Modified DRAFT –March 9, 2006

Allegheny County Coalition for Recovery
Child and Family Committee

Guidelines for Developing Resiliency and Recovery Oriented Behavioral Health Systems for Children and Families

Introduction:

Children and families often face significant obstacles when they are affected by mental illness or substance use problems. This document is intended to promote thought, discussion and action to positively impact the transformation of systems providing services to children, adolescents and families. The Child and Family Committee of the Allegheny County Coalition for Recovery (ACCR) developed this document to assist service providers and organizations establishing Resilience and Recovery Oriented Services (RROS). It is intended to encourage people to engage in discussions about practices and approaches that will promote both resilience and recovery for those who live with behavioral health disorders.

The Allegheny County Coalition for Recovery was formed in the fall of 2001. Stakeholders in the county behavioral health system were concerned that many service providers and service users were often unaware of, or did not understand, principles of recovery. Few service providers appeared to be using these principles as a way to think about and organize service delivery. Most services had been organized in a manner that gave service users few choices and limited participation in the treatment planning process, leaving service users feeling trapped and dependent.

The Coalition began its work by developing three committees. The first, Public Awareness, has the charge of combating stigma and raising awareness. It informs the public, service providers and service users that individuals affected by mental illness and addiction "*can and do"* recover. The role of the second committee, Education and Training, is to develop educational resources and programs for service providers and service users. The committee developed an educational toolkit and a speaker's bureau to assist in recovery education activities. The third group, Quality Management, is charged with the task of developing guidelines for service systems to use in developing the recovery focused practices. The Child and Family Committee became the fourth committee of the Coalition and has been charged with adapting the work of the coalition to the needs of children and families in the community.

In the mid-1980s the field of child, youth and family behavioral health witnessed the emergence of advocates who were critical of the fragmented nature of services and supports to young people with "serious emotional disorders." The federal government responded with the creation of the Child and Adolescent Service System Program (CASSP). CASSP defined a set of principles to guide services and system development that regarded the child and family as centrally important in decision- making. CASSP formed the foundation for what is now called the Systems of Care Model of Child and Adolescent Services, which is child centered, family driven, community-based, and culturally competent.

The Child and Family Committee was formed when several people in the community expressed interest in adapting the ACCR *Guidelines for Developing Recovery Oriented Behavioral Health Systems* in a way that would be relevant to services for children, adolescents and families. The committee first researched and developed a document entitled "*Comparing Resiliency and Recovery: Side-by-Side Guide",* which considered the concepts and language of both resilience and recovery. The Child and Family Committee found that the two concepts are not mutually exclusive and, in fact, have many shared and compatible elements. The work of the committee then shifted to developing a child and family version of the adult guidelines, describing standards for service systems to use in developing resilience and recovery enhancing practices.

The coalition consulted numerous sources and listened to the stories of many people who have engaged in a change process. Although definitions of resiliency and recovery may be quite variable, some common threads of resiliency and recovery began to emerge:

- Resilience and Recovery should continue through life
- Resilience and Recovery enable personal growth
- Resilience and Recovery describe a life of purpose, meaning and hope.
- Resilience and Recovery involve acceptance, and self-awareness.
- Resilience and Recovery develop dignity and self-respect.
- Resilience and Recovery lead to independence, personal responsibility and productivity.
- Resilience and Recovery require tolerance, forgiveness and adaptability.
- Resilience and Recovery help people connect in a fulfilling way with a community of other people.
- Resilience and Recovery allow the establishment or meaningful relationships.
- Resilience and Recovery are universal concepts that are life enhancing for everyone.

The Child and Family Committee also found some distinguishing characteristics of resilience and recovery:

- Resilience describes a *characteristic* that allows positive adaptation within the context of significant adversity. Recovery describes a *process* that allows restoration or renewal following personal setbacks related to disabling circumstances.
- Resiliency is partly determined by one's genetic makeup, and partly developed through experience and nurturing environments. Recovery is achieved by overcoming obstacles created by illness or environment.

