

Supporting the Recovery System of Care

Presentation to the Provider Advisory
Council

February 4, 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

"Having hope"

"Getting well/getting better"

"Having same rights as others"

"Choice"

"Doing everyday things"

"Making changes, having goals, education"

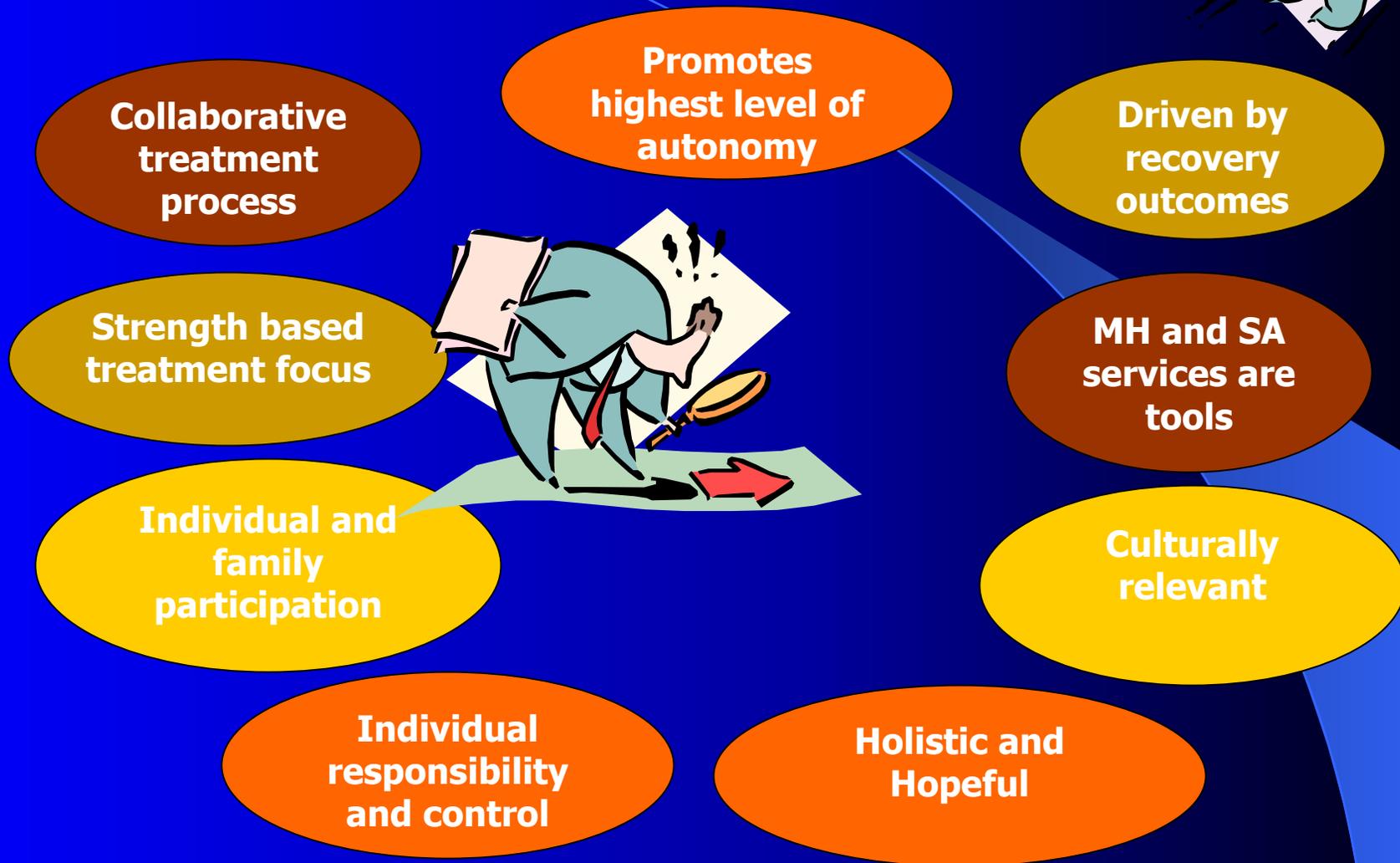
"Staying clean and sober"

"Starting over again"

"Having life goals"

"Be looked at as whole people"

