

Making Recovery Real: the road to person-driven & recovery-oriented systems of care

Missouri DMH Leadership meeting

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**DAYS SINCE LAST
PARADIGM SHIFT**

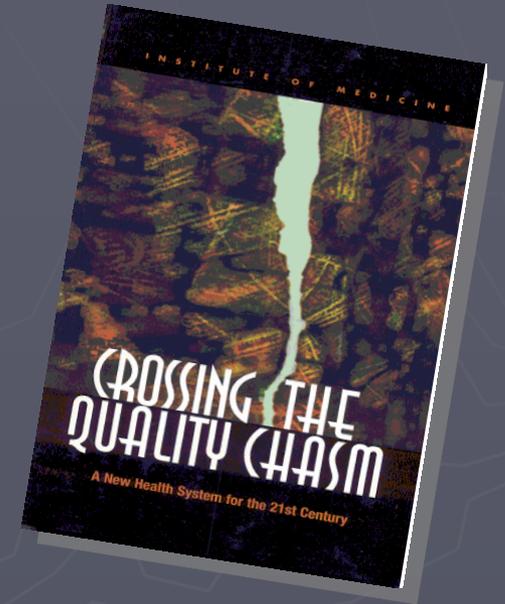
traveling
the
transformation
highway





History of PDP

- **25 years in the DD field**
- **2001**
 - IOM Quality Chasm Report
- **2003**
 - New Freedom Commission
- **2005**
 - IOM for MH/SU
- **All say MH/SU care should be transformed and be person-centered**



IOM 2005 Report

- **Improving the Quality of Health Care for Mental and Substance-Use Conditions**
 - providers must fundamentally change their approach toward patients
 - *providers should incorporate informed, patient-centered decision-making throughout their practices, including active patient participation in the design and revision of patient treatment and recovery plans...*

Improving Quality For M/SU Conditions

➤ Six key problem areas

- **assuring that the system is patient-centered**
- enhancing measurement and quality improvement infrastructures that support care
- improving linkages across all systems of health care
- promoting active participation in the national health information infrastructure
- building workforce competency and capacity
- the need to adapt to the unique marketplace for the care of M/SU conditions

President's MH Commission

In a transformed system...

*"Consumers of mental health
services must stand at the
center of the system of care.*

***Consumers needs must drive the
care and services provided."***

President's MH Commission

➤ Goal 2

- *Mental Health Care is Consumer and Family Driven*

➤ Recommendation 2.1

- the **plan of care** will be at the core of the consumer-centered, recovery-oriented mental health system
- providers should develop customized plans in full partnership with consumers

People who rely on public mental health services should be directly involved in designing their own care plan. Even though state and local agencies often include consumers and other advocates in care planning, they often allow them to have only a marginal role and fail to provide important information that could enable them to participate fully and effectively.

