

Center for Substance Abuse Treatment (CSAT)  
**National Summit on Recovery:**

# **Establishing a Framework**

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# Presentation Goals

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- To provide background for the meeting;
- To provide a framework for thinking about recovery and recovery-oriented systems of care (ROSCs); and
- To provide ideas and tools to assist you in developing & advancing ROSCs.

# Mission & Future Direction

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- Recovery lies at the core of the Substance Abuse and Mental Health Services Administration's (SAMHSA) vision/mission.

**Vision:** A Life in the Community for Everyone

**Mission:** Building Resiliency & Facilitating Recovery

- Fostering the development of ROSCs is a priority of the Center for Substance Abuse Treatment (CSAT).

# Establishing a Framework for ROSCs




## National Summit on Recovery

Conference Report

Washington, D.C.  
September 28-29, 2005





# Hosting a National Dialogue: CSAT's National Summit on Recovery

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- To develop a framework for recovery and ROSCs, CSAT brought together diverse stakeholders at a Summit in Washington, DC on September 28-29, 2005.
- The group included:
  - Recovering individuals
  - Mutual aid providers
  - Treatment providers
  - Researchers
  - Trade associations
  - Faith-based providers
  - State & Federal officials



# Summit Goals

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- To develop new ideas to transform policy, services, and systems toward a recovery-oriented paradigm that is more responsive to the needs of people in or seeking recovery, as well as their families and significant others;
- To articulate guiding principles and measures of recovery to promote and improve systems of care, facilitate data sharing, and enhance program coordination; and
- To generate ideas for advancing ROSCs in various settings and systems and for specific populations.

# Outcomes from the Summit

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- The following concepts and recommendations were developed at the Summit:
  - A working definition of recovery;
  - 12 guiding principles of recovery;
  - 17 key elements of ROSCs; and
  - 49 recommendations for various stakeholder groups.
- A definition of ROSCs and ROSCs goals were subsequently developed based on outcomes from the Summit.

# Working Definition of Recovery

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**Recovery from alcohol and drug problems is a process of change through which an individual achieves abstinence and improved health, wellness, and quality of life.**



# Principles of Recovery

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*“There will be no wrong door to recovery”*

- There are many pathways to recovery.
- Recovery is self-directed and empowering.
- Recovery involves a personal recognition of the need for change and transformation.
- Recovery is holistic.
- Recovery has cultural dimensions.
- Recovery exists on a continuum of improved health and wellness.

# Principles of Recovery (cont'd)

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*“There will be no wrong door to recovery”*

- Recovery emerges from hope and gratitude.
- Recovery is a process of healing and self-redefinition.
- Recovery involves addressing discrimination and transcending shame and stigma.
- Recovery is supported by peers and allies.
- Recovery is (re)joining and rebuilding a life in the community.
- Recovery is a reality.

# There are Many Pathways to Recovery

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- The pathway to recovery may include one or more episodes of psychosocial and/or pharmacological treatment. For some, recovery involves neither treatment nor involvement with mutual aid groups.
- Recovery is a process of change that permits an individual to make healthy choices and improve the quality of his or her life.

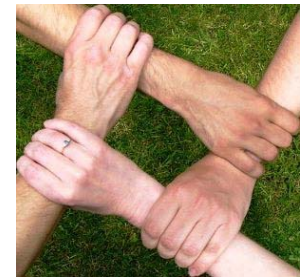


# Recovery is Holistic

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- Recovery is a process through which one gradually achieves greater balance of mind, body and spirit in relation to other aspects of one's life, including family, work and community.

# Recovery is Supported by Peers & Allies



- A common denominator in the recovery process is the presence and involvement of people who contribute hope and support and suggest strategies and resources for change.
- Peers, as well as family members and other allies, form vital support networks for people in recovery.

