Implementing a Statewide Recovery-Oriented System of Care: From Concept to Reality

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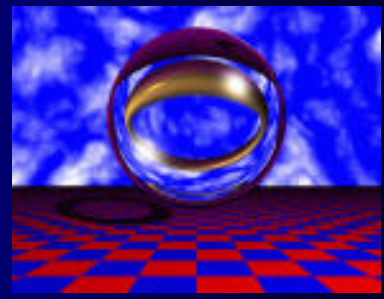
Getting Started

- What moved us to do this?
- What approach are we taking?
- What's the present status of the recovery-oriented system in Connecticut?
- What challenges remain ahead?
- What lessons have we learned?
- What are your ideas about things we should consider?

Why Focus on Recovery Now?



- CT Governor's Blue Ribbon Commission
- Federal emphasis and expectation
  - President's New Freedom Commission
  - SAMHSA
- Expectations of consumers and people in recovery
- Expanding research base showing improved effectiveness of treatments and natural supports

DMHAS' Systemic Approach to Recovery

- Develop core values and principles
- Establish a conceptual and policy framework
- Build competencies and skills
- Change programs and service structures
- Align fiscal and administrative policies in support of recovery
- Monitor, evaluate and adjust

Recovery Core Values

Direction

- Equal opportunity for wellness
- Recovery encompasses all phases of care
- Entire systems to support recovery
- Input at every level
- Recovery-based outcome measures
- New nomenclature
- System wide training culturally diverse, relevant and competent services
- Consumers review funding
- Commitment to Peer Support and to Consumer-Operated services
- Participation on Boards, Committees, and other decision-making bodies
- Financial support for consumer involvement

Recovery Core Values

Participation

- No wrong door
- Entry at any time
- Choice is respected
- Right to participate
- Person defines goals

Programming

- Individually tailored care
- Culturally competent care
- Staff know resources

Funding-Operations

- No outcomes, no income
- Person selects provider
- Protection from undue influence
- Providers don't oversee themselves
- Providers compete for business

Commissioner's Policy Statement # 83

"Promoting a Recovery-Oriented Service System"

- Defines recovery
- Establishes objectives for recovery-oriented system
- Commits DMHAS to statewide systems transformation

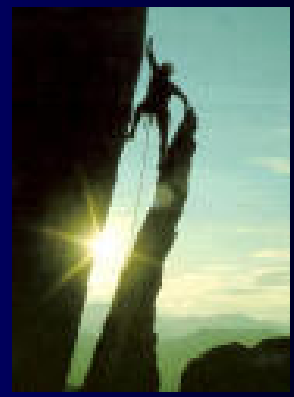
Signing the Commissioners Policy on Recovery

September 16, 2002

Recovery Defined

- *"We endorse a broad vision of recovery that involves a process of restoring or developing a positive and meaningful sense of identity apart from one's condition and a meaningful sense of belonging while rebuilding a life despite or within the limitations imposed by that condition."*

A Recovery-Oriented System



- *"A recovery oriented system of care identifies and builds upon each individual's assets, strengths, and areas of health and competence to support achieving a sense of mastery over his or her condition while regaining a meaningful, constructive, sense of membership in the broader community."*

Voices of Recovery

"Having hope"

"Getting well/getting better"

"Having same rights as others"

"Making choices"

"Doing everyday things"

"Making changes, having goals"

"Staying clean and sober"

"Starting over again"

"Be looked at as whole people"

"Looking forward to life"

