

# The Role of Executive Leadership in PROS

PROS Implementation Academy  
*Meeting the Challenge:  
Developing the Tools for Today and Tomorrow*

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# Leadership's Role

David Bucciferro

New York State Office of Mental  
Health

PROS is different for many  
leaders...

It challenges Program leaders  
to evaluate service outcomes,  
long standing policies and  
staff competencies in a way  
they never did before  
creating a new set of  
challenges.

# PROS leadership must be different because ...

- PROS is dynamic
- PROS requires a new practitioner skill set
- Entering a new world of Service Delivery and Financial Reimbursement
- Prepare while Maintaining

# Dynamics of PROS Conversion

- **What people feel**
  - What did I do wrong
  - They Don't Understand my Population
  - We don't have enough resources
  - Why are they picking on me
- **What you must do**
  - Recognize People can handle only so much change so fast, Plan and plan and them plan more
  - Accept people are at different levels of readiness for change
  - Lead by example, by decisions, by inclusiveness
  - If you take the pressure off, people will revert to their old behavior

# Niagara Visions PROS Program

A Division of Community Missions, Inc.

Yvonne Clark, Director of OMH Recovery  
Services

# Changes at Community Missions, Inc.

- Community Support Services and Rehabilitation focused Agency changed to embrace our first experience with Clinical Treatment Services
- Transitioned 5 Rehabilitation programs to the Niagara Visions PROS Program

# Preparations for PROS

- Hired Consultant to work with key staff and participants for 2 ½ years
- Ended transitioning programs 1/31/11

# Opened Niagara Visions PROS 3/2/11

- “shot gun” start
- Documentation Issues Identified
- Month long QA audits
- Staff constantly struggling to “catch up” on documentation
- Financial Struggles – Very Low Medicaid Billable Services documented

# Evaluation of Program Issues

- CMI Leadership and PROS staff began to evaluate program barriers end of June 2011
- Edge S., NYAPRS, was contacted and agreed to come meet with CMI staff and participants to evaluate program July 2011
- Colleen S., of NYAPRS, conducted on site visit for program suggestions and assistance in July 2011
- OMH Audit conducted 6 month program evaluation on 8/30 and 8/31 2011
- ALL staff extremely frustrated “DON’T WE DO ANYTHING RIGHT?!?”

# Strengths Identified

- PROS staff “caring and hard working”
- PROS participants adjusting well and “really like PROS and the groups offered”
- Program Space “beautiful and displays the mutual respect between staff and participants”
- Significant Resources – Curriculum – for providing “state of the art” relevant groups
- Strong Leadership – Very Dedicated Administrative Staff and CMI Board of Directors

# Barriers Identified

- Need For More Marketing
- Resistance from Former Lockport Clubhouse Participants
- Structure and Staff Roles
- Staff Conflicts
- Underutilization of Clinic Component
- Medicaid Denials
- Limited Activities available for “program participation” milieu
- Program Environment Issue “Upstairs/Downstairs”
- Limited IR and ORS services provided/documentated

# Implemented Changes

- Marketing Plan put into place marketing the full ranges of services provided including “clinical treatment” services as this is new area for CMI
- Increase Program Membership
- Staff Morning Meetings held 2-3 times/week
- Increased engagement, follow up, closing/discharging cases as appropriate
- Trainings: IRP Development, IR/ORS Utilization and Documentation
- Time Management/Organizational Trainings

# Implemented Changes Continued...

- Trainings/More Info. on Medicaid Eligibility and Buy In Process, etc.
- Maximize Dr. and RN's schedules/services
- Utilize weekly supervision to review charts
- All staff strengths and weaknesses identified
- All staff given caseloads
- QA and program staff roles clarified

# Ongoing Program Evaluations and Quality Improvement

- Continue to evaluate program and implement changes as necessary
- Continue to work with Edge S., Colleen S. and other supports as appropriate
- Continue to effectively market the PROS program within CMI and the Niagara County community as a very viable treatment service provided and needed for our participants
- Offer ongoing support and training to staff as needed