Bazelon Center 2008



**In the
Driver's Seat**

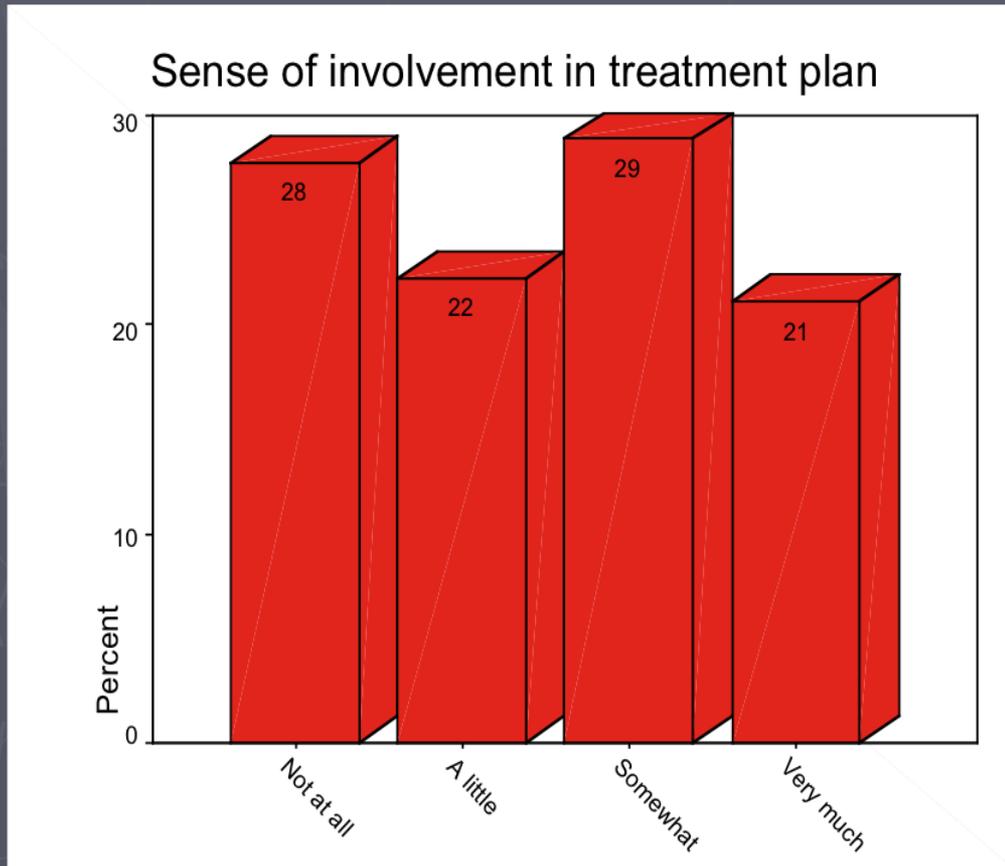
A Guide to Self-Directed Mental Health Care

Bazelon Center for Mental Health Law &

UPENN Collaborative on Consumer Integration

The Nature of the Problem

- **24% of sample (N=137) report NEVER having a treatment plan**
- **Of those who had experienced a treatment plan, half felt involved only “a little” or “not at all”.**



- *Only 21% of participants report being “very much” involved*
- *Only 12% of people invited someone to their last treatment planning meeting*
- *Over half were not offered a copy of their plan*
- *People aren’t even in the car, let alone the driver’s seat!*

CMS Proposed Regs for Rehab

440.130(d)(3)

- Requires a written rehabilitation plan based on a comprehensive assessment
- Ensures transparency
- “Our expectations” = a “recovery goal”
- The beneficiary/family is involved in the development/management of the plan & care
- Objectives = “measurable reductions in disabilities...restored functional abilities”
- Specify services and intended methods to reduce impairments and restore functioning

Picker Institute

- **respect for person's values**
- **information/education**
- **access to services**
- **emotional support to relieve fear and anxiety**
- **Involvement of family and friends**
- **continuity across settings**
- **physical and emotional comfort**
- **coordination**



It Works!

- For example, WNYCCP has achieved the following outcomes:
 - 55% decrease in ER visits
 - 58% decrease in inpatient days
 - 66% decrease in suicide attempts
 - 52% decrease in harm to others
 - 18% decrease in arrests
- Cost-effective
 - Over a 3 year period, Medicaid costs per participant decreased 10% compared to an 8% increase for the general population

Shared Decision Making is an opportunity to make recovery real. By developing and promoting shared decision-making in mental healthcare, we can advance consumer-centered care and recovery.

Kathryn Powers
July 10, 2007



Why We're Here Today...

despite the IOM report, the New Freedom Commission report, SAMHSA's Federal Action Agenda, the M/SU IOM report, Bill Anthony talking about recovery and rehabilitation for more than 20 years...



