

State of the CA
Joelin Hahn - Director



NOVEMBER 17, 2011 UPDATE
ANNUAL PROVIDER MEETING

The “Typical” RCA Client



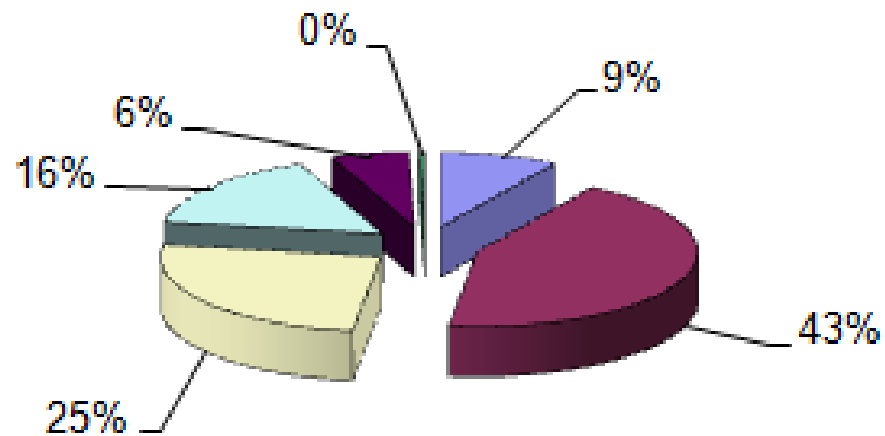
During FY2011, The “typical” client served was:

A white male between 20 and 39 years old with Opioids as his primary drug of choice.

Consumers by Age



**Consumer Age Distribution
Fiscal Year 2011**
N=3,364

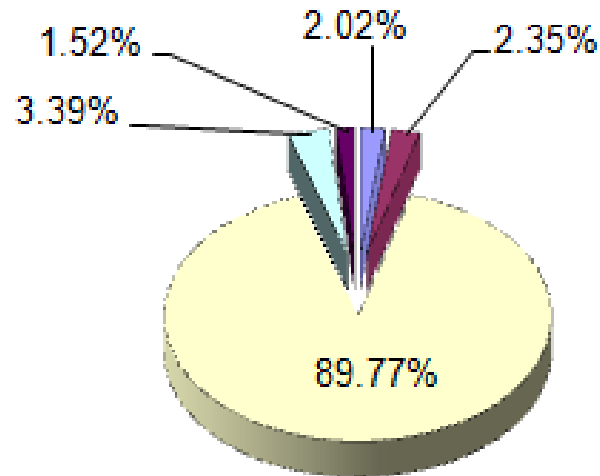


■ 13-19 ■ 20-29 ■ 30-39 ■ 40-49 ■ 50-59 ■ 60+

Consumers by Race



**Consumer Race Distribution
Fiscal Year 2011
N=3,364**



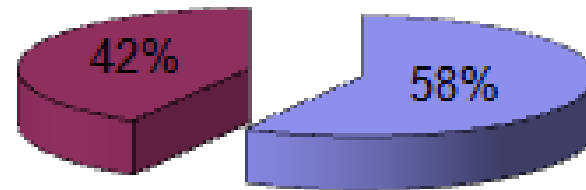
■ Unknown ■ African American/Black □ White □ Hispanic ■ Multi-racial

