

Definition of Recovery-Oriented Systems of Care (ROSC)

A ROSC is a coordinated network of community-based services and supports that is person-centered and builds on the strengths and resilience 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.

Values Underlying a ROSC

Person-centered approach: A ROSC centers services and supports around the needs, preferences and strengths of individuals. A ROSC recognizes there are many pathways to recovery, including treatment, mutual aid groups, faith-based recovery, cultural recovery, natural recovery, medication-assisted recovery, and others. A ROSC offers choice by providing a flexible menu of services and supports designed to meet each individual's specific needs.

Self-directed approach: A ROSC encourages and supports individuals in exercising the greatest level of choice over their service and support options and responsibility for their recovery.

Strength-based approach: A ROSC identifies and builds on the assets, strengths, resources, and resiliencies of the individual, family, and community, rather than emphasizing needs, deficits, and pathologies.

Participation of family members, caregivers, significant others, friends, and the community: A ROSC acknowledges the role that family members, caregivers, significant others, friends, and other allies and the community can play in the recovery process. These individuals are incorporated, whenever appropriate, in recovery planning and recovery support. Additionally, a ROSC recognizes that these individuals may have their own needs for supports or services.

Operational Elements of a ROSC

Collaborative decision-making: A ROSC provides information to individuals and families so that they can make decisions and choices regarding their care. Individuals are empowered to collaborate with professionals, peers, and other formal and informal service providers to direct their own recovery to the greatest extent possible.

Individualized and comprehensive services and supports: A ROSC offers a broad array of supports to meet the holistic needs of the individual. Services are designed to support recovery across the lifespan, with the understanding that needs and resources shift and change with age and life stage, as well as over the course of recovery. Services and supports should be gender-specific, culturally relevant, trauma-informed, family-focused, and appropriate to the person's stage of life and stage of recovery.

Community-based services and supports: A ROSC is responsive to and draws on the resources of the community. A ROSC offers a range of services and supports by drawing on the strengths, resilience, and resources of the community, including professional and non-professional organizations and groups, such as community-based service agencies, recovery community organizations, faith-based organizations, schools, civic groups, and others.

Continuity of services and supports: A ROSC coordinates services and supports to ensure ongoing and seamless connections within and among various organizations for as long as the individual needs them.

Multiple stakeholder involvement: A ROSC involves all segments of the community — including treatment and recovery professionals, policy-makers, administrators, people in recovery, family members, representatives from allied health and social service agencies, community leaders, and others with concern for substance use disorder recovery. It promotes trust and transparency in the design and delivery of services and supports.

Recovery community/peer involvement: A ROSC includes members of the recovery community in the design of systems, services, and supports. People in recovery and their family members, caregivers, significant others, friends, and other allies are included among decision-makers, and have a meaningful role in service design, provision, and quality improvement. Peer-to-peer recovery support services are included in the array of services offered.

Outcomes-driven: A ROSC measures outcomes to improve the systems of care. The systems, service design and quality are driven by performance data that include, at a minimum, the following outcome measures:

For the individual:

- abstinence, which includes adherence to a medication-assisted recovery regimen
- education
- employment
- reduced criminal justice involvement
- stability in housing
- improved health
- social connectedness
- quality of life

For the system:

- increased access/capacity
- proper placement and quality of care
- retention
- perception of care
- cost-effectiveness
- use of evidence-based practices

Adequately and flexibly funded: A ROSC leverages and coordinates Federal, state, county, and municipal funding. Funding is maximized to allow flexibility in providing a menu of services options.