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

Foundation for Recovery
December 2, 2011

Arthur C. Evans, Ph.D., Commissioner
Philadelphia Department of Behavioral Health and
Intellectual disAbility Services
All of the staff of DBHIDS, People in Recovery, Providers and Community Stakeholders
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.
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
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
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
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
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
## Connecting the Dots: The Philadelphia Model & Health Care Reform

<table>
<thead>
<tr>
<th>ROSC Principles of System Management</th>
<th>Consistent Provisions/Foci of the PPACA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Practices are Aligned with Science</td>
<td>Patient-Centered Outcomes Research Institute and Comparative Effectiveness Research will increase the development of evidence informed practice guidelines</td>
</tr>
<tr>
<td>Individuals and families are in key leadership positions</td>
<td>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.</td>
</tr>
<tr>
<td>Decision Making is Data Driven, Transparent and Participatory</td>
<td>Health Information Technology will facilitate data driven decisions. Data about service quality will be available via the internet to inform decision making</td>
</tr>
<tr>
<td>Accountability for Quality Improvement and Outcomes is facilitated</td>
<td>The National Quality Forum and the Quality Reporting Program will facilitate a national QI strategy</td>
</tr>
<tr>
<td>Resources and Policies are aligned to Support Effective, Recovery oriented Services</td>
<td>Value-based purchasing and value-based insurance design will incentivize the delivery of effective care. The Center for Medicare &amp; Medicaid Innovation will test innovative payment and service delivery models.</td>
</tr>
<tr>
<td>Strategic Investments in Workforce Development</td>
<td>Mental and Behavioral Health Education and Training Grants. The Primary Care Extension Program will educate providers about behavioral health services</td>
</tr>
</tbody>
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### Connecting the Dots: The Philadelphia Model & Health Care Reform

<table>
<thead>
<tr>
<th>Principles of Recovery Oriented Services</th>
<th>Consistent Provisions and/or Foci of the PPACA</th>
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<tr>
<td>1. Integrated Services</td>
<td>1. Person centered healthcare homes and grants to support co-location of services.</td>
</tr>
<tr>
<td>2. Assertive Outreach and Engagement</td>
<td>2. Consistent with one of the overarching goal of Healthcare reform - increased access to care</td>
</tr>
<tr>
<td>3. Early Intervention Services</td>
<td>3. Screening emphasized in Prevention provisions</td>
</tr>
</tbody>
</table>
| 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

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<td><strong>7. Collaborative Service Relationships</strong></td>
<td>7. Professionally directed care or shared decision making?</td>
</tr>
<tr>
<td><strong>8. Evidence Based Practices</strong></td>
<td>8. Increased funding for research and efforts to shorten the science to service gap</td>
</tr>
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</table>
Examining Our Current Service System:

GETTING OUT OF THE TREATMENT BOX
Traditional Treatment Model

Primary Focus

Treatment

OUTCOMES

Love
Work
Play

Community
Life

Housing
Faith
Belonging
A Different Mental Model
Recovery and Resilience Oriented System of Care

Primary Focus

In the model, clinical care is viewed as one of many resources needed for successful integration into the community.
“...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?
**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
Starting/Continuing The Journey
Where is Your System?

- Pre-contemplation
- Contemplation
- Preparation
- Action
- Maintenance
### Stages of Change vs. Major Focus of Alignment

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<th>Major Focus of Alignment</th>
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<tr>
<td>Pre-Contemplation</td>
<td>Conceptual</td>
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<td>Contemplation</td>
<td>Conceptual</td>
</tr>
<tr>
<td>Preparation</td>
<td>Conceptual and Practice</td>
</tr>
<tr>
<td>Action</td>
<td>Practice and Contextual</td>
</tr>
<tr>
<td>Maintenance</td>
<td>Practice and Contextual</td>
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</table>
Cumulative adopters of Hybrid Seed Corn in Iowa between 1927 and 1941

Classic diffusion study by Ryan & Gross

Start with Early Adopters

Cumulative Adopters

Largest # of Adopters

Early Adopters

Mid-Stage Adopters

Late-Stage Adopters

Education

Incentives

Requirements
HOW DO WE PROCEED?
Four Building Blocks of a Recovery & Resilience-Oriented System

- Optimize Treatment Services
- Recovery Support Services
- Community & Cross Systems Collaboration
- Fiscal & Administrative Policy & Procedure Alignment
» **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
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
Building Block 1: Promote Excellent Treatment Services
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
» 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
Lower Cost of Inpatient Psychiatric Services

Inpatient psychiatric

Year prior
Year during
PROMOTING HEALTH EQUITY
Reducing Identified Disparities

Medicaid Penetration by Race/Ethnicity 1997-2006

Percentage Penetration


Hispanic  WHITE  AFRICAN AMER.  ASIAN
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
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 over 40 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
Philadelphia's First "Recovery Celebration" Conference
Recovery Walks!
National Recovery Walk, Sept 2010
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 organize and focus the strategies
### 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

<table>
<thead>
<tr>
<th>PROVIDER NETWORK STANDARDS</th>
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<tbody>
<tr>
<td><strong>Standard 1</strong></td>
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<tr>
<td><strong>Standard 2</strong></td>
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<td><strong>Standard 3</strong></td>
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<td><strong>Standard 4</strong></td>
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<td><strong>Standard 5</strong></td>
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<td><strong>Standard 6</strong></td>
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<td><strong>Standard 7</strong></td>
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</table>
### Example: Standard 1

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

CIT Training, Feb. 2008
Faith-Based Initiative

Locations of Faith-Based Community Forums

Broad Geographic Coverage

28 Faith-Based Community Forums and 766 other outreach events
Mural Arts Initiative

City of Philadelphia

dbhmrss
www.phila.gov/dbhmrs

The Porch Light

Initiative

City of Philadelphia Mural Arts Program
Coming Together
Bridging the Gap
Recovery Transformation

after
Finding Home

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