Example

➤ Goal

- Stuart will receive the assistance he needs to make decisions that best meet his needs and to keep his entitlements current

➤ Objectives

- Stuart will be...
 - compliant with meds
 - compliant with scheduled appointments
 - compliant with having his blood drawn

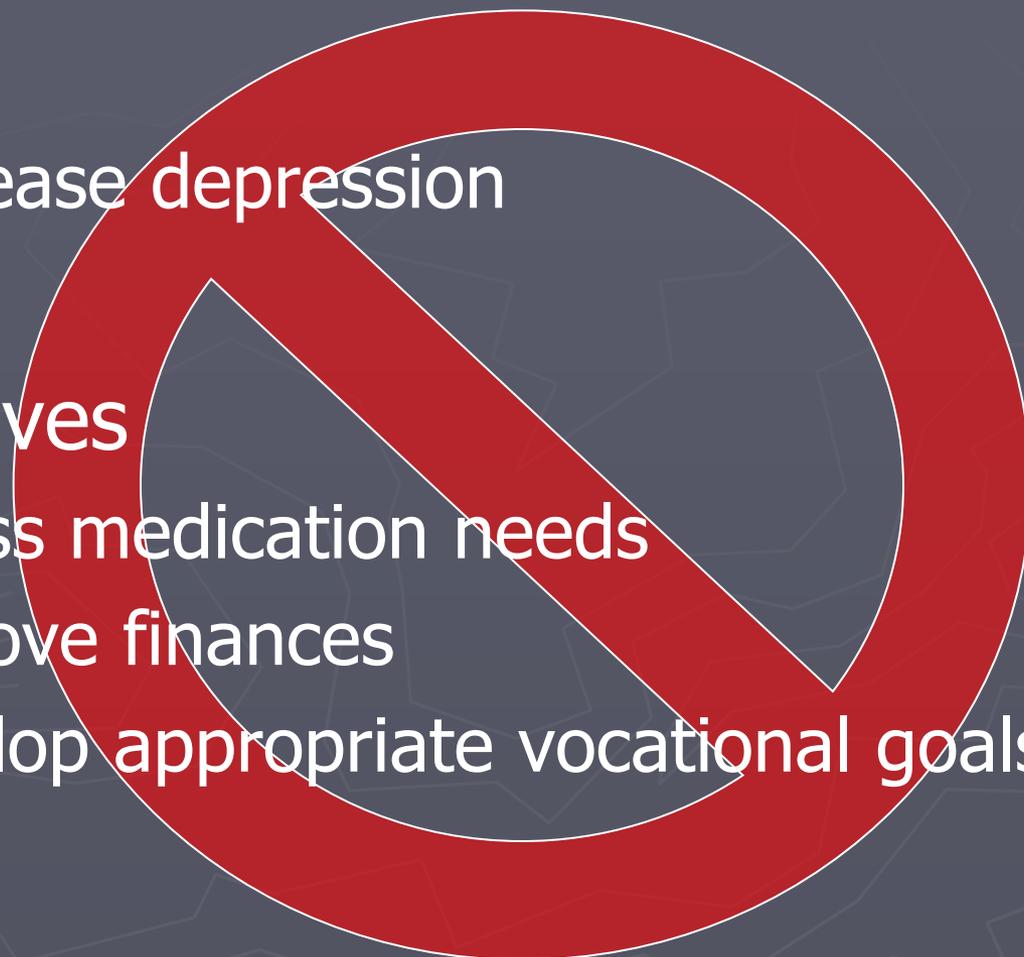
Example

➤ Goal

- decrease depression

➤ Objectives

- assess medication needs
- improve finances
- develop appropriate vocational goals



