



Life Beyond Treatment: Focusing on Recovery Recovery-Oriented Systems of Care

The National Conference of State Legislatures (NCSL), the National Association of State Alcohol and Drug Abuse Directors (NASADAD), the State Associations of Addiction Services (SAAS), and Faces & Voices of Recovery (Faces & Voices) are embarking on a joint project that will educate state legislators and legislative staff about recovery-oriented systems of care (ROSC) for people with addiction. There are two overarching goals:

- 1) to significantly raise the level of awareness and knowledge among legislators and legislative staff regarding recovery-oriented systems of care; and
- 2) to provide the necessary information for state legislators to examine the policy options that will be required and to begin to take the policy actions necessary to use a recovery-oriented systems of care approach.

The goal for individuals with substance use disorders is long-term recovery from addiction, getting their lives back on track, improving their health, wellness and quality of life. Systems that support recovery-based care provide individuals receiving care with a variety of services and options tailored to their specific needs to aid them in their process. Multiple systems are engaged in coordination with traditional drug and alcohol treatment services. Some of these complementary services include education, housing, child care, financial planning, employment assistance, health care and legal assistance. The person seeking help's family and support network are also engaged in these various systems, frequently in the decision-making process. Public policies are also in place to assist—not hinder—individuals seeking jobs, housing and education once they are no longer using alcohol or drugs.

Goals and Benefits

The primary goals behind ROSC's are:

- To prevent and intervene early with individuals with substance use problems;
- To support sustained recovery for those with substance use disorders; and
- To improve the health and wellness of individuals and families.

Recovery-oriented care seeks to improve outcomes by getting people help earlier and, once they receive professional help, link them with the services and supports that will make it more likely that they will sustain their recovery.

There is growing understanding that the disease management model of caring for individuals with a chronic condition makes more sense for people with addiction, coupled with a policy environment that removes barriers to employment, housing and education. The acute care model has often resulted in people being discharged from professional treatment without receiving appropriate follow up care and support.

Another principle of recovery-based care is to engage and incorporate families, support networks and the community in each person's recovery process in order to ease their integration back into the community and getting their lives back on track. Recovery-oriented systems of care are also evidence-based, utilizing scientific research in implementing prevention, treatment and recovery support strategies.

Funding and Regulatory Issues

Implementing a recovery-oriented system of care will involve many changes to current systems of care, requiring different state and federal agencies to work together and rethink goals and priorities. Some of the supports that are critical to long-term recovery are not reimbursable services. Examples include mutual support groups such as Alcoholics and Narcotics Anonymous. Other new services that have demonstrated success that are used as follow-ups to treatment such as telephone-based recovery support and peer coaching are reimbursable and some are reimbursable through Medicaid. Additionally, many treatment systems operate on a purely medical model, which is funded through a fee-for-service plan. Alternative approaches that would encourage long-term recovery would be to think in terms of funding the patient, rather than the service or funding an organization that provides peer recovery support services. This means that an agency or an organization could be given a set amount of funding for the client, but flexibility in spending the money on programs deemed necessary for recovery, whether the service be medical or a recovery support service. An additional challenge is that money also needs to support the infrastructure and pay costs that are not attributable to individual clients.

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