

# “The Journey to a Recovery-Oriented Healthcare System: Strategies, Successes, and Challenges”

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NAMI 2006 ANNUAL CONVENTION

Washington, D.C.

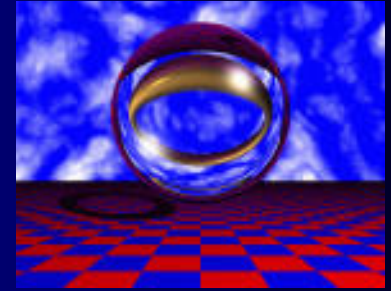
*June 30, 2006*



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



# Why Focus on Recovery Now?



- CT Governor's Blue Ribbon Commission
- Federal emphasis and expectation
  - President's New Freedom Commission
  - Federal Action Agenda
- Expectations of people in recovery
- Improved treatments and natural supports
- Support from MH Transformation State Incentive Grant

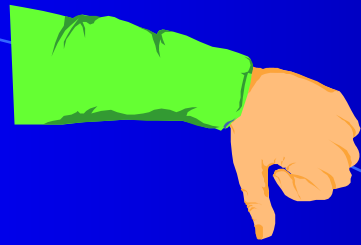
# HEARD ALONG THE WAY

- “IF BEING DIAGNOSED WITH BIPOLAR DISORDER WASN’T BAD ENOUGH, COMING INTO YOUR SERVICE SYSTEM WAS JUST OPPRESSIVE WITH THE STIGMA IT COMMUNICATED AND MADE ME FEEL”

# HEARD ALONG THE WAY

- COLLEGE EDUCATED YOUNG WOMAN
- “AFTER I BECAME ILL, NO ONE ASKED ME IF I HAD READ A GOOD BOOK LATELY, SEEN A GOOD MOVIE OR WHAT WAS I GOING TO DO NEXT WEEKEND. NO, IT WAS: ARE YOU TAKING YOUR MEDS AND KEEPING YOUR APPOINTMENTS?”

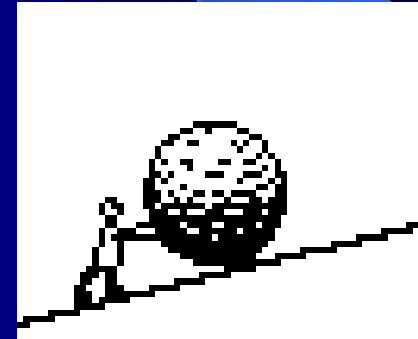
“addicts”



“a chronic, relapsing disease”



“severe persistent mental illness”



**What message are we conveying?**

**Doesn't anybody ever get better?**



**We are a healthcare service agency.**

**Promote health**

through prevention and early intervention services.

