Recovery-Oriented Systems of Care, the Culture of Recovery, and Recovery Support Services

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Recovery-oriented systems of care shift the question from, "How do we get the client into treatment?" to "How do we support the process of recovery within the person's environment?"[1]

— H. Westley Clark, MD, JD, CAS, FASM

The past decade has been marked by a growing involvement of consumers in the management of their own health care. Individuals, in collaboration with their caregivers, have assumed responsibility for wellness management for a variety of conditions.

Over the past several years, a variety of groups have attempted to define recovery from drug and alcohol addiction with comparable results. In 2005, the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment (SAMHSA/CSAT) held a National Summit on Recovery which convened over 100 individuals representing the treatment and recovery field. While it was acknowledged that individuals may chose to define recovery differently, a working definition of recovery, reflecting the tenor of the Summit deliberations, emerged: *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.*[2]

The addictions treatment field across the nation is undergoing a fundamental shift in the way we view the disease of addiction to drugs and alcohol and, consequently, a shift in the way we deliver services to those in need. For decades, an acute care model has been used to deliver episodic treatment to people when their symptoms are most severe. Clinical experience and studies conducted over several decades confirm that while some individuals can sustain long-term recovery through acute care treatment, over one-half of the clients entering publicly-funded treatment programs require many episodes of treatment over a period of several years to achieve and sustain recovery.[3,4] In addition, people have been assigned to available models of treatment without regard to their individual requirements or unique life circumstances.

The concept of recovery-oriented systems of care for people suffering from addiction to drugs and alcohol is not new to the addictions treatment field. However, the terminology has surfaced in recent years as a way of capturing the shift in practice from treating addiction as an acute, episodic disease to acknowledging the chronic, relapsing nature of the illness and the need for person-centered services over the continuum of the recovery process.

The participants in the SAMHSA/CSAT Summit, more than one-half of whom are in recovery from addiction, provided general direction to SAMHSA and other stakeholder groups to assist in developing and implementing recovery-oriented systems of care in the form of guiding principles and systems of care elements.

The guiding principles of recovery from addiction are:[2]

- 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.
- Recovery emerges from hope and gratitude.
- Recovery involves a process of healing and self-redefinition.
- Recovery involves addressing discrimination and transcending shame and stigma.
- Recovery is supported by peers and allies.

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- Recovery involves (re)joining and (re)building a life in the community.
- Recovery is a reality.

Further, a recovery-oriented delivery system should contain the following system of care elements:[2]

- Person-centered
- Family and other ally involvement
- Individualized and comprehensive services across the lifespan
- Systems anchored in the community
- Continuity of care
- Partnership-consultant relationships
- Strengths-based
- Culturally responsive
- Responsiveness to personal belief systems
- Commitment to peer recovery support services
- Inclusion of the voices and experiences of recovering individuals and their families
- Integrated services
- System-wide education and training
- Ongoing monitoring and outreach
- Outcomes driven
- Research-based
- Adequately and flexibly financed

Across the country, states such as Connecticut, Arizona, and Michigan and the city of Philadelphia have over time successfully transformed their addiction treatment delivery systems into recovery-oriented systems of care. Their well-documented experiences of lessons learned along the path to transformation, serve as examples from which other states can benefit.[5-7]

During a SAMHSA-sponsored training session to assist states in planning and implementing recovery-oriented systems of care held in Charleston, South Carolina in January of 2008, the team of representatives from North Carolina concurred with and committed to using both the principles and systems of care elements developed at the 2005 National Summit on Recovery in the design of North Carolina's recovery-oriented systems of care.

Team members recognized the need to create a conceptual plan for the state, as well as review and modify planning related to funding. They further acknowledged the need to develop curricula to educate groups such as consumers, providers, funders, and policymakers. The team also stated the need to collaborate and get buy-in across systems such as housing, justice, employment, social services, and mental health, as well as to provide ongoing training to Local Management Entities, consumers, and the provider workforce.

