THE RECOVERY QUILT

Stitching together Recovery Oriented Systems of Care

Jordan Hansen, Ma, LADC
My clients don’t hit bottom; they live on the bottom. If we wait for them to hit bottom, they will die. The obstacle to their engagement in treatment is not an absence of pain; it is an absence of hope.

Outreach Worker
(Quoted in White, Woll, and Webber 2003)
A Systems Approach
Recovery Oriented Systems of Care

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  - William White
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INNOVATION IS CONVERGENCE
“At the last trustee meeting (of AA) that we (Vincent Dole and Bill Wilson) both attended, he (Bill Wilson) spoke to me of his deep concern for the alcoholics who are not reached by AA, and for those who enter and drop out and never return. Always the good shepherd, he was thinking about the many lost sheep who are lost in the dark world of alcoholism. He suggested that in my future research I should look for an analogue of methadone, a medication that would relieve the alcoholic’s sometimes irresistible craving and enable him to progress in AA toward social and emotional recovery, following the Twelve Steps.”

Dr. Vincent Dole
PROGRAM SNAPSHOT:
The Voices, Minneapolis, MN

Convening and facilitating a stakeholder process to develop community-specific recommendations around services for African American people with OUD

- Developing stakeholder process for African American community members, treatment and healthcare providers, political activists, and recovering individuals to steer the growth of behavioral health services for the Minneapolis African American population
- All participants compensated for their time and knowledge
- Participants voices are lifted up and documented, experts from these communities drive this process
- Goals of sustainable change, highlighting of specific areas of inequity, and development of new generation of leaders in behavioral health equity
• “For historically traumatized and oppressed populations, recovery may also involve drawing upon the historical resilience of a people and the assertion of personal and family health as an act of political resistance or cultural survival.”

- William White
PROGRAM SNAPSHOTS:
Alliance for Substance Abuse Progress

- ROSC map
- System recommendations
- Implementation planning
- Includes:
  - First responders
  - Treatment services
  - Peer supports
  - Harm reduction
  - OTPs
Community Needs Assessment and “Quilting” Roadmap

ASAP
Alliance for Substance Abuse Progress in Bartholomew County

Substance Abuse Support System for Bartholomew County

HUB
- Recovery Programs
- Prescribing Practices
- County Health System
- Criminal Justice System
- County Jail
- In-Patient Treatment
- Out-Patient Treatment
- Housing

ASAP Website
Prevention Education via Schools
Prevention Education via Employers
Prevention Education via Faith-Based Organizations
Social Media

Hazelden Betty Ford Foundation
Alliance for Substance Abuse Progress in Bartholomew County
Columbus Regional Health

IU
Community Needs Assessment and “Quilting” Roadmap

• Community, payer, provider assessment was developed for region’s map of care

• Medical, treatment, recovery providers were analyzed for use of evidence-based treatments, use of peer recovery supports, insurance/Medicaid acceptance, and integration of medication-assisted treatment (MAT)

• Integrated roadmap was developed that encouraged and made room for collaboration between providers from different theoretical approaches

• Specific services, including syringe-access, innovative sober housing models, and office-based outpatient MAT were recommended for initial funding

• IU’s Grand Challenge was contacted to provide academic and financial support
Recovery Oriented Systems of Care

• “...The meaning of care is extended beyond professional services to the creation of a healing community. Professionally directed services that aid the recovery process may be an important component of this experience of community, but they are seen as secondary to the long-term importance of connection to community within the recovery experience.”

- William White
Program Snapshot:
Emory/Grady ED MAT Induction

- Implementation Assistance for combined ED induction and wraparound BH programming
- Assistance with workflow and workforce considerations
- Policy and procedural development
- Implementation support on a clinical and administration level
- Development of strategic plan for implementation and system integration
PROGRAM SNAPSHOT:
Emory/Grady ED MAT Induction
PROGRAM SNAPSHOT:
CommUnityCare Austin, TX FQHC

• Implementation of trauma-informed and recovery-oriented practices
• Program assessment using Behavioral Health Integration in Medical Settings instrument (BHIMC) driving implementation and training plan
• Incorporation of co-occurring peer support and recovery support meetings
• Evidence-based curriculum training around co-occurring disorders
• Assistance with workflows, staffing models, and program development for 24-site Federally-Qualified Health Center
Guided by ROSC principles

• Blending of evidence-based, empirically-supported science with the lived experience of recovering people and families
• Driven by data, focused on outcomes
• Incorporates systems, partners, and participants in a mobilization effort
• Culturally-specific, strengths-based
• Flexible and innovative solutions leveraging the best of science and wisdom
SNAPSHOT:
Corrections and Community Supervision

• The US prison & jail population currently stands at roughly 2.3 million • Over 4.7 million Americans were monitored under “community supervision” in 2015 at a cost averaging $278/month
• At year end 2015, 18 states met or exceeded prison capacity
• US DOJ reports that 78% of incarcerated inmates regularly used drugs or alcohol and 42% were drunk or high at time of their offense
• Roughly 60 percent of people receiving treatment in the US for a SUD received these services in a corrections/supervision setting
• 65 percent of the nation’s inmates meet medical criteria for a SUD, but only 11 percent receive treatment
PROGRAM SNAPSHOT:
Kenton County Detention Center MAT

• Kenton County Detention Center will provide 90-day treatment using the evidence-based, CBT-driven, “A New Direction” curriculum
• Medications, including Vivitrol and various buprenorphine preparations will be provided to participants during incarceration and after release for up to one year
• Peer supports, case management, and ongoing treatment will be provided during community supervision/reentry
• UK will collect data as an addendum to their statewide corrections research program to determine efficacy and ROI of program
Where will you explore next?

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