System of Care

Presentation to the Consumer Advisory Council March 26, 2003

Recovery Defined

> 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 a meaningful sense of belonging 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.

Voices of Recovery



DMHAS' Recovery Vision

Collaborative treatment process Promotes highest level of autonomy

Strength based treatment focus

> Individual and family participation

> > Individual responsibility and control

Holistic and Hopeful Driven by recovery outcomes

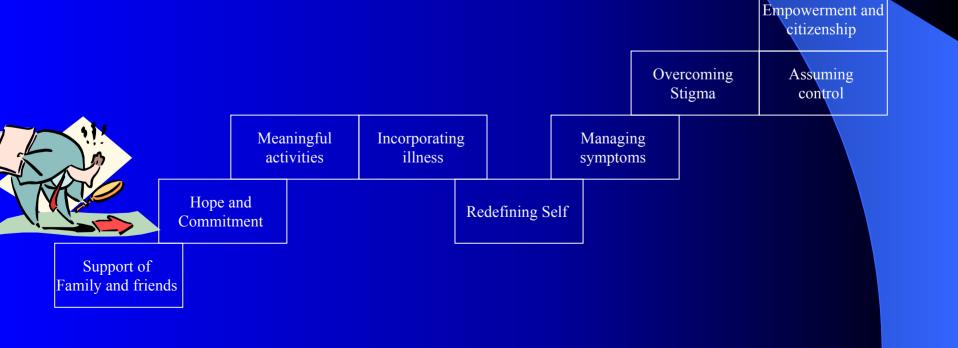
MH and SA services are tools

Culturally relevant

Stakeholder Participation

- > Approach that builds consensus through inclusion of all stakeholders views
- > Feedback regarding Commissioner's Policy
- > Involvement in CMHS/CSAT consultation
- > Recovery Institute curriculum development
- Centers for Excellence

Dimensions of Recovery



Building the System

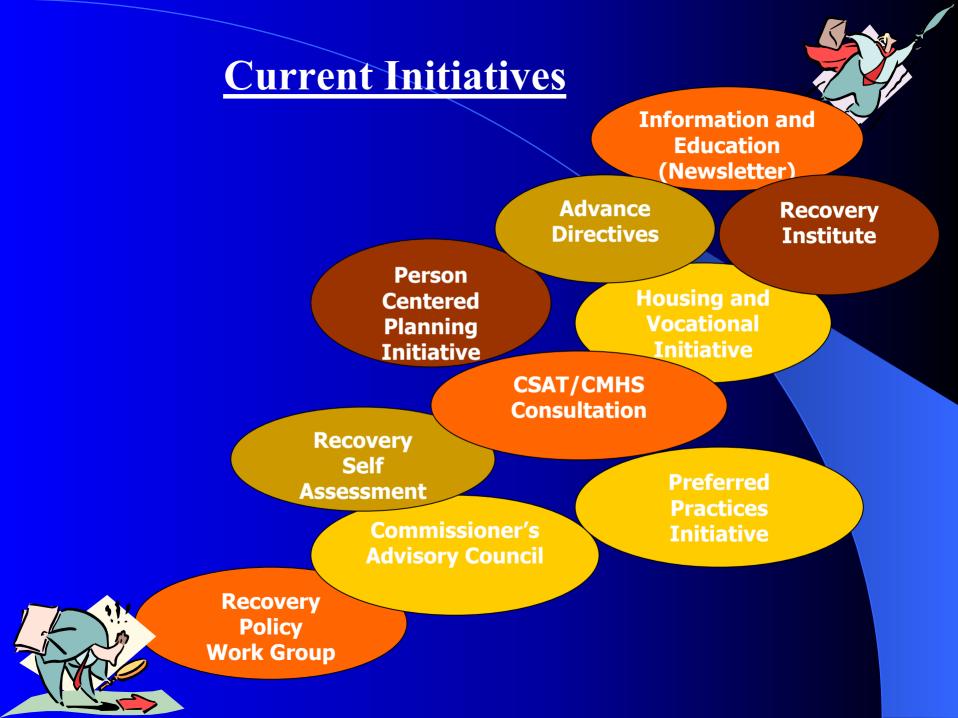
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		Service Enhancement		Vocational Services		Housing Supports		Peer Directed Services		i			Fr. 1
				n Centered Adva overy Plan Direct			Olmstea	d Initiatives		le Service Inding			
Laying the foundation	Recovery Steering Committee		CSAT Consultation C		MHS Consultation		Commissioner's Advisory Council		Provider Re Assessn				
Anchors		Cultural Competency		Commissioner's Policy Statement Quality System of Care						Advocacy Community			

DMHAS' Systemic Approach to Recovery

- Develop a philosophical/conceptual approach
- Build competencies, skills, and service structure

