

Practice Guidelines for Recovery-Oriented Behavioral Healthcare

Partnership Conference: The Future is Now

Paul J. DiLeo, Chief Operating Officer

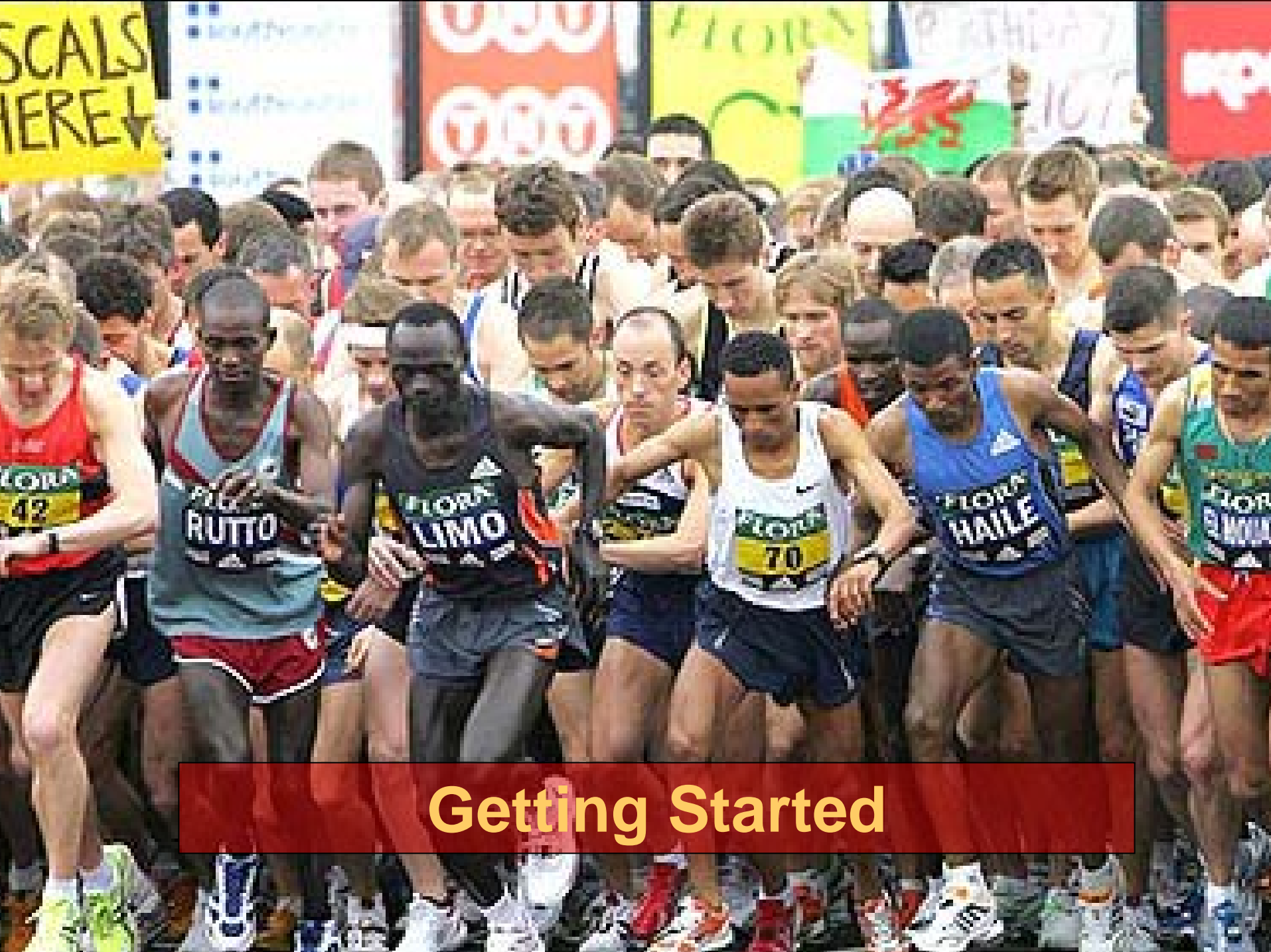
Connecticut Department of Mental Health and Addiction Services

February 2007



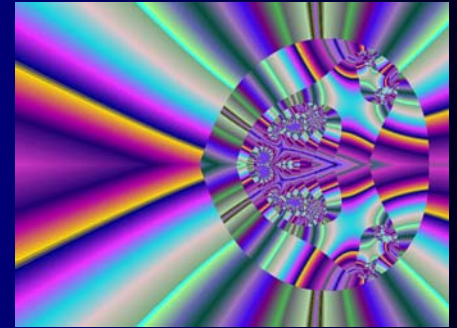
Connecticut Department of Mental Health and Addiction Services
A Healthcare Services Agency





Getting Started

Why Focus on Recovery Now?



