Operationalizing Recovery Oriented Systems of Care

Ohio Association of County Behavioral Health Authorities Recovery Conference

Columbus, Ohio

March 29, 2016
Acknowledgements

All DBHIDS Staff, People in Recovery, Providers and Community Stakeholders
Background on DBHIDS

- Philadelphia Department of Behavioral Health and Intellectual disAbility Services
- $1.2b annual budget
- Serve over 150,000 people
- Substance use, mental health & Intellectual disAbility
- Children and adults
- 200 providers, full continuum of services
- Single payor for Medicaid, Federal, State and Local Grant dollars
- Medicaid managed by the city
CONCEPTUAL FRAMEWORK
Traditional Treatment Model

Primary Focus

Treatment

OUTCOMES

Love
Work
Play

Community
Life

Housing
Faith
Belonging
“...merely making incremental improvements in current systems of care will not suffice.”

Institute of Medicine
Recovery Oriented System of Care

In the model, clinical care is viewed as one of many resources needed for successful integration into the community.
Changing the goal of treatment beyond symptom reduction to long-term recovery and wellness for individuals, families, and communities.
The Philadelphia Model

**WHY:** Goal and Philosophy of Treatment
- Recovery Based on Person-Defined Goals
- Moving Beyond Symptom Management
- Utilizing a Social-Ecological Perspective

**HOW:** How Services Are Driven
- Person Directed
- Collaboration and Partnership
- Respectful and Emphasis on the Inherent Dignity of the Person
- Inspires Hope

**WHAT:** Content and Practices of Treatment
- Holistic and Broad Range of Services and Supports
- Evidence-Based
- Individualized
  - Co-Occurring
  - Cultural Competency and Health Equity
  - Trauma
- Measurement of Services
ROSC as a Conceptual Framework and A Road Map...
Four Building Blocks of a Recovery and 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 and resilience
• Optimize the clinical effectiveness of treatment services through the use of empirically supported treatments,
• Individualize approaches around known factors related to treatment outcomes (i.e., co-occurring, trauma informed, culturally competent, developmentally appropriate, etc.)

Add and Integrate Recovery Support Services

• Implement a wide range of non-treatment support services that promote long-term recovery for individuals and their families
• Create a strong peer culture to provide hope, skills and modeling of successful recovery
• Utilize both free standing and integrated services, as well as peer-based and non peer-based services
Fiscal and Administrative Policy and Procedures

- Ensure that behavioral health administrative and fiscal policies and procedures support the practice changes that have been implemented
- Remove administrative and fiscal barriers to recovery-oriented practice
- Create financial and administrative incentives to reinforce recovery-and resilience-oriented practices

Build Cross-Systems Partnerships and Community Capacity

- Build Communities’ capacity to prevent behavioral health challenges, intervene early when they occur and support individuals who are in the recovery process
- Collaborate with other systems to ensure that that have practices and policies that are consistent with recovery and resilience principles
#1
BUILDING BLOCK I

Promote Excellent Treatment Services
GOAL:long-term recovery for adults and resilience for children/adolescents

- Retention
- Engagement
- Evidence-Based Practices
- Trauma
- Transitions
Practice Guidelines

- Available electronically and in print
- Search “Philadelphia Behavioral Health”

FREE PDF download at
http://dbhids.org/practice-guidelines

Write us at
dbhidscommunications@phila.gov
to have a PDF version emailed to you
### 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

<table>
<thead>
<tr>
<th>A.</th>
<th>Integrate behavioral health, primary care and ancillary support services</th>
</tr>
</thead>
<tbody>
<tr>
<td>B.</td>
<td>Create an atmosphere that promotes strength, recovery and resilience</td>
</tr>
<tr>
<td>C.</td>
<td>Develop inclusive, collaborative service teams and processes</td>
</tr>
<tr>
<td>D.</td>
<td>Provide services, training and supervision that support recovery and resilience</td>
</tr>
<tr>
<td>E.</td>
<td>Provide Individualized Services to identify and address barriers</td>
</tr>
<tr>
<td>F.</td>
<td>Promote successful outcomes through empirically supported approaches</td>
</tr>
<tr>
<td>G.</td>
<td>Support recovery and resilience through evaluation and quality</td>
</tr>
</tbody>
</table>