Supporting Recovery

Promotes highest level of autonomy

Collaborative treatment process

Driven by recovery outcomes

Strength based treatment focus

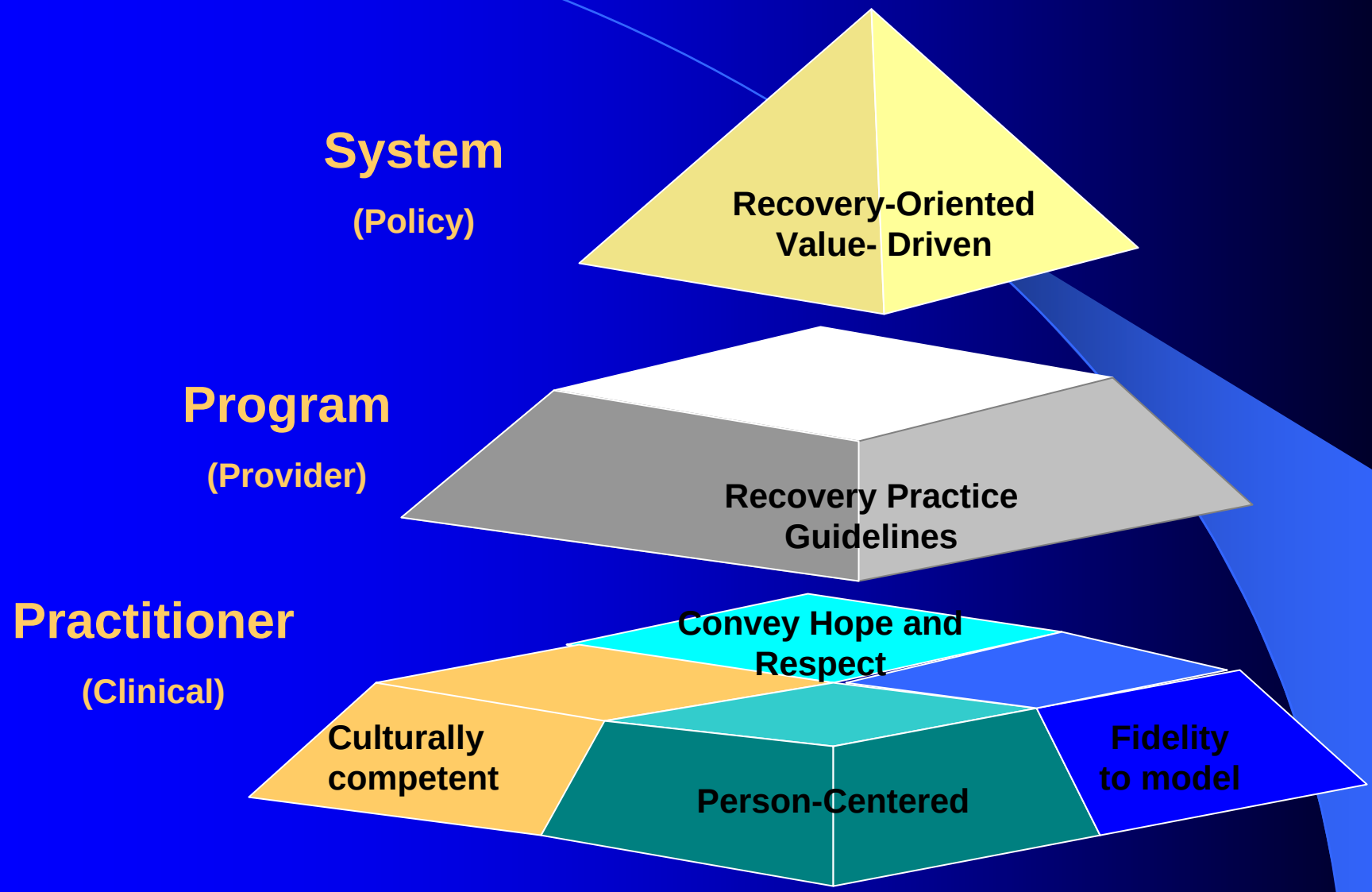
MH and SA services are tools

Individual and family participation

Culturally relevant