- CT Governor's Blue Ribbon Commission
- Federal emphasis and expectation
 - President's New Freedom Commission
 - SAMHSA
- Expectations of advocates, consumers, 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 conceptual and policy framework
- Build competencies and skills
- Change programs and service structures
- Align fiscal resources 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.”*

Strategy 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 providers to recovery-oriented performance outcomes in non-punitive manner

System
(Policy)

**Recovery-Oriented
Value-Driven**

Program
(Provider)

**Recovery Practice
Guidelines**

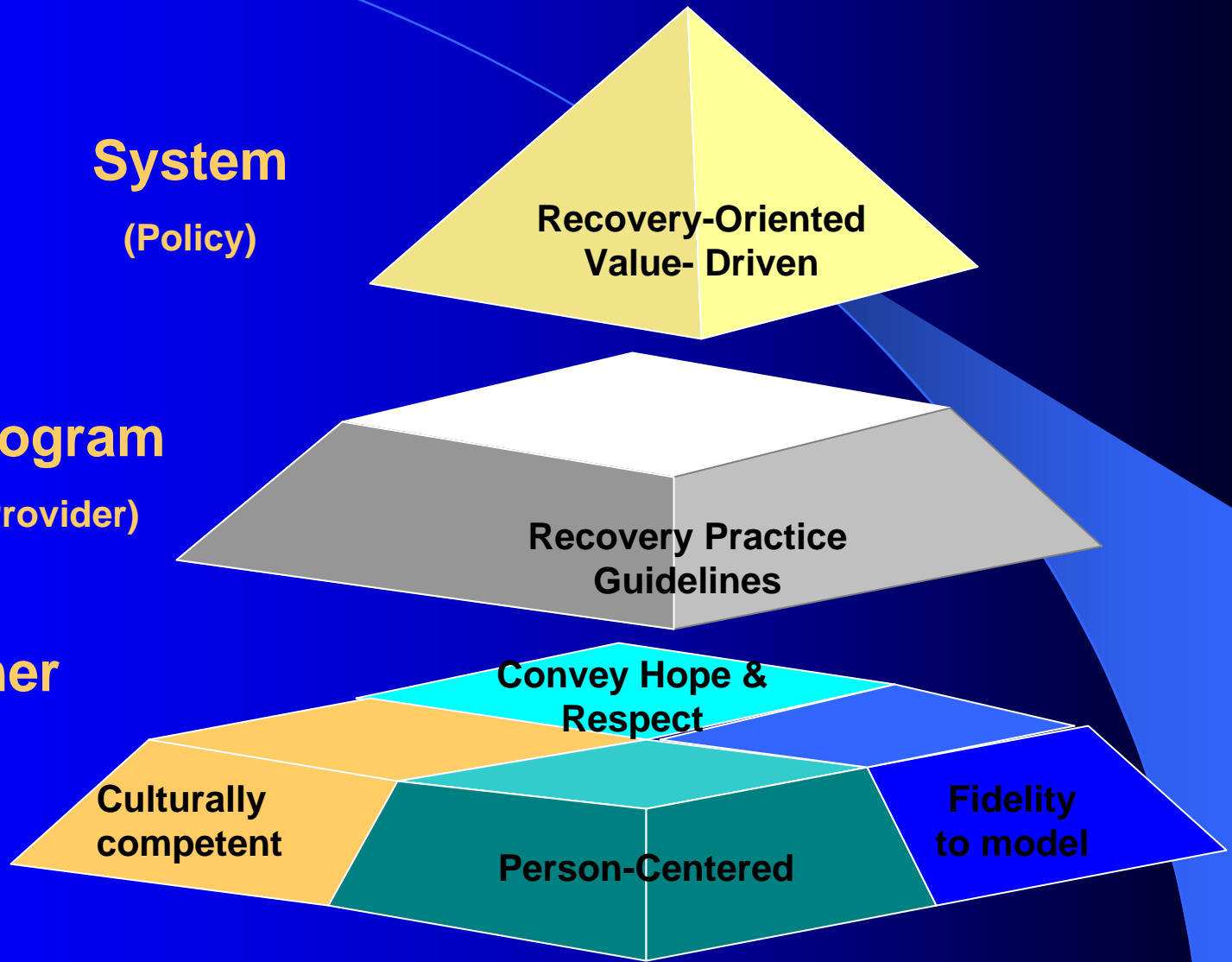
Practitioner
(Clinical)