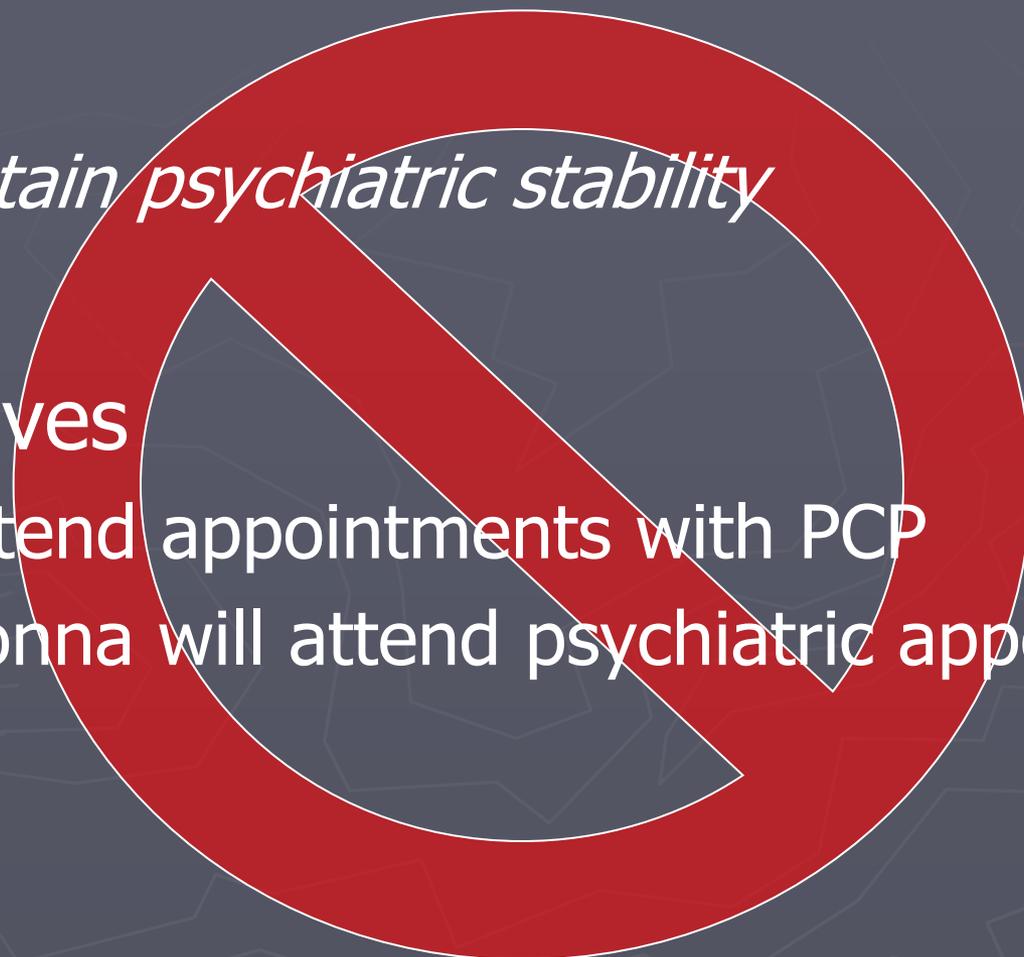
example

➤ Goal

- *Maintain psychiatric stability*

➤ Objectives

1. Attend appointments with PCP
2. Donna will attend psychiatric appointments



What Do People Want?

➤ Commonly expressed goals of persons served

- Manage their own lives
- Social opportunity
- Activity / Accomplishment
- Transportation
- Spiritual fulfillment
- Satisfying relationships
- Quality of life
- Education
- Work
- Housing
- Health / Well-being

... to be part of the life of the community

STORE CLOSING

NOW HIRING



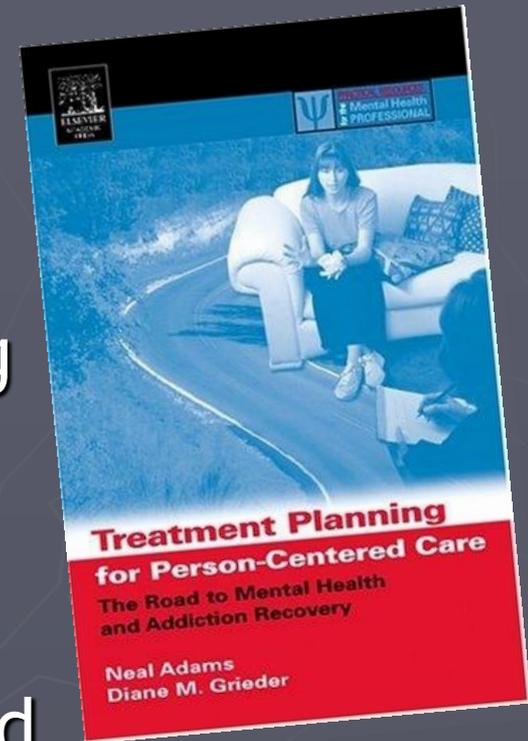
Hypothesis

- Person-driven service plans are a *key lever* of personal and systems transformative change at all levels
 - individual and family
 - provider
 - administrator
 - policy and oversight



