Recovery-Oriented Care:
Connecticut State Agency, Service Provider and Recovery Community Perspectives

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August 21, 2008

Connecticut Department of Mental Health and Addiction Services
Healthy People, Healthy Communities

Goals of Session

Recovery-Oriented System of Care (ROSC)

- Why do “It?” What is “It?” How do you create “It?”
- Benefits of ROSC – Person, Provider, Funder?
- Policies to advance recovery orientation
- Challenges to a fully functioning ROSC
- Opportunities – where do we go from here?

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Healthy People, Healthy Communities

We are a healthcare service agency.

Promote health **through prevention and early intervention services.**

Recover and sustain health **through treatment and recovery support services.**

Need to broaden and strengthen our system of prevention, early intervention and treatment services.

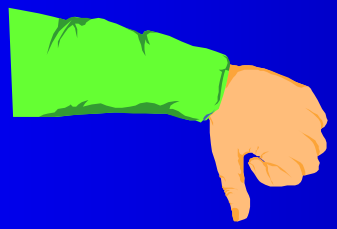
Why Move SYSTEM to Recovery-Oriented Model?

- **System-perpetuated stigma**
- **Acute care service is often wrong model**
- **Disproportionate funding allocations**
- **“Customers” vote with their feet**
- **Less than meaningful outcome measures**
- **Weak message to funder & policy makers**
- **Perception that “System” is irrelevant and/or doesn’t work in larger context**

Does Anybody Ever Get Better?

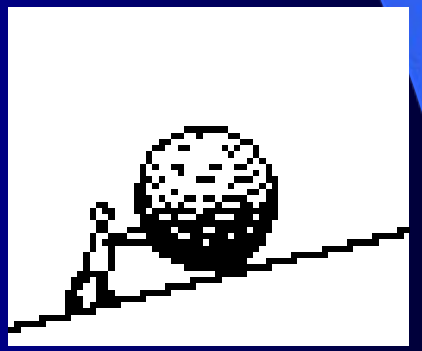
What message are we conveying?

"addicts"



"a chronic, relapsing disease"

"severe persistent mental illness"



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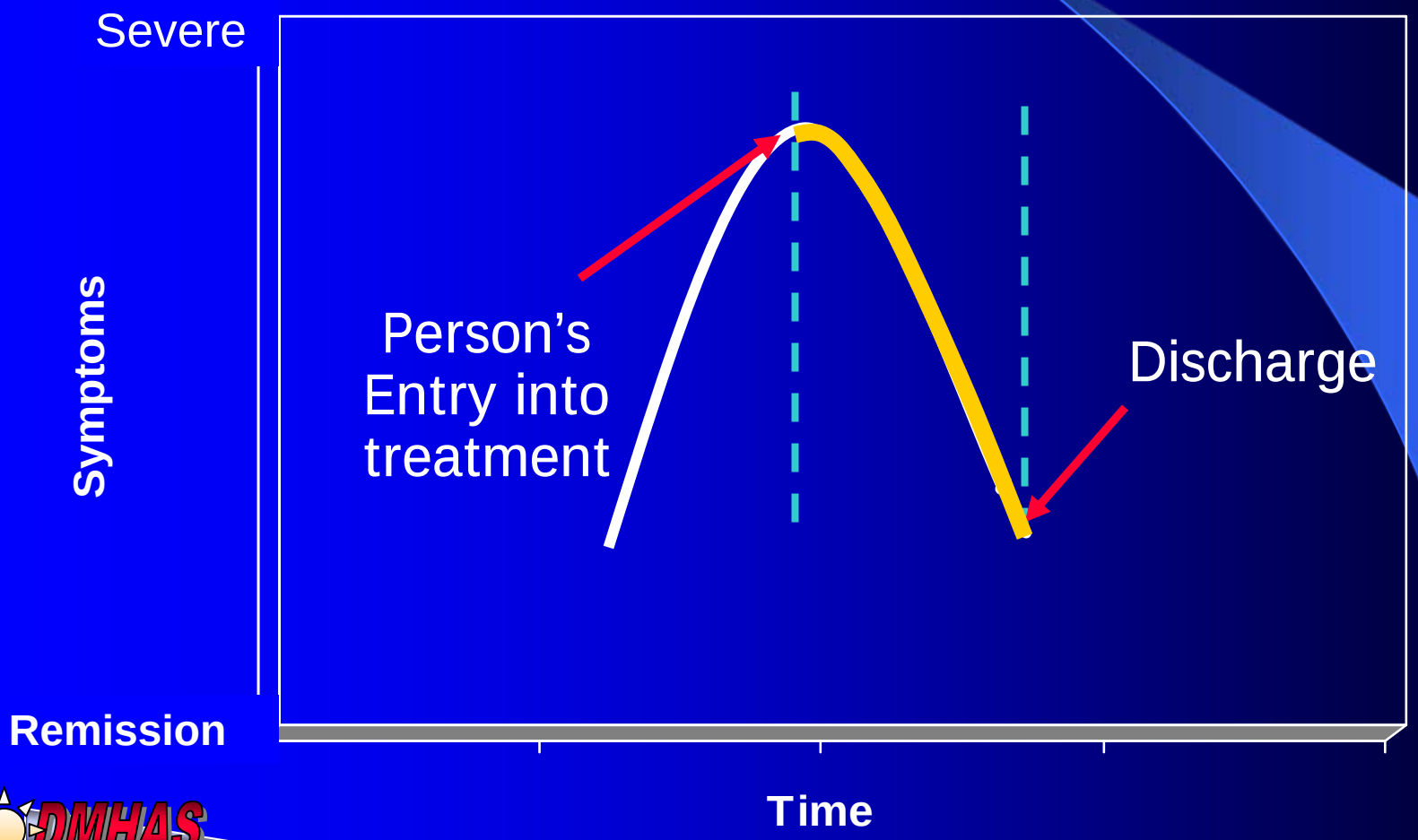
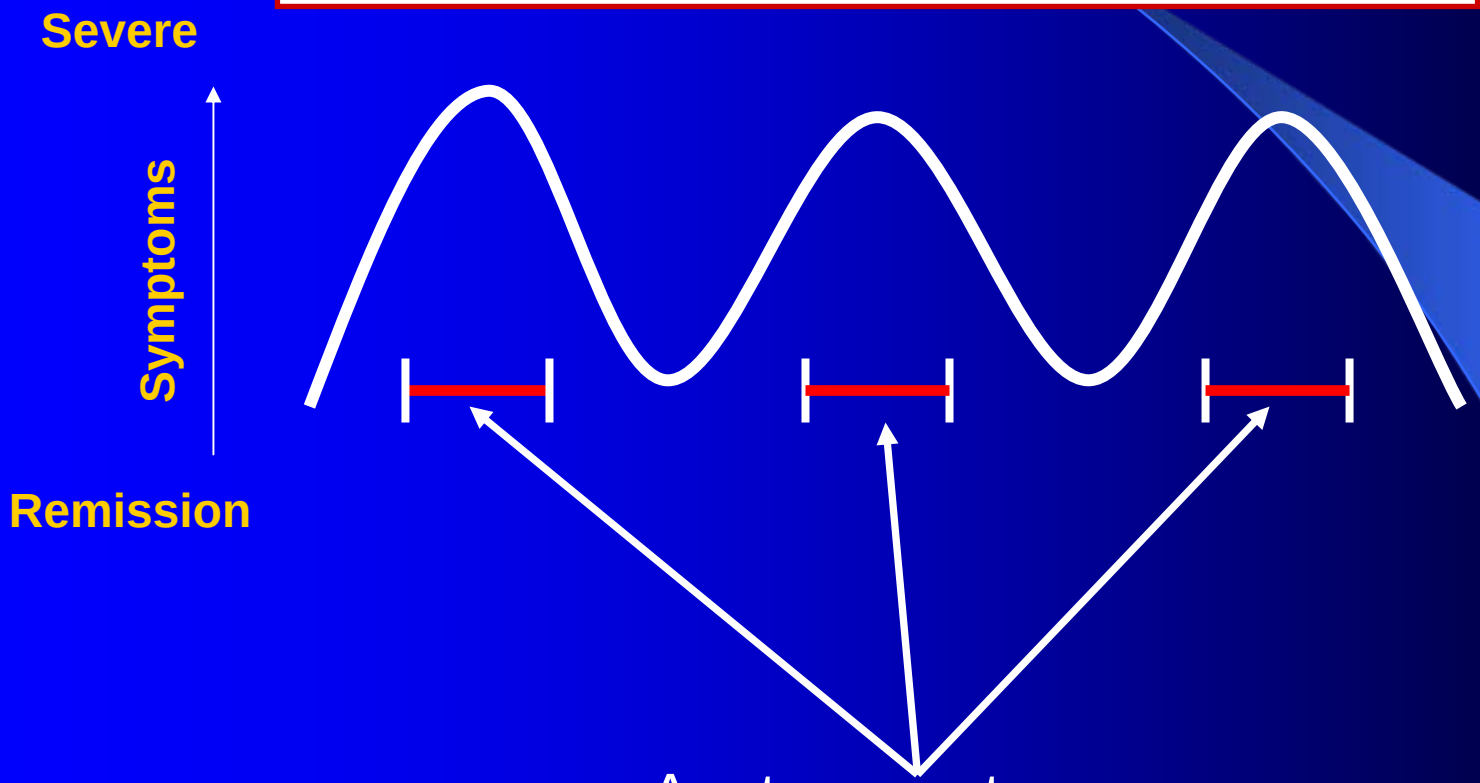
Traditional approach to Substance Use Treatment



