



Transformation to a Recovery and Resilience Oriented System of Care

Integrating Care & Influencing Outcomes Through Case Management

Arthur C. Evans, Ph.D., Commissioner

October 21, 2014

Philadelphia Behavioral Health and Intellectual disAbility System

- Substance Abuse, Mental Health and Intellectual disAbility Services
- Single payor (Medicaid, state & federal block grants, local grant) behavioral health system operated by the City
- \$1b Service system for children, adults & families
- Broad range of services from acute care hospitals to small niche outpatient programs
- Comprehensive case management system

DECADE OF TRANSFORMATION

Recovery Walk 2014



First Recovery Walk: 150 people
2014 Recovery Walk: 23,000 people







Why Transform?

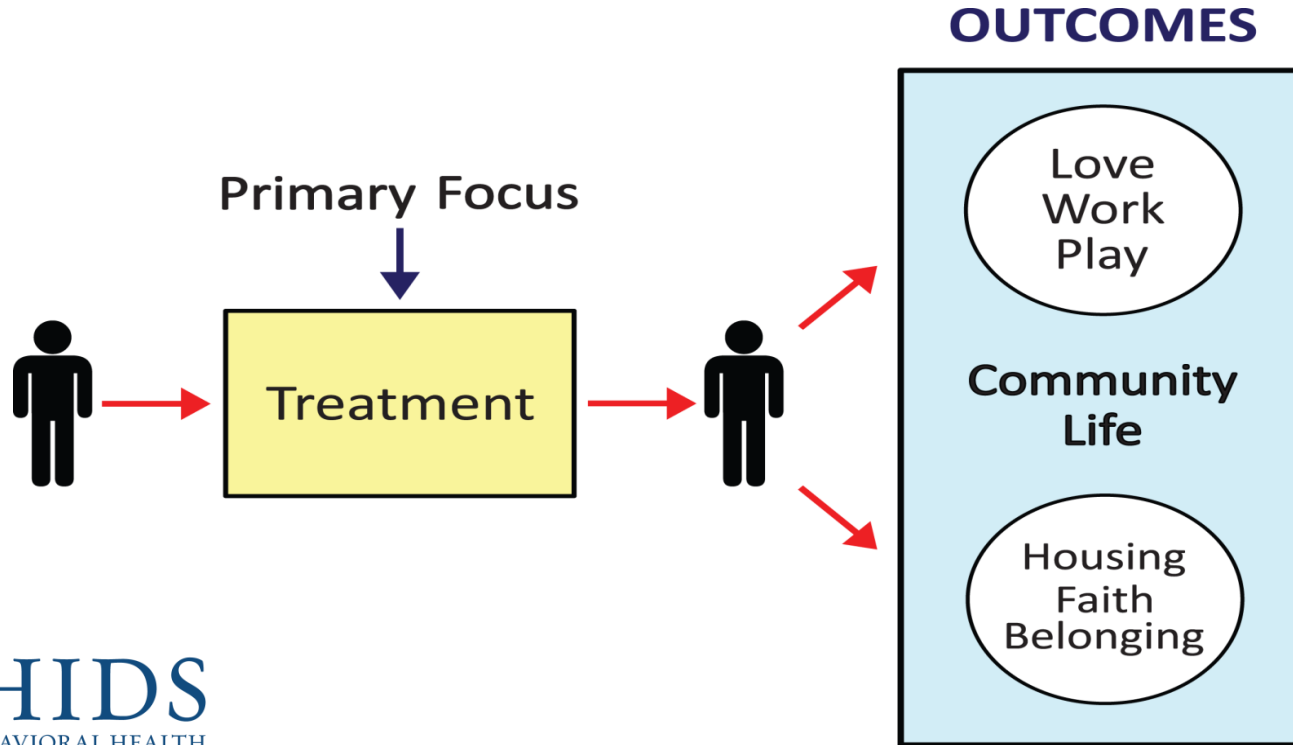
CONCEPTUAL FRAMEWORK

Examining Our Current Paradigm:

THE BLACK BOX



Traditional Treatment Model



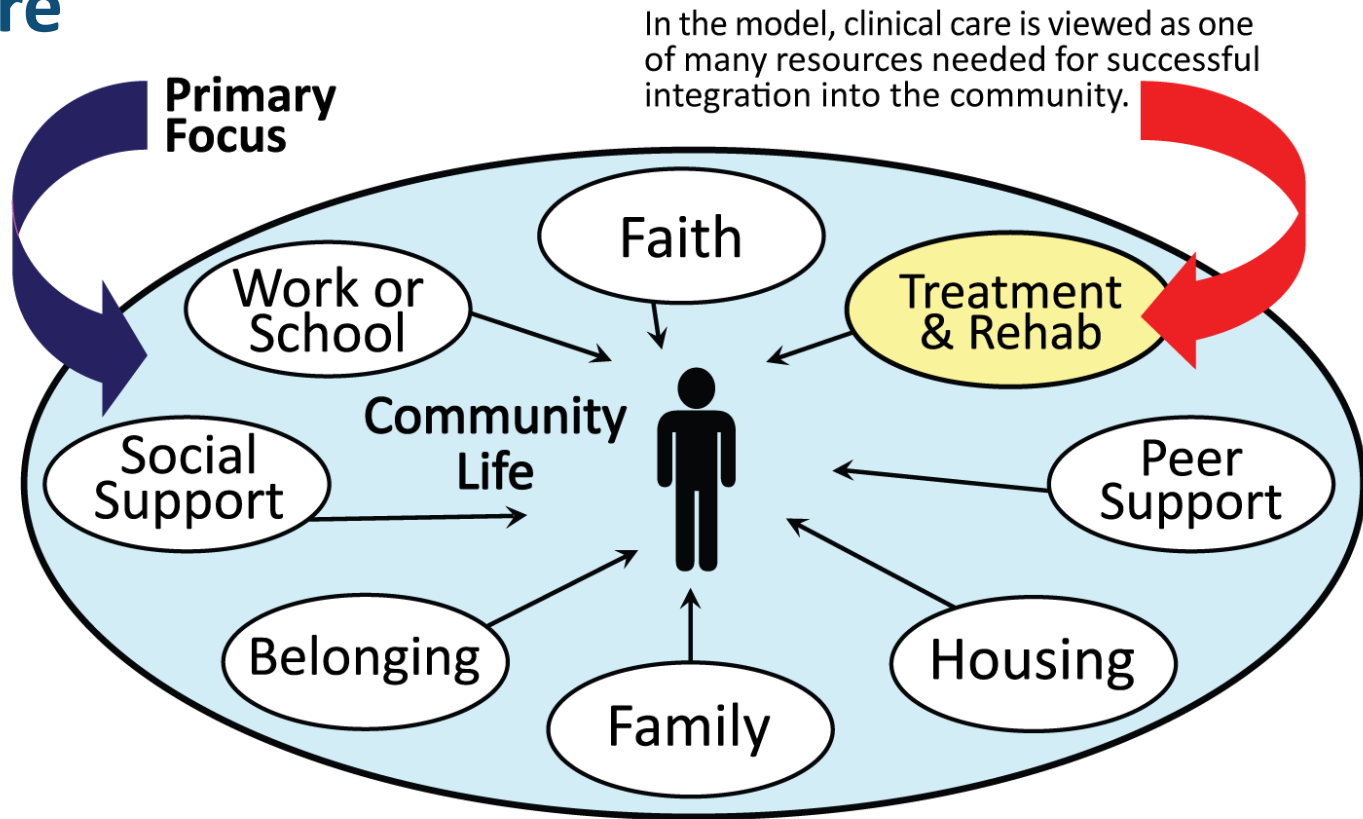


**NEW
PARADIGM
AHEAD**



**A Different
Mental Model**

Recovery and Resilience Oriented System of Care



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

Institute of Medicine

Crossing the Quality Chasm: A New Health System for the 21st Century (2001)

WHAT IS A ROSC?

Recovery Oriented systems support person centered and self-directed approaches to care that build on the strengths and resilience of individuals, families and communities to take responsibility for their sustained health, wellness and recovery

- CSAT, SAMHSA

How Do We Transform?



3 Approaches to System 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

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.

