

BEYOND SOBRIETY

**The Role of Recovery Capital
in Successful Addiction and
Behavioral Healthcare**

DAVID M WHITESOCK, JD/MA



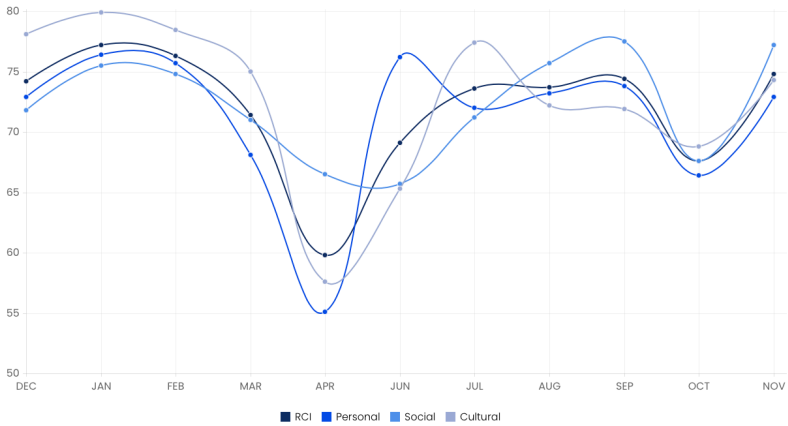
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Introduction



As the architect of the Recovery Capital Index, I am convinced that care centered on recovery capital will elevate the strategic mission of addiction and

There's an urgent need to focus on the social, economic, and environmental determinants of health. Conditions like addiction are rooted in these determinants, yet our care strategies position sobriety as the goal or a key indicator of success.

Continuing down this path will further alienate addiction and behavioral healthcare from upstream solutions, community-based opportunities, and outcomes- or impact-based payment models.

I've been in remission from addiction since 2005. I measure

my recovery capital monthly. As you can see above, my recovery capital has been up and down in 2020. Despite the challenges of the year, the mindful practice of engaging my recovery capital has kept me solutions-focused, taking inventory of my whole-wellbeing, and immersed in my purpose.

What follows is designed to provide insight into how individual observations of recovery capital can strengthen engagement with those you serve, make your organization more data-driven, and ultimately transform more lives.

- David



What is Recovery Capital?

Recovery Capital is the depth and breadth of internal and external resources that can be used by someone to begin and sustain wellness from addiction.

— Granfield & Cloud, 1999



It's a concept that respects the entire presence and experience of a person.

Most definitions of recovery capital — like the one above — shift the focus from the reasons one has addiction to the elements that promote recovery. As you'll come to understand, such pathology versus resiliency gymnastics are not necessary.

Whether we're in a state of addiction or in a state of recovery, we are still pulling from the same social, economic, and environmental elements that either promote or hinder wellbeing. Recovery, like life for someone not affected by addiction, is an ongoing dialogue with those elements. We can think of recovery capital as a specialized representation of wellbeing.

Our primary intention here will be to focus on recovery capital as a foundational idea that can be measured, and because it can be measured, it can drive strategies for successful engagement and outcomes.

Recovery capital isn't ambiguous. It can be broken into parts that direct strategies for clinical engagement, individual self-discovery, organizational performance, community impact, and changes in policy.

What are those parts or domains of recovery capital and how can you help support those domains for positive results?

Domains of Recovery Capital

Think of Recovery Capital as an umbrella term. If we say our recovery capital is high, we're effectively saying that a complex set of factors have come together for a net positive representation of our recovery.

Of course, "recovery" is another umbrella term. Each of us can have our own definition of recovery. As providers and systems of care, we need a common language for operation and for measuring success. We must break down this complexity into its component parts.

When we look at recovery, we start with three primary domains: Personal, Social, and Cultural. Within each domain are measurable components like, education, employment, housing, social connections, family relationships, values, and purpose.

By breaking recovery into its component parts, we can measure each, determine their effect on one another and on desired outcomes, and devise strategies for better care and improved recovery management.

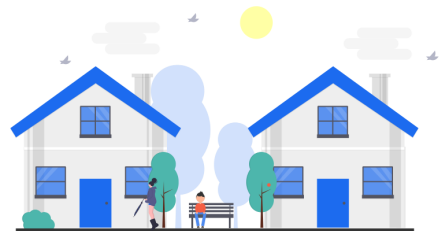
Personal Capital

Recovery, no matter how we define it, is influenced by both internal and external factors — some more intimate than others.

Personal Capital is the collection of tangible and intangible assets of an individual, such as education, clothing, and mental wellbeing.

Being employed is a tangible asset. But, it is not enough to know whether someone is employed or what their employment status is; we must consider whether they are satisfied with that work and if their recovery is supported in that work.

general health | mental wellbeing
nutrition | employment | education
housing | transportation | clothing



Social Capital

The historical roots of recovery capital can be found in the broader sociological concept of social capital — i.e., social networks have value.