- Developing resiliency is an essential aspect of a successful recovery process. Resiliency may occur in the absence of a recovery process.

About the Guidelines

This document has been created to promote the development of a Resilience and Recovery Oriented Behavioral Health System in our county. Both nationally and internationally, the concepts of resilience and recovery are gaining momentum as organizing principles for the delivery of behavioral health services. The Office of Behavioral Health in Allegheny County is committed to developing a service system based on the principles of resilience and recovery and capable of facilitating resilience and recovery for persons who are engaged with that system.

The documents are divided into four main categories of services. Each of these categories has been further divided into several elements of the services described. ***Administration*** involves those aspects of RROS that relate to the policies, procedures, and leadership of agencies or organizations. ***Treatment Services*** describes various the elements of care designed to reduce or eliminate the suffering associated with mental illness and/or substance use. ***Supportive Services*** refer to a range of social supports that help create an environment in which people and their families can feel safe and secure. These services need to be coordinated and integrated with the other aspects of assistance. ***Prevention*** refers to those activities designed or intended to prevent entirely or to significantly reduce the negative impact of a behavioral health disorder. In some instances the development of a disorder may be avoided through effective prevention.

Each section begins with a general description of the characteristics of RROS for the category. This description in followed by a set of indicators, or observable measures, which can be used to guage the degree to which an agency's existing services conform to RROS. These ***guidelines*** were deliberately kept brief, so they necessarily do not touch on all the complexities of each topic.

A Note on Language and Process: Every attempt has been made to be respectful and clear in our use of language. However, there are many different viewpoints concerning which terms to use when referring to people using services. We considered a number of possibilities, and in the end, we chose to use the term "service user" to refer to those individuals who are seeking assistance from the system, and we use "service provider" to mean those people and organizations who deliver services or who administer services. We ask for everyone's understanding of our good intentions.

> It is important to point out that the use of the term "service user" is used to include children, families and young people. Young children will not be able to participate as fully in some of the planning processes described in this document as do older people, but their input should be encouraged. Parents, caregivers, or agencies in whose care they may be should act and provide direction on their behalf when possible. The wishes of the young person should be respected in all cases, but ultimately, the determination of the caregiver or agency that is empowered and responsible to make decisions regarding their care is governed by state law. Youth in transition to adulthood have the same rights and responsibilities as adults with regard to making choices about their care. Resiliency/Recovery-oriented systems

will focus on helping youth to consider their family's opinions as they make these choices.

Administration

Organizational Philosophy and Strategic Planning

For organizations serving children, youth and families to successfully provide resiliency/recovery-oriented services (RROS), they must indicate a commitment to a resiliency/recovery philosophy in their mission. The philosophy must facilitate an organizational environment that is rich in attitudes and beliefs that support resiliency and recovery with a focus on natural strengths, inclusitivty, diversity, empowerment of families, and engagement within the community. Strategic planning goals must include developing and strengthening community supports for children, adolescents and their families.

Indicators:

- Service users and family members participate in the strategic planning process.
- Service users are paid for participating in planning activities.
- Mission and vision statements clearly state a commitment to helping children, youth and families recognize their capacity for resiliency/recovery
- The strategic plan outlines steps for developing RROS

Stigma within the Organization

Stigma diminishes a service user's courage to seek help for their behavioral health challenges and prevents them from being valued on the basis of their personal strengths. Service providers must be aware of their own attitudes toward persons affected by behavioral health disorders and avoid stereotyping service users based on diagnosis or their family's circumstance. A recovery/resilience based organization creates a welcoming environment for families, children and youth who are seeking services, meets people where they are and recognizes that each individual's progress toward recovery/resilience is unique.

Indicators:

· Service users feel understood and respected by service providers.

· The successes of service users in achieving their goals are recognized and celebrated.

· Service users are recruited and supported in meaningful participation at all levels of the organization (service provision, evaluation, budgeting, governance).

