Draft 6-16-03

<p style="text-align:center">**Connecticut Department of Mental Health and Addiction Services:**
Proposed Model of Addiction Recovery and Recovery-Oriented Services</p>

Recovery Dimension: _UNDERSTANDING HOW MY BEHAVIORS EFFECT MY RECOVERY_

Person In Recovery:	Direct Service Provider:	Manager/Administrator:	Recovery Markers:
To me, recovery means…	_I can support people in their recovery by…_	_I can lead an organization that supports recovery by…_	_We will know that we are working together toward recovery when…_
• a pivotal moment, a wake up call • admitting and accepting that I have a problem • changing the way I live, my perceptions • overcoming my environment • responsibility and accountability for my actions • learning to take feedback • honesty, open-mindedness, willingness • self-knowledge which allows me to not repeat old behaviors	• being competent to administer comprehensive, structured and objective intake assessments and evaluations and provide feedback on effects of alcohol and/or drug use. • emphasizing personal responsibility and freedom of choice and understanding that relapse is the consequence itself. • providing clear, direct, empathic advice as to the need for change and how it might be accomplished • offering a variety of alternative strategies for change • understanding that recovery is a process that may or may not begin with the person understanding and appreciating the value of abstinence. • maintaining an empathic, person-centered, directive approach • emphasizing person's self-efficacy, maintain optimism for change and confidence in person's ability to change • assisting in overcoming barriers to treatment participation (e.g. child care, affordable, safe, sober housing, financial assistance, transportation assistance, recovery support services provided by persons in recovery.) • valuing and exploring spirituality as a potentially critical source of support • mentoring by recovery coaches	• Believing in a person's restorative potential • Having recovery coaches (staff who are in recovery from addiction, who form supportive relationships with clients and assist them to access information and services that support their recovery) • Providing excellent supervision that respects and supports the recovery of staff who are in recovery. • ensuring that staff are competent and equipped to administer structured, comprehensive and objective intake assessments and evaluations and provide personal feedback on effects of alcohol and/or drug use. • ensuring that staff are trained in and practicing evidenced-based treatments • establishing policies that allow people in recovery opportunities to access the level of care they perceive that they need (e.g. respite) without imposing unnecessary services or consequences • regularly collecting satisfaction surveys from people in recovery and using results to inform service development • collecting satisfaction data in a manner that allows people to freely express feedback and criticisms • establishing formal grievance procedures to address dissatisfaction with services	• "social detox" is available to support people through the initial stage of stopping crack use and facilitate engagement into treatment. • people in recovery have safe housing and treatment appropriate to the stage of their journey and access to community-based recovery support services. • people in recovery have opportunities, if necessary, to learn how to grocery shop, manage money, live on a budget, pay bills and learn other life skills. • people in recovery have opportunities, access and transportation to engage in treatment and employment without giving up their pets, children and homes. • Recovery oriented treatment is available and easy to access and recovery coaches/guides/managers are available to facilitate the process. • meeting places and activities are available on the weekends for homeless people initiating recovery. • adequate insurance is available for treatment. • re-entry programs to ease the transition of people in a recovery process to the community from residential treatment • Job programs are available

	• value of appropriate self disclosure by staff (in recovery)	and fully informing people about these procedures on a regular basis • avoiding aversive and coercive strategies to promote engagement • enforcing ethical practice with human resource oversight that holds staff accountable for giving people choices in their treatment decisions appropriate to their stage of recovery • when person accesses services they receive written explanations as to why they can not receive services here and the are connected to an appropriate resource immediately including appointment and transportation. • Working Relationship with payors and other treatment providers—a network that collaborates to maintain a workable recovery plan.	

Connecticut Department of Mental Health and Addiction Services:
Proposed Model of Addiction Recovery and Recovery-Oriented Services