Practice Guidelines

Seeking to align system transformation concepts, practice and context

10 Core Values guided the development of transformation principles and strategies, and will continue to guide the implementation process

4 Domains in which the strategies will be carried out

7 Goals are concrete, action-oriented goals that organize and focus the strategies



PHILADELPHIA BEHAVIORAL HEALTH SERVICES
TRANSFORMATION
PRACTICE GUIDELINES
FOR RECOVERY AND RESILIENCE ORIENTED TREATMENT



 **DBHIDS**
DEPARTMENT of BEHAVIORAL HEALTH
and INTELLECTUAL disABILITY SERVICES

Arthur C. Evans Jr., Ph.D., Commissioner

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

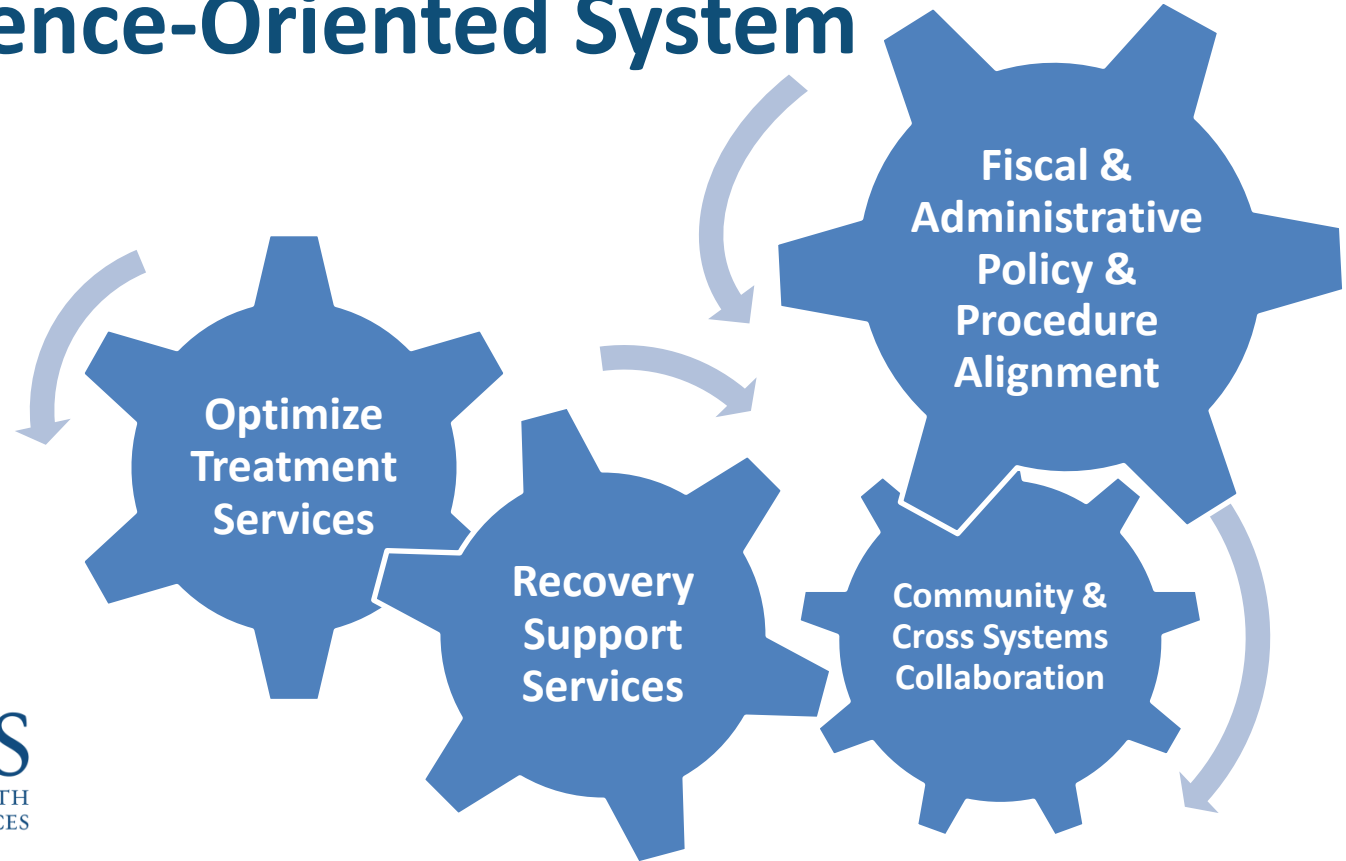
- A.** Integrate behavioral health, primary care and ancillary support services
- B.** Create an atmosphere that promotes strength, recovery and resilience
- C.** Develop inclusive, collaborative service teams and processes
- D.** Provide services, training and supervision that support recovery and resilience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

