

Health Chairs at the Helm:
Changing the Way We Do Business
National Conference of State Legislators

Life Beyond Treatment: Focusing on Recovery
“Connecticut: Innovation in Recovery-Oriented
Systems of Care (ROSC’s)

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Washington, D.C.

Goals of Session

Recovery-Oriented System of Care (ROSC)

- Why do “It?” What is “It?” How do you create “It?”
- Benefits of ROSC – Person, Provider, Funder?
- Challenges to a fully functioning ROSC
- Opportunities – where do we go from here?

DMHAS

We are a healthcare service agency.

Promote health through prevention and early intervention services.

Recover and sustain health through treatment and recovery support services.

Need to broaden and strengthen our system of effective prevention, early intervention and treatment services.

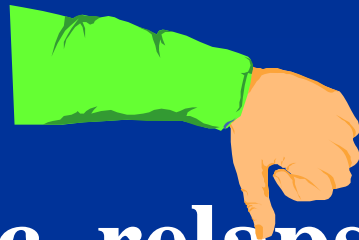
Why Move SYSTEM to Recovery-Oriented Model?

- System-perpetuated stigma
- Acute care service is often wrong model
- Disproportionate funding allocations
- “Customers” vote with their feet
- Less than meaningful outcome measures
- Weak message to funder & policy makers
- Perception that “System” is irrelevant and/or doesn’t work in larger context

Doesn't Anybody Ever Get Better?

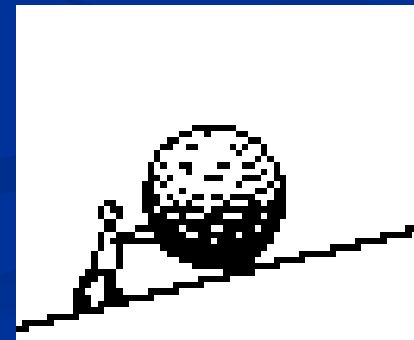
What message are we conveying?

“addicts”

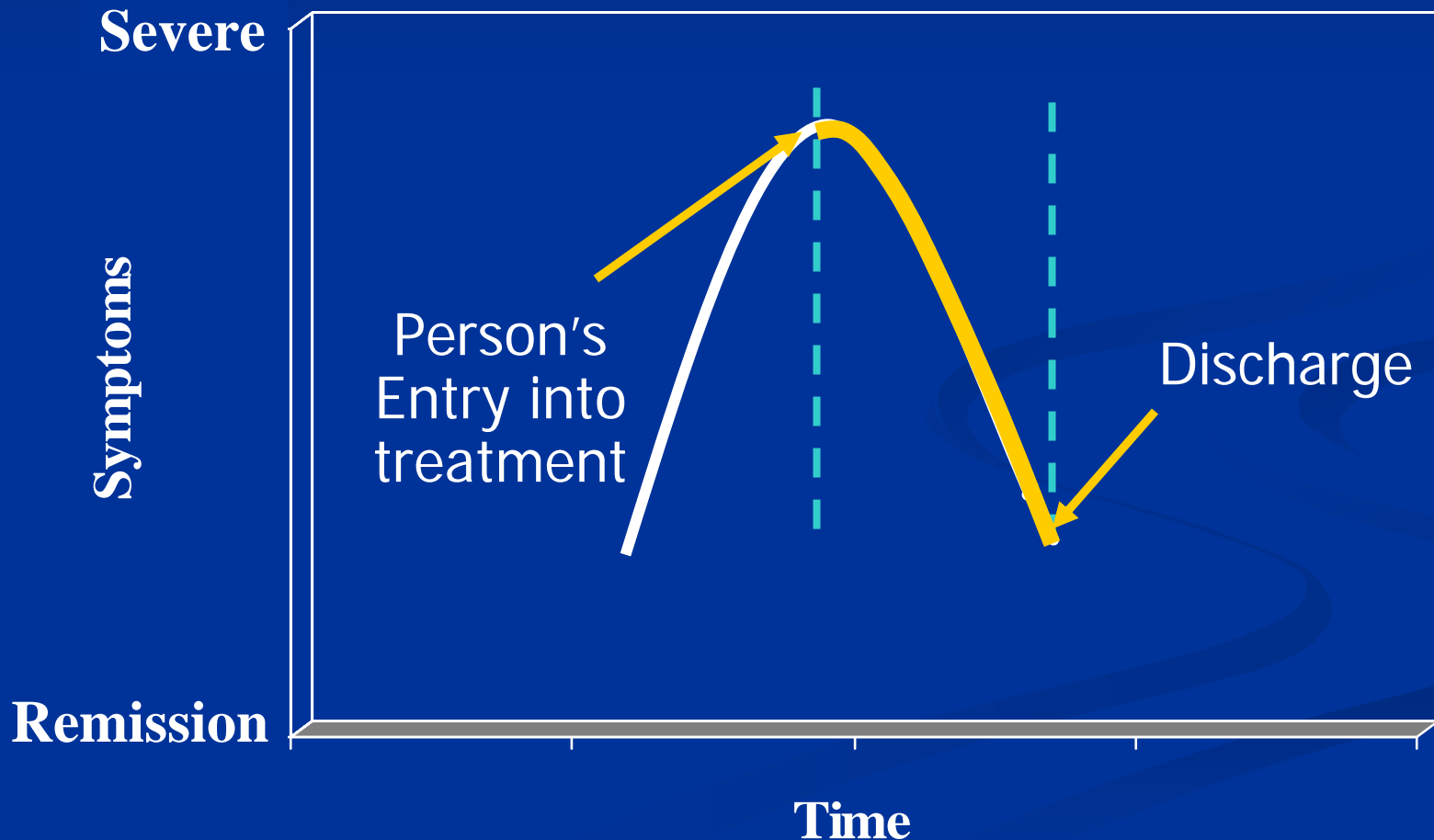


“a chronic, relapsing disease”

“severe persistent mental illness”