Individual responsibility and control

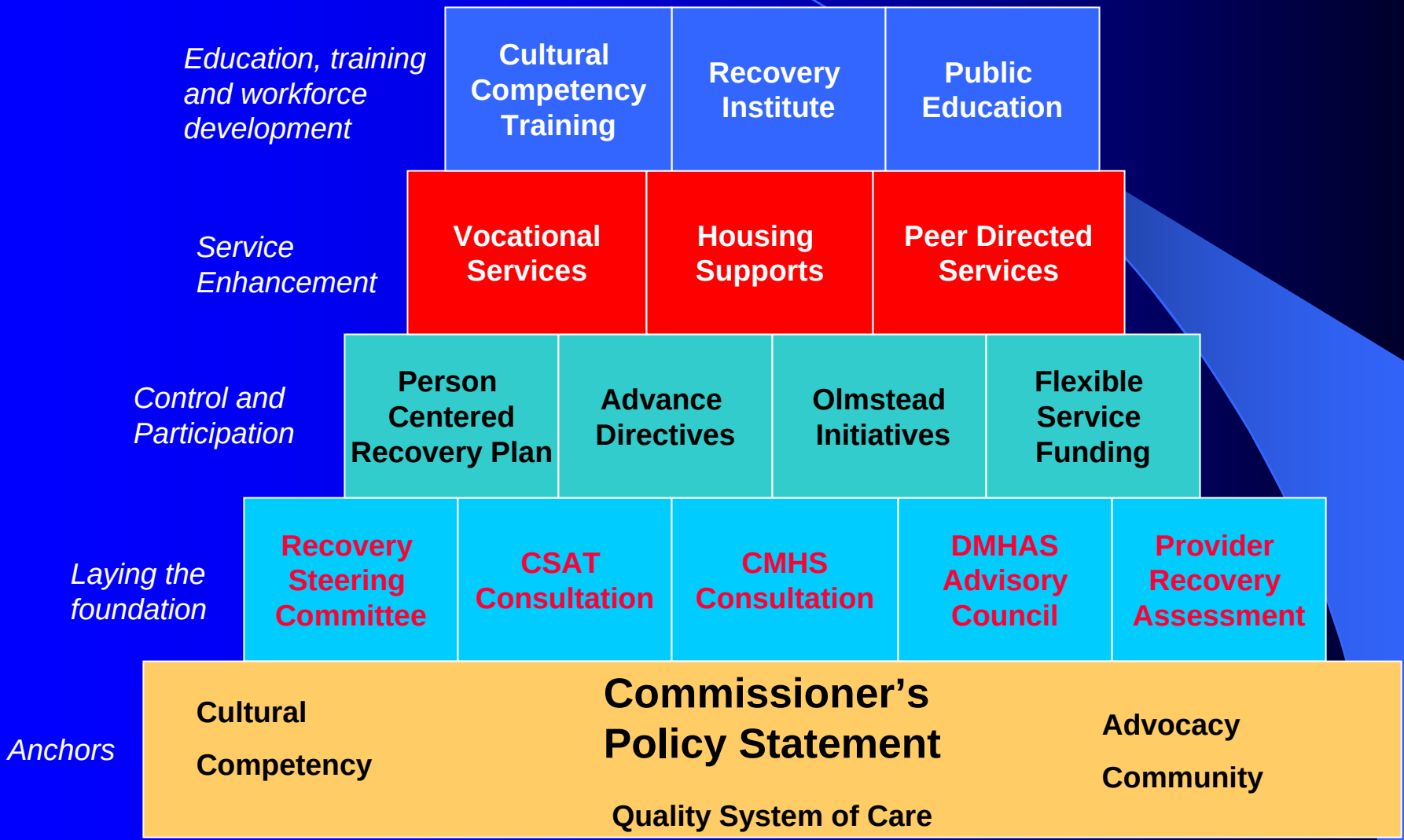
Holistic and Hopeful


System
(Policy)
Recovery-Oriented
Value- Driven
Program
(Provider)
Recovery Practice
Guidelines
Practitioner
(Clinical)
Convey Hope and
Respect
Culturally
competent
Person-Centered
Fidelity
to model

