

Practice Guidelines for Recovery-Oriented Behavioral Healthcare Partnership Conference: The Future is Now

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San Francisco, California

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

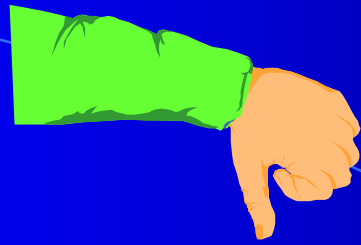


Who are we? - We're



- CT Substance abuse and mental health authority
- 90,000 people in care annually
- 3,600 employees, two hospitals, 15 LMHAs
- \$600 million/year operating expenses
- Contracts with 250 non-profit agencies
- Prevention (all ages)
- Treatment (age 18+)
- **RECOVERY IS OUR BUSINESS**

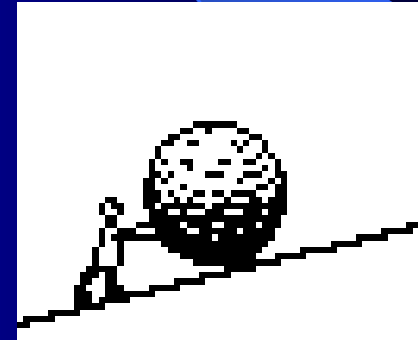
“addicts”



“a chronic, relapsing disease”



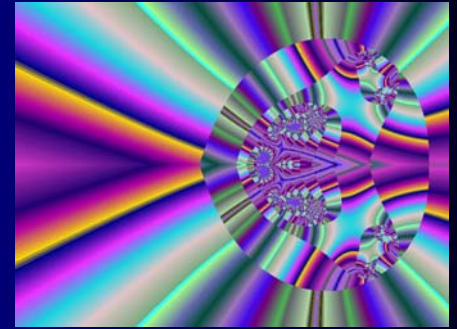
“severe persistent mental illness”



What message are we conveying?

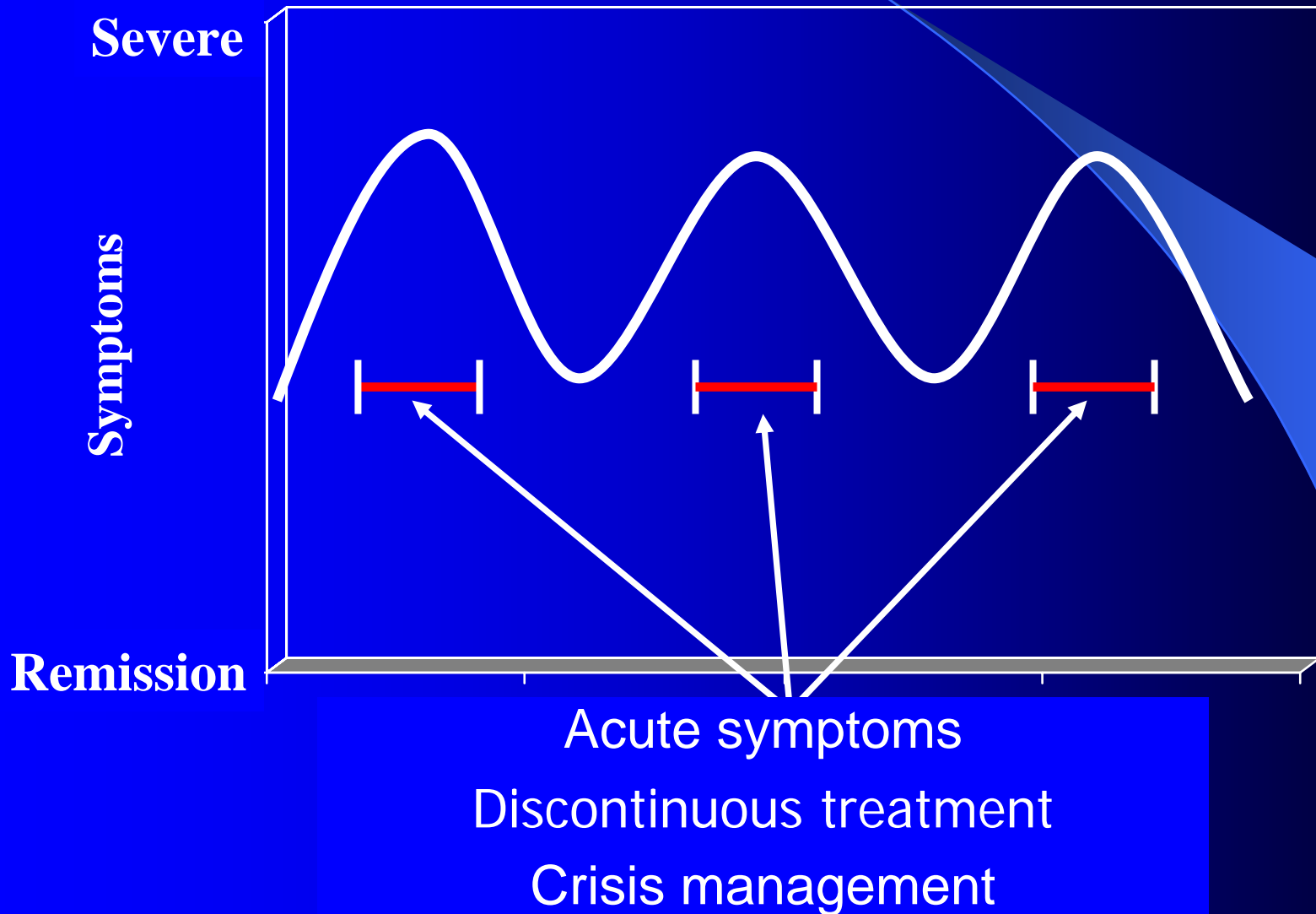
Doesn't anybody ever get better?

