



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



Promoting Recovery Through Advocacy & Education

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

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, substance-related 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.



17 ELEMENTS OF A ROSC

- 1 Person-centered
- 2 Inclusive of family and other ally involvement
- 3 Individualized and comprehensive services across the lifespan
- 4 Systems anchored in the community
- 5 Continuity of care
- 6 Partnership-consultant relationships
- 7 Strength-based
- 8 Culturally responsive
- 9 Responsiveness to personal belief systems
- 10 Commitment to peer recovery support services
- 11 Inclusion of the voices and experiences of recovering individuals and their families
- 12 Integrated services
- 13 System-wide education and training
- 14 Ongoing monitoring and outreach
- 15 Outcomes driven
- 16 Research-based
- 17 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 to treat.
- **Failure to engage/retain:** Less than 50 % of people successfully complete treatment.
- **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 the program.
- **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 personalized goals.
- **Peer Support/Services:** Greater integration of the grassroots recovery movement and those with lived experience.
- **Cost Savings:** Research demonstrates the ROSC model is more cost-effective than the acute-care model or criminal justice interventions.