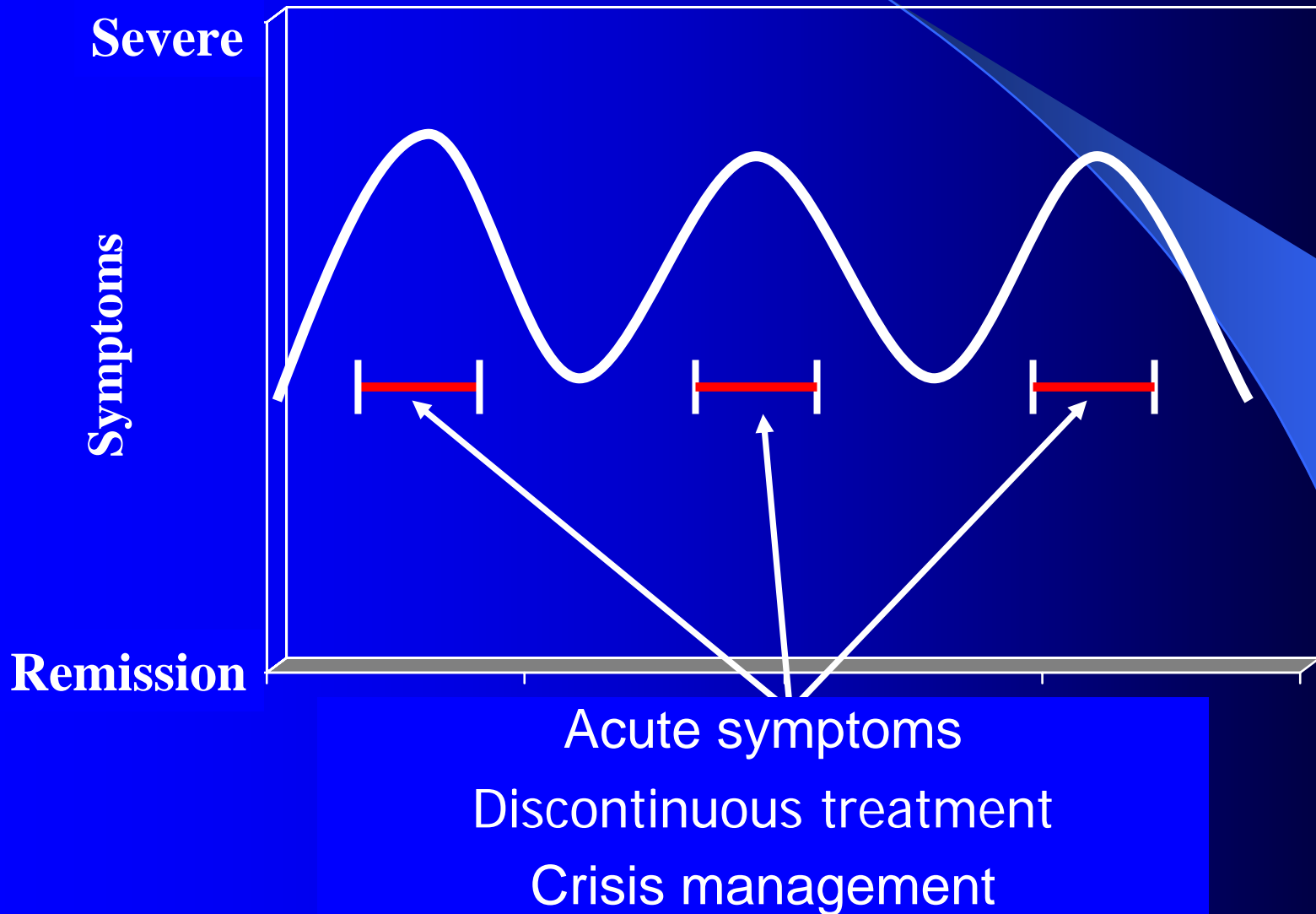
**Recover and sustain health**

through treatment and recovery support services.

# HEARD ALONG THE WAY

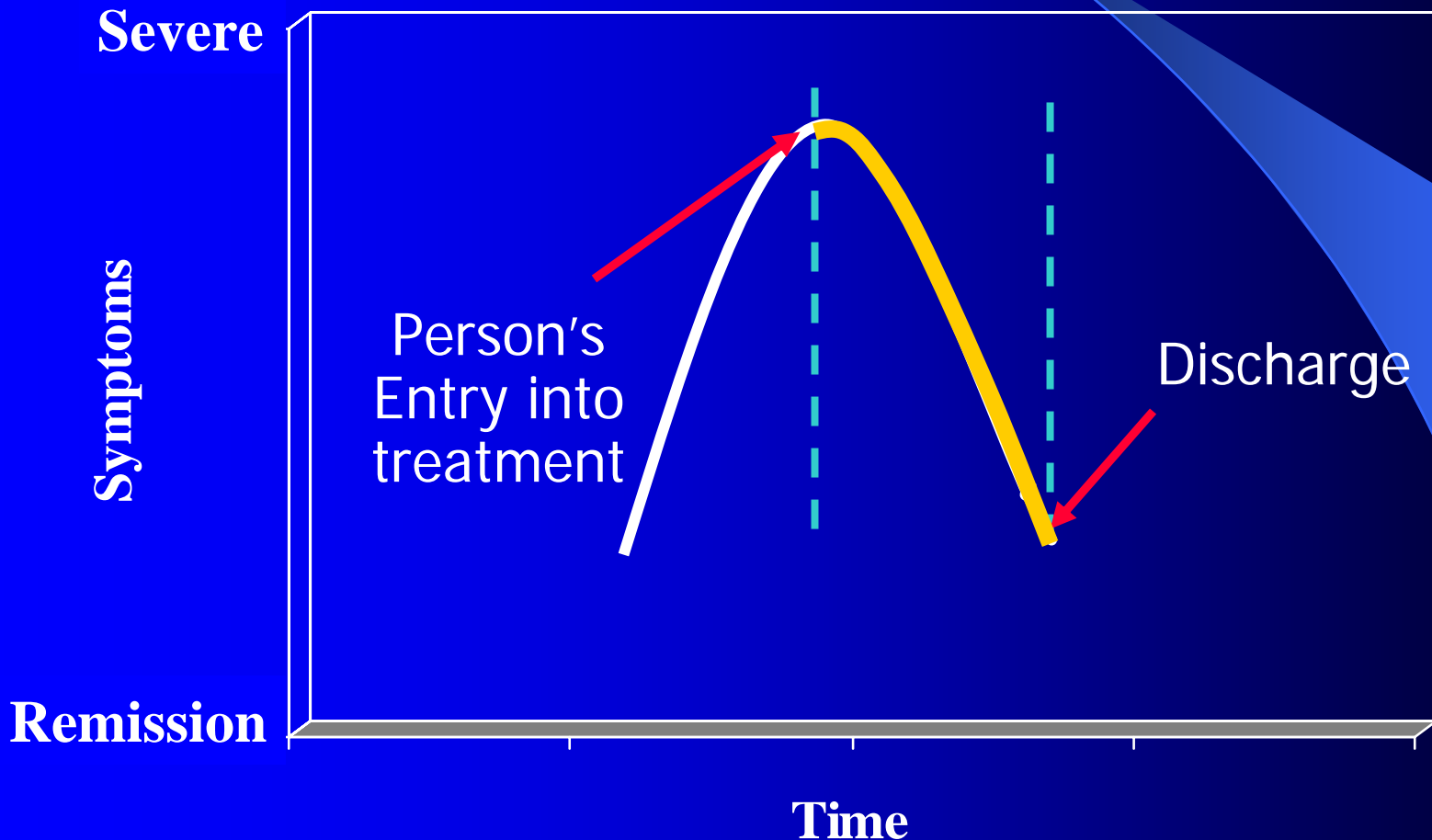
- “WHEN I BEGIN TO GET REALLY FUNCTIONAL, I LOOSE THE SERVICES THAT I WAS GETTING THAT HELPED ME TO GET THERE”

# Typical service response





# Mental illness as too often viewed by the funder and/or service provider



# HEARD ALONG THE WAY

- Question to a Consumer among about 60 people in a program setting: “How do you like this program and what could make it better?”
- Answer: “It’s ok. I just wish they (staff) could just talk with me more.”