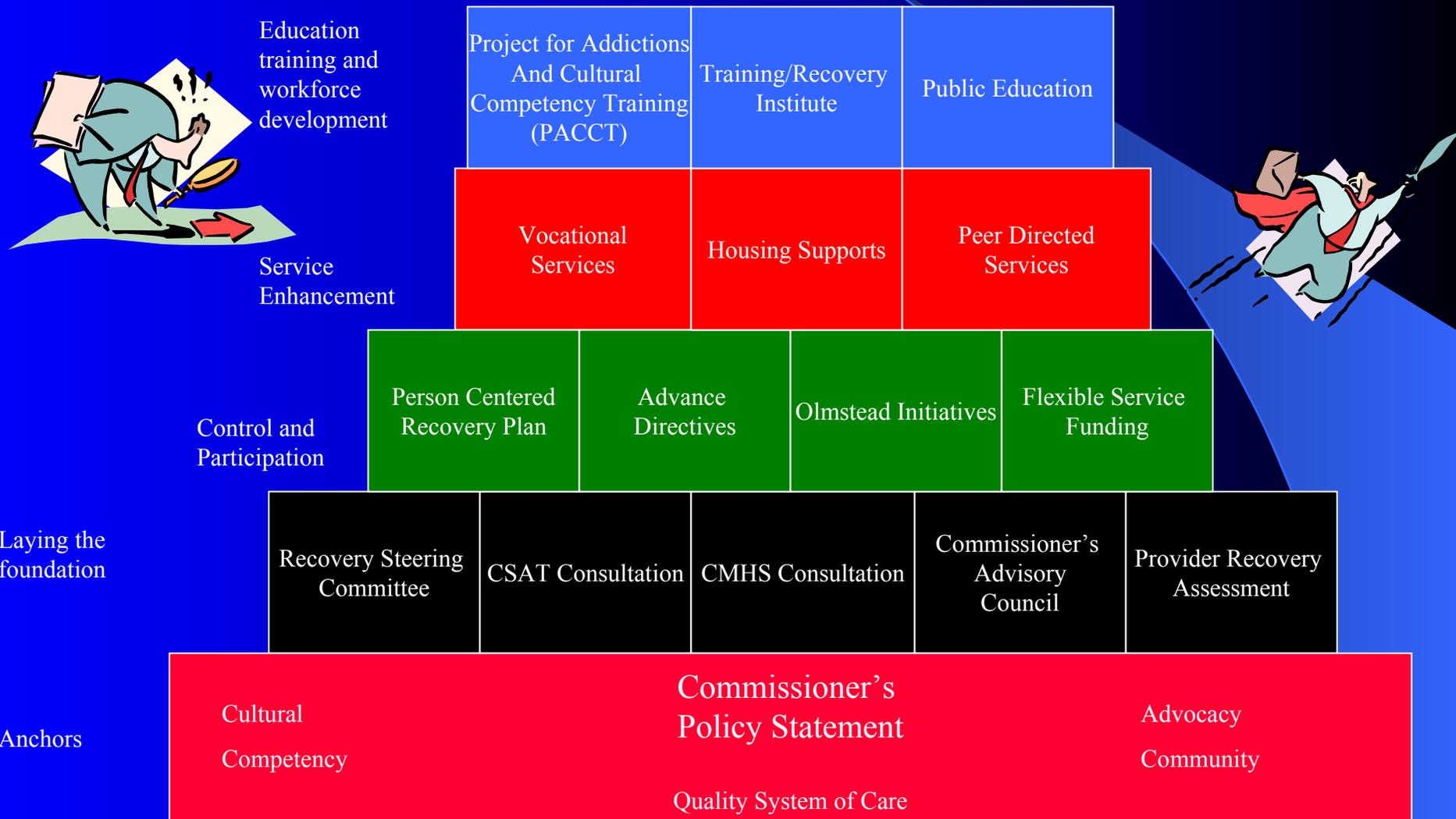
DMHAS' Recovery Vision



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

Building the System



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

Current Initiatives



**Information and Education
(Newsletter)**

Advance Directives

Recovery Institute

Person Centered Planning Initiative

Housing and Vocational Initiative

CSAT/CMHS Consultation

Recovery Self Assessment

Preferred Practices Initiative

Commissioner's Advisory Council

Recovery Policy Work Group



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

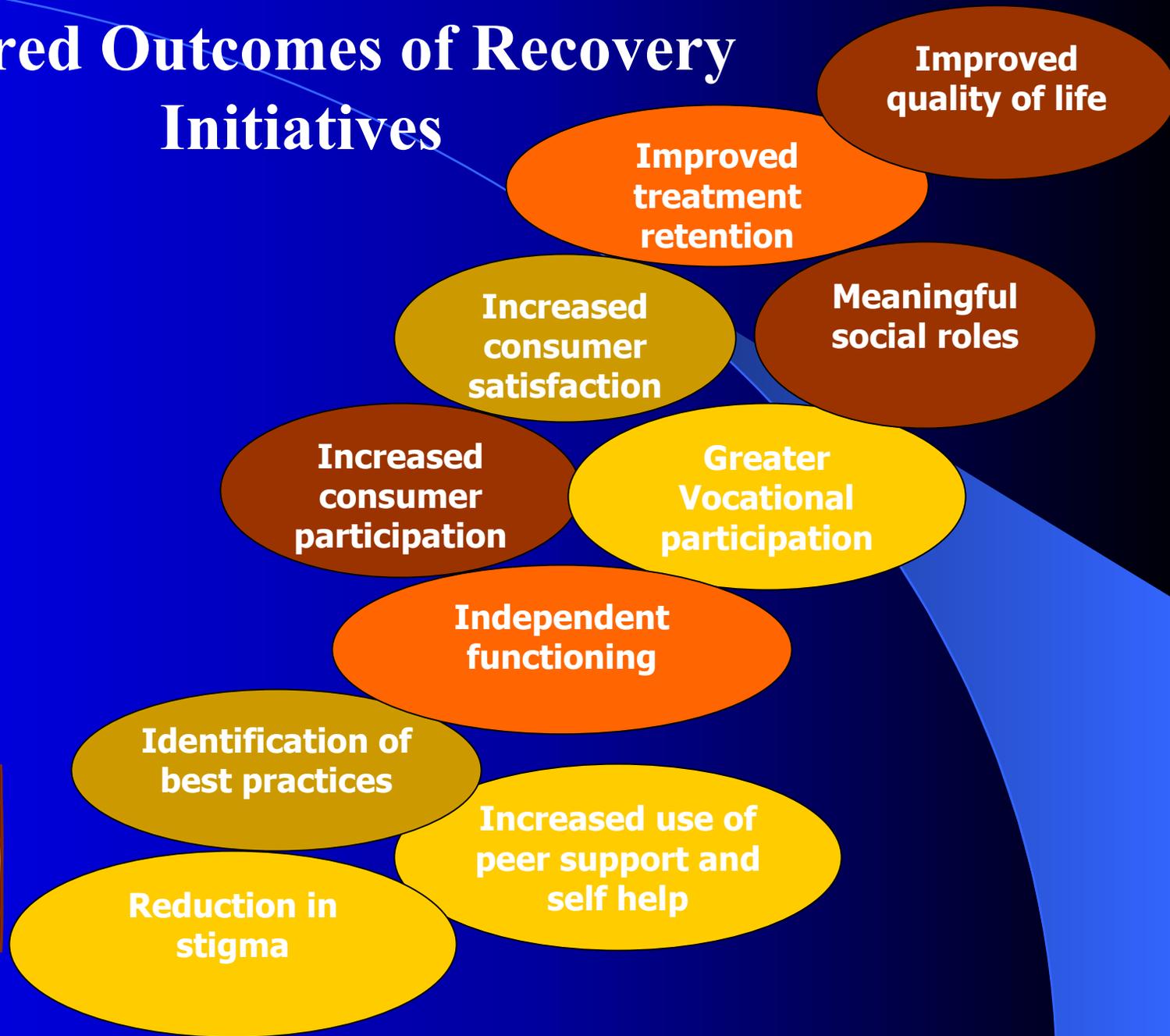
Highlights of Progress to Date

- Developed Commissioner's Recovery Policy
- Hosted 2 major recovery conferences
- Developed CT Recovery Model
- Beginning implementation of 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

Desired Outcomes of Recovery Initiatives



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

Open Trainings: To promote widespread knowledge of recovery paradigm. 5 regional session. 100 participants/session. *Begins 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. *Begin March 03*

Centers of Excellence: 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 12-02
- Present Level 1 trainings 2-03
- Present Level 2 trainings 3-03
- Start-up of Centers of Excellence 10-03

Benefits for Providers

- Improved treatment retention
- Increased consumer satisfaction
- Broadens community supports that complement traditional agency approaches
- Staff development through training in best practices
- Learning laboratories

Next Steps

- Provider attendance and participation in Recovery Institute
- Feedback regarding model development
- Identification of exemplary practices for Centers of Excellence