Cyclical and Recurrent

Traditional Approach to Care

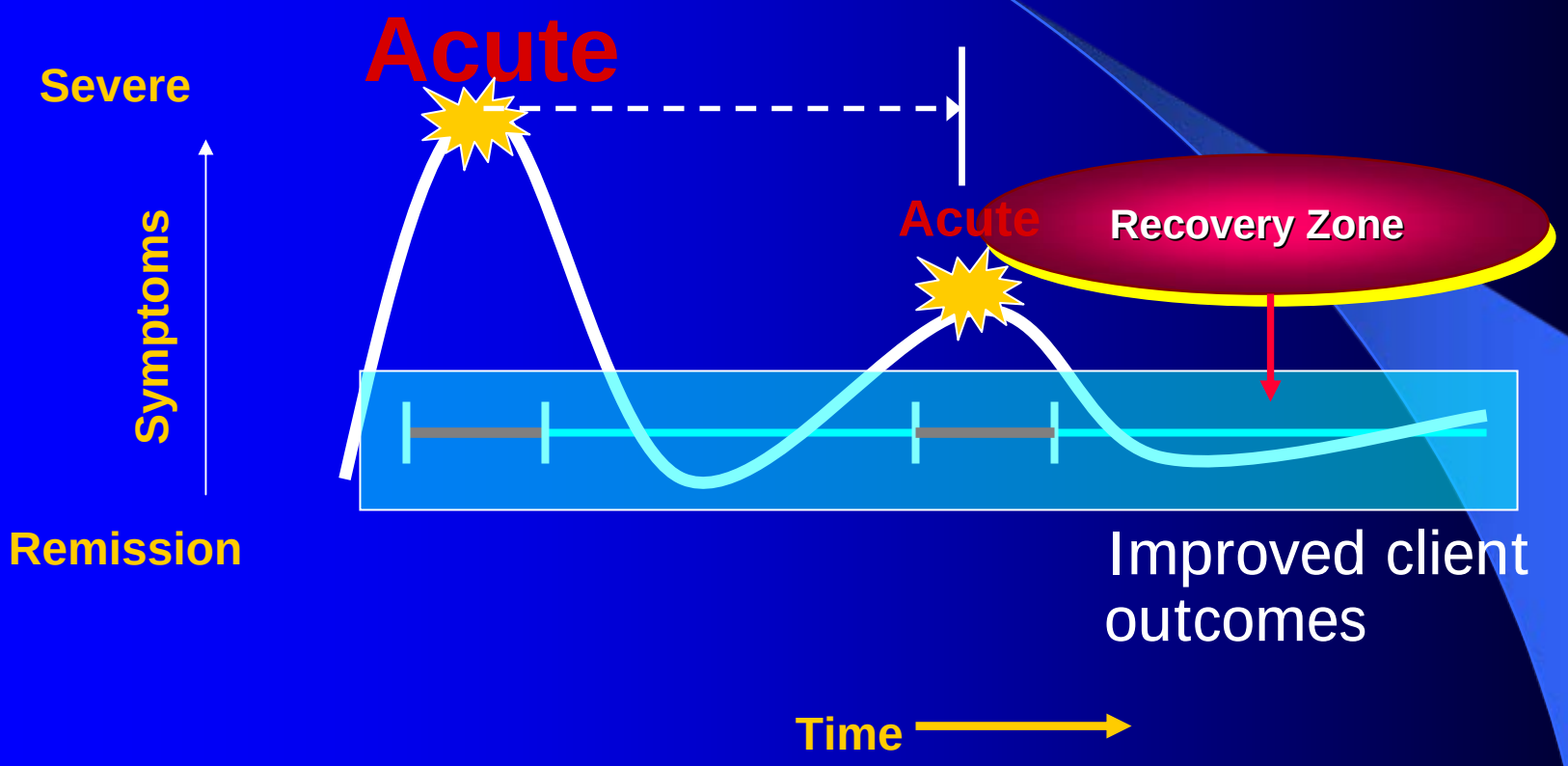


Acute symptoms

Discontinuous treatment

Crisis management

Goal: Helping People Move into Recovery Zone



Many Paths to Recovery

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Take What You Need and Leave the Rest

- Don’t keep such an open mind that your brains fall out
- Recovery is a process of thawing out frozen feelings
- An alcoholic is an egomaniac with an inferiority complex
- Turn scars into stars
- Bring the body and the mind will follow
- Change your playmates, playthings and playgrounds
- Tragedy plus time equals humor
- Honesty without compassion is brutality
- Feed your faith, starve your fear

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"

"Looking forward to life"

"Being seen as a whole person"

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What Is Recovery?

REFERS TO THE WAYS IN WHICH A PERSON WITH A SUBSTANCE USE DISORDER AND/OR MENTAL ILLNESS

EXPERIENCES AND MANAGES HIS/HER CONDITION(S)

RECLAIMS OR
REBUILDS A LIFE IN THE COMMUNITY

RESTORES SELF-ESTEEM,
POSITIVE IDENTITY, A MEANINGFUL ROLE IN SOCIETY, AND TO THE MAXIMUM EXTENT POSSIBLE, INDEPENDENT LIVING

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Recovery Oriented System of Care?

- Tools a person can choose to:
  - get into and stay in the recovery zone
  - build Recovery Capital
- Tools the funder financially supports and evaluates
- Tools the service provider offers in his/her service menu
- Tools that give back

Sample System Change Tools

- Policies – **Recovery, Individualized Recovery Planning & COD**
- Values – **Recovery Community Core Values**
- Infrastructure – **Data system, "Automated Recovery Plan", Home-grown Public Sector Managed Care Approach, Steering Committees**
- Practice Requirements/Guides – **Provider Annual Recovery Assessment & Plan, Recovery-Oriented Practice Guidelines, Contract Language**
- Outcomes – **"Pilot" Measures, Consumer Survey**
- Finance Strategy – **Savings and Reinvest Model**

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Setting the Tone Through Policy

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

- Provides recovery vision for the system
- Establishes recovery and quality as overarching system goals
- Recovery – a process, not an event
- Emphasizes person centered, strength approach
- Guides policy and planning efforts
- Encourages hope and emphasizes respect
- Highlights importance of meaningful community membership

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Setting the Tone Through Policy

Commissioner's Policy # 84:

" Serving People with Co-Occurring Mental Health and Substance Use Disorders"

- Support DMHAS' overarching goal of promoting and achieving a quality-focused, culturally responsive, and recovery-oriented system of care
- Communicate expectations: Improve processes of care and outcomes for people with co-occurring disorders
- Implement advances in research and practice related to co-occurring disorders (close the science-to-service gap)
- Transform DMHAS' system of care

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.*

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Recovery Community Core Values

(Developed by CCAR and Advocacy Unlimited in 1999)

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 Consumer-Operated services
- Participation on decision-making bodies
- Financial support for consumer involvement

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Recovery Community Core Values

(Developed by CCAR and Advocacy Unlimited in 1999)

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

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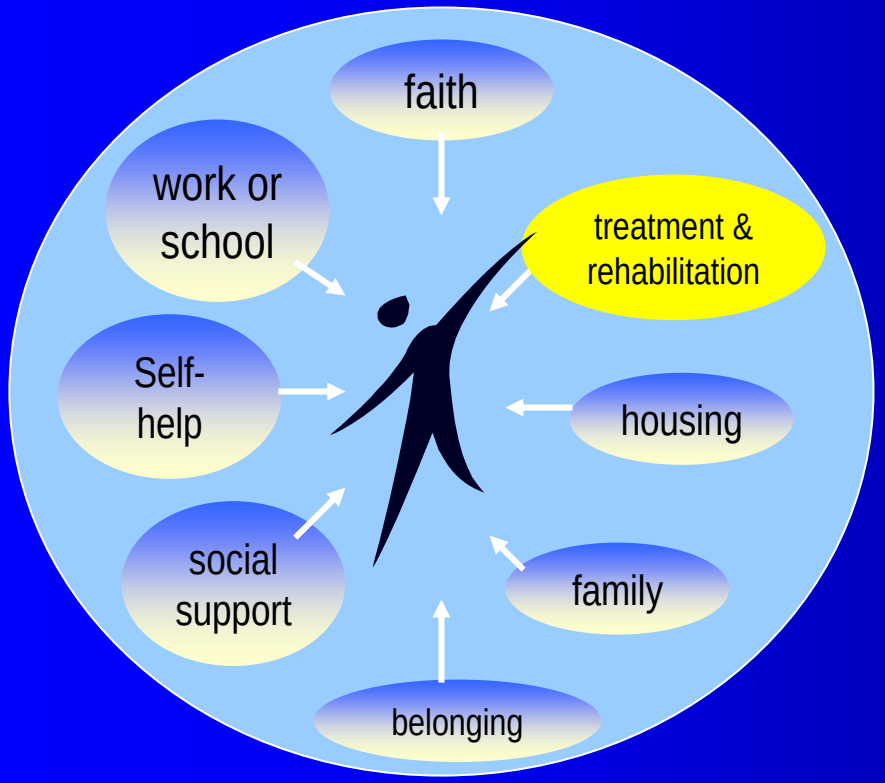
The pursuit of meaningful community life must be at the heart of the care and planning process throughout!



- A *person-centered* system of care supports the person's efforts in managing his or her condition *<u>while</u>* s/he is regaining or establishing a whole life and a meaningful sense of membership in the broader community.
- "WHILE" not "AFTER"!

