Toward a Recovery System of Care

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Presentation to CCAR

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Recovery Defined

- *The Department endorses 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 then rebuilding a life despite or within the limitations imposed by that condition. 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.*

Factors Influencing the New Recovery Movement in CT

- Addiction self-help movement
- Mental Health consumer/survivor movement
- Family movement - NAMI
- Advances in treatment approaches
- Recovery oriented research
- Mental health and addiction advocates
- Commitment of DMHAS leadership to recovery principles

Addiction Stakeholder Input and Participation

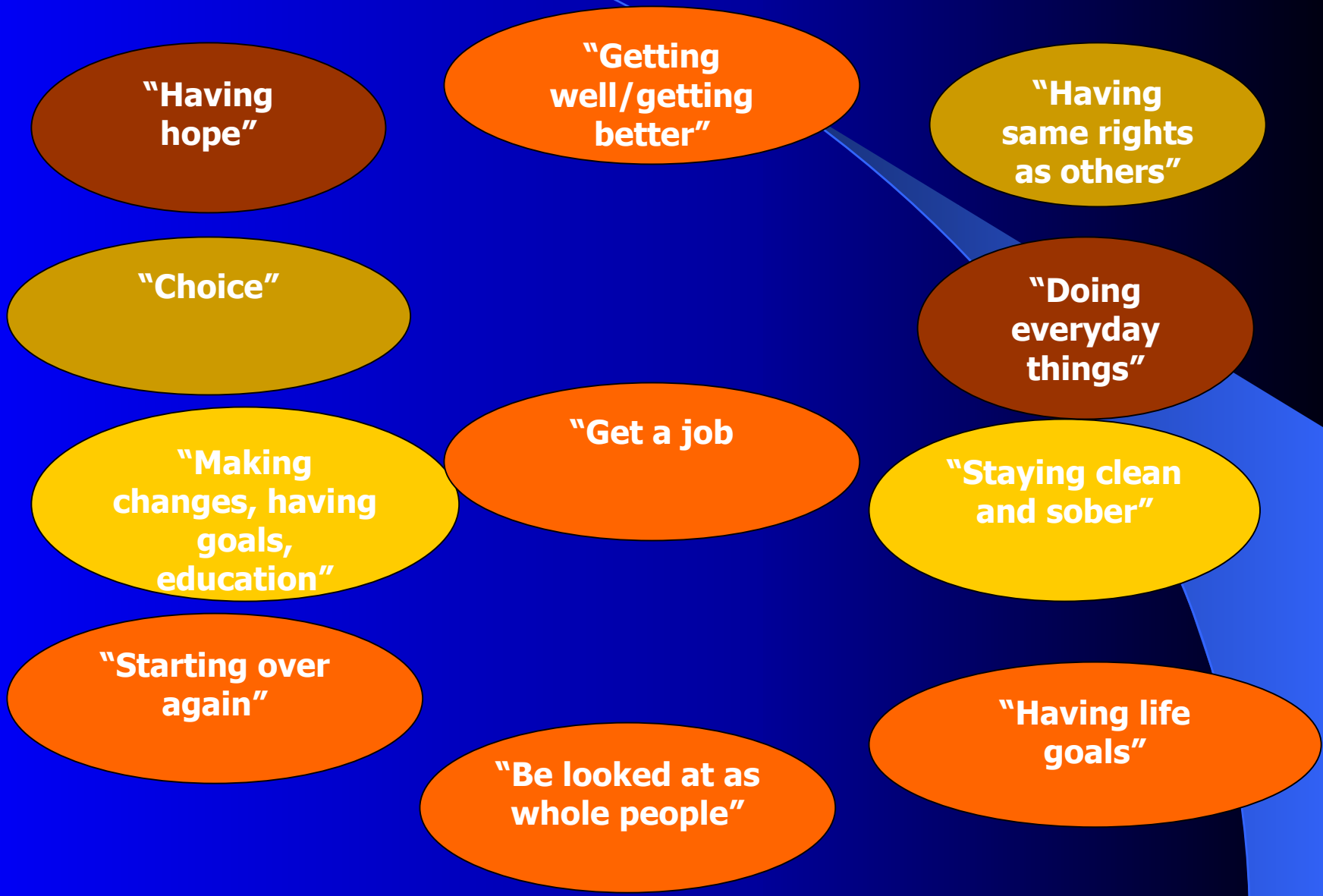
- Recovery Core Values – CCAR and AU
- Commissioner's Policy
- Addiction Dimensions of Recovery
- CSAT Consultation and Planning Retreat
- Recovery Institute Curriculum Development
- Recovery Advisory Group

