



*Promoting wellness and recovery*

**John R. Kasich**, Governor  
**Tracy J. Plouck**, Director

# Ohio Recovery Support

## Recovery is Beautiful

*Joyce Starr LSW, LICDC-CS, ICADC*  
*Ohio Department of Mental Health and Addiction Services*  
*Chief of Addiction Services*  
*NTN President - NASADAD*



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### **In the beginning..... ATR was granted to Ohio**

- ❖ This allowed for the idea of Recovery Support Services outside primary treatment
- ❖ Variety of services made available for the support of individuals in recovery
- ❖ Housing was the main one identified as biggest need to sustain recovery
- ❖ State Departments were still separate agencies but engaged in BRSS TAC Policy academy to create a unified definition of recovery.



## Promoting wellness and recovery

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Peer recovery coach trainings in Ohio for SUD

ODMH Capital and Housing Team developing housing strategies

ODADAS receives ATR-II, III

ROSC trainings

Pre-Consolidation Activities

ODMH funds Environmental Scan  
June 2013

BRSS TACS

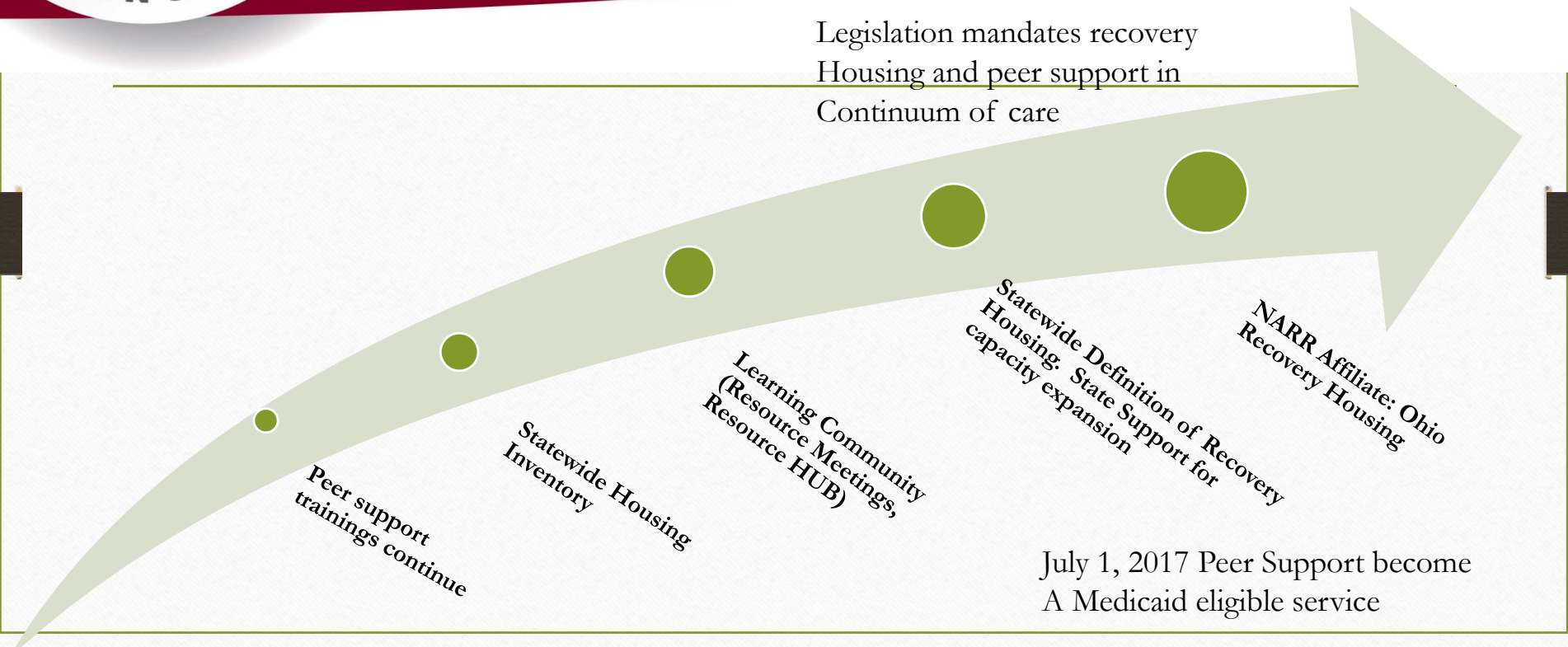
The marriage of ODADAS & ODMH-  
July 2014