**Convey Hope &
Respect**

**Culturally
competent**

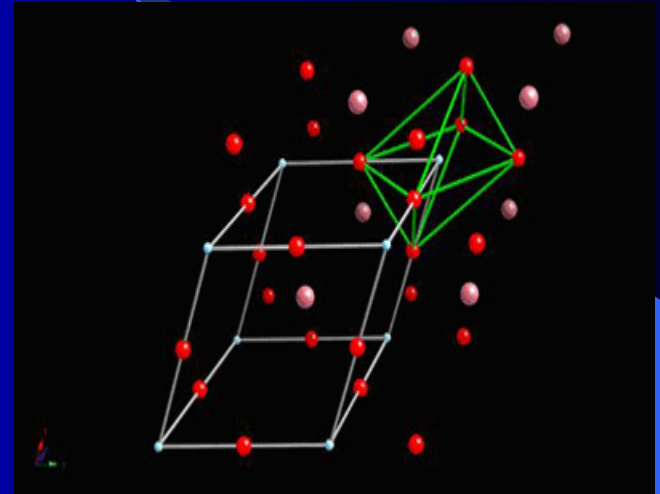
Person-Centered

**Fidelity
to model**



Changing the System

- Phase 1 – Determine direction
- Phase 2 – Initiate change
- Phase 3 – Increase depth and understanding



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)

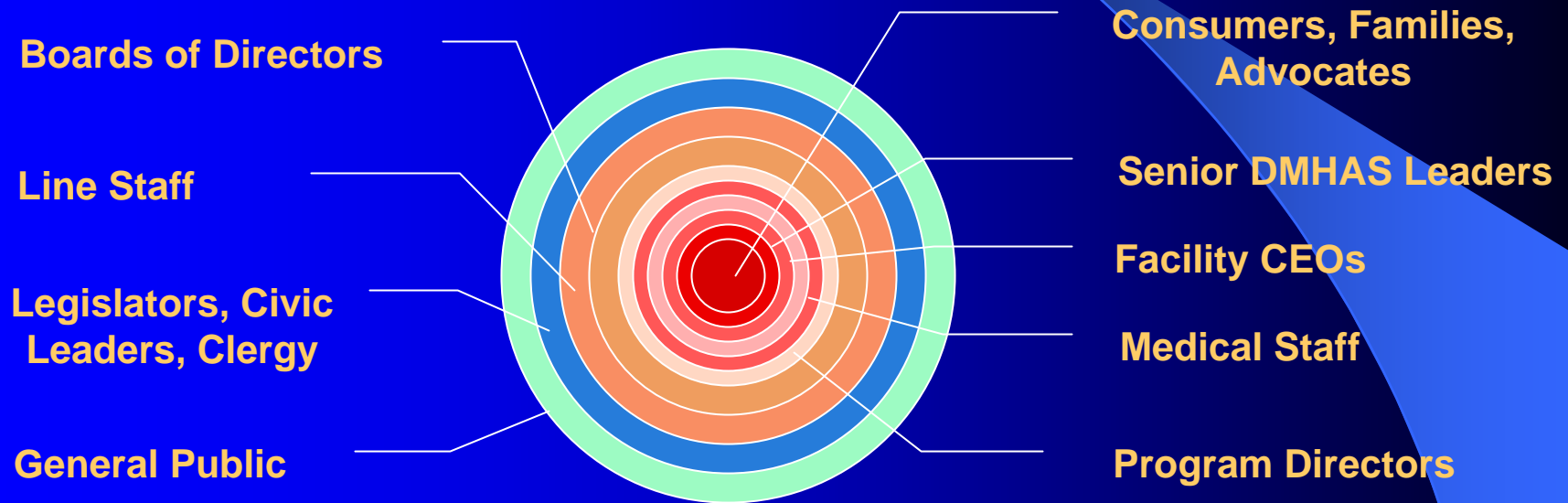
2 Develop Consensus

- 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 { Practice guidelines
Performance measures and monitoring

