

The Role of Clients in a Recovery-oriented System of Addiction Treatment: The Birth and Evolution of the NET Consumer Council

The Net Consumer Council, Arthur C. Evans, PhD., Roland C. Lamb, MA,
Sonya Mendelovich, MSW, C. Joseph Schultz, MEd and William L. White, MA

Introduction

A new grassroots recovery advocacy movement and professional efforts to revitalize addiction treatment and improve long-term service outcomes are interacting to spark a radical redesign of addiction treatment in the United States (White, 2006, 2005). What these movements share is a perceived need to extend addiction treatment from a model of brief biopsychosocial stabilization to a model of sustained recovery management. These efforts emulate approaches to the treatment and management of other chronic health care problems, e.g., diabetes, hypertension, and asthma (McLellan, Lewis, O'Brien, & Kleber, 2000; White, Kurtz, & Sanders, 2006; Flaherty, 2006; Dennis & Scott, in press).

The drive to transform addiction treatment into a recovery oriented system of care includes substantial changes in clinical practices, including:

- assertive approaches to early problem identification and engagement,
- streamlined access,
- global, continual, and strength-based assessment protocol,
- a broadened multidisciplinary team that includes a primary care physician and peer-based recovery support specialists,
- integration of evidence-based and culturally indigenous therapies,
- greater use of home- and neighborhood-based services,
- assertive linkage to communities of recovery and other indigenous recovery support resources,
- sustained post-treatment monitoring, support, and, when needed, early re-intervention, and
- a shift in focus from managing and evaluating self-encapsulated service episodes to management and evaluation of the long-term recovery process (White, Boyle, & Loveland, 2002).

Even more fundamental is the altered nature of the service relationship. In the transition from the acute care to the recovery management model, service relationships shift from ones that are hierarchical, professionally-directed, transient, and highly commercialized to relationships that are reciprocal, client-directed, and potentially time sustained. In this latter model, clients are involved at all levels of decision-making within the service system, and the addiction professional shifts from the role of an expert who dictates the service process to an ally and consultant to each client in the long-term recovery process. This “partnership model” will be evident throughout this paper.

This recovery-focused revolution in thinking and clinical practice is reflected in major policy shifts (Clark, 2007), new federal service initiatives (e.g., the Center for Substance Abuse Treatment’s Recovery Community Services Program and Access to

Recovery program) and within state and local community “system transformation” efforts (Evans & Beigel, 2006; Evans, 2007; Kirk, 2007). Research scientists whose work has focused on behavioral health system performance are similarly calling for “a seismic shift rather than mere tinkering” with the design and delivery of addiction treatment services (Humphreys, 2006).

The purpose of this paper is to review how the recovery-focused systems transformation initiative of the Philadelphia Department of Behavioral Health sparked a local treatment organization, NorthEast Treatment Centers (NET), to develop a client-centered governance and support structure—the NET Consumer Council. Emphasis will be placed on how the NET Consumer Council altered NET’s service processes and service outcomes. It is hoped that this article will provide a better understanding of how recovery-focused system transformation efforts are altering how clients experience the process of addiction treatment and recovery.

Behavioral Health System Transformation in Philadelphia

Several key milestones set the stage for dramatic changes in Philadelphia’s behavioral healthcare system: the closing of the Philadelphia State Hospital (1990), the creation of Community Behavioral Health (1997) (a private non-profit managed behavioral health care organization) gave the City of Philadelphia direct control over the funds it expends for behavioral health care services, the integration of mental health and addiction services within a newly created Department of Behavioral Health and Mental Retardation Services (DBH/MRS) (2004), and the recruitment of Dr. Arthur Evans (November 2004) to lead the behavioral healthcare systems innovations. DBH/MRS oversees an annual budget of over \$1 billion per year for delivery of behavioral health services to more than 100,000 individuals and families in a city with 1.4 million residents.