Recovery Dimension: *HOPE, CONFIDENCE & COMMITMENT*

Person In Recovery: *To me, recovery means…*	**Direct Service Provider:** *I can support people in their recovery by…*	**Manager/Administrator:** *I can lead an organization that supports recovery by…*	**Recovery Markers:** *We will know that we are working together toward recovery when…*
• spiritual awakening. • willing to go through difficult times without self medicating. • breaking down the intensity of shame • being loved by others until I learn to love myself. • a commitment to change • inner strength • fear • getting hope back • having confidence in myself • self-esteem • seeing someone else that is an inspiration • guidance from others • learning by example that recovery is possible • faith	• exploring and resolving ambivalence about change before creating a recovery plan. • affirming demonstrations of courage and strength. • recognizing and complimenting respectfully on past and present accomplishments, especially when people don't value their own efforts. • adjusting my approach when I push the recovery plan before people are ready. • being hopeful especially when people cannot be • understanding that recovery is an individualized process • valuing and exploring spirituality as a potentially critical source of support for facilitating change • positive outcome is one step in the process of change. • Creating comprehensive, person-centered recovery plans	• reinforcing staff attitudes and activities that promote wellness and recovery • providing education and training in recovery and recovery oriented practices for people in recovery and staff • employing people in recovery to serve as role models and sources of hope for colleagues and persons receiving services • holding my agency accountable for implementation of "preferred practices" which have been shown to promote recovery • mentoring staff in recovery to allow them to get credentialing. • redesign service delivery to focus more on community supports and less on clinical treatment	• we pay as much attention to people who are doing well as those who are struggling • we believe in the ability of people to recover • self-disclosure by staff in recovery from addictions themselves (when appropriate) is not dictated against in agency policies • staff feel supported in providing evidence-based, preferred practice services • providers do not discharge persons who "confirm their diagnosis" (i.e., engage in behaviors that are consistent with active substance dependence). • we focus on the person, not the diagnosis

Draft 6-16-03

Connecticut Department of Mental Health and Addiction Services:
Proposed Model of Addiction Recovery and Recovery-Oriented Services

Recovery Dimension: *UNDERSTANDING AND ACCEPTING SELF*

Person In Recovery: *To me, recovery means…*	**Direct Service Provider:** *I can support people in their recovery by…*	**Manager/Administrator:** *I can lead an organization that supports recovery by…*	**Recovery Markers:** *We will know that we are working together toward recovery when…*
• education about addiction • finding myself • setting boundaries • finding balance • rebirth • pain • becoming a whole person physically, mentally, emotionally and spiritually. • understanding I am not perfect • managing my emotions • caring about myself • getting over feelings of guilt • learning to be patient • having humility • making peace with the past • not a bad person who would be a good person if I didn't get high	• helping people plan for their life in recovery beyond the service system • following their lead and supporting them at their pace in recovery and utilizing appropriate person-centered directive interventions • learning more about the recovery process by participating in educational activities led by persons in recovery • referring to prominent role models who have experienced success and happiness in their recovery. • maintaining an empathic stance • being responsive to their cultural preferences and values • focusing on people as whole beings, not just on their addiction • having the skills to allow people to share their personal experiences, understand how these experiences inform their world view, and incorporate this information into the recovery plan. • working "with" not "for" people • valuing and exploring spirituality as a potentially critical source of support in recovery • offering gender specific services	• bringing a person in recovery into my treatment program, give them an office on-site and have them link people to the recovery community. • promoting, using, and remaining faithful to a new language that reflects recovery-based and person-first principles • actively supporting the relationship between treatment and re-integration into a healthy community. • conducting "asset mapping" of community places and resources, i.e., identify places that welcome and support people in recovery in positive roles • establishing relationships with community organizations beyond the addictions service system, e.g., Adult Departments of Recreation, local civic and volunteer groups, faith communities, educational institutions, Chambers of Commerce, etc. • organizing a staff training or conference and inviting people in recovery to share their stories • support and empower the recovery community to be able to embrace persons and families seeking help with alcohol and other drug problems. • valuing the input of people in recovery by employing them or paying them for time spent on service planning, implementation, and evaluation activities	• staff are knowledgeable about special interest groups and community activities • staff are diverse in terms of culture, ethnicity, lifestyle, and interests • opportunities are provided for people in recovery to discuss sexual and spiritual needs • agency provides formal opportunities for people in recovery, family members, service providers, and administrators to learn about recovery • persons in recovery facilitate staff trainings

Connecticut Department of Mental Health and Addiction Services:
Proposed Model of Addiction Recovery and Recovery-Oriented Services