Workforce development

- 3 Intensive skill-based training
- 4 Practice Improvement Initiatives - technology transfer
- 5 Recovery advocacy organizations help do training

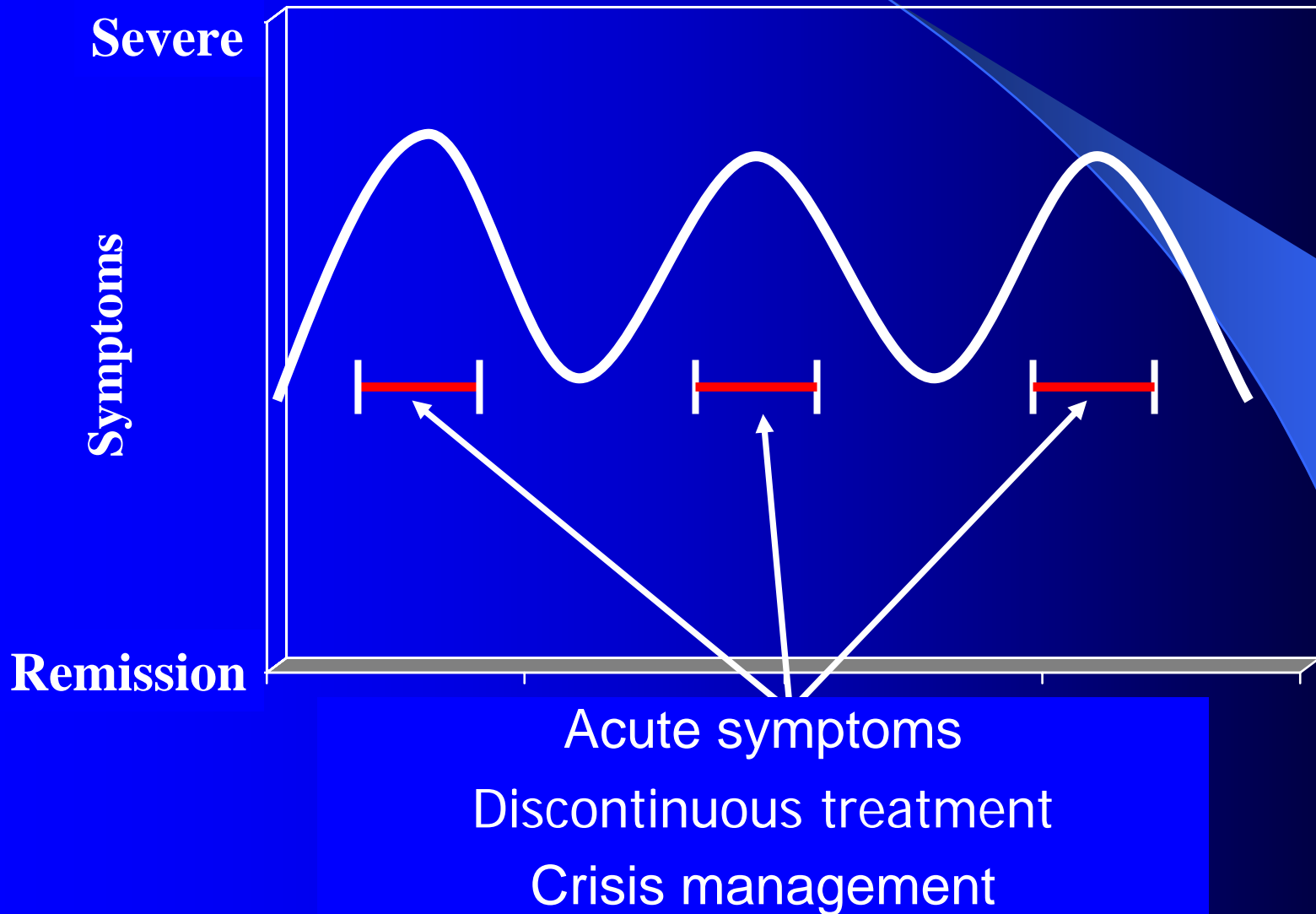
Service system re-design:

