Recovery Oriented Systems of Care

March 31, 2014
The Healing Place of Wake County (THPWC) is a 501(c)(3) homeless shelter that offers:

- Overnight emergency shelter
- Non-medical detoxification; and
- A long-term, 12-step based, peer run recovery program for persons with alcoholism and other drug addictions

Recovery Communities of North Carolina

- Promoting Addiction Recovery, Wellness and Citizenship through Advocacy, Education and Support
Origins of ROSC

- 1998 – William L. White and Searcy W.
II. Driving this Paradigm Shift

1. A loss of recovery focus through professionalization

2. Science-based conceptualizations of addiction as a chronic disorder (Hser et al., 1997; McLellan et al., 2000; Dennis & Scott, 2007)

3. Accumulation of systems performance data on limitations of acute care (AC) model of addiction treatment (White, 2008)
1. Loss of Recovery Focus
Advocacy Vision vs. Reality

Recovery

Vision 1963 – 1970

Treatment

Reality 2014

TX

Recovery
A focus of this recovery paradigm is reconnecting treatment with the more enduring communities and process of recovery.
2. Addiction as a Chronic Illness

- Should addiction be considered a chronic illness, similar to hypertension, diabetes, or asthma?
3. Limitations of an Acute Care Model

- Has addiction treatment matched an acute care or chronic care style of intervention?
Acute care model of addiction treatment
III. Foundations of Recovery Management

1. Defining recovery
2. Growing recognition of the diversity of pathways to and styles of recovery
IV. Recovery-Oriented Systems of Care

- Macro-system Organizing Philosophy
  - “Recovery-oriented systems of care” (ROSC) are networks of formal and informal services developed and mobilized to support long-term recovery for individuals and families impacted by severe substance use disorders.
  - ROSC influences the creation of values and policies in the larger cultural and policy environment that are supportive of these recovery processes.
V. Recovery Management

- Microsystem Organizing Philosophy
  - “Recovery management” (RM) is a philosophy of organizing addiction treatment and recovery support services to enhance:
    - Pre-recovery engagement (Recovery Priming)
    - Recovery initiation & stabilization
    - Quality of life
    - Long-term recovery maintenance
1. Recovery Priming: RM Model Strategies

Anti-stigma campaigns
1. Recovery Priming: RM Model Strategies

- Anti-stigma campaigns
- Assertive models of community outreach
- Recovery presence in communities
- Terminology
Recovery Priming: RM Strategies

- Examples from The Healing Place of Wake County
  - Assertive outreach
2. Recovery Initiation: RM Model Strategies

- Motivation for recovery is a shared responsibility
- Pain-based (push forces) v. hope-based (pull forces) recovery initiation
- Lowered thresholds for engagement
- Assertive waiting list management
### 3. Recovery Maintenance: RM Model Strategies

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Post-treatment monitoring and support</td>
<td>for all clients for up to 5 years</td>
</tr>
<tr>
<td>Responsibility for contact shifts from the client to the provider</td>
<td></td>
</tr>
<tr>
<td>Native American “healing forest metaphor” for recovery maintenance</td>
<td></td>
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<tr>
<td>Use of peer support/alumni</td>
<td></td>
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</tbody>
</table>
Recovery Durability & Maintenance: RM Strategies

- Examples from The Healing Place of Wake County
  - Telephone recovery support in 2013
    - 57 clients made 2,198 phone calls to 109 clients who were re-engaging in recovery following a return to use
  - Letters to inmates in 2013
    - 679 letters were written to incarcerated former/potential clients by current clients
4. **Enhance Quality of Life: RM Model Strategies**

- Enhanced quality of personal/family life
- Extending recovery careers
- Removing barriers to full citizenship
4. Enhanced Quality of Life

- Enhancement of quality of personal/family life in long-term recovery

- How do we remove barriers to full citizenship for persons in recovery?
Recovery Advocacy
THPWC Engagement, EMS Transports and ED Visits
A study of one client

Days at THPWC
EMS Transports/ED Visits

2010: 70/$75,600
2011: 50/$54,000
2012: 18/$19,440
2013: 6/$6,480
## Recovery Outcomes

### March 1, 2012 to February 28, 2013

<table>
<thead>
<tr>
<th></th>
<th># Silver Chip</th>
<th>Continuous Recovery 1 yr.</th>
<th>%</th>
<th>Relapsed but Re-Engaged in Recovery</th>
<th>Total in Recovery</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women's</td>
<td>12</td>
<td>10</td>
<td>83.33%</td>
<td>1</td>
<td>11</td>
<td>91.67%</td>
</tr>
<tr>
<td>Men's</td>
<td>42</td>
<td>29</td>
<td>69.05%</td>
<td>3</td>
<td>32</td>
<td>76.19%</td>
</tr>
<tr>
<td>Combined</td>
<td>54</td>
<td>39</td>
<td>72.22%</td>
<td>4</td>
<td>43</td>
<td>79.63%</td>
</tr>
</tbody>
</table>
Resources

- http://www.williamwhitepapers.com/
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