Align fiscal and administrative policies in support of recovery

What We Are Doing



Strategies for Change

- Evolve process using multi-year approach to implementation
- Build partnership and consensus through inclusive approach to all stakeholders and views
- Identify and develop "best practices" with knowledge transfer to field through training and skill building
- Incorporate existing DMHAS initiatives Office of Multicultural Affairs Strategic Plan, Behavioral Health Partnership, Housing Initiatives, etc.
- Re-orient all DMHAS systems (e.g. performance measures, contracting, monitoring) to support recovery
- Transition to recovery-oriented performance outcomes in non-punitive approach

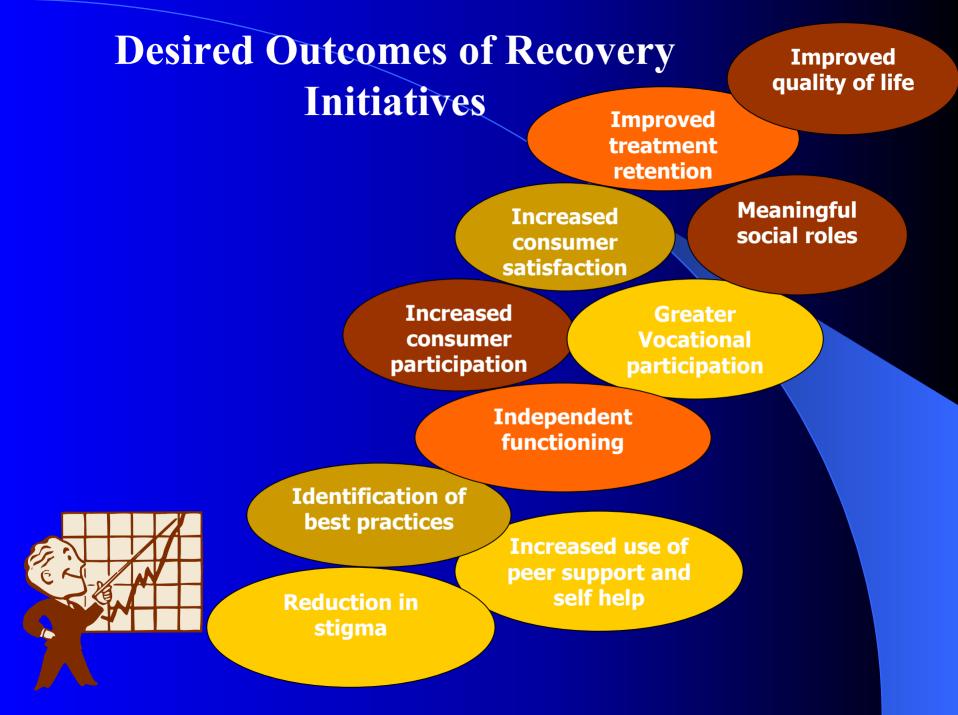
Highlights of Progress to Date

- Developed Commissioner's Recovery Policy
- Hosted 2 major recovery conferences
- Developed CT Recovery Model
- Initiated training through Recovery Institute
- Obtained consultation from CMHS/CSAT for development of recovery-oriented system
- Completed recovery system assessment
- Completed system wide consumer driven Voice Your Opinion satisfaction survey
- Supported continuation and expansion of peer operated services

Examples of New Recovery-Oriented Practices

> Recovery Houses

- > Psychiatric Advance Directives
- > Person Centered Planning
- > Peer Engagement Project
- CT Self Help and Mutual Support Network



Supporting Providers Through Training and Education

- Train providers re recovery and the CT recovery model
- Identify best practices and transfer knowledge to provider system
- Develop centers of excellence for staff and program development

Recovery Institute

THREE LEVELS OF OFFERINGS

<u>Open Trainings</u>: To promote widespread knowledge of recovery paradigm. 5 regional session. 100 participants/session. *Began February 03.*

Intensives: Skill based. Direct service staff, administrators/supervisors, persons in recovery. 25 participants/cohort. Multiple session trainings focused on development of recovery specific skills. *Began March 03*

<u>Centers of Excellence</u>: Develop agency-based model programs. Provide training to staff, technical assistance to administrators. Phase 1- Program development. Phase 2- Use Centers as training/internship sites. *Begin September 03*

Core Curriculum

- > Open Trainings:
 - Overview of Recovery and CT. Recovery Model.
- > Intensives:
 - 1. Engagement/Motivational Enhancement
 - 2. Person-Centered Planning
 - 3. Core Clinical Skills
 - 4. Managing Your Own Recovery
 - 5. Mutual Support Programs

6. Delivering Culturally Competent Recovery Services

Centers of Excellence

- Develop agency-based model programs. Provide training to staff and technical assistance to administrators.
- Phase 1- Program development.
- Phase 2- Use Centers as training/internship sites. Peer Run Programs
 Supported Community Living
 Case Management/Recovery Guide
 Outreach and Engagement

Objectives and Timelines Recovery Institute

Develop institute model completed
Hire institute staff completed
Present Level 1 trainings completed
Present Level 2 trainings initiated
Start-up of Centers of Excellence 10-03

Next Steps

Feedback regarding model development and training curriculum

- Identification of exemplary practices for Centers of Excellence
- Participation in advisory or work groups