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

Four Building Blocks of a Recovery and Resilience-Oriented System



ROSC: Building Block Strategies

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

ROSC: Building Block Strategies

Fiscal and Administrative Policy & Procedures

- Ensure that behavioral health administrative & fiscal policies and procedures support the practice changes that have been implemented
- Remove administrative & 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

Building Block 1: Promote Excellent Treatment Services





Strength-Based Approaches



Day Program Transformation

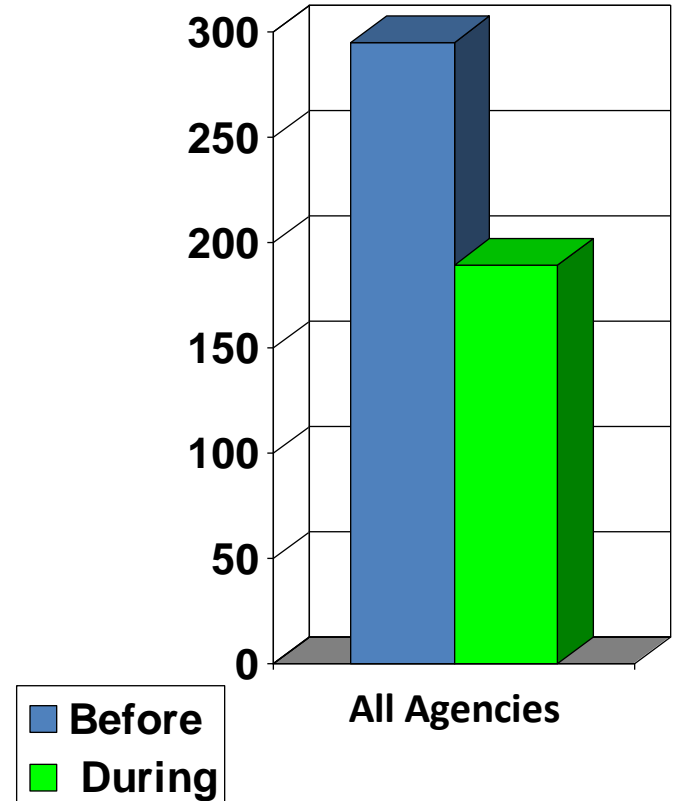
- 8 Mental Health Agencies w/ 2000+ people enrolled since '07
- Average Length of Stay = 15 + years
- **Historical Design:** “Maintain” people discharged from the state hospital
- Site-based programming

New Day Service System: Transformation Goals

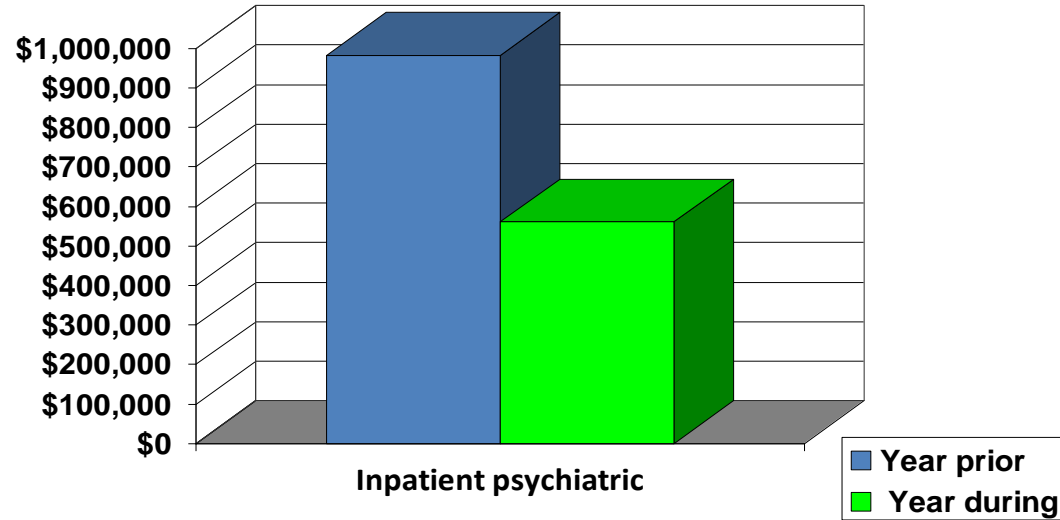
- Focus on community inclusion & the attainment of normalized roles
- Focus on skill building
- Integrate substance use treatment into service options

