THE IMPACT OF A

RECOVERY ORIENTED SYSTEM OF CARE (ROSC)

IN HANCOCK COUNTY, OHIO

A Behavioral Health System Transformation

A COMMUNITY REPORT BY THE HANCOCK COUNTY ADAMHS BOARD • MARCH 2022

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Given today's need for improved population health, transforming any system of care is daunting, urgent and necessary - but is doable. Access and retention in behavioral health and primary health, provided by competent workers and healthy programs that service and represent the community values and needs are where local policy meets science and healing can begin. Hancock County took such a challenge. Begun by educating and empowering it's citizens and providers to define and seek their own sought health outcomes, they built the system-community inter-relationships necessary to achieve that Vision. Faced with an ever growing opioid epidemic and a COVID-19 pandemic, they were still able to improve the behavioral health of their community.

- Michael T. Flaherty, Ph.D., ROSC Consultant to Hancock County

The Impact of a Recovery Oriented System of Care (ROSC) in Hancock County, Ohio

December 2021

In the fall of 2013, Hancock County ADAMHS, launched a system analysis for improvement and transformation of its behavioral health services. This analysis included an exploration of the relevance of establishing a Recovery Oriented System of Care (ROSC) model for the community. During this process, a full assessment of Hancock County's existing mental health and substance use disorder treatment service continuum was conducted which included identification of service gaps; recommendations to increase and expand services; aligning systems, programs, practices, and policies in such a manner that uses best science; and unifying a vision of recovery as an opportunity for each person, family, and the community.

This process was guided by the following two principles:

1. ROSC provides ongoing monitoring and feedback with assertive outreach efforts to promote continual participation, re-motivation, and reengagement.
2. ROSC will be guided by recovery-based processes and outcome measures. Outcome measures will be developed in collaboration with individuals in recovery. Outcome measures will reflect the long-term global effects of the recovery process on the individual, family and community, not just the remission of biomedical symptoms. Outcomes will be measurable and include benchmarks of quality-of-life changes.

ROSC also seeks to build recovery capital. Recovery capital is the measure of assets needed for recovery in an individual, family, and community. Recovery capital is measured at the beginning of a person's journey into recovery and shows strengths or needs for success. As recovery capital grows, so does the health and resilience of the individual, family, and community.

Finally, ROSC, provides a natural trajectory into population health. The purpose of population health is to improve the health of individuals and the community by advising where to invest resources to address social determinant of health. By having ROSC focused on the health, wellness and recovery of the entire community, Hancock County will ultimately link the values of the community to service delivery, resulting in optimal health outcomes for all.

What follows is a visual representation of the increasing scope of services, programs, and supports that have expanded during the development, implementation, and sustainment of ROSC in Hancock County.

Hancock Co. Mental Health & Substance Use Disorder Services

Fiscal Year	2013	2014	2015	2016	2017	2018	2019	2020	2021
EXISTING SERVICES PRIOR TO TRANSFORMATION									
Diagnostic Assessment	✓	✓	✓	✓	✓	✓	✓	✓	✓
Outpatient Counseling	✓	✓	✓	✓	✓	✓	✓	✓	✓
Case Management	✓	✓	✓	✓	✓	✓	✓	✓	✓
Peer Support (paid)	✓	✓	✓	✓	✓	✓	✓	✓	✓
Peer Drop-In Center	✓	✓	✓	✓	✓	✓	✓	✓	✓
Robost Mental Health System	✓	✓	✓	✓	✓	✓	✓	✓	✓
NEW INTERVENTION/TREATMENT SERVICES SINCE TRANSFORMATION									
Residential Detox		✓	✓	✓	✓	✓	✓	✓	✓
MAT (Medication Assisted Treatment)		✓	✓	✓	✓	✓	✓	✓	✓
Naloxone (Narcan) **/ Project DAWN** (Deaths Avoided with Naloxone)			✓	✓	✓	✓	✓	✓	✓
SBIRT (Screening, Brief Intervention and Referral to Treatment)			✓	✓	✓	✓	✓	✓	✓
Recovery Guides (volunteer)			✓	✓	✓	✓	✓	✓	✓
Recovery Support Center (FOCUS)			✓	✓	✓	✓	✓	✓	✓
Recovery Housing (2)			✓	✓	✓	✓	✓	✓	✓
Residential Detox (Purchased on case by case basis from Arrowhead)			✓	✓	✓	✓	✓	✓	✓
Recovery Check-Ups				✓	✓	✓	✓	✓	✓
Intensive Outpatient Treatment				✓	✓	✓	✓	✓	✓
Ambulatory Detox				✓	✓	✓	✓	✓	✓
QRT (Quick Response Team)					✓	✓	✓	✓	✓
Inpatient Withdrawal Management (Blanchard Valley Hospital)						✓	✓	✓	✓
MAT for Youth						✓	✓	✓	✓
ICD Home-Based Services for Youth (integrated Co-occuring Disorders)						✓	✓	✓	✓
MRSS for Youth (Mobile Response - Stabilization Services)							✓	✓	✓
Recovery Housing for Pregnant Women							✓	✓	✓

