



Guidelines for Developing Recovery-Oriented Behavioral Health Systems

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Quality Improvement Workgroup
Pittsburgh, PA**

Fall 2012

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Introduction

In July of 2003 the President's New Freedom New Freedom Commission published their final report, *Achieving the Promise: Transforming Mental Health Care in America*. Nine months earlier President George W. Bush declared, "Our country must make a commitment. Americans with mental illness deserve our understanding and they deserve excellent care." He charged the Commission to study the mental health service delivery system, and make recommendations that would enable adults with serious mental illnesses and children with serious emotional disturbance to live, work, learn, and participate fully in their communities.

The promise of the New Freedom Initiative is that a life in the community can be realized for everyone as mental health services and supports actively facilitate recovery, and build resilience to face life's challenges. The benefits to transformed systems will be felt across America in families, communities, schools, and workplaces. Recovery from mental illness is the expected outcome from a transformed system of care (Hogan, Michael, F., Introduction to the Report).

The Guidelines for Developing Recovery-Oriented Behavioral Health Systems are the product of the Quality Improvement Workgroup of the Allegheny County Coalition for Recovery (ACCR) in the spirit of the New Freedom Initiative. The paper's purpose is to facilitate reform through stimulating thought, discussion and practical suggestions for changing practices. The workgroup suggests that mental health and addiction practitioners as well as the organizations in which they work will develop and implement behavioral health recovery practices in a comprehensive way. These guidelines will assist in engaging administrators, boards, direct care staff and people and families in recovery who receive services in discussions about practices and approaches that will promote recovery for those who experience emotional and cognitive distress and/or unhealthy substance use or other addictive behaviors. We recommend that those individuals involved in governing, developing, managing or providing services, use these guidelines as a mechanism to further enhance the recovery of all those they serve and, we hope, make professional life more rewarding.

ACCR consulted numerous sources and listened to the stories of many people in recovery. Although definitions of recovery are quite individualized, common themes have emerged. For example:

- Recovery is about personal growth and restoration;
- Recovery allows the renewal of purpose, meaning and hope;
- Recovery is about revelation, acceptance, and self-awareness;
- Recovery is about dignity and self-respect;
- Recovery means independence, personal responsibility and productivity;
- Recovery involves tolerance, forgiveness and adaptability;
- Recovery is about connecting in a fulfilling way with a community of other people;
- Recovery is about establishing meaningful relationships;
- Recovery is a universal concept that can be used by anyone;
- Recovery is about overcoming stigma.

The Guidelines have various topic areas:

- I. *Administration*** pertains to the aspects of recovery-oriented services that relate to agencies or organizations or to the broader policies and approaches of organizations.
- II. *Clinical Services*** refer to those areas relating primarily to services traditionally delivered in clinical settings. Because recovery-oriented services emphasize integration of a variety of services, the intent is not to reinforce the separation of services, but rather to highlight some of the critical areas where recovery-oriented service delivery may differ from more traditional methods
- III. *Support Services*** refers to a range of services that are generally outside of the traditional clinical settings, yet are very important to recovery. Supports need to be coordinated and integrated with the total care of the individual.
- IV. *Prevention*** refers to health management programs that are in place to assist individuals in making healthy choices about diet, exercise, medication, stress reduction, substance use and other aspects of their lives
- V. *Conclusion***
- VI. *References***

Each subsection is composed of a general description of the recovery-oriented services approach to the topic area. Following the introductory paragraph for each topic is a set of two to four observable measures to serve as indicators of services that are recovery-oriented. Finally, we have included a section for references for further study.

We appreciate the many people who contributed to this document, and we acknowledge the numerous resources used in its development. We hope that these Guidelines will be easy to understand and use and that they will be helpful as we all continue the process of reinventing the ways we think about and deliver the services that help people recover from mental illness and addiction. Future revisions will undoubtedly include the wisdom gathered from the many people who will read and comment on this version. Comments and suggestions are always welcome. For more information please go to the Allegheny County Coalition for Recovery Website, www.coalitionforrecovery.org.

