What is ROSC?

**ROSC is:**
- Value-driven approach to structuring behavioral health systems and a network of services and supports
- Framework to guide systems transformation

**ROSC is not:**
- A model
- Primarily focused on the integration of recovery support services
- Dependent on new dollars for development
- A new initiative
- A group of providers that increase their collaboration to improve coordination
- An infusion of evidence-based practices
- An organizational entity
- A closed network of services and supports
Recovery Is Beautiful

OHIO’S
RECOVERY-ORIENTED SYSTEMS OF CARE
Ohio's movement to a (ROSC), represents a shift away from crisis-oriented, acute-care treatment to a recovery management approach that provides long-term supports with the recognition that there are many pathways to healing and recovery.

Ohio made the decision to overhaul the entire county-based mental health and addiction system to a Recovery-Oriented System of Care - Ohio's Alcohol, Drug Addiction and Mental Health (ADAMH) Boards, in partnership with individuals in recovery and local stakeholders, are transforming local services and supports to fit within the recovery paradigm.
Laying the Foundation

- OACBHA and local boards engaged community members including individuals in recovery, providers and other stakeholders to provide information and education.
- We ensured that individuals in recovery had a voice throughout the process.
- We updated our mission and vision of the system to ensure it was ROSC oriented.
- We worked to infuse recovery-oriented values in all our planning, development and implementation.
Ohio’s ROSC: Recovery Is Beautiful

- ADAMH Boards began working on ROSC in 2013.
  - First BluePrint published in summer of 2014.
    - Reviewed and informed the work of by Dr. Leon Evans, Dr. Ijeoma Achara, Dr. Michael Flaherty, and Lonnetta Albright

- Recovery Is Beautiful Implementation and Advisory Committees were formed to continue the work
• The BluePrint serves as the guiding document for the ROSC work.

• The BluePrint sets out a framework in which Boards are the Recovery Oriented System of Care “hub” for their local communities that coordinate across systems.

• The BluePrint includes a series of Principles, Goals, and Action Steps

• The first BluePrint was published in 2014 and an update was issued in 2016.

Note: Both BluePrints are available for review at www.oacbha.org/recovery-oriented_systems_of_c.php
BluePrint Principles

Recovery Oriented System of Care

- Focusing on Clients and Families
- Ensuring Timely Access to Care
- Locally Managing Systems of Care
- Promoting Healthy, Safe and Drug Free Communities
- Prioritizing Accountable and Outcome-Driven Financing
The goal before us in the BluePrint is to transform the existing mental health and addiction system of care in Ohio into a *Recovery Oriented System of Care*. We will know we have succeeded when:

- Stigma and social isolation decrease.
- Prevention, early identification, treatment, and recovery are understood, valued, and utilized.
- Services, supports, and decisions are client-centered and client-driven.
- Contracts and payments are based on outcomes, assuring that resources used are justified by the outcomes achieved.
- Ohio moves away from a model focused on acute care to one focused on long term recovery for individuals and their families.
- Boards continue to maximize the utility of public funds by improving the cost efficiency and quality of publicly funded mental health and addiction services.
- All Ohioans have the opportunity to recover, and as a result, Ohio will have healthier, safer communities.
- Increase and sustain recovery rates through improved system access, engagement, and retention in services.
- *Treatment works and people recover.*
Assessing Our Efforts

- In 2014, we conducted our first community assessment to help us identify a baseline to measure our progress.

- This assessment determined community strengths and areas of opportunities within ROSC. This self-assessment process, adopted from multiple national ROSC assessments, focused on the domains of Ohio’s Recovery Is Beautiful Blueprint.

- After completion, focus groups convened with individuals in recovery, family members, and stakeholders to stimulate conversation about the findings.
Why Assess ROSC Implementation?

- Engage System Stakeholders
  - Gather multiple perspectives, builds buy-in
  - Convey board values and priorities (ROSC!)

- Data Driven Planning
  - Identify local and state strengths
  - Identify problems that need a solution
  - Link future efforts to identified ROSC needs
    - Prioritize and target future initiatives
    - Justify requests for funding

- Monitor Progress
  - Track changes in ROSC domains over time
  - Inform adjustments to programming and administration
First Assessment

- The Assessment Domains aligned with the BluePrint principles.
- Each Board developed a community report with the findings from the first assessment.
- Lessons learned from the first Assessment
  - Too many questions
  - All respondents should not be asked all of the questions. The assessment should be tailored by audience (board members, clients, providers, stakeholders).
  - Need to refine items – rephrase, clarify, and remove “double barreled” questions
  - The survey should be made available electronically and via paper for clients and family members
Second Assessment – Early Results

Partnered with OSU and Dr. Alicia Bunger, a researcher with The Ohio State University School of Social Work

1. Status of ROSC implementation – What is being looked at?
   - Have all ROSC domains been implemented similarly?
   - Do all stakeholders (consumers, board members, providers, and partners) agree?
   - Do perceptions of ROSC implementation vary across other important demographics or regions?

2. Tool Performance – How Well Does This Assessment Capture ROSC Implementation?
   - Missing data – are some items difficult to answer?
   - Consistency - how well do the items “hang” together to measure each domain? Are there some questions that don’t add measurement value (and can we cut them?)
Ohio ROSC Report will be released in January, 2019

Early Results

- Nearly 3,000 individuals provided ratings for at least one of the questions.
- 67% female that responded to the ROSC Assessment
- Average age – 48 years old with 80% holding a full-time job
- 56% had a college degree or higher
- Participants from all sectors (Individuals in Recovery, Families, Boards, Providers and Stakeholders) reported a high degree of ROSC participation.
- Board members tended to score ROSC in their communities highest, followed by people in recovery. Family members rated ROSC implementation the lowest.
Recovery Is Beautiful
CHANGING THE CONVERSATION IN OHIO
Recovery Is Beautiful is a movement providing hope and encouragement while changing the conversation in regards to mental illness and addiction. We want people to know and understand that:

1. Mental illness and addiction are *chronic illnesses*;
2. Both mental illness and addiction can be treated - *treatment works, and people recover*; and
3. *Recovery is to be celebrated*, individuals in recovery become active, contributing members of their communities!
Recoveryisbeautiful.org

▪ Get Help
▪ Recovery Stories
▪ Reflections on Recovery
▪ Screenings
Empowering Peers and Peer-Run Organizations

- Working with the recovery community to strengthen the presence and availability of peer support/consumer-operated services.
- Gathering feedback about needed services and supports
- Developed a resource tool-kit
- Provided training opportunities on:
  - Leadership development
  - Grant-writing
  - Organizational development
  - Managed Care