Recovery and Resilience-Oriented Systems of Care Amidst Health Care Reform:
Moving Forward in Implementation & Practice

Foundation for Recovery
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DBHIDS
DEPARTMENT of BEHAVIORAL HEALTH
and INTELLECTUAL disABILITY SERVICES

Acknowledgements

All of the staff of DBHIDS, People in Recovery,
Providers and Community Stakeholders

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Take Home Messages

» The Behavioral Health field must respond to a rapidly changing healthcare environment

» "Recovery oriented care" provides the most viable framework for the field in this changing environment

» Building a **Recovery Oriented System of Care (ROSC)** is doable with the right leadership and political will

Overview

» Significant changes in physical and behavioral healthcare

» Recovery and resilience-oriented systems of care can guide change

» Transformative change

» Building blocks and examples of recovery and resilience-oriented systems of care

» Leading change

Recovery Oriented Care
Trend or Fad?

Historic Changes Underway

» IOM Reports

» SAMHSA's Strategic Priorities and a Good and Modern Behavioral Health System

» Changes to the Block Grants

» ONDCP National Drug Control Strategy

» Healthcare Reform

○ Greater attention to preventing illness and promoting wellness
○ Increased access to care
○ Increased focus on the coordination/ integration of services between primary care and behavioral health
○ Increased focus on quality, outcomes and accountability
○ Increased focus on evidence-based medicine
○ Enhanced infrastructure to support the delivery of effective services (e.g. HIT)
○ Greater emphasis on program efficiency
○ Addressing diversity and reducing health disparities

SAMHSA's Good and Modern Services

A modern mental health and addiction system should have prevention, treatment and recovery support services available both on a stand alone and integrated basis with primary care and should be provided by appropriate organizations and in other relevant community settings.

» Proposed continuum comprised of 9 domains
  ◦ Health Homes
  ◦ Prevention and Wellness Services
  ◦ Engagement Services
  ◦ Outpatient and Medication Assisted Treatment
  ◦ Community Supports and Recovery Services
  ◦ Intensive Support Services
  ◦ Other Living Supports
  ◦ Out of Home Residential Services
  ◦ Acute Intensive Services

Current Challenges

» **Unmet Need:** < 10 % who need tx. seek treatment or if they do, arrive under coercive influences

» **Low Pre-Treatment Initiation Rates**

» **Failure to Engage/Retain:** > 50 % do not successfully complete treatment

» **Inadequate Service Dose:** significant % do not receive optimum dose of tx. as recommended by NIDA

» **Lack of Continuing Care:** only 1 in 5 receive post-discharge planning

» **Recovery Outcomes:** most resume using within 1 year and **most do so within the first 90 days of discharge from tx**

» **Revolving Door:** > 60% one or more tx. episodes, 24% 3 or more
  ◦ 50% readmitted within 1 year

IOM: Ten Rules for System Redesign

1. Care is based on continuous healing relationships.

2. Care is customized according to patient needs and values.

3. The patient is the source of control.

4. Knowledge is shared and information flows freely.

5. Decision making is evidence-based.

6. Safety is a system property.

7. Transparency is necessary.

8. Needs are anticipated.

9. Waste is continuously decreased.

10. Cooperation among clinicians is a priority.

Choice Ahead

» Try to manage competing demands
» Plug away at holes
» React to each initiative
» Missed opportunity

Take a broader perspective: proceed in a methodical, systematic, thoughtful way

ROSC as a Conceptual Framework and a Road Map

What is a ROSC?

Recovery Oriented systems support person centered and self-directed approaches to care that build on the strengths and resilience of individuals, families and communities to take responsibility for their sustained health, wellness and recovery from alcohol and drug problems.

CSAT, SAMHSA

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What is a ROSC?

Recovery-oriented systems of care (ROSC) are networks of formal and informal services developed and mobilized to sustain long-term recovery for individuals and families impacted by severe substance use disorders. The system in ROSC is not a treatment agency but a macro level organization of a community, a state or a nation.

William White

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Connecting the Dots: The Philadelphia Model & Health Care Reform

ROSC Principles of System Management	Consistent Provisions/Foci of the PPACA
Clinical Practices are Aligned with Science	Patient-Centered Outcomes Research Institute and Comparative Effectiveness Research will increase the development of evidence informed practice guidelines
Individuals and families are in key leadership positions	Participants on Key Advisory Boards e.g. Board of Governors for Patient Centered Outcomes Research Institute (3 of 17 are "patients"). Expansion of peer-based workforce, resources for training paraprofessionals.
Decision Making is Data Driven, Transparent and Participatory	Health Information Technology will facilitate data driven decisions. Data about service quality will be available via the internet to inform decision making
Accountability for Quality Improvement and Outcomes is facilitated	The National Quality Forum and the Quality Reporting Program will facilitate a national QI strategy
Resources and Policies are aligned to Support Effective, Recovery oriented Services	Value-based purchasing and value-based insurance design will incentivize the delivery of effective care. The Center for Medicare & Medicaid Innovation will test innovative payment and service delivery models.
Strategic Investments in Workforce Development	Mental and Behavioral Health Education and Training Grants. The Primary Care Extension Program will educate providers about behavioral health services

Connecting the Dots: The Philadelphia Model & Health Care Reform

Principles of Recovery Oriented Services	Consistent Provisions and/or Foci of the PPACA
1. Integrated Services	1. Person centered healthcare homes and grants to support co-location of services.
2. Assertive Outreach and Engagement	2. Consistent with one of the overarching goal of Healthcare reform - increased access to care
3. Early Intervention Services	3. Screening emphasized in Prevention provisions
4. Holistic, Individualized Clinical Services and Supports which Promote Choice	4. With the increased availability of services, people will be afforded more options and greater choice. There is greater attention to the need for individualized care and examining the impact of culture: --Data collection and reporting by race, ethnicity and language --Efforts to increase diversity in the workforce --Cultural competence training/support for organizations --Integrated services emphasize the need to treat the whole person
5. Continuing Support and Early Re-engagement	5. Accountable Care Organizations will facilitate sustained service relationships over time and also promote holistic care

# Connecting the Dots: The Philadelphia Model & Health Care Reform

Principles of Recovery Oriented Services	Consistent Provisions and/or Foci of the PPACA
6. Services Move Beyond Abstinence and Symptom Reduction to Promote Full Lives in the Community	6. Emphasis on Patient Outcomes
7. Collaborative Service Relationships	7. Professionally directed care or shared decision making?
8. Evidence Based Practices	8. Increased funding for research and efforts to shorten the science to service gap
9. Promotion of Community Health and Wellness	9. HHS will establish a national prevention and health promotion education campaign. States will receive grants for prompting Medicare beneficiaries to join programs providing incentives for health living. Community Transformation Grants. National Prevention, Promotion and Public Health Council

Examining Our Current Service System:

GETTING OUT OF THE TREATMENT BOX
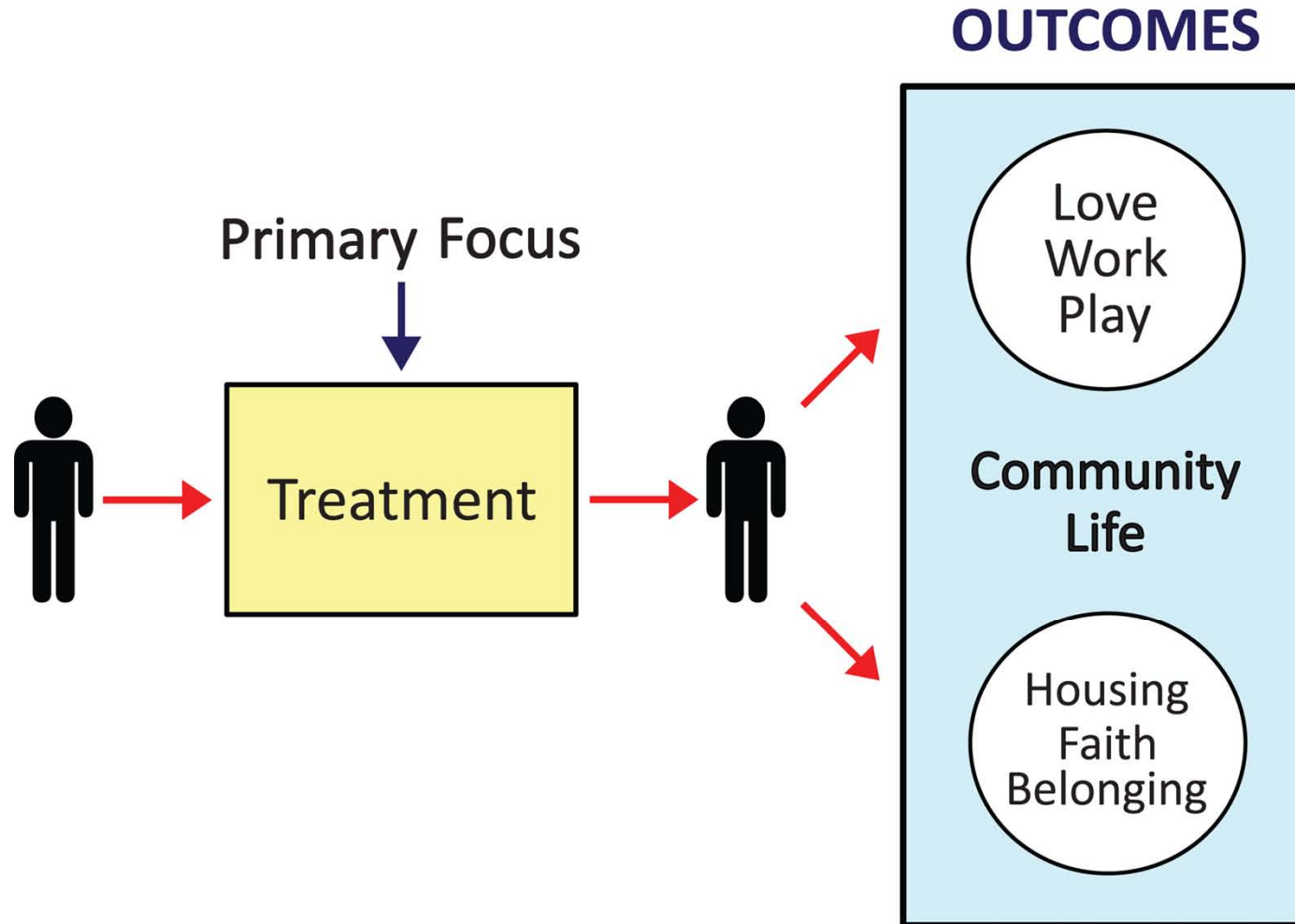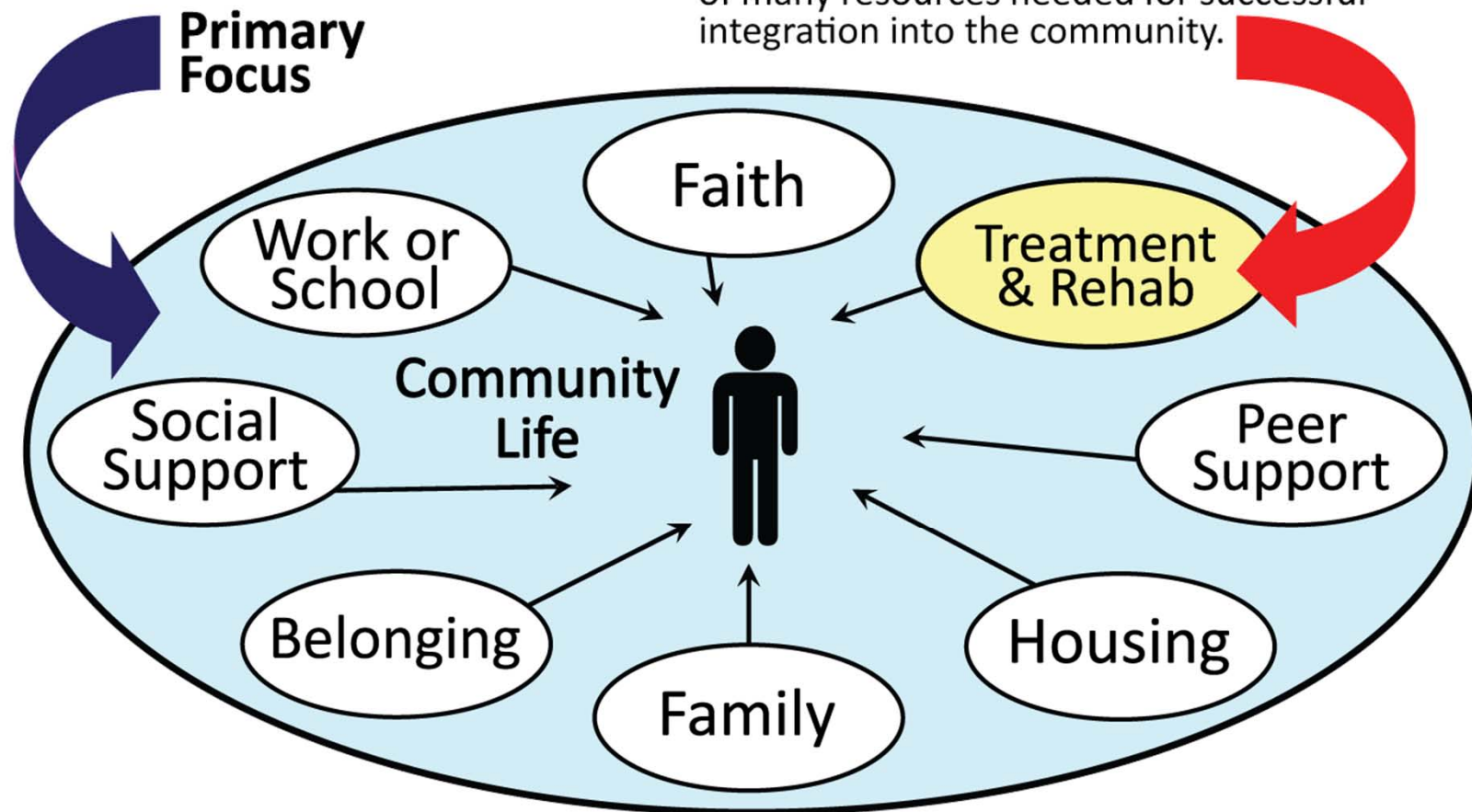
NEW PARADIGM AHEAD

A Different Mental Model

Recovery and Resilience Oriented System of Care

In the model, clinical care is viewed as one of many resources needed for successful integration into the community.

Primary Focus

Community Life

- Faith
- Work or School
- Social Support
- Belonging
- Family
- Treatment & Rehab
- Peer Support
- Housing

". . .merely making incremental improvements in current systems of care will not suffice."

Institute of Medicine

Crossing the Quality Chasm: A New Health System for the 21st Century (2001)

What is Transformational Change?

3 Approaches to System Transformation

Additive

Adding peer and community based recovery supports to the existing treatment system

Selective

Practice and Administrative alignment in selected parts of the system

Transformational

Cultural, values based change drives practice, community, policy and fiscal changes in all parts and levels of the system. Everything is viewed through the lens of and aligned with recovery oriented care.

