MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES (MDHHS)
OFFICE OF RECOVERY ORIENTED SYSTEMS OF CARE (OROSC)
Transformation Steering Committee, Recovery Oriented System of Care
Recovery Policy and Practice Advisory # 12
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Purpose and Application

It is the policy of Michigan Department of Health and Human Services (MDHHS) that services and supports provided to individuals with behavioral health disorders (the term 'behavioral health' equates to substance use and mental health disorders) are based in recovery and embedded within a recovery oriented system of care. This policy and practice guideline specifies the expectations for the Pre-paid Inpatient Health Plans (PIHPs), Community Mental Health Service Programs (CMHSPs) and their provider networks. It is the culmination of a series of intentional milestones that include: the creation and evolution of the Recovery Oriented System of Care (ROSC) Transformation Steering Committee (TSC); the intension inclusion of persons with lived experience within all aspects of the behavioral health system (to give voice); establishment of Michigan Recovery Voices (to share resources) and the development of a peer workforce to provide services and supports (to enhance the recovery services system).

In order to move toward a recovery-based system of services, the beliefs and knowledge about recovery must be strengthened. MDHHS has worked diligently over the past several years toward the goal of effective transformation of behavioral health services to be recovery oriented and based in a recovery-oriented system. To that end, MDHHS requested that the ROSC/TSC to develop and has adopted the following recovery statement, guiding principles and expectations for systems change:

Recovery Statement

[An individual's] **Recovery from Mental Disorders and/or Substance Use Disorders:** A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. (SAMHSA 2012) (ROSC/TSC 2015)

Recovery oriented *system* of care supports an individual's journey toward recovery and wellness by creating and sustaining networks of formal and informal services and supports. The opportunities established through collaboration, partnership and a broad array of services promote life enhancing recovery and wellness for individuals, families and communities. (ROSC TSC 2010)

Guiding Principles of Recovery

The following principles outline essential features of recovery for the individual, as well for creating and enhancing a behavioral health recovery-oriented system of care in which to embed recovery services and supports:

Recovery emerges from hope

The belief that recovery is real provides the essential and motivating message of a better future—that people and do overcome the internal and external challenges, barriers, and obstacles that confront them. Hope is internalized and can be fostered by peers, families, providers, allies, and others. Hope is the catalyst of the recovery process.

Recovery is person-driven

Self-determination and self-direction are the foundations for recovery as individuals define their own life goals and design their unique path(s) towards those goals. Individuals optimize their autonomy and independence to the greatest extent possible by leading, controlling, and exercising choice over the services and supports that assist their recovery and resilience. In so doing, they are empowered and provided the resources to make informed decisions, initiate recovery, build on their strengths, and gain or regain control over their lives.

The system of care promotes person driven recovery will be individualized, person/family/community-centered, comprehensive, stage-appropriate, and flexible. It will adapt to the needs of individuals and communities, rather than requiring them to adapt to it. Individuals receiving services will have access to a menu of stage-appropriate choices that fit their needs throughout the recovery process. The approach will change from an acute, episode-based model to one that helps people manage this chronic disorder throughout their lives. Prevention services will be developmentally appropriate and engage the multiple systems and settings that have an impact on health and wellness. Prevention efforts will be individualized based on the community's needs, resources, and concerns.

Recovery occurs via many pathways

Individuals are unique with distinct needs, strengths, preferences, goals, culture, and backgrounds—including trauma experience—that affect and determine their pathway(s) to recovery. Recovery is built on the multiple capacities, strengths, talents, coping abilities, resources, and inherent value of each individual. Recovery pathways are highly personalized. They may include professional clinical treatment; use of medications; support from families and in schools; faith-based approaches; peer support; and other approaches. Recovery is nonlinear, characterized by continual growth and improved functioning that may involve setbacks. Because setbacks are a natural, though not inevitable, part of the recovery process, it is essential to foster resilience for all individuals and families. Abstinence from the use of alcohol, illicit drugs, and non-prescribed medications is the

goal for those with addictions. Use of tobacco and non-prescribed or illicit drugs is not safe for anyone. In some cases, recovery pathways can be enabled by creating a supportive environment. This is especially true for children, who may not have the legal or developmental capacity to set their own course.

