TRAUMA-INFORMED, RECOVERY-ORIENTED SYSTEM OF CARE

TOOLKIT

Prepared by the National Council for Behavioral Health for the Indiana Family and Social Services Administration

NATIONAL COUNCIL FOR BEHAVIORAL HEALTH

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TI-ROSC CHECKLIST

COMPONENTS OF CHANGE

- ☐ Assess readiness.
- ☐ Create a County Change Team.
- ☐ Increase urgency and buy-in through community education.
- ☐ Develop a shared vision for a trauma-informed, recovery-oriented system.
- ☐ Conduct a community assessment.
- ☐ Develop a future system.
- ☐ Identify short and long-term goals to measure success.

IMPLEMENTATION TOOLS

- ☐ Readiness and Implementation Checklist
- ☐ TI-ROSC Key Stakeholders List
- ☐ My Commitment to My County Change Team Creation Tool
- ☐ TI-ROSC Stigma Reduction Tool
- ☐ TI-ROSC Communication Planning Tool
- ☐ TI-ROSC Advocacy Handbook
- ☐ Crafting a Compelling Story: Telling the Story of Recovery
- ☐ TI-ROSC Visioning Tool
- ☐ TI-ROSC Community Needs Assessment
- ☐ TI-ROSC Community Needs Assessment Scoring Template
- ☐ TI-ROSC Strengths, Weaknesses, Opportunities, and Threats (SWOT) Tool
- ☐ Medication-assisted Treatment (MAT) Readiness Assessment
- ☐ TI-ROSC Future Systems Development Tool
- ☐ TI-ROSC Principles Assessment Tool
- ☐ TI-ROSC Initiative Alignment Tool
- ☐ TI-ROSC Goal Setting Tool
- ☐ TI-ROSC Action Planning Tool
- ☐ Trauma-informed Strategic Planning Tracking Tool

ABOUT THE TOOLKIT

The opioid crisis has affected individuals, families and communities across the nation, including 1,176 Hoosiers who died as a result of opioid overdose in 2017.[1] There are effective tools, methods and approaches to prevent and treat opioid and other substance use disorders (SUDs) and their related harms. Long-term recovery from opioids and other substances is possible – approximately 25 million adults in the U.S. are in remission from an SUD.[2] Evidence strongly supports that SUDs and underlying trauma are closely linked; trauma has long-lasting detrimental effects on individuals and significantly increases the risk for SUDs, co-occurring mental illnesses and other chronic diseases.[3] Trauma should be identified and addressed in all health care settings, including those that address people with SUDs.

Recovery-oriented systems of care provide comprehensive SUD services and support person-centered and person-directed long-term recovery. Integrating trauma-informed approaches into recovery-oriented systems of care is an effective coupling of two complementary and critical care frameworks.

In response to Indiana's opioid and overdose crisis, the Indiana Family and Social Services Administration (FSSA) launched the Trauma-informed, Recovery-oriented Systems of Care (TI-ROSC) pilot project in January 2018, led by the National Council for Behavioral Health (National Council). The goal of this initiative was to develop and test a process for selected Indiana counties to implement TI-ROSC. This toolkit is a result of a nine-month information gathering and strategic planning process conducted by National Council subject matter experts with two communities chosen by the FSSA. Four regions of the state also received training to introduce the toolkit. Following the pilot project, nine counties using the toolkit launched a five-month Transformation Academy. Providers and community partners recommended and identified the information and tools presented in this toolkit as the components necessary to implement TI-ROSC in Indiana counties.

USING THE TOOLKIT

This toolkit provides information, resources and tools to guide implementation of TI-ROSC to best serve individuals with opioid use disorder (OUD) and other SUDs. It has two sections: Part I provides foundational concepts, data on substance use in Indiana, information and examples to understand effective responses to opioid use and other SUDs, trauma-informed approaches, recovery-oriented systems of care and the need for a comprehensive and coordinated care delivery system.

Part II identifies and describes eight recommended change components to move systems toward trauma-informed and recovery-oriented approaches. This section also describes the specific tools created or adapted to facilitate the implementation of the change components. It is most effective to implement the change components in the order presented in this toolkit. The first step is to develop a County Change Team, described in Part II, to lead the TI-ROSC planning, implementation and sustainability efforts.

[1] Indiana State Department of Health. (2019, October 18). Indiana Drug Overdose Dashboard. Retrieved from https://www.in.gov/isdh/27393.htm

[2] U.S. Department of Health and Human Services (HHS), Office of the Surgeon General. (2016, November). Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health. Retrieved from https://addiction.surgeongeneral.gov/sites/default/files/surgeon-generals-report.pdf

[3] Lawson, K. M., Back, S. E., Hartwell, K. J., Moran-Santa Maria, M., & Brady, K. T. (2013). A comparison of trauma profiles among individuals with prescription opioid, nicotine, or cocaine dependence. The American journal on addictions, 22(2), 127-31.

PART I: CONCEPTUAL FRAMEWORK

GLOSSARY OF TERMS

ADDICTION: Addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment and an individual's life experiences. People with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences. Prevention efforts and treatment approaches for addiction are generally as successful as those for other chronic diseases.[4]

RECOVERY: One definition, promoted through the Substance Abuse and Mental Health Administration (SAMHSA) suggests recovery is "A process of change through which individuals improve their health and wellness, live a self-directed life and strive to reach their full potential."[5]

RECOVERY-ORIENTED SYSTEM OF CARE (ROSC): Coordinated networks of community-based services and supports that are person-centered and build on the strengths and resiliencies of individuals, families and communities to achieve abstinence and improved health, wellness and quality of life for those with or at risk of alcohol and drug problems.[6] ROSC is also a conceptual framework that shifts from a crisis-oriented, professionally-directed, acute-care approach with an emphasis on discrete treatment episodes to a person-directed, recovery management approach that provides long-term supports and recognizes the many pathways to health and wellness.[7]

RECOVERY SUPPORT SERVICES: Supportive services typically delivered by trained case managers, recovery coaches and/or peer support workers who help engage and support individuals in treatment, provide ongoing support after treatment and provide support to individuals in lieu of treatment. Specific supports include help navigating systems of care, removing barriers to recovery, staying engaged in the recovery process and providing a social context for individuals to engage in recovery-focused community living.[8]

TRAUMA: An event, series of events or set of circumstances experienced by an individual that are physically or emotionally harmful or life-threatening that have lasting adverse effects on their functioning and mental, physical, social, emotional or spiritual well-being.[9]

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[4] American Society of Addiction Medicine (ASAM). (2019, September 15). Definition of Addiction. Retrieved from https://www.asam.org/resources/definition-of-addiction

[5] Substance Abuse and Mental Health Services Administration (SAMHSA). (2012). SAMHSA's Working Definition of Recovery. Retrieved from https://store.samhsa.gov/product/SAMHSA-s-Working-Definition-of-Recovery/PEP12-RECDEF

[6] Substance Abuse and Mental Health Services Administration (SAMHSA). (n.d.) ROSC Resource Guide. Retrieved from https://www.samhsa.gov/sites/default/files/rosc_resource_guide_book.pdf

[7] Achara-Abrahams I., Evans, A. C., & King, J. K. Recovery-focused behavioral health system transformation: A framework for change and lessons learned from Philadelphia. In: Kelly, J. F., White, W. L., editors. Addiction recovery management: Theory, research and practice. Totowa, NJ: Humana Press; 2011. pp. 187–208.

[8] HHS, Office of the Surgeon General. (2016, November). Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health. Retrieved from https://addiction.surgeongeneral.gov/sites/default/files/surgeon-generals-report.pdf

[9] SAMHSA. (2014). Trauma-Informed Care In Behavioral Health Services. Treatment Improvement Protocol (TIP) No. 57. Retrieved from https://www.ncbi.nlm.nih.gov/books/NBK207192/

TRAUMA-INFORMED APPROACH: A program, organization or system that recognizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures and practices and seeks to actively resist re-traumatization.[10]

TRAUMA-INFORMED, RECOVERY-ORIENTED SYSTEM OF CARE (TI-ROSC): A coordinated network of community-based services and supports that is person-centered and builds on the strengths and resiliencies of individuals, families and communities to achieve improved health, wellness and quality of life for those with or at risk of substance use problems. This system of care also recognizes the widespread impact of trauma, understands trauma's connection to addiction and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures and practices and seeks to actively resist re-traumatization.

COMMONLY USED ACRONYMS

ACRONYM	MEANING
ACE	Adverse childhood experience
CDC	Centers for Disease Control and Prevention
HHS	U.S. Department of Health and Human Services
MAT	Medication-assisted therapy; medication-assisted treatment
MOUD	Medication for opioid use disorder
OUD	Opioid use disorder
PCSS	Providers Clinical Support System
ROSC	Recovery-oriented system of care
SAMHSA	Substance Abuse and Mental Health Services Administration
SBIRT	Screening, brief intervention and referral to treatment
SUD	Substance use disorder
TI-ROSC	Trauma-informed, recovery-oriented systems of care

[10] SAMHSA. (2018, October). Trauma and Violence. Retrieved from https://www.samhsa.gov/trauma-violence

THE OPIOID EPIDEMIC

National Impact Of The Opioid Epidemic

The U.S. is currently facing an unprecedented opioid epidemic that claims approximately 130 lives every day.[11] More than 49,000 individuals in the U.S. died from an opioid overdose in 2017, accounting for 68% of all drug overdose deaths.[12] In 2017, 11.4 million individuals aged 12 and older misused opioids and 2.1 million had an OUD.[13] Of the 20.7 million individuals who were in need of SUD treatment in 2017, only 2.5 million (12.2 percent) received specialty treatment.[14] The opioid epidemic's impact on families and communities is immense, with total economic costs in 2015 estimated at $504 billion.[15]

The opioid epidemic has touched people of all genders, races, ethnicities, income levels, educational levels, geography and disability status; however, it impacts certain groups at higher rates and more severely than others. Rates of drug overdoses have risen more quickly in rural areas than in urban areas. In 2015, the number of drug overdoses in rural areas surpassed those in urban areas (17 per 100,000 compared to 16.2 per 100,000).[16] Additionally, opioid use and its related harm are growing at faster rates for women than for men.[17] Between 1999 and 2010, opioid-related deaths increased by 400% among women, compared to 237% among men.[18] Between 2000 and 2009, the number of mothers using or dependent on opiates increased by approximately 500% and the number of infants born with neonatal abstinence syndrome rose by 500% between 2000 and 2012.[19]

Several related factors have contributed to the opioid epidemic, including an increase in prescription opioid overdose deaths since 1999. Additionally, there has been a 400% increase in heroin overdoses since 2010 and a 300% increase in deaths related to synthetic opioids, such as fentanyl, since 2013.

Alarmingly, the opioid epidemic's severity has contributed to a decrease in average life expectancy in the U.S.[20]

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[11] Scholl, L., Seth, P., Kariisa, M., Wilson, N., & Baldwin, G. (2019). Drug and Opioid-Involved Overdose Deaths-United States, 2013-2017. Morbidity and Mortality Weekly Report, 67(5152), 1419-1427.

[12] Ahmad, F. B., Rossen, L. M., Spencer, M. R., Warner, M., Sutton P. (2018, September 12). Provisional drug overdose death counts. National Center for Health Statistics. Retrieved from https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm

[13] SAMHSA. (2018). Key Substance Use and Mental Health Indicators in the United States: Results from the 2017 National Survey on Drug Use and Health (NSDUH) (HHS Publication No. SMA 18-5068, NSDUH Series H-53).

[14] Ibid.

[15] The Council of Economic Advisers. Office of the White House. (2017, November). The Underestimated Cost of Opioid Crisis. Retrieved from https://www.whitehouse.gov/sites/whitehouse.gov/files/images/The%20Underestimated%20Cost%20of%20the%20Opioid%20Crisis.pdf

[16] Mack, K. A., Jones, C. M., & Ballesteros, M. F. (2017, October 20). Illicit Drug Use, Illicit Drug Use Disorders, and Drug Overdose Deaths in Metropolitan and Nonmetropolitan Areas — United States. Morbidity and Mortality Weekly Report, 66(19), 1-12.

[17] HHS Office of Women's Health. (2017, July 19). Final Report: Opioid Use, Misuse, and Overdose in Women. Retrieved from https://www.womenshealth.gov/files/documents/final-report-opioid-508.pdf

[18] Ibid.

[19] National Institute on Drug Abuse. (2015, September). Dramatic Increases in Maternal Opioid Use and Neonatal Abstinence Syndrome. Retrieved from https://www.drugabuse.gov/related-topics/trends-statistics/infographics/dramatic-increases-in-maternal-opioid-use-neonatal-abstinence-syndrome

[20] HHS, Office of the Surgeon General. (2018, September). Facing Addiction in America: The Surgeon General's Spotlight on Opioids.

Impact Of The Opioid Epidemic In Indiana

Like every state in the U.S., Indiana has felt the impact of the opioid epidemic. In 2017, opioid overdoses accounted for 1,176 deaths and Indiana had the 14th highest drug overdose death rate in the country.[21] The drug epidemic in Indiana and across the nation can be characterized by three waves: an increase in prescription opioid-involved deaths, an increase in heroin-involved deaths and an increase in illicit fentanyl and other synthetic opioid-involved deaths. In 2018, 1,238 drug submissions sent to the Indiana Police Laboratory Division contained heroin and 682 submissions contained fentanyl.[22]

The opioid and overdose epidemics impact Hoosiers across race, ethnicity, age and gender. Individuals ages 25 to 54 had the highest number of opioid overdose deaths.[23] In 2016, a greater number of men died of opioid overdose than women (518 compared to 267).[24] The Black population faced the highest increase in overdose death rates and had the highest overdose death rate in 2017 at 31 per 100,000 (compared to 28.5 per 100,000 among the White population).[25]

In 2015, Indiana State Department of Health officials confirmed an outbreak of HIV infection linked to injection of oxymorphone in Scott County prompting the declaration of a public health emergency with 215 HIV infections ultimately attributed to the breakout.[26] The Centers for Disease Control and Prevention (CDC), the Indiana State Department of Health, law enforcement, health care providers and community members launched a comprehensive public health response to the outbreak, which included HIV and hepatitis C care and treatment, substance use counseling and a public education campaign. In addition, the governor granted a short-term authorization to establish a syringe exchange as a harm reduction measure.[27]

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[21] Indiana State Department of Health. (2019, October 18). Indiana Drug Overdose Dashboard. Retrieved from https://www.in.gov/isdh/27393.htm

[22] Indiana State Department of Health, Division of Trauma and Injury Prevention. (2019, October). Drug Overdose Epidemic in Indiana: Behind the Numbers. Retrieved from https://www.in.gov/isdh/files/85_Drug%20Overdose%20Data%20Brief_2019.pdf

[23] Ibid.

[24] Ibid.

[25] Ibid.

[26] Rapaport, L. (2018, October 5). Indiana HIV outbreak among drug users may have been preventable. Reuters Health. Retrieved from https://www.reuters.com/article/us-health-hiv-indiana/indiana-hiv-outbreak-among-drug-users-may-have-been-avoidable-idUSKCN1ME2N7

[27] Conrad, C., Bradley, H. M., Broz, D., Buddha, S., Chapman, E. L., Galang, R. R., . . . Duwve, J. M. (2015, May 1). Community Outbreak of HIV Infection Linked to Injection Drug Use of Oxymorphone — Indiana, 2015. Morbidity and Mortality Weekly Report, 64(16), 443-444.

Opioid-related incidents, including drug overdose, have also resulted in increased non-fatal and near-fatal emergency department visits and hospitalizations in Indiana. In 2016, there were 7,940 hospitalizations related to substance use with 2,426 resulting from opioid use. Among opioid-related hospitalizations, 648 were related to heroin use and 1,813 were non-heroin opioid-related.[28] During the same time period, there were 19,939 drug-related emergency department visits.[29] Among the 6,934 opioid-related emergency department visits, 4,690 were heroin-related and 2,357 were non-heroin-related.[30] Rates of opioid-related hospitalizations and emergency department visits were unevenly distributed across counties, ranging from 1,814 emergency department visits in Marion County to zero in Posey County.

In addition to opioids, Indiana has faced challenges related to increases in other types of drug use, including methamphetamine and alcohol. While alcohol-related collisions and fatal crashes have decreased in Indiana since 2003, the age-adjusted mortality rates for alcohol-attributable deaths have risen.[31] In 2017, the age-adjusted rate of alcohol-related mortality was 9.6 per 100,000, which is similar to the national average.[32] The economic burden to the state due to excessive alcohol consumption is estimated at $4.5 billion.[33] There was a 150% rise in methamphetamine use among individuals receiving SUD treatment in Indiana since 2007. The rate of methamphetamine use among Hoosiers receiving SUD treatment was significantly higher than the national average (23.7% compared to 16.5%).[34]

Indiana's Response To The Opioid Epidemic

To address the impact of the opioid epidemic in Indiana, the state developed the Indiana Integrated Response to the Opioid Epidemic. The state leveraged 21st Century Cures Act funds to focus on six strategic goals listed in Table 1. Efforts are being made to address the opioid epidemic through research, prevention, treatment and recovery initiatives, including the Indiana Medication Assisted Treatment Program (IMAP), aimed at decreasing barriers between medication-assisted therapy (MAT) providers and individuals with OUD in Porter, Starke and Scott counties; Prevention for States (PFS), a CDC-funded evaluation of opioid-related policies in Indiana; Planned Outreach, Intervention, Naloxone and Treatment (POINT), an emergency department-based intervention that connects opioid overdose survivors to MAT; and Project ECHO, utilizing technology to reduce disparities in care through case-based learning.[35]

[28] Indiana State Department of Health, Division of Trauma and Injury Prevention, Data Analysis Team & Indiana Hospital Association. (2018). Vital Records Report. Table 3. Non-fatal Hospitalizations by County of Residence and Drug Category, Indiana Residents, 2016. Retrieved from https://www.in.gov/isdh/27393.htm

[29] Indiana State Department of Health, Epidemiology Resource Center. (2018). Vital Records Report. Table 4. Non-fatal Emergency Department Visits by County of Residence and Drug Category, Indiana Residents, 2016. Retrieved from https://www.in.gov/isdh/27393.htm

[30] Ibid.

[31] Indiana State Epidemiological Outcomes Workgroup. (2018). The Consumption and Consequences of Alcohol, Tobacco, and Drugs in Indiana: A State Epidemiological Profile 2018. Retrieved from https://fsph.iupui.edu/doc/research-centers/EPI_2019_Web.pdf

[32] Ibid.

[33] Ibid.

[34] Ibid.

[35] Ibid.

TABLE 1. SIX GOALS OF INDIANA'S INTEGRATED RESPONSE TO THE OPIOID EPIDEMIC[36]

	STRATEGIC GOALS
1	Expansion of residential/inpatient detoxification and treatment including increased capacity, training in MAT and evidence-based practices and provision of service linkages.
2	Deployment of mobile crisis teams focused on overdose reversal, referral to treatment, crisis management and short-term therapeutic solutions.
3	Development and Implementation of I-ECHO, a statewide training protocol for all health care professionals that will focus on OUD case management and specialized learning.
4	Development of a recovery coach initiative that will engage peers and professionals with individuals who are in emergency rooms for opioid overdose to ensure systematic engagement with all aspects of the spectrum of care.
5	Expansion of provider access to integrated prescription drug monitoring and electronic health records with a particular focus on mitigating costs for lower-income healthcare organizations.
6	Statewide social marketing and health communications campaigns that are intelligently targeted to vulnerable population segments using culturally-competent language and strategies.

CONTINUUM OF CARE FOR OPIOID USE DISORDER

Effective services are available to prevent and treat OUD and support individuals in long-term recovery. Recent studies have shown that more than 50% of adults and 35% of adolescents who received treatment achieve sustained remission lasting at least one year.[37] A continuum of services are critical to addressing the complexity of factors causing OUD and its related impact. Table 2 shows the continuum of care that systems should offer to individuals with opioid use and other SUDs as recommended by the U.S. Surgeon General.[38] A comprehensive TI-ROSC supports services across this continuum.

[36] Ibid.

[37] Ibid.

[38] HHS, Office of the Surgeon General. (2016, November). Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health. Retrieved from https://addiction.surgeongeneral.gov/sites/default/files/surgeon-generals-report.pdf

TABLE 2. SUBSTANCE USE DISORDER TREATMENT CONTINUUM OF CARE[39]

Enhancing Health	Promoting optimum physical and mental health and well-being, free from SUD, through health communications and access to health care services, income and economic security and workplace certainty.
Primary Prevention	Addressing individual and environmental risk factors for substance use through evidence-based programs, policies and strategies.
Early Intervention	Screening and detecting substance use problems at an early stage and providing brief intervention, as needed, and other harm reduction activities.
Treatment	Intervening through medication, counseling and/or other supportive services to eliminate symptoms and achieve and maintain sobriety, physical, spiritual and mental health and maximum functional ability. Levels of care include: • Outpatient services. • Intensive outpatient/ partial hospitalization services. • Residential/ inpatient services. • Medically-managed intensive inpatient services. Removing barriers and providing supports to aid the long-term recovery process. Includes a range of social, educational, legal and other services that facilitate recovery, wellness and improved quality of life.
Recovery Support	**Removing** barriers and providing supports to aid the long-term recovery process. Includes a range of social, educational, legal and other services that facilitate recovery, wellness and improved quality of life.

Enhancing Health

Enhancing health refers to efforts to promote optimum physical and mental health and well-being through health communications and access to health care services, and income and economic security.[40] Health is largely determined by the social, economic and environmental conditions in which individuals live and work, called social determinants of health. Improving neighborhood conditions and economic opportunities and providing access to health care services enhances communities' overall health and wellness, global indicators in preventing SUD. Additionally, providing health education and improving health literacy helps individuals understand the factors that contribute to their health and the ways they can improve their overall well-being. A helpful framework to understand enhancing individual health and wellness is **SAMHSA's Eight Dimensions of Wellness**, which include emotional, spiritual, intellectual, physical, environmental, financial, occupation and social elements. **Creating a Healthier Life: A Step-by-Step Guide to Wellness** by SAMHSA is a helpful tool to understand wellness and enhancing health.