# HEARD ALONG THE WAY

- ABOUT A 27 YEAR OLD JUNIOR IN COLLEGE WHOSE ILLNESS LED TO HOSPITALIZATION AND THEN COMMUNITY CARE
- “HE’S DOING OK. HE TAKES HIS MEDS, STAYS AT HOME WITH HIS FAMILY AND MOSTLY WATCHES TV ALL DAY.”

# Acute and Quiescent Phase Symptoms of Schizophrenia

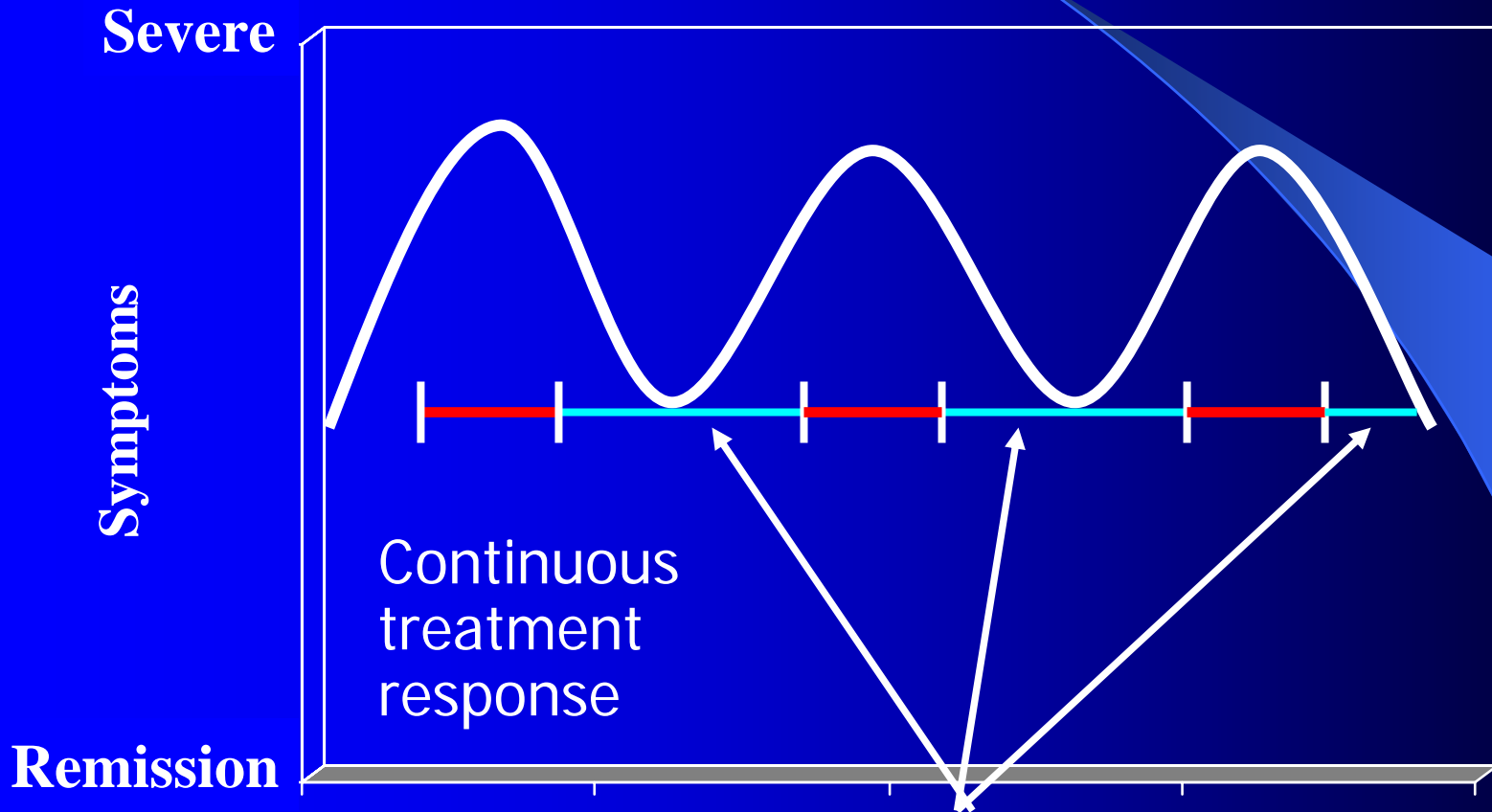
## Positive Symptoms (acute phase)

