

Presentation to Indiana Council

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Agenda

ROSC Model

Why e-ROSC ?

e-ROSC Demo/Tour

Outcome Data



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ROSC Model of Care

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

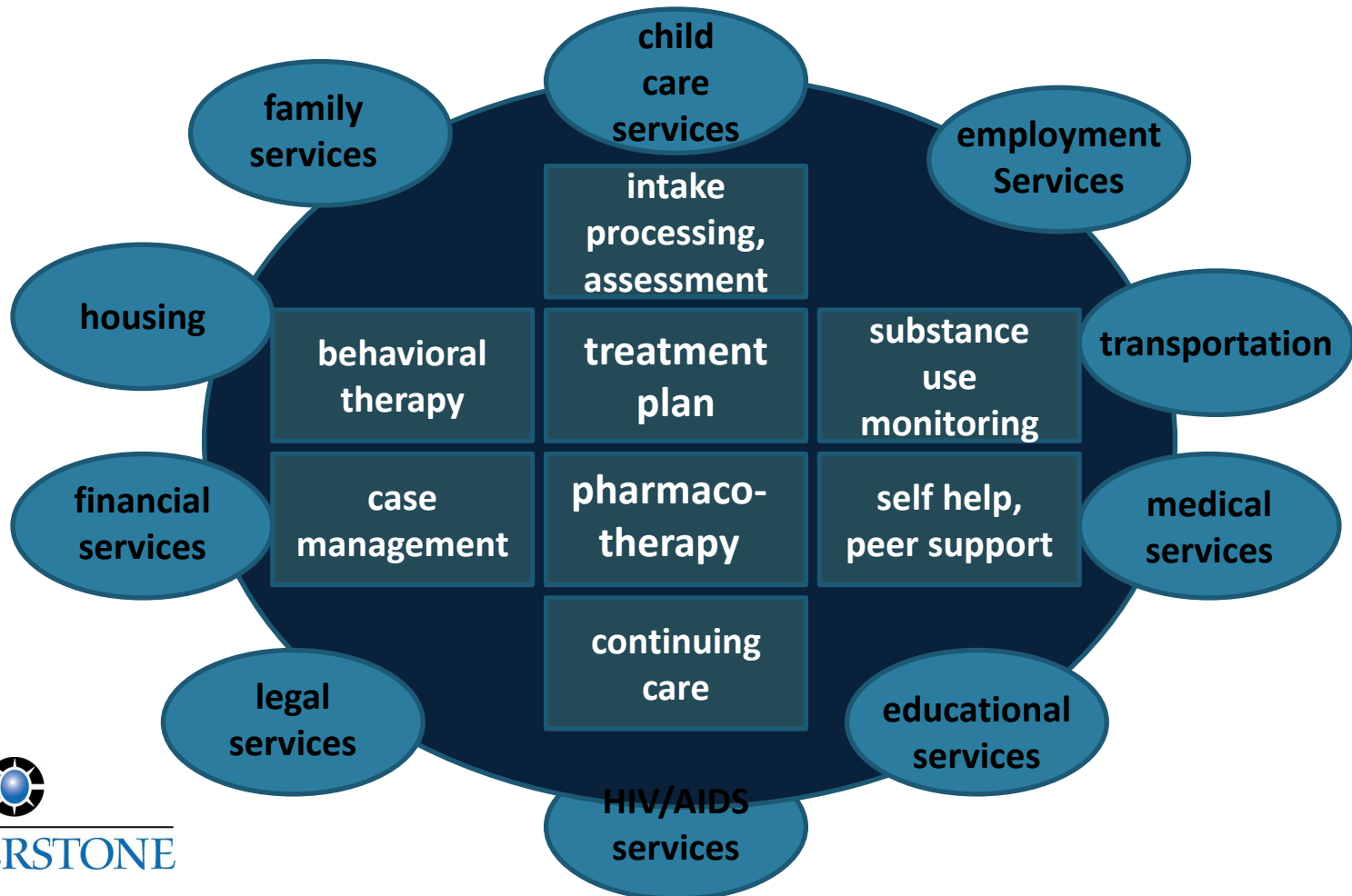
- **COMPLEX** treatment needs
- Organizations are **SILOED**