- 6 New funding and realignment of existing resources

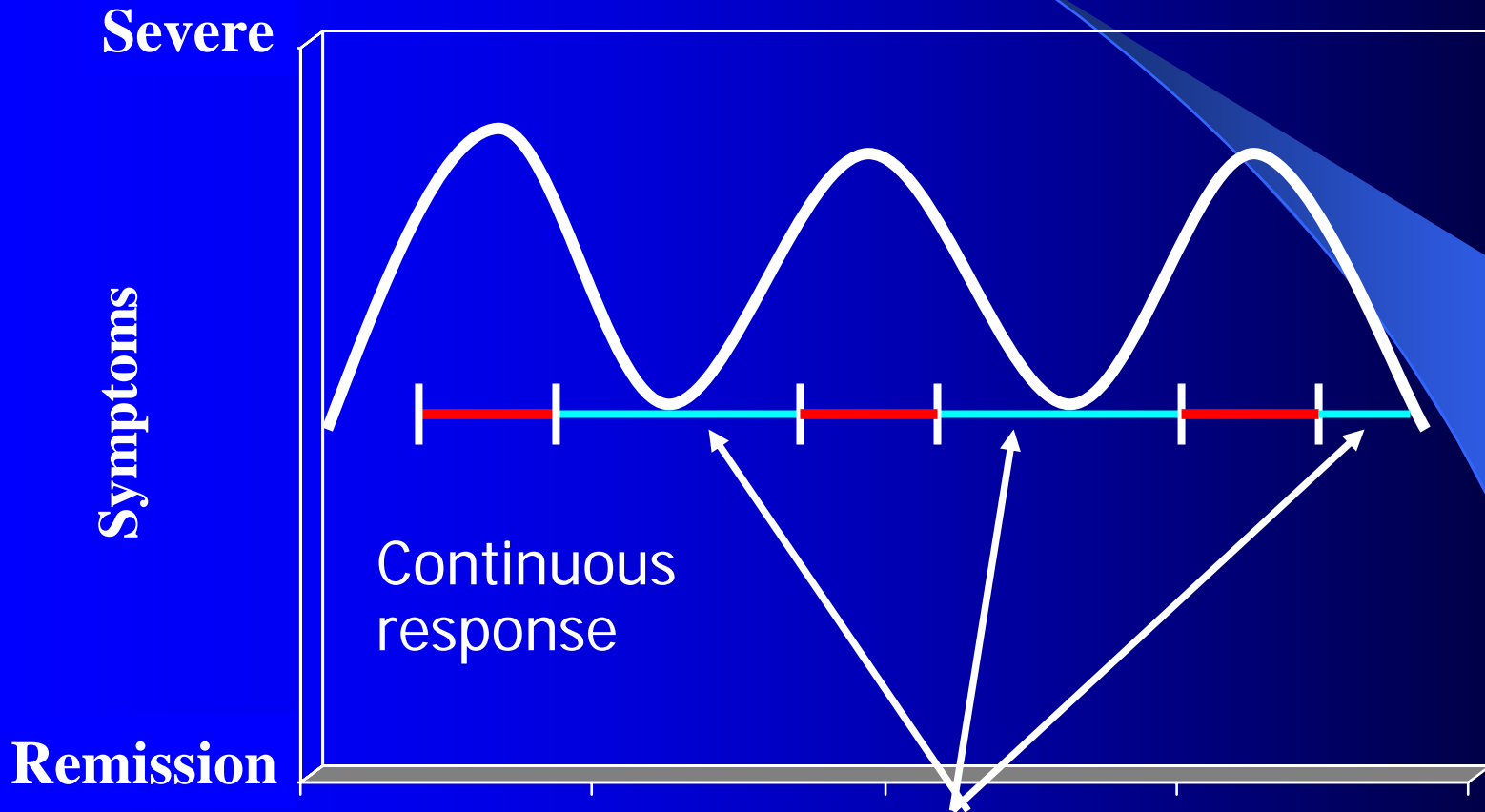
Phase 3: Increase Depth and Understanding