Fiscal Year	2013	2014	2015	2016	2017	2018	2019	2020	2021
EXISTING SERVICES PRIOR TO TRANSFORMATION									
On-site Services at Probation Dept. (4 FTEs)	✓	✓	✓	✓	✓	✓	✓	✓	✓
On-site Services at the Justice Center (4 FTEs)	✓	✓	✓	✓	✓	✓	✓	✓	✓
Physician Continuing Education Opportunities	✓	✓	✓	✓	✓	✓	✓	✓	✓
PROGRAM CHANGES/ENHANCEMENTS/ADDITIONS SINCE TRANSFORMATION									
***You're Not Alone* Family Support Group**		✓	✓	✓	✓	✓	✓	✓	✓
Trauma-Informed Care Learning Community		✓	✓	✓	✓	✓	✓	✓	✓
Opiate Treatment Protocol Ratified		✓	✓	✓	✓	✓	✓	✓	✓
Mental Health FIrst Aid		✓	✓	✓	✓	✓	✓	✓	✓
Drug Court (2)			✓	✓	✓	✓	✓	✓	✓
Vivitrol Protocol			✓	✓	✓	✓	✓	✓	✓
Overdose Fatalities Review Board			✓	✓	✓	✓	✓	✓	✓
211 Helpline				✓	✓	✓	✓		
Addictions Minor Established at the University of Findlay				✓	✓	✓	✓	✓	✓
Crisis Text Line				✓	✓	✓	✓	✓	✓
Recovery Resources Guide				✓	✓	✓	✓	✓	✓
Drug Free Workforce Community Initiative				✓	✓	✓	✓	✓	✓
CRAFT Program (Community Reinforcement and Family Training)				✓	✓	✓	✓	✓	✓
Zero Suicide Initiative				✓	✓	✓	✓	✓	✓
Family Dependency Court				✓	✓	✓	✓	✓	✓
MOMS Program (Maternal Opiate Medical Support)						✓	✓	✓	✓
Motivational Interviewing (Youth staff)						✓	✓	✓	✓
AYG - The Loft (Alternative Youth Group)							✓	✓	✓
Universal Screening in the Jail							✓	✓	✓
Matrix Model Implemented							✓	✓	✓
Harm Reduction BIPPP (Bloodborne Infectious Disease Prevention Program, syringe service program)							✓	✓	✓
Hancock Helps								✓	✓
Youth Thrive Initiative									✓

What ROSC has done in Hancock County makes me think of one of my favorite poems, "Awaken" by Lawrence Tribble:

One man awake,
Awakens another.
The second awakens
His next door brother.
The three awake can rouse a town
By turning
the whole place
Upside down.

The many awake
Can cause such a fuss
It finally awakens the rest of us.
One man up,
With dawn in his eyes
Surely then
Multiplies.

The ROSC Leadership Committee of leaders has done exactly that for those in recovery and for those who want to be in recovery.

– Nichole Coleman,
Executive Director, Hancock County Veterans Services Office

Beginning in the fall of 2013,

Hancock County, under the authority of the Hancock County Board of Alcohol, Drug Addiction and Mental Health Services (ADAMHS), launched a system analysis for improvement and transformation of its behavioral health services. Included in this analysis was a simultaneous exploration of the relevance of a Recovery Oriented System of Care (ROSC) model. At its beginning, the intent was to do an assessment of Hancock County's existing service continuum, identify gaps in that system, and, while seeking to fill those gaps, align the community and all services to best science and practice within a unifying vision of recovery for each person, family, and the community.

Year 1 (SFY 2014)

was spent identifying system gaps and developing Principles and Objectives of a ROSC for the community and its providers. The focus was largely to 1) build a unified vision of recovery with healthcare leadership, 2) educate the community about ROSC, 3) invite the community to assist in defining recovery for Hancock County, and 4) encourage the community to participate in the implementation of ROSC.

A ROSC Leadership Committee was established to develop principles and objectives derived and aligned from people in recovery, oversee implementation, and offer guidance to all services. An ADAMHS staff position was designated as the ROSC Liaison within ADAMHS. A four-year ROSC Strategic Plan was developed.

While supporting the ROSC Leadership Committee, ADAMHS continued to educate providers while identifying local prevention, intervention and treatment gaps based on the American Society of Addiction Medicine Guidelines (2013) continuum of care for substance use treatment. An overarching "Preamble for Care" for Hancock County was designed and promulgated by the community, people in recovery, service providers, and community leaders. Hancock County contracted with the National Council on Behavioral Health (now the National Council for Mental Wellbeing) to engage twenty-one local stakeholders, representing various community sectors, in a year-long Trauma-Informed Care Learning Community to help identify the root causes of addiction, mental illness and potential relapse for people seeking recovery.