Funding Siloes = Resource Siloes



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

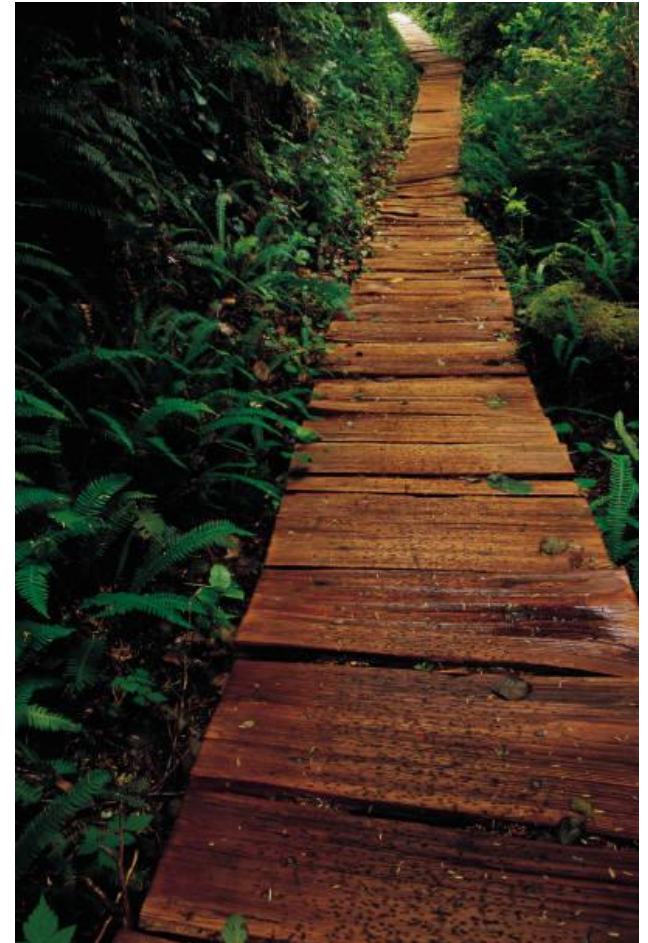
Cultural Recovery Capital

- **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**



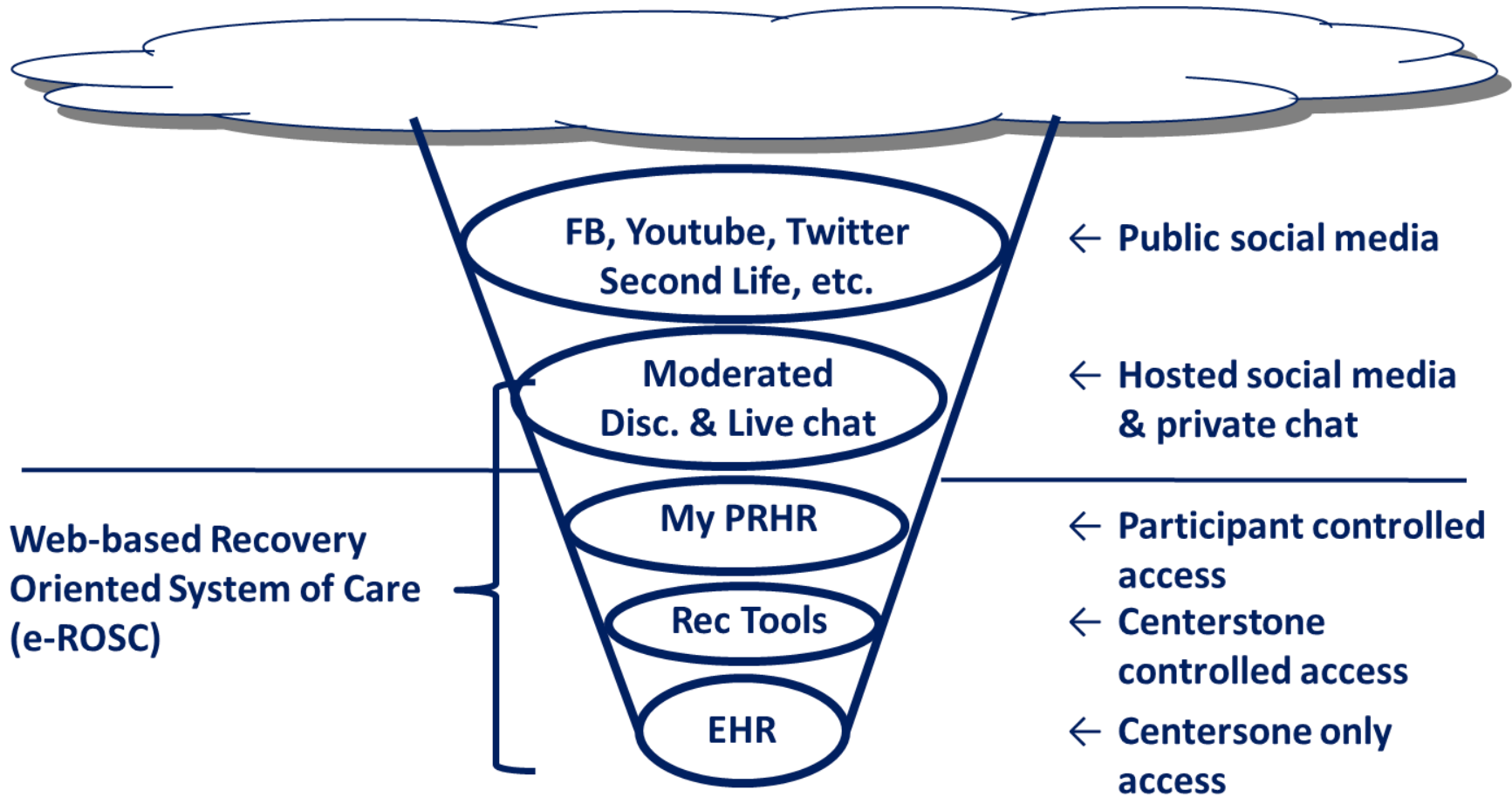
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E-ROSC