Steps that North Carolina has already taken to implement recovery-oriented systems of care include:

- A state Substance Abuse Treatment Improvement Team has been activated in the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services.
- A RecoveryNC campaign has been launched to reduce the stigma attached to persons in recovery and empower them to have a voice in matters that affect their recovery and the services they need.
- A Recovery Standing Committee is in place with the following vision and mission: *Vision:* North Carolinians will understand the value of recovery from drug and alcohol addiction and its significance to the well-being of our communities. *Mission:* To educate and advocate for recovery from drug and alcohol addiction in North Carolina.
- An Advocacy and Customer Service Section is in place within the North Carolina Department of Health and Human Services with a direct line of report to the Secretary.
- State and local Consumer and Family Advisory Councils have been established.
- A relationship has been established with the state leadership of Alcoholics Anonymous and Narcotics Anonymous, as well as an agreement to cooperate in the implementation of recovery-oriented systems of care.
- Training has been offered across the state regarding the legal rights and responsibilities of persons in treatment for and recovery from addiction.
- Initial surveys have been conducted and existing provider workforce and system components have been identified.

The Culture of Recovery

The pathways to recovery are as numerous and unique as the persons who travel them. Faces and Voices of Recovery, a national organization founded in 2001 to assist communities of people in recovery to advocate for their own needs, has prepared a document entitled *Pathways to Recovery*, which describes in detail the paths of treatment and sustained recovery available to people with addictions.[8]

For many, the recovery process is marked by cycles of treatment, recovery, relapse, and repeated treatment before resulting in long-term stable recovery.[9] Acknowledging this process, many people working through their own recovery feel the need to stay in touch with the recovery process as either a counselor or volunteer as a way of ensuring or protecting their recovery. In addition, remaining faithful to the traditions that brought many to recovery requires them to reach back and help others on their own paths to recovery. As a result, many people in recovery join the ranks of clinicians delivering treatment to people with addictions or become peer support specialists providing a variety of recovery support services.

Mutual aid or peer support groups have been shown to play a significant role in the process of recovery.[10-12] In fact there is a 250-year tradition of persons with drug and alcohol problems banding together for mutual support in recovery.[5] The most widely known peer support groups are the 12-step organizations Alcoholics Anonymous (AA) and Narcotics

Anonymous (NA). In North Carolina, most recovery support services are obtained through these organizations. They are self-run, self-sustaining, free from outside intervention, and receive no funding from outside sources.

There are also 129 Oxford House recovery homes in North Carolina with an average of nine residents per house (for more information on the Oxford House program, see the commentary by Kathleen Gibson in this issue). They, too, are self-managed and funded. Studies have shown that the support, guidance, and shared information that Oxford House residents obtain from fellow housemates help to enhance recovery and reduce relapse.[13]

Recovery Support Services

Recovery support services delivered within recovery-oriented systems of care are nonclinical services which may be provided to individuals not requiring or seeking treatment. They may also be provided during and after treatment. They may include:

- Transitional housing or recovery homes, such as Oxford Housing
- Transportation
- Life skills, parenting, employment, or vocational training and support
- Food, clothing, or other basic needs
- Child care
- Family and/or spiritual support
- Legal services
- Recreation
- Service brokerage
- Recovery coaching, mentoring, and checkups

There is not an exact count of treatment providers within North Carolina who also offer comprehensive recovery support services for their clients. Notable among those who do are First Step of Western North Carolina, with locations in Raleigh and Garner; TROSA in Durham; and First at Blue Ridge, Inc., in Ridgecrest. Efforts are also being made at the University of North Carolina to define roles for peer support specialists, and to prepare training materials to assist persons wanting to deliver these services to obtain certification to do so.

More work is necessary to prepare clear definitions and funding mechanisms for the delivery of all of the recovery support services mentioned above. As previously noted, North Carolina has already made initial steps and has put key committees in place to begin the transition to a comprehensive, recovery-oriented approach to the delivery of services for its residents who suffer from drug and alcohol addictions. **NCMJ**

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