



Chapter 5—Implementing Recovery-Oriented Counseling Programs

KEY MESSAGES

- One of the principal components of recovery-oriented programs is placing clients at the center of the planning process for treatment and recovery support services and focusing on their strengths to maximize their chances of recovery.
- To become a member of a recovery-oriented system of care (ROSC), staff members must actively and continuously link their organization to other resources within the community that can provide recovery support in areas they cannot, or that can complement the services their center currently provides.
- Workforce development provides an opportunity to position an organization in a ROSC and ensure a recovery-oriented focus. Key elements of this include providing continuous training, ensuring staff feel valued, hiring staff that represent members of the community they serve, ensuring that both job descriptions and interviews are recovery focused, and continuously monitoring outcomes to inform quality improvement.
- Including people with lived experience in recovery from problematic substance use in an organization's staffing and treatment planning will support successful, sustainable implementation of recovery-oriented practices.
- Another important element of delivering recovery-oriented care is examining internal and external barriers (e.g., discrimination,¹³⁹⁸ time constraints, lack of resources) and identifying solutions (e.g., advocacy programs, telehealth implementation).

This chapter is for administrators, clinical supervisors, and other staff concerned with the operation of their program who wish to adopt or expand a recovery-oriented framework using counseling approaches discussed in this Treatment Improvement Protocol (TIP) to promote recovery from problematic substance use. This chapter will help enhance the effectiveness of the recovery-oriented services that counselors deliver by providing information and resources to:

- Improve clients' access to treatment and recovery support services.
- Enhance the capacity and effectiveness of these services.
- Expand options for evaluating these services at a programmatic level.

Chapter 5 provides an overview of what it means for an organization to adopt a recovery orientation as its central organizing principle. It also discusses strategies for becoming a

recovery-oriented service provider, workforce development issues, and strategies for linking treatment services to community resources. The chapter provides resources to assist administrators and other staff in implementing and assessing their progress in adopting a recovery orientation throughout their organization.

Substance use treatment organizations provide recovery-oriented treatment by collaborating with recovery communities, families, recovery support services, and other systems of care to provide person-centered, strengths-based, and collaborative services across the continuum of care.¹³⁹⁹ This chapter describes how to become recovery-oriented in general terms, while also including specific examples of implementation strategies that have worked for other organizations. Not all information included here may be useful for each particular program. However, the strategies suggested for implementation are adaptable to most substance use treatment organizations because they are grounded in principles that promote recovery and prevent recurrence to substance use.

What Is a Recovery-Oriented Counseling Program?

Recovery-oriented health services are^{1400,1401,1402}:

- Client and family driven.
- Clearly and precisely defined within the context of the larger recovery community.
- Timely and responsive to client needs and goals.
- Effective (i.e., improve client functioning and quality of life).
- Equitable (i.e., address health disparities based on gender, race, ethnicity, sexual or gender orientation, religious affiliation, and socioeconomic or disability status).¹⁴⁰³

- Efficient (i.e., address allocation and management of organizational resources in ways that maximize access and effectiveness while also minimizing barriers).
- Person centered,¹⁴⁰⁴ safe, and trustworthy (e.g., all staff focus on welcoming new people into the program, are aware of new clients, and get training in how to make them feel safe and included).
- Able to maximize the use of clients' natural supports in their own communities.

Additionally, recovery-oriented counseling programs provide detailed client education, which further empowers people to control their recovery.

Through education, clients gain a clear understanding of the course of their care, the informed consent process, and their own responsibilities in their recovery journey. They receive education immediately upon program intake, which sets forth the foundation for their recovery.

A crucial element of the philosophy of recovery-oriented care is that no single program or center acts as the sole source of treatment. Rather, it consists of an entire community, acting collaboratively and synergistically, that bolsters clients' recovery efforts and allows them to take full advantage of all available resources. To achieve meaningful collaboration, program staff should invite representatives from other programs to their agency and have members of their own agency visit other organizations, while ensuring sufficient reimbursement for those conducting outreach efforts.

Benefits of Adopting a Recovery Orientation¹⁴⁰⁵

When successfully implemented, a recovery orientation provides several tangible benefits. For example, central activities of any recovery organization involve continually reaching out to, collaborating

with, and identifying new recovery-related agencies, resources, and people within their own communities. This leads to increased efficiency and effectiveness because it allows organizations to focus on the services they are best suited to provide, rather than taking on responsibility for services they may not be able to deliver effectively.

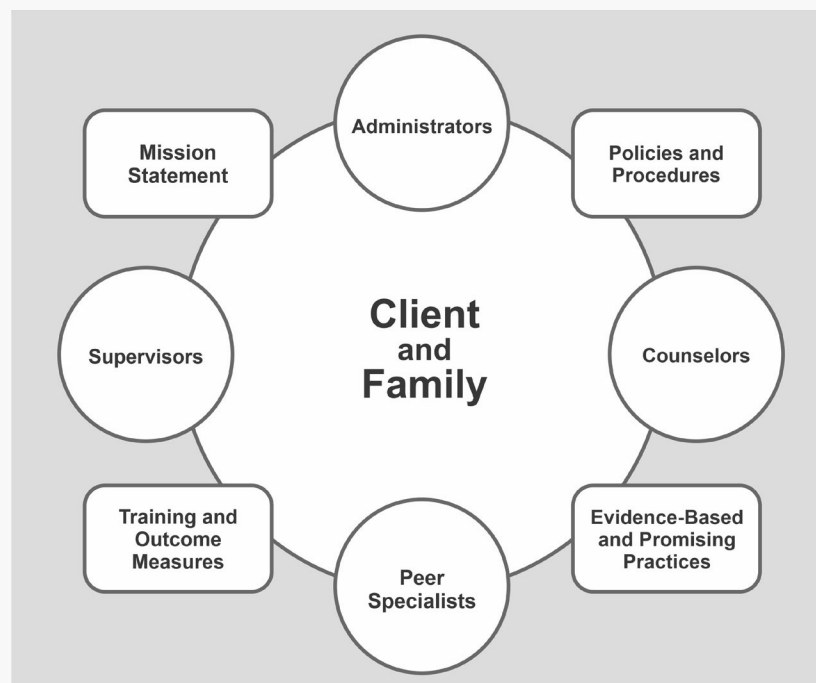
By optimizing existing resources and routinely seeking out new ones, organizations create a self-perpetuating cycle of efficiency and quality improvement. This cycle, in turn, can often lead to improved staff morale and retention. This is especially significant for substance use treatment settings, in which turnover rates are particularly high.^{1406,1407} Most importantly, maximization of existing resources can lead to improved care and client outcomes—the ultimate goals of any recovery organization.

Centering Clients in the Conversation

The most important conceptual shift an organization can make in becoming recovery oriented is to place clients and families in the center of the conversation about their treatment. The client's needs and recovery goals should drive the delivery of services, not organizational or staff needs or specific treatment approaches. **An organization's mission statement, policies and procedures, adoption of evidence-based and promising counseling practices, staff training, and measures of client outcomes should all focus on consumers and their recovery needs and goals.**

Program leaders should always keep in mind that **the client's voice is most important**—not the perspectives of administrators or other high-ranking staff (Exhibit 5.1). Additionally, they should be sure to include the voices of those with lived experience in program design, implementation, and evaluation.

EXHIBIT 5.1. Centering Clients in the Conversation



Becoming a Recovery-Oriented Organization

Determining a Program's Ability To Deliver Recovery-Oriented Services

The first step in the process of becoming a recovery-oriented organization is to carry out an organizational readiness assessment to see what is currently in place and to determine what further steps need to be taken or changes that may need to be implemented. For example, program leaders can conduct an analysis of the program's strengths, weaknesses, opportunities, and threats (SWOT analysis) as they relate to a change that's being considered.¹⁴⁰⁸ A SWOT analysis addresses:

- **Program strengths**—Features that give the program an advantage in making a change (e.g., people in recovery on the staff, strong commitment to providing culturally responsive services, emphasis on trauma-informed care, colocation of substance use treatment and medical services)
- **Program weaknesses or barriers**—Factors that may hinder the program in completing a goal or making a change (e.g., staff ambivalence about programmatic change, lack of experience creating linkages with other providers and recovery community organizations [RCOs])
- **Program opportunities**—Factors that positively affect the program from the outside (e.g., good relations with local mutual-help groups, availability of grant money to support recovery efforts)
- **Program threats**—Factors that negatively affect the program from the outside (e.g., current service provider partners are not on board with the recovery philosophy)

The University of Kansas' Community Toolbox, available online at <http://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/swot-analysis/main>, provides more information about conducting a SWOT analysis of the organization.

The next step in becoming a recovery-oriented organization is to assess the organization's readiness for change. This is similar to assessing a client's or family's readiness to change. Be sure to **focus on the values of the entire organization** as expressed in the mission statement and gauge whether the organization's policies (which are guidelines for the behavior of all staff) align with those values.

The organization's mission statement should be reviewed and evaluated to determine how consistent its underlying values are with principles that promote recovery and prevent substance use recurrence. Then, before embarking on any large-scale organizational change, all staff should ask readiness questions based on motivational interviewing (MI), such as "How important is it on a scale of 0 to 10 for our organization to become recovery-oriented?" If the answer is a 2, the next question should be "What would help the organization get to a 4 or a 5?" If it is a 7, the question should be "How can the organization's values and mission contribute to this higher score?" Once the entire staff know how important a recovery orientation is, they can build motivation to propel their organization toward a stronger focus on recovery.

The Organizational Readiness for Change instruments are two more specific tools to assess the organization's readiness to change.¹⁴⁰⁹ One version is designed for counseling staff (TCU CJ-ORC-S) and the other is for program directors or supervisors (TCU CJ-ORC-D). These instruments evaluate staff needs, program needs, training needs, and pressures for change. They assess organizational resources such as office

facilities, staffing, training, equipment, Internet access, and supervision. Staff attributes are reviewed in the domains of growth, efficacy, influence, adaptability, job satisfaction, and clinical orientation.