Strategies for Change

- Multi-year implementation process
- Big tent approach to consensus building
- Use technology transfer strategies to Identify develop, implement and sustain “best practices”
- Incorporate existing initiatives
- Re-orient all systems to support recovery
- Transition to recovery-oriented performance outcomes in non-punitive approach

Building the System



Implementation Plan: Examples

	Phase I	Phase II	Phase III
Philosophical/ Conceptual	• Build Consensus on Definitions	• Identify Implications • Dog & Pony Shows	• Address stigma within other systems and the community
Competencies, Skills & Programs	• Evaluate Approaches • Baseline Assessment	• Skills Training • "Centers of Excellence" (Pilot Recovery Practices)	•Advanced training •TA/Knowledge Transfer
Fiscal/ Administrative	• Identify Barriers & Incentives	• Solution-focused workgroups • Develop Fiscal Support	• Performance Measures • Implement Policy/Resource Changes

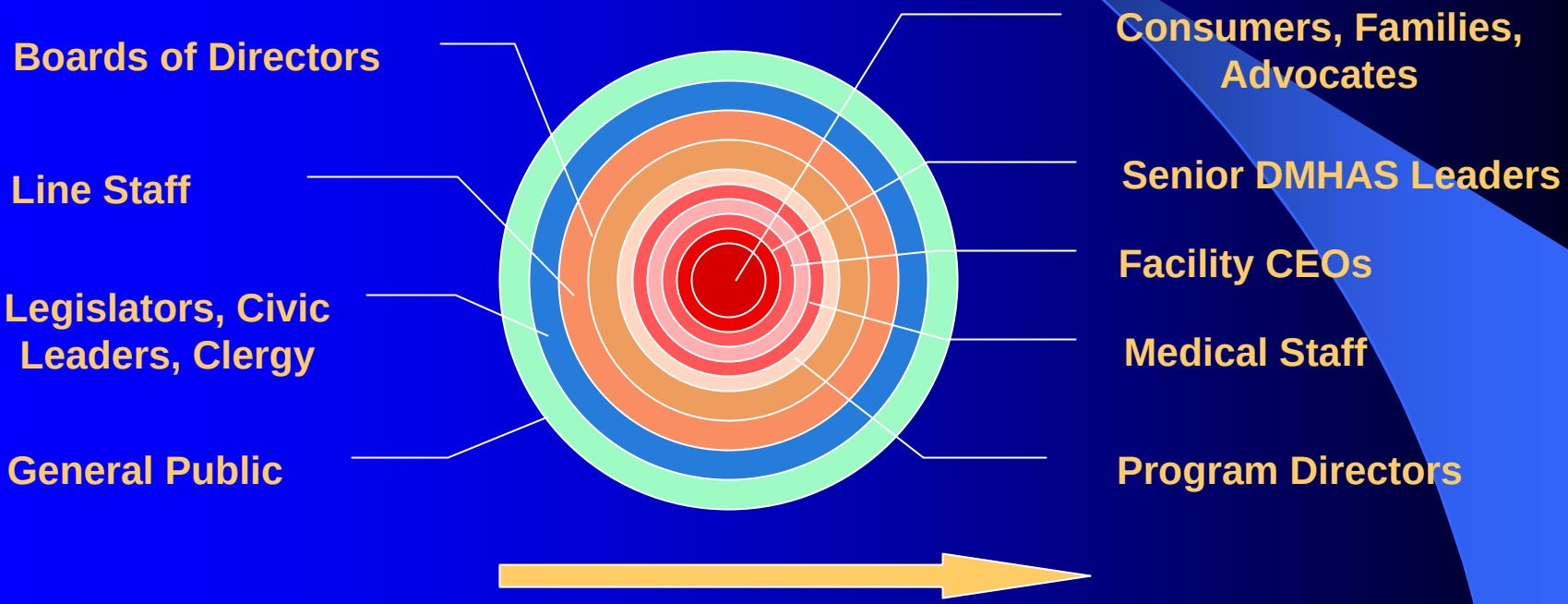
Utilize a consensus process throughout the implementation

