

# Adolescent Recovery-Oriented Systems of Care (AROSC) Project

#### **OVERVIEW**

Through funding from the Office of Juvenile Justice and Delinquency Prevention (OJJDP), All Rise leads the **Adolescent Recovery Oriented Systems of Care (AROSC) project**. The AROSC project is a multi-year endeavor for juvenile treatment courts (JTCs) that wish to lead the field in applying the principles of recovery capital to improve operations and enhance positive youth development. All Rise will invite JTC programs that are willing to volunteer and participate in the AROSC project process.

## WHAT IS RECOVERY CAPITAL?

The AROSC project stems from research about the importance of assessing, supporting, and building individual recovery capital. While there are several models, recovery capital generally refers to the varied internal and external resources that a person needs in order to build and maintain recovery for the long term. For most youth, the recovery process requires a range of supports across multiple domains to reduce risk. The AROSC project will focus on building recovery capital for youth in four specific areas: human, social, community/cultural, and financial.

Numerous indicators and factors, when built upon, can increase recovery capital. Some of these are depicted below.

#### Human Capital Social Capital Self-efficacy Friends/associates Family/caregivers Mental/cognitive health Living environment Physical health Group involvement Education/academics Social/recreational activities Impulsivity Mentors • Spiritual beliefs **RECOVERY CAPITAL** Community/Cultural Capital **Financial Capital** • JTC ability to link participants to Income Stable housing recovery capital by enhancing Health insurance Transportation Youth-oriented recovery groups Treatment access norms regarding substance use





## WHAT WILL THE SELECTED SITES BE ASKED TO DO?

The JTC programs will be asked to reenvision operations through a recovery-oriented lens. Each team will be assigned a coach from All Rise or our partner, the National Council of Juvenile and Family Court Judges (NCJFCJ), to serve as its primary point of contact and who will design and deliver services. These services include site visits, training, technical assistance, strategic planning, and networking with other AROSC sites to help each court align operations with the recovery capital model. With guidance from their All Rise/NCJFCJ coaches, participating courts will:

- Complete a court self-assessment
- Conduct a comprehensive community mapping exercise
- Engage in strategic planning
- Build relationships with community groups and local agencies
- Implement new or refined staffing/court procedures centered on assessing and enhancing recovery capital elements
- Evaluate the effectiveness of the above efforts

Each court will assemble an **AROSC change team** to shoulder the bulk of this work. This team will be responsible for implementing the changes identified through assessment, training, and technical assistance. This will be a learning environment in which the sites will use data to determine if the changes made result in measurable improvements for youth.

## WHO IS ELIGIBLE?

A jurisdiction is invited to participate if it meets the minimum criteria below:

- Has been operational for at least three (3) years
- Accepts participants diagnosed with substance use disorder
- All core JTC team members agree to participate (e.g., judge, prosecution, defense, coordinator, school representative, treatment provider, probation)
- Can identify and describe local, youth-oriented recovery resources
- Has support from administration and other decision makers
- Is willing to engage in change processes and measure outcomes

### **SELECTION AND INITIAL ENGAGEMENT ACTIVITIES**

All Rise, in collaboration with NCJFCJ, will lead this effort by notifying volunteer sites and providing each site with a court self-assessment tool to complete within 30 days. The self-assessment will allow the coach to fully understand the current operations of the court and what resources and services are available in the community. Teams will then begin the process of receiving targeted training and technical assistance on the theory and application of adolescent recovery capital.















## **ACTIVITIES AND EVALUATION**

Upon completion of the self-assessment and training on the core principles of adolescent recovery capital, teams will engage in a community mapping exercise. Results will be combined with the self-assessment, and the coaches will assist the teams in creating a strategic plan for the project period, including an implementation timeline.

### Teams will work to:

- Engage community resources and local service providers
- Seek to identify missing youth-oriented recovery resources and engage community partners to help provide those resources
- Adjust staffing and court procedures to reflect recovery capital principles
- Adjust treatment, case management, and service planning to reflect recovery capital principles
- Evaluate outcomes and make program adjustments as needed

The AROSC sites will be invited to voluntarily pilot the Recovery Capital for Adolescent Model Assessment Tool (RCAM-A) for measuring coping skills, problem solving, motivation, and recovery capital in youth. This tool is specifically designed to complement other screening and assessment tools already in use by the JTC team. The tool was crafted to capture information beyond that already collected by the team and to document changes (e.g., increases) in the four specified areas of recovery capital.





#### STAFF AND FACULTY

The AROSC sites will work with expert coaches, faculty, and staff to assess and build recovery capital principles and practices within their programs. Sites can expect to receive individualized training and technical assistance throughout the project period from experts in adolescent development, recovery principles, JTC best practices, mental health, and recovery high schools.

The AROSC project leads and coaches are:

- Jacqueline van Wormer, Ph.D., director, Center for Advancing Justice, All Rise
- Travis Williams, M.S., project director, juvenile training and technical assistance, Treatment Court Institute, All Rise
- Emily Hennessey, Ph.D., associate director of biostatistics, Recovery Research Institute; associate director, National Center on Youth Prevention, Treatment, & Recovery Center for Addiction Medicine, Massachusetts General Hospital; assistant professor, Harvard Medical School
- Martha-Elin Blomquist, Ph.D., senior site manager, NCJFCJ
- Allison List, Ph.D., program director, Behavioral Health, NCJFCJ

## CONTACT

If you have questions about the application process or project expectations, please contact Travis Williams at <a href="mailto:twilliams@allrise.org">twilliams@allrise.org</a>.