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



The Model



3 Logical Components

v-REC (Public Site) / www.v-recover.com

- ✓ 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 (Centerstone controlled)

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

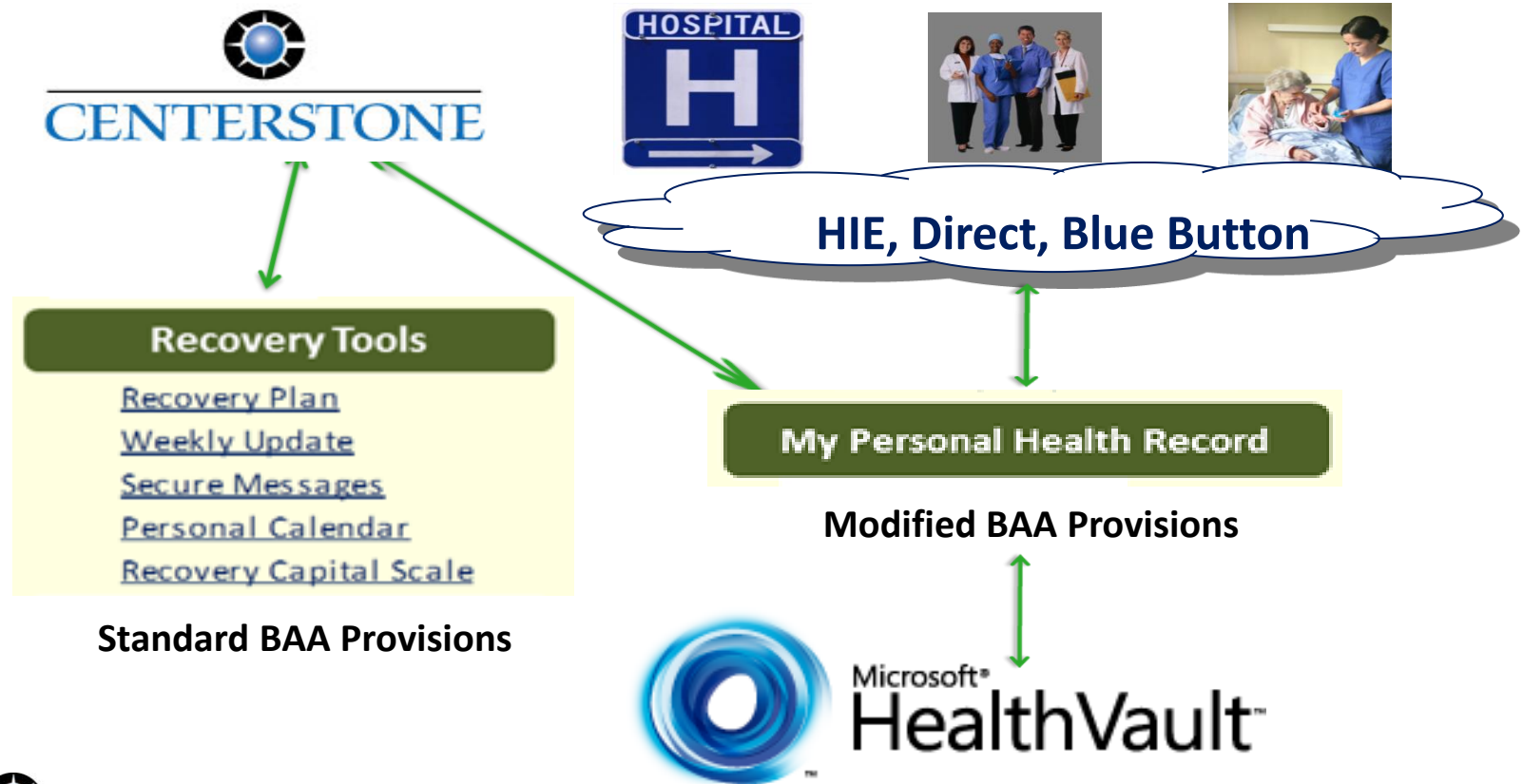


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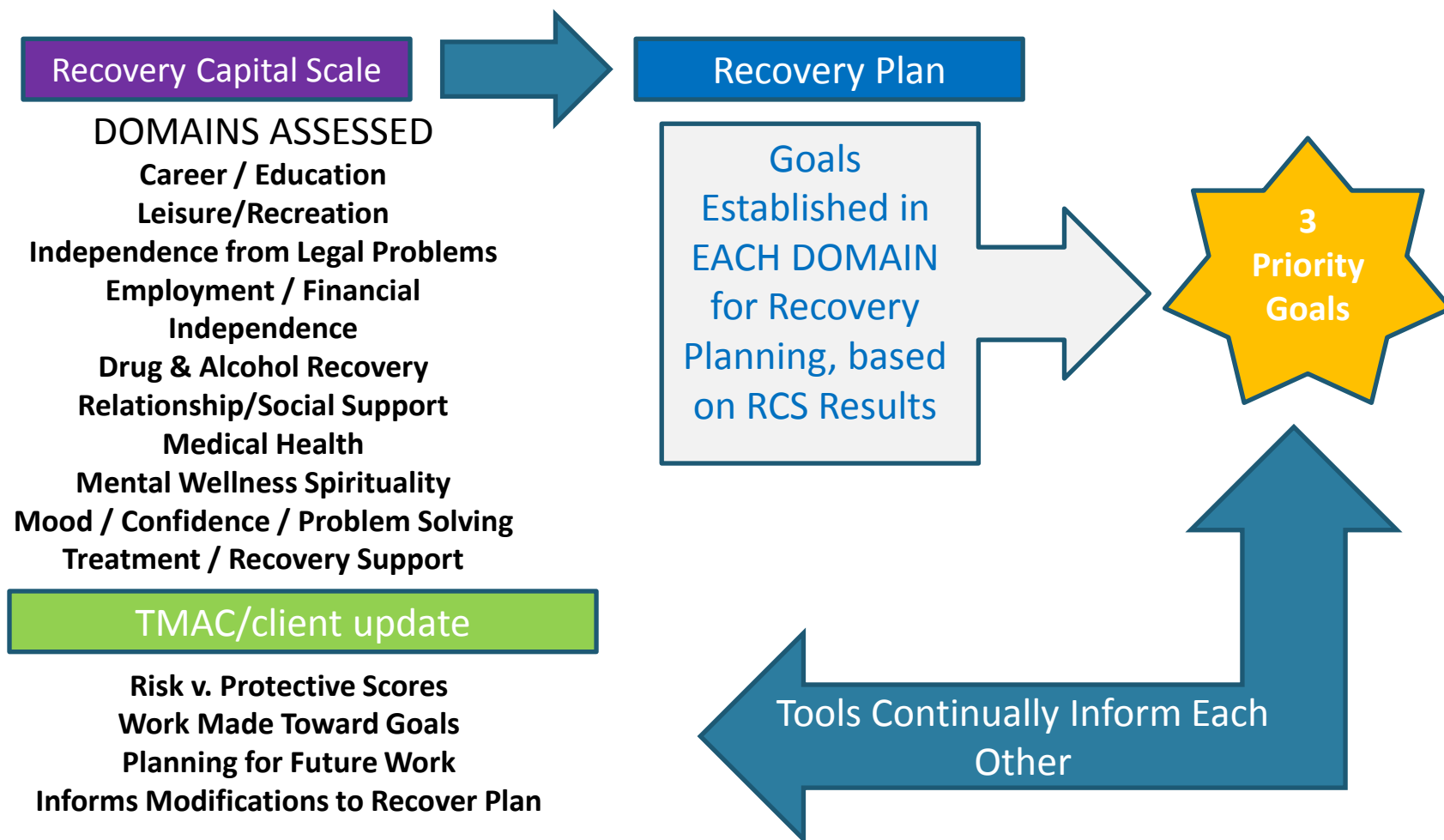
My Personal Health Record (Participant controlled)

