

# What Does a Recovery Service Really Look Like?

Presented by Technical Assistance Training Partners

# Adult BH HCBS Roadmap Partners



# Learning Objectives

- Identify the seven components of a recovery-oriented service
- Understand the important characteristics of each of these seven components
- Consider ways to develop agency/program readiness to become more recovery focused

# Recovery Review



# Recovery

“Recovery is a process of change whereby individuals work to improve their own health and wellness and to live a meaningful life in a community of their choice while striving to achieve their full potential.”

Working Definition of Recovery SAMHSA Oct.  
2011



# What are the Basics of Effective Treatment in ROSC?

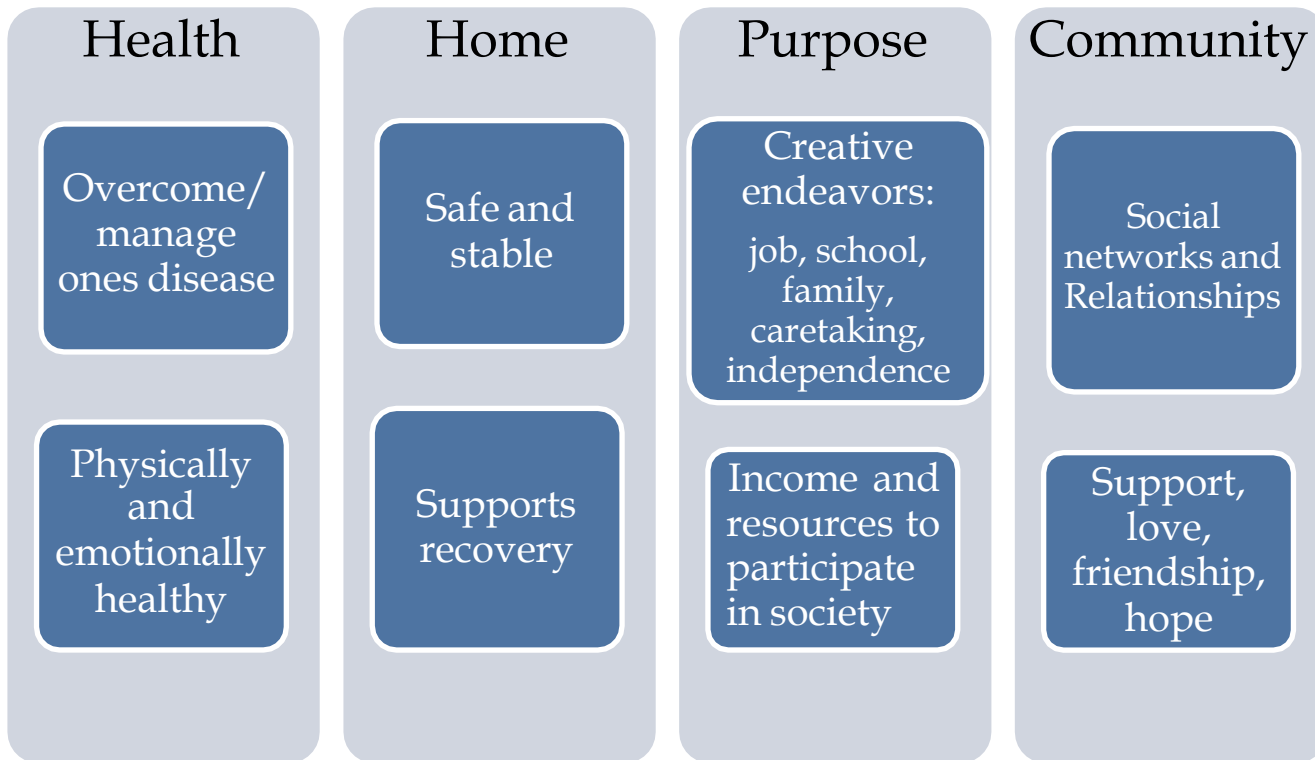
- Combining treatment medications with behaviors is the best way to ensure success for most patients
- Approaches tailored to address the specific treatment needs of the individual

***Medication-Assisted Treatment Works!***

# ***Medication-Assisted Treatment and Recovery***

**Medication-Assisted recovery** is a practical, accurate, and non-stigmatizing way to describe a pathway to recovery made possible by physician-prescribed and monitored medications, along with other recovery supports (i.e. counseling, peer supports).

# Four Domains that Support Recovery





# SAMHSA's 10 Guiding Principles of Recovery

- Hope
- Relational
- Person-Driven
- Culturally Sensitive
- Many Pathways
- Addresses Trauma
- Holistic
- Strengths/Responsibility
- Peer Support
- Respect

# Chat Box Question

Please list two aspects of your agency/services that are consistent with a recovery orientation.



# Chat Box Question

Please list 2 things your agency/services has not yet achieved in order to consider itself “recovery oriented”.



# Planning For Change

*How Do We Shift To Recovery  
Oriented Services?*

# Changing To A New Paradigm

<b>Today</b>	<b>Future</b>
<b>Treating Sickness / Episodic</b>	<b>Managing Population</b>
<b>Fragmented Care</b>	<b>Collaborative Care</b>
<b>Specialty Driven</b>	<b>Primary Care Driven</b>
<b>Isolated Patient Files</b>	<b>Integrated Electronic Record</b>
<b>Utilization Management</b>	<b>Evidence-Based Medicine</b>
<b>Fee for Service</b>	<b>Shared Risk/Reward</b>
<b>Payment for Volume</b>	<b>Payment for Value</b>
<b>Adversarial Payer-Provider Relations</b>	<b>Cooperative Payer-Provider Relations</b>
<b>“Everyone For Themselves”</b>	<b>Joint Contracting</b>

# Chat Box Question

Has this paradigm shift begun to occur?  
Which of these changes are you now  
experiencing?