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Necessity of Clear Expectations, Practice Requirements and Guidelines

- Provider Recovery Self-Assessment
- Consumer survey and language required by contracts
- Recovery-oriented performance measures
- Recovery-Oriented Practice Guidelines

- Primacy of participation
- Promoting Access and engagement
- Ensuring Continuity of care
- Employing Strength-based assessments
- Community mapping and development
- Identifying and addressing barriers to recovery
- Functioning as a recovery guide
- **Offering Individualized recovery planning**

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Sample Specialized Continuing Care, Long Term Recovery Management Service System Outcome Measures

- **Overall Rate of Growth of Costs**
- **Percent of total costs for each Level of Care (LOC)**
- **Access, Retention and Drop out indices**
- **Percent of Total Client Admissions into Each LOC**
- **Percent of First Time Admissions within Existing System Capacity**
- **Pre/Post Recovery Support Service Cost and Service Comparisons**
- **Rate of Connecting to Lower Level of Care (LOC) – 7, 14, 30, 90 days from acute care episode**
- **Rate of Readmissions – to Same or a Higher Level of Acute Care within "x" Days of Discharge from a Detox, Inpatient or Acute Care Service**
- **Consumer Survey Results: Access, Appropriateness, General Satisfaction, Outcomes, Recovery, Participation in Tx, Respect**

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Financing Strategies

- **"SAVINGS REINVESTMENT"- Use "acute care savings" from existing Fee for Service funding for new admissions into existing service capacity, support new clinical levels of care, e.g., intensive outpatient co-occurring care or for recovery support services, e.g. Recovery Houses, Recovery Checkups, Peer Coaches**
- **EXTERNAL, FEDERAL AND OTHER GRANTS – Funds "research and development." Use lessons learned and funds to reframe existing funding allocations & services**
- **FUNDING PARTNERSHIPS – criminal justice and child welfare systems, private non-profits, academic communities, person in recovery community**

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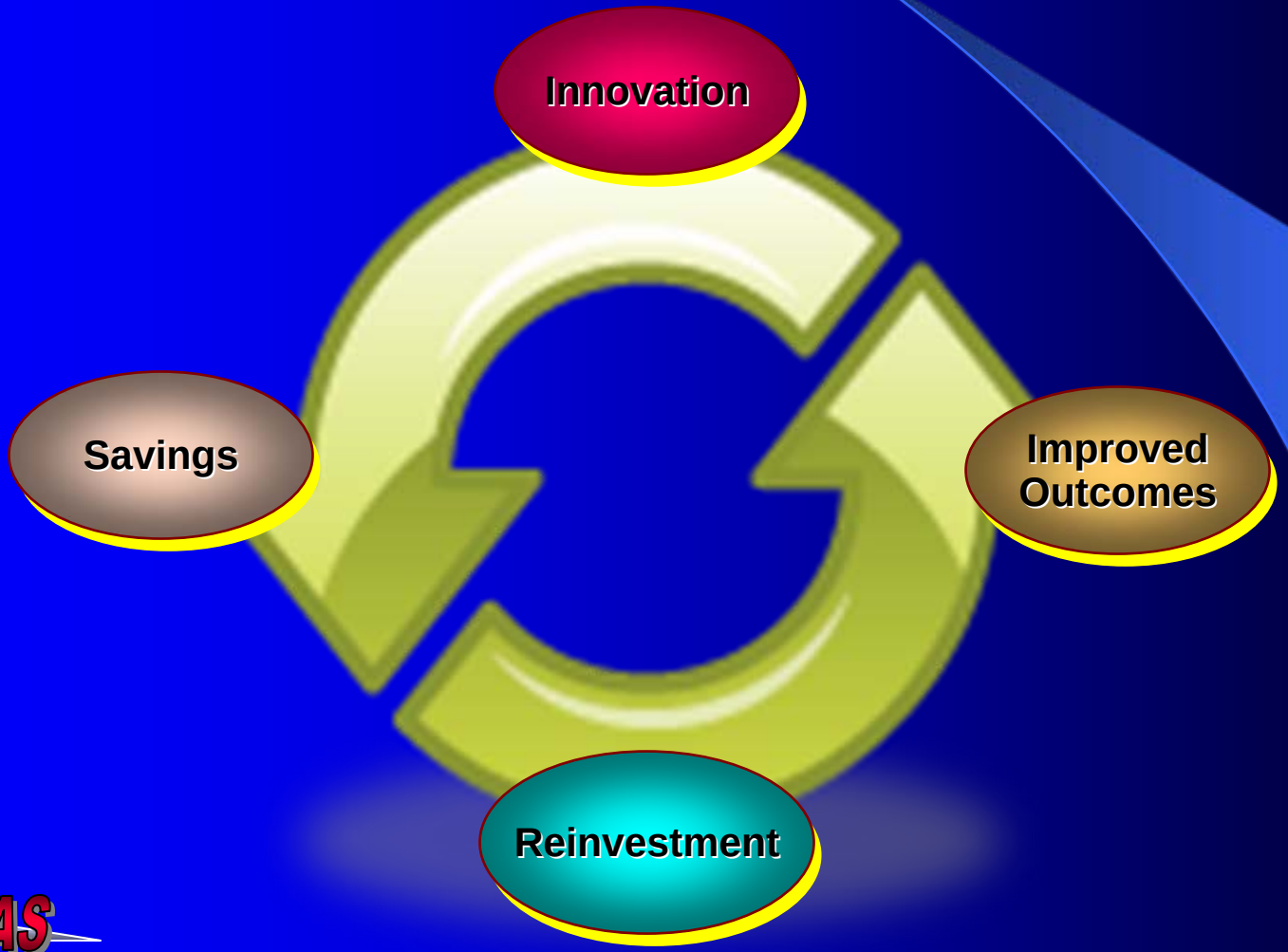
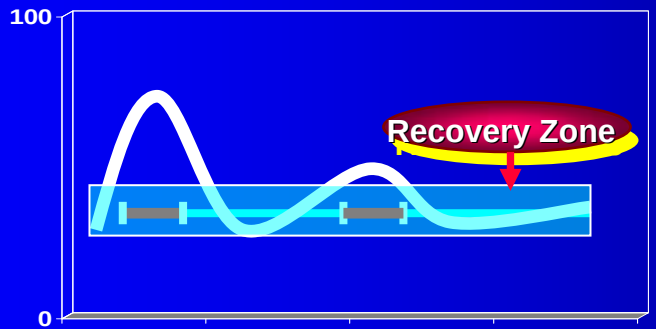
Reinvestment, System Enhancement Cycle