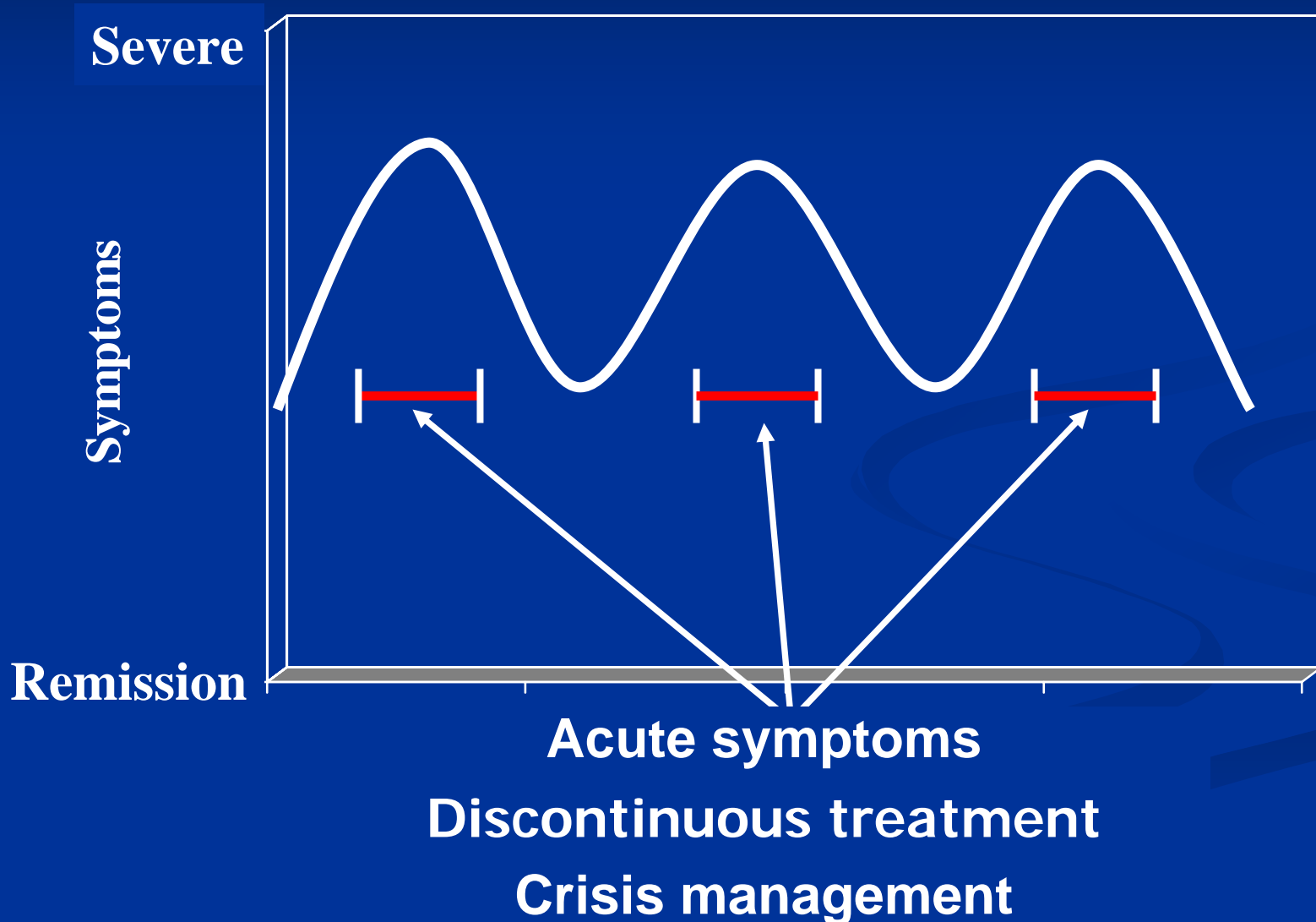
Substance Use Disorder As Too Often Viewed By The Funder And/Or Service Provider



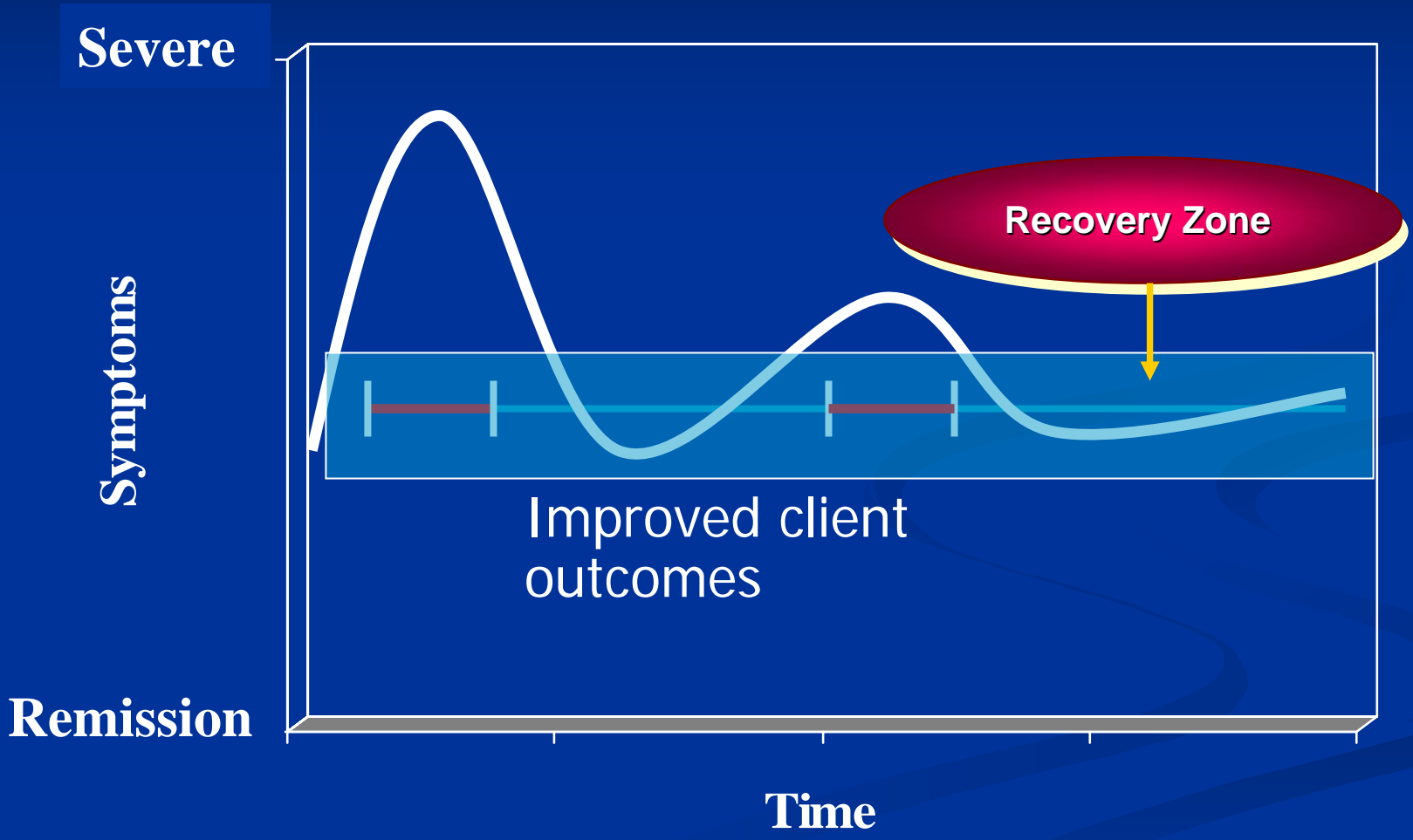
Substance Use Disorder

Typical service response?