Year 2 (SFY 2015)

focused on continuing community and service provider awareness, implementing ROSC principles and objectives, and promoting the "Preamble for Care" for Hancock County. ROSC measures were established (e.g., accessibility of treatment; hours of counseling provided; numbers in treatment; length of treatment, number of trained peer supports; number of connections to peer support made by providers) and monitored by ADAMHS and the ROSC Leadership Committee. National experts on ROSC (Michael Flaherty (year 01), William White, Lonnetta Albright, Beverly Haberle) were brought to the community to offer guidance as well as to establish linkage to the National Substance Abuse and Mental Health Services Association's (SAMHSA) Addiction Technology Transfer Centers support.

The ROSC Leadership Committee maintained on-going needs assessments of existing services which resulted in identifying gaps and deficiencies in Hancock's continuum of care. The following list demonstrates the services expanded because of needs assessments:

An overarching community "Preamble of Care" for Hancock County was drafted and

As someone personally in recovery, I can confidently say that traditional treatment methods were ineffective, until I was ready. Despite the fact that I wanted "recovery," or a life that included happiness and meaning without substances, the reality is that it wasn't a speedy or easy process. When working with clients, I have found that walking alongside the clients, as they decide what their "recovery" looks like, is crucial to reaching their individual life goal. At the end of the day, it's important to remember that the person working towards "recovery" is the author of their story and only they can fill in the content on these pages.

– Heidi Barilla, Peer, Person in Recovery

adopted by the community and all providers.

Screening, Brief Intervention and Referral to Treatment (SBIRT) was begun county wide.

A "Shared Opioid Treatment Philosophy," based on best science, was adopted system-wide that would establish a local best practice for initiating Medication Assisted Treatment (MAT) for people seeking recovery.

The local recovery support center, FOCUS, drop-in center, expanded its services for all populations seeking to sustain personal recovery.

The Hancock County Opioid & Addictions Task Force developed and published the Recovery Resources Guide, which provides resource listings and educational materials.

Clinical staff for substance use and recovery were added to the jail.

Efforts were launched within the Common Pleas Court to reduce jail overcrowding by establishing the first Drug Court in Hancock County.

A local provider was sought to fill the community need for a substance use residential treatment program (ASAM Level III-5).

The need and value of recovery housing was also established and locations for such residences were identified. Community resistance to recovery housing locations emerged, and increased board and community involvement ensued, educating all involved to modified for success.

Implementing ROSC in Hancock County meant they had committed to align and build best science and practice with a determination that there was an opportunity for recovery in every episode of care provided.

– Michael Flaherty, PhD, ROSC Consultant

ROSC offers those with substance use disorders a way to find their own pathways to recovery including detox, inpatient treatment, and residential treatment and housing. Organizations participating in ROSC provide those with criminal records as a result of addiction and opportunity to find employment, income, and housing.

– Don Illif, PhD, Community Member

Project DAWN (Deaths Avoided with Naloxone) started through a grant awarded to Hancock Public Health. Project DAWN provides free naloxone kits and training to any Hancock County resident or employee.

Year 3 (SFY 2016)

ADAMHS consulted with national ROSC experts, adding depth to the existing Hancock County ROSC system design. The following is a partial listing of accomplishments from Year 3:

Initiatives to increase access to treatment and use of best practice (e.g., SBIRT, MAT, incarceration and post-incarceration support, drug court, peer worker development) were launched, monitored, and grew consistently.

Drug Court was strengthened by the addition of a specific Family Court. The need for outpatient services such as Withdrawal Management was identified and brought to two providers, Blanchard Valley Health System and A Renewed Mind, for assistance.

National expert Sabato Stile, M.D. key noted a Blanchard Valley Health System Conference on the assessment and treatment of substance use with an emphasis on medications and pharmacology.

Obtaining physical locations (real estate) for needed recovery housing services was completed and the first local residential recovery housing (ASAM Level III-X) opened to meet the local need for residential care.

Extensive community education (e.g. Rotary presentations, community-at-large forums, meetings with press and local corporations/employers/police) and assessment occurred that added further awareness of needs in general and specifically, such as: general housing; transportation; increased access to medication and medical (physician) expertise in Mental Health (MH) and Substance Use in the community; more residential recovery housing (locations

were proposed). A new workforce development challenge emerged within the provider population to fill new vacancies to meet increased demand for workers offered more than a job but a career. Workers were specifically sought from those in recovery and families with lived experience (peer recovery supports).

Specific linkage was made with the University of Findlay to assist in developing the increasingly needed workforce pipeline; and to the local Veteran Services and churches to reach vulnerable populations through internal peers.

The Ohio Association of County Behavioral Health Authorities (OACBHA) sought collaboration and consultation with Hancock County ADAMHS for (subsequent) replication of their ROSC model at a statewide level; consultation was provided, and presentations were made at the state provider conference. State ROSC efforts (Recovery Is Beautiful) grew.

The Opiate Task Force, established in 2010, continued to address the emerging opioid overdose epidemic, developing, and distributing the Recovery Resources Guide Packet containing information regarding overdose recognition, intervention, and local recovery services.