[39] Ibid.

[40] HHS, Office of the Surgeon General. (2016, November). Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health.

Primary Prevention

There are three types of prevention activities: primary, secondary and tertiary. Primary prevention refers to interventions that occur before the onset of health effects, such as vaccinations. Secondary prevention, called "early intervention" in the Surgeon General's model, refers to interventions that identify disease in the earliest stages, including screening. Tertiary prevention refers to the management of a disease post-diagnosis to stop or slow disease progression.[41] Implementing prevention interventions across all three categories is an important component of a TI-ROSC.

There are a range of activities that counties and organizations can conduct to promote primary prevention of SUDs. It is most effective to implement prevention activities across community and school-based settings and integrate them within existing treatment settings and programs. Research indicates individual and environmental strategies effectively support healthy behavior.[42] Individual-level interventions could include interactional peer-led classes on healthy behaviors that focus on life and social skills, emphasize norms for and a social commitment to not using drugs and underscore the benefit of life skills. Environmental interventions focus on changing the living conditions that can lead to problems with substance use. Public education, social marketing and media advocacy are examples of environmental interventions that increase awareness and address misconceptions and stigma related to substance use.[43]

The U.S. Surgeon General's Office conducted an extensive review of published research on prevention programs for SUD and identified 42 evidence-based prevention programs recommended in its report, **Facing Addiction in America**. The report identifies evidence-based prevention interventions at the individual and community levels and policies to support them. Examples of strategies identified in the report include **Nurse-Family Partnership**, which provides nurse home visiting services to pregnant women and women with infants. A range of school-based interventions include **Raising Healthy Children (RHC)**, **Good Behavior Game**, **Classroom-Centered Intervention**, **Life Skills Training (LST)** and the **School Health and Alcohol Harm Reduction Project (SHAHRP)**.[44]

[41] Centers for Disease Control and Prevention (CDC). (n.d.) Picture of America, Prevention. Retrieved from https://www.cdc.gov/pictureofamerica/pdfs/picture_of_america_prevention.pdf

[42] SAMHSA. (2019, June). A Guide to SAMHSA's Strategic Prevention Framework. Retrieved from https://www.samhsa.gov/sites/default/files/20190620-samhsa-strategic-prevention-framework-guide.pdf.

[43] Ibid.

[44] HHS, Office of the Surgeon General. (2016, November). Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health.

Additional helpful resources include the **SAMHSA's Evidence-Based Practices Resource Center**, which provides resources and tools related to evidence-based prevention activities for mental health and SUD and SAMHSA's **Student Assistance: A Guide for School Administrators**, which offers steps to create effective school assistance programs.

The National Council's **Mental Health First Aid** is an evidence-based training program that has been shown to be effective at increasing knowledge of signs, symptoms and risk factors of mental illness and addiction, identifying professional and self-help resources for individuals, increasing confidence of helping someone in distress and enhancing individual mental wellness.[45] With curriculum designed for adults, teens and special populations, such as first responders, Mental Health First Aid can be integrated into any primary prevention program.

Indiana developed a campaign focused on increasing education and resources related to addressing the opioid epidemic. **Know the O Facts** provides information and resources specific to addressing stigma, including using person-first language. Person-first language ensures that individuals are seen as people and not their SUD or other chronic illnesses (see Table 3).

TABLE 3. EXAMPLES OF NON-STIGMATIZING LANGUAGE

SAY THIS	NOT THIS
Substance use	Substance abuse, drug abuse
Person with substance use disorder/opioid use disorder	Addict, substance abuser, drug abuser
Disease	Drug habit
Person living in recovery	Ex-addict
People with mental health conditions	The mentally ill
Had a setback; returned to use	Relapse
Positive drug screen	Dirty drug screen
Negative drug screen	Clean drug screen
Medication-assisted therapy; medications for opioid use disorder; pharmacotherapy	Opioid or drug replacement therapy

[45] Mental Health First Aid. (2019). Research and Evidence Base. Retrieved from https://www.mentalhealthfirstaid.org/about/research/

Early Intervention

Early intervention strategies identify problematic substance use to reduce risk behavior and prevent progression of SUD and other related harms. Early intervention strategies can take place in a range of settings including primary care, mental health and – in the case of adolescents and young adults – school-based clinics. Early intervention strategies generally identify problematic substance use, provide education on risks and normal use and refer individuals to other services and treatment as needed. Harm reduction strategies focus on reducing substance use-related risks with individuals who are currently using substances and may not be ready to stop.

SCREENING, BRIEF INTERVENTION AND REFERRAL TO TREATMENT

Screening, Brief Intervention and Referral to Treatment, known in its abbreviated form as "SBIRT," is an evidence-based early intervention tool used to identify and assist individuals with or at risk for substance use-related issues. Table 4 describes the three steps in SBIRT processes. The National Council offers a wealth of resources related to SBIRT implementation and financing across a wide-range of settings, including two seminal documents: **Implementing Care for Alcohol & Other Drug Use in Medical Settings**, a change guide for primary care, and the **Improving Adolescent Health: Facilitating Change for Excellence in SBIRT** change package. These guides identify evidence-based screening tools and methods to successfully implement SBIRT.

TABLE 4. MAJOR COMPONENTS OF SBIRT[46]

COMPONENT	DESCRIPTION
Screening	Used to assess a client for problematic substance use behaviors using standardized screening tools. Screening can occur in any health care setting.
Brief Intervention	Used to engage a client in a short conversation to explore substance use behaviors, providing feedback and advice.
Referral to Treatment	Used to provide a referral to brief therapy or additional treatment to individuals whose screen indicates a need of additional services.

[46] SAMHSA. (2017). SBIRT: Screening, Brief Intervention, and Referral to Treatment. Retrieved from https://www.samhsa.gov/sbirt

HARM REDUCTION

Harm reduction includes a range of strategies that reduce risk of death and harm due to substance use. These programs are both public health- and grassroots community-oriented, are well researched and have proven to have effective outcomes and cost savings.[47] The principles of harm reduction include establishing quality of individual and community life; understanding substance use as a complex phenomenon; incorporating tenets of health equity and social determinants of health; using nonjudgmental, noncoercive methods to provide services; and ensuring that people who use substances have a voice in the policies and programs that serve them.[48]

Harm reduction includes the use of naloxone (Narcan) to prevent overdose deaths, access to clean syringes, overdose prevention sites and access to health care. The growing use of naloxone distribution programs across the country has indicated a need to engage people who use drugs and their support network in harm reduction practices, particularly in rural areas.[49] Rural areas experience opioid-related overdose deaths at a 45% higher rate than urban areas due, in part, to limited access to emergency medical services.[50] This means a peer, friend or loved one is likely to be the first person available to intervene during an overdose, thus expanding the definition of '"first responder." Training individuals who use opioids and their support network to use naloxone and providing them several doses to keep on hand can significantly reduce the number of overdose deaths.[51]

[47] HHS, Office of the Surgeon General. (2016, November). Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health.

[48] Harm Reduction Coalition. (2018). Harm Reduction Principles. Retrieved from https://harmreduction.org/about-us/principles-of-harm-reduction/

[49] Hanson, Bridget L., Porter, Rebecca R., Zold, Amanda L., Terhorst-Miller, Heather. (2020). Preventing opioid overdose with peer-administered naloxone: findings from a rural state. Harm Reduction Journal. 17:4. Retrieved from doi:10.1186/s12954-019-0352-0.

[50] Ibid.

[51] Ibid.

Treatment

The general goal of treatment is to assist individuals with OUDs and other SUDs to initiate the recovery process and provide them with the knowledge, skills and abilities to continue that process going forward to live healthy, productive lives. Treatment can occur in a variety of inpatient and outpatient care settings, including specialty OUD/SUD programs, primary care offices, hospitals and residential programs and includes a range of services including withdrawal management, MAT, recovery supports and behavioral therapies, among others.

Engaging individuals into treatment generally begins with an assessment and diagnosis by a trained professional to understand the severity of the individual's disorder. A treatment plan based on the assessment and diagnosis can include a range of services and supports specific to the clients individualized needs. This process should involve consultation with a peer specialist or peer coach to identify the most appropriate treatment modalities for each person. In addition to recommendations for formal treatment services within the program, treatment plans will include referrals to other services within the community. In a TI-ROSC, before discharging a client from care, connect them with additional recovery supports and resources in the community to continue the healing process.

MEDICATION-ASSISTED TREATMENT

One type of treatment modality is medication-assisted treatment or medication-assisted recovery. While there are number of evidence-based treatments for SUDs generally, research shows that the use of the three Food and Drug Administration (FDA)-approved medications for OUD – methadone, buprenorphine and extended-release naltrexone (see Table 5) – to assist behavioral therapy are highly effective.[52] These medications, in conjunction with behavior therapy and recovery supports, reduce the risk of infectious disease transmission, criminal behavior associated with drug use, overdose mortality and risk of HIV and hepatitis C transmission.[53] Methadone and buprenorphine are governed by specific prescribing regulations determining the permitted setting they can be administered and the required credentialing and licensure of providers. Any provider licensed to prescribe can prescribe naltrexone. Despite the efficacy of these medications, they are still underutilized.[54] In 2018, only about 10% of adults with SUD receive any treatment each year.[55] More than 95% of states and the District of Columbia have OUD or dependence rates that exceed treatment capacity.[56] MAT is a critical component of trauma-informed, recovery-oriented systems of care providing individuals with the range of effective services and treatments that are necessary for long-term recovery. Table 5 identifies the FDA-approved medications for OUD, frequency of administration, route and prescribing/dispensing information.

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[52] The American Society of Addiction Medicine. Advancing Access to Addiction Medications. (2013). Retrieved from http://www.asam.org/docs/default-source/advocacy/aaam_implications-for-opioid-addiction-treatment_final

[53] Ibid.

[54] Larochelle, M. R., Bernson, D., Land, T., Stopka, T. J., Wang, N., Xuan, Z., . . . Walley, A. Y. (2018).. Medication for Opioid Use Disorder After Nonfatal Opioid Overdose and Association With Mortality: A Cohort Study. Annals of Internal Medicine,169(3),169:137–145.

[55] McCance-Katz, Elinore F. (2019). The National Survey on Drug Use and Health: 2018 [PowerPoint slides]. Retrieved from https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/Assistant-Secretary-nsduh2018_presentation.pdf.

[56] Jones, C. M., Campopiano, M., Baldwin, G., & McCance-Katz, E. (2015). National and State Treatment Need and Capacity for Opioid Agonist Medication-Assisted Treatment. American Journal of Public Health, 105(8), e55-e63.

TABLE 5. MEDICATIONS/PHARMACOTHERAPY FOR OPIOID USE DISORDER[57]

Medication	How it Works	Frequency of Administration	Route of Administration	Who May Prescribe or Dispense in Indiana
Methadone	Full agonist: binds to and activates opioid receptors in the brain activated by the drug, but in a safer and more controlled manner. Reduces the symptoms of withdrawal and cravings.	Daily	Orally as liquid concentrate, tablet or oral solution of diskette or powder.	SAMHSA-certified and Drug Enforcement Administration (DEA)-regulated outpatient treatment programs (OTPs) dispense methadone for daily administration either on site or at home.
Buprenorphine	Partial opioid agonist: binds to and activates opioid receptors but with less intensity than full agonists.	Daily tablet or film (also alternative dosing regimens)	Oral tablet or film dissolves under the tongue.	Physicians, physician assistants and nurse practitioners trained to obtain DATA 2000 waivers can prescribe to a capped number of clients.
Probuphine (buprenorphine implant)	Partial opioid agonist: binds to and activates opioid receptors but with less intensity than full agonists.	Every six months	Subdermal	
Sublocade (buprenorphine injection)	Partial opioid agonist: binds to and activates opioid receptors but with less intensity than full agonists.	Monthly	Injection (for moderate to severe OUD)	
Naltrexone (injection)	Antagonist: chemical substance that binds to and blocks the activation of certain receptors on cells, preventing a biological response.	Monthly	Intramuscular injection into the gluteal muscle by a physician or other health care professional.	Any individual licensed to prescribe medicines (e.g., physician, physician assistant, nurse practitioner) may prescribe and/or order administration by qualified staff.

[57] SAMHSA-Health Resources and Services Administration (HRSA) Center for Integrated Health Solutions. (2018). Adapted from Clinical Use of Extended-Release Injectable Naltrexone in the Treatment of Opioid Use Disorder: A Brief Guide (SMA14-4892R) from Clinical Use of Extended-Release Injectable Naltrexone in the Treatment of Opioid Use Disorder: A Brief Guide (SMA14-4892R).

There are several resources available to organizations planning to implement MAT. **Providers Clinical Support System (PCSS)** offers numerous training modules at no cost to providers. Trainings help physicians, nurse practitioners and physician assistants meet their training requirements to become buprenorphine-waivered providers. PCSS also offers providers peer-to-peer mentoring and a wealth of other resources. Additionally, the National Council provides a **Medication-assisted Treatment (MAT) Readiness Assessment** to guide MAT planning and implementation efforts within organizations.

The individual in need of treatment should always direct the decision to initiate MAT, when deemed appropriate by a medical professional. Individuals should always be at the center of care and receive education about treatment modalities to make informed decisions. To help individuals understand which treatment options might be the best fit for them, SAMHSA created the **Decisions in Recovery** tool. This tool offers individuals easy to understand information about each of the MAT medications and offers first-person accounts of individuals in recovery.[58]

Recovery Support

Recovery support services engage and support individuals in treatment and provide a range of ongoing services and supports following treatment to help individuals maintain long-term recovery. SUD treatment programs and Recovery Community Organizations (RCOs) provide recovery support services and they are often delivered by trained case managers, recovery coaches and peer support workers. Recovery support services can include a wide range of supports that enhance health and help individuals overcome barriers to care and wellness.

SAMHSA identifies four main dimensions that support recovery:[59]

1. Health (managing one's disease, supporting physical and emotional wellness)
2. Home (having a stable and safe place to live)
3. Purpose (conducting meaningful life activities)
4. Community (having relationships and social networks)

Recovery supports help individuals fulfill these domains and can include employment support, housing assistance, transportation and peer support, among others.

Across the four main dimensions that support recovery, there are four types of social support and associated peer recovery support services described in Table 6.

[58] SAMHSA. (2019). Decisions in Recovery: Treatment for Opioid Use Disorder. Retrieved from https://mat-decisions-in-recovery.samhsa.gov/

[59] SAMHSA. (2018, October). Recovery and Recovery Support. Retrieved from https://www.samhsa.gov/recovery

TABLE 6. TYPES OF SOCIAL SUPPORT AND ASSOCIATED PEER RECOVERY SUPPORT SERVICES[60]

Type of Support	Description	Peer Support Service Examples
Emotional	Demonstrate empathy, caring or concern to bolster person's self-esteem and confidence.	• Peer mentoring • Peer-led support groups
Informational	Share knowledge and information and/or provide life or vocational skills training.	• Parenting class • Job readiness training • Wellness seminar
Instrumental	Provide concrete assistance to help others accomplish tasks.	• Childcare • Transportation • Help accessing community health and social services
Affiliational	Facilitate contacts with other people to promote learning of social and recreational skills, create community and acquire a sense of belonging.	• Recovery centers • Sports league participation • Alcohol- and drug-free socialization opportunities

[60] SAMHSA. (2009). What Are Peer Recovery Support Services? HHS Publication No. (SMA) 09-4454. Retrieved from https://store.samhsa.gov/product/What-Are-Peer-Recovery-Support-Services-/SMA09-4454

TRAUMA

What is Trauma?

Trauma, according to SAMHSA, is an event, series of events or set of circumstances experienced by an individual that are physically or emotionally harmful or life-threatening that have lasting adverse effects on their functioning and mental, physical, social, emotional or spiritual well-being. Experiences of trauma can be extremely individualized and are determined by the person who has experienced them. Research shows that individuals who suffer childhood and adolescent trauma are at a higher risk of substance misuse and SUDs. Additionally, having a SUD or a family member with a SUD can be traumatizing. Individuals who have experienced four or more adverse childhood experiences (ACEs) are two times more likely to smoke, seven times more likely to misuse alcohol and 10 times more likely to inject illicit drugs.61 Additionally, ACEs have been correlated to increased likelihood of relapse among individuals with OUD.62 Stress caused by ACEs have been shown to act on the same stress circuits in the brain as addictive substances. This is one explanation for the increased risk of SUDs among individuals who have experienced trauma.63 The complex relationship between trauma and SUDs necessitates comprehensive, TI-ROSC to best serve individuals.

DEFINING TRAUMA

Trauma, in a medical context, often refers to severe physical injuries resulting from a sudden event. In the context of TI-ROSC, however, trauma encompasses emotional, psychological and physical events resulting in long-lasting harms to an individual's well-being.

There are multiple experiences of trauma, including physical, sexual and emotional abuse and neglect, interpersonal violence, impacts from natural disasters, serious illness, surviving or witnessing violence, historical trauma, bullying, military trauma and war, racism and forced displacement. Trauma is pervasive and long-lasting at the individual level and can affect families and entire communities. Historical or cumulative trauma is passed on through generations[64] and is especially prevalent in populations that have suffered discrimination, racism, slavery, genocide, war, forced migration and other forms of oppression.

The CDC estimates that 60% of the general adult population has experienced trauma[65] and another study estimates 46% of youth aged 17 and younger experienced at least one traumatic event in 2016.[66] While trauma affects all populations, certain groups experience trauma at higher rates than the general traumatic events.[67] Youth who identify as lesbian, gay, bisexual, transgender, queer and/or questioning (LGBTQ) experience trauma at higher rates than youth who identify as heterosexual.[68] An in-depth analysis of the current research on trauma can be found in a **literature review** compiled by Kaiser Permanente and the National Council.

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[61] Centers for Disease Control and Prevention (CDC). (2010, December 17). Adverse Childhood Experiences Reported by Adults – Five States, 2009. MMWR. Morbidity and Mortality Weekly Reports. Retrieved from https://www.cdc.gov/mmwr/preview/mmwrhtml/mm5949a1.htm

[62] Derefinko, K. J., Garcia, F. I. S., Talley, K. M., Bursac, Z., Johnson, K. C., Murphy, J. G., . . . Sumrok, D. D. (2019). Adverse childhood experiences predict opioid relapse during treatment among rural adults. Addictive Behaviors, 96, 171-174.

[63] HHS, Office of the Surgeon General. (2016, November). Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health. Retrieved from https://addiction.surgeongeneral.gov/sites/default/files/surgeon-generals-report.pdf

[64] Stevens, S., Andrade, R., Korchmaros, J., & Sharron, K. (2015). Intergenerational Trauma Among Substance-Using Native American, Latina, and White Mothers Living in the Southwestern United States. Journal of Social Work Practice in the Addictions, 15(6), 6-24.

[65] CDC. (2010, December 17). Adverse Childhood Experiences Reported by Adults – Five States, 2009. MMWR. Morbidity and Mortality Weekly Reports. Retrieved from https://www.cdc.gov/mmwr/preview/mmwrhtml/mm5949a1.htm

[66] Sacks, V., & Murphey, D. (2018). The prevalence of adverse childhood experiences nationally, by state, and by race/ethnicity. Child Trends Publication #2018-03. Retrieved from https://www.childtrends.org/

[67] Collins, K., Connors, K., Donohue, A., Gardner, S., Goldblatt, E., Hayward, A., . . . Thompson, E. (2010). Understanding the impact of trauma and urban poverty on family systems: Risks, resilience, and interventions. Family Informed Trauma Treatment Center.

[68] National Child Traumatic Stress Network. (2015). LGBTQ Issues and Child Trauma. Retrieved from http://www.nctsn.org/sites/default/files/assets/pdfs/safe_spaces_safe_places_flyer_2015.pdf

In Indiana, between July 1, 2014, and June 30, 2015, there were 77 reported child fatalities due to abuse or neglect. Stress is a major risk factor and was present in 94% of the neglect cases and 74% of the abuse cases. Substance misuse was present in 46% of the neglect cases and 17% of the abuse cases. Additionally, domestic violence was a risk factor in 20% of the neglect cases and 19% of the abuse cases.[69] In 2016, approximately 23% of children in Indiana experienced one ACE and 24% experienced two or more.[70]

Stigma And Discrimination

Stigma and discrimination negatively impact all individuals with SUDs and those who experienced trauma. SAMHSA defines stigma as "a mark of disgrace or infamy, a stain or reproach, as on one's reputation."[71] Substance use disorders and mental illnesses are highly stigmatized due to misconceptions that these disorders are the result of personal fault and attitudes that individuals are able to control their conditions. Research supports that clinicians treat individuals with SUDs and mental illness differently than individuals with other types of chronic diseases, including misattributing physical symptoms of illness to mental disorders and referring individuals with SUD and mental illness to appropriate physical health services at lower rates than individuals without behavioral health diagnoses.[72]

Stigma leads to discrimination against individuals with OUDs and SUDs, with trauma histories and those who are in recovery. As a result of experiencing stigma and discrimination, individuals with SUDs experience poorer health and social outcomes.[73] Individualized and institutionalized forms of discrimination, including failed criminal justice approaches to addiction, have resulted in barriers to education, housing and employment among individuals with SUDs and mental illness.[74]

Trauma-informed, recovery-oriented systems of care embrace practices and policies that work to eliminate stigma and discrimination. Practical tools and tips are available to help staff and providers overcome stigmatizing language and behaviors, including the use of person-first language; developing programs, policies and procedures that incorporate input from multiple stakeholders including people in recovery; and providing robust staff training on stigma and discrimination.[75]

Trauma-Informed Approach

Trauma-informed organizations and systems embed core principles related to understanding, recognizing and responding to the effects of trauma into practices and services.

