

# Practice Guidelines for Recovery-Oriented Behavioral Healthcare

## Partnership Conference: The Future is Now

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

Connecticut Department of Mental Health and Addiction Services

*February 2007*



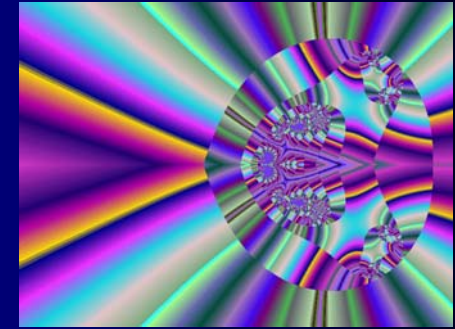
Connecticut Department of Mental Health and Addiction Services  
*A Healthcare Services Agency*





## 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



# 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.”*

# 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

**System**  
(Policy)

Recovery-Oriented  
Value-Driven

**Program**  
(Provider)

Recovery Practice  
Guidelines

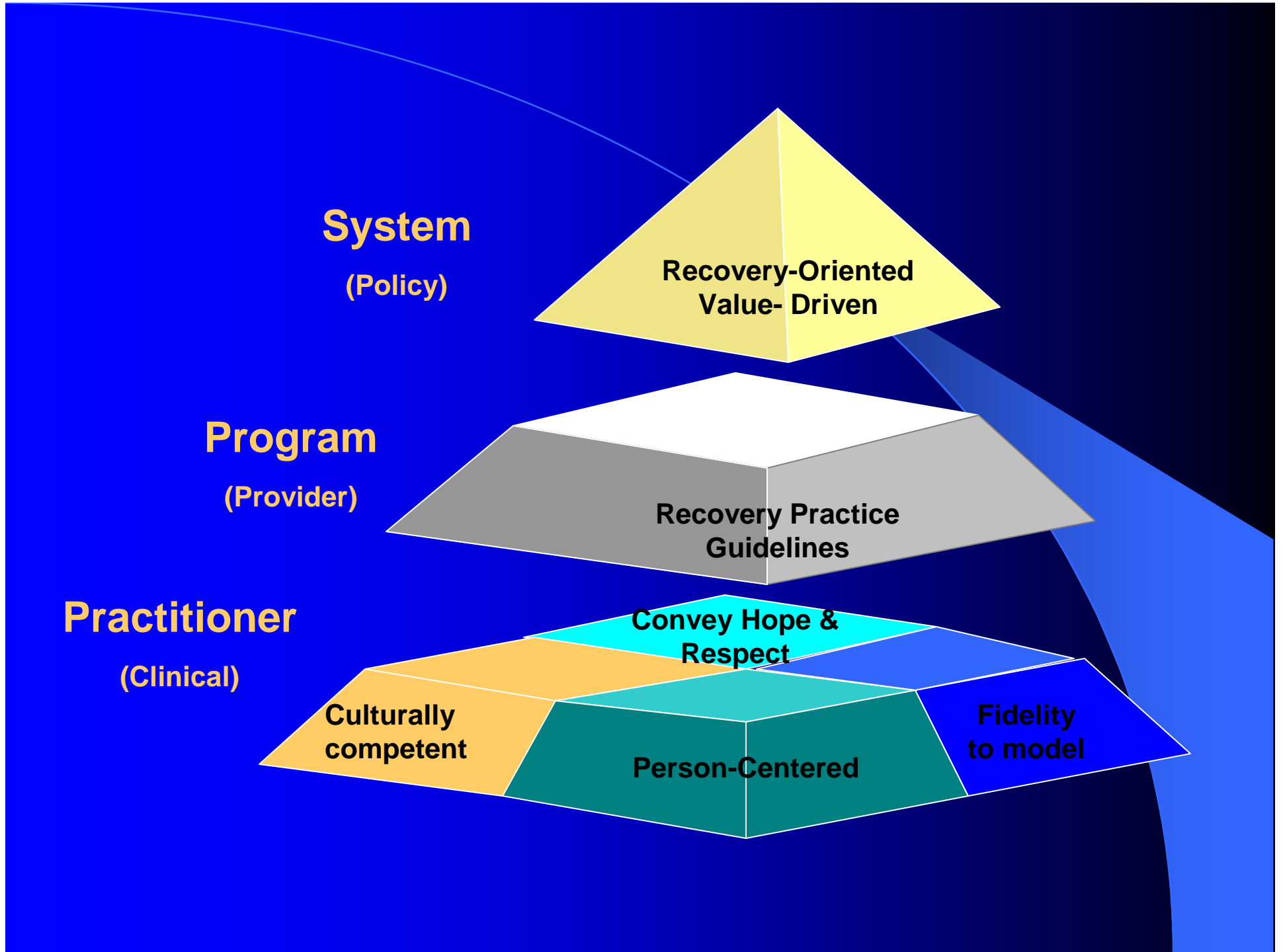
**Practitioner**  
(Clinical)

