From Innovations to Practice: The promise and challenge of achieving recovery for all.

"Shifting to a Rehabilitation and Recovery Paradigm"
Cambridge, Massachusetts
April 14, 2008

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Who are we? - We're DMHAS

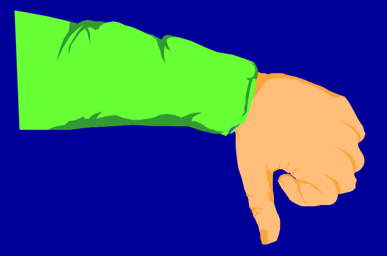
Department of Mental Health and Addiction Services
A Healthcare Services Agency

- 80,000 people in care annually
- 3,600 employees, two hospitals, 15 LMHAs (?!# - Our Language)
- $650 million/year operating expenses
- Contracts with 175 non-profit agencies
- Prevention (all ages)
- Treatment (age 18+)
- **RECOVERY IS OUR BUSINESS**

ESSENTIAL LEADERSHIP STRATEGIES FOR SUCCESSFUL TRANSFORMATION

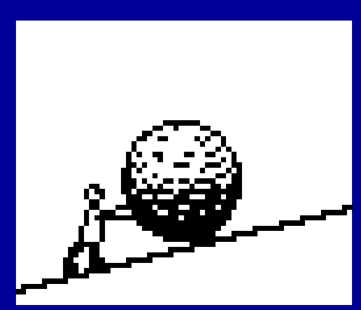
(John Kotter, Harvard Business Review, January 2007)

- 1. **Establish a Sense of Urgency**
- 2. Form a Powerful Guiding Coalition
- 3. Develop a Vision
- 4. Communicating the Vision
- 5. Empowering Others to Act on the Vision
- 6. Planning for/Creating Short Term Wins
- 7. Consolidating Improvements and Producing Still More Change
- 8. Institutionalize New Approaches



“a chronic, relapsing disease”

“severe persistent mental illness”



Doesn’t anybody ever get better?

Doesn’t Work…$ Drain

RECOVERY – THE THREE R'S

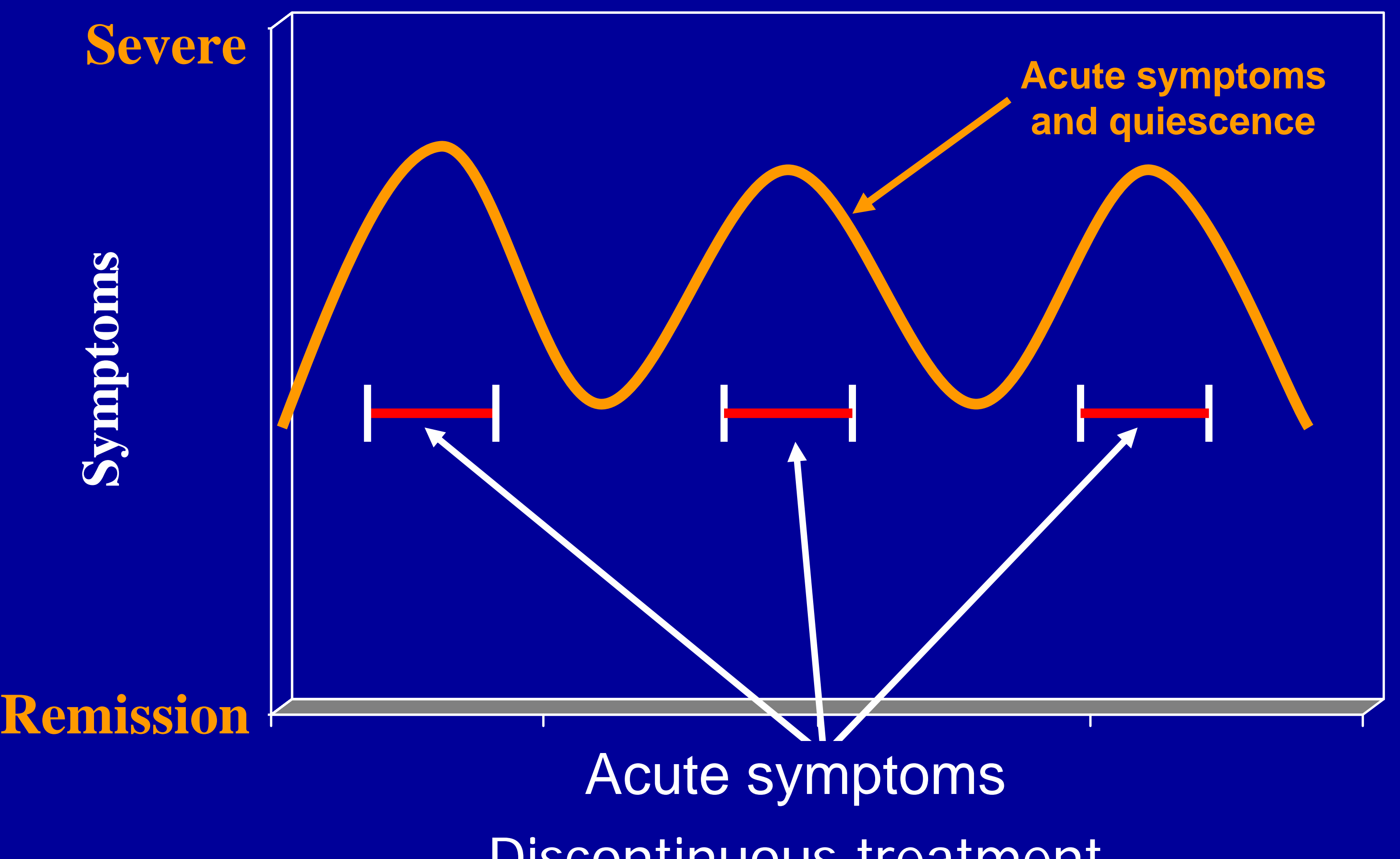
- RESPECT
- RESILIENCE
- RENEWAL

HEARD ALONG THE WAY

- “IF BEING DIAGNOSED AS BIPOLAR WASN’T BAD ENOUGH, THE STIGMA I FEEL COMING INTO THIS MENTAL HEALTH SYSTEM IS JUST OPPRESSIVE!!!”