Why Focus on Recovery Now?

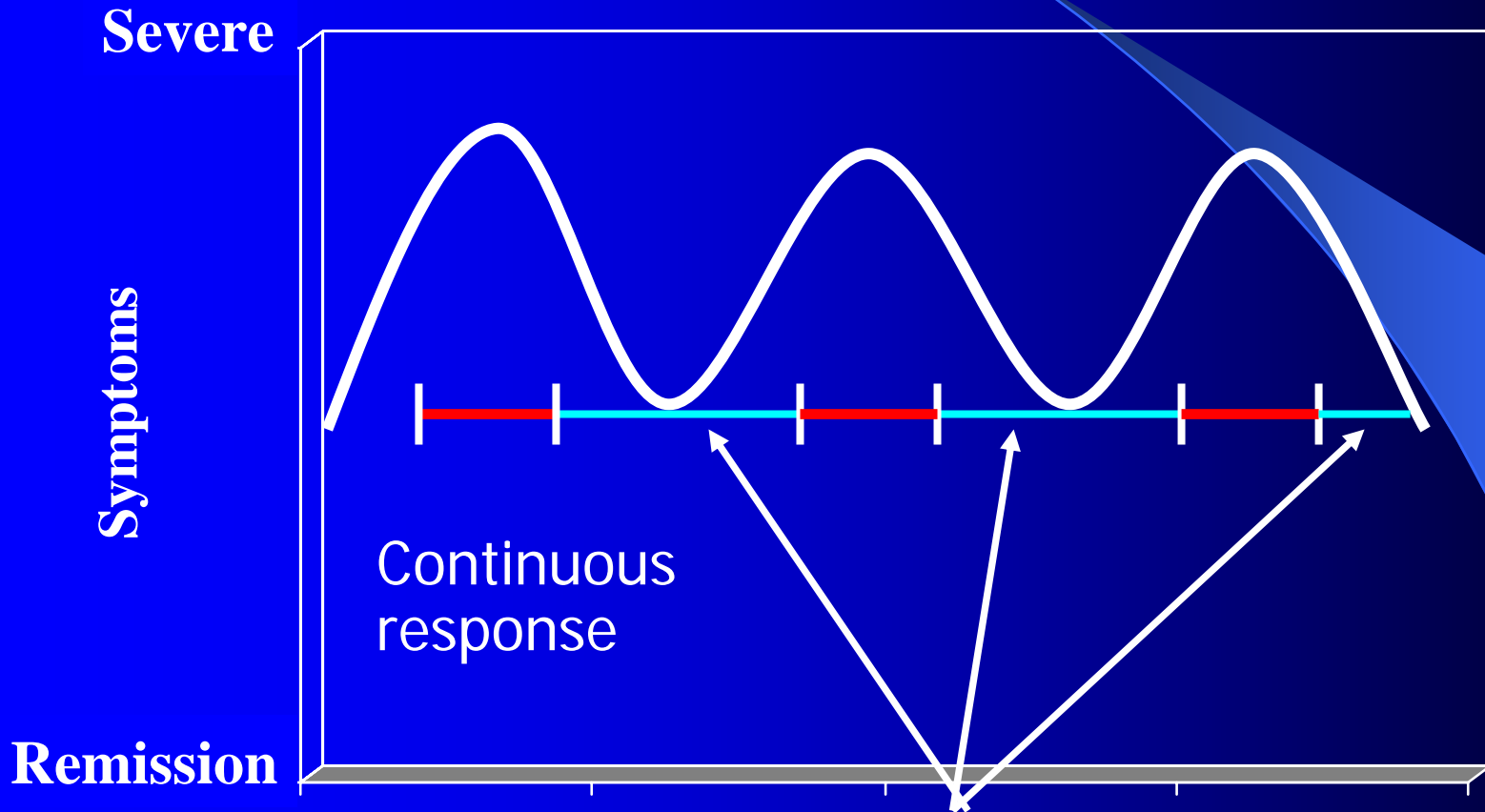


- CT Governor's Blue Ribbon Commission
- Federal emphasis and expectation
 - President's New Freedom Commission
 - SAMHSA
- Expectations of advocates, consumers, people in recovery
- Expanding research base showing improved effectiveness of treatments and natural supports