# Definition of ROSCs

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**Recovery-oriented Systems of Care (ROSCs) support person-centered and self-directed approaches to care that build on the strengths and resilience of individuals, families, and communities to take responsibility for their sustained health, wellness and recovery from alcohol and drug problems.**



# Describing ROSCs

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- ROSCs offer a comprehensive menu of services and supports that can be combined and readily adjusted to meet the individual's needs and chosen pathway to recovery.
- ROSCs encompass and coordinate the operations of multiple systems, providing responsive, outcomes-driven approaches to care.

# Describing ROSCs (cont'd)

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- ROSCs require an ongoing process of systems improvement that incorporates the experiences of those in recovery and their family members in the conceptualization, design and implementation of a wide range of interventions and supports.
- ROSCs adopt a public health approach to address substance use problems and related health conditions.



# Key Elements of a Public Health Approach

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- Population-based
- Risk factor-oriented (with attention to vulnerable populations)
- Focused on:
  - Health promotion
  - Disease prevention
- Evidence-based



# Distinguishing ROSCs from Current Systems

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- Aspects of this systems-improvement concept have been operationalized in the field for years. However, they have not been systematically and/or sufficiently implemented.
- As the field evolves, new approaches are required to support recovery.

# Distinguishing ROSCs from Current Systems (cont'd)

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- ROSCs require the following system enhancements:
  - Incorporating ongoing prevention, early engagement and early intervention;
  - Providing clinical and non-clinical supports;
  - Emphasizing recovery support services throughout the continuum of care;
  - Instituting chronic care approaches, such as recovery management;

# Distinguishing ROSCs from Current Systems (cont'd)

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- ROSCs require the following system enhancements: (cont'd)
  - Shifting from program models to offering an individualized menu of services;
  - Utilizing strength-based and person-centered approaches;
  - Applying new technologies related to evidence-based practices; and
  - Utilizing community networks and resources.

# Goals of ROSCs

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- To support preventative strategies related to substance use problems & disorders;
- To intervene early with individuals with substance use problems;
- To improve outcomes; and
- To support sustained recovery for those with substance use disorders.



# Systems of Care Elements

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- ROSCs include the following elements:
  - Person-centered
  - Family & other ally involvement
  - Individualized & comprehensive services across the lifespan
  - Systems anchored in the community
  - Continuity of care
  - Partnership-consultant relationships
  - Strength-based
  - Culturally-responsive
  - Responsiveness to personal belief systems

# Systems of Care Elements (cont'd)

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- ROSCs include the following elements: (cont'd)
  - Commitment to peer recovery support services
  - Inclusion of the voices and experiences of recovering individuals & their families
  - Integrated services
  - System-wide education & training
  - Ongoing monitoring & outreach
  - Outcomes-driven
  - Research-based
  - Adequately & flexibly financed



# Person-centered

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- ROSCs will be person-centered.
- Individuals will have a menu of stage-appropriate choices that fit their needs throughout the recovery process.



# Inclusion of the Voices & Experiences of Recovering Individuals & their Families

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- The voices and experiences of those in recovery and their family members **will contribute to the design and implementation** of ROSCs.
- People in recovery and their family members will be **included among decision-makers and have oversight** responsibilities for service provision.



# Partnership-Consultant Relationships

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- ROSCs will be patterned after a partnership-consultant model that focuses more on collaboration and less on hierarchy.
- Systems will be designed so that individuals feel empowered to direct their own recovery.

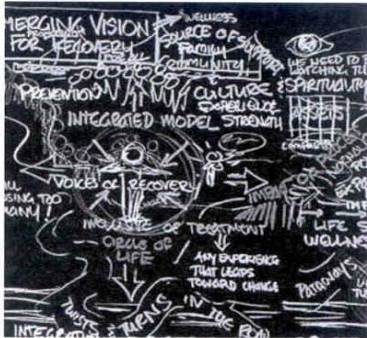


# Adequately & Flexibly Financed

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- ROSCs will be adequately financed **to permit access to a full continuum of services.**
- Funding will be sufficiently flexible **to permit unbundling of services,** enabling the establishment of a customized array of services that can evolve over time in support of an individual's recovery.