(Comment of consumer at regional Town Hall Meeting, Torrington, Ct.)

The "natural history" of serious mental illness and (Too Often) Typical Service Response



Acute symptoms

Discontinuous treatment

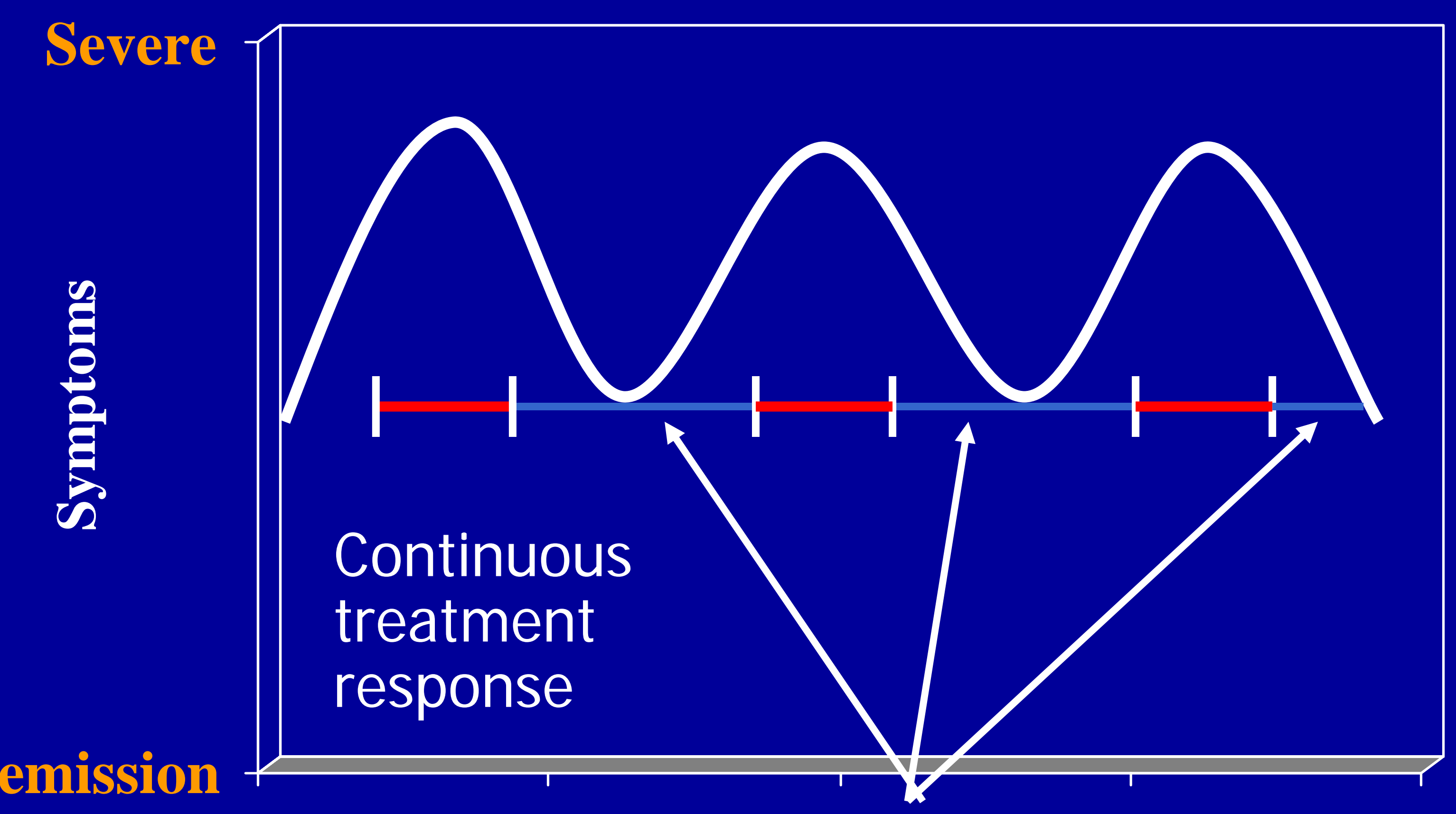
Crisis management

HEARD ALONG THE WAY

- "WHEN I BEGIN TO GET REALLY FUNCTIONAL, I LOSE THE SERVICES THAT I WAS GETTING THAT HELPED ME TO GET THERE"

