

BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY POLICIES AND PROCEDURES MANUAL

Chapter: 4	Care and Treatment		
Section: 5	Person Centered Planning		
Topic: 6	Recovery Oriented System of Care		
Page: 1 of 8	Supersedes Date: Pol: 5-21-09 Proc: 1-9-20,9-30-14, 5-21-09	Approval Date: Pol: 12-18-2014 Proc: 12-26-24	<hr style="border: 0; border-top: 1px solid black;"/> <i>Board Chairperson Signature</i> <hr style="border: 0; border-top: 1px solid black;"/> <i>Chief Executive Officer Signature</i>
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Policy

It is the policy of Bay Arenac Behavioral Health Authority (BABHA) to assure that all services are delivered in a manner consistent with a recovery-oriented system of care.

Purpose

This policy and procedure is established to assure that recovery shall be the guiding principle and operational framework for our system of care provided by the partnership of public and private agencies and consumer operated services that comprise the BABHA system. This begins with the belief that recovery is achievable and possible for everyone. Recovery is inclusive of individuals, adults and children experiencing any of the following behavioral health conditions:

- Severe and persistent mental illness
- Substance Use Disorders
- Co-Occurring Diagnoses.

Education Applies to

- All BABHA Staff
- Selected BABHA Staff, as follows: All Clinical and Clinical Management
- All Contracted Providers: Policy Only Policy and Procedure
- Selected Contracted Providers, as follows: Primary Care/Outpatient
 - Policy Only Policy and Procedure
- Other:

Definitions

Recovery: Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life and strive to reach their full potential. (Substance Abuse and Mental Health Services, SAMHSA, 2012/ Recovery Oriented System of Care/ Transformation Steering Committee, ROSC TSC 2010)

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Procedure I. Clinical practices and supports for individuals and their families must project hope, communicate the expectation of recovery, and empower people to exercise choice and control over their lives. The following four major dimensions and ten guiding principles will be the central elements for treatment and supports provided throughout the BABHA system of care.

The Four Major Dimensions:

- ❖ **Health:** overcoming or managing symptoms or conditions and making informed choices that support and promote physical and emotional wellbeing.
- ❖ **Home:** a stable and safe place to live.
- ❖ **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.
- ❖ **Community:** relationships and social networks that provide support, friendship, love and hope.

The Guiding Principles of Recovery

- ❖ **Recovery emerges from hope:** People can and do overcome the internal and external challenges, barriers, and obstacles that confront them.
- ❖ **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).
- ❖ **Recovery occurs via many pathways:** Individuals are unique with distinct needs, strengths, preferences, goals, culture, and backgrounds including trauma experience that affect and determine their pathways to recovery.
- ❖ **Recovery is holistic:** Recovery encompasses an individual's whole life, including mind, body and spirit, and community. The array of services and supports available should be integrated and coordinated.
- ❖ **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.
- ❖ **Recovery is supported through relationship 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 also suggest strategies and resources for change.

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- ❖ **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.
- ❖ **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,
- ❖ **Recovery involves individual, family, and community strengths and responsibility:** Individuals, families, and communities have strengths and resources that serve as a foundation for recovery.
- ❖ **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.
- ❖ **Inclusion of the voices and experiences of recovering individuals, youth, family and community members:** People in recovery, youth, family and community members will be included among decision makers and be involved in provision of services, represented on advisory councils, boards, task forces and committees.
- ❖ **Integrated strength-based services:** Coordination and collaboration with all service providers to assure that the individual’s strengths, desires and needs are met holistically.
- ❖ **Community-Based Services that Promote Health and Wellness:** Services will be provided in the community to enhance availability and support social networks promoting overall health and wellness to increase successful recovery.
- ❖ **Outcomes-Driven:** Outcomes will be guided by recovery based process and outcome measures and will focus on individual, family and community indicators of health and wellness, including benchmarks of quality of life changes for people in recovery.
- ❖ **System-wide education and training:** The concepts of prevention, recovery, and wellness are foundational elements for recovery and will be included in trainings, workshops and continuing education.
- ❖ **Research-Based:** Research and data including research with individuals in recovery, recovery venues, and the processes of recovery will be included in service provision.

Recovery is the responsibility of the individual, all service providers and the BABHA system of care to help facilitate the individual’s recovery journey. To facilitate recovery, providers will develop positive, caring relationships with people served by listening with respect, accepting the individual as a unique person, and valuing his/her strengths, abilities, and dreams.

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Individuals shall be linked to appropriate services, benefits, and entitlements. Professionals, paraprofessionals, natural supports and others identified in the Person-Centered Plan will work collaboratively and communicate frequently to keep each other apprised of status of progress toward goal attainment and appropriateness of service array. Connection to family, natural supports and peer directed services is critical to the recovery process and is highly recommended.

Providers will seek to increase knowledge and participate in ongoing training to assure competency and understanding of a recovery-oriented system of care. Providers will promote and monitor the use of effective practices that assist in recovery including but not limited to; services provided by peer advocates and specialists, wellness, recovery and relapse prevention plans, strength based recovery oriented treatment plans, transition and discharge planning at the onset of treatment, as well as encouraging crisis planning, and psychiatric advance directives.

