

# Resources for Recovery: Partnering with Families for Recovery



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# **RECOVERY**

The Guiding Principle of the  
DMHAS System of Care



# Why Focus on Recovery Now?

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- Expectations of consumers, persons in recovery, and family members
- Blue Ribbon Commission
- Federal Emphasis and Expectation
  - President's New Freedom Commission
  - SAMHSA
- Growing body of research
- Improved outcomes and effectiveness



# Relevant Mental Health Research

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- Vermont Psychiatric Hospital Study
  - Studied outcomes for 269 severely disabled patients discharged in mid-1950's
  - 34% had achieved full recovery
  - additional 34% had improved significantly in social functioning and psychiatric status
  - findings replicated in WHO study where 45-65% of person w/ schizophrenia recovered and only 20-25% showed classical deteriorating course



# Relevant Substance Abuse Research

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- National Treatment Improvement Evaluation Study
  - 5 year study of treatment effectiveness of almost 4500 addiction clients nationwide
  - reduced substance use by 50%
  - reduced criminal activity up to 80%
  - increased employment and reduced homelessness
  - improved physical and mental health
- New research concludes that the longer a person is in treatment for addiction, the better the odds that the patient will cut down on drug use

(The study, entitled "Does Retention Matter? Treatment Duration and Improvement in Drug Use," is being published in the May 2003 issue of the journal [Addiction](#).)

- Researcher Bill White has documented spontaneous recovery of individuals who do not come into the formal Tx System



# What is a Non-Recovery Oriented System?

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- 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
- 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”



# Vision and Goals



# WHAT DOES RECOVERY MEAN TO YOU OR YOUR LOVED ONE?

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*Freedom*

*Relationships*

*Autonomy!*

*Hope*

*Independence*

*Getting Better*

*Trust*





# Recovery Defined

(From the state of Connecticut)

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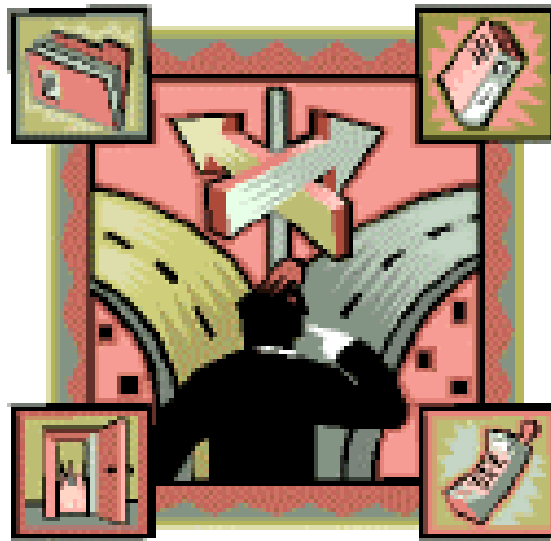
- *The Department endorses a broad vision of recovery that involves a process of restoring or developing a positive and meaningful sense of identity apart from one's condition and then rebuilding a life despite or within the limitations imposed by that condition. A recovery oriented system of care identifies 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.*



# RECOVERY:

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## ONE GOAL



## Many Paths



# Objectives of a Recovery System of Care

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- To the extent possible, individuals should have 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 receiving care in our system



# Recovery Vision

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- 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



# Recovery Vision cont.

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- 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



# DMHAS' Systemic Approach to Recovery

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- Develop and articulate a philosophical/conceptual framework
- Build competencies, skills, and service structure
- Align fiscal and administrative policies in support of recovery