While each trauma-informed setting may look different, all trauma-informed organizations and systems adhere to six key principles shown in Table 7. These principles are the underlying foundation that guide policy, program and practice development within trauma-informed settings. A helpful tool for understanding and implementing trauma-informed approaches is the National Council's **Fostering Resilience and Recovery: A Change Package for Advancing Trauma-informed Primary Care.**

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[69] Prevent Child Abuse Indiana. (2018). Indiana Statistics. Retrieved from https://www.pcain.org/resource/indiana-laws/

[70] Child and Adolescent Health Measurement Initiative. Data Resource Center for Child and Adolescent Health. (2018). 2016 National Survey of Children's Health (NSCH) data query. Retrieved from www.childhealthdata.org

[71] SAMHSA. (2017). Words Matter: How Language Choice Can Reduce Stigma. Retrieved from https://stigmafreewv.org/wp-content/uploads/2018/02/SAMHSA-sud-stigma-tool.pdf

[72] National Academies of Science, Division of Behavioral and Social Sciences and Education. (2016, August). Ending Discrimination against People with Mental and Substance Use Disorders: The Evidence for Stigma Change. Retrieved from https://www.ncbi.nlm.nih.gov/books/NBK384918/

[73] Ibid.

[74] Ibid.

[75] SAMHSA. (2017). Words Matter: How Language Choice Can Reduce Stigma. Retrieved from https://stigmafreewv.org/wp-content/uploads/2018/02/SAMHSA-sud-stigma-tool.pdf

TABLE 7. SIX PRINCIPLES OF A TRAUMA-INFORMED APPROACH

Principle	Definition	Examples in Practice
Safety	Ensuring physical and emotional safety among individuals and staff.	• Understand that safety as defined by individuals receiving services is a high priority of the organization. • Create calm waiting areas and exam spaces that are safe and welcoming. • Respect privacy in all interactions.
Trustworthiness and transparency	Conducting operations and making decisions with transparency and the goal of building and maintaining trust with individuals, family members and staff.	• Provide clear information about services. • Ensure informed consent. • Schedule appointments consistently.
Peer support and mutual aid	Promoting recovery and healing by valuing peers or individuals with trauma histories and applying their lived experience.	• Facilitate group and partner interactions for sharing recovery and healing from lived experiences. • Include peer supporters in health teams.
Collaboration and mutuality	Making decisions in partnership with individuals and sharing power between individuals and provider.	• Give individuals a significant role in planning and evaluating services.
Empowerment, voice and choice	Individuals retain choice and control during decision-making and individual empowerment with emphasis on skill building.	• Create an atmosphere that allows individuals to feel validated and affirmed with each contact. • Provide clear and appropriate messages about a individuals' rights, responsibilities and service options.
Cultural, historical and gender issues	The organization deliberately moves past cultural stereotypes and biases and incorporates policies, protocols and processes that are responsive to the racial, ethnic, cultural and gender needs of individuals served.	• Ensure access to services that address the specific needs of individuals from diverse cultural backgrounds. • Display messages in multiple languages to ensure everyone feels welcome. • Ensure access to gender responsive services. • View every policy, practice, procedure and interaction through a cultural and linguistic competence lens.

RECOVERY

Defining Recovery

The definition of recovery from SUDs has changed as the recovery movement in the U.S. has grown and evolved over the last several decades. Recently, as the principles of recovery have become more widely adopted, more standardized definitions have evolved. SAMHSA[76] states that:

> Even individuals with severe and chronic substance use disorders can, with help, overcome their substance use disorder and regain health and social function. This is called remission. When those positive changes and values become part of a voluntarily adopted lifestyle, that is called 'being in recovery.'

The widespread adoption of recovery marks a significant movement away from a deficits-based approach and toward a strengths-based model of understanding and treating SUDs.[77] Historically, abstinence-only was the focus and goal of SUD treatment and programs; however, there were some innovators who have incorporated a continuum of services that includes harm reduction. Recovery encompasses an individual's holistic needs, including one's physical, mental and social wellness.

Recovery-Oriented Systems Of Care

Recovery-oriented systems of care (ROSC) provide the necessary services to support individuals in long-term recovery. SAMHSA's Partners for Recovery Initiative defines them as:[78]

> ROSC are networks of services and supports through which individuals and families with alcohol and drug problems discover unique pathways and sustain journeys to health, wellness and recovery within vibrant and welcoming communities. ROSC require an ongoing process of systems improvement that incorporates the voices and experiences of recovering individuals and their families in the design and implementation of services. ROSC support the adoption of person-centered and self-directed approaches to care that build on the strengths and resilience of individuals, families and communities. ROSC make it possible to offer a comprehensive menu of services and supports that can be tailored to the needs of individuals and families. They encompass and coordinate the operations of multiple systems, providing flexible, outcomes-driven approaches to care.

ROSCs are based on several values and include operational elements that support individuals in long-term recovery and are built on the values of person-centeredness, self-direction, strengths-based and community participation (see Table 8). ROSC operational elements define the core system components necessary to deliver services in accordance with the values (see Table 9). ROSCs recognize that SUDs are chronic conditions and strive to provide a continuum for services that meet the person's needs no matter where they are in their recovery process.

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[76] HHS, Office of the Surgeon General. (2016, November). Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health. Retrieved from https://addiction.surgeongeneral.gov/sites/default/files/surgeon-generals-report.pdf

[77] Best, D., Edwards, M., Cano, I., Durrance, J., Lehman, & White, W. (2018, June). Strengths Planning for Building Recovery Capital. Counselor Magazine, 33-37.

[78] SAMHSA. (n.d.). Recovery-Oriented Systems of Care (ROSC) Resource Guide-Working Draft. Retrieved from https://www.samhsa.gov/sites/default/files/rosc_resource_guide_book.pdf

TABLE 8. RECOVERY-ORIENTED SYSTEMS OF CARE VALUES[79]

Value	Description
Person-centered approach	Services and supports are built on the needs, preferences and strengths of individuals and recognizing multiple pathways to recovery, including treatment, mutual aid groups, faith-based recovery, cultural recovery, natural recovery, medication-assisted treatment and others.
Self-directed approach	Provides individuals the greatest level of choice over their service and support options and responsibility for recovery.
Strengths-based approach	Identifies and supports the individuals' assets, strengths, resources and resiliencies.
Participation of family members, caregivers, significant others, friends and community	Acknowledges the role that an individual's familial and social supports have in their recovery and incorporates these supports in recovery planning and support when appropriate.

[79] Ibid.

TRAUMA-INFORMED RECOVERY-ORIENTED SYSTEMS OF CARE

Applying a trauma-informed approach to a recovery-oriented system of care operationalizes two models that have overlapping shared values and principles to improve the health and wellness for individuals with SUDs, including OUD. Table 9 identifies the core operational elements of TI-ROSC.

TABLE 9. TI-ROSC ELEMENTS[80]

TI-ROSC Element	Description
Collaborative decision-making	Empowers individuals to collaborate with professionals, peers and other formal and informal service providers and have voice and choice in their own recovery to the greatest extent possible.
Individualized and comprehensive services and supports	Offers individuals a range of culturally relevant, gender-specific resources including community-based services, peer-support and mutual self-help, faith-based organizations, schools, civic groups, recovery community organizations and professional and non-professional organizations. Empowers individuals to have voice and choice directing their own participation in community-based services and supports.
Community-based services and supports	Identifies and supports the individuals' assets, strengths, resources and resiliencies.
Continuity of services and supports	Provides culturally relevant services and supports that ensure ongoing and seamless connections within and among various organizations for as long as an individual needs them and ensuring that individuals have voice and choice in determining their need.
Multiple stakeholder involvement	Involves all segments of the community in the system, including individuals, family members and peers. The system promotes trust and transparency in its design and delivery of services and supports.
Recovery community/peer involvement	Includes members of the recovery community in the design of systems, services and supports and individuals in recovery, their family members and other social supports among decision-makers to make decisions collaboratively. Includes peer-to-peer recovery support services in the array of services offered.
Outcomes-driven	Trust and transparency drive quality improvement and evaluation processes. Measures outcomes to inform system improvements. Prioritizes individuals' physical and emotional safety above all else.
Adequately and flexibly funded	Maximizes funding to allow flexibility to provide a menu of services options and ensure the physical and emotional safety of individuals.

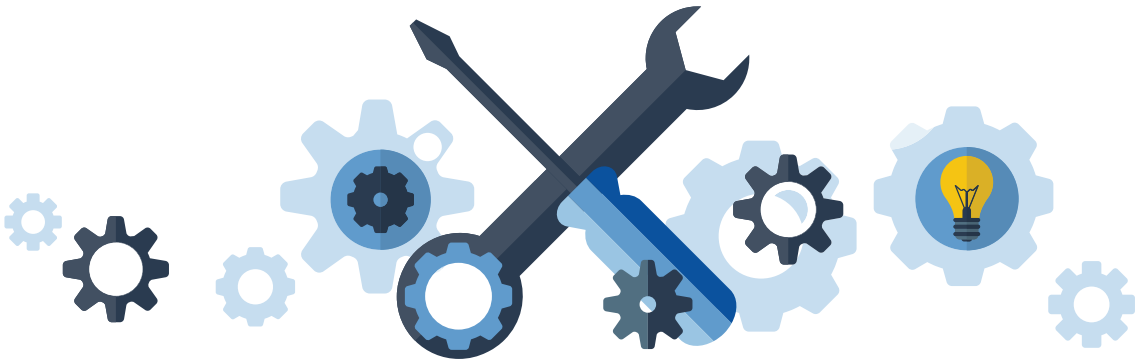
[80] Ibid.

PART II: ANNOTATED TOOLS FOR IMPLEMENTATION AND OPERATIONALIZING

The data, information, principles and values discussed in the first half of this toolkit provide the foundation for counties to conceptualize and begin planning their TI-ROSC. The second half of the toolkit provides the necessary change components, resources and tools to operationalize the principles and values of TI-ROSC across counties in Indiana. It is most effective to implement the change components in the order presented in this toolkit.

READINESS ASSESSMENT

Prior to implementing the change components described in the next section, review and conduct a county-wide readiness assessment. The **readiness checklist** tool will help counties assess their readiness and level of implementation as it relates to the system changes and changes in services needed to more effectively meet the needs of people with SUDs. It is grounded in the framework of the TI-ROSC approach, which provides a comprehensive array of prevention, intervention, treatment and **recovery support services** that are individualized, coordinated, culturally competent, trauma-informed and recovery-focused.



COMPONENTS OF CHANGE

To successfully implement TI-ROSC, we recommend implementing eight change components (see Table 10). Each change component described has links to tools and resources to guide implementation efforts. The development of the eight change components are informed by the Eight-step Process for Leading Change, a nationally-recognized change management and leadership process developed by Dr. John Kotter.[81] The eight change components comprehensively address TI-ROSC planning, implementation and sustainability.

[81] Kotter, Inc. (2018). Eight-Step Process for Leading Change. Retrieved from https://www.kotterinc.com/

TABLE 10. TRAUMA-INFORMED, RECOVERY-ORIENTED SYSTEM OF CARE CHANGE COMPONENTS

Change Component	Objective	Recommended Tools
Create a County Change Team	Develop a team to lead planning and implementation activities.	• TI-ROSC Key Stakeholders List • My Commitment to My County Change Team Creation Tool
Increase urgency and buy-In through community education	Increase awareness and knowledge among community members and stakeholders on a TI-ROSC.	• TI-ROSC Stigma Reduction Tool • TI-ROSC Communication Planning Tool • TI-ROSC Advocacy Handbook • Crafting a Compelling Story: Telling the Story of Recovery
Visioning	Create a county-wide shared vision of a TI-ROSC.	• TI-ROSC Visioning Tool
Community assessment	Elicit diverse stakeholder perspectives and opinions; map current system and processes; identify strengths, weaknesses, opportunities and threats (SWOT) to inform TI-ROSC planning efforts.	• TI-ROSC Community Needs Assessment • TI-ROSC Community Needs Assessment Scoring Template • TI-ROSC Strengths, Weaknesses, Opportunities, and Threats (SWOT) Tool • MAT Readiness Checklist
Future system development	Identify the necessary components of the county's TI-ROSC.	• TI-ROSC Future Systems Development Tool • TI-ROSC Principles Assessment Tool • TI-ROSC Initiative Alignment Tool
Goal setting	Identify and prioritize short and long-term goals for each system component	• TI-ROSC Goal Setting Tool
Action planning	Create action steps to successfully reach each goal	• TI-ROSC Action Planning Tool
Implementation and sustainability	Implement action steps, assess implementation progress, continuously make quality improvements and continuously educate and communicate with community members and stakeholders for ongoing buy-in.	• Trauma-informed Strategic Planning Tracking Tool

1. CREATE A COUNTY CHANGE TEAM

To lead successful planning and implementation of TI-ROSC, create a County Change Team. Key stakeholders who are action-oriented and empowered to drive change within the county should comprise the team. A Key Stakeholders List has been developed to assist counties to identify the best-suited team members within their counties. The County Change Team should have representation from a wide-range of key stakeholders including people in recovery, community behavioral health providers, MAT providers, peer support providers, first responders, primary care providers and social services providers, among others. Additionally, to gain buy-in from County Change Team participants, members should complete the **My Commitment to My County Change Team Creation Tool.**

2. INCREASE URGENCY AND BUY-IN THROUGH COMMUNITY EDUCATION

An early and important step in the TI-ROSC planning process is to educate the community and stakeholders on trauma-informed principles and recovery-oriented systems of care, including evidence-based practices for treating OUD. Public and community misperceptions perpetuated by a history of persistent stigma have resulted in general misunderstandings and ambivalence regarding treatment and care for individuals with SUDs. Providing education to a diverse set of stakeholders, including county officials, health and behavioral health providers, community services organizations and partners, individuals receiving services and community members will facilitate buy-in and support for the project.

To assist counties with educating the community, an informative **PowerPoint presentation** provides an overview of the opioid epidemic and other SUDs, trauma, ACEs, the TI-ROSC principles and resources for further learning and implementation. Utilize the **TI-ROSC Stigma Reduction Tool** to identify myths about OUDs and SUDs in the community and craft discussion points to share the truth about this issue. Additionally, the **TI-ROSC Communication Planning Tool** helps County Change Teams craft effective messaging by strategically identifying the needs of stakeholders.

Because TI-ROSC is a county-wide initiative, important stakeholders also include local decision-makers, such as city council members and county commissioners, public health officials and behavioral health officials. Communicating with those in elected positions will differ from how the County Change Teams may approach communication with other service providers. To guide advocacy efforts, refer to the **TI-ROSC Advocacy Handbook**.

Craft A Compelling Story

An effective way to educate community members and gain buy-in is to craft a compelling story. Stories are important tools that help the community and other stakeholders identify with individuals who have experienced trauma and are in recovery. Stories are compelling when they help the listener or reader identify with the person and motivate a change in attitudes, beliefs or behavior. The **Crafting a Compelling Story: Telling the Story of Recovery** tool helps providers and individuals in recovery tell person-centered stories about how addiction has impacted them, the services and supports that helped and the hope of recovery. Crafting a compelling story is a useful step when creating a County Change Team.

3. VISIONING

One of the most important steps for the County Change Team to develop is a shared TI-ROSC vision for the county. Vision statements should be short, specific, simple and ambitious. They should align to the values that you want people to exhibit as they perform their work. A vision statement should be a memorable and inspirational summary that describes your reason for doing this work and helps motivate existing staff and stakeholders. The goal is to articulate a vision that is so clear that it fits on one page and takes less than a minute to share. The TI-ROSC Visioning Tool has been developed to assist counties with visioning.

VISION STATEMENT EXAMPLES

"The community of Wayne County will unify to support the health and well-being of every resident."

"Dearborn County is an educated and unified community where individuals and families can safely and easily access reliable services and lasting support towards hope, recovery and meaning in life."

4. COMMUNITY ASSESSMENT

Conducting a comprehensive community assessment helps counties understand the current environmental state, identify the community and stakeholders' perspectives and opinions related to services and care for individuals with SUDs and assess the strengths, weaknesses, opportunities and threats (SWOT) related to the TI-ROSC project. These assessments provide valuable data to inform the planning, goal setting and implementation of the project. There are several tools discussed here to assist counties with conducting the community assessment.

TI-ROSC Community Needs Assessment

The TI-ROSC Community Needs Assessment is an environmental scan for your community as it relates to implementation of a trauma-informed, recovery-oriented system of care for individuals who have SUDs. It elicits feedback from a range of stakeholders on the components of a trauma-informed, recovery-oriented system of care. The questions are constructed to provoke critical thinking about how your system is designed and delivered and also bring underlying the system culture to the surface. It also addresses issues that have a profound impact on outcomes for individuals who have experienced trauma, use substances and are in recovery, like stigma and discrimination.

All stakeholders should complete the TI-ROSC Community Needs Assessment individually, including those who are seeking services, caregivers, staff and other community stakeholders. Aggregate the responses across the system and bring them to the team to discuss and develop a work plan for moving forward to a trauma-informed, recovery-oriented system of care. The TI-ROSC Community Needs Assessment Scoring Template provides an easy method to analyze assessment responses using an Excel spreadsheet with the necessary formulas pre-populated.

Strengths, Weaknesses, Opportunities And Threats Analysis (SWOT)

Understanding the SWOT analysis of each component of the care system is an important step to inform planning, quality improvement and sustainability efforts. The TI-ROSC Strengths, Weaknesses, Opportunities, and Threats (SWOT) Tool provides counties and organizations with a detailed assessment instrument to guide a SWOT analysis across the continuum of care including: prevention and early intervention, engagement and treatment, recovery and reconnection and maintenance and sustainability.

Medication-Assisted Treatment (MAT) Readiness And Implementation Checklist

MAT is an important intervention for those living with OUD, and through TI-ROSC implementation, the County Change Team should endeavor to establish and/or expand these services in the county. Before doing so, utilize the **MAT Readiness and Implementation Checklist** to assess readiness in five areas:

- Organizational
- Economic and regulatory
- Workforce
- Community
- Client and caregiver

5. FUTURE SYSTEM DEVELOPMENT

Identifying the specific components of the TI-ROSC across the recovery continuum (enhancing health, primary prevention, early intervention, treatment and recovery support) is a critical step to begin to materialize your vision. Future system development includes identifying the services and supports, communication and messaging and continuous quality improvement efforts the system will need within each step of the continuum to provide comprehensive trauma-informed, recovery-oriented services and supports. The **TI-ROSC Future Systems Development Tool** provides County Change Teams a worksheet to identify each of the components necessary to meet counties' unique needs. Additionally, the TI-ROSC Principles Assessment Tool assists County Change Teams to identify steps that could be taken to better align system and organizational policies and practices with the six trauma-informed principles. Finally, the **TI-ROSC Initiative Alignment Tool** guides County Change Teams through a process to organize other strategies and task forces in the county that are related and/or connected to the TI-ROSC implementation process. This tool will help eliminate duplicative efforts and bring the right stakeholders together for each action.

6. GOAL SETTING

Articulating and prioritizing short- and long-term goals is a critical component to successful change implementation. The **TI-ROSC Goal Setting Tool** provides County Change Teams a rubric to identify "low-hanging" goals that can be accomplished in zero to 12 months and "stretch" goals that will take more than 12 months to accomplish across the recovery continuum.

7. ACTION PLANNING

After identifying short- and long-term goals, County Change Teams should create specific objectives and action steps that will help teams reach their goals and implement their TI-ROSC vision. Action steps should be "SMART" – specific and strategic, measurable, attainable, relevant (results oriented) and time-framed. The **TI-ROSC Action Planning Tool** provides County Change Teams action plan grids to facilitate the identification of SMART objectives for each step in the recovery continuum and across service components.

8. IMPLEMENTATION AND SUSTAINABILITY

To successfully implement and sustain the county's TI-ROSC activities, ongoing strategic planning and quality improvement should take place. To assist County Change Teams with strategic planning, the Trauma-informed Strategic Planning Tracking Tool has been created. The tracking tool helps teams stay organized and timely in their implementation and assessment of project activities. It also tool tracks action items, deadlines, persons responsible, assessment and current status of project activities across the recovery continuum and care components.

To sustain project activities long-term, understanding how to best advocate for systemic changes, including sustainable funding will be critical. To guide advocacy efforts, the **TI-ROSC Advocacy Handbook** was developed.

CONCLUSION

Trauma-informed, recovery-oriented systems of care are a promising approach to improve both individual and community health and wellness. By implementing this system of care model, communities across Indiana will provide comprehensive, effective, person-centered services and supports to meet individuals where they are in their recovery journey and will foster a community-wide climate supportive of health, wellness and long-term recovery. The information and tools included in this toolkit provide Indiana counties the foundational resources necessary to plan, develop, implement, monitor and sustain trauma-informed, recovery-oriented systems of care.

ADDITIONAL RESOURCES

Table 11 provides useful information, education and training materials, draft policies and implementation supports to guide the successful implementation of TI-ROSC.