I. Administration

Recovery-oriented services require that the behavioral health agency be organized and administered in a way consistent with promoting recovery. In some cases this may involve restructuring basic administrative processes. Recovery oriented administration involves new kinds of relationships with people and families in recovery, significant others, and the broader community that is rooted in mutual respect. It is important to remember that significant others can include friends, partners, and peers. There are many ways to define family.

☞ Organizational Philosophy and Strategic Planning

For organizations to successfully provide recovery-oriented services, they must state their commitment to the recovery philosophy in their mission statement. The organizational mission should state that individuals with mental illness and/or addictions can achieve recovery over time. The organization's strategic planning goals, mission and objectives must include the development and strengthening of the community of recovering persons.

Indicators:

- The people in recovery, family members and significant others participate in the strategic planning process defined above.
- People in recovery are paid for participating in planning activities whenever possible.
- Mission and vision statements clearly state a commitment to helping people enter recovery and a plan for achieving recovery-oriented services.
- The strategic plan outlines steps for developing recovery-oriented services.

☞ Stigma within the Organization

Stigma is a barrier to recovery because it prevents people from being valued on the basis of their personal strengths. Eliminating stigma and discrimination necessitates those with co-occurring substance and other addictions are assessed and treated comprehensively wherever they first access services. Professionals must be aware of their own attitudes toward people with mental and emotional challenges or addictions and avoid stereotyping anyone. Stereotyping is the process of assuming that someone has a set of (usually negative) characteristics because of some other characteristic that they do have. Examples of stereotypes are, "all people wearing glasses are nerds," or "all people with mental illness are dangerous or unintelligent." These stereotypes are sometimes based on symptoms, difficulties or addiction(s). To accomplish eliminating internal organizational stigma, the organization must accept persons in recovery at whatever stage the person has achieved, and recognize that each person's progress is unique.

Indicators:

- People in recovery know they are understood and respected by the professionals who serve them.
- The successes of people in achieving their goals are recognized and celebrated.
- People in recovery are recruited and supported in meaningful participation at all levels of the organization and are participants in service provision, evaluation, budgeting, and governance.

- The administration supports and provides for training in Motivational Interviewing to aid staff in accepting people wherever they are on their journey to healing and health.

☞ External Stigma

People with behavioral health issues are frequently stigmatized in their communities. Behavioral health professionals have a responsibility to prepare and assist individuals to live successfully in the community. Professionals should also lessen stigma by educating the community. This can include networking with community leaders and organizations and providing education and training events.

Indicators:

- The organization joins those they serve in raising awareness and actively combating stigma in the community.
- The organization encourages people in recovery to participate and take on leadership roles in local and regional advocacy groups.
- Community mental health and addictions professionals are well-informed and educate the community about the reality of recovery.

☞ Training and Continuing Education for Service Providers

All mental health and addiction professionals must have a thorough understanding of recovery concepts and a grasp of the perspectives of people in recovery. Continuing education programs should include training on recovery principles. Orientation and on-going training should give professionals the opportunity to interact with those they serve in community settings. The organization's training standards and requirements should reflect both of these goals.

Indicators:

- Persons in recovery and professionals have opportunities to interact in the community, outside of clinical relationships.
- Professionals receive ongoing training on recovery and wellness principles and practices.
- People in various stages of recovery participate in the training of professionals.

☞ Continuous Quality Improvement (CQI)

Continuous quality improvement is a process by which organizations make their practices more efficient and effective in producing valued outcomes. Although developed originally for business applications, many human service organizations use CQI techniques to monitor and improve their services. As those most affected by health care, the people in recovery are in the best position to identify improvement opportunities. They are also in the best position to develop and evaluate improvement plans. Therefore, quality improvement activities should involve them at every level. Providers can show respect by always compensating persons in recovery fairly for their participation whenever and to the extent that is possible.

Indicators:

- Persons in recovery are well represented in continuous quality improvement activities in significant and valued roles and are compensated for their participation when possible.

- The opinions and ideas of those in recovery are actually used by the organizations in identifying improvement areas and developing improvement plans.

☞ Outcome Assessment

Service providers are being held more and more accountable for measurable outcomes. In recovery-oriented services it is the progress of the person in recovery and their personal growth that is recognized as a crucial part of service outcomes. Outcomes must measure concrete levels of function (like the number of days lived in the community and growth outcomes such as employment, trainings and education) and overall quality of life.