# Summit Recommendations for Advancing ROSCs



# Recommendations for CSAT



- Inventory current programs, practices, and publications throughout CSAT to determine strengths and gaps from a recovery-oriented perspective.
- Convene a full-day summit with researchers from NIDA, NIAAA, NIMH, CMHS, CSAT and community-based researchers to discuss research strategies and formulate and integrated research agenda.
- Convene a series of regional meetings on ROSCs to encourage their development within the States.

# Selected Recommendations for Other Stakeholder Groups



## ○ **Systems Professionals**

- Inventory current programs and practices in the States to determine strengths and gaps from a recovery-oriented perspective.

## ○ **Treatment Providers**

- Further integrate the Principles of Recovery and ROSCs Elements into clinical frameworks.

## ○ **Recovery Support Services Providers**

- Clearly differentiate recovery support services from treatment and mutual aid programs, seeking to expand and enhance existing systems of care.

# Selected Recommendations for Other Stakeholder Groups (cont'd)



## ○ **Researchers**

- Create and support a research agenda on recovery, e.g., studies on multiple recovery processes, alternative methods of information collection, and recovery-oriented outcome measures.

## ○ **Mutual Aid Organizations**

- Create a comprehensive website that provides educational information on mutual aid groups and links to their contact information.

## ○ **Recovery Advocates**

- Organize and build capacity within recovery communities to promote the strength of those in recovery as both an advocacy strategy and as a message of hope to those who need it.

# Research Supporting the Benefits of ROSCs and the Need for Implementation

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# Preventative Strategies

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- Research-based prevention programs have proven effective in diverse communities and in a wide variety of settings (NIDA, 2008).
  - Prevention approaches that teach social resistance skills and general personal and social skills have been found to reduce substance use as much as 44% for up to 6 years (Botvin et al., 1995; Botvin et al., 1994).

# Preventative Strategies (cont'd)

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- Individuals who enter addictions treatment typically experience post-discharge relapse and eventual re-admission (Godley et al., 2002; Lash et al., 2001; McKay et al., 1997,1998).
  - Recovery management checkups (RMC) can significantly decrease the need for additional treatment 24 months after discharge (Dennis, Scott & Funk, 2003).

# Intervening Earlier

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- In 2005, 8.1% of Americans aged 12 or older were illicit drug users and 22.7% participated in binge drinking in the past month (NSDUH, 2005).



**Early & brief interventions were found to be effective, up to 4 years later, in reducing alcohol use, days of hospitalization, and emergency department visits (Fleming et al., 2002).**



# Improving Treatment Outcomes & Sustaining Recovery

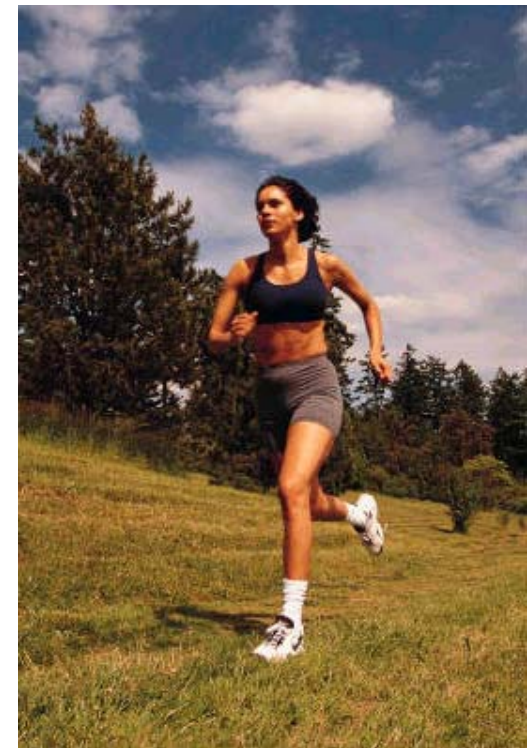
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- Studies report that most clients undergo 3 to 4 episodes of care before reaching a stable state of abstinence (Dennis, Scott & Funk, 2003).
- As alcohol and drug abuse typically takes years to develop, it often takes years and multiple efforts at recovery - only some of which may involve treatment - to be resolved (Humphreys, Moos & Cohen, 1997; Vaillant & Milofsky, 1982).

