

POLICY TITLE: Inclusion/ Prevention of Relapse	EFFECTIVE DATE: June 26, 2002
DATE OF LAST REVIEW: January 11, 2011	DATE OF LAST POLICY REVISION: November 2, 2005

POLICY

It is the policy of NorthCare Network to support individuals in their efforts to direct their lives. NorthCare providers will provide customized services, supports and accommodations, tailored to the unique needs of the person. These services are designed to maximize the effective freedom and community inclusion of the individual. NorthCare recognizes consumers will differ in how they choose to direct a plan and those differences will be influenced by their stage in the treatment process. Therefore, NorthCare and its providers must provide educational opportunities regarding real choices the individual has throughout the course of treatment beginning with Access and extending through transition planning and preventing relapse.

PURPOSE

This policy establishes standards to be incorporated into all Medicaid services offered by the Providers in the NorthCare Network. These standards apply to adults with mental illnesses; children with serious emotional disorders; individuals with developmental disabilities; and individuals with substance abuse disorders or co-occurring disorders. The standards addressed include: inclusion, integration, participation and accommodation into the individuals' communities. This policy guides the design of the service and support arrangements to allow consumer ownership of the recovery process to the fullest extent possible.

APPLIES TO (Who must adhere to this policy.)

DEFINITIONS

Advance Directive means a written instruction such as a living will or durable power of attorney for healthcare, recognized under State law (whether statutory or as recognized by the courts of the State), relating to the provision of health care when the individual is incapacitated.

Community refers to both society in general, and the distinct cities, villages, townships and neighborhoods where people, under a local government structure, come together and establish a common identity, develop shared interests and share resources.

Effective Freedom is defined as the realization of social citizenship and full community membership. Citizens are able to build upon basic freedom – to effectively unlock the potential for liberty-by making choices, pursuing personal goals, engaging in productive activity, establishing a wide range of associations and relationships, participating in community events, and living in real homes.

Inclusion means recognizing and accepting people with mental health needs and/or developmental disabilities and/or with substance abuse disorders or co-occurring disorders as valued members of their community.

Integration means enabling consumers to become, or continue to be, participants and integral members of their community.

Normalization means rendering services in an environment and under conditions that are culturally normative. This approach not only maximizes an individual's opportunities to learn, grow and function within generally accepted patterns of human behavior; it also serves to mitigate social stigma and foster inclusion.

Self-determination means the rights of an individual to exercise his or her own free will in deciding to accept or reject, in whole or in part, the services which are being offered. People cannot develop a sense of dignity unless they are afforded the freedom and respect that comes from exercising opportunities for self-determination.

Self-representation means encouraging consumers, including those who have guardians or employ the services of advocates, to express their own point of view and have input regarding the services that are being planned or provided by the local CMHSP.

Recovery Principles as defined in the National Consensus Statement developed with the support of SAMHSA. Refer to the NorthCare Policy on Recovery Based Services for the complete statement.

PROCEDURES

- A. Programs and services are designed to work collaboratively with the natural supports and opportunities within the community. First consideration should be given to using a community's established conventional resources before attempting to develop new ones that exclusively or predominantly serve only community mental health consumers. The utilization and /or development of natural supports should be a primary focus of treatment. A true recovery model must incorporate the long term natural supports that will be necessary for the lifelong management of a chronic illness or disability. Some of the resources which can be used to foster inclusion, integration and acceptance include the use of the community's public transportation services, leisure and recreational facilities, general healthcare services, self help organizations, employment opportunities (real work for real pay) and traditional housing resources.
- B. Organizationally inclusion is promoted by establishing internal mechanisms that:
 1. Train staff in the natural supports available in the consumer's community.
 2. Assure all consumers will be treated with dignity and respect.
 3. Assure consumers, including those who have advocates or guardians, have genuine opportunities for consumer choice and self-representation. This requires a continuous process of education as to the availability of community resources and community services as treatment progresses and an individual establishes a foundation for building their recovery.

4. Provide for a review of consumer outcomes.
 5. Provide opportunities for representation and membership on planning committees, work groups, and agency service evaluation committees.
 6. Invite and encourage consumer participation in sponsored events and activities of their choices.
- C. Clinical services and supports are delivered in a manner that is consistent with the principles of normalization. Consumers are provided with the information and opportunities they need to make informed treatment choices. This includes helping consumers:
1. Address the social, chronological, cultural and ethnic aspects of services and outcomes of treatment.
 2. Learn how to make one's own decisions and take responsibility for them.
 3. Understand his or her social obligations.
 4. Help individuals gain social integration skills and become more self-reliant.
 5. Encourage and assist adults to obtain and maintain integrated, paid employment in the labor market(s) of their communities, irrespective of their disabilities. Such assistance may include but is not limited to helping them develop relationships with co-workers both at work and in non-work situations. It also includes making use of assistive technology to obtain or maintain employment.
 6. Assist adult consumers to obtain/maintain permanent, individual housing integrated in residential neighborhoods.
 7. Help families develop and utilize both informal interpersonal and community based networks of supports and resources.
 8. Provide children with treatment services support children to live in permanent families through family preservation, institutional and foster care placement prevention, family reunification and coordination of adoption services.
- D. Prevention of relapse begins with helping individuals understand the symptoms and triggers that indicate if they are moving toward a relapse. This may lead some consumers to create a "Plan for Difficult Times" (which may also serve as an Advance Directive). This education continues throughout the course of treatment; encouraging the individual's development of a plan to manage one's illness during difficult times. Relapse prevention is further addressed as the individual moves through treatment to aftercare. Relapse prevention is then clearly outlined during transition services and may continue in aftercare sessions. Prevention of relapse will be best supported by transition planning that is initiated early in the individual planning and delivery process. Transition services are particularly critical when adolescents are reaching the age of majority and will require ongoing services in adulthood. Services and personnel in the community may be identified who need to be responsible for follow-up after transition. Typically, the following issues would be addressed in a relapse prevention plan:
- ◆ Identification of high risk situations and warning signs
 - ◆ Strategies to handle high risk situations
 - ◆ Identification of feelings
 - ◆ Anger management
 - ◆ Understanding self-defeating learned behaviors

- ◆ Identifying habits/process of change
- ◆ Stress management
- ◆ Working on a long term plan
- ◆ Working on relationships
- ◆ Spirituality
- ◆ Daily relapse prevention inventory

Discharge planning with consumers in the area of substance abuse will have additional specific processes in place to prevent relapse such as attendance at 12 step groups.

REFERENCES

- ✓ 42Code of Federal Regulations, Subpart F, section 438.6(i) Advance Directives
- ✓ Medicaid Managed Specialty Supports and Services 1915 (b)/(c) Waiver Program, Contract Attachment P 6.8.2.1, Inclusion Practice Guideline
- ✓ WWW.SAMHSA.GOV , National Consensus Statement on Mental Health Recovery
- ✓ WWW.NorthCare-up.org Recovery Based Services Policy

BOARD ADOPTED/REVIEWED DATE

June 26, 2002; November 2, 2005

COO APPROVAL

1/13/11

HISTORY

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