

Integrated Recovery Based Service Delivery

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“I don’t think we’re in Wisconsin
(in the 1970s) anymore”

*The original PACT program was a tool for
deinstitutionalization using mobile,
multidisciplinary, medical model teams to create
a “hospital without walls” for long term
hospitalized patients.*

*Today’s ACT programs typically focus on helping
highly disruptive, poorly functioning, often poorly
engaged people live in our communities while
limiting homelessness, jailing, and hospitalization.*

Who are we serving in ACT today?

Not just a lot of passively compliant, long term institutionalized people with chronic disabling symptoms

We now see more:

- Substance abuse
- Trauma
- Personality disorders
- Childhood disabilities
- Social problems and poverty

RECOVERY-BASED TREATMENT PLANNING

Stages

1. “unengaged” – needs engagement
2. “engaged but poorly self-coordinating” – needs to build skills and supports
3. “self responsibility” – needs to build self sufficiency and community supports

Employment Services

- **Unengaged:** day labor, “work for a day – house for a day”
- **Engaged, but poorly self-coordinating:** agency businesses, supported employment including job development and coaching, group placements, supported mental health employment
- **Self responsible:** non-disclosure competitive employment job development, employment with accommodations, competitive mental health employment

Medication Services

- **Unengaged:** accessibility, build relationship, “try it” samples, build “usefulness”
- **Engaged, but poorly self-coordinating:** learn about medications together, education and choices, medication management, “patient driven”
- **Self responsible:** self-management with “consultation,” finding community resources, becoming “ex-doctor”

Housing Services

- **Unengaged:** hospitals, IMDs, vouchers, SROs, crisis residential, family, “housing first”
- **Engaged, but poorly self-coordinating:** Board and Care, drug treatment programs, sober living, supported housing, master leases, IHSS, family, transitional residential
- **Self responsible:** independent living, ownership

Stage of Recovery	Care taking services	Growth oriented services
Unengaged	<ul style="list-style-type: none"> • Forced treatment • Protection • Benefits establishment • Acute stabilization 	<ul style="list-style-type: none"> • Outreach and engagement • Peer bridging • Concrete quality of life goals • Relationship building
Engaged, but poorly self-coordinating	<ul style="list-style-type: none"> • Structure • Making decisions for people • Case management • Chronic stabilization 	<ul style="list-style-type: none"> • Supportive services • Skill building • Personal service coordination • Collaboration building
Self responsible	<ul style="list-style-type: none"> • Benefits retention • Maintenance therapy and medication 	<ul style="list-style-type: none"> • Community integration • Self-help • Peer support • Wellness activities • Growth promoting therapy

3 Levels of Challenges

1. Unengaged – How do we engage them?
2. Engaged but poorly self coordinating – How do we help them build services and supports to be able to function reasonably responsibly in the community?
3. Self responsible – How do help them become more self-reliant and able to use other community supports so they can move on?

Unengaged – Tasks

- Help them connect with staff
- Help them connect with program and peers
- Get them IDs and documentation
- Get them money to live on
- Try to begin a psychiatric and medical assessment and treatment
- Help secure safe and stable housing
- Get to know their families
- Try to keep the community from kicking them out – usually to jail and/or psychiatric hospitals
- Try to keep them from badly harming themselves and others

Unengaged – Time to move on

- Engaged with the community
- Engaged with us, or someone else, to get help
- Engagement with their goals consistent with our mission and values

Engaged, but poorly self-coordinating – Get a Life

- Money
- Home
- Education
- Employment
- Managing Mental Illnesses
- Emotional growth and relationships
- Physical health
- Managing alcohol and drugs
- Sex and intimacy
- Pregnancy and parenting
- Family relationships
- Law abiding

Engaged, but poorly self- coordinating – Skill Building Focus

The point isn't to get things for them, but to teach them how to get the next one themselves.

Don't do it for them. Have them do it while you sit next to them guiding them.

They have to learn things the hard way, by making mistakes, but don't waste their suffering. Help them learn the life lesson.

Help them expand their world. Expose them to new possibilities. Help them discover their own abilities.

Engaged, but poorly self- coordinating – Time to move on

Some people continue to need this level of services and support and remain at the Village or other FSP.

Some people have built enough skills and supports to graduate to a lower level of care – standard outpatient or wellness center.

Some people will be ready to move towards self-sufficiency and community integration to leave the public mental health system (even if they still need meds or treatment).

Self Responsible - Tasks

- Develop self-sufficiency: economic, housing, personal empowerment and self-responsibility, wellness, coping skills
- Develop community identity, roles, and supports to achieve community integration
- Develop self paid professional treatment, if needed

Community development and advocacy are key staff tools

Self Responsible – Time to move on

Graduation is crucial. Many members have never successfully completed anything before. The high profile presence of graduation decreases “drop outs”.

Gradually relationships change – not really “termination” – may remain “friends” or “extended family” or “mentors”

May give back to program inspiring other members. Some chose to work in mental health.

Need to celebrate and continue to follow their success stories for both remaining members and staff

Incorporating Recovery Values

It's not just what you do that changes as people progress, or even why you do it. It's also important how you do it.

You shouldn't be doing things the same way throughout someone's course of recovery.

The relationship changes as you move along.