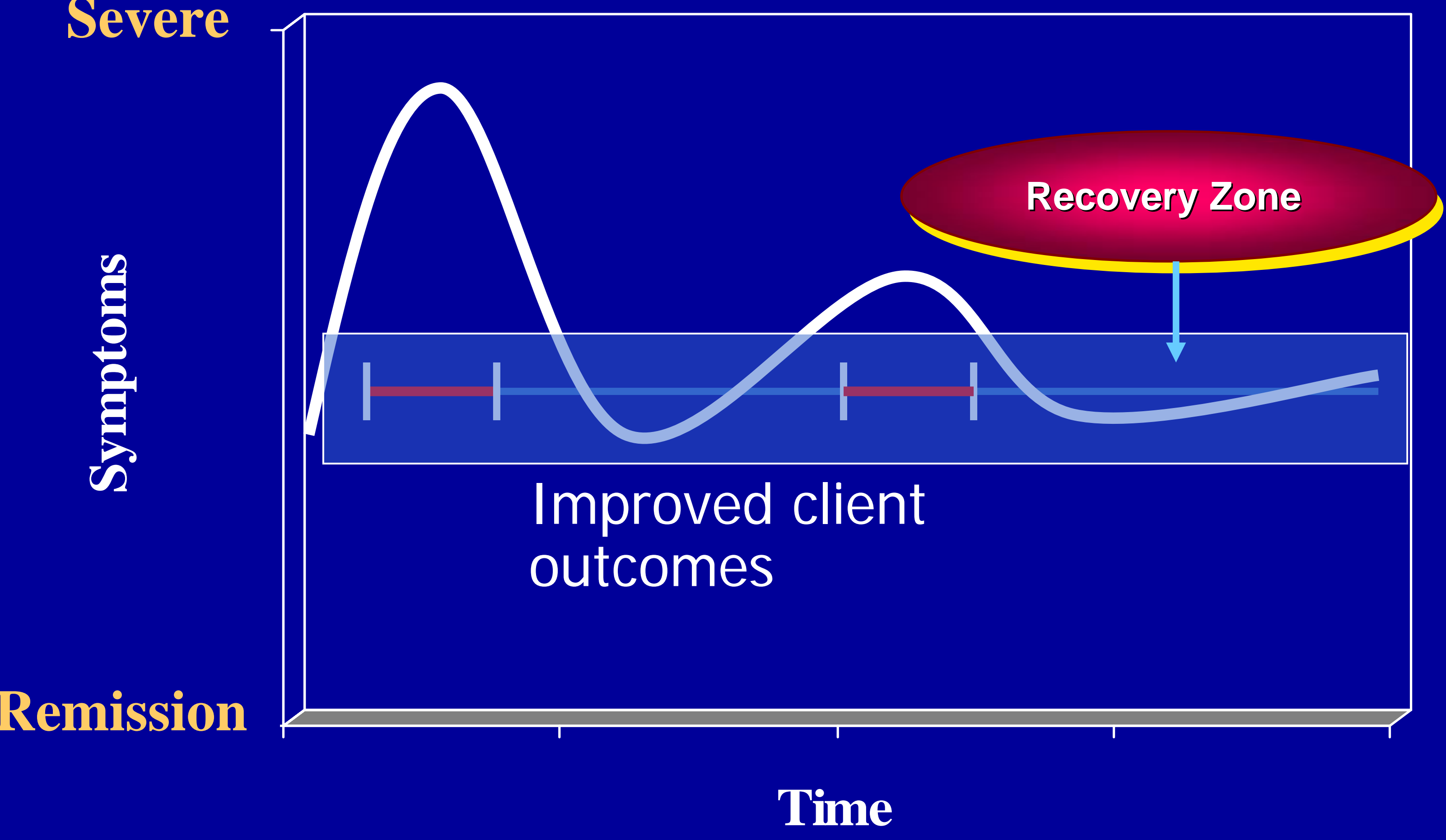
(From conversation with consumer in Waterbury, Ct.)

Recovery-oriented response



Promote Self Care, Rehabilitation

Helping People Move into Recovery Zone



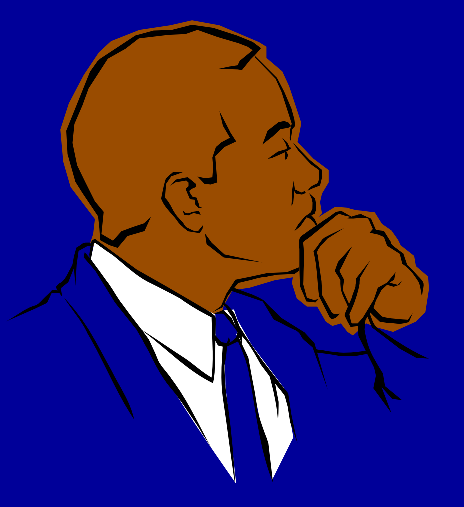
Mental Illness and Health Disparities

- People with mental illness :
- More likely to have other physical illnesses
- Shorter life expectancy
- Higher suicide rates
- Less access to healthcare
- Poorer quality care

Quality – The Driving Force in Creating a Recovery-Oriented System of Services

Increased attention to:

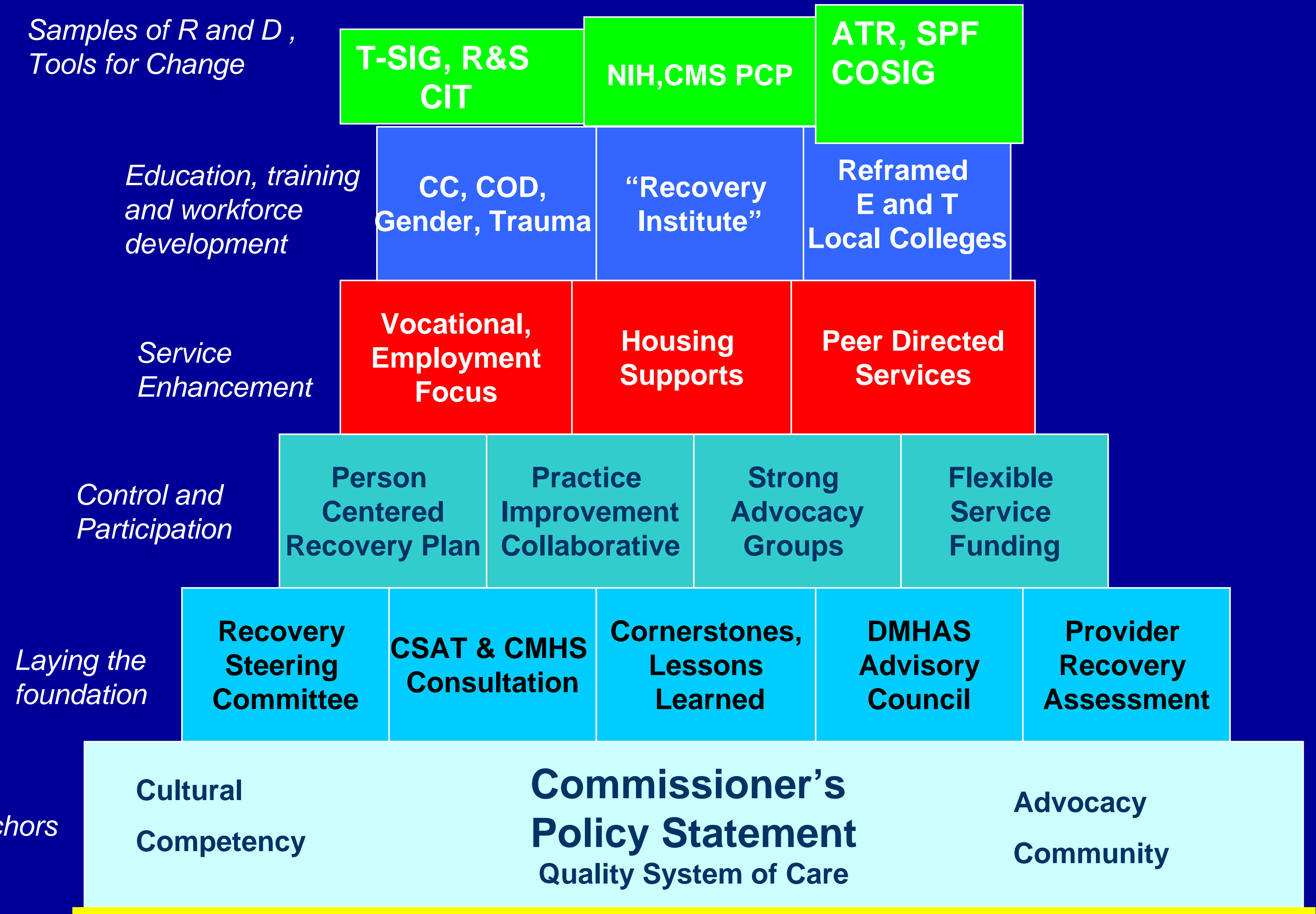
- gender
- culture
- trauma
- co-occurring disorders



Why?

To improve the effectiveness of care.

CT Implementation Process



Commissioner's Policy #83:
Promoting a Recovery-Oriented Service System (2002)

- Recovery – Guiding principle and operational framework
- Recovery – a process not an event
- Address needs over time and across levels of disability
- Identify and build on one's strengths and areas of health
- Encourage hope and emphasize respect

POLICY CONTINUED

- "Embed the language, spirit and culture of recovery throughout the system of services, in our interactions with one another and with those persons and families who entrust us with their care"
- Being Reviewed and Updated by Multi-stakeholder group, Due June 2008

Setting the Tone Through Policy

- Commissioner's Policy Statement #33, Individualized Recovery Planning, March 27, 2007
  - *…The Plan of care shall be developed in collaboration with the person… with provisions to ensure that they have the opportunity to play an active, meaningful role in the decision-making process.*
  - *…Focusing solely on deficits in the absence of a thoughtful analysis of strengths leads to disregarding the most critical resources an individual has on which to build on his or her efforts to… advance in his or her unique recovery journey.*
  - *…The primary focus of recovery planning is on what services the person desires and needs in order to establish and maintain a healthy and safe life in the community…Given this community focus, one tool required is an adequate knowledge of the person's local community and its opportunities, resources, and potential barriers.*

Recovery, Recovery-Oriented System = Continuing Care Model

MAJOR IMPLICATIONS FOR:

- SERVICE CONTENT
- SERVICE DELIVERY, OVERSIGHT AND ORGANIZATIONAL STRUCTURE
- PERFORMANCE MEASURES AND OUTCOMES
- FINANCING STRATEGIES
- bu0408ctdmhas

