A Vision for Persons with Mental Health Challenges

One Alternative to Orders of NonHospitalization

Evidence-Based Guiding Principles

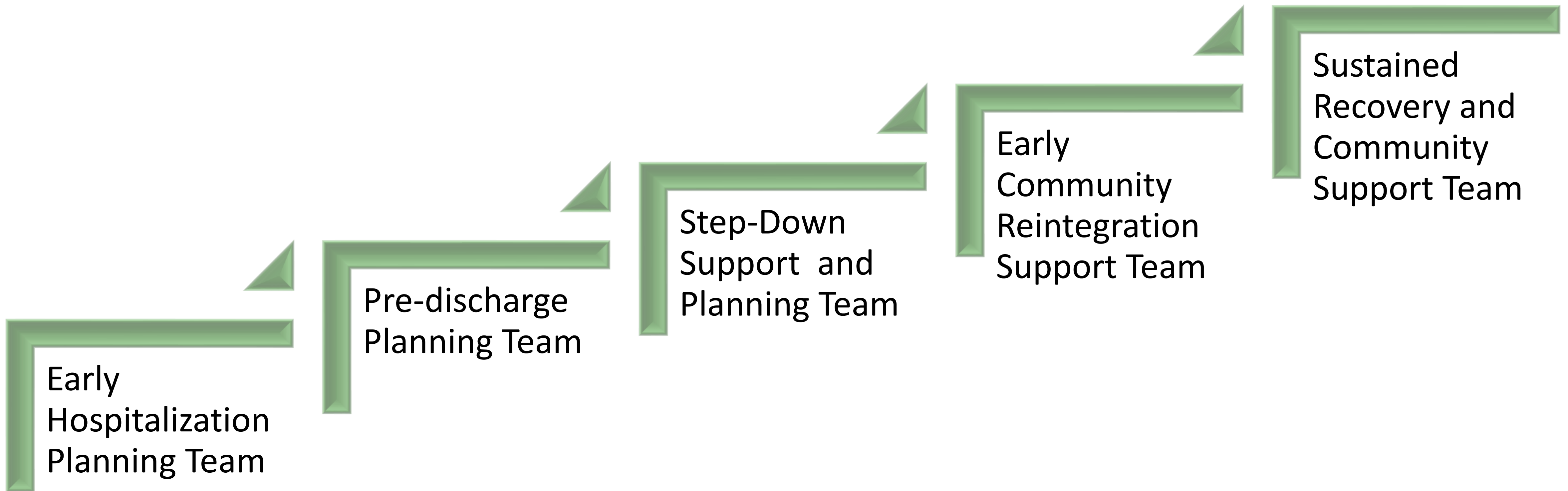
- **Recovery-oriented, Person-Centered Approach**
  - *The adoption of recovery by behavioral health systems in recent years has signaled a dramatic shift in the expectation for positive outcomes for individuals who experience mental and/or substance use conditions. Today, when individuals with mental and/or substance use disorders seek help, they are met with the knowledge and belief that anyone can recover and/or manage their conditions successfully. The value of recovery and recovery-oriented behavioral health systems is widely accepted by states, communities, health care providers, peers, families, researchers, and advocates including the U.S. Surgeon General, the Institute of Medicine, and others.*
    - https://www.samhsa.gov/recovery
  - *Use of person-centered care in mental health treatment models has promising outcomes for engagement.*
    - https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4780300/
- **Chief Predictor of Successful Outcomes: Building and maintaining alliance**
  - *Providing more choice and opportunities for collaboration within services does improve consumer outcomes…. Collaboration is dependent on the quality of the relationship between the provider and consumer.*
    - https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4251393/

Evidence-Based Guiding Principles

- **Key alliance builder: Peer Support Specialist**
  - *The results of this study identify PSS [Peer Support Services] as a viable resource to help reduce unnecessary psychiatric hospital services and ED utilization. Services provided across the three-tier framework show promising results for improving the outcomes and reducing the costs of care.*
    - https://aspe.hhs.gov/system/files/pdf/205411/PeerSupServ.pdf
  - Also, see ***Peer Support Recovery Is the Future of Behavioral Health***
    - https://www.samhsa.gov/homelessness-programs-resources/hpr-resources/peer-support-recovery-future
- **Stable-membership Wellness Recovery Team maintained from initial hospitalization through recovery**
  - *Collaboration among providers and a team approach to care has proven powerful. A wide variety of professionals comprises an effective integrated behavioral health and primary care team. These include, but are not limited to, psychiatrists, physicians, nurse practitioners, social workers, psychologists, addiction counselors, care managers, community health workers, peers, medical assistants, nurse aides, and representatives from community agencies who participate either in person or via remote technology.*
    - https://www.integration.samhsa.gov/.../team.../Essential_Elements_of_an_Integrated_...

