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	Acute Care Addiction Treatment vs.	Recovery Oriented System of Care
1. Engagement	High threshold = most in need High extrusion	Low threshold = who needs what, emphasis on outreach Low extrusion
2. Motivation	Pre-condition for services Absence defined as "resistance" Responsibility (blame) = client	Outcome of services Harness existing motives/goals, Emphasis on stages of change Responsibility = service milieu
3. Screening/Assessment	Killer "D"s – disorder, diagnosis, disease Intake activity Identified patient	Global happiness/health/strengths/resources/assets = recovery capital Continual; stages of change; outcome directed Inclusion of family/kinship network with consumer defining family
4. Service Goals	Professionally defined treatment plan Focus on reducing pathology	Consumer defined recovery plan Focus on building recovery capital
5. Service Timing	Reactive crisis/problem resolution Time-limited availability	Proactive recovery support activities Commitment to continued availability
6. Service Emphasis	Stabilization	Peer recovery coaching, monitoring w/ feedback & support Early re-intervention
7. Locus of Services	Institution-based How do we get the client (back) into treatment?	Community/neighborhood-based How to nest the recovery process within client's natural environment?
8. Service Technologies	Programs; manualized evidence based practices Limited individualization Biomedical stabilization	Service and supports menus; practice based evidence Responsivity & indigenous resources Physical/social ecology of recovery
9. Co-Morbidity	Exclusion Extrusion Parallel/sequential treatment	Serial recovery Integrated model of care Multi-unit/agency services

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	Acute Care Addiction Treatment vs.	Recovery Oriented System of Care
10. Service Roles	Clinical role specialization Emphasis on academic/technical expertise	Adisciplinary role cross training Prosumers in paid and volunteer support roles Recovery coaches, mentors, specialists, etc.
11. Service Relationship	Expert (dominator) Hierarchical Time-limited Transient Commercialized	Consultant (partnership); client-directed Less hierarchical Time-sustained Continuity of contact Less commercialized
12. Consumer Role	Passive Professionally prescribed service Dependency	Active director of service Self-management of change goals, delivery, & evaluation Volunteers as supports & employees who lead groups/services
13. Community	Agency defined Relationship	How to diminish the need for professional services Economic/fiduciary; Emphasizes hospitality & natural/indigenous supports
14. Aftercare	Afterthought or life-long prescription Responsibility on client	Nonexistent – all care is continuing care Responsibility of service provider/recovery support/specialist Provided to all clients, not just those who "graduate" Individualize intensity/frequency based on relapse risk Capitalize on critical windows: 1st day, 1st 2 weeks, 30-90 days post-contact: recovery checkups; assertive continuing care Quarterly through 18 months; annually for 5 years
15. Service Evaluation	Professional review of short-term outcomes Social cost factors – hospitalizations, arrests,	Consumer-defined process and outcome reviews Long-term effects of service combinations & sequences on client/family/community Consumer-defined outcomes and reviews
16. Advocacy	Limited to institutional funding for addiction Marketing and PR approach (education!)	Recovery policy advocacy Community education re: stigma & resource development Community activist/organizer