Recovery-Oriented Care in Connecticut: From Vision to Operations

SAMHSA: Partners for Recovery Steering Committee

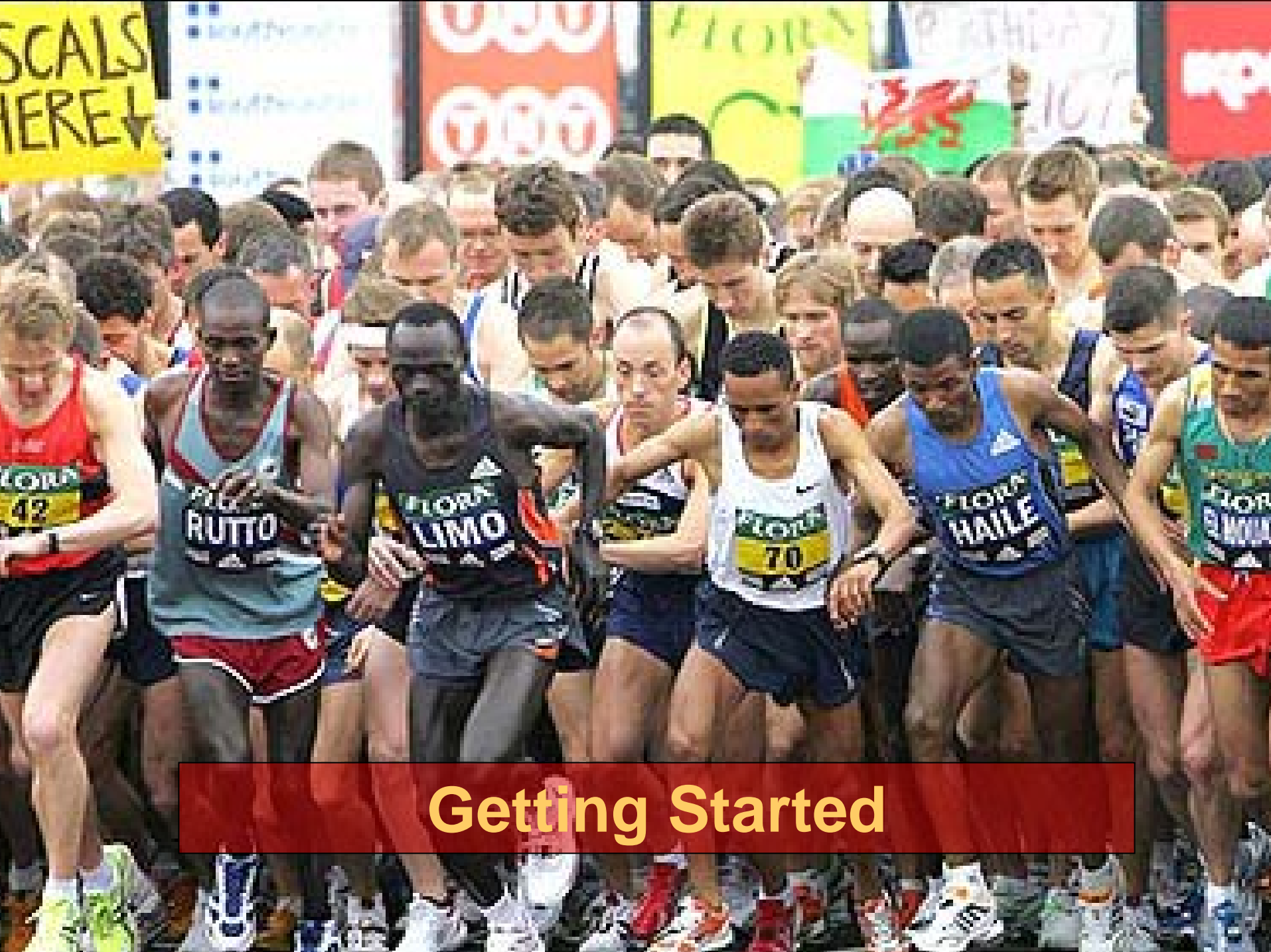**Paul J. DiLeo, Chief Operating Officer**