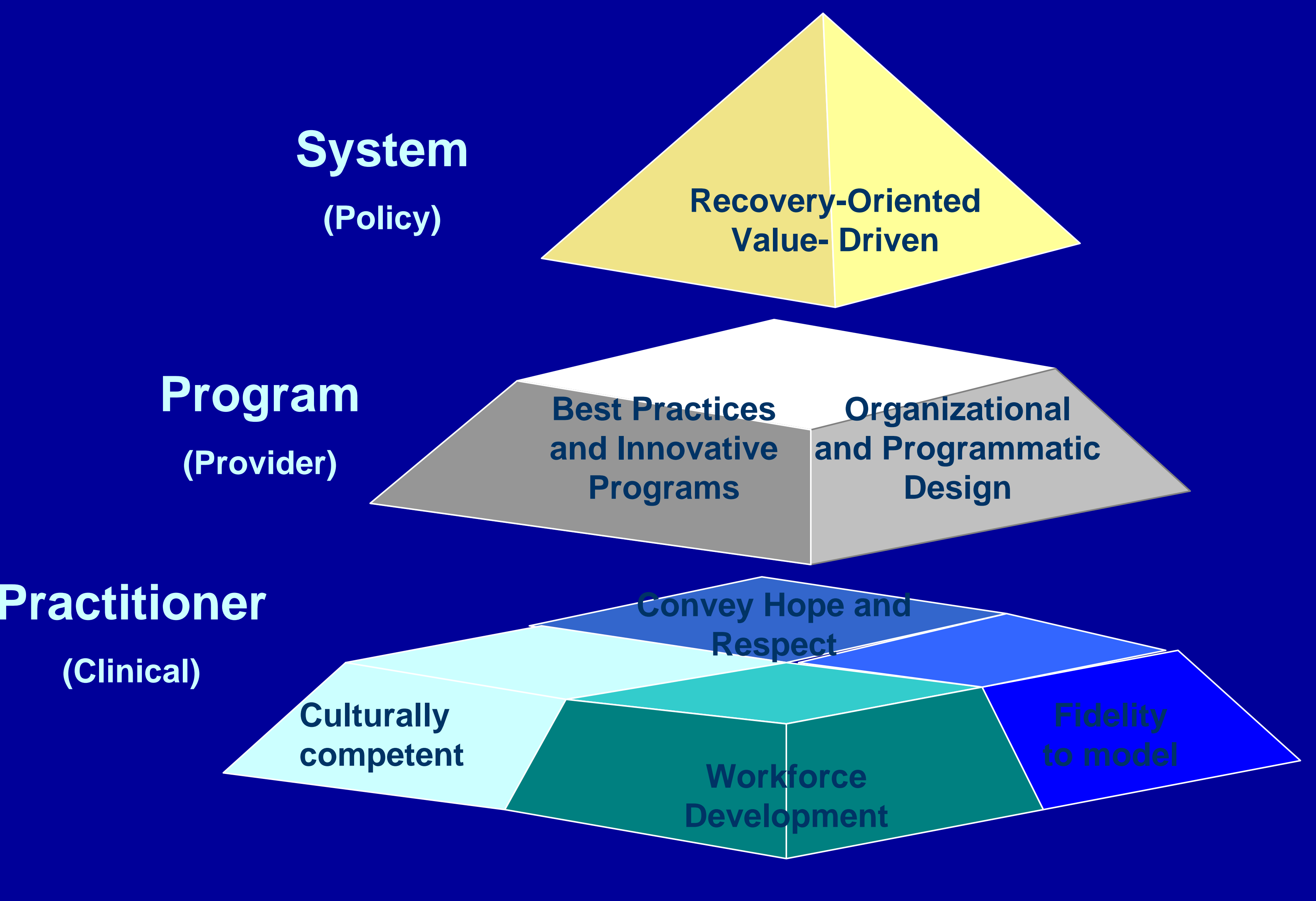
$$\text{VALUE} = \frac{\text{QUALITY}}{\text{COST}}$$

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

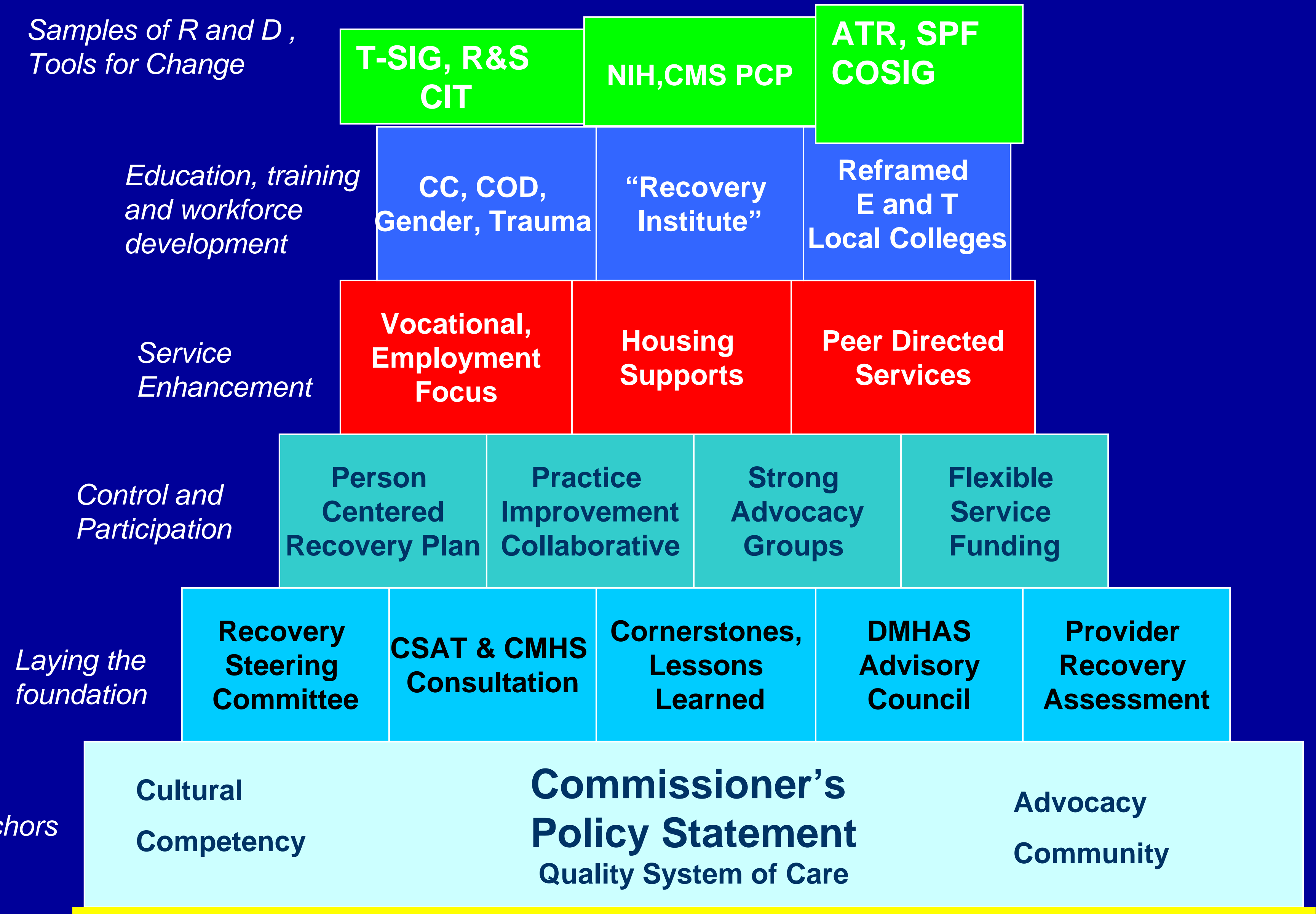
How do you get there???