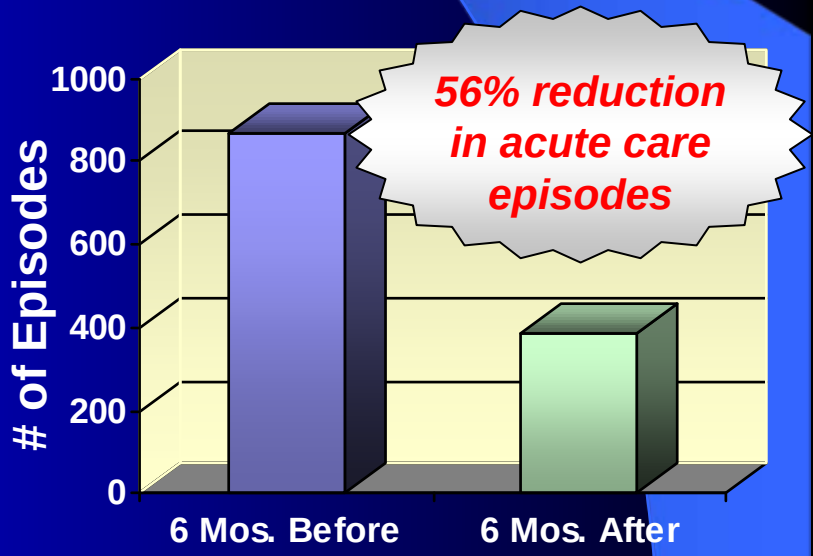


Specialized Intensive Supports

General Assistance – Intensive Case Management (GA-ICM)

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





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Value-driven Strategy – Improved Care, Better Value
OATP 4/01 – now (2000+ cases)

ADVANCED BEHAVIORAL HEALTH

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Department of Mental Health and Addiction Services
A Healthcare Service Agency

OATP
(Opioid Agonist Treatment Protocol)

Connecticut's program of alternative treatment opportunities for opiate-addicted persons who use residential detoxification programs over and over.

- Identification
- Education/Information
- Access
- Opioid Agonist Treatment
- Ancillary Treatment
- Support Services

Motivational Interviewing

Co-occurring Disorders

Recovery

Cultural Competence

Trauma

Service Coordination

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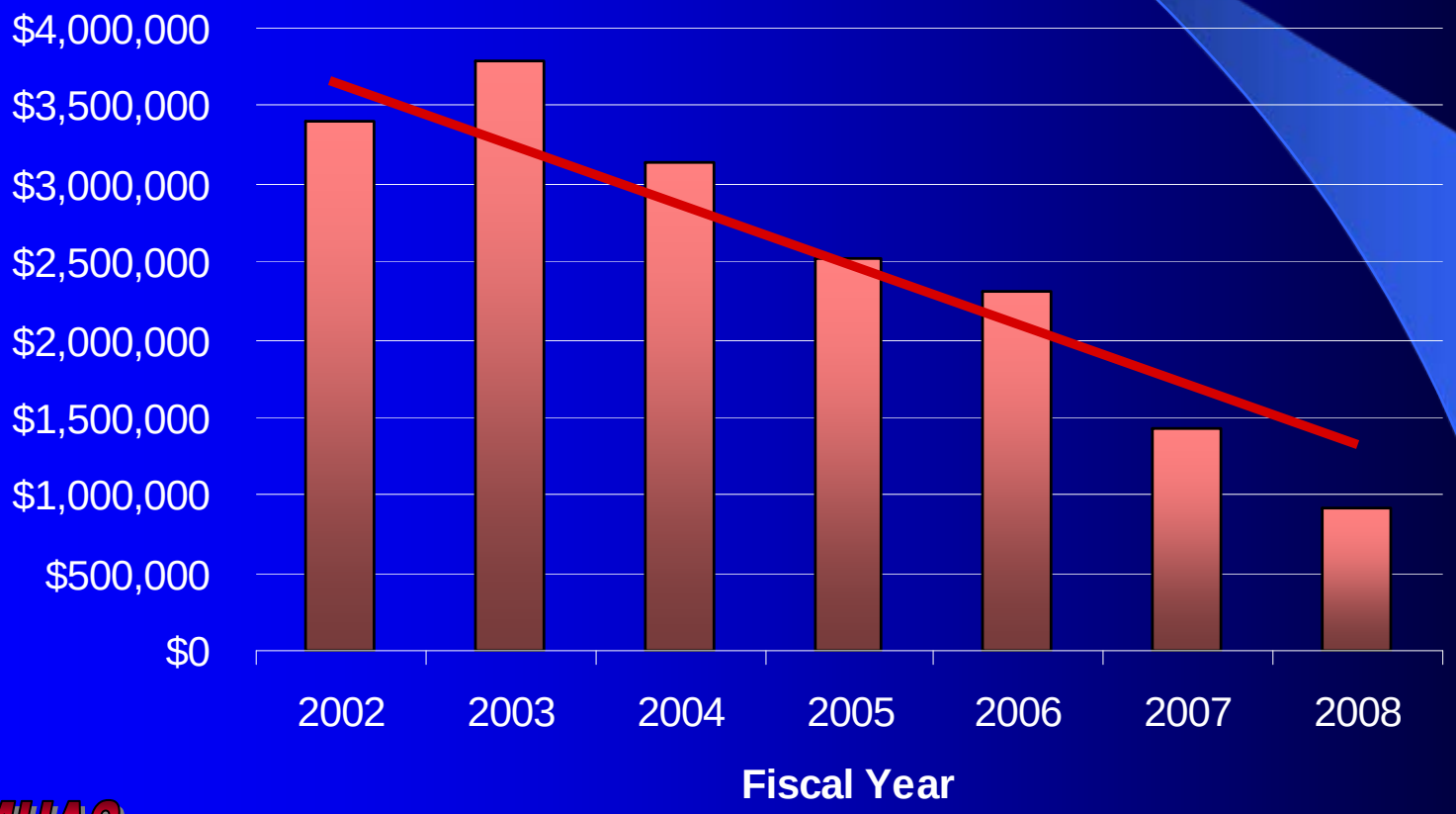
OATP