Consumers by Gender



Consumer Gender Distribution Fiscal Year 2011

N=3,364



■ Male

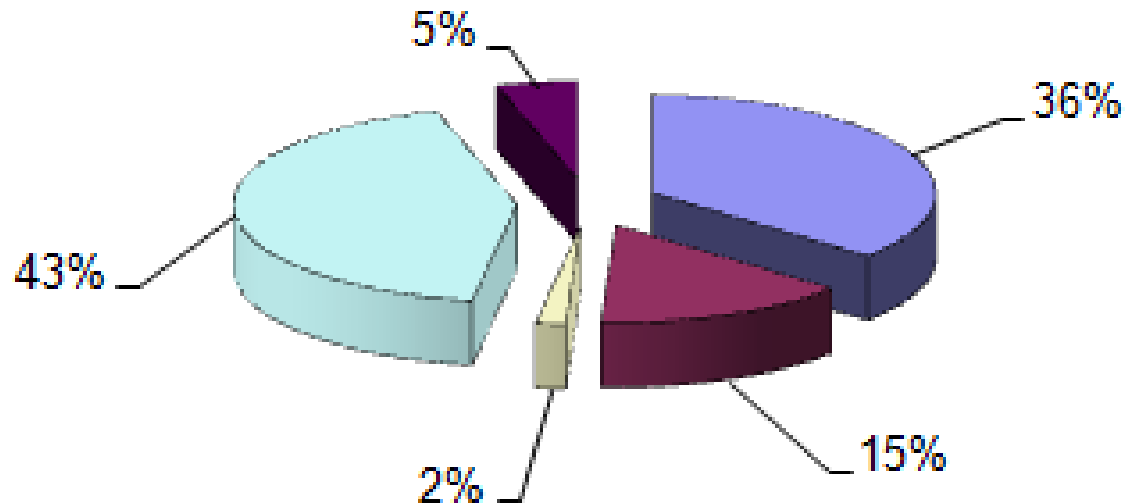
■ Female

Consumers by Primary Drug



Primary Drug of Choice Fiscal Year 2011

N=3,364



■ Alcohol

■ Depressants

■ Stimulants

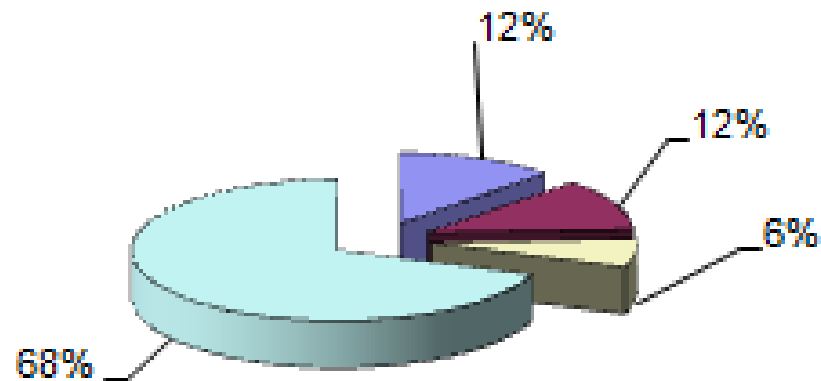
■ Cannabis

■ Opioids/Morphine Derivatives

Admissions by Level of Care



**Admission Distribution by Level Of Care
Fiscal Year 2011
N=3,364**



■ Detoxification

■ Short Term Residential

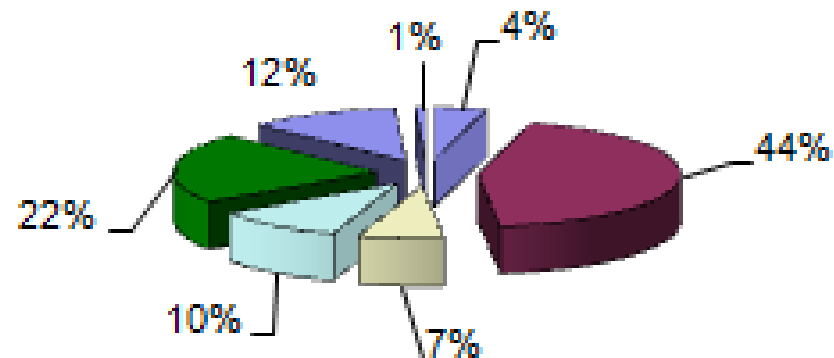
■ Long Term Residential

■ Outpatient

Admissions by County



Admission Distribution by County
Fiscal Year 2011
N=3,364



■ Arenac ■ Bay □ Huron □ Montcalm ■ Shiawassee ■ Tuscola ■ Other

State of the CA



- Quarterly Provider Conference Calls
- CA Budget
- FY2012 RFP Process
- Medical Marijuana
- Assessments
- Wait Lists
- Prescription Drugs
- Action Plan
- Updating Clinicians for CareNet

