

A Philosophy of Recovery Oriented Services In Illinois Services Workgroup 2005

A Philosophy of Recovery:

- Emphasizes the potential of all individuals to recover from the challenging impact of psychiatric illness.
- Is a recovery-oriented system of care that is consumer directed, family/support centered,
- Encourages independence, integration and a productive role in the community for all individuals.
- Identifies and uses of consumer strengths
- Skillfully integrates ‘natural supports’ (friends, family, support groups, other community resources) with professional supports
- Delivers professional services in the consumer’s natural environment where healing and re-learning can be maximized.
- Balances resources, consumer needs (per the individual’s request) and best practice models with wellness and recovery principles defined by the person regarding their personal capacity and potential, to achieve quality services with accountability.
- Provides incentives to both consumers and providers to embrace and/or deliver recovery-oriented services at the individual’s pace.

Recovery-oriented service systems coordinate funding streams to offer a comprehensive array of rehabilitation service categories including but not limited to:

- Interviewing focusing on individual’s purposeful strengths and needs
- Service planning that emphasizes personalized care plans that promote resilience, self-determination, and full participation in the design, implementation, and evaluation of treatment and service plans
- Cost efficient Medication services and supports
- Basic living skills training and supports
- Social skills training and supports
- Housing and residential support services
- Employment support services
- Education related support services
- Social and recreational services
- Peer services and supports
- Family and natural support system education
- Integrated co-occurring/substance abuse services
 - MISA
- Symptom and disability management
- Coordination of treatment for individuals with both physical and mental health conditions (i.e. diabetes)
- Advance directives and self management supports
- Service and care coordination
- Coordination of treatment with individual’s faith community
- Outreach and linkage
- Crisis intervention and stabilization (including crisis respite and acute inpatient)
- Trauma Recovery

Successful outcomes will be measured by:

- People having the ability to live as independently as possible
- People reporting an improved quality of life
- People having access to peer services and support
- People exercising their right to make autonomous choices about their own financial, social, personal and employment or community involvement goals.

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