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Legislation mandates recovery  
Housing and peer support in  
Continuum of care



July 1, 2017 Peer Support become  
A Medicaid eligible service



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*MOVING OHIO FORWARD.....  
TRANSITIONING TO A  
RECOVERY-ORIENTED SYSTEM OF CARE.....*





*“By focusing on recovery supports that are local and person-centered, we can build a service network that finally tears down the service silos and includes the gamut of helpful community resources to meet the needs of peers”*

*-Jack Cameron -Past Director*

*Ohio Empowerment Coalition*



## The CASE FOR CHANGE

Ohio's movement to a (ROSC), represents a shift away from crisis-oriented, acute-care treatment to a recovery management approach that provides long-term supports with the recognition that there are many pathways to healing and recovery.

Ohio made the decision to overhaul their entire county-based mental health and addiction system to a Recovery-Oriented System of Care - Ohio's **Alcohol, Drug Addiction and Mental Health (ADAMH) Boards**, in partnership with individuals in recovery and local stakeholders, are transforming local services and supports to fit within the recovery paradigm.



## CHANGING THE CONVERSATION

*Recovery Is Beautiful* - is a movement providing hope and encouragement while changing the conversation in regards to addiction and mental illness.

ADAMH Boards are helping to reduce the stigma of and discrimination against addiction and mental illness by ensuring that people understand that these are chronic illnesses and that -

### *Treatment Works – People Recover*

- ❖ Recovery is to be **CELEBRATED** – individuals in recovery become active, productive, contributing members of their communities!



# DEVELOPMENT OF RECOVERY IS BEAUTIFUL



Recovery is Beautiful BluePrint, a five-year plan to transition Ohio’s local community mental health and addiction service systems into **Recovery-Oriented Systems of Care (ROSC)**.

This Blueprint is a framework where Ohio Boards are the Recovery-Oriented System of Care “**hub**” for their local communities.

There is coordination across systems to ensure that local entities are prepared to offer community-based mental health and addiction services, and recovery supports that are person-centered to meet the needs of individuals working toward recovery.