Decrease in Crisis utilization

- 36% decrease in Crisis Utilization for those with at least 1 year in program
- Study included 611 consumers that had at least one year in Day Program



Lower Cost of Inpatient Psychiatric Services



Greater emphasis on empirically supported treatments

EBP Implementations & Settings

Cognitive Therapy (32 agencies)

Dialectical Behavioral Therapy (7 agencies)

Trauma Focused CBT (10 agencies)

Prolonged Exposure

Child and Family Traumatic Stress Intervention



Extended Acute Unit Transformation

Context

- Long lengths of stay
- High costs, poor clinical outcomes
- Restraints and seclusion

Intervention

- Re-programmed service using recovery-oriented cognitive therapy
- Milieu approach
- Systems approach including Assertive Community Treatment teams (ACT)

Comprehensive Assessments

- Collateral Information
- Standardized Assessment Instruments

Continuity of Care

- Assertive Community Treatment (ACT) Team

Optimal Evidence-Based Treatment & Discharge Planning

- Recovery-Oriented Cognitive Therapy (CT-R)
- Certified Peer Specialists
- Families
- Community Excursions/Life Skills Training
- Medical Collaboration

Preliminary Findings

- Reduction of medications (**IM PRNs**)
- Reduction of falls, assaults, & restraints
- Reduced length of stay

Building Block II: Implementing Support Services



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

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






Building Block III: Fiscal & Administrative Policy & Procedures

Managed Care Levers for Promoting Recovery

- Credentialing
- Utilization Management
- Benefit Design & Supplemental Services
- Pay for Performance Programs
- Requests for Proposals
- Financing Mechanisms
- Training Programs

Sample Adult Inpatient P4P Matrix

Provider #	# of discharges	QIPs	Compliance Error	30-Day Follow-Up Rate	Change in 30-Day Follow-Up Rate	TCM Members Receiving Case Management Within 2 Days of Admission	TCM Members Receiving Case Management Within 7 Days of Discharge	30-Day Readmission Rates for non-302, non-TCM	Agency and Chart Review	Weighted Score
		-4	1, 0.5, 0	4, 2, 0	2,0,-2	1, 0.5, 0	1, 0.5, 0	4, 2, 0	1,,5,0	
1	377	none	9.54%	74.9	No change	(58) 69%	88.33%	9.20%	submitted	1.00
2	143	none	31.47%	68.8	Improved	(32) 62.5%	91.18%	7.80%	submitted	0.88
3	133	none	7.00%	77.4	Improved	(23) 39.1%	64.29%	20.00%	submitted	0.67
4	1,411	none	0.08%	69.9	No change	(423) 67.4%	85.41%	10.40%	submitted	0.58
5	1,255	2010: 1 lvl1	22.93%	69.5	No change	(352) 65.5%	82.96%	12.50%	submitted	0.54
6	1,053	none	24.86%	69.9	No change	(254) 58.7%	81.64%	12.90%	submitted	0.54
7	520	none	0.00%	71.8	No change	(204) 74.5%	87.05%	12.40%	no submission	0.54
8	565	none	19.86%	72.7	No change	(160) 61.9%	82.47%	13.10%	submitted	0.54
9	75	none	4.94%	66	No change	(22) 40.9%	85.00%	13.60%	no submission	0.46
10	384	none	2.00%	65.3	No change	(91) 63.7%	80.21%	15.20%	submitted	0.42
11	582	2011: 1 lvl1	57.30%	61.2	Deteriorated	(102) 51%	80.58%	11.30%	submitted	0.29
12	2,008	2010: 1 lvl1, 2 lvl2	0.00%	74.2	No change	(436) 63.1%	82.04%	10.90%	submitted	0.25
13	456	none	Not measured	71.5	Deteriorated	(169) 65.7%	82.29%	15.00%	submitted	0.21
14	653	2010: 1 lvl2	36.32%	71.4	No change	(235) 58.7%	81.50%	10.80%	submitted	0.17
15	247	none	12.70%	69.5	Deteriorated	(78) 37.2%	74.67%	18.40%	Chart Review not submitted	0.04

