Envisioning a Culture of Recovery

A small Guide for BIG Change

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Who we are and what we do
The Scope

- 4000 Consumers
- 1600 Employees
- 30+ locations in 3 NYC Boroughs & Long Island
- 10 government partners: funding, licensing & certification
- 5 Service Divisions
  - Mental Health
  - Developmental Disabilities
  - AIDS
  - Home Health Care / Frail elderly
  - Schools / Children pre-K through 6
- 1 Board of Directors + 5 Affiliate Boards
The Vision

• Your Vision needs to serve as the foundation for everything you do
  – Services you provide
  – How you interact with one another
  – The beliefs you promote within your organization

• Your Vision will drive needed changes in culture
  – A transition from “command and control” to “we’re all in this together”
The SUS Vision

- Consumer-centric Focus
- Continuous Investment in the Power of Human Ability
- Our Values Embedded in Organizational Spirit and Culture
- Meaningful Collaboration Between Consumers and Staff
Mission:
“To provide services and supports for individuals with special needs to live with dignity in the community, direct their own lives and attain personal fulfillment.”

Core Values:
• Respect for the individual
• Maximizing individual potential
• Maintaining a supportive environment
• Continuous quality improvement
• Integrity in all actions

Ethical Principles:
• Self-determination
• Confidentiality
• High Quality, Person-Centered
• Environment
• Professional Boundaries
Mission and Core Values Drive…

• Recruitment and hiring activities
• New Staff Orientation
• Job titles and descriptions
• Workforce Development and Competencies
• Training
• Performance standards and evaluation
• Operational Policies and Procedures
• New language in leases and agreements, e.g. “responsibilities” rather than “rules”
• Consumer satisfaction surveys
• New partnerships and collaborations: NYAPRS, OMH, UIBH, CBHA Center for Recovery and Rehabilitation
• Targeted resource development: Foundations, Government RFP’s (e.g. SAMHSA)
• Quality improvement initiatives
For example…

• The Mission states the belief that people should “direct their own lives…”
• A belief supported by the Core Value of “Respect for the Individual…”
• Yielding the ethical principle of Self-determination
• Training in Consumer Choice, and establishment of Related Performance Standards:
  - Each consumer should have the support for the dignity of risk and the right to failure.
  - Employees are advocates of consumer choice with third parties (parent, payee, treatment provider, government).
  - We do not abandon consumers to suffer “natural consequences” of their choices.
  - The employee is not a failure if the consumer’s choice results in failure
  - We are not neutral or neglecting, judgmental or controlling.
  - We never threaten or coerce, we inform, give feedback and support
  - We override choice only for the sake of safety
- What we do is challenging and requires skill, creativity and teamwork
Getting It

Communicate the Vision: Connecting with your Staff, Board, and Consumers
Start the dialogue with staff

• A series of Organizational Development Meetings scheduled for leadership, supervisors and managers:
  – What does it mean to be consumer centered?
  – Continuous Quality Improvement – Beyond Regulatory Compliance
  – Do you believe that people are more than their disability and that recovery can happen with the right tools and supports?
Start the Dialogue with the Board

- Engage and educate the Board of Directors:
  - a dedicated Board Retreat
  - re-conceptualize the Mission
Start the Dialogue with Consumers

- Establish safety, recruit the right stakeholders
- Undoing the culture of learned helplessness
- Instituting a sense of control over one’s own life course
- Deconstructing the “professional knows best” way of thinking and the traditional “medical model”
- Surfacing core concepts of recovery
Keeping IT

Maintaining the Vision: Talk IT, Walk IT, Measure IT, Work IT
Acknowledge that:

- We’re always changing
- The journey never ends
- It’s not a linear process
- It’s a lifelong, continuous investment of time and resources
Acknowledge that:

- Leadership commitment is essential
- Recovery involves “dignity of risk”
- Regulatory requirements and funding mechanisms often conflict with our mission.
- Flexibility is key
- Humility is essential
Talk IT

• Build it into the language of the organization, e.g. operational policies, written procedures, marketing materials, website, blogs, etc.

