# RECOVERY:

# WHERE DO WE GO FROM HERE?

## Ongoing Challenges to the Guiding Vision

Steven J. Kopecky, M.S.

Margaret Clark Morgan Foundation
Recovery Forum
June 2010

# Multi-Level Challenges to the Recovery Vision

- Policy Level
- Program Level and
- People Level

*"Let loose a hundred horses, some of them are bound to cross the line sooner or later…"*

# Challenges to Recovery Policy: *Funding Limitations Discourage the Development and Expansion of Recovery Focused Services…*

- Recovery oriented services including peer support, peer operated programs, clubhouses, and rehabilitation services are an extremely small portion of program expenditures in comparison to "traditional" clinical services: case management, counseling, pharmacological services

# Peer-to-Peer Focused Services: *Clinically Effective and Financially Efficient*

- Studies (L. Davidson et al. 2006 Schizophrenia Bulletin) found no significant differences in outcomes based on whether the services or supports were provided by peers or non-peers
- Participants who received services delivered by peers had increased community tenure (including fewer hospitalizations)
- "When you help someone else you help yourself…"
- "The Least Amount of Professional Intervention Necessary…" (Anthony, et al.)

# Timely Implication for Peer Services: Fiscal Efficiency

One of the major benefits to the mental health service delivery system is the potential cost-savings to the system from peer provided services:

- Decreased and/or Shortened Hospitalizations
- Lower Utilization of Other Professional Services
- Overall Lower Operational Costs of Peer Provided Services vs. Clinical Services (Solomon, 2004)

# Challenges to Recovery Programs: *Evidence Based Practices Lack a Recovery Focus…*

- Many of existing Evidence Best Practices (EBP) were conceived without regard to Emerging Recovery Concepts. They primarily describe program structures, staffing ratios etc.
- The value base or content of these practices also needs elaboration
- Shift towards Evidence Based *Processes* may be in order i.e. focus on what happens between the helper and the person receiving help:
  - Building a relationship,
  - Setting goals, and
  - Teaching skills
- The focus is on what goes on in the practitioner/person relationship within the program structure to help bring about the needed change.

# Evidence Based Practices vs. Process

- Understanding and providing services using evidence-based processes allows us work within a Medicaid environment
- Evidence Based Process is about the content of services i.e. recovery focus
- Psychiatric Rehabilitation Example: Each service has a unique overall process within distinct phases

# Psychiatric Rehabilitation Program Critical Pathways

# Program *Cultural* Challenges to Recovery Oriented Service Development

- "Our people are too sick for this approach…"
- "We have too much paperwork already…"
- "As long as it doesn't interfere with what we do clinically…"
- "Our _____ will never agree to this…"
- "We already do this…"

# Challenges to Recovery Programs: *If Everybody's Doing It, Why is Nothing Getting Done?…"* (Marrone, 1994)

- In a very short period of time, Recovery went from "the fringe" to mainstream
- Recovery by it's very nature, is a very personal and individual event
- Overcome the cultural hurdle of truly asking people what they want and then genuinely working with them to achieve it

# Recovery Program Implementation:
## *What Doesn't Work…*

- Information Dissemination Only
- Training Only
- Implementation by Edict Only
- Implementation without changing Supporting Roles & Functions

# Recovery Challenges to People in the Field: Hard Questions

- Do staff have confidence in their ability to help a person recover, as well as confidence in the person's ability to recover?

- Are staff able to use negative or challenging circumstances as learning opportunities for both themselves and for the service user, instead of experiencing and dwelling on them as failures?

# Readjust Our Sites: A Simple First Step

- Often Field Personnel Focus Too Much on Treatment Modality and Not Enough on What Makes a Difference
- Building good relationships (an alliance) with the people we serve accounts for 9% of success,
- Talking to people about using their strengths accounts for 87% of success or variance in outcomes,
- The modality accounts for about 1% of successful outcomes (the remaining 3% is accounted for by overlap)
- *"why don't we spend more time teaching staff how to form positive relationships that focus on people's strengths, and stop wasting so much of our time teaching various modalities?"* (Dr. Bob Bohanske, Southwest Behavioral Health Services , Phoeniz AZ )

# Recovery: Our Actions Must Match the Word

- For recovery to take place, the culture of mental health care must shift to a culture that is based on self-determination, empowering relationships, and full participation of mental health consumers in the work and community life of society (Fischer et al)
- Recipients of Service must be truly present and active at all levels of policy development (both State and County Boards), program development, and evaluation of services
- Acknowledgement through Action: Peer Input is of equal value and substance with other members of treatment teams and disciplines

# Recovery Results: Warren & Clinton Counties

| Fiscal Year | State Hospital Days Used | Days Over (Under) Board Projection |
|---|---|---|
| 2005 | 3,607 | 1,357 |
| 2007* | 3,390 | 640 |
| 2009 | 1,515 | (235) |

* Recovery Philosophy & Psychiatric Rehabilitation Technology Actively Implemented

# Recovery Results: Warren-Clinton Counties

| Indicator | Measure | SFY 2007 | SFY 2008 | Monthly Net Change |
|---|---|---|---|---|
| **Total Hotline Calls Rec'd** | Avg. # per Month | 360 | 122 | **(-238)** |
| **Hotline Calls Deemed "Immediate Crisis"** | Avg. # per Month | 74<br>(21% of all calls) | 12<br>(10% of all calls) | **(-62)** |
| **SMD on Community Probate** | Avg. # per Month | 49 | 6 | **(-43)** |
| **State Hospital Bed Days** | Avg. Bed Days per Month | 282 | 186 | **(-96)** |
| **State Hospital Admissions** | Avg. Admissions per Month | 5 | 2 | **(-3)** |

# For More Information

Steven Kopecky, M.S.

Franklin, OH 45005

http://www.linkedin.com/in/stevekopecky

E-mail: stevekopecky@sbcglobal.net