Philadelphia was ideally poised for a recovery-oriented systems transformation due to mayoral support for behavioral health system transformation, a vibrant network of recovery support groups, a strong recovery advocacy organization, an existing network of more than 85 addiction treatment providers, growing concern about addiction among the local faith community, nationally recognized addiction research capabilities (e.g., the Treatment Research Institute), and the Pennsylvania Department of Public Welfare Office of Mental Health and Substance Abuse Services’ parallel interest in behavioral health system transformation under the leadership of Estelle Richman.

Key steps in Philadelphia’s addiction treatment system transformation efforts include:

- establishment of a Recovery Advisory Committee,
- articulation of a clear vision (create an integrated behavioral health care system for the citizens of Philadelphia that promotes long-term recovery, resiliency, self-determination, and a meaningful life in the community),
- identification of core values that would drive the system transformation process (hope; choice; empowerment; peer culture, support, and leadership; partnership; community inclusion/opportunities; spirituality; family inclusion and leadership; and a holistic/wellness approach),

- a shift in the relationships between service practitioners and service consumers and between DBH/MRS and its local service providers from authority-based relationships to relationships based on mutual respect and collaboration,
- a highly participatory planning process that established a system transformation blueprint,
- the use of training and technical assistance to orient people at all levels of the system to the recovery-focused transformation process, and
- evaluation and ongoing refinement of funding and regulatory policies to eliminate obstacles to system transformation and reward innovation in service design.

As desired changes in service practices were defined through this service transformation process, considerable emphasis was placed on changing the role of the client and altering the nature of the service relationship. More specifically, there were calls to shift toward a philosophy of client choice (rather than professional prescription), greater client/family authority and decision-making within the service relationship, and empowerment of clients/families to self-manage their long-term recovery processes.

An Organizational Transformation Case Study

NorthEast Treatment Centers (NET) has provided a wide continuum of behavioral health services to residents of Southeastern Pennsylvania and Delaware since its emergence as a community-based service organization in 1970. Addiction treatment services include outpatient, intensive outpatient, short-term residential, and long-term residential levels of care and include specialized services for adolescents, women, and persons with co-occurring disorders. In response to the larger systems transformation process sparked by the Philadelphia DBH/MRS, NET embarked on its own systems transformation process in December of 2005.

Following participation in a series of DBH/MRS sponsored training sessions and meetings in 2005, NET leadership committed itself to developing a more recovery-oriented system of care. The first two steps in the NET transformation process included initiating ongoing training of all NET staff on principles of recovery management and restructuring leadership roles, leadership styles, and clinical philosophies. Turf issues had to be overcome, leadership styles modified, and some leadership responsibilities were changed. During the pre-transformation period, each program or service level typically had a Director, Clinical Supervisor, and Care Management Supervisor, with each service unit marked by its own leadership style, clinical philosophy, and service culture. The commitment to recovery management required moving beyond these service silos toward a single integrated philosophy of care and a distinctive service culture that was consumer-driven and recovery oriented.

The process of merging these separate units of operation began with outpatient services in January 2006. Traditional positions were redesigned and/or reclassified. The management team was reorganized to include a Director of Operations, Care Management Director, Clinical Supervisors, Clinical Team Leaders, a Compliance Care Manager, and a Director of Consumer Affairs who subscribed to the same core values pertaining to both leadership and application of a recovery management orientation. A

continuum of care was forged with a shared leadership philosophy and a shared recovery culture across all service units and locations. The keys to accomplishing this were having this management team supervise operations of staff at all locations and assigning staff duties that took them to different service locations. NET went from a collection of isolated service programs to an integrated recovery culture in which leaders, staff, and clients could move freely throughout the service culture. In June 2007, the residential treatment programs were assimilated into this approach, thereby completing the reorganization of staffing and management into one integrated management team.

Seen as a whole, the NET transformation process unfolded in five overlapping steps: 1) re-educating everyone in the NET system toward a recovery management orientation, 2) reorganizing leadership roles and functions, 3) using training and clinical supervision to help staff redefine their roles, 4) merging fragmented and separate program services into an interconnected continuum of care by cross-staffing at all sites and services with a unified team of managers and clinical staff, and 5) creating a consumer council to drive NET's organizational transformation process.