How Transformational Change is Different

Transformational change is unique in three critical ways:

» The future is unknown and only through forging ahead will it be discovered.

» The future state is so different than the traditional state that a shift of mindset is required to invent it.

» The process and the human dynamics are much more complex, **partnership and leadership critical!**

Conceptual Framework
Guiding the Transformation Process

» Aligning Concepts: Changing how we think

» Aligning Practice: changing how we use language and practices at all levels; implementing values based change

» Aligning Context: changing regulatory environment, policies and procedures, community support
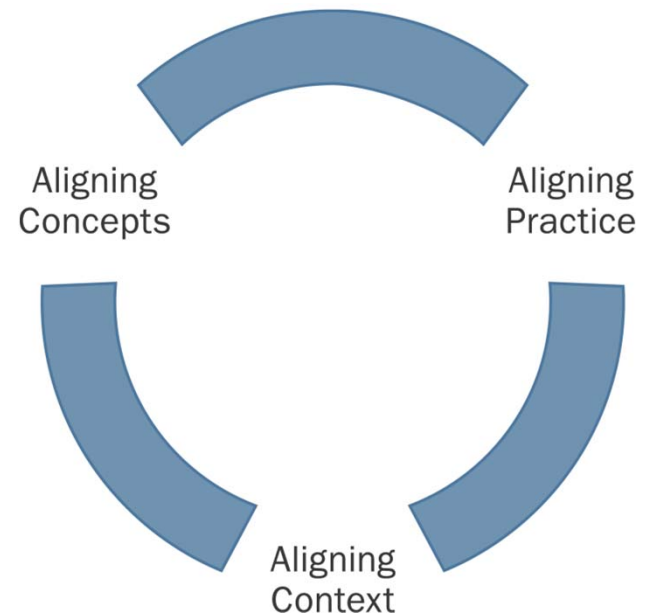
Where is Your System?

» Pre-contemplation

» Contemplation

» Preparation

» Action

» Maintenance

Corresponding Focus

Stages of Change	Major Focus of Alignment
Pre-Contemplation	Conceptual
Contemplation	Conceptual
Preparation	Conceptual and Practice
Action	Practice and Contextual
Maintenance	Practice and Contextual

Start with Early Adopters

Cumulative Adopters

Largest # of Adopters

Early Adopters — Education
Mid-Stage Adopters — Incentives
Late-Stage Adopters — Requirements

Cumulative adopters of Hybrid Seed Corn in Iowa between 1927 and 1941

Classic diffusion study by **Ryan & Gross**
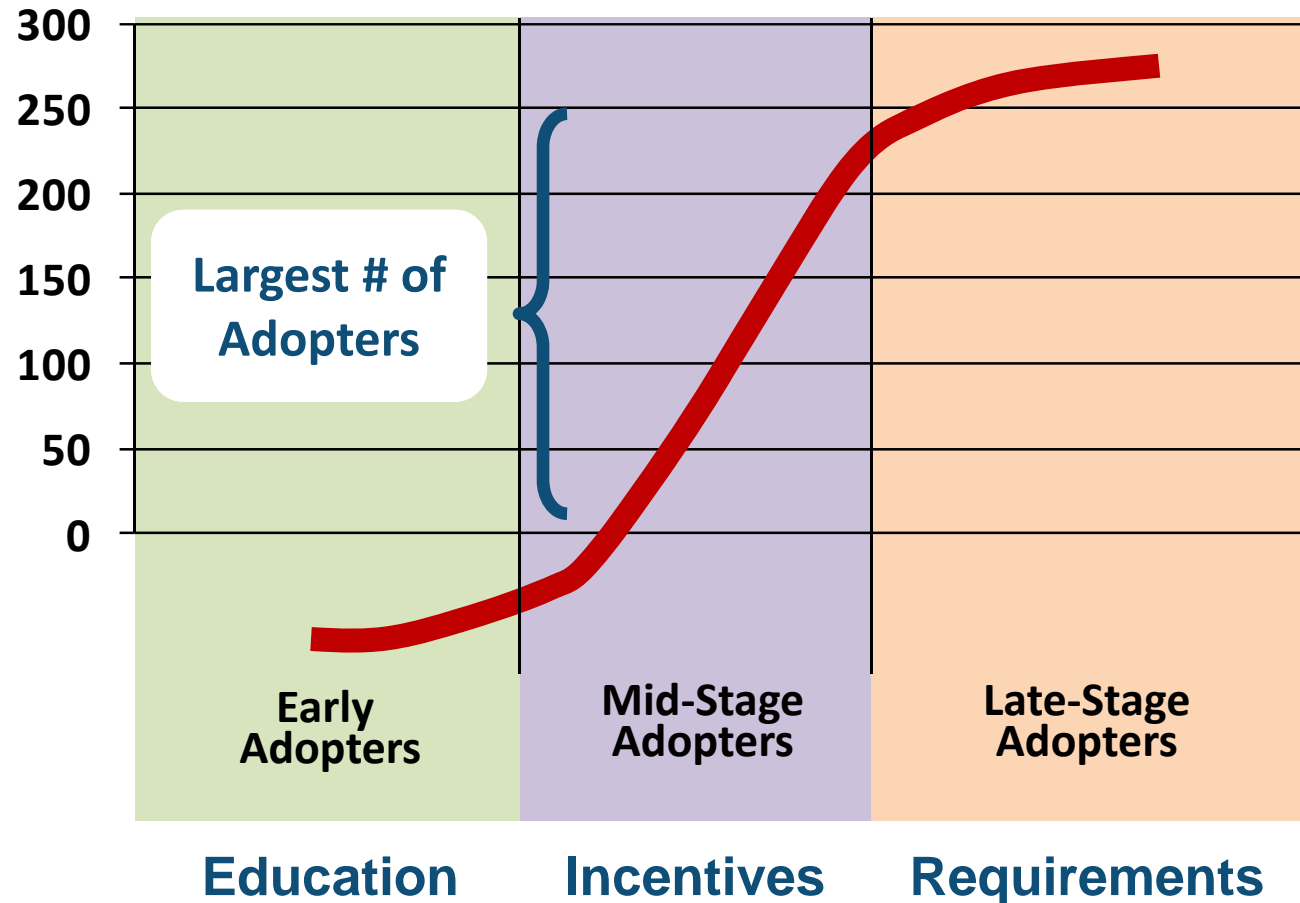
HOW DO WE PROCEED?

Four Building Blocks of a Recovery & Resilience-Oriented System

» **Optimize clinical service delivery**

- ◦ Orient and re-engineer services around the goal of long-term recovery with an understanding of their role in that process

- ◦ Optimize the clinical effectiveness of treatment services through the use of empirically supported treatments, individualized approaches (i.e., co-occurring, trauma informed, culturally competent, developmentally appropriate, etc)

» **Add and integrate recovery support services**

- ◦ Add those recovery support services that are needed to support long-term recovery for individuals and their families

- ◦ Utilize both free standing and integrated services that are embedded within treatment and add another dimension to the treatment process

ROSC: Building Block Strategies

» **Fiscal and Administrative Policy & Procedures**

- ◦ Ensuring that policy and procedures support the practice changes that have been implemented

- ◦ Remove administrative & fiscal barriers to recovery-oriented practice

» **Build Cross-Systems Partnerships and Community Recovery Capital**

- ◦ Goal: resilient and healthy communities

- ◦ Communities' capacity to prevent behavioral health challenges, intervene early when they occur and support individuals who are in the recovery process

Strength-Based Approaches

» **Changing our Questions: Examples**

- Can you tell me a bit about your hopes or dreams for the future?