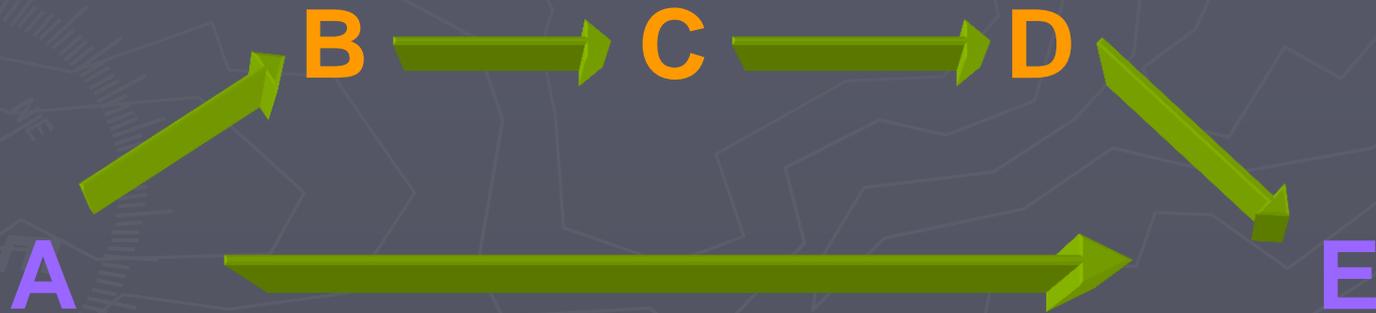
The Road To Recovery...

- person-directed planning
 - is a collaborative process resulting in a recovery oriented plan
 - is directed by consumers and produced in partnership with care providers for recovery services and supports
 - promotes consumer preferences and a recovery orientation



A Plan Is A Road Map

provides hope by breaking a seemingly overwhelming journey into manageable steps for both the provider and the person served



“life is a journey...not a destination”

Building A Plan



Serving Two Masters

Understanding

Person-directed

- recovery
- community integration
- core gifts
- partnering
- supports self-direction

Regulation

- medical necessity
- diagnosis
- documentation
- compliance
- billing codes

Outcomes and Goals

Provider Role Changes

- ❖ **powerful**
- ❖ **all knowing**
- ❖ **doing it all**
- ❖ **professional**

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- ❖ **all knowing**
- ❖ **doing it all**
- ❖ **professional**
- ❖ **collaborative**
- ❖ **mentor / consultant**
- ❖ **skill building / support**
- ❖ **humanistic**

Provider Role and Contribution

➤ Perception

- there isn't much of a role for providers in the person-centered world



Provider Role And Contribution

➤ Perception

- there isn't much of a role for providers in the person-centered world

➤ Reality

- there is a large but changed role for providers
 - assessment
 - formulation
 - knowledge of the system of care/community
 - knowledge of the disease and possible solutions
 - teachers/trainers/coaches/providers of hope

Barriers / Excuses / Rationales

- Medicaid won't let us do this!
 - OIG audits
- the forms don't have the right fields
- regulations prohibit it
- consumers aren't interested/motivated
- recovery isn't real
 - stigma among professionals
- lack of time/caseloads too high
- "my clients are sicker"



Barriers / Excuses / Rationales

- social control is our “true” mission
- professional boundaries
- funding issues
 - getting paid for services
 - no Medicaid reimbursement
 - dis-incentives
 - lack of Medicaid funding for EBP’s
- “we’re already doing this”



medical necessity

➤ Perception

- due to recent OIG audits, providers believe they must state *goals* in professional “mental health” language

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➤ Reality

- most state rehab option plans call for services that promote community integration and stability, quality of life, and function in work or other role-appropriate settings
- focus needs to be on teaching, cueing, coaching, skill building, not **doing for** the person
- *objectives / interventions* must be highly specific

Consumers Are Not Interested In PCP

➤ Perception

- Consumers are not interested in/motivated to partner in PCP

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➤ Reality

- First, ask WHY someone might not want to participate?
- Also, research on collaborative treatment planning shows that clinical service providers typically **UNDERESTIMATE** consumers' interest in participating in planning (Chinman et al., 2005)

I Can't Take The Time...