- Hallucinations
- Delusions
- Bizarre behavior
- Thought disorder

## Negative Symptoms (quiescent phase)

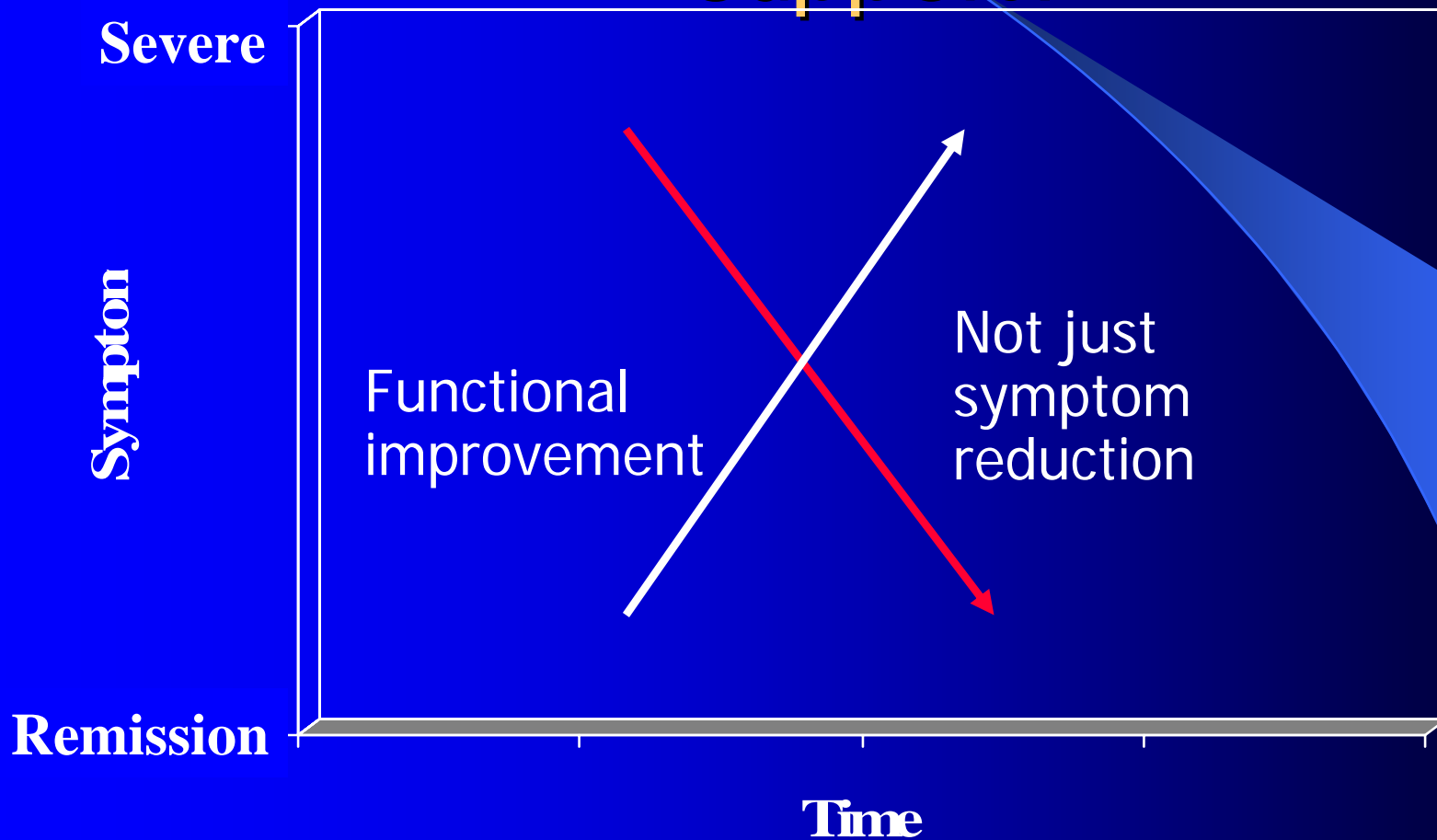
- Flatten affect
- Poverty of speech
- Apathy
- Social inattentiveness  
and isolation

# Recovery-oriented response



Promote Self Care, Rehabilitation

# What should the provider strive to achieve and the funder support?



Recovery-Oriented Model

# HEARD ALONG THE WAY

- “COMMISSIONER, YOU NEED TO UNDERSTAND THAT FAMILIES OF PERSONS WITH A PSYCHIATRIC DISABILITY NEED TO FEEL AND BE PART OF RECOVERY ALSO.”

# HEARD ALONG THE WAY

- WHERE DOES A FAMILY MEMBER GO TO GET HELP FOR THEIR LOVED ONES?
- IF THAT FAMILY MEMBER IS A COMMISSIONER
- DO YOU WANT THIS TO GO ON YOUR HEALTH INSURANCE?



# AMONG THE ANSWERS

- NAMI FAMILY TO FAMILY
- NAMI PROVIDER EDUCATION

# Voices of Recovery

"Having hope"

"Getting well/getting better"

"Having same rights as others"

"Making choices"



"Doing everyday things"

"Making changes, having goals"