Convey Hope &  
Respect

Culturally  
competent

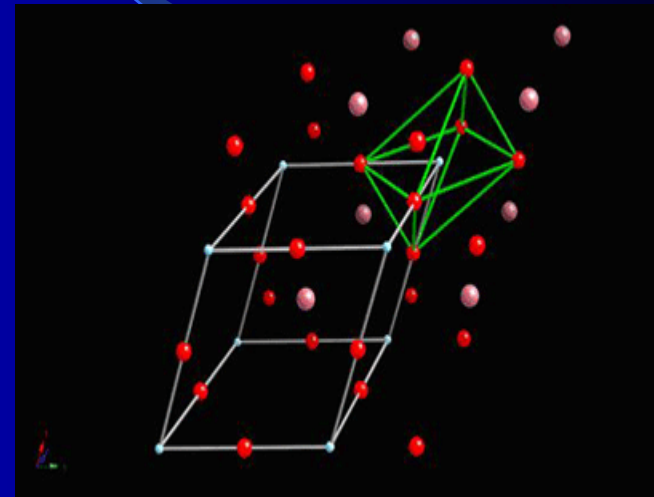
Person-Centered

Fidelity  
to model



# Changing the System

- Phase 1 – Determine direction
- Phase 2 – Initiate change
- Phase 3 – Increase depth and understanding



# 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

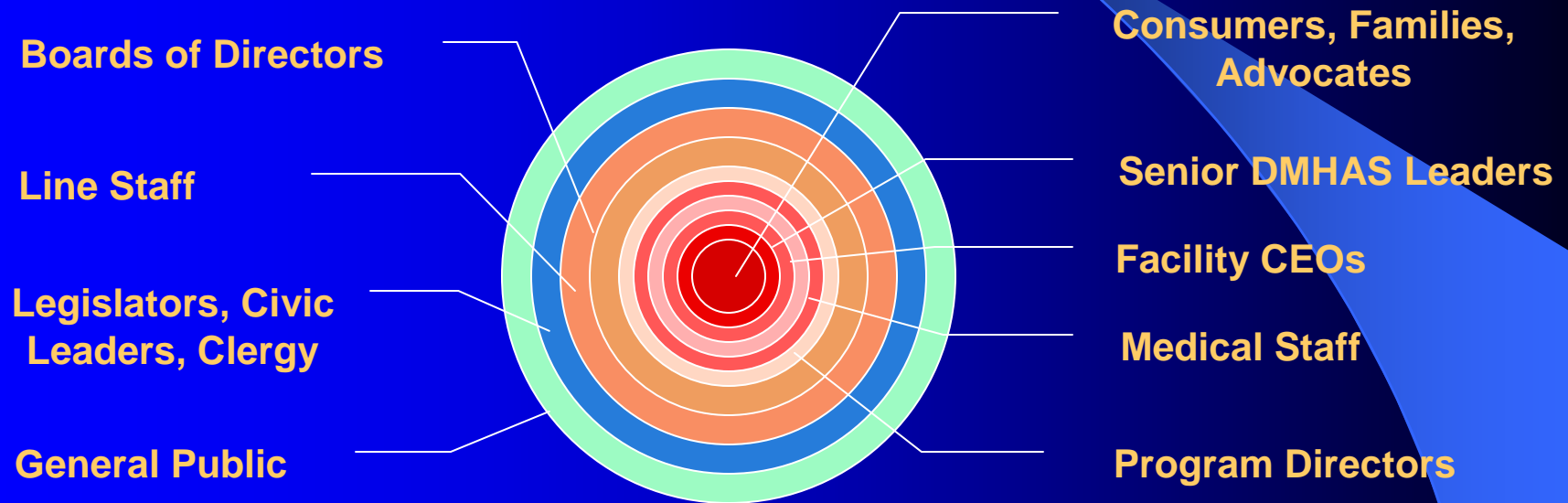
- Consumers/people in recovery
- CEO retreats, focus groups with advocacy groups and providers, medical directors
- Trade association meetings

**3**

## Spread the Word - Create Awareness

# Create Awareness

Increasing numbers of people



And Increasing depth of content

# Phase 2: Initiate Change

## Focus on Quality

- 1 { Provider self-assessment → Agency Recovery plans  
Plan approval and implementation
- 2 { Practice 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