- ✓ Medications
- ✓ Conditions
- ✓ Allergies
- ✓ Immunizations
- ✓ Apt Notes
- ✓ Procedures
- ✓ Notifications
- ✓ Providers
- ✓ Procedures
- ✓ Observations
- ✓ Emergency info
- ✓ Tools

e-ROSC Data Exchange



Recovery Support Tools



Recovery Engagement Center

Helping you along your path to recovery



[Request Appointment](#)



[HOME](#) [OUR VIEW](#) [WHAT WE PROVIDE](#) [RESOURCES / NEED HELP?](#) [CALENDAR](#) [RESOURCES](#) [REAL RECOVERY](#) [GALLERY](#) [THE STAFF](#) [HELP](#) [Login](#)

Here's the latest...



NEWS / BULLETINS

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...

[View In Context »](#)

Can I borrow a cup of sugar?

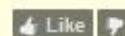
Last night, a random stranger knocked on my door with a well known yet odd request, "Can I borrow a cup of sugar?" Considering I live about a block away from a grocery store, I found it a bit...

[View In Context »](#)

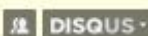
JOIN THE DISCUSSION

Let's talk Recovery! Join with other community members like you and share motivation, inspirational quotes, stories, or encouragement. Are you in need of help with something? We are in this together. Mention it to the group and watch your local community of recovery rally around you!

[Click here to see a list of supported browsers](#)



and 37 others liked this.



Add New Comment

[Login](#)



Type your comment here.

Showing 5 of 1903 comments

Sort by newest first ▼



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

[Like](#) [Reply](#)

Video



UPCOMING EVENTS

- **TODAY - Feb 5**
 - ♦ 2:30PM - 4:30PM REC Walk In's
 - ♦ 6:00PM - 7:00PM AA- Shivering Denizens Outreach [more](#)
 - ♦ 6:00PM - 7:00PM AA- Women in Recovery [more](#)
 - ♦ 6:30PM - 7:30PM AA- Stone City Group [more](#)
 - ♦ 6:30PM - 7:30PM AA- Stone City Group [more](#)
 - ♦ 7:00PM - 8:00PM AA- Stepping Into Sobriety Group [more](#)
 - ♦ 7:30PM - 8:30PM AA- Tuesday Evening Group [more](#)
 - ♦ 7:30PM - 8:30PM AA- Tuesday Night Candlelight Group [more](#)
 - ♦ 8:00PM - 9:00PM AA- One Day at a Time Group [more](#)
 - ♦ 8:00PM - 9:00PM AA- Tuesday Night Literature Gro [more](#)

Talk to us now! +

Social Networking

Showing 5 of 1903
comments

Sort by newest first ▼



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](#)

[Like](#) [Reply](#)



lifemoreabundant

Congratulations J.D.

[20 hours ago](#)

[Like](#) [Reply](#)



Melissa Oran

Awesome job J.D.!