# Service System Progression

## *Traditional*

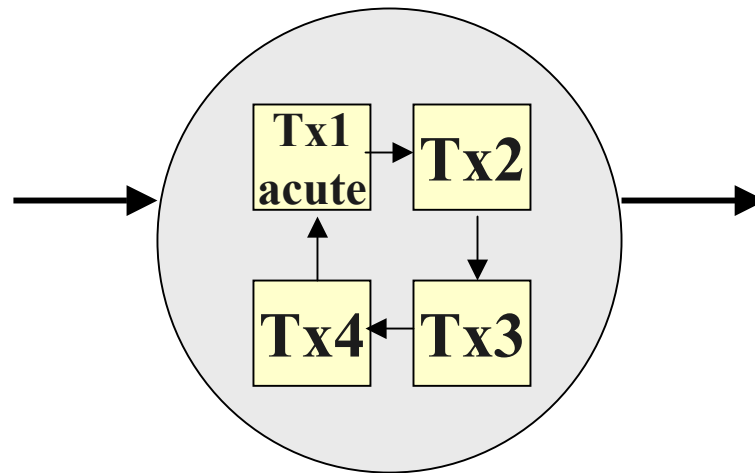
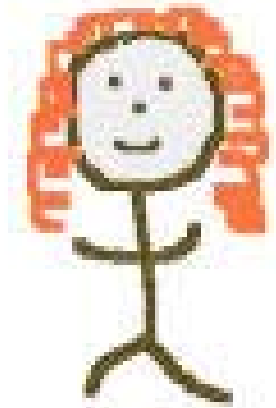
Treatment is viewed as an isolated episode