Typical service response



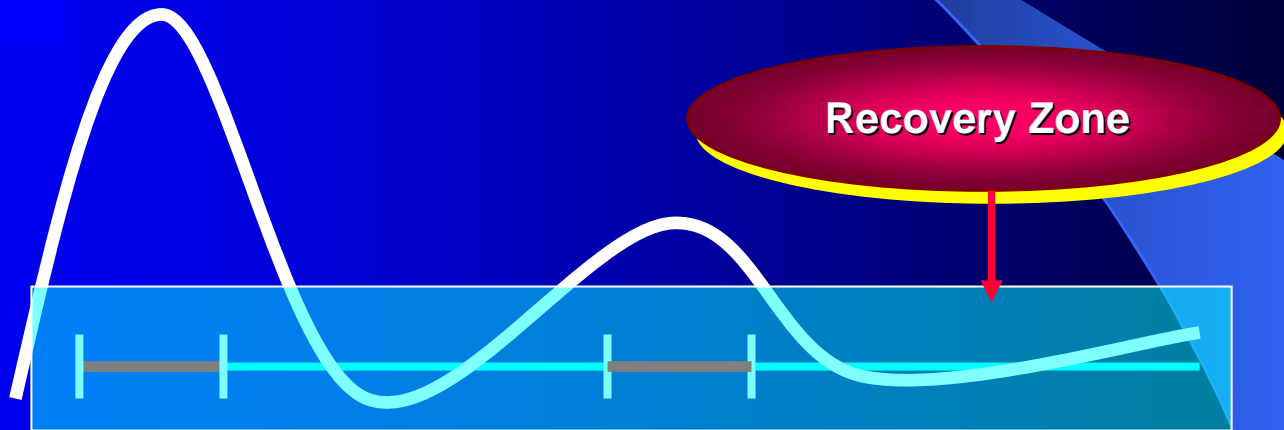
Recovery-oriented response



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

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.”*

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"

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

What might get in your way...

