

**Transformation Steering Committee, Recovery Oriented System of Care
Recovery Policy and Practice Advisory
Version: 10.15.15**

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:

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- 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:

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- 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 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:

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- 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 educational 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

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- 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 from 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.

Behavioral Health
Individual Recovery and Recovery Oriented Systems of
Care
Planning, Reporting, and Evaluating

This document contains:
Information, directions, and forms for continued Recovery/ROSC transformation planning, reporting and
evaluating;
and
An attachment to be utilized for educational and informational purposes

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Proposed Contract Language

To assure inclusion and application of recovery principles: PIHPs are required to continue implementation and enhancement of recovery services and systems development through the use of Conceptual, Practice, and Contextual alignment.

See attached forms and instructions.

Utilizing the Alignment Framework: A Tool for Planning, Implementation, Enhancement, Reporting and Evaluating *Instructions*

This framework to guide the recovery transformation Planning, Implementation, Enhancement, Reporting and Evaluating process is the transformation framework developed by Achara-Abrahams, Evans, & King, 2001). It involves three primary strategies that must be implemented in a way that promotes a culturally competent service delivery system.

Conceptual Alignment: This alignment targets the promotion of conceptual and philosophical clarity regarding the system's collective vision of transformation. During this process, the core values, principles, and ideas upon which a recovery oriented system of care will be built are defined through an inclusive process.

Practice Alignment: This focuses on changing stakeholder behaviors and processes across the system, so that they are consistent with the stated vision of recovery and resilience. Change leaders are focused on developing mechanisms to translate the theoretical concepts of recovery and resilience into concrete practices at various levels and in diverse parts of the system.

Contextual Alignment: Activities are designed to sustain the transformation over time. While practice changes constitute a necessary part of the process, these changes cannot be implemented in a vacuum. To be sustained over time, they must be accompanied by contextual changes that will facilitate their long-term success. Many of these changes in context include policy, regulatory, and fiscal changes; increased political advocacy; activities that increase community support for people in recovery; and efforts that address stigma and strengthen the health of the community for all people.

These strategies are not linear, and at each phase of the transformation process there will be a continued need to align thinking, practices, and the fiscal/policy environment with the vision for the system. During some phases, however, certain strategies play a more prominent role. For example, in the initial stages of the transformation process, it is critical that sufficient time be invested in developing a shared vision for the system.

Moving forward to transform, enhance, and maintain recovery services and a system that embraces and supports recovery, it is important to be mindful of the efforts used to strengthen the services/system as we proceed. The need to successfully grow a recovery oriented system of care populated with services that facilitate individual recovery is incumbent on all parts of the behavioral health system. To bring structure to this process and make easier the regions planning and actions in this regard, the Behavioral Health and Developmental Disabilities Administration (BHDDA) is providing a mechanism and process for planning, (implementation, enhancement) reporting and evaluating the regions ROSC/Recovery initiative and general progress.

Utilizing the framework described above, and providing a matrix to be used for planning and reporting on ROSC/Recovery transformation and growth efforts the BHDDA is implementing this process to create consistency in the manner in which the ten PIHP Regions address continuing transformation and growth process.

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Table 1: provides structure and guidance on the planning and reporting of Recovery/ROSC transformation and growth by defining the three types of alignments (conceptual, practice, and contextual); and this Table delineates the kinds of initiatives that should be undertaken within the scope of each alignment (beginning, intermediate, and advanced) to advance and enhance Recovery/ROSC.

Table 2 is the actual matrix on which you will record your planning efforts and report the results of these initiatives. Portions of Table 2 are pre-filled utilizing the elements of ROSC/Recovery as identified within the guidelines for the same. These include: 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 services; trauma informed; and based in respect. These elements are provided down the vertical axis at the left of the page. Within the horizontal access you will find the three alignment types: conceptual, practice, and contextual as well as the phases of early, intermediate and advanced levels of those alignment activities.

While planning services related to the elements of ROSC/Recovery consideration must also be given to the priorities for the direction of ROSC/behavioral health services, which are: behavioral health and primary healthcare integration; community health promotion; recovery support services that are peer-based; prevention services that are environmental and population-based; and 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.

