Opportunity Services: An Innovative Alternative

Eugene Johnson
Resilience, Inc.
May, 2015

During my former tenure as the CEO of Recovery Innovations I developed an innovative alternative to the usual behavioral health crisis services and inpatient hospitalization that I called Opportunity Services. Through a combination of healing spaces that were welcoming and friendly, peer support with peers working alongside recovery-oriented mental health professionals, no-force-first principles, and the expectation of recovery, a new paradigm was created with outcomes that reduced costs and avoided hospitalizations.

At Recovery Innovations, I developed and delivered crisis (opportunity) services, in multiple locations in Arizona, California, Delaware, North Carolina and Washington. I found that a range of opportunity alternatives offered in a comprehensive, integrated network was the most successful model. I called this the ***Recovery Response Network (RRN).*** In some locations, Recovery Innovations provided all the services in the network and in other locations the network service components were provided in partnership with other providers.

Here's a description of the program components in the ***Recovery Response Network***.

1. The ***Recovery Support Line*** (crisis phones) was answered 24 hours a day. The RSL was available to any individual, family member, or other supporter experiencing an urgent or emergent behavioral health need. Sometimes the RSL resolved the situation on the phone, often connecting the person to his or her mental health home or other local resources. When needed, the RSL engaged the other resources of the RRN by dispatching the Community Response Team or requesting the person come to the Recovery Response Center Front Room service as a walk-in.
2. The ***Community Response Team*** (mobile crisis) responded to individuals in their home or other community location. The CRT offered services to resolve the situation, connect to other RRN services, and to other community-based behavioral health services. As needed, the CRT offered up to three follow up visits to fully resolve the situation. The CRT also responded to hospital Emergency Departments for those individuals in the ED with behavioral health needs. The CRT was staffed with a qualified or licensed mental health professional and a peer support specialist.
3. The ***Recovery Response Center*** consists of three facility-based program components; the ***Front Room*** (walk-in crisis), the ***Retreat*** (23-hour observation), and an eight to sixteen bed ***Living Room*** (licensed as facility-based crisis, crisis residential, in-patient sub-acute, depending on the specific state's rules). Individuals came to the Center either voluntarily or were brought by law enforcement for involuntary evaluation. When law enforcement brought individuals to the Center the handoff happened quickly and the officer returned to duty within less than ten minutes.

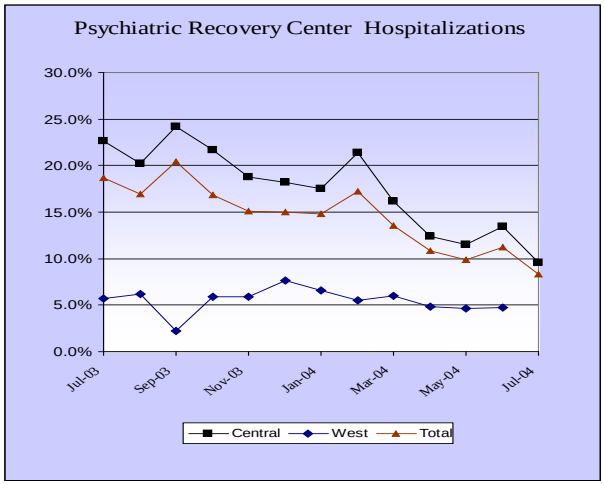
   The ***Front Room*** provided an initial behavioral health assessment using a "Recovery Partnership" (intake) and "Getting To Know You" (assessment). In partnership with the person, decisions were made about next steps and a Recovery Plan was developed.

Individuals seen in the Front Room who needed additional time to plan next steps were invited to stay in the 23-hour ***Retreat***. Those who needed "overnight hospitality" were then registered in the ***Living Room*** where they received intensive mental health services and/or detoxification for those with addiction challenges for a stay of two to five days.

Living Room. Embracing the statement of Dr. William Anthony, "Force elimination is both a necessary and reasonable goal as we move further down the path of recovery…. There is no such thing as 'forced recovery'," [1] the peer staffed *Living Room* programs provided a welcoming, comfortable, no-force-first environment. The *Living Room* alternative provided "overnight hospitality" where people having a difficult time could be a guest where they received comfort and hope from a team of Peer Support Specialists who worked 24/7 as part of an integrated team of mental health professionals. Each guest was invited to complete the "Telling My Story" document as an alternative to a traditional Psycho-social History and to develop their own "Recovery Plan".

[1] Anthony, William. *An Elephant in the Living Room.* Psychiatric Rehabilitation Journal, Vol. 29 Number 3, Winter 2006. p. 155

Examples and Outcomes



In partnership with the Maricopa County Regional Authority, ValueOptions, following the implementation of a recovery mission and the Living Room service at Recovery Innovations in 2002, hospitalizations decreased from a high of 24% in July of 2003 to 10% one year later (a diversion of 1,080 hospital admissions), representing an estimated savings in hospitalization costs of $10,000,000. This is a great example of how a managed healthcare company in partnership with a community recovery partner can create savings in high costs services and redistribute funding to allow the development of more recovery alternatives and peer support services.