• Incorporate it into the supervision and evaluation of staff performance
Walk IT

- Open new venues for conversations with consumers
- Invite consumers to evaluate program services through customer satisfaction surveys, complaints, grievances, etc.
- Train Peers as Practice Group Facilitators
- Hire Peers
- Encourage transparency
Walk IT

• Implement BEST PRACTICE Curriculums and On-going Training on:
  – Motivational Interviewing
  – Wellness Self-Management
  – Integrated Dual Disorder Treatment
  – Cultural Competency
  – Family Psycho-education
Walk IT

• Consciousness Raising
• Self-awareness
• Intentionality
• Mindfulness
• Staff Development is critical to building these competencies

“Paying attention to what I am doing and how it either facilitates or impedes the other person’s growth.”
Staff Development Plan

- **Training (Staff Development) Workgroup established**
  - No more training for the sake of training
  - Staff development is directly related to the organizational mission and its core values.
  - "New" **Staff training method:**
    - CEO and Executive Staff launch trainings
    - Train managers first
    - Train managers again with their staff
    - Sets the tone for supervision
    - Basis for performance expectations and evaluation
Providing Your Staff with the Right Tools

Evidenced-Based Practice Toolkits (SAMHSA, OMH)

• Motivational Interviewing
• Wellness Self-Management
• Integrated Dual Disorder Treatment
• Family Psycho-education
• Cultural Competence
Measure IT

- Environmental Assessment
- Assessment of Interactions
- Engagement
- Emergency hospitalizations
- Incident reports
- Consumer participation in best practice interventions
- Best practice fidelity
Work IT

• Keep refining what’s working
• Change what’s not working
• Keep everyone engaged and involved
• Watch out for “drift”
• Reinforce and invest in the committed
• Quickly divest of resistance
A Vision for a Recovery Framework in Behavioral Health Systems

New York Association of Psychiatric Rehabilitation Services

Chacku Mathai
Vision for Recovery Outcomes

• Believe that recovery is possible, even from the most tragic circumstances or disabling conditions
• Uncover abandoned hopes and dreams
• Discover our personhood through culture, strengths, values, skills
• Engage communities as life sustaining forces
• Re-author the way we see ourselves
• Reclaim a meaningful life and roles
An Emerging Focus on Implementation

- Beyond train and hope approaches
- Technical assistance related to supporting specific outcomes for people
- Employment and Economic Self-Sufficiency
- Programmatic factors that can support wellness and recovery initiatives
Themes to Consider

• Quality of life orientation as well as symptoms
• Capacity to individualize interventions
• Discharge planning with a focus on peer and natural supports
• Moving from diagnostically focused tracks to fully integrated supports
• Supervision models to build hope and focus on recovery
• Increased visibility of people in recovery and alumni as mentors and bridgers to community
# Recovery Facilitation Capability

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Content of Items</th>
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<tbody>
<tr>
<td>I Program Design</td>
<td>Program mission, outreach, services, community involvement, flexibility, crisis</td>
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<tr>
<td>II Physical Environment</td>
<td>First contact/reception, publicly available resources, accessibility, non-segregated environment</td>
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<tr>
<td>III Staffing</td>
<td>Recruitment, hiring, visibility of peer experience</td>
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<tr>
<td>IV Training</td>
<td>Person-centered planning, connecting and coaching competencies, supervision, recognition systems</td>
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<tr>
<td>V Service Provision</td>
<td>Relationship and hope-building engagement activities, assessment, recovery planning, focus on quality of life and life beyond services</td>
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<tr>
<td>VI Quality Improvement</td>
<td>QI process reflects recovery indicators, QI team includes people receiving services</td>
</tr>
<tr>
<td>VII Program Evaluation</td>
<td>Consumer needs, recovery outcomes, collection method, program design informed by data</td>
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THE JOURNEY THROUGH SERVICES

- First Contact & Intake
- Discharge
- Assessing
- Setting Goals & Treatment Planning
- Providing & Monitoring Service
Program Evaluation

• Identifies consumer needs

• Prioritizes recovery and community integration outcomes

• Participatory approach including consumers, family members, clinicians, administrators and community partners for evaluation design, questions, methods, interpretation and recommendations for program design

• Considers the entire process of evaluation as a program development intervention and a stakeholder learning experience
“Whenever an organization can identify differences between where it is and where it would like to be on any dimension, it can engage in a process of planned change.”

(Kast and Rosenzweig 1974)
Where We Were ~ Where We Are

**Putnam County Mental Health**
✧ 2.4 million dollar budget
✧ 42 staff
✧ 9 programs for children and adults
✧ Serving 3500 people annually with approximately 35,000 contacts
✧ Many traditional services based on “maintenance” and “medical model

**Putnam Family & Community Services**
✧ 5.8 million dollar budget
✧ 100 staff
✧ 23 programs touching children as young as 3 years to seniors in their 90s
✧ Serving 10,000 people annually with 100,000 contacts
✧ 4 sites/programs in 8 schools in 4 Districts
✧ All services recovery based and person/family centered
Desired Outcomes For Agency Change

✧ Increased #s of real services for consumers to explore and achieve rehabilitation and recovery
✧ Increased accessibility and integration of services
✧ Increased #s of consumers and staff who believe that a change in service delivery could be positive and possible
✧ Increased consumer participation in the planning and delivery of services
✧ Fewer rules and more flexibility
Readiness Assessment