# What Does a Recovery Oriented Service Provider Look Like?

*Programmatic and Staff  
Competencies*

# Components of a recovery-oriented agency/services

1. Services Design
2. Physical Environment
3. Staffing
4. Training
5. Service Provision
6. Quality Improvement
7. Services Evaluation



# 1. Services Design

- Mission, policies and procedures reflect recovery values of person orientation, person involvement, self determination and growth potential
- Outreach is regular and ongoing and engages community partners and referral sources
- Services-flow from the goals and objectives and reflect a priority for self-help and peer support

# Services Design (con't)

- Community brochures are available at site - resources include natural services
- Flexibility-hours of service, cultural and linguistic choices, choice of practitioners, services and locations
- Crisis is discussed as an opportunity for growth, healing and learning driven by self- responsibility for one's wellness

## 2. Physical Environment

- Visible hopeful messages of working, financial security, home ownership, leadership, educational achievement.
- Intentional “messages of belonging” re: pictures and resources reflecting a diversity of disabilities, cultures, gender, ethnicity and race.
- Available resources re: outcomes... working, financial security, housing security and independence, self-help, mutual assistance, and peer support opportunities.
- Accessible by public transport and to people with physical disabilities.

# Physical Environment (con't)

- Messages of inclusion and community through bulletin board or other postings of community activities or resources.
- Non segregated environment re: staff only bathrooms or eating areas.
- Places for people to socialize and connect beyond group rooms.
- Resource space available with access to computers/internet /phones.

## 3. Staffing

- Recruitment and hiring practices target recovery-oriented practitioners and those in recovery
- People in recovery can be found throughout agency operations and administration
- Self-Disclosure is supported through supervision
- All staff understand and value the unique skills and contributions of Peers vs practitioners in recovery.

## 4. Training

- Training and supervision encourage quality of life focus.
- Reviews that reflect person-centered, and cultural focus.
- Staff trained in core competencies that assist people in achieving quality of life outcomes, e.g. benefits planning and work incentives, person-centered and trauma informed service, connecting and coaching skills, and cultural competence.
- Recognition systems in place for staff to be acknowledged for quality performance.

## 5. Service Provision

- Assessment prioritizes the person's perspective about their hopes, dreams and aspirations as well as strengths, culture and barriers .
- Recovery planning reflects a person-centered process that integrates what was learned from the assessment.
- Service Plan clearly translates an individual's priorities into real, personalized action steps towards a new life.

# Service Provision (con't)

- Focus on relationship and hope-building engagement activities.
- Cultural and family connections are involved in planning or chosen services.



# Discharge Planning

- Discharge plans/criteria demonstrate the belief that people can recover.
- Connect people to peer and *natural supports* in the community.
- Create easy access to return to services, if necessary.
- Create celebration opportunities to recognize milestones in recovery and past graduates.

## 6. Quality Improvement

- Services utilize person-centered, recovery-oriented, culturally competent indicators and measures.
- Quality Improvement Team includes people receiving services, peer mentors, family members and community partners.
- Multiple input mechanisms including suggestion boxes, surveys or integrated feedback sessions.
- Public display of feedback, CQI data and measures for people to react to and recognize.

# 7. Service Evaluation

- Recipient's needs are identified
- Prioritizes recovery and community integration
- Identify policies and procedures that may serve as a barrier to person-centered care (e.g. "3 Strikes You're Out" rule)
- Utilizes a participatory approach including recipients, family members, practitioners, administrators and community partners

**The entire process of evaluation is a learning experience**

# Quality of Life Outcome Domains

- Housing/Home Work/Career
- Relational: Family/Friends/Romantic
- Educational
- Legal
- Financial
- Recreation/Leisure
- Community/Citizenship
- Health/Physical
- Wellbeing
- Spiritual/Religion
- Hospitalization alternatives

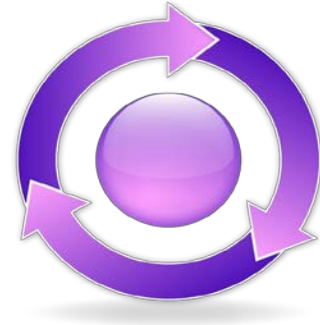
## Identify Possible Outcome Measures:

- Reduce avoidable hospitalizations/detox
- Reduce ER visits
- Employment
- Housing
- Medical wellness

# Relationship is Key!

When you ask...  
When you share...  
When you  
connect...

You form a culture of  
healing



# Next Steps

How Can You Help Your  
Agency/Services Promote  
Recovery?

# How Can You Support Change?

- Have a recovery based mission statement
- Support services consistent with your mission
- Include service participants in all phases of planning, delivery and evaluation
- Assure available training; in recovery philosophy and then concrete tools for practice change
- Stress outcomes over process/collect and use quality of life and recovery based indicators.
- Encourage teamwork and positive relationships between staff, management and participants.



# Next steps that your agency/ services can take...

- Review the seven components of a recovery-oriented agency/ services
- Identify current practices that support each of these components
- Identify additional changes to implement
- Review SAMHSA's four domains that support recovery
  - Identify current practices that support each of these domains
  - Identify additional changes to implement

# Additional Questions?

Contact us at:

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For slides and additional resources:

<http://ctacny.org/>



THANK YOU