

Elements of a Recovery-Oriented System of Care: From Pennsylvania

In my last blog, I introduced a seminal White Paper recently published the Recovery Oriented Systems of Care (ROSC) Subcommittee of the Drug and Alcohol Coalition in Pennsylvania. This White Paper is entitled, "Recovery-Oriented System of Care: A Recovery Community Perspective".

I described the Guiding Principles of Recovery outlined in this excellent White Paper in my last blog. These principles are being used to help transform the addiction and mental health care system in Pennsylvania, so that it is based on recovery and a chronic care model of care.

As earlier. I have taken the liberty of copying a chunk of this report rather than try to paraphrase what is being said – why mess around with words in a quality document?! This time I focus on the proposed elements of a Recovery-Oriented System of Care (ROSC). For those of you working in this field, I ask you to consider how close your organization to operating on these principles. How valuable do you think they are? Here we go:

"The elements of a system, much like the Guiding Principles, are rooted in the very core of the system's values. They are the individual components that make up the whole. The elements of a system are those smaller parts that are similar to the larger system in that they can be described as common in value, behaviors and identity. Therefore, the elements of a ROSC broken down into their individual parts have recovery as their fundamental ingredient.

Person-centered – A ROSC is person-centered. Individuals will have a menu of choices that fit their needs throughout the recovery process.

Participation inclusive of individuals and families in recovery – An essential characteristic of a ROSC is the importance it places on the participation of people in recovery in all aspects and phases of the care delivery process, including financial support for individual and family involvement.

Family and other ally involvement – A ROSC acknowledges the important role that families and other allies can play. Family and other allies will be incorporated, with the permission of the individual, in the recovery planning and support process. They can constitute a source of support to assist individuals in entering and maintaining recovery. Additionally, systems address the prevention and early intervention, treatment, recovery and other support needs of families and other allies.

Inclusion of the voices and experiences of recovering individuals and their families – The voices and experiences of people in recovery and their family

members contribute to the design and implementation of ROSC. People in recovery and their family members are included among decision-makers and system-level monitoring. Recovering individuals and family members are prominently and authentically represented on advisory councils, boards, task forces and committees at the federal, state and local levels.

Promoting access and engagement – Each person who seeks services should be afforded every opportunity to access appropriate addiction treatment and recovery support. A ROSC promotes access to care by facilitating swift and uncomplicated entry and by removing barriers to receiving services (i.e. no wrong door). Engagement involves making contact with the person (as opposed to their disease), building trust over time, attending to the person's stated goals and needs and, directly or indirectly, providing a range of services in addition to clinical care. This involves linkages.

Linkages – For many individuals, recovery sustainability is not achieved through short episodes of treatment currently authorized by funding entities or through sporadic participation in self-help programs. There is often a misconception that individuals can remain in recovery without additional services and support. Linkage to recovery support services can serve to expand the capacity of formal treatment systems by promoting the initiation of recovery, reducing relapse, and intervening early when relapse occurs (Kaplan, 2008). Participation in these services will enhance long-term recovery outcomes, regardless of involvement in formal treatment. It is also critical for individuals and families to be connected to ancillary forms of support to address additional needs that directly affect the recovery process (housing, employment, medical care, etc.). By collaborating with a wide range of service and resource providers, individuals will gain access to a wider array of resources critical to the recovery process.

Individualized and comprehensive services across the lifespan – A ROSC offers a menu of comprehensive services which are individualized, stage-appropriate, and flexible across the lifespan. Systems will adapt to the needs of individuals, rather than requiring individuals to adapt to them. They are designed to support recovery across the lifespan. The approach to alcohol and other drug-related issues will change from an acute-based model to one that manages chronic diseases over a lifetime.

Systems anchored in the community – A ROSC is nested in the community for the purpose of enhancing the availability and support capacities of families, intimate social networks, community-based institutions and other communities in recovery. These systems should establish and maintain effective formal and informal linkages throughout the state to connect individuals and families to clinical, community-based and recovery support services.

Ensuring continuity of care – A ROSC offers a continuum of care, including pre-treatment, treatment, continuing care and recovery support. Individuals should have a full range of stage-appropriate services from which to choose at any point in the recovery process.

Partnership-consultant relationships – A recovery-oriented system of care is patterned after a partnership-consultant model that focuses on collaboration, and less on hierarchy. Systems will be designed so that individuals feel empowered to direct their own recovery with safety being a paramount concern.

Strength-based – A ROSC emphasizes strengths, assets and resiliencies.

Culturally responsive – A ROSC is culturally sensitive, competent, responsive and aware of recovery language. There is recognition that beliefs and customs are diverse and can impact the outcomes of recovery efforts.

Responsiveness to personal belief systems – A ROSC respects the spiritual, religious and/or secular beliefs of those they serve and provide linkages to an array of recovery options that are consistent with these beliefs.

Commitment to peer recovery support services – A ROSC provides opportunities for ongoing participation of peers in the planning, implementation, and delivery of services throughout the full continuum of care.

Integrated services – A ROSC coordinates and/or integrates efforts across service systems to achieve an integrated process that responds effectively to the individual's unique strengths, desires and needs.

System-wide education and training – A ROSC ensures that concepts of recovery and wellness are foundational elements. Training, at every level, will reinforce the tenets of recovery-oriented systems of care.

Ongoing monitoring and outreach – A ROSC provides ongoing monitoring and feedback with assertive outreach efforts to promote participation, motivation and reengagement in order to continually improve the system.

Outcomes driven – A ROSC is guided by recovery-based processes and outcome measures. These measures will be developed in collaboration with individuals in recovery. Outcome measures will reflect the long-term global effects of the recovery process on the individual, family and community, not just remission of biomedical symptoms. Outcomes will be measurable and include benchmarks of quality of life changes.

Research-based – A ROSC is informed by research. Additional research on individuals in recovery, recovery venues and the processes and phases of recovery, including cultural and spiritual aspects, is essential. Research will be supplemented by the experiences of people in recovery.

Adequately and flexibly financed – A ROSC must be adequately financed to permit access to a full continuum of services, ranging from detoxification and treatment to continuing care and recovery support. The service delivery system will be flexible enough to provide the establishment of an array of programming around long-term recovery support to augment those already provided within our drug and

alcohol service system.

End stigma and discrimination – A ROSC works toward the eradication of stigma and discrimination. Stigma and discrimination toward individuals and families seeking treatment and recovery will be eliminated and no longer serve as barriers in obtaining necessary services or progressing in their recovery.

Promote the highest level of autonomy – A ROSC promotes the highest degree of functioning and quality of life for all individuals in our system. The system recognizes that individuals may need to learn new skills to survive in the larger society. Success at an expanding array of life tasks and the assumption of new or enhanced roles in the community as they are defined by the person in recovery over time, both derive from and contribute to sustained recovery. The system provides emotional and financial resources, social support and skill building opportunities for individuals to achieve their individual goals (CSAT, 2005).

The elements of any system are the heart and soul that goes into its creation. The elements are what maintain the integrity of the system. As in any system, precious parts can be lost over time if those monitoring the system are not vigilant and focused on the true purpose of the system. Therefore, it is essential that the elements are reviewed frequently, especially during system transformation and change and that special care is taken to always maintain their authenticity.”

The original document can be found at:

http://www.facesandvoicesofrecovery.org/pdf/White/rosc_community_perspective_2010.pdf

Professor David Clark
Director of Wired In
25th February, 2010