Guiding Principles for Recovery-Oriented Adult Behavioral Health Services and Systems

Background
The Nine Guiding Principles below were developed to provide a shared understanding of the key ingredients needed for an adult behavioral health system to promote recovery. System development efforts, programs, service provision, and stakeholder collaboration must be guided by these principles. We must utilize these principles to guide our decision making process and our interactions with each other.

Foundation and Influences
These Guiding Principles were influenced by the Substance Abuse and Mental Health Services Administration Consensus Statement, the U.S. Psychiatric Rehabilitation Association Core Principles, the AZ Department of Health Services, Division of Behavioral Health Services Vision Statement, Arizona’s Five Principles for Person-Centered Treatment Planning, and Arizona’s 12 Principles for Children’s Behavioral Health Care. They also were influenced by the groundbreaking work done by a large group of peers, family members, stakeholders, service providers, and administrators in Maricopa County who developed a Recovery Report Card under the guidance of Dr. Mark Ragins from the Mental Health America Village program in Long Beach, California. The Recovery Report Card provides indicators of a recovery-oriented system while giving concrete examples of ways programs can promote recovery and develop healing relationships.

Statewide Development
With assistance of the Regional Behavioral Health Authorities, peer focus groups were held in all regions of the state to dialogue around the needed ingredients for a recovery oriented system and to seek input in the development of these Guiding Principles. The Statewide Family Committee provided feedback and input. A particular emphasis was placed on ensuring that these Guiding Principles correlated with and complimented the 12 Principles for Children’s Behavioral Health Care. The Statewide Consumer Advisory Committee hosted additional input and discussion sessions over the course of a year, opening the sessions up to all individuals and family members from around the state. This committee along with the Behavioral Health Planning Council took the lead in gathering all input. These efforts resulted in the Nine Guiding Principles and narratives that were crafted and agreed upon as the necessary foundation of our adult behavioral health system.
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1. Respect
Respect is the cornerstone. Meet the person where they are without judgment, with great patience and compassion.

2. Persons in recovery choose services and are included in program decisions and program development efforts
A person in recovery has choice and a voice. Their self-determination in driving services, program decisions and program development is made possible, in part, by the ongoing dynamics of education, discussion, and evaluation, thus creating the “informed consumer” and the broadest possible palette from which choice is made. Persons in recovery should be involved at every level of the system, from administration to service delivery.

3. Focus on individual as a whole person, while including and/or developing natural supports
A person in recovery is held as nothing less than a whole being: capable, competent, and respected for their opinions and choices. As such, focus is given to empowering the greatest possible autonomy and the most natural and well-rounded lifestyle. This includes access to and involvement in the natural supports and social systems customary to an individual’s social community.

4. Empower individuals taking steps towards independence and allowing risk taking without fear of failure
A person in recovery finds independence through exploration, experimentation, evaluation, contemplation and action. An atmosphere is maintained whereby steps toward independence are encouraged and reinforced in a setting where both security and risk are valued as ingredients promoting growth.

5. Integration, collaboration, and participation with the community of one’s choice
A person in recovery is a valued, contributing member of society and, as such, is deserving of and beneficial to the community. Such integration and participation underscores one’s role as a vital part of the community, the community dynamic being inextricable from the human experience. Community service and volunteerism is valued.

6. Partnership between individuals, staff, and family members/natural supports for shared decision making with a foundation of trust
A person in recovery, as with any member of a society, finds strength and support through partnerships. Compassion-based alliances with a focus on recovery optimization bolster self-confidence, expand understanding in all participants, and lead to the creation of optimum protocols and outcomes.

7. Persons in recovery define their own success
A person in recovery -- by their own declaration -- discovers success, in part, by quality of life outcomes, which may include an improved sense of well being, advanced integration into the community, and greater self determination. Persons in recovery are the experts on themselves, defining their own goals and desired outcomes.

8. Strengths-based, flexible, responsive services reflective of an individual’s cultural preferences
A person in recovery can expect and deserves flexible, timely, and responsive services that are accessible, available, reliable, accountable, and sensitive to cultural values and mores. A person in recovery is the source of his/her own strength and resiliency. Those who serve as supports and facilitators identify, explore, and serve to optimize demonstrated strengths in the individual as tools for generating greater autonomy and effectiveness in life.

9. Hope is the foundation for the journey towards recovery
A person in recovery has the capacity for hope and thrives best in associations that foster hope. Through hope, a future of possibility enriches the life experience and creates the environment for uncommon and unexpected positive outcomes to be made real. A person in recovery is held as boundless in potential and possibility.