- What kind of dreams did you have before you started having problems with alcohol or drug use, depression, etc.?

- What are some things in your life that you hope you can do and change in the future?

- If you went to bed and a miracle happened while you were sleeping, what would be different when you woke up? How would you know things were different?

Implementing Evidence-Based Practice

» Partnership with academic institution to Implement Cognitive Therapy Trauma Informed Treatment throughout the Philadelphia service system

» Training multiple groups in system, including homeless outreach workers

» Using evidence to drive clinical care & outcomes

Dr. Aaron T. Beck & Dr. Judith S. Beck,
"5-Day" Cognitive Therapy Workshop, Nov. 2007

Dr. Edna Foa,
Prolong Exposure Therapy for Chronic PTSD, March 2011

Day Program Transformation

» 8 Mental Health Agencies with over 2000 people enrolled since 2007

» Average Length of Stay = 15 + years

» Historical Design: "Maintain" people discharged from the state hospital

» Site-based programming

New Day Service System: Transformation Goals

» Focus on community inclusion & the attainment of normalized roles

» Focus on skill building

» Integrate substance use treatment into service options

Decrease in Crisis Utilization

» 36% decrease in Crisis Utilization for those with at least 1 year in program

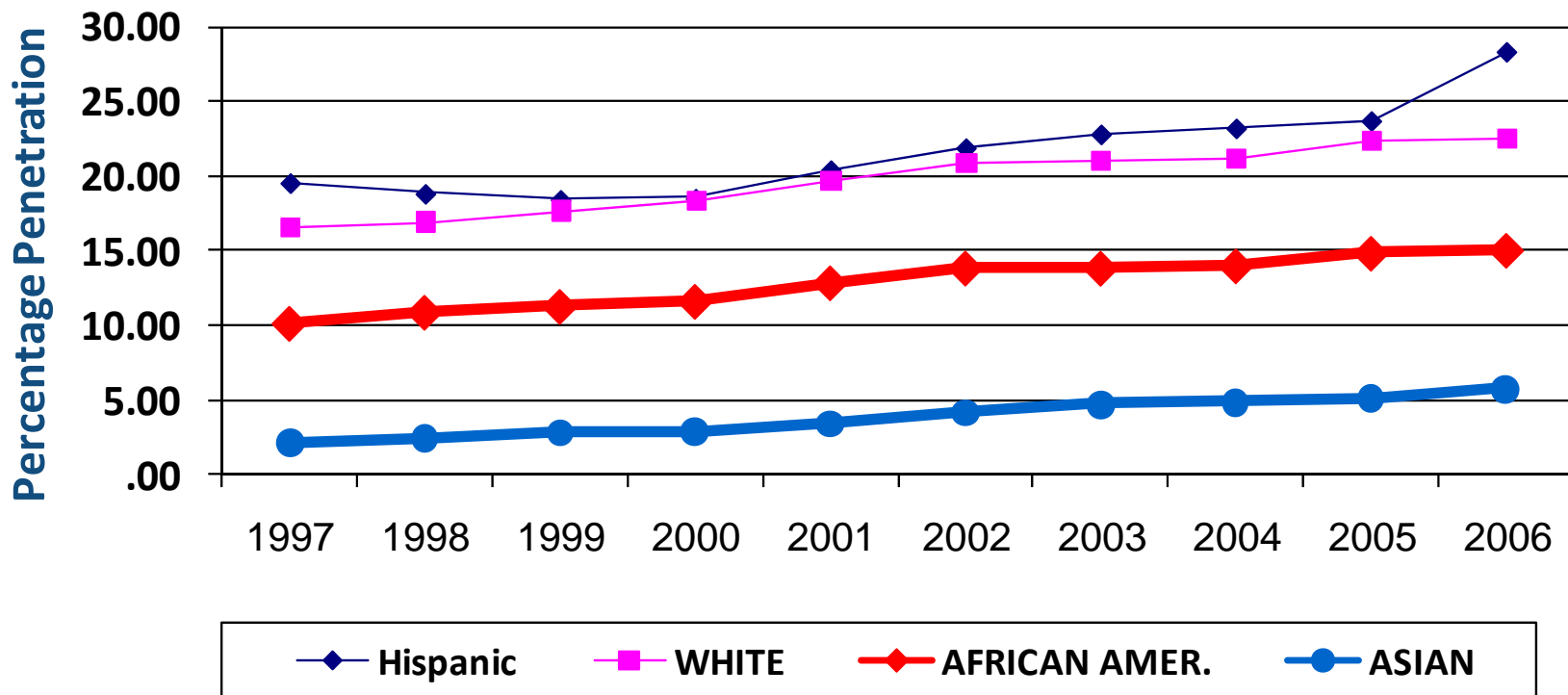» Study included 611 consumers that had at least one year in Day Program
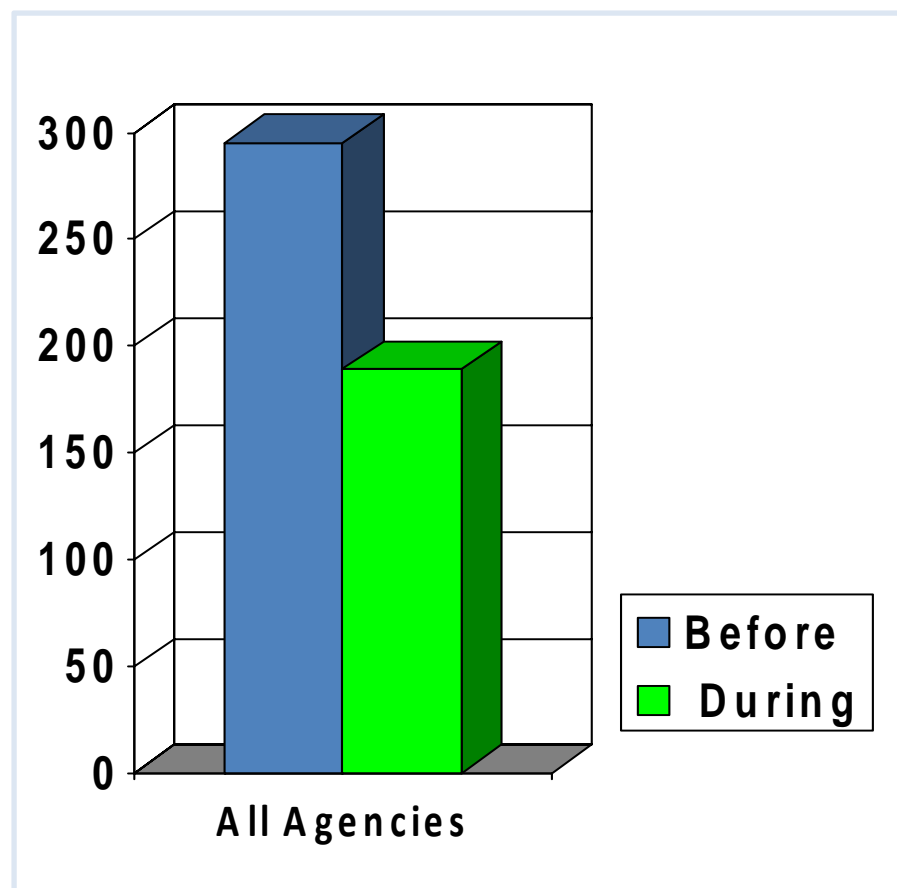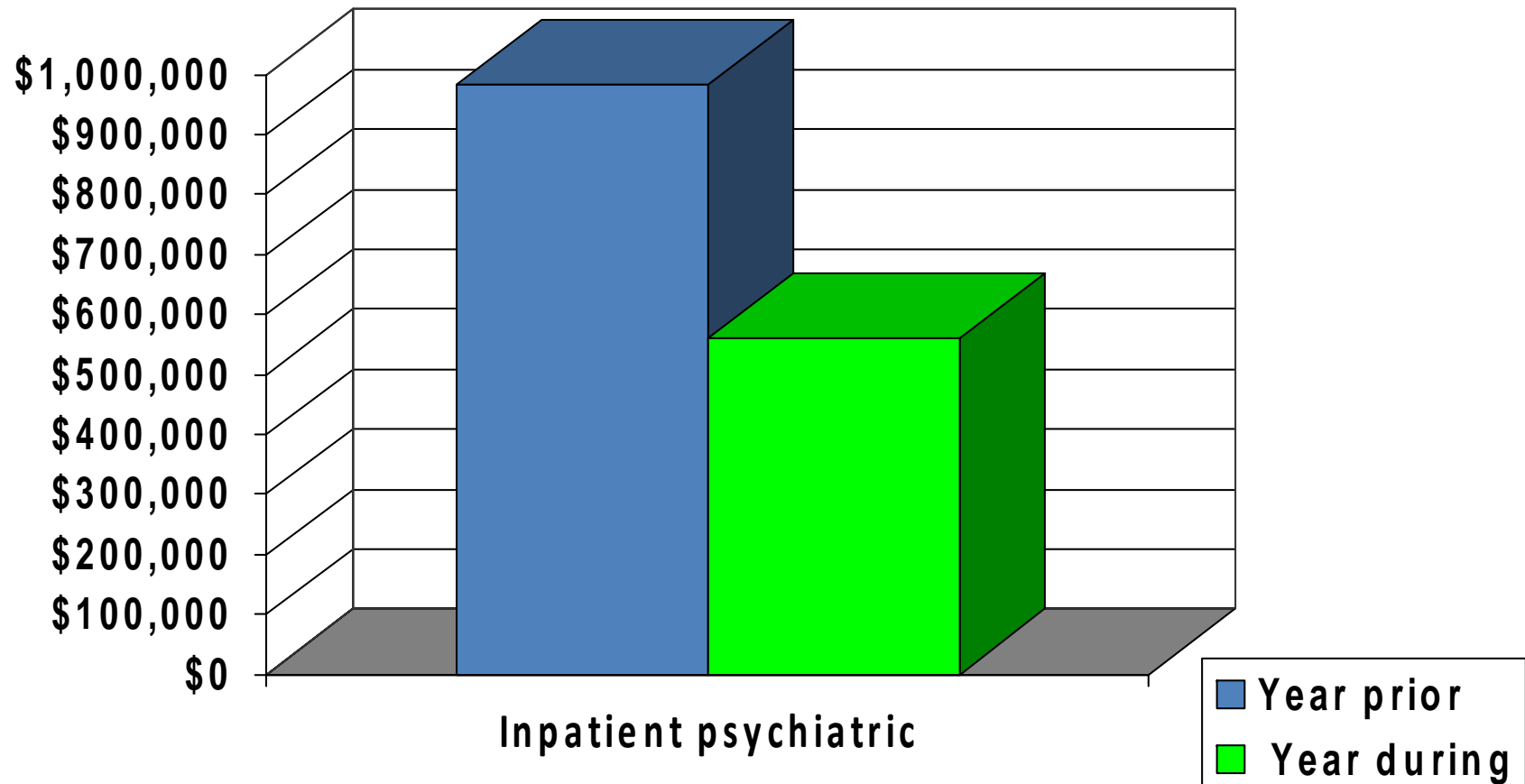
PROMOTING HEALTH EQUITY

