Resources for Recovery: Partnering with Families for Recovery

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Connecticut Valley Hospital
RECOVERY

The Guiding Principle of the DMHAS System of Care
Why Focus on Recovery Now?

- 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

- 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

- **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?

- 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?
Recovery Defined
(From the state of Connecticut)

- 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:
ONE GOAL
Many Paths
Objectives of a Recovery System of Care

- 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

- 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.

- 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

- 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

Tx1
acute

Tx2

Tx4

Tx3
Service System Progression

Revolution

Understanding and working with people in a social/community context

- treatment
- faith
- family
- social support
- work
Dimensions of Recovery

- Support of Family and friends
- Meaningful activities
- Incorporating illness
- Managing symptoms
- Redefining Self
- Overcoming Stigma
- Assuming control
- Empowerment and citizenship

Hope and Commitment
## Sample Recovery Dimension in CT Recovery Model: *Supportive Others*

<table>
<thead>
<tr>
<th>Person In Recovery:</th>
<th>Direct Service Provider:</th>
<th>Manager/Administrator:</th>
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<tbody>
<tr>
<td><strong>What recovery means to me...</strong></td>
<td><strong>How I can support people in their recovery...</strong></td>
<td><strong>How I can lead an organization that supports recovery...</strong></td>
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</table>

- 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.

- 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

### 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

- 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.
Change Strategies: A Multi-Dimensional Approach

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

- 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

- 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

Service Enhancement

Project for Addictions And Cultural Competency Training (PACCT)
Recovery Institute
Public Education

Vocational Services
Housing Supports
Peer Directed Services

Person Centered Recovery Plan
Advance Directives
Olmstead Initiatives
Flexible Service Funding

Recovery Steering Committee
CSAT Consultation
CMHS Consultation
DMHAS Advisory Council
Provider Recovery Assessment

Commissioner’s Policy Statement

Cultural Competency

Advocacy
Community

Quality System of Care
Areas of Focus

- 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**

<table>
<thead>
<tr>
<th></th>
<th>Phase I</th>
<th>Phase II</th>
<th>Phase III</th>
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<tbody>
<tr>
<td><strong>Philosophical/Conceptual</strong></td>
<td>■ Build Consensus on Definitions</td>
<td>■ Identify Implications</td>
<td>■ Address stigma within other systems and the community</td>
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<td>■ Evaluate Approaches</td>
<td>■ Begin Training</td>
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<td></td>
<td>■ Baseline Assessment</td>
<td>■ Incentivize Program</td>
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<td><strong>Competencies, Skills &amp; Programs</strong></td>
<td>■ Identify Barriers &amp; Incentives</td>
<td>■ Solution-focused workgroups</td>
<td>■ Advanced Training</td>
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<td>■ Develop Fiscal Support</td>
<td>■ TA/Knowledge Transfer</td>
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**Fiscal/Administrative**

**Phase I**
- Identify Barriers & Incentives

**Phase II**
- Solution-focused workgroups
- Develop Fiscal Support

**Phase III**
- Performance Measures
- Implement Policy Changes

**Utilize a consensus process throughout the implementation**
ACTIVITIES
Promoting Recovery Through Training and Education

- 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

- 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
Recovery Institute

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

- 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

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

- Website
- Resource toolkit
- Newsletter
- Community forums and presentations
- Recovery Champions
- Focus groups and advisory groups
Vision to Reality
Making Recovery a Reality
Making Vision a Reality
Gaining Momentum (Phase 1)

- 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)

- 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)

- 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

- 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
Increased use of peer support and self help

Identification of best practices

Reduction in stigma

Increased family participation

Increased consumer participation

Independent functioning

Greater vocational participation

Increased consumer satisfaction

Improved treatment retention

Meaningful social roles

Improved quality of life

Increased consumer satisfaction

Improved treatment retention

Meaningful social roles

Improved quality of life

Increased consumer satisfaction

Improved treatment retention

Meaningful social roles

Improved quality of life

Increased consumer satisfaction

Improved treatment retention

Meaningful social roles

Improved quality of life
THANK YOU!
Why Involve Families?

- 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

- NAMI
- AL-Anon Family Groups
- NAMI-CT
- CCAR
Resources for Recovery

- 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

- 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

DMHAS

CCAR

Advocacy Unlimited

NAMI-CT