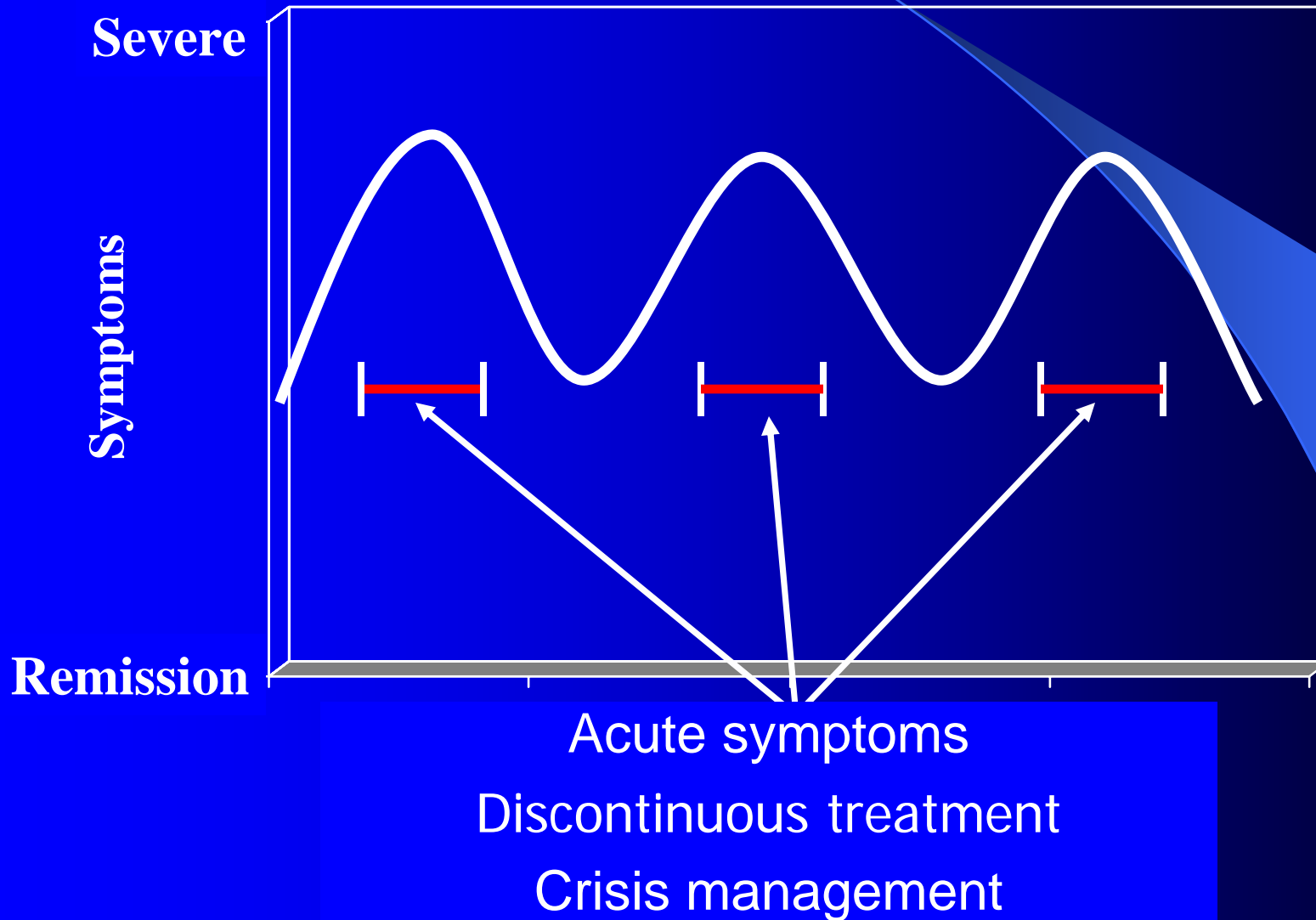
## Service system re-design:

- 6 New funding and realignment of existing resources

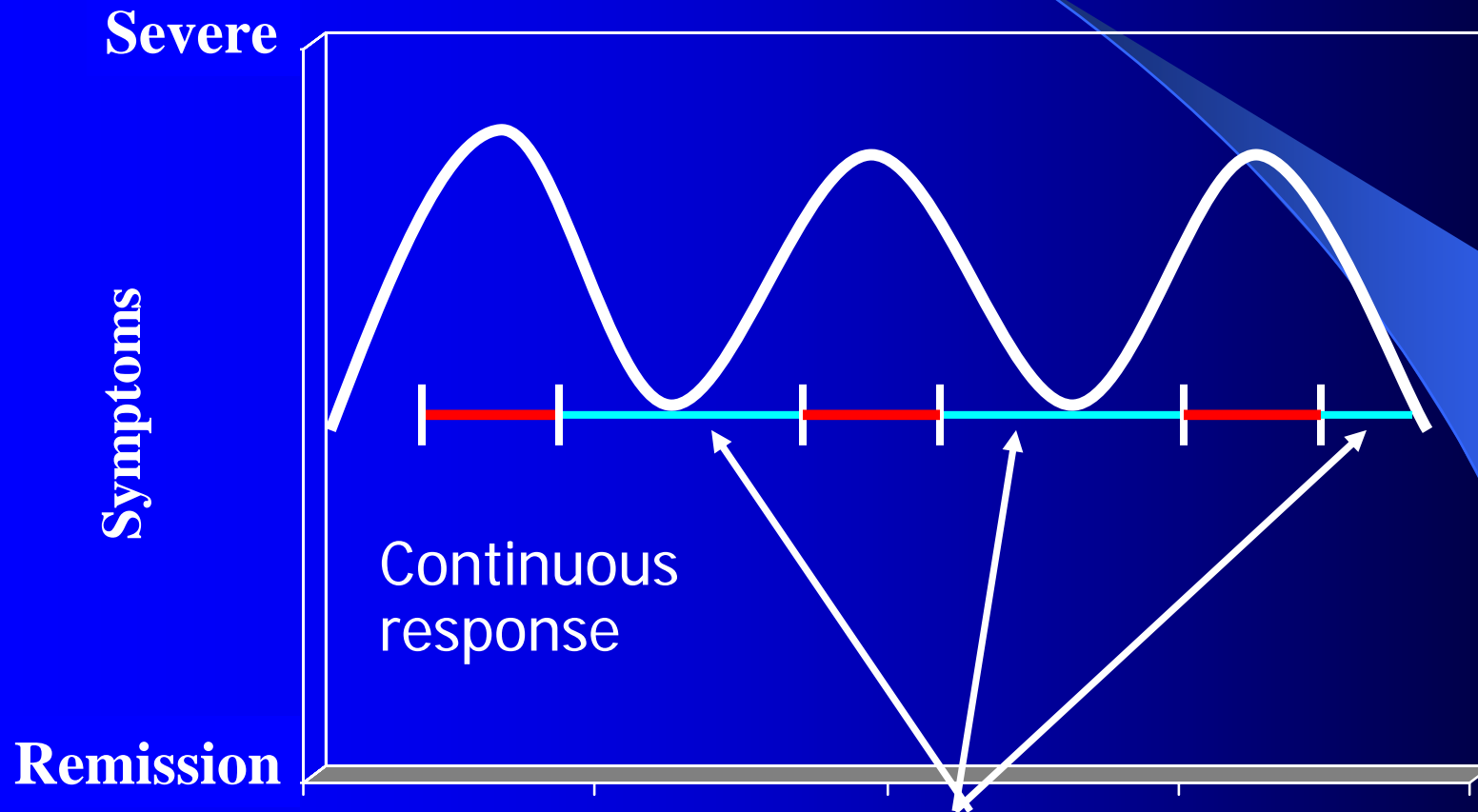
## Phase 3: Increase Depth and Understanding