In collaboration with Hancock Public Health Department and local leaders, it was agreed that every overdose death would be reviewed for root cause understanding and system improvement.

"A Community Position on the Value of a Life in Hancock County" was adopted in collaboration with all stakeholders to affirm the value each life in Hancock County ("…no life is expendable") and to establish levels of evidence- based prevention from the then growing overdose epidemic for each person, family, and the community.

Overdose and overdose deaths were added to the community measures to be monitored as well as number of individuals receiving MAT and Family Peer Support.

Dr. Robert Myers traveled to Hancock County to facilitate the Community Reinforcement and Family Training (CRAFT) with thirty-three community members and professionals.

Community resistance to recovery housing locations emerged, and increased board and community involvement ensued. Again, modifications for success were attained.

Hancock County ADAMHS received subsequent strong community support by strongly renewing a local levy.

Two local recovery homes were opened.

Year 4 (SFY 2017)

saw the oncoming opioid epidemic reach Hancock County's ROSC development and growing services. The following is a partial history of accomplishments from Year 4:

To address and reduce stigma, a community awareness outreach program "We All Know Someone" was launched, built upon the principles outlined in the 2016 "A Community Position on the Value of Life in Hancock County," Hancock's Preamble for Care and ROSC principles.

Special efforts were started to reach further into under-represented community members (e.g., families of substance user; LGBTQ+; veterans (Battle Buddies), post incarceration individuals, drug court (revised policies/initial evaluation), women who are pregnant and have substance use disorder and their newborns; youth,

ROSC has made a dramatic difference in my life and my personal recovery. It has also changed the way I train and lead the staff in the county veterans office. The Ohio veterans service offices were created to ensure that veterans have a way to understand and connect with their state and federal benefits. And, while we continue to do an excellent job of providing that service, we now also evaluate the veterans' wellness as a whole person. In 2021, we added a Resiliency Operations Manager with 5 programs to offer resiliency building tools. We have normalized seeking mental health services by sharing our stories publicly and with our clients.

– Nichole Coleman, Executive Director, Hancock County Veterans Services Office

racial minorities; those needing housing).

CRAFT classes began to offer families a hopeful, positive and more effective alternative to addressing a loved one's substance use disorder.

The University of Findlay's College of Health Professions launched their Minor in Substance Use Disorder that also expanded the university's enrollment.

Trauma and mental health services were elevated as priorities within Hancock's ROSC model.

SBIRT was added to the electronic record of hospital patients while implementing warm handoffs became the accepted method for transferring a person from one level of treatment to another.

The community recovery center, FOCUS, received a three-year SAMHSA award to further develop its recovery support services.

Brandeis University/Heller School visited Hancock for prospective collaboration/ evaluation.

A community health assessment, in collaboration with community partners, was completed.

A grant was awarded from the Findlay Hancock County Community Foundation to create, in collaboration with Blanchard Valley Hospital and A Renewed Mind (provider), a local Maternal Opiate Medical Supports (MOMs) Program for women who are pregnant and have substance use disorder - and their newborns.

Efforts to distribute Narcan (overdose revival medication) were increased in collaboration with the Hancock Public Health Department.

Permanent unused medication collection boxes were installed, and ongoing community medication collection events garnered more than 1300 pounds of unused pills.

The state of Ohio reported an across state average of 21.4 opioid deaths for every 100,000 citizens; Hancock County reported 10.2/100,000.
An updated strategic plan was adopted.

Transformation efforts were presented at the National Behavioral Health Council Conference.

ROSC widens community awareness of the needs, stigma, and effectiveness of sustained interventions for those in recovery. The local collaboration of many and diverse organizations has been instrumental in the progress seen, especially in the context of the Covid pandemic.

– Dr. William Kose, Director of Special Projects, Blanchard Valley Health System

Year 5 (SFY 2018)

continued focus on completing a full continuum of care for mental health and substance use disorder services with specific efforts to find a partner to open a community crisis center. The following is a partial list of accomplishments in Year 5:

Opioid overdose was further addressed via Emergency Room and First Responder training, opening of the local MOMs Program, expanded MAT services (Buprenorphine, Vivitrol and NARCAN) and the launch of inpatient Withdrawal Management services at Blanchard Valley Hospital that included Risk Assessment for future overdose.

Community and professional education occurred on Harm Reduction and its potential role in Hancock's service and population health.

Acupuncture was formally added to Hancock County's "A Shared Opioid Treatment Philosophy."

US Senator Rob Portman visited Hancock County and sought information to assist in his national efforts directed at overdose prevention and legislation.

Hancock County was asked to present on ROSC at the Opiate Conference in Columbus, Ohio, sponsored by the Ohio Association of Community Behavioral Health Authorities.

Hancock County's ROSC was featured in Psychiatric Services, a journal of the American Psychiatric Association (October 2018), as a model for addressing opioids in rural America.

