A non-conflicted, neutral body, “Care Management Organization,” which delivers a comprehensive care coordination model of referral and care management services oriented toward individualized service plans unique to the clients’ needs and consideration of their choice. The CMO is a single point of care coordination; incorporating best practice measures, considers the needs and strengths of the clients, achieves optimal outcomes, moves clients cost-effectively along a continuum of care, and emphasizes wellness, recovery, and self-sufficiency as the primary goals. The CMO is an accountable behavioral health system that also achieves the goal of quality care, accessibility of care, and cost-effectiveness to best meet the overall needs of the clients through utilization and continued services reviews to ensure appropriate delivery and collaboration of healthcare services.

CMO Care Coordinators are expected to conduct a comprehensive face-to-face assessment using an enhanced version of the Addiction Severity Index; this evaluation includes a Child Safety Evaluator and an Immediate Need Profile. Care Coordinators are extensively trained to utilize the ASAM Criteria, 3rd Ed., and the DSM-5 when determining their diagnostic impression and most appropriate level of care placement; thereby ensuring clients are placed in the most clinically appropriate and least restrictive level(s) of care. Care coordination addresses potential gaps in meeting clients’ interrelated medical, social, environmental, educational, and financial needs in order to achieve sobriety, psychiatric stability, and self-sufficiency. Data collection using these tools assists with identifying the needs of the population and improves client care with linkage efforts across all health domains.

ASAM’s criteria defines one national set of criteria for providing outcome-oriented and results-based care in the treatment of addiction. The criteria is required in over 30 states (including Florida) and is the most widely used and comprehensive set of guidelines for placement, continued stay and transfer/discharge of patients with addiction and co-occurring conditions.

A Recovery-Oriented Systems of Care (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. ROSC will require developing supports and services through a Care Providers Network (CPN) that will provide self-directed approaches which respect the role of personal choice and commitment in pursuit of health and wellness.

Developing a ROSC also requires CMO Care Coordinators to engage people and families in community support networks to ease their integration back into the community. By having CMO Care Coordinators linking people to services and supports will help to sustain long-term recovery. The services and supports may include resources such as: recovery centers and activities; peer supports; mutual help groups; housing; transportation; education and vocational services; mental health and substance use disorder services; medical care, including AIV services; financial and budget counseling; legal and advocacy services; prevention for children and adolescents; and parenting and family services.

Peer support services will be delivered by individuals through a network of Recovery Community Organizations and allied Community Centers. Peers have common life experiences with the people they are serving and a unique capacity to help each other based on a shared affiliation and a deep understanding of this experience. Research has shown that peer support facilitates recovery and reduces health care costs. Peer support is often coupled with recovery support services which include access to evidence-based practices such as supported employment, education, and housing; assertive community treatment; illness management; and peer-operated services. These services have been shown to: reduce expensive inpatient service use, reduce recurrent psychiatric hospitalizations, improve individuals’ relationships with health care providers, better engage individuals in care, and significantly increase individuals’ abilities to manage their symptoms and reduce their reliance on formal services while achieving positive recovery outcomes.

A recovery capital instrument will measure and monitor addiction wellness using three domains (social, personal and cultural) and twenty-two components that will provide a comprehensive baseline and assessment of intervention effectiveness to allow for the tracking of client progress and tailored support.