### 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
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?
Journey of Hope

• People who are Chronically Street Homeless
• Radical reframing of treatment services based on recovery management principles
  – Low demand
  – Flexible
  – Continuing aftercare
  – Easy admission
  – Long LOS
  – Etc.
• Good Outcomes
“Day Treatment”
Transformation

Symptom Focus

Recovery/Resilience
Day Treatment Transformation

36% Decrease in Crisis Utilization for Those with at Least 1 Year in Program

All Agencies

Before: 295

During: 189
Lower Cost of Inpatient Psychiatric Services

Inpatient Psychiatric

<table>
<thead>
<tr>
<th>Year Prior</th>
<th>Year During</th>
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<tbody>
<tr>
<td>$982,895</td>
<td>$561,011</td>
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</table>
Journey of Hope

Started in 2007, when our Homeless Death Review Process found that the most common cause of death among persons experiencing homelessness was addiction related.

- Participants have a menu of choices, rather than a preset program
- A number of early graduates now work in the system, at the programs, on outreach and in the department
- Over 7 years has graduated 443 persons to PSH from a life on the streets of substance use
- Low demand, High expectations
- Closely linked to supportive housing
Average Cost per Eligible Day for CBH/BHSI and Housing-related Expenditures over Time: Homeless Referral Programs

Note. Calculated using total cost of CBH/BHSI services + OMH residential per diem (before and during; Safe Haven referrals only)/days eligible at each time point. N’s represent the number of eligible individuals at each time point.

Safe Haven (n=94)

<table>
<thead>
<tr>
<th>Time Point</th>
<th>Cost per Eligible Day</th>
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</thead>
<tbody>
<tr>
<td>Two Years Before Voucher (n=70)</td>
<td>$86</td>
</tr>
<tr>
<td>One Year Before Voucher (n=91)</td>
<td>$100</td>
</tr>
<tr>
<td>During (n=87)</td>
<td>$115</td>
</tr>
<tr>
<td>One Year After Lease-Up (n=82)</td>
<td>$19</td>
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Journey of Hope (n=93)

<table>
<thead>
<tr>
<th>Time Point</th>
<th>Cost per Eligible Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Two Years Before Voucher (n=82)</td>
<td>$52</td>
</tr>
<tr>
<td>One Year Before Voucher (n=93)</td>
<td>$201</td>
</tr>
<tr>
<td>During (n=92)</td>
<td>$186</td>
</tr>
<tr>
<td>One Year After Lease-Up (n=90)</td>
<td>$22</td>
</tr>
</tbody>
</table>
Successful PSH Client — AND PHILLIES FAN
Evidence Based Practice and Innovation Center (EPIC)
EBP Initiatives

500+ THERAPISTS at 60+ PROGRAMS

• Trauma Initiative – Prolonged Exposure (PE)
• Philadelphia Alliance for Child Trauma Services (PACTS) – Trauma Focused CBT (TF-CBT) and Child Family Traumatic Stress Intervention (CFTSI)
• Dialectical Behavior Therapy (DBT)
• Ecosystemic Structural Family Therapy (ESFT)
• Partners for Change Outcomes Management System (PCOMS)
• Beating the Blues
EBPs on Extended Acute Inpatient Units

Recovery Oriented Cognitive Therapy Developed by Dr. Aaron T. Beck and colleagues in response to implementing CT in Philadelphia Behavioral health System

Clinical Outcomes:

• Length of stay reduced by half
• Assaults reduced by 60%
• Use of restraints lowered by two orders of magnitude
• Use of intramuscular PRN medications reduced by 2/3
• 80% of the individuals accept ACT team for aftercare

* Regarding what it is like to be active in taking steps toward goals: "If I can do this, anyone can. We can do these things outside of here but while we are here we can do more and exceed our expectations."