➤ Perception

- A person-centered approach is not possible with my case-load size; I can't take the extra time

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➤ Reality

- Creation of PCP should not be seen as MORE work –collaboration is very heart of the work!
- A front-end investment for long-term gain
- Capitalizes on/builds contributions from natural supporters
- Decreases cycle of reactive response to recurrent crisis

My Clients Are Too Disabled To Do This...

➤ Perception

- Consumers are too sick to engage in this kind of partnership (old-timers; “chronically delusional;” have no goals; are unrealistic, etc.



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➤ Reality

- Need to communicate a message of hope and a belief that their life can be different, or offer education/training/tools on PCP
- Need to assess and plan for stage of change
- Need to be creative in how we listen and solicit preferences

It Doesn't Fit With EBPs

➤ Perception

- PCP conflicts with the focus on evidence-based practices; how can I do both?



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➤ Perception

- PCP conflicts with the focus on evidence-based practices; how can I do both?

➤ Reality

- Most evidence based practices / programs are constructed from smaller specific service interventions that can be individualized
- “De-constructing” EBPs into specific billable services demonstrates medical necessity of each element
- EBPs provide decision-support point in shared-decision making
- IMR/IDDT/SE all closely related to PDP



The Comprehensive Person-Centered Plan

Incorporates Evidence-Based Practices

Maximizes Self-Determination & Choice

Encourages Peer-Based Services

Informed by Stages of Change & MI Methods

Promotes Cultural Responsiveness

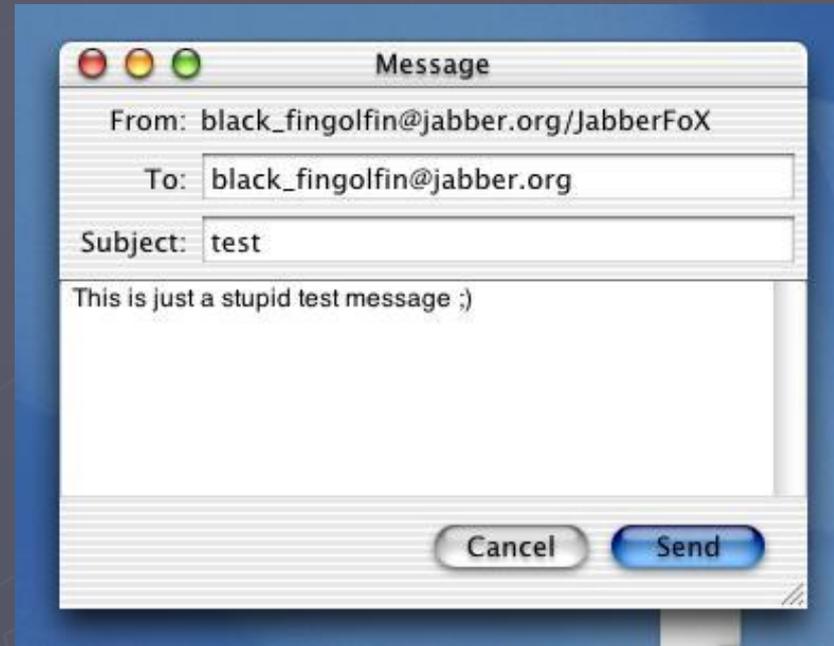
Respects Both Professional & Personal Wellness Strategies

Focuses on Natural Supporters/Community Settings

Consistent w/ Standards of Fiscal & Regulatory Bodies, e.g., CMS, JCAHO

Our Message...

- things need to change
- re-examining the role of treatment planning in the service delivery process provides an opportunity to create, foster and sustain the systems change that needs to occur
- there are concrete steps that can make this happen
- **states and directors can and must be key agents of change**



State MHA Role/Strategies

- set the tone
 - vision/mission/expectations
- clarify policy
- reward performance
- focus on person-directed planning and QA/QI activities
- provide training and TA
- promote and support innovation
- articulate competencies and workforce development in person-driven planning

Some thoughts on change management...