Recovery is holistic

Recovery encompasses an individual's whole life, including mind, body, spirit, and community. This includes addressing self-care practices, family, housing, employment, transportation, education, clinical treatment for mental disorders and substance use disorders, services and supports, primary healthcare, dental care, complementary and alternative services, faith, spirituality, creativity, social networks, and community participation. The array of services and supports available should be integrated and coordinated.

This system will offer a continuum of care that includes prevention, early intervention, treatment, continuing care, and support throughout recovery. Individuals will have a full range of stage-appropriate services to choose from at any point in the recovery process. Prevention services will involve the development of coordinated community systems that provide ongoing support, rather than isolated, episodic programs.

Recovery is supported by peers and allies

Mutual support and mutual aid groups, including the sharing of experiential knowledge and skills, as well as social learning, play an invaluable role in recovery. Peers encourage and engage other peers and provide each other with a vital sense of belonging, supportive relationships, valued roles, and community. Through helping others and giving back to the community, one helps one's self. Peer-operated supports and services provide important resources to assist people along their journeys of recovery and wellness. Professionals can also play an important role in the recovery process by providing clinical treatment and other services that support individuals in their chosen recovery paths. While peers and allies play an important role for many in recovery, their role for children and youth may be slightly different. Peer supports for families are very important for children with behavioral health problems and can also play a supportive role for youth in recovery.

This system of care will promote ongoing involvement of peers, through peer support opportunities for youth and families and peer recovery support services for individuals with behavioral health disorders. Individuals with relevant lived experiences will assist in providing these valuable supports and services.

Recovery is supported through relationship and social networks

An important factor in the recovery process is the presence and involvement of people who believe in the person's ability to recover; who offer hope, support, and encouragement; and who also suggest strategies and resources for change. Family members, peers, providers, faith groups, community members, and other allies form vital support networks. Through these relationships, people leave unhealthy and/or unfulfilling life roles behind and engage in new roles (e.g., partner, caregiver, friend, student, employee) that lead to a greater sense of belonging, personhood, empowerment, autonomy, social inclusion, and community participation.

Recovery is culturally based and influenced

Culture and cultural background in all of its diverse representations—including values, traditions, and beliefs—are keys in determining a person's journey and unique pathway to recovery. Services should be culturally grounded, attuned, sensitive, congruent, and competent, as well as personalized to meet each individual's unique needs.

The system of care will be culturally sensitive, gender competent, and age appropriate. There will be recognition that beliefs and customs are diverse and can impact the outcomes of prevention and treatment efforts.

Recovery is supported by addressing trauma

The experience of trauma (such as physical or sexual abuse, domestic violence, war, disaster, and others) is often a precursor to or associated with alcohol and drug use, mental health problems, and related issues. Services and supports should be trauma-informed to foster safety (physical and emotional) and trust, as well as promote choice, empowerment, and collaboration.

Recovery involves individual, family, and community strengths and responsibility

Individuals, families, and communities have strengths and resources that serve as a foundation for recovery. In addition, individuals have a personal responsibility for their own self-care and journeys of recovery. Individuals should be supported in speaking for themselves. Families and significant others have responsibilities to support their loved ones, especially for children and youth in recovery. Communities have responsibilities to provide opportunities and resources to address discrimination and to foster social inclusion and recovery. Individuals in recovery also have a social responsibility and should have the ability to join with peers to speak collectively about their strengths, needs, wants, desires, and aspirations.

The system of care that fosters this dynamic will acknowledge the important role that families, significant others and communities can play in promoting wellness for all and recovery for those with behavioral health disorder challenges. It will be incorporated, whenever it is appropriate, into needs-assessment processes, community planning efforts, recovery planning and

all support processes. In addition, our system will provide prevention, treatment, and other support services for the family members and significant others of people with behavioral health disorders.

Recovery is based on respect

Community, systems, and societal acceptance and appreciation for people affected by mental health and substance use problems—including protecting their rights and eliminating discrimination—are crucial in achieving recovery. There is a need to acknowledge that taking steps towards recovery may require great
courage. Self-acceptance, developing a positive and meaningful sense of identity, and regaining belief in one's self are particularly important.