As NET embarked on the development of a consumer-driven integrated system of care, it became clear that NET would be successful in this vision only by developing and promoting a new and dynamic culture of recovery within the organization and the larger community it served. Work toward this vision began with four premises:

- 1) Service consumers must play a significant role in decision-making at all levels of the organization including the design and delivery of day to day recovery support activities.
- 2) Long-term recovery is aided by membership and participation in a vibrant culture of recovery in which service consumers have significant roles and responsibilities.
- 3) A viable culture of recovery must provide continuity of involvement across three stages of personal transformation: pre-treatment engagement; recovery initiation and stabilization, and sustained recovery maintenance (post-treatment monitoring and support and community re-integration).
- 4) The engine that best drives such a culture of recovery is an integrated consumer-driven system of care (i.e., needs-directed integration of professional services and non-clinical recovery support services across levels of care).

At NET, that culture/community of recovery is defined as a group of responsibly concerned persons in recovery and friends of recovery united to create a spirit of hope and opportunity. The intent of that spirit is sparking and sustaining personal and mutual recovery and contributing to the general welfare of the Philadelphia community. To create this culture of recovery, NET management formulated four guiding directives:

- 1) A consistent recovery management orientation must be practiced at all levels of care and at all stages of recovery.
- 2) Evidence-based practices must be applied across levels of care and integrated into a singular, person-centered system of care.
- 3) The NET culture of recovery must include a wide array of non-clinical recovery supports, e.g., social or peer support programs, faith-based

- supports, educational and occupational programs, and links to a wide variety of community services and resources.
- 4) The development of a vibrant NET Consumer Council is the key to sustaining the NET transformation process.

The NET Consumer Council

The NET Consumer Council (CC) was created in August of 2006 to provide representation and support for all service consumers of NET. It grew out of a consumer focus group that envisioned development of a CC that could coordinate a variety of consumer support services. The CC is led by officers who serve 3-month terms who are elected by consumers voting within 14 groups representing the NET continuum of care. Recovering people who are former NET consumers and a NET staff member serve in a volunteer advisory capacity to the CC. The CC created formal bylaws and established four standing committees: 1) the Treatment Committee, which focuses on promoting “responsible concern,” coordinating Recovery Recognition Day, and retaining all members, 2) the Clubhouse Committee, which focuses on the consumer’s life outside NET, 3) the Advocacy Board, which addresses consumer feedback, suggestions and grievances, and 4) the Advisory Board, which provides guidance to the CC and is made up of NET alumni, NET staff, and recovery community representatives.

Since its inception, the NET Consumer Council has developed the following core activities.

Consumer Council meetings are held weekly with a 90+% attendance rate of the 14 CC representatives. The meetings are conducted during non-treatment hours and contain such agenda items as planning recovery recognition day and responsible concern projects, volunteer recruitment and training, and recovery support center activity planning.

A monthly Recovery Recognition Day is sponsored by the CC that includes awards for attendance, clean time, and special member contributions. The meetings, which average an attendance of more than 120 consumers and staff, also include guest speakers and a dinner.

Recovery Focus, a bi-monthly consumer council newsletter is distributed to all NET consumers and staff. The newsletter contains recovery-focused articles and a calendar of upcoming meetings and events.

The NET volunteer program mobilizes consumers to regularly (9-12 every Saturday) provide neighborhood clean-up, street outreach, and visits to homeless shelters as well as participation in NET prevention activities for at-risk youth and participation in PRO-ACT’s Amends in Action and recovery celebration events.

A Peer Mentor Program assigns consumers to assist with the orientation and coaching of new clients. This includes provision of consumer orientation materials, assignment of a peer mentor to each new consumer, and contact and encouragement by the peer mentor following any missed service appointment.

The Community Living Program (CLP) is a consumer-directed recovery skills program delivered to men residing in the NET Wharton Center, an inpatient residential rehabilitation program. The CLP includes peer-based recovery coaching and community reintegration activities.