Recovery Dimension: *RELATIONSHIPS WITH FAMILY, FRIENDS AND SUPPORTIVE OTHERS*

Person In Recovery: *To me, recovery means…*	**Direct Service Provider:** *I can support people in their recovery by…*	**Manager/Administrator:** *I can lead an organization that supports recovery by…*	**Recovery Markers:** *We will know that we are working together toward recovery when…*
• learning who to trust • asking for help • taking a risk in engaging in the relationship • learning how to trust others and myself • friends • not letting my kids down • separation from those that use • being involved in 12-step groups • helping others • having education and ongoing supports for families	• helping people to develop lasting connections to communities and natural supports • being willing to include natural supports in the recovery planning process • being willing to help people get their basic needs met in the community, e.g., managing benefits and finding financial resources, food, shelter, and safety • believing in people and sharing that belief with others • being an "advocate" as well as a "provider" • being able and willing to outreach the family and offer information about the process of recovery and the effects of alcohol and/or drug use • having supports for families when the person is not yet engaged in recovery • being able and willing to include family in treatment and treatment planning and develop effective communication skills • valuing and exploring spirituality as a potentially critical source of support	• educating staff and others about natural support networks and how to build them • developing structured educational programs for families and members of natural support networks • offering to host local, regional, state-wide, and national support services such as CCAR • valuing and fostering use of peer-support and self-help throughout the agency • valuing that the recovery community offers supports and resources independent of and in collaboration with treatment providers and this allows the recovery community to address the needs of people in recovery without requiring that they also be in treatment.	• staff help build connections with neighborhoods and communities • services are provided in natural environments • peer support is facilitated and utilized • natural supports are incorporated and relied upon • sponsors are available for everyone who wants one • resource fairs for families, hotlines, assistance is available to families as needed • outside recovery meetings are held inside the treatment program. • programs bring people in recovery in to provide orientation to recovery supports including 12-step programs, family supports, and linkage to sponsors. • persons from the recovery community are separate and equal partners with treatment providers in the recovery process.

Connecticut Department of Mental Health and Addiction Services:
Proposed Model of Addiction Recovery and Recovery-Oriented Services

Recovery Dimension: <u>*MAINTAINING RECOVERY*</u>

<u>Person In Recovery:</u> *To me, recovery means…*	<u>Direct Service Provider:</u> *I can support people in their recovery by…*	<u>Manager/Administrator:</u> *I can lead an organization that supports recovery by…*	<u>Recovery Markers:</u> *We will know that we are working together toward recovery when…*
• knowledge of recovery process • learning how to live again, pay bills, life skills • a dynamic, ongoing process • learning recovery promoting skills like how to self-soothe • daily behaviors that support recovery • morals, teachings, structure • healing my body, mind and spirit • education • employment • development of new coping mechanisms (support network, prayer, etc.) • helping others, sponsorship • having access to safe, sober housing	• providing access to/ education about a variety of methods that promote recovery • providing culturally-centered interventions that reflect an understanding that recovery takes place in a cultural context • being able to teach recovery self-management where people use their own experiences and knowledge to apply strategies that work best for them • creating opportunities for people to take optimal responsibility for their lives • emphasizing recovery as a personal journey, not a destination • letting people express their feelings, including anger and dissatisfaction, without attributing this to an interruption of recovery • valuing and exploring spirituality as a potentially critical source of support in maintaining long term recovery • facilitating transition from treatment to safe, sober housing	• establishing minimal entrance criteria for access to specialized rehabilitation, e.g., not demanding sobriety as a prerequisite for entry to vocational rehabilitation • assembling a full "continuum of care" that can address people's needs across levels of functioning and over time, matching services to needs at each level, in each phase, and in each area, of functioning. • ensuring that a full menu of culturally competent services, including access to non-traditional therapies, is available • identifying recovery friendly companies and mentors within the companies to facilitate training into permanent positions in the company.	• there is ample, accessible sober housing • the agency provides a variety of treatment options • the agency offers specific services and programs for individuals with different cultures, life experiences, interests, and needs • procedures are in place to facilitate referrals to more suitable programs • the agency has personalized assistance with access to employment in real jobs and education including assistance with seeking financial aid, grants, etc. • alumni can return any time they feel the need • focus on recovery promotion rather than relapse prevention.