✧ Dissatisfaction/Need for Change
✧ Commitment to Change/Belief that Change is Positive, Possible, Supported
✧ Environmental Awareness
✧ Self Awareness
✧ Personal Closeness
Develop Readiness For Change

✧ Increase dissatisfaction
✧ Increase the belief that change is positive and possible
✧ Help expand horizons/develop alternatives
✧ Find a leader
✧ Adopt a vision
Encourage Change

✧ Adopt a mission statement
✧ Support and finance only those services that are consistent with the mission
✧ Include consumers in all phases of planning
✧ Provide training; first philosophy and then concrete tools for practice
✧ Stress outcomes over process/collection and use quality of life and recovery-based indicators
✧ Build strong teamwork and encourage positive relationships between direct staff and management
Possible Issues in Shifting to Recovery Based Services

✧ Increased and diversified staffing and training
✧ Power sharing issues
  ✦ Medications
  ✦ Rules and consequences
  ✦ Group scheduling and service planning
  ✦ Person centered work takes time
  ✦ Planning and scheduling groups
  ✦ Writing person centered treatment plans
✧ Shift in thinking to appreciate “small steps”
  ✦ For staff and participants
Why Change?

✧ The people we serve improve
✧ Consumers are active in stating what they want and work harder to get it
✧ Sharing power ultimately reduces staff burden
✧ Staff and consumers feel empowered
✧ Staff retention improves
✧ Consumers rediscover and follow their dreams
“Clinicians working in a recovery-based environment will enjoy the positive reinforcement of successful experiences in working with people who are growing, changing and moving on with their lives...Care givers will find themselves in the rewarding position of accompanying those...who experience psychiatric symptoms as [they] grow, learn and change.”

(Shery Mead and Mary Ellen Copeland, 2000)
“A vision is not reflective of what we are currently achieving, but of what we hope for and dream of achieving....A vision begets not false promises but a passion for what we are doing”

(Anthony, Cohen, & Farkas, 1990)
The Machinations of Innovation

“Where there is no vision, the people perish“ – Proverbs 29:18

“A vision without action is a daydream. Action without vision is a nightmare.” – Japanese Proverb

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Leading/Managing Complex Change
(Knoster, T., 1991)

Vision + Skill + Incentives + Resources + Action Plan = CHANGE

Vision + Skill + Incentives + Resources + Action Plan = CONFUSION

Vision + Skill + Incentives + Resources + Action Plan = ANXIETY

Vision + Skill + Incentives + Resources + Action Plan = RESISTANCE

Vision + Skill + Incentives + Resources + Action Plan = FRUSTRATION

Vision + Skill + Incentives + Resources + Action Plan = TREADMILL
Our Mission

“To assist people who are affected by mental illnesses to lead healthy, productive, addiction-free, and socially-satisfying lives.”

Our Core Values

✓ Dedicated solely to helping people with mental illnesses and psychiatric disabilities and those who care about them

Integrity  Hope  Compassion
Community  Personal Growth  Competency
Innovation  Creativity  Partnership
Leadership  Citizenship  Wellness
Fun  Creative  Synergistic
Pro-Active  Social Justice  Respect for Individualism
Converging Roadways for Recovery
(Essential Skills & Resources)

**The Science:**
(Reducing Disability)

- Eliminating/Reducing Symptoms
  - Diagnosis of Disease
  - EBP Treatment & Meds
  - Co-Morbidities
  - EBP Rehabilitation Interventions
  - Employment, education
  - Quality of Life
  - Understanding Impact of:
    - Development/Age
    - Trauma
    - Learning Disabilities
    - Cognitive Impairments
    - Learning styles

**The Art:**
(Navigating Relationships)

- Promoting/Find Hope
- Building Trust/Credibility
- Person-First Processes
- Engaging Person with Family, Providers, Collaterals
- Understanding trauma
- Use of Self
- Humor, Creative Arts
- Understanding Dimensions of Culture

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**Critical Variables**

- Technology
- Finances
- Leadership
- Political Will

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**Clubhouse of Suffolk**
Critical Areas Of Success

✓ Service Processes and Outcomes
✓ Agency Corporate Compliance, Leadership, and Financial Management
✓ QA: Risk Management & Stakeholder Satisfaction
✓ Human Resources and Staff Development
The Four Questions

The youngest one asks of those assembled…

Question 1:

“What is PROS and why would we want a license with all the regs?”
Question 2:
What will it mean for me?....

- ...more paperwork (i.e. as much as SCM and IPRT?)
- ...more demands on my time?
- ...working with people differently?
Question 3:

“Can I look forward to more....

☐ …compensation?
☐ …benefits?
☐ …opportunities for advancement?”
Question 4:

“Can I expect some training and support … or will I simply be told to eat a lot of carbs (a.k.a. matzo) and bitter herbs…?”