Also within the matrix you will find some pre-filled examples of how to complete an item within a cross-hatched box – a cross-hatched box being the point at which a line originated from the vertical axis intersects with a column from the horizontal axis. To assist in identifying where these examples are located: there is one located in the cross-hatch box of Community Health and Wellness x Conceptual Alignment – Advanced. A second and third can be found in cross-hatch boxes Peer Supports and Services x Practice Alignment – Advanced, and Family and Significant Other Involvement x Practice Alignment - Early, respectively. Within the cross-hatch boxes, for each planned/reported activity, there needs to be: 1) the appropriate general type of initiative (selected from table 1); whether this activity is at the early, intermediate or advanced stage of this process within the region; and 3) the activity/initiative itself. If there are multiple activities/initiatives listed within the same cross-hatch box please number them consecutively. Again, the examples will assist in clarifying how to complete the plan/report.

It is the PIHP that will complete **the plan** and/or the report matrices in Table 2 for their region. The plan however, is intended to be developed by a team of intentionally selected, well informed individuals within the region, representing: behavioral health, other agency/organizations, key stakeholders, community members/leadership, and persons with lived experience. **The report** will require the gathering of related information for each of the planned items, and a synthesis of this information when reporting on each planned, numbered item in the populated cross-hatched boxes.

The BHDDA intentionally developed a system that would complement surveys selected by the regions to measure progress in ROSC/Recovery efforts. The surveys selected by each region, and approved by BHDDA, include one or more of the following, which were identified during the RFA process: Recovery Self Assessment (RSA) – Person in recovery version; Recovery Self Assessment (RSA) –Family/significant other/advocate version; Recovery Self Assessment (RSA) – Provider version;

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Recovery Self Assessment (RSA) – CEO/Agency director version; and the REE-MI. To link the questions on the RSA and REE surveys, each question was associated (by a team of individuals) to one of the three alignment types from planning/reporting Tables 1 and 2. Each survey questions response selection had a number scale for grading responses with the exception of the REE-MI. In the case of that survey a number scale was assigned for this purpose. For all of the conceptual, practice and contextual alignment type questions, add up the points for each question/alignment type, then divide by the total number of questions of the same alignment type to determine an average score for that alignment – EXAMPLE: to begin let’s assume that the following represent the scores for all of the practice alignment type questions: 3, 4, 3, 1, 3, 2, 3, and these number scores were taken from the seven practice alignment type questions identified on one of the RSA surveys. Then add the score from these seven questions, which equals 19, and dividing 19 by seven (the number of practice alignment questions) - this results in the average score of 2.71 for practice alignment. Continue this process until scores have been determine for the three alignment types for all Recovery/ROSC surveys that you utilize. While this correlation and scoring process may take some time up front, the information received will be of great value.

The next step in this process is to enter these results into Table 3a for all RSA surveys and Table 3b for the REE-MI survey. The tables are clearly marked with the name of the survey, the type of alignment, and provides a place for previous survey scores, current survey scores, and the variance between the two. Please note: This is the first year that you are being required to use this process and these forms. Therefore, you are only required to enter information the current year’s survey results. Having made that clarification, if you would like to enter results from a previous implementation of these surveys, that would provide you with variance information that may aid in planning for next fiscal year, but this is not required. In the future (beyond this year’s survey results), you will be required to enter this year (as the previous year) and the new current year information and provide the variance.

By engaging in this process each PIHP region will be able to assess progress/growth, stagnation or decline in each ROSC/Recovery alignment area. While this information will be reported to BHDDA, it will be used for informational purposes only, and to identify what technical assistance and training with regard to ROSC/Recovery may be of use to the different PIHP regions.

Planning, Reporting and Evaluation Due Dates:

Table 2: Annual Planning matrices are due, December 31, 2016

Table 2: Annual Reporting matrices are due by February 28, 2018

Table 3a and 3b: Annual Survey Information forms are due October 31, 2017

Table 1: ROSC Framework for the Transformation Process

	Phase I Beginning	Phase II Intermediate	Phase III Advanced
Conceptual Alignment (Develop consensus; promote an in-depth understanding of a culturally competent ROSC)	Increase awareness of the need for the development of a ROSC in Michigan Develop a shared vision for change among all stakeholders	Increase awareness of the implications of a ROSC for other systems (e.g., criminal justice, child welfare) Increase stakeholder understanding of effective ways of implementing recovery-oriented services and supports	Increase awareness of the types of services and supports within Michigan that are leading to better outcomes Realign the vision for the system based on lessons learned, successes, and challenges [through communication with the TSC]