FY 2012 -2014 Action Plan



RIVERHAVEN COORDINATING AGENCY

**FISCAL YEAR 2012 EXPECTATIONS
NOVEMBER 17, 2011**

FY 2012 RCA Annual Action Plan



- Complete document can be found on our website
 - ✦ www.riverhaven-ca.org
 - ✦ Scroll down the Left side – click on About Us tab

- Other areas of the Annual Action Plan will be addressed in this meeting
 - ❖ Prevention – Jill
 - ❖ NIATx Quality Initiative - Rebecca

Changes, Changes, Changes Guiding Principles and Performance Expectations from MDCH



- Continued transformation of the SUD service system toward a recovery oriented system of care (ROSC)
- Strategic and practical alignment with the MDCH priority initiatives, including the reduction of obesity, infant mortality and tobacco use
- Implementation of the SAMHSA strategic initiative regarding the prevention of substance abuse and mental illness

Five Areas of Initial ROSC Priorities



- Behavioral health and primary healthcare integration
- Community health promotion
- Recovery support services that are peer-based
- Prevention services that are environmental and population-based
- Services and supports whose focus is expanded

MDCH Priorities



- **Invest in wellness and disease prevention by:**
 - Reducing obesity
 - Reducing infant mortality
 - Reducing tobacco use
- **Prevent and control disease by:**
 - Reducing the % of MI HS students who smoke cigarettes
 - Increasing the % of MI children 19-35 months of age who receive all recommended vaccines
- **Improve the health care provided to our population by:**
 - Promoting patient-centered medical home concept

SAMHSA Strategic Initiatives



- 1.1 Build emotional health, prevent or delay onset of, and mitigate symptoms and complications from substance abuse and mental illness
- 1.2 Prevent or reduce consequences of underage drinking and adult problem drinking.
- 1.3 Prevent suicides and attempted suicides among populations at high risk, especially military families; LGBTQ; youth and American Indians and Alaskan Natives
- 1.4 Reduce prescription drug misuse and abuse.

Outpatient Services – FY 2012 Focus



- ROSC information will be provided to promote system transformation
- Baseline assessments/surveys will be conducted to assess stage of readiness/ efforts to implement ROSC within organizations
- Outpatient providers will be supported in efforts to expand and strengthen relationships with individuals in recovery and self-help groups
- Work with Outpatient providers to increase attendance (proposed 10%) at self-help/mutual aid groups.

Residential, Detoxification, Methadone and Suboxone Services – FY 2012 Focus



- Work with respective “home CA’s” to coordinate efforts to implement ROSC, MDCH priorities and SAMHSA initiatives relevant for these levels of care.
- Support partnerships between in-region providers and out-of-county providers. Recognize efforts to increase collaboration, coordination and communication between providers.
- Assist in the development of a referral network between in-region and out-of-county providers to provide linking connections between recovering individuals and local programming.
- Align fiscal expenditures to support ROSC philosophy for these levels of care.

Case Management Services – FY 2012 Focus



- Internal review of CSM model will take place. Revisions will be made appropriately. Considerations include:
 - Enhanced coordination with primary care services
 - Inclusion of MDCH priorities and SAMHSA initiatives
- Based upon revisions to CSM model, increase the number of Case Management staff available across the region.
- Promote collaboration efforts between CSM staff, community resources, in-region and out-of-county providers. Recognize efforts.
- Align fiscal expenditures for this level of care to support ROSC philosophy.

Recovery Support Services – FY 2012 Focus



- Active involvement by members of the recovering community in the development of Recovery Support services.
- Encourage the development of variety of opportunities for Recovery Coaches and Recovery Services.
- Encourage in-region providers to increase the number of recovery support staff available.
- Align system design elements and fiscal expenditures for this level of care to support ROSC philosophy.
- Develop and implement at least one Recovery Supports “Pilot Project” within the region

Early Intervention – FY 2012 Focus



- Develop a formalized Early Intervention services protocol (With input from RCA SUD provider network).
- Encourage providers to develop and implement Early Intervention programming (based upon community need and interests & consistent with state and local protocol).
- Align system design elements and fiscal expenditures for this level of care to support ROSC philosophy.

