

**Summary of “A Call for Change: Toward a Recovery-Oriented Mental Health
Service System for Adults”**
(Office of Mental Health and Substance Abuse Services)

- The purpose of this document is to provide information and guidance regarding the recovery movement in mental health.
 - One of the basic premises of this movement is that the role of the mental health service system is not to “do for” or to “do to”, but to “do with”- recognizing a fundamental shift in roles, power and responsibility for providers and consumers alike.
 - It is both a goal or destination and a continual, very human process of growth, change, and healing.
- This document provides a foundation for further reflection, discussion, planning, and ultimately our transformation to a more recovery-oriented mental health service system for adults.
- **Recovery is not a new model, it is about fundamentally doing differently those things that we do every day.**
- **Recovery is defined as a self-determined and holistic journey that people undertake to heal and grow. Recovery is facilitated by relationships and environments that provide hope, empowerment, choices, and opportunities that promote people reaching their full potential as individuals and community members.**
- OMHSAS Vision: Every individual served by the Mental Health and Substance Abuse Service System will have the opportunity for growth, recovery, and inclusion in their community, have access to culturally competent services and supports of their choice, and enjoy a quality of life that includes family and friends.
- To support this vision, OMHSAS has identified a core set of guiding principles that outline primary tenets to be reflected in all change initiatives.
 - Quality services and support will be provided that:

- Facilitate recovery for adults and resiliency for children;
 - Are responsive to individuals' unique strengths and needs throughout their lives;
 - Focus on prevention and early intervention;
 - Recognize, respect and accommodate differences as they relate to culture/ethnicity/race, religion, gender identity, and sexual orientation;
 - Ensure individual human rights and eliminate discrimination and stigma;
 - Are provided in a comprehensive array by unifying programs and funding that build on natural and community supports unique to each individual and family;
 - Are developed, monitored and evaluated in partnership with consumers, families and advocates;
 - Represent collaboration with other agencies and service systems.
- In a broad sense, the term “in recovery” refers to the active, uniquely personal process of finding ways of resolving or managing physical, emotional, behavioral, spiritual, or interpersonal issues that cause problems or pain, and simultaneously learning or creating a more positive, constructive, functional, meaningful, and ideally satisfying way of being.
 - Some of the basic goals of the recovery movement are summarized in the concept of empowerment and can be understood on several different levels:
 - **Systemically**- the redistribution of power held by the state and the institution of psychiatry
 - **Collectively**- the rights of a group to express their “voice” and to significant and meaningful participation in issues of importance to them
 - **Individually**- taking control and responsibility for one's own life, having and expressing personal choice

- There are many similarities in the process of recovery from mental health issues and the process of recovery from addictions, including the non-linear aspect of the recovery process- “two steps forward, one step back”, the recognition that the process is not as easy as others may think it is, the reality that people rarely do it alone successfully, and recognition that the presence of supportive others and environments can make all the difference.

- OMHSAS endorses the final report of the New Freedom Commission, entitled “Achieving the Promise: Transforming Mental Health Care in America”. As stated in this report, “It is time to change the very form and function of the mental health delivery service system to better meet the needs of the individuals and families it is designed to serve.”

- The New Freedom Commission (NFC) report outlines the following six goals of a transformed and recovery-oriented healthcare system.
 - Americans understand that mental health is essential to overall health.
 - Mental health care is consumer and family driven.
 - Disparities in mental health services are eliminated.
 - Early mental health screening, assessment, and referral to services are common practice.
 - Excellent mental health care is delivered and research is accelerated.
 - Technology is used to access mental health care and information.

- These goals are firmly based on two overarching principles, also presented in the NFC Final Report:
 - Care must focus on increasing consumers’ ability to cope with life’s challenges, on facilitating recovery, and on building resilience.
 - Services and treatments must be consumer and family centered.

- Recovery must be looked at from many perspectives.
 - From an individual perspective, recovery embodies all that is necessary to manage and to overcome the psychological, physical, identity, economic,

and interpersonal consequences of having a mental illness. It is also the individual person's responsibility to him/herself, family and others, to take on the responsibility of choosing, pursuing, and sustaining personal recovery. This may include creating a personal crisis plan/advance directive for chosen agents or families to follow.

