

Practice Guidelines for Recovery-Oriented Behavioral Healthcare Partnership Conference: The Future is Now

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

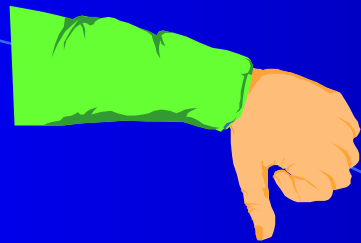


Who are we? - We're



- CT Substance abuse and mental health authority
- 90,000 people in care annually
- 3,600 employees, two hospitals, 15 LMHAs
- \$600 million/year operating expenses
- Contracts with 250 non-profit agencies
- Prevention (all ages)
- Treatment (age 18+)
- **RECOVERY IS OUR BUSINESS**

“addicts”



“a chronic, relapsing disease”



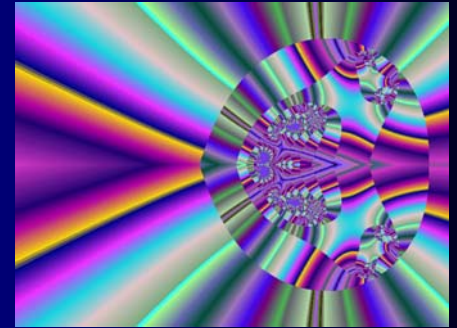
“severe persistent mental illness”



What message are we conveying?

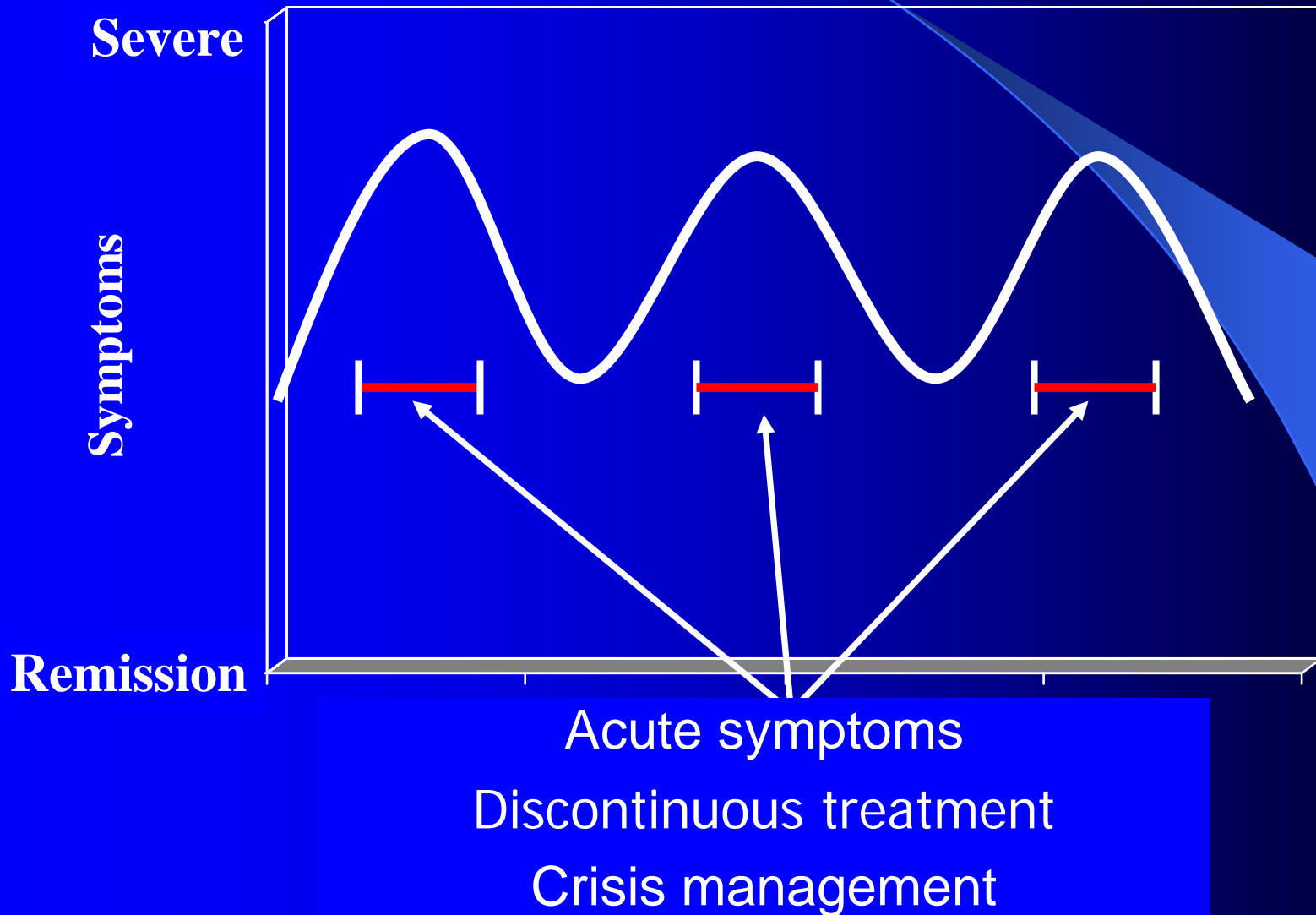
Doesn't anybody ever get better?

Why Focus on Recovery Now?