Phase 1 Determine Direction

1. Develop Concepts & Design Model
   - Principles and core values
   - Recovery definition
   - Literature reviews, obtain outside consultation, White papers
   - Commissioner's Policy (committing DMHAS)
2. Develop Consensus
   - Consumers/people in recovery
   - CEO retreats, focus groups with advocacy groups and providers, medical directors
   - Trade association meetings
3. Spread the Word - Create Awareness

Create Awareness

Increasing numbers of people



And Increasing depth of content

Phase 2 - Initiate Change

Focus on Quality

1. Provider self-assessment ➡ Agency Recovery plans
   Plan approval and implementation
2. Performance guidelines
   Performance measures and monitoring

Workforce development

3. Intensive skill-based training
4. Centers of Excellence to promote technology transfer
5. Recovery advocacy organizations help do training

Service system re-design:

6. New funding and realignment of existing resources

Phase 3
Increase Depth and Complexity

1. Describe how other systems benefit by focus on Behavioral Health
   - impact on goals of other systems
2. Provide Advanced Training
3. Continue Evolving Recovery-Oriented Performance Measures
4. Re-align fiscal resources
   - use contract language as change tool
   - use incentives

The Top Ten Concerns about Recovery

10. Recovery is old news. There's nothing new.
9. Providers are already too overburdened.
8. Recovery isn't really possible.
7. Recovery is a passing fad.
6. People can only get better with active treatment.

Top Ten Concerns

5. Who's going to pay for it?
4. Recovery can only be implemented with new services and additional resources.
3. Recovery conflicts with other initiatives
2. Recovery approaches devalue and diminish the role of professionals.
1. Recovery increases provider exposure to risk and liability.

#10. Recovery is old news. There's nothing new here

Concern: The concept of Recovery has been around in along time.

Recovery perspective: Many changes yet to be implemented. There are many new strategies.

Strategy: Shift care to build on strengths, person-centered planning, stages of change philosophy, cultural competence, peer support, and outreach.

#9. Providers are already overburdened

Concern: Providers can't even handle their current workload.

Recovery perspective: Responsibility resides primarily with the person in recovery.

Strategy: We're not adding something new, we're doing things a new way.

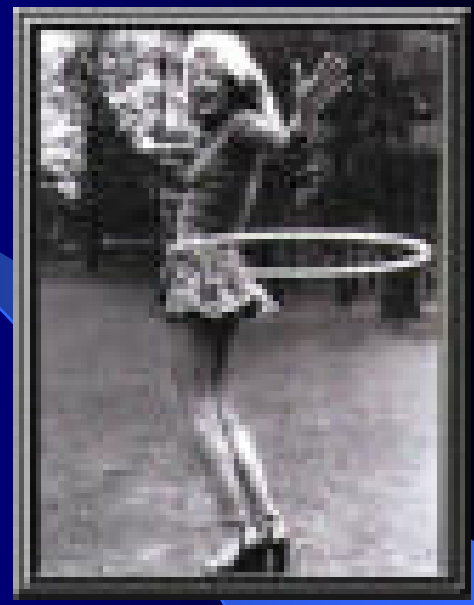
#8. Recovery isn't really possible

Concern: Curing severe mental illness is an unattainable goal.

Recovery perspective: We're not saying that "recovery" means "cure."

Strategy: Develop and implement models for recovery that allow for improved quality of life despite continued disability.

#7. Recovery is a passing fad



Concern: This recovery thing is the latest craze, but it won't last.

Recovery perspective: Recovery is real. The desire to recover from psychiatric and substance use disorders is as strong as with any physical illness.

Strategy: Our job is to support this hope.

#6. People only get better with active treatment

Concern: Recovery is a fine idea, but people only get better with treatment.

Recovery perspective: Many people do well without treatment. Recovery refers to a process, not a goal of care.

Strategy: Reframe treatment as a tool to facilitate recovery.

#5. Who's going to pay for it?

Concern: Medicaid can only pay for active treatment.

Recovery perspective: Medicaid has been used in many creative ways.