Challenge and Opportunity

- SUCCESSFUL INITIATIVES HAVE A 1000 FATHERS AND MOTHERS.
- FAILED INITIATIVES ARE ORPHANS…
- OUR JOURNEY TO A RECOVERY-ORIENTED AND TRANSFORMED SERVICE SYSTEM HAS TO HAVE MANY, MANY PARENTS (so that)
- "WHEN PEOPLE LEAD, THEIR LEADERS WILL FOLLOW."


System
(Policy)
Recovery-Oriented
Value- Driven
Program
(Provider)
Best Practices
and Innovative
Programs
Organizational
and Programmatic
Design
Practitioner
(Clinical)
Convey Hope and
Respect
Culturally
competent
Fidelity
to model
Workforce
Development

CT Implementation Process



Journey Continues – Sample Tools

- Technology: "Automated Recovery Plan"
  Recovery Management System
- New or Updated Policies:
- Cultural Competence (2006)
  Co-Occurring Disorders (2007)
  Individualized Recovery Planning (2007)
  Recovery -Oriented Service System (2002, 2008)
  Recovery Values and Principles (2000, 2008)
- Practice Improvement Collaborative Initiatives:
  Womens' Services, Employment

Recovery Core Values

Participation

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

Funding-Operations

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

Programming

Individually tailored care
Culturally competent care
Staff know resources

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

"STARSHIP DMHAS"

HEARD ALONG THE WAY

"I DON'T ***DO*** RECOVERY"

DMHAS, THE EVIL EMPIRE

Systems Change & What Works:

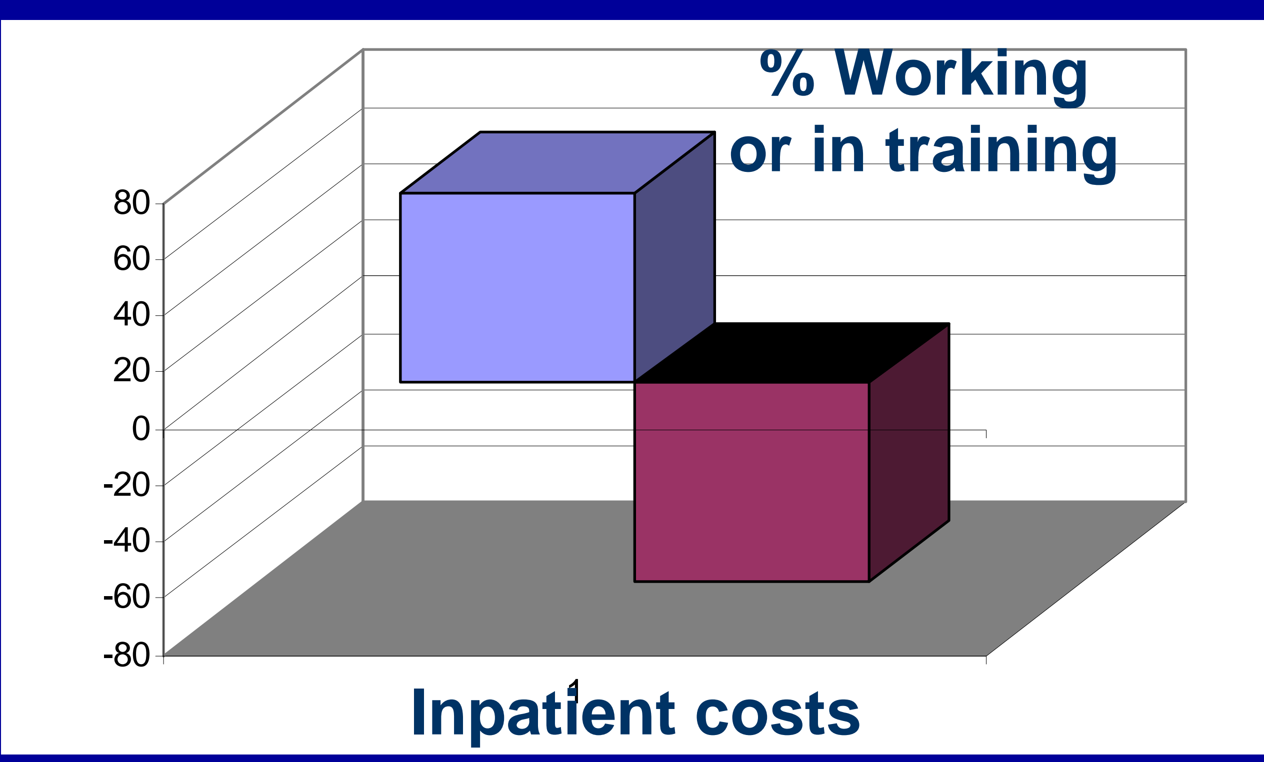
Lessons Learned

1. *Emphasizing community life and natural supports*
2. *Recognizing that people in recovery have valuable and useful contributions to make*
3. *Using multiple forms of "evidence" to guide policy*
4. *Using a combination of approaches to address cultural needs and elimination of health disparities*
5. *Establishing clear service expectations for providers and monitoring outcomes*
6. *Using "Practice Management Tools"adapted from the private sector to improve outcomes for people using public sector services*