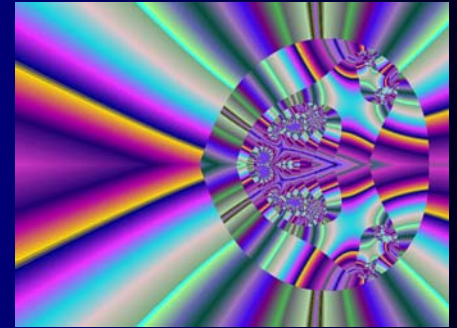Connecticut Department of Mental Health and Addiction Services

December 2006

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

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
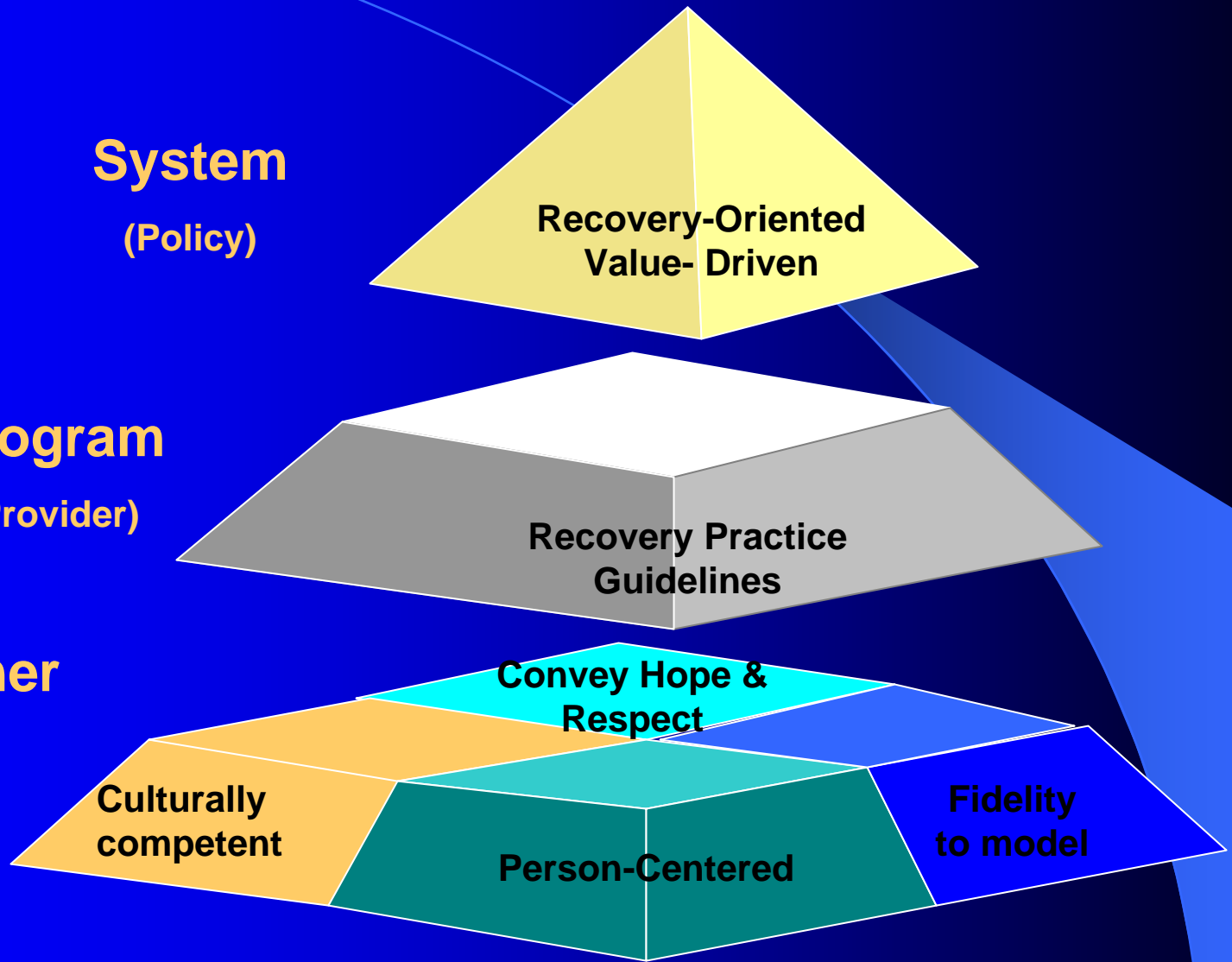
Phase 1 Determine Direction