A photograph of a family of three playing in a park. A woman on the left, wearing a white cardigan over a patterned top and jeans, holds the hand of a young boy in the center. The boy is wearing a plaid shirt and dark pants, and is jumping or running with his arms raised. A man on the right, wearing a white button-down shirt and jeans, also holds the boy's hand. They are all smiling and appear to be enjoying their time outdoors. The background is filled with lush green trees and grass.

Building Block IV: Community and Cross Systems Collaboration

“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



MENTAL
HEALTH
FIRST AID

Common Symptoms When Psychosis Is Developing

Changes in emotion and motivation

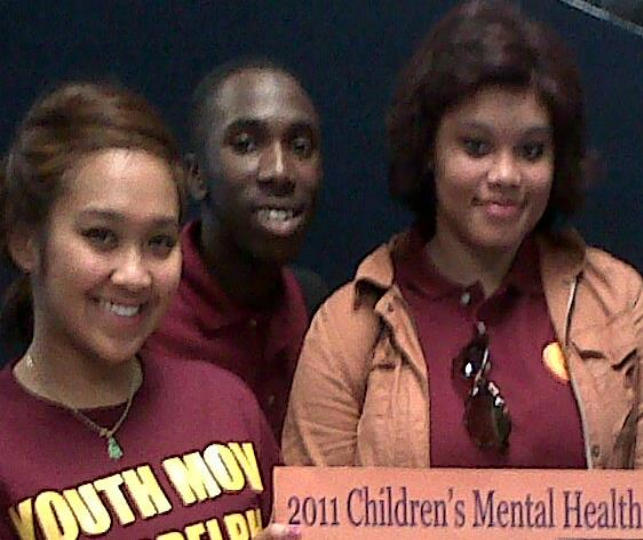
- + Depression
- + Anxiety
- + Irritability
- + Suspiciousness

Blunted, flat, or inappropriate emotion

Change in appetite

Reduced energy and motivation

“It provided me with the confidence to
extend a warm hand to anyone who
needs assistance.”



Community Coalitions

Philadelphia Refugee Mental Health Collaborative (PRMHC)

- Resettlement Agencies
- Mental health and primary care providers
- Community groups
- Arts organizations
- United to reduce trauma among new Iraqi, Burmese and Bhutanese refugee families using methods that reflect newcomers' cultures





[Mental Health First Aid](#)

[On Our Minds](#)

[Calendar](#)

[Behavioral Health Screening](#)



[Get Help Now.](#)

Behavioral health is Essential to health.

Get a check-up from the neck up.



Identifying signs and symptoms of behavioral health (mental health and/or substance use) challenges is an important part of the process of taking care of your overall health.

“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



“I thought, oh my God, this is me putting up a mural. Never would have thought that about me before. And here I am.”