Indicators:

- Persons in recovery help to figure out what outcome indicators to measure and how they should be measured.
- Outcome results are shared with persons in recovery in terms they can understand.
- The organization uses results to improve services and programs.
- The organization stays up-to-date in the field.

II. Clinical Services

Clinical services are behavioral health services that are provided by a trained clinician such as a psychiatrist, master's level therapist or other behavioral health professional that support, promote and enhance the recovery process. It is hoped that multi-disciplinary teams include Certified Peer Specialists and/or Peer Specialists. Examples of clinical services include individual therapy, family therapy, and medications. Recovery-oriented services provide clinical services, in a way that promote personal responsibility, independence as a goal, informed choice and consent all with authentic community integration for the individual. Behavioral health services in the past have frequently fostered dependence rather than independence, and have segregated people rather than helping them to integrate with the community.

☞ Empowerment

An important part of recovery-oriented services is the empowerment of individuals. People are empowered by active participation in developing their own care plan. Individuals should also participate in the overall design of services. They will experience increased self-esteem and a higher quality of recovery by taking part in the decision-making process. Self-esteem means that an individual regards him or herself positively and believes that he or she has value as a person. Recovery oriented service providers recognize that people have the right to make choices about their own care. Shared decision making includes matters such as level of treatment and medication management. People and families in recovery are capable and welcome accepting responsibility for making informed choices regarding their own care and the results of these choices.

Indicators:

- Choices made by individuals are respected by service providers.
- Individuals receive comprehensive and understandable information regarding service options and have opportunities to choose their services.
- Medication management is a shared decision making process whenever at all possible.
- Direct-care staff effectively educates and inform clients of their rights and responsibilities while establishing a relationship with them to help them become active in their own recovery.

☞ Available Services

Individuals should be able to choose from a variety of services and service providers. Recovery oriented services encourage and develop self-sufficiency and decision making. Recovery oriented services are flexible and tailored to the individual. Services should include but not be limited to, individual and group therapy, psychiatric and social rehabilitation and skills building opportunities, different levels of service coordination, crisis management, and participation in medication management. Recovery oriented administration makes available Certified Peer Specialists and other Peer support to individuals. Prevention, health maintenance, and illness self-management principles guide all services.

Indicators:

- Service options support recovery and wellness and include self-management practices.

- A wide variety of service options and providers are available.
- Individuals and family members participate in agency decisions regarding resource use and service development.

☞ Cultural Competence

Cultural competency is an important aspect for every organization in the current multi-cultural environment. The ability to provide services that are perceived as legitimate for problems experienced by the individual and interventions the individual is willing to accept because the service interventions are uniquely designed to tap into their cultural identity. (McPhatter, A.M.1997). Cultural competency begins with cultural sensitivity. A recovery-oriented clinician is aware of his or her own culture and that of her client. Culturally sensitive clinicians show respect for individuals and their unique cultural environment. They recognize that beliefs and customs are diverse and impact the outcomes of recovery efforts. Cultural factors may be an important area of strength for recovering individuals. Access to service providers with similar cultural backgrounds and communication styles supports individual empowerment, independence, self-respect, and community integration.

The US Department of Human Services, Office of Minority health has developed National Standards on Culturally and Linguistically Appropriate Services (CLAS) which can be accessed at:

- <http://minorityhealth.hhs.gov/assets/pdf/checked/finalreport.pdf>

Indicators:

- Staff is culturally representative of the community being served.
- Staff meets established cultural competency standards.

☞ Integration

Integrated care is the coordination and collaboration between physical and behavioral healthcare providers. This, of course, includes substance use disorders and other behavioral diagnoses. A recovery-oriented clinical health care professional considers all health conditions at the same time. Integrated care is person-centered and requires health care professionals to view each person holistically (mind, body, spirit, and in their community).

According to SAMHSA, “Integrating mental health, substance abuse, and primary care services produces the best outcomes and proves the most effective approach to caring for people with multiple healthcare needs.”

