented supports allow us to cut through silos.
Comprehensive Treatment Needs

- child care services
- intake processing, assessment
- treatment plan
- pharmaco-therapy
- continuing care
- HIV/AIDS services
- family services
- employment Services
- transportation
- medical services
- housing
- financial services
- legal services
- educational services
- behavioral therapy
- case management
- substance use monitoring
- self help, peer support
- behavioral therapy
- case management
- pharmaco-therapy
- continuing care
- HIV/AIDS services
- family services
- employment Services
- transportation
- medical services
- housing
- financial services
- legal services
- educational services
- Comprehensive Treatment Needs
If Addiction is a Chronic Illness...

Why do we:

✓ Expect that full recovery should be achieved from a single treatment episode?
✓ View prior treatment outcomes as indicative of poor prognosis?
✓ Extrude clients for becoming symptomatic?
✓ Treat in serial episodes of disconnected treatment?
✓ Relegate aftercare to an afterthought?
✓ Terminate the service relationship following a brief intervention?
The Solution...ROSC

- **Responsive to Provider Needs:**
  - Comprehensive supports for a complex patient population.
  - Allows for resources to be targeted to where they are most needed.
  - Maximizes community volunteer and client.

- **Responsive to Client Needs:**
  - Traditional care treats everyone with substance dependence the same.
  - Improves patient experience and value.
  - Provides for more inclusive patient care.
  - Promotes self-efficacy and empowerment amongst clients; quickly becoming leaders.
  - ROSC care treats everyone as individuals. Services are focused on assisting clients in meeting their recovery capital needs.

- **Responsive to the Future of Behavioral Health Care:**
  - Budgetary pressures in the criminal justice system, healthcare reform opportunities and major changes in funding, are leading to rapid change in behavioral healthcare.
  - The ROSC model proactively manages these changes & positions organizations to be seen as a community leader in the best position to coordinate community-based recovery care.
ROSC = Whole Health

Health—Overcoming or managing one’s disease(s) as well as living in a physically and emotionally healthy way

Home—A stable and safe place to live that supports recovery

Purpose—Meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors and the independence, income, and resources to participate in society

Community—Relationships and social networks that provide support, friendship, love, and hope
Recovery Capital

Personal Recovery Capital
- **Physical Capital** = Health, shelter, food, transportation, etc.
- **Human Capital** = Life skills, values, knowledge, credentials, self-awareness, self-esteem, optimism, purpose

Family/Social Recovery Capital
- **Family Capital** = Family and family of choice, social relationships
- **Community capital** = Access to resources in the community

Cultural Recovery Capital
- **Cultural Capital** = Local availability of culturally-prescribed pathways of recovery
Recovery Oriented System of Care

- A cost-effective, community-based, whole-health approach to addictions treatment

- Focus on increasing “Recovery Capital” in addition to meeting “treatment need”

- Focus on “Targeted Treatment”

- Uses Recovery Coaches, Recovery Engagement Centers, volunteers, and community resources to meet the need of each individual
Recovery Engagement Center

- Community Center with approximately **2400** walk-in’s per year, service requests include:
  - 20% Support Service
  - 8% Employment
  - 7% Housing
  - 20% Support Groups
  - 20% Recovery Coaching
  - 4% Service Inquiries
  - 35% Informal Support

- Low barrier hub for recovery
- You do not need to be a Centerstone client to use the REC.
- We are gatekeepers for Centerstone and community builders!
Barriers to Accessing Supports

Geographic and transportation barriers to accessing the REC.

- Some clients lack the resources to make it to a physical location consistently.
- Some clients need basic support in domains of scheduling and follow-up.
- Some clients are reluctant to seek help.

Virtual Engagement - the next step in increasing community connections, encouraging engagement, and offering a diversity of supports.
1. **Establish e-ROSC web portal** (PHR w/ client dashboard tracking key health outcomes, text messaging alert system, online My Recovery calendar, recovery blog, chat options, and online support group option)

2. **Enhance ROSC care coordination** by using e-ROSC to expand service delivery & *increase consumer involvement* in their own care.