# ROSC SELF-ASSESSMENT

Please indicate to the degree to which you feel the following statements reflect the activities, values and practices of your community.		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<b>Domain: Focusing on Clients and Families</b>						
1	Recovery-oriented services are available to all members of the community.	1	2	3	4	5
2	Services are available to all members of the community, including those with different cultural, life experiences, and specific needs.	1	2	3	4	5
3	Services are available to all members of the community, including those with different cultural, life experiences, and specific needs.	1	2	3	4	5
4	There are ways to receive recovery-oriented services, including peer support, family members, and other providers, that are recovery-oriented.	1	2	3	4	5
5	People in recovery can receive care and support, including the financial, psychiatric, and other services, that are recovery-oriented.	1	2	3	4	5
6	Most people are provided to a person's cultural background (e.g., race, ethnicity, language, etc.).	1	2	3	4	5
7	People in recovery are given opportunities to discuss their current needs and mental well-being.	1	2	3	4	5
8	Services are available to all and follow choices and preferences of participants.	1	2	3	4	5
9	Progress-based goals (as defined by the person) are regularly monitored.	1	2	3	4	5
10	There are recovery-oriented services (e.g., peer support, recovery coaching, etc.) that are available to all.	1	2	3	4	5
11	Recovery-oriented services are available to all.	1	2	3	4	5
12	Barriers (e.g., children, transportation) are addressed for participants.	1	2	3	4	5
13	Multi-disciplinary teams (e.g., children, peer support, family members, other community members) work together with the goal of recovery.	1	2	3	4	5
14	Recovery-oriented services (e.g., mental health, psychiatric services) are offered.	1	2	3	4	5
15	Flexibility in individual care is offered.	1	2	3	4	5
16	People in recovery are given the opportunity to discuss their current needs and mental well-being.	1	2	3	4	5
17	Recovery-oriented services are offered to all.	1	2	3	4	5
<b>Domain: Ensuring Timely Access to Care</b>						
1	Individuals have timely access to the services and supports that are most helpful to them.	1	2	3	4	5
2	Recovery-oriented services are available to all members of the community.	1	2	3	4	5
3	Staff members assist individuals in the process of admission and enrollment.	1	2	3	4	5
4	Partnerships exist for all areas in a variety of health care settings that will facilitate the use of evidence-based practices, including recovery-oriented care, and support for recovery-oriented care.	1	2	3	4	5
5	Recovery-oriented services are available to all members of the community.	1	2	3	4	5
6	Collaboration with other community partners (e.g., housing and food banks) helps to meet the needs of individuals in recovery.	1	2	3	4	5
7	Partnerships exist for all areas in a variety of health care settings that will facilitate the use of evidence-based practices, including recovery-oriented care, and support for recovery-oriented care.	1	2	3	4	5
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19	Partnerships exist for all areas in a variety of health care settings that will facilitate the use of evidence-based practices, including recovery-oriented care, and support for recovery-oriented care.	1	2	3	4	5
<b>Domain: Promoting Healthy, Safe, and Drug-Free Communities</b>						
1	Helping people build connections with their neighborhoods and communities is a priority.	1	2	3	4	5
2	The community realizes education about mental illness and addiction.	1	2	3	4	5
3	People in recovery are trained and facilitated in self-help and recovery programs.	1	2	3	4	5
4	Clear, meaningful information are available to help people in recovery.	1	2	3	4	5
5	Community events in the past year have been held to help people in recovery.	1	2	3	4	5
6	Community events in the past year have been held to help people in recovery.	1	2	3	4	5
7	The community formally recognizes and celebrates the achievement of goals of people in recovery.	1	2	3	4	5
8	The community offers opportunities to help people become involved in activities that are held in their communities, including community services, neighborhood meetings, etc.	1	2	3	4	5
9	Recovery-oriented services are provided to all patients and are consistent with recovery-oriented care.	1	2	3	4	5
10	Recovery-oriented services are provided to all patients and are consistent with recovery-oriented care.	1	2	3	4	5
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19	Recovery-oriented services are provided to all patients and are consistent with recovery-oriented care.	1	2	3	4	5
<b>Domain: Locally Managing Systems of Care</b>						
1	People in recovery are regular members of agency and community boards and their management committees.	1	2	3	4	5
2	People in recovery work alongside providers to develop and provide new programs and services.	1	2	3	4	5
3	Providers are able to share the agency for referrals to other programs and services.	1	2	3	4	5
4	There are no barriers to recovery-oriented care in the community.	1	2	3	4	5
5	Primary care and behavioral health services are integrated and coordinated.	1	2	3	4	5
6	Recovery-oriented services are provided to all patients and are consistent with recovery-oriented care.	1	2	3	4	5
7	Meaningful activities to enhance people's wellness exist and include individual and community activities.	1	2	3	4	5
8	The community offers opportunities to help people become involved in activities that are held in their communities, including community services, neighborhood meetings, etc.	1	2	3	4	5
9	Clear, meaningful information are available to help people in recovery.	1	2	3	4	5
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The Implementation Committee, in conjunction with input from Lonnetta Albright, Executive Director of the Great Lake Addiction Treatment Transfer Center (GLATTC), Dr. Ijeoma Achara, and Dr. Arthur Evans developed the Recovery-Oriented System of Care (ROSC) Self-Assessment.

This assessment determine community strengths and areas of opportunities within ROSC. This self-assessment process, adopted from multiple national ROSC assessments, focused on the domains of Ohio's Recovery Is Beautiful BluePrint.

❖ After completion, focus group convened with individuals in recovery, family members and stakeholders to stimulate conversation about the findings.



# ROSC COMMUNITY REPORTS

After the completion of the ROSC self-assessment and focus groups, each of the ADAMH Boards developed a community report that was disseminated to community partners highlighting the findings of the ROSC self-assessment and focus group discussions.