- Anticipate concerns and address the tough questions, early on and throughout...
- Often these relate to “systemic” level issues that providers feel are, to some extent, beyond their control
- Align with provider community. Do not overlook organizational context and barriers while trying to “fix” individual providers...
 - *“When you pit a bad system against a good performer, the system always wins...(Rummler, 2004).*
- Pay attention to the “Top Ten Concerns About Recovery”



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.

The Top 10 Concerns About Recovery



Concern #2: *Recovery devalues the role of professionals. 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: Recovery-oriented care requires a higher level of professional knowledge and expertise.



The Top 10 Concerns About Recovery



Concern #2: *Recovery exposes providers to increased risk and liability.*

Recovery perspective: A recovery orientation in no way conflicts with risk assessment and encourages the appropriate use of this technology.

Strategy: Limit restrictive measures only to situations involving imminent risk to self or others (“safety” issues) as narrowly allowed under statutory law while encouraging “responsible risk taking”





Single Overarching Goal: A Value-Driven, Recovery- Oriented Healthcare System



How do you get there???

**Implementing
a
Recovery-Oriented
System of Care**

System
(Policy)

**Recovery-Oriented
Value-Driven**

Program
(Provider)

**Recovery Practice
Guidelines**

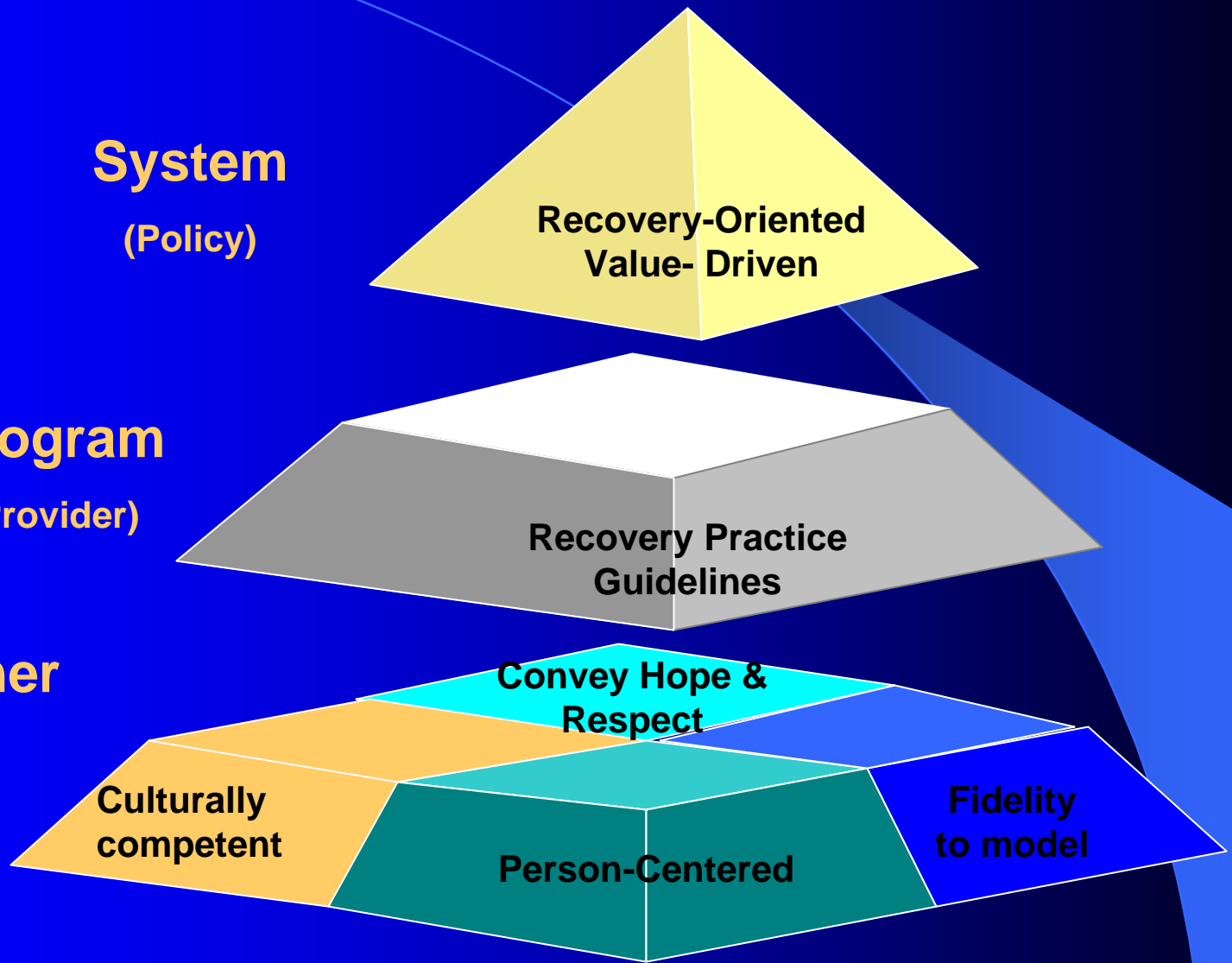
Practitioner
(Clinical)