- 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

# Typical service response



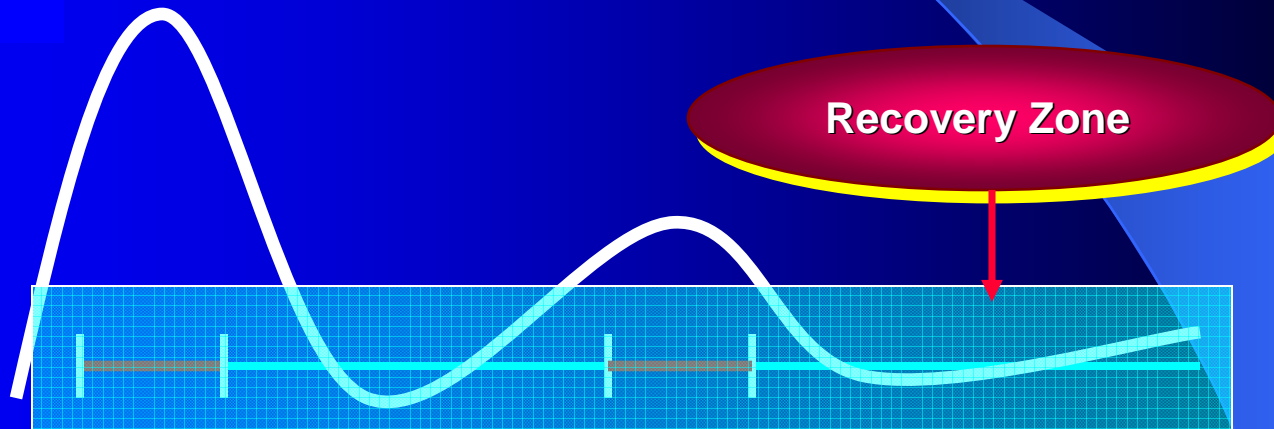
# Recovery-oriented response



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

# Goal: Helping People Move into the Recovery Zone

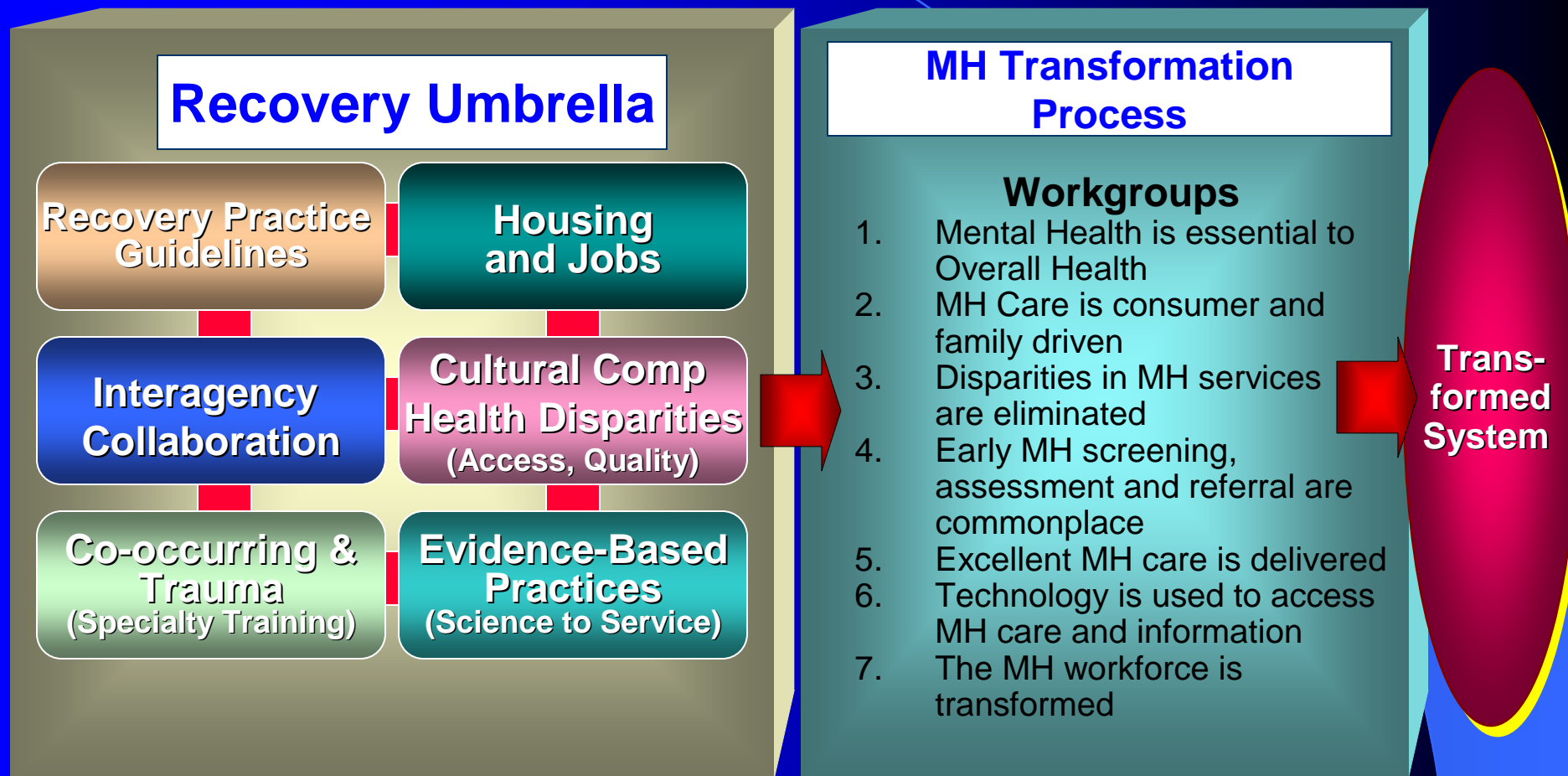
Severe  
Symptom



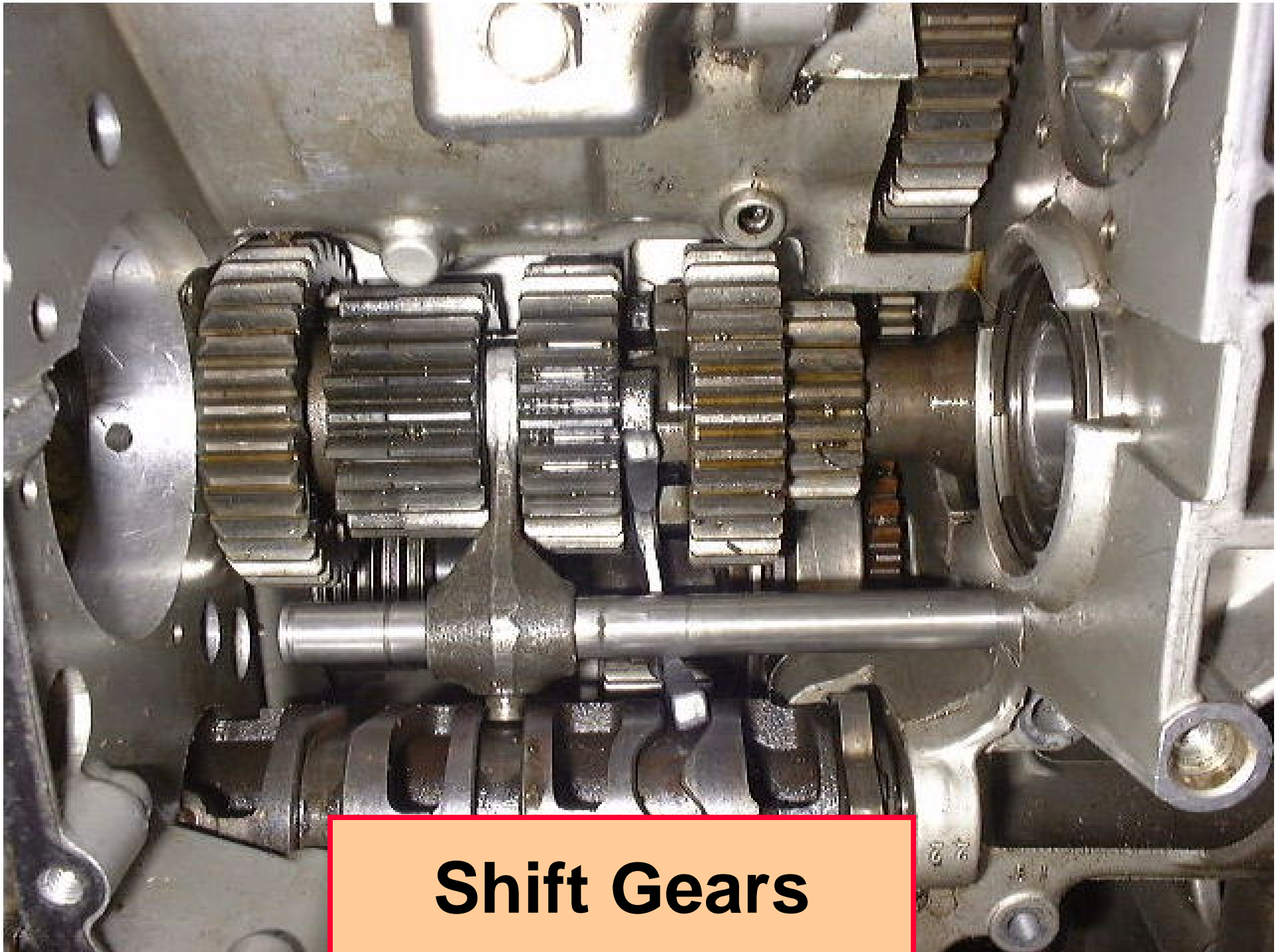
Remission

Improved recovery  
outcomes for the person

# Integrating Initiatives



Value-driven, Recovery-oriented System of Care



**Shift Gears**

# Recovery Practice Guidelines

## Foundation

**Social  
Inclusion**

**Self  
Determination**

# Social Inclusion

People with mental illness are entitled to a life in the community *first*, as the foundation for recovery—not as its reward.

For example,



It is very hard to recover if you don't have a place to live (a home). Housing cannot be contingent on compliance or improvement in one's condition.

# Self Determination

- Psychiatry is a form of health care.
- As in all (non-emergency) health care, people reserve the right to be free from coercion, and to have all care provided only with their informed consent . . .