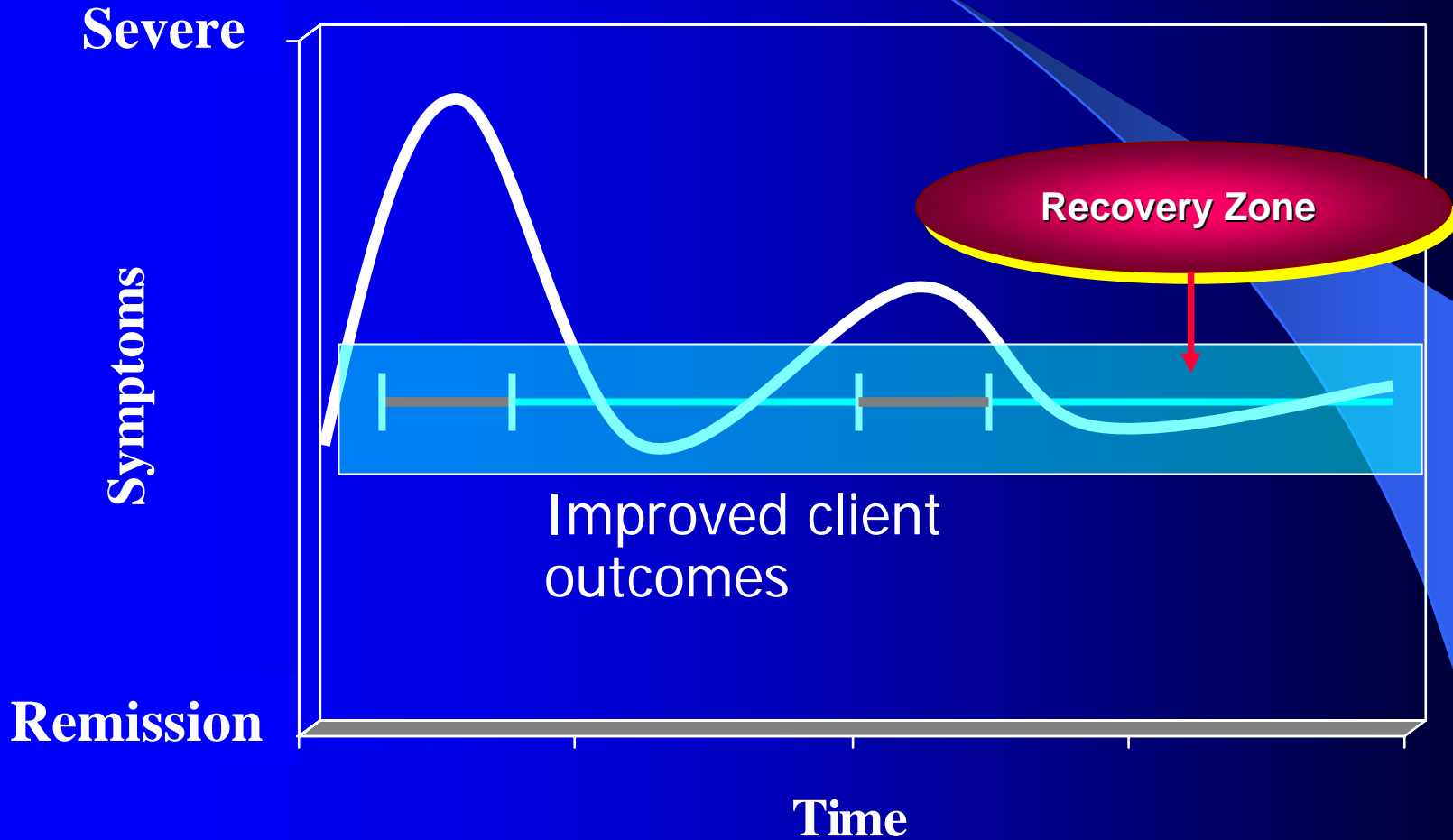
"Staying clean and sober"

"Starting over again"

"Be looked at as whole people"

"Looking forward to life"

# Helping People Move into Recovery Zone



# HEARD ALONG THE WAY

- “WHY DO THEY THINK WHEN THEY FIRST MEET ME THAT THEY CAN JUST GO AHEAD AND CALL ME BY MY FIRST NAME...IT IS LIKE THEY SEE ME AS A CHILD.”

# RECOVERY – THE THREE R'S

- RESPECT
- RESILIENCE
- RENEWAL



Recovery is not a stand-alone initiative. It is an overarching theme for everything we do.