For me, one of the best programs started under ROSC in my time on the Board is the MOMS program. I joined the Board to help those dealing with mental health and addiction issues and to lower the stigma associated with them. No one is more looked down upon in our society than a mother who endangers her child. Mothers with addiction issues are treated and viewed very harshly and many times fear seeking help because they could lose their children. The MOMS program offers help to mothers who suffer from addiction and offers them hope to better themselves and the lives of their children. I can't think of a better program.

– Mark Rimelspach, ADAMHS Board Chair, FY21-22

Measures of ROSC services were gathered monthly and reviewed quarterly by the ADAMHS Board and the ROSC Leadership Committee.

Access to treatment doubled with a system average of more than 51% remaining in treatment for at least 90 days, which is the target goal of sustained treatment for obtaining long-term recovery.(The national measure of remaining in treatment for 90 days is less than 10%.)

The concept of using ROSC to build individual, family and community recovery capital was introduced as long term measures leading to improved overall population health of the community.

In collaboration with the Hancock Public Health and local leadership, harm reduction strategies were introduced into Hancock County with a specific three-tiered intervention model designed to better access individuals and families both in and not in treatment. BIDPP (Bloodborne Infectious Disease Prevention Program) was introduced to provide syringe services, prevention services, and access to treatment resources

Brandeis University (Massachusetts) and the Harvard Business School sought to collaborate with Hancock County and/or evaluate the county's work.

With services expanding, issues of worker shortage began to emerge and hamper service development. Further collaboration with University of Findlay occurred seeking to address these workforce needs.

Year 6 (SFY 2019)

continued using the developing ROSC system to face off the opioid epidemic in Ohio and nationally. The following is a listing of accomplishments from Year 6:

To meet increased demands, Brandeis University partnered with ADAMHS and specific providers to build unique programs for families (SAMHSA's System of Care grant awarded) and criminal justice populations (SAMHSA's LEAD grant awarded).

Universal screening for mental health and substance use was implemented at the Justice Center.

Specific guidelines for providers and the MOMs program were designed to refine its clinical services and roles with the Courts.

National recovery leaders (White, Flaherty, Stuby) and ADAMHS produced a model comprehensive summary for screening tools for Children, Adolescents, Transitional Age Youth and Families (CATYF) seeking substance use or behavioral health services. This tool funded by the ROSC-based System of Care grant and seeks to identify early childhood risks in SU families.

A second paper titled "Heritability of Substance Use Disorder" was produced by Dr. Ralph Tarter to foster community understanding of intergenerational effects of substance use.

Continued modification and analyses of Tree Line, Hancock County's residential substance use treatment facility, occurred suggesting potential changes in programming to help patients at the facility both survive and thrive via a more appropriate level of care.

By monitoring attained recovery goals, population health measurement began to emerge as a potential long-term model for Hancock County with a concept paper and proposal submitted to local business (e.g., Marathon Petroleum Corporation).

Overdose deaths dropped 30% from 2017 to 2019 in Hancock County (23% drop in Ohio).

"We Haven't Won the War Yet" editorial article, authored by Dr. Michael Flaherty, ROSC consultant, was printed in the "The Courier", the community's local newspaper.

Outpatient methadone services were considered as a potential MAT service to reach deeper into the population with severe substance use disorder.

The continued development of harm reduction strategies as both a clinical health prevention strategy for entire community (led by Hancock Public Health Department), and an attempt to reach and serve high-risk individuals and families, was collaboratively designed and implemented.

Additional barriers and disparities were identified in the most abject populations to accessing care (stigma, population diversity, despair, gender, race, etc.).

The opening of a third residential recovery home for pregnant women with substance use disorders.

Year 7 (SFY 2020)

began with a targeted goal to further engage and strengthen families in solving the full manifestation and reach of substance use for the individual, the family and the community, while continuing to improve mental health services. The following is a partial listing of accomplishments from Year 7:

Early 2020 sought specific research and guidance legal substances, resulting in a guiding document titled "A Community Position on Legal Substances." An additional document, "Primer on Harm Reduction" was also developed and shared across Hancock County.

Federal grants were awarded to Hancock County including SAMHSA's Certified Community Behavioral Health grant, and SAMHSA's Adult Suicide Prevention. These system augmentation and focus grants (now totaling approximately $10 million) were all built upon the ROSC model already underlying all of Hancock County's mental health and substance use disorder work.

Through the System of Care grant, Family Resource Center, in collaboration with the Findlay-Hancock County Center for Civic Engagement and the Hancock ADAMHS Board declared in March, a week dedicated to empowering families in Hancock County. The week was highlighted by a very successful "Thriving Families" community conference that addressed the barriers identified in Year 06. National experts Ralph Tarter, Ph.D. and Dennis Daley, Ph.D. and others presented on the intergenerational nature of addiction, research on the impact of drug use on families, and 21st century approaches to strengthen and empower families and the community.

Additional state grants further augmented service development. However, all of this grant funding success severely strained the historical workforce shortage and the need to identify, train, and place skilled workers in new grant funded positions while facing the coronavirus (COVID-19) pandemic. The SUD Residential facility, Tree Line, was closed due to financing and COVID.

