



Recovery Oriented System of Care (ROSC) – 2018

Report for: Muskingum Board Area of Mental Health & Recovery Services

Respondents from the Muskingum Board Area of Mental Health & Recovery Services represent 13.07% of 2018 ROSC participants.

	Coshocton	Muskingum	Perry	Morgan	Guernsey	Noble	Combined	Ohio
Number of Participants	85	101	76	20	53	34	369	2822
Overall ROSC Score (Avg)	4.79	5.12	4.91	5.02	4.72	4.79	4.91	4.58
Focus on Clients & Families	4.93	5.26	5.07	5.27	4.89	4.94	5.06	4.78
Timely Access to Care	4.86	5.14	5.06	5.15	4.81	4.85	4.99	4.68
Health, Safe, & Drug Free Communities	4.69	5.08	4.81	4.93	4.57	4.62	4.81	4.45
Accountable Financing	4.71	4.98	4.88	4.59	4.67	4.85	4.82	4.49
Systems of Care	4.65	5.05	4.88	4.90	4.71	4.71	4.84	4.44

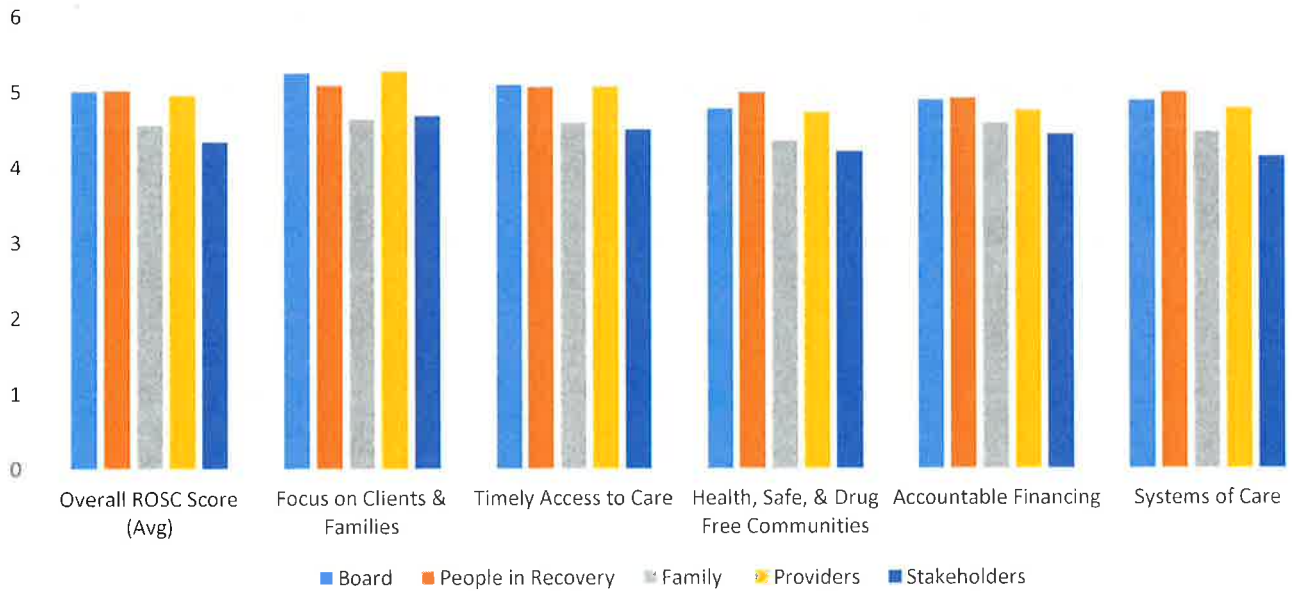
ROSC Results



ROSC Scores by Respondent Type (Entire Board Area)

	Board	People in Recovery	Family	Providers	Stakeholders
Number of Participants	25	212	18	59	37
Overall ROSC Score (Avg)	5.00	5.02	4.56	4.95	4.34
Focus on Clients & Families	5.25	5.09	4.64	5.27	4.68
Timely Access to Care	5.09	5.06	4.59	5.06	4.50
Healthy, Safe, & Drug Free Communities	4.77	4.98	4.34	4.73	4.20
Accountable Financing	4.89	4.91	4.58	4.75	4.43
Systems of Care	4.88	4.99	4.46	4.78	4.13