- From a programmatic or service perspective, recovery-oriented services are those that are dedicated to and organized around actively helping each individual served to achieve full personal recovery. Service environments and relationships with mental health workers can promote, facilitate, and support the process of personal recovery, helping persons to develop a richer understanding of themselves, to take productive risks, rekindle or sustain hope, and to develop positive visions of their future. Alternatively, they also can impede, hinder, or restrict opportunities for individuals to explore, to risk, and to learn, and hence limit potential growth towards recovery.
 - For service systems, responsibilities include identifying which policies, standards, and funding mechanisms restrict or interfere with services operating from a more recovery-oriented stance.
- This document provides the following ten fundamental elements and guiding principles of mental health recovery that serve well as guideposts for recovery-oriented services:
 - Self-direction
 - Individualized and person-centered
 - Empowerment
 - Holistic
 - Non-linear
 - Strengths-based
 - Peer support
 - Respect
 - Responsibility

- Hope
- Often the challenge in recovery-oriented practices is not WHAT is being done, but HOW it is being done.
- Being recovery-oriented means that a service or system makes a strong and honest commitment to a set of principles and beliefs about the ability of each person with mental health and addictions problems to grow, change, and have a life that is personally rich and fulfilling, with or without the presence of symptoms of a disorder.
- **Successful recovery-oriented systems will be able to consistently show evidence that people served are achieving personal outcomes that are meaningful to them.**
- The primary domains or areas that characterize a recovery-oriented service are:
 - Validated personhood
 - Person centered decision-making and choice
 - Connection: Community integration and social relationships
 - Basic life resources
 - Self-care, wellness, and finding meaning
 - Rights and informed consent
 - Peer support/Self-help
 - Participation, voice, governance and advocacy
 - Treatment services
 - Worker availability, attitude and competency
 - Addressing coercive practices
 - Outcome evaluation and accountability
- Within each of these broad domains are specific indicators that should be common practices in recovery-oriented systems (refer to the tables attached).
 - The tables are offered as a starting point for discussion, creative thinking, and prioritization for future strategic planning.

- The 2004 Recovering Pennsylvania Conference report identified some of the fundamental challenges and barriers of moving toward a more recovery-oriented mental healthcare system. These include the following:
 - **Fear:** Providers fear liability of exploring shared and negotiated risk and consumers fear of losing services, facing stigma, losing control, or failure.
 - **Attitudes:** Basic resistance to change.
 - **Knowledge and Emotions:** Differing views of recovery among stakeholders.
 - **Providers:** Lack of understanding about what recovery actually is and how recovery-oriented services operate differently than traditional services.
 - **Medical Model Orientation**
 - **Lack of Basic Resources:** Limited economic opportunities/jobs, housing, reliable transportation, opportunities for socializing in regular community settings.
 - **Lack of Education and Training**
 - **Regulatory/Organizational:** Policies and regulations that limit flexibility and specific recovery practices.
 - **Funding:** Inequitable funding that focuses on narrow definitions of “medical necessity”.
 - **Limited Consumer and Family Involvement**

- The following challenges and barriers are highlighted as needing critical review, strategic planning and specific actions to enable the forward movement of transformation to a more recovery-oriented system:
 - **Power:** Control of access to treatment resources and the kind of services received, determinations of capability and competence for decision-making, ability to use coercive mechanisms to enforce compliance to treatment requirements, living arrangements, and lifestyles, creating and documenting personal lives and history through clinical records are only a few of the myriad of ways that the mental healthcare system holds power

over the persons it serves. **It is fundamental to look at how power is held and communicated with the local service system. One of the most important areas for providers to review is the assumption that the professional is the sole expert and “knows best”.**

- In a recovery-oriented system, the goal is to rebalance power so that the expertise and contributions of both the consumer and the provider are mutually respected and have bearing on decisions about treatment.
- **Relationships:** As the balance of power is leveled, many questions emerge about roles and boundaries between providers and consumers. This is compounded when people who may have received services, or are currently receiving services from an organization are engaged as workers or board members for that same organization.
- **Coordination and Community:** Community connection and coordination needs to be considered on two distinct levels. From a systemic or programmatic perspective, there is increasing need for coordinated and integrated services to be established within and across networks as well as across systems. From a more individual vantage point, it has been a common experience of people with serious mental illness to have their lives enveloped by services. Individuals receiving care and support sometimes have little contact with the community as citizens and little opportunity to build relationships with individuals not connected with mental health services.
 - In a recovery-oriented system, every mental health plan should have clear references to how the program is helping the individual with community resource acquisition and the strengthening of his/her personal support networks.
- **Peer Support and Consumer-Run Services:** Peer supports are essential because they have been shown to reduce symptoms, enlarge social networks and enhance quality of life, especially when offered in adjunct to traditional mental health services.