TABLE 11. ADDITIONAL RESOURCES TO SUPPORT TI-ROSC PLANNING AND IMPLEMENTATION

Name/Weblink	Description	Source
RECOVERY RESOURCES		
Person First Guidelines	Guidelines for the use of person-first language from a county behavioral health system.	Philadelphia Department of Behavioral Health and Intellectual disAbility Services
Practice Guidelines for Recovery and Resilience Oriented Treatment	Practice guidelines for providers to deliver recovery and resilience-oriented treatment from a county behavioral health system.	Philadelphia Department of Behavioral Health and Intellectual disAbility Services
The Surgeon General's Report on Alcohol, Drugs, and Health: Facing Addiction in America	Information from the U.S. Surgeon General on substance use and SUDs, including OUD.	U.S. Department of Health and Human Services (HHS), Office of the Surgeon General
Creating a Healthier Life: A Step-by-Step Guide to Wellness	Helpful tips on how to improve individual wellness.	SAMHSA
Decisions in Recovery: Treatment for Opioid Use Disorders	Handbook and web-based tool that offer information about MAT.	SAMHSA
Know the O Facts	A collection of information, training resources and tools related to OUD and addressing stigma.	State of Indiana
Selected Papers of William L. White	A collection of papers authored by recovery expert and advocate, William L. White, on building recovery-oriented systems of care.	Selected Papers of William L. White
Faces and Voices of Recovery	Resources for implementing recovery-oriented systems of care.	Faces and Voices of Recovery
Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS TACS)	Technical assistance request portal and information to advance recovery supports and services nationwide.	SAMHSA

PREVENTION RESOURCES		
Substance Abuse and Mental Health Services' (SAMHSA) Evidence-Based Practices Resource Center	Catalog of evidence-based prevention resources.	SAMHSA
Building Recovery: State Policy Guide for Supporting Recovery Housing	Information and guidance for states to protect and support recovery housing.	National Council for Behavioral Health
SBIRT RESOURCES		
Implementing Care for Alcohol and Other Drug Use in Medical Settings: An Extension of SBIRT	Step-by-step guidance for primary care clinicians to implement SBIRT.	The National Council for Behavioral Health
Improving Adolescent Health: Facilitating Change for Excellence in SBIRT Change Package	Step-by-step guidance for implementing SBIRT for youth.	The National Council for Behavioral Health
TECHNICAL ASSISTANCE FOR SUD		
Opioid Response Network (ORN)	Technical assistance request portal and information to support efforts to prevent and address OUD.	State Targeted Response (STR) Technical Assistance (TA) Consortium
Addiction Technology Transfer Center Network	Resources including online courses to increase adoption and implementation of evidence-based addiction and recovery-oriented practices.	Addiction Technology Transfer Center Network
TRAUMA RESOURCES		
Trauma-Informed Care in Primary Care: A Literature Review	Summary of current research related to trauma and ACEs.	National Council for Behavioral Health
Fostering Resilience and Recovery: A Change Package for Advancing Trauma-Informed Primary Care	Guidance for implementing trauma-informed approaches within primary care settings.	National Council for Behavioral Health
Trauma-Informed Primary Care Script Templates	Sample scripts to use with clients before introducing trauma screening.	National Council for Behavioral Health

Brief Trauma Questionnaire (BTQ)	Self-report questionnaire to assess trauma among individuals.	National Center for Posttraumatic Stress Disorder (PTSD)
Devereux Adult Resilience Survey	Survey tool to gain insight related to individuals' resilience in the domains of relationships, internal beliefs, initiative, and self-control.	The Devereux Foundation
Child and Youth Resilience Measure (CYRM-R) & Adult Resilience Measure (ARM-R)	Survey tool to measure resilience among children and youth.	Dalhousie University
MAT RESOURCES		
Providers Clinical Support System	Training, mentoring and other resources to assist providers with implementing MAT.	Providers Clinical Support System
MATx – Mobile App	A free mobile application that supports clinicians who are providing MAT to treat OUD.	SAMHSA
Medication-assisted Treatment (MAT) for Opioid Use Disorder in Jails and Prisons: A Planning and Implementation Toolkit	Provides correctional administrators and health care providers with recommendations and tools for implementation	National Council for Behavioral Health
Helping Recovery Residences Adapt to Support People with Medication-Assisted Recovery	Guidance to assist recovery residences with implementing medication-assisted recovery welcoming environments and policies.	National Alliance for Recovery Residences, Center for Social Innovation and National Council for Behavioral Health

APPENDIX A: CHANGE CONCEPT TOOLS

The subsequent section includes all recommended tools to support TI-ROSC implementation organized by change component. They are organized in the same order as the CCT will use them according to the implementation process detailed in Part II.

	Change Component	Objective	Recommended Tools
1	Create a County Change Team	Develop a team to lead planning and implementation activities.	• TI-ROSC Key Stakeholders List • My Commitment to My County Change Team Creation Tool
2	Increase urgency and buy-in through community education	Increase awareness and knowledge among community members and stakeholders on a TI-ROSC.	• TI-ROSC Stigma Reduction Tool • TI-ROSC Communication Planning Tool • TI-ROSC Advocacy Handbook • Crafting a Compelling Story: Telling the Story of Recovery
3	Visioning	Create a county-wide shared vision of a TI-ROSC.	• TI-ROSC Visioning Tool
4	Community assessment	Elicit diverse stakeholder perspectives and opinions; map current system and processes; identify strengths, weaknesses, opportunities and threats (SWOT) to inform TI-ROSC planning efforts.	• TI-ROSC Community Needs Assessment • TI-ROSC Community Needs Assessment Scoring Template • TI-ROSC Strengths, Weaknesses, Opportunities, and Threats (SWOT) Tool • MAT Readiness Checklist
5	Future system development	Identify the necessary components of the county's TI-ROSC	• TI-ROSC Future Systems Development Tool • TI-ROSC Principles Assessment Tool • TI-ROSC Initiative Alignment Tool
6	Goal setting	Identify and prioritize short and long-term goals for each system component	• TI-ROSC Goal Setting Tool
7	Action planning	Create action steps to successfully reach each goal	• TI-ROSC Action Planning Tool
8	Implementation and sustainability	Implement action steps, assess implementation progress, continuously make quality improvements and continuously educate and communicate with community members and stakeholders for ongoing buy-in.	• Trauma-informed Strategic Planning Tracking Tool

READINESS AND IMPLEMENTATION CHECKLIST

TOOL PURPOSE

This tool was created to support the initiation and implementation of services and supports for persons with substance use disorders. It is designed to assist counties to assess their readiness and level of implementation as it relates to the system changes and changes in services needed to more effectively meet the needs of people with substance use disorders. It is grounded in the framework of the trauma-informed, recovery-oriented system of care approach, which provides a comprehensive array of prevention, intervention, treatment and post-treatment services and supports that are individualized, coordinated, culturally competent, trauma-informed and recovery-focused.

TOOL COMPLETION

This tool can be completed by individuals within the county and aggregated or can be completed by a county change team.

TOOL DIRECTIONS

For each standard, check where your current system is as it relates to the identified standard.

TRAUMA-INFORMED, RECOVERY-ORIENTED SYSTEM OF CARE

	Not in Place	Needs Work	Functioning Well
CROSS-AGENCY COUNTY CHANGE TEAM			
1. A cross-agency county change team is in place to address system-level and service delivery-level changes needed to provide effective trauma-informed and recovery-oriented services and supports for people with substance use disorders.			
2. The cross-agency county team is either part of or linked to existing teams responsible for developing, expanding, and sustaining systems of care, if applicable.			
3. The cross-agency county change team includes representation from persons in recovery, families, family advocacy organizations, mental health, substance abuse, developmental disabilities, Medicaid, child welfare, education, public health, juvenile justice, early intervention, parks and recreations, first responders, criminal justice, veterans administration, housing, chamber of commerce, civil legal representation and provider agencies.			
4. Leadership in the participating agencies support and serve persons with substance use disorders and the work of the county change team.			
5. The cross-agency county change team has developed a shared mission, vision, and values that guide its work.			
6. The team has identified all relevant data sources and has reviewed the data to identify their target population and its needs.			
7. Service and support gaps have been systematically reviewed by the cross-agency county team.			
8. The cross-agency county change team has a written action plan.			

TRAUMA-INFORMED, RECOVERY-ORIENTED SYSTEM OF CARE

	Not in Place	Needs Work	Functioning Well
PEER INVOLVEMENT			
1. Persons in recovery are involved on the county change team and in training efforts.			
2. Persons in recovery are involved in quality improvement and evaluation efforts.			
3. Persons in recovery are involved in policy decision-making.			
4. Persons in recovery tell their story at every community meeting			

	Not in Place	Needs Work	Functioning Well
POLICY AND FINANCING			
1. Treatment prevention and recovery service and support gaps and associated policies have been identified across systems.			
2. Eligibility criteria for services and supports are aligned across agencies and funding streams.			
3. Policies have been reviewed across agencies to assure that barriers to clinically-indicated services and supports are removed.			
4. Billing policies have been identified and communicated to funders to facilitate reimbursement for comprehensive multi-disciplinary team treatment and support (e.g., multiple providers can bill on the same day, adequate reimbursement rates, etc.).			
5. Policy allows for funding of services and supports for those in this population who are uninsured.			

TRAUMA-INFORMED, RECOVERY-ORIENTED SYSTEM OF CARE

	Not in Place	Needs Work	Functioning Well
SERVICES AND SUPPORTS			
1. Strategies are developed to address service and support gaps identified by the cross-agency county change team	☐	☐	☐
2. Screening for co-occurring disorders is standardized and available in various systems (hospital, behavioral health, primary care, veterans administration, criminal justice, etc).	☐	☐	☐
3. Comprehensive screening and evaluations are available in a timely manner in multiple community settings.	☐	☐	
4. There is a single integrated plan of care across service delivery systems for individuals receiving services	☐	☐	
5. A full continuum of prevention, intervention, treatment and post-treatment services and supports are available, including detox, residential care, behavioral health treatment, medication-assisted treatment, peer support (formal and informal) and case management	☐	☐	
6. Family supports are available, including peer support and education			

	Not in Place	Needs Work	Functioning Well
COMMUNITY OUTREACH AND EDUCATION			
1. Broad-based education, stigma reduction and support is generated through social marketing and strategic communication involving peer voices	☐	☐	
2. Members of the county in need of services and supports have a clear understanding of how the system works and what services are available	☐	☐	
3. Providers and coordinators are aware of how to access services and supports for clients they serve	☐	☐	

TRAUMA-INFORMED, RECOVERY-ORIENTED SYSTEM OF CARE

	Not in Place	Needs Work	Functioning Well
TRAINING AND WORKFORCE DEVELOPMENT			
1. Providers and coordinators from an array of community service organizations are cross-trained on the needs of persons with substance use disorders, including the correlation with trauma, common triggers for crises, relapse and recovery, positive supports, evidence-based interventions and supporting families			
2. Providers are trained in best treatment practices for persons with substance use disorders (motivational interviewing, group therapy modalities, medication-assisted therapies, etc.)			
3. Providers and coordinators are trained on cultural and linguistic competence as it relates to persons with substance use disorders.			
4. Opportunities are sought to provide pre-service and in-service training for providers and coordinators across disciplines (e.g., orientation, online training platforms, mentorship, etc.)			

	Not in Place	Needs Work	Functioning Well
DATA, EVALUATION AND QUALITY IMPROVEMENT			
1. Data is used for quality improvement purposes			
2. Quality improvement feedback loops are created between all interested stakeholders			
3. Gap and needs analysis is performed, including direct feedback from community members and recipients of services			

RESOURCES

Resources for Staff Development

- SAMHSA's Providers' Clinical Support System for Medication Assisted Treatment (PCSS-MAT) educates providers on the most effective medication-assisted treatments to serve patients in a variety of settings. Providers' Clinical Support System for Opioid Therapies (PCSS-O) is another national training and mentoring project that provides a variety of no-cost CME programs on the safe and effective prescribing of opioid medications in the treatment of pain and/or opioid addiction.
- Medication-Assisted Treatment with Special Populations, is an online training from the Addiction Technology Transfer Center (ATTC) Network for both non-physician treatment providers and physicians to enhance their knowledge and skills to reach and educate special populations about MAT.
- The Centers for Disease Control and Prevention created opioid prescribing guidelines for physicians and other prescribers to effectively offer pain management treatment.
- SAMHSA's MATx mobile app features prescribing guidelines for buprenorphine, treatment guidance for opioid use disorders, a database of prescribers, and other information helpful for MAT providers.

MAT Implementation Resources for Organizations

- Expanding the Use of Medications to Treat Individuals with Substance Use Disorders outlines the lessons learned from safety-net providers as they explored the barriers and opportunities to implement use of medications for addictions treatment.
- Getting Started with Medication-Assisted Treatment with Lessons from Advancing Recovery is a toolkit from Robert Wood Johnson Foundation Advancing Recovery project grantees that reviews lessons learned on how to establish MAT programs.
- Procedures for Medication-Assisted Treatment of Alcohol or Opioid Dependence in Primary Care, a guidebook from RAND, provides an introduction to identifying and treating patients with substance use disorders in primary care settings.
- SAMHSA's Opioid Overdose Prevention Toolkit provides communities and local governments with material to develop policies and practices to help prevent opioid-related overdoses and deaths.

Financing Resources

- American Society of Addiction Medicine's Medicaid Benefits for the Treatment of Opioid Use Disorder Nationwide displays state Medicaid fee-for-service benefit coverage for medications approved to treat opioid dependence.
- Financial Factors and the Implementation of Medications for Treating Opioid Use Disorders examines the relationships between organizational factors and the program-level implementation of MAT, with an emphasis on specific sources of funding, organizational structure and workforce resources.
- Designing Medicaid Health Homes for Individuals with Opioid Dependency: Considerations for States is a brief from the Centers for Medicare and Medicaid Services' Health Home Information Resource Center that highlights key features of approved health home models from Maryland, Rhode Island, and Vermont that are tailored to individuals with opioid dependency.
- The Centers for Medicare and Medicaid Services' Informational Bulletin highlights the use of FDA-approved medications in combination with evidence-based behavioral therapies to help persons with mental health and substance use disorders recover in a safe and cost-effective manner.

Resources for Patients, Caregivers and other Community Members

- The Legal Action Center compiled Helpful Resources to Address Discrimination against People in Medication Assisted Treatment to educate employers, courts and others about MAT.
- SAMHSA's Medication-Assisted Treatment for Opioid Addiction: Friends and Families provides friends and families with information on MAT, their proper use and side effects, withdrawal symptoms, and how medications fit within the recovery process.
- In My Own Words is a compilation of essays, developed in partnership with Faces and Voices of Recovery and the National Alliance for Medication Assisted Recovery, from individuals in long-term recovery supported by MAT.

KEY STAKEHOLDERS LIST

One of the change concepts in the TI-ROSC Toolkit discussed creating a County Change Team. Below is a list of mandatory members and recommended members of the County Change Team.

Mandatory Stakeholders

- Community Behavioral Health Provider(s)
- Local Medication-Assisted Treatment Provider(s)
- Local Policy Maker(s)
- Peer Support/Advocacy Organizations
- People in Recovery
- First Responder Representative, including law enforcement, ambulance/EMS, fire department
- Primary Care Provider(s), including but not limited to the Federally Qualified Health Centers
- Hospital Representative
- Probation or Community Corrections Representative
- Housing Representative

Recommended Stakeholders

- Public Health Representative
- Parks and Recreation Representative
- Prevention Specialists
- Recreation Specialists
- Faith-Based Community
- Vocational Rehabilitation Representative
- Veterans Administration Representative
- Business Community/Chamber of Commerce Representative
- Judicial Representative
- Civil Legal Services Representative
- Education Representative

MY COMMITMENT TO MY COUNTY CHANGE TEAM CREATION TOOL

TOOL PURPOSE

Safety is the foundation of all trusting and healthy change teams. My Commitment to my County Change Team Creation Tool is a way for your County Change Team to create safety and accountability within the team throughout the process.

TOOL COMPLETION

This tool should be completed by your County Change Team collectively and signed by each member individually.

TOOL DIRECTIONS

1. Ask each individual what they need to feel safe to have open, honest, and difficult discussions.
2. Categorize those needs into I statements based on the commitment they match.

STEP 1

Identify what each member of your County Change Team needs to feel safe to have open, honest, and difficult conversations.

County Change Team Member	Safety Need

STEP 2

Categorize each need into I will statements based on the commitments listed below.

Value	My Commitment	I will...
Safety	I commit to creating a physically, psychologically and socially safe environment within this team.	
Trustworthiness and Transparency	I commit to engaging in good communication within this team.	
Peer Support and Mutual Self-Help	I commit to building up success in others within this team.	
Addressing Cultural, Historical and Gender-Related Issues	I commit to being culturally humble and open to discussing issues based on culture, history or gender within this team.	
Collaboration and Mutuality	I commit to embracing my leadership responsibility regardless of my job title within this team.	
Empowerment, Voice and Choice	I commit to holding myself and others accountable for our work, attitude and outcomes of our actions and decisions within this team.	

By signing below, I agree to the above commitments to creating a culture of compassion within this team.

Name Signature Date

STIGMA REDUCTION TOOL

TOOL PURPOSE

Stigma is a barrier to system-level change in many communities. The TI-ROSC Stigma Reduction Tool is designed to assist County Change Teams in exploring the beliefs, barriers and strategies to combat the stigma in their community.

TOOL COMPLETION

The TI-ROSC Stigma Reduction tool should be completed by the County Change Team.

TOOL DIRECTIONS

Identify three beliefs within your community and barriers to changing those beliefs. Then identify messages for the head (data), heart (stories) and hands (strategies) that can combat the beliefs and break the barriers.

Identify a stigma-related belief in your community	Identify three barriers to changing the belief
1.	1.
	2.
	3.
Data to combat the belief and barriers	
Stories to combat the belief and barriers	
Strategies to combat the belief and barriers	

Identify a stigma-related belief in your community	Identify three barriers to changing the belief
2.	1.
	2.
	3.
Data to combat the belief and barriers	
Stories to combat the belief and barriers	
Strategies to combat the belief and barriers	

Identify a stigma-related belief in your community	Identify three barriers to changing the belief
3.	1.
	2.
	3.
Data to combat the belief and barriers	
Stories to combat the belief and barriers	
Strategies to combat the belief and barriers	

COMMUNICATION PLANNING TOOL

TOOL PURPOSE

Communication is the key to any change process. All stakeholders involved, whether on the change team or not, need to be made aware of what is happening, especially if it impacts them in any way. The TI-ROSC Communication Planning Tool provides County Changes Teams with a tool to think through the needs of stakeholders, the messaging necessary to meet those needs, and the who, what, when, and how of the message.

TOOL COMPLETION

This tool should be completed by your County Change Team.

TOOL DIRECTIONS

Identify the stakeholders that will need to be communicated with, their needs, and language to avoid when speaking with them. Second, identify the who, what, when, where, why and how of communication with stakeholders throughout the change process.

STEP 1

Identify the stakeholders you will need to communicate with throughout your TI-ROSC initiative.

Stakeholder	What are the stakeholders' needs, concerns and wants?	What are the key TI-ROSC points that likely align with the stakeholders' needs, concerns and wants?	Is there language you should avoid for this stakeholder?
	1. 2. 3.	1. 2. 3.	
	1. 2. 3.	1. 2. 3.	
	1. 2. 3.	1. 2. 3.	
	1. 2. 3.	1. 2. 3.	

STEP 2

Identify how you will communicate with your identified stakeholders over this year.

When *Implementation Phase*	**What** *Communication product/ information*	**To whom** *Target group or individuals / position (e.g., county office staff, technical staff)*	**What message**	**From whom** *Lead commissioning office staff with name/ position*	**How** *Communication means (e.g., meeting, email, newsletter)*	**Why** *Purpose of communication (e.g., solicit comments, seek approval, share findings for organizational learning)*
County Change Team Creation						
Increase Urgency and Buy-In						
Visioning						
Community Assessment						
Future System Development						
Goal Setting						
Action Planning						
Implementation & Sustainability						

NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH

TRAUMA-INFORMED, RECOVERY-ORIENTED SYSTEMS OF CARE

ADVOCACY HANDBOOK

In order to create a sustainable and effective trauma-informed, recovery-oriented system of care (TI-ROSC), regulations, laws, and other codes may need to change. Legislators, regulators, funders, city council members and county commissioners make decisions every day that will either help improve access to care for those who need it or make it more difficult for your TI-ROSC to serve your community. As a result, your County Change Team (CCT) must become advocates. If we, as advocates, don't speak up, they will make those decisions without a complete understanding of what their choices mean for your clients and community.

This handbook will help you focus your power as an advocate and use it in the most effective way possible to advance the changes needed for your TI-ROSC to be successful in public policies and programs.

The Top Three Things You Can Do Right Now

1. Get to know your local decision-makers and their positions on your issues
2. Introduce yourself, your organization(s), and the TI-ROSC via email or in-person
3. Attend upcoming community events or town halls, or invite your legislator to visit your organization(s)

How to Use this Toolkit

The toolkit is designed so that you may begin anywhere and use some or all of the suggestions. You can read through the entire handbook to get a broad understanding of how to be an effective advocate. Or, you can dive into specific sections, such as how to have an effective meeting with your legislators, regulators, funders, city council members and county commissioners. Feel free to pull sections or resources from the toolkit and disseminate among your CCT, local decision-makers or clients.

TABLE OF CONTENTS

EFFECTIVE ADVOCACY: Do Your Homework and Create a Sense of Urgency

Though county and municipal level leaders are closer to your community, each community has many priorities. Local decision-makers receive competing messages on a wide variety of issues affecting their constituents. Preparing in advance will help you ensure your message is heard.

Know What Matters

Legislators, regulators, funders, city council members and county commissioners do not generally have predetermined views on TI-ROSC. For that reason, advocates play an important role in educating them about the right choices to make.

What Motivates Local Decision-makers:

- Compelling **personal stories** told by clients. These provide an emotional hook and an engaging way for them to talk about the issue with their colleagues and the press. See Crafting a Compelling Story for a template for how to do this.
- Data about the **economic impact** a policy or regulatory change would have on the city or county.
- Data or stories about how that **policy or regulatory change could make life better** for people they are responsible for.
- Hearing from **many** of their constituents urging them to take a stance.
- Hearing from just **a few key constituents**, like friends, interest group leaders, or others who have built a strong relationship with them.

REMEMBER

Just because your recommendation is a good change, that isn't always sufficient to win support. They need to know that it's **important to many people/ voters,** to the **well being of their constituents,** and to the **economic health** of their city or county. As former Senate Majority Leader Everett Dirksen said, "When I feel the heat, I see the light."

Know Your Audience

Knowing where your local decision-makers stand will help you talk about trauma and recovery in terms that are most likely to resonate. People can only be convinced in terms of their own values, not someone else's.

Learn about their views on key issues.

- Are they a long-time supporter of mental health and substance use-related initiatives? Do they have a personal or family history of mental illness, addiction, or trauma?
- Are they a fiscal conservative focused on return on investment?

- Is it their priority to bolster the safety net, health care and social services?
- Are they a veteran?
- Have they championed issues for older adults? Young adults?
- Are they focused on improving population-based health outcomes?