Organizational climate measures include clarity of mission, cohesion, autonomy, communication, stress, and openness to change. The free instruments and scoring guides are available online at the Texas Christian University Institute of Behavioral Research webpage (<http://ibr.tcu.edu/forms/organizational-staff-assessments>). In addition, the Substance Abuse and Mental Health Services Administration's (SAMHSA) Technical Assistance Publication 31, *Implementing Change in Substance Abuse*

Treatment Programs,¹⁴¹⁰ provides more information and guidance about assessing readiness and making programmatic and organizational changes.

The organization should have a mission statement in place. **This statement should clearly and explicitly note that a recovery focus is central to the program** and should help clients, employees, and other stakeholders understand what the organization is about, what services it delivers, and how it delivers them. The mission statement of Broughton Hospital, a facility in Morganton, North Carolina (<https://www.ncdhhs.gov/media/556/download>), provides an effective example.

ONE PATH TO BECOMING A RECOVERY-ORIENTED ORGANIZATION: CHESTNUT HEALTH SYSTEMS

Researchers¹⁴¹¹ have described the process of developing a recovery-oriented health service program using the resources of an existing health service organization (Chestnut Health Systems) and a university program (University of Chicago, Center for Psychiatric Rehabilitation) that provided similar services for people in recovery with funding from the State of Illinois.

Implementation began at a single test site after a lengthy planning and dissemination project that developed an administrative infrastructure to support new (to most staff) clinical practices. A new position (Vice President of Clinical Services) was created to oversee and train counseling staff members, develop competency standards for counselors and supervisors, and define new practices for clinical supervision (e.g., having supervisors use direct methods of supervision, such as audiotaping client sessions).

An important element of this new program was the integration of services for mental disorders, substance use disorders, and medical conditions. **The program created a single integrated assessment, ensuring that clients receiving one type of service would have access to all other needed services, that all clients treated for substance use or mental disorders were connected to a medical provider, and that all clients had access to needed medications** (e.g., by subsidizing clients who lacked insurance or resources to purchase medication).

The program addressed staff members' beliefs and the institutional culture and how they might conflict with the new recovery orientation. **The program actively addressed potential problems by facilitating meetings in which staff members received a list of statements that represented the new program philosophy** but were also likely to be contentious (e.g., "Showing care and concern for a client is more important than avoiding being manipulated or 'enabling' the client."). These group meetings were very productive in addressing staff ambivalence and altering attitudes about change.

The program also implemented several new service strategies (e.g., recovery coaching) and services (e.g., assessing recovery resources) that were in line with a recovery orientation, and conducted evaluations of the effectiveness of those strategies.

ANOTHER PATH TO BECOMING A RECOVERY-ORIENTED ORGANIZATION: HANCOCK COUNTY, OHIO

Hancock County, OH, offers a well-documented example of a ROSC's beginnings and evolution. In 2013, the Hancock County Board of Alcohol, Drug Addiction and Mental Health Services (ADAMHS) initiated an analysis of the gaps in the rural county's behavioral health services continuum of care.¹⁴¹² ADAMHS did so in its capacity as the planning authority for the county's behavioral health services, which are delivered through contracts with local providers.^{1413,1414}

At the encouragement of a recovery expert recommended by a SAMHSA Addiction Technology Transfer Center,¹⁴¹⁵ soon the board and a newly established ROSC leadership committee began exploring how to develop a ROSC within the county, based on an agreed-upon set of recovery principles and elements of care. Two central principles were that the ROSC would provide ongoing monitoring and feedback, and would be guided by recovery-based processes and outcome measures that looked beyond the remission of biomedical symptoms.¹⁴¹⁶

Local stakeholders—including members of the recovery community—took part in continuing consultations on transforming the county's behavioral health system into a ROSC. National ROSC experts were brought in too as the community set about filling the needs identified in the gap analysis—needs that became more pressing as the opioid epidemic intensified. To give just a few examples^{1417,1418}:

- A small drop-in center expanded to become a well-attended RCO.
- Medication for OUD became available.
- The local health department became a hub for naloxone distribution.¹⁴¹⁹
- Recovery housing was established.
- Intensive outpatient treatment became available.
- A local hospital instituted medical withdrawal management, with patients linked to peer support services.¹⁴²⁰

In a whole-community effort, participation in the ROSC grew beyond behavioral health and medical organizations and providers to include the local university, the court system, the Veterans Service Office, and other local entities. This broad involvement resulted in such developments as the^{1421,1422}:

- Creation of an addictions minor at the university to help meet increasing behavioral health workforce needs.
- Establishment of problem-solving courts to reduce incarceration and link participants to needed SUD treatment and other services.^{1423,1424}
- Provision of peer-to-peer support for veterans seeking or in recovery.¹⁴²⁵

Funding for the ROSC's activities has come from local, state, and federal sources, including SAMHSA.¹⁴²⁶ More information on Hancock County's ROSC, including outcomes, can be found in a 2022 evaluation of its impact, available through <https://www.yourpathtohealth.org/measuring-the-impact-of-rosc-in-hancock-county/>.

RESOURCE ALERT: ASSOCIATION OF RECOVERY COMMUNITY ORGANIZATIONS

The Association of Recovery Community Organizations, part of Faces & Voices of Recovery, is a recovery membership program that supports the expanding network of local, regional, and statewide RCOs. It provides support via networking opportunities and resource sharing, while also advocating for policy changes and funding enhancements to strengthen RCOs. Its website offers valuable information and resources, including a membership map (<https://facesandvoicesofrecovery.org/arco-members-on-the-map/>) and a toolkit (<https://facesandvoicesofrecovery.org/arco/rco-toolkit/>).

The organization’s place within a recovery-oriented system of care (ROSC) should be clearly identified. A ROSC isn’t a singular entity, but rather a system of components, each of which complements and strengthens the others to provide a foundation and framework for people in recovery.

Once the organization is clearly positioned in the ROSC framework and is on a path toward change, it should create a roadmap to guide the ongoing implementation and to assess progress. Throughout the change process, it is important to:

1. Invite clients to the table.
2. Promote client access and engagement.
3. Provide person-centered and strengths-based care.
4. Identify and address barriers to substance use treatment and recovery.
5. Ensure continuity of care and integrated services.

Identifying an Organization’s Place in a ROSC

Although it’s possible to change the orientation of the program to provide recovery-oriented services, those services will be more effective if they are part of a ROSC that includes multiple service providers and community-based resources. Integrating an organization’s services into a coherent system of care that offers multiple services will help individuals better engage in and sustain recovery. **When a client needs multiple services from different programs, it can be confusing to the client and create a barrier to treatment access. By connecting multiple services focused on recovery, ROSCs improve communication among providers and**

continuity of care for consumers.

Professional literature supports the value of recovery-oriented services and the integration of services that ROSCs provide.¹⁴²⁷

Although an organization cannot create a ROSC on its own, it can partner with like-minded agencies and work toward developing a collaborative of service providers and community-based organizations. Such a group should include stakeholders such as:

- Consumers and their families.
- Substance use treatment providers.
- Mental health and psychiatric service providers.
- Medical services.
- Housing providers.
- Faith-based organizations.
- Peer-run recovery organizations.
- Civic and governmental agencies.
- The criminal justice system.
- Schools and adult education programs.
- Business organizations or specific businesses.
- Rehabilitation programs.
- Job training programs.
- Disability service providers.
- Any other organization that might have a role in promoting client recovery. Some of these may be specific to certain client populations, such as Tribal government for a Native American client or women’s organizations and service providers for women.

Adopting a recovery orientation positions an organization as an essential part of a ROSC (Exhibit 5.2).

EXHIBIT 5.2. An Organization's Place in a ROSC



Fully integrated ROSCs have been implemented in many areas of the country, and such integration is an excellent goal. However, in some communities, it may be that not all components of the larger service system are fully established and operational. **By adopting a recovery orientation in one's own organization, actively collaborating with other service providers and community-based recovery supports, and working with state and local governing bodies, it is possible to help inspire the creation of**

a ROSC in that community. Once people have a broad understanding of their own organization, they can then clearly define each role within the ROSC.

Understanding the Role of a Program Administrator

Program administrators within a counseling program have the ability to:

- Ensure that their programs provide a range of counseling services for clients with or at

risk for problematic substance use (onsite services are preferred but not always possible).

- Work with other program administrators, supervisors, service providers, and stakeholders to design, plan, and implement a ROSC.
- Work with other program administrators, supervisors, service providers, and stakeholders to ensure that clients receiving substance use treatment can access all the other services they need.
- Engage professional associations and public opinion leaders in the effort to develop a ROSC.
- Work with peer support programs and recovery organizations to clarify roles, develop collaboration strategies, and determine how best to create seamless relationships for the benefit of clients.
- Ensure that counseling programs focus on diversity, equity, and inclusion (DEI).
- Identify the underserved groups that would benefit most from the programs' services.
- Work with state and local governments and funding sources to support creation of a ROSC.
- Implement and work with recovery programs in a variety of settings, not just medical facilities or substance use treatment centers. This TIP discusses two important examples—colleges and correctional facilities—in more detail later in this chapter.

Understanding the Role of a Clinical Supervisor

Clinical supervisors' primary goal is to ensure that clients receive high-quality counseling services by providing oversight of counseling staff using both direct (e.g., sitting in on a counseling session) and indirect (e.g., reviewing case presentations and counseling notes) means. Another essential part of this role is to promote professional development of counseling staff and peer recovery support

providers by building supervisee-centered relationships and training counselors on specific recovery-oriented counseling practices.