In response to COVID, telehealth services become universally available and access to care was sustained.

In 2020, an article about Han-

Serving on the ADAMHS Board was one the most enlightening and fulfilling experiences of my life. Working together, with like-minded people, attempting to create a system of recovery support for our friends and neighbors, was extremely rewarding. With Dr. Flaherty's guidance, the Board continued to develop our ROSC programs, and establish recovery housing for our community. While my term ended in 2018, the services have continued.

– John Kissh, ADAMHS Board Chair, FY17-18

ADAMHS had concluded that by building a ROSC, reaching those most in need was the best way to help the entire community.

– Michael Flaherty, PhD, ROSC Consultant

cock's ROSC efforts published in 2019 was selected by the American Psychiatric Association Journal, Psychiatric Services, as the "editor's choice" Frontline Report for its description of culturally relevant, person-centered services built on community led model of care in a rural area (1).

Year 8 (SFY 2021)

COVID and the workforce shortage continue to negatively impact the community.

A BJA federal grant was awarded to reopen the SUD residential treatment facility as a residential crisis stabilization facility.

State Opiate Response (SOR) funds awarded to increase capacity in existing services and add mobile outreach to pregnant women and access to employment services. Investments were made in the local financial opportunity center.

Youth Thrive Initiative started which works with youth-serving systems and its partners to change policies, programs, and practices so that they build on what we know about adolescent development, value young people's perspectives, and give youth opportunities to succeed (protective and promotive factors).

Year 9 (SFY 2022 YTD)

All services were sustained either in person or via telehealth during Covid-19.

Methadone services began (12/30/21) in Findlay (Pinnacle Treatment).

Overdose deaths are continuing to trend **down**, with 12 as of 12/30/2021. This reduction is partly contributed to harm reduction strategies (BIDPP) which focuses on addressing the challenges of "third floor" individuals struggling with substance use and addiction. Harm reduction strategies such as these focus on addressing three primary areas of ROSC, health, wellness, and recovery by giving people connection and access to tools and resources, Since the inception of BIDPP, 12 participants have entered treatment.

Since the start of Project DAWN (Deaths Avoided with Naloxone), 4024 kits have been distributed in Hancock County, 1895 persons have been train on how to reverse and overdose using naloxone, and 770 overdose reversals have been reported. Additionally, through Hancock Public Health's BIDPP (harm reduction) an additional 336 overdose reversals have been reported since the program began in October 2020.

Having a recovery oriented system of care in Hancock County has brought comprehensive supports and services into the community. I can see how this cohesive work is measurably improving the lives of all involved and how this work promotes the overall health, wellness, and recovery.

– Angela DeBoskey, Executive Director, United Way of Hancock County

Guiding Principles

Recovery-oriented systems of care provide ongoing monitoring and feedback with assertive outreach efforts to promote continual participation, re-motivation and reengagement (2).

Recovery-oriented systems of care will be guided by recovery-based process and outcome measures. These measures will be developed in collaboration with individuals in recovery. Outcome measures will reflect the long-term global effects of the recovery process on the individual, family and community, not just the remission of biomedical symptoms. Outcomes will be measurable and include benchmarks of quality-of-life changes (2).

Beyond many specific or priority measures of progress, a ROSC suggests a few initial overarching core measures to be monitored annually:

1. **Access**. Access or engagement in treatment by year by agency (number of individuals entering treatment; time from request for services to intake; outreach to and inclusion of potential clients/families). There has been a 284% increase in individuals served in Hancock from 2014 to 2020.

2. **Retention**. Percent of retention of individuals in treatment by agency or across agencies (e.g., percent of clients, families etc. reaching 90 days of continuous care, by agency; treatment culturally and spiritually relevant to population). 51% of all served, achieved a 90-day sustained continuum of care, with recovery support.

3. **Outcome**. Outcome (e.g., percent of clients by agency connected to peer support; complete treatment successfully; percent of individuals and families connected to continuing care; percent involved in post-treatment recovery check-ups for one year). 85% report maintaining recovery at 90-day follow-up.

For referenced data and documents please see Supporting Documents (page 20).

These overarching measures represent the initial and core measures for both system and person ROSC care (3). Within these quantitative numbers specific population measures can exist (e.g., drug court referrals/completers; referrals to recovery housing; referrals to withdrawal-management, overdose death rates; healthy babies born (MOMs), access to Veteran supports, etc.). These sub-group measures are established and monitored regularly by the ROSC Leadership Team, ADAMHS Board, and the broader community. In establishing a quantitative analysis of ROSC, the core measures come first with the population and system need and linkage measures second. The longevity of this data should reflect system change and progress to both establish recovery principles (core) in all treatment while still addressing, from within those same principles, measures of progress while addressing continual community challenges and needs, e.g., opioid epidemic, Covid-19, workforce shortage. Hancock County's ROSC is a dynamic and continuing process of system and person growth adaptable to all services and grants based on the principles and elements that seek to ensure an opportunity for recovery is afforded in each episode of care and all services provided.

