

Description of Systems of Care Elements

Recovery-oriented systems 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.

Systems of Care Elements

Person-centered. Recovery-oriented systems of care will be person-centered. Individuals will have a menu of stage-appropriate choices that fit their needs throughout the recovery process. Choices can include spiritual supports that fit with the individual's recovery needs.

Family and other ally involvement. Recovery-oriented systems of care will acknowledge the important role that families and other allies can play. Family and other allies will be incorporated, when appropriate, in the recovery planning and support process. They can constitute a source of support to assist individuals in entering and maintaining recovery. Additionally, systems need to address the treatment, recovery and other support needs of families and other allies.

Individualized and comprehensive services across the lifespan. Recovery-oriented systems of care will be individualized, comprehensive, stage-appropriate, and flexible. Systems will adapt to the needs of individuals, rather than requiring individuals to adapt to them. They will be designed to support recovery across the lifespan. The approach to substance use disorders will change from an acute-based model to one that manages chronic disorders over a lifetime.

Systems anchored in the community. Recovery-oriented systems of care will be nested in the community for the purpose of enhancing the availability and support capacities of families, intimate social networks, community-based institutions and other people in recovery.

Continuity of care. Recovery-oriented systems of care will offer a continuum of care, including pretreatment, treatment, continuing care and support throughout recovery. Individuals will have a full range of stage-appropriate services from which to choose at any point in the recovery process.

Partnership-consultant relationships. Recovery-oriented systems of care 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.

Strength-based. Recovery-oriented systems of care will emphasize individual strengths, assets and resiliencies.

Culturally responsive. Recovery-oriented systems of care will be culturally sensitive, competent and responsive. There will be recognition that beliefs and customs are diverse and can impact the outcomes of recovery efforts. In addition, the cultures of those who support the recovering individual affect the recovery process.

Responsiveness to personal belief systems. Recovery-oriented systems of care will respect the spiritual, religious and/or secular beliefs of those they serve and provide linkages to an array of recovery options that are consistent with these beliefs.

Commitment to peer recovery support services. Recovery-oriented systems of care will include peer recovery support services. Individuals with personal experience of recovery will provide these valuable services.

Inclusion of the voices and experiences of recovering individuals and their families. The voices and experiences of people in recovery and their family members will contribute to the design and implementation of recovery-oriented systems of care. People in recovery and their family members will be included among decision-makers and have oversight responsibilities for service provision. Recovering individuals and family members will be prominently and authentically represented on advisory councils, boards, task forces and committees at the Federal, State and local levels.

Integrated services. Recovery-oriented systems of care will coordinate and/or integrate efforts across service systems to achieve an integrated process that responds effectively to the individual's unique constellation of strengths, desires and needs.

System-wide education and training. Recovery-oriented systems of care will ensure that concepts of recovery and wellness are foundational elements of curricula, certification, licensure, accreditation and testing mechanisms. The workforce also requires continual training, at every level, to reinforce the tenets of recovery-oriented systems of care.

Ongoing monitoring and outreach. Recovery-oriented systems of care will provide ongoing monitoring and feedback with assertive outreach efforts to promote continual participation, re-motivation and reengagement.

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

Research-based. Recovery-oriented systems of care will be informed by research. Additional research on individuals in recovery, recovery venues and the processes of recovery, including cultural and spiritual aspects, is essential. Research will be supplemented by the experiences of people in recovery.

Adequately and flexibly financed. Recovery-oriented systems of care will be adequately financed to permit access to a full continuum of services, ranging from detoxification and treatment to continuing care and recovery support. In addition, 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.