All service providers will develop a formalized and implement an ongoing system to monitor clinical practices, services and supports, and will strive to promote consumer empowerment, self-determination, peer support and a recovery-oriented system of care.

II. Welcoming

1. At all stages of service, the following Welcoming Expectations will apply to all new and existing persons served.
 - a. Individuals will be accepted at whatever stage they are at with their illness pattern - "Where they are" concept.
 - b. Staff will be adequately trained to understand the dynamics of persons with complex
 - c. needs.
 - d. Staff will be respectful and compassionate, focusing on the development of a hopeful empathic partnership that is recovery oriented.
 - e. Staff will seek to understand the experience, desires, and strengths of the individual while building a hopeful relationship.
 - f. Individuals will be adequately diagnosed by using recommended screening tools, understanding that there is a reasonable expectation that the person has multiple needs.
 - g. Individuals will find the care and coordination provided useful and meaningful.
 - h. All service levels in BABHA and network will demonstrate consistency in treatment and coordination of care.

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2. All persons served must meet BABHA eligibility criteria i.e. Severe Mental Illness (SMI), Serious Emotional Disturbance (SED), Developmental Disability (DD) and SUD.
3. New, established, and/or returning persons served will be assessed for co-occurring disorders.
4. Day Prior to Initial Appointment – Send a reminder text in advance of the appointment and/or place a telephone call to the individual reminding him/her of their appointment the next day.
5. First Appointment – The individual is shown courtesy, respect, and cultural sensitivity; any new forms to fill out are introduced with assistance offered to complete them; specialized forms will be provided for those with special needs.
6. The assigned staff should escort the person served to the intake location; all locations are neat, clean, attractive, barrier free and sensitive to the privacy of the individual all appropriate resources to efficiently and quickly complete the intake process are present. Assigned staff will screen for safety and medical stability to participate in treatment. If the individual is not medically stable, he/she will be encouraged/assisted to get medical clearance at the local emergency room or will be linked to natural supports within the context of their treatment.
7. Assigned staff should be knowledgeable, friendly, helpful, and dressed appropriately, should demonstrate a positive, warm, and welcoming attitude toward the person served and provide the individual with a safety brief (should safety alarms sound).
8. Staff will use person first language at all times and will explain things in a manner that is easy to understand.
9. If necessary, the individual is familiarized with the location including restrooms, meeting rooms, drinking fountains, etc.
10. The individual is provided with appropriate resource contacts and telephone numbers.
11. Agency materials such as brochures, handbooks, etc. are distributed.
12. If appropriate, the individual is given a tour of the facility.
13. The provider will assure physical accessibility to the intake location.
14. The individual is to be valued with an expectation that their needs will be met.

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15. Staff will notify their immediate supervisor if they become aware of persons served and/or visitors, while in the workplace or on BABHA property, engaged in any one of the following:
- Possessing alcoholic beverages
 - Being under the influence of alcohol
 - Being under the influence of controlled substances (not legally prescribed by a licensed physician)
 - Manufacturing, distributing, and/or dispensing controlled substances
 - Selling and/or possessing controlled substances (not legally prescribed by a licensed physician)

Clinical staff will address the issue with persons served within the context of treatment. Visitors will be asked to leave and may return when they no longer fall under any of the above criteria. Site Security (if any) or police will be contacted as warranted.

16. If staff become aware of persons served and/or visitors, while in the workplace or on BABHA property, carrying a weapon, staff will notify their immediate supervisor regardless of whether or not any threat is involved. Any person or visitors carrying a weapon will be asked to leave and may return when he/she is no longer in possession of a weapon. Site Security (if any) or police will be contacted as warranted.

Attachments

N/A

Related Forms

N/A

Related Materials

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References/Legal Authority

Medicaid Managed Specialty Supports and Services Concurrent 1915 (b)/(c) Waiver Program
FY 19 Attachment P4.13.1

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SUBMISSION FORM				
AUTHOR/ REVIEWER	APPROVING BODY/COMMITTEE/ SUPERVISOR	APPROVAL /REVIEW DATE	ACTION (Deletion, New, No Changes, Replacement or Revision)	REASON FOR ACTION - If replacement list policy to be replaced
P. Baker	CLT	03/29/09	New	
P. Baker	P. Baker	08/24/10	No Changes	
K. Withrow	PNLT Recovery Committee	11/07/13	Revision	Triennial review: Updated with First Person Language. Updated procedure to reflect current practice.
K. Amon	Regional Integrated Services Collaborative Committee	09/30/14/	Revision	Updated to reflect recommendations by the Recovery Committee and the RISC Committee and adding the SAMHSA four major dimensions and the Guiding Principles.
K. Amon	Primary Network Operations and Quality Management Committee	12/9/19 1/9/2020	Revision	Update to meet requirements of the Technical Advisory and Triennial Review
H. Beson	H. Beson	10/1/24	No changes	Triennial Review
J. Hahn	C. Pinter	12/26/24	Revision	Merging C04-S24-T01 into this P&P