[23 hours ago](#)

[Like](#) [Reply](#)



livingthedream46

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

[1 day ago](#)

[Like](#) [Reply](#)



Jax77

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

[1 day ago](#) [2 Likes](#)

[Like](#) [Reply](#)

[✉ Subscribe by email](#) [📡 RSS](#)



Participant: Jonathan Smolowe

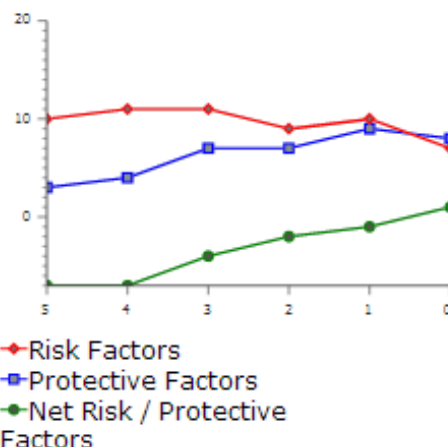
Recovery Coach: Center Stone

Select questionnaire: 10/12/2012, 10/08/2012 Add questionnaire: Add

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

Risk Factors

Legal / Occupational	2
Triggers	2
Mood	2
Cravings	2
Medical	2
Confidence	1
Total Risk Factors	11

Protective Factors

Recovery Supports	1
Sober Support	1
High Risk Situations	2
Leisure / Wellness / Spirituality	1
Sober Activities	2
General Information	0
Total Protective Factors	7

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

Session's before current week	5	4	3	2	1	Current
Questionnaire date	09/11/2012	10/08/2012	10/08/2012	12/12/2012	12/17/2012	01/28/2013
Protective Factors	3	4	7	7	9	6
Risk Factors	10	11	11	9	10	7
Net Risk / Protective Factors	-7	-7	-4	-2	-1	-1
Progress score (Change in Risk / Protective Factors)	n/a	0	3	2	1	0



Support Questionnaire - Coach View for: Smolowe, Jonathan

[Participant Questionnaire Summary](#) [RCS](#) [Recovery Plan](#)

Select questionnaire: Add questionnaire:

▶ General Information ✓

▶ Medical ✓

▶ Legal / Occupational ✓

▶ Mood ✓

▶ Confidence ✓

▼ Cravings ✓

How often have you had thoughts of using, even if you did not want to use?

How intense were these thoughts?

- ☒ Strong
☐ Moderate
☐ Mild

Score: 2 [scoring guide](#)

Note:

TMAC score guide

1x or Less/Week = 0, 2-3x/Week = 1, and >3x/Week = 2. If Question 2 is rated as "Strong" add 1 point for a maximum score of 2.

▶ Triggers ✓

Helping you along your path to recovery








2

Logout

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

Personal calendar

[Click here to access the PHR](#)



HIGH: You are succeeding in your management of this recovery goal.

Feb 3 - Feb 9, 2013 Create New Hide / Show

Month	Week	Day	Next 3 Days	Work Week	Agenda
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Find an Apartment

Progress measure:52%

0% 25% 50% 75% 100%

Progress measure:96%

0% 25% 50% 75% 100%

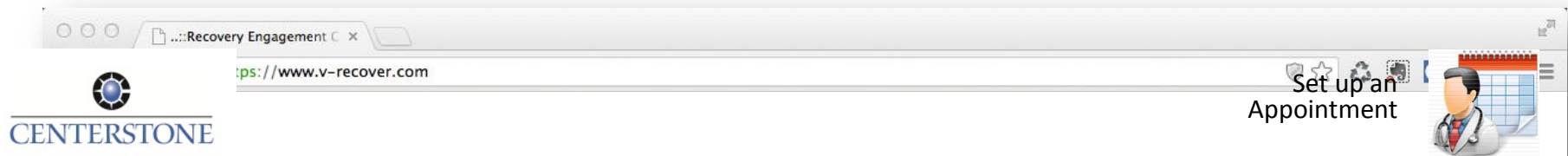
Progress measure:73%

0% 25% 50% 75% 100%

[illegible]

Landing Page

Newest Version: V-REC



News

NEWS

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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](#)

Group Discussion



Dr. Bob Smith

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[Reply](#) ➡



Bill W.

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What's going on?



...:Recovery Engagement C x
https://www.v-recover.com



Billy's Tools



My Accomplishments

Discussion



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Record your progress!

1 of 3



Done

Auto scroll

Jun 30 - Jul 6, 2013

 Hide / Show

Week	Day	Next 3 Days	Work Week
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Sun, Jun 30

Mon, Jul 1

Tue, Jul 2

Wed, Jul 3

Thu, Jul 4

Fri, Jul 5

Sat, Jul 6

7 AM

7:00 AM - 8:00 AM
- Just for Today

7:00 AM - 8:00	AA- Just For Today
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7:00 AM - 8:00	AA- Just For Today
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7:00 AM - 8	AA- Just For Toda
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8 AM

6 AM

Functional Objectives

- 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.



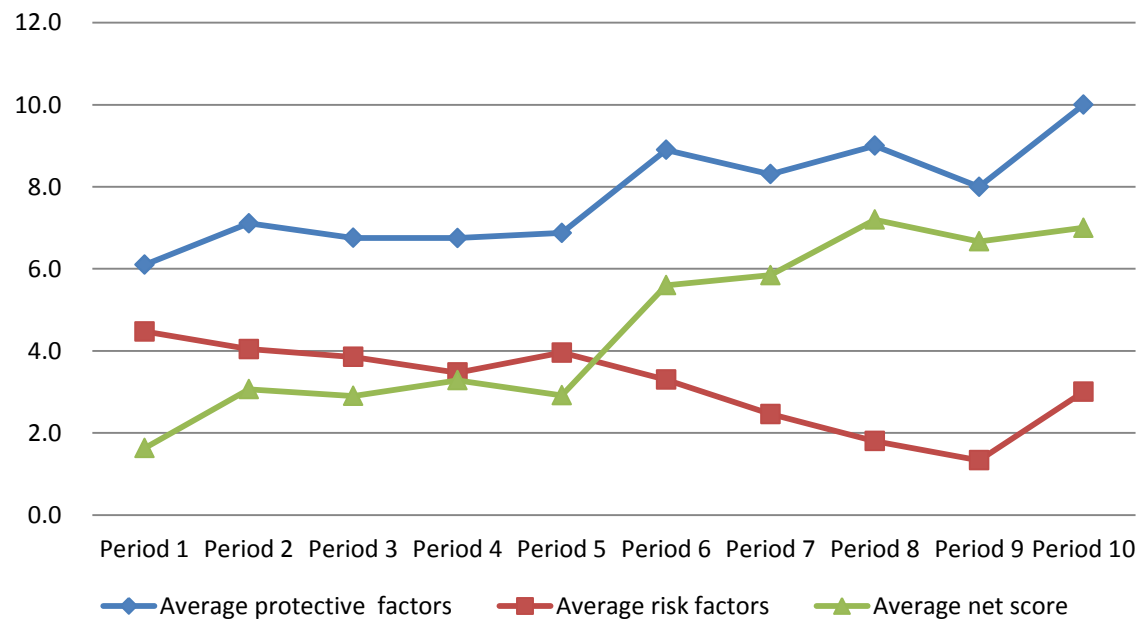
Results

Summary of key statistics

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

Results

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



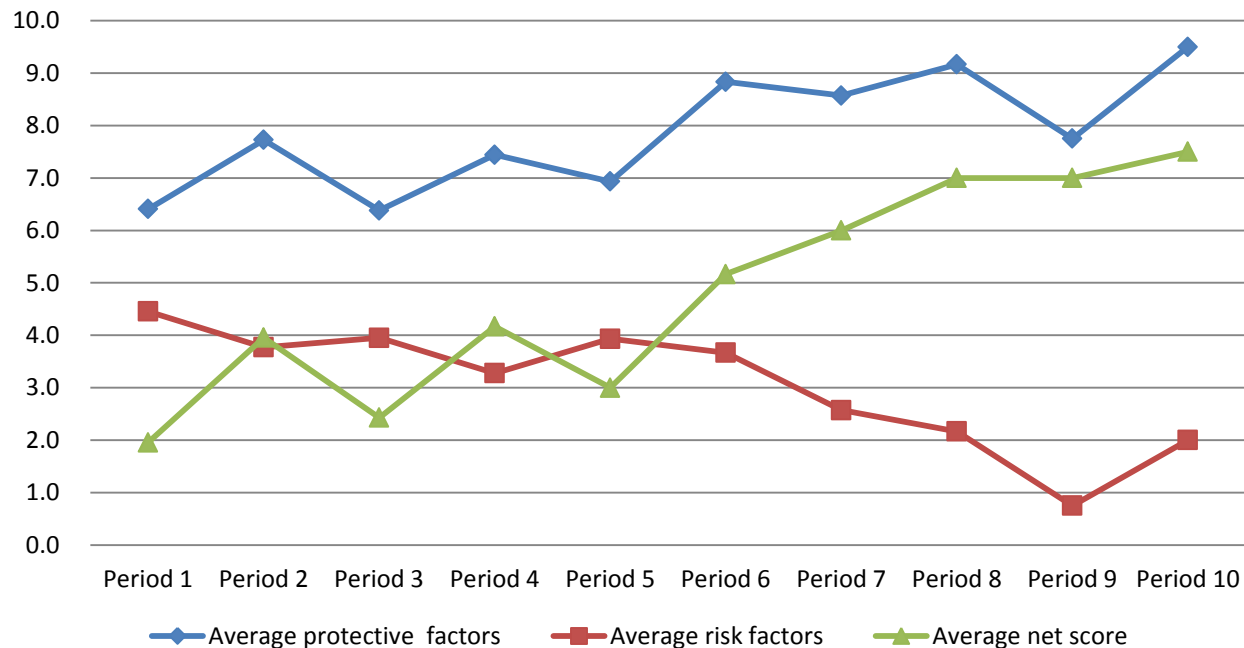
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9	Period 10
Average protective factors	6.1	7.1	6.8	6.8	6.9	8.9	8.3	9.0	8.0	10.0
Average risk factors	4.5	4.0	3.9	3.5	4.0	3.3	2.5	1.8	1.3	3.0
Average net score	1.6	3.1	2.9	3.3	2.9	5.6	5.8	7.2	6.7	7.0
Number of reports	51	46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

Note: The average number of TMAC questionnaires is:

4.84

Results

**Average TMAC Scores for those completing
2 or more RCS* (about 6 months) as of 9/30/13**