Reducing Identified Disparities

Medicaid Penetration by Race/ Ethnicity 1997-2006

Geographical Information System (GIS) Techniques
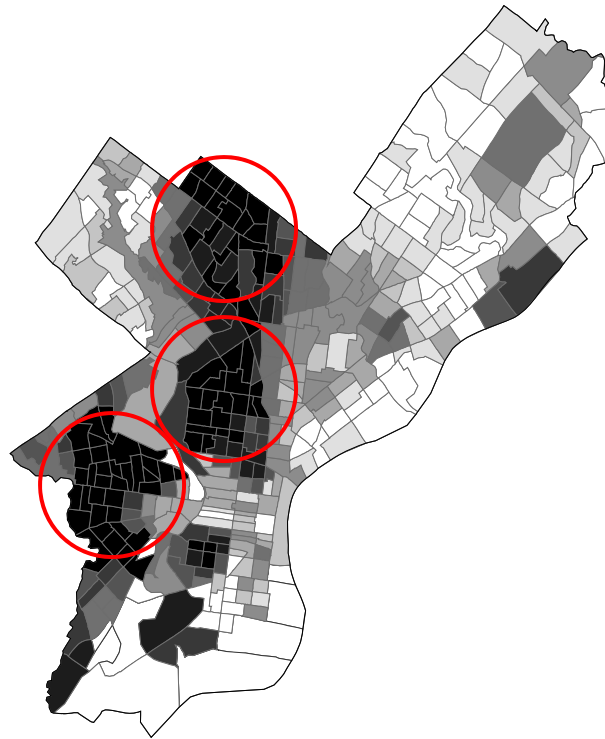
Service Utilization

AA Residential Distribution

Providers

Figure 1

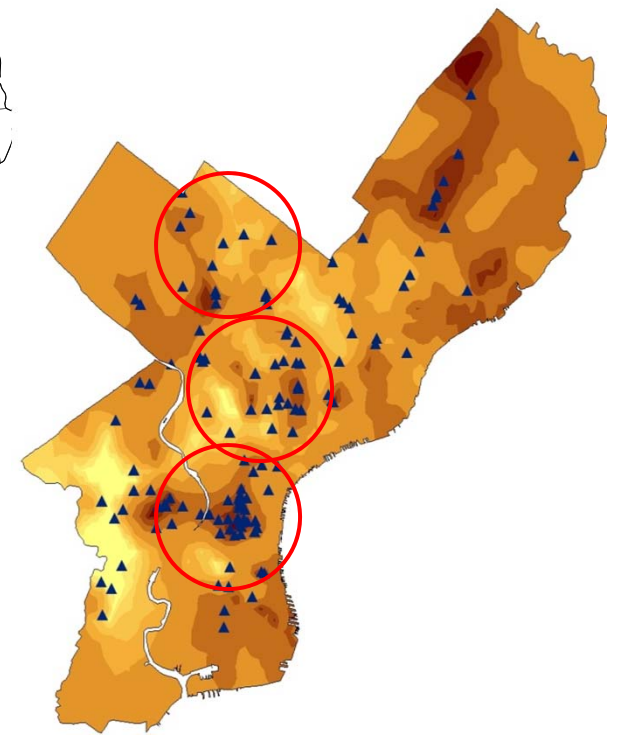**Figure 2**

Figure 3

Building Block II:
Creating a Peer Culture

Add and Integrate Recovery Support Services

» **Who**

- Treatment professionals, people in recovery (i.e., peers), family and community members

» **What**

- Continuum of recovery support services (e.g., peer outreach and engagement, telephonic after-care)
- Peer culture, support, and leadership

» **Where**

- In treatment, outside of treatment, natural settings (e.g., churches)

» **Why**

- Improve access, support ongoing treatment, facilitate transitions, assist with life skills development, promote sustained recovery
- Opportunities beyond peer-based support provided after care

Peer Support, Culture and Leadership

Implementing a Practice
versus
Developing a Culture:

What's the Difference?