# Service System Progression

## Evolution

Treatment involves admission to a series of programs

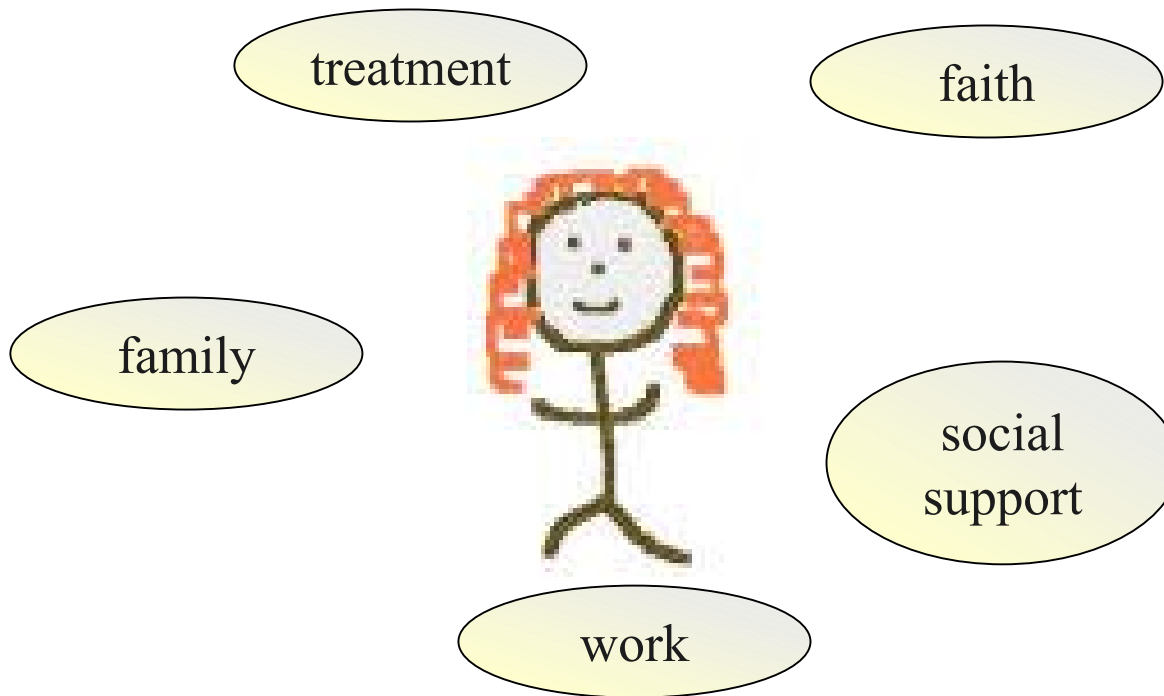




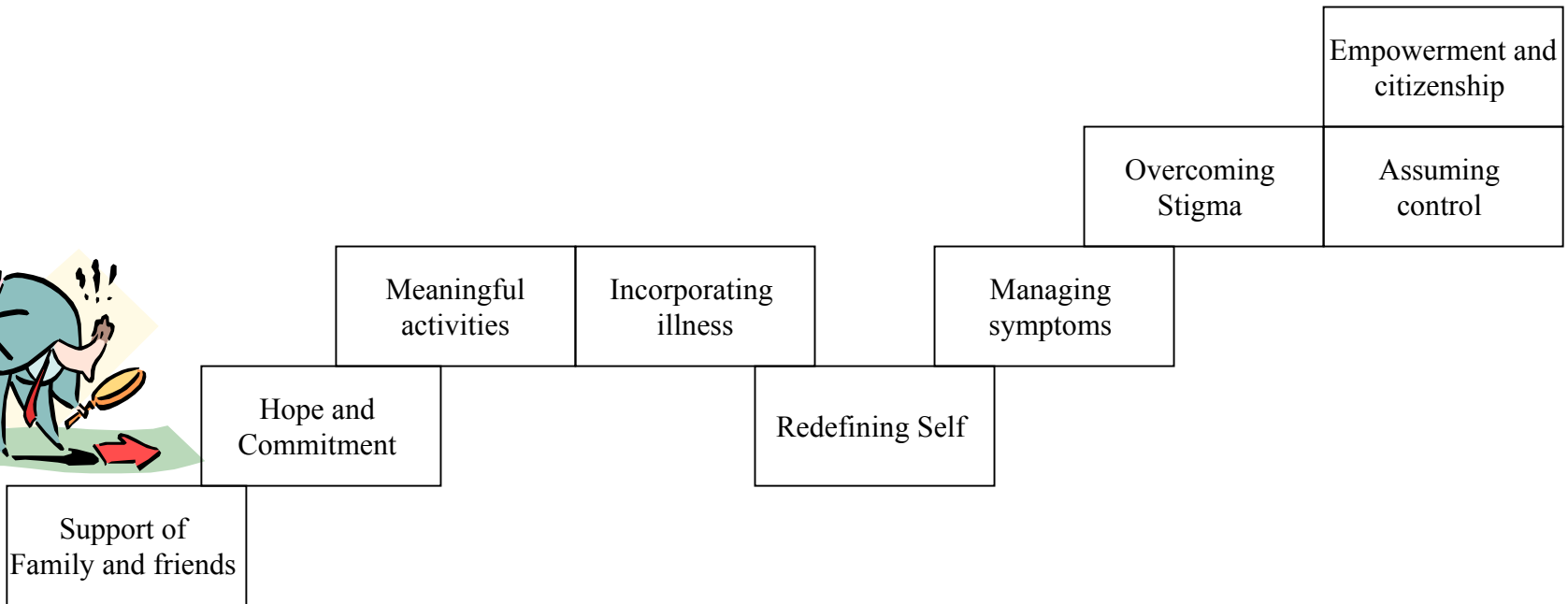
# Service System Progression

## Revolution

Understanding and working with people in a social/community context



# Dimensions of Recovery



# Sample Recovery Dimension in CT Recovery Model : *Supportive Others*

## Person In Recovery:

*What recovery means to me...*

- I know when I am not doing well and when I need to ask for help from others.
- I have something to offer and can help others when they need me.

## Direct Service Provider:

*How I can support people in their recovery...*

- Help people to develop lasting connections to communities and natural supports
- Be willing to include natural supports in the planning process
- Be willing to help people get their basic needs met in the community
- Believe in people and share that belief with others
- Be an "advocate" as well as a "provider"
- Value and explore spirituality as a potential source of support

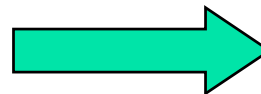
## Manager/Administrator:

*How I can lead an organization that supports recovery...*

- Educate staff and others about natural support networks and how to build them
- Develop structured educational programs for families and natural supporters
- Offer to host local, state-wide, and national consumer and family support group, e.g., NAMI, AU, & CCAR
- Value and foster use of peer-support and self-help throughout the agency

## Recovery Markers:

*We will know that we are working together toward recovery when...*



- Staff help people build connections with neighborhoods and communities
- Services are provided in natural environments
- Peer support is facilitated and utilized
- Natural supports are relied upon