3. **Improve outcomes** for adults with SUD, including those with MH and SUD
3 Logical Components

v-REC (Public Site)

- Public Calendar
- Announcements
- Community Resources
- Our View / What we Provide
- Real Recovery
- Gallery
- The Rec Family

- Moderated Discussion
- Live Chat (with a Recovery Coach or volunteer)
- Request an appointment
- Addicted / Need Help?
- Terms of Service and Privacy Policy
- Code of Conduct

e-ROSC Recovery Center (Private Site)

Recovery Tools
- Recovery Plan
- Weekly Update
- Secure Message Center
- Personal Calendar
- Recovery Capital Scale

My Personal Health Record
- Medications
- Conditions
- Allergies
- Immunizations
- Apt Notes
- Procedures

- Notifications
- Providers
- Procedures
- Observations
- Emergency info
- Tools
e-ROSC Data Exchange

Centerstone

Recovery Tools
- Recovery Plan
- Weekly Update
- Secure Messages
- Personal Calendar
- Recovery Capital Scale

HIE, Direct, Blue Button

My Personal Health Record

Modified BAA Provisions

HealthVault
Recovery Support Tools

DOMAINS ASSESSED
- Career / Education
- Leisure/Recreation
- Independence from Legal Problems
- Employment / Financial Independence
- Drug & Alcohol Recovery
- Relationship/Social Support
- Medical Health
- Mental Wellness Spirituality
- Mood / Confidence / Problem Solving
- Treatment / Recovery Support

Recovery Capital Scale

Recovery Plan

Goals
Established in EACH DOMAIN for Recovery Planning, based on RCS Results

3 Priority Goals

Tools Continually Inform Each Other

TMAC/client update

Risk v. Protective Scores
Work Made Toward Goals
Planning for Future Work
Informs Modifications to Recover Plan
Hi My Name is J.D. and I'm an Addict

I didn't relapse today, nor yesterday, or the day before! I was fortunate I guess. See I don't want to use and for me it's just that simple. I have witnessed more than one relapse this...

Can I borrow a cup of sugar?

Last night, a random stranger knocked on my door with a well known yet odd request, "Can I borrow a cup of sugar?" Considering I live about a block away from a grocery store, I found it a bit...

Showing 5 of 1903 comments

lifemoreabundant

I think the hardest thing to deal with is watching one of your family members struggle with addiction. It is level of powerlessness that is hard to accept. Anyone have suggestions on how to deal with this issue?

1 hour ago

Click here to see a list of supported browsers

and 37 others liked this.
Showing 5 of 1903 comments

lifemoreabundant

I think the hardest thing to deal with is watching one of your family members struggle with addiction. It is level of powerlessness that is hard to accept. Anyone have suggestions on how to deal with this issue?

1 hour ago

lifemoreabundant

Congratulations J.D.

20 hours ago

Melissa Oran

Awesome job J.D.!

23 hours ago

livingthedream46

Heeeelllllooo Monday! Had a great weekend - sober reference weekends are great!

1 day ago

Jax77

By this time of winter, I am done with it! Missing my flip flops and warm breezes :)

1 day ago 2 Likes
Name: Jonathan Smolowe
Birthdate: 07/23/1953
Cell phone: 7346681518
Email: jsmolowe@spinnphr.com
Date started: 09/10/2012

Note:
Jonathan has had a hard time finding a job. He thinks he has one but is not sure about its stability.

Selected Questionnaire Summary

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>Protective Factors</th>
<th>Net Protective(+) Risk(-) / Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Legal / Occupational</strong></td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Triggers</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Mood</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Cravings</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Medical</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Confidence</td>
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<td></td>
</tr>
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</table>

**Total Risk Factors:** 11

**Total Protective Factors:** 7

**Net Protective(+) Risk(-) / Factors:** -4

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<thead>
<tr>
<th>Session’s before current week</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>Current</th>
</tr>
</thead>
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<td>Questionnaire date</td>
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<td>10/08/2012</td>
<td>10/08/2012</td>
<td>12/12/2012</td>
<td>12/17/2012</td>
<td>01/28/2013</td>
</tr>
<tr>
<td>Protective Factors</td>
<td>3</td>
<td>4</td>
<td>7</td>
<td>7</td>
<td>9</td>
<td>6</td>
</tr>
<tr>
<td>Risk Factors</td>
<td>10</td>
<td>11</td>
<td>11</td>
<td>9</td>
<td>10</td>
<td>7</td>
</tr>
<tr>
<td>Net Risk / Protective Factors</td>
<td>-7</td>
<td>-7</td>
<td>-4</td>
<td>-2</td>
<td>-1</td>
<td>-1</td>
</tr>
<tr>
<td>Progress score (Change in Risk / Protective Factors)</td>
<td>n/a</td>
<td>0</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>
Recovery Engagement Center

Helping you along your path to recovery

Hi Mario
Logout

Recovery Tools

My Top Goals/My Top Priorities (What I'm working on now)