- Vicki



Personal Renaissance © 2010 James Bu
JEVS ACT II – 1745 N. 4th Street

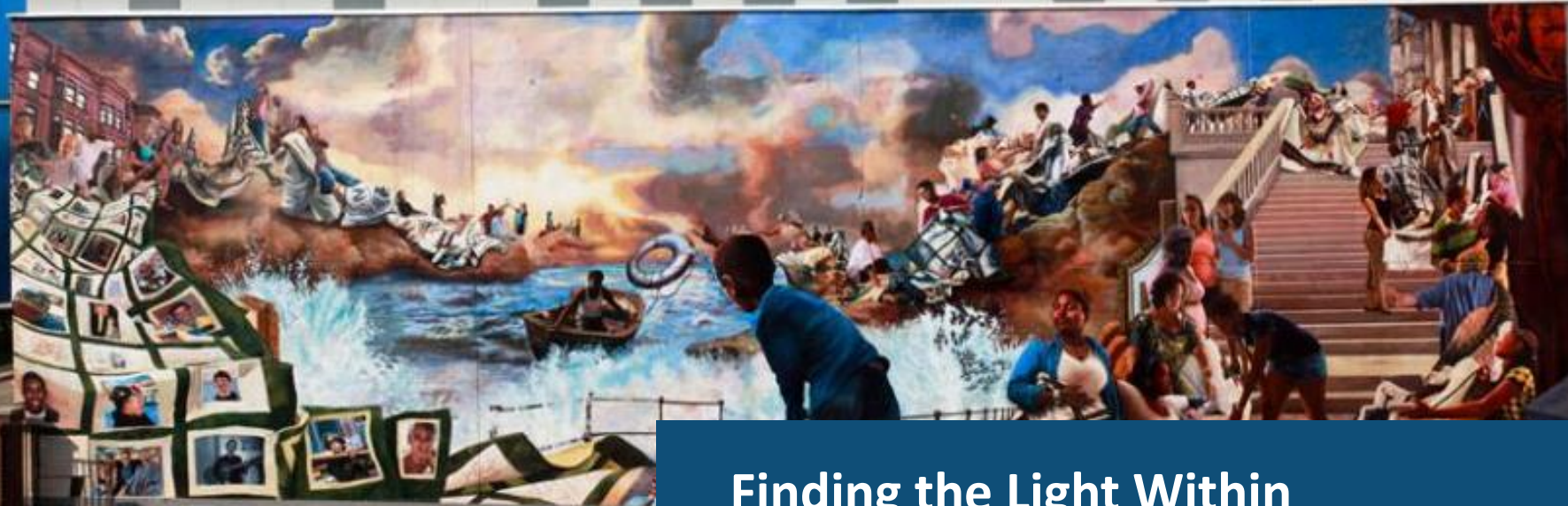


Personal Renaissance

© 2010 James Burns

JEVS ACT II, 1745 N. 4th Street

Photo by Mustafah Abdulaziz



Finding the Light Within

© 2012 City of Philadelphia Mural Arts Program / James Burns
Horizon House, 119 S. 31st Street Photo by Steve Weinik



It Has To Be From Here, Forgotten But Unshaken...

© 2012 City of Philadelphia Mural Arts Program / Betsy Casañas
APM Health Clinic, 3263 N. Front Street
Photo by Steve Weinik