From the beginning of Hancock County's ROSC implementation, monthly and yearly data has been gathered to mark progress, address emerging local needs, and identify areas of concern while being accountable to the community. Select measures were regularly posted and open to all in the ADAMHS Board Room and would be the basis to measure achievements and challenges.

Advanced Quantitative Analytics: Next Steps

As ROSC evolves and becomes more adopted into the system and community, the above three core measures open to a more detailed assessment of attained and sustained recovery and gained individual, family and community health and wellness. While an array of measures and screening tools of recovery exist, few are held universally applicable (4). The three measures above sought to use well accepted specific factors to measure improvement and gained recovery capital (3,5). This capital serves both as an initial assessment and as a measure of strength or gained resilience, progress and growth overtime for individuals, families and the community itself. Simplistically stated, recovery capital is the measure of assets versus challenges needed for recovery of an individual, a family or a community. Recovery capital is established at intake and measured over time. It establishes a person's or family's strengths or needs for successful treatment (e.g., type of treatment, level of care, support needed, level of medical intervention, personal resources, etc.) As it grows, so does the health and developed **resilience** of the individual, family, and community i.e. population health.

To measure recovery capital, one must measure both personal assets and weakness. Recovery is attained by intention and progress toward a series of measures vs any one achievement (e.g., abstinence alone). White (3) offers examples of system, agency, and personal recovery measures as does SAMHSA (2) and others (6). Increasing recovery measures builds recovery. SAMHSA now encourages recovery measures in most new federal grant applications and has placed them in the existing federal block grants awarded to the states. For example, using White's (3) recovery measures an individual's recovery capital is assessed and measured with progress in:

- Alcohol or drug use reduction and abstinence; mental health stability
- Living environment
- Physical health or reduced health costs
- Emotional health
- Family relationships and family care
- Citizenship (legal issues, employment, education, community service)
- Quality of life (spirituality, life purpose or meaning)

A family also brings their recovery capital to each experience, and it too can be assessed and grow along these same and other measures (e.g., is the family actively involved in recovery of member; is family getting help themselves; is treatment reaching other family members needing help; is biological and cultural predisposition or vulnerability assessed, etc.)

Community recovery capital is the measure of resources a community brings to improve the health, wellness and recovery for all in the community. By addressing and building individual and family recovery capital, community health is fortified (e.g., building strong prevention programs based on local found solutions for behavioral issues or diverse populations; building support and outreach programs for all families through community resources (i.e. churches, jails, courts, press, community leader awareness, outreach to high risk or underserved populations, etc.); having a timely access to the needed levels of care; having an adequate, skilled workforce, etc.). Community recovery capital measures a community's resilience to illness.

In behavioral health, (e.g., mental health and substance use science), measuring core elements of system development and progress with individual, family and community capital as measures of health can become behavioral health's measure within local population health. Addressing and improving population health is the 21st Century goal for all health care.

Next Steps cont.

Before further discussing "population health," there are three specific areas within Hancock County's ROSC development that need to be discussed and noted as critical in any evaluation of their adjudged outcomes.

From Hancock's system transformation the value of a robust and skilled workforce became quickly obvious. A skilled and available **workforce** is a critical element in the development and success of behavioral or any health delivery system. In behavioral health, in particular, the greatest asset remains the worker. Science and technology need understanding by skilled, trained, and educated workers to become best practice. The workforce remains the critical starting point for disseminating and implementing best science and practice. Throughout this ROSC project, professional worker and peer development remained a constant challenge, impacting each component of the system and its ultimate outcomes of this ROSC. The University of Findlay joined to help by developing specific clinical programs (an addictions minor/certificate program) with potential career tracks that could remain a **recruitment** opportunity for Hancock County's continued behavioral health workforce needs. Still, needs related to demand, and growth remain, such as needed opportunities for behavioral specialist training of Nurse Practitioners and Physician Assistants as well further training and acceptance of peers, families as peers, behavioral health counselors and across discipline (public and private) collaboration. Also, the specific recruitment of a diverse workforce to match with parity the community population, the recruitment of addiction certified specialist medical staff, and the increased integration of behavioral services in primary care, to name a few, still exist.

In addition to specific recruitment, enhanced **retention** planning that includes strengthening more open, interprofessional collaboration, career path development for all workers and volunteers, pay equity and a system embracing new technologies (e.g., telehealth) are potential new avenues for recruitment, retention, and service growth. Such potential is currently exemplified by the ADAMHS Board led Hancock County Cultural Humility & Health Equity Delegation who, in their work, seeks to ensure the voice and inclusion of **all** in the community, potentially addressing workforce recruitment and retention and improving health equity and policy. A specific recruitment and retention plan could be an asset. The bottom line, any measure of ROSC success or challenge must be reported within the context of a measure of community involvement and a description and understanding of the strength, nature, and impact of the workforce involved.