**BARRIERS TO**

**RECOVERY**

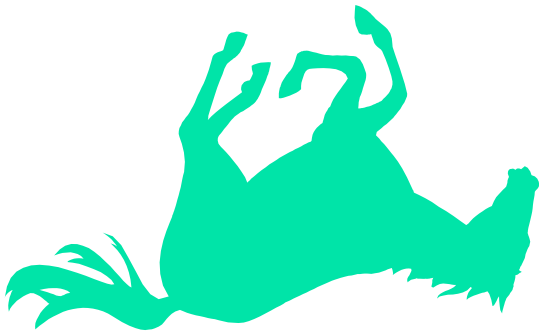


# Systemic Barriers

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- Lack of consensus regarding vision and direction
- Narrowly defined goals
- Stakeholder resistance to change
- No mechanism for technology transfer
- Lack of incentives for change

ANY DEAD HORSES IN  
YOUR ORGANIZATION?



Dakota tribal wisdom says that when you discover you are riding a dead horse, the best strategy is to dismount.

However, in human services, we often try other strategies with dead horses, including the following:



Saying things like "This is the way we have always ridden this horse."



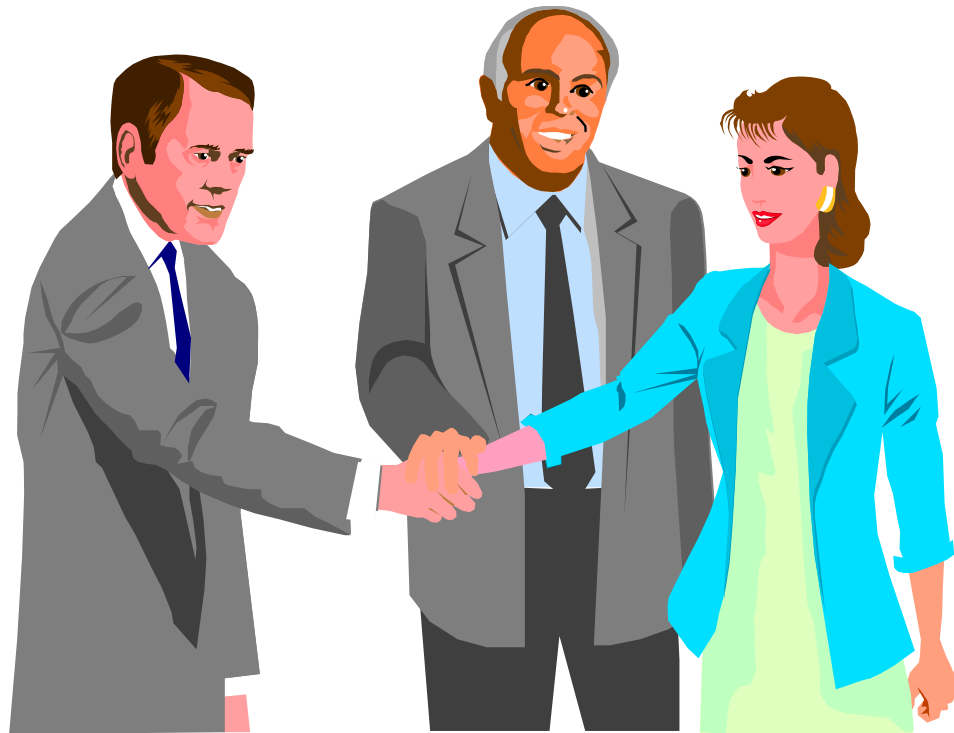
Appointing a committee to study the horse.



Providing additional funding  
to increase the horse's  
performance.