Know Your Issue and Objective

As you plan for a scheduled meeting or prepare to send correspondence:

- Develop a clear understanding of what you hope to convey and what you want to accomplish
- Have a clear "ask" — something specific you'll be asking the legislator, regulator or funder to do
- Prepare to share a story to put a human face on the issue
- Prepare to answer questions on the issue or know how to get answers
- Know the arguments for and against the issues you want to discuss
- Address objections your opponents are likely to raise
- Consider developing a one-page summary of the issue, regulation, or legislation

Advocacy Tools for this Section: Crafting a Compelling Story Template

WHO YOU ARE, WHAT YOU DO: Introduce Your Organization

Legislators, regulators, funders, city council members and county commissioners may know little about trauma, community-based mental health and substance use treatment, and TI-ROSC. ***That's not a bad thing.*** It gives you the opportunity to fill them in, to teach them what they need to know about your issues and to be considered as an expert. Your introduction is your chance to help them see your passion, your personal story, and/or your impact. Be prepared to provide basic information and any other information that will give your local decision-makers an idea of what your organization and CCT does.

Example "We serve people in counties in your district. We employ people. We help_____."

For consumers or family members, be prepared to share a brief statement about why you're passionate about TI-ROSC, mental health and addiction. You don't have to tell your whole story but sharing a small piece of it will help your legislator, regulator or funder understand why behavioral health issues and TI-ROSC are important to people in your community.

Example "I receive(d) services at _____. Before that, I _____. Now, I _____."

Information to Share:

You may not be able to get to all the items below in the short time you have to introduce yourself your organization, and your TI-ROSC. You should consider which you think might be the most important or influential to the individual(s) you are meeting.

- Where do you live in their city or county and how long you have resided there?
- Where are your organization's programs located?
- Who does your organization serve?
- What impact does TI-ROSC have on people's health or lives? For example, reduced hospitalizations, increased employment, etc.
- Is your organization locally governed? How does it meet local needs?

- Are there any board members the individual(s) might know?
- How many people does your organization employ? How many does it serve? How does your work contribute to a stronger and safer community? When did you implement TI-ROSC? What were the results?
- Why are local investments in your services and community-based organizations a good allocation of taxpayer dollars? What barriers do you face in providing services in this community?
- What can they do to help you succeed?
- Do you have anything in common with the individual(s) you are seeking to influence- went to the same school, mutual friends, etc.?
- Is there anything they have done in the past that was especially helpful to you or your organization?

Organization Fact Sheet

Consider developing a one-page document that will provide the information recommended above and can be referred to by the legislator, regulator, funder at a later date. This will allow you to refer to the document in your introduction and leave time to make a more personal connection. This document should be simple and concise. Use images and graphics that will grab attention. Refer to the Resource, Introducing Your Organization for a template to develop one.

REMEMBER

You don't have to give a lecture when you're introducing yourself — you'll have plenty of time to share more info later in the conversation. Aim for a 30-second introduction that illustrates your relevance to them and the issues at hand. Don't forget to practice!

Advocacy Tools for this Section: Introducing Your Organization Template

A STRONG TEAM: Recruit Allies to Help Make the Case

Especially in smaller communities, the messenger is important, and, sometimes, the smartest and most effective thing you can do as an advocate is to step back and let someone else make the case on your common issue or goal. Based on what you know about your local decision-makers' interests and concerns, think about who on your CCT can deliver your message.

Utilizing the Voice of Lived Experience

Utilizing the voice of lived experience can be an extremely powerful tool. All local decision-makers do not have the same needs and respond to different kinds of information in different ways. There are those who only need to hear a few testimonials before they are sold on a concept or program and ready to move forward. Others want to know the data demonstrating the success of a program. Others are motivated by capturing their heart through stories of struggles and harsh treatments ending with hope. These stories are the inspiration they need to act. This is where the voice of lived experience comes in best. Work with patients who have experienced trauma, addiction, and recovery on telling their story using the Crafting a Compelling Story template and have them come with you to your meetings or have them present on the site visits.

Steps to Engaging New Partners

Your CCT is a coalition of like-minded agencies and organizations. Because you represent different facets of the community, your stories, connections, and priorities can be emphasized at different moments to convey your message. For example, your CCT member representing the business community may be the best messenger to bring a council member passionate about small business to your side. The judicial services representative could provide a compelling case to a mayor seeking to look "tough on crime."

Potential Asks for CCT Members

- Emailing or calling their local decision-makers in support of your cause or organization
- Writing a letter to the editor of their local paper
- Attending a local meeting or event organized around this issue
- Signing a petition
- Signing on to group letters of support for a particular issue
- Disseminating information about your cause to their networks
- Forwarding your call to action via email and social media
- Helping you make connections with key local decision-makers, other community organizations, and other potential allies

Things to Consider when Including CCT Members in Advocacy

Know the mission, values, and goals of the organization, and be prepared to explain to them how partnering with you on this advocacy effort will help advance your shared mission and goals.

Ask for something specific. For example, telling a representative of another organization that you should work together to help people with trauma and addiction is much less likely to yield a response than asking them to send a letter of support for your cause to the Mayor.

Be flexible, if possible. Sometimes, an organization, though on your CCT, might not be able to come on board unless you slightly revise the scope or direction of your advocacy campaign. Give them a chance to fully express their thoughts and consider what they say. While you can never please everyone, it's often helpful if you have the flexibility to make minor adjustments to accommodate others. Even if you can't change your course of action, at least you've established a line of dialogue with the other group that will be helpful in future interactions with them.

Be open to hearing about other ways they'd like to collaborate. Maybe that organization can't engage in lobbying, but they are willing to disseminate your call to action via their email networks.

Stay connected. CCT members will want to know that their participation is making a difference. Keep individual advocates and partner groups updated.

Advocacy Tools for this Section: Crafting a Compelling Story Template

IT'S NOT JUST ONE MEETING: Build Relationships

If your legislators, regulators, funders, city council members and county commissioners ***know you as a voter, constituent, friend and supporter,*** they are likely to be more responsive to you than if you only contact them when you are in need. Visit your county and municipal leaders to get to know them better and educate them about trauma, recovery, and TI-ROSC. You can get to know funders and regulators through meetings, stakeholder groups, and events they may have.

Connecting with all of your leaders is important even if you didn't vote for them or they may disagree with you on some policy issues. If local decision-makers don't seem to care about trauma, recovery, and TI-ROSC, it doesn't mean you should ignore them. Rather, you need to make more of an effort to educate and influence them about the importance of your issues. But, you don't need to have a friendship or strong relationship with all your local decision-makers. In fact, it may be most beneficial to focus more of your time on one legislator who is most interested in healthcare or who has an important leadership or committee position.

Ten ways to build relationships with local decision-makers:

1. **Invite them to an event you are hosting or to your office or facility for a site visit.** This allows them to get a first-hand understanding of the work you do and how it matters to the people you serve.
2. **Help generate positive media attention** when local decision-makers visit your organization by developing and submitting a press release with photos or inviting local media to attend.
3. **Attend local events** such as town hall meetings. These are a great way to bring your issues to their attention and speak with them personally.
4. **Establish yourself as a helpful expert** that they can turn to when they have questions about an issue. Provide useful, balanced information that informs and establishes you as a person they can turn to when they need to know more.
5. **Help local decision-makers when their constituents have a health-related issue by** being available to answer any questions they might have.

STAY IN TOUCH

Do not wait until you need something from your legislators, regulators and funders to communicate with them. Let them know if you or your organization are featured in a recent news story or share a new report that highlights how a policy might affect your community. But be judicious! Don't be the person who is clogging inboxes.

6. **Say thank you.** Local decision-makers are frequently bombarded by requests and demands, often couched in less-than-polite terms. Showing appreciation for their position or vote on a particular issue means a lot to them.

7. **Write a letter to the editor** of your local newspaper mentioning your legislator when he or she supports or otherwise advances your issues or when a regulator or funder supports the advancement of your issues through funding or policy changes.

8. **As a private citizen, contribute to and/or volunteer for campaigns of your choosing.** This shows legislators that you support the work they're doing and gives you additional opportunities for interaction and relationship building. (Note: keep in mind that nonprofits are bound by different rules than individuals when it comes to making campaign contributions. Be careful to only contribute from your own finances in your role as a private citizen.)

9. **If you wish to personally host a fundraiser, work with the legislator's campaign team — not their official office — on the details.** Remember that if you are hosting a fundraiser, it must be in your role as a private citizen, not a representative of your organization.

10. **Participate in local or state-level stakeholder groups.** Many funders and regulators have advisory councils or stakeholder groups regarding services and programs. Offer to represent your service sector on their stakeholder group. Be an active member, offering support and expert knowledge when it is needed.

EMAILS, CALLS, SNAIL MAIL: Stay in Contact

Tips for Emailing

Email is an efficient way to communicate with your local decision-makers.

- Remember to include your home address or your organizational address in the email. The email means more coming from a constituent or an organization providing services to their constituents.
- Keep the message short and to the point and be sure to proofread. Use appropriate grammar and avoid typos.
- Use the person's title and last name (e.g., Dear Councilwoman Stone) in the salutation line. Avoid generic terms, such as decision maker or leader.
- Tell your legislator, regulator or funder specifically what you would like them to do in your opening sentence (e.g., vote for Bill 1, or contact Chairman Jones and ask him to agree to XYZ, make changes to policy ABC to include TI-ROSC).
- Support your request with two or three sentences of relevant facts, avoiding jargon and acronyms that they may not understand.
- Share the number of people in the community who will be affected and how by the proposal under consideration.
- Remind your legislator, regulator or funder of your expertise on the issue (years of experience in the field, with your current employer, and other professional or community involvement).
- Use a polite tone and avoid things like all caps that can seem negative or threatening.
- Politely request a commitment for their support.
- Attach any relevant materials, such as one-pagers about your organization or the issue area you are writing about.
- If you don't receive a written reply or telephone response to your email or letter within a month or so — email or write again and enclose your original message.
- Once you get a reply, be sure to thank the person who sends it to you and commit to remaining in touch with them.

The volume of email a leader receives increases every day, so building and maintaining personal relationships is increasingly important. It is often said that the most important aspect of an email is the "from" line.

- If you receive a response with which you disagree, email or write your legislator again and politely commit to remaining in touch on this important issue.
- If you get a form letter back that doesn't address the concerns you raised, don't be discouraged. Seek out leaders to meet with to talk about your organization's work and share how the policies you raised would affect your clients. Relationship building takes time!

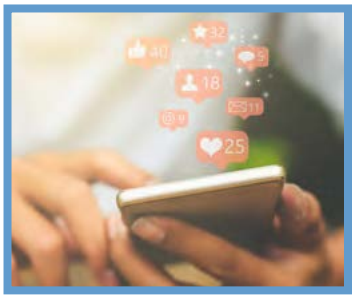
Tips for Calling

Telephone calls to local decision-makers and staff are important, especially when a bill is nearing consideration in a committee or city council. Calls are also much harder to ignore than emails and often help an issue rise to the top of the priority list. A coordinated calling campaign from constituents can be very effective to ensure that the legislator, regulator or funder hears about the issue and is often more influential than an email campaign.

Remember, whether calling a legislator, regulator or funder:

- **Be prepared.** Understand that you may not speak directly with the legislator; instead, you will need to leave a message.
- **Be polite.** Staff work hard to answer the phones all day long. Know that no matter how strongly you feel about an issue, your message has a much better chance of getting through if you keep your cool and thank them for their time.
- **Be concise.** Plan in advance what you want to say. A brief personal description of your connection to the issue, followed by a concrete ask, is best. For example: *"I am a person living in recovery, and I often struggle to access the service I need. Please vote for Bill 1, which provides funding to help people like me."*

Social Media



Legislators, regulators, funders, city council members and county commissioners may maintain Twitter feeds and Facebook pages. You should "like" their page on Facebook and follow them on Twitter. Email, phone, and in-person visits are the best way to communicate your policy priorities and ask your local decision-makers for their support.

Twitter and Facebook may function more importantly as a means for local decision-makers to keep a pulse on their public image, much like monitoring the local and national newspapers for coverage of their activities. In this way, by tagging these officials appropriately in your posts, you may be able to alert them and their staff to conversations about important policy issues. Following your local decision-makers on social media will provide information on their interest areas, positions, and priorities. You can also find out what events they may be hosting or attending.

THE GOLDEN TICKET: Tip for Effective Advocacy Meetings

There is no substitute for the opportunity to communicate face-to-face with your legislators, regulators, funders, city council members and county commissioners. They get to hear your story, unfiltered and direct from you, and gain a sense of your dedication to issues important to you and others within your community. Don't be intimidated--they want to hear from their constituents and those you serve.

Before the Meeting

- Only schedule meetings with your own elected officials or those whose constituents you serve. For regulators and funders, only schedule meetings with those that have direct authority over the policies or funding in which you would like to discuss.
- Let the office know who will be coming with you and their role or interest in the area, note all constituents who will be in attendance.
- Use the meeting request process three or four weeks in advance. If at all possible, avoid requests that are last minute. See Requesting a Meeting for a template letter you can use as an email request.
- Include the one-page introduction sheet in your email. See Introducing Your Organization — template.
- Follow-up by phone to be sure your request was received. Avoid sending multiple email requests for the meeting. They may be juggling a lot of requests and may take a little while to get back to you.
- Do your homework. As stated above, know who you are meeting with and their position on your issues.
- Pick your "ask" and select supporting points or stories you want to share. It is better to focus each meeting on one issue than to bombard them with multiple requests.
- Don't hesitate to meet with an assistant if the official is unavailable.
- Show up ten minutes early. Never be late yourself, but be understanding if the legislator, regulator, funder or staff are late.

During the Meeting

- Always address your legislator with their title even if you already know them.
- Focus on one issue per meeting, and assume you will have ten minutes to make your case.
- Don't forget to ask for something concrete. For example, "Please vote yes on Bill 1" is better than "Please support prevention policies."

- Tell them a little about yourself and your organization.
- Leave time for a client or family member to speak at the meeting.
- Answer questions the official may have. If you aren't sure of the answer, tell them that you will find it and get back to them. Never provide inaccurate or false information.
- Leave them brief information on your organization and the issues you are discussing. One-pagers with bullet points are best— they often don't have time to peruse long handouts.
- Invite them to an event or a site visit so they can see firsthand what you are all about.
- Thank them for their time and ask what you can do for them.

After the Meeting

- Always send a brief thank you within a day or two of your meeting. Refer to Meeting Follow-up for a helpful template.
- In the same email, offer to answer any additional questions.
- Send the documents you provided during the meeting if you weren't able to send them before the meeting.

Advocacy Tools for this Section:

- Requesting a Meeting — template
- Introducing Your Organization — template
- Meeting Follow Up — template

STAY CONNECTED

Attend a Town Hall or Stakeholder Meeting

Town hall meetings are often held at a local gathering place. Attending one will give you the opportunity to ask questions of your officials and voice your opinions on the issues. Sometimes, the meeting might be devoted to a particular issue.

Some local decision-makers are taking advantage of technology to allow participation from more people. For example, telephone town halls follow the same model as a regular town hall meeting, but allow you to participate from home. Others are also turning to Twitter to hold Tweet Chats, where anyone can participate in the dialogue by using a common hashtag. You can find out about upcoming meetings or chats by checking the official's website or by following them on social media.

Organize a Site Visit

Invite your local decision-makers to visit your site so they can see the great work your organization does in their community.

Suggestions for Site Visits:

- Invite the official in person, by letter, telephone or email either directly or through staff depending on how well you know the official. Refer to Site Visit Request for an email invite template.
- Plan your time with the official at your organization carefully as they are often on a tight schedule. Find out who will be accompanying the official on the visit.
- Brief employees who are to be involved in advance about what is expected of them and how they can help you stay on schedule.
- Consider asking clients and family members to spend a few minutes with the official and share their stories. See the section on Crafting a Compelling Story for helpful tips.
- Have a photographer take pictures for use in the official's newsletter or website and make them available to the local press.
- Assist the official's office in writing a press release to be sent to local media along with photos, or if the official prefers, issue one from your organization.
- Follow-up with a thank you letter to the official after their visit.
- Stay in touch… keep the official informed about issues important to your organization.

Organize a Community Event

Organizing a community event with your legislator, regulator or funder can be time consuming, but is valuable in establishing or strengthening your relationships with the officials. This is particularly true for groups of like-minded constituents who want to discuss the same issue and highlight work that is taking place in the community around that issue. Much of the preparation for a site visit is required for a community event.

Additional suggestions:

- When you invite your legislator in person, let them know the purpose of the meeting and who will be there.
- Invite other organizations and community members who share your goals or advocacy agenda and your CCT.
- Be sure to approve any additional speakers with the local decision-makers.
- Brief attendees to be involved in advance and stay on schedule.
- Draft materials to explain the issue and highlight any tasks.
- Invite local media to attend the event, but be sure to check with the official first.

Advocacy Tools for this Section:
- Site Visit Request — template
- Crafting a Compelling Story

RESOURCES AND TEMPLATES

Introducing Your Organization — Template

Guide to Creating a One-pager on Your Organization and Your TI-ROSC

Providing a one-page fact sheet about your organization, CCT, and TI-ROSC is a great way to familiarize your legislator, regulator or funder with who you are, who you serve, and what impact your services have on your community. This fact sheet should tell your local decision-makers at a glance all the most important things they need to know about the difference you make in people's lives — both as an employer and a provider of health care services. Make it fun: You can include your mission statement, interesting information about your organization, and even a picture!

Need ideas about what to say? Here are some examples of what information to include.

Organization

- Organization Website
- Contact Information for Organization

Size of Organization

- What kind of organization are you? (e.g., a community mental health center, addiction treatment organization, hospital, primary care practice, FQHC, etc.)
- Number of staff employed
- # of clients served (if applicable)
- # of locations
- Counties/cities served
- Annual budget

Clients Served

- Demographics of Clients Served
- Number of Clients Served
- Diagnostic mix Medicare/Medicaid numbers served (or % served)
- Number of veterans/military members served

Services Provided

- Primary Care, Dental, Vision, etc.
- Therapy/substance use disorder treatment/family/child, etc.
- Residential, employment, supportive housing, detox, etc.
- How your clients benefit from your services
- Explain how your services help clients lead full and productive lives in recovery.
- Consider telling a story of one client who did especially well.

Remember to keep it brief and easy to read! (Think pictures, a map of your service area, bulleted lists, creative subheadings, etc.) Don't forget to include your name and contact information so they know how to follow up with you.

Avoid jargon! Staff typically do not have much background in direct service delivery and will not have an intuitive understanding of what terms like, "cognitive behavioral therapy" or "family psycho education." Use easily understandable terms to explain not just what services you provide, but what impact they make in clients' lives.

Requesting a Meeting — Template

[Date]

[Title and Name of Official/Regulator/Funder]

[Local Address]

Dear **[Title] [Name]:**

I would like to request a time to meet with you to discuss **[insert specific issue or policy concern]** and how this impacts our ability at **[Name of Organization]** to provide services for individuals with trauma, mental health and substance use conditions in **[your organization's service area]**.

[Name of Organization] employs **[insert number of]** staff who serve **[insert number of]** individuals (or families) in **[service area]** through varied programs **[insert short description of programs or services]**. I have attached a brief fact sheet with more detail about our services, clientele and areas served. **[If you do not have a fact sheet, then insert a couple of sentences addressing these areas. You can also insert a sentence or two about a specific program or clientele served that you want to highlight.]**

We look forward to the opportunity to meet with you in person to share information about our innovative programs that help our clients live independent, productive lives and keep our communities safe and strong. I am able to be flexible for both the time and place of the meeting, based on your schedule. We would be happy to schedule a meeting at your office if that would be more convenient. I will follow-up in a few days to discuss further. In the meantime, should you have any questions or if I can be of service, please don't hesitate to contact me at your convenience **[your phone number & e-mail address].**

Sincerely,

[Name]

[Organization Name]

Site Visit Request — Template

[Date]

[Title and Name of Official/Regulator/Funder]

[Local Address]

Dear **[Title] [Name]:**

I would like to invite you and your staff to **[Name of Organization]** as your schedule permits. Our Board of Directors, clients and staff are excited to give you a tour of the organization and share information with you about the services we provide to the **[your organization's service area]** community. **[Name of Organization]** employs **[insert number]** staff who serve **[insert number of]** individuals (or families) in [**service area]** through varied programs **[insert short description of programs or services]**. I have attached a brief fact sheet with more detail about our services, clientele and areas served. **[If you do not have a fact sheet, then insert a couple of sentences addressing these areas. You can also insert a sentence or two about a specific program or clientele served that you want to highlight.**]

We would appreciate an opportunity to share information with you about our innovative programs that help our clients live independent, productive lives and keep our communities safe and strong. My staff and I look forward to the opportunity to host you and your staff at **[Name of Organization]** and are willing to be flexible, based on your schedule. I will follow-up in a few days to discuss further. In the meantime, should you have any questions or if I can be of service, please don't hesitate to contact me at your convenience **[your phone number & e-mail address]**.

Sincerely,

[Name]

[Organization Name]

Meeting Follow Up — Template

[ON YOUR ORGANIZATION TEMPLATE]

[Date]

[Title and Name of Senator/Representative/Governor]

[Local Address]

Dear **[Title] [Name]:**

Thank you for taking the time to meet with me and the **[Name of your Organization]** team to discuss the importance of TI-ROSC to **[City/county]**. During our meeting on **[date of meeting]**, I shared information about our organization, the services we offer, and the challenges we face in meeting our clients' needs.

We also discussed **[insert topic of the meeting]**. **[Address any follow-up you agreed to do: answers to questions, future meetings, provide additional information]**.

We are grateful for the continued support from officials like you. This support enables us to achieve our mission of providing high-quality evidence-based services that meet the needs of individuals with physical health, mental health and substance use problems. We would welcome any opportunity to serve as a resource to you as you consider policy and program choices that have implications for community providers such as **[Name of your Organization]**. Thank you again for our meeting, and I look forward to speaking with you in the future regarding any additional questions you may have. Please let me know if I can ever be of service to you.