- 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 competitive bidding

Typical service response



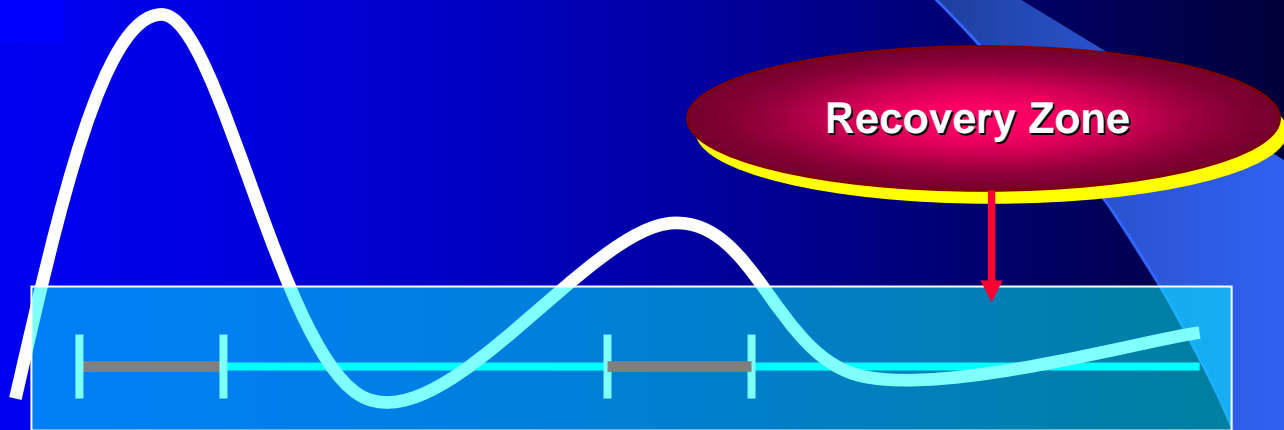
Recovery-oriented response



Offer Supports, Promote Self Care,
Rehabilitation and Treatment as Needed

Goal: Helping People Move into the Recovery Zone

Severe
Symptom



Remission

Improved recovery
outcomes for the person

Integrating Initiatives

Recovery Umbrella

Recovery Practice Guidelines

Housing and Jobs

Interagency Collaboration

Cultural Comp Health Disparities
(Access, Quality)

Co-occurring & Trauma
(Specialty Training)

Evidence-Based Practices
(Science to Service)

