pennsylvania
DEPARTMENT OF HUMAN SERVICES
OFFICE OF MENTAL HEALTH AND
SUBSTANCE ABUSE SERVICES

Advancing the Call for Change

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Section 1
Introduction

In 2005, *A Call for Change*[1] was released which established a foundation for the Commonwealth of Pennsylvania's transformation to a recovery-oriented system. It provided a framework for transformation, including the guiding principles and indicators of a recovery-oriented system. Since then, there have been ongoing efforts for system transformation. The HealthChoices Behavioral Health (HC BH) system continues to transform into a recovery and resilience-oriented Behavioral Health (BH) system.

Active stakeholder participation and input from individuals with lived experience is a cornerstone of system transformation, as no recovery and resilience-oriented system of care can be developed without the voices of the individuals being served. Beginning in 2022, a diverse group of stakeholders came together to form a steering committee that convened regularly over the course of a year and formulated goals and objectives that they feel are important to continue system transformation. Stakeholders continue to advocate for ongoing improvement of the current HC BH system and to consider children, youth, adults, and older adults in system design and transformation. Individuals with lived experience, family members, Certified Peer Specialists, advocacy organization representatives, managed care organization (MCO) representatives (BH-MCO and physical health managed care organizations [PH-MCOs]), and providers represented key steering committee members engaged in thinking about considerations underpinning decision making for changes and improvements. While the focus of this convening was on the current HC BH system, the recommendations could address issues across all payors and considerations would be applicable across the entire behavioral health system.

The COVID-19 Public Health Emergency (PHE) disrupted the health care delivery system, while also creating an increased need for publicly funded BH services. This combination of increased need coupled with decreased resources requires careful consideration in prioritizing recovery-oriented goals for system redesign. Realistic goals and objectives that are more immediately actionable and impactful within the next several years are more likely to receive funding and be implemented. It is important for planned initiatives to consider how data could be used to monitor and evaluate the outcomes and efficacy of initiatives and services, including availability and ease of data collection. System improvement efforts need to be **SMART** (**S**pecific, **M**easurable, **A**ttainable, **R**elevant, and **T**ime-bound). This document, developed by the steering committee, outlines recovery and resiliency (R/R) principles and suggested areas to prioritize to continue to transform the system that may help inform and guide the policy decision making process and service development.

[1]Pennsylvania Department of Public Welfare Office of Mental Health and Substance Abuse Services (OMHSAS). (November 2005.) *A Call for Change Toward A Recovery-Oriented Mental Health Service System for Adults*. Pennsylvania Department of Human Services (DHS). Available at: https://www.dhs.pa.gov/Services/Mental-Health-In-PA/Documents/CallForChange.pdf.

Section 2

Recovery and Resiliency Principles

It is essential that everyone at all levels of the HC BH system have a strong understanding of R/R principles and how they apply to everyday situations with children, youth, adults, and older adults. There are several pillars to an R/R based system as outlined below. These were identified by the steering committee as key components to consider in ensuring policies for system transformation are grounded in a shared definition of R/R.

Person-Centered

- Seeing the whole individual and family.
- Services are focused on meeting the individual's needs, values, and preferences, not just linking the individual to existing services if they do not meet their needs. This could mean creating new services or modifying existing services to meet those values, needs, and preferences.
- Services and practices emphasize and promote self-determination and self-direction throughout all phases of service delivery (i.e., service initiation or enrollment, assessment, planning, and intervention).
- The individual is in the driver's seat. The individual is more than a partner, collaborator, or someone whose preferences and choices are considered.
- Individuals are an equal partner in treatment.
    - Equal partnership in treatment requires informed consent. This includes information not only on short-term and long-term side effects of treatment (including withdrawal effects) but also on efficacy, specifically whether the drug or other treatment has been found to have a greater positive effect than placebo. The principle of informed consent is foundational to the R/R principles and foundational to BH practitioners' medical ethics.
    - Equal partnership in care also requires collaborative or shared decision-making approaches. In addition to the treatment information provided in informed consent by BH practitioners, the interests, preferences, and choices of the individual and/or family are proactively elicited by providers and included in a collaborative process of making decisions regarding services. This process of not only informing individuals about the benefits and risks of services available but also actively engaging the individual/family in choosing care, creates the conditions for the individual and/or family to be equal partners in care.
- Collaboration and individual choice.
- No wrong door approach.

Strengths-Based

- Identify resources and services that can be incorporated into individualized plans to help individuals striving to reach their full potential.
- Building upon the strengths of the individual, family, and community, services should focus on developing skills and furthering resilience.
- Individual and/or family should be actively involved with defining strengths, direction, goals, and action steps.
- Person-first and strengths-based language.
- Belief and approach for children, youth, adults, older adults, and families: Individuals have the strengths and resilience they need to achieve their chosen goals and should feel empowered to make their voice heard and have a role in the delivery of services that work for the individual.

Multi-System

- Individuals exist amongst multiple silos and systems need clear communication and coordination for recovery to occur (i.e., non-clinical services such as housing and tenancy supports, educational and vocational supports, community resources, etc.).
- Inclusion and integration of co-occurring substance use disorder/mental health (SUD/MH) conditions amongst systems and approaches are critical to recovery.
- There is no one pathway to recovery, resilience, and wellness. Each individual or family should access the clinical treatment, medications, support services (e.g., peer support, family support, faith-based approaches, training, and learning, including vocational and educational supports), and natural supports (e.g., families, communities, friends, work, and school) that best works for them. This requires collaboration, planning, and coordination among these resources, systems, and supports to create an environment for recovery, resilience, and wellness.

Integration of Peer Support Specialists

- Peer Support Specialists can bring hope and optimism to individuals and families and empower them to speak up and take an active role in recovery, provide support with navigating the system, and normalize the recovery process.
- Certified Peer Specialists, Certified Recovery Specialists, Certified Family Recovery Specialists, Family Peer Support Specialists, allies, and individuals with lived experience[2] are integrated throughout the systems of care, throughout all phases of life, and at all levels of the HC BH system.

[2] Individuals with lived experience include family members.

Trauma-Competence

- Trauma-informed care is provided throughout all levels of the HC BH system to foster safety and trust, promote choice, empowerment, and collaboration.
- All services and program environments should be trauma-competent and not simply “trauma aware.”

Diversity, Equity, and Inclusion (DEI)

- Service environments should be culturally relevant to the individuals in the community served.
- Providers and services should be culturally grounded, sensitive, congruent, and competent.
- Continued self-reflection and focus on DEI are necessary at all steps.
- Processes are founded upon hope and respect.
- Cultural humility, which focuses on lifelong learning, self-reflection, removing power differentials, and demonstrating equal respect is critical to health equity.

Social Determinants of Health (SDOH) Informed Practices

- Accounting for and addressing an individual’s broader SDOH and wellness are necessary for recovery.
- Supporting the alignment of an individual’s community environment with R/R principles (i.e., safe, decent, and affordable housing; neighborhood crime; schools that promote learning; and transportation).
- Building one’s own community — connection, involvement, engagement, and sense of belonging.
- All processes are tailored to the individual community or the individual being served.
- Individual plans are based on the unique assets, resources, and culture of the community.
- Natural supports can include faith leaders, teachers, neighbors, friends, family, coaches, coworkers, etc.

Wellness

- The individual defines the path toward wellness.
- The individual has a personal responsibility for and is actively engaged in the journey to recovery, resilience, and wellness.
- Self-defined balance among the eight dimensions of wellness and improving wellness in one dimension can significantly impact wellness in other dimensions (emotional, physical, occupational, intellectual, financial, social, environmental, and spiritual parts).
- Recognize that the HC BH system is a medical-oriented system but all stakeholders (i.e., providers, counties, Peer Support Specialists, family members, DHS, BH-MCOs, etc.) can impact the environment around the individual to improve recovery, resilience, and wellness.

- Interventions should focus on wellness and a positive behavioral approach instead of only focusing on reducing illness/symptoms/negative behavior. Wellness is a conscious, deliberate process of becoming aware of and making choices that promote a more satisfying lifestyle. Services and systems using a wellness approach will affect how individuals engage, assess, determine eligibility, practice, and define success and outcomes, especially those unrelated to illness, symptoms, or intensive services use (e.g., hospitals).

Outcomes-Focused

- Individuals are capable of self-defining goals, perspectives, and outcomes to determine what success and recovery look like to the individual.
- At the individual, program, and system level, work should focus on improving measurable clinical and wellness dimensions (i.e., work, school, play, relationships, and community engagement).
- All processes should identify, build on, and enhance the capabilities, knowledge, skills, and assets of the child, youth, adult, older adult, family, community, and team members.

Section 3

Transformation Guiding Principles

The steering committee felt several areas require prioritization and focus to continue transforming the HC BH system into a recovery and resilient-oriented system for children, youth, adults, and older adults. The areas below are more specific than the R/R principles noted in the prior section. They are meant to represent key areas of transformation in the HC BH system that would be most actionable and impactful in the next several years. The following are key aspects of system transformation that are important to consider during policy and service development.

- Addressing BH workforce shortages may include concentrated efforts on retaining the current HC BH workforce, as retention of a satisfied workforce is just as important as recruitment efforts. Workforce retention efforts may include all levels of the BH profession, such as direct service, supervision/management, executive/administration, clinicians, Certified Peer Specialists, and Certified Recovery Specialists. In addition, to help increase interest in the BH field early on, outreach efforts could target high school and college students via job fairs, college fairs, career counseling offices, internships, BH seminars, and public service announcements.
- Offering more certification and training opportunities should be considered to expand the peer support workforce and to specialize in areas such as LGBTQIA+, transition-age youth, veterans, and older adults. It would be beneficial for the peer support training curriculum to be standardized and the number of training vendors to be increased, with opportunities for hybrid training that includes in-person and video options.
- R/R training, monitoring, and oversight needs to be an integral part of the BH system. Existing R/R training could provide a basis for further training development. Individuals with lived experience, family members, Peer Support Specialists, Certified Recovery Specialists, and Certified Family Recovery Specialists are essential to informing and providing R/R training that incorporates R/R principles and how R/R principles apply to everyday situations. It is important for R/R training to be required across the HC BH system, including Primary Contractors, BH-MCOs, and all Medicaid BH professionals that serve HC BH individuals including psychiatrists, care managers, social workers, nurses, and therapists. It was further recommended that training be reviewed and updated annually and use easy-to-understand language.
- Children, youth, transition age youth, and families require access to a BH system that is family-driven, youth-guided, strengths-based, and supports resilience. It was strongly recommended that the BH system array offer prevention, screening, and assessment, a crisis continuum, evidence-based practices (EBPs), community interventions, and out-of-home intervention options.
- Another area felt to be of importance was the utilization of evidence-based and promising practices, including those that address trauma across the life span with a focus on those with MH and SUD conditions. Trauma and grief affect resiliency and wellness, particularly during times of crisis. Trauma-focused Cognitive Behavioral Therapy (CBT), Dialectal Behavioral Therapy (DBT), Prolonged Exposure (PE), and Eye Movement Desensitization and Reprocessing (EMDR) are EBPs that could be more widely available. In addition, trauma-informed care practices could be infused into training at every level of provider organizations and address all age groups, including children, youth, adults, and older adults.

- Children, adolescents, and transition age youth specific evidence-based services and promising practices could also be expanded. Examples include First Episode Psychosis interventions, Psychiatric Rehabilitation Services (PRS), school-based MH, trauma-informed approaches, timely access to psychological evaluations, teen/youth Mental Health First Aid, and family support services.
- The steering committee felt that it is important to increase access to PRS. PRS is a promising and outcomes-oriented practice that promotes recovery, wellness, success, and satisfaction in functioning across life domains and environments (i.e., living, learning, working, socializing, and health/wellness), results in community integration, and improves the quality of life for individuals across the life span.
- It is essential that individuals have access to a robust BH crisis services continuum of care, including prevention, warm lines, harm reduction, mobile crisis teams, peer respite, short-term crisis residential, crisis receiving and stabilization, and post-crisis follow-up care. In addition, BH crisis education and training opportunities are encouraged to be available to all police departments, training programs, and first responders.
- Increased focus on telehealth allows more providers and individuals to access services virtually, which supports member choice in how and where individuals receive HC BH services. Telehealth and programs that support access to technology, devices, and connectivity (i.e., broadband internet services, cellular services, etc.) could be promoted more, especially in rural communities. In addition to providers, Peer Support Specialists, Certified Recovery Specialists, and other entities (i.e., county MH offices and Area Agencies on Aging) could help prepare individuals and any other identified support persons for a telehealth session and provide educational materials. Data is an important component of identifying telehealth gaps and needs.
- Peers, who use their own lived experience with BH services for themselves or their children, instill hope and optimism to individuals and families and empower them to take an active role in recovery, and could be further integrated at all levels of the HC BH system. The steering committee noted it was important that Certified Peer Specialists and Certified Recovery Specialists be integrated across the HC BH continuum of care, including, but not limited to, the BH crisis system, partial hospital and intensive outpatient programs, hospitals, drop-in centers, residential programs, telehealth services, and within counties.
- Integrating care by addressing SDOH within BH services could be enhanced, including by increasing access to peer-run services across the HC BH services continuum, which can help expand opportunities for wellness, address housing, employment, navigating social dynamics, and community inclusion. Other important SDOH include safe and affordable housing, transportation, access to food, childcare, education, job opportunities, addressing racism, discrimination and violence, and community involvement.
- The inpatient and residential setting discharge planning process, which begins upon intake, needs to be individualized to the individual's needs and vision. It is recommended that discharge planning include follow-up care appointments and access to resources for any SDOH needs, such as housing.
- Community Support Programs bring together individuals who receive MH services, their family members, providers, and the county departments of behavioral health in an equal partnership to

promote recovery and excellence in the delivery of effective community-based MH services. These programs could be expanded and enhanced to improve the BH system.

- DEI principles are recommended to be a part of all service delivery. Existing training, standards, and resources may be leveraged to achieve integration of DEI in all aspects of the HC BH system. Person-centered and respectful language is encouraged to be adopted as words matter. For example, the term “consumer” is highly discouraged, yet it is still used and is recommended to be updated in all documentation. All HC BH entities, including MH and SUD providers, could be required to attend DEI training and staff certification is encouraged. It is important for individuals who are or have received services to be included at every level of the DEI planning process.