

Recovery-Oriented Systems of Care Principles

Adapted from White, W. L., Boyle, M. G., Loveland, D. L. & Corrigan, P. W. What is behavioral health recovery management? A primer. Available online at www.williamwhitepapers.com

1. Empower people to pursue multiple pathways to recovery: plan, design, deliver, and evaluate services while advocating for pro-recovery policies and programs in the wider community that target five zones of personal experience: 1) physical, 2) psychological, 3) relational, 4) lifestyle, and 5) spiritual.
2. Conduct strength-based assessments: identify and build on the recovery capital of individuals, families and communities while emphasizing the first-person voices of persons seeking or in recovery and their family members. Begin by asking, “What’s right with you?”
3. Develop culturally-congruent recovery resources: guide individuals and family members into relationships with appropriate, indigenous recovery communities; create physical, psychological and social space within the community in which recovery can occur; link personal, professional and community resources into recovery management teams.
4. Deliver recovery education and training: enhance the recovery-based knowledge and skills of individuals, family members, associated recovery allies, service providers, and the larger community: The Science of Addiction & Recovery, Recovery Messaging, etc.
5. Monitor and support interaction continuity: sustain contact and support across three recovery phases: a) engagement and recovery priming (pre-recovery/treatment or no treatment), b) recovery initiation and stabilization (recovery activities and treatment), and c) recovery maintenance (post or no-treatment). Conduct Recovery Check-Ins.
6. Collect practice-based evidence of service effectiveness using evidence-based practices: eliminate barriers to recovery; deliver community in-reach and outreach services while collecting practice-based evidence of service effectiveness.
7. Advocate for recovery: implement institutional and social policies that counter stigma and replace discrimination with resources for building recovery capital and strengthening the individual person in recovery’s voice.
8. Model hope: display the research-grounded hope for recovery based on many people having already achieved full and partial recoveries from severe behavioral health problems; incorporate peer service providers who are in recovery.