**Convey Hope &
Respect**

**Culturally
competent**

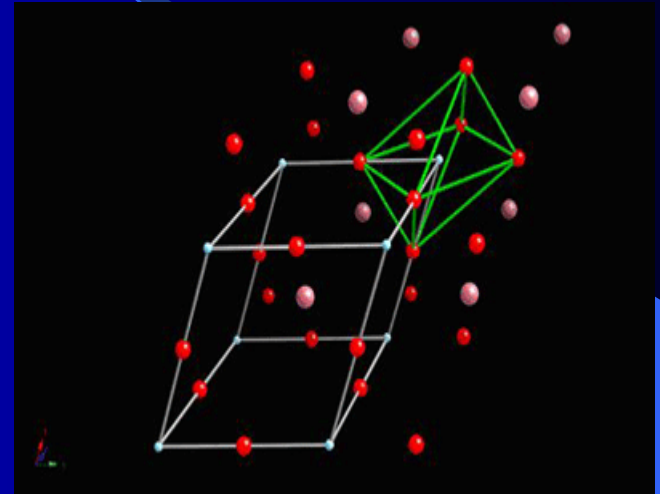
Person-Centered

**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)

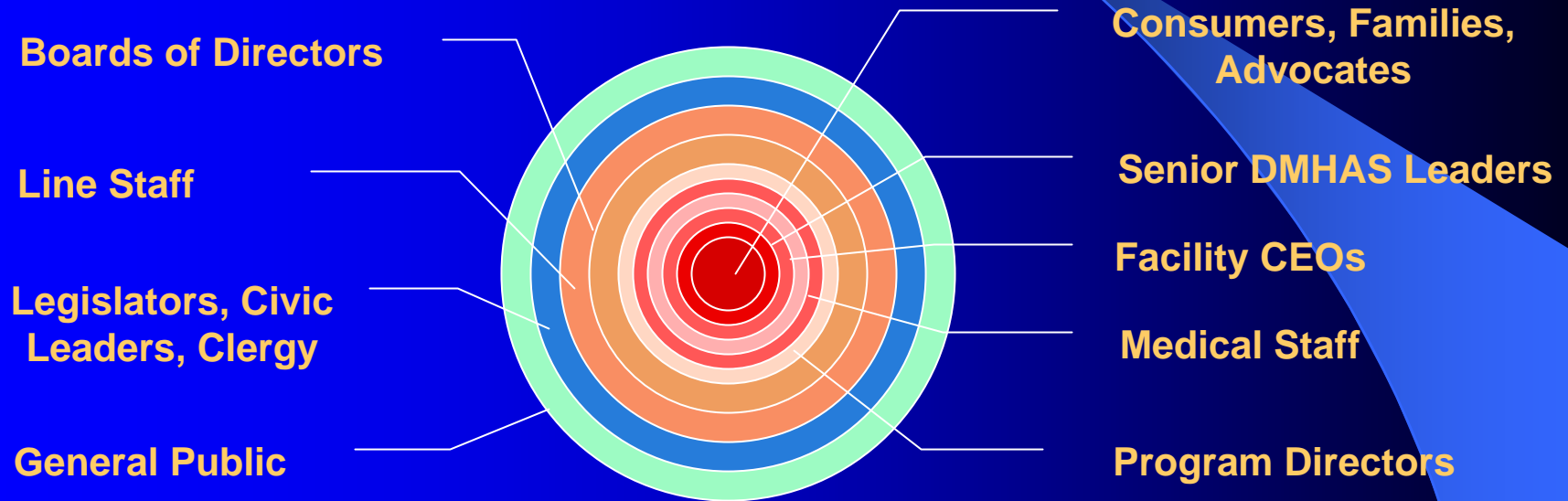
2 Develop Consensus

- 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

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

CT Implementation Process

Sample Research and Evaluation Efforts



Education, training and workforce development



Service Enhancement



Control and Participation



Laying the foundation



Anchors



CORE VALUES AS ARTICULATED BY RECOVERY COMMUNITY



**Practice Guidelines for
Recovery-Oriented
Behavioral Health Care**

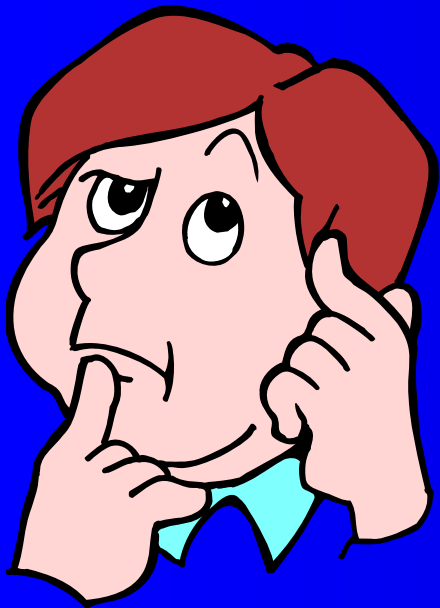
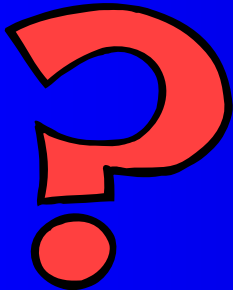


**Connecticut Department of
Mental Health and Addiction Services**



Why do we need Recovery “Practice Guidelines” ...

Don't we already do this??



- *“If everybody’s doing it, how come nothing is getting done??”*
Joe Marrone, ICI
- *“You keep talking about getting me in the ‘driver’s seat’ of my treatment and my life... when half the time I am not even in the damn car!”*
Person in Recovery
- **So, no, we don’t “already do this.”**
 - **Not according to consumer/survivors...**
 - **and not if you take a close look at concrete implementation strategies.**
 - **“old wine...new bottles”**

The Utility of Practice Guidelines

- Promote increasing accountability among providers and system as a whole
- Provide a road-map for trainees/providers who WANT to make changes, but are unsure which direction to move
 - Help prioritize state training & consultation objectives
 - Implications for range of HR protocols, e.g., hiring decisions
 - Educate consumers and families re: what they can/should expect from the system



Guidelines can be a useful road-map to guide desired change!

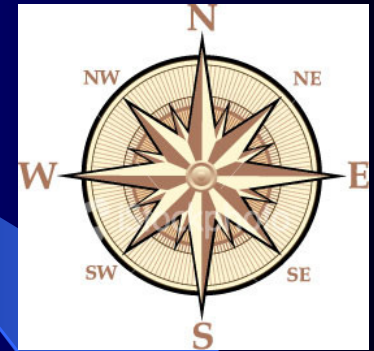
What does Recovery-Oriented Care look like in practice?

- 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

Recovery Practice Guidelines

Foundation

**Social
Inclusion**

**Self
Determination**



Sample Practice Guidelines Taking a Closer Look...