Unengaged - Values

- There's "no wrong door"
- Everyone is welcoming
- A good treatment is built on a good relationship

Key question: What is the engagement (relationships and goals) value of this service?

Engaged, but poorly self-coordinating - Values

- Support, don't care-take
- Services are mobile
- Services are accessible
- Integrate services into a “one-stop shop”
- Be a “no fail” program

Key question: What is the rehabilitation value (skills and supports) of this service?

Self Responsible - Values

- Create natural, community supports and roles
- Encourage people to “give back”
- Encourage mental health advocacy
- Create “graduation” rituals and services

Key question: What is the community integration value (self reliance building and community development) of this service?

Extreme Risk - Values

- Harm reduction and protection
- “Trauma sensitive” services
- Use coercion reluctantly
- Don’t waste their suffering
- Welcome them back

Key question: How do we intervene to avoid danger and destruction without damaging the person and their future recovery too much?

Crisis Goals

- Unengaged – Engagement
- Engaged, but poorly self-coordinating – recognize pattern, learn changes needed to make suffering not recur, skill building
- Self Responsible – mobilize personal coping skills and natural supports, build confidence in self directed care

Crisis Management Services

- **Unengaged:** outreach, crisis walk-in, meet practical needs while engaging, collaborate with coercive services diverting when possible
- **Engaged, but poorly self-coordinating:** home visits, crisis walk-in, 24 hour emergency hotline, peer run warm line, coordinate support services in the community, “life coaches”
- **Self Responsible:** peer support, peer run warm line, coordinate natural supports in the community, utilize self-directed crisis plans (WRAP, advanced directives)

Three Views of Psychiatric Hospitals

- Treatment center - treatment planning, treatment groups, treatment documentation, treatment billing, and treatment evaluation
- Jail – brought by police for disturbing behavior, restraints, seclusions, restrictions, obedience to rules, can't leave
- Refugee Center – extruded from community, need charity, documentation, treatment, and advocacy to return

The Role of Hospitals – “Refugee Services”

*Hospitalizations are not used to meet treatment needs;
they're used to respond to failures of community
integration*

- Charity
- Engagement – with community
- Redocumentation and benefits assistance
- Treatment
- Personal and social meaning in suffering

Problems with Refugee Centers

- They become chronic
- Overcrowded, substandard housing
- High tension and violence
- Sexual frustration
- Internal “black market” economies
- Dehumanized and disconnected from community life
- Create dependency, helplessness, and irresponsibility
- Hopeless
- Vulnerable to abuse
- Underfunded and undervalued by community

Why Should We Integrate Services?

It's much easier to do one kind of service very well than lots of services, but almost everyone needs lots of services, and if they're not in one place, they won't use them.

“Do whatever it takes” doesn't just mean to go beyond normal service limits, being dedicated, accessible, flexible, and creative. It also means “Do whatever service it takes.”

“Meet them where they're at” doesn't just mean be good at welcoming, charity, housing first, and harm reduction. It also means being able to support an array of goals for people at a range of places in their recovery.

Recovery Services Require Strong Teams

- To be able to create a “counter culture of acceptance”, welcoming, engaging, and emotional connecting to people who would “normal society” would reject
- To address with competence a variety of quality of life goals and needs
- To increase accessibility to “someone I know”
- To decrease ethical and safety risks with lower boundaries and multiple roles by watching out for each other

Today's Full Service Partnerships

For better or worse, FSPs today have the role that long term state hospitals used to have:

- Serving people with complex, long term difficulties living in the community
- Need to work as a team to provide comprehensive, integrated services to people at all stages of recovery
- Need to handle crisis while maintaining relationships
- Expensive, limited resource with severe gate-keeping
- Challenging to promote flow and graduation instead of lifelong service and dependency

We've finally created the "hospitals without walls" that they dreamed of 40 years ago.

Recovery Based Service Plan Questions: Are you “already doing this”?

1. How do we build trusting relationships?
2. What are their goals and how can we support them?
3. What is their view of their situation?
4. What strengths and resilience do they bring?
5. What barriers do we expect and what services might help?
6. What is their level of engagement and self-responsibility?
7. How can we include the community?

Stages of Service: Key questions

“Unengaged” -

- 1) What is the engagement value of this activity?
- 2) How is this maintaining them in the community?
- 3) Are they pursuing shared goals?

“Engaged but poorly self coordinating” –

- 1) What is the rehabilitation value of this activity?
- 2) Are they building skills and supports?
- 3) Are they increasing self-responsibility?

“Self responsible” –

- 1) What is the community integration value of this activity?
- 2) Are they building self-reliance?
- 3) Are they increasing community interdependence?

Vignettes

1. What stage are they in?
2. What's your plan?
3. What outside support would you arrange?
4. What support would you provide directly?
5. What is the growth/ learning opportunity here?
6. How would you handle your relationship(s) with them?

THANK YOU!

To get a copy of my book *A Road to Recovery*
download at www.mhavillage.org and click on “dr. mark’s writings”
...where you will find more of Dr. Mark’s articles on recovery,
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for more recovery oriented training, consultation and workforce development opportunities
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thinking outside the box is so 1969. to be truly innovative and make new ideas work you need to build your own box.

what we do. we enhance your existing programs, help you build new ones, and develop your staff into a strong, recovery-oriented workforce.

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