Evidence-Based Guiding Principles

- **Recovery-Oriented Cognitive Therapy – A Basis for Recovery**
  - *Based on the cognitive model, CT-R is an empirically supported procedure for successfully operationalizing and realizing recovery for individuals with serious mental illness.*
    - https://aaronbeckcenter.org/2017/07/07/recovery-oriented-cognitive-therapy-evidence-to-practice/
- **Mental Health Court Option**
  - *After participation in the program, mental health court participants reported feeling more respected compared with AOT (similar to ONH) participants. In addition, AOT participants felt less hopeful. Although the groups did not differ significantly on the other items, the cumulative assessment of program impact revealed that mental health court participants had significantly more positive feelings concerning their program.*
    - https://ps.psychiatryonline.org/doi/10.1176/appi.ps.002642012



Flexible, Virtual, Wellness Recovery Team

Overarching Team Concepts

- Permanent Team Members
  - The Client (person with the mental health challenge)
  - Family
  - Peer Support Specialist
  - Outpatient Case Manager
  - Outpatient Providers (Therapist, Doctors)
- Temporary, Perhaps Virtual, Team Members
  - Housing Specialist
  - Education/Career Specialist
  - Substance Abuse Recovery Specialist
  - Other Specialists (e.g. Cultural Specialist, etc.)
- Temporary, Hospital-Based, Team Members
  - Inpatient Case Manager
  - Inpatient Providers (Therapist, Doctors)

Overarching Team Concepts

- Permanent Team Members –
  - Remain team members, with contact and support as needed/desired by the client, <u>through recovery and stabilization in the community</u>
    - E.g., Peer Support/Planning Specialist
      - *Patients receiving peer-delivered services were more engaged at the 6-month point than those with traditional case management services. This between-group difference disappeared at 12 months, which may point to the importance of incorporating peer supports at the initial stages of treatment…*
        - *Dixon, et al.,* **Treatment engagement of individuals experiencing mental illness: review and update,** World Psychiatry, Feb 2016 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4780300/
  - Focus on <u>Engagement, Wellness, and Recovery, using Recovery-Oriented Cognitive Therapy as primary tool</u>
  - Prioritize <u>Autonomy, Empowerment and Respect for the Client</u>
- Temporary Team Members
  - Working in tandem with Permanent Team Members towards Common Goals

Team Mobilization

- Wellness Recovery Team Coordinator notified of hospitalization of client
    - Limited involvement; analogous to military logistics/manpower branch
- Team Coordinator Determines/Documents
    - First episode or repeat?
    - Family contacts/support available?
    - Existing support structure/providers?
    - Housing status?
    - Educational/job status?
    - Culturally-competent support needed?
    - Substance abuse or physical health issues?

Team Mobilization – Cont.

- Team Coordinator mobilizes Early Hospitalization Planning Team
  - Outpatient Case Manager (existing or new)
    - Team leader throughout
    - Builds consensus with all team members
  - Client (if able to participate)
  - Family
  - Peer Support Specialist
  - Outpatient Providers (existing or new)
  - Virtual Specialist Team Members (as needed)
  - Hospital-Based Team Members

Initial Plan Creation, Management, and Logistics

- Peer Support Specialist
  - Create Initial Plan with input of client (if able) and information supplied by other team members, using CT-R as the primary approach
- Outpatient Case Manager
  - Support the Peer Support Specialist
  - Coordinate other team members' activities
  - Remain engaged with all aspects of the Initial Plan and organize/support other team activities
- Other Team Members
  - Activities per the Initial Plan

Initial Plan Creation, Management, and Logistics – Cont.

- Initial Plan Elements
  - Discharge and Recovery oriented
  - Step-down program bed availability/options
  - Community Reintegration Housing needs/options
  - Addressing other needs
    - Substance abuse, physical health, cultural sensitivities…
- Outpatient Case Manager
  - Support the Peer Support Specialist
  - Remain engaged with all aspects of the Initial Plan and support other team activities
- Other Team Members
  - Activities per the Initial Plan

Transition to Pre-discharge Planning Team

- Peer Support Specialist
  - Review/discuss Initial Plan with Client
  - CT-R as a continuing process
- Client – Greater inclusion in autonomous decision making
- Outpatient Case Manager
  - Continue to support the Peer Support Specialist
  - Coordinate and remain engaged with all aspects of the Initial Plan and support other team activities
  - Concurrent use of CT-R
- Other Team Members
  - Activities per the Initial Plan (flexed to meet emerging needs)

Pre-discharge Planning Team

- Client - Primary decision maker
- Peer Support Specialist
  - Supporting and building alliance with client
  - Using CT-R as primary approach
- Outpatient Case Manager
  - Continue to support the Client and the Peer Support Specialist, using CT-R as primary approach
  - Remain engaged with all aspects of the Initial Plan and support other team activities
- Other Team Members
  - Activities per the Initial Plan (flexed to meet emerging needs/desires of the Client)

Transition to Step-Down Support and Planning Team

- Client – Primary Decision Maker
- Peer Support Specialist
  - Review/discuss Step-down Plan with Client
  - Support client with CT-R
- Outpatient Case Manager
  - Continue to support the Peer Support Specialist
  - Remain engaged with all aspects of the Initial Plan and support other team activities
- Other Team Members
  - Activities per the Initial Plan (flexed to meet emerging needs)

Step-down Support and Planning Team

Step-Down Support through Sustained Recovery

- Peer Support Specialist
  - Assists client with Wellness Recovery Action Plan, strategy and tactics, using CT-R as primary support tool
- Client
  - Attain autonomous decision making
  - Create Wellness Recovery Action Plan (WRAP), leading to recovery
- Outpatient Case Manager
  - Remains lead through sustained recovery
  - Continue to support the Peer Support Specialist and Client, using CT-R as primary support tool
  - Remain engaged with and coordinate all aspects of the recovery process and support other team activities
- Other Team Members
  - Activities per the WRAP (flexed to meet emerging needs)