- Stigma reduction is an important element of training within the organization

External Stigma

Mental illness and addictions are often misunderstood by the community, including schools, places of worship, employers, social clubs and other neighborhood-based organizations. As a result, these disorders can be very stigmatizing for the children, youth and families. Community behavioral health providers have a responsibility to join with others to help fight stigma through education within the communities that they serve. Education efforts may include networking with community leaders and organizations, providing education and training events, and creating opportunities for community members to interact with and learn from service users.

Indicators:

- Organization's strategic plan includes community education efforts
- Organization develops linkages with communities that promote and support meaningful opportunities for service users to participate in civic, religious, social and vocational activities within the communities in which they live.
- Organization encourages and supports service users to participate in, and Take leadership roles in, local and regional advocacy groups and activities

Training- Continuing Education for Service providers

Service providers should have a thorough understanding of the ongoing developmental process of resilience/recovery. Continuing education programs should include training on the important principles of themes of resilience/recovery. These themes include insight, independence, relationships, initiative, creativity, humor and morality. On-going training must give professionals opportunities to interact with service users in non-clinical settings. The organization's training standards and requirements should reflect education on resiliency/recovery principles

Indicators:

- Service users and providers have opportunities to interact outside clinical relationships.
- Service providers receive training on resiliency/recovery principles
- Service users and their families participate in the training of service providers.

Quality Improvement

Service Users should be an integral part of quality improvement processes. As the persons most affected by service provision, service users and their families are in the best position to identify improvement opportunities and to have an active role in improvement plans. Therefore, quality improvement activities should involve service users and their families at every level of development.

Indicators:

- Service users and their families are well represented in quality management activities.
- Service users feel they have significant and valued roles in quality management activities.
- The organization uses service users' feedback in identifying improvement areas and creating improvement plans.

Outcome Assessment

In resilience or strength based approaches to services, the service user's ability to positively adapt and overcome significant adversity is recognized as a crucial part of service outcomes. Outcomes must measure the family and child's progress toward achieving self identified goals that are indicative of resilience. In addition, outcomes measures should include measures of the service user's connection to supportive resources, meaningful participation in community life and overall quality of life. Children and family members must have a significant role in defining desirable outcomes.

Indicators:

- Service users help to figure out what outcome indicators to measure and how they should be measured.
- Outcome results are shared with service users in a way that is easily understandable

- The organization uses results to improve services and programs.

Treatment

Empowerment

An important part of RROS is the empowerment of service users. People are empowered by active participation in developing their own care plan and in the overall administration of services. Service providers must support service users' right to make choices about their own care.

Indicators:

- Choices made by youth in transition are respected by service providers.
- Young people receive adequate and understandable information regarding service options and have opportunities to contribute to the choices made for their services.
- Front-line staff effectively engage, educate and inform service users of their rights and responsibilities.

Available Treatment and Services

Allowing service users to make choices encourages creativity. Services should be developmentally appropriate and build on strengths. They should be flexible, tailored to the individual and demonstrate cultural sensitivity. A full array of services to meet the identified needs of individuals within the system must be available. Prevention, education and strengths-based interventions should guide all services given that they promoting resilience and recovery.

Indicators:

- Service options are outcome oriented and support a resilience-based framework.
- A wide variety of service options and providers are available.
- Service users participate in decisions regarding resource use and service development.

Cultural competence

Culturally sensitive services indicate respect for service users and recognize that beliefs and customs are diverse and impact the outcomes of resiliency/recovery efforts. Access to service providers with similar cultural backgrounds and communications skills support service user empowerment, independence, self-respect, and community integration. RROS will assist service users to incorporate their cultural heritage as an asset in resiliency/recovery efforts.

Indicators:

- Direct service staff has an ethical/racial profile representative of the community being served.
- Service provider's staff meets established cultural competency standards.