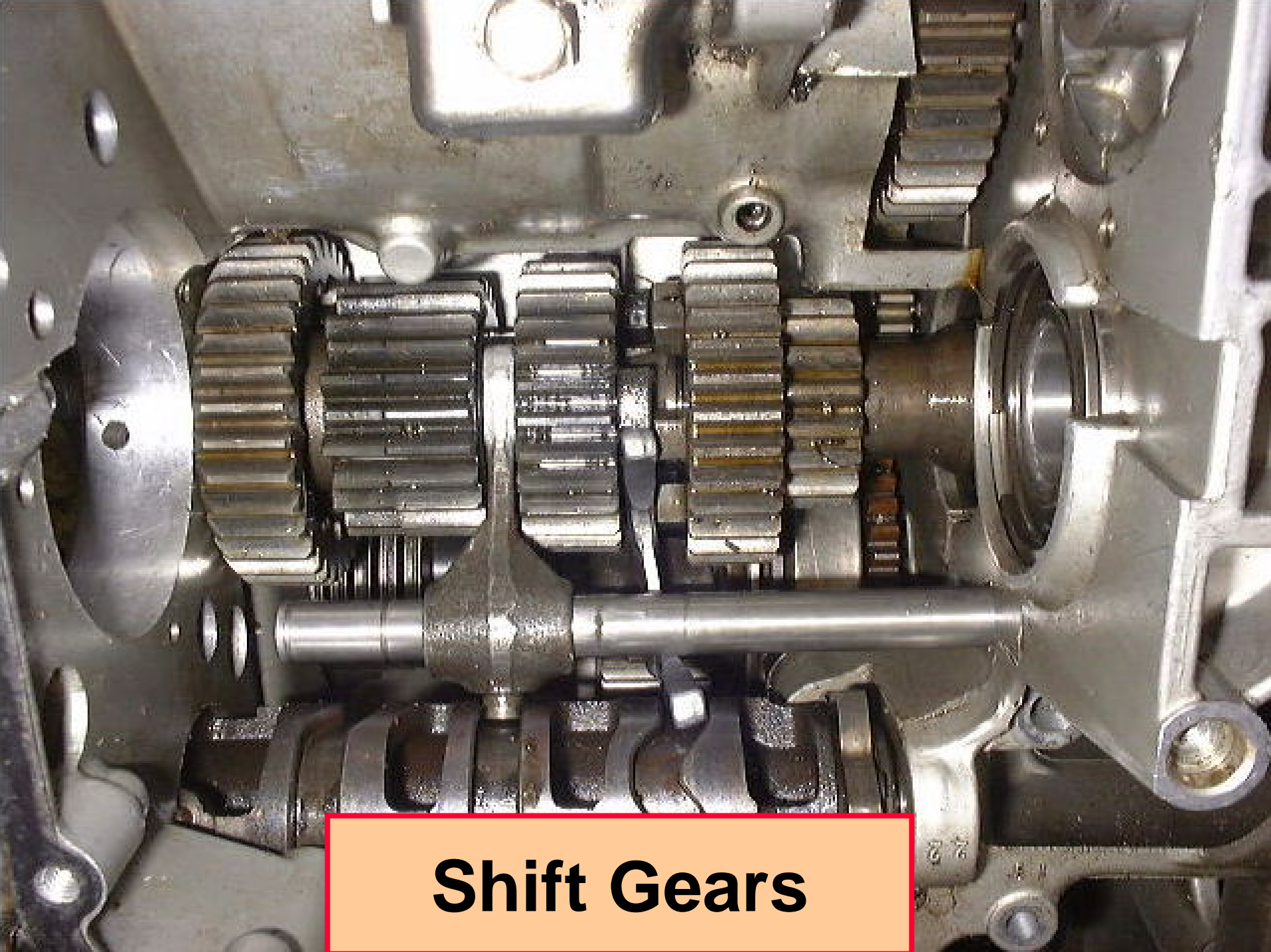
MH Transformation Process

Workgroups

1. Mental Health is essential to Overall Health
2. MH Care is consumer and family driven
3. Disparities in MH services are eliminated
4. Early MH screening, assessment and referral are commonplace
5. Excellent MH care is delivered
6. Technology is used to access MH care and information
7. The MH workforce is transformed

Transformed System

Value-driven, Recovery-oriented System of Care



Shift Gears

Recovery Practice Guidelines

Foundation

**Social
Inclusion**

**Self
Determination**

Social Inclusion

People with mental illness are entitled to a life in the community *first*, as the foundation for recovery—not as its reward.

For example,



It is very hard to recover if you don't have a place to live (a home). Housing cannot be contingent on compliance or improvement in one's condition.

Self Determination

- Psychiatry is a form of health care.
- As in all (non-emergency) health care, people reserve the right to be free from coercion, and to have all care provided only with their informed consent . . .
- Even when they still have symptoms or deficits, just like in other forms of health care.





Many Paths to Recovery

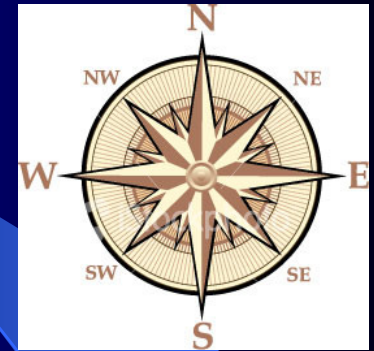
What does Recovery-Oriented Care look like in practice?

- Not a pilot program
- Not an add-on to existing care
- Not a new provider-driven practice
- Not what happens after treatment, or cure
- Not a new term for compliance or adherence
- Not limited to self-help, peer support, or quality of life
- Not ancillary or supportive of 'real' treatment
- Not a fad, fashion, or flavor of the month



Domains of Practice Guidelines

- Primacy of Participation
- Promoting Access and Engagement
- Ensuring Continuity of Care
- Employing Strengths-Based Assessment
- Offering Individualized Recovery Planning
- Functioning as a Recovery Guide
- Identifying and Addressing Barriers to Recovery
- Community Mapping, Development, and Inclusion



Under Development:

Prevention and Early Intervention
Assessing and Monitoring Outcomes

1 Primacy of Participation



- Place emphasis on the participation of people in recovery and their loved ones in all aspects and phases of the care delivery process.