MDCH Quality Improvement Initiative – Integration Efforts



The goal is to build capacity for integration with primary health care and mental health in the SUD service system as part of the overall ROSC transformation efforts.

FY – 2012 Integration Efforts



- RCA will identify and assess current resources available to undertake integration.
- Continue exploration of knowledge and/or resource gaps (human and fiscal) and other barriers to integration (*RCA ROSC Steering Council meetings*).
- Host community luncheons to gauge readiness for integration.
- Conduct a readiness survey with the larger community.
- Develop a cadre of stakeholders who can act as advocates for behavioral health clients.

Thank you



...for your input as we developed this action plan. Your efforts assisted us in receiving approval from MDCH/BSAAS.

We will need your continued participation, input and guidance in order to achieve the multiple activities within the respective levels of care.

Communication, Cooperation and Collaboration will be essential to achieving the tasks of this action plan.

Let's see what we can accomplish together !

Hey Kari, What's Happening In ROSC???



**NOVEMBER 17, 2011 UPDATE
ANNUAL PROVIDER MEETING**

Accomplishments Include:



- Completion of Action Plan – can be found at our website --- www.riverhaven-ca.org. Scroll down the left side to the ROSC link.
- Development of Workgroups to accomplish the work of the Action Plan.
 - Infrastructure
 - Practice Changes
 - Education/Awareness

Activities Include:



- Formal presentations and activities conducted
 - ✦ Bay County
 - ✦ Montcalm County
- Development underway for county-specific Mobile Recovery Centers
- Development underway for self-assessment tools for provider agencies, clinicians, and people in recovery

Stages of System Readiness



- Web-based tool can be found at

<http://www.surveymonkey.com/s/RR3357N>

- Survey period – November 17th to December 15th
- Meant to assess readiness of organization to implement “ROSC” principles, elements, etc.
- No wrong answers – information will be summarized anonymously for education and ROSC development throughout the region
- **Complete one survey per Agency only**
- Questions can be forwarded to Kari at 989.497-1384 or kgulvas@babha.org

Development of Recovery Supports



- Expectation from local, state and federal funding sources
- Can be implemented with Recovery Coaches or by Recovery Centers or combination efforts
- CCAR Recovery Coach Academy to be offered in Spring 2012
- Ricardo Bowden and Cathy Filary – Certified Trainer of Trainers for this Connecticut model

What do we need from you??



- Your active participation in whatever capacity you are able to provide it.
- Your continued support as we move ROSC efforts forward throughout the region.
 - ✦ Communication
 - ✦ Cooperation
 - ✦ Collaboration
 - ✦ Coordination
- You are highly encouraged to participate in ROSC meetings – the next meeting will be at 10:00 AM on January 26, 2012 at BABHA's 3rd floor conference room (335).

The Value of the CCAR Recovery Coach Academy



**NOVEMBER 17, 2011
ANNUAL PROVIDER MEETING**

RICARDO BOWDEN, MA, CPC, RC

EVA ABRAHAM, RC

CATHERINE FILARY, LLMSW, CAC, RC

CCAR Recovery Coach Academy



**Connecticut Community for
Addiction Recovery**

(CCAR)



...One More Reason

**If you have not been an addict then
you can't understand where I am
coming from, so how can you
possibly help me**



RC Definition

A Recovery Coach is anyone interested in promoting recovery by removing barriers and obstacles to recovery by serving as a personal guide and mentor for people seeking or in recovery



CCAR's Definition of Recovery

***A person is in recovery when they
say they are***



RC Role: Motivator and Cheerleader

- **Believes in capacity for change**
- **Motivates**
- **Encourages**
- **Celebrates**



RC Role: Ally and Confidant

- **Loyal**
- **Cares for Recoveree**
- **Actively Listens**
- **Trustworthy**
- **Stable and Consistent**



