



Department of Health Services



Recovery-Oriented Systems of
Care (ROSC) and
Comprehensive Community
Services

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What is CCS

Publicly-operated behavioral health program that provides support services to promote recovery from mental health and substance use concerns.



More Than Therapy and Medicine

- Fosters recovery in a number of areas (physical, emotional, social, and environmental) with a variety of services and/or supports
- Addresses the fact that symptom reduction is enhanced by improvements in these areas



Who is Eligible for CCS?

- Adults with mental illness and children with Severe Emotional Disturbance (SED)
- Adults and adolescents with substance use disorders
- Adults and/or children that need more than outpatient counseling but less than an intensive wraparound program



CCS Goals

- Increase access to treatment and services
- Increase programs that promote recovery
- Strengthen county resources
- Reduce costly inpatient services and need for crisis and emergency services



CCS Promotes Recovery

- Has a coordinated and comprehensive array of services
- Uses person-centered planning and services
- Incorporates family and natural supports
- Provides individualized (no cookie cutter) services
- Supports a trauma-informed care approach



CCS Service Array

- Screening and assessment
- Service planning
- Service facilitation
- Diagnostic evaluation
- Medication management
- Physical health monitoring
- Peer support
- Skill development
- Employment skill training
- Psychoeducation
- Wellness management
- Psychotherapy
- Substance use treatment
- Non-traditional services



SAMHSA's 10 Guiding Principles of Recovery





CCS Reduces the Reliance on Costly Services

Decreased need for multiple systems or higher end services

- Fewer emergency room visits
- Fewer hospital visits
- Fewer civil commitments
- Fewer suicides
- Less physical aggression
- Less criminal justice involvement



CCS Reduces the Reliance on Costly Services

Integration of physical and behavioral care

- Provides physical health monitoring and medication management services
- Provides services that assists consumer with understanding and engagement with health care
- Includes health care providers in service coordination and CCS treatment team









CCS Reduces the Reliance on Costly Services

- Consumers over serviced in higher cost services, costs decrease when consumers enter CCS
- Consumers underserved in current services use, high cost emergency rooms/hospitals, costs decrease when consumers enter CCS



CCS Consumer Outcomes

- Adults
 - Psychiatric inpatient stays:  50 percent
 - Chapter 51 Emergency Detentions (EDs):  58 percent
- Children
 - Suicide attempts or significant ideation:  47 percent
 - Destruction of property or vandalism:  50 percent
 - Serious threats of violence:  41 percent
 - Stealing or burglary:  36 percent



CCS Strengthens Local Resources

- Builds on local assets and need
- Assists individuals to utilize professional, community, and natural supports
- Regions allow small counties to have the number of consumers and infrastructure to provide CCS
- Regions create efficiencies and allows expanded services



CCS Embodies

- Recovery, resilience
- Trauma-informed care
- Person-centered care and planning
- Recovery-Oriented Systems of Care (ROSC)



What is ROSC?

- A value-driven approach to structuring behavioral health systems and a network of clinical, non-clinical, and supports
- A framework to guide system transformation using clinical and non-clinical service approaches



What is ROSC?

ROSC is *not* a specific model, a closed network of service and supports, or a new initiative. Instead, it is taking the best of what we know works, based on research; finding the gaps and/or community needs; and transforming the community into a stronger support for life-long recovery.



William White on ROSC

“This movement represents a shift away from crisis-oriented, professionally directed, acute-care approach with its emphasis on isolation treatment episodes, to a recovery management approach that provides long-term supports and recognizes the many pathways to healing.”