**System**  
(Policy)

**Recovery-Oriented  
Value-Driven**

**Program**  
(Provider)

**Best Practices  
and Innovative  
Programs**

**Organizational  
and Programmatic  
Design**

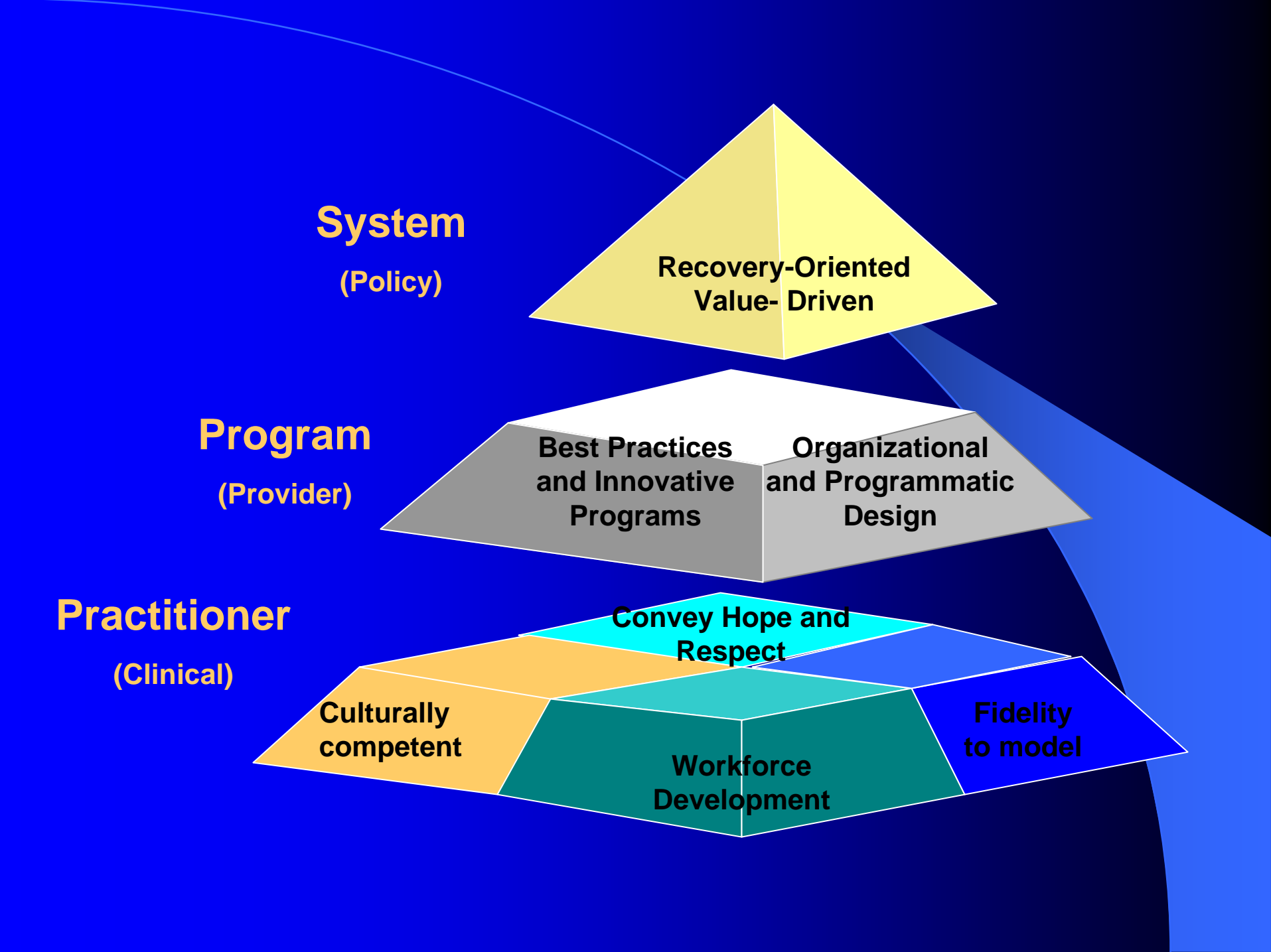
**Practitioner**  
(Clinical)

**Convey Hope and  
Respect**

**Culturally  
competent**

**Workforce  
Development**

**Fidelity  
to model**



# DMHAS' Systemic Approach to Recovery



- Develop core values and principles
- Establish a conceptual and policy framework
- Build workforce competencies and skills
- Change programs and service structures
- Align fiscal and administrative policies in support of recovery
- Monitor, evaluate and adjust



# 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

# 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 #83: Promoting a Recovery-Oriented Service System

- Recovery – Guiding principle and operational framework
- Recovery – a process not an event
- Address needs over time and across levels of disability
- Identify and build on one's strengths and areas of health
- Encourage hope and emphasize respect

# 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.”*

# POLICY CONTINUED

- “Embed the language, spirit and culture of recovery throughout the system of services, in our interactions with one another and with those persons and families who entrust us with their care”