Setting the Compass

**Experience of Individuals,
Families and Communities**



**Microsystems
of Care**



**Health Care
Organizations**

**External Environment of Care
Policy/Financing/Regulation**

Change Model

Competency

knowledge, skills and abilities

Transformation



**Change
Management**

behavior and
attitude

**Project
Management**

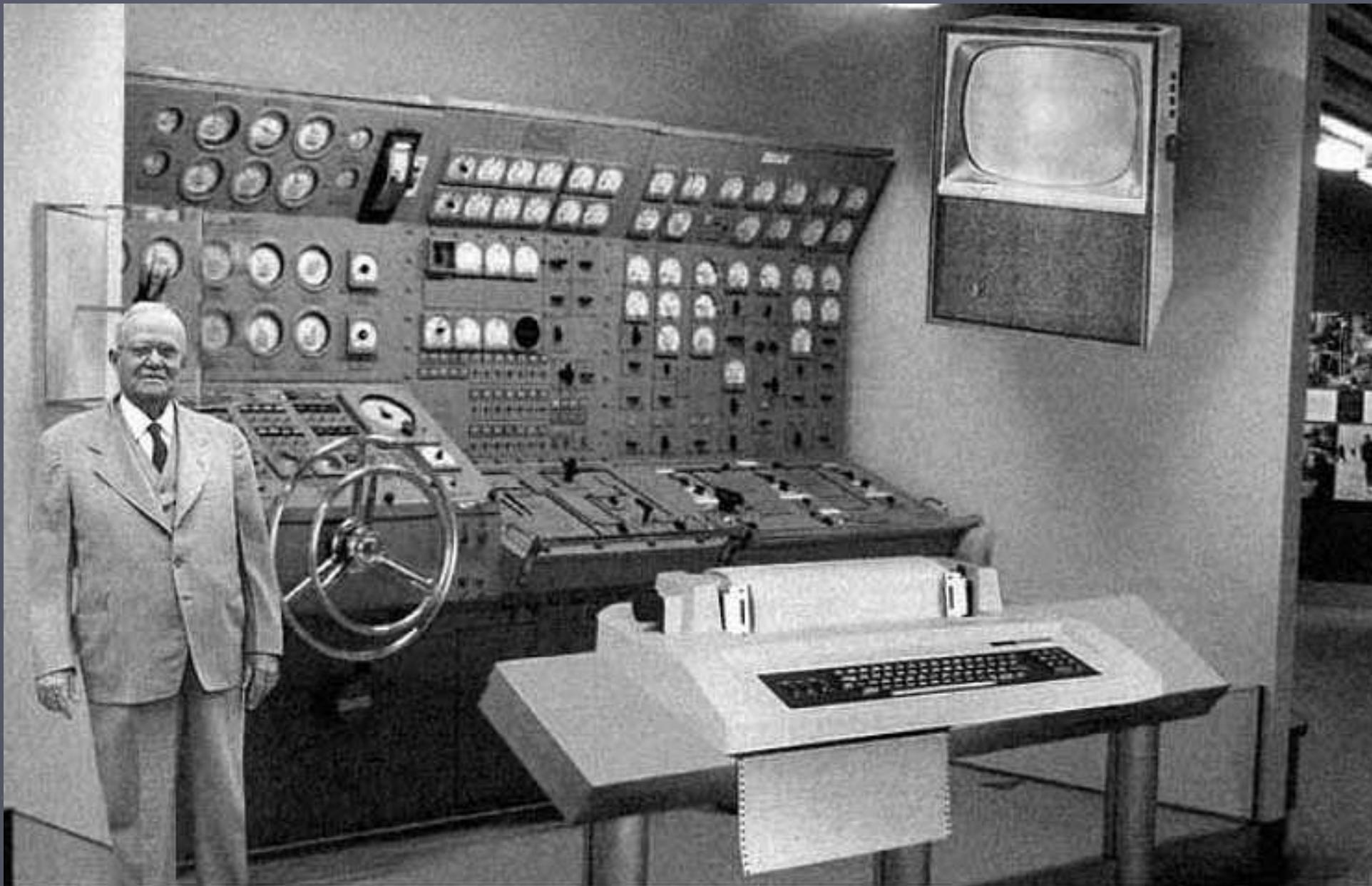
work / business
flow

Dimensions of Change

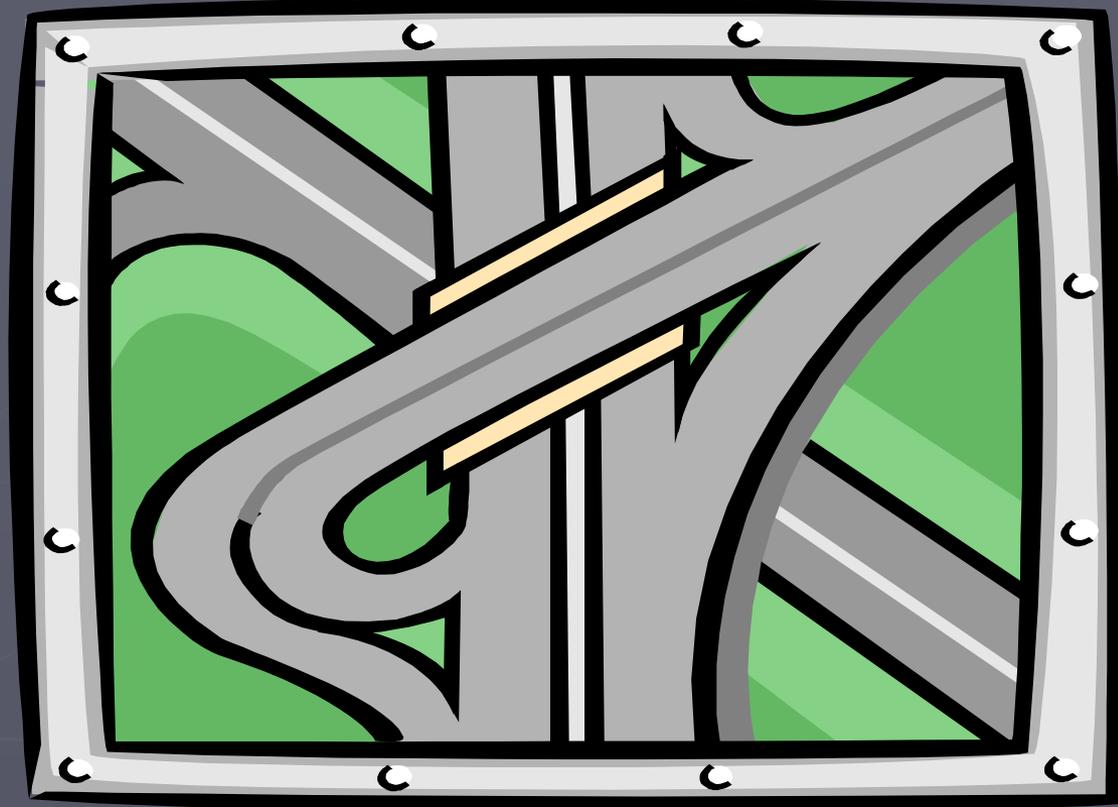
	Interior	Exterior
Individual	Thoughts Attitudes & feelings Subconscious Dreams Sense of purpose Intention	Behaviors Skills & competencies Public commitments
Group	Purpose Values & norms Feelings--e. g. safety & connection Alignment of group & individual intentions	Collaborative agreements Budgets Systems Structures

How We Can Help...

- evaluate current practice
- raise stakeholder awareness
- provide competency-based training
 - supervisors
 - direct-care staff
 - others
- facilitate innovation
- develop person-directed transformation strategies
 - community
 - in-patient



Scientists from the RAND Corporation have created this model to illustrate how a "home computer" could look like in the year 2004. However the needed technology will not be economically feasible for the average home. Also the scientists readily admit that the computer will require not yet invented technology to actually work, but 50 years from now scientific progress is expected to solve these problems. With teletype interface and the Fortran language, the computer will be easy to use.



“If you don’t know where you are going,
you will probably end up somewhere
else.”

Lawrence J. Peter