Inclusion of the voices and experiences of recovering individuals, youth, family, and community members

The voices and experiences of all community stakeholders will contribute to the design and implementation of our system. People in recovery, youth, and family members will be included among decision-makers and have oversight responsibilities for service provision. Recovering individuals, youth, family, and community members will be prominently and authentically represented on advisory councils, boards, task forces, and committees at state and local levels.

Integrated strength-based services

The system will coordinate and/or integrate efforts across service systems, particularly with primary care services, to achieve an integrated service delivery system that responds effectively to the individual's or the community's unique constellation of strengths, desires, and needs. An integral aspect of this system is the partnership/consultant model that focuses more on collaboration and less on hierarchy. Systems will be designed so that individuals, families, and communities feel empowered to direct their own journeys of recovery and wellness.

Services that promote health and wellness will take place within the community

Our system of care will be centered within the community, to enhance its availability and support the capacities of families, intimate social networks, community-based institutions, and other people in recovery. By strengthening the positive social support networks and addressing environmental determinants to health in which individuals participate, we can increase the chances for successful recovery and community wellness.

Outcomes-driven

Our system will be guided by recovery-based process and outcome measures. These measures will be developed in collaboration with individuals in recovery and with the community. Outcome measures will be diverse and encompass measures of community wellness as well as the long-term global effects of the recovery process on the individual, family, and community – not just the remission of behavioral and biomedical symptoms. Outcomes will focus on individual, family, and community indicators of health and wellness, including benchmarks of quality-of-life changes for people in recovery.

System-wide education and training

Our behavioral health system will seek to ensure that concepts of prevention, recovery, and wellness are foundational elements of curricula, certification, licensure, accreditation, and testing mechanisms. The workforce also requires continuing education, at every level, to reinforce the tenets of ROSC. Our education and training commitments are reinforced through policy, practice, and the overall service culture.

Research-based

Our system will be data driven and informed by research. Additional research with individuals in recovery, recovery venues, and the processes of recovery (including cultural and spiritual aspects) will be essential to these efforts. Research related to Behavioral health disorders will be supplemented by the experiences of people in recovery.

Expectations for Implementation of Recovery Practices

Based on the above guiding principles, the ROSC/TSC established the following expectations to guide organizations at all levels in creating an environment and system of behavioral health services and supports that foster recovery and create a recovery-oriented system of care:

1. Promote changes in state law and policies at all levels to create a system with an expanded recovery service array that can be easily accessed via many pathways by individuals needing services and supports.

   Requirements:
   - Provide ongoing education to stakeholders on recovery principles and practices in conjunction with state level policies influencing recovery service and supports.

- Develop and maintain a plan to educate and increase communication within the broader community using guidance and leadership from local and regional service providers, community prevention advocates, and recovery committees/councils.

- Provide knowledge and education in partnership with the ROSC/TSC to stakeholders on recovery related policies and practices**.**

2. Develop policies and procedures that ensure seamless and timely entry and re-entry into services and supports.

   Requirements:

   - Utilize data and electronic recordkeeping to facilitate confidential access to individual information and service records that will expedite access to services and supports and reduce excess and duplicative information gathering and redundant paperwork.

   - Assure pathways are in place for expedited reentry into services for individuals who have been away from services, but once again need services and supports from the public behavioral health system.

   - Provide guidance during ongoing recovery planning including verbal and written information on how to access behavioral health and other community-based services.

3. Align policies, procedures and practices to; 1) foster and protect individual choice, control, and self-determination; 2) assure the provision of services that are holistic, culturally based and influenced, strength- and research-based, and trauma informed, and 3) are inclusive of person-centered planning process, community based services and supports, and enhanced collaborative partnerships.

   Requirements:
   - Develop and enhance recovery planning processes using baseline data and ongoing regional recovery survey results to improve and expand the behavioral health recovery services system of care, and to strengthen the quality and delivery of recovery services and supports.

- Assess an estimate of the impact on cost of services annually, when significant changes occur to the individualized services plan via person-centered selection of culturally influenced, research and strength-based services within a recovery-oriented environment.