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	<p>Develop ROSC definition and guiding principles that apply to treatment and prevention</p> <p>Increase [regional and Local] stakeholder understanding of the differences between a ROSC and a traditional system, including implications for treatment and prevention</p>		
<p>Practice Alignment</p> <p>(Align services and supports with a recovery, resilience and culturally competent orientation)</p>	<p>Identify initial recovery-oriented practices that will be prioritized in the transformation process</p> <p>Disseminate information about practices throughout the system [and regionally/locally]</p> <p>Conduct baseline assessments</p> <p>Identify/initiate potential pilots</p> <p>Mobilize the recovery community and other community stakeholders</p>	<p>Support the implementation of recovery-oriented practices through the development of technical advisories, training, technical assistance, relevant work groups, etc.</p> <p>Support the implementation of pilot projects</p> <p>Conduct rapid-cycle change projects</p> <p>Collaborate across systems to promote practice alignment</p>	<p>Conduct outcome assessments</p> <p>Disseminate lessons learned</p> <p>Provide advanced training and technical assistance</p> <p>Increase collaboration with other systems around the provision of recovery-oriented services</p> <p>Identify additional recovery-oriented practices that will be prioritized</p>
<p>Contextual Alignment</p> <p>(Change policy, fiscal, regulatory and administrative infrastructure so that it supports the sustainability of Michigan’s culturally competent ROSC)</p>	<p>Identify fiscal, policy and regulatory barriers to delivering services and supports that promote recovery and resilience</p> <p>Identify strategies for addressing barriers to implementation</p> <p>Develop strategies to engage the community to support ROSC</p>	<p>Align fiscal and policy infrastructure to support recovery-oriented services</p> <p>Identify and address contextual challenges that arise within the pilot projects</p>	<p>Conduct cost/benefit analyses in various parts of the system</p> <p>Identify ongoing policy/fiscal challenges</p> <p>Increase expectations around the delivery of recovery-oriented care, through changes in contract language, inclusion in RFPs</p> <p>Actively address regulatory barriers to the full implementation of practice changes</p>

Table 2: Plan and Report on Action/Progress toward ROSC/Recovery Implementation and Enhancement

Select the Appropriate Option: ___ Annual Plan or ___ Quarterly Reporting Form

Elements of ROSC/Recovery	Conceptual Alignment Phase 1: Early Phase 2: Intermediate Phase 3: Advanced <i>When reporting Indicate to which phase your activity/accomplishment is associated</i>	Practice Alignment Phase 1: Early Phase 2: Intermediate Phase 3: Advanced <i>When reporting Indicate to which phase your activity/accomplishment is associated</i>	Contextual Alignment Phase 1: Early Phase 2: Intermediate Phase 3: Advanced <i>When reporting Indicate to which phase your activity/accomplishment is associated</i>
	(Develop consensus; promote an in-depth understanding of a ROSC/Recovery)	(Align services and supports with a ROSC/Recovery and resilience orientation)	(Change policy, fiscal, regulatory and administrative infrastructure so that it supports the sustainability of ROSC/Recovery)
<ul style="list-style-type: none"> ▪ Holistic and integrated services beyond symptom reduction 			
<ul style="list-style-type: none"> ▪ Person-Driven 			
<ul style="list-style-type: none"> ▪ Continuity of care - assertive outreach and engagement; and ongoing monitoring and support 			
<ul style="list-style-type: none"> ▪ Culturally responsive services. 			
<ul style="list-style-type: none"> ▪ Occurs via many pathways 			
<ul style="list-style-type: none"> ▪ Peer supports and services 		Example: [Identify additional recovery oriented practices that will be prioritized] <u>Advanced:</u> Continue the availability of effective peer run organizations which provide varying levels of peer support services.	
<ul style="list-style-type: none"> ▪ Community health and wellness 	Example: [Increase awareness of the types of services and supports within Michigan that are leading to better outcomes] <u>Advanced:</u> Established an advisory Council inclusive of persons with lived experience, to make		

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	recommendations on environmental prevention strategies to improve community wellness		
▪ Family and Significant Other Involvement		Example: [Conducting baseline assessments] <u>Early:</u> Implemented Region –wide the Recovery Self-Assessment (RSA) – Family, Significant Other, Advocate Version	
▪ Systems/services anchored in the community			
▪ Evidence- and Strength- based practices			
▪ Trauma informed			
▪ Based in respect			

Utilizing the Recovery Survey Tools

Process for the RSA Survey User(s):

Identify each question on the individual RSA surveys tool as being associated to Conceptual, Practice, or Contextual Alignment. For each type of alignment add up the scores given to each of those questions, then divide that total number by the number of that alignments questions...EXAMPLE: let's say that the RSA Provider survey has five Practice Alignment questions and the survey responses to these five quests are – 3.0, 4.0, 1.0, 4.0, and 4.0. Adding the response numbers together you get 16.0., then divide by 5 and the average score for Practice alignment is 3.2. For those who have done baseline or previous usage of this survey utilize the same scoring process for that survey.