1 PRIMACY OF PARTICIPATION

An essential characteristic of recovery-oriented behavioral healthcare is the primacy it places on the participation of people in recovery and their loved ones in all aspects and phases of the care delivery process.

- You'll know you're doing it when...
- What you'll hear from people in recovery...
 - *You know, at first I thought, "What do I know or what could I possibly say at this meeting?" But then, I could tell that what I had to say made a difference. People were really listening to me. I finally got a place at the table!*

2 Promoting Access and Engagement

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





Sample Practice Guidelines Taking a Closer Look...

3 ENSURING CONTINUITY OF CARE:

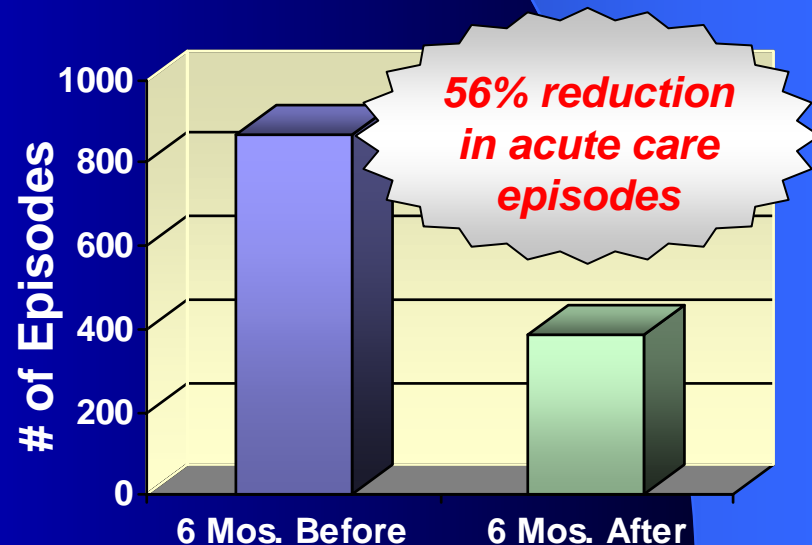
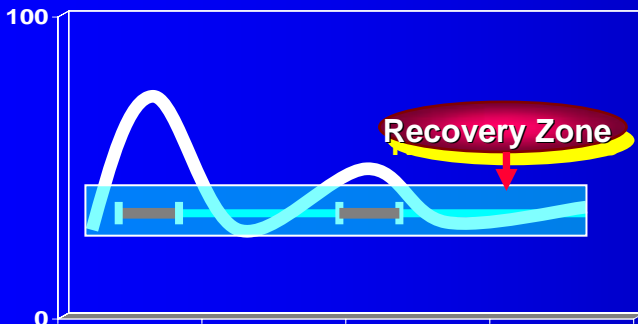
Treatment, rehabilitation, and support are not to be offered through serial episodes of disconnected care offered by different providers, but through a carefully crafted system of care that ensures continuity of the person's most significant healing relationships and supports over time and across episodes, programs, and agencies.

- You'll know you're doing it when...
- What you'll hear from people in recovery...
 - *They were there for me – no strings attached. I didn't walk through the door and get a whole bunch of expectations dumped on me.*

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





Sample Practice Guidelines

Taking a Closer Look...

EMPLOYING STRENGTHS-BASED ASSESSMENT:

Focusing solely on deficits in the absence of a thoughtful analysis of strengths disregards the most critical resources an individual has on which to build in his or her efforts to adapt to stressful situations, confront environmental challenges, improve his or her quality of life, and advance in his or her recovery.

- You'll know you're doing it when...
- What you'll hear from people in recovery...
 - *No one here treats me like a label. Just because I have schizophrenia, that doesn't tell you a whole lot. Folks here take the time to get to know lots of things about me, not just the things that go along with my diagnosis.*

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



Sample Practice Guidelines Taking a Closer Look...



INDIVIDUALIZED RECOVERY PLANNING:

Person-centered care and planning involves rethinking the traditional treatment process so that it is more responsive to consumers' expressed capacities, needs, desires, and rights to self-determination.