Lesson 1

Focus on community life and natural supports – Example 1: Supported Housing and Employment

More people working, less inpatient costs

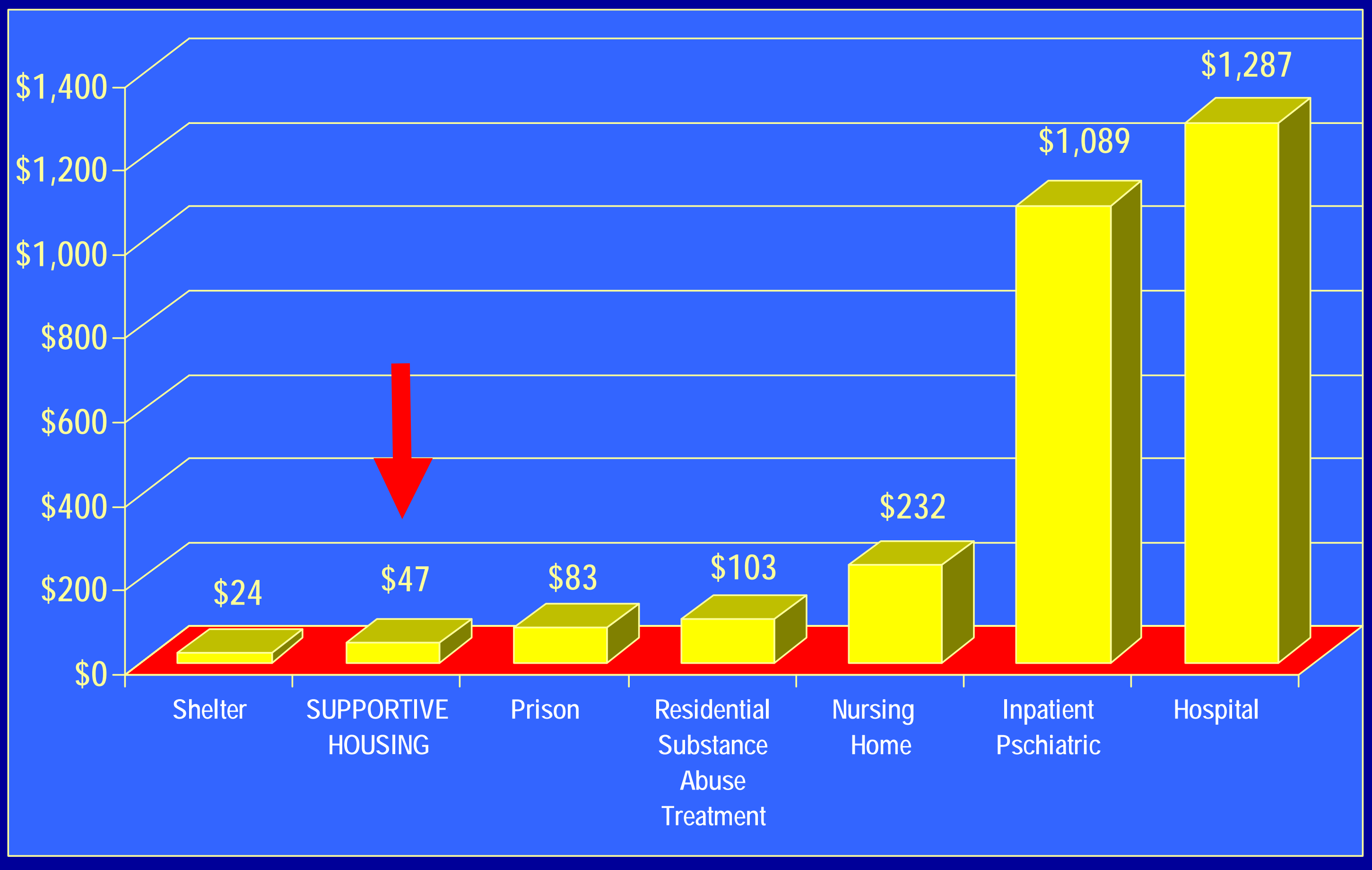


DMHAS established new supportive housing units for over 550 people with psychiatric or substance use disorders. Over 60% of these people are now working or in training, and their inpatient costs have decreased 70%.

Based on a Corporation for Supportive Housing study, these supportive housing units are projected to generate over $140 million in direct and indirect economic benefits for the state.

Supportive Housing Costs

Cost of Supportive Housing in Connecticut compared to alternative forms of care used by homeless people with behavioral health needs



Cost - per day per person

Manuscript available for download at:
www.**dmhas**.state.ct.us/documents/**practiceguidelines**.pdf

TOOLS AND RESOURCES

Practice Guidelines for Recovery-Oriented Behavioral Health Care

Connecticut Department of
Mental Health and Addiction Services

Practice Guidelines 2006 Edition

Domains

1. Primacy of Participation
2. Promoting Access and Engagement
3. Ensuring Continuity of Care
4. Employing Strengths-Based Assessment
5. Offering Individualized Recovery Plan
6. Functioning as Recovery Guide
7. Community Mapping, Development, and Inclusion
8. Identifying and Addressing Barriers to Recovery

http://www.dmhas.state.ct.us/document/pacticeguidelines.pdf

The Utility of Practice Guidelines

- Promote increasing accountability among providers and system as a whole (*You'll know you're doing it when…*)
- Provide a road-map for trainees/providers who WANT to make changes, but they feel un/under-prepared
- Assist in prioritizing state training & consultation objectives
- Educate consumers and families re: what they can/should expect from supporters and the system at large

Guidelines can be a useful blueprint for desired change!

