

*Recovery Core Values



* As articulated by Advocacy Unlimited, Inc., AU, and the Connecticut Community for Addiction Recovery, CCAR, and endorsed by The Department of Mental Health and Addiction Services.

Recommended new name by the year 2005:

The Department of Mental Health and Addiction Recovery Services

It must be remembered that there is nothing more difficult to plan, more doubtful of success nor more dangerous to manage than the creation of a new system. For the initiator has the enmity of all who profit by the preservation of the old institution and merely lukewarm defenders in those who would gain by the new one." —Machiavelli

RECOVERY BASIC PREMISES

Recovery Premise 1: All individuals are unique and have specific needs, goals, health attitudes and behaviors, and expectations for recovery.

Recovery Premise 2: Persons in recovery with mental illness, alcohol or drug addiction, or both, share some similarities, however, management of their own lives and mastery of their own futures will require different pathways at times.

Recovery Premise 3: All persons shall be offered equal access to treatment and have the opportunity to participate in their recovery process.

Recovery Premise 4: The funding agency shall support a recovery oriented system of care that requires their funded and/or operated treatment programs to treat individuals based on the following recovery based core values:

RECOVERY CORE VALUES REGARDING *DIRECTION*

The Recovery Community is comprised of Persons in Recovery, their family members, significant others and friends, and all people who are dedicated to creating equal opportunities for the health and wellness of Persons in Recovery.

- The treatment of an individual must be approached from a total recovery process starting from the acute phase to their return to the community.

- The entire treatment system must support the concept of Recovery, not just in word, but in action.
- Persons in Recovery must have the opportunity to provide input at every level of service provision.
- Persons in Recovery shall be able to provide input in all phases of treatment program planning, staffing, and evaluation.
- The system shall be driven by recovery-based outcomes that Persons in Recovery help to develop.
- A new nomenclature that reflects recovery-based and person-first language (for example, "Recovery Plans" will replace "Treatment Plans", etc.) shall be promoted and used.
- A system-wide training program for all levels of treatment program employees that will address the need for service provision that is rooted in a recovery-based model shall be designed and implemented.
- Every effort shall be made to provide services that are culturally diverse, relevant, and competent, as reflected in the treatment process and staff hiring and promotion practices.
- Persons in Recovery shall participate in all phases of the funding agency's Request for Proposal (RFP) process whenever the process is invoked.
- There shall be a strong commitment to Peer Support and to having Recovery-Operated Services provided by recovering persons.
- Representation by Persons in Recovery on Boards, Task Forces, and Committees remains important, however, there must be an understanding that the voice of the Recovery Community must be strengthened through the powers associated with decision-making roles, voting memberships, and actual oversight responsibilities.
- The time and effort of Persons in Recovery shall be recognized as having a financial value in addition to other benefits in providing the services described in this document. Therefore, applicable travel reimbursement, compensation, wages, education, and other resources should be made available to them in recognition of their commitment for the services provided.

RECOVERY CORE VALUES REGARDING *PARTICIPATION*

There shall be no wrong doors when entering into the treatment system.

- Anyone requesting services cannot be refused without first being offered a full intake interview and being provided with a written explanation if refused.

- An individual may enter any appropriate level of care when needed not just at times of crisis.
- An individual's choice must be respected in matters related to his/her treatment.
- Every person has a right to participate, or not participate in treatment, as he/she sees fit. People from time to time must be able step away from services without receiving threats, given artificial consequences, or experience barriers to re-engagement.
- The treatment goals identified by the Person in Recovery will be valued and will be included as a basis for evaluating outcomes.

RECOVERY CORE VALUES REGARDING *PROGRAMMING*

Programming must be flexible so that services to the Person in Recovery can be individually tailored, as appropriate.

- Programming must represent a full menu of culturally competent services, including access to non-traditional therapies. These full menus must be available across the entire state.
- Recovery specialists and care managers must be fully knowledgeable of ALL the resources and treatment options available so that the Person in Recovery can choose wisely.

RECOVERY CORE VALUES REGARDING *FUNDING/OPERATIONS*

No Outcomes? No Income! Providers shall be reimbursed for services provided, outcomes met, and persons served.

- The treatment system shall be designed so as to allow the marketplace to bear on the provision of services. That is to say that Persons in Recovery can influence service delivery by selecting providers that are responsive to their specific needs.
- A system of Checks and Balances shall be implemented so that neither the funding agency, an Administrative Services Organization (ASO), or an individual provider of service shall exert undue influence on the provision of services.
- Treatment providers must never be put in a position in which they oversee, fund, or direct other treatment providers.
- "Competition plus Checks and Balances plus Outcome Measurement equals an Enhanced Marketplace!" should be a guide when funding treatment providers.