RC Role: Truth-Teller

- **Provides honest and helpful information**
- **Offers suggestions**
- **Helps to identify patterns of behavior**
- **Does not sugar coat things**



RC Role: Role Model and Mentor

- **Offers their own life as an example of healthy living**
- **Shows how....Walks the walk**
- **Provides stage-appropriate recovery information**



RC Role: Resource Broker

- **Provides linkages to recovery community, treatment and other supports**
- **Knows the system of care and how to navigate the system**
- **Has established contacts and recovery partnerships in the community**



RC Role: Advocate

- **Advocate for the recovery community**
- **Advocate for the recoveree**
- **Assists recoveree to protect their rights**
- **Acts as a representative for the recoveree when requested**



Recovery Coach Role

- **Community Organizer**
- **Lifestyle Consultant**
- **Friend and Companion**
- **An Equal**



Four Goals of a RC

- **Promote recovery**
- **Remove barriers**
- **Connect recoveree with support services**
- **Encourages hope, optimism, and healthy living**



A Recovery Coach is Not A ...

- **Sponsor**
- **Counselor**
- **Nurse/Doctor**
- **Clergy Person**



Difference of Counselor, Coach and Sponsor: Foundational Knowledge

- **Counselor – Emphasis on formal education (theory and science); vetted by the profession**
- **RC – Emphasis on experiential knowledge and training; vetted by the community**
- **Sponsor” Emphasis on experiential knowledge; vetted by reputation within a community of recovery**



Difference of Counselor, Coach and Sponsor: Organizational Context

- **Counselor - Works within the organizational hierarchy of TX facility and with direct supervision**
- **RC – Settings span TX organizations, allied service facilities, and recovery community settings; varied degree of supervision**
- **Sponsor – Minimal hierarchy and no formal supervision**



Difference of Counselor, Coach and Sponsor: Service/Support Framework

- **Counselor – Works within particular organizational treatment philosophy**
- **RC – Works across multiple frameworks of recovery via choices of those with whom they work**
- **Sponsor – Works within beliefs and practices of particular recovery fellowship**



Difference of Counselor, Coach and Sponsor: Service/Support Relationship

- **Counselor – Significant power differential; extreme separation of helper/helped roles; explicit ethical guidelines; high external accountability**
- **RC – Minimal power differential; ethical guidelines being developed; moderate external accountability**
- **Sponsor – Minimal power differential; support is reciprocal; relationship governed by group consensus; no external accountability**



Difference of Counselor, Coach and Sponsor: Style of Helping

- **Counselor – Formal, personally guarded and strategic**
- **RC – Variable by organizational setting but generally personal and informal**
- **Sponsor – Informal, open, and spontaneous**



Difference of Counselor, Coach and Sponsor:

Use of Self

- **Counselor – Self disclosure discouraged or prohibited**
- **RC – Strategic use of one’s own story; role model expectation**
- **Sponsor - Strategic use of one’s own story; role model expectation**



Difference of Counselor, Coach and Sponsor:

Temporal Orientation

- **Counselor- Considerable focus on past experience**
- **RC – Focus on present: What can you today to strengthen your recovery?**
- **Sponsor – Variable by fellowship and stage of recovery of sponsee**



Difference of Counselor, Coach and Sponsor:

Duration of Service/Support

- **Counselor – Brief and ever briefer**
- **RC – Measured in months or years (via sustained recovery check-ups)**
- **Sponsor – Variable but can span years**



Difference of Counselor, Coach and Sponsor: Role of Community

- **Counselor – Intrapersonal, and interpersonal focus; minimal focus on ecology of recovery; minimal advocacy**
- **RC – Focus on linking to community resources and building community recovery capital; significant advocacy work**
- **Sponsor – Intrapersonal, and interpersonal focus; minimal focus on ecology of recovery; minimal advocacy**



Difference of Counselor, Coach and Sponsor: Documentation

- **Counselor – Extensive and burdensome**
- **RC – Minimal but growing**
- **Sponsor - None**



