



Thinking Out of the Box with Recovery

No-Force-First


BALTIMORE
MARYLAND

JUNE 22-25



Psychiatric
Rehabilitation
Association

Growing and Training the Recovery Workforce



Eugene Johnson
President/CEO
Lori Ashcraft, Ph.D., CPRP
Executive Director



Recovery Innovations

- Founded in 1990 to serve Maricopa County
- Private not-for-profit
- Accredited by JCAHO since 1992
- Integrated professional and peer staff. 800 staff and 62% are peers providing peer support.
- World leader in recovery transformation that began in 2000 and has been our guiding vision
- 40,000 individuals served annually in five states and New Zealand in 22 locations.
- Recovery training in 32 states and five countries abroad.

Recovery Innovations

- Recovery Response Centers
 - Peoria, AZ 1996
 - Henderson, NC 2009
 - Pierce County, WA 2010
 - Ellendale, DE 2012
 - Houston
 - Colorado?
- Living Rooms only
 - Wenatchee, WA 2010
 - Bakersfield, CA 2011

Recovery Response Centers

Recovery Response Center Program	Location	Begin Date	Legal Status		Capacity			Annual Admits	Ave Length of Stay (days)	Urban	Rural	Region Population	Funder	Annual Funding
			Voluntary	Involuntary	Front Room	Retreat	Living Room							
RRC Peoria	Peoria, AZ	1996	X	X	5	16	16	3,500	1.7	X		3.9 M	Magellan	\$8.0 M
RRC Henderson	Henderson, NC	2006	X	X	2	2	8	750	7.2		X	250 K	Cardinal Innovations	\$2.4 M
RRC Pierce Co	Tacoma, WA	2009	X	X	5	4	10	2,500	2.0	X		800 K	OptumHealth Pierce	\$4.1 M
RRC Ellendale	Ellendale, DE	2012	X	X	5	6	0	1,650	0.5		X	350 K	Delaware DSAMH	\$3.0 M
Hope House	Bakersfield, CA	2011	X				14	200	20.5		X	850 K	Kern County	\$1.7 M
RRC Houston	Houston, TX	2014	X	X		16	16	3,500	1.7	X		4 M	Optum Health	\$6.0 M





Henderson, NC







Ellendale, DE



Freise Hope House
Bakersfield, CA



No Force First

Anthony, William. *An Elephant in the Living Room*.

Psychiatric Rehabilitation Journal, Vol. 29 Number 3, Winter 2006. p. 155

“There is no such thing as forced recovery.”

“The conditions that generate forced treatment are easily trumped by our seeming indifference to the massive use of force in the mental health culture...

“Let us commit to figuring out how to stop our mindless use of force. Let us use our best minds to figure out how to extricate our field from being society’s purveyors of force.”