Better Care, Better Resource Management

Acute Care Claims Paid for People Receiving OATP



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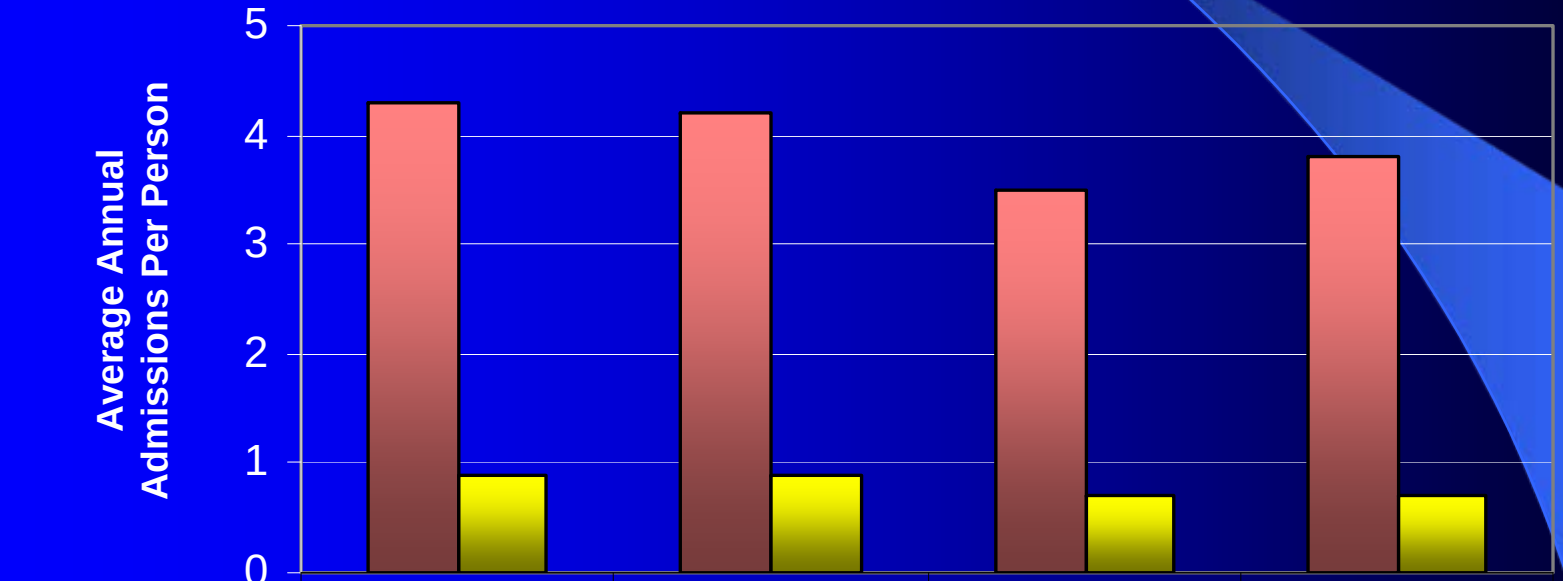
Opiate Agonist Treatment Protocol (OATP): Before and After



	End 9/30/04	End 9/30/05	End 9/30/06	End 9/30/07
6 Mos Prior	4.3	4.2	3.5	3.8
6 Mos After	0.9	0.9	0.7	0.7

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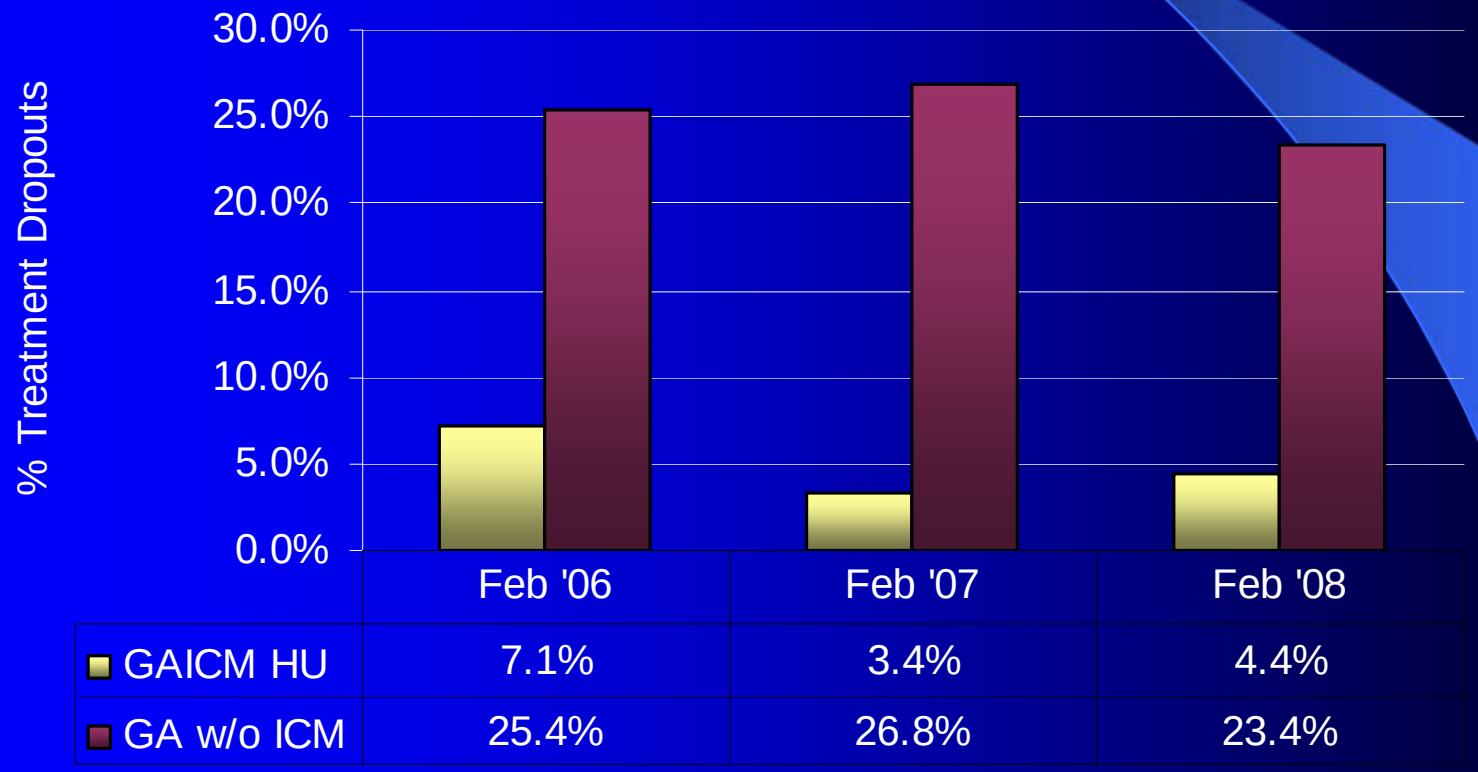
Cutting Treatment Dropout Rate

