

NORTHCARE NETWORK

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| POLICY TITLE: Recovery Based Services | EFFECTIVE DATE: August 6, 2008 |
| DATE OF LAST REVIEW: (Reviewed with no changes or minimal text revisions.) October 4, 2010, | DATE OF LAST POLICY REVISION: (Revision to policy statement.) February 1, 2012 |

POLICY

All services and supports for consumers and their families shall be provided within the context of a true partnership that instills hope and a belief that consumers can recover. It is essential NorthCare providers offer integrated treatment practices supported by research and selected by the individual and the treatment provider(s) according to a person centered planning process and medical necessity. NorthCare and the Community Mental Health Specialty Providers and NorthCare Substance Abuse Providers assist each consumer by providing medically necessary services and supports to help approach each day's challenges, overcome disabilities, acquire skills, live in community, and contribute to society in meaningful ways.

PURPOSE

NorthCare Prepaid Inpatient Health Plan (PIHP) aligns its efforts with MDCH, "It is the policy of Michigan Department of Community Health (MDCH) that services and supports provided to individuals with mental illness including co-occurring conditions are based in recovery." Further, NorthCare supports that system transformation toward integrated care for all consumers served by CMHSP is based on the principles of recovery supports the system transformation toward integrated care based on the principles of recovery. Recovery based services require self-direction by the individual, who defines his or her own life goals and designs a unique path toward those goals. Active outreach to inform our communities about the prevalence of trauma and to encourage a culture of safety will aid consumers in their recovery.

APPLIES TO

The five CMHSPs and CMHSP contract providers and SA providers in the NorthCare Network.

DEFINITIONS

Recovery from mental disorders and substance use disorders as defined by SAMHSA as of 12-22-11 is: A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. SAMHSA also has delineated four major dimensions that support a life in recovery:

- Health: Overcoming or managing one's disease(s) as well as living in a physically and emotionally healthy way.
- Home: A stable and safe place to live.
- Purpose: Meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income, and resources to participate in society.

- Community: Relationships and social networks that provide support, friendship, love, and hope.

Self Determination: recovery for individuals with developmental disabilities is best understood in terms of the right to live a self determined life not defined by the restraints of one's disabilities.

PROCEDURES

The environment for recovery based services will be supported by NorthCare, its providers and the consumers

NorthCare will:

- Share the responsibility with providers in the NorthCare Network to educate, train and provide technical assistance for the consumers and their supporters, network providers, stakeholders and the community members about the reality of recovery. NorthCare will offer hope and strategies for improving the quality of life to individuals living with chronic serious disorders and their communities.
- Assure all medically necessary services are available to consumers in the Upper Peninsula and provided within the context of recovery. This will be monitored through the Network's Provider Analysis; site reviews where policies and procedures for the implementation of evidence based services based on recovery principles are monitored; data analysis of services being provided to assure new treatments are implemented (such as Family PsychoEducation, integrated treatment for individuals with co-occurring disorders, and Peer Support Services) and sustained.
- Assure integrated treatment planning occurs for consumers with two or more serious disorders. It is expected that integration of treatment will occur across physical medical health, school related problems, corrections and any other key service provider assisting the consumer. Monitoring of clinical documentation is part of the NorthCare site review process.
- Participate in local collaborations, statewide and national workgroups and conferences to remain on the forefront of this transformation and excel in translating principles into action for the well being of our community.
- NorthCare (as funding from MDCH allows) will provide the staff and technical support for an annual Upper Peninsula Consumer Conference.
- NorthCare will monitor additional requirements outlined in the Michigan Recovery Council Recovery Policy, version 6/13/11 through the NorthCare Customer Services Committee and the NorthCare Practices Improvement Leadership Team.

CMHSP and Substance Abuse Providers Responsibilities

The Providers will:

- **Establish a Relationship**
Welcoming, an accepting attitude and understanding of how people 'present' for treatment, is the first step in establishing a positive relationship. Clinicians, case managers, and supports coordinators will develop a caring relationship with the individuals they are serving by listening with respect, accepting the

individual as a unique person, and valuing his/her strengths, abilities, and dreams. Positive rapport and relationships will be developed with the individual's family in the case of minors, guardians and others designated by an adult consumer.

□ **Develop the Individual Plan of Services (IPOS)**

Provide integrated treatment planning which may include a Recovery Plan and/or an advance directive for relapse/crisis response. Development of the IPOS includes an assessment and person centered planning process to develop a treatment plan that reflects the consumer's motivation for change for each agreed upon treatment goal. Assisting the individual in setting and reaching goals fosters a positive relationship while helping him/her to increase his/her level of personal control and self-esteem.

□ **Share the responsibility to Provide Education to staff and consumers and the communities about:**

- mental illness and developmental disabilities and medically necessary services available
- substance abuse and services available
- trauma informed care and trauma specific services
- positive behavior supports
- coordination of care between treatment providers
- relapse prevention
- recovery
- stigma

Specific education increases understanding about the disorders and will increase the consumer's ability to join the "treatment team". This will increase the effectiveness of the management of the individual's illness(es). Approaches and materials used for education will be in accord with the individual's cultural and spiritual values. The providers will use a variety of tools to educate consumers about their disorders—websites; written material; videos and DVDs; handbooks and presentations to interested parties when requested.

Consumer and Family Participation

Individuals are encouraged to participate to the fullest extent possible in the treatment planning process. Consumers, along with friends and family members, may actively participate in setting individual goals to help increase the individual's level of personal control and self-esteem. Personal control and increased self esteem will lead to achieving his or her full potential of recovery.

REFERENCES

www.samhsa.gov, Working Definition of Recovery, SAMHSA News Release, 12/22/12
MDCH Michigan Recovery Council Recovery Policy and Practice Advisory, FY12
Contract Attachment P.3.4.10
MDCH Self Determination Policy and Practice Guideline FY12 Contract Attachment
P.3.4.4

www.macmhb.org, The Standards Group, Self-Determination Standards and Recommendations, 2007

www.northcare-up.org NorthCare Policies
Individual Plan of Service for Integrated Treatment
Inclusion/Prevention of Relapse Policy
Coordination of Care / Integrated Treatment
Independent Facilitation

BOARD ADOPTED/REVIEWED DATE (Needed for new policy and revisions to policy statement)

8/6/08, February 1, 2012

COO APPROVAL (Needed for all reviews and revisions)

1/13/11

HISTORY

REVIEW DATES:

REVISION DATES: 7/28/09; 10/4/10