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Access to Behavioral Health Services

Penetration Rate by Adult and Child using Paid Claims

ADULT

CHILD

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Access: Utilization Rates by Race and Ethnicity
Overall: 22% (June 2012)

Adult Rates

- **HISPANIC**
- **WHITE**
- **BLACK or AA**
- **ASIAN**

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Geographical Information System (GIS) Techniques

Service Utilization

AA Residential

Distribution Providers

Figure 1

Figure 2

Figure 3
BUILDING BLOCK II
Implementing Support Services

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Promoting Sustained Recovery
Connections to Natural Supports
Recovery Support Services

- Telephonic aftercare
- Supported housing
- Supported employment
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
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
Recovery Trainings

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.
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
Recovery Idol
Promoting Peer Culture, Leadership, and Support

2002
1st PRO-ACT Recovery Walk
150 People
Promoting Peer Culture, Leadership, and Support

2014 PRO-ACT Recovery Walk

Over 23,000 People
BUILDING BLOCK III

Fiscal and Administrative Policy and Procedures
• Integrate multiple data sources to develop a comprehensive picture of each provider
  – Consumer satisfactions, pay-for-performance profile, credentialing tool, Medicaid compliance score, etc.

• Use process to determine credentialing status and eligibility for contractual opportunities

• Highly collaborative process focused on improving outcomes
### Pay for Performance

<table>
<thead>
<tr>
<th>Provider</th>
<th>Corrective QIPs</th>
<th>Compliance Error</th>
<th>30-Day Follow-Up Rate</th>
<th>Change in 30-Day Follow-Up Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight 1</td>
<td>None</td>
<td>0%</td>
<td>90.2%</td>
<td>No change</td>
</tr>
<tr>
<td>Weight 2</td>
<td>None</td>
<td>6%</td>
<td>92.5%</td>
<td>No change</td>
</tr>
<tr>
<td>Weight 3</td>
<td>None</td>
<td>81.52%</td>
<td>90.4%</td>
<td>No change</td>
</tr>
<tr>
<td>Weight 4</td>
<td>None</td>
<td>4.84%</td>
<td>80.9%</td>
<td>No change</td>
</tr>
<tr>
<td>Weight 5</td>
<td>1 level 2 QIP</td>
<td>62.86%</td>
<td>87.3%</td>
<td>No change</td>
</tr>
<tr>
<td>Weight 6</td>
<td>None</td>
<td>12.7%</td>
<td>80.4%</td>
<td>No change</td>
</tr>
<tr>
<td>Weight 7</td>
<td>1 level 2 QIP</td>
<td>0.99%</td>
<td>78.6%</td>
<td>No change</td>
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</table>
Early Engagement: Retention: Percent of Episodes Having 2 or Fewer Services

- **ASD**
  - 2011: 63.12%
  - 2012: 55.01%
  - 2013: 30.0%

- **Non-ASD**
  - 2011: 38.61%
  - 2012: 27.73%
  - 2013: 25.9%
Residential Treatment Facilities (RTF) CHILD

RTF-IP Transfer Rate

<table>
<thead>
<tr>
<th>Year</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate</td>
<td>4.19%</td>
<td>3.19%</td>
<td>1.18%</td>
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</tbody>
</table>

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Youth in Residential Treatment

- **Overall**
- **In State**
- **Out of State**

<table>
<thead>
<tr>
<th>Year</th>
<th>Overall</th>
<th>In State</th>
<th>Out of State</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>1834</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>468</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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#4
GOAL: prevention, early identification, health promotion and activation

- Building relationships and partnerships
- Reducing stigma
- Screening and early interventions

- Alternative pathways
- Community education
- Reducing disparities
Among those with >4 ACEs, increased number of:

- Multiple sexual partners
- Suicide attempts
- Substance abuse

>4 reported ACES also correlated to poor health outcomes which include higher rates of:

- Cancer
- Diabetes
- Severe Obesity
- Asthma
Early Intervention

Trauma Response Teams
Engaging Males of Color
Engaging Males of Color
Panel Discussion
Engaging Males of Color
BEyond Expectations
Help Yourself, Help Others

Mental Health First Aid >>
Learn to identify, understand, and respond to signs of behavioral health challenges or crises.

On Our Minds >>
Thoughts and updates from Dr. Arthur C. Evans, Jr., Commissioner of DBHIDS and staff.

Calendar >>
Find awareness events, screenings, or trainings from DBHIDS.