Recovery Core Values CCAR and AU

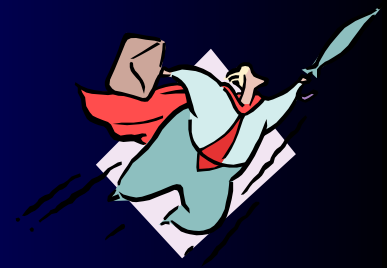
- Articulated core values for recovery system of care in four areas. Identified steps in each area that can be implemented in support of their recovery vision.
  - Direction
  - Participation
  - Programming
  - Funding/Operations

Voices of Recovery

Voices of Recovery



DMHAS' Recovery Vision

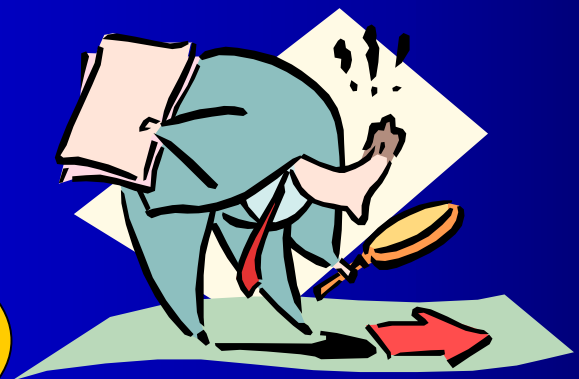


Promotes highest level of autonomy

Collaborative treatment process

Driven by recovery outcomes

Focuses on building recovery capital



MH and SA services are tools

Individual and family participation

Culturally relevant

Individual responsibility and control

Holistic and Hopeful

Barriers to Realizing our Vision of Recovery

- Focus primarily on symptom reduction or sobriety
- "Client" viewed passively as recipient of services
- Focus on "fitting into a program"
- Focus on client pathology and deficits
- Diminished role of self-help/community support
- Minimal individual and family voice or input in system
- Responsibility for change and control largely owned by programs
- Person's growth and sense of self is "constrained by "illness"

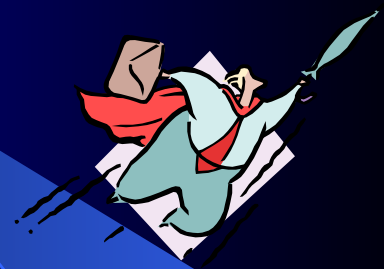
Objectives of DMHAS Recovery System of Care

- Assume, to the extent possible, individual responsibility and control over their personal recovery process
- Increase individual/family participation in all aspects of service delivery
- Expand recovery efforts to all aspects of individual's lives-social, vocational, spiritual through direct services or linkage to natural helping networks
- Promote highest degree of independent functioning and quality of life for all individuals in our system
- Expand recovery capital (White) – personal assets, family and social support

Components of Connecticut's Recovery Model

- Recovery vision
- Workforce development initiatives
- Consumer/Recovering Person service initiatives including self-help and mutual assistance
- Public education and anti-stigma campaign
- Initiatives to increase individual and family participation
- Resource reallocation strategies
- Policies and procedures to support recovery

Addiction Dimensions of Recovery (draft)