- You'll know you're doing it when...
- What you'll hear from people in recovery...
 - *I had been working on my recovery for years. Finally, it felt like I was also working on my LIFE!*



Many Paths to Recovery

Sample Practice Guidelines



6

Taking a Closer Look...

FUNCTIONING AS A RECOVERY GUIDE:

Rather than replacing any of the skills or clinical and rehabilitative expertise that professionals have obtained through their training and experience, the recovery guide model offers a useful framework in which these interventions and strategies can be framed as tools that the person can use in his or her own recovery.

- You'll know you're doing it when...
- What you'll hear from people in recovery...
 - *She believed in me, even when I didn't believe in myself. Hope was the biggest gift she could have given me... and it saved my life.*

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.

Sample Practice Guidelines



7

Taking a Closer Look...

IDENTIFYING AND ADDRESSING BARRIERS:

Organizational context issues unwittingly contribute to the creation and perpetuation of chronicity and dependency in individuals with behavioral health disorders.

- You'll know you're doing it when...
- What you'll hear from people in recovery...
 - *Half the time, I could barely tell that it was MY plan. It didn't reflect any of the things I had said were important. My new doctor explained to me how the insurance works. And then we worked on the plan together. It still wasn't perfect, but at least I kind of knew where he was coming from and that he really HAD heard what I was trying to say.*

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.

8 Community Mapping, Development, and Inclusion

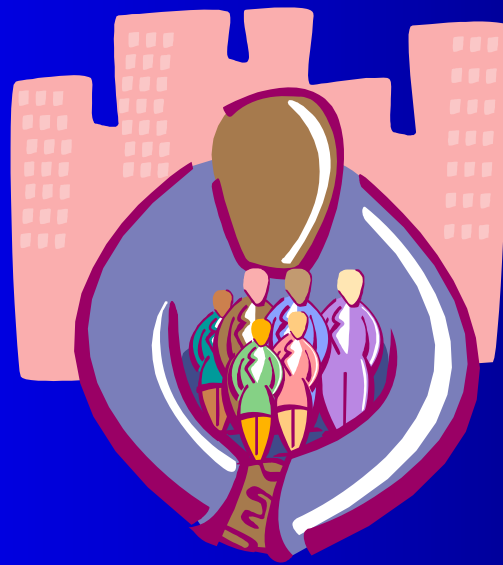
- Involve a participatory process of mapping the resources and capacities of a community as a means of identifying existing, but untapped or overlooked, resources and potentially hospitable places in which contributions of a person with a disability will be valued.



CAUTION A word of caution...



Building a life in the community is NOT a task that comes AFTER discharge. Rather, it must be an integral part of recovery-oriented, person directed care throughout the entire support process!!



Recovery Practice Guidelines



- www.dmhas.state.ct.us/documents/practiceguidelines.pdf

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



#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."

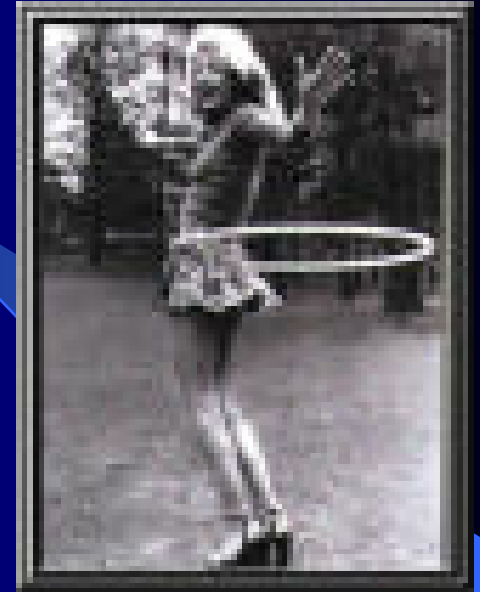
Strategy: Develop and implement models for recovery that allow for improved quality of life despite continued disability.

#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.