The development of a collaborative, supervisee-centered relationship parallels the way counselors develop helping relationships with clients. Clinical supervisors model the partner–consultant relationship they want to encourage between counselors and clients in their own interactions with supervisees. They should consider themselves as guides in their counselors' journey of professional development and efforts to become recovery oriented. In a recovery-oriented organization, the clinical supervisors engage their supervisees in a collaborative, respectful, and supervisee-centered relationship, with the goal of ensuring quality care to clients and their families, while fostering their counselors' professional development.

If their organization is aiming to become more recovery oriented, one of their most important functions is to help supervisees understand the numerous changes that will occur as the program shifts from acute care to recovery management. It is paramount that their organization understand the importance of this concept. **For any recovery program to be effective, recovery-oriented services at all points of the continuum should be available for an extended period of time. Acute care is often insufficient, and those in recovery will need help over the long term, rather than for a brief period of time.**

A significant change for staff members is transitioning their roles with clients from "experts" to "recovery guides"—equal partners with clients. This shift may pose challenges to supervisors because counselors may feel a loss of authority or importance in the treatment process. At the same time, others, such as peer support staff, friends, and family, may assume greater roles in the recovery process. One of the tasks supervisors face is to **delineate roles clearly and help counselors work**

through the challenges of redefining their roles and job descriptions in a recovery-oriented treatment setting.

Additionally, supervisors should maintain a balance between actively guiding supervisees (e.g., observing counseling sessions) and being careful not to micromanage. Many counselors find that they have greater job satisfaction in recovery-oriented organizations, as they feel less personal responsibility for the choices made by clients. This, in turn, can lead to reduced job-related stress over time.

According to experts in the field,¹⁴²⁸ clinical supervisors in a recovery-oriented program will spend more time discussing with counselors how to:

- Engage their clients and build helpful, trusting relationships with them.
- **Identify client strengths and assess recovery resources.**
- Improve recovery resources and help clients use them more effectively.
- Help their clients work on relationships with peers, family, and the recovery community.
- **Plan for long-term recovery, including implementing a plan for long-term monitoring and support.**
- Understand the ways counselors' own feelings about client choices (i.e., countertransference reactions), if unacknowledged, may negatively affect clients' recovery.
- Provide guidance for making 'warm handoffs' to other care/support points and providers in the continuum.
- Reenforce the role and importance of person-first, nonstigmatizing, strengths-based language.

RESOURCE ALERT: CLINICAL SUPERVISION GUIDELINES

Additional resources for clinical supervisors aiming to improve or maintain recovery-oriented care in their organizations include:

- *The Role of Clinical Supervision in Recovery-oriented Systems of Behavioral Healthcare*¹⁴²⁹ provides detailed information on the changing role of clinical supervisors in recovery-oriented organizations. This resource is available at <https://www.yumpu.com/en/document/view/33775669/the-role-of-clinical-supervision-in-recovery-oriented-systems-of-care>.
- TIP 52, *Clinical Supervision and Professional Development of the Substance Abuse Counselor*, explains how to conduct clinical supervision in substance use treatment settings. This resource is available at <https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4435.pdf>.

Inviting People Who Are Involved in Recovery to the Table

Federal and state agencies recommend the involvement of people in recovery in the design and implementation of community-based care, such as counseling, that is client and family driven. An organization can contribute to this process by including clients and their families and significant others in all aspects of service planning and implementation. **They should be involved at the highest levels** (on the board of directors, on the advisory board) as well as in making decisions regarding various aspects of day-to-day operations, including:

- Selecting services and interventions.
- Developing program policies for clients and staff.
- Evaluating published material and media campaigns.
- Determining topics for staff training.

Discussions should be understandable to all participants, not just staff members. Because clients and their loved ones are usually the best sources of information about their own needs, including them in the decision process will help ensure that the program serves its clients to the best of its ability.

“Recovery-oriented care requires that people in recovery be involved in all aspects and phases of the care delivery process, from the initial framing of questions or problems to be addressed and design of the needs assessments to be conducted, to the delivery and ongoing monitoring of care, to the design and development of new services and supports.”¹⁴³⁰

Including people who have experienced recovery in the highest levels of decision making within a program is vital to the initiation stage of change. Decisions about initiating programmatic changes are often made by advisory boards, which are mandated in certain states. Guidance is available for advisory board formation and decision-making processes, but at a bare minimum, board membership should include people with lived experience in recovery from problematic substance use. The board members shouldn’t all be of the same mind, but rather should reflect an array of treatment and recovery perspectives and knowledge of varied pathways to recovery—because no single treatment or recovery modality works for everyone.

RESOURCE ALERT: ADDRESSING GOVERNING BOARD REQUIREMENTS

SAMHSA provides detailed guidance and instructions for programs to meet the requirement of ensuring client participation. More information can be found at <https://www.samhsa.gov/section-223/governance-oversight/addressing-board-requirements>.

The following actions can further demonstrate commitment to client participation by:

- Recruiting and hiring peers at all levels of the organization.
- Providing pay equity for peer recovery support providers.
- Offering incentives or reimbursement for client participation in program and policy development, staff training, and consultation. In certain cases, however, this can lead to untenable boundary issues, so each instance should be judged on a case-by-case basis in order to avoid such a scenario.
- Drawing from the counseling program’s alumni or the alumni associations of other recovery-oriented programs to recruit clients and their families to participate in planning and implementation activities. Creating an alumni association, if one isn’t already in place, may be the first step in this process. It is also possible to draw on active members of the recovery community or get help from client education and advocacy organizations, such as Faces & Voices of Recovery.
- Obtaining input from other stakeholders in the community the program serves, such as employers, criminal justice and legal system representatives, and other social service providers.

Promoting Client Access and Engagement^{1431,1432}

Recovery promotion in an organization begins with effective outreach and engagement with clients. Outreach may involve targeting specific underserved populations or those in need of specialized services (e.g., women with children, people who are homeless or tenuously housed, people with disabilities, members of underserved cultural groups) or specific locations, such as withdrawal management programs, college health services, or emergency departments in local hospitals.

“Engagement involves making contact with the person rather than with the diagnosis, building trust over time, attending to the person’s stated needs and, directly or indirectly, providing a range of services in addition to clinical care.”¹⁴³³

Engagement begins when a program makes initial contact with clients or family members and is enhanced by a warm, inviting environment and respectful, nonjudgmental interactions between clients and program staff at all levels. The program should develop a comprehensive outreach and engagement strategy that includes:

- Providing brief, easy-to-read pamphlets about program services, a recovery-oriented philosophy, and a client “bill of rights.” Recovery-oriented language should be used in all client materials.
- Placing on the organization’s website all of its client-related materials as well as online tools for self-assessment and screening. Translations of all client-related materials should be available in the languages of the cultural and ethnic groups in the community.¹⁴³⁴
- Providing free self-assessment tools, such as the Alcohol Use Disorders Identification Test, or AUDIT.
- Providing linkages to critical needs, such as housing or medical services.
- Conducting outreach to families of people with problematic substance use (with client permission).
- Providing information about any services the program offers in nontraditional settings.
- Providing transportation to the facility using recovery volunteers, peer recovery support providers, or case managers.

- Providing a brief intervention over the phone when a potential client or family member calls, based on an MI script that trained support staff can administer.¹⁴³⁵
- Providing a safe and easy way to navigate the facility that complies with the Americans with Disabilities Act.
- Promoting reengagement with clients who have had a recurrence or setback in recovery by welcoming them back and treating them respectfully and with optimism.

Programs should consider implementing an open-access model for initial engagement with clients. This model provides a certain number of hours a day when potential clients can walk into one or more access points in the organization (e.g., outpatient counseling program, primary care office) without an appointment for an initial intake and admission to available treatment services.

Providing Person-Centered, Strengths-Based Counseling Services

The key to implementing person-centered and strengths-based care is to shift from a traditional pathology-based assessment and treatment plan based on the counselor’s expertise to a strengths-based assessment and a recovery plan based on the client’s expertise. Exhibit 5.3 outlines the distinctions between a recovery plan and a treatment plan.

“Implementing person-centered care involves basing all treatment and rehabilitative services and supports to be provided on an individualized, multi-disciplinary recovery plan developed in partnership with the person receiving these services and any others that he or she identifies as supportive of this process.”¹⁴³⁶

EXHIBIT 5.3. How Recovery Plans Differ From Treatment Plans¹⁴³⁷

- A recovery plan is developed, implemented, evaluated, and refined by the client, not by the counselor.
- A recovery plan is based on a partnership or consultation relationship between the counselor and client, rather than an expert-client relationship.
- A recovery plan is broader in scope, encompassing such domains as physical health, education, employment, finances, legal matters, family, social life, intimate relationships, and spirituality, in addition to the resolution of problematic substance use.
- A recovery plan consists of a master plan of long-term recovery goals and a weekly action plan of steps that will mark progress toward those goals.
- A recovery plan emphasizes drawing strength and strategies from the collective experience of others in recovery.

Adopting a strengths-based assessment and recovery plan is the foundation of all services in a recovery-oriented program. The organization will need to provide orientation to all staff on what it means to be person centered and recovery oriented. All counseling staff, peer recovery support specialists, and clinical supervisors should receive specific training in strengths-based assessment and recovery planning. The organization will benefit from a strategy for measuring fidelity to established standards of care in these areas.

Maintaining a Person-Centered Approach With Clients in Crisis

One of the most difficult challenges organizations face in adopting a person-centered, recovery-oriented approach is reconciling an individual's needs and recovery

goals with the need for service providers to act in accordance with state laws and ethical guidelines if clients are a danger to themselves or others. **This balance can be accomplished by establishing guidelines for counselors to work collaboratively with each client to prepare for a crisis** or develop a contingency plan describing what actions the organization will take, based on that client's preferences, when the client is in crisis (e.g., intoxicated during a recurrence of problematic substance use, experiencing a mental crisis) and is unable to make decisions about their own care. The Wellness Recovery Action Plan (WRAP[®]) is a prevention and wellness tool for people with problematic substance use and mental disorders that asks clients to identify what they believe recovery looks like for them.¹⁴³⁸ For example, the WRAP[®] asks clients to identify ways to address their negative feelings and behaviors, consider people they want to be involved in their recovery and how they want to receive support, and determine how they can further their recovery in ways that avoid substances.¹⁴³⁹ More information about the WRAP[®] can be found at <https://www.wellnessrecoveryactionplan.com/>.

Obtaining Client Feedback in Person-Centered Counseling

Client feedback is essential in assessing the general climate and culture of a program from the perspective of those experiencing or in recovery from problematic substance use. Feedback allows program staff to gauge how well clients feel their substance use-related treatment or recovery support needs are being met. Recovery self-assessments for persons in recovery (<https://portal.ct.gov/-/media/DMHAS/Recovery/RSAselfpdf.pdf>)¹⁴⁴⁰ and family members/significant others (<https://portal.ct.gov/-/media/DMHAS/Recovery/RSAfamilypdf.pdf>)¹⁴⁴¹ are used to gather feedback in a structured manner and evaluate program progress and capability.

Client interviews and focus groups are other ways to get input on how well an agency is meeting the substance use–related needs of clients. A neutral third party (e.g., an outside consultant) should facilitate focus groups to increase candid disclosure of positive and negative feedback. Written or audio records (with client consent) of client feedback for later analysis should be used. Additionally, staff should be aware of newer technologies that their organization may be able to use to elicit feedback, such as QR codes that can be used with mobile devices or Internet surveys. Of course, not all clients have access to or a full understanding of these newer methods, so traditional methods may still be needed. Exhibit 5.4 lists some questions that may be considered in feedback sessions.

Identifying and Addressing Barriers to Treatment and Recovery

Organizational barriers to treatment and recovery raise the bar for access and engagement and increase the potential for crises that lead to hospitalization and recurrence.

“Staff actively look for signs of organizational barriers or other obstacles to care before concluding that a person is non-compliant with treatment or unmotivated for care. Once identified, staff remove or find ways to overcome these obstacles.”¹⁴⁴²

EXHIBIT 5.4. Potential Client Feedback Questions

1. What has your experience been like so far in this organization?
2. How do counseling, medical, and support staff (e.g., receptionist) treat you?
3. What was your experience during the admission process?
 - Did you feel welcome?
 - Did staff address all your concerns related to substance use treatment and recovery support?
 - Did you feel a sense of hope?
 - Was the admission process timely?
 - How could we improve the process?
4. Have you actively participated in developing your recovery plan? Do you believe it reflects your needs, strengths, abilities, preferences, and recovery goals?
5. On a scale from 0 to 10, how much do you feel staff recognize and understand your cultural and ethnic background? Do you believe that your recovery plan addresses these concepts?
6. On a scale from 0 to 10, tell me how satisfied you are with:
 - The amount of time you have with your counselor.
 - The convenience of your appointment day and time with your counselor.
 - The availability of your counselor to you in times of crisis.
 - The overall counseling services you receive and the degree to which those services help you address your substance use.
7. On a scale from 0 to 10, tell me how satisfied you are with the substance use treatment or recovery support services you receive from our staff.
8. What difficulties or barriers have interfered with your ability to access or engage in treatment or recovery support services here (e.g., finances, transportation, language, lack of services you need)? Are the hours of service appropriate to your needs?
9. What do you think we could do to improve our substance use–related services or counseling environment?
10. Would you recommend this program to a friend or family member with substance use–related issues? Why or why not?

The attitudes, actions, and beliefs of staff regarding substance use (e.g., viewing substance use as a moral failing, believing that medication to treat a substance use disorder [SUD] is “substituting one drug for another,” continuing to use pathologizing or judgmental language that objectifies clients or blames them for their substance use–related issues) can create barriers. So can material aspects of the program (e.g., clients feel embarrassed to enter the facility; there is lack of public transportation to the facility; the process of intake, including addressing insurance and payment issues, is too lengthy and confusing). When identifying and finding solutions to barriers, programs should note the two primary types: internal and external.

For **internal barriers (i.e., those that occur primarily within the organization)**, the following actions should be considered:

- Administrators should identify potential organizational barriers by striving to understand the client’s perspective and how he or she feels. Supervisors or administrators should conduct a walk-through of the entire treatment/recovery process from intake to discharge. Programs should use feedback from current clients and program graduates to identify sticking points in processes related to substance use treatment and recovery support processes, and to elicit their ideas about organizational changes that could remove the sticking points.
- Recovery organizations should identify program policies that discipline clients for exhibiting signs or symptoms of problematic substance use. Examples of such policies include discharging clients from treatment/recovery for a recurrence and excluding or limiting access for clients who use certain substances or who take medication to treat an SUD. Programs should modify policies in ways that prioritize clients’ recovery needs, while balancing the safety of other clients and organizational needs.
- Supervisors should offer timely, accurate, reliable feedback to staff members on how to reduce recovery barriers for clients and how to improve the effectiveness of their recovery-oriented, person-centered practices.
- Programs should sustain recovery-oriented improvements through continuous monitoring, feedback, and adjustment. Ongoing asset mapping can be particularly useful.¹⁴⁴³ (Chapter 4 contains a discussion of asset mapping.)
- If clients do not engage in, comply with, or re-engage in counseling/the recovery process for their substance use, it is necessary to first identify and address organizational barriers instead of assuming that the clients are unmotivated, noncompliant, or resistant.

External barriers (i.e., those outside an organization) involve client time and availability and the policies and practices other institutions have in place. It is important to understand that

clients may have no transportation to reach a facility in person, have jobs or other responsibilities that make daytime appointments difficult, have health issues or disabilities that a facility can’t currently accommodate, or have other demands on their time and availability that keep them from getting the care they need through the program. To lessen such barriers, programs should:

- If possible, provide both 24-hour and walk-in services and, at the very least, provide night and weekend services.
- Offer mobile services or services in nontraditional community settings, such as barbershops, drop-in centers, and so forth.
- Provide telehealth services.^{1444,1445,1446,1447,1448,1449,1450} More information on telemedicine can be found in Exhibit 5.5.

EXHIBIT 5.5. Using Telehealth To Enhance Recovery

For clients who are unable to attend a facility in person, telehealth can offer a solution. The COVID-19 pandemic highlighted the need for telehealth. In response, many healthcare organizations, government agencies, and technology companies have provided resources to facilitate effective telehealth services.

Through telehealth, counselors can deliver treatment, connect clients to other providers or recovery networks via mobile apps, and, if qualified, provide medications to treat SUDs (e.g., providing buprenorphine to treat opioid use disorder). The following are important resources, guidelines, and mandates for incorporating or expanding telehealth within a program:

- Department of Health and Human Services telehealth website: <https://www.telehealth.hhs.gov/>
- Drug Enforcement Administration (DEA) guidance on telemedicine:
 - *Use of Telemedicine While Providing Medication Assisted Treatment (MAT)*: https://www.samhsa.gov/sites/default/files/programs_campaigns/medication_assisted/telemedicine-dea-guidance.pdf
 - DEA Qualifying Practitioners [and] DEA Qualifying Other Practitioners: [https://www.deadiversion.usdoj.gov/GDP/\(DEA-DC-022\)\(DEA068\)%20DEA%20SAMHSA%20buprenorphine%20telemedicine%20%20\(Final\)%20+Esign.pdf](https://www.deadiversion.usdoj.gov/GDP/(DEA-DC-022)(DEA068)%20DEA%20SAMHSA%20buprenorphine%20telemedicine%20%20(Final)%20+Esign.pdf)
 - DEA Information on Telemedicine: https://www.samhsa.gov/sites/default/files/programs_campaigns/medication_assisted/dea-information-telemedicine.pdf
- American Medical Association guidance on telemedicine in practice, including information on practice implementation and policy, coding, and payment: <https://www.ama-assn.org/practice-management/digital/ama-telehealth-quick-guide>
- Centers for Medicare & Medicaid Services information concerning telemedicine/telehealth services:
 - Telehealth: <https://www.medicare.gov/medicaid/benefits/telehealth/index.html>
 - *State Medicaid & CHIP Telehealth Toolkit* (updated with COVID-19 information): <https://www.medicare.gov/medicaid/benefits/downloads/medicaid-chip-telehealth-toolkit.pdf>
 - Medicaid State Plan Fee-for-Service Payments for Services Delivered via Telehealth: <https://www.medicare.gov/medicaid/benefits/downloads/medicaid-telehealth-services.pdf>
 - List of Telehealth Services: <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>

External barriers relating to other institutions and their policies may involve discrimination as well as lack of housing, education, job training, and employment. To address these and other external barriers, it is necessary to support and promote recovery community efforts to end discrimination, provide housing assistance, and help those in recovery gain meaningful employment. Exhibit 5.6 provides more information on employment barriers and solutions.

Ensuring Continuity of Care and Integrated Services

Recovery-oriented treatment should emphasize continuity of care (e.g., through a provider or treatment team that follows the client from intake through continuing care), regardless of the service setting in which the client first receives care for substance use-related issues, and regardless of whether the client's reason for seeking care was primarily to address substance use or to address another concern. Ideally, this continuity of recovery-oriented care occurs within an integrated health system that also addresses mental illness and medical issues to the greatest extent possible.

EXHIBIT 5.6. Addressing Employment Barriers for People In Recovery¹⁴⁵¹

Obtaining and maintaining gainful employment is one of the most frequently cited priorities for people in recovery. For them, employment is also often considered a marker of successful recovery and is associated with better rates of treatment adherence and less frequent use of mental health services. Clients who gain steady employment generally have significantly better quality of life. On the other hand, unemployment is associated with increased risk for a recurrence.

Organizations can lower the barrier to treatment and recovery that unemployment creates by either providing vocational services as part of their counseling program or actively linking clients to vocational programs in their community that are geared toward helping clients. Specialized vocational assistance may be available for certain groups, such as the Department of Veterans Affairs' Education and Career Counseling program (<https://www.va.gov/careers-employment/education-and-career-counseling/>) or vocational rehabilitation grants and scholarships for Native Americans.

Also, staff should be aware that possession of a criminal record can often be a roadblock to obtaining employment. They should be sure to look into state laws that pertain to this topic. In some instances, client advocacy may be needed, which can be achieved by utilizing various advocacy and legal organizations.

TIP 38, *Integrating Substance Abuse Treatment and Vocational Services* (<https://store.samhsa.gov/product/TIP-38-Integrating-Substance-Abuse-Treatment-Vocational-Services/SMA12-4216>), offers more information on integrating vocational services; TIP 55, *Behavioral Health Services for People Who Are Homeless* (<https://store.samhsa.gov/product/TIP-55-Behavioral-Health-Services-for-People-Who-Are-Homeless/SMA15-4734>), includes information on employment programs for people who are homeless.

"[T]reatment, rehabilitation, and support are not to be offered through serial episodes of disconnected care from different providers, but through a carefully crafted system of care that ensures continuity of the person's most significant healing relationships and supports over time."¹⁴⁵²

Understanding the Two-Way Integration of Recovery Support Services With Primary Care

Clients may be more likely to continue to see a primary care provider than a counselor, peer support specialist, or other behavioral health service provider because individuals with SUDs have an increased risk for a variety of physical health problems that make continued use of primary care services essential for ongoing recovery. Additionally, workforce issues have the potential to make integration of behavioral health and primary care

services difficult. That said, some options for integrating substance use into primary care services include:

- Offering medical services at substance use treatment facilities or recovery community centers.
- Placing treatment and recovery support staff at primary care practices and health clinics in the community.
- Actively linking clients in substance use treatment programs and clients receiving substance use treatment or recovery support from counselors in other settings to primary care providers.
- Offering training for primary care providers in the community on how to screen for problematic substance use, conduct brief interventions, and refer individuals with positive screens for further assessment.

If an organization cannot provide comprehensive substance use treatment and recovery support services onsite,

it should develop formal linkages with other providers. Collaboration with other substance use treatment service programs and recovery organizations in the community can be a low- to no-cost solution for “warm hand-offs” that result in increased client access to services, more opportunities for staff training, and decreased duplication of services across the ROSC. However, in order to succeed, one must ensure that each organization partnered with shares the same vision and recovery-supported environment to avoid creating difficulties for clients. Additional strategies are put forth by Whiteford and colleagues¹⁴⁵³ to increase the organization’s readiness to collaborate and to link up with other programs. They include:

- Asking one’s funding sources to help identify sister agencies and referral sources (i.e., those serving the same client populations, but in different systems).
 - Identifying specific people in other programs with whom staff members can collaborate in planning for clients with complex needs, and contacting program directors to facilitate involving the staff members who are already working together in developing collaboration mechanisms.
 - Collaborating on comprehensive recovery planning for clients with complicated case histories.
 - Developing interagency coordinating committees.
 - Creating memoranda of understanding (i.e., formalized agreements of collaboration) to define each provider’s roles clearly.
 - Having staff members from different organizations work together in joint service planning.
 - Identifying common areas of interest for staff training and addressing client needs.
 - Cross-training staff so that providers understand how each other’s services and cultures operate.
- Developing a consortium of programs that will sponsor or host at least one training program per year and allow the staff of participating programs to attend the trainings at no cost.
 - Co-locating services from multiple providers.
 - Developing blended funding initiatives.
 - Ensuring realistic workloads for all partners.
 - Having a mechanism in place to mediate disagreements.
 - Monitoring service provision to ensure implementation of services as planned.
 - Motivating interest from stakeholders.

Developing Community Partnerships

When a program identifies and partners with local recovery communities (including mutual-help groups) and community-based peer support services, it can expand its treatment capacity, provide a mechanism to help clients maintain recovery gains after they leave the program, reduce recurrence to substance use, and promote ongoing recovery. The next two sections discuss key steps in community linkage: identifying community resources and pursuing active linkage strategies.

Identifying Community Resources

When clients are empowered to set their own recovery goals, they will likely include goals that require services not typically part of traditional treatment settings. For example, a client may want to learn to read (requiring adult literary services), start saving for retirement (requiring financial planning services), learn to play a musical instrument (requiring music lessons), or become a better parent (requiring parenting classes). Many of these services are available for free or at low cost in the community through governmental or nongovernmental organizations, or through businesses (e.g., some investment

companies offer free financial planning). Some local businesses or charities may help pay for services that would otherwise cost money, and thus it will be helpful to develop relationships with local charities, businesses, or chambers of commerce. Local colleges and universities may also be able to provide some services at low or no cost if clients are willing to receive help from students (e.g., a local dental school, a music conservatory).

Some organizations or businesses may be hesitant to work with people in recovery from substance use. In some instances, programs can consider bringing community organizations and businesses together with people in recovery to conduct education and promote understanding. A treatment program could host special events for such a purpose. Another option is to facilitate outreach in the community to allow program staff and graduates to introduce themselves to potential partner organizations. Some strategies to identify recovery resources in the community include:

- Designating one staff person—preferably a peer recovery support specialist, recovering counselor, or support person—to identify recovery resources in the community.
- Creating a tracking form and designating a staff person to create and regularly update a paper or electronic file with detailed information about recovery community supports, including self-help groups, vocational training programs, social service programs, clubhouses, and sober houses.
- Having a designated staff person create and regularly update a log of online recovery resources for clients who have Internet access. (TIP 60 contains more information on online resources: <https://store.samhsa.gov/product/TIP-60-Using-Technology-Based-Therapeutic-Tools-in-Behavioral-Health-Services/SMA15-4924>.)
- Asking a designated staff person to post resources for clients on the program website and regularly check and update the website.
- Asking current clients and alumni of the organization to offer input and provide contact information about recovery supports, recovery-oriented or supportive businesses, cultural and social activities, and faith-based organizations that have been helpful to them on their recovery journey.
- Searching regularly for new resources and services that may be of use to clients. These include state and/or local health or mental health departments, local chapters of client organizations (e.g., the National Alliance on Mental Illness, the Depression and Bipolar Support Alliance, Faces & Voices of Recovery), other providers, and faith-based organizations. Recovery-oriented media sites, such as magazines or social networking sites, are also good sources for information.

Pursuing Active Linkage Strategies

To become an active member of a ROSC, an organization should not simply be aware of other recovery-oriented services and community resources. It should also be actively involved in linking or partnering with other ROSC organizations when appropriate. Program leaders should keep in mind that community-based recovery support services are not there to support the work of their counseling program, though they may serve as alternatives or adjuncts to formal treatment services. Likewise, the program's counseling services may be an adjunct to the offerings of community-based services. In addition, RCOs have their own traditions, bylaws, ethical codes, standards of appropriate care, and principles and guidelines that govern their relationships with outside organizations. It is necessary to become familiar with these governing factors and respect them when making arrangements to work with another organization. RCOs may support pathways and styles of recovery that differ from those the organization and counselors recommend; however, all types of recovery deserve respect.

Program leaders should be aware that **maintaining linkages is a continual, time-consuming process that requires trust on the part of both partners**, but the return on investment will become clear as they strengthen their organizational bonds with other resources in the community. For programs just beginning the linkage process, it may be optimal to work with a partner on a single project to achieve an “easy win.” During this initial collaboration, leaders from both organizations can identify further opportunities for partnership that may lead to increased coordination of services and sharing of work. Organizations should aim to build strong relationships with other organizations in their community that provide the most-needed services they do not offer.

Some strategies for actively partnering with community recovery resources include^{1454,1455,1456,1457}:

- Designating a staff person to be a liaison with recovery-focused services and supports and developing relationships with key staff in other organizations. A program may want to designate staff members to serve as liaisons for specific communities, depending on their experience with and membership in those communities and/or familiarity with a particular culture or language.
- Inviting representatives from the recovery community to join the program’s own administrative staff in working groups to evaluate, revise, or select services for it and develop policies for linkage to community resources.
- Communicating to peer-based recovery support organizations the standards that the program expects them to comply with (e.g., not interfering with the medical treatment of clients).
- Offering facilities as a location for recovery support meetings or other services (e.g., allowing the use of an office for meetings with a recovery coach).
- Developing a recovering alumni society that can support clients who are leaving the program.
- Inviting individuals in recovery who represent various recovery organizations to give presentations about their groups and answer questions for program clients and staff.
- Supporting development of volunteer peer groups to aid in recovery activities at the program facility.
- Helping organize support groups if no current options can meet a specific need (e.g., if no secular support groups are in the area, if a specific population that needs a group geared solely to it does not have one).

Recovery-Oriented Counseling Outside of Traditional Treatment Settings

Correctional Facilities¹⁴⁵⁸

Jails and prisons contain a much larger proportion of people with problematic substance use than the general population. Counseling programs embedded in these facilities can help ensure that clients get the substance use treatment and recovery support services they need, not only while they are incarcerated but also upon community reentry. Upon release, individuals may feel overwhelmed and not know how to navigate the resources available to them, placing them at risk not just for recurrence of problematic substance use, but also for recidivism to the criminal justice system.

Heaps and colleagues¹⁴⁵⁹ provide an overview of the basic functions a program must perform to link people in recovery to ongoing community support. They include:

- Coordinating service throughout the recovery process, from medically assisted withdrawal (if needed) to ongoing recovery support for a productive, healthy life in the community.
- Coordinating ancillary services, such as vocational counseling and housing assistance.

- Gradually empowering clients to achieve a phased integration or reintegration into meaningful work, education, and family life based on their specific stage of recovery.

Additionally, counseling programs within criminal justice settings must **be aware of and responsive to the needs of various subpopulations that may face additional**

issues that require attention. Perhaps the most effective and widely used institutions for linking recovery resources with criminal justice populations are drug courts. The following Resource Alert provides more information on drug courts as well as guides and examples of successful recovery-oriented practices for justice-involved populations.

RESOURCE ALERT: RECOVERY-ORIENTED CARE FOR PEOPLE IN THE CRIMINAL JUSTICE SYSTEM

The following organizations and publications provide a wealth of material for those interested in helping individuals who are justice involved return to society and achieve recovery from problematic substance use.

- All Rise (<https://www.nadcp.org/>) (formerly the National Association of Drug Court Professionals) provides training, membership, and advocacy of the treatment court model, which currently encompasses more than 4,000 programs in every state, 4 territories, and more than 20 countries.
- Treatment Alternatives for Safe Communities (TASC) (<https://www.tasc.org/tascweb/home.aspx>) is a nonprofit organization that offers health recovery management services for people with substance use and mental disorders. For more than four decades, it has provided and/or facilitated access to community-based treatment and recovery support services for individuals who are involved in public systems such as criminal and juvenile justice, corrections, child welfare, public aid, and public housing. It collaborates closely with healthcare providers, policymakers, academic institutions, and community stakeholders to ensure that underserved populations are linked to services they need, while also providing the most efficient use of financial and clinical resources. In addition to its service delivery and provider network management capacities, TASC offers extensive systems-building consultation and training for public networks in numerous states and across the country. TASC's Center for Health & Justice (<https://www.centerforhealthandjustice.org/tascblog/Images/documents/Publications/CHJFactSheet.pdf>) provides solutions to reduce recidivism by focusing on addiction and mental health among criminal justice populations. By partnering with researchers and program experts all over the nation, it offers consultation, training, and public policy solutions that improve community health, reduce rearrest, and save money.
- SAMHSA's GAINS Center for Behavioral Health and Justice Transformation (<https://www.samhsa.gov/gains-center>) focuses on expanding access to services for people with mental or substance use disorders who are involved with the criminal justice system. It provides a series of training opportunities (including trauma-focused care training), webinars, virtual learning communities, drug treatment court locators, adult and juvenile mental health court locators, the Sequential Intercept Model (detailed below), and much more.
- The Sequential Intercept Model (<https://www.samhsa.gov/criminal-juvenile-justice/sim-overview>) is a vital tool that helps communities find resources and identify gaps for individuals who are justice involved, while also linking various agencies to help these people recover from mental and substance use disorders and successfully re-enter society.
- SAMHSA's Criminal and Juvenile Justice Webpage (<https://www.samhsa.gov/criminal-juvenile-justice>) includes a wealth of resources for stakeholders in the criminal justice system, including grantees.
- SAMHSA'S *Guidelines for Successful Transition of People with Mental or Substance Use Disorders from Jail and Prison: Implementation Guide* (<https://store.samhsa.gov/sites/default/files/d7/priv/sma16-4998.pdf>) offers substance use treatment, correctional, and community stakeholders with successful implementation strategies for transitioning people with mental or substance use disorders from institutional correctional settings into the community.



College and University Settings¹⁴⁶⁰

Across the country, colleges and other higher education institutions are establishing recovery-oriented centers. Although the names may vary (e.g., collegiate recovery programs, collegiate recovery centers), the goal is the same: to provide recovery support and ensure that students successfully complete their educational programs. By integrating recovery into the college culture, counselors and other providers are able to address students' substance use and support students' recovery efforts more effectively.

Doing so can present some difficulties, because problematic substance use (binge drinking in particular) is embedded into the social culture of many colleges. Nonetheless, resources and guidelines are available to help administrators establish recovery-oriented systems in these settings, thereby giving students greater access to counseling approaches that address substance use and related issues and also increasing outreach efforts to intervene with these students before they experience negative consequences due to substance use. These resources may also help program administrators and clinical supervisors who don't work in college and university settings but wish to partner with collegiate recovery programs or centers in their efforts to build a ROSC.

RESOURCE ALERT: RECOVERY-ORIENTED COLLEGE SYSTEMS

The Association of Recovery in Higher Education (<https://collegiaterecovery.org/>) is the only association that exclusively represents collegiate recovery programs and collegiate recovery centers, the faculty and staff providing support for these programs and centers, and the students that access services and supports through them. It offers a wealth of educational materials and community connection resources to facilitate change in recovering students' lives. It encompasses a network of professionals, administrators, faculty, staff, students, parents, and policymakers.

Developing Recovery-Oriented Policies and Procedures

Implementing a new program or service or restructuring a program with a recovery-oriented focus will entail a review and revision of existing policies and procedures. Policies and procedures are an important way for administrators to institutionalize the changes they implement. The types of policies their organizations need will vary according to their unique circumstances. **Policies must also take into consideration local, state, and federal laws, regulations, and licensing requirements.** At a minimum, recovery-oriented policies should address:

- Client orientation to a recovery program.
- Client substance use.
- Counselor and peer specialist recruitment and hiring.
- Counselor and peer specialist training and supervision.
- Recovery planning, recordkeeping, discharge, and planning for continuing care.
- Employees who have SUDs.
- Employee drug testing.

Of particular importance in designing a program that recruits and hires people in recovery is a policy on employee SUDs and drug testing that applies to all employees, regardless of recovery status. It may be helpful to consider a drug-free workplace policy that has **two primary goals**:

1. Sending a clear message that use of alcohol and drugs in the workplace is prohibited; and
2. Encouraging employees to seek help with alcohol and drug problems voluntarily.

The rationale of a policy must be based on the health and safety of clients and the public, maintenance of the quality of the

program and its integrity, protection of the facility from damage, and compliance with federal and state laws and regulations.

Some important considerations¹⁴⁶¹ in determining the policy on staff substance use and recurrence include laws governing the use of illicit substances and professional ethical codes and state licensing requirements that address counselor impairment. Another important factor is that programs can conduct random drug testing if it involves all staff, and programs can require additional supervision for a staff member whose performance is impaired. Although consistency in policy is important, programs can have more stringent policies in place for counseling staff members because of their level of interaction with clients and the possibility that their behavior might cause harm to those clients.

RESOURCE ALERT: POLICIES AND PROCEDURES

The State of Connecticut Department of Mental Health and Addiction Services (www.ct.gov/dmhas/cwp/view.asp?a=2913&q=460024) maintains a website of organizational resources with access to a comprehensive compendium of program policies and procedures that address media relations, codes of conduct, nondiscrimination, promotion of ROSCs, integrated services for people with co-occurring substance use and mental disorders, involvement of family and significant others in treatment, and more.

Assessing Program Progress

To assess the counseling program's progress in recovery-oriented organizational change, it is necessary to **identify specific performance measures**. These include measures of the program's ability to adapt and maintain changes (its infrastructure stability, research personnel [if it has any or contracts with any], and adaptive capacity), process measures of recovery-focused services, and measures of clients' long-term

recovery, which entails monitoring program continuation and completion by clients. Programs may find it helpful to create a dashboard of key performance measures to guide program implementation. Data driving these measures should be timely. Additionally, programs should monitor treatment outcomes for substance use as well as any other co-occurring mental or physical conditions. TIP 42, *Substance Use Treatment for People With Co-Occurring Disorders*, contains information on co-occurring disorders (<https://store.samhsa.gov/product/tip-42-substance-use-treatment-persons-co-occurring-disorders/PEP20-02-01-004>).¹⁴⁶²

A program's effectiveness in providing counseling to promote recovery is reflected in outcome data that it may already collect under the Government Performance and Results Act (GPRA) and the National Outcome Measures, although not all programs participate in this (for example, many organizations use Health Resources and Services Administration funds [such as Federally Qualified Health Centers], which do not use GPRA). Regardless of the specific metrics used, SAMHSA's *National Framework for Quality Improvement in Behavioral Health Care* (<https://www.nasmhpd.org/sites/default/files/SAMHSA%20Quality%20Improvement%20Initiative.pdf>) provides quality measures to help programs evaluate their services and make funding decisions. It includes goals relevant to a recovery orientation, such as promoting person-centered care.

As an organization begins the transition to a recovery orientation, its leaders will want to explore strategies for revising and developing new policies and procedures, explore funding opportunities to increase flexibility in providing integrated services, and adjust workforce development processes to align with a recovery orientation. The following section addresses these concerns.



RESOURCE ALERT: NIATX

NIATx (formerly used as the acronym for Network for the Improvement of Addiction Treatment; <https://niatx.wisc.edu/>) is a program centered at the University of Wisconsin–Madison that offers a wealth of resources related to progress assessment and organizational enhancement.

Funding the Transition to Recovery-Oriented Care

For many program administrators, an ongoing concern is funding recovery-oriented counseling services, such as recovery management checkups, extended case monitoring, case management, and peer supports. Although the current substance use treatment system in the United States is moving toward a ROSC model, funding is not available everywhere. Public and private funders are beginning to recognize that ROSCs are cost effective; thus, some states (e.g., Arizona, Connecticut, Vermont) and cities (e.g., Philadelphia) are already supporting at least some ROSC-style services. A growing number of states also allow the funding of peer-based recovery support services using Medicaid funds. Administrators can join organizations that advocate for changes in reimbursement and funding on state and federal levels and systemwide health policy change, such as the National Association of State Mental Health Program Directors (www.nasmhpd.org) and the National Association of State Alcohol and Drug Abuse Directors (<https://nasadad.org/>).

SAMHSA and other federal agencies provide grants to support recovery-oriented services, including grants for state systems to promote integration of behavioral health and primary care. The Resource Alert “Funding Opportunities and Guidance” lists websites that provide information for increasing revenue streams to support the implementation of recovery-oriented and other health services.

RESOURCE ALERT: FUNDING OPPORTUNITIES AND GUIDANCE

- SAMHSA provides grants that support programs for SUDs and mental illness. This site (<https://www.samhsa.gov/grants>) lists grants for organization funding and provides a guide through the grant application processes.
- SAMHSA also provides a list of grants and other available funding resources available to tribal organizations from a wide spectrum of government agencies, both inside and outside the Department of Health and Human Services (HHS). This listing also includes nongovernmental organizations. More information can be found at <https://www.samhsa.gov/tloa/tap-development-resources/funding-opportunities>.
- Grants.Gov (<https://www.grants.gov/>) has a searchable database of current federal grants available from HHS (including SAMHSA), the Department of Justice, and the Department of Labor. The website is also a learning resource center.
- NIATx offers a guide to help navigate the arena of third-party billing to help stabilize and maximize funding streams (<https://web.archive.org/web/20230204115814/https://www.niatx.net/download/niatx-third-party-billing-guide/>).

Engaging in Recovery-Oriented Workforce Development

When transitioning to a more recovery-focused orientation, programs leaders must pay special attention to the hiring, training, and supervision of counselors. The following steps can ensure the delivery of effective recovery-oriented counseling services:

- Providing continuous training. New research, guidelines, mandates, and practices are continually being developed and disseminated. Although some positions may require more intensive training than others, none will remain static. Program leaders should provide as much support and information to their staff as possible so they can remain up to date and able to deliver the best care possible. When training on modalities that require a skills-based component, leaders should vary the learning between attendance at installation trainings with on-the-job coaching of the skills being taught.
- Ensuring that staff feel valued. Research has shown that staff turnover is especially prevalent in substance use treatment settings.¹⁴⁶³ Whether a program provides specialty substance use treatment, general counseling services, or blended services that include counseling, it is important to show counselors (and other staff) who address clients' substance use that they are valued. Doing so will help reduce the chances that they leave the organization while also boosting their morale, which in turn will likely improve the quality of care they provide.
- Posting job descriptions that reflect recovery values. Counseling job descriptions should let people know that the organization's nature and mission are centered on a recovery orientation, and that all applicants should have both the experience and credentials necessary to deliver recovery-oriented counseling. The more explicit the descriptions, the better. Also, unique elements particular to the organization should be highlighted so job applicants know as much as possible before applying to become counselors in the program.
- Hiring representative staff. The people employed by the program should represent the client populations within its community. This will not only enrich the organization, but also align with standards of DEI. Indeed, DEI cannot only serve as a goal to be implemented, but also as a lens through which to examine the success of the program. It may also be helpful to establish and consult a DEI advisory committee for ideas.
- Implementing recovery-oriented interviewing procedures. Like the job descriptions that are posted, the interview questions asked of potential employees should let them know immediately that the program's core focus is recovery oriented and that employees are expected to possess the knowledge, skills, credentials, and experience to help fulfill the organization's recovery-oriented mission. Also, persons with lived experience should be included in interviews.



RESOURCE ALERT: DEI

A diverse workforce enriches counseling programs and increases their efficacy by reflecting the populations they serve. The following resources provide useful guidance for DEI considerations:

- The National Association of Addiction Treatment Providers' Diversity, Equity, Inclusivity and Belonging Resources webpage (<https://www.naatp.org/resources/dei>) provides a wealth of regularly updated resources, including links to webinars, videos, manuals, a blog, research, and other publications to help learn and implement the best practices in DEI.
- SAMHSA's DEI Resources page (<https://soarworks.samhsa.gov/article/dei-resources-overview>) provides resources associated with the content found on its Guidance for Improving Staff Engagement webpage (<https://soarworks.samhsa.gov/article/guidance-for-improving-staff-engagement>).
- The National Network to Eliminate Disparities in Behavioral Health (<https://nned.net/>) offers resources and information to facilitate sharing, training, and technical assistance, with the aim of promoting behavioral health equity.
- The Office of Equal Employment Opportunity, Diversity & Inclusion (<https://www.hhs.gov/about/agencies/asa/eo/index.html>) is responsible for administering and compliance with the laws, regulations, policies, and guidance that prohibit discrimination in the federal workplace for employees and applicants.

Hiring

When recruiting new hires, it is important to consider how well the staff mirrors the population it serves in terms of cultural background, gender, race, language, and experience.

Having people who are themselves in recovery on the staff can greatly assist with this. Asking if a person is in recovery is illegal, so applicants must volunteer this information, or it must be inferred from other information.¹⁴⁶⁴ However, to encourage people in recovery to apply for counseling, support, operational, or administrative positions, program administrators can describe their organization as a recovery-oriented program in recruitment materials. They should make it clear that they welcome applicants in recovery. **They should clearly describe all qualifications for each job and all organizational policies related to on-the-job behavior, including those related to alcohol and drug use.**

When hiring, they should seek candidates whose knowledge and attitudes are congruent with a recovery orientation. This may mean looking for applicants who:

- Express higher levels of warmth and empathy.
- Use evidence-based approaches and help clients increase motivation and commitment to change.
- Help clients understand substance use recurrence as a process, learn to identify early warning signs for recurrence, and take action to avoid recurrence.
- Understand that clients vary in the severity of their SUDs, pathways to recovery, and internal and external resources that support initiation and maintenance of recovery.
- Support clients' efforts to identify the challenges and solutions associated with their personal recovery, and identify strategies and resources (e.g., physical, emotional, behavioral, social, spiritual, personal, financial) to overcome barriers to long-term recovery.
- Understand the role of recovery support services (e.g., peer-based recovery support services, mutual-help groups) and continuing care services in helping clients achieve stable recovery faster and manage their own long-term recovery.

Hiring Recovery-Oriented Counselors

When hiring recovery-oriented counselors, programs should consider:

- Asking applicants about their understanding of what recovery means.
- Listening for applicants' use of recovery-oriented versus pathology-oriented language.
- Asking applicants about their experience and training in cognitive-behavioral therapy (CBT), coping skills training, strengths assessments, and MI.
- Screening applicants for counseling competence. Useful measures include the Video Assessment of Simulated Encounters-Revised (VASE-R).¹⁴⁶⁵ The VASE-R assesses MI skills. It requires watching a short video (available at no charge) of counselors demonstrating MI skills and then asking applicants to score the counselors on specific skills, including reflective listening. The VASE-R can be administered individually or in groups. It takes approximately 35 minutes to complete. The initial VASE-R screening can serve as a baseline measure of potential counselors' empathy and person-centered orientation. The VASE-R administration and scoring form is available online at https://adai.uw.edu/instruments/PDF/VASERScoreForm_145.pdf.

- Developing a dedicated recovery-oriented internship program at the agency. Not only does an internship program allow for the assessment of interns' abilities as potential new hires, it also provides program leaders with opportunities to train and supervise interns in concepts and practices that promote recovery and prevent recurrence before they become employees.

Hiring or Contracting With Peer Specialists^{1466,1467,1468,1469,1470,1471}

Hiring Peer Specialists

An important part of ROSCs and workforce development is the integration of peer support services into all parts of the system. Community-based peer support groups for people with problematic substance use have long served as an adjunct to substance use treatment programs and other agencies that offer counseling to support recovery from problematic substance use. Integration of peer support directly into counseling programs through recruitment and hiring of peer recovery support specialists is still relatively new. Program leaders should assess their organization's need for peer recovery support specialists and, if warranted, develop a plan for writing specific job descriptions and for recruiting, hiring, training, and supervising peer specialists.

RESOURCE ALERT: PEER RECOVERY SUPPORT SERVICES TIP

SAMHSA's TIP 64, *Incorporating Peer Support Into Substance Use Disorder Treatment Services* (<https://store.samhsa.gov/product/tip-64-incorporating-peer-support-substance-use-disorder-treatment-services/pep23-02-01-001>), contains an indepth look at peer support services, including components specific to administrators and supervisors.

If an organization uses or plans to use peer recovery support personnel, it should build the following principles into recruitment, hiring, training, and supervision of counseling and peer support staff.¹⁴⁷²

- Peer support and counseling services should be viewed as complementary.
- Peer support and counseling services should be integrated into a single service system.
- Peer recovery support specialists and counseling staff should recognize and respect what each contributes to the recovery process.
- Peer recovery support specialists and counseling staff need to practice within their training, education, credentials, and experience and not take on the tasks of the other.
- Job responsibilities for peer recovery support specialists and counseling staff should be written in clear, understandable language.
- Peer workers and counseling staff should agree on the goal of promoting client recovery.

The following Resource Alert provides resources to help program administrators and supervisors ensure the delivery of high-quality, effective peer recovery support services within their counseling programs.