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z



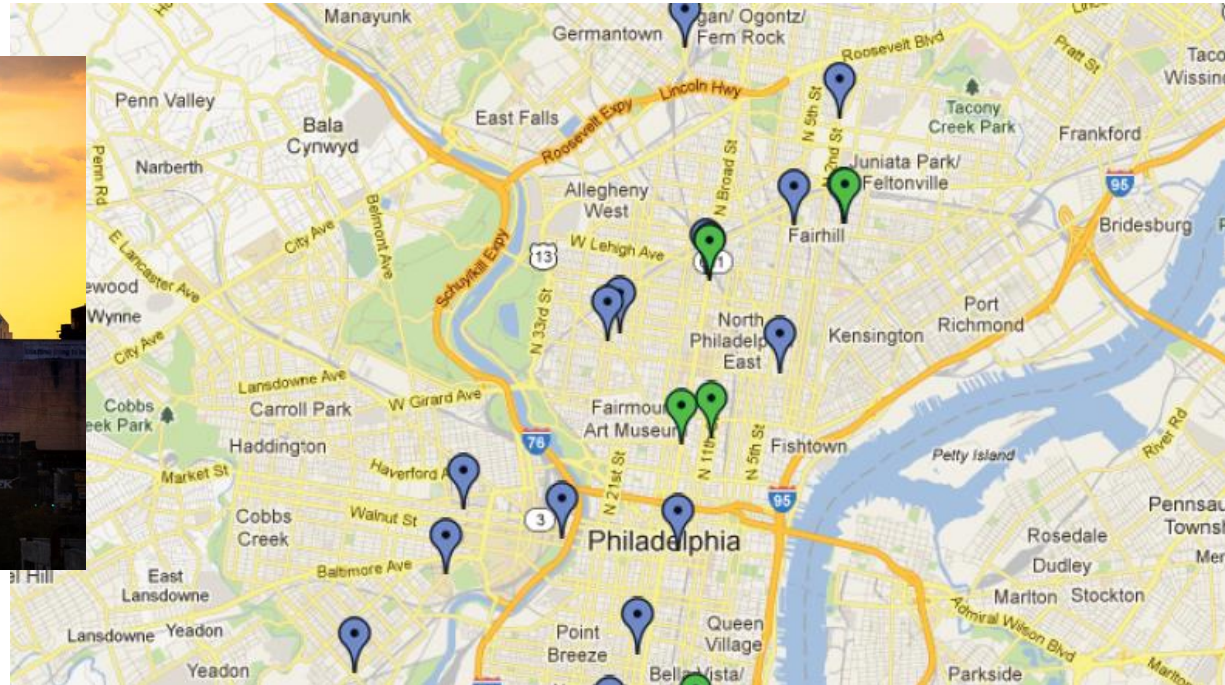
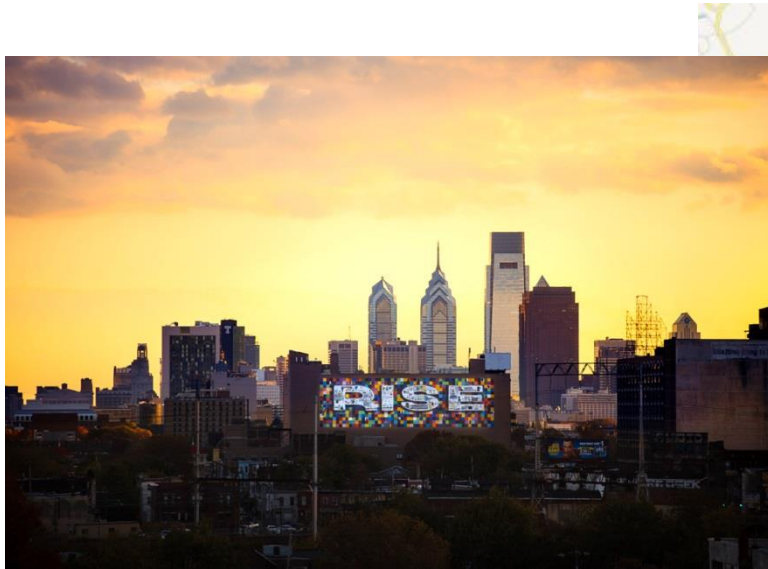
Dear World

You cannot know where I have formed my history. Dont judge me. My favorite color is blue. I love stars, butterflies make me nervous ... wish I had wings. I know I can run just like the sun. To be able to cook and provide for family and love ones, I stride with pride, vibrant, rich, brilliant on my block. Still rising from the tainted atmosphere. My community will have a different vibe. Unmovable, unstoppable, do what is possible. Laugh cry the waterfalls that run deep. I know that I'm different but I'll always be me. When I rewind, it should be better. Make sure that all drugs are destroyed. Let every single mother know I got their back. Gratitude towards life that was given. Some dont survive but we never stop living. We are strong, we are forever. Its not over yet. Live in full technicolor... going to set them free!



Join the Rise and Shine Behavioral Health Mural Tour

Thursday October 23
9am



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

Implications for Case Management

Traditional	Recovery Oriented
Focus on meeting individual needs	Focus on personal goals and strengths Helping to identify them Focus on community
Taking care of (e.g., driving)	Teaching skills (e.g., public transportation)
Doing for	Doing with
Focus on service coordination	Focus on primary goals (e.g., housing, education)



**This is an exciting time – we can
make a difference!**



Resources

DBHIDS Practice Guidelines for Treatment Providers

- www.dbhids.org/assets/Forms--Documents/transformation/PracticeGuidelines.pdf

Additional Resources

- www.dbhids.org
- www.dbhids.org/technical-papers-on-recovery-transformation
- www.williamwhitepapers.com

Thank You



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