Integrated care can occur in many different ways. For example, services can be co-located to allow for improved access and communications. Integrated care can also occur when a team of professionals work together with the same individuals or a professional with mental health or substance use training may provide all basic (mental health, substance use and physical health) services for each individual served.

Indicators:

- Service providers detect the presence of unhealthy substance use and mental health disorders through screening processes.
- Co-occurring mental health and substance use disorders are treated at the same time by the same clinician.
- Clinical staff demonstrate application of motivational interviewing in areas outside of traditional chemical addictions by applying it to eating disorders, fears of physical health care providers and dentists.
- Recovery-oriented services will value and promote a holistic approach to health maintenance and recovery. A holistic approach to recovery includes physical and mental recovery.
- Service providers assess a person's physical health needs and link them as needed to physical health care providers such as Primary Care Physicians, dentists and the like.
- Recovery-oriented services are developmentally appropriate and support individuals in significant life transitions for example from adolescence to adulthood.
- Evidence of appropriate screening and referral is found in the treatment and service plans. Integrated plans show evidence of collaboration between physical health care professionals and mental health care professionals.
- Goals and objectives reflect the client's choice in choosing the domain of change. Goals can be seen in areas such as blood glucose monitoring independence, weight loss, exercise and independent community involvement.

☞ Substance Use Disorders

Whenever possible, treatments of substance use disorders are integrated in recovery-oriented clinical services. This can occur via collaboration with other providers, collocation of services or by professionals with training and experience working with individuals with co-occurring disorders.

Indicators:

- Service providers detect the presence of unhealthy substance use and mental health disorders through screening processes.
- Co-occurring mental health and substance use disorders are treated at the same time by the same clinician.
- Clinical staffs have training and demonstrated proficiency in the application of person-centered motivational interviewing.

Clinical staff have training and demonstrate an understanding of behavioral addictions in areas such as exemplified by gambling, sexual, cleaning, internet and/or shopping addictions.

☞ Behavioral Health and Physical Health Services

Whenever possible, Behavioral Health and Physical Health should be integrated and holistic. This can occur via collaboration with other providers, collocation of services or by professionals with training and experience working with individuals with multiple healthcare needs.

Indicators:

- Recovery-oriented services will value and promote a holistic approach to health maintenance and recovery. A holistic approach to recovery includes physical and mental recovery.
- Recovery-oriented services will value and promote holistic approaches to health maintenance and recovery. Service providers assess a person's physical health needs and link them as needed to physical health care providers such as Primary Care Physicians, dentists and the like.
- Recovery-oriented services are developmentally appropriate and support individuals in significant life transitions for example from adolescence to adulthood.

☞ Involuntary Treatment

Involuntary treatment is any treatment which the person does not choose. This may be treatment which has been ordered by a legal inpatient or outpatient commitment process, such as a "302 commitment" in the Commonwealth of Pennsylvania. It also refers more broadly to treatment or aspects of treatment which might be imposed on a person against his or her will. Individuals should be offered choices to the greatest extent possible with regard to their treatment plan. Services providers should encourage the transition to voluntary treatment status as soon as possible. The use of involuntary services is not compatible with recovery principles. Therefore, providers of recovery-oriented services will make every effort to minimize the use of involuntary treatment. When they are unavoidable, they should be used with great care. Involuntary treatment arrangements should occur in the least restrictive environments possible and maintained for the shortest period possible. Individuals should be treated with compassion and respect during involuntary treatment.

Indicators:

- Individual advocacy liaisons are appointed to courts and involuntary treatment authorities.
- Involuntary treatment is rarely used. When used it should be treated as a sentinel event.
- Changes to voluntary services are facilitated.

☞ Seclusion and Restraint

The use of seclusion and restraint should be used only in extreme situations where safety is threatened. Seclusion is a process by which a person is removed from their usual environment and kept separate from other people. Restraint includes a variety of procedures which keep a person from acting or moving freely. Some restraints are physical and some are chemical medications. When it is necessary, they should be kept to a minimum and should be implemented in the most humane manner possible. Seclusion and Restraint should never be used at the same time. Service providers should discontinue use of these measures as soon as possible.

