7 BUILDING BLOCKS OF A ROSC

ROSC SERIES-1 OF 2

Housing

Training



Providing individualized and high-quality services

Integrating treatment and recovery support services into a seamless continuum of care

Fostering a culture of peer leadership

Developing intentional strategies of supporting communities

Facilitating processes and partnerships across multiple systems

Aligning administrative structures and policies to support a recovery-oriented system

For Source Materials Please Visit: http://www.ncaarinfo.org/Citations/ROSC-1-Sources.pdf



Our Vision:

The National Center for Advocacy and Recovery for behavioral health (NCAAR) will help lead efforts to ensure the establishment of an integrated recovery-oriented system of care that provides needed evidence-based behavioral health prevention and recovery services.

> The content inside this brochure describes the Recovery Oriented System of Care Model (ROSC)

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> The positions in this brochure, which was made possible by NJDMHAS, are solely those of NCAAR





Promoting Recovery Through Advocacy & Education

NCAAR ROSC SERIES



WHAT IS A ROSC?



A Recovery-Oriented System of Care (ROSC) is a theoretical framework that supports long-term recovery from substance use disorders (SUD) by coordinating multiple systems and services in a complete and seamless continuum of care. By approaching recovery in this way, a ROSC acknowledges the chronic

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nature of SUD requires a shift from the acute care treatment model that focuses primarily on suppression of symptoms, to one that supports sustained health, wellness, and quality of life in the community. It is a person-centered approach designed to meet the individual's needs and chosen pathway to recovery while addressing social determinants of health that impact the possibility of recovery.

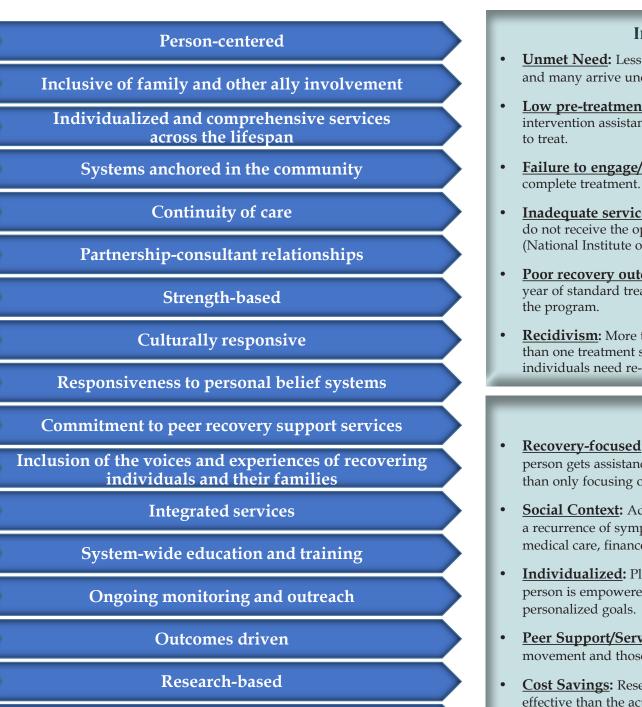
A ROSC is not a treatment philosophy, but a macro-level collaboration of local, state, and federal organizations, agencies, and community members. SAMHSA's vision of a ROSC includes a menu of services for various stages of recovery including recovery priming, recovery initiation and stabilization, recovery management, and finally the recovery of "one's full citizenship as a valued member of one's community" (Davidson, et al., 2021, p. 1). A ROSC integrates all health care and recovery services as well as systems that work with people affected by substance use, such as law enforcement, EMS/medical, social services, primary health care, mental health care, substancerelated care, and family and social supports.

Within the ROSC framework, the existing acute care treatment model is part of a larger system that greatly expands the recovery spectrum and incorporates prevention, pre-recovery engagement, recovery initiation, harm reduction, aftercare and transitions, ongoing supports, and community integration. Active treatment is supported by

recovery support services that increase service engagement and effectiveness. It is developed, implemented, and maintained in partnership with people in recovery, their families, allies, and communities.







Adequately and flexibly financed

WHY DO WE NEED IT?

Impact of Current System

• Unmet Need: Less than 10% of people who need treatment seek it out, and many arrive under coercive or mandated influences.

Low pre-treatment initiation rates: People do not often receive early intervention assistance, when SUD first becomes problematic and is easier

Failure to engage/retain: Less than 50 % of people successfully

Inadequate service dose/length of stay: The majority of participants do not receive the optimum amount of treatment recommended by NIDA (National Institute on Drug Abuse).

Poor recovery outcomes: The majority of people resume use within 1 year of standard treatment, and most within 90 days of discharge from

Recidivism: More than 60% of people needing treatment need more than one treatment stay, with 24% needing 3 or more stays. 50% of these individuals need re-admittance within 1 year.

Benefits of a ROSC

Recovery-focused: Switches focus from pathology to wellness. The person gets assistance in building a complete life they want to live rather than only focusing on abstinence.

Social Context: Addresses social determinants of health that may lead to a recurrence of symptoms (relapse), including housing, support systems, medical care, finances, education, and occupational opportunities.

Individualized: Plans are tailored to the individual so the recovering person is empowered and has more interest in achieving his/her

Peer Support/Services: Greater integration of the grassroots recovery movement and those with lived experience.

Cost Savings: Research demonstrates the ROSC model is more costeffective than the acute-care model or criminal justice interventions.