The Creation of Peer Culture

» Recovering persons on agency boards

» Developing/empowering informal peer leadership

» Openly recruiting recovering persons as staff

» Paid "peer specialists" to provide formalized support

» Creating a sense of a community where recovering persons helping recovering persons is highly valued

» Infusing peer self help throughout the service continuum

» Understanding the unique learning advantages of peer delivered services

Recovery Trainings

DBHIDS offers a variety of training programs for both people in recovery and their families, designed to support recovery. Including:

» **Storytelling** - using personal stories to inspire others in their own personal journey of recovery.

» **Recovery Training** - learning key recovery principals to achieve positive and sustained progress.

» **Group Facilitation Skills Training** - how to effectively participate with peers in a group recovery setting.

» **Wellness Recovery Action Plan (WRAP)** - how to create your own recovery plan to effectively manage your recovery.

» **Family Training and Advocacy Center** - offering a "family perspective" on training and education.

» **Behavioral Health Training & Education Network** - providing behavioral health education and support to people in recovery and their families.

Examples of Peer Support

Treatment Efforts

» Recovery coaches and peer specialists

» Recovery Resource Centers

» Facilitating linkages

» Leadership Councils

» Recovery Check-ups and early re-engagement

» Companionship/modeling of recovery lifestyle

» PIR led groups

» Peers in primary care settings

Prevention Efforts

» Peer based prevention services for youth (e.g. community leadership councils)

» Peer based prevention services devoted to parents (e.g. train the trainers for parent wellness coaches)

» Involving youth in assessment and planning efforts for environmental strategies

Peer Support Before & Outside of Treatment

New Pathways for Women

The Front Porch of Treatment

- Peer led groups
- Peer mentors
- Street outreach
- Support with basic needs
- Sustained relationships

Outcome: 40% initiate and sustain their recovery without treatment, others assertively connected to treatment

Peer Support in Treatment

Example:

Northeast Treatment Center

- Traditional Substance Use Tx Program
- Transformed Program around Recovery Management Principles
- Hired over40 peer specialist (26 FTE's) with no new funding by improving retention
- Peer "greeters" provide initial contact & intake
- Peers developed advisory group
- Peers integrated throughout the Tx process
- Improved retention, client & staff satisfaction

How Adding and Integrating Peer Support Services Improves System Performance

- Increase Access

- Increase Retention and Engagement

- Increase Effectiveness: Peers are great recovery guides

- Increase Support Options
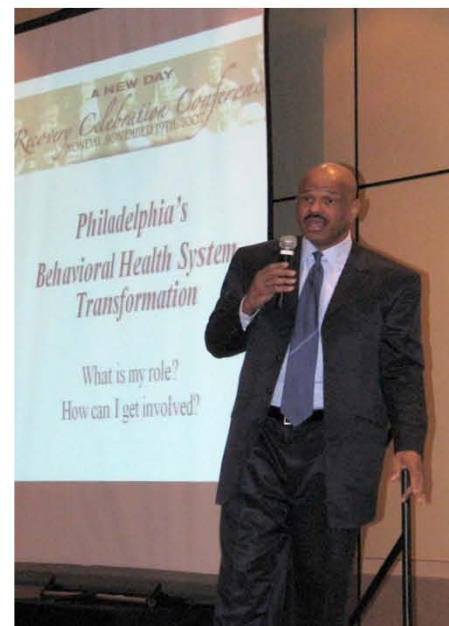
Recovery Walks!

National Recovery Walk, Sept 2010

Building Block III:
Fiscal & Administrative Policy & Procedures

Practice Guidelines

Seeking to align system transformation concepts, practice and context

» **10 Core Values** guided the development of transformation principles and strategies, and will continue to guide the implementation process

» **4 Domains** in which the strategies will be carried out

» **7 Goals** are concrete, action-oriented goals that organzine ans focus the strategies

PHILADELPHIA BEHAVIORAL HEALTH SERVICES

TRANSFORMATION

PRACTICE GUIDELINES

FOR RECOVERY AND RESILIENCE ORIENTED TREATMENT

DBHIDS

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Arthur C. Evans Jr., Ph.D., Commissioner

4 DOMAINS

1: Assertive outreach and initial engagement

2: Screening, assessment, service planning and delivery

3: Continuing support and early Re-intervention

4: Community connection and mobilization

7 GOALS

A. Integrate behavioral health, primary care and ancillary support services

B. Create an atmosphere that promotes strength, recovery and resilience

C. Develop inclusive, collaborative service teams and processes

D. Provide services, training and supervision that support recovery and resilience

E. Provide Individualized Services to identify and address barriers

F. Promote successful outcomes through empirically supported approaches

G. Support recovery and resilience through evaluation and quality

10 CORE VALUES

In each domain, all of the goals for the delivery of effective care are pursued through strategies. Each of these strategies reflects one or more of the ten core values that drive this work:

1. Strength-based approaches that promote hope

2. Community inclusion, partnership and collaboration

3. Person and family-directed approaches

4. Family inclusion and leadership

5. Peer culture, support and leadership

6. Person-first (culturally competent) approaches

7. Trauma-informed approaches

8. Holistic approaches toward care

9. Care for the needs and safety of children and adolescents

10. Partnership and Transparency

Managed Care Levers for Promoting Recovery

» Credentialing

» Utilization Management

» Benefit Design & Supplemental Services

» Pay for Performance Programs

» Requests for Proposals

» Financing Mechanisms

» Training Programs

Example: Credentialing Transformation

PROVIDER NETWORK STANDARDS	
Standard 1	Accessible Care
Standard 2	Individualized Person First Practices
Standard 3	Atmosphere that Promotes Strength, Recovery & Resilience
Standard 4	Integrated Services & Supports
Standard 5	Quality Care Management
Standard 6	Supportive Program Operations
Standard 7	Ongoing Evaluation & Quality Improvement

EXAMPLE: STANDARD 1

Standards and Elements to Be Scored	Points Possible	Must Pass
Standard 1: Accessible Care		
Part A: Access — Element 1. Provides Same –Day Appointment Element 2. Access During and After Hours Element 3. Accommodation of disAbilities Element 4. Physically accessible location(s) Element 5. Transportation assistance Element 6. Child-care assistance Element 7. Language access		
Part B: Engagement — Element 1. Welcoming techniques Element 2. Welcoming environment Element 3. Peer engagement Element 4. Appointment reminders		X
Part C: Early Intervention — Element 1. Work with first responders Element 2. Partnerships with physical health providers (including pediatrician) to include a behavioral health screener in wellness checks/visits Element 3. Peer Engagement		