Sincerely,

[Name]

[Organization Name]

Crafting a Compelling Story

Whether you are talking to a reporter, a regulator, a funder or a legislator, stories about the people you serve and the work you do are the most important part of the conversation. They get to the "why we exist" question. Engage the audience and help people remember the program details you slip into the story the way you slide spinach into your lasagna without the kids knowing.

When telling your story, keep the following questions in mind.

Who Is Your Storyteller?

- Your organization's staff
- Your organization's board or members
- CCT members
- Clients

Who Is Your Audience?

- Clients or potential clients
- Your organization's staff
- Other health care providers
- Media
- Policymakers or legislators
- Funders and potential funders
- Your organization's board

How Do You Want Your Story to Move Your Audience to Action?

- Seek your services
- Recognize you/your staff as experts on the topic
- Become members
- Consider funding future initiatives
- Advocate for a policy change
- Take another action related to your organizational goals

THINK OUTSIDE THE BOX

Could your storyteller be a sheriff? A teacher? A corrections officer? A client turned staff? Different storytellers may resonate more deeply with different audiences.

When Should Your Story Be Shared?

Since your stories are designed to support specific goals, it is helpful to plan when the ideal time would be for your target audience(s) to hear your story. For example, you'd want an official to hear about how important funding is to your ability to serve clients as they are considering potential legislation that would impact that funding source. Think of any major deadlines, special events or milestones for you or your target audience.

Where or How Can You Tell the Story?

A good story only has impact if it is shared. Share stories regularly with your staff, clients and other key audiences. Include stories everywhere: in marketing materials and newsletters, on your website and social media accounts, or in letters to the editor. Don't rely just on words, use visuals, including photos, quotes and memes.

How Does this Story Relate to Your Work/Others?

What other organizational initiatives or timely topics does your story touch upon?

How does your target audience get information? In what ways do you already communicate with this audience? Check all that apply.

- ☐ Print — direct mail
- ☐ Presentation
- ☐ Email
- ☐ Newsletters
- ☐ Media (press release, op ed)
- ☐ Website
- ☐ Social Media
- ☐ Blog
- ☐ Video
- ☐ Webinars
- ☐ Special organizational events

What to Do When an Official Says...

During your meetings, local decision-makers will have a variety of reactions. The examples below provide some suggested responses to various comments.

If your elected official says...

"This sounds great! I'll sign on to everything!"

Thank them and let them know that you'll be in touch to follow up. If possible, find out how you should follow up on next steps. Sometimes local decision-makers agree to take specific actions but will forget if not prompted, so it's important to have a plan.

"I'm interested. Are there letters being circulated about this bill? What can I do?"

Thank them and refer to the immediate actions/requests that are listed on the fact sheets. Let them know that you will keep them posted on any future actions, such as signing on to a circulating letter.

"Sounds interesting. I'd like to learn more."

Local decision-makers, especially those recently elected or appointed, are often unwilling to make commitments the first couple times they are asked. This is in part because they simply cannot agree to everything that is asked of them and/or are eager to learn more about an issue before deciding. If you get this reaction, thank them and let them know you're happy to serve as a resource.

"I've always opposed federal funding for healthcare, mental health and addictions issues."

Be polite, but persistent. Let them know that while you disagree with them, you hope that the official might be willing to take some time to learn more about the valuable services your group provides to the community—services that are an entirely appropriate and worthwhile investment of funds.

CRAFTING A COMPELLING STORY: Telling the Story of Recovery

Telling personal stories can be an effective way to engage community stakeholders and solicit buy-in from key decision makers. Below are some useful tips and resources on how to craft and tell an effective story of recovery.

When telling your story, keep the following questions in mind.

Who Is Your Storyteller?

- Your organization's staff
- Your organization's board or members
- Consultants
- Clients

Who Is Your Audience?

- Clients or potential clients
- The community at large
- Other health care providers
- Media
- Policymakers or legislators
- Funders and potential funders
- Other community stakeholders

How Do You Want Your Story to Move Your Audience to Action?

- Become members of the change team
- Consider funding future initiatives
- Advocate for a policy change
- Take another action related to your county goals

When Should Your Story Be Shared?

Since your stories are designed to support moving your county towards a trauma-informed, recovery-oriented system of care, it is helpful to plan when the ideal time would be for your target audience(s) to hear the stories of recovery. For example, you'd want a legislator to hear about how important Medicaid funding is to your ability to serve clients as they are considering potential legislation that would impact Medicaid. Think of any major deadlines, special events or milestones for you or your target audience.

Where or How Can You Tell the Story?

A good story only has impact if it is shared. Share stories regularly with your staff, clients and other key audiences. Include stories everywhere: in marketing materials and newsletters, on your website and social media accounts, or in letters to the editor. Don't rely just on words; use visuals, including photos, quotes and memes. How does your target audience get information? In what ways do you already communicate with this audience? Utilize the methods already in place, if they exist, to tell the story.

Telling a Recovery Story Effectively

The following six steps will help craft a story of recovery in a succinct and powerful way. Each step includes examples. Make sure to include each step but ensure the storyteller puts things in their own words.

1. Introduce yourself

- Share your full name and city/county/town. This helps your audience connect with you.

  Example "my name is Sharon Johnson and I am from Anytown, Virginia."

- Let your audience know how you are affected by addiction. This gives a "real face" to addiction and prepares your audience to empathize with your story.

  Example "I am the mother of a son who lives with an addiction"

- Let your audience know why you are speaking or writing. Let your audience know what you want them to support (or oppose).

  Example "I am here to share my son's story and to ask for your support in preserving addiction services."

2. What happened?

- What happened before you received the help you needed? Keep this very brief – think about the main highlights that you could share in 30 seconds.

  Example "Our family was in a state of panic and chaos for years. Andy went in and out of the hospital. He tried dozens of medications and was even arrested once for being a public nuisance."

3. What helped?

- Describe what has helped you/your loved one.

  Example "It took months to get him into stable, supportive housing where he could receive case management and psychosocial services."

4. How are you different today?

- Share what is going right in your life, or how you are experiencing recovery.

  Example "Today Andy attends a peer support group at the local community mental health center and was recently placed in a part-time job through the Department of Rehabilitative Services which enabled him to socialize and earn money for himself. He is working hard on his recovery and makes us all proud."

5. Talk about care and the hope of recovery.

- This is a transition from your personal story to a message for your audience.

  Example "Andy's challenge is more common than one might think: 22 million Americans have some form of an addiction."

6. Make your ask.

- Let your audience know how they can help. Say thank you.

  Example "We need your help to protect mental health services and to preserve the hope of recovery. Thank you."

OTHER HELPFUL RESOURCES

Recovery Messaging for Young People in Recovery

Telling your recovery story

VISIONING TOOL

TOOL PURPOSE

One of the most important steps for the County Change Team is to develop a shared vision for the county for creating a TI-ROSC. Vision statements should be short, specific, simple, ambitious, and align to the values that you want people to exhibit as they perform their work. Vision statements should not use words open to interpretation. A vision statement should be a memorable and inspirational summary that describes your reason for doing this work, one that will help to motivate existing staff and stakeholders. The goal is to articulate a vision that is so clear that it fits on one page and takes less than a minute to share. To assist counties with visioning, the TI-ROSC Visioning Tool has been developed.

TOOL COMPLETION

This tool should be completed by your County Change Team.

TOOL DIRECTIONS

1. Generate a list of words that represent the values and principles you would like people to exhibit and experience in your TI-ROSC
2. Using those words, have groups of 2-4 people on the team create a vision statement for your TI-ROSC
3. Look for similarities in words and phrasing amongst all of the vision statements created. Collectively draft one vision statement including phrasing from each of the vision statements created and obtain consensus.

Generate a list of words/phrases that represent the values and principles you would like people to exhibit and experience in your TI-ROSC					

Using those words, have groups of 2-4 people on the team create a vision statement for your TI-ROSC	

Look for similarities in words and phrasing amongst all of the vision statements created. Collectively draft one vision statement including phrasing from each of the vision statements created and obtain consensus.

COMMUNITY NEEDS ASSESSMENT

TOOL PURPOSE

The TI-ROSC Community Needs Assessment is designed as an environmental scan for your community as it relates to the implementation of a trauma-informed, recovery-oriented system of care for individuals who have substance use disorders. It is designed to elicit feedback from persons seeking services, caregivers, staff, and other community stakeholders on the components of a trauma-informed, recovery-oriented system of care. The questions are constructed to provoke critical thinking about not only how your system is designed and delivered but also to bring underlying system culture to the surface.

TOOL COMPLETION

The TI-ROSC Community Needs Assessment should be completed individually by all stakeholders, including persons seeking services, caregivers, staff and other community stakeholders. Responses across the system should be aggregated and discussed by the team to develop a work plan for moving forward to a trauma-informed, recovery-oriented system of care.

Your responses will remain anonymous and will be used to provide data towards the creation of a strategic plan for your community.

For a glossary of terms, please access the SAMHSA Recovery-oriented Systems of Care Resource Guide. Available here.

TRAUMA-INFORMED, RECOVERY-ORIENTED SYSTEM OF CARE

Please rate your level of agreement with the following statements.	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know or N/A
1. We can identify cross sector partners within our community	☐	☐	☐	☐	☐
2. There are resources within the community to assist individuals with getting jobs	☐	☐	☐	☐	☐
3. There are resources within the community to assist individuals with getting involved in non-mental health/ addiction-related activities	☐	☐	☐	☐	☐
4. There are resources within the community to link individuals in recovery who can serve as role models or mentors	☐	☐	☐	☐	☐
5. There are resources within the community to assist individuals with finding safe affordable housing	☐	☐	☐	☐	☐
6. There are resources within the community to assist individuals with transportation to/from appointments, work, etc.	☐	☐	☐	☐	☐
7. The community supports self-help, peer support, and/or advocacy groups	☐	☐	☐	☐	☐
8. The community provides opportunities for people in recovery to assist in the development of new groups, programs, or services	☐	☐	☐	☐	☐
9. The community is free from stigma and discrimination around trauma, addiction and recovery	☐	☐	☐	☐	☐
10. People in recovery are encouraged to be involved in the evaluation of the community's programs, services, and service providers	☐	☐	☐	☐	☐

TRAUMA-INFORMED, RECOVERY-ORIENTED SYSTEM OF CARE

Please rate your level of agreement with the following statements.

	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know or N/A
11. People in recovery are encouraged to attend agency advisory boards and management meetings	☐	☐	☐		☐
12. We have services within the community to fit individual's unique culture and life experiences	☐	☐	☐	☐	☐
13. Service providers regularly attend trainings on cultural competency	☐	☐	☐	☐	☐
14. Service providers are knowledgeable about special interest groups and activities in the community	☐	☐	☐	☐	☐
15. Service providers are diverse in terms of culture, ethnicity, lifestyle, and interests	☐	☐	☐	☐	☐
16. Service providers make a concerted effort to welcome people in recovery	☐	☐	☐	☐	☐
17. Service settings within the community offer an inviting and dignified physical environment	☐	☐	☐	☐	
18. Service providers encourage individuals to have hope and high expectations for their recovery	☐	☐	☐	☐	☐
19. Individuals have choices when selecting service providers within the community	☐	☐	☐		☐

TRAUMA-INFORMED, RECOVERY-ORIENTED SYSTEM OF CARE

Please rate your level of agreement with the following statements.	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know or N/A
20. Service providers believe in the ability of individuals to recover				☐	
21. Service providers believe that individuals can make their own life choices regarding such things as where to live, when to work, whom to be friends with, etc.			☐	☐	
22. Service providers listen to and respect decisions that individuals make about their treatment and care			☐	☐	
23. Service providers regularly ask individuals about their interests and things they would like to do in the community			☐		
24. Service providers offer individuals opportunities to discuss their spiritual needs and interests if they wish			☐		
25. Service providers offer individuals opportunities to discuss their sexual needs and interests if they wish			☐		
26. Service providers help individuals develop and plan for life goals			☐		
27. Service providers understand the connection between trauma and addiction			☐		
28. Service providers are trained in evidence-based or emerging best trauma-specific approaches			☐		

TRAUMA-INFORMED, RECOVERY-ORIENTED SYSTEM OF CARE

Please rate your level of agreement with the following statements.	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know or N/A
29. Service providers focus more on "what happened" to individuals rather than "what's wrong" with individuals		☐	☐		
30. Our community is free from attitudinal barriers to the use of MAT		☐			
31. We have an appropriately-trained team to administer medication and the associated behavioral health services			☐		
32. We work with consumer groups and advocates to increase demand for and knowledge of MAT in the substance use disorder community		☐	☐		
33. We have relationships with other organizations that can provide additional treatment supports and resources		☐	☐		
34. We work in a coordinated way with medical staff that can provide prescribed medications for the treatment of substance use disorders		☐	☐		
35. We have services in place throughout the community to effectively screen and identify substance use disorders					☐
36. We value the input of the recovery community in the marketing and engagement of clients in treatment services		☐			
37. We provide effective aftercare services for clients that have completed formal treatment services		☐			

Please describe any other gaps in services and supports, and/or services and systems that require quality improvements (attach additional pages, if necessary)

TRAUMA-INFORMED RECOVERY-ORIENTED SYSTEM OF CARE (TI-ROSC) COMMUNITY NEEDS ASSESSMENT SCORING SHEET

Tool Purpose:	The TI-ROSC Community Needs Assessment should be completed individually by all stakeholders, including persons seeking services, caregivers, staff and other community stakeholders. Responses across the system should be aggregated and discussed by the team to develop a work plan for moving forward to a trauma-informed, recovery-oriented system of care. The TI-ROSC Community Needs Assessment Scoring Sheet provides an easy method to analyze assessment responses using an excel sheet with the necessary formulas pre-populated.
Tool Completion:	This tool should be completed by the person responsible for evaluating the community needs assessment.
Tool Directions:	For each response on the Community Needs Assessment, enter the score into the Survey Responses tab. The scoring template will automatically average the scores and provide the data in summary format on the summary tab, and graphs on the other tabs for presentation of the data back to the stakeholders.

Trauma-Informed, Recovery-Oriented Systems of Care (TI-ROSC)

	Questions
	Survey Scale: 4=Strongly Agree 3=Agree 2=Disagree 1=Strongly Disagree 99=Don't Know or N/A
1	We can identify cross sector partners within our community
2	There are resources within the community to assist individuals with getting jobs
3	There are resources within the community to assist individuals with getting involved in non-mental health/addiction related activities
4	There are resources within the community to link individuals in recovery who can serve as role models or mentors
5	There are resources within the community to assist individuals with finding safe affordable housing
6	There are resources within the community to assist individuals with transportation to/from appointments, work, etc.
7	The community supports self-help, peer support, and/or advocacy groups
8	The community provides opportunities for people in recovery to assist in the development of new groups, programs, or services
9	The community is free from stigma and discrimination around trauma, addiction and recovery
10	People in recovery are encouraged to be involved in the evaluation of the community's programs, services, and service providers
11	People in recovery are encouraged to attend agency advisory boards and management meetings
12	We have services within the community to fit individual's unique culture and life experiences
13	Service providers regularly attend trainings on cultural competency
14	Service providers are knowledgeable about special interest groups and activities in the community
15	Service providers are diverse in terms of culture, ethnicity, lifestyle, and interests
16	Service providers make a concerted effort to welcome people in recovery
17	Service settings within the community offer an inviting and dignified physical environment
18	Service providers encourage individuals to have hope and high expectations for their recovery
19	Individuals have choices when selecting service providers within the community
20	Service providers believe in the ability of individuals to recover
21	Service providers believe that individuals can make their own life choices regarding things such as where to live, when to work, whom to be friends with, etc.
22	Service providers listen to and respect decisions that individuals make about their treatment and care
23	Service providers regularly ask individuals about their interests and things they would like to do in the community
24	Service providers offer individuals opportunities to discuss their spiritual needs and interests if they wish
25	Service providers offer individuals opportunities to discuss their sexual needs and interest if they wish
26	Service providers help individuals develop and plan for life goals
27	Service providers understand the connection between trauma and addiction
28	Service providers are trained in evidence-based or emerging best trauma-specific approaches
29	Service providers focus more on "what happened" to individuals rather than "what's wrong" with individuals
30	There are attitudinal barriers to the use of MAT in our state and community
31	We have an appropriately trained team to administer medication and the associated behavioral health services
32	We work with consumer groups and advocates to increase demand for and knowledge of MAT in the substance use disorder community
33	We have relationships with other organizations that can provide additional treatment supports and resources
34	We work in a coordinated way with medical staff that can provide prescribed medications for the treatment of substance use disorders
35	We have services in place throughout the community to effectively screen and identify substance use disorders
36	We value the input of the recovery community in the marketing and engagement of clients in treatment services
37	We provide effective aftercare services for clients that have completed formal treatment services

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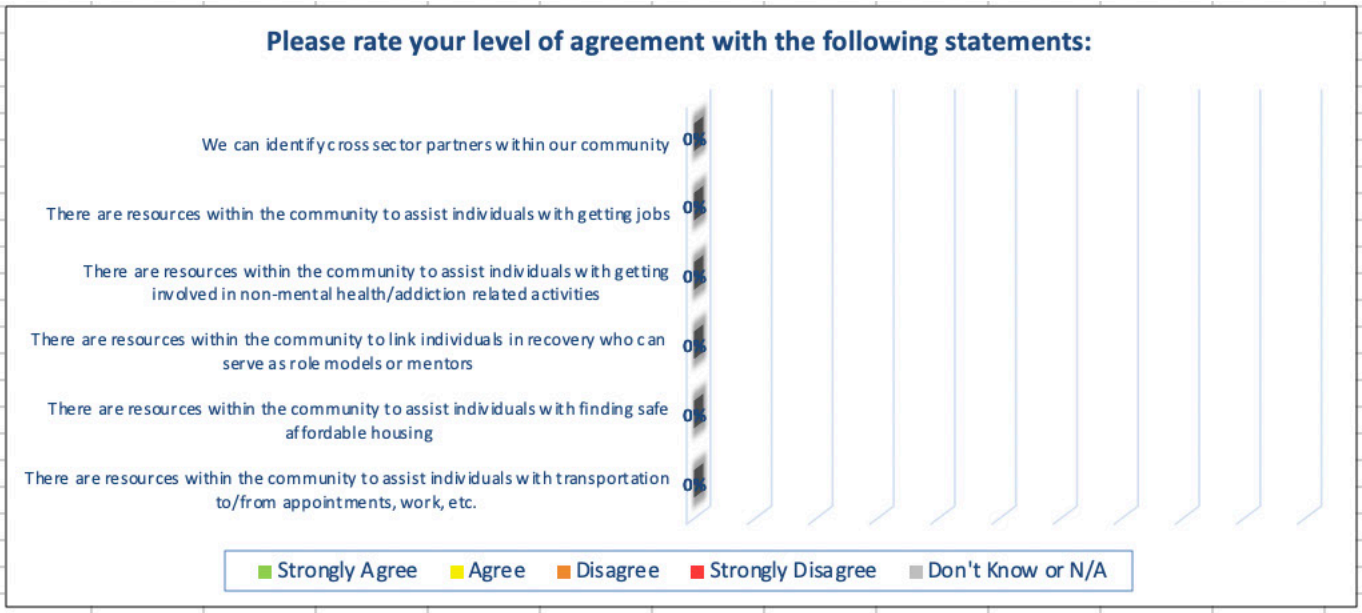
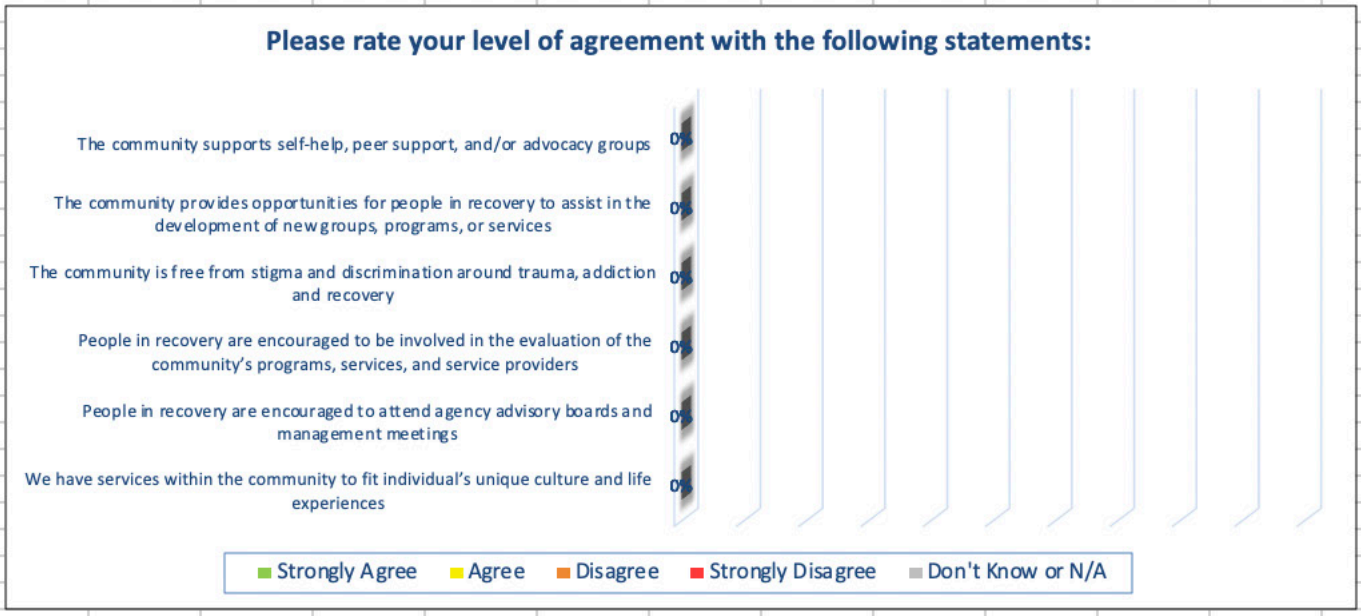