Yes, too often



Helping People Move into their Recovery Zone





Many Paths to Recovery

Take What You Need and Leave the Rest

- Don't keep such an open mind that your brains fall out
- Recovery is a process of thawing out frozen feelings
- An alcoholic is an egomaniac with an inferiority complex
- Turn scars into stars
- Bring the body and the mind will follow
- Change your playmates, playthings and playgrounds
- Tragedy plus time equals humor
- Honesty without compassion is brutality
- Feed your faith, starve your fear

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"

What Is Recovery?

REFERS TO THE WAYS IN WHICH A PERSON WITH A
SUBSTANCE USE DISORDER AND/OR MENTAL ILLNESS

EXPERIENCES AND MANAGES HIS OR HER
CONDITION(S)

IN THE PROCESS OF RECLAIMING OR
REBUILDING HIS OR HER LIFE IN THE COMMUNITY.

AT ITS CORE,
IT IS THE RESTORATION OF SELF-ESTEEM,
POSITIVE IDENTITY, A MEANINGFUL ROLE IN SOCIETY

AND,

TO THE MAXIMUM EXTENT POSSIBLE, INDEPENDENT LIVING

Recovery Oriented System of Care?

- It consists of any and all the tools that a person can choose to use to keep them in the recovery zone and that sustain their long term recovery
- It includes the tools the funder financially supports and evaluates,
- the tools the service provider offers in his/her service menu,
- those the person identifies and that work for him/her to build up their recovery capital, and
- those tools that come within the recovery community that tap into the inherent nature to give back

Life Beyond Treatment: Focusing on Recovery

- **Benefits of Recovery-Oriented System of Care**
 - **Supports & strengthens conventional services**
 - “Wrap-around” services
 - Continuum of care
 - Peer supports & involvement

Life Beyond Treatment: Focusing on Recovery

■ Benefits of Recovery-Oriented System of Care

Promotes client integration within the community

- Peer networks – as a component of integration
- Involvement of non-traditional groups
- The role of “giving back”

Life Beyond Treatment: Focusing on Recovery

■ Benefits of Recovery-Oriented System of Care

■ Stronger networks – Enhanced Recovery Capital

- Reduces relapse risk
- Improves early intervention – when necessary
- Enhanced resiliency
- Enhanced confidence
- Reduced stigma

CCAR, a Recovery Community Organization...



bridges the gap

What Do You Think?

- Comments?
- Questions?
- Make sense?
- OK to go on?

Recovery, Recovery-Oriented System of Care

MAJOR IMPLICATIONS FOR:

- CONTENT
- DELIVERY
- FINANCING
- OUTCOMES

What People Want from Healthcare System

- A welcoming healthcare setting, prompt access
- An expectation of “getting better,” not necessarily “cured”
- Hopeful, respectful atmosphere
- Tx and tools for the person to manage/own their recovery (“you can do it; we can help”)
- Show me somebody it worked for
- Have a life again...be renewed

Recovery Core Values – Developed by CCAR & Advocacy Unlimited, 1999

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



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



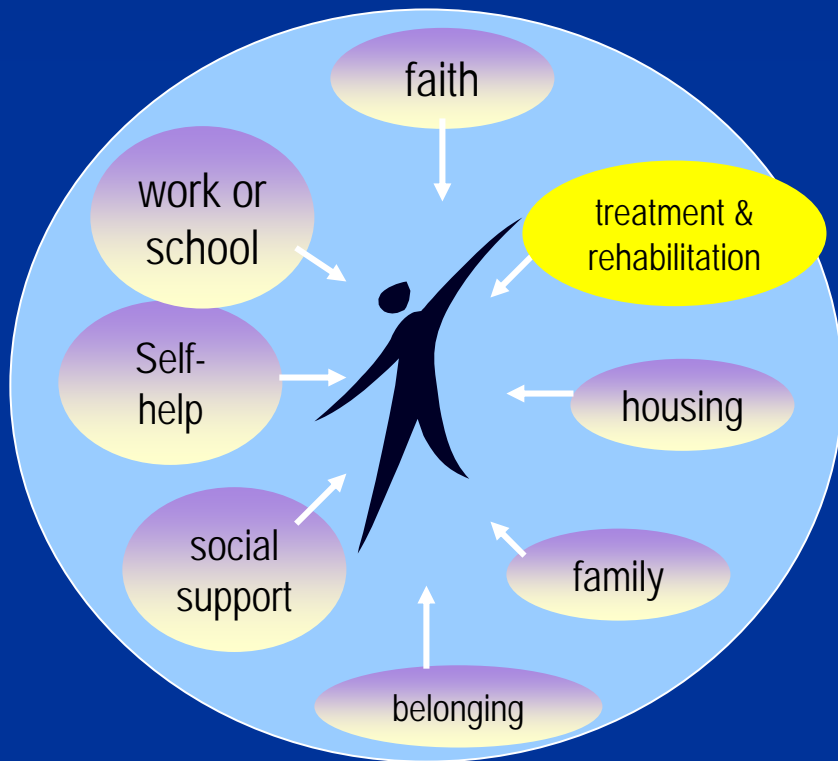
Commissioner's Policy #83: Promoting a Recovery-Oriented Service System (2002)

- Provides recovery vision for the system
- Establishes recovery and quality as overarching system goals
- Recovery – a process, not an event
- Emphasizes person centered, strength approach
- Guides policy and planning efforts
- Encourage hope and emphasize respect
- Highlights importance of meaningful community membership

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”
- Being Reviewed and Updated by Multi-stakeholder group, Due July 2008

The pursuit of meaningful community life must be at the heart of the care and planning process throughout!



- A *person-centered* system of care supports the person's efforts in managing his or her condition while s/he is regaining or establishing a whole life and a meaningful sense of membership in the broader community.
- **“WHILE”** not **“AFTER”**!