Social Capital in our context is the totality of an individual's relationship assets, including support obligations, lifestyle, and social mobility.

However we individually define our recovery, our web of social connections in the world have great influence on whether or why we use drugs or get a promotion.

We could use our social capital to ensure an event does not happen (recurrence of symptoms), or we can harness it to more broadly advance our lives.



family support | significant other
social support | social mobility | healthy
lifestyle | access to healthcare | safety

Cultural Capital

We exist as individuals in higher constructs of community, culture, and belief systems.

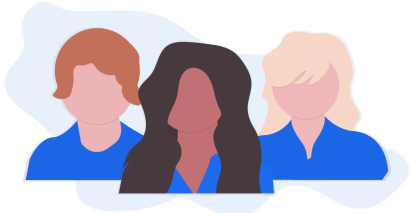
Cultural Capital encompasses those realms through our values, beliefs, and connection to other social and community specific norms.

cultural capital as our value system grows or community norms change around us.

It is important to remember that elements of cultural capital tend to change at slower rates over time — likely demanding greater mindfulness of each component.

We can sometimes experience wide change in

beliefs | spirituality
sense of purpose | cultural relevance
sense of community | values



Power of the Subjective Experience



The self-reported experience is the best way to understand how people assess the quality and possibility of their life

The recovery journey — like wellbeing — is personal. There is only one person that can tell whether their recovery is good and it is that one person. If we follow this person over time, we can look for change and understand why the change occurred.

Self-reported information about one's affect or life evaluation has a long history with extensive scientific research. In the last 10 years, measuring subjective wellbeing — or happiness — has grown to lead global discussions on policymaking and social change.

In addiction and behavioral healthcare, we have a unique

opportunity to engage in what behavioral economist Daniel Kahneman calls “experienced utility”. As we capture the self-reported recovery experience, we can begin to statistically model recovery capital measures to inform individual decision making, care quality, organizational strategy, policymaking, and investments.

Stigma has made and continues to make it hard for individuals to share their narrative experience. By using self-reported recovery capital tools, we can elevate the individual experience through the data with millions of others beyond the noise of stigma for the benefit of many more.

A Recovery Capital Strategy

There are many priorities in addiction and behavioral healthcare. Improving quality and measuring outcomes are rising priorities due to changes to funding availability and methods, consumer demands, and increasing competition.

By centering engagement and measurement strategies around recovery capital, you become more patient or client-centered.

While the condition of addiction and the operation of addiction care is complex, successful

organizations will focus on three primary touchpoints they have with those they serve. These touchpoints are directly with the individual, with your organization, and with the community.

Michael Porter of Harvard Business School said, "If we can't measure success robustly and rigorously, it's very hard to make the most rapid progress."

A recovery capital strategy will help you measure what matters during a time of crisis and great need.

Individual

The most important relationship you have is with your client. Individuals come to you at a time of great pain, confusion, shame, and even skepticism. And some connect with you filled with newfound hope and optimism. Everything your organization does and says during the first 48 hours of initial contact can determine the success of your care and direction of their life.

Important touchpoint. No pressure.

Sobriety alone doesn't tell us much about a person's whole

wellbeing. But in the early days and weeks of care, what substances a person uses, how they use them, how much and how frequently they use, and the consequences of that use is sometimes life or death.

While we address that particular immediacy, we must also have a framework to move beyond that construct of the problem. Recovery capital gives us that framework and allows you to see and engage with the entire person in your care.



We have defined recovery capital with its three domains and 22 components. These internal and external resources are always influencing wellbeing and the potential for growth. Each component is its own touchpoint.

So, what does a recovery capital strategy look like at this individual level?

Remember, we're conducting a change management process. Any change management process requires clear indicators of change. Those indicators are the 22 components of personal, social, and cultural capital.

Measuring at the outset of a care episode, sets a strong, multidimensional baseline. But we're not doing pre- and post-care testing. Recovery capital is ever present and measuring it serves as an ongoing pulse we can read regardless of care type or recovery status.

Components can be ranked and in concert with the individual's goals. Plans can

be formed and acted upon. For example, your client reports low general health and that they don't have a primary care physician. The action writes itself.

Instead of operating exclusively from the world your patient inhabits everyday, they tell you exactly where the physical and psychological barriers to growth are in their life. Regular and repeated measurement let you see where change is happening.

This level of information allows your team to be more focused and personalized with your care. It is truly meeting the individual where they are, all the time.

Recovery capital information exchange is a valuable asset over time. It is a dialogue during and long after formal care episodes. Continued measurement maintains a vital touchpoint. Instead of waiting for cataclysmic issues to occur, you can engage as things start to change. This recovery management is more sustainable for you and builds resiliency for the client.

“ Recovery capital constitutes the potential antidote for the problems that have long plagued recovery efforts. ”

William
White

Organization

Successful addiction and behavioral healthcare practices all have great people, effective and high quality care delivery, and they are data-driven.