The Resiliency/Recovery Planning Process

The resiliency and recovery planning process should be a broad-based, comprehensive and inclusive process that includes all of the significant adults and agencies in a service user's life and should be driven by the needs, wants and preferences of the child/youth and their family. The plan should emphasize hope, strengths, future and wellness; be holistic and consider all aspects of the service user's life. The plan should include goals not only for treatment, but also for developing and maintaining a support system, health maintenance, education, and vocational planning. There should be recognition that the service plan is just one element of a broader R/R planning process. Strength-based planning should be a guiding principle.

Indicators:

- Service planning is a collaboration between service users and service providers
- Service plans are used continually to guide care and are updated regularly
- Outcomes should be measured and tracked to assess progress towards wellness through every phase of care.
- Service users and their families have enough information to make good decisions regarding their service plans

Advance Directives

Service providers shall encourage and help service users to complete advance directives. Advance directives provide a way to respect the wishes of youth should they become unable to make good decisions. Service providers should make enough information available youth and their families to allow them to make well-informed decisions about their care should they become incapacitated. Youth and families

should have opportunities to learn about and work on advance directives when they are in a reasonably good state of health.

Indicators:

- Advance directives and crisis plans are encouraged and respected by the organization.
- Service provider organizations review advance directives during periods of youth relapse or incapacitation.

Integration- Addiction, Mental Health, Physical Health – WES

There are many instances when a child, adolescent or family system will have multiple problems occurring at the same time. RROS will always try to address these problems in a way that recognizes that they are not usually independent of one another, and that the status of one of these problems often affects the status of the other. RROS will combine the treatment for all identified disorders as much as possible, attempting to do so in the same setting and with the same professionals when appropriate. The concepts of R/R will be used to unify the service plan and the principles of treatment.

Indicators:

- Recovery principles are the unifying concepts for provision of holistic* mental health, physical health and addiction services.
- Service providers detect the presence of co-occurring* substance and mental health disorders through screening processes.
- Co-occurring* mental health and substance use disorders are treated at the same time and by the same clinician.
- Service providers assess service users' physical health needs and link them as needed to physical health care providers such as Primary Care Physicians, dentists, and the like.

Involuntary Treatment

The use of involuntary treatment is not compatible with resiliency and recovery principles. Therefore, providers of RROS will make every effort to minimize or eliminate the use of coercive treatments. When they are unavoidable, they should be used with great care. Involuntary treatment arrangements should occur in the least restrictive environments possible and maintained for the shortest period of time possible. Children and Youth must be treated with compassion and respect during involuntary treatment. Families should be offered choices to the greatest extent possible with regard to the treatment plan. Service providers should encourage the transition to voluntary treatment status.

Indicators:

- Family advocacy liaisons are appointed to courts and involuntary treatment authorities.

- Involuntary treatment is rarely used.

Seclusion and Restraint

Those providing services need to promote environments that will enhance the quality of life and insure the safety of the service user and the provider staff. The use of seclusion and restraint should be used only as an emergency measure of last resort when safety is threatened. The focus of intervention should be helping the service users to develop self-monitoring and self-control skills. The provider staff recognizes the potential for unintended trauma to be induced by the experience of being restrained or secluded. Processes to assure that these measures are discontinued as soon as possible should be developed. The use of simultaneous seclusion and restraint should never be used. When necessary to implement, respect for the dignity of the child or youth services user should be maintained. Debriefing for all individuals involved in the incident should be a requirement. Effective quality monitoring and improvement processes should be in place.

Indicators:

- Service users and their families will drive the development of the an individualized crisis component of the recovery/resiliency plan in which interventions to dissipate an emotional crisis situation will be identified
- Debriefing occurs after all incidents requiring restraint or seclusion.
- All staff are trained in de-escalating techniques and alternatives to forceful seclusion and restraint.

Support Services

Access to Non-Clinical Services

Behavioral health services primarily focus on clinical care and are beneficial in providing medication and therapy, and in helping persons served to understand their illness, medication regime (purpose, side effects, etc.), and the benefits of various therapies. However, the presence of a basic understanding of one's illness/addiction does not guarantee success in the community. People need support in non-clinical areas such as: understanding Medicaid benefits/system, a mentor or peer support, housing alternatives, transportation options, vocational opportunities, and how to prepare and obtain a General Education Diploma (GED). The persons providing service should help the persons served identify their non-clinical needs and help them access appropriate resources.