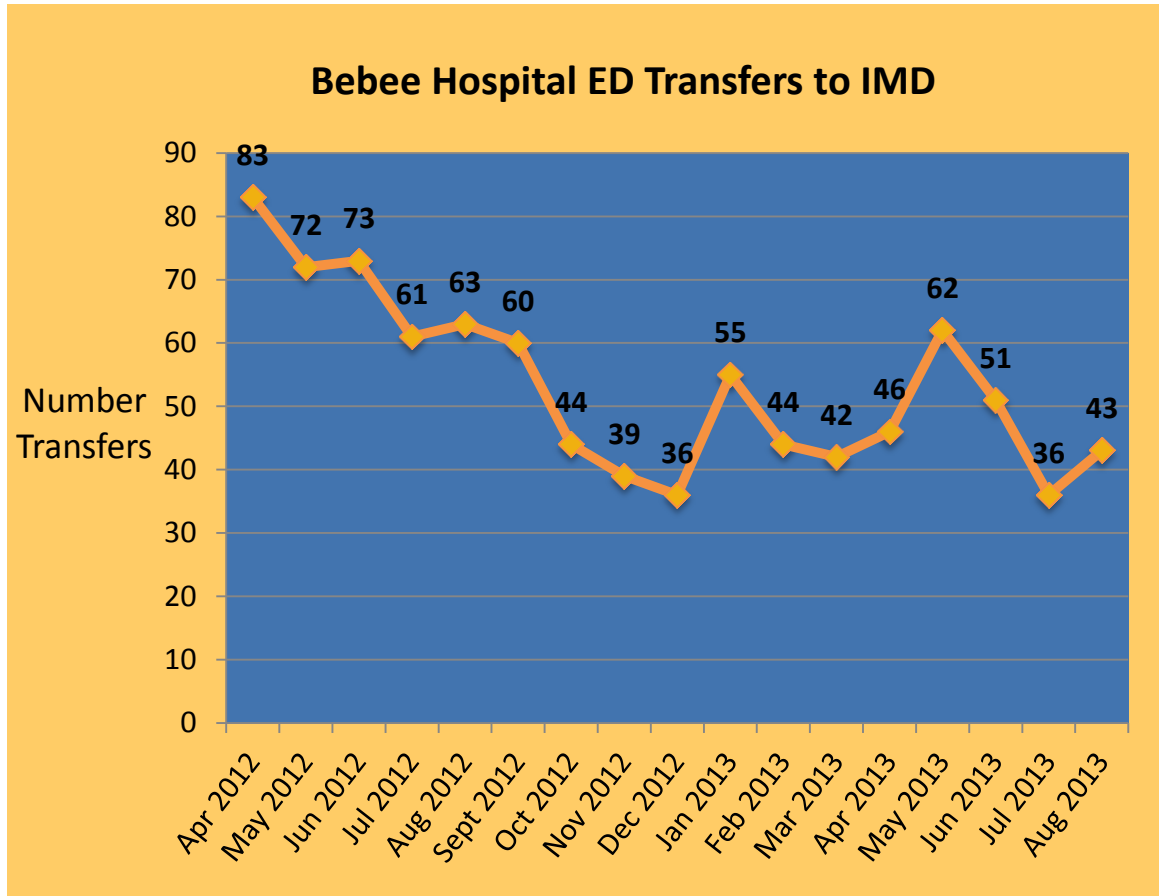
No Force First Strategy

“The leadership of RI believes the elimination of all types of force has many benefits to their organization. The very presence of coercion within their crisis centers would reflect poorly on all the other programs run by RI, and most importantly harm the very people RI is trying to help. RI believes that the highest price of all is the price paid by the people being restrained ---due to their recovery being stalled by a practice that can disempower them; break their spirit; and reignite a sense of helplessness and hopelessness. The use of force is very traumatizing in nature, especially for those who have a history of physical or sexual abuse. The development and implementation of a NFF policy within a recovery approach to helping has convinced the authors that the implementation of a NFF policy should become a best practice in the treatment of people with severe psychiatric disorders.”

“The Development and Implementation of No Force First as a Best Practice.” Psychiatric Services, May, 2012

No Force First Outcomes

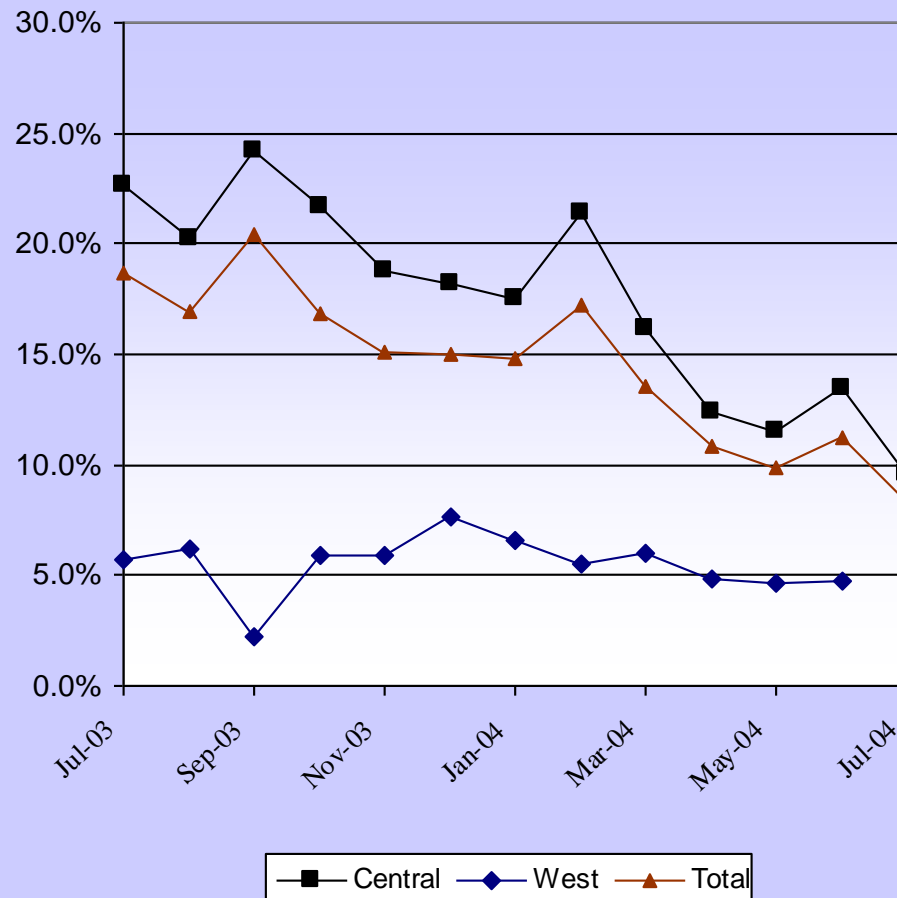
Reduction in ED mental health patients



- Beebe Healthcare is a 210 bed general hospital serving southern Delaware.
- In August, 2012 Recovery Innovations opened a 23-hour RRC nearby. Beebe reports a significant reduction in ED psychiatric patients following the RRC opening.

No Force First Outcomes; Reduced Hospitalizations

Psychiatric Recovery Center Hospitalizations



During the period shown there were an average of 900 PRC admissions per month.

A reduction in hospitalization rate from 20% to 10% = 1,080 annual hospital admissions = \$10 M + per year ((\$550 per hospital day with an average length of stay of 18 days in 2003).

No Force First Outcomes

- In the first month (June 2011) of Recovery Innovations operations the hospital Emergency Department in North Carolina reported a drop in involuntary hospitalizations from 57% to 35%.
- In April 2012, 181 individuals were served by the RI Pierce Recovery Response Center with only 4 individuals (2.2%) discharged to a psychiatric inpatient bed.
- Hospitalizations were reduced by 300% in Wenatchee, Washington in the first six months of Recovery Innovations Community Response Team (mobile team: DMHP + CPS).

No Force First Outcomes

- Following the implementation of mobile response and the RRC in Pierce County, WA, OptumHealth reports
 - a reduction in 19% saving \$1.5M
 - Reduction in Involuntary Treatment of 32% saving \$2M
- In Pierce County Peer Recovery Team served 120 individuals in 2011 who had 131 hospitalizations in the 12 months prior reduced to 23 hospitalization in the 12 months after the service. (Medicaid Health Plans of America, “Best Practices Compendium,” 2012)

No Force First - Zero Restraint

- **Declaration: Stop the violence** that results in trauma, injury and even death of people served and our staff.
- Listen to the experience of those we serve.

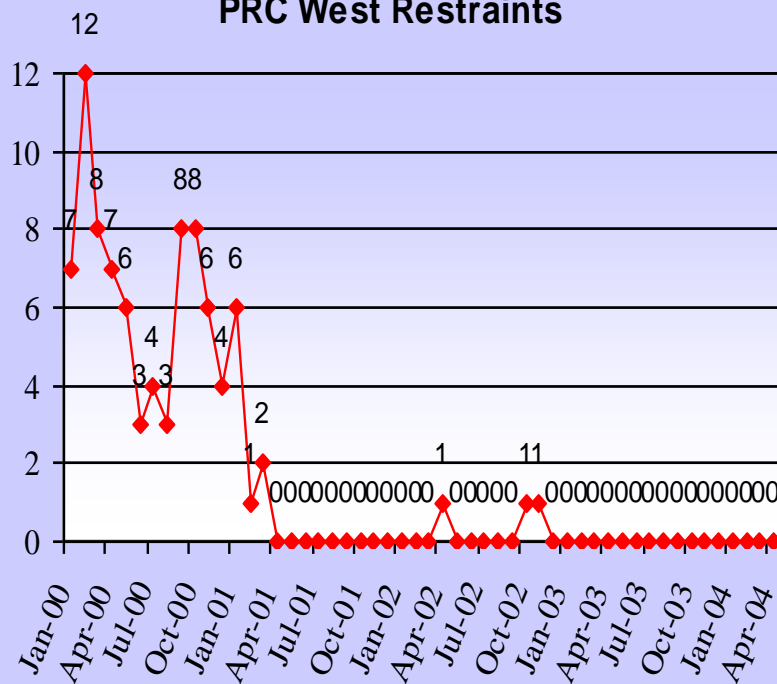
Getting to Zero; The Results

- Achieved zero mechanical restraint in month eight, dropping from 5.5/month.
- In the second Center it took 15 months.
- Once we achieved the results, elimination became imbedded in our practice.

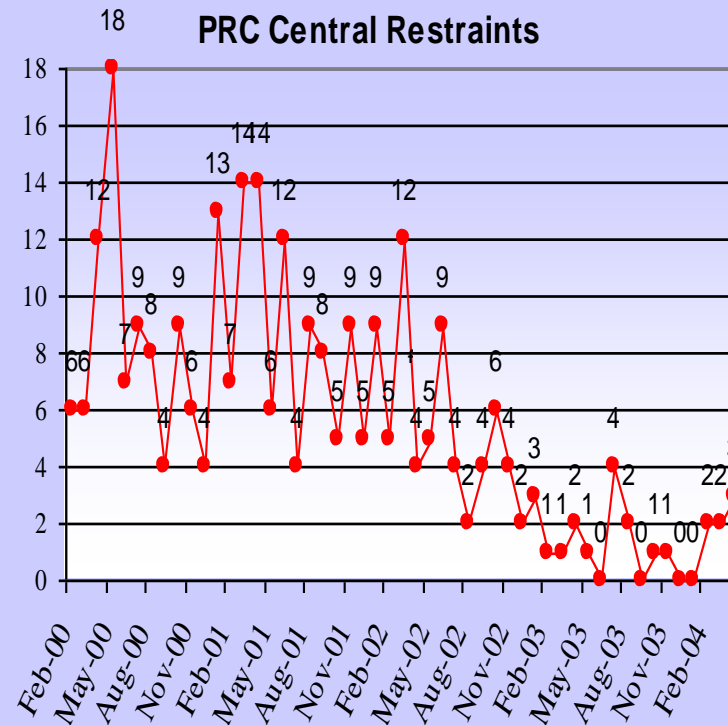
Ashcraft, Lori; Anthony, Bill. “Eliminating Seclusion and Restraint in Recovery-Oriented Crisis Services.” Psychiatric Services, October 2008.

Recovery Innovation's Recovery Symbol: Zero Restraint

PRC West Restraints



PRC Central Restraints



Getting to Zero; The Results

- No increase in staff injury.
- No increase in police events.
- No increase in chemical restraint.
- Today our Centers in CA, WA, NC, DE are licensed with no seclusion or restraint room.

No Force First – Peer Support

- Stop the violence
- **Use lots of peer support**
 - A minimum of 25%.
 - Today, 62% of Recovery Innovations direct service staff are Peer Specialists, 496 out of 800.

No Force First – Peer Support

- ***Hope and Engagement.*** Sharing personal recovery experiences. “If she/he can do it, so can I.”
- ***Empathy.*** Understanding through the personal experience of having “been there”.
- ***Mutuality.*** Giving **and** receiving help and support with respect based on a shared experience.
- ***Being with*** rather than fixing.
- ***Mutual Responsibility*** for the relationship
- ***Intentional Relationship***

What Shows Up with Peers on the Team?

- The Peer Support Specialist's **own recovery** is strengthened through service.

Survey of Peer Employees

- Anonymous Internet survey sent to 355 peer employees with at least 2 months of employment.
- 253 responded, 70% response rate.
- Prior to employment, 66% were unemployed.
- 35% had been unemployed more than three years.
- Average hours worked per week = 30.

Rogers, Sally; Johnson, Eugene. “Personal and Societal Benefits of Providing Peer Support.” Psychiatric Services, publication pending



Results

- Of those receiving disability benefits at the time of employment, 59% went off benefits after becoming employed.
- 45% went off Medicaid.
- 16% discontinued a housing subsidy.
- 69% discontinued food stamps.

Financial Impact

- \$8 million in annual salaries.
- \$1.2 million paid in income taxes.
- \$488,280 estimated savings in disability payments.

Personal benefits from being a peer support provider	Percent
Helping others has helped me in my own recovery	87.1%
I feel more self-confident	78.7%
I feel more emotionally stable	72.7%
I am more satisfied with my life in general	72.3%
I am more interested in my future career opportunities now	68.7%
I am more financially stable	67.1%
I have been able to connect more with family	44.2%
I am able to do more recreational/leisure time things	42.6%
I have been able to socialize more with friends	39.8%
I have been able to begin saving money	38.2%
I have taken a paid vacation	34.9%
I have a nicer place to live	32.5%
I now have company benefits like medical or dental coverage	31.3%
I purchased my own vehicle	26.5%
I have been able to reduce the medication	20.5%

What Shows Up with Peers on the Team?

- The Peer Support Specialist's **own recovery** is strengthened through service.
- Peer Support Specialists **help others recover** through engagement, hope, and mutual relationship/friendship.
 - Results; seclusion and restraint were eliminated in 8 months and in 15 months
 - Results; 180 bed County Hospital after one year reported a 36% reduction in seclusion and a 48% reduction in restraint.
- Peer Support Specialists **help the organization recover.**

No Force First – Healing Spaces

- Stop the violence
- Use lots of peer support
- **Create Healing Spaces**

No Force First – Healing Spaces

- Hospitality; be welcoming and friendly



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Recovery Response Network

Psychiatric
Rehabilitation
Association
Jacksonville, NC

Growing and Training the Recovery Workforce



No Force First - Healing Spaces

- Institutional feeling replaced by “welcoming and friendly.” Spirit of hospitality.
- Use lots of light and open spaces.

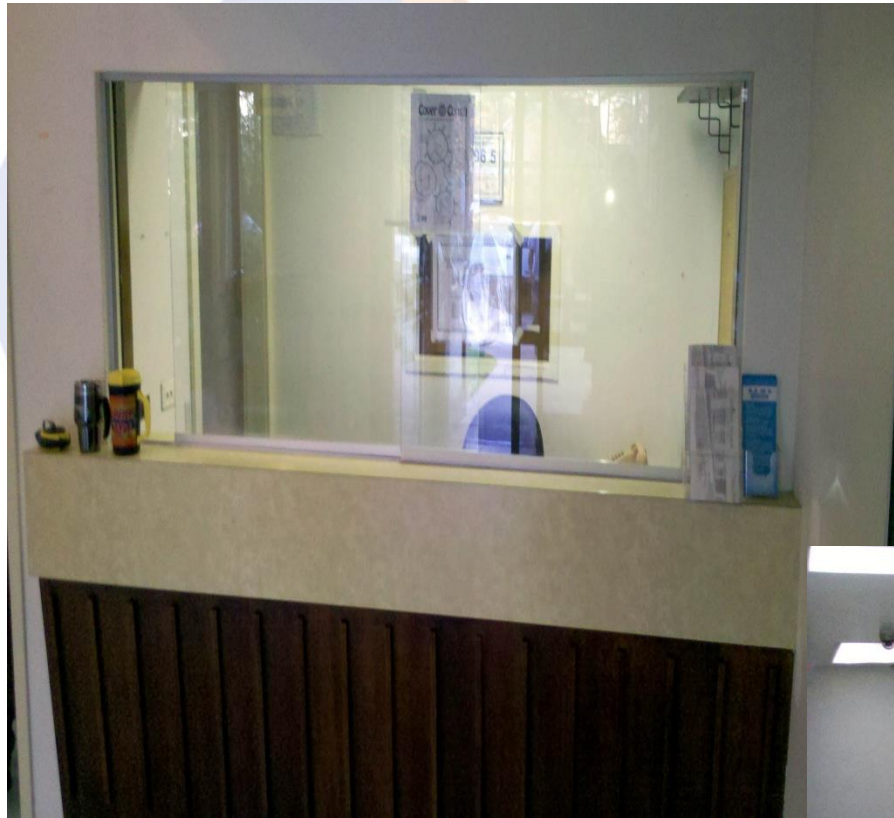
Recovery Response Center Front Room Jacksonville, NC

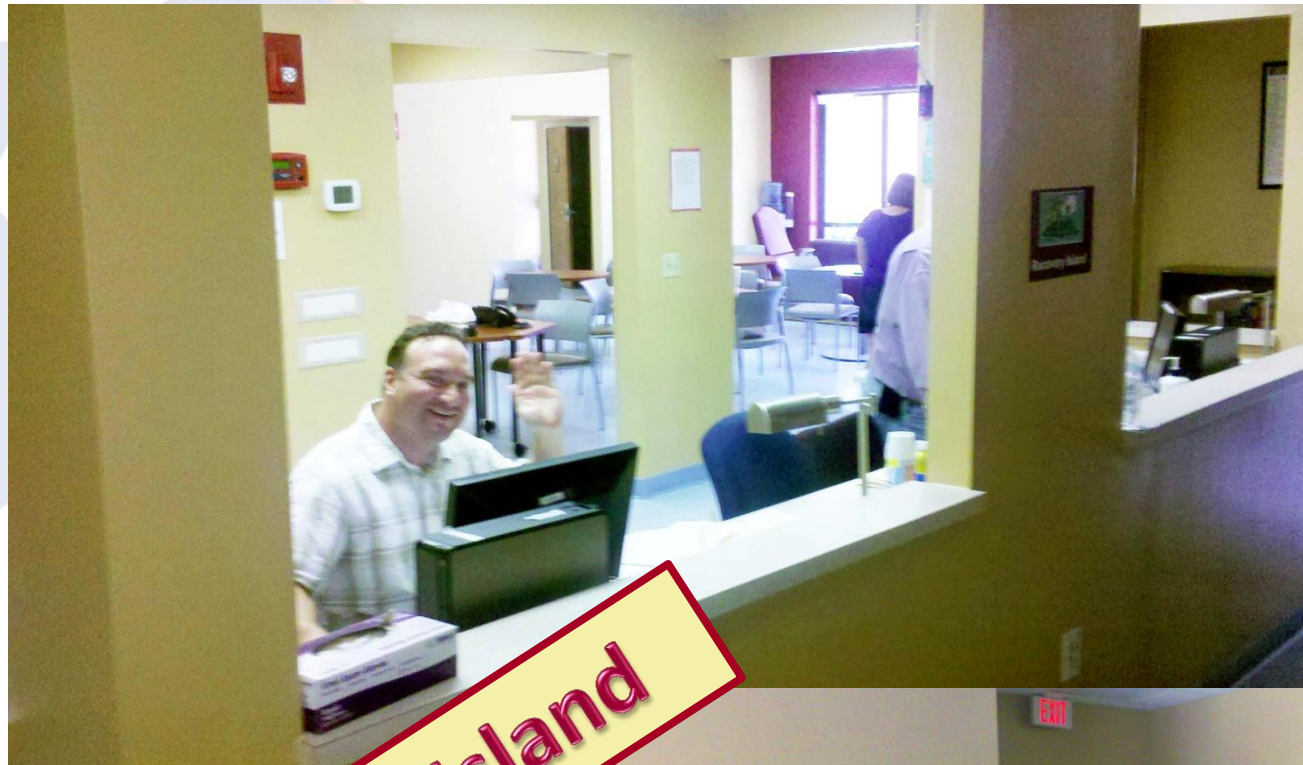


No Force First - Healing Spaces

- Institutional feeling replaced by “welcoming and friendly.” Spirit of hospitality.
- Use lots of light and open spaces.
 - No “us” and “them.” Take down the barriers.
 - Balance between privacy and community.

Taking down the walls





Recovery Island



No Force First - Healing Spaces

- Institutional feeling replaced by “welcoming and friendly.” Spirit of hospitality.
- Use lots of light and open spaces.
 - No “us” and “them.” Take down the barriers
 - Balance between privacy and community.
- Use warm colors with bright accents.



Recovery Response Center Living Room
Henderson, North Carolina

No Force First - Healing Spaces

- Institutional feeling replaced by “welcoming and friendly.” Spirit of hospitality.
- Use lots of light and open spaces.
 - No “us” and “them.” Take down the barriers.
 - Balance between privacy and community.
- Use warm colors with bright accents.
- Comfortable non-institutional furnishings.



No Force First - Healing Spaces

- Institutional feeling replaced by “welcoming and friendly.” Spirit of hospitality.
- Use lots of light and open spaces.
 - No “us” and “them.” Take down the barriers.
 - Balance between privacy and community.
- Use warm colors with bright accents.
- Comfortable non-institutional furnishings.
- Label rooms using recovery language.
 - Front room, Retreat, Living Room.
 - Celebration suite, Room Hope, Learning Studio, etc.

No Force First - Healing Spaces

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 - Balance between privacy and community.
- Use warm colors with bright accents.
- Comfortable non-institutional furnishings.
- Label rooms using recovery language.
 - Front room, Retreat, Living Room.
 - Celebration suite, Room Hope, Learning Studio, etc.
- Add art and plants





Physical



Emotional



Intellectual



Social



Spiritual



Artist left
Occupational



Home and Community
Living



Financial



Recreation/Leisure

No Force First – Create Alternatives

- Stop the violence
- Use lots of peer support
- **Create Alternatives**

No Force First – Create Alternatives

The Peer Living Room

- Offers a hospitality alternative to traditional psychiatric crisis services and hospitals.
- Staffed with Peer Support Specialists around the clock working alongside professionals.
- Following a “recovery partnership” and a “getting to know you” meeting, people may choose to be a guest in the Living Room.

“Crisis Services in the Living Room; an Environment with Peer Supports Helps People in Crisis.”
Behavioral Healthcare Magazine.
July, 2006



Recovery Response Center Living Room
Henderson, North Carolina

What Happens in the Living Room?

- Peers share their stories of hope.
- Negotiate each person's needs individually.
- Guests develop recovery plans.
- Make connections with the community
- Guests make plans for “next steps”

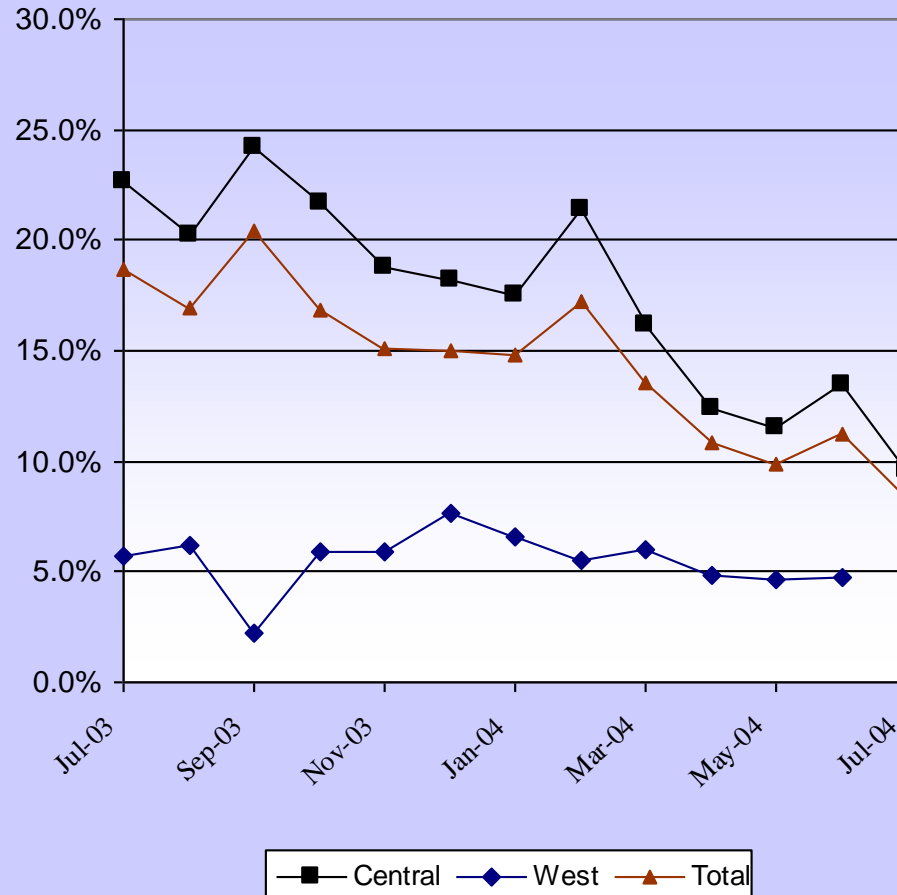
Outcomes; Reduced Hospitalizations

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Psychiatric Recovery Center Hospitalizations



No Force First – Create Alternatives

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- Hospitalizations have been reduced by 300% in Wenatchee, Washington in the first six months of Recovery Innovations Opportunity services.

No Force First – New Language

- Stop the violence
- Use lots of peer support
- Create a Healing Space
- Create non-hospital alternatives
 - Living Room, Restart, Peer Recovery Team
- **Change the language** and documentation

A New Language of Hope and Inspiration

Crisis	→	Opportunity
Crisis Center	→	Recovery Response Center
Intake	→	Recovery Partnership
Assessment	→	Getting to Know Each Other
Staffing	→	Mutual Planning Meeting
Psycho-social history	→	Telling My Story
Treatment Plan	→	Recovery Solutions
Counseling	→	Recovery Coaching
Consumer	→	Guest

No Force First – New Language

- Stop the violence
- Use lots of peer support
- Create a Healing Space
- Create non-hospital alternatives
 - Living Room, Restart, Peer Recovery Team
- Change the language
- **Change the documentation.**
 - Use the person's name
 - Use ordinary language in the record
 - Include the person as a partner in the documentation process

No Force First – Risk Sharing

- Stop the violence
- Use lots of peer support
- Create a Healing Space
- Create non-hospital alternatives
 - Living Room, Restart, Peer Recovery Team
- Change the language
- **Implement risk-sharing**

No Force First - Risk Sharing

Old Way ~ Managing and Controlling	New Way ~ Risk Sharing ~No Force First
Full body strip search	Safety through risk-sharing discussion
All personal property secured	After review, property retained by guest
Staff behind the wall in glass enclosure	No walls. Open spaces promote relationship
Uniformed security guards 24/7	Safety through relationship
Video surveillance throughout	Relationship; being-with promotes healing
All staff wear hospital scrubs	Street clothes minimize us/them barriers
Seclusion room to control	Use de-escalation techniques and relationship
Lack of privacy	Guest can have key to their bedroom
Common toilet/shower facility	Toilet/shower in guest bedroom
Outside and smoke break limited	Open outside access
Once a week visiting	Family and friends welcome at all times
No unsupervised phone access	Guests keep their cell phone
Outside communication restricted	Internet and email available
All medications staff administered	Medication self-administration is offered

1. Routine 2. Moderate 3. High

Risk Sharing Issue			
Is age a factor in assigning space?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Comments
Is gender a factor in assigning space?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Comments
	Rate each item		Describe the Risk Sharing Plan for 3 or higher
Developmental Level	Risk Rating		Plan:
Danger to Self	Risk Rating		Plan:
Danger to Others	Risk Rating		Plan:
Other Self Harm Concerns	Risk Rating		Plan:
Trauma History	Risk Rating		Plan:
Elopement risk	Risk Rating		Plan:
Recent Domestic Violence Concerns	Risk Rating		Plan:
Need for Privacy/Quiet	Privacy Rating		Plan:
Physical Disabilities	Risk Rating		Describe:
Medical Needs	Risk Rating		Describe:
Substance Intoxication	Risk Rating		Plan:
Substance Withdrawal Risk	Risk Rating		Plan:
Level of Medication Monitoring Needed	Level		Plan:
Fire Setting Concerns	Risk Rating		Plan:
Other Concerns	Risk Rating		Describe:

Space Assignment	<input type="checkbox"/> Private Room	<input type="checkbox"/> Double Room okay	<input type="checkbox"/> Continuous line of sight	<input type="checkbox"/> Close to nursing/medical staff
Engagement Support	<input type="checkbox"/> 1:1 Continuous Companion	<input type="checkbox"/> Wellness Checks q 15	<input type="checkbox"/> Wellness Checks q 1 hr	

Other Risk Sharing Comments

No Force First

- Stop the violence
- Use lots of peer support
- Create a Healing Space
- Create non-hospital alternatives
 - Living Room, Restart, Peer Recovery Team
- Change the language
- Implement risk-sharing

celebrate...

the best is yet to come!