Movement Toward Recovery Management

Based on acute care model

- Growing population of individuals re-cycling through expensive acute care treatment with increasingly severe and complex disorders
- Awareness that the field needs to develop a better and more effective model of care
- Shifting from a model of pathology and intervention to lived solution (long-term addiction recovery)



Movement Toward Recovery Management

The movement towards a Recovery Management Model

- The emergence of “recovery” as a way to advocate, organize, and develop policy
- Calls for recovery research
- Promotion of peer-based recovery support services
- Calls to integrate mental health and substance use disorder care



Acute Care

- Crisis linked point of intervention
- Brief duration
- Singular focus on symptom suppression
- Professionally dominated decision making
- Short service relationship
- Seeking full and permanent resolution of problem (“graduation”)
- Relapse is seen as a non-compliance or treatment

Recovery Management

- Assessments include recovery capital and asking about dreams, hopes, and goals
- Consumer-driven decision making
- Integrated services
- Services over a lifetime
- Focuses on the whole person



ROSC: Integrated System of Care

Creating and sustaining formal and informal services and resources in the community to support an individual's journey toward recovery, wellness, and healing

Examples

- Prevention services for all members of the community
- Integrated behavioral health (mental health and substance use disorders)
- Physical health care
- Medication
- Supports: housing, employment, education, child care, wellness, legal, crisis, support groups, faith-based supports, mentors/elders, peers, traditional healing ceremonies, etc.



William White

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.



William White

A ROSC includes

- Housing improvements
- Social support
- Treatment
- Peer support
- NAMI
- Life skills training
- Healthy relationships
- Community support meetings
- Family education
- Physical health



CCS

- Person-centered
- Family and natural supports
- Individualized and comprehensive services across the lifespan
- Home and community-based Services
- Continuity of care (individualized treatment services as determined by the individuals needs)

ROSC

- Person-centered
- Family and other ally involvement
- Individualized and comprehensive services across the lifespan
- Systems anchored in the community
- Continuity of care (pre-treatment, treatment, continuing care, and recovery support)



CCS

- Consumer driven, focusing coordination of services within the community
- Strengths-based (emphasis on individual strengths and resilience)
- Cultural awareness
- Accepting and respectful of personal values
- Peer supports

ROSC

- Partnership/consultant relationship, focusing more on collaboration and less on hierarchy
- Strengths-based (emphasis on individual strengths, assets, and resilience)
- Culturally responsive
- Responsive to personal belief systems
- Commitment to peer recovery support services



CCS

- Shared decision-making
- Integrated services
- Ongoing education and training
- Ongoing monitoring and outreach
- Outcomes driven
- Evidenced-based practices
- Medicaid reimbursed for allowable services

ROSC

- Inclusion of the voices of individuals in recovery and their families
- Integrated services
- System-wide education and training
- Ongoing monitoring and outreach
- Outcomes driven
- Based on research
- Adequately and flexibly financed



Components of Developing an ROSC

- Align treatment with an ROSC
- Fully integrate peer and recovery support services
- Supporting the development of a mobilized, activated recovery community
- Recovery-orientated performance improvement and evaluation



Components of Developing an ROSC

- Provide individualized, evidence-based services
 - Trauma informed
 - Gender specific
 - Culturally sensitive and competent
- Focus on prevention and early intervention through promotion of population and community health
- Fiscal, policy, regulatory, and administrative alignment



Peer Culture

- Recovery people on agency boards and leadership committees
- Openly recruiting recovering persons as paid staff
- Paid peer specialists to provide formalized support services
- Creating a sense of community where recovering persons are highly valued
- Infusing peer self-help throughout the continuum



The 17 Essential Elements

- Person-centered
- Family and other ally involvement
- Individualized and comprehensive services across the lifespan
- Systems anchored in the community
- Continuity of care (pre-treatment, treatment, continuing care, and recovery support)
- Partnership/consultant relationship, focusing more on collaboration and less on hierarchy



The 17 Essential Elements

- Strengths-based (emphasis on individual strengths, assets, and resilience)
- Culturally responsive
- Responsive to personal belief systems
- Commitment to peer recovery support services
- Inclusion of the voices of individuals in recovery and their families
- Integrated services
- System-wide education and training



The 17 Essential Elements

- Ongoing monitoring and outreach
- Outcomes-driven
- Based on research
- Adequately and flexibly financed



Treatment Services in ROSC

- How to bundle resources and sequence them in ways that widen the doorway to enter recovery and enhance quality of recovery
- Counselors support people in making their own choices
- Failure is an option
- Services are offered as a menu



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Contact Us with Questions

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