- Even when they still have symptoms or deficits, just like in other forms of health care.





**Many Paths to Recovery**

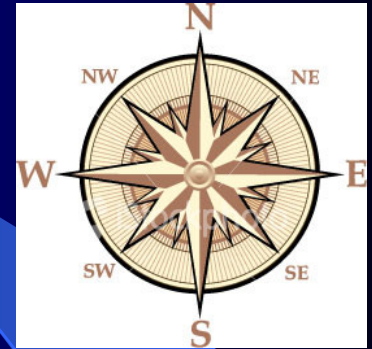
# What does Recovery-Oriented Care look like in practice?

- Not a pilot program
- Not an add-on to existing care
- Not a new provider-driven practice
- Not what happens after treatment, or cure
- Not a new term for compliance or adherence
- Not limited to self-help, peer support, or quality of life
- Not ancillary or supportive of 'real' treatment
- Not a fad, fashion, or flavor of the month



# Domains of Practice Guidelines

- Primacy of Participation
- Promoting Access and Engagement
- Ensuring Continuity of Care
- Employing Strengths-Based Assessment
- Offering Individualized Recovery Planning
- Functioning as a Recovery Guide
- Identifying and Addressing Barriers to Recovery
- Community Mapping, Development, and Inclusion



## Under Development:

Prevention and Early Intervention  
Assessing and Monitoring Outcomes

# 1 Primacy of Participation



- Place emphasis on the participation of people in recovery and their loved ones in all aspects and phases of the care delivery process.