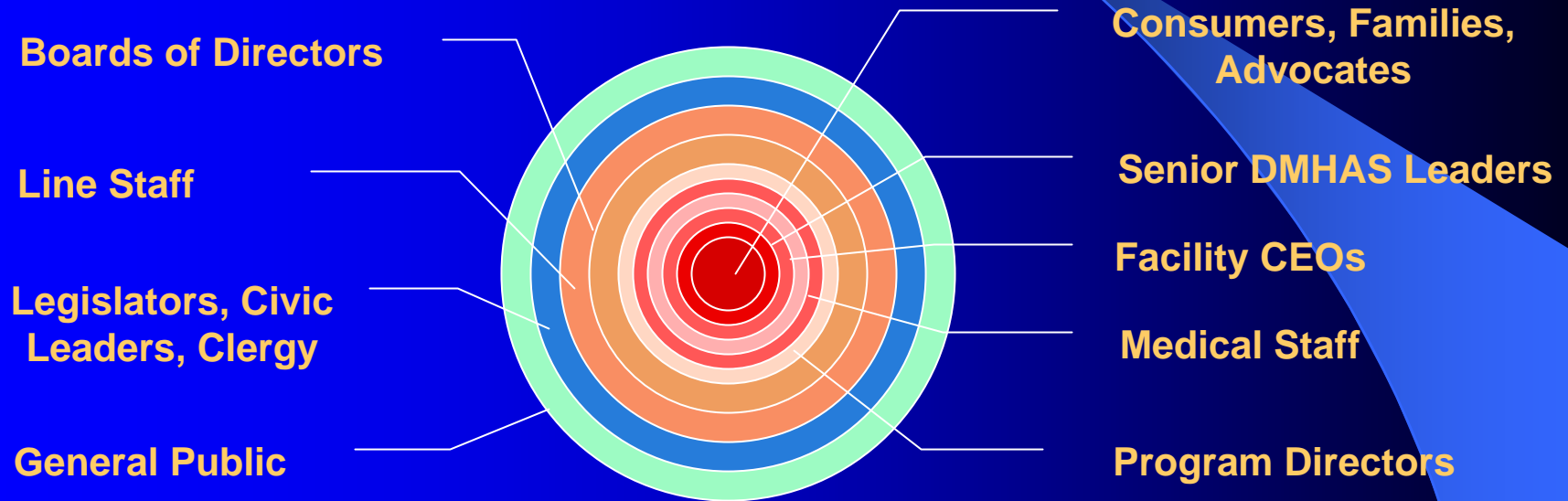


**Many Paths to Recovery**



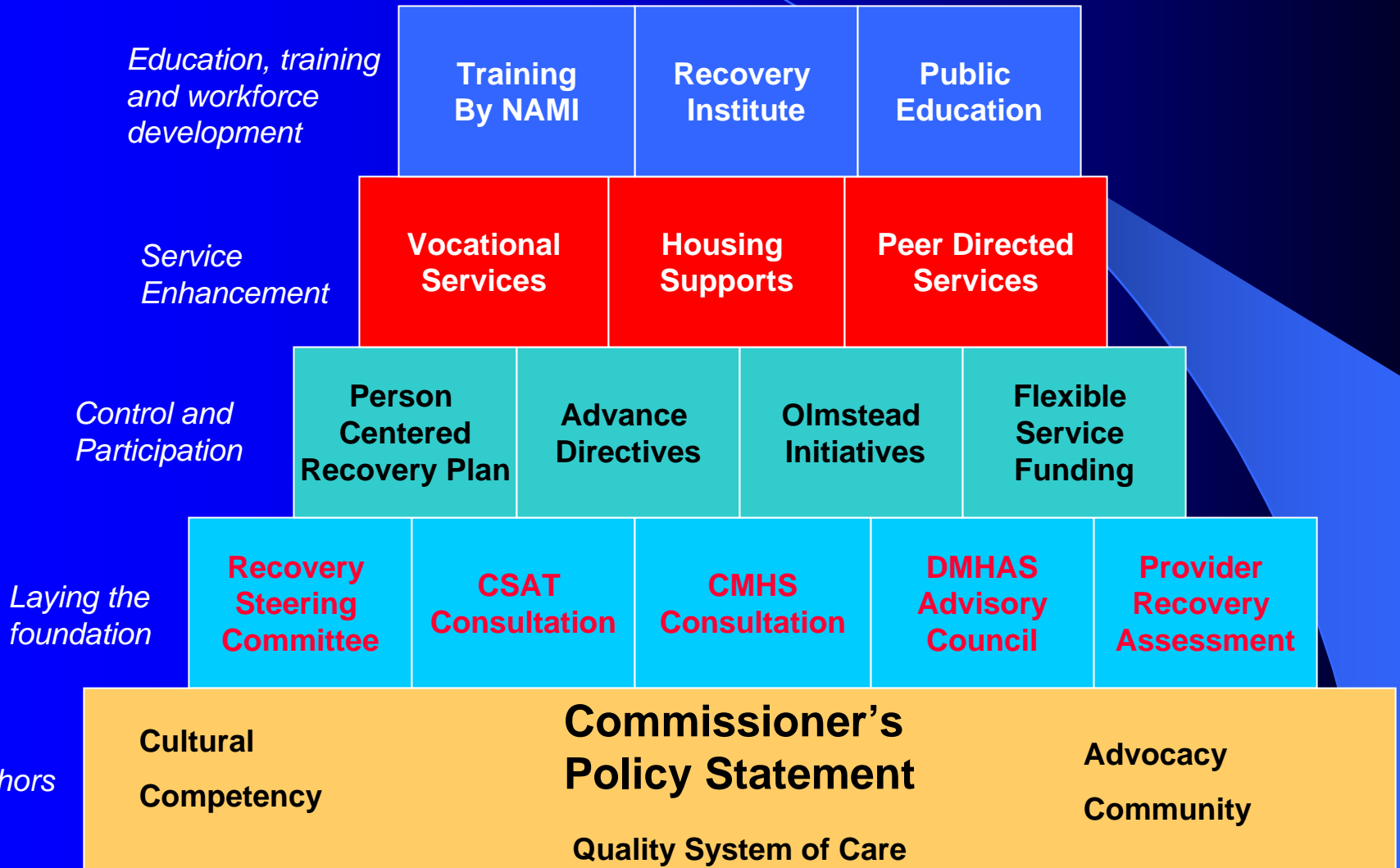
# Create Awareness

Increasing numbers of people



And Increasing depth of content

# Building the System



# Phase 2 - Initiate Change

## Focus on Quality

- 1 { Provider self-assessment → Agency Recovery plans  
Plan approval and implementation
- 2 { Performance guidelines  
Performance measures and monitoring

## Workforce development

- 3 Intensive skill-based training
- 4 Centers of Excellence to promote technology transfer
- 5 Recovery advocacy organizations help do training

## System transformation:

- 6 Improved linkages with other organizations to reduce system fragmentation

# Best Practices

# SAMHSA Toolkits

## National Evidence Based Practices Project

- 1 ACT - Assertive community treatment
- 2 Illness management and recovery skills
- 3 Standardized pharmacological treatment
- 4 Family psychoeducation
- 5 Supported employment
- 6 IDDT - Integrated dual diagnosis treatment, for co-occurring mental illness and substance use disorders



2

# Illness Management and Recovery

- Weekly individual or group educational sessions
- Over 3-6 months
- 9 topic areas:
  - Recovery Strategies
  - Practical Facts about Mental Illness
  - The Stress-Vulnerability Model and Strategies for Treatment
  - Building Social Support
  - Using Medication Effectively
  - Recovery Strategies
  - Reducing Relapses
  - Coping with Stress
  - Coping with Problems and Symptoms
  - Getting Your Needs Met in the Mental Health System



# 5 Supported Employment

- In a recovery-oriented system:
  - Work helps people heal
  - You don't have to be healed to work





# 4 Family Psychoeducation

- Helps reduce inpatient readmissions
- Helps families cope
- Increases clinician understanding of family dynamics and how to foster recovery





The image features the text "Innovative Programs" in a bold, 3D, sans-serif font. The text is rendered in a gradient of yellow and orange, giving it a three-dimensional appearance. It is set against a dark blue background that transitions to a lighter blue at the top. A bright blue spotlight beam illuminates the text from the right side, creating a strong contrast and highlighting the words. The overall composition is dynamic and modern.

