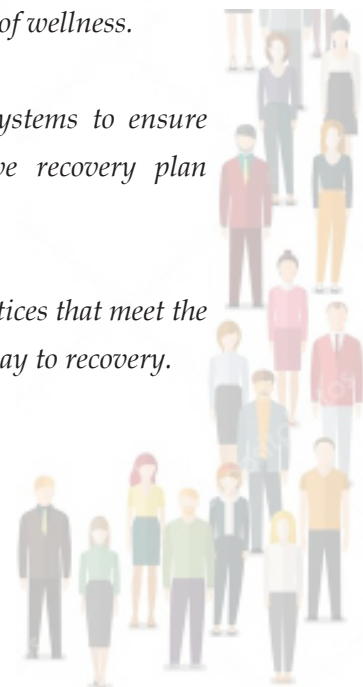




Case management is crucial when integrating the diverse elements of a ROSC. It is a “method for ensuring that consumers are provided with whatever services they need in a coordinated, effective, and efficient manner” (Intagliata, 1982, p. 657). Case management includes:

- **Linkage** to a menu of services to support the person throughout the recovery process from pre-recovery initiation to long-term maintenance of wellness.
- **Coordinating** across multiple systems to ensure implementation of a comprehensive recovery plan throughout the continuum of care.
- **Advocating** for policies and practices that meet the individual’s needs and chosen pathway to recovery.



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.

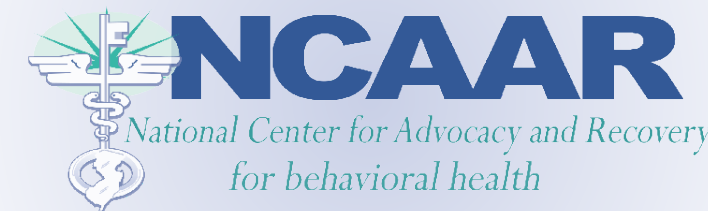
The content inside this brochure describes the implementation of a Recovery Oriented System of Care Model (ROSC)

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



For Source Materials Please Visit:
<http://www.ncaarinfo.org/Citations/ROSC-2-Sources.pdf>



Promoting Recovery Through Advocacy & Education

WHERE DO WE BEGIN?

To implement a ROSC, "treatment and recovery support services must be integrated into a single, seamless continuum of care that is driven by the individual's needs." (Pennsylvania Alcohol and



Drug Coalition, 2010, p. 15). The recognition of the disparity between what is known about addiction and recovery and the way in which we try to address it has led to a growing shift in philosophy. Many states and jurisdictions throughout the country have begun a movement away from the acute care model to one of sustained recovery management, including the states of Connecticut, Michigan, and the city of Philadelphia. We are at the beginning of the process of implementing a ROSC in New Jersey.

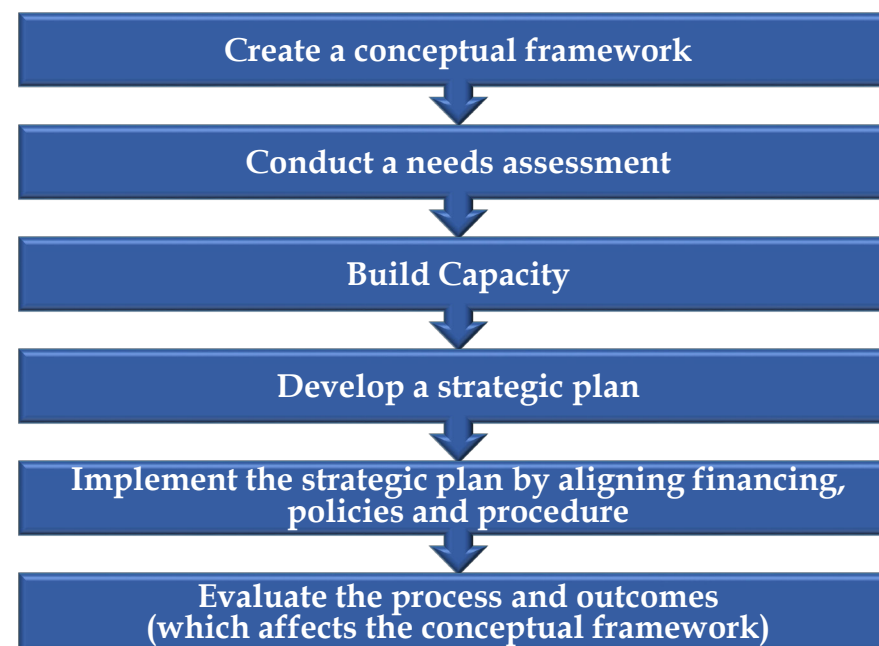
The implications of this systems transformation are complex and far-reaching. It not only calls for a change in thinking, but a change in the landscape and regulatory environment in which services are provided. The conceptual framework needs to be developed, promoted, and embraced by all the elements of addiction care, from the policymakers and government bureaucracies down to the counselors and recovery specialists. While this may seem like a daunting task, the groundswell for this movement across the country will inevitably force the transformation to occur.

WHAT WE NEED

Funding	Adequate funding and resources to support recovery through prevention, pre-recovery initiation, treatment, and recovery support/maintenance.
Recovery Supports and Community Centers	Provide pre and post treatment and for when acute treatment is not clinically necessary.
Policy Evaluation	Organizational, regulatory, and funding mechanisms are reviewed for needed changes to support a ROSC.
Education and Career Development	Among client ranking of priorities, "employment consistently comes in second after working on recovery" (Laudet & White, 2010, p. 1).
Evaluation and Data	Collect reliable data across multiple systems to inform policy and practice.

STEPS TO IMPLEMENTATION

The Substance Abuse and Mental Health Services Administration (SAMHSA) recommends the following steps in operationalizing a ROSC model:



MODELS OF IMPLEMENTATION

William White identified three theories of ROSC implementation:

- 1 **Additive** would insert more peer and community-based recovery supports to the existing treatment system. Over the last decade this has been occurring in New Jersey, but it has not moved the system to a comprehensive ROSC.
- 2 **Selective** is picking parts of practice, administrative alignment, and locations (regions and/or existing service providers) to implement the ROSC philosophy and changes. While this strategy might be included as part of an implementation plan, it does not in and of itself result in the type of transformation that is necessary to implement a ROSC.
- 3 **Transformational** is a complete audit and overhaul of the existing system where cultural and values-based change drives practice, community, policy and fiscal changes in all levels of the system. Everything is viewed through the lens of, and aligned with, recovery-oriented care.

"Mere reforms are insufficient...transformation is not accomplished through change on the margins, but instead, through profound changes in kind and degree. Applied to the task at hand, transformation represents a bold vision to change the very form and function of the... service delivery system...Transformation is nothing short of revolutionary" (DHHS, SAMHSA, 2005, pp. 1, 5 & 18).