RESOURCE ALERT: CORE COMPETENCIES, ETHICAL GUIDELINES, TRAINING, AND INTEGRATION OF PEER RECOVERY SUPPORT SPECIALISTS

- SAMHSA's *Core Competencies for Peer Workers in Behavioral Health Services* (https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/core-competencies_508_12_13_18.pdf). Although not comprehensive, this resource provides the foundation for learning about and delivering effective peer-based services.
- The *National Association of Peer Supporters' National Practice Guidelines for Peer Specialists and Supervisors* ([National-Practice-Guidelines-for-Peer-Specialists-and-Supervisors-1.pdf](#)). This provides important updates to the original practice guidelines and summarizes the 12 core values of peer support.
- *Substance Use Disorder Peer Supervision Competencies* (<https://www.oregon.gov/oha/HSD/BHP/BHCDocuments/6-23-2017-PDS-Supervisor-SUD-Peer-Supervision-Competencies-April-2017.pdf>). Developed from the results of an extensive literature review, this four-section document comprises 20 core competencies for supervising peer specialists.
- *National Certified Peer Recovery Support Specialist (NCPRSS) Code of Ethics* (<https://www.naadac.org/assets/2416/nccap-peer-recovery-support-specialist-code-of-ethics-final06-22-16.pdf>). This resource provides an overview of general values and principles associated with peer support.
- Peer Recovery Support Webinars (<https://www.naadac.org/peer-recovery-support-webinars>). This webpage provides a wealth of information related to different elements of peer support services.
- *Peer Support Toolkit* (https://dbhids.org/wp-content/uploads/1970/01/PCCI_Peer-Support-Toolkit.pdf). This extensive document covers not only peer support services in general, but also does so within the context of recovery-oriented principles and care provision.

Supervising Peer Recovery Support Specialists

Substance Use Disorder Peer Supervision Competencies, a report funded by the Oregon Health Authority, provides useful guidance for training peer workers (<https://www.oregon.gov/oha/HSD/BHP/BHCDocuments/6-23-2017-PDS-Supervisor-SUD-Peer-Supervision-Competencies-April-2017.pdf>).¹⁴⁷³ The report has four sections: Recovery-Oriented Philosophy, Providing Education and Training, Facilitating Quality Supervision, and Performing Administrative Duties. It also includes checklists to help assess supervisors' current level of competency in supervising peer specialists and determining additional training needs. The Recovery-Oriented Philosophy section can help lay the organizational groundwork for effectively supervising peer specialists and adopting a more recovery-oriented approach to problematic substance use.

The section on Recovery-Oriented Philosophy encompasses five foundational competencies¹⁴⁷⁴:

- **Competency 1: Understands peer role**—The supervisor grasps the peer recovery roles, functions, and responsibilities through peer training, lived recovery experience, and behavioral health work experience.
- **Competency 2: Demonstrates recovery orientation**—The supervisor supports and understands the philosophy of recovery promotion, recovery management, and recovery-oriented systems of care. The core recovery-oriented philosophy includes:
 - Instilling hope.
 - Reinforcing appropriate self-disclosure.
 - Respecting mutuality.
 - Using person-first language.
 - Promoting self-determination.
 - Encouraging empowerment.
- **Competency 3: Models principles of recovery**—The supervisor models and supports recovery principles and a recovery-oriented philosophy across roles: as a provider, as a supervisor, and as a part of the organization.
- **Competency 4: Supports meaningful roles**—The supervisor supports and advocates for meaningful peer roles. The supervisor continues to promote meaningful roles and discourages the use of peers in other roles that lessen the value of their work. The supervisor supports role clarity and discourages the use of peers in work activities that are beyond the peer's education, training, and experience. The supervisor embraces the value of lived experience.

- Fostering independence.
- Using a strengths-based approach.
- Addressing stigma and oppression.
- Providing support appropriate to the client's recovery stage.
- Engaging in advocacy.
- Embracing many pathways and styles of recovery.

On the last point, the principle of many pathways is not always carried out in practice. If the counseling services an organization offers support a specific path to recovery, then it should make sure clients understand that path. Program staff must be able to explain the rationale and intent of the program's counseling philosophy and recovery approach and must make clear that other pathways are available and provide information on where to access them. Doing so ensures that clients are fully aware of their recovery support options and agree to the specific pathway the organization follows.

- **Competency 5: Recognizes the importance of addressing trauma, social inequity, and healthcare disparity**—The supervisor understands and incorporates trauma-informed care in interactions with peers, clients, and the organization. The supervisor recognizes and integrates practices that promote social and healthcare equity, including trauma-informed care for those who have historically experienced trauma through oppression (e.g., certain underserved racial, ethnic, and cultural groups; people with physical or cognitive disabilities; people who have SUDs; members of the LGBTQI+ community; people experiencing poverty or homelessness).

More information on peer recovery support services is available in the textbox earlier in this chapter titled “Core Competencies, Ethical Guidelines, Training, and Integration of Peer Recovery Support Specialists” as well as in SAMHSA’s TIP 64, *Integrating Peer Support Into Substance Use Disorder Treatment Services* (<https://store.samhsa.gov/product/tip-64-incorporating-peer-support-substance-use-disorder-treatment-services/pep23-02-01-001>).

Contracting With Peer Recovery Support Specialists

If a counseling program lacks funds or other resources sufficient to hire peer specialists directly as staff, then contracting out with RCOs or similar entities may be a useful option. This will allow the program to engage peer specialists as consultants and integrate the unique support they provide into program service offerings in a more resource-conservative way. Peer specialists often bring to the table their own knowledge of and connections to valuable community recovery supports, which can benefit not only clients but also counselors and the overall program.

Recovery-Focused Training ***Providing Recovery-Focused Training for Counselors***

Training offers an opportunity for supervisors and administrators to engage counselors in professional development, increase morale, and change approaches to service provision. Creating comprehensive policies regarding training and supervision, professional development, and job advancement will ensure that employees have opportunities to move ahead as well as to receive training that may be necessary for their professional practice. When making a transition to a recovery orientation, **counselors will need help understanding how their practice will change and recognizing the benefits of such a change.**

Teaching counselors about the process of organizational change can help them recognize and resolve ambivalence about that change.¹⁴⁷⁵ Program administrators and clinical supervisors should take part in training activities to ensure consistency between clinical and administrative practice. As mentioned previously, an effective training program will elicit input from people involved in recovery from problematic substance use. In addition, program leaders should consider hiring clients to deliver some training to their staff.

When training counseling staff in a new evidence-based or manualized counseling intervention or approach to address substance use, it is important to provide not only the initial training but also ongoing coaching and supervision to fully integrate recovery-oriented concepts into practice. The Resource Alert “Counselor Training” lists training resources.

RESOURCE ALERT: COUNSELOR TRAINING

Some free or low-cost resources for training counselors and peer recovery support specialists in recovery promotion and adopting a recovery orientation include:

- NAADAC, The Association for Addiction Professionals (www.naadac.org/education), offers webinars, certificate programs (including a recovery-to-practice certificate program), and independent study courses on a variety of recovery-oriented care topics, all accessible online.
- The Addiction Technology Transfer Center Network and its regional centers offer webinars and online courses on a variety of recovery-oriented topics, including MI, clinical supervision, and treating people with co-occurring disorders. It contains a searchable database of courses, including a filter by topic, month, and the regional center sponsoring the event. This resource is available online at <http://attcnetwork.org/calendar/search.aspx>.

Some possible training topics appropriate for programs transitioning to a recovery orientation include:

- Listing the benefits of adopting a recovery orientation.
- Changing practices to support recovery-oriented counseling.
- Conducting recurrence risk and strengths assessments.
- Developing individualized recovery plans.
- Working collaboratively with clients, their families, and community members in a way that is trusting and respectful.
- Providing trauma-informed services.
- Becoming culturally competent.
- Recognizing discriminatory attitudes and practices.
- Understanding how a history of discrimination creates barriers to recovery.
- Removing barriers between staff and clients, while maintaining appropriate boundaries.

Incentives encourage counselors to engage in training and continuing professional development.

Supervisors and administrators should be creative and make ongoing mentoring, feedback, and practice supportive, helpful, and fun. They should encourage counselors to develop observable, measurable goals for practice improvement. Counselors can demonstrate mastery of new concepts and skill improvement related to their goals and engage in professional development by presenting information on a particular topic, reviewing audiotapes or videotapes (with client permission) with supervisors, or facilitating discussions at team meetings and skill development seminars at the agency.

Counselor Competencies

Counselors working with clients who engage in or are in recovery from problematic substance use can use this TIP to create an inventory of competencies based on the principles of recovery and person-centered counseling approaches. For example, counselors should maintain a recovery orientation in all aspects of their engagement with clients, family members, peer recovery support specialists, mutual-help groups, and staff members from community-based recovery programs. Counselors should be expected to meet basic competency standards in providing evidence-based, person-centered, recovery-focused counseling methods, including psychoeducation, MI, CBT, coping skills training, and the prevention of recurrence. This inventory of competencies can be used as an educational tool in training counseling staff and in ongoing supervision and assessment of counselor skill development.

An effective recovery-oriented program uses all its assets efficiently.

This applies to both internal resources, such as program staff, and external resources, such as other agencies and stakeholders. Thus, counselors should clearly understand where they fit within the organization. This may



be challenging because of the potential for presumed overlap with other positions, such as peer recovery support specialists or case managers. Confusion and inefficiency can be avoided by clearly differentiating all roles. Counselors should have a clear understanding of what services they deliver and what services are delivered by other staff.

Conclusion

Implementing recovery-oriented programs is a complex, time-consuming task with many moving parts. However, if by keeping the fundamental components in mind during the process, then the whole undertaking will become considerably easier. First, the central focus of a ROSC is to have clients always be the focus of services and empower them to have an active role in their recovery. Second,

administrators and supervisors should reach out to as many relevant organizations in their community as possible to coordinate services and maximize resource availability, which will, in turn, enhance the recovery efforts of their clients by giving them a strong, interconnected network of services to meet all their recovery-related needs. Third, program leaders should ensure that the organization's workforce development is aligned with the principles of recovery-oriented care. Lastly, they should continually monitor the organization's progress and try to identify new solutions to any problems they face or find modifications to existing procedures to make them work even better. By carrying out these activities, successfully implementing a recovery-oriented program will go from an abstract plan to a reality.