1 Develop Concepts & Design Model
- – Principles and core values
- – Recovery definition
- – Literature reviews, obtain outside consultation, White papers
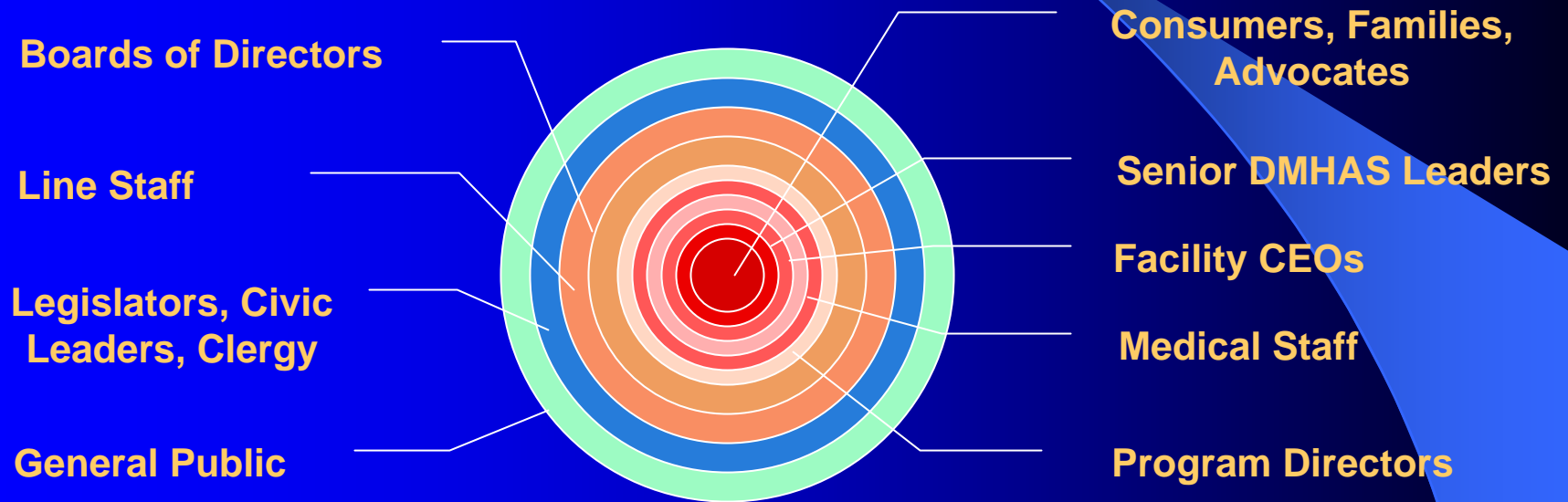- – Commissioner's Policy (committing DMHAS)

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

Boards of Directors

Line Staff

Legislators, Civic Leaders, Clergy

General Public

Consumers, Families, Advocates

Senior DMHAS Leaders

Facility CEOs

Medical Staff

Program Directors

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 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