Strategy: Use federal dollars to fund whatever they can, and use general fund dollars to fund other services that are not reimbursable under Medicaid.

#4. Recovery can only be implemented with new resources

Concern: Some interventions will require additional resources, such as community support.

Recovery perspective: We may not have all the resources we need, but not all of our current resources are funding recovery-oriented care.

Strategy: In a tight fiscal environment, it is even more important that we utilize only the most effective practices. In some cases, this means using existing resources and staff differently.

#3. Recovery conflicts with other DMHAS initiatives

Concern: There are too many conflicting and fragmented initiatives

Recovery perspective: Each initiative is compatible with a recovery perspective

Strategy: For example, person-centered planning should be part of Integrate Dual Diagnosis Treatment. In order to be recovery-oriented, services must be culturally competent.

#2. Recovery devalues the role of professionals

Concern: Recovery can appear anti-treatment or anti-provider in tone.

Recovery perspective: Recovery moves behavioral health much closer to other medical specialties where the Doctor presents “treatment choices.”

Strategy: A higher level of professional knowledge and expertise.

#1. Recovery increases provider risk-liability exposure

Concern: Recovery highlights the importance of choice. Choice may conflict with risk management.

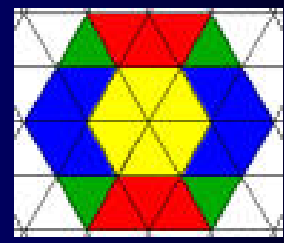
Recovery perspective: Risk is a real issue. A recovery orientation must not translate into neglect.

Strategy: Appropriate use of risk assessment and management is in the best interest of everyone.

Creating the Reality: Making it Happen

- Training and Education
  - 2 major recovery conferences
  - Recovery Institute
  - 4,692 provider staff trained
  - 16 Centers of Excellence
  - 2 intensive Practice Enhancement Initiatives
  - TA focused on introduction of evidence-based practices
  - Integrated trainings by all major advocacy groups
  - Supported a wide range of training oriented to people in recovery/families/providers through contracts with recovery organizations

Recovery-oriented and Evidence-Based Practices



- Peer-run programs
- Peer advocates in hospital emergency departments
- Recovery Center
- WRAP – Wellness Recovery Action Plan

- Illness Management
- IDDT Training
- Dartmouth IPS

Service System Redesign

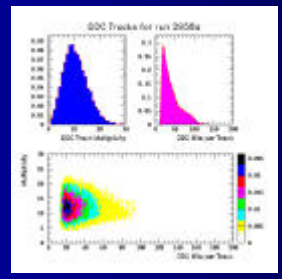
- $22.5 million - Access to Recovery grant
- $19 million - Housing subsidies
- $15 million - Prevention initiatives
- $2.5 million - Culturally competent, person-centered planning
- $1.4 million - Peer-to-Peer counseling program

- Provided training to CT faith-based organizations
- Developed Recovery-oriented language that is included in the ASO RFP

Stakeholder Involvement

- Conducted retreats involving providers and people in recovery
- Held Multiple forums and presentations
- Hosted 5 regional CEO Retreats and a Medical Directors Retreat
- Developed stakeholder recovery advisory structure
- Advocacy groups offer Recovery Institute training.

Quality



- Provider Self-Assessment
- Consumer survey required by contract
- Recovery-oriented performance measures
- Performance Guidelines

Practice Guidelines

Domains

- Prevention/Health Promotion
- Consumer Involvement
- Access and engagement
- Continuity of care
- Individualized recovery planning
- Recovery support staff
- Community inclusion
- Housing and Work
- Evidence-based practices
- Cultural competency
- Quality and performance

Practice Guidelines:

1 Prevention/Health Promotion

- Persons in recovery will:
  - be able to access information re health promotion and treatment options
  - promote their own health and build *Recovery Capital (resources for recovery)*
- Agencies will:
  - provide consumer, family, and community education
  - utilize a range of community-based interventions to reduce risk factors and enhance resilience
  - encourage access to resources or info, conduct anti-stigma campaigns