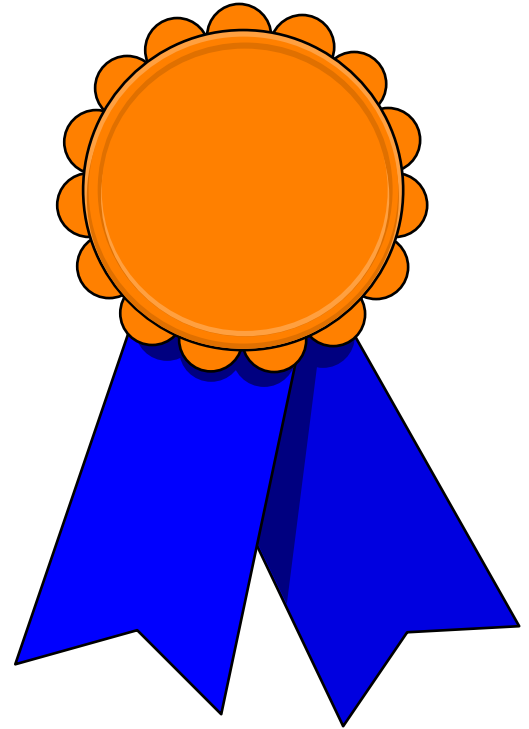


Arranging to visit other sites to see how they ride dead horses.



Harnessing several dead horses together for increased performance.

**Increasing the  
standards to ride  
dead horses.**



Creating a training session to increase our riding ability.



Changing the requirements;  
declaring "this horse is not  
dead."





Declaring the  
horse  
is "better,  
faster and  
cheaper" dead.



Finding a consultant  
knowledgeable about dead  
horses.



Promoting the dead  
horse to a supervisory  
position.





**STRATEGIES**



# Change Strategies: A Multi-Dimensional Approach

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- Technical assistance and consultation
- Consensus building
- Implementation plan and work teams
- Training and education
- Knowledge transfer
- Ongoing communication
- Policy & contractual changes



# Guidelines for Change

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- Re-orient all systems
- Build partnerships and consensus
- Incentivize the system
- Evolve process using phased approach
- Identify and develop “preferred practices”
- Distribute to field through training and technical assistance
- Integrate recovery initiative into existing initiatives
- Non-punitive approach to transition
- Development of recovery-oriented performance outcomes