Research also plays a critical role now that ROSC has developed in Hancock County. Research within Hancock County's ROSC was a sign of a flourishing, externally respected system bringing national attention and independent evaluation of its services. Research builds science. Research changes foundations. Within a ROSC, research takes on a whole new dimension. Behavioral health becomes more than addressing pathology. ROSC based research wants to know how recovery was locally attained and sustained – and build on that. ROSC based research studies what is successful, how and why. It wants to know why less than a third of those needing help ever seek help. Can medication be used to achieve, more than compliance, but recovery? ROSC research starts with the person, family, community, and studies how they benefit – or not – from locally applied science and practice. Each person, each family and the community's health are the measure of success to be measured and understood by research.

Beyond broad system studies that ROSC research might build a science or improved practice, many other forms of recovery research emerge. What are the effectiveness and costs of ROSC compared to treatment as usual? What are the savings or cost off-sets to the community? How is recovery from mental illness or substance use similar or different to recovery from other chronic illnesses? Are there unique pathways (8) to recovery in distinct populations, (e.g., teens, racial minorities, pregnant and addicted women, and their newborns, LGTBQA+, veterans, men, women, elderly). Does involvement

in a Fellowship help? Does ROSC effect overdose trends? Can we intervene earlier in inter-generational consequences of addiction or mental illness (7,8)?

As Hancock's ROSC advances, it finds that the scientific study of their ROSC is more than a measure of outcomes or even population health. As it studies itself, through the eyes of objective science, it must hold true to its being an example beyond treatment as usual. It is a study of complete system transformation within a recovery-based focus, principles and objectives that enhances treatment as usual. ROSC research is a study of a community driven effort to heal itself. It's not research as usual.

The final factor needing to be mentioned in measuring Hancock County's ROSC establishment, development, and continuance is perhaps the most important yet overlooked – **leadership**. To its credit, Hancock County's ADAMHS Board has a most exceptional leader who from day one pioneered and believed in a vision of enhanced service and recovery for Hancock County. While surrounded by an equally dedicated team of professionals and with the undaunting support of her Board and many ROSC committees and citizens, Mrs. Precia Stuby believed in this effort, while initiating and facing each challenge and obstacle found to transform the entire behavioral health system of Hancock County into becoming a ROSC. For her distinctive leadership she was justifiably recognized both nationally and locally. Mrs. Stuby typifies the essential role and need for a dedicated, courageous leader, the kind needed for such meaningful system change and improved community health. Visionary leadership, more than anything else, was and is the key for a Hancock's successful ROSC. It will be so anywhere for such transformation to be successful.

Population Health

Health care in this 21st century is focusing on measuring and improving the population health of each community. Population health is increasingly important for leaders and managers of health systems (8). Typically, when spoken of, population health goes beyond behavioral or even medical concerns to matters that assure general health and welfare (i.e., water and sewage systems, public sanitation quality, pollution guidelines, vaccinations, air quality, employment, transportation, etc.). Population health incorporates local analysis and research into the widest possible number of determinants that influence the health of the local population and its citizens. The ultimate purpose of population health is to improve the health of individuals and the community while advising the community and its leaders where it to invest its resources to improve the determinants of local health.

ROSC provides a natural formula and entry for Hancock County into population health for behavioral health. In this, as in many other ways, Hancock County remains ahead of its time. By having its ROSC focus on the health, wellness, and recovery of its citizens, Hancock County is transcending measures of service and agency performance by linking that performance to the values of the community and its best outcomes for each person, family, and the community. This is a 21st century model of care.

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12/30/21

Supporting Documents

Scan the QR code on this page to access all the documents referenced below. If viewing digitally, simply click on each title.

A Preamble for Building Recovery in Hancock County: Core Definitions
ADAMHS Board Approved August 27, 2013

An Approach to Further Improve and Integrate Community Health in Hancock County: A Shared Prevention and Treatment Philosophy for Recovery
Ratified November 2014. Updated August 26, 2020.

A Community Position on the Value of Life in Hancock County
Adopted February 21, 2017

Cultural Awareness Guiding Document
Drafted December 2017

A Community Position on the Value of Life in Hancock County: Supporting Document
Revised September 15, 2020

Becoming a Community of Belonging: Milestones
June 2020

ROSC Score Card
SFY21, Q4

Hancock County Opioid & Addictions Task Force Composite Database Report
December 15, 2021

ROSC Selected Outcomes Trends
December 2021

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Rick Eakin
Joshua Eberle
Steve Edmiston
Karen Eubanks
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Greg Meyers
Mark Miller
Susan Pancake
Ron Pfeiffer
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Rachel Walter
Dale Warnecke
Karyn Westrick
Steve Wiechart
Ginny Williams
Amber Wolfrom
Ann Woolum

The Board's efforts to inform the community regarding mental health and substance use areon-going. I am proud to state that the citizens of Findlay and Hancock County showed theirsupport in 2018 when they approved the last Operating Levy by the largest margin of any in our history. Community financial support is essential to the continuation of these recovery services.

– John Kissh, ADAMHS Board Chair, FY17-18

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