Building Block IV:
Community and Cross Systems Collaboration

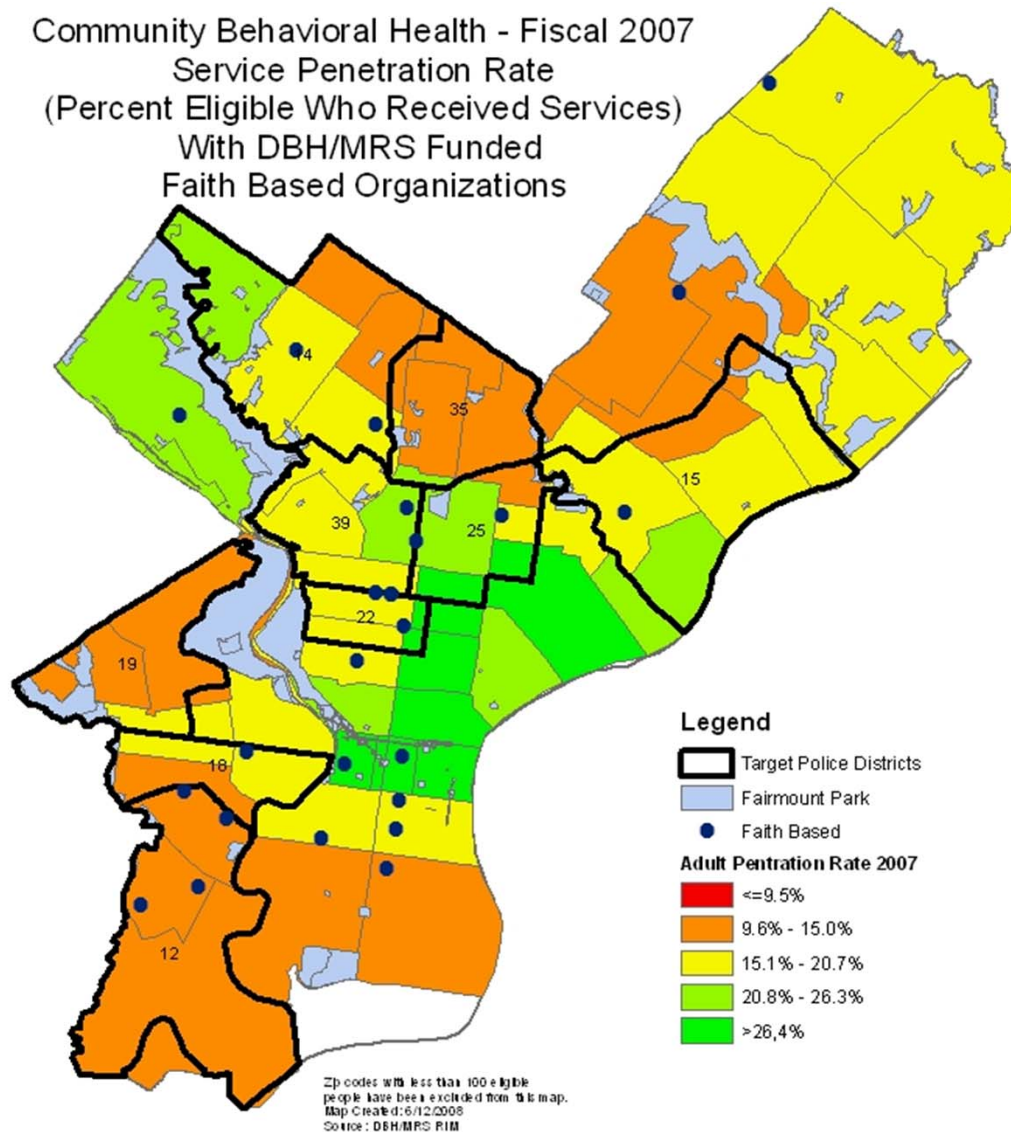# Working with First Responders Example:
Crisis Intervention Training

CIT Training, Feb. 2008

Faith-Based Initiative

Community Behavioral Health - Fiscal 2007
Service Penetration Rate
(Percent Eligible Who Received Services)
With DBH/MRS Funded
Faith Based Organizations

Legend

Target Police Districts
Fairmount Park
Faith Based

Adult Pentration Rate 2007

(red)	<=9.5%
(orange)	9.6% - 15.0%
(yellow)	15.1% - 20.7%
(light green)	20.8% - 26.3%
(green)	>26.4%

Zp codes with less than 100 eligible
people have been excluded from this map.
Map Created: 6/12/2008
Source: DBH/MRS RIM

» Locations of Faith-Based Community Forums

» Broad Geographic Coverage

» 28 Faith-Based Community Forums and 766 other outreach events

City of Philadelphia
d b h m r s
www.phila.gov/dbhmrs

The Porch Light

Initiative

City of Philadelphia Mural Arts Program

Before

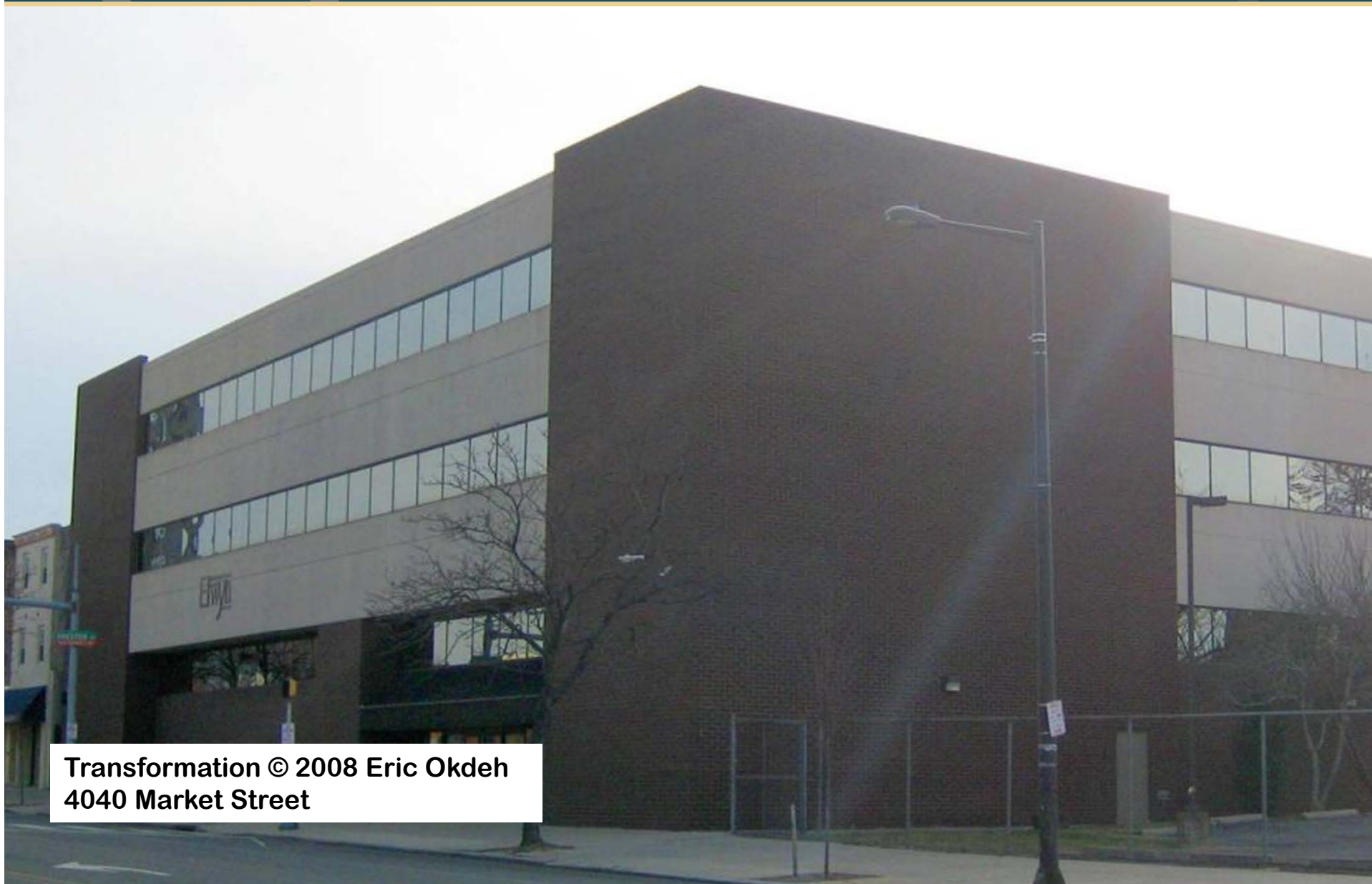Bridging the Gap © 2008 Willis Humphrey
5741 Woodland Avenue

after

Transformation © 2008 Eric Okdeh
4040 Market Street

after

Before

after

Personal Renaissance © 2010 James Burns
JEVS ACT II – 1745 N. 4th Street

Personal Renaissance

Personal Renaissance © 2010 James Burns
JEVS ACT II – 1745 N. 4th Street
Photo: Mustafah Abdulaziz

after

Leading Change

What Kind of Leadership is Necessary to Promote Transformational Change?