Empowerment and citizenship

Promoting recovery

Support of family And friends

Understanding and accepting self

Maintaining recovery

Hope, confidence and commitment

Community supports

Understanding behavior and impact on recovery

Principles to Guide Our Work

- Recovery is a reality
- There are many paths to recovery
- Recovery flourishes in supportive communities
- Recovery is a voluntary process
- Consumers and persons in recovery must be part of the solution

From Bill White

If we really believed in recovery, we would not:

- Create expectation that full recovery should be achieved from a single tx episode
- View prior tx as indicative of poor prognosis
- Discharge clients for symptomatic behavior
- Treat addiction in serial episodes of disconnected tx
- Relegate aftercare to an afterthought
- Terminate service relationship following brief intervention

From Bill White

Many Pathways to Recovery

- Natural- involves spontaneous remission, maturation, reorganization of self due to crisis
- Social – involves use of informal community resources, mutual aid
- Treatment – guided movement into recovery via mechanism of treatment

From Bill White

Recovery in a New Model

- Engagement- emphasis on outreach, pre-treatment support and no discharge for showing symptoms
- Motivation - emphasis on recovery priming
- Screening/assessment - strength-based focus that includes of family/kinship network
- Service goals - consumer-defined with focus on building recovery capital and meaningful life

From Bill White

Recovery in a New Model

- Service timing - focus on post-crisis recovery support activities; commitment to continued availability; continuum of recovery support services
- Service emphasis - sustained recovery coaching, monitoring with feedback and support, linkage to communities of recovery; early re-intervention
- Locus of services – nesting recovery in the community
- Service technologies - focus on service and support menus; high degree of individualization;

From Bill White

Recovery in a New Model

- Management of co-occurring - Concept of "serial recovery"; integrated model of care, multi-unit/agency models, inclusion of indigenous healers/institutions
- Service roles - prosumers in paid and volunteer support roles; emphasis on mutual aid; role of primary care physician
- Service relationship - (Partnership-Consultant Model). Less hierarchical, potentially time-sustained

From Bill White

Recovery in a New Model

- Consumer involvement - consumer involvement in all aspects of service focus on illness self-management. Use of consumers as volunteers & employees and in consumer-led support groups/services.
- Relationship to community- lessen reliance on professionals using indigenous supports; “the community is the treatment center”
- Aftercare - all care is continuing care; Role of guide or recovery coach.

From Bill White

Recovery in a New Model

- Service evaluation - Focus on long term effects of service combinations & sequences on client/family/community; Consumer-defined outcomes & review
- Advocacy - Emphasis on policy advocacy, community education (stigma) and community resource development; activist/community organization approach.

From Bill White

What We Are Doing

DMHAS STRATEGY

- We are working on three levels:
  - Conceptual/Philosophical
  - Clinical Programs and Skills
  - Administrative Policies and Infrastructure

Current Initiatives

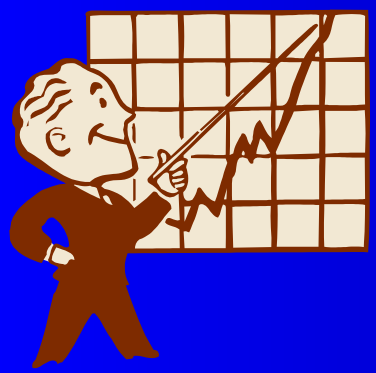
- Information and Education (Newsletter)
- Advance Directives
- Recovery Institute
- Person Centered Planning Initiative
- Housing and Vocational Initiative
- CSAT/CMHS Consultation
- Recovery Self Assessment
- Preferred Practices Initiative
- Recovery Advisory Council
- Recovery Policy Work Group

Highlights of Progress to Date

- Developed Commissioner's Recovery Policy
- Hosted 2 major recovery conferences
- Developed CT Recovery Model
- Initiated training through Recovery Institute
- Obtained consultation from CMHS/CSAT for development of recovery-oriented system
- Completed recovery system assessment
- Completed system wide consumer driven Voice Your Opinion satisfaction survey
- Supported continuation and expansion of peer operated services