	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9	Period 10
Average protective factors	6.4	7.7	6.4	7.4	6.9	8.8	8.6	9.2	7.8	9.5
Average risk factors	4.5	3.8	4.0	3.3	3.9	3.7	2.6	2.2	0.8	2.0
Average net score	2.0	4.0	2.4	4.2	3.0	5.2	6.0	7.0	7.0	7.5
Number of reports	22	22	21	18	15	12	7	6	4	2

Note: The average number of TMAC questionnaires is:

5.86

Results

Average RCS Scores by domain through September 30, 2013

	Average		Change	Percent
Summary				
CAREER/EDUCATION	6.5	8.1	1.6	24.3%
LEISURE/RECREATION	7.3	7.3	0.0	-0.6%
INDEPENDENCE FROM LEGAL PROBLEMS AND INSTITUTIONS	8.1	8.7	0.6	7.3%
FINANCIAL INDEPENDENCE	5.8	7.2	1.4	24.2%
DRUG/ALCOHOL RECOVERY	10.8	12.8	2.0	19.0%
RELATIONSHIPS/SOCIAL SUPPORT (Informal Recovery Support)	34.6	40.4	5.8	16.8%
RELATIONSHIPS/SOCIAL SUPPORT (Formal Recovery Support)	18.0	19.7	1.6	9.1%
MEDICAL HEALTH	6.9	7.9	1.0	15.2%
MENTAL WELLNESS/SPIRITUALITY/SELF EFFICACY	18.8	22.0	3.2	16.9%
MENTAL WELLNESS/SPIRITUALITY/SELF EFFICACY (Problem Solving/Planning)	11.4	11.7	0.3	2.4%
MENTAL WELLNESS/SPIRITUALITY/SELF EFFICACY (Living Situation)	14.3	15.3	1.0	7.0%
Total	142.5	161.0	18.5	13.0%

Community is Contagious



“Those whom the world has turned into victims [are instead] chosen to be bearers of good news.”

-Henri Nouwen

Video

<https://vimeo.com/51411287>

<http://vimeo.com/29577953>



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Conclusion

- 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.