# Improving Treatment Outcomes & Sustaining Recovery (cont'd)

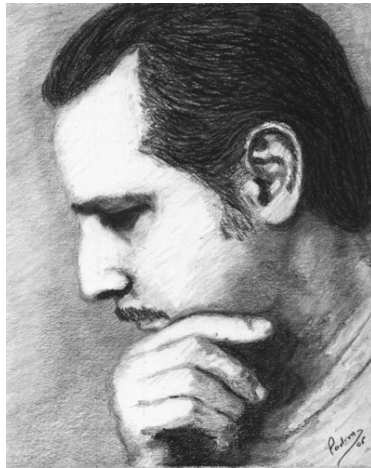
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- Studies found that chronic care approaches, including self-management, family supports, and integrated services improve recovery outcomes (Lorig et al, 2001; Jason, Davis, Ferrari, & Bishop; 2001; Weisner et al, 2001; Friedmann et al, 2001).
- Mutual aid groups have been related to positive outcomes (Fiorentine, 1999; Fiorentine & Hillhouse, 2000; Morgenstern et al, 1997; McKay, Alterman, McLellan, & Snider, 1994).



# Where to Begin?

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# Initiating Systems Change

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1. Establish Framework
  - Principles, Values
  - Definition of Recovery
  - Definition of ROSCs
2. Gather Information
  - Needs Assessment
  - Inventory Current Services
  - Assess Staff Capabilities
3. Design Plan
  - Establish Goals & Priorities
4. Create Awareness
  - Communicate with Stakeholders
5. Enhance/Re-engineer the System
  - Service/Support Additions
  - Workforce Development
6. Evaluate Efforts
  - Performance & Outcomes Monitoring

**Stakeholders should be engaged in all aspects and at all stages of the process.**



# Data to Inform Your Process

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- Conducting surveys, inventories/self-assessments to determine systems strengths and gaps are effective ways to begin a systems change process.
- **Areas to inventory:**
  - Regulations
  - Policies
  - Contracts
  - Management Information Systems
  - Services/Programs
- **Individuals to Survey:**
  - Providers
  - Recovering individuals
  - Families members
  - Other systems



# Helpful Resources for Planning & Implementing ROSCs

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# CSAT Recovery Resources

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The PFR website will host resources on recovery-oriented approaches, including:

- *National Summit on Recovery Report*
- *Approaches to Recovery-Oriented Systems of Care at the State and Local Level: Three Case Studies*
- *Provider Approaches to Recovery-Oriented Systems of Care: Four Case Studies*
- *Access to Recovery (ATR) Approaches to Recovery-Oriented Systems of Care: Three Case Studies*
- *Guiding Principles and Elements of Recovery-Oriented Systems of Care: What do we know from the research?*
- *Toolkit of recovery-oriented resources (under development)*

# SAMHSA/CSAT Resources

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- Substance Abuse and Mental Health Services Administration  
SHIN 1-800-729-6686 for publication ordering or information on funding opportunities  
800-487-4889 – TDD line / [www.samhsa.gov](http://www.samhsa.gov)
- Recovery Community Services Program  
<http://rcsp.samhsa.gov/about/overview.htm>
- National Alcohol & Drug Addiction Recovery Month  
[www.recovery.month.gov](http://www.recovery.month.gov)
- Faces and Voices of Recovery  
<http://www.facesandvoicesofrecovery.org/>
- Partners for Recovery  
Shannon Taitt, PFR Coordinator (240-276-1691)  
[www.pfr.samhsa.gov](http://www.pfr.samhsa.gov)



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# Thank You!

[www.pfr.samhsa.gov](http://www.pfr.samhsa.gov)