Recovery capital captured and measured at the individual level will allow your organization to explore more robust outcomes measurement, population health strategies, and rapid improvement across all areas of the organization.

Although outcomes can often be elusive, a recovery capital strategy can provide the opportunity to focus on measures informed by your patients or clients and supported by science and research.

Even great organizations can over-complicate outcomes tracking. Sometimes what is measured and how it is measured is required by a funder or credentialing body. Recovery capital can sometimes support those requirements. In fact, with the right recovery capital measures you may be positioned to deliver more data and insights than what your stakeholder requires — adding value to your mission.

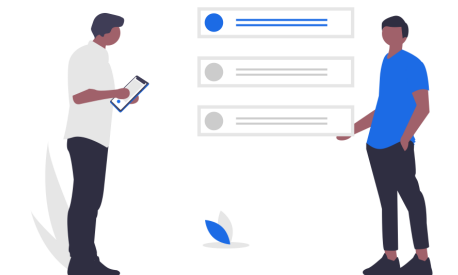
Recovery capital measured over time establishes the longitudinal measure many organizations struggle to define and capture. Building in a longitudinal measure that also

provides direct and ongoing insight for the patient establishes an engagement strategy that acts independent of any single program or level of care.

Capturing recovery capital at the individual level immediately provides population and organization-wide insights.

A well-framed recovery capital measure allows you to stratify responses and results based on domains, components, demographics, program type, and provider. Who and what programs in your organization are having the greatest effect or impact? What areas do you not do so well? Can those issues be corrected internally or externally? Is it an isolated issue or a care delivery issue? And what can you learn from the populations you serve over time?

Recovery capital measures can better position your organization to learn in real-time, adjust as necessary, and manage population types as needed and beyond the four walls of your practice.



Community

Recovery capital data has another important utility: help inform the broader community of the effect of your care and the positive impact associated with recovery.

A well-designed and deployed recovery capital strategy will give you the data to rewrite problem and solution narratives, conduct impact and solution mapping, deliver ROI to funders, inform policymaking, and build your brand in your community.

Stigma is still a significant deterrent for individuals seeking care for addiction. As more and more individuals tell their story through recovery capital data, the narrative of shame around the use of a substance to cope with pain and hardship can be flipped. People will see that the everyday social, economic, and environmental challenges of life are the root cause — not that they are bad people.

Ultimately, each client can and should inform solutions to reverse the high rates of addiction in our communities. Recovery capital data can be mapped to show positive

impact in a community. From which, upstream solutions can be designed. As funds are reallocated for solution design, fewer people will experience addiction.

If we can map impact, we can model a return on investment. Recovery capital data correlates to long-standing economic datasets. By bringing this data together, you can establish an ROI for stakeholders, allowing for greater reach to more people who need care.

Many of the systemic barriers can be solved through policymaking. Recovery capital data can turn the powerful voice of those you serve into the information needed to bring better and more equitable policies to your community.

Last, your organization is an essential community resource. With a recovery capital strategy you can elevate your brand and reposition how the community views addiction and behavioral healthcare.



Conclusion



If your organization can introduce recovery capital as a multidimensional approach to capture the total wellbeing of your clients over time, you will improve engagement and have a common language of change to illustrate success.

Despite the connotations of the term “recovery”, recovery capital can apply to anyone at any stage of addiction. The more you apply recovery capital measures, the more you can personalize care but also get ahead of issues that exacerbate addiction at individual and community-wide levels.

Addiction and behavioral healthcare providers are uniquely positioned to have immense social, economic, and environmental impact. A recovery capital strategy is an investment information capital. The key is having the right data to demonstrate that impact — not as a static evaluation report or research study — but

through ongoing, applied data and wellbeing science.

Such a strategy does not require the latest technologies, a team of data scientists, or any one software product, but it does require a shifting mindset within your organization. Your client’s needs are always changing and reflecting the physical and psychological barriers within their community. A recovery capital-centered strategy meets your client where they’re at every time. But it also provides you the information capital to bring new solutions across the social, economic, and environmental determinants that drive the addiction crisis.

About

Recovery Capital Index

The Recovery Capital Index (RCI) was created to measure the root factors of addiction. The RCI is a scientifically validated survey that helps organizations of all sizes establish meaningful outcomes. While many competitors include elements of recovery capital in their platforms, these tools lack the scientific rigor and focus of a dedicated instrument. The data directly informs individual care while simultaneously capturing collective recovery capital of a population. Your organization will have the right data to be successful while playing a measurable role in reversing the addiction crisis.

The Author

David Whitesock is the architect of the Recovery Capital Index and Founder and CEO of Commonly Well. David has over 20 years experience in technology and designing methods for delivering and measuring improved addiction care. David began working on the RCI in 2012 with a vision to create a standard measure and for addiction wellness.

David believes we will solve addiction when we don't solve for addiction.

That is why he is working with organizations and communities to improve their care experiences and systems, and focus on measuring wellbeing.





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