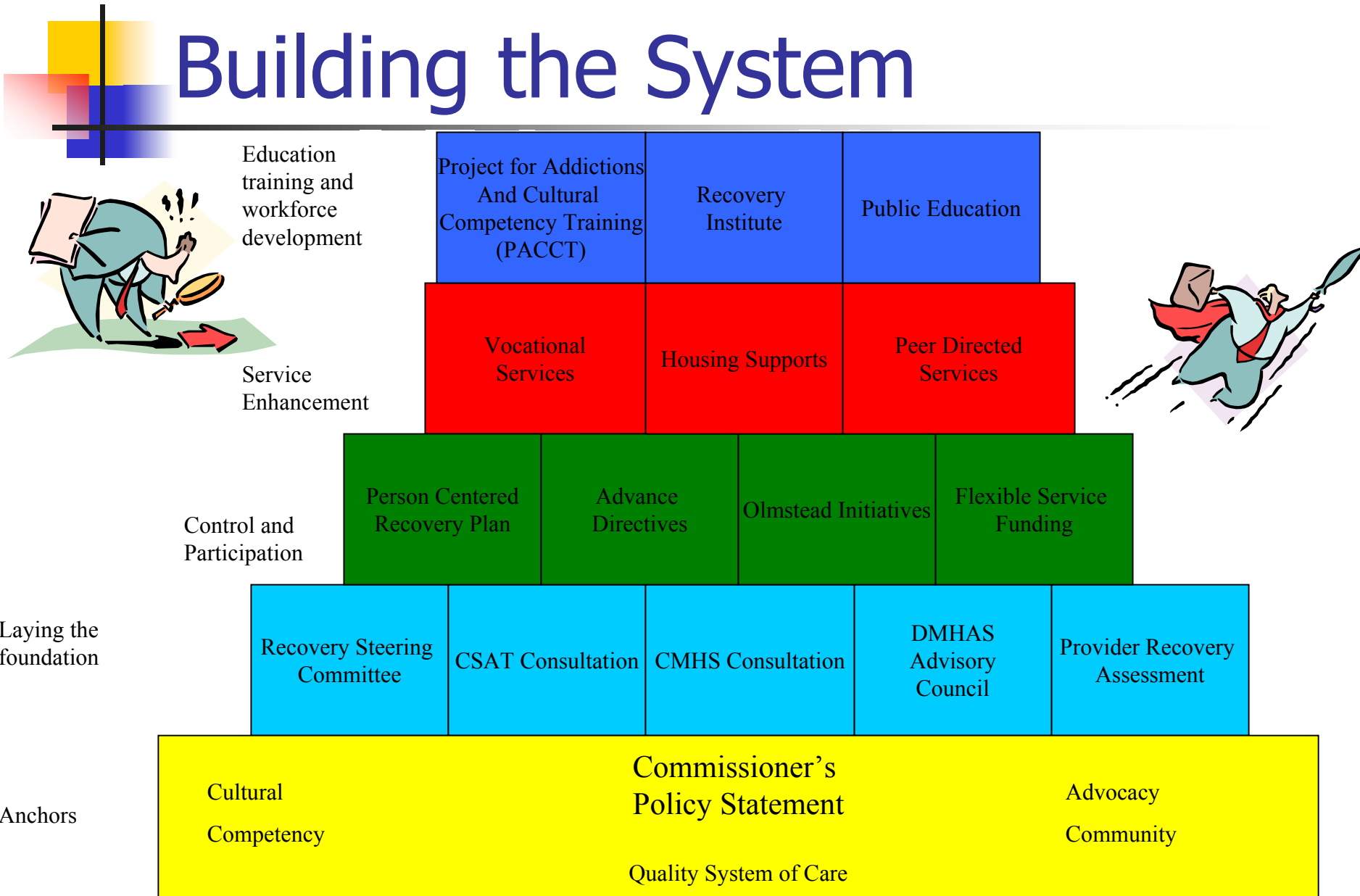


# Consensus Building

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- Recovery Steering Committee
- Expert consultation with CSAT/CMHS
- Community forums and presentations
- Employment consultation
- Recovery Advisory Committee
- Stakeholder input in planning and development activities

# Building the System



Education training and workforce development

Project for Addictions And Cultural Competency Training (PACCT)

Recovery Institute

Public Education

Service Enhancement

Vocational Services

Housing Supports

Peer Directed Services

Control and Participation

Person Centered Recovery Plan

Advance Directives

Olmstead Initiatives

Flexible Service Funding

Laying the foundation

Recovery Steering Committee

CSAT Consultation

CMHS Consultation

DMHAS Advisory Council

Provider Recovery Assessment

Anchors

Cultural Competency

Commissioner's Policy Statement

Advocacy Community

Quality System of Care





# Areas of Focus

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- Aspects of the Implementation Plan
  - System design
  - Training and education
  - Centers of Excellence
  - Self-help and mutual support
  - Peer-operated services
  - Employment
  - Enhanced community linkages
  - Internal and external communications
  - Rehab Option



# IMPLEMENTATION PLAN\*\*

## Examples

	Phase I	Phase II	Phase III
Philosophical/ Conceptual	<ul style="list-style-type: none"><li>■ Build Consensus on Definitions</li></ul>	<ul style="list-style-type: none"><li>■ Identify Implications</li><li>■ Dog &amp; Pony Shows</li></ul>	<ul style="list-style-type: none"><li>■ Address stigma within other systems and the community</li></ul>
Competencies, Skills & Programs	<ul style="list-style-type: none"><li>■ Evaluate Approaches</li><li>■ Baseline Assessment</li></ul>	<ul style="list-style-type: none"><li>■ Begin Training</li><li>■ Incentivize Program Innovations</li></ul>	<ul style="list-style-type: none"><li>■ Advanced Training</li><li>■ TA/Knowledge Transfer</li></ul>
Fiscal/ Administrative	<ul style="list-style-type: none"><li>■ Identify Barriers &amp; Incentives</li></ul>	<ul style="list-style-type: none"><li>■ Solution-focused workgroups</li><li>■ Develop Fiscal Support</li></ul>	<ul style="list-style-type: none"><li>■ Performance Measures</li><li>■ Implement Policy Changes</li></ul>

\*\*Utilize a consensus process throughout the implementation



**ACTIVITIES**



# Promoting Recovery Through Training and Education

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



# Promoting Recovery Through Education and Training

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- Recovery Institute
  - Training commenced 2-03
  - General and skill-based training
  - Over 1900 individuals trained as of 9/15/03
  - Over 30 training courses offered
  - Focus on all levels of agency staff

The logo consists of a vertical black line on the left, a horizontal black line at the bottom, and three overlapping squares: a yellow one at the top left, a red one in the middle left, and a blue one at the bottom left. The text "Recovery Institute" is in a blue serif font to the right of the logo.