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."*
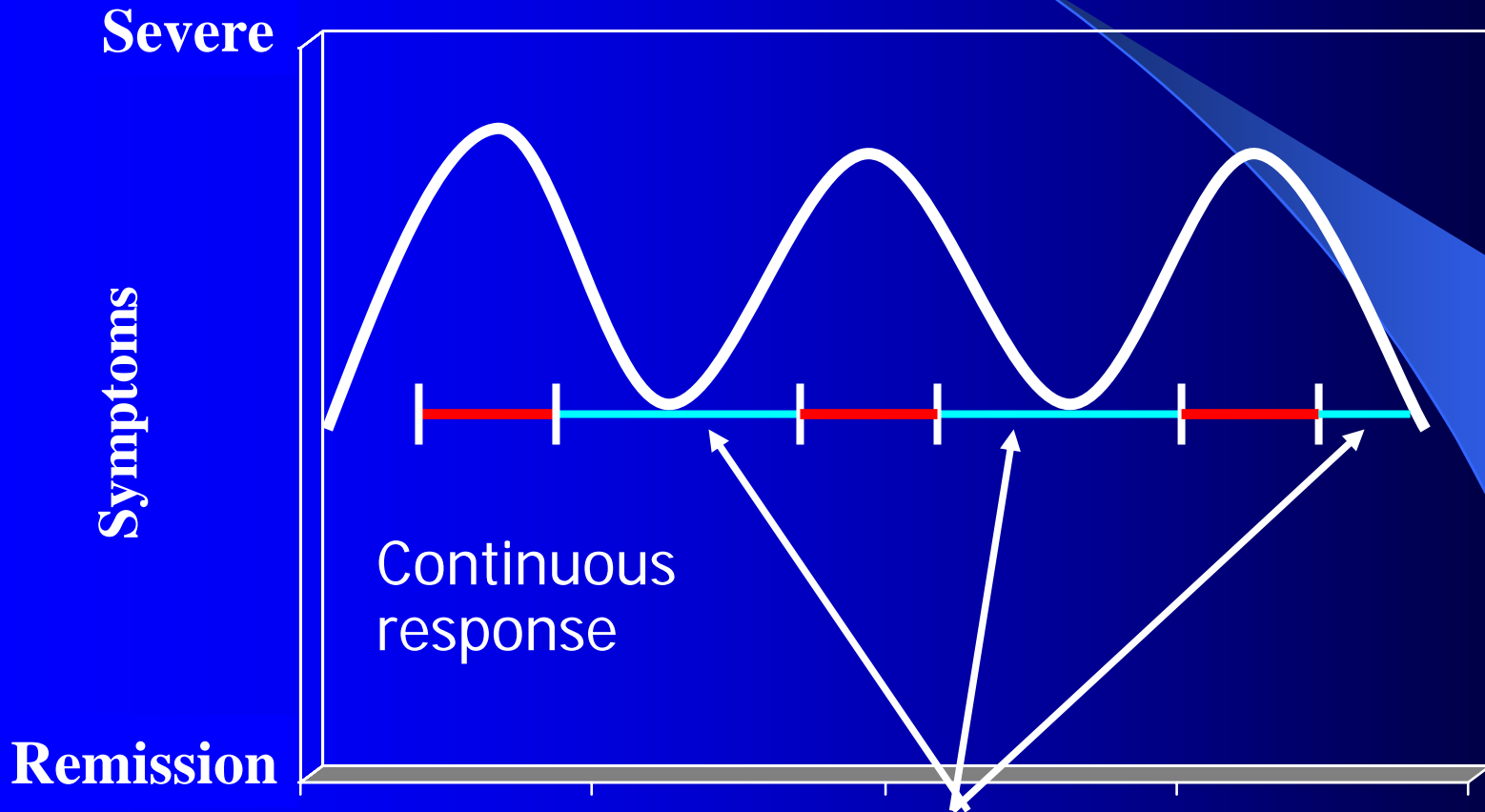
A Recovery-Oriented System

- *"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."*
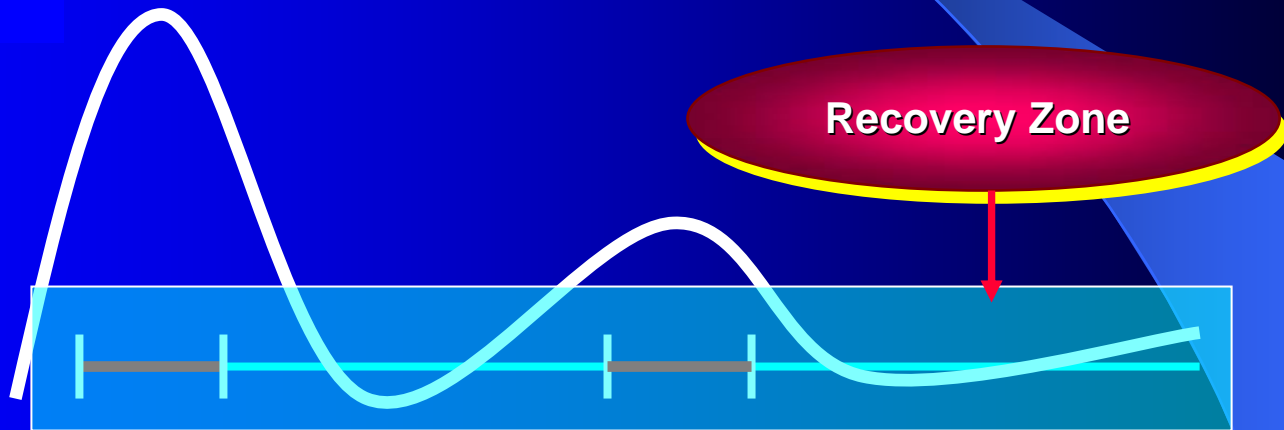
Typical service response