Connecticut Department of Mental Health and Addiction Services:
Proposed Model of Addiction Recovery and Recovery-Oriented Services

Recovery Dimension: *SUPPORTS IN THE COMMUNITY TO ENHANCE RECOVERY*

Person In Recovery: *To me, recovery means…*	**Direct Service Provider:** *I can support people in their recovery by…*	**Manager/Administrator:** *I can lead an organization that supports recovery by…*	**Recovery Markers:** *We will know that we are working together toward recovery when…*
- getting a job - owning my own home - having a family - running my own business - trying to be a helpful person in society - social activities, church, fellowship - integrity and honesty - sober sports, bowling leagues, dance clubs, and meeting places - mentoring	- Assess and evaluate recovery capitol an d allow that to drive where they need help in their recovery plan. - supporting involvement in valued social roles that are consistent with the person's values, interests, and abilities - highlighting employment and education as pathways to recovery. - promoting leisure activities based on each individual's interests - being able to complete an assessment that focuses on a person's strengths as they relate to education, work, and leisure - being knowledgeable of the full range of rehabilitation and community services that can help people to achieve their goals - delivering services outside the boundaries of the treatment system in "in-vivo" settings - addressing medical or physical issues that might prevent people from pursuing involvement in community activities - advocating for the recovery community and it's strengths.	- viewing re-connection to the community as a primary goal of services and reduce/fade services as people achieve that goal - designating agency staff that are responsible for leading community integration initiatives - assuring that these initiatives are valued and supported by all staff - maintaining agency hours that do not conflict with normal life activities such as employment, e.g., adopting certain evening hours - establishing outcome measures that evaluate services and providers based on their ability to help people achieve their individualized goals rather than arbitrary system indicators - developing knowledge of activities and events that are recovery friendly	- our primary goal is to help people become involved in recovery promoting activities in the community - services focus on developing career and life goals, relationships with supports in the community and interest in participating in community activities. - Recovery centers will be formed in communities operated by persons in recovery.

Connecticut Department of Mental Health and Addiction Services:
Proposed Model of Addiction Recovery and Recovery-Oriented Services

Recovery Dimension: *PROMOTING RECOVERY*

Person In Recovery: *To me, recovery means…*	**Direct Service Provider:** *I can support people in their recovery by…*	**Manager/Administrator:** *I can lead an organization that supports recovery by…*	**Recovery Markers:** *We will know that we are working together toward recovery when…*
• being able to get a job • being able to buy a house • opportunities to be visible in the community as a person in recovery. • Opportunities for recovery while in the criminal justice system and options to support that recovery upon leaving the criminal justice system.	• promote recovery language and "labels" • helping transform communities into more accepting environments • being able to confront personal prejudices • teaching people how to manage stigma by advocating for themselves and others and getting involved in things like "stigma-busting," program evaluation, and state politics • not wearing badges when working with someone in the community – staying behind the scenes • when asked about relationship to person while working in the community using non-identifying language: "I'm their ride"; "I'm their friend"	• educating staff members, consumers, family members, and the community about the harm caused by stigma • involving people in recovery, who can share their stories, as part of this education • developing relationships with local media representatives to publicize success stories establish structures to link services across professional disciplines (rehabilitation and clinical), service sectors (public and private), and contexts (community and treatment system) • promoting recovery in the workplace	• the agency provides structured educational activities to community and employers about addictions • people in recovery are displaying their artwork and publishing books, videos, and CDs of their music, photography, art work, etc.

Connecticut Department of Mental Health and Addiction Services:
Proposed Model of Addiction Recovery and Recovery-Oriented Services

Recovery Dimension: *BECOMING AN EMPOWERED CITIZEN*

Person In Recovery: *To me, recovery means…*	Direct Service Provider: *I can support people in their recovery by…*	Manager/Administrator: *I can lead an organization that supports recovery by…*	Recovery Markers: *We will know that we are working together toward recovery when…*
• helping others • being a productive member of society • greater involvement in community and awareness of others	• asking people about what has worked/not worked for them in their own recovery, including how the treatment system has supported or hindered their progress • listening to people and respecting their choices • helping people to find their voice and encouraging involvement in advocacy activities • involving people in recovery in all aspects of service planning, development, and implementation • understanding, and teaching people about, how they are protected by disability law • encouraging people to be responsible citizens, e.g., by voting, volunteering, paying taxes, organizing a neighborhood block-watch, etc. • valuing assertiveness and independence as growth and considering reducing supports in response to this growth	• creating advisory boards where people in recovery have genuine influence on service planning and implementation • holding the organization accountable for responding to the recommendations of people in recovery • providing training and requiring staff to be knowledgeable regarding disability law • supporting the development of person-centered recovery planning	• staff help people become involved with community services • people in recovery are involved in the development, evaluation, and provision of programs and services • people in recovery are regular members of advisory boards • people in recovery are displaying their artwork and publishing books, videos, and CDs of their music, photography, art work, etc.