Desired Outcomes of Recovery Initiatives

- Improved quality of life
- Improved treatment retention
- Meaningful social roles
- Increased consumer satisfaction
- Increased consumer participation
- Greater Vocational participation
- Independent functioning
- Identification of best practices
- Increased use of peer support and self help
- Reduction in stigma



Next Steps

- Feedback regarding model development and training curriculum
- Identification of exemplary practices for Centers of Excellence
- Participation in advisory or work groups
- Policy changes to support recovery-oriented service system

Making Vision a Reality 2003 and Beyond

- Continue to implement recovery approaches through programming, funding opportunities and policy development
- Continue to refine and operationalize the concept across the entire service system
- Continue to identify and implement Recovery preferred practices
- Reorient all DMHAS systems (eg performance measures, fiscal policy, etc) to support a recovery oriented system of care

Supporting Providers Through Training and Education

- Train providers re recovery and the CT recovery model
- Identify best practices and transfer knowledge to provider system
- Develop centers of excellence for staff and program development

Recovery Institute

THREE LEVELS OF OFFERINGS

Open Trainings: To promote widespread knowledge of recovery paradigm. 5 regional session. 100 participants/session. ***Begins February 03.***

Intensives: Skill based. Direct service staff, administrators/supervisors, persons in recovery. 25 participants/cohort. Multiple session trainings focused on development of recovery specific skills. ***Begin March 03***

Centers of Excellence: Develop agency-based model programs. Provide training to staff, technical assistance to administrators. Phase 1- Program development. Phase 2- Use Centers as training/internship sites.

Begin September 03

Core Curriculum

- *Open Trainings:*
  - Overview of Recovery and CT. Recovery Model.
- *Intensives:*
  1. Engagement/Motivational Enhancement
  2. Person-Centered Planning
  3. Core Clinical Skills
  4. Managing Your Own Recovery
  5. Mutual Support Programs
  6. Delivering Culturally Competent Recovery Services

Centers of Excellence

- Develop agency-based model programs. Provide training to staff and technical assistance to administrators.
- Phase 1- Program development.
- Phase 2- Use Centers as training/internship sites.
  - Peer Run Programs
  - Supported Community Living
  - Case Management/Recovery Guide
  - Outreach and Engagement

Objectives and Timelines
Recovery Institute

- Develop institute model — completed
- Hire institute staff — 12-02
- Present Level 1 trainings — 2-03
- Present Level 2 trainings — 3-03
- Start-up of Centers of Excellence — 10-03

Benefits for Providers

- Improved treatment retention
- Increased consumer satisfaction
- Broadens community supports that complement traditional agency approaches
- Staff development through training in best practices
- Learning laboratories

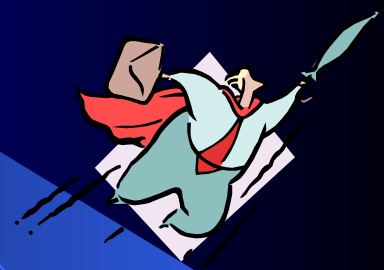
DMHAS Recovery Vision

- Recovery must focus on enhancing all aspects of the person's life- social, vocational, recreational, spiritual, and clinical
- Recovery must be a collaborative process that recognizes hopes, wishes, and dreams
- MH and SA treatment are important tools in a person's recovery
- Not all individuals recover equally but focus of recovery is to promote highest level of autonomy
- Services must be individualized and focus on strengths

DMHAS Recovery Vision cont.

- Individuals in recovery should participate in all aspects of service delivery, planning and evaluation to the fullest extent possible
- Services must be culturally relevant
- Recovery outcomes must drive the system
- Public education to combat stigma is essential to recovery
- Treatment approaches must focus on collaboration rather than coercion
- All service delivery must focus on enhancing quality of life

Mental Health Dimensions of Recovery



Empowerment and citizenship

Overcoming Stigma

Assuming control

Meaningful activities

Incorporating illness

Managing symptoms

Hope and Commitment

Redefining Self

Support of Family and friends