## 2 Promoting Access and Engagement

- Facilitate swift and uncomplicated entry into care and identify and remove barriers to receiving care; address basic needs.



## 3 Ensuring Continuity of Care

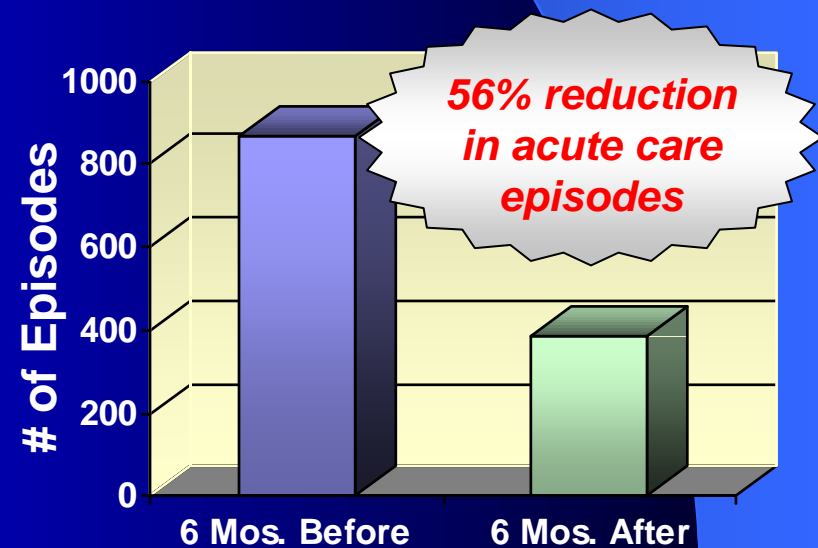
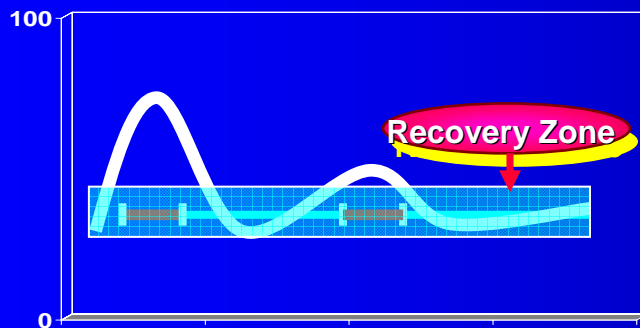
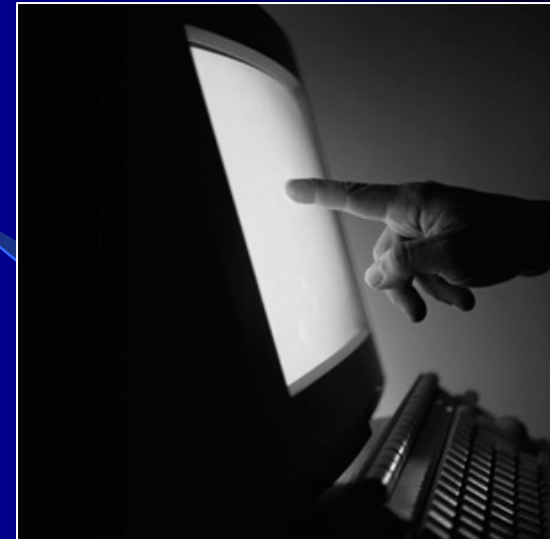
- Ensure continuity of the person's most significant healing relationships and supports over time and across episodes and agencies



# Ensuring Continuity

(using technology)

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



## 4 Employing Strengths-Based Assessment

- Balance critical needs that must be met with the resource and strengths that people possess to assist them in the process



## 5 Offering Individualized Recovery Planning



- All treatment and rehabilitative supports are based on an individualized, multi-disciplinary recovery plan developed in collaboration with the person and any others that s/he identifies as supportive

## 6 Functioning as a Recovery Guide



- Remove personal and environmental obstacles to recovery, link the person to the community, and, where not available naturally, serve as a mentor in process of recovery.