Severe

Symptoms

Remission

Acute symptoms

Discontinuous treatment

Crisis management
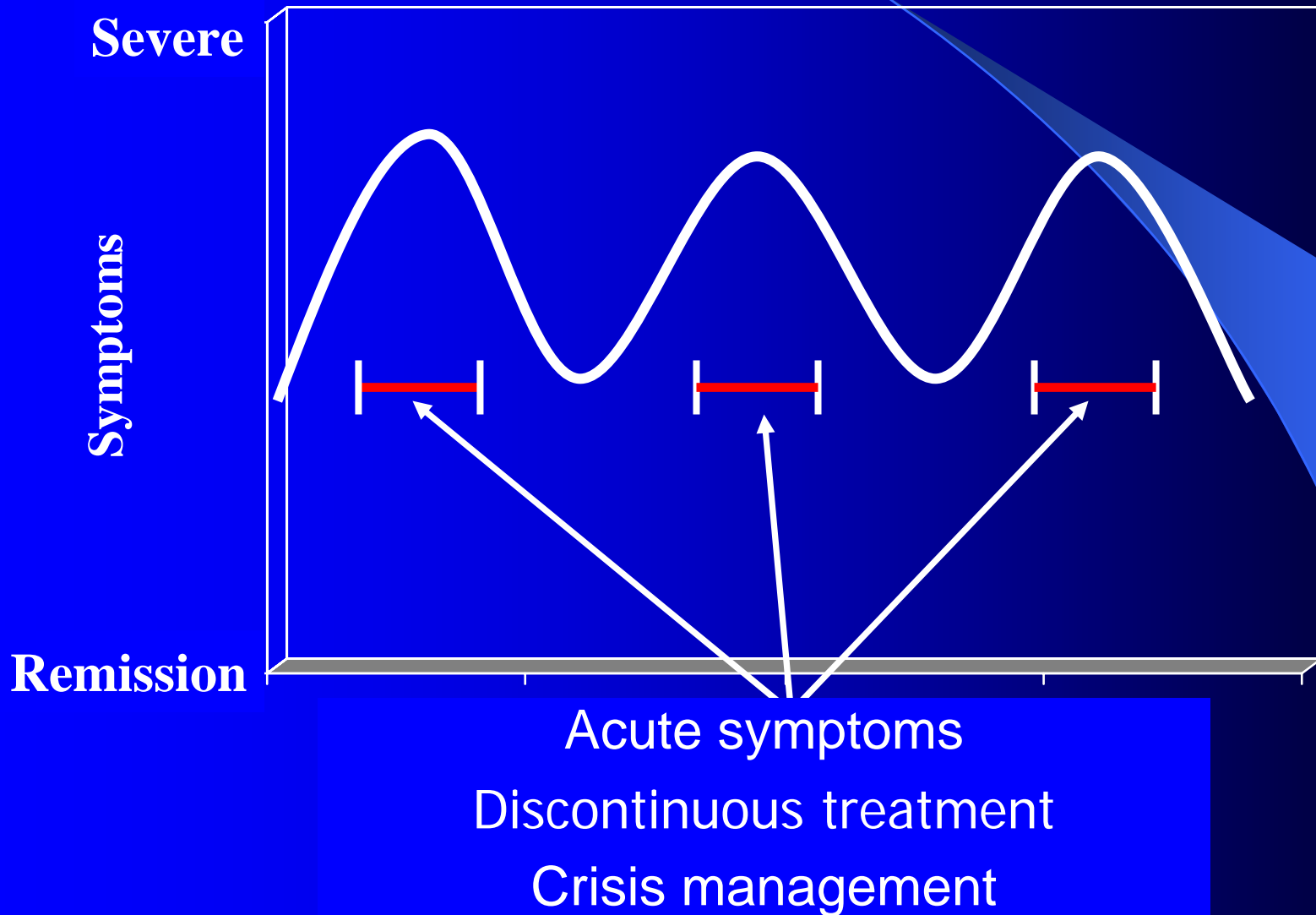
Recovery-oriented response