Practice Guidelines: 2 Consumer Involvement

- Persons in recovery will:
  - participate on Boards
  - participate in agency evaluations
  - participate in planning structures
  - know grievance procedures
- Agencies will:
  - offer peer-run services
  - hire peer staff
  - routinely evaluate consumer satisfaction and solicit ideas about how to improve care

Practice Guidelines:
3 Access and Engagement

- Persons in recovery will:
  - access services through any door
  - obtain services where they live
- Agencies will:
  - offer a range of pre-engagement strategies
  - use peer engagement specialists
  - use specialized outreach strategies for difficult to engage populations
  - rapidly admit people who relapse
  - use admission criteria that don't exclude people based on prior treatment failure, etc.
  - Recognize the importance of culturally competent care

Practice Guidelines: 4 Continuity of Care

- Persons in recovery will:
  - not be discharged just for being more symptomatic
- Agencies will:
  - link people in recovery to appropriate aftercare services upon discharge
  - promote use of self-help resources or natural supports
  - have mechanisms for follow-up post-discharge
  - assist people returning for services

Practice Guidelines:

5

Individualized Recovery Plans

- Persons in recovery will:
  - actively participate in the development of their recovery plans
  - sign all plans
  - attend all planning meetings
  - designate meeting participants
  - receive their plans
- Agencies will:
  - develop holistic plans that include wishes, interests, goals, etc.
  - regularly review plans with multi-disciplinary team (e.g., treatment, housing, work, natural supports)

Practice Guidelines:
6 Recovery Support Staff

- Persons in recovery will:
  - be assisted in developing relapse-prevention plans and advance directives
- Agencies will:
  - offer people hope that recovery is “possible for me.”
  - assist persons in recovery with self-management strategies
  - help engage and maximize use of natural supports such as friends, family, and neighbors
  - promote autonomy and *Recovery Capital*
  - aid in skill development as well as symptom management and treatment

Practice Guidelines: 7 Community Inclusion

- Persons in recovery will:
  - be assisted in connecting to community resources
- Agencies will:
  - identify and regularly update traditional and non-traditional resource directories
  - integrate program activities into community life
  - utilize community social, recreational, educational, vocational, faith resources

Practice Guidelines: 8 Housing and Work

- Persons in recovery will:
  - have access to safe affordable housing
  - hold paid jobs
- Agencies will:
  - offer a range of work and educational opportunities
  - eliminate work eligibility requirements
  - strengthen linkages to vocational and educational providers

Practice Guidelines: Evidence-Based Practices

9

- Persons in recovery will:
  - help shape local adaptation of EBPs
  - participate in program evaluations
  - help interpret data
  - provide ideas about promising practices that need more research
- Agencies will:
  - implement and sustain recovery-oriented EBPs

Practice Guidelines: 10 Cultural Competency

- Persons in recovery will:
  - feel that their cultural values and traditions are respected
- Agencies will:
  - evaluate data to ensure that members of diverse cultural groups are receiving effective treatment
  - provide services and materials that are linguistically and culturally appropriate
  - utilize relationships with local community institutions
  - identify and eliminate health disparities
  - conduct culturally competent assessments
  - maintain staff composition that reflects diversity

Practice Guidelines: 11 Quality and Performance

- Persons in recovery will:
  - participate on CQI committees
  - inform service needs assessment
  - identify effective practices
- Agencies will:
  - regularly administer opinion and satisfaction surveys
  - collect recovery-oriented performance measures
  - have a Continuous Quality Improvement (CQI) process that seeks to eliminate barriers to recovery

Take Home Messages

- State your core values and principles
- Establish a conceptual and policy framework
- Build competencies and skills
- Use a Multi-year process and a Big tent approach to consensus building
- Address your Critics
- Incorporate existing initiatives
- Re-orient all systems to support recovery
- Transition to recovery-oriented performance outcomes in non-punitive approach

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