Indicators:

- Crisis plans use a progression of techniques designed to calm down dangerous situations.
- Debriefing occurs after all incidents requiring restraint or seclusion.
- When seclusion or restraint is necessary, the following is expected:
 1. It is brief and rare.
 2. Organizations have related policy and procedures in place to minimize the trauma inflicted.

☞ The Recovery Planning Process

A recovery plan is a type of service plan or treatment plan that is developed in partnership with the person in recovery. It includes specific recovery-oriented goals chosen by the person on the recovery journey and it identifies personal strengths and resources which may be helpful in meeting the recovery goals. Comprehensive recovery plans should include goals for treatment, supports, transitions, and health maintenance. Individuals and providers should develop the goals and the plan together. The plan should guide services and be updated often. The plan should be put to practical use in setting goals and measuring progress toward wellness through all phases of care. A person should be able to choose components of the plan whenever possible. The recovery planning process should identify and use a person's strengths in designing a plan to overcome their difficulties. An individual should have enough information to make good decisions regarding his/her recovery plans.

Indicators:

- Recovery planning is collaboration between an individual and a service provider.
- Recovery plans are used continually to guide care and are updated regularly.
- Recovery plans are individualized and emphasize the person's strengths and choices.

☞ Mental Health Advance Directives

Trained service providers should encourage and assist the development and instruction of mental health advance directives with the people that they serve. Whenever possible, Peer Support Specialists rather than providers should assist people with their mental health advance directives. A mental health advance directive is a document that indicates a person's wishes with regard to treatment in the event that the person is not able to make decisions about her/his own treatment. The document may also indicate a person or persons who are empowered to make decisions about the person in recovery's care, in the event that the individual is unable to do so. Mental health advance directives provide a way to respect the wishes of individuals should they become unable to make good decisions about their care in a crisis period of extreme illness. Service providers should give enough information to individuals so that they can make well-informed decisions. People should have opportunities to learn about and work on advance directives when they are in a reasonably good state of health.

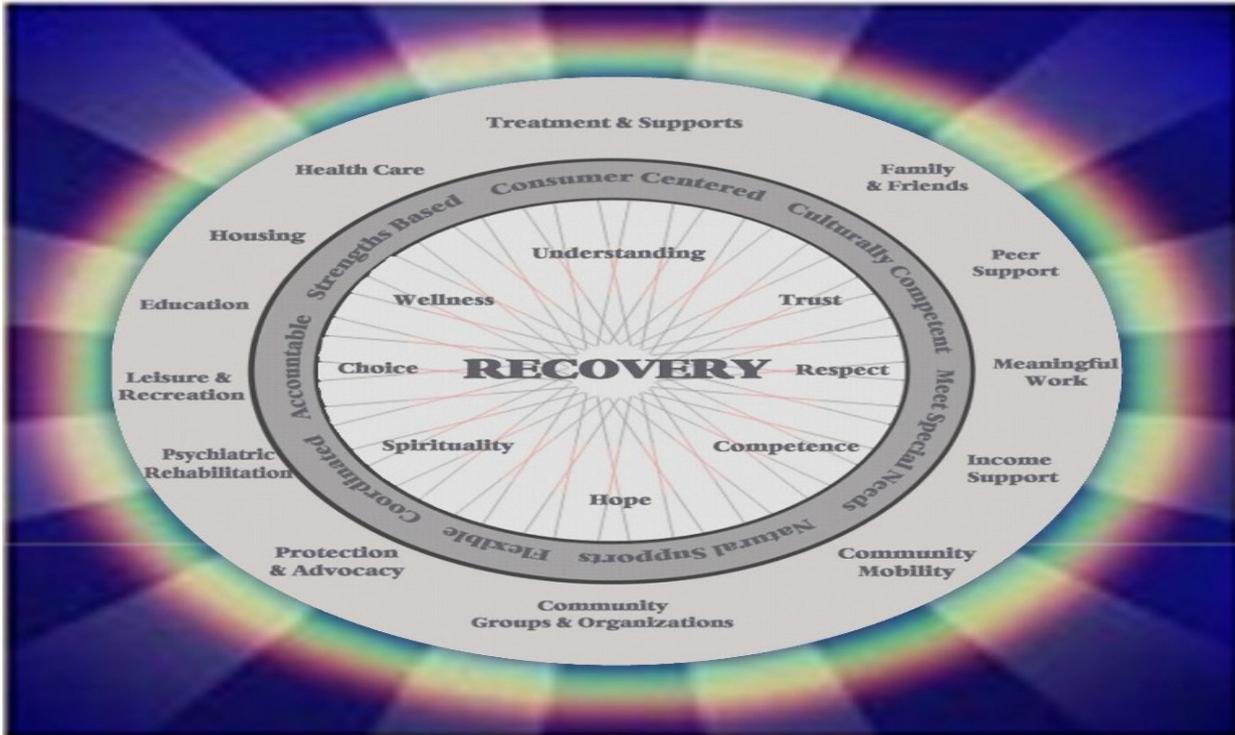
Indicators:

- Mental health advance directives and crisis plans are encouraged and respected by the organization.
- The service provider organization reviews advance directives during periods where the person has relapsed, is in a crisis, or is unable to make decisions about his/her own care.

III. Support Services

Some people may need a number of non-clinical or support services to aid in their recovery. Some support services are offered by behavioral health organizations, and some are available through other agencies or groups in the community. Service providers should help people to identify their community support needs and to facilitate access to appropriate support services.

COMMUNITY SUPPORT PROGRAM RECOVERY WHEEL



PENNSYLVANIA MENTAL HEALTH CONSUMERS ASSOCIATION
1-800-88-PMHCA

∞ Access to Community Support Services

Clinical service providers should assess the community support needs of persons who come to them for assistance. Providers should be familiar with available resources and assist the people in accessing appropriate community services and supports. Community support services may include transportation, housing, medical and dental services, child care, government benefits, peer support, employment services, educational programs, and financial resources.

Indicators:

- The community support needs of persons in recovery are assessed and documented.
- Those who coordinate or provide services help people to learn about and use available community resources.

- Community service plans are comprehensive and integrated into clinical service plans that emphasize and expand the person's capacity for independence.

☞ Work and Meaningful Activity

All people need meaning in their lives. People in recovery who receive mental health and/or addiction services should have access to a wide range of training, education, employment, and volunteer opportunities. Providers should support involvement in work, volunteer, training, formal education, and other productive activities. Providers should facilitate referrals or interventions that allow people to advance their careers through higher education or specific career training. Training and supported employment should be integrated with other services.

Indicators:

- People in recovery have a wide range of work and volunteer opportunities with various levels of support for these activities.
- Individuals feel supported in their vocational choices and assisted in their pursuit of employment or education.
- Significant resources are set aside for helping persons in recovery to achieve their employment goals.

☞ Health Literacy Education

A basic element of recovery is an individual's personal growth. A desirable outcome of recovery-oriented services is engaging people in formal and informal educational opportunities. Recovery-oriented services should provide many ways for learning about managing unpleasant or distressing symptoms, recovery and wellness, community services, and opportunities for personal growth and development. The recovery-oriented service should help people access and use information in a variety of formats. Service providers should support people in their informal and formal educational efforts.

Indicators:

- Ongoing opportunities to learn about recovery, wellness, symptom reduction, and services are available to all who receive services.
- Supports in pursuing and obtaining formal and informal educational goals and opportunities are made available to all persons.
- Service plans reflect attention to personal growth.

☞ Community Involvement

Full inclusion in a community is an important element of recovery and personal choice is a standard of community mental health services and a major goal of all recovery-oriented services. This includes both their chosen residential community as well as spiritual, vocational, social, political, and recreational communities. Involvement in such communities provides a person with many satisfying experiences and access to a wealth of natural supports. Professional services should assist persons in choosing and gaining access to such communities while they assist persons in gaining the needed skills and supports to be successfully engaged with their chosen communities.

Indicators:

- Services help people in their recovery journeys learn about and participate in a wide range of opportunities for positive and meaningful involvement in various community roles.
- People are recognized for their meaningful involvement in various communities that are made available to them within and external to the community mental health organization where they receive services.
- Persons in recovery are encouraged to expand the networks of social connections within their own communities.