Please rate your level of agreement with the following statements:
We can identify cross sector partners within our community
There are resources within the community to assist individuals with getting jobs
There are resources within the community to assist individuals with getting involved in non-mental health/addiction related activities
There are resources within the community to link individuals in recovery who can serve as role models or mentors
There are resources within the community to assist individuals with finding safe affordable housing
There are resources within the community to assist individuals with transportation to/from appointments, work, etc.
0%
Strongly Agree
Agree
Disagree
Strongly Disagree
Don't Know or N/A


Please rate your level of agreement with the following statements:
The community supports self-help, peer support, and/or advocacy groups
The community provides opportunities for people in recovery to assist in the development of new groups, programs, or services
The community is free from stigma and discrimination around trauma, addiction and recovery
People in recovery are encouraged to be involved in the evaluation of the community's programs, services, and service providers
People in recovery are encouraged to attend agency advisory boards and management meetings
We have services within the community to fit individual's unique culture and life experiences
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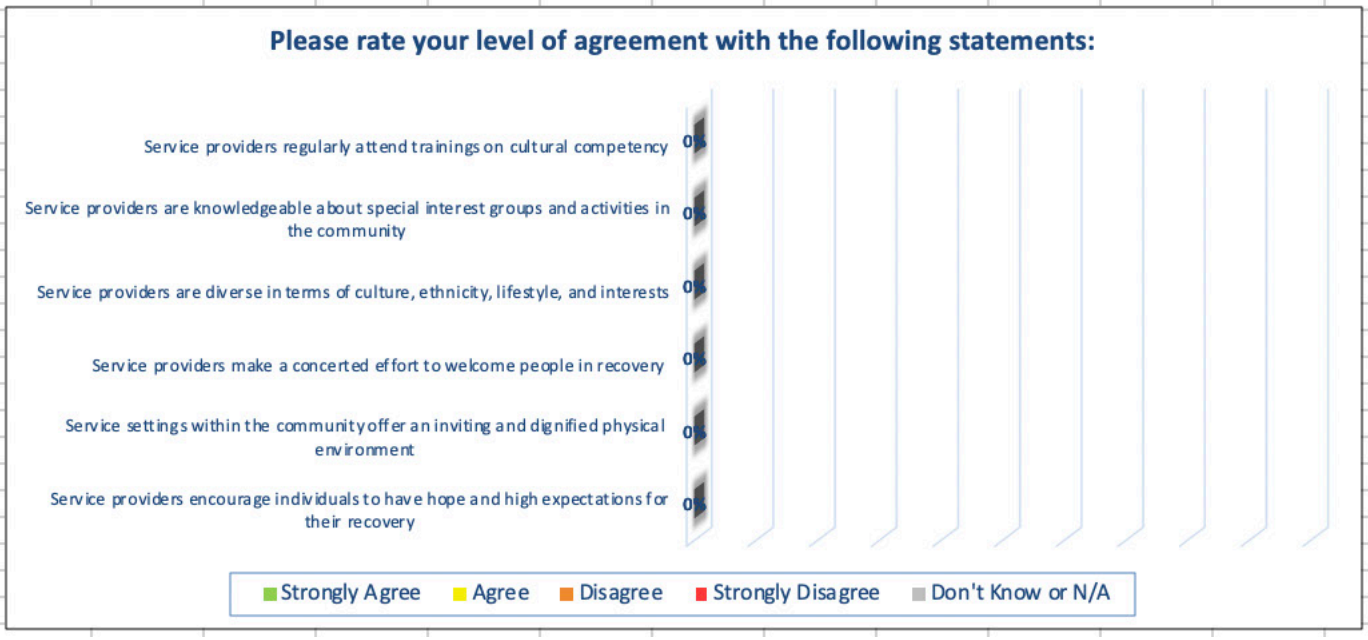
Strongly Agree
Agree
Disagree
Strongly Disagree
Don't Know or N/A


Please rate your level of agreement with the following statements:
Service providers regularly attend trainings on cultural competency
Service providers are knowledgeable about special interest groups and activities in the community
Service providers are diverse in terms of culture, ethnicity, lifestyle, and interests
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Service settings within the community offer an inviting and dignified physical environment
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Strongly Agree
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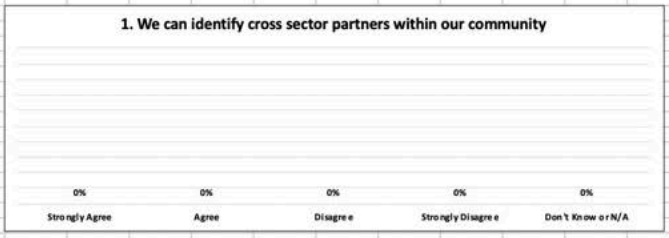
1. We can identify cross sector partners within our community
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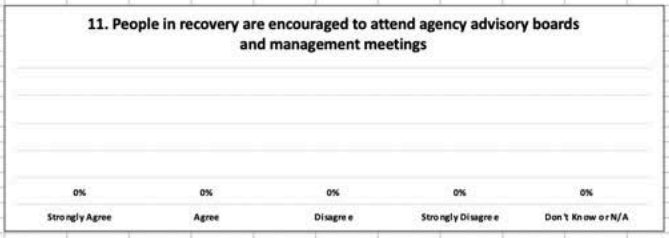
11. People in recovery are encouraged to attend agency advisory boards and management meetings
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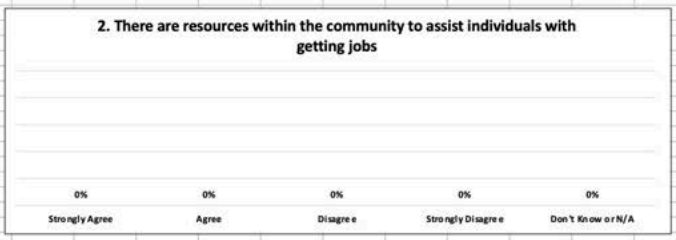
2. There are resources within the community to assist individuals with getting jobs
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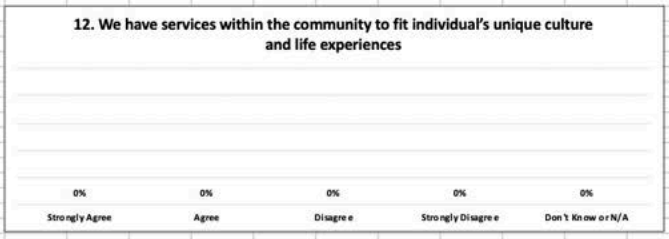
12. We have services within the community to fit individual's unique culture and life experiences
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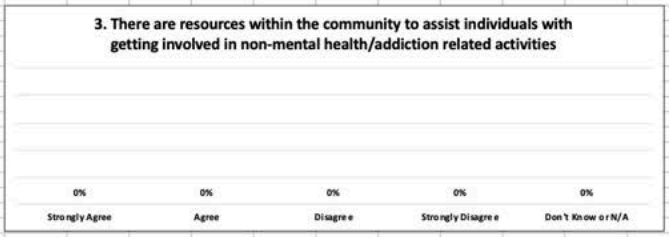
3. There are resources within the community to assist individuals with getting involved in non-mental health/addiction related activities
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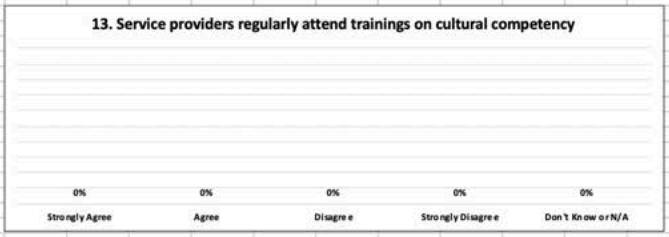
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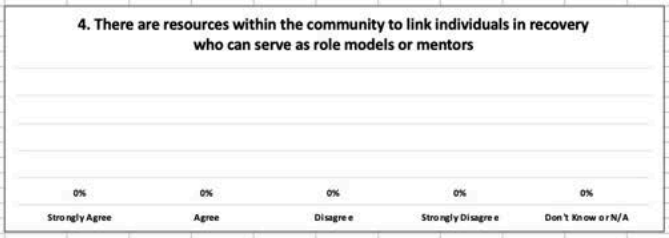
4. There are resources within the community to link individuals in recovery who can serve as role models or mentors
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Strongly Agree
Agree
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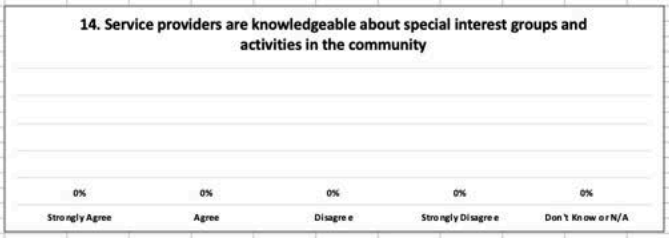
14. Service providers are knowledgeable about special interest groups and activities in the community
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Strongly Agree
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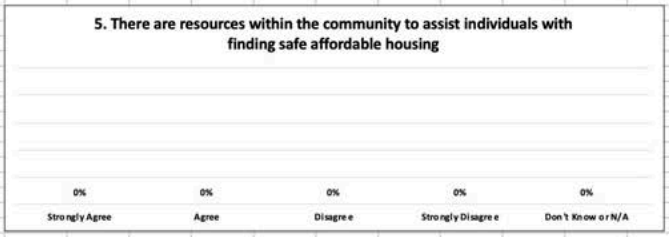
5. There are resources within the community to assist individuals with finding safe affordable housing
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Strongly Agree
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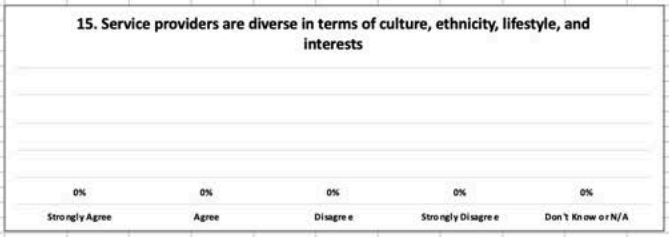
Disagree
Strongly Disagree
Don't Know or N/A


15. Service providers are diverse in terms of culture, ethnicity, lifestyle, and interests
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SWOT TOOL

TOOL PURPOSE

Understanding the strengths, weaknesses, opportunities, and threats (SWOT) of each component of the care system is an important step to inform planning, quality improvement, and sustainability efforts. The TI-ROSC SWOT Tool provides counties and organizations with a detailed assessment instrument to guide a SWOT analysis across the continuum of care: enhancing health, primary prevention, early intervention, treatment and recovery support.

TOOL COMPLETION

This tool should be completed by your County Change Team and additional stakeholders, especially people in recovery currently receiving services within your system of care.

TOOL DIRECTIONS

Identify the strengths, weaknesses, opportunities and threats to each part of your current system of care.

Enhancing Health

Strengths: What do we do best? What advantages do we have? What do other people say we do well? What resources do we have available?	
Weaknesses: What could we improve? What knowledge, talent, skills and/or resources are we lacking? What services and supports are missing from our system?	
Opportunities: How can we turn our strengths and weaknesses into opportunities? What funding, policy, plans could be an opportunity for our future system?	
Threats: What obstacles do we face? What could prevent us meeting our goal of a TI-ROSC? Are there standards, policies, mindsets or legislation that might have a negative impact?	

Primary Prevention

Strengths: What do we do best? What advantages do we have? What do other people say we do well? What resources do we have available?	
Weaknesses: What could we improve? What knowledge, talent, skills and/or resources are we lacking? What services and supports are missing from our system?	
Opportunities: How can we turn our strengths and weaknesses into opportunities? What funding, policy, plans could be an opportunity for our future system?	
Threats: What obstacles do we face? What could prevent us meeting our goal of a TI-ROSC? Are there standards, policies, mindsets or legislation that might have a negative impact?	

Early Intervention

Strengths: What do we do best? What advantages do we have? What do other people say we do well? What resources do we have available?	
Weaknesses: What could we improve? What knowledge, talent, skills and/or resources are we lacking? What services and supports are missing from our system?	
Opportunities: How can we turn our strengths and weaknesses into opportunities? What funding, policy, plans could be an opportunity for our future system?	
Threats: What obstacles do we face? What could prevent us meeting our goal of a TI-ROSC? Are there standards, policies, mindsets or legislation that might have a negative impact?	

Treatment

Strengths: What do we do best? What advantages do we have? What do other people say we do well? What resources do we have available?	
Weaknesses: What could we improve? What knowledge, talent, skills and/or resources are we lacking? What services and supports are missing from our system?	
Opportunities: How can we turn our strengths and weaknesses into opportunities? What funding, policy, plans could be an opportunity for our future system?	
Threats: What obstacles do we face? What could prevent us meeting our goal of a TI-ROSC? Are there standards, policies, mindsets or legislation that might have a negative impact?	

Recovery Support

Strengths: What do we do best? What advantages do we have? What do other people say we do well? What resources do we have available?	
Weaknesses: What could we improve? What knowledge, talent, skills and/or resources are we lacking? What services and supports are missing from our system?	
Opportunities: How can we turn our strengths and weaknesses into opportunities? What funding, policy, plans could be an opportunity for our future system?	
Threats: What obstacles do we face? What could prevent us meeting our goal of a TI-ROSC? Are there standards, policies, mindsets or legislation that might have a negative impact?	

MEDICATION-ASSISTED TREATMENT (MAT) READINESS AND IMPLEMENTATION CHECKLIST

TOOL PURPOSE

The following series of questions can assist in determining organizational readiness to implement MAT, though there may be others depending on the design and make up of your organization. The questions are organized into five key sections:

- Organizational readiness
- Economic and regulatory
- Workforce readiness
- Community readiness
- Patient and caregiver readiness

Each section includes a series of questions regarding areas to be considered before implementing a successful and sustainable MAT program. The sections and questions below reflect consensus from interviews and discussions with experts (see acknowledgements section) as well as representative of organizations that have successfully implemented MAT.

TOOL COMPLETION

This tool should be completed by any agency considering implementing MAT.

TOOL DIRECTIONS

Each section includes a series of questions regarding key areas for implementing a successful and sustainable MAT program. Review each question in consideration of the following scale:

- ***Not Ready*** = You do not have this information and you do not have a plan to obtain it.
- ***In Progress*** = You do not have this information, but you have a plan to obtain it.
- ***Ready*** = You have the information needed and/or a plan to address the questions cited.

For each set of questions place a checkmark in the category that best describes your current status. Count the totals from each category. Questions and categories with high numbers of responses of “not ready” or “in progress” should be prioritized as items to be addressed before moving forward with MAT implementation.

Organizational Readiness

Critical to the successful implementation of any new initiative is the organization's readiness to take on such an initiative. When implementing MAT services, organizations must have significant administrative support and clear organizational processes in place.

Question/Area of Consideration	Not Ready	In progress	Ready
Does your organizational leadership, including your board of directors, support the use of MAT?	☐	☐	☐
• Could the benefit from gaining further information about MAT?	☐	☐	☐
• Are there opportunities for sharing this information with your organization's board?	☐	☐	☐
Do you have data that would demonstrate the potential benefits of offering MAT to the people you serve, including information on comorbid conditions and medication use?	☐	☐	☐
Have you decided what MAT services you will offer?	☐	☐	
• Opioid use disorder	☐	☐	☐
• Alcohol use disorder	☐	☐	☐
• Smoking cessation	☐	☐	☐
Have you decided who you will offer services to?	☐	☐	☐
• All patients	☐	☐	
• Those with comorbid mental health disorders (see example below)	☐	☐	☐
• Those with comorbid chronic medical conditions	☐	☐	☐
• Other	☐	☐	☐
Do you have a plan to provide or connect patients to appropriate counseling and other behavioral health services?	☐	☐	☐
How will you implement the most current guidelines for the use of MAT?	☐	☐	☐
Do you have a quality assurance protocol for supporting and maintaining these new practices?	☐	☐	☐
Does your infrastructure support requirements (e.g., appropriate clinical space, storage) for offering MAT services?	☐	☐	☐

Organizational Readiness – continued

Question/Area of Consideration	Not Ready	In progress	Ready
Do you know how 42CFR or state-based confidentiality laws would apply to your organization and patient populations? • Do you have the proper consent forms in place? • Do you have the proper Memorandums of Understanding (MOU), Qualified Service Organization Agreement (QSOA) or other agreements in place to appropriately share information related to MAT? • Do you systemically recommend clients authorize sharing patient health information (PHI) with their other healthcare providers to better support their recovery?	☐	☐	☐
Total (count)			

Financial/Regulatory Readiness

Coverage and reimbursement for MAT varies from state to state from both the public sector and private insurance marketplace. Many states and commercial health plans require some form of preauthorization and some require that providers begin treatment with certain medications (step therapy). As coverage and policies may change over time, it is important to stay informed about your state's policies and private insurance options to find out where reimbursement is possible.

Question/Area of Consideration	Not Ready	In progress	Ready
What do Medicaid and commercial insurers require for the use of MAT in your state? • Are there limitations on who can prescribe MAT, the length of time patients can use MAT, and/or the type of formulations patients may receive?	☐	☐	☐
Does the Medicaid coverage used by your clients cover the MAT formulations that you would like to start offering (e.g., injectable naltrexone, sublingual buprenorphine)?	☐	☐	☐
Does the state view the use of MAT as an evidence-based practice? (Some states require that clinicians follow evidence-based practices to be reimbursed under Medicaid and private insurance.)	☐	☐	☐
Are you aware of the typical out-of-pocket cost for the medications, and are your patients able to afford these costs? • If not, are you aware of ways you may be able to offset these costs for patients who need assistance?	☐ ☐	☐ ☐	☐ ☐
Are clinicians eligible to receive Medicaid or commercial insurance reimbursement? • Are they on preferred provider lists for commercial insurers and Medicaid managed care programs?	☐ ☐	 ☐	☐ ☐
Will clinicians be reimbursed for clinical services required for MAT, such as physical examinations and laboratory tests?	☐	☐	☐
Total (count)			

Workforce Readiness

Having a knowledgeable and well-trained workforce is essential to implementation of MAT. Ensuring that staff have the resources, education, and clinical supports they need enables them to work more effectively and efficiently.

Question/Area of Consideration	Not Ready	In progress	Ready
How do current staff, including clinicians and peer support staff, view MAT? • How supportive are they? • Do they need education to understand the benefits of adding a medication to current substance use disorder treatments?	☐	☐	☐
Are there attitudinal barriers to the use of MAT in your state and community? If so, what are they and do you have a plan to address those barriers?	☐	☐	☐
Does your agency have an appropriately trained team (physician, PA, nurse practitioner, nurse, care coordinator, and behavioral health specialist) to administer medication and the associated behavioral health services?	☐	☐	☐
How will you access prescribers? • Will the prescribers be internal or contracted? • Full- or part-time? • How will you train them? • How will you retain them in the practice?	☐	☐	☐
What are the state regulations required to implement a MAT program, particularly scope of practice and necessary certifications? (For instance, some states require that physicians conduct the clinical assessment rather than nurses or social workers.)	☐	☐	☐
How will you provide on-going training and supervision to your staff?	☐	☐	☐
Total (count)			

Community Readiness

In addition to robust internal policies and procedures, sustaining MAT over the long term requires access to other community resources to enhance the services your organization provides.

Question/Area of Consideration	Not Ready	In progress	Ready
How will you work with consumer groups and advocates to increase demand for and knowledge of MAT in the broader community?	☐	☐	☐
What other treatment programs in your region and state currently provide MAT? • How well do clinicians in your area accept the "medical model" of treatment for substance use disorders?	☐	☐	☐
Do you have relationships with other organizations that can provide additional treatment supports and resources? • Are you able to contract with any of these other providers as a referral resource?	☐	☐	☐
Is your organization a member of any group or association that supports the use of medications (e.g., primary care associations)?	☐	☐	☐
Are state and local legislators aware of the evidence behind MAT?	☐	☐	☐
• If not, how will you educate them?	☐	☐	☐
• How will you work with legislators to advocate for and improve the financing and regulatory environment for implementation of MAT?	☐	☐	☐
Total (count)			

Patient/Caregiver Readiness

Education and engagement of patients and families on the use of MAT is key to sustaining treatment services beyond the organization's walls. Providing patients and families with proper information helps involve them in the self-management of their treatment.

Question/Area of Consideration	Not Ready	In progress	Ready
Are there patient/caregiver barriers to the use of MAT? (These may include attitudinal barriers, out-of-pocket costs, difficulties with transportation to appointments, and difficulty with the side effects of taking the medication.)		☐	☐
• Who will provide leadership to develop and implement plans to overcome these barriers?	☐	☐	☐
How do you assess patient and caregiver knowledge or understanding of substance use disorders and MAT?	☐	☐	☐
How will you educate patients and caregivers about the risks and benefits of MAT and its place within the treatment continuum?	☐	☐	☐
How do you assess a patient's support network?	☐	☐	☐
• Are you aware of the options for mutual support groups in your community that are supportive of the use of MAT?			
Is there a mechanism for you to receive feedback from patients/caregivers regarding the quality of your services?	☐	☐	☐
Total (count)			

Next Steps: Move from Readiness to Action

Take a look at where your responses fall in each section. Your responses should give you a clear picture of where you have knowledge gaps and point out potential barriers to success. Depending on what gaps you've identified, your next step may be to share further information with staff or your agency leadership or form a plan to educate community members and leaders.