General Assistance Intensive Case Management (GA-ICM)



HU = High Utilizer

Recovery Support Services

- **Housing: Sober Housing, Recovery House, Independent**
- **Transportation – Peer service to & from some treatment setting, bus tokens**
- **Case Management – Recovery Guides, Coaches, Peers**
- **Employment services (from DOL certified employment provider)**
- **Basic needs (food, clothing, personal care items, utilities, etc.)**
- **Faith supports (individual mentoring/coaching and groups)**
- **Peer supports (same as above)**
- **Recovery clinical checkups**
- **Telephonic recovery support calls**

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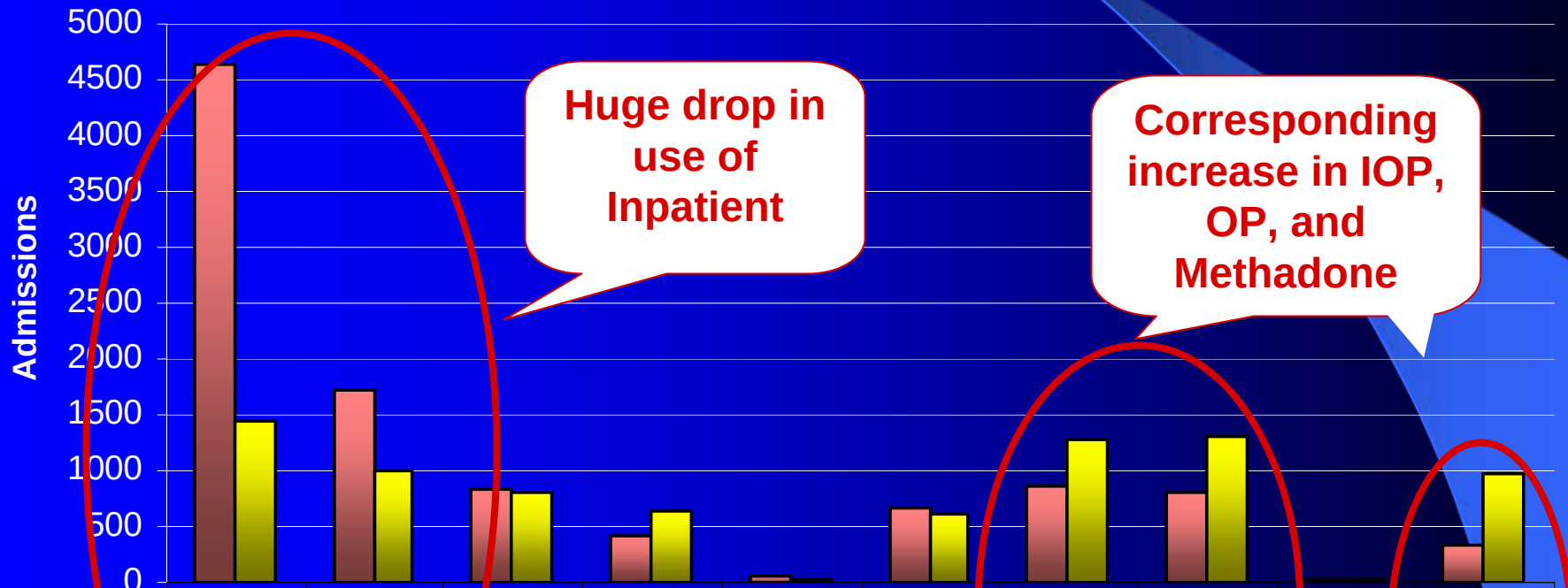
Sample Recovery Support (RS) Outcomes

- **CT Access To Recovery – Effective outreach, 40% of 18,000 had no previous contact with DMHAS care system**
- **GABHP – 68% Connect to care post inpatient for those with RSS vs 38% without RSS**
- **Urban Initiative (housing) – 600% Decrease in ER visits, 375% decrease in detox days**
- **RS – 93% of 4,036 still in recovery one year later**
- **Recovery House – 69% Connect to care vs. 36% without Recovery House stay**
- **Supportive housing – 61% decrease in inpatient costs**

Reallocation of Resources

(Impact of Recovery Specialist on Acute Care)

Care Episodes 12 Mos. Before & 12 Mos. After Initiating GA-ICM



	Inpt & Res Detox	Inpt MH	Inten Res	Long Term	Respite/ Obs	PHP	IOP	OP	Ambi Detox	Meth Maint/
Before	4644	1721	834	413	50	676	869	801	24	329
After	1441	1000	794	646	39	610	1274	1313	19	981

What Funder Wants

- Satisfied “customers,” who get “better”
- Person-centered vs. agency-centered care
- Good “brand recognition”
- An effective care system, with face validity
- Outcomes understandable to funders
- Flexible, innovative and dynamic system
- High Value = Quality/Cost

Fiscal Realities of:

2008

2009?

2010?

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PROVIDER PERSPECTIVE

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Provider Perspective: Focusing on Recovery

- **Benefits of Recovery-Oriented System of Care**
  - **Supports & strengthens conventional services**
    - "Wrap-around" services
    - Continuum of care
    - Peer supports & involvement

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Provider Perspective: Focusing on Recovery

- **Benefits of Recovery-Oriented System of Care**

Promotes client integration within the community

  - Peer networks – as a component of integration
  - Involvement of non-traditional groups
  - The role of "giving back"

Provider Perspective: Focusing on Recovery

- **Benefits of Recovery-Oriented System of Care**
  - **Stronger networks – Enhanced Recovery Capital**
    - Reduces relapse risk
    - Improves early intervention – when necessary
    - Enhanced resiliency
    - Enhanced confidence
    - Reduced stigma

What People Want from Healthcare System

- A welcoming healthcare setting, prompt access
- An expectation of “getting better,” not necessarily “cured”
- Hopeful, respectful atmosphere
- Tx and tools for the person to manage/own their recovery (“you can do it; we can help”)
- Show me somebody it worked for
- Have a life again…be renewed