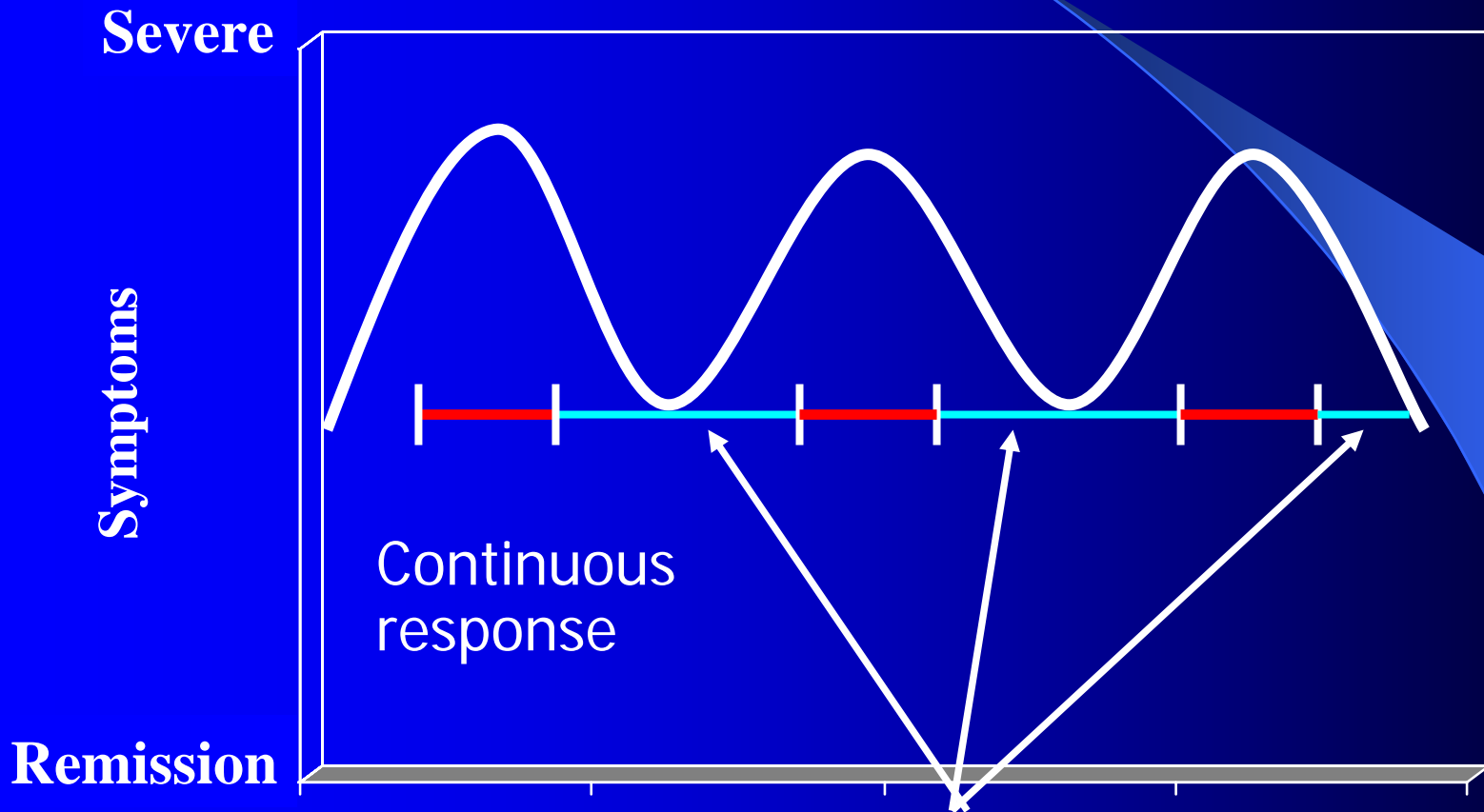


- CT Governor's Blue Ribbon Commission
- Federal emphasis and expectation
 - President's New Freedom Commission
 - SAMHSA
- Expectations of advocates, consumers, people in recovery
- Expanding research base showing improved effectiveness of treatments and natural supports

Typical service response



Recovery-oriented response



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

Goal: Helping People Move into the Recovery Zone

Severe
Symptom



Remission

Improved recovery
outcomes for the person

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



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.”*

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"

"Be looked at as whole people"

"Looking forward to life"

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.”*

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

What might get in your way...

- Anticipate concerns and address the tough questions, early on and throughout...
- Often these relate to “systemic” level issues that providers feel are, to some extent, beyond their control
- Align with provider community. Do not overlook organizational context and barriers while trying to “fix” individual providers...
 - *“When you pit a bad system against a good performer, the system always wins...(Rummler, 2004).*
- Pay attention to the “Top Ten Concerns About Recovery”



The Top Ten Concerns about Recovery



10. Recovery is old news. There's nothing new.
9. Providers are already too overburdened.
8. Recovery isn't really possible.
7. Recovery is a passing fad.
6. People can only get better with active treatment.



Top Ten Concerns

5. Who's going to pay for it?
4. Recovery can only be implemented with new services and additional resources.
3. Recovery conflicts with other initiatives
2. Recovery approaches devalue and diminish the role of professionals.
1. Recovery increases provider exposure to risk and liability.

The Top 10 Concerns About Recovery



Concern #2: *Recovery devalues the role of professionals. Recovery can appear anti-treatment or anti-provider in tone.*

Recovery perspective: Recovery moves behavioral health much closer to other medical specialties where the Doctor presents “treatment choices.”

Strategy: Recovery-oriented care requires a higher level of professional knowledge and expertise.



The Top 10 Concerns About Recovery



Concern #2: *Recovery exposes providers to increased risk and liability.*

Recovery perspective: A recovery orientation in no way conflicts with risk assessment and encourages the appropriate use of this technology.

Strategy: Limit restrictive measures only to situations involving imminent risk to self or others (“safety” issues) as narrowly allowed under statutory law while encouraging “responsible risk taking”





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