# Recovery Institute

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- Areas of Focus
  - Orientation to recovery
  - MET
  - Person centered planning
  - Mutual support programs
  - Culturally competent recovery services
  - Core clinical skills



# Centers Of Excellence

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- Identify and develop model programs
- Offer intensive training and consultation
- Transfer best practices to field through training and program replication
- Completed COE selection process
- Develop COE training curriculum
- Start-up fall 03



# Centers of Excellence

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- Focus areas include
  - Supported community living
  - Peer run programs
  - Outreach and engagement
  - Core clinical skills/recovery guides
  - Person centered planning
  - Cultural competency





# Communication

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- Website
- Resource toolkit
- Newsletter
- Community forums and presentations
- Recovery Champions
- Focus groups and advisory groups



*Vision to Reality*

*VISION to REALITY*



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# Making Recovery a Reality





# Making Vision a Reality

## Gaining Momentum (Phase 1)

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- Host Recovery Conference focused on “What is Recovery” (Build Consensus)
- Establish a Recovery Steering Committee
- Convene workgroups to identify & develop Preferred Practices
- Conduct a Recovery Assessment of Programs
- Include recovery in all new Funding Opportunities
- Prioritize and Integrate Recovery in Training Activities
- Conduct an anti-stigma campaign
- Develop a Policy that Establishes Recovery as the organizing paradigm for all services
- Create a Recovery Position Paper

# Making Vision a Reality

## Sustaining Momentum (Phase 2)



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- Host Recovery Conference focused on the “How” (Highlight Specific Practices and Programs)
- Implement Recovery Preferred Practices through policy and funding
- Establish Recovery Education Center
- Continue anti-stigma campaign
- Implement Peer Support programs
- Develop Recovery Education Center and create training curriculum based on consensus process
- Implement training/consultation campaign for providers
- Incorporate Recovery-Oriented Performance Measures

# Making Vision a Reality

## Changing the Service System (Phase 3)

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- 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 systems (eg performance measures, fiscal policy, etc) to support a recovery oriented system of care