Guiding Principles

- **Self directed – What the person in recovery wants, desires and can accomplish; not what the provider imparts to the person**
- **Strengths based – Focus on strengths, capacities, talents and skills**
- **Empowerment – Providing the tools needed to empower the person**
- **Basic Needs – Recovery is not possible without meaning, purpose, goals, housing, work and personal development**



10 Components of Recovery

- **Self-direction**
- **Individualized and person-centered**
- **Empowerment**
- **Holistic**
- **Non-linear**
- **Strength-based**
- **Peer Supported**
- **Respect**
- **Responsibility**
- **Hope**

CCAR Recovery Coach Academy



Day 2

- **Relationship Skills Building**
- **Listening and Communication Skills**
- **Values and Differences**
- **Transference/Counter Transference**
- **Sexual Harassment**
- **Crisis Intervention**
- **Stigma and Labels**
- **Telling Your Own Story**
- **Self-disclosure Issues**
- **Referral Skills**

CCAR Recovery Coach Academy



Day 3

- **Stages of Recovery**
- **Pathways to Recovery**
- **Stages of Change**
- **Motivational Interviewing Brief Primer**

CCAR Recovery Coach Academy



Day 4

- **Cultural Competence**
- **Privilege and Power**
- **Cultural Competence Self-assessment**
- **Spirituality and Religion**
- **Common Spiritual Themes**
- **Recovery Support Resources**
- **Researching Resources**

CCAR Recovery Coach Academy



Day 5

- **Self-Care**
- **Boundary Issues**
- **RESPECTFUL Model (Introspective Bias)**
- **Recovery Wellness Plan**
- **Role-plays**
- **Continued Professional Development**
- **Closing/Evaluations/Certificates**



Personal Impressions

- **Heightened awareness to actively honor all pathways**
- **Increased cheerleading and celebrating**
- **Addressed some of the “sticky” areas our agency has worked to overcome (altered boundaries, role clarity)**
- **Needed for helping helpers step outside their recovery structure boxes (emotional and mental shift)**
- **Intro to MI skills for improved listening and information gathering**

Contract/Provider Manual Updates

Darren McAllister



NOVEMBER 17, 2011
ANNUAL PROVIDER MEETING

- **CONTRACTS**
- **PROVIDER MANUAL**

Prevention/SYNAR/EIP
Jill Worden



NOVEMBER 17, 2011
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- **PREVENTION**
- **SYNAR**
- **EIP**

Grievance/Appeal/Notice
Janelle Steckley



NOVEMBER 17, 2011
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Treatment Updates

Rebecca Emmenecker



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- **CDOI**
- **MYOUTCOMES**
- **NIATX**
- **CONTINUING CARE**

Outcomes

Steve Adamczyk



NOVEMBER 17, 2011
ANNUAL PROVIDER MEETING

- **CONSUMER SATISFACTION**
- **PROVIDER SATISFACTION-AMS**
- **ASA RATES**
- **NATIONAL OUTCOMES MEASURES**

Consumer Satisfaction



- **NEW SURVEY PROCESS BEGUN WITH FY2011**
- **PROVIDERS USE INTERNAL SURVEY PROCESSES**
- **24 OUT OF 26 PROVIDER SITES WITH CONSISTENT PARTICIPATION**
- **FY2012 REPORTING TOOL AVAILABLE AT:
WWW.RIVERHAVEN-CA.ORG**

SELECT “PERFORMANCE IMPROVEMENT” FROM THE LEFT SIDE, THEN SELECT “SATISFACTION” THEN “CONSUMER SATISFACTION TOOLS”