The NET Community Recovery Center is a consumer-operated drop-in center that provides social support, emergency housing, treatment referral, medical referral, free clothing, job coaching, and life skills training, and (coming in the new facility) a computer lab. The NET Recovery Center is staffed 80% by consumers and 20% by NET staff. The Center is an entry point into recovery and a way to stay connected to recovery through and following the treatment process.

The Fatherhood Initiative provides linkage to a faith-based program that coaches fathers on reassuming their roles as fathers and husbands.

The Consumer Speakers Bureau allows NET Consumers to share their knowledge about addiction recovery within NET prevention programs and (in planning stage) to businesses, local service clubs, and schools.

Fundraising efforts, such as bake sales, car washes, sale of products developed by consumers (e.g., greeting cards), and solicitation of business donations, are used to support NET Consumer Council Activities.

Core Concepts

The NET Consumer Council is rapidly evolving its own recovery culture filled with recovery-focused ideas, language, symbols, and rituals. The CC is a movement beyond clinical treatment to recovery community building. The recovery community that is emerging under the NET CC is evolving a set of core ideas that infuse its varied activities.

The most central idea within the CC is that of Responsible Concern. This phrase conveys the expectation that all NET consumers will reach out to support each other and give back to the community. It cultivates the development of citizenship skills and transforms people who have wounded their communities into sources of healing for the community. There are two related concepts. “NETworks!” is a slogan that reinforces the power of mutual support in long-term recovery. This slogan confirms that people in recovery can do together what they failed to achieve on their own. “You are now an ambassador of recovery” is a message conveyed to every new NET consumer. The slogan conveys to each consumer that he or she is now the face and voice of recovery for new members entering this community.

There are also slogans that challenge consumers to take control of their own recovery process. “No Deposit, No Return” conveys that what you get in recovery is commensurate to what you give. The message is: “Your recovery is enriched by helping others with their recovery process.” “Walking the Walk” suggests that recovery involves more than “talking a good game.” Recovery success is about practicing new recovery skills every day.

A final concept centers on the hope of recovery. “Meaningful recovery is possible—We’re living Proof!” signals that both hope and recovery are more than just not “picking up” [using]. It conveys, “In recovery, we can become better people and have new lives.”

The Effects of the Consumer Council on NET Clients

In August, 2008, Members of the Consumer Council conducted taped interviews of NET service consumers and asked them what role, if any, participation in the Consumer Council had played in their recovery process. A sampling of their responses conveys the myriad functions the Council is serving.

Empowerment:

- *The Consumer Council empowers the members of the recovering community to take control of their treatment and recovery.*
- *Consumer Council members are empowered by their position and their peers. They become leaders and are perceived as sources of knowledge and access to authority. (NET Staff Member)*

Changing Staff-Client Relationships:

- *The Consumer Council has had a tremendous impact on the NET and the way it sees its consumers. I believe that the staff now know that we are here to concentrate on our recoveries. The consumers have HELPED create a whole new atmosphere at the NET.*
- *I believe that one of the most important tasks of the Consumer Council is to work with the counselors and let them know what's going on with the consumers and to provide a way that consumers can work with the Council towards their treatment.*
- *The most important thing I've learned is communicating with consumers and staff. Here, consumers and staff listen and work together. That promotes the atmosphere necessary for addicts to become active in recovery. The Consumer Council helps bridge communications with staff and consumers and keeps everyone informed of events and activities.*

Creation of Community:

- *It [Consumer Council] has a great effect. It has brought me closer to other addicts like myself—to actually bond and get up there and understand what life is really about.*
- *Being involved with people. I used to isolate and stay to myself. The Consumer Council activities have given me the opportunity to become more involved with people.*
- *I believe that the very first thing we learned, and most important, was how to work together. A lot of different personalities—a lot of friends coming in with their own agenda. We learned how to operate as a team and to take one individual at a time.*
- *Being a part of the Consumer Council has affected my life by giving me a sense of responsibility and making me feel a part of something. The commitments that I have taken, helping with Recovery Recognition and being a part of the Consumer Council, all make me feel a part of something important. It keeps me focused on my recovery.*

Recognition:

- *I think that the most important task is to get prepared for recognition each month. Recognition allows you to know who is being accounted for—let's you know you're doing something right, achieving something. It gives you great stamina to keep moving forward with your recovery. The most significant part of the*

Consumer Council is to prepare all the ladies and gentleman for recognition each month.

