

Building Recovery-Based Care in State Addiction Service Systems

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Step One:

We admitted we were powerless over our bureaucracies, that our systems had become unmanageable.

- Systems are not perfect in Oregon.
- State management behaviors including purchasing, policy and rules / standards, “status quo” are major obstacles to improving service systems.

Recovery-Based Care in Addictions

- Come to a common understanding, use common language and create a vision.
- In Oregon, we crafted the Resilience and Recovery Policy Statement as a starting point.
- Must start with the right “mindset” about addiction – a brain disease requiring recovery management across the lifespan.

Articulate a Vision: Oregon's Resilience and Recovery Policy Statement

Policy Statement: AMH promotes resilience and recovery for people of all ages who experience or are at risk for psychiatric and/or substance use disorders. The principles of resilience and recovery guide services supported by AMH. Recovery must be the common outcome of services. AMH develops and supports policies consistent with the principles of resilience and recovery. Policies governing service delivery systems will be age and gender appropriate, culturally competent, evidence-based and trauma informed and attend to other factors known to impact individuals' resilience and recovery.

Engage People in Recovery to Inform Policy and Program Development

- Important to listen to those in recovery who have experienced the positive and negative aspects of the system.
- Oregon conducted focus groups and is formalizing connections with people in recovery.
- AMH recruited recovering individuals to inform our direction as we develop budget ideas, programs, services, and measure system performance.



Continuum Approach

State portfolio of addiction services should be balanced with funding in a variety of areas:

- Screening, outreach and early intervention
- Addiction treatment: outpatient, residential, detoxification
- Medication assisted therapies



Continuum Approach (cont.)

- Case management
- Recovery housing and supported housing
- Employment supports
- Peer delivered services (coaching and mentoring, recovery centers)



Regulatory Structure

Regulatory environment: Review and revise administrative rules and quality assurance processes.

- Regulatory structure must support recovery-oriented, system of care approach.
- Minimize barriers to accessing services for clients.
- Minimize processes that do not add value or improve quality (i.e. contribute to recovery) for service providers.

System Financing



Payment Mechanisms: Analyze contract language, develop performance measures consistent recovery orientation and develop methods to link performance to payment.

- Budget for addiction services is in most states is inadequate. There is pressure to use every dollar for services vs. support required to capture data, monitor and improve performance.
- Budgets are weighted toward higher-end services with little support for prevention or recovery supports such as peer delivered recovery support services.

Monitoring System Performance

Quality and Fidelity Measurement – We have made great progress toward implementing evidence-based practices in addiction services.

- This work must be linked to recovery orientation.
- The practices implemented must have relevance to the population and support meaningful outcomes to stakeholders.

Quality and Process Improvement

- Need to use data to our advantage.
- Data systems are anything but perfect, but we need to use what we have.
- Support new investments in data systems and analysis.
- Network for the Improvement of Addiction Treatment (NIATx). States should be seriously looking at ways to integrate NIATx process improvement strategies into systems.

Quality and Process Improvement

- Measurements count – Be strategic about what to measure at state, regional, county, and provider levels.
- Define System Performance Measures that matter to the public and help improve the lives of individuals served. Example:
 - Percentage of parents who have children returned to their custody after receiving alcohol and drug treatment.

Quality and Process Improvement

- Define process measures with a focus on recovery and system of care principles.
Example:
 - Percentage of clients who successfully transition to outpatient services following residential treatment within seven days.
- In Oregon, County level analysis of the following process measures: Engagement, Retention, Appropriate Level of Care, Completion, and Reduced Use. Working on adding measures (example above).

Legislative Policy Supporting Recovery Based Care in Addiction Services

- Repeal Uniform Policy and Provision (UPPL) laws.
- Support parity in private health insurance reimbursement policy for addiction and mental health services in line with physical health benefits.
- Support policy that is theoretically grounded in a public health approach to addiction and based on research.

Legislative Policy Supporting Recovery Based Care in Addiction Services

- Include addiction services in state Medicaid benefit package.
- Include codes for Screening, Brief Intervention and Referral to Treatment (SBIRT) in Medicaid list of covered services.
- Adequately fund addiction prevention, treatment and recovery services.
- Invest in infrastructure – e.g. adequate rates, data systems, analysis and evaluation capacity.

Department of Human Services
Addictions and Mental Health Division (AMH)
Resilience and Recovery Policy Statement
September 15, 2006

Policy Statement: AMH promotes resilience and recovery for people of all ages who experience or are at risk for psychiatric and/or substance use disorders. The principles of resilience and recovery guide services supported by AMH. Recovery must be the common outcome of services. AMH develops and supports policies consistent with the principles of resilience and recovery. Policies governing service delivery systems will be age and gender appropriate, culturally competent, evidence-based and trauma informed and attend to other factors known to impact individuals' resilience and recovery.

Outcomes:

- (1) Maximized quality of life for individuals and families
- (2) Success in work and/or school
- (3) Improved health status and functioning
- (4) Develop and maintain social relationships
- (5) Participation in the community of choice

Purpose: The Resilience and Recovery Policy Statement of the Addictions and Mental Health Division (AMH) promotes the principles of resilience and recovery.

The principles are:

- Strength-based, not symptom or illness-based
- Self directed
- Individualized and person centered
- Empowering
- Holistic
- Peer supported
- Involves society's respect for the rights of the individual
- Involves individual courage, responsibility and hope in achieving and sustaining recovery
- Using the individual's natural supports will be the norm rather than the exception.

Definitions:

“Resilience” is a universal capacity that a person uses to prevent, minimize, or overcome the effects of adversity. Resilience reflects a person’s strengths as protective factors and assets for positive development.

(Adapted from International Resilience Project and *Focal Point*, Summer 2005, pg. 25)

“Recovery” is a process of healing and transformation for a person to achieve full human potential and personhood in leading a meaningful life in communities of his or her choice.

(Adapted from SAMHSA, 2005)

This policy statement is aligned with the AMH Mission: AMH assists Oregonians and their families to become independent, healthy, and safe by:

- 1) Preventing and reducing the negative effects of alcohol, other drugs, gambling addiction, and mental health problems and
- 2) Promoting recovery through culturally competent, integrated, evidence-based practice treatments of addiction, mental illnesses, and emotional disorders.

Resources:

SAMHSA Consensus Statement on Mental Health Recovery
www.SAMHSA.gov

State of Connecticut, Commissioner’s Policy Statement No. 83
Promoting a Recovery-Oriented Service System
<http://www.dmhas.state.ct.us/policies/policy83.htm>