1) Get a Job
2) Find an Apartment
3) Seek Company from Support Groups

My Personal Health Record

Click here to access the PHR

Find an Apartment

1. Objective: Figure out my price range
   Progress measure: 52%
   0% 25% 50% 75% 100%

2. Objective: Put ads in 5 places to find roommate
   Progress measure: 96%
   0% 25% 50% 75% 100%

3. Objective: Get recommendations (3)
   Progress measure: 73%
   0% 25% 50% 75% 100%
News

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Group Discussion

Dr. Bob Smith
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Today’s Events

July, ## 2013

12:15PM - 1:15PM AA- Nooner's Group more
2:00PM - 4:00PM Recovery Process more
4:00PM - 5:30PM Seeking Safety more
5:30PM - 6:30PM AA- First Things First Group more
6:00PM - 7:30PM Courage to Change more

What’s going on?
Goal 1: I need to meet the conditions of my probation and make new friends.

Attend meetings with my parole officer:

- Missed it
- Made it
- Made All of Them

Make new friends and stay away from bad influences

- nope
- I did it!

Completed Drug Court requirements this week

Done
1) **For Participants**, improve outcomes.

2) **For healthcare providers**, 
   - Improve operational efficiency,
   - Help meet Meaningful Use Stage 2,
   - Support new payment models.

3) **For payers**, reduce costs and demonstrate better outcomes.

4) **For communities**, promote integration between behavioral health and physical healthcare, improve community partnerships/coordination for individuals with Substance Use Disorders and lower costs.
Review of our outcomes with e-rosc data

- Hot off the press
- Created for us by SPINN using real time data
- Will now be able to now know initial information on RCS (Recovery Capital Scale) and the client’s update of progress TMAC as well as follow up and progress or lack there of.
- Can now monitor clinician’s use of tools
- Will have outcome data on all that we are doing with little to no extra cost or time for clinician.
### Summary of key statistics

<table>
<thead>
<tr>
<th></th>
<th>8/8/2013</th>
<th>8/31/2013</th>
<th>9/30/2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of Participants</td>
<td>70</td>
<td>82</td>
<td>88</td>
</tr>
<tr>
<td>Number with RCS</td>
<td>61</td>
<td>69</td>
<td>73</td>
</tr>
<tr>
<td>Number w/ at least 1 TMAC</td>
<td>47</td>
<td>58</td>
<td>66</td>
</tr>
<tr>
<td>Number of people completing six months with 2 RCS reports</td>
<td>17</td>
<td>21</td>
<td>22</td>
</tr>
<tr>
<td>Average number of TMAC questionnaires for people with at least 2 months</td>
<td>4.5</td>
<td>4.65</td>
<td>4.84</td>
</tr>
<tr>
<td>Average number of TMAC questionnaires for people with 2 RCS</td>
<td>5.6</td>
<td>5.62</td>
<td>5.86</td>
</tr>
<tr>
<td>Number of Participants in e-ROSC for more than 6 months &amp; at least 1 TMAC but only 1 RCS</td>
<td></td>
<td></td>
<td>14</td>
</tr>
</tbody>
</table>
### Results

**Average TMAC* scores for Participants starting before August 1, 2013**

<table>
<thead>
<tr>
<th></th>
<th>Period 1</th>
<th>Period 2</th>
<th>Period 3</th>
<th>Period 4</th>
<th>Period 5</th>
<th>Period 6</th>
<th>Period 7</th>
<th>Period 8</th>
<th>Period 9</th>
<th>Period 10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average protective factors</td>
<td>6.1</td>
<td>7.1</td>
<td>6.8</td>
<td>6.8</td>
<td>6.9</td>
<td>8.9</td>
<td>8.3</td>
<td>9.0</td>
<td>8.0</td>
<td>10.0</td>
</tr>
<tr>
<td>Average risk factors</td>
<td>4.5</td>
<td>4.0</td>
<td>3.9</td>
<td>3.5</td>
<td>4.0</td>
<td>3.3</td>
<td>2.5</td>
<td>1.8</td>
<td>1.3</td>
<td>3.0</td>
</tr>
<tr>
<td>Average net score</td>
<td>1.6</td>
<td>3.1</td>
<td>2.9</td>
<td>3.3</td>
<td>2.9</td>
<td>5.6</td>
<td>5.8</td>
<td>7.2</td>
<td>6.7</td>
<td>7.0</td>
</tr>
<tr>
<td>Number of reports</td>
<td>51</td>
<td>46</td>
<td>41</td>
<td>32</td>
<td>24</td>
<td>20</td>
<td>13</td>
<td>10</td>
<td>6</td>
<td>4</td>
</tr>
</tbody>
</table>