What Funder Wants

- Satisfied “customers,” get “better”
- Person centered vs. agency centered care
- Good “brand recognition”
- An effective care system with face validity
- Outcomes understandable to their funders
- Flexible, innovative and dynamic system
- High Value = Quality/Cost

Funder? What else?

- Maximize existing service capacity
- Identify “savings” from repeated crisis and acute care services with limited sustained benefit
- Learn & draw from the recovery and provider communities
- Maintain data tracking-decision system
- Reinvest savings into recovery support and clinical services that promote sustained stability in “recovery zone”
- Recognize providers with high Value services

The Fiscal Realities Of



2008

2009?

2010?

*“You need a little love in your
life and some food in your
stomach before you can hold
still for some damn fool’s lecture
about how to behave”*

–Billie Holiday

Recovery Support Services

- Housing: Sober Housing, Recovery House, Independent
- Transportation – Peer service to & from some treatment setting, bus tokens
- Case Management – Recovery Guides, Coaches, Peers
- Employment services (from DOL certified employment provider)
- Basic needs (food, clothing, personal care items, utilities, etc.)
- Faith supports (individual mentoring/coaching and groups)
- Peer supports (same as above)
- Recovery clinical checkups
- Telephonic recovery support calls

Recovery Support Services (CCAR)

- All-Recovery Groups
- Recovery Training Series
- Family Support Groups
- Recovery Coaching
- Recovery Social Events
- Telephone Recovery Support*
- Recovery Housing Project*

Recovery Community Centers

Field of Dreams



“build it and they will come”

Recovery Community Centers

- a recovery oriented sanctuary anchored in the heart of the community
- a physical location where CCAR can organize the local recovery community's ability to care
- a place where Recovery Support Services are delivered
- services are designed, tailored and delivered by local recovery communities
- Volunteer Management System – including people in long-term, sustained recovery



Does CCAR Make A Difference?

In 2007...

- ❖ More than 15,000 people walked through the doors of our 4 Recovery Community Centers seeking some type of recovery support or assistance
- ❖ 304 Volunteers contributed more than 10,000 hours of service
- ❖ Telephone Recovery Support reached 500 individuals with Volunteers making more than 7,400 outbound calls
- ❖ CCAR fielded more than 1,500 requests for recovery housing beds
- ❖ CCAR held 70 trainings for 576 participants on topics like the Pardons Process, Understanding Addiction and Recovery, Racism of the Well-Intended, Money management, etc.

Sample Recovery Support (RS) Outcomes

- CT Access To Recovery – Effective outreach, 40% of 18,000 had no previous contact with DMHAS care system
- GABHP – 68% Connect to care post inpatient for those with RSS vs 38% without RSS
- Urban Initiative (housing) – 600% Decrease in ER visits, 375% decrease in detox days
- RS – 93% of 4,036 still in recovery one year later
- Recovery House – 69% Connect to care vs. 36% without Recovery House stay
- Supportive housing – 61% decrease in inpatient costs

Does CCAR Make A Difference?

From GPRA data over the last 3 years, after 6 months...

- 92.2% are still drug and alcohol free
- 99.1% have successfully addressed their legal issues and remain crime free
- 73.1% found jobs and/or went back to school
- 82.9% found safe and affordable housing
- 99.4% are reconnected with their family, friends and community
- Participants have significantly reduced their health risks for HIV and other drug-related health problems from 77% when they first participated in the program to 55% six months later—reflecting a 22% drop

Telephone Recovery Support

- In the spirit of KISS, a new recoveree would receive a phone call from a trained volunteer (usually another person in recovery) once a week for 12 weeks
- Volunteer follows script
- Low cost, win/win scenario
- CCAR – gives new recoveree a better shot at maintaining their recovery AND helps the Volunteer making the call
- Provider – helps their clientele
- Prior to discharge, provider offers recoveree the telephone support program.
- Results, outcomes, evaluations all outstanding

Telephone Recovery Support

- “When asked if I find the TRS (Telephone Recovery Support) calls helpful I can’t say yes enough. There’s something so supportive about knowing that no matter what happens in my life there’s someone who genuinely cares about how my recovery is going. My volunteer has shared in every victory I have had in my recovery since the calls began. I hope to continue receiving these calls for a long time to come.”

~Constance Carpenter, recoveree enrolled in CCAR’s TRS program for the last 55 weeks

Telephone Recovery Support

- “Out of all of the commitments I’ve had – TRS is my favorite way of giving back. Honestly – it’s a toss up as to who gets more out of it...me or them.” ~*Caroline Miclette, TRS Volunteer*
- “When I was using my phone never rang and I wanted it to. I remember just sitting there, staring at the phone wishing someone would call me, talk to me...possibly help me. Now I’m in recovery, for me this is the perfect way of giving back... being that phone call that I never got.”
~*Curtiss Kolodney, TRS Volunteer*

Recovery Housing Project

- Inventory existing recovery housing (independently owned, privately operated “sober houses”)
 - One of a Kind database
- Establish the Recovery Housing Coalition of Connecticut
 - Standards
 - Advocacy
 - Monthly meetings
- Deliver “So, You Want to Open a Recovery House?” trainings

Still with us?

- Comments?
- Questions?
- Make sense?
- OK to go on?

Some System Change Tools

- **Policies** – set a tone
- **Values** – Recovery Community Core Values
- **Infrastructure** – Data system, “Automated Recovery Plan”, Home-grown Public Sector Managed Care Approach
- **Practice Requirements/Guides** – Provider Annual Recovery Assessment & Plan, Recovery-Oriented Practice Guidelines, Contract Language
- **Outcomes** – “Pilot” Measures, Consumer Survey
- **Finance Strategy** – Savings and Reinvest Model

Setting the Tone Through Policy

- Commissioner's Policy Statement #33, Individualized Recovery Planning, March 27, 2007
 - *...The Plan of care shall be developed in collaboration with the person... with provisions to ensure that they have the opportunity to play an active, meaningful role in the decision-making process.*
 - *...Focusing solely on deficits in the absence of a thoughtful analysis of strengths leads to disregarding the most critical resources an individual has on which to build on his or her efforts to... advance in his or her unique recovery journey.*
 - *...The primary focus of recovery planning is on what services the person desires and needs in order to establish and maintain a healthy and safe life in the community... Given this community focus, one tool required is an adequate knowledge of the person's local community and its opportunities, resources, and potential barriers.*

Person Centered Recovery Plan

- Promotes self-determination and community membership in valued social roles
- Re-orientes participants, including providers to strengths based or solution oriented models
- Develops skillful use of personal and community assets
- Extends beyond medical model

Lesson Learned

Necessity of Clear Expectations and Guidelines

- Provider Recovery Self-Assessment
- Consumer survey and language required by contracts
- Recovery-oriented performance measures
- Recovery-Oriented Practice Guidelines
 - Primacy of participation
 - Promoting Access and engagement
 - Ensuring Continuity of care
 - Employing Strength-based assessments
 - Community mapping and development
 - Identifying and addressing barriers to recovery
 - Functioning as a recovery guide
 - **Offering Individualized recovery planning**

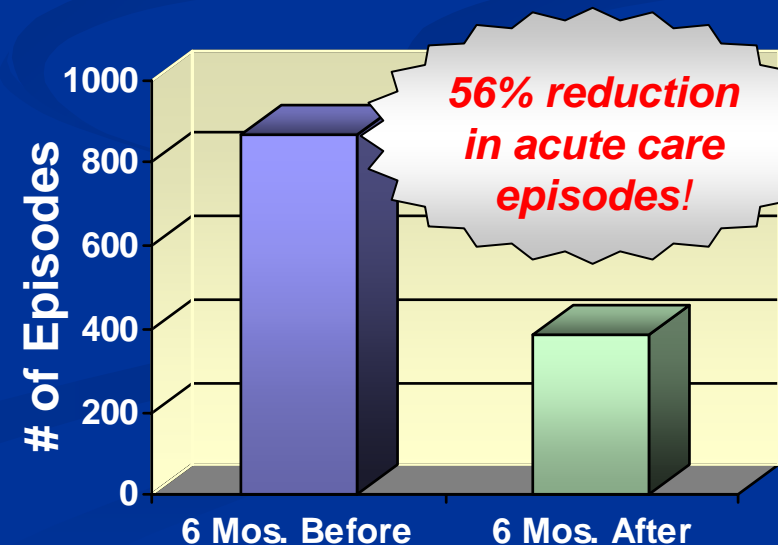
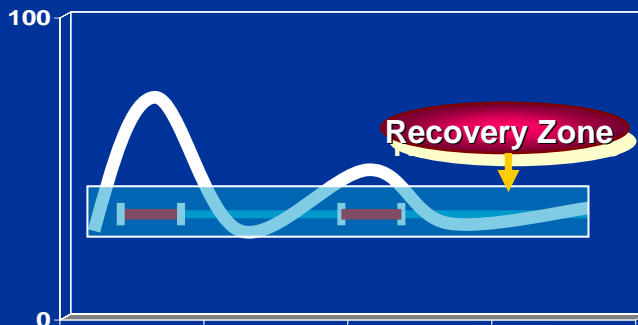


Financing Strategies

- **“SAVINGS REINVESTMENT”**- Use “acute care savings” from existing Fee for Service funding for new admissions into existing service capacity, support new clinical levels of care, e.g., intensive outpatient co-occurring care or for recovery support services, e.g. Recovery Houses, Recovery Checkups, Peer Coaches
- **EXTERNAL, FEDERAL AND OTHER GRANTS** – Funds “research and development.” Use lessons learned and funds to reframe existing funding allocations & services
- **FUNDING PARTNERSHIPS** – criminal justice and child welfare systems, private non-profits, academic communities, person in recovery community

Specialized Intensive Supports

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



Value-driven Strategy – Improved Care, Better Value

OATP 4/01 – now (2000+ cases)



OATP



(Opioid Agonist Treatment Protocol)

Connecticut's program of alternative treatment opportunities for opiate-addicted persons who use residential detoxification programs over and over.

Motivational
Interviewing

• Identification

• Education/Information

• Access

• Opioid Agonist Treatment

• Ancillary Treatment

• Support Services

Co-occurring
Disorders

Recovery

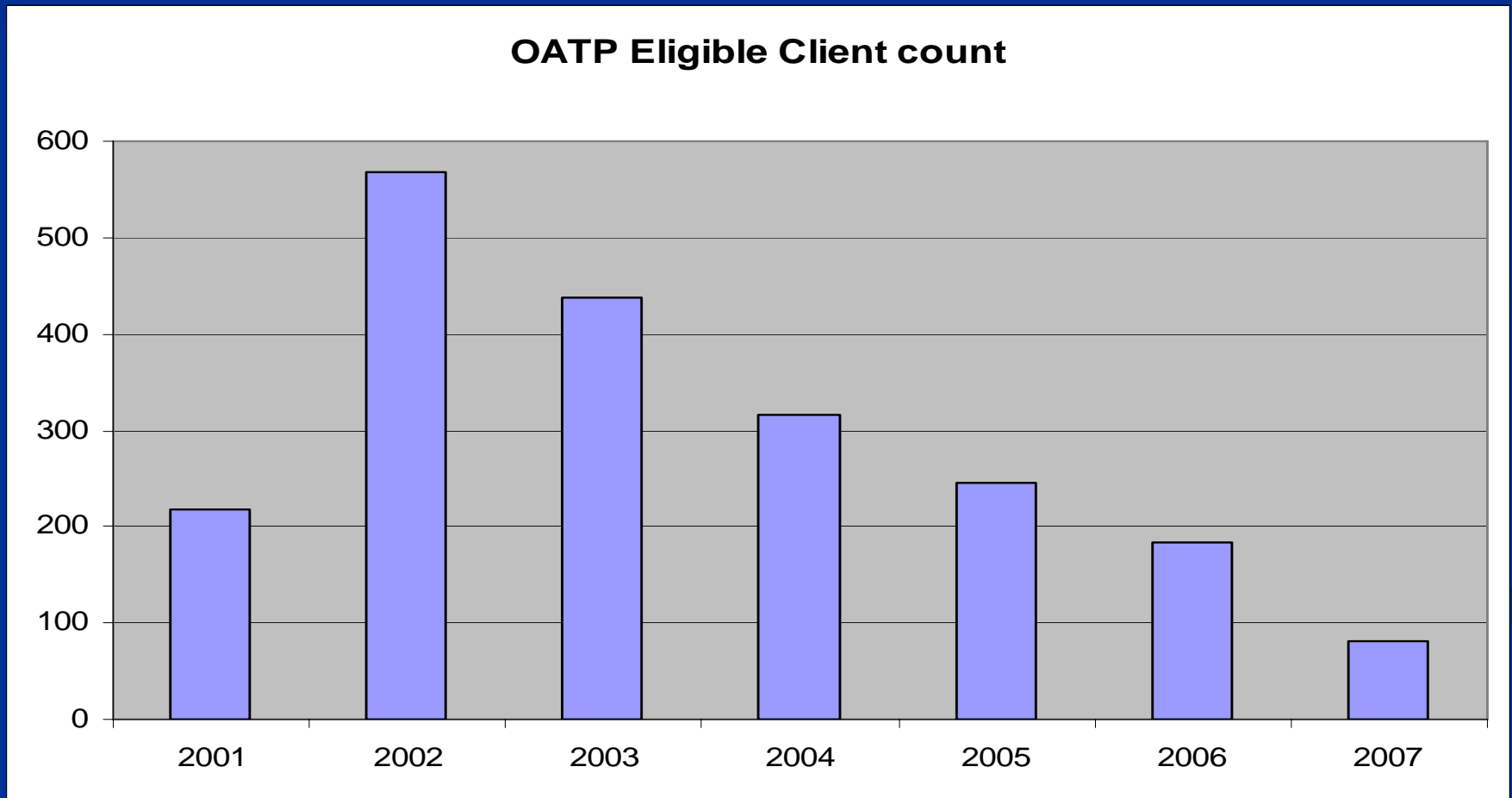
Cultural
Competence

Service
Coordination

Trauma

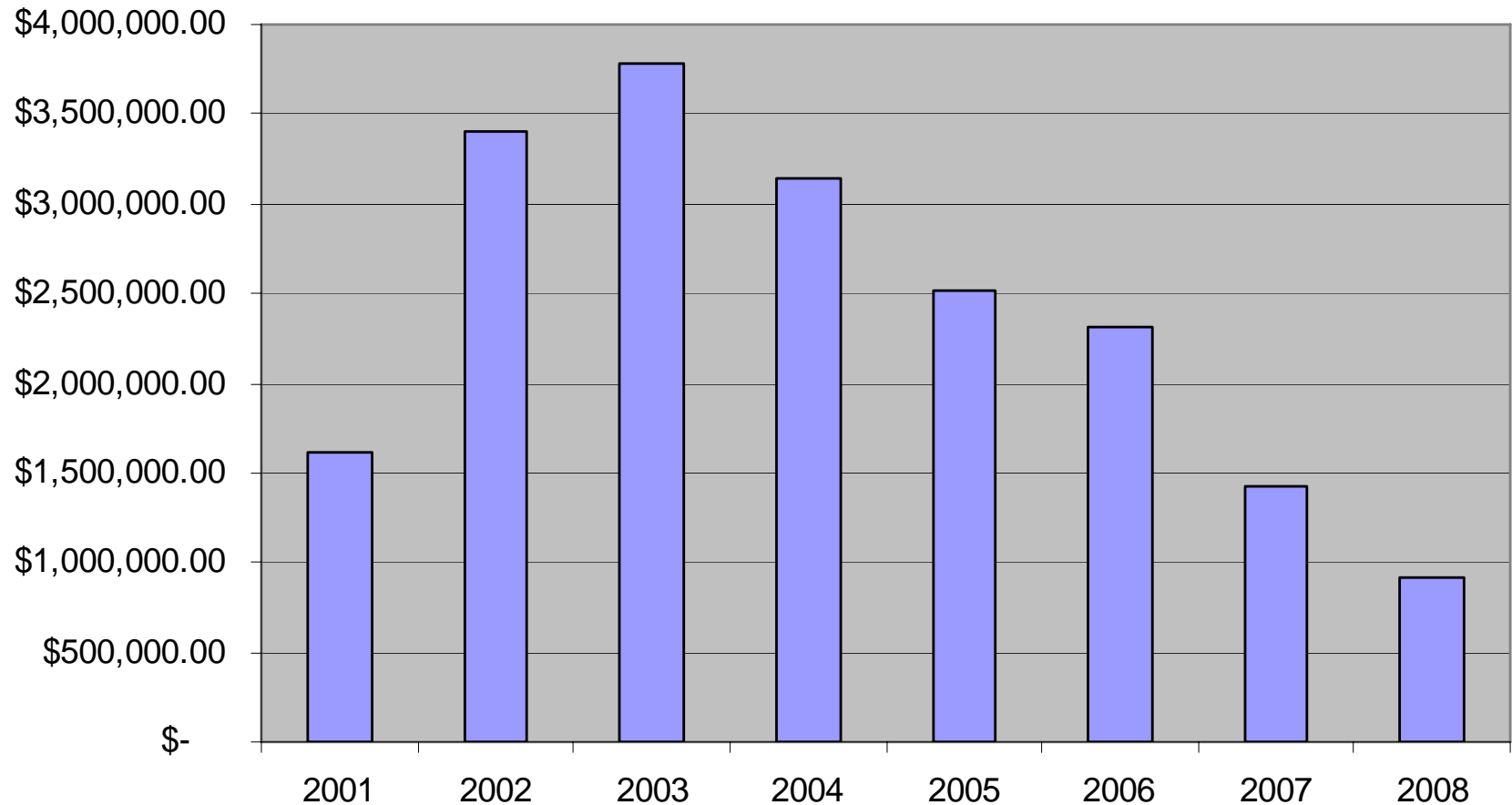
OATP

OATP Client Participants (2,000+ since April 2001)



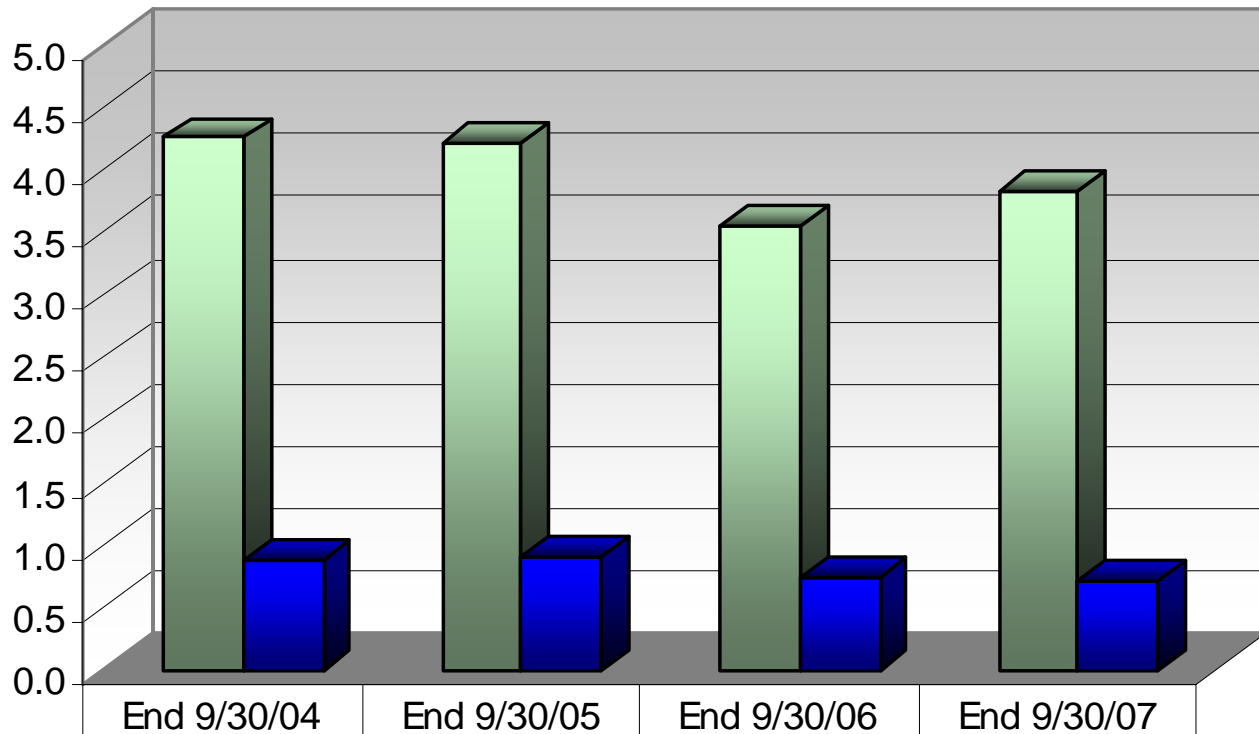
Better Care, Resource Management

Acute Care Claims Expense for OATP clients



OATP – Pre-Post Admission Analysis

Comparison of Annual Average #Admissions -
6 months before & 6 months after OATP Initiation

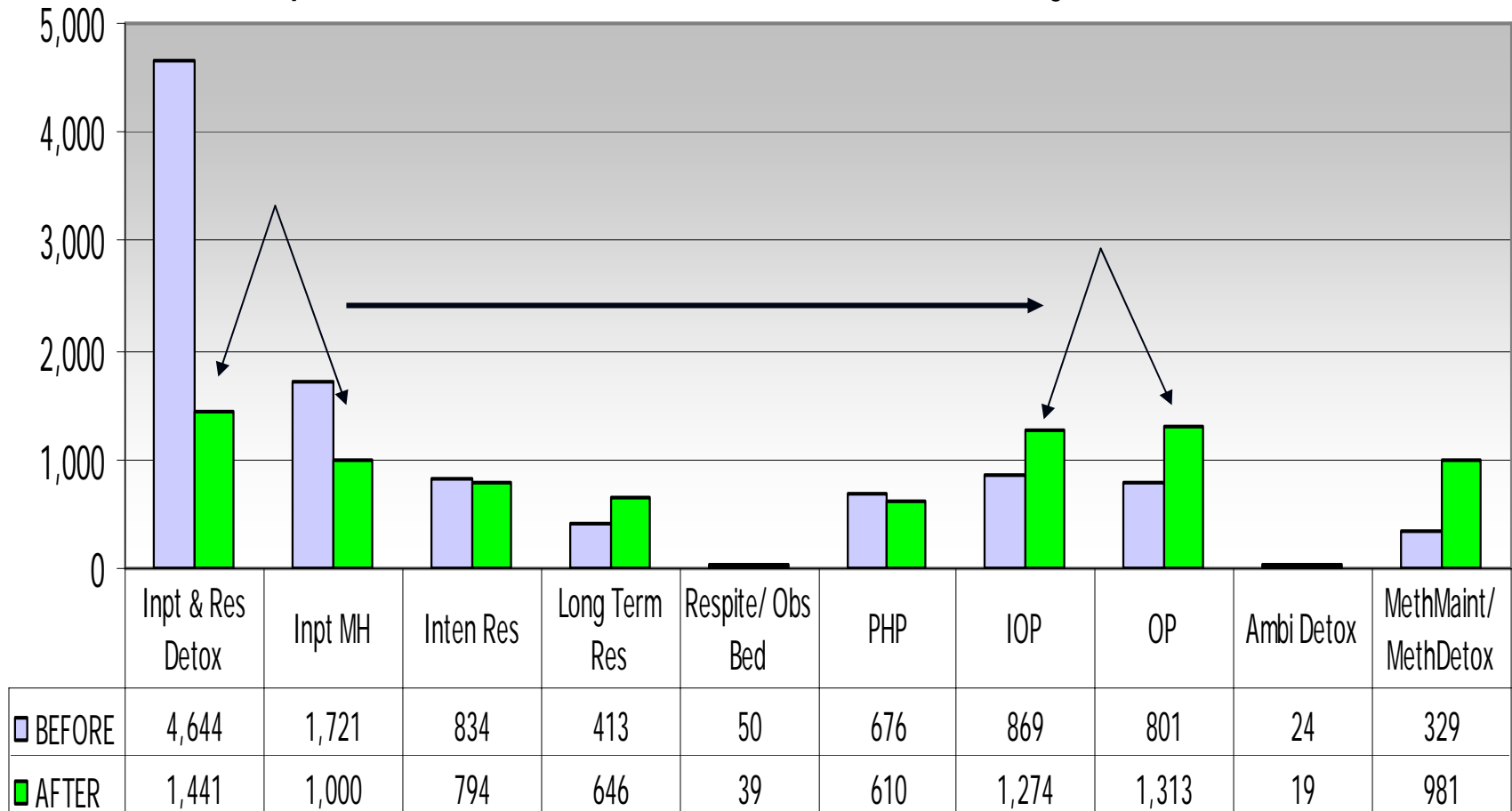


6 Mos Prior	4.3	4.2	3.5	3.8
6 Mos After	0.9	0.9	0.7	0.7

Reallocation of Resources through Intensive Case Management (Recovery Specialists)

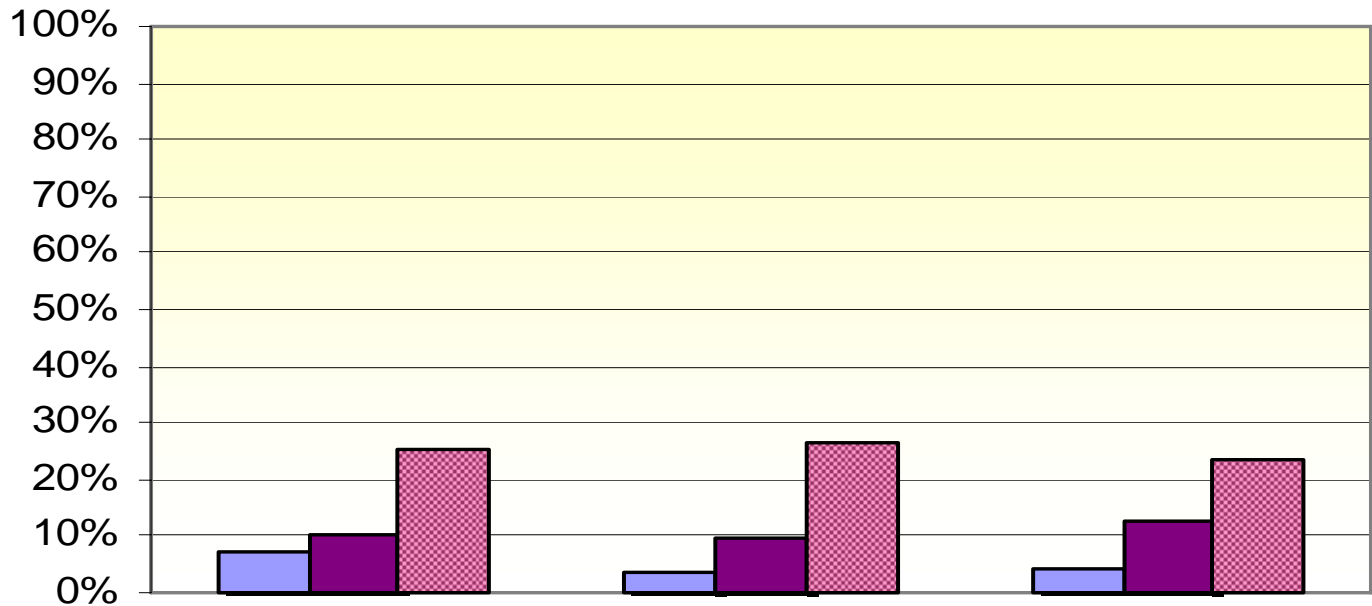
N= 2185 Clients

Paid Episodes 12 months Before & 12 months After GAICM Assignment (by 2/28/07)



Cutting Treatment Drop-Out by More Than Half

Comparison of Treatment Dropout Rates
GA ICM vs. Non-GA ICM



	Feb-06	Feb-07	Feb-08
GA ICM HU	7.14%	3.42%	4.44%
NON-GA ICM HU	10.34%	9.77%	12.47%
SAGA w/o CM	25.39%	26.80%	23.38%

Sample Specialized Continuing Care, Long Term Recovery Management Service System Outcome Measures

- Overall Rate of Growth of Costs
- Percent of total costs for each Level of Care (LOC)
- Access, Retention and Drop out indices
- Percent of Total Client Admissions into Each LOC
- Percent of First Time Admissions within Existing System Capacity
- Pre/Post Recovery Support Service Cost and Service Comparisons
- Rate of Connecting to Lower Level of Care (LOC) – 7, 14, 30, 90 days from acute care episode
- Rate of Readmissions – to Same or a Higher Level of Acute Care within “x” Days of Discharge from a Detox, Inpatient or Acute Care Service
- Consumer Survey Results: Access, Appropriateness, General Satisfaction, Outcomes, Recovery, Participation in Tx, Respect

Life Beyond Treatment: Focusing on Recovery

- Impediments and challenges to advance to a **fully** functioning recovery oriented system of care –
 - Services – Funding Design
 - Workforce Issues
 - Service Stream
 - Regulatory Environment

Life Beyond Treatment: Focusing on Recovery

■ **Services - Funding Design**

- Discourages efficiency & reserve building
- Episode of care driven models [units of service]
- Insufficient funding
- Unpredictable funding

Life Beyond Treatment: Focusing on Recovery

■ Workforce Issues

- Shortages of appropriate candidates
- Shortages of minority candidates
- Shortages of licenses or certified candidates
- Training needs – for inadequately prepared employees
- Escalating expectations for staff performance
- Low salaries – competition from state operated

Life Beyond Treatment: Focusing on Recovery

■ Regulatory Environment

- Staff level regulation
- Service level regulation
- Inflexibility
- Lack of Coordination
- Unpredictable enforcement

Challenges Along The Way

- Redesigning in mid air
- Client Empowerment – Staff Reaction
- Hit the Wall...the plateaus
- “I’ve been wrong all these years”
- Advocacy...Chasing Windmills
- Too Complicated
- Project Du Jour. And I’ll Be Out of Business
- Buy in...Staff – you never asked me
- Who made you recovery champion?

Challenges / Opportunities

- New partnerships for employment, economic development, community asset mapping
- Wellness rather than disease and disability
- A larger “choir” for the field
- Our field is truly *RELEVANT*
- *People are respected, have hope, recovery, renewed lives*

Policy, Operational Or Planning Challenges

- Define “Episode of Care” in new way, e.g., service bundles
- Design Bundled Combinations of Services and Rate Methodology
- Anticipate and Combat System “Relapse” due to State Fiscal Climate
- Don’t Focus so Much on Continued Care That Neglect Early Identification, Intervention and primary care linkages
- Talking about Spending Differently, Not Spending More or Less

Key Policy Issues/Questions

- ◆ Do you want bricks and mortar or people living in communities with natural supports?
- ◆ Should we focus on healthcare costs or on the cost of disability and disease?
- ◆ How do we widen and reinforce the **Recovery Zone** for people with disabilities?
- ◆ Should addiction be “The Agenda” or part of “**Every Agenda?**”
- ◆ Are we talking about spending more or less, or spending differently?

Take Home Messages



- *Creating a continuing care, recovery oriented service system is a marathon and requires system changes at all levels...it's like redesigning a plane in the air*
- *Maintaining a sense of urgency is essential for continuing care paradigm shift*
- *Non-traditional or recovery-support services help people get better, must be matched with one's individual path to recovery and are efficient and effective per se and as ADJUNCTS to treatment*
- *Performance and outcome metrics for such a system, for state agency providers or funders, are not the traditional ones and require a well communicated "healthcare business plan" strategy*

For such individuals, like Billie Holiday, it may not be a matter of more (e.g., detox, treatment, medication) but of something different that may be required to initiate, pursue, and maintain recovery

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