Indicators:

- A process for communicating with all elements of service system is in place
- The clinical service organization networks with non-clinical resources to expand the breadth of choice for PS.
- Persons served are represented in all aspects of planning related to non-clinical support services

Work and Meaningful Activity

Education, formal and informal employment, and volunteer opportunities should be available to service users. Treatment and support services should support desires to be successful in community employment. Services must also be available to support service users in finding opportunities for employment and to provide assistance in the workplace when necessary. help youth advance their goals in higher education or specific career training. Training and support can be integrated with other services. Resiliency Enhancing Services RROS will support the goals of service users youth and guide them to ways of achieving them.

Indicators:

- Service users have a wide range of formal and informal employment opportunities with various levels of support for these activities.
- Service users feel supported in their vocational choices and assisted in their pursuit of future employment opportunities.
- Resources are located for helping youth to achieve their employment goals.

Education

A basic element of the resilience and recovery process is a person's growth in self-awareness and their capacity to engage in meaningful activities. These qualities may be achieved through Also, a frequent outcome of Resiliency Enhancing Services is a youth's participation in formal or informal educational opportunities and should be supported and enhanced by RROS. Resiliency Enahancing Services RROS should include opportunities to all provide ways for children, youth or families to learn about managing illness and community services, and to develop interests and employment skills. for growth and development. Service providers should also support youth in their informal and formal educational efforts.

Indicators:

- Service users have many ongoing opportunities to learn about resiliency, their illness, and services available to them.

- Service users are supported in pursuing formal or informal educational goals and vocational interests.

Community Involvement

Recovery/Resiliency Oriented Services should support service users in their efforts to become fully involved in the community life, including educational, social, religious spiritual and recreational communities of their choice. Community involvement enhances access to natural supports as well as peers. Service providers should facilitate access to these communities of choice, whenever possible. Since the educational system is often the center of the child and adolescent's life, service providers should be working with educators to assure integration and full participation. Service providers help service users to learn about the wide range of opportunities for positive, meaningful involvement in the community. Service Providers help to gain access to communities and activities that the service users identify as personal choices.

Indicators:

- Service providers offer supportive services to help service users participate in meaningful ways in communities of their choice.
- Service providers work with service users to access educational opportunities available in their home districts.
- Service providers identify and encourage opportunities for peer support

Family, Friends, and Significant Others Support

People recovering from behavioral health challenges often credit the support of friends, family and significant others as a key component of recovery. This support has two elements in recovery-oriented services. The first is the support given by friends, family and significant others to service users. The second is the support needed by friends and family of service users. Family support can be a critical element in the resiliency of youth and their families. However, friends, family and significant others may have experienced considerable emotional, economic, and possibly physical disruption (e.g. children in CYF, parent incarceration, etc.) during the illness/addiction of loved ones and require education and support themselves.

Indicators:

- A wide range of educational opportunities are available to friends, family, and significant others of service users.
- Friends, family, and significant others other have the opportunity to participate in the treatment planning process with service user consent.

- Service providers facilitate the participation of family/significant others in mutual support activities.
- Service providers nurture growing independence of youth while facilitating an interdependence between family members

Peer Support

Peer Support involves a range of activities and arrangements in which service users share information and supportive activities with one another. Peer support, also called mutual support, has had a long history of success in the substance abuse field. There is growing evidence of its importance and success in the mental health recovery field. Recovery Oriented Services should strive to maximize the ways that persons receiving service can benefit from peer support.

Indicators

- Service users have a wide range of opportunities for peer support within and outside the organization providing services.
- Service users are recruited, hired, and trained for a variety of positions within the organization.
- Providers facilitate connections to community resources offering a supportive environment.