# Surveyed	# Responded	# Satisfied	% Satisfied
4855	2686	2554	95%
501	449	436	97%
5356	3135	2990	95%

Provider Satisfaction - AMS



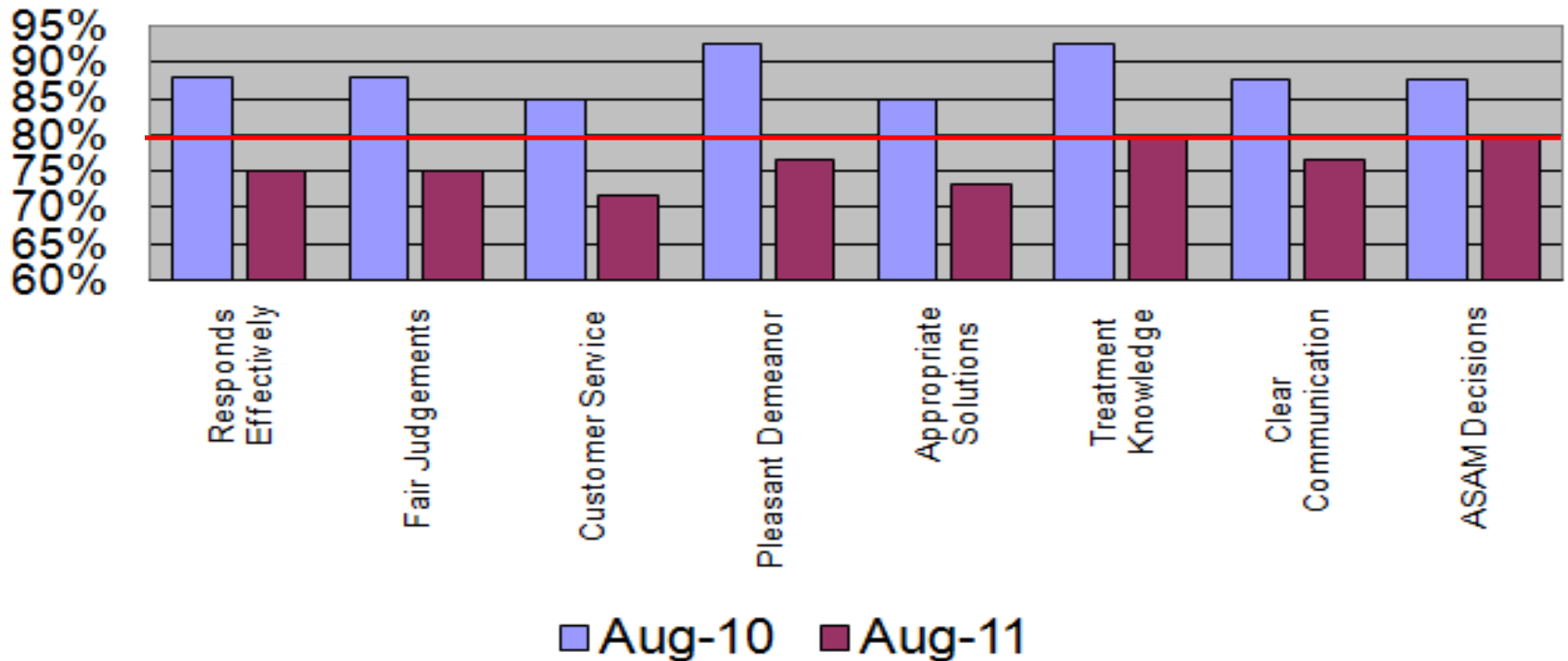
- AMS = Access Management System (a.k.a. Access Center, AAR or AAM)
- **NOT** Riverhaven (RCA) focused
- Completed annually in August
- Results reported to Providers annually
- Expect a letter from the Access Manager

Provider Satisfaction - AMS



Provider Satisfaction with AMS

Aggregate Survey Results
August 2010 through August 2011



ASA Rates



- Discharges coded as “Left Against Staff Advice”
- Aggregated by Provider Site
- Compares two fiscal years (FY2010 vs. FY2011)
- Benchmark is <15%
- Not intended as a punitive measure
- Intended to stimulate performance improvement initiatives

ASA's are not necessarily bad
ASA's can certainly be reduced

ASA Rates by Provider



Provider	Period 1			Period 2			% Change
	Discharges	ASA's	ASA %	Discharges	ASA's	ASA %	
1016 370048 (OP,DETOX) MT PLEASANT	28	1	3.6%	14	1	7.1%	100%
1016 560008 MIDLAND (STR)	7	0	0.0%	14	4	28.6%	100%
1016 560031 MIDLAND (OP)	4	0	0.0%	7	2	28.6%	100%
BAY PSYCHOLOGICAL ASSOC. 090076 (OP)	4	1	25.0%	41	11	26.8%	7%
CATHOLIC CHARITIES 780033 (OP) OWOSSO	167	49	29.3%	156	77	49.4%	68%
CLEARVIEW 740100 (LTR, W) PORT HURON	10	2	20.0%	11	2	18.2%	-9%
DOT 730038 (OP, W) SAGINAW	103	54	52.4%	143	52	36.4%	-31%
DOT 730098 (STR,DETOX) FREELAND	425	40	9.4%	374	59	15.8%	68%
DOT 780038 (OP) OWOSSO	175	54	30.9%	147	36	24.5%	-21%
HOUSE OF COMMONS 330008 (Detox LTR-M Only)	2	1	50.0%	11	3	27.3%	-45%
HURON 320003 (OP) BAD AXE	116	17	14.7%	83	0	0.0%	-100%
KAIROS 730157 (OP,ADOL,WS) BRIDGEPORT	92	14	15.2%	56	13	23.2%	53%
KAIROS 730174 (OP,STR) SAGINAW	13	4	30.8%	18	3	16.7%	-46%
LIST 090042 (OP) BAY CITY WASHINGTON	69	20	29.0%	43	15	34.9%	20%
LIST 090067(OP) BAY CITY WILDER	19	5	26.3%	41	14	34.1%	30%
LIST 790015 (OP) CARO	34	7	20.6%	4	1	25.0%	21%
LIST 790042 (OP) CARO	312	70	22.4%	140	24	17.1%	-24%
NORTH KENT 590021 (OP) GREENVILLE	148	16	10.8%	93	0	0.0%	-100%
NEWLIGHT (790026) TUSCOLA	0	0	0.0%	3	0	0.0%	0%
OUR HOPE 410008 (LTR) GRAND RAPIDS	4	1	25.0%	5	0	0.0%	-100%
PINE REST (LTR, MEN) JELLEMA HOUSE	0	0	0.0%	8	2	25.0%	100%
PINE REST (LTR, WOMEN) FREEDOM HOUSE	0	0	0.0%	1	1	100.0%	100%
PROACTION 410079 (OP METH) GRD RAPIDS	19	1	5.3%	53	4	7.5%	43%
SACRED HEART 500044 (STR,DETOX) MEMPHIS	125	18	14.4%	149	14	9.4%	-35%
SHRC-BAY CITY 090073 (OP)	547	132	24.1%	400	92	23.0%	-5%
STERLING 060004 (OP) STERLING	118	3	2.5%	84	5	6.0%	134%
TAYLOR LIFE CENTER 780042 (OP) OWOSSO	31	11	35.5%	46	17	37.0%	4%
TURNING POINT 630622	35	9	25.7%	8	3	37.5%	46%
VICTORY 330012 (Meth) Lansing	7	3	42.9%	13	5	38.5%	-10%
VICTORY 730208 (Meth) Saginaw	68	29	42.6%	96	40	41.7%	-2%
Totals:	2682	562	21.0%	2262	500	22%	5%

National Outcome Measures



- Reported to MDCH and Legislators
- Intended to show value of publicly-funded services
- Require high levels of consistency in interpretation
- Definitions can be confusing

NOMS Domain	FY2009	FY2010
Primary Substance Use	68.9%	74.6%
Employment Status	30%	54.2%
Living Arrangements	55.6%	82.2%
Days to Treatment	76.3%	79.7%
Continuation in Treatment	68.8%	78.8%

Kairos Recovery Project
Fred Wigen



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Kairos Recovery Project



- Web-Based Product
- Available to Consumers that have Internet Access
- Voucher-based service
 - Vouchers available from RCA or Kairos
- Bay Area Foundation grant funds limited number of vouchers for Bay and Arenac Counties
- Riverhaven and Kairos have funded a variable amount of vouchers previously distributed to in-region Outpatient providers outside of Bay & Arenac counties

Questions & Answers



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