Severe

Symptoms

Continuous
response

Remission

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

Goal: Helping People Move into the Recovery Zone

Severe Symptom

Recovery Zone

Remission

Improved recovery outcomes for the person
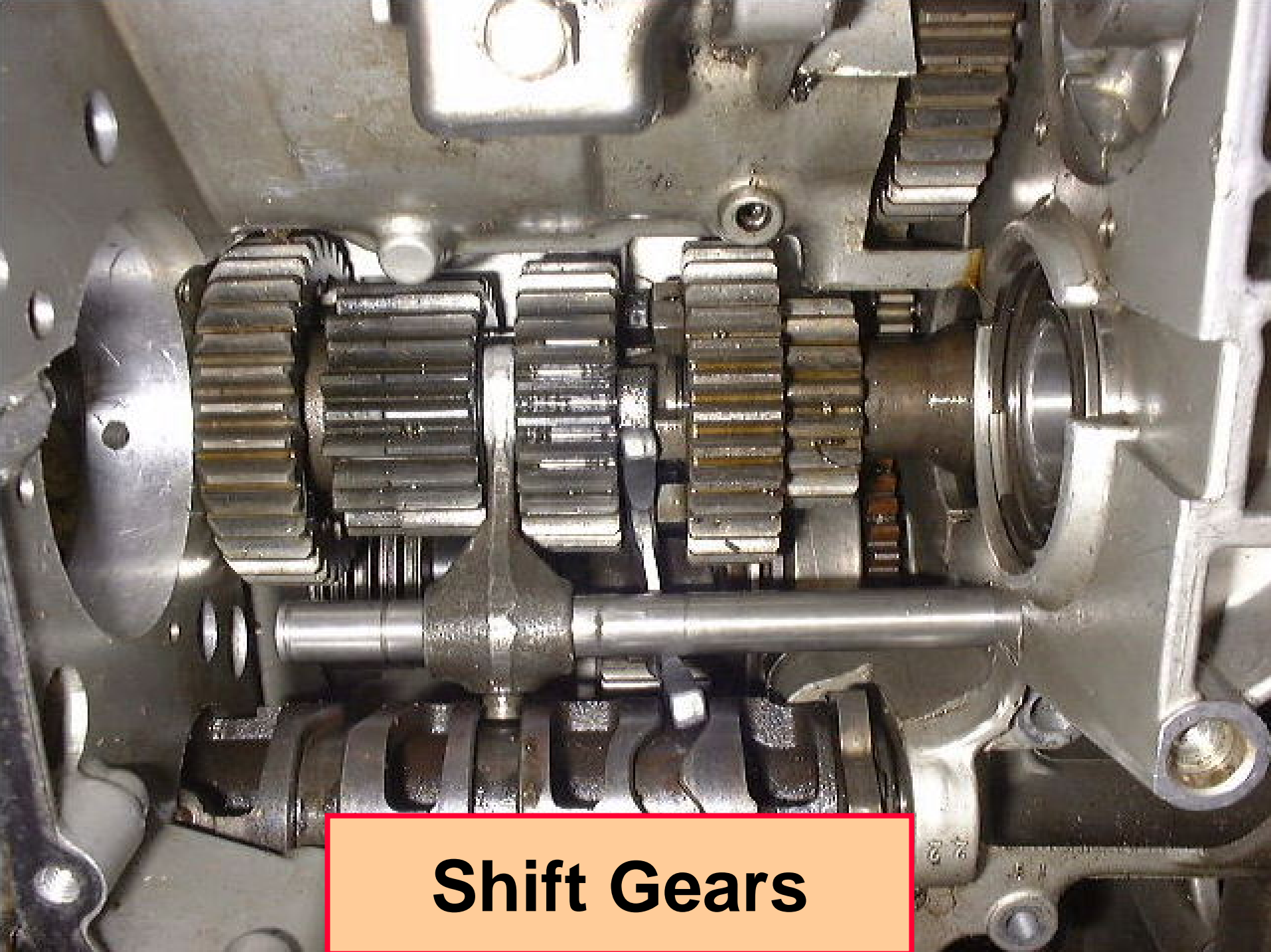
Shift Gears