- **Workforce Issues:** Worker attitude continues to be a significant barrier to personal recovery.
- **Evaluation and Quality Assurance:** Often quality assurance focuses on process measures such as contact hours, percentage of signed treatment plans, and compliance to standards rather than the actual impact of a service in the life of the individual person. Also, consumer satisfaction is often based solely on the limited range of what a person knows, and having nothing to compare services with, figures it is okay.
 - There are a variety of tools and instruments in various stages of development that can help administrators, clinicians, peer providers, and consumers establish and assess recovery-based care (example: Recovery Oriented System Indicator- ROSI).
 - One of the things that characterize recovery-oriented evaluation and quality assurance is the fundamental involvement of consumers and family members in the development of the instrument and evaluation methods, as well as evaluators themselves.
- **Medical Necessity and Evidence Based Practices:** The concept of medical necessity drives both access and funding in most components of the behavioral healthcare system.
 - In order to shift to a more recovery-oriented system of care, a broader definition of “medical necessity” needs to be considered. Medical necessity must include those services and supports that individuals believe may help them heal.
 - Also, caution must be exercised to ensure that the parameters of “evidence based practices” are broad enough to encompass the needs of individuals actually using the services.
- **Financing:** Innovative approaches to financing include:
 - Efforts to capitate and manage funding through health networks such as HealthChoices.

- Separate funding streams for clinical and “recover” service bundles.
- Development of Individual Recovery Accounts which allow individuals to directly purchase their needed services.
- Limited use of Personal Assistance Services/Personal Care Services available through Medicaid funding or, in some areas, home and community based waiver.
- **Recovery Dialogues between Mental Health and Substance Abuse Services:** It is critical that mental health and substance abuse services begin dialogues to respectfully explore their shared and diverse understandings about the concept and process of recovery.
- **Recovery Education:** Recovery education needs to be ongoing and instituted as part of every academic curriculum for professional training. A set of competencies for recovery-oriented staff needs to be established to help guide training. Ongoing recovery education needs to be required as part of the continuing education requirements for all licensure groups. Recovery education for consumers needs to be made available and promoted in every region on a quarterly or semi-annual basis.
- **Review of Licensing, Regulations, and Policy:** A policy review needs to be implemented and priority areas for change identified. This review should focus to identify the policy barriers that hinder recovery-based care.
- Following are steps which need to occur to move toward a recovery-oriented service system:
 - **Review, Consensus & Commitment:** Gaining commitment will entail ensuring an adequate dissemination, review, dialogue/discussion and revision process.
 - **Training & Technical Assistance:** Ongoing technical assistance and education are crucial. Information needs to be collated into a format and

disseminated in a way that is accessible, digestible, and useable to the field.

- **3 to 5 Year Implementation Plan:** A strategic implementation plan needs to be developed for the next 3-5 years, though it is not expected that transformation will be complete in this time and the first plan will most likely be followed by others. **The focus of the first implementation plan should be on what it will take to establish a solid foundation and initial states of change.** This plan should be approved, disseminated, and used for actual service development and financing decisions.
- **Annual Progress Reports on Implementation**
- **Promote Discussion and Dialogue**
- **Identify Leaders:** You may want to create a group of diverse stakeholders to be the nexus of local change initiatives.
- **Self-Check:** Use the indicators of a recovery-oriented service system to begin discussion and self-assessment initiatives.
- **Be Honest:** What attitudes, assumptions, and fears keep you from moving forward?
- **Visioning:** By the end of 2006 all mental healthcare organizations in the state, including counties, should have vision and mission statements that embrace recovery.
- **Identify Specific Problems and Challenges**
- **Forge New Partnerships:** Look beyond the mental health arena.
- **Make a Commitment and Take Action**