Once you have totaled the information from the previous and current survey periods compare the two number totals, and identify the differences so as to show progressive or regressive outcomes for transformation efforts related to each alignment. Use this information to inform your future planning initiatives targeting areas of regression or little to no progression. It may take some time to calculate your base line and current survey numbers, however, this will provide you with good information for planning and showing progress in your transformation efforts.

Identify each of the RSA survey forms being used in your region, please show the previous survey result numbers compared to the current survey result numbers and the progressive or regressive variance.

Table 3a: RSA Survey Forms Information			
	Previous RSA Survey Alignment Scores Date of Survey:	Current RSA Survey Alignment Scores Date of Survey:	Variance between Previous and Current RSA Survey Scores
RSA Survey – Individual Recovery			
Type of Alignment			
Conceptual Alignment			
Practice Alignment			
Contextual Alignment			
RSA Survey - Program Provider			
Type of Alignment			
Conceptual Alignment			
Practice Alignment			
Contextual Alignment			
RSA Survey – Management/Administration			
Type of Alignment			
Conceptual Alignment			
Practice Alignment			
Contextual Alignment			

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RSA Survey – Family and Significant Others			
Type of Alignment			
Conceptual Alignment			
Practice Alignment			
Contextual Alignment			

RSA Survey Forms Table - EXAMPLE			
	Previous RSA Survey Alignment Scores Date of Survey:	Current RSA Survey Alignment Scores Date of Survey:	Variance between Previous and Current RSA Survey Scores
RSA Survey – Family and Significant Others			
Type of Alignment			
Conceptual Alignment	28.0	35.0	+7
Practice Alignment	16.0	12.0	-4
Contextual Alignment	21.0	21.0	No Change

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Process for the REE Survey User(s):

Beginning with section three of the REE Survey and going through section five identify each question on the individual RSA surveys tool as being associated to Conceptual, Practice, or Contextual Alignment. Then using the following scoring key assign every numbered and lettered question the numeric value identified in the key, i.e., a “strongly agree” response would be assigned the number four.

- Strongly Agree (SA) = 4.0
- Agree (A) = 3.0
- Disagree (D) = 2.0
- Strongly Disagree (SD) = 1.0

Next, for each type of alignment add up the scores given to each of those questions, then divide that total number by the number of that alignments questions...EXAMPLE: let’s say that the REE survey, section three has five Practice Alignment questions and the survey responses value to these five quests are – 3.0, 4.0, 1.0, 4.0, and 4.0. Adding the response numbers together you get 16.0., then divide by 5 and the average score for Practice alignment is 3.2. For those who have done baseline or previous usage of this survey utilize the same scoring process for that survey so that you can do a comparative analysis.

Once you have totaled the information from the previous and current survey periods compare the two number totals, and identify the differences so as to show progressive or regressive outcomes for transformation efforts related to each alignment. Use this information to inform your future planning initiatives targeting areas of regression or little to no progression. It may take some time to calculate your base line and current survey numbers, however, this will provide you with good information for planning and showing progress in your transformation efforts.

Table 3b: REE-MI Survey Form Information			
	Previous REE Survey Alignment Scores Date of Survey:	Current REE Survey Alignment Scores Date of Survey:	Variance between Previous and Current REE Survey Scores
REE Survey – Section III			
Type of Alignment			
Conceptual Alignment			
Practice Alignment			
Contextual Alignment			
REE Survey – Section IV			
Type of Alignment			
Conceptual Alignment			
Practice Alignment			
Contextual Alignment			
REE Survey – Section V			
Type of Alignment			
Conceptual Alignment			

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Practice Alignment			
Contextual Alignment			
REE Survey Form Table - EXAMPLE			
	Previous REE Survey Alignment Scores Date of Survey:	Current REE Survey Alignment Scores Date of Survey:	Variance between Previous and Current REE Survey Scores
REE Survey – Section III			
Type of Alignment			
Conceptual Alignment	28.0	35.0	+7
Practice Alignment	16.0	12.0	-4
Contextual Alignment	21.0	21.0	No Change

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

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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.

An individual's recovery relies on the existence of a recovery oriented system

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.

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

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.

Adopted by TSC, Sept. 30, 2010

*of care.
Without
a
services
system*

'Recovery is a process not an event'

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.

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 support 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

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

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.

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.

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.

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.

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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.

4) 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.

5) 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.

6) 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.

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7) 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.

8) 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.

9) 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.

10) 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.

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.

12) Integrated strength-based services

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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.

13) 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.

14) 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.

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.

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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.

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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.