☞ Family, Friends, and Significant Others Support

People recovering from behavioral health challenges often credit the support of friends, family and significant others as a key component of recovery. This support has two elements in recovery-oriented services. The first is the support *given* by friends, family and significant others to those in recovery. The second is the support needed *by* friends and family of people with significant emotional or cognitive difficulties. Family support can be a critical element in the successful recovery of those seeking wellness and healing. However, friends, family and significant others may have experienced considerable emotional, economic, and possibly physical disruption (e.g. children in Children Youth and Families, parent incarceration, etc.) during the illness/addiction of loved ones and require education and support themselves.

Indicators:

- Persons in recovery are encouraged to identify natural supports and in maintaining relationships as desired with family, friends and significant others.
- A wide range of educational opportunities are available to friends, family, and significant others of people in recovery.
- Friends, family, and significant others have the opportunity to participate in the behavioral health organization's process with the consent of the person in recovery.
- Community mental health organizations facilitate the participation of family/significant others in mutual support activities whenever that is desired by both the family, significant other and the person in recovery.

☞ Peer Support

Peer Support involves a range of activities and arrangements in which those in recovery share information and supportive activities with one another. Peer support, also called mutual support, has had a long history of success in the addictions field. There is growing evidence of its importance and success in the behavioral health recovery field as well. Recovery-oriented services should maximize the ways that persons in recovery can have the opportunity to benefit from peer support.

Indicators

- A wide range of opportunities for peer support within and outside the mental health organization are provided.
- Persons with lived-experience of serious mental illness and recovery are recruited, hired, and trained for a variety of positions within the mental health organization.

- Peer Support and Recovery Professionals are compensated at reasonable and respectful rates mindful of their training and continuing education requirements.
- Peer Support and Recovery staff is involved in the treatment of those they serve by participating as full members of the clinical team as paraprofessionals.

☞ Housing

A wide range of independent living and supported housing options should be available to persons in recovery. Community providers should support individual preferences regarding their living situations whenever at all possible. Housing that makes few demands of residents should be available, including housing that is tolerant of substance use and does not depend on participation in services.

Indicators:

- People in recovery express satisfaction with available housing options.
- Individual preferences are respected and accommodated to the greatest extent possible.
- A full range of housing options are available including various tolerant housing options.
- All housing options support expanding independence and choice.

IV. Prevention

The World Health Organization reports that by the year 2020, behavioral health disorders will exceed all physical health diseases as a major international cause of disability. Recovery-oriented services and providers should continue to utilize evidence-based practices, early interventions, health education and promote physical health and behavioral health integration. These various resources help people access treatment earlier, mitigate symptoms and focus more on their recovery. The figure below displays eight different dimensions of wellness that are currently being promoted to provide a more holistic recovery approach.



Swarbrick, M. (2006). A wellness approach. *Psychiatric Rehabilitation Journal*, 29,(4) 311- 314.

☞ Health Promotion

Recovery-oriented services provide education to persons in recovery and community organizations related to health maintenance. Health management programs are in place to assist individuals in making healthy choices about diet, exercise, medication, stress reduction, substance use and other aspects of their lives.

Indicators

- Health management groups are in place and engage community members.
- Health counseling is incorporated into all clinic appointments.
- Nutrition, exercise, substance use, and stress reduction information are available to clients and community members.
- Consultation and training is provided to community organizations wishing to promote health.

☞ Risk Screening

Identification of individuals at risk for emotional disturbance, mental illness, substance use and medical conditions will allow opportunities to provide assistance early and avoid the severe disruptions and stress associated with these difficulties. Educational institutions, religious communities, primary care centers, and community organizations may provide opportunities to conduct screening activities. Recovery- Oriented Services may provide consultation and planning assistance to agencies developing screening processes. Adult service providers should offer screening for mental health and substance abuse issues for the children/adolescents of persons in recovery.

Indicators:

- A screening network involving educational programs, child care centers, primary care offices, community centers, religious centers, etc., is in place.
- Community education programs related to the purpose of the risk screening and the nature of mental health disruptions has been developed.
- Providers offer consultation, training and support for risk screening activities in the community.