Behavioral Health Screening >>
If you feel sad, anxious or stressed, this screening tool can help you decide if you need further help.
Screening

ShopRite Mental Health Kiosk
“Inherent in every community is the wisdom to solve its own problems”
• Improve community connections
• Engage stakeholders
• Embed partnerships of mental health staff and artists in the community
• Empower the community
“It gave addiction and recovery a real voice.”
“When the community starts getting together around this process, other good things start happening too.”

Betsy – Porch Light Participant
Bridging the Gap

Addresses the importance of overcoming conflict & building relationships
Building Brotherhood

Addresses the importance of dialogue and relationship-building amongst males of color.
Fables of Fortune

Addresses problem gambling, particularly within the Asian communities
Acknowledges the pain of trauma and violence while illuminating the resilience that exists within us.
Communion Between a Rock

Addresses the importance of building better networks for troops returning home
Finding the Light Within

Artist: James Burns
Location: Horizon House
119 S. 31st Street
This project aimed to educate the public about warning signs of suicidal behavior, provide creative outlets for exploration of the issue, and offer assistance for family members and friends before there is a loss of life.
Finding the Light Within

Sheds light on suicide through relationship building among survivors, attempters, families and friends.
Join the Rise and Shine Behavioral Health Mural Tour

Thursday, October 23rd
9am
Virtual Tour of Porch Light

To learn more

VISIT: porchlightvirtualtour.org

WATCH: bit.ly/porchlightprogram
• Given the impact of behavioral health conditions the field must begin using a public health frame

• A public health frame gives us the opportunity to improve overall population health, while simultaneously allowing us to administer more efficient healthcare systems

• These are doable and effective strategies
IMPLEMENTATION
LESSONS LEARNED
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
3 Approaches to Transformation

Additive

Adding peer and community based recovery supports to the existing treatment system

Selective

Practice and Administrative alignment in selected parts of the system – pilot projects

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.

Achara, Evans & King, 2010
Issues that arise

» The Push Back: “My clients are too sick to recover”

» “We don’t have the money to do this”

» “Regulations prevent us from being recovery oriented”

» Consumers: “You are co-opting our movement”

» “We need to support the Core services first”

» Politicians: “Why are you taking X provider’s funding”

» Etc. . .
Strategies that Allow for Transformative Leadership

» Proactive Management
» Anticipate “the crisis” (e.g., argue with the referee)
» Data, Data, Data
» Strategic Relationship Building
» Conceptual Integration
» Pick Your (some) Fights
» Lead!
Where are We Headed?
The Future: Moving to a Public Health Approach

- Health promotion balanced with addressing illness
- Prevention and early intervention part of behavioral health system
- Communities are a place for intervention and efforts to create healthy communities and environments
7 Essential Shifts for a Public Health Approach

1. Proactive Intervention
2. Continuum of Health
3. Variety of Settings
4. Empowerment of Others
5. Broad Set of Strategies
6. Strength-Based & Wellness Promotion
7. Population Focus
This is an exciting time – we can make a difference!

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$100 BILLION
Our Current Treatment System

- 5% Severe Mental Illness
- 20% Diagnosable Mental Disorder
- 75% Everyone Else

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Factors that Influence Health Status

- **Health Care**: 10%
- **Environment**: 19%
- **Human Biology**: 20%
- **Lifestyle**: 51%
  - Smoking
  - Obesity
  - Stress
  - Nutrition
  - Blood Pressure
  - Alcohol
  - Drug Use
Addressing the Social Determinants of Health

- Improve clinical outcomes and fiscal performance

- Example: Permanent Supportive Housing Initiative
  - Since 2012, 792 individuals moved into permanent housing
  - 94% of cohort remain housed with improved health status
  - Generated over 8M in savings in 2 years
  - Per member per day costs reduced from $88 to $21
Elements of a Population Management Approach

- Addresses **social determinants** of health
- Is focused on **long-term outcomes**
- Has **health as the goal** (not symptom reduction)
- Requires **partnership**
- Requires **creativity and innovation**
- Utilizes a **data driven approach**
- Involves **systemic strategies**
- Can use **managed care approaches**
Distinguishing a Trend from a Fad?
“Social and economic factors are the most powerful (health) predictors...
We can’t treat our way out...
Where and how people live, learn, work and play greatly affects their health.”

Robert Wood Johnson Foundation
and the University of Wisconsin
Population Health Institute