Expert Panel

Genie Bailey, MD, DABAM *Associate Clinical Professor of Psychiatry and Human Behavior, Brown University, and Director of Research and Medical Director of Dual Diagnosis Unit, Stanley Street Treatment and Resources (SSTAR)*

Robert Cabaj, MD *Chair of Psychiatry, Medical Director, San Mateo County Behavioral Health and Recovery Services*

Mady Chalk, Ph.D., MSW *Principal and Managing Director, The Chalk Group*

Jim Sorg, PhD *Director of Care Integration and Information Technology at Tarzana Treatment Centers, Inc.*

Key staff contributors

Hannah Hunt *Communications manager National Council for Behavioral Health*

Susan Partain *Director of Communications National Council of Behavioral Health*

Brie Reimann, MPA *Assistant Vice President/ Director SAMHSA-HRSA Center for Integrated Health Solutions, National Council of Behavioral Health*

Aaron Williams, MA *Senior Director of Training and Technical Assistance, SAMHSA-HRSA Center for Integrated Health Solutions, National Council of Behavioral Health*

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FUTURE SYSTEMS DEVELOPMENT TOOL

TOOL PURPOSE

Identifying the specific components of the TI-ROSC across the recovery continuum (enhancing health, primary prevention, early intervention, treatment and recovery support) is a critical step to begin to materialize your vision. Future system development includes identifying the services and supports, communication and messaging, and continuous quality improvement efforts the system will need within each step of the continuum to provide comprehensive trauma-informed, recovery-oriented services and supports to individuals. The TI-ROSC Future Systems Development Tool provides County Change Teams a worksheet to identify each of the components necessary to meet counties' unique needs.

TOOL COMPLETION

This tool should be completed by your County Change Team.

TOOL DIRECTIONS

Identify the necessary components of each part of the TI-ROSC continuum. Be sure to include components that already exist and those that are needed.

Enhancing Health

Services and Supports: What services and supports need to be present in your future TI-ROSC?	
Communication/ Messaging: What messages and communication strategies need to be present in your future TI-ROSC?	
Continuous Quality Improvement: What metrics are necessary to collect to ensure services, supports and messaging are effective?	

Primary Prevention

Services and Supports: What services and supports need to be present in your future TI-ROSC?	
Communication/ Messaging: What messages and communication strategies need to be present in your future TI-ROSC?	
Continuous Quality Improvement: What metrics are necessary to collect to ensure services, supports and messaging are effective?	

Early Intervention

Services and Supports: What services and supports need to be present in your future TI-ROSC?	
Communication/ Messaging: What messages and communication strategies need to be present in your future TI-ROSC?	
Continuous Quality Improvement: What metrics are necessary to collect to ensure services, supports and messaging are effective?	

Treatment

Services and Supports: What services and supports need to be present in your future TI-ROSC?	
Communication/ Messaging: What messages and communication strategies need to be present in your future TI-ROSC?	
Continuous Quality Improvement: What metrics are necessary to collect to ensure services, supports and messaging are effective?	

Recovery Support

Services and Supports: What services and supports need to be present in your future TI-ROSC?	
Communication/ Messaging: What messages and communication strategies need to be present in your future TI-ROSC?	
Continuous Quality Improvement: What metrics are necessary to collect to ensure services, supports and messaging are effective?	

PRINCIPLES ASSESSMENT TOOL

TOOL PURPOSE

TI-ROSC Principles Assessment Tool is designed to assist systems in examining policies, practices, procedures, and outcomes against the trauma-informed, recovery-oriented system of care principles.

TOOL COMPLETION

The TI-ROSC Principles Assessment Tool should be completed by the County Change Team or the team that is responsible for the policy, procedure, practice or outcome that is being examined.

TOOL DIRECTIONS

Examine each policy, practice, procedure or outcome answering the following questions for each principle:

1. **Are there points in the process where this principle is not honored?**
2. **Where in this process could the principle be operationalized?**
3. **How could it be operationalized?**

Safety

This policy, protocol, procedure or document:

- Emphasizes value for psychological, social and physical safety for everyone, including adapting usual approaches, if needed.
- Reinforces listening to others' histories without judgment.

Are there points in the process where this principle is not honored?

Where in this process could the principle be operationalized?

How could it be operationalized?

Trust and Transparency

This policy, protocol, procedure or document:

- Recognizes trust is something that is earned over time, so individuals may not disclose information until a relationship is established.
- Recognizes individuals may "test" relationships, because they may have been hurt by people or systems in the past who were supposed to guide or protect them.
- Recognizes recovery visibility and accountability
- Recognizes individuals may be sensitive to interactions or communications that do not include them.
- Recognizes that individuals may anticipate that staff will not follow through with commitments or agreed upon plans.

Are there points in the process where this principle is not honored?
Where in this process could the principle be operationalized?
How could it be operationalized?

Collaboration and Mutuality

This policy, protocol, procedure or document:

- Recognizes relationships matter and demonstrates interest in peoples' histories and current life circumstances.
- Establishes an expectation staff will work together with clients to create a plan that embraces strengths and further learning rather than dictating a plan to change behavior.
- Establishes an expectation that all processes will be participatory in nature.
- Establishes an expectation that staff will work to minimize power differentials when possible.

Are there points in the process where this principle is not honored?
Where in this process could the principle be operationalized?
How could it be operationalized?

Empowerment, Voice and Choice

This policy, protocol, procedure or document:

- Redefines "problems" as coping strategies or adaptations.
- Recognizes individual strengths and anticipates areas where they need to build skills.
- Recognizes individuals 1) may often feel like they cannot be successful and 2) require their strengths to receive more emphasis and attention.
- Recognizes individuals are often told what to do and how to do it, so they may have a hard time believing their choices and opinions matter to others.
- Recognizes a "one-size-fits-all" approach can make others feel discounted.
- Demonstrates client and staff choices are important and valued.
- Recognizes that in the past, some clients may have been told 1) what they think does not matter and 2) to do things that make them feel uncomfortable or unsafe.
- Encourages the authenticity of the recovery experience and voice.
- Identifies and celebrates times when they made a choice, were heard, and felt empowered.

Are there points in the process where this principle is not honored?
Where in this process could the principle be operationalized?
How could it be operationalized?

Peer Support

This policy, protocol, procedure or document:

- Emphasizes leadership development of staff and clients as leaders in planning, implementation, continuous quality improvement, and evaluation activities for services and organizations that they are involved with.
- Recognizes the need for peer support, volunteerism and service provision by individuals that have experienced trauma and/or addictions.

Are there points in the process where this principle is not honored?
Where in this process could the principle be operationalized?
How could it be operationalized?

Respect for Cultural, Historical and Gender Differences

This policy, protocol, procedure or document:

- Emphasizes the need to move past stereotypes and biases (e.g., based on race, ethnicity, sexual orientation, age, geography).
- Recognizes the impact of historical trauma on how clients access and experience services.
- Recognizes the role culture plays in how clients access and experience services.
- Recognizes the need to offer gender responsive services.
- Emphasizes cultural diversity, equity, and inclusion.

Are there points in the process where this principle is not honored?
Where in this process could the principle be operationalized?
How could it be operationalized?

INITIATIVE ALIGNMENT TOOL

TOOL PURPOSE

The TI-ROSC Initiative Alignment Tool was adapted from the Trauma-Sensitive School (TSS) Alignment Tool created by Sara Daniel of Saint A in Wisconsin. It is designed to assist communities in aligning all of the initiatives that they have going on related to individuals and families impacted by opioid use disorder and other substance use disorders.

TOOL COMPLETION

The TI-ROSC Initiative Alignment Tool should be completed by the County Change Team.

TOOL DIRECTIONS

1. Create a list or inventory of all programs, task forces, and initiatives that are used throughout your community to support staff and people served. Place this list in the left-hand column on the following page. Include items regardless of how they are funded.
2. Determine the primary goal(s) of each program, task force and initiative you have listed.
3. Sort the Inventory Items into the five trauma-informed, recovery-oriented systems of care continuum components (enhancing health, primary prevention, early intervention, treatment and recovery support).
4. Examine programs, task forces and initiatives with similar goals and determine:
    - Are they compatible? Redundant?
    - Are they practiced with fidelity in all of your settings?
    - Are there ways to connect initiatives and/or task forces?

STEP 1 & 2: **List all programs, initiatives and task forces and identify their desired goal or outcome**

Inventory Items	Program, Initiative or Task Force	Goal/Desired Outcome
System of Care	Task Force	Increased collaboration and better outcomes
Know the O Campaign	Initiative	Reduced Stigma and Prevention

TRAUMA-INFORMED, RECOVERY-ORIENTED SYSTEM OF CARE

Inventory Items	Program, Initiative or Task Force	Goal/Desired Outcome

STEP 3: Reorganize based on TI-ROSC Continuum of Care

	Enhancing Health	Primary Prevention	Early Intervention	Treatment	Recovery Support
Program					
Initiative	Know the O Campaign				
Task Forces	System of Care	System of Care	System of Care	System of Care	System of Care

STEP 4: Examine programs, initiatives and task forces with similar goals

Question	Answer
Are they compatible? Redundant?	
Are they practiced with fidelity in all of your settings?	
Are there ways to connect initiatives and task forces?	

GOAL SETTING TOOL

TOOL PURPOSE

Articulating and prioritizing short-term and long-term goals is a critical component to successful change implementation. The TI-ROSC Goal Setting Tool provides County Change Teams a rubric to identify short-term, "low-hanging" (can be accomplished in zero to 12 months) and long-term, "stretch" (will take more than 12 months to accomplish) goals across the recovery continuum.

TOOL COMPLETION

This tool should be completed by your County Change Team.

TOOL DIRECTIONS

Sort and prioritize the components that are missing from your system or need improvement into low-hanging (0-12 months to accomplish) and stretch (12+ months to accomplish) priorities for each part of the TI-ROSC continuum.

TRAUMA-INFORMED, RECOVERY-ORIENTED SYSTEM OF CARE

	Low-hanging (0 – 12 months to accomplish)	Stretch (12+ months to accomplish)
Enhancing Health	1.	1.
	2.	2.
	3.	3.
	4.	4.
	5.	5.
Primary Prevention	1.	1.
	2.	2.
	3.	3.
	4.	4.
	5.	5.

TRAUMA-INFORMED, RECOVERY-ORIENTED SYSTEM OF CARE

	Low-hanging (0 – 12 months to accomplish)	Stretch (12+ months to accomplish)
Early Intervention	1.	1.
	2.	2.
	3.	3.
	4.	4.
	5.	5.
Treatment	1.	1.
	2.	2.
	3.	3.
	4.	4.
	5.	5.

TRAUMA-INFORMED, RECOVERY-ORIENTED SYSTEM OF CARE

	Low-hanging (0 – 12 months to accomplish)	Stretch (12+ months to accomplish)
Recovery Support	1.	1.
	2.	2.
	3.	3.
	4.	4.
	5.	5.

ACTION PLANNING TOOL

TOOL PURPOSE

Once short-term (low-hanging) and long-term (stretch) goals are identified, County Change Teams should create specific objectives and action steps that will help teams reach their goals and implement their TI-ROSC vision. Action steps should be "SMART" meaning that they are Specific and strategic, Measurable, Attainable, Relevant (results oriented), and Time framed. The TI-ROSC Action Planning Tool provides County Change Teams action plan grids to facilitate the identification of SMART objectives for each step in the recovery continuum and across service components.

TOOL COMPLETION

This tool should be completed by your County Change Team.

TOOL DIRECTIONS

Create goal and action steps for one low-hanging and one stretch goal for each part of the TI-ROSC continuum.

- ***Specific (and strategic):*** State exactly what you want to accomplish (Who, What, When, Where, Why)
- ***Measurable:*** How will you demonstrate and evaluate the extent to which the goal has been met?
- ***Attainable:*** Goals are realistic and can be achieved in a specific amount of time and are reasonable.
- ***Relevant (results oriented):*** How does the goal tie into your key responsibilities and objectives?
- ***Time framed:*** Set 1 or more target dates to guide the goal to successful and timely completion (includes deadlines, dates, and frequency)

Enhancing Health Low-Hanging Goal:

Action Steps	Measurement	Target Date	Responsible Party	Progress/Outcome

Enhancing Health Stretch Goal:

Action Steps	Measurement	Target Date	Responsible Party	Progress/Outcome

Primary Prevention Low-Hanging Goal:

Action Steps	Measurement	Target Date	Responsible Party	Progress/Outcome

Primary Prevention Stretch Goal:

Action Steps	Measurement	Target Date	Responsible Party	Progress/Outcome

Early Intervention Low-Hanging Goal:

Action Steps	Measurement	Target Date	Responsible Party	Progress/Outcome

Early Intervention Stretch Goal:

Action Steps	Measurement	Target Date	Responsible Party	Progress/Outcome

Treatment Low-Hanging Goal:

Action Steps	Measurement	Target Date	Responsible Party	Progress/Outcome

Treatment Stretch Goal:

Action Steps	Measurement	Target Date	Responsible Party	Progress/Outcome

Recovery Support Low-Hanging Goal:

Action Steps	Measurement	Target Date	Responsible Party	Progress/Outcome

Recovery Support Stretch Goal:

Action Steps	Measurement	Target Date	Responsible Party	Progress/Outcome

TRAUMA-INFORMED RECOVERY-ORIENTED SYSTEM OF CARE (TI-ROSC) STRATEGIC PLANNING TRACKING TOOL

Tool Purpose:	To successfully implement and sustain the county's TI-ROSC activities, ongoing strategic planning and quality improvement should take place. To assist County Change Teams with strategic planning, a TI-ROSC Strategic Plan Tracking Tool has been created. The tracking tool helps teams stay organized and timely in their implementation and assessment of project activities. The tool tracks action items, deadlines, persons responsible, assessment, and current status of project activities across the recovery continuum and care components.
Tool Completion:	This tool should be completed by the County Change Team Chairperson or person responsible for tracking the strategic plan
Tool Directions:	For each component of the continuum, enter the strategic plan components into the tab associated with the continuum. All things entered on each tab will automatically transfer to the whole plan tab. If you have questions, please email Linda Henderson-Smith at lindahs@thenationalcouncil.org

Section	Action Items	Due Date	Person Responsible	Measurement	Status	COMMENTS
1 - Enhancing Health Low-Hanging Objective:						
a.					Not Yet Started	
b.					Not Yet Started	
c.					Not Yet Started	
d.					Not Yet Started	
2 - Enhancing Health Stretch Objective:						
a.					Not Yet Started	
b.					Not Yet Started	
c.					Not Yet Started	
d.					Not Yet Started	

Section	Action Items	Due Date	Person Responsible	Measurement	Status	COMMENTS
3 - Primary Prevention Low-Hanging Objective:						
a.					Not Yet Started	
b.					Not Yet Started	
c.					Not Yet Started	
d.					Not Yet Started	
4 - Primary Prevention Stretch Objective:						
a.					Not Yet Started	
b.					Not Yet Started	
c.					Not Yet Started	
d.					Not Yet Started	

Section	Action Items	Due Date	Person Responsible	Measurement	Status	COMMENTS
5 - Early Intervention Low-Hanging Objective:						
a.					Not Yet Started	
b.					Not Yet Started	
c.					Not Yet Started	
d.					Not Yet Started	
6 - Early Intervention Stretch Objective:						
a.					Not Yet Started	
b.					Not Yet Started	
c.					Not Yet Started	
d.					Not Yet Started	

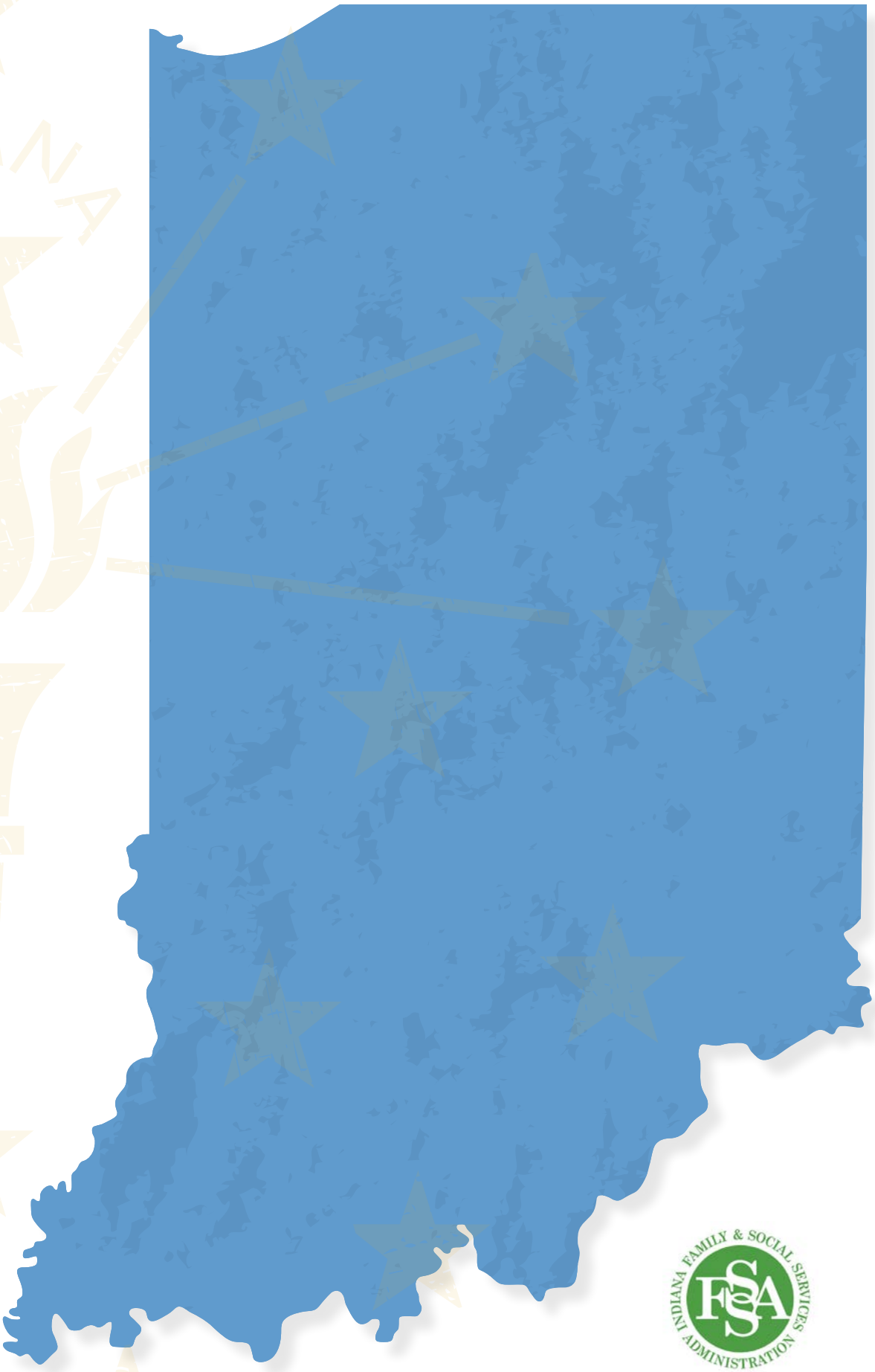
Section	Action Items	Due Date	Person Responsible	Measurement	Status	COMMENTS
7 - Treatment Low-Hanging Objective:						
a.					Not Yet Started	
b.					Not Yet Started	
c.					Not Yet Started	
d.					Not Yet Started	
8 - Treatment Stretch Objective:						
a.					Not Yet Started	
b.					Not Yet Started	
c.					Not Yet Started	
d.					Not Yet Started	

Section	Action Items	Due Date	Person Responsible	Measurement	Status	COMMENTS
9 - Recovery Support Low-Hanging Objective:						
a.					Not Yet Started	
b.					Not Yet Started	
c.					Not Yet Started	
d.					Not Yet Started	
10 - Recovery Support Stretch Objective:						
a.					Not Yet Started	
b.					Not Yet Started	
c.					Not Yet Started	
d.					Not Yet Started	

Trauma-Informed, Recovery-Oriented System of Care (TI-ROSC) Strategic Plan Tracking Tool

County:
Vision:
Goal:

Section	Action Items		Due Date	Status	COMMENTS
1 - Enhancing Health Low-Hanging Objective:					
a.		0	1/0/00	Not Yet Started	
b.		0	1/0/00	Not Yet Started	
c.		0	1/0/00	Not Yet Started	0
d.		0	1/0/00	Not Yet Started	0
2 - Enhancing Health Stretch Objective:					
a.		0	1/0/00	Not Yet Started	0
b.		0	1/0/00	Not Yet Started	0
c.		0	1/0/00	Not Yet Started	0
d.		0	1/0/00	Not Yet Started	0
3 - Primary Prevention Low-Hanging Objective:					
a.		0	1/0/00	Not Yet Started	
b.		0	1/0/00	Not Yet Started	
c.		0	1/0/00	Not Yet Started	0
d.		0	1/0/00	Not Yet Started	0
4 - Primary Prevention Stretch Objective:					
a.		0	1/0/00	Not Yet Started	0
b.		0	1/0/00	Not Yet Started	0
c.		0	1/0/00	Not Yet Started	0
d.		0	1/0/00	Not Yet Started	0
5 - Early Intervention Low-Hanging Objective:					
a.		0	1/0/00	Not Yet Started	
b.		0	1/0/00	Not Yet Started	
c.		0	1/0/00	Not Yet Started	0
d.		0	1/0/00	Not Yet Started	0
6 - Early Intervention Stretch Objective:					
a.		0	1/0/00	Not Yet Started	0
b.		0	1/0/00	Not Yet Started	0
c.		0	1/0/00	Not Yet Started	0
d.		0	1/0/00	Not Yet Started	0
7 - Treatment Low-Hanging Objective:					
a.		0	1/0/00	Not Yet Started	
b.		0	1/0/00	Not Yet Started	
c.		0	1/0/00	Not Yet Started	0
d.		0	1/0/00	Not Yet Started	0
8 - Treatment Stretch Objective:					
a.		0	1/0/00	Not Yet Started	0
b.		0	1/0/00	Not Yet Started	0
c.		0	1/0/00	Not Yet Started	0
d.		0	1/0/00	Not Yet Started	
9 - Recovery Support Low-Hanging Objective:					
a.		0	1/0/00	Not Yet Started	
b.		0	1/0/00	Not Yet Started	
c.		0	1/0/00	Not Yet Started	0
d.		0	1/0/00	Not Yet Started	0
10 - Recovery Support Stretch Objective:					
a.		0	1/0/00	Not Yet Started	0
b.		0	1/0/00	Not Yet Started	0
c.		0	1/0/00	Not Yet Started	0
d.		0	1/0/00	Not Yet Started	0



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