Lesson 6/7

Necessity of Clear Expectations and Guidelines

- Provider Recovery Self-Assessment
- Annual Plan, Review and Approval
- Consumer survey
- Contract language and outcomes
- Recovery-oriented performance measures
- Recovery-Oriented Practice Guidelines
- Eligibility for RFPs
- Special Recognition & one time $ awards

JOURNEY CONTINUES- SAMPLE TOOLS (Cont'd)

- Practice Guidelines for Recovery-Oriented Behavioral Healthcare (2006), 2nd Edition May/June 2008

A. **Incorporates standards and policies developed for Cultural Competency, Co-Occurring Disorders, Practice Improvement Collaboratives, and Trauma**

WHY? Help to "connect the dots"

B. **Meshes Original 8 Practice Domains with Six Aims of IOM Quality Chasm Series to create 6 Domains.**

WHY? Better utility for potential performance and outcome measures

C. Differentiates guidelines at System/Agency, Provider/Person in Recovery levels

D. Includes "case study" examples of how it would look in actual practice

Practice Guidelines for Recovery-Oriented Behavioral Healthcare, 2nd Edition May/June 2008

Practice Guidelines Domains

Recovery Oriented Care is:

- Person and family driven
- Timely and responsive
- Person-centered
- Effective, efficient and equitable
- Trustworthy and safe
- Maximizes use of natural supports and recovery

FINANCING STRATEGIES

- "SAVINGS REINVESTMENT"- Use "acute care savings" from existing Fee for Service funding to support new services or levels of care, e.g. Recovery Houses, Recovery Checkups, Peers/Recovery Coaches
- EXTERNAL, FEDERAL AND OTHER GRANTS – Funds "research and development." Use lessons learned and funds to reframe existing funding allocations & services
- "REBIDDING" OF EXISTING SERVICE FUNDS – Why? Modify and improve how existing services are provided and funded. NOT to cut overall costs.

FINANCING STRATEGIES (Cont'd.)

- "Bundled Service Rates" – Currently under study based on analyses of years of service data and outcomes for overall system and individuals in care.
- New state funding capitalizing on "brand recognition," needs data, and "Business Plan"
- Funding Partnerships – criminal justice and child welfare systems, academic communities
- Rate of Growth Controls - Capitalize on success in controlling growth of expenditures yet with more services, people served, lower overall costs/person, and more persons in "Recovery Zone."

FINANCING STRATEGIES (Cont'd.)

"Value Index" = Quality/Cost

- Under study for utility in modifying fee for service or grant rates for individual services or for "bundled service/rate" packages.
- Tie the above to the Practice Guidelines/IOM Aims of High Quality Care

PEER RELATED SERVICES

– A WIDE BAND OF RATHER TRADITIONAL AND NEWER SERVICES, INCLUDING PEER RUN BUSINESSES

Problems Along The Way

- Day to day operations
- Operations vs. Design/Development
- Hit the Wall
- Change Agents
- Advocacy…Chasing Windmills
- Too Complicated
- Project Du Jour
- Buy – in…a little bit pregnant
- Staff – never asked me
- Who made you champion?

Many Paths to Recovery

Factors Influencing Quality and Outcomes in Recovery

CHALLENGES/OPPORTUNITIES

- It is a journey, a marathon…not an event
- Evidence based practices or evidenced based service delivery SYSTEM?
- Who is the person, the consumer?
- Crises lead back to “bricks and mortar?”
- Effects of difficult economy?
- Housing, housing, housing

CHALLENGES/OPPORTUNITIES

- Internal licensing and regulatory issues
- New partnerships for employment, economic development, community asset mapping
- Wellness rather than disease and disability
- A larger “choir” for the field
- Our field is truly *relevant*
- *People are respected, have hope, recovery, renewed lives*

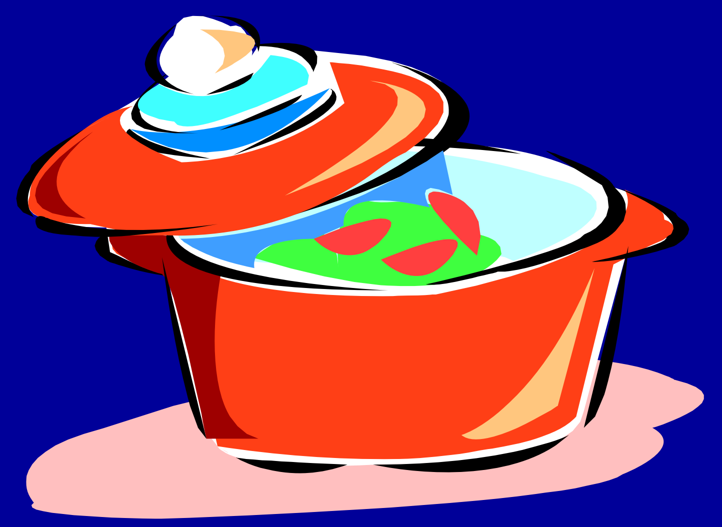
Traveling the Transformation Highway

THE VISION

Healthy People, Healthy Communities… Let's Make It Happen!

Overall health, economic opportunity, and full quality of life across the lifespan in support of the hopes, strengths and goals of every person, family and community.

"THANK YOU FOR THE CASSEROLE"



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Thank You