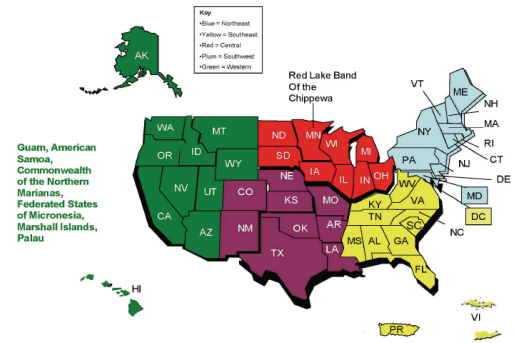


Lessons Learned from CSAT's Regional Recovery Meetings



States across all regions were asked the following questions:

1. *What should recovery-oriented systems of care (ROSCs) look like?*
2. *What steps are necessary to move toward ROSCs?*
3. *What steps have you already taken to implement ROSCs?*
4. *What challenges do you face in implementing ROSCs?*
5. *What steps are you prepared to take to support this change effort in the next 12 months?*

Feedback from States

- Across all regions, States reported similar visions of ROSCs and similar implementation challenges.
- There was less consistency across States in describing necessary steps for implementing ROSCs and steps already taken to implement ROSCs.
- States reported a diverse range of activities they are prepared to take over the next 12 months to support ROSCs.

Noteworthy Steps Individual States are Prepared to Take

- Convene a Blue Ribbon Panel to create documents that describe the State's plan for recovery-oriented services;
- Offer mini-grants to build recovery-oriented capacity;
- Make funding contingent on client-centered care;
- Formulate recovery-oriented guidelines and competency-based credentials;
- Design new RFPs to solicit ROSCs – with an ultimate goal of developing ROSCs Centers of Excellence;
- Define recovery-oriented job functions and services and develop a training curriculum to support those activities; and
- Ensure that the State's management information systems (MIS) can track recovery-oriented support activities.

Themes Across Regions

- **States generally concluded that ROSCs should reflect the elements identified through the *National Summit on Recovery* process and specifically emphasized the following:**
 - Involvement of recovering individuals, families, faith-based organizations, and communities in the design and operation of ROSCs;
 - A person-centered and strength-based continuum of care;
 - Readily accessible (24/7/365) services; and
 - Cross-systems collaboration.
- **States proposed steps necessary to implement ROSCs, including:**
 - Supporting a qualified workforce through professional development;
 - Obtaining stakeholder buy-in across systems;
 - Reducing administrative and funding barriers; and
 - Promoting peer and recovery-support services.
- **States mentioned the following steps already taken to implement ROSCs:**
 - Systems-building efforts (e.g., planning and developing partnerships);
 - Delivery of recovery-oriented services and supports; and
 - Securing and allocating resources for recovery-oriented services.
- **States reported several challenges in implementing ROSCs, including:**
 - Inequitable, inadequate and inflexible funding streams for treatment and recovery support services;
 - Resistance to change from multiple sources, including treatment and recovery support providers, and other systems; and
 - Stigma and discrimination related to addictions.
- **States mentioned the following steps they are prepared to take over the next 12 months:**
 - Educate and stimulate support for ROSCs by:
 - Creating a recovery website;
 - Conducting State hearings to promote buy-in;
 - Providing education and training activities for providers and stakeholders;
 - Holding ROSCs conferences;
 - Conducting strategic planning to formalize a State ROSCs Plan; and
 - Appointing a State-funded Recovery Coordinator position.