*Note: The average number of TMAC questionnaires is: 4.84*
Average TMAC Scores for those completing 2 or more RCS* (about 6 months) as of 9/30/13

Average protective factors
Average risk factors
Average net score

<table>
<thead>
<tr>
<th>Period</th>
<th>Period 1</th>
<th>Period 2</th>
<th>Period 3</th>
<th>Period 4</th>
<th>Period 5</th>
<th>Period 6</th>
<th>Period 7</th>
<th>Period 8</th>
<th>Period 9</th>
<th>Period 10</th>
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<tbody>
<tr>
<td>Average protective factors</td>
<td>6.4</td>
<td>7.7</td>
<td>6.4</td>
<td>7.4</td>
<td>6.9</td>
<td>8.8</td>
<td>8.6</td>
<td>9.2</td>
<td>7.8</td>
<td>9.5</td>
</tr>
<tr>
<td>Average risk factors</td>
<td>4.5</td>
<td>3.8</td>
<td>4.0</td>
<td>3.3</td>
<td>3.9</td>
<td>3.7</td>
<td>2.6</td>
<td>2.2</td>
<td>0.8</td>
<td>2.0</td>
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<tr>
<td>Average net score</td>
<td>2.0</td>
<td>4.0</td>
<td>2.4</td>
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<td>3.0</td>
<td>5.2</td>
<td>6.0</td>
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<td>Number of reports</td>
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<td>15</td>
<td>12</td>
<td>7</td>
<td>6</td>
<td>4</td>
<td>2</td>
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</tbody>
</table>

Note: The average number of TMAC questionnaires is: 5.86
### Average RCS Scores by domain through September 30, 2013

<table>
<thead>
<tr>
<th>Summary</th>
<th>Average</th>
<th>Change</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CAREER/EDUCATION</strong></td>
<td>6.5</td>
<td>1.6</td>
<td>24.3%</td>
</tr>
<tr>
<td><strong>LEISURE/RECREATION</strong></td>
<td>7.3</td>
<td>0.0</td>
<td>-0.6%</td>
</tr>
<tr>
<td><strong>INDEPENDENCE FROM LEGAL PROBLEMS AND INSTITUTIONS</strong></td>
<td>8.1</td>
<td>0.6</td>
<td>7.3%</td>
</tr>
<tr>
<td><strong>FINANCIAL INDEPENDENCE</strong></td>
<td>5.8</td>
<td>1.4</td>
<td>24.2%</td>
</tr>
<tr>
<td><strong>DRUG/ALCOHOL RECOVERY</strong></td>
<td>10.8</td>
<td>2.0</td>
<td>19.0%</td>
</tr>
<tr>
<td><strong>RELATIONSHIPS/SOCIAL SUPPORT (Informal Recovery Support)</strong></td>
<td>34.6</td>
<td>5.8</td>
<td>16.8%</td>
</tr>
<tr>
<td><strong>RELATIONSHIPS/SOCIAL SUPPORT (Formal Recovery Support)</strong></td>
<td>18.0</td>
<td>1.6</td>
<td>9.1%</td>
</tr>
<tr>
<td><strong>MEDICAL HEALTH</strong></td>
<td>6.9</td>
<td>1.0</td>
<td>15.2%</td>
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<tr>
<td><strong>MENTAL WELLNESS/SPirituality/SELF EFFICACY</strong></td>
<td>18.8</td>
<td>3.2</td>
<td>16.9%</td>
</tr>
<tr>
<td><strong>MENTAL WELLNESS/SPirituality/SELF EFFICACY (Problem Solving/Planning)</strong></td>
<td>11.4</td>
<td>0.3</td>
<td>2.4%</td>
</tr>
<tr>
<td><strong>MENTAL WELLNESS/SPirituality/SELF EFFICACY (Living Situation)</strong></td>
<td>14.3</td>
<td>1.0</td>
<td>7.0%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>142.5</td>
<td>18.5</td>
<td>13.0%</td>
</tr>
</tbody>
</table>
“Those whom the world has turned into victims [are instead] chosen to be bearers of good news.”

-Henri Nouwen
https://vimeo.com/51411287
http://vimeo.com/29577953
E-ROSC is the logical response to the economic, regulatory and technological world today.

E-ROSC contributes to sustainability of Behavioral Health delivery models.

E-ROSC allows us to penetrate markets we have been unable to access previously.

E-ROSC will improve outcomes and lower cost, giving value to everyone.