**Innovative  
Programs**

# Supportive Housing



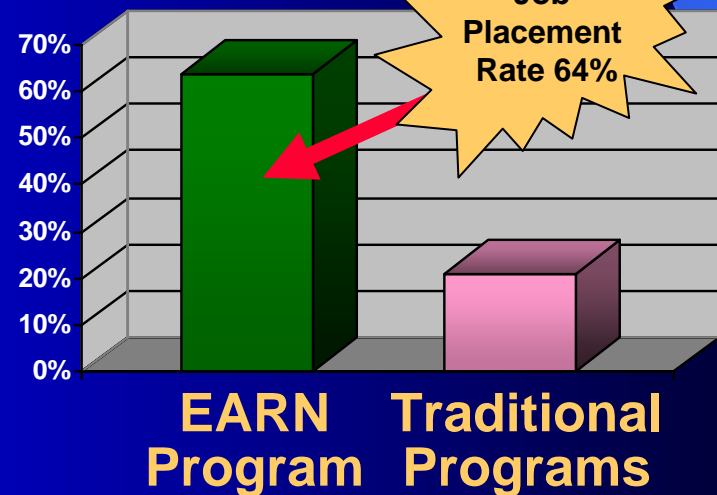
- Affordable housing linked to flexible, accessible supportive services that help people live more stable, productive lives.
- Tenant pays no more than 30%-50% of household income towards rent, and ideally no more than 30%, and has individual lease or similar agreement.
- There is a working partnership that includes ongoing communication between supportive services providers, property owners or managers, and/or housing subsidy programs.

# EARN Program

## The Employment and Recovery Network

- **Individual Placement and Support (ISP) Model**

- Integrated employment and clinical supports
- Zero exclusion policy
- Individualized goal planning
- Rapid job search
- Time-unlimited supports
- Employer education and support
- Ongoing work-based assessments



# “RECOVERY INSTITUTE” SAMPLE COURSES

- Labels: Blocks to Recovery
- Hearing Voices that are Distressing
- Evidence-Based Supported Employment Practices
- Job Development Strategies in Supported Employment

# “RECOVERY INSTITUTE” SAMPLE COURSES (CONT’D)

- NAMI Provider Education – 5 modules
- Integrating and Developing Mutual Support Programs
- Recovery Planning and Documentation
- Faith, Spirituality and Recovery
- Foundations of Evidence-Based Practice

# “RECOVERY INSTITUTE” FUNDAMENTALS OF RECOVERY-ORIENTED CARE

- Recovery Happens
- Providing Recovery Support (Case Management)
- Person Centered Planning: Practical Applications
- Communicating Recovery
- Hitchhikers Guide to Recovery

# Phase 3

## Increase Depth and Complexity

- 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 incentives

# Recovery-Oriented Practice Guidelines



## Domains

- 1 Primacy of Participation
- 2 Promoting Access and Engagement
- 3 Ensuring Continuity of Care
- 4 Employing Strengths-Based Assessment
- 5 Offering Individualized Recovery Plan
- 6 Functioning as Recovery Guide
- 7 Community Mapping, Development, and Inclusion
- 8 Identifying and Addressing Barriers to Recovery



# Practice Guidelines:

## 5 Individualized Recovery Plans

- Persons in recovery will:
  - Actively participate in the development of their recovery plans
  - Have reasonable control as to the location, time and participants in meetings
  - Have information on their rights and responsibilities of receiving services
- Agencies will:
  - Use core principles of “person-centered” planning
  - Assure a diverse, flexible range of options is available



# Organizational and workforce development



# Factors Influencing Quality and Outcomes in Recovery

Best Practices & Innovative Programs	x	Workforce Prep	x	Organizational Factors	x	External Factors	=	Quality/Outcomes
1.0		1.0		1.0		1.0		1.000
0.8		0.7		0.7		0.6		0.235
1.0		0.7		0.7		0.6		0.294
0.8		1.0		1.0		0.6		0.480

# Sample Challenges

- Public mental health systems get “D” on NAMI report card
- Deficit Reduction Act – Could spell trouble for Medicaid, Medicare, and TANF
- Staff turnover
- Not enough peer, consumer and family involvement
- Broadened “target” population

<b>Subject</b>	<b>Grade</b>
<i>Right Direction</i>	D
<i>Recovery-Orientation</i>	C-
<i>Responsiveness</i>	F
<i>Quality</i>	D
<i>Other Stuff</i>	<i>Incomplete</i>

# Take Home Messages



- State your core values and principles
- Establish a conceptual and policy framework
- Build workforce competencies and skills
- Use a Multi-year process and a Big Tent approach to consensus building
- Address your Critics
- Incorporate existing initiatives
- Re-orient all systems to support recovery
- Transition to recovery-oriented performance outcomes in non-punitive approach

"THANK YOU FOR  
THE CASSEROLE"