## 7 Identify/Address Barriers to Recovery

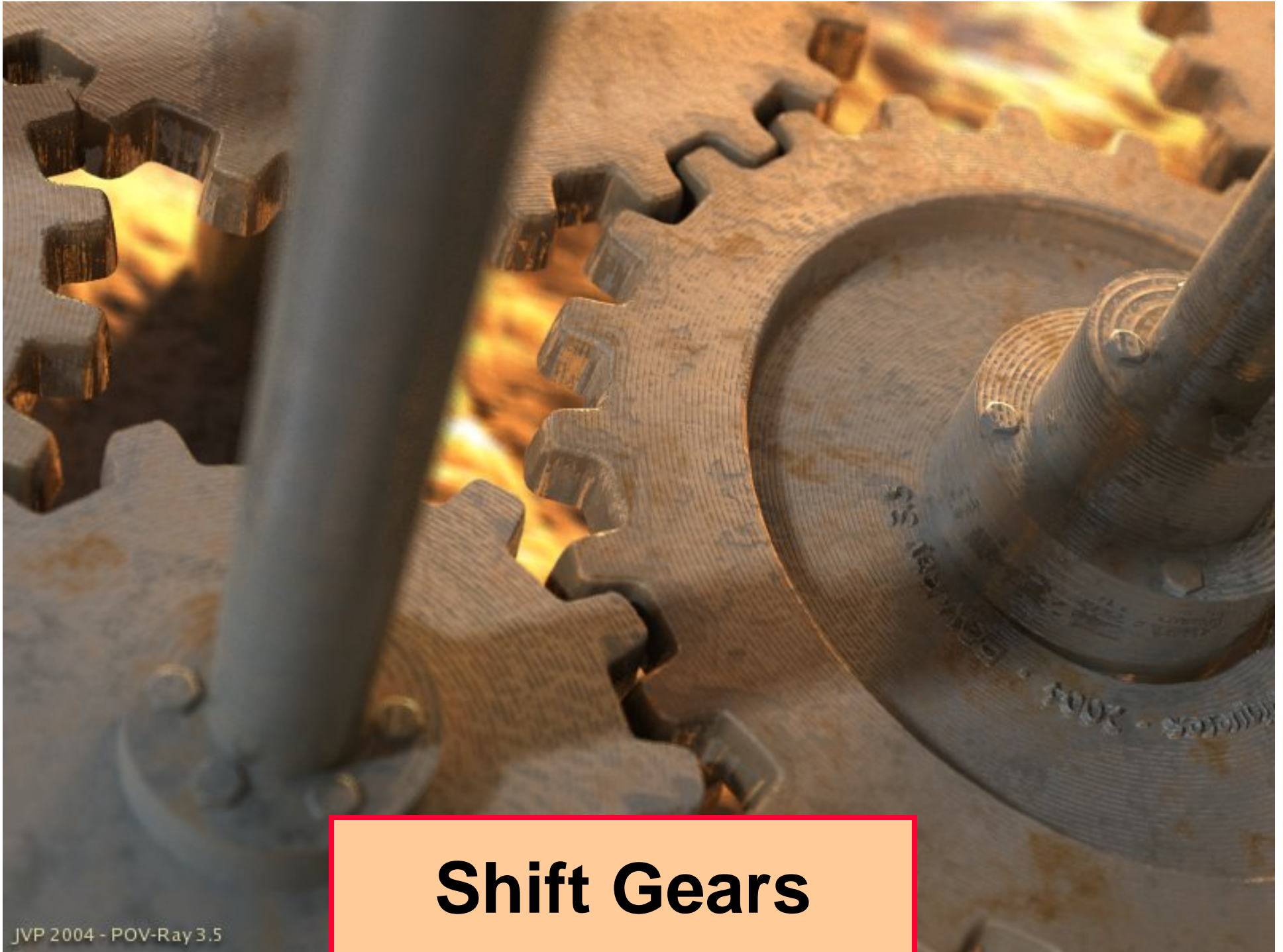


- Characteristics in the service system and community, and factors intrinsic to the person's behavioral health condition, that contribute to creation/perpetuation of chronicity and disability.

## 8 Community Mapping, Development, and Inclusion

- Involve a participatory process of mapping the resources and capacities of a community as a means of identifying existing, but untapped or overlooked, resources and potentially hospitable places in which contributions of a person with a disability will be valued.





# Shift Gears

# Progress

- Recovery Institute
  - Practice Enhancement Initiatives
  - Co-occurring Disorders Academy
- Recovery practice guidelines
- Contract languages changes



- Agency recovery self-assessment tool
- Agency “Recovery Plans”
- Regional Mental Health Board Evaluations based on Recovery Practice Guidelines

# Challenges

- Power dynamics
- Non-traditional providers, non-traditional challenges
- Patience, non-linear change
- Marathon not sprint



# 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”*
- *In order to achieve “buy-in” we’ve got to address the concerns of critics*

# CONTACT INFORMATION

Paul J. DiLeo  
Chief Operating Officer  
Department of Mental Health and Addiction Services

Office Phone: 860/418-6855  
Office Fax: 860/418-6691  
E-Mail: [paul.dileo@po.state.ct.us](mailto:paul.dileo@po.state.ct.us)



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

