



## System change

### *Rationale and background*

There is limited evidence about changing entire systems or cities from acute care models to recovery-oriented systems but where this has happened – Chicago, Connecticut, Philadelphia – it is estimated that the process can take between five and ten years. The reason for this is that recovery is not a new treatment intervention or approach to user involvement – rather it is a radical change in philosophy, in leadership, in vision and one that requires a radical overhaul of all the processes, activities and relationships in a ‘treatment system’ and a fundamental change in culture.

In Connecticut (Valentine, 2011), the summary of core changes identified were:

- Expanded care continuum
- Person and family centred
- Data-driven decision making
- Finance reinvestment strategies
- Local/regional service collaborations
- Dynamic service / innovation approaches
- Strong recovery community relationships
- Strong multi-faceted communication strategy
- Best practices tied to ‘episode of care’ model
- Many recovery support and peer-directed services



In other words, the duration of care expands beyond the traditional period of acute crisis and this requires greater engagement with the community, new skills and relationships for professionals, and a model of care that is more empowering and engaging to people in recovery, to their families and to the wider communities. It also requires new approaches to research and evaluation and to financial and information management.

Additionally, in Chicago, additional principles identified for the transition were, according to Loveland and Boyle (2009)

- Adopting evidence-based practices
- Utilising emerging technologies
- Integrating addiction, mental health and primary health-care services
- Establishing recovery partnerships

It is the last part of this model that is critical to initiating the process of transformation to a recovery-oriented system of care (ROSC).

***So how is this process operationalized?***

The transformation involves both individuals and systems. At the individual level, there need to be champions identified and who work together at the:

- community
- treatment
- strategic levels



and in each of these zones the same basic principle of engaging individuals who can be charismatic and engaging champions for a clear recovery vision is essential. This personal transmission of recovery models needs to be supplemented by a systems transformation involving:

- peer and community groups and agencies
- specialist addiction services
- link agencies such as criminal justice, housing and education and training
- commissioning and management processes

What ACT can do is to work with that DAAT and other key stakeholders to:

- **Generate activity and interest in a recovery forum / consortium that engages workers and managers, people in different stages of recovery, family members, and members of the wider community**
- **Identify a cohort of champions to work together to**
- **Define a recovery vision and strategy and communicate and 'sell' that vision with a five-year timeline**
- **Identify quick wins that are associated with that vision**
- **ACT Recovery will then help the group to set timelines and milestones and to reconcile these objectives with existing treatment and commissioning objectives**



Our work in this area will be around providing examples from other successful areas in the kinds of activities and processes that they have engaged in; about supporting recovery models and approaches and about assisting commissioners and providers in the transition to recovery philosophies and models.

This will be particularly challenging at a systems level – where the relationship with community organizations (including but not restricted to mutual aid groups) will need to be redefined, and with partner agencies from other sectors who may not be working in the same way.

ACT will provide guidance from our experience in other areas and will support and train the consortium members to set viable and meaningful goals for recovery.