☞ Collaboration with Primary Care Providers

Ideally, services for behavioral health and physical health issues should be fully integrated (e.g. provided in the same location by clinicians that are part of an individual's treatment team). When this is not possible, service providers should establish opportunities for open lines of communication between behavioral and physical health providers. Care should be well coordinated and medical records shared easily (with client's consent) to facilitate this objective.

- Evidence of integration of behavioral health and physical health is present in the service planning process.
- Opportunities for communication between behavioral health and physical health care providers are available, promoted, and used.
- Service coordination is achieved through appropriate staffing and access to medical records.

☞ Early Intervention

Recovery-oriented services refer to early intervention programs that include activities such as family education, health management skills training, support groups, parenting classes, and anger management programs. Candidates for these programs are identified through screening of the provider agency, community organizations, and primary care partners.

Indicators:

- System has access to full range of early intervention services for individuals, their children, and families.
- Education programs and support are available and easily accessible.
- Individuals report satisfaction with screening and referral processes.

☞ Family Services

Recovery-oriented services will help identify distressed families and provide referrals to those families before they are in crisis. Referral resources might include family to family (peer) support groups, family education programs, family mentorship programs, families in recovery groups, and access to family recovery planning resources (family therapy, multiple family groups, etc.) Many of these services will be provided by voluntary community institutions such as religious communities, community service organizations, and parent–teacher associations in consultation with and encouragement from the provider community.

Indicators:

- Individuals and their families can easily identify resources available to meet their needs.
- Service providers consult with local family support centers and other community resources to provide safe, welcoming environments for families and their children.
- Links with community agencies that are able to provide supports are in place and collaborative interaction is established.
- Resources and services are available to families without an identified (diagnosed) person in recovery.

☞ Protective Services

A safe environment for recovery occurs when there is an awareness of the potential presence of violence and sensitivity to its impact on individuals and communities. Recovery-oriented services will partner with and collaborate with protective services i.e., Child and Family protective services, law enforcement, corrections, domestic violence shelters, youth programs) to identify persons at risk.

Indicators:

- Full range of supportive family services is available and accessible.
- Protective services work toward reunification whenever possible and provide families with resources needed to resume custody.
- Adequate provisions are made for the safety of children.
- Victim support services are available and used appropriately.
- Trauma informed care is evident in clinical interactions.
- “Safe” Shelters are in place to meet the needs of those who are threatened.

☞ Crisis Planning and Resolution

People under extreme stress (financial difficulties, deaths, tragedies and traumas) are often overwhelmed by the magnitude of demands placed upon them as they try to cope. Recovery-oriented services will maintain access and availability of crisis resources (i.e. warm/hot lines, peer counseling, grief and domestic violence support groups, safety shelters, legal aid, trauma debriefing, financial assistance, and coping skill building). They will do so by assessing needs in the community, establishing a referral network, and ensuring that individual crisis plans are in place. Consultation and training for community groups can develop as aspects of these programs. Providers encourage individuals to develop and have some form of crisis plan in place.

Indicators:

- Crisis plans are encouraged and respected by the organization.
- Crisis plans are incorporated in the overall recovery, wellness or service plan for the service user.
- A full array of crisis resources is represented in the provider's referral network.
- Collaborative and consultative relationships exist between the provider and community based crisis programs.

☞ Health Promotion and Resource Development

The resilience of a community is related to the well-being of its individuals, families, and organizations and their level of awareness of health promoting practices. Recovery-oriented services will empower families to influence their own environments and communities and to develop personal resources for managing their own health and to support the efforts of others in the community to do so. They will likewise support the development of community resources (i.e., with religious organizations, schools, PTAs, cultural institutions) through consultation and education and in enhancing the community's capacity to assist members in need.

Indicators:

- Families are active in shaping their community's environment.
- Community members are knowledgeable about methods for managing health.
- Community based support is available to most residents.
- The organization is active in assisting communities to organize themselves to create healthy environments.
- Consultation and education are provided to community groups.

V. Conclusion

In conclusion, your comments and suggestions are always welcome. For more information please go to the Allegheny County Coalition for Recovery Website, www.coalitionforrecovery.org for additional copies or information about this document. ACCR welcomes your ideas and input related to this document.

VI. References and Suggested Further Reading

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