In 2011, a major renovation was completed at the Peoria, Arizona Recovery Response Center serving Maricopa County licensed with 32 inpatient sub-acute beds. 16 voluntary Living Room beds were reconfigured as private rooms each with their own bathroom/shower. An expanded Retreat (23 hour) unit with 16 beds was built with a combination of single and double bedrooms and a large common sitting area. The Retreat served involuntary law enforcement referrals and functions as one of the involuntary evaluation sites in the County. Security in the Retreat was provided through staffing/relationship. Even though the doors were not locked, this healing space with lots of peer support did not result in unauthorized leave of involuntary guests. Less than 25% of those served were sent on to inpatient hospitalization.

In February 2009, Recovery Innovations opened a 12 bed (8, 24-hour and 4-23 hour) ***Recovery Response Center*** in Henderson, NC, licensed as Facility Based Crisis funded by Five County LME. Both voluntary and involuntary adults were served with the Center designated by the State as an Involuntary Treatment Center. One third of those served had a primary substance use issue, one third had a co-occurring mental health and substance use issue, and one third have only a mental health challenge. March 2011 was a typical month with 70 guests served. Of those brought involuntarily to the RRC in March, all were engaged in voluntary Living Room services and none were hospitalized.

Recovery Response Center Living Room
Henderson, North Carolina

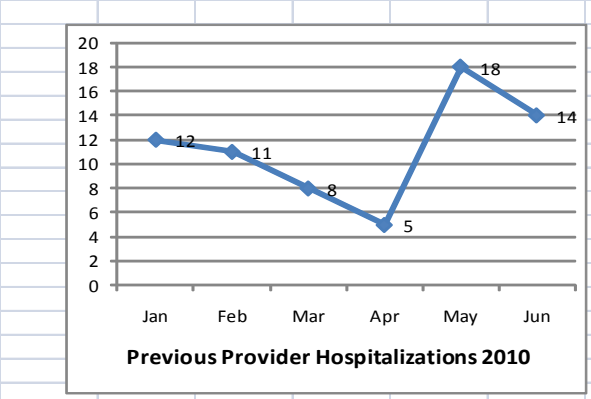
In January 2010, Recovery Innovations opened a ***Recovery Response Center*** in Pierce County, WA (Tacoma). Funded by the Pierce County RSN, OptumHeath, the Center was licensed as a Residential Treatment Center and certified for Medicaid reimbursement for 16 Crisis Stabilization beds. This Center served as the front door to the behavioral health system in Pierce County. Both voluntary and involuntary individuals were served. Many were brought by law enforcement or EMS. The Center was designated as an EMS receiving center and offered an effective diversion from Hospital EDs and jail. Individuals with mental health and with substance use challenges were served.

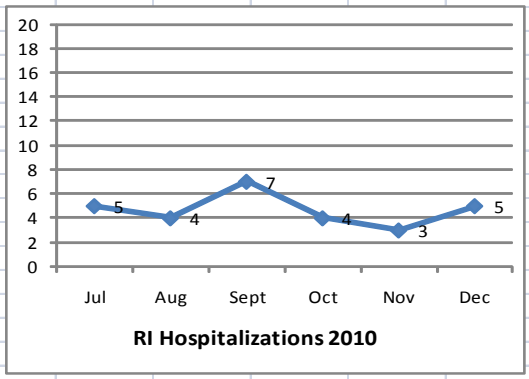
Although the Center was first located in a vacant wing of Western State Hospital, a healing space was created by introducing warm colors and comfortable furniture.

In May 2012, a new free standing facility was opened. Built by a local developer at a cost of $4 million this beautiful Center was leased to Recovery Innovations with a lease term of 10 years.

In July 2010, Recovery Innovations was awarded a contract by the Chelan Douglas RSN in Wenatchee, WA for the adult mental health services in their region. This contract included all the crisis services; crisis phones, mobile outreach, and a 6-bed ***Living Room*** (certified as Crisis Stabilization). The existing services were transformed to become "Opportunity Services." The Designated Mental Health Professionals doing the mobile community response became "Recovery Specialists" teamed with a "Peer Recovery Specialist." In the first six months of Recovery Innovations operation, the number served increased by 40% and hospitalizations dropped to a third of the previous level.

Hospitalizations have been reduced by 300% in Wenatchee, Washington





In partnership with Kern County BHS, in September 2011, Recovery Innovations opened a 14 bed "crisis residential," the Living Room program, in Bakersfield, CA. Like all Recovery Innovations facilities there always was a Welcome sign.


WELCOME
Freise Hope House
RI
Recovery Innovations
721 8th Street
BAKERSFIELD HOMELESS CENTER

In August 2012, a Recovery Response Center was opened in Ellendale, Delaware. Funded by the Delaware Department of Health and Social Services as part of a US Department of Justice settlement with the State, Recovery Response Center Ellendale served southern Delaware. It had a Front Room and eight 23-hour Retreat rooms. Since the Center opened, psychiatric hospitalizations dropped from 48% to 18%. Four months after the Recovery Response Center opened, the largest hospital in the area, Beebe General Hospital, reported that the number of behavioral health patients seen in their Emergency Department had dropped by 50%.

Since leaving Recovery Innovations, Gene Johnson and his partner Lori Ashcraft with over 80 years of behavioral health leadership experience have formed a new company, Resilience, Inc., Rise and Shine. The mission of Resilience is "to create new ways to optimize organizational resilience and wellness." The Resilience team is available to consult with organizations to develop and implement new and innovative alternatives that build organizational resilience and create recovery outcomes and resilience for individuals seeking treatment and support for behavioral health challenges.

Resilience
rise and shine
PO Box 1907
Nevada City, CA 95959
(530) 913-6676