

RECOVERY-BASED PRACTICE GUIDELINES FOR CONNECTICUT

The following practice guidelines are currently being implemented in the state of Connecticut. The Substance Abuse and Mental Health Services Administrations (SAMHSA) has recognized Connecticut for providing a promising model of transformation in behavioral health (Transformation Trends May/June 2005 [http://www.samhsa.gov/Matrix/MH tranformation trends.aspx](http://www.samhsa.gov/Matrix/MH_tranformation_trends.aspx)).

These practice guidelines are organized under 11 major domains and are presented as a point of reference for the Mental Health Transformation Work Group in developing guidelines for Florida. They are written from the perspective of persons in recovery and service provider agencies. Practice guidelines play a critical part in shaping policies, practices, and evaluation methods that will promote the recovery vision.

Domains

1. Prevention/Health Promotion
2. Consumer Involvement
3. Access and Engagement
4. Continuity of Care
5. Individualized Recovery Planning
6. Recovery Support Staff
7. Community Inclusion
8. Housing/Work/Education
9. Evidence-Based Practices
10. Cultural Competency
11. Quality and Performance

Practice Guidelines:

1. Prevention/Health Promotion
 - Persons in recovery will:
 - Be able to access information re health promotion and treatment options
 - Promote their own health and build Recovery Capital (resources for recovery)
 - Agencies will:
 - Provide consumer, family, and community education
 - Utilize a range of community-based interventions to reduce risk factors and enhance resilience
 - Encourage access to resources or information
 - conduct anti-stigma campaigns
2. Consumer Involvement
 - Persons in recovery will:
 - Participate on Boards
 - Participate in agency evaluations

- Participate in planning structures
- Know grievance procedures
- Agencies will:
 - Offer peer-run services
 - Hire peer staff
 - Routinely evaluate consumer satisfaction and solicit ideas about how to improve care

3. Access and Engagement

- Persons in recovery will:
 - Access services through any door
 - Obtain services where they live
- Agencies will:
 - Offer a range of pre-engagement strategies
 - Use peer engagement specialists
 - Use specialized outreach strategies for difficult to engage populations
 - Rapidly admit people who relapse
 - Use admission criteria that don't exclude people based on prior treatment failure, etc.
 - Recognize the importance of culturally competent care

4. Continuity of Care

- Persons in recovery will:
 - Not be discharged just for being more symptomatic
- Agencies will:
 - Link people in recovery to appropriate aftercare services upon discharge
 - Promote use of self-help resources or natural supports
 - Have mechanisms for follow-up post-discharge
 - Assist people returning for services

5. Individualized Recovery Plans

- Persons in recovery will:
 - Actively participate in the development of their recovery plans
 - Sign all plans
 - Attend all planning meetings
 - Designate meeting participants
 - Receive their plans
- Agencies will:
 - Develop holistic plans that include wishes, interests, goals, etc.
 - Regularly review plans with the person in recovery and the multi-disciplinary team (e.g., treatment, housing, work, education, natural supports)

6. Recovery Support Staff

- Persons in recovery will:
 - Be assisted in developing relapse-prevention plans and advance directives
- Agencies will:
 - Offer people hope that recovery is “possible for me.”
 - Assist persons in recovery with self-management strategies
 - Help engage and maximize use of natural supports such as friends, family, and neighbors
 - Promote autonomy and Recovery Capital
 - Aid in skill development as well as symptom management and treatment

7. Community Inclusion

- Persons in recovery will:
 - Be assisted in connecting to community resources
- Agencies will:
 - Identify and regularly update traditional and non-traditional resource directions
 - Integrate program activities into community life
 - Utilize community social, recreational, educational, vocational, and faith resources

8. Housing/Work/Education

- Persons in recovery will:
 - Have access to safe affordable housing
 - Hold paid jobs
 - Succeed in school
- Agencies will:
 - Offer a range of work and educational opportunities
 - Eliminate work eligibility requirements
 - Strengthen linkages to vocational and educational providers

9. Evidence-Based Practices

- Persons in recovery will:
 - Help shape local adaptation of EBPs
 - Participate in program evaluations
 - Help interpret data
 - Provide ideas about promising practices that need more research
- Agencies will:
 - Implement and sustain recovery-oriented EBPs

10. Cultural Competency

- Persons in recovery will:
 - Feel that their cultural values and traditions are respected
- Agencies will:
 - Evaluate data to ensure that members of diverse groups are receiving effective treatment
 - Provide services and materials that are linguistically and culturally appropriate
 - Utilize relationships with local community institutions
 - Identify and eliminate health disparities
 - Conduct culturally competent assessments
 - Maintain staff composition that reflects diversity

11. Quality and Performance

- Persons in recovery will:
 - Participate on CQI committees
 - Inform service needs assessments
 - Identify effective practices
- Agencies will:
 - Regularly administer opinion and satisfaction surveys
 - Collect recovery-oriented performance measures
 - Have a Continuous Quality Improvement (CQI) process that seeks to eliminate barriers to recovery

For further information on Connecticut's recovery plan see the following web site:
<http://www.dmhas.state.ct.us/recovery.htm>