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Provider Perspective: Focusing on Recovery

- Impediments and challenges to advance to a **fully** functioning recovery oriented system of care –
  - Services – Funding Design
  - Workforce Issues
  - Service Stream
  - Regulatory Environment

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Provider Perspective: Focusing on Recovery

- **Services - Funding Design**
  - Discourages efficiency & reserve building
  - Episode of care driven models [units of service]
  - Insufficient funding
  - Unpredictable funding

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Provider Perspective: Focusing on Recovery

- **Workforce Issues**
  - Shortages of appropriate candidates
  - Shortages of minority candidates
  - Shortages of licenses or certified candidates
  - Training needs – for inadequately prepared employees
  - Escalating expectations for staff performance
  - Low salaries – competition from state operated

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Provider Perspective: Focusing on Recovery

- **Regulatory Environment**
  - Staff level regulation
  - Service level regulation
  - Inflexibility
  - Lack of Coordination
  - Unpredictable enforcement

Provider Perspective: Focusing on Recovery

Challenges Along The Way

- Redesigning in mid air
- Client Empowerment – Staff Reaction
- Hit the Wall…the plateaus
- "I've been wrong all these years"
- Advocacy…Chasing Windmills
- Too Complicated
- Project Du Jour. And I'll Be Out of Business
- Buy in…Staff – you never asked me
- Who made you recovery champion?

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Provider Perspective: Focusing on Recovery

Challenges/Opportunities

- 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***

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CCAR, a Recovery Community Organization…

Recovery Community

Treatment Community

bridges the gap

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Recovery Support Services (CCAR)

- All-Recovery Groups
- Recovery Training Series
- Family Support Groups
- Recovery Coaching
- Recovery Social Events
- Telephone Recovery Support*
- Recovery Housing Project*

Recovery Community Centers

Field of Dreams

“build it and they will come”

Recovery Community Centers

- a recovery oriented sanctuary anchored in the heart of the community
- a physical location where CCAR can organize the local recovery community's ability to care
- a place where Recovery Support Services are delivered
- services are designed, tailored and delivered by local recovery communities
- Volunteer Management System – including people in long-term, sustained recovery

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Does CCAR Make A Difference?

In 2007…

- More than 15,000 people walked through the doors of our 4 Recovery Community Centers seeking some type of recovery support or assistance
- 304 Volunteers contributed more than 10,000 hours of service
- Telephone Recovery Support reached 500 individuals with Volunteers making more than 7,400 outbound calls
- CCAR fielded more than 1,500 requests for recovery housing beds
- CCAR held 70 trainings for 576 participants on topics like the Pardons Process, Understanding Addiction and Recovery, Racism of the Well-Intended, Money management, etc.

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Does CCAR Make A Difference?

From GPRA data over the last 3 years, after 6 months…

- **92.2%** are still drug and alcohol free
- **99.1%** have successfully addressed their legal issues and remain crime free
- **73.1%** found jobs and/or went back to school
- **82.9%** found safe and affordable housing
- **99.4%** are reconnected with their family, friends and community
- Participants have significantly reduced their health risks for HIV and other drug-related health problems from **77%** when they first participated in the program to **55%** six months later—reflecting a **22%** drop

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Telephone Recovery Support

- In the spirit of KISS, a new recoveree would receive a phone call from a trained volunteer (usually another person in recovery) once a week for 12 weeks
- Volunteer follows script
- Low cost, win/win scenario
- CCAR – gives new recoveree a better shot at maintaining their recovery AND helps the Volunteer making the call
- Provider – helps their clientele
- Prior to discharge, provider offers recoveree the telephone support program.
- Results, outcomes, evaluations all outstanding

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Telephone Recovery Support

- "When asked if I find the TRS (Telephone Recovery Support) calls helpful I can't say yes enough. There's something so supportive about knowing that no matter what happens in my life there's someone who genuinely cares about how my recovery is going. My volunteer has shared in every victory I have had in my recovery since the calls began. I hope to continue receiving these calls for a long time to come."

  ~Constance Carpenter, recoveree enrolled in CCAR's TRS program for the last 55 weeks

Telephone Recovery Support

- "Out of all of the commitments I've had – TRS is my favorite way of giving back. Honestly – it's a toss up as to who gets more out of it…me or them." *~Caroline Miclette, TRS Volunteer*

- "When I was using my phone never rang and I wanted it to. I remember just sitting there, staring at the phone wishing someone would call me, talk to me…possibly help me. Now I'm in recovery, for me this is the perfect way of giving back… being that phone call that I never got."

  ~Curtiss Kolodney, TRS Volunteer

Recovery Housing Project

- Inventory existing recovery housing (independently owned, privately operated “sober houses”)
  - One of a Kind database
- Establish the Recovery Housing Coalition of Connecticut
  - Standards
  - Advocacy
  - Monthly meetings
- Deliver “So, You Want to Open a Recovery House?” trainings

Recovery, Recovery-Oriented System of Care

MAJOR IMPLICATIONS FOR:

- CONTENT
- DELIVERY
- FINANCING
- OUTCOMES

Policy, Operational Or Planning Challenges

- **Define "Episode of Care" in new way, e.g., service bundles**
- **Design Bundled Combinations of Services and Rate Methodology**
- **Anticipate and Combat System "Relapse" due to State Fiscal Climate**
- **Don't Focus so Much on Continued Care That Neglect Early Identification, Intervention and primary care linkages**
- **Talking about Spending Differently, Not Spending More or Less**

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Key Policy Issues/Questions

- Do you want bricks and mortar or people living in communities with natural supports?
- Should we focus on healthcare costs or on the cost of disability and disease?
- How do we widen and reinforce the Recovery Zone for people with disabilities?
- Should addiction be "The Agenda" or part of "Every Agenda?"
- Are we talking about spending more or less, or spending differently?

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Take Home Messages

- ***Creating a continuing care, recovery oriented service system is a marathon and requires system changes at all* levels…it's like redesigning a plane in the air**
- ***Maintaining a sense of urgency is essential for continuing care paradigm shift***
- ***Non-traditional or recovery-support services help people get better, must be matched with one's individual path to recovery and are efficient and effective per se and as ADJUNCTS to treatment***
- ***Performance and outcome metrics for such a system, for state agency providers or funders, are not the traditional ones and require a well communicated "healthcare business plan" strategy***

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