

# Toward Recovery Transformation

Last year's Plan ended with an invitation from Dr. Mark Ragins, medical director of the nationally recognized Village in Long Beach, to imagine mental health systems where our collective wisdom and ideas help people recover. Then, he urged that we “reach out and grab it.”<sup>1</sup>

Despite times of enormous challenge and pressure, so many organizations—from peer-run, family-driven, advocacy to clinical—continue to forge ahead with great courage, passion, and intent to make a difference in people's lives. This is evident from profiles throughout the Plan that highlight how individuals, when coming together with a mission and a clear plan, do create a legacy of growth and achievement.

What distinguishes these clinics and programs—and many other fine programs in New York State (NYS) like them—is that they have identified opportunities for improvement, integrated what's new and different into their existing actions and decisions, and emerged stronger and healthier. This has not happened simply with the adoption of new programs or refined communication strategies. Such change results from clarity of mission, strong leadership, a

continued focus by all involved on the strategies toward desired outcomes, and anticipation of and attention to new challenges and pressures.<sup>2</sup> Successes by these and other programs have stemmed in part from leadership and staff seizing opportunities to think about what they were doing. They considered the factors affecting, and connections between, their everyday activities and anticipated outcomes. They created plans that enabled everyone to work together for positive change in their organizations and communities. In a sense, the paths they have chosen are making a difference and making a difference is translating into improved lives for people with serious mental illness and mental health challenges.

Such change can seem daunting in the face of the realities of daily operations and responsibilities. But, as Dr. Ragins points out, “. . . to transform our system, we have to stop planning and discussing, and actually do something different in our day to day work.”

What follows is a case study demonstrating how one county and provider agency in New York State, faced with significant administrative and fiscal challenges, stepped up to create change.

## CASE STUDY

### Transforming a mental health system from the ground up: How Westchester County's service delivery system began its recovery

It all started with an alignment of stars. A new OMH Mental Health Commissioner with a clearly articulated framework for developing a recovery-focused system. A new Westchester County Mental Health Commissioner who knew from years of experience in the community what did not work and how the system had failed many of the people receiving services. A new agency executive with a fresh perspective on what services should look like for people who are recovering from mental illness.

What are the chances that three like-minded, tenacious individuals would come together, at the same point in time, to take action to change the mental health system?

Fortunately, Michael Hogan, PhD, OMH Commissioner of Mental Health, Grant Mitchell, MD, Westchester County Department of Mental Health and Amy Kohn, DSW, Chief Executive Officer, for the Mental Health Association (MHA) of Westchester County, Inc., held individual perspectives on recovery that converged to create a wave of change in one community.

It started with Grant Mitchell's conviction that the system had failed to engage some people and the knowledge that we simply need to do a better job in helping people to recover. Using a demonstration project based in Western New York as a template, Dr. Mitchell and

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Deputy Director, Melissa Staats, received permission from OMH and the State Department of Health (DOH) to use Medicaid data to identify the people in the community who had used the most resources with the least benefit. Using existing case management items, the County identified two positions it would define as Care Coordinators who would be responsible for doing “whatever it takes” to achieve better outcomes for individuals who appear to be “falling between the cracks.” Shortly after the project began, the results were so dramatic, the County Legislature funded two additional positions, bringing the total number of positions to four and the total number of people served by the program to 48.

Results of the project are significant. In just the first two years of operation, County inpatient mental health care and jail costs were reduced by half. A key ingredient for success is the flexible use of the \$1500 per-person self-determination funds. These are funded by the County and as such, have more flexible capacity for use. Unlike intensive case management service dollars, these funds are not meant to buy coats, shoes and daily living essentials. Instead, these funds are for gym memberships, music lessons, tuition payments or anything it takes to support an individual’s journey to recovery. A second important element of the program is the peer mentor program. This partnership with the Empowerment Center offers program participants the opportunity to work with a peer who provides additional support and mentoring.

The project has received national attention. Recently selected as one of sites to be studied by the Bazelon Center, Westchester will be on the front lines communicating with the Center for Medicare and Medicaid Services (CMS) regarding more flexible use of Medicaid funding to assist people to stay out of the hospital and remain in their homes in the community.

An important distinguishing factor for this project is the orientation to person-centered planning. Each person is in the driver seat and designs his or her own plan for treatment and recovery.

Person-centered planning was a new concept in the treatment community in Westchester County. As the County prepared to embark on this new initiative, it was evident that staff and recipients both needed to learn about putting the people receiving services at the center of the planning process. Experts in the field were consulted and a countywide training initiative was launched. Over the three years that this project has been operational, staff in every agency has had the opportunity to participate in the training and to learn how to promote recovery among members.

The MHA is one agency that took this opportunity very seriously. As the agency providing the Care Coordinators for the Westchester Care Coordination Project, the MHA heard first hand from its own Care Coordinators what an important difference the recovery orientation and person-centered planning had been making for the

participants. The MHA realized that the benefits achieved by participating in the Care Coordination project could be enhanced by extending the person-centered principles throughout the entire organization. The agency took advantage of all the training offered by the County and even benefited from some extra time devoted to having one of the experts provide advice on how to implement transformation throughout the organization.

As a provider with multiple programs and 160 employees, the philosophy and approach of transformation to a recovery-focused organization “jumped off the page” as an important element in changing the underpinning of what “we do on the ground.” Leadership and perseverance have been critical elements. “She just won’t back down . . .” Doris Schwartz, Chief Operating Officer, says of her boss, Dr. Amy Kohn of the MHA.

And so, it began. Doris, who had been trained in the Boston University Psychiatric Rehabilitation principles a few years back, had left the field for a short time, but missed it. When offered the opportunity to join the MHA, even without a job description, she enthusiastically accepted when told, “I don’t know what this job will be; you will have to create it.” Two years later, she describes the MHA journey to a recovery-oriented system as an interesting and energizing study in organizational and systems change. For the MHA, transformation implies sweeping change rather than simple reengineering, redesign or restructuring. The MHA has launched a transformation initiative that embraces a recovery-based model of practice, utilizing a person-centered approach to service delivery that goes from the very top of the organization starting with the Board of Directors to the very core—to the people participating in services and to the staff working with them.

To guide the journey, the MHA is following the five key elements of Mental Health System Transformation as outlined by the Substance Abuse and Mental Health Administration (SAMSHA). The five elements include:

**Vision:** The MHA will be the go-to agency in Westchester County for people managing a psychiatric disability. The MHA promotes recovery through a partnership between individuals and their service providers that embraces a person-centered planning approach based on many principles, including the fact that individuals identify their own hopes, dreams and goals.

**Strong Leadership:** MHA leaders at all levels participate in the change process. Senior leaders must buy into a unified vision to effectively communicate, organize and manage the change in all corners of the agency. A map—with clear goals, an action plan, and performance measures—has been created.

**Organizational Alignment:** The MHA’s structure, policies, procedures, practices and physical environment must be fully aligned with the transformation vision to ensure success. This includes an assessment of all systems that will be affected by

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the change: Reception, Information and Referral, Supervision, Human Resources (job descriptions, etc.), Board, Forms, Billing, Environment and Intake.

**Culture:** With the right structure, training, systems and supervisors to build on a well-communicated vision, the MHA is finding it has the capability to tap an enormous source of power to improve organizational performance.

**Continual Process:** Transformation will be a long-term, multi-year endeavor requiring continual evaluation. Multiple opportunities for learning must be available, for instance, ongoing training, supportive supervision and learning collaboratives. The MHA continuously asks itself how it is doing. Since the initiative began, the training schedule has included 37 sessions, with two major conferences devoted to transformation to person-centered planning. In addition, the MHA has received advice from experts who have traveled the transformation road: Adele Gorges, Diane Grieder and Janis Tondora. Finally, the agency has used the Adams and Greider Person-Centered Treatment Plan to develop a roadmap for the organization to become a recovery-oriented system. The goal remains firm: The MHA will be the provider of choice in Westchester County for adults with psychiatric diagnoses as evidenced by utilizing person-centered practices throughout the agency within two years.

To assist with implementation of the five elements and the goal, the MHA formed a Steering Committee and multiple workgroups. The Steering Committee consists of a Board member, a Development Committee member, six members of executive management,

six program managers, four staff members, three recipients of service, and two family members. The work groups, all with specific activities and tasks, include: the Service and Supervision Committee, the Performance Measure Committee, the First Contact Committee, the Human Resources Committee, and the Forms Committee. Interestingly, the Human Resources Committee turned out to be an extremely important component in the transformation process. Changing employee perspectives, as reflected in new job descriptions and performance evaluations, is a critical element in assuring that the staff involved in the process is making a commitment to the change. About seven out of 160 employees felt very respectful of the MHA's intent, but decided to either retire or leave the organization.

To say that the journey so far has been smooth sailing would probably be an exaggeration. Some of the committees haven't produced the expected products and other challenges have occurred. However, one thing is clear. The MHA is fully committed to its goal to transform to a recovery-oriented organization. Step 1 on its work plan reads:

*The MHA will be recognized as expert in person-centered planning and recovery-oriented services throughout Westchester County and the State within two years (2/2011).*

Looks like the MHA is way ahead of schedule.

As illustrated by the case study, Westchester County and agency leaders seized upon natural opportunities and created the conditions for change. They continue nurturing change and striving for more effective services and supports to help residents cope with mental health issues, recover and be more resilient.

Strong, competent leadership is especially important today in stressed economic times. Consumers are better informed than ever and looking for the services and supports that match their needs. Many are making judgments daily about the effectiveness of mental health services. They know effectiveness when they see it, and more often, when they don't.<sup>3</sup>

Just as with Westchester County and with other NYS organizations actively engaged in transformation, opportunities continually present for taking stock of processes, procedures and actions that lead to a high level of organizational effectiveness and sustainability. A number of variables believed to be integral to organizational effectiveness<sup>4</sup> are brought out in the case study. And, as you read it, you may be able to pick out some of the variables that could be linked to the successes experienced in Westchester County:

- ◆ Passionate employees who have high levels of job satisfaction
- ◆ Choice of the “right partners” and building trusting, resilient relationships
- ◆ Strong communication among partners, up and down the levels and between parts of individual agencies, as well as excellent external communications
- ◆ A focus on consumer needs and desires
- ◆ Regard for culture, change and innovation
- ◆ Strong organizational mission and strategy
- ◆ Understandable policies, practices and decisions
- ◆ Emphasis on planning, training, and support
- ◆ Consistency and congruency between words and actions
- ◆ Decision-making authority for staff working closest to consumers
- ◆ Supportive and effective boards of directors
- ◆ Emphasis on efficient and effective processes in harmony with mission, vision and values

As the list indicates, organizational effectiveness “is about doing everything you know to do and doing it well.”<sup>5</sup> For the

MHA, the five principles articulated by SAMSHA served as its guidepost in doing everything it could do and doing it well. For others, however, the path toward transformation may differ.

In a presentation offered during the Annual Executive Seminar on Systems Transformation sponsored by the New York Association of Psychiatric Rehabilitation in Albany in April 2010, Dr. Ragins spelled out another possible “formula” for success. Doing something different should be an informed process, he noted, that builds on exposure and enthusiasm for recovery, believability and motivation for change, action, technical expertise, and sustainability. The following are the 10 principles he outlined to guide recovery transformation.

1. The purpose of the mental health system is to help people with mental illness have better lives.
2. The mental health system must be centered on people, not illness.
3. Medical treatment should be integrated into the recovery-based system of care, with the goal of helping people rebuild their lives.
4. The outcome of services and supports is not to be symptom free. It is to have a good life.
5. Treatment plans should focus on where people are at in their recovery process, not the state of illness.
6. Sustained, coordinated leadership is essential to transformation. Leadership must keep an eye on change at every step along the way.
7. “Learning cultures” are crucial to helping staff reflect on the work they do and changes they would like to see, and for ongoing discussion and assessment of progress.
8. A culture in which leadership and line staff respect each other fosters collaboration.
9. Employing people engaged in care as well as family members is essential to bring authentic recovery experience to the daily work.
10. Staff needs are important needs. Leadership must attend to the emotional health of employees, showing empathy and nurturing, particularly during challenging times.

## Recovery to Practice Resource Center

Headed by Dr. Larry Davidson, the Center is designed to help mental health providers adopt and use recovery-oriented practices. It involves (1) creating a Recovery Resource Center, complete with web-based and print materials, training, and technical assistance for mental health professionals, and (2) developing and disseminating curricula and training materials on recovery-oriented practice for each of the major mental health professions. Read the Center's first quarterly newsletter at [http://dsgonline.com/rtp/rtp\\_eneNewsletter/Enewsletter\\_Final\\_4\\_30\\_10.html](http://dsgonline.com/rtp/rtp_eneNewsletter/Enewsletter_Final_4_30_10.html).



Fortunately, there is a growing body of research that demonstrates that people recover and resource materials are available to guide practitioners toward transformation of their practices and their systems of care. One very current example is the “Recovery to Practice Resource Center,” which was set up by SAMSHA in June of 2010 to promote recovery-oriented practices among mental health providers.

So, if you have been considering strengthening effectiveness and seeking change, there is no time like the present to tap into the resources around you and get started.

What are we waiting for?

### Chapter 7 Endnotes

- 1 Ragins M. A guide to mental health transformation on a personal level. Available at <http://www.village-isa.org/Village%20Writings/A%20Guide%20to%20Mental%20Health%20Transformation%20526%20final.pdf>.
- 2 Knerr A & Associates. (2003). Essential characteristics of effective non-profit organizations. Available online at <http://www.akner.com/newsletter1/essentials.html>.
- 3 Helms MM. (2001, October 28). Defining organizational effectiveness. See [http://www.daltonstate.edu/faculty/mhelms/citizen/2001\\_10\\_28.html](http://www.daltonstate.edu/faculty/mhelms/citizen/2001_10_28.html).
- 4 Helms MM. Defining organizational effectiveness.
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