Housing

Housing for children and adolescents is most often dependant upon their caregivers decisions and resources. The financial situation of the parents, and the housing opportunities available in the neighborhood where the caregivers choose to live, impact children in all areas: which school they will attend, who their peers are, what socialization opportunities are available.

When service users turn l8 years of age and need further support, a wide variety of independent living and supported housing options should be available. Service providers should try to support service users' preferences regarding their living situations. Housing that makes few demands of residents should be available, including housing that is tolerant of poorly controlled substance use.

Indicators:

- Service users express satisfaction with available housing options.
- Service users feel that their housing preferences are respected and accommodated to the greatest extent possible.
- A full range of housing options are available, including tolerant housing options.

- All housing options support independence, choice and progress.
- Service providers assist service users to find available resources.

Prevention

Family Services

Families are often distressed and unable to find good solutions to the problems that confront them. The stresses created by these circumstances may lead to emotional disturbance and the under-functioning of family members. Resiliency Enhancing Services (RES) will help develop resources and provide referrals for families in need. These resources might include family to family (peer) support groups, family education programs, family mentorship programs, families in recovery groups, and access to family recovery planning resources (family therapy, multiple family groups, etc.) Many of these services will be provided by voluntary community institutions such as religious communities, community service organizations, and Parent – Teacher associations in consultation with and encouragement from the provider community.

Indicators:

- Families can easily identify resources available to meet their needs
- Links with community agencies able to provide supports are in place and collaborative interaction is established
- Family treatment is available to distressed families without and identified "patient"

Crisis Resources

When people are in crisis (financial difficulties, deaths, tragedies and traumas), coping skills are stretched and problem solving capacities may be overwhelmed. RES will facilitate access and availability of crisis resources such as warm/hot lines, peer counseling, grief and domestic violence support groups, safety shelters, legal aid, trauma debriefing, financial assistance, and coping skill building. They will do so by assessing needs in the community, establishing a referral network, ensuring that individual crisis plans are in place, and providing consultation to community groups developing and maintaining these programs.

Indicators:

- Service users have crisis plans incorporated in their overall recovery plan.
- A full array of crisis resources is represented in the provider's referral network

- Collaborative and consultative relationships exists between the provider and community based crisis programs.

Risk Screening

Identification of children and families at risk for emotional disturbance, mental illness and substance use will allow opportunities to provide assistance early and avoid disruptions and stress associated with these difficulties. Schools, religious communities, primary care centers, and community activities may provide opportunities to conduct screening activities and RES may provide consultation and planning assistance to agencies developing these services.

Indicators:

Early Intervention

When children and families are identified who are ate risk for developing emotional disturbance, mental health or substance use disorders, engagement in health management, change processes, and skill building prior to the onset of disability may strengthen resiliency and decrease the likelihood of developing significant problems at some later date. RES will facilitate the development of and referral to early interventions programs that would include activities such as family education, health management skills training, support groups, parenting classes, and anger management programs.

Child and Family Protective Services

When stressed, or when families have undeveloped skills for managing anger and frustration, mistreatment of family members may occur. RES will work collaboratively with CFPSs to identify persons at risk and with agencies working with families to develop healthy coping skills. They will promote and facilitate reunification and environmental change.

Indicators

Multi-Agency Networks

Families and children in distress often have multiple needs and may have difficulty navigating complex and fragmented systems. RESs will establish links with various agencies and service providers and develop collaborative relationships to simplify access and coherence of services and provide assistance in navigating bureaucracies.

Indicators:

Mental Health Promotion

Families and communities are often unaware of practices that promote mental health and well being, or how they can assist their neighbors who are facing difficulties. RES will empower families to influence their own environments and communities and to develop personal resources for managing their own health and to support the efforts of others in the community to do so.

Community Resources

The resilience of a community is related to the health of its individuals, families and institutions. RES will not only support the needs of individuals and families, but will also be involved in the development of community resources that contribute to the capacity of the community to respond to members in need. This assistance may be in the form of consultation and education with a variety of groups such as religious organizations, schools, PTA's, cultural institutions, and other social organizations.

Indicators: