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Owner:	*Donna Coulter: Dir. of OPA*
Policy Area:	*Office for Peer-Participant Advocacy (OPA!)*
References:	

RECOVERY

POLICY

It is the policy of Detroit Wayne Mental Health Authority (DWMHA)) that all members of its workforce promote a recovery environment for all served.

PURPOSE

The purpose of this policy is to ensure the development of a recovery-enhancing environment in which all members of the behavioral health (mental health and substance use) workforce possess the attitudes, awareness, and competencies to promote the shift from a curative model of care to a recovery-oriented service system.

APPLICATION

1. The following groups are required to implement and adhere to this policy: DWMHA Board, DWMHA Staff, Contractual Staff, Access Center, MCPN Staff, Network Providers, Crisis services vendor, Credentialing Verification Organization (CVO)
2. This policy serves the following populations: Adults, Children, I/DD, SMI/SEI, SED,SUD, Autism
3. This policy impacts the following **contracts/service lines**: MI-HEALTH LINK, Medicaid.SUD, Autism, Grants, General Fund

KEYWORDS

1. Developmental Disability
2. Peers
3. Person-Centered Planning (PCP)
4. Recovery
5. Recovery Environment
6. Self-Determination
7. Substance
8. Substance Abuse and Mental Health Services Administration (SAMHSA)
9. Serious Mental Illness (SMI)

10. Severe Emotional Disorder (SED)
11. Substance Use Disorders
12. Workforce

STANDARDS

A. The standards are informed by SAMHSA's (2012) four major dimensions that support a life in recovery, along with 10 identified guiding principles of recovery.

1. **Four major dimensions that support a life in recovery:**
    a. Health: Overcoming or managing one's disease(s) or symptoms, and making informed, healthy choices that support physical and emotional well-being;
    b. Home: A stable and safe place to live;
    c. 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;
    d. Community: Relationships and social networks that provide support, friendship, love, and hope.
2. **Ten guiding principles of recovery:**
    a. Recovery emerges from hope: The belief that recovery is real provides the essential and motivating message of a better future – that people can and do overcome the internal and external challenges, barriers and obstacles that confront them.
    b. Recovery is person-driven: Self-determination and self-direction are the foundations for recovery as individuals define their own life goals and design their unique path(s).
    c. Recovery occurs via many pathways: Individuals are unique with distinct needs, strengths, preferences, goals, culture and backgrounds including trauma experiences that affect and determine their pathway(s) to recovery. Abstinence is the safest approach for those with substance use disorders.
    d. Recovery is holistic: Recovery encompasses an individual's whole life, including mind, body, spirit and community. The array of services and supports available should be integrated and coordinated.
    e. Recovery is supported by peers and allies: Mutual support and mutual aid groups, including the sharing of experiential knowledge and skills, as well as social learning, play an invaluable role in recovery.
    f. Recovery is supported through relationships and social networks: An important factor in the recovery process is the presence and involvement of people who believe in the person's ability to recover, who offer hope, support and encouragement and who suggest strategies and resources for change.
    g. Recovery is culturally based and influenced: Culture and cultural background in all of its diverse representations including values, traditions and beliefs are keys in determining a person's journey and unique pathway to recovery.
    h. Recovery is supported by addressing trauma: Services and supports should be trauma-informed to foster safety (physical and emotional) and trust, as well as promote choice, empowerment and collaboration.
    i. Recovery involves individual, family, and community strengths and responsibility: Individuals,

families and communities have strengths and resources that serve as a foundation for recovery.

j. Recovery is based on respect: Community, systems and societal acceptance and appreciation for people affected by mental health and substance use problems including protecting their rights and eliminating discrimination are crucial in achieving recovery (SAMHSA, 2012).

B. **All members of the workforce including office personnel, property caretakers, drivers and volunteers, security guards, secretarial, board members etc. shall:**

1. Promote an environment for recovery relative to respective roles and duties.
2. Receive documented basic training on recovery concepts and practices, such as the online VCE course, Recovery-Enhancing Environment.
3. Continuously improve recovery knowledge and competencies of recovery-oriented practice through ongoing training and education.

C. **Service delivery personnel such as psychiatrists, peers, psychosocial supports, etc., in addition, shall:**

1. Provide evidence of meaningfully involving those served in planning and the identification of goals along the four dimensions of recovery: health, home, community and purpose.
2. Demonstrate that goals are supported by strength-based, specific, measurable and time-sensitive action steps (i.e., scope, amount and duration), that are further delineated in the PCP.
3. Maintain records on individual's satisfaction and progress toward identified goals.
4. Specify how services are culturally relevant and based on the needs and choices as identified by the person, or where appropriate, their chosen supports and allies.
5. Provide evidence of promoting peer-led services and organizations.
training and education.

D. **Leadership or administrative staff such as governing Board members, Executive Directors, CEOs, administrators, etc. shall:**

1. Enact a policy that includes a continuous improvement process to integrate recovery dimension and principles into the organizational culture, i.e., governing documents, procedures, language, training curriculums, documentation and assessments at the macro and micro levels.
2. Ensure delivery of a full array of services including peer and alternative services (e.g., pet therapy, holistic medicine), and ensure access and funding mechanisms exist to support access to chosen community services.
3. Demonstrate employment of a sufficient workforce of individuals with lived experiences throughout all levels of the organization who are paid fair and competitive wages, have multiple opportunities for a balance of full and part-time positions and are offered a viable career ladder.
4. Ensure that all position descriptions for all members of the workforce contain language of recovery.
5. Ensure that work responsibilities for all workforce members outline recovery-based, person-centered and culturally competent practices.
6. Ensure that job postings for all positions specify that persons with lived experiences with behavioral health issues are encouraged to apply and that job qualifications specify that lived experience with behavioral health conditions is desired.
7. Demonstrate evidence of collaborative agreements, communications and arrangements between

substance use, mental health and primary care providers resulting in an integrated care plan for individuals.

8. Ensure participation in Authority protocols to measure and continuously improve the recovery environment.
9. Document that all appropriate workforce members are knowledgeable of current regulatory requirements (e.g., Americans with Disabilities Act, etc.) and entitlement programs (e.g., Medicare, Medicaid, etc.).

QUALITY ASSURANCE/IMPROVEMENT

DWMHA shall review and monitor contractor adherence to this policy as one element in its network management program, and as one element of the QAPIP Goals and Objectives.

The quality improvement programs of MCPNs, their subcontractors, and direct contractors must include measures for both the monitoring of and the continuous improvement of the programs or processes described in this policy.

COMPLIANCE WITH ALL APPLICABLE LAWS

DWMHA staff, MCPNs, contractors, and subcontractors are bound by all applicable local, state and federal laws, rules, regulations and policies, all federal waiver requirements, state and county contractual requirements, policies, and administrative directives, as amended.

LEGAL AUTHORITY

1. Americans with Disabilities Act of 1990, Pub. L. No. 101-336, § 2, 104 Stat. 328 (1991).
2. Michigan Department of Community Health. (April 2013). Medicaid provider manual. Retrieved from http://www.michigan.gov/mdch.
3. Substance Abuse and Mental Health Services Administration. (2012). SAMHSA's Working Definition of Recovery. Retrieved from: http://store.samhsa.gov/product/SAMHSA-s-Working-Definition-of-Recovery/PEP12-RECDEF.
4. Michigan Department of Community Health. (June 2011). Combating stigma within the Michigan mental health system: A toolkit for change. Retrieved from: http://www.michigan.gov/documents/mdch/A_Toolkit_for_Change_403480_7.pdf
5. Recovery Subcommittee of the Detroit-Wayne County Community Mental Health Agency Community Planning Council. (2012). Recovery-enhancing environment: Integrating health, home, purpose, and community poster. Retrieved from: vceonline.org
6. VCE's online video course, Recovery Enhancing Environment (REE): Integrating health, home, community and purpose.

RELATED DEPARTMENTS

1. Administration
2. Claims Management
3. Clinical Practice Improvement
4. Compliance

5. Customer Service
6. Information Technology
7. Integrated Health Care
8. Legal
9. Managed Care Operations
10. Management & Budget
11. Purchasing
12. Quality Improvement
13. Recipient Rights
14. Substance Use Disorders

CLINICAL POLICY

NO

INTERNAL/EXTERNAL POLICY

EXTERNAL

Attachments:

No Attachments

Approval Signatures

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