ROSC Results by Respondent Type



Highest Scoring Items		Lowest Scoring Items	
Domain			
Focusing on Clients and Families	<ul style="list-style-type: none"> Service providers do not use threats or bribes or other forms of coercion to influence the person's behavior or choices. Board emulates recovery language itself. (m=5.4) Board has representation of recovery in its membership. Board and service providers are trained regularly in recovery topics including a definition of recovery, Recovery Principles and Objectives and Goals derived there from for the community. (m=5.4) Services providers will screen and match all persons to the most appropriate level of care no matter which level they provide. (m=5.4) 	<ul style="list-style-type: none"> Multi-disciplinary teams (e.g., clinician, peer support, family members, other cross-system partners) work together with the goal of supporting treatment and community and individual recovery. (m=5) Barriers (e.g., childcare, transportation, legal issues) are addressed for each participant. (m=5) Most services are provided in a person's natural environment (e.g., home, community, workplace). (m=4.7) 	
Ensuring Timely Access to Care	<ul style="list-style-type: none"> Implementation of evidenced-based medical and behavioral health screenings including brief screens for depression, physical abuse, substance use, etc. (m=5.2) Early intervention and referral strategies including connection to peer supports and coordination with courts, criminal justice system, if needed. Sufficient access to medication or Medication Assisted Recovery without delay or interruption. (m=5.2) Behavioral Health and primary care are integrated with each treatment plan and the goals of treatment. (m=5.1) 	<ul style="list-style-type: none"> Individuals have timely access to the services and supports that are most helpful for them. (m=4.7) Peer supports are used to improve access to care and the continuation in ongoing care. (m=4.6) Groups, meetings, and other activities are scheduled in the evenings and on weekends to minimize conflict with other recovery-oriented activities (e.g., employment or school). (m=4.4) 	
Promoting Health, Safe, and Drug-Free Communities	<ul style="list-style-type: none"> Prevention, early intervention, treatment and recovery supports are available in your community. (m=5.1) Agencies should help people build supportive connections with their neighborhoods and communities as a priority. (m=5.1) Prevention strategies are reflective of best prevention science (e.g. SAMHSA, SPF SIG), state prevention plans or guidance and local priorities and needs. (m=5.1) 	<ul style="list-style-type: none"> Strategies to identify and decrease stigma are consistently implemented in communities. (m=4.6) Cities and townships are receptive to sober lifestyle communities (e.g., housing, self-help groups, consumer advocacy groups, recovery centers, peer support, etc.). (m=4.6) The community formally acknowledges and celebrates the achievement of people in recovery. (m=4.6) 	
Prioritizing Accountable & Outcome Driven Financing	<ul style="list-style-type: none"> Resources are developed to enhance and promote prevention, intervention, treatment and recovery support services. (m=5) Contracts are outcome-based and evaluated by access, cost, efficiency and attainment of established goals based on severity of population served. (m=5) Behavioral health is included as a health indicator for the community at large. (m=5) 	<ul style="list-style-type: none"> Clients receiving services are actively involved in the evaluation of programs and services offered and received. (m=4.8) Appointment "no show" rates are monitored regularly and followed up on within 24 hours after the missed appointment. (m=4.8) Family members and citizens in general are engaged in the evaluation of care. (m=4.7) 	
Locally Managing Systems of Care	<ul style="list-style-type: none"> Opportunities exist for people to share their stories and re-write their own narrative through recovery. (m=5.1) Clients understand their rights to be referred if their individual needs cannot be met. (m=5) Provider agencies employ peers to strengthen or develop new programs and services. (m=5) 	<ul style="list-style-type: none"> Peer-run leisure activities are available and supported throughout the community. (m=4.8) Partnerships exist with local businesses for individuals in recovery to reduce stigma and gain employment. (m=4.8) Managed Care can assist in care management over the full continuum of care for each individual so as to preclude partial treatment or treatment drop-out. (m=4.6) 	
m = Mean (or average) score			