Relapse Prevention:

- *The Consumer Council has given me a a better outlook on life—a focus, a better perspective. It helps me cope with problems and to keep me from using.*

Growth:

- *The Consumer Council has made me want to rebuild my will and spiritual growth, as well as personal growth. Since I've been on the Consumer Council I have strived to be a man of responsibility and accountability and I really enjoy helping others. Helping makes me feel good and worthy.*
- *The effect has been tremendous if not profound. Clean-up, Volunteer Services, these allow me to participate in things that were not normal for me. Learning new things causes me to have new ideas and thoughts and actually causes my behavior to change. I'm developing new habits,, like saying thank you and please; respecting others' thoughts. I'm not on the defensive all the time. I'm not thinking about what somebody is trying to get from me all the time. I don't expect everybody to be where I am. I let people be where they are—I try to understand them. I participate in my own recovery. I've done a 180 degree turn, since participation in the NET and the Consumer Council.*

Service:

- *On Wednesday and Friday, I volunteer my services. It keeps me in the same mind of not wanting to use drugs. I'm now a role model to the next addict that still suffers.*
- *The consumer council has had a tremendous effect on my recovery. I'm allowed to help other addicts that need help. When they come to me with their problems, it helps me with the stuff I'm going through.*
- *One of the most needed and crucial parts of recovery is fellowship. Being a part of the Consumer Council lets me work along side others as we rise above our past lives. The activities afford me the opportunity to give back, share and learn. There is nothing better than giving of myself to help others find hope and a better way to live.*
- *First it [Consumer Council] taught me to focus on my own recovery. My main focus now is R.C. (Responsible Concern) for other recovering addicts, myself and the community. To help other people as I was helped coming into this process of recovery.*

Advocacy:

- *The Consumer Council makes sure that things go smoothly and that the consumer is getting the right attention and treatment and trying to get to the goals that they are trying to accomplish.*

Engagement and Continuing Support:

- *The Consumer Council has developed a successful process by which teams of peers welcome and support new consumers, re-engage consumers that are having difficulty, and encourage each other to achieve greater accomplishments. The Consumer Council also serves as a link between treatment and the community at large. They support each other through their transitions and throughout the stages of change. The process reenforces recovery, realistically addresses*

relapse prevention and continues to support consumers long after they have completed treatment.

Outreach:

- *I'm in the outreach program and it helps a lot of people that don't have no hope or sense of direction. It reaches out to get them back up on their feet and get them back into society.*

The Effects of the Consumer Council on NET Staff and Program

When NET staff were interviewed about how the NET Consumer Council had effected service outcomes, they consistently noted the following:

1. The new philosophy at NET has established a culture of hope and optimism. It has de-institutionalized and transformed the model of service delivery to one of empowerment. Staff, along with consumers, feel empowered by the spirit of the program.
2. The power struggles that often plagued counselor-client relationships at NET have been reduced almost to the point of elimination. Grievances have declined and expressions of gratitude from clients to staff have increased. The treatment environment feels safer for consumers and staff.
3. Client retention has significantly improved as clients' attitudes shifted from "When will I be done?" to "What do I need to do next to support my recovery?"
4. More clients are committed to a long-term recovery process, which means that more clients are completing a particular level of care and are successfully transitioning to another level of care or to long-term community support systems.
5. Incidents between consumers have declined as consumers have become increasingly vigilant in identifying actions that deviate from recovery-oriented behavior and attitudes. Consumers facilitate quick discussion of potentially problematic situations, defuse tension, and offer encouragement to their peers.
6. Staff are more vested in their jobs, more diligent in the development and implementation of treatment programs, and encouraged to become more creative as a result of consumers' motivation and interest. Staff are energized by the atmosphere, believe their work has value, and thus are more motivated to function at higher levels. Staff experience less resistance, less recidivism, and reduced tension.
7. Consumers free staff time to address clinical issues. Active consumers welcome new individuals seeking treatment, provide initial information, respond to inquiries, and reduce initial client anxieties.
8. Staff are developing a deeper understanding of the recovery process and their role in it.

These benefits accrued after staff had gone through an adjustment to the new NET philosophy. That adjustment was not always easy. Staff sometimes found it difficult to relinquish their perception of absolute authority over consumers. They needed to re-

conceptualize their role and develop new models and skills for staff-client relationships.

The lack of role clarity early in the transformation process created ambiguity and tension. Professional boundaries became less clear until they were redefined. Participation in the community living program beyond the normal work day was at times burdensome for some staff, and it took some time to realize the value of integrating the community living program into the treatment program. All of these adjustments took time, training, and supervisory support.

Future Plans

The NET has now purchased a building that will be the new home for the Community Recovery Support Center. That facility will provide a platform for the future expansion of NET Council recovery support services. At the present time, Council members would like to work toward the expansion of the Council's role in supporting clients during and following treatment and in expanding advocacy activities. The latter could include encouraging other community-based recovery support services (e.g., recovery homes) to increase the role of consumers in building community-based recovery cultures. Other plans included expanding community volunteer and advocacy projects; establishing a computer lab, a literacy/GED program, and a job coaching program; fundraising to support Council activities; and providing assistance to other organizations wishing to develop a consumer council and/or a community living program.

Lessons Learned in the Implementation Process

The staff and clients at NET are learning many lessons about how to start a recovery-oriented revolution of ideas and service practices. If we were to offer suggestions based on our experience to date it would be to:

- Create a mission, a vision, and a written plan to guide the organizational transformation process.
- During the pre-implementation stage, educate staff, consumers, and persons providing linked supportive services on recovery management principles. Training should underline key concepts and core values: consumer-driven care, resiliency, self-determination, empowerment, hope, self-respect, respect for others, and responsible concern.
- Demonstrate to staff how much consumers can contribute to a change process
- Use a joint staff, consumer, and community task force to design and implement the new governance process and to redefine roles and responsibilities of both staff and consumers.
- Consider expanding job opportunities for more persons in recovery by reorganizing case aide supports into peer specialists.
- Align yourself with community supports (e.g., housing, peer networks, social services, etc.) who subscribe to a recovery management orientation and where gaps exist, create resources to fill the void, e.g., developing a Recovery Support Center designed and operated by the consumer council.
- Use staff and consumer leadership to constantly promote consumer influence

on day-to-day operations and decision making.

- Develop a formal peer mentoring program.
- Involve the Consumer Council in every aspect of organizational decision-making.
- Temper the tendency of Council Members to be harsh on those who do not meet their expectations for participation in Council activities.
- Regularly remind Council Members that Council leadership is not in itself a program of personal recovery and that over-involvement and neglect of personal recovery work can increase one's risk of relapse.
- Orient Council Members who migrate to paid service positions that this new status does not eliminate the need for unpaid service work and their continued accountability to the community that has supported them.
- Recognize that not all staff will master this transition in philosophy and role and that staff will need increased support to make this transition.
- Provide opportunities for consumers to work independently (with minimal supervision) to implement special projects.
- Minimize the potential for Consumer Council representatives to become an exclusive/elitist club by regular leadership rotation.
- Establish standards of proper etiquette that all staff/consumers will be expected to follow, e.g., respectful language, dress, grooming; respect for privacy.
- Support transition from NET consumer leadership to City sponsored peer support training, recovery advocacy activities, etc.

Summary

NorthEast Treatment Centers (NET) provides a case study of how a recovery-focused system transformation process led by the Philadelphia Department of Behavioral Health and Mental Retardation Services affected the service philosophies and practices of a local addiction treatment organization. The centerpiece of this organizational transformation was the NET Consumer Council through which clients were empowered to shape a vibrant recovery culture. Consumer Councils constitute an important vehicle in transforming traditional addiction treatment institutions into recovery-oriented systems of care. The achievement of that goal requires substantial changes in service philosophies, service roles, and, most importantly, the service relationship.

Acknowledgments: We would like to acknowledge the NET consumers, the NET Consumer Council, and the NET staff for sharing their experience of the DBH/MRS and NET system transformation processes. The NET consumers and staff would like to offer special thanks to Terence McSherry, President and CEO of NET Treatment Services, Inc., whose leadership made the NET system transformation process and the Consumer Council possible.

About the Authors: Dr. Arthur Evans is the Director of the Philadelphia Department of Behavioral Health and Mental Retardation Services (DBH/MRS) and the Acting Director of the Philadelphia Department of Human Services. Roland Lamb is the Director of the

Office of Addiction Services of the DBH/MRS. Sonya Mendelovich is the Director of Consumer Affairs, NorthEast Treatment Center. Joe Schultz is the Director of Adult Behavioral Healthcare Services of NorthEast Treatment Centers. William White is a Senior Research Consultant at Chestnut Health Systems and consultant to DBH/MRS.

References

- Clark, W. (2007). Recovery as an organizing concept. Accessed June 26, 2007 at <http://www.glattc.org/Interview%20With%20H.%20Westley%20Clark,%20MD,%20JD,%20MPH,%20CAS,%20FASAM.pdf>.
- Dennis, M. L., & Scott, C. K. (in press). Managing substance use disorders (SUD) as a chronic condition. *NIDA Science and Practice Perspectives*.
- Evans, A. (2007). The recovery-focused transformation of an urban behavioral health care system. Accessed June 26, 2007 at <http://www.glattc.org/Interview%20With%20Arthur%20C.%20Evans,%20PhD.pdf>.
- Evans, A.C., & Beigel, A. (2006). *Ten Critical Domains for System Transformation: A Conceptual Framework for implementation, evaluation & adaptation*. Presented at the 16th Annual Conference on State Mental Health Agency Services Research, Program Evaluation & Policy, February, Baltimore, MD.
- Flaherty, M. (2006). *Special Report: A Unified Vision for the Prevention and Management of Substance Use Disorders: Building Resiliency, Wellness and Recovery—A Shift from an Acute Care to a Sustained Care Recovery Management Model*. Pittsburgh: Institute for Research, Education and Training in Addictions.
- Humphreys, K. (2006). Closing remarks: Swimming to the horizon—reflections on a special series. *Addiction*, 101, 1238-1240.
- Kirk, T. (2007). Creating a recovery-oriented system of care. Accessed June 26, 2007 at <http://www.glattc.org/Interview%20With%20Thomas%20A.%20Kirk,%20Jr.,%20PhD.pdf>.
- McLellan, A. T., Lewis, D. C., O'Brien, C. P., & Kleber, H. D. (2000). Drug dependence, a chronic medical illness: Implications for treatment, insurance, and outcomes evaluation. *Journal of the American Medical Association* 284(13), 1689-1695.
- White, W. (2005). Recovery: Its history and renaissance as an organizing construct. *Alcoholism Treatment Quarterly*, 23(1), 3-15.
- White, W. (2006). *Let's go make some history: Chronicles of the new addiction recovery advocacy movement*. Washington, D.C.: Johnson Institute and Faces and Voices of Recovery.
- White, W., Boyle, M., & Loveland, D. (2002). Alcoholism/addiction as a chronic disease: From rhetoric to clinical reality. *Alcoholism Treatment Quarterly*, 20(3/4), 107-130.
- White, W., Kurtz, E., & Sanders, M. (2006). *Recovery management*. Chicago, IL: Great Lakes Addiction Technology Transfer Center.