## ROSC: A LAKE COUNTY ADAMHS BOARD REPORT TO THE COMMUNITY



### Overview

- ROSC (Recovery Oriented System of Care) is a way of thinking about service delivery for those with mental illness and/or addiction disorders that focuses first and foremost on clients and family members.
- ROSC emphasizes the importance of peer supports, employment supports, housing, and transportation. It calls for services that are culturally appropriate, and delivered in an accountable, effective, and efficient manner.
- ROSC recognizes that local management of behavioral health services is vital.
- The Lake County ADAMHS Board is one of eight ROSC "pilot" boards in Ohio.

### Objective: "Change the conversation"

- Mental illnesses and addiction disorders are chronic illnesses.
- Mental illnesses and addiction disorders can be successfully treated.
- Recovery is worth celebrating.

### The Process

An internal Lake ADAMHS team was engaged to develop and implement a plan relative to a state-structured survey to assess our compliance with core ROSC principles:

- Focusing on clients and families
- Ensuring timely access to care
- Promoting healthy, safe, and drug-free communities
- Prioritizing accountable and outcome-driven financing
- Locally managing systems of care

### Target groups were identified to participate in the survey:

- Law enforcement/judicial
- Education
- Provider executive directors & direct service staff
- ADAMHS Board staff/executive committee
- Community partners
- Advocates
- Consumers & family members

### The survey was administered in two ways:

- Half via an online survey tool
- Half via discussion groups

### Over 160 individuals were surveyed.

Largest survey groups were consumers and families

### Data Analysis

The ADAMHS internal team analyzed the survey data and identified trends, strengths, and opportunities for improvement.

Those findings were presented in a focus group which included representatives from each of the survey target areas. Additional input was gathered and incorporated into findings.



### Results

#### Strengths:

The Lake County ADAMHS system offers a thorough continuum of services from prevention to treatment to recovery supports. Collaboration between ADAMHS and community partners is strong, and helps to facilitate access to services.

Behavioral health has an identifiable presence in the community, and is seen as a key indicator in county-wide assessments and surveys.

#### Opportunities for improvement.

##### Resource access/awareness

Too often, consumers, family members, and agency staff are unaware of available relevant services and don't know how to access those services.

##### Peer involvement

The ADAMHS system needs to develop a more comprehensive plan for providing peer support services, including outreach and mentoring programs, and sober living opportunities.

##### Other pieces in the "recovery puzzle"

Some areas identified as needing improvement involve services over which ADAMHS has no direct control. In these cases it will be important to engage community partners to help facilitate change.

Transportation issues create challenges for consumers and families

More opportunities to "celebrate recovery"

Better integration of physical & behavioral healthcare

More opportunities for consumers/families to volunteer & become involved in the community

##### Education

We're very good at collaboration. We use evidence-based practices. We employ careful, specific processes regarding the planning and funding of services. Not enough people know that.

##### Action Steps

The Lake ADAMHS management team will create and prioritize immediate, short-term (6-12 months), and longer-term (12-24 months) goals.

##### Already underway:

Implementation of ADAMHS 101: Culture of ADAMHS training sessions for all new employees in the ADAMHS network; providing employees with the knowledge and tools needed to help clients access a fuller array of appropriate services.

Integration of physical and behavioral health identified as a key component as providers submit proposals for the SFY2016 contract season.

ADAMHS staff & community partners are working together to address transportation challenges.

##### Bottom line

The Lake County ADAMHS Board is accountable to consumers, families and community. The self-assessment process helps us create a culture of care that meets the unique needs of Lake Counties, and the input of our partners and stakeholders helps further spur our commitment to Recovery Oriented System of Care principles.



# RECOVERY IS BEAUTIFUL BLUEPRINT

The goals and action steps for Beautiful BluePrint have been update for SFY 2017-2019.

The updates include an added emphasis on prevention and wellness, and continued prioritization of the involvement of individuals in recovery with the community. The five principles are as follow:

- *Focusing on Clients and Families*
- *Ensuring Timely Access to Care*
- *Promoting Healthy, Safe, and Drug-Free Communities*
- *Prioritizing Accountable and Outcome-Driven Financing*
- *Locally Managing Mental Health and Addiction Systems of Care*





## Questions?

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*Please contact.*

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