ACCESS TO RECOVERY (ATR)

- Connecticut: 1 of 14 states awarded grant
- $22.8 million over 3 yrs.
- Non-traditional supports
- People exercise genuine and informed choice regarding all services
- Purchasing power influences provider actions
  - People vote with their feet

Many Paths to Recovery

ATR: Recovery Supports

- Rent, security deposits, utilities, basic furnishings
- Vocational and educational supports
- Community case management
- Faith-based services
- Peer services
- Transportation, food, clothing, personal care items, childcare
- Clinical Treatment

"Facts on the Ground"

Jail Diversion and Community Re-Entry Programs

Jail Diversion and Community Re-entry
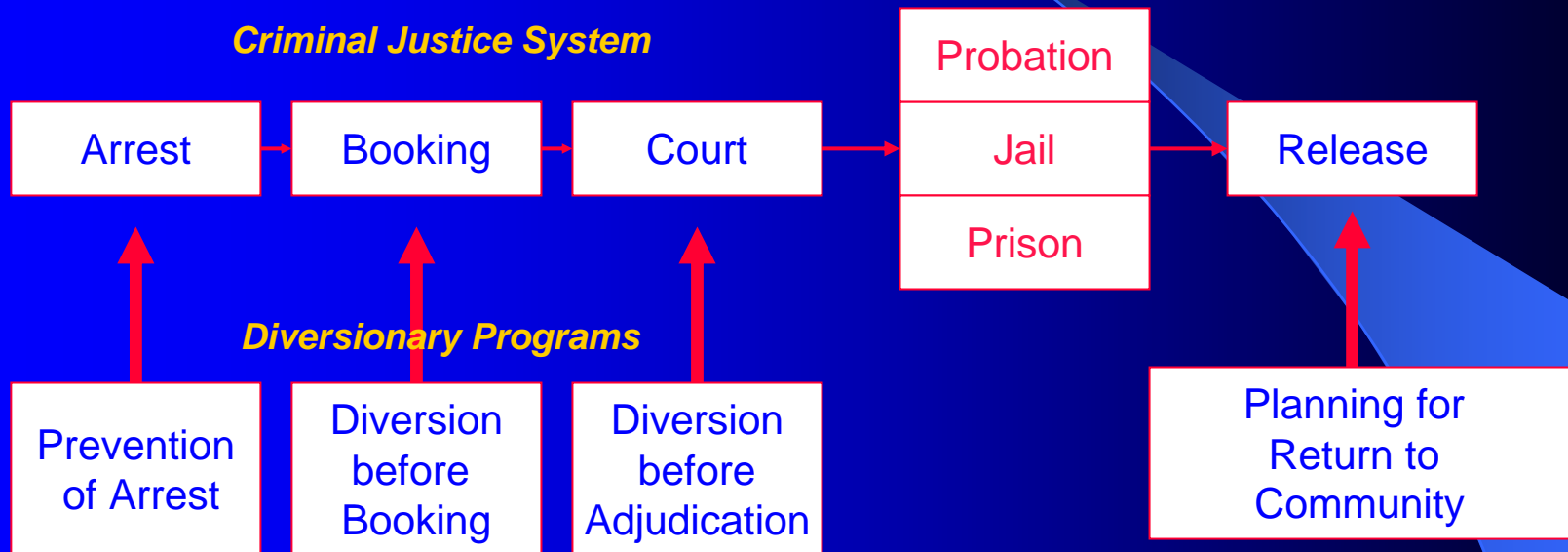

Reduces:

- incarceration rates
- recidivism

Enhances:

- recovery
- civil rights
- humane alternatives
- options for judges
- public safety
- cost effectiveness

"Facts on the Ground"

General Assistance Behavioral Health Program (GA-BHP)

General Assistance Behavioral Health Program (GA-BHP)

Blending Technology and Values

Managed Care Tools:

Prior Authorization
Continued Stay Review
Provider Credentialing
Trending Analysis
Outlier Identification

Public-Sector Values:

Focus on people
with greatest need

Increased access to care

Reduce inpatient usage &
re-invest savings

Managed Care

General Assistance Behavioral Health Program (GA-BHP)

Blending Technology and Values

EMPHASIS on:

Culturally Competent Services

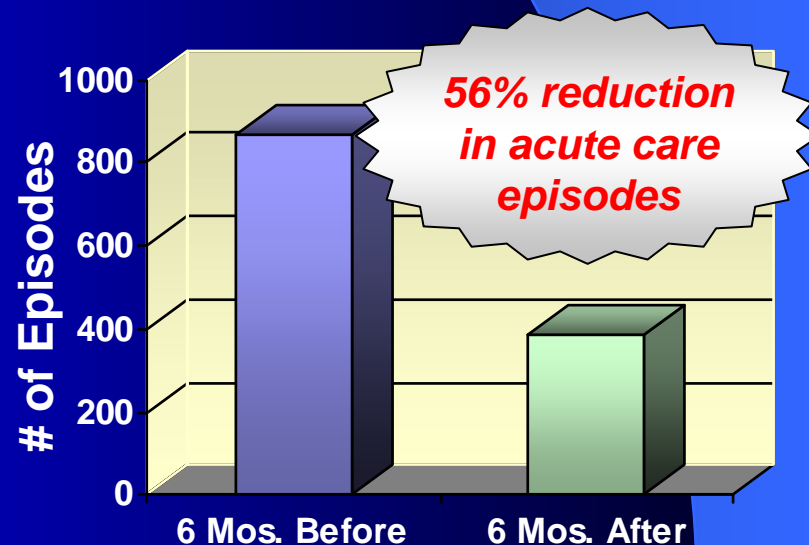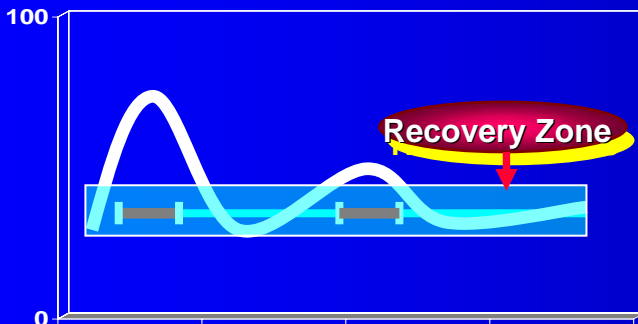**Psychosocial Necessity, <u>no just</u> Medical Necessity**

Recovery Supports Integrated with Treatment

Continuity of Care/Illness Management

Services in Natural Settings

GA-BHP: Specialized Intensive Supports

- ASO identifies people with 3 or more acute hospital admissions within 90 days

- Recovery specialist initiates contact while person is still in hospital or detox

- Recovery plan developed to fill support gaps

- Recovery specialist helps with transition to community care

Recovery Zone

56% reduction in acute care episodes

# of Episodes

	6 Mos. Before	6 Mos. After

1000, 800, 600, 400, 200, 0

"Facts on the Ground"

CCAR Recovery Community Centers

CCAR* Recovery Community Centers

Recovery on Main Street
From "Heroin Town" to "Recovery Town"

Family Support Group

Spirituality and Recovery Meeting

Resources and Navigation

Recovery Asset Mapping Project

Recovery Support Group

Assertive Telephone Follow up

*CCAR: Connecticut Community for Addiction Recovery

Shift Gears

Integrating Initiatives

Recovery Umbrella

Housing and Jobs

Interagency Collaboration

Health Disparities Cultural Comp (Access, Quality)

Medicaid (Rehab Option)

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

Trans-formed System

Value-driven, Recovery-oriented System of Care

Progress

- Recovery Institute
  - Centers of Excellence
  - Practice Enhancement Initiatives
  - Co-occurring Disorders Academy
- Recovery practice guidelines
- Recovery standards (being developed)

- Agency recovery self-assessment tool
- Opiate agonist treatment protocol (OATP)
- Recovery Houses

Challenges

- Power dynamics
- Payment methods
- Non-traditional providers, non-traditional challenges
- Patience, non-linear change
- Maintenance of gains

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"*

- *We can use managed care technologies as tools to accomplish public sector goals*

CONTACT INFORMATION

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