2 Promoting Access and Engagement

- Facilitate swift and uncomplicated entry into care and identify and remove barriers to receiving care; address basic needs.



3 Ensuring Continuity of Care

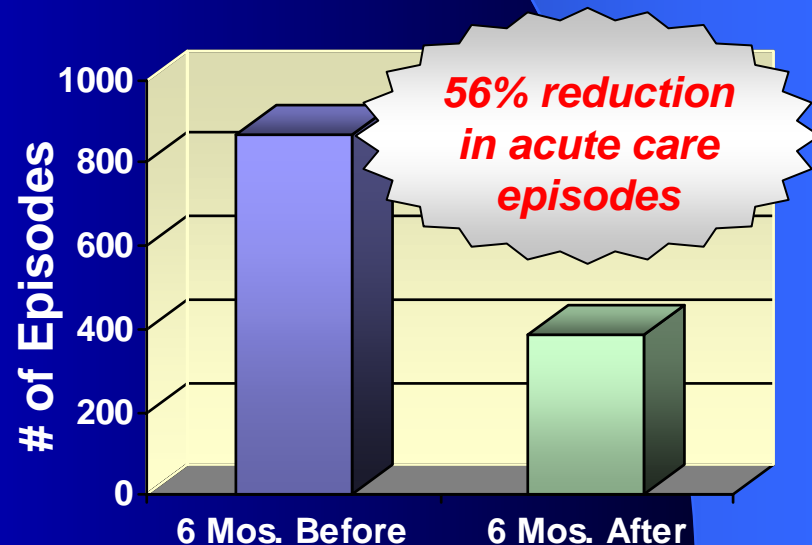
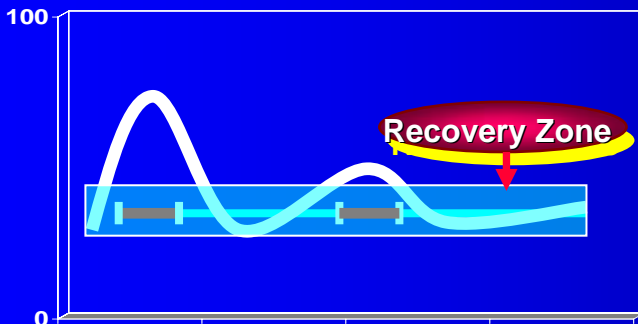
- Ensure continuity of the person's most significant healing relationships and supports over time and across episodes and agencies



Ensuring Continuity

(using technology)

- Service coordinator identifies people with 3 or more acute hospital admissions within 90 days
- Recovery specialist initiates contact while person is still in hospital
- Recovery plan developed to fill support gaps
- Recovery specialist helps with transition to community care



4 Employing Strengths-Based Assessment

- Balance critical needs that must be met with the resource and strengths that people possess to assist them in the process



5 Offering Individualized Recovery Planning



- All treatment and rehabilitative supports are based on an individualized, multi-disciplinary recovery plan developed in collaboration with the person and any others that s/he identifies as supportive

6 Functioning as a Recovery Guide



- Remove personal and environmental obstacles to recovery, link the person to the community, and, where not available naturally, serve as a mentor in process of recovery.

7 Identify/Address Barriers to Recovery



- Characteristics in the service system and community, and factors intrinsic to the person's behavioral health condition, that contribute to creation/perpetuation of chronicity and disability.

8 Community Mapping, Development, and Inclusion

- Involve a participatory process of mapping the resources and capacities of a community as a means of identifying existing, but untapped or overlooked, resources and potentially hospitable places in which contributions of a person with a disability will be valued.





Shift Gears

Progress

- Recovery Institute
 - Practice Enhancement Initiatives
 - Co-occurring Disorders Academy
- Recovery practice guidelines
- Contract languages changes



- Agency recovery self-assessment tool
- Agency “Recovery Plans”
- Regional Mental Health Board Evaluations based on Recovery Practice Guidelines

Challenges

- Power dynamics
- Non-traditional providers, non-traditional challenges
- Patience, non-linear change
- Marathon not sprint



Take Home Messages



- *Creating recovery-oriented care requires service system changes at all levels*
- *Non-traditional services help people get better, “many paths to recovery”*
- *In order to achieve “buy-in” we’ve got to address the concerns of critics*

CONTACT INFORMATION

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