Leaders who:

» Establish direction and a vision for the future

» Motivate inspire, and energize people to overcome challenges

» Promote participatory, inclusive processes

» Tolerate ambiguity, rather than predictability and control

» Lead by example - live by key values

» Empower the people around them

» Create an organizational culture consistent with recovery values

5 Next Steps

» Build momentum, consensus and a common vision

» Establish infrastructure to do system change

» Connect the dots for stakeholders

» Create a road map

» Communicate, Communicate, Communicate

Commit to a Next Step

What are the things that **YOU** will commit to do/change to help advance recovery transformation in your system or organization?

SO,
WHY HAVEN'T WE INCORPORATED MORE RECOVERY-ORIENTED SERVICES?

ANY DEAD HORSES IN OUR SYSTEMS?
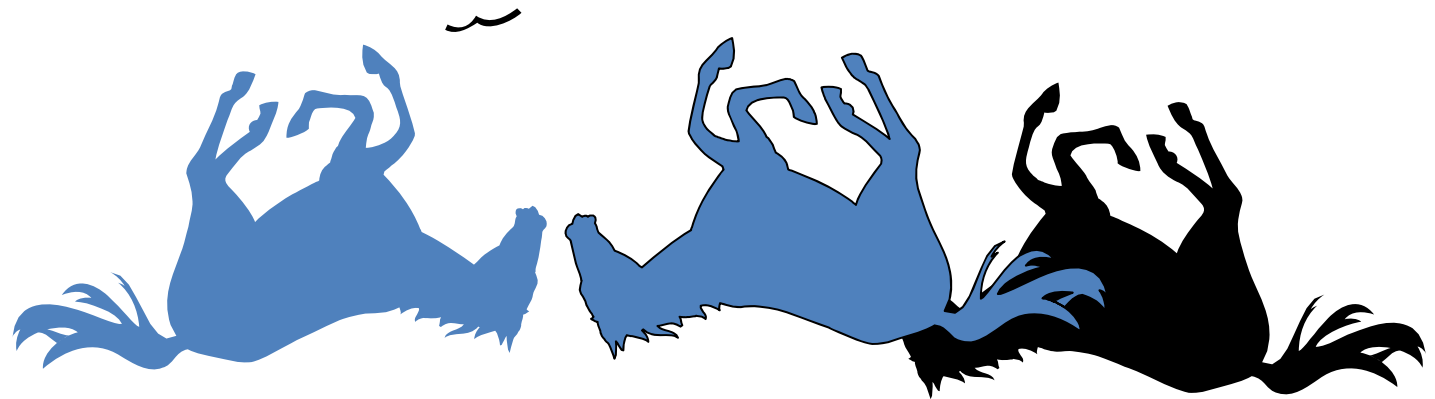
Dakota tribal wisdom says that when you discover you are riding a dead horse, the best strategy is to dismount. However, in human services, we often try other strategies with dead horses, including the following:
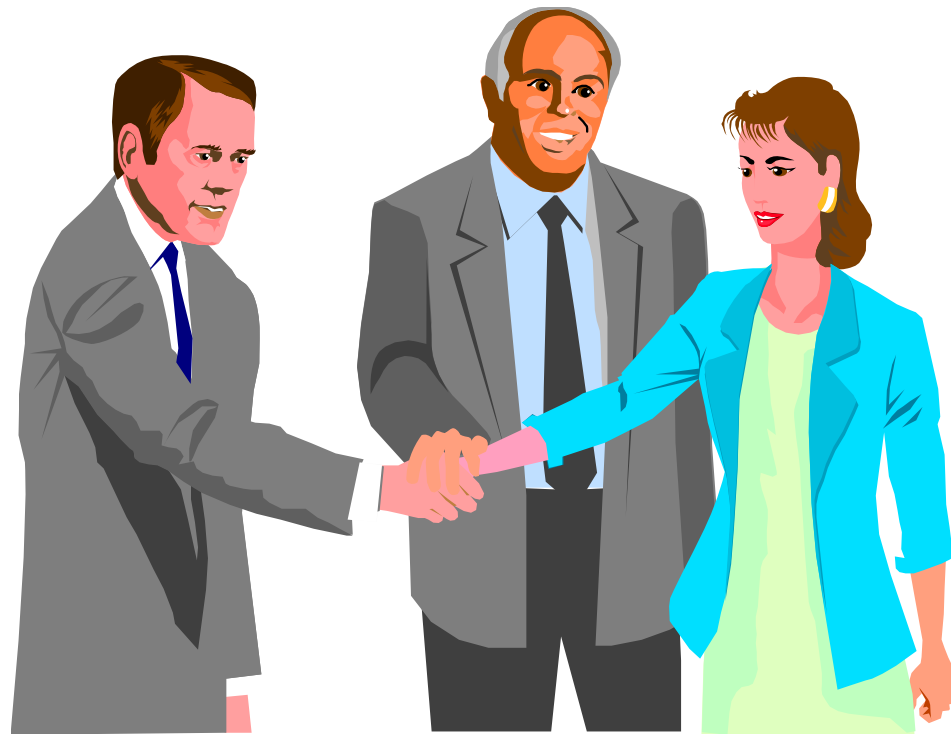
Saying things like "This is the way we have always ridden this horse."

Appointing a committee to study the dead horse.

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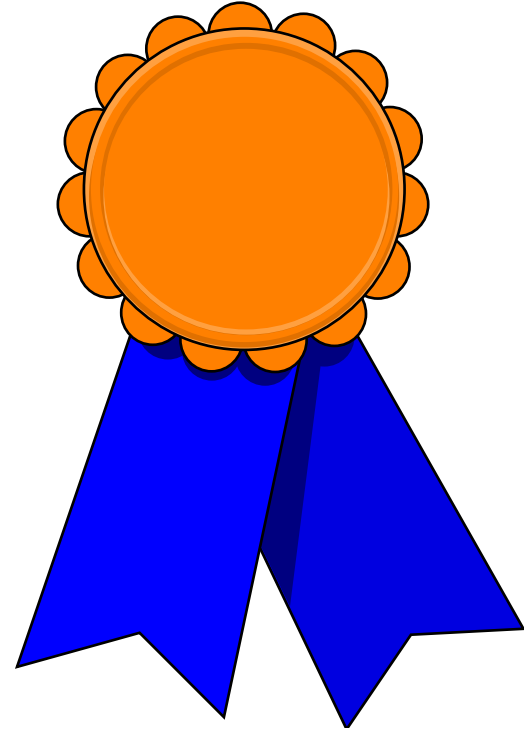see how they ride dead horses.

Harnessing several dead horses together to establish a continuum of dead horses.

Creating trainings to ensure that we use best practices to ride the dead horse.

Increasing the standards to ride dead horses.

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.

The real risk comes not from changing, but from trying to maintain the status quo in a rapidly changing world.

DBHIDS Practice Guidelines for Treatment Providers

» www.dbhids.org/assets/Forms--Documents/transformation/PracticeGuidelines.pdf

Additional Resources

» hwww.dbhids.org

» www.dbhids.org/technical-papers-on-recovery-transformation

» www.williamwhitepapers.com

Thank You
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