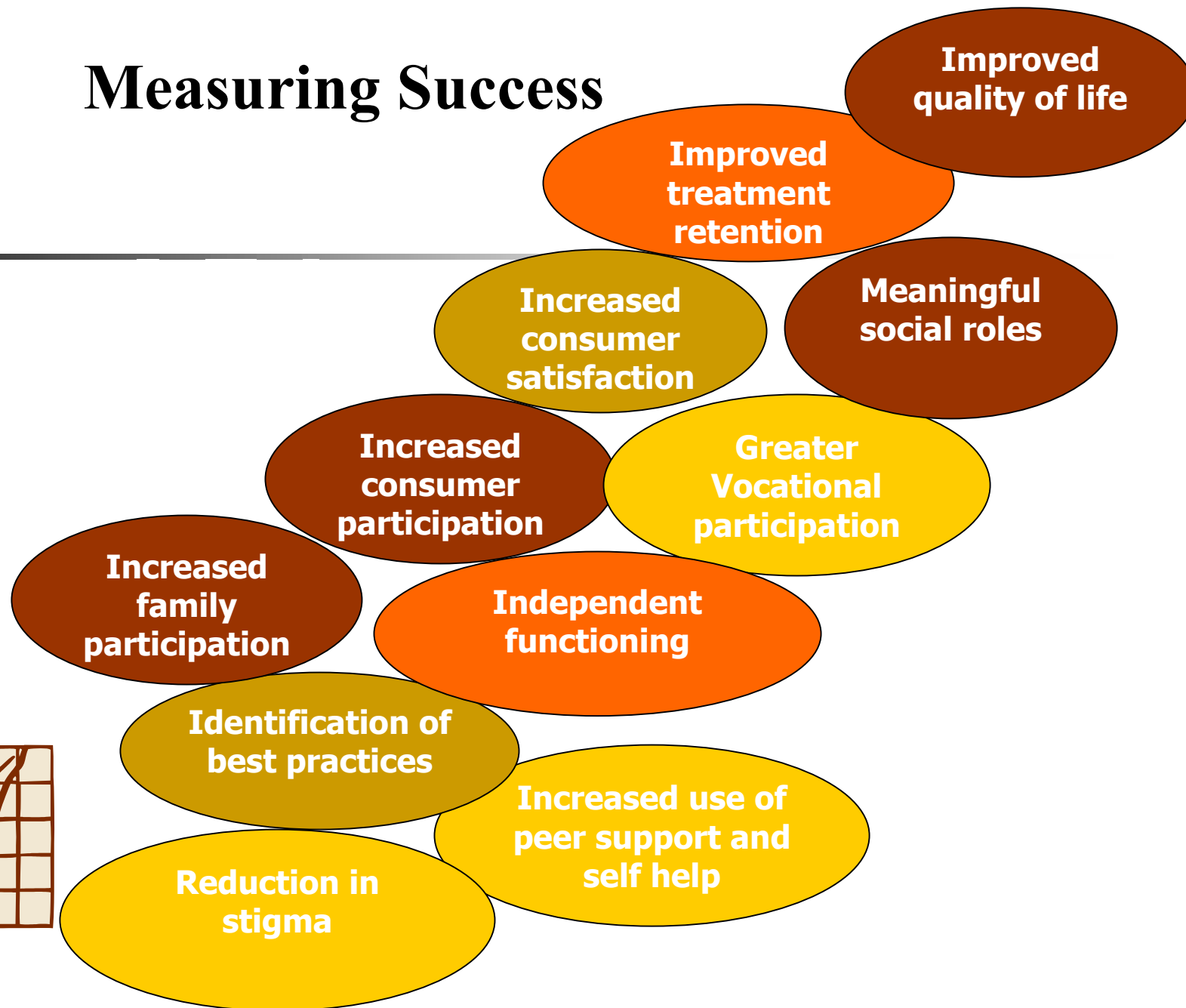
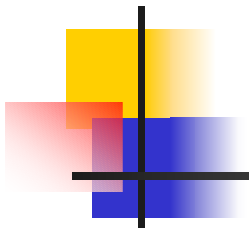


# Benefits for DMHAS System

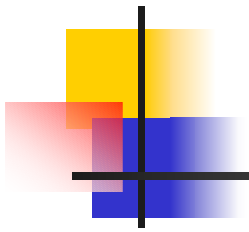
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- Better utilization of resources
- Improved treatment retention
- Increased consumer satisfaction
- Broadened community supports
- Staff development through state-of-the-art training through Recovery Institute
- Knowledge transfer through Centers of Excellence

# Measuring Success

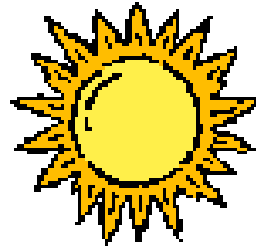






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THANK YOU!





# Why Involve Families?

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- Improves Treatment Outcomes
  - Reduces relapse rates
  - Reduces hospitalization rates
  - Family well-being improves
  - Participation in voc rehabilitation increases
  - Costs of care decrease
- Reduces Stigma
  - Recovery Walks
  - Family to Family education/Provider Ed. Program
  - Keep the Promise Campaign
  - Legislative days



# The Family Movement in Mental Health and Addictions

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- NAMI
- AL-Anon Family Groups
- NAMI-CT
- CCAR



# Resources for Recovery

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- Families as advocates
  - Influence legislation, services, or funding decisions
  - Influence community views of stigma
- Families as mutual support
  - Al Anon Family Groups
  - NAMI Family to Family Education
  - CCAR Recovery Walks
- Families as direct recovery resources
  - Inform service delivery (what works, stressors)
  - Provide direct supports to persons in recovery, i.e. transportation, child care, housing, financial



# DMHAS Support for Families

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- Family education
  - NAMI Family to Family
  - CCAR Recovery and Advocacy Trainings
- Anti-stigma campaigns
  - Recovery Walks
  - NAMI Provider Education Program
  - Putting a Face on Recovery



# Collaborating for Recovery

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