- Provide training and mentoring opportunities to individuals receiving services/peers to become independent facilitators of both person-centered planning and self-determination practices.

4. Encourage the availability of peer services and supports including the option of working with Certified Peer Support Specialists (CPSS) and/or Recovery Coaches as a choice for individuals throughout the service array, and within the individualized planning process.

   Requirements:
   - Develop and implement an educational approach with written materials to provide information to stakeholders on peer services and supports.

   - Provide information on the choices and options of working with peers in a journey of recovery including CPSS/Recovery Coaches as part of the person-centered planning process.

   - Collect baseline data on the number of individuals who receive peer services and supports - include a proactive plan on increasing the number of individuals utilizing these serves.

5. Align services and supports to promote and ensure access to quality health care and the integration of behavioral and physical health care. Specific services and concerns to address include screening; increased risk assessments; holistic health education; primary prevention; smoking cessation and weight reduction.

   Requirements:
   - Regularly offer and provide classes ideally promoted, led and encouraged by peers related to whole health, including Personal Action Toward Health (PATH), Wellness Recovery Action Planning (WRAP), physical activity, smoking cessation, weight loss and management etc.

- Collect information on behavioral health morbidity, mortality and co-morbid conditions with a strategic planning process to address and decrease risk factors associated with early death. Include information on identified community resources for healthcare services.

- Provide referrals and outreach to assist individuals with meeting their basic needs, including finding affordable housing, having enough income to address risk factors associated with poverty, employment and education assistance, etc.

- Identify, develop and strengthen community partnerships to promote models and access for the integration of physical and behavioral health.

- Discuss and coordinate transportation for individuals to attend appointments, classes and health-related activities discussed in the person-centered planning process.

6. Assess and continually improve recovery promotion, competencies, and the environment in organizations throughout the recovery services system of care.

   Requirements:

   - Complete a strategic planning process that builds on the actions of and information from the ROSC/TSC, including results from the recovery survey implementation and review identified as part of the statewide RFA process.

   - Provide ongoing education on recovery services, recovery-oriented systems of care, and environments that promote recovery with all staff (executive management, psychiatrists, physicians, case managers, clinicians/counselors, support staff), leadership, board members, recovery councils, community members, etc.

   - Include a list of recovery-oriented competencies (protocols and practice) in employee job descriptions and performance evaluations.
   - Work in partnership with individuals receiving services, CPSS/Recovery Coaches, program staff (medical, clinical, supervisory/administrative, support), and community and family members in all aspects of the development and delivery of recovery-oriented services and supports, needed trainings and recovery-oriented activities.

How Michigan's Efforts Align with Federal Policy

MDHHS recognizes that recovery is highly individualized and requires support from a recovery-oriented system of care. It is also a process, vision, conceptual framework that should adhere to guiding principles, but most importantly it is recognized and supported through a series of initiatives, trainings, and educations resources as well as state and national policies. Recovery emphasizes individual circumstances and needs, the strong voice and advocacy of people with lived experience, a broad array of services and supports within a recovery-oriented system of care, and the commitment of partners and key stakeholders. By drawing on a combination of personal experiences, a knowledgeable services system that promotes and supports recovery, communities committed to health and wellness, a driving force for recovery-oriented systems transformation is created and maintained.

In 2012, the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) published this definition of recovery from Mental Disorders and/or Substance Use Disorders: A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. This definition along with Guiding Principles of Recovery, including those from SAMHSA are provided earlier in this Policy and Practice Advisory, and are at the core of Michigan's behavioral health recovery system and infrastructure.

After the review of recovery and recovery-oriented systems of care definitions and guiding principles, the ROSC TSC has identified the following Elements of ROSC/Recovery to be adhered to by those providing behavioral health services.

Elements of a ROSC/Recovery:

- Holistic and integrated services beyond symptom reduction
- Person-Driven
- Continuity of care - assertive outreach and engagement; and ongoing monitoring and support
- Culturally responsive services.
- Occurs via many pathways
- Peer supports and services
- Community health and wellness.
- Family and Significant Other Involvement
- Systems/services anchored in the community
- Evidence- and Strength- based practices
- Trauma informed
- Based in respect

True change will require a series of legislative actions, state and federal policies and Mental Health and Public Health Code changes intentionally designed to promote the construct and elements of recovery supports and services. Few states, Michigan included, have developed a policy and practice guideline on recovery, thus, MDHHS relied on the work, ideas of the now disbanded Michigan Recovery Council and the ongoing work and initiatives of the ROSC/TSC to craft this document.

Successful implementation of these guiding principles and recommendations for systems change will demand an active response from MDHHS, the Behavioral Health and Developmental Disabilities Administration, the Pre-paid Inpatient Health Plans, the CMHSPs, and the behavioral health provider system, with active support form persons with lived experience, persons in recovery, and communities across the state. This policy and practice advisory must be treated like recovery itself, with meaning, purpose, and dedication to support individual and system change that will support recovery as "ongoing personal and unique journey of hope, growth, resilience and wellness." Great effort will be required to ensure that this policy and practice advisory is embraced and implemented. The ROSC/TSC and MDHHS look forward to assessing progress toward these principles every year.

Framework and Infrastructure for Recovery Oriented Systems of Care and Individual Recovery Initiatives

This attachment is to be utilized for educational and informational purposes.

Effective pursuit and support of recovery has a dual focus: 1) the development and maintenance of a recovery-oriented services system anchored in the community and 2) a process that is dedicated to supporting personal recovery through the provision of necessary and needed services and supports. One cannot exist without the other.

A ROSC is not a program; it is a philosophical construct by which a behavioral health system (SUD and mental health) shapes its perspective on how they will address recovery from alcoholism, addiction and other disorders. A ROSC approach is the basis of the development of the behavioral health service system. Its philosophy completely encompasses all aspects of SUD and Mental Health prevention and treatment services, including program structure and content, agency staffing, collaborations, partnerships, policies, regulations, trainings and staff/peer/volunteer orientation.

Within a ROSC, SUD and mental health service entities, as well as their collaborators and partners, cooperatively provide a flexible and fluid array of services in which individuals can move. People should be able to move among and within the system's service opportunities, without encountering rigid boundaries or silo-embedded services, to obtain the assistance needed to pursue recovery, and approach and maintain wellness. In Michigan we believe that behavioral health recovery is possible and can be achieved by individuals, families and communities.

As PIHPs develop recovery plans for their region, it is this type of system of care and this type of service array that should be considered.

'Recovery is a process not an event'

An individual's recovery relies on the existence of a recovery-oriented system of care. Without a services system built on recovery practices, policies, and programs, providing the infrastructure to support an individual's recovery efforts there would be no foundation from which to work and flourish.

Recovery is possible when a multi-faceted infrastructure of services and supports exists to enable and enhance the recovery efforts and environments of individuals, families and communities.

BHDDA Recognized Definitions:

***[An individual's]* Recovery from Mental Disorders and/or Substance Use Disorders:** A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

SAMHSA 2012
Accepted by BHDDA 2013

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Individual Recovery and Recovery Oriented System of Care Guiding Principles:

These Guiding Principles will be utilized by BHDDA and the TSC to support and guide the development of a recovery oriented behavioral health services system.

SAMHSA's Ten Guiding Principle of Recovery [for individual recovery] and Additional Guiding Principles for Recovery Oriented Systems of Care:

The numbered Guiding Principles, items one through ten, are those identified by SAMHSA. In instances where there two separate statements under one number the second statement is an enhancement to include additional recovery systems information to the guiding principle. Guiding principles eleven through sixteen are additional principles to enhance the connection between an individual's personal recovery and the services systems that support their efforts.

1) Recovery emerges from hope

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2) Recovery is person-driven

Self-determination and self-direction are the foundations for recovery as individuals define their own life goals and design their unique path(s) towards those goals. Individuals optimize their autonomy and independence to the greatest extent possible by leading, controlling, and exercising choice over the services and supports that assist their recovery and resilience. In so doing, they are empowered and provided the resources to make informed decisions, initiate recovery, build on their strengths, and gain or regain control over their lives.

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Five ROSC Priority Areas:

1. Behavioral health and primary healthcare integration.
2. Community health promotion.
3. Recovery support services that are peer-based.
4. Prevention services that are environmental and population-based.
5. Services and supports whose focus is expanded, including both the continuum of care (from pre-treatment services to post-treatment services and supports) and the content of care (beyond supporting abstinence) to promoting community health and helping people build meaningful lives in the community.

3) Recovery occurs via many pathways

Individuals are unique with distinct needs, strengths, preferences, goals, culture, and backgrounds—including trauma experience—that affect and determine their pathway(s) to recovery. Recovery is built on the multiple capacities, strengths, talents, coping abilities, resources, and inherent value of each individual. Recovery pathways are highly personalized. They may include professional clinical treatment; use of medications; support from families and in schools; faith-based approaches; peer support; and other approaches. Recovery is nonlinear, characterized by continual growth and improved functioning that may involve setbacks. Because setbacks are a natural, though not inevitable, part of the recovery process, it is essential to foster resilience for all individuals and families. Abstinence from the use of alcohol, illicit drugs, and non-prescribed medications is the goal for those with addictions. Use of tobacco and non-prescribed or illicit drugs is not safe

for anyone. In some cases, recovery pathways can be enabled by creating a supportive environment. This is especially true for children, who may not have the legal or developmental capacity to set their own course.

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11) Inclusion of the voices and experiences of recovering individuals, youth, family, and community members

The voices and experiences of all community stakeholders will contribute to the design and implementation of our system. People in recovery, youth, and family members will be included among decision-makers and have oversight responsibilities for service provision. Recovering individuals, youth, family, and community members will be prominently and authentically represented on advisory councils, boards, task forces, and committees at state and local levels.

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14) Outcomes-driven

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15) System-wide education and training

Our behavioral health system will seek to ensure that concepts of prevention, recovery, and wellness are foundational elements of curricula, certification, licensure, accreditation, and testing mechanisms. The workforce also requires continuing education, at every level, to reinforce the tenets of ROSC. Our education and training commitments are reinforced through policy, practice, and the overall service culture.

16) Research-based

Our system will be data driven and informed by research. Additional research with individuals in recovery, recovery venues, and the processes of recovery (including cultural and spiritual aspects) will be essential to these efforts. Research related to Behavioral health disorders will be supplemented by the experiences of people in recovery.

Embracing the Reasoning and Philosophy Behind Recovery and Recovery Oriented Systems of Care: Gaining Insight that will Motivate Change

Information to Support the Need for Behavioral Health Systems and Services Recovery Transformation

What is known about Mental Health and Substance Use Disorders, and why the system needs change:

1. People typically enter treatment after ten years of active addiction. The longer people use, the more difficult it is for them to enter and sustain recovery.
2. The longer the use, due to Substance Use Disorders, the higher the negative impacts for families and communities.
3. 90 percent of persons with mental health or substance use disorders have experienced trauma. 100 percent of persons with co-occurring disorders have experienced trauma.
4. Genetic and Social predisposition increase risk behavior and risk of developing the disease of addiction. [Look for data for co-occurring and co-morbidity]
5. Risk for suicide is higher among those with mental health, substance use, and co-occurring disorders.

Why we need change:

1. Fifty percent of clients entering treatment have already had at least one prior episode of care.
2. SUD is a chronic condition, but we currently have an acute care treatment model. This model does not sustain the support necessary to stabilize recovery. All of our resources are needed to change this.
3. Cycling in and out of a series of disconnected treatment episodes is a product of the challenges within the current system – an inability to support sustained recovery.
4. Scope of the system of services needs to be broadened.
5. Coordination of prevention, follow up and continuing care lacks integration and needs enhancement.
6. Working together in partnership and collaboration is the only way to provide all services needed to achieve and sustain recovery.
7. Limited Attraction: Less than 10% of people who meet the DSM (current version) criteria for a SUD currently seek treatment.
8. Poor Engagement and Retention: Less than half of those in treatment complete their treatment program.
9. Lack of Continuing Care: Post-discharge continuing care can enhance recovery outcomes, but only one in five receives it.
10. High Rates of Relapse: The majority of people completing addiction treatment resume alcohol and other drug use within one year, and most within 90 days following discharge.
11. Resource Expenditures: Most resources are expended on a small portion of the population requesting services.

12. Readiness for Change: Services are not aligned with the client's readiness for change.
13. Data is not utilized in a manner that enhances services and monetary support- we need to empower change and enforce accountability.
14. Current system is fragmented and not cost effective. There is poor use of resources and lack of communication between systems – separate locations for services create challenges.
15. Society, legislators, law enforcement, and physicians have a negative perception of individuals with mental health and/or substance use disorders along with a low expectation of change.
16. Significant stigma exists within the behavioral health and primary health care systems.
17. It takes four to five years for the risk of SUD relapse to drop below 15%.
18. Current services system focuses on acute treatment.
19. Admission and discharge protocols compromise fluidity of service provision.

What we know about services that support recovery and resilience.

Effective ROSC services focus on:

1. Greater emphasis on continuity of care: effective prevention, assertive outreach and engagement, treatment, and ongoing monitoring and support.
2. Continuum of care in which services are holistic and integrated, culturally responsive, and with systems that are anchored in the community.
3. Expanded availability of non-clinical services such as: peer supports, prevention, faith-based initiatives, etc.
4. Resources to help prevent the onset of substance use disorders.
5. A public health approach being taken to help create healthy communities.
6. More assertive outreach to families and communities impacted by substance use disorders.
7. More assertive post-treatment monitoring and support is provided.
8. A partnership/consultation approach rather than an expert/patient model.
9. Valued lives and experiences of other people in recovery used to help others on their journey.
10. Person-centered self-directed approach to recovery,
11. Use of peer support services to sustain an individualized recovery effort.
12. Use of services that build on each individual's recovery capital.
13. Sustained relationships help to maintain engagement.
14. Ongoing recovery activities are critical for sustaining recovery efforts.
15. Expanded knowledge and increased education efforts regarding all populations served.

Examples of how a ROSC differs from traditional service systems:

1. Treatment goals extend beyond abstinence or symptom management to helping people achieve a full, meaningful life in the community.
2. Prior treatment is not viewed as a predictor of poor treatment outcomes and is not used as grounds for denial of treatment.
3. People are not discharged from treatment for relapsing and confirming their original diagnosis of addiction, which is a chronic and often relapsing brain disease.
4. Post-treatment continuing care services are an integrated part of the service continuum rather than an afterthought.
5. Focus is on all aspects of the individual and the environment, using a strength-based perspective and emphasizing assessment of recovery capital.
6. Service system includes not just behavioral health providers but collaborators, stakeholders, and community partners as well.
7. Expansion to include innovative services that are comprehensive, dynamic, and always evolving.
8. Utilization of multi-disciplinary teams personalized to the individual's needs and goals (strength-based).
9. Provider/client relationship is key and partner oriented – not hierarchal.
10. Streamlined documentation and consistent reimbursement.

What are some implications for recovery services and supports?

1. Greater emphasis on outreach, pre-treatment supports, and engagement.
2. More diverse menu of services and supports available for people to choose from based on their needs.
3. A more assertive effort by providers to connect individuals to families and natural supports.
4. Expanded availability of non-clinical/peer-based recovery supports.
5. Post-treatment recovery check-ups.
6. Service relationships shift from an expert/patient model to a partnership/consultation approach.
7. Understanding of the impact of trauma.
8. Reduction of recidivism.
9. Reduction of stigma.

Embracing the philosophy, perspective and practice of Recovery/ROSC by:

1. Establishing a proactive partnership with the individual, that is person-centered.
2. Establishing and maintaining a system of care that is recovery oriented and supports recovery services.
3. Establishing and nurturing relationships with other community support service providers.
4. Creating the expectation that full recovery is a life-long pursuit sustained through service intervention and community support.
5. Acknowledging that multiple episodes needing treatment do occur and are reasonable, considering the nature of behavioral health disorders.
6. Respecting that recovery requires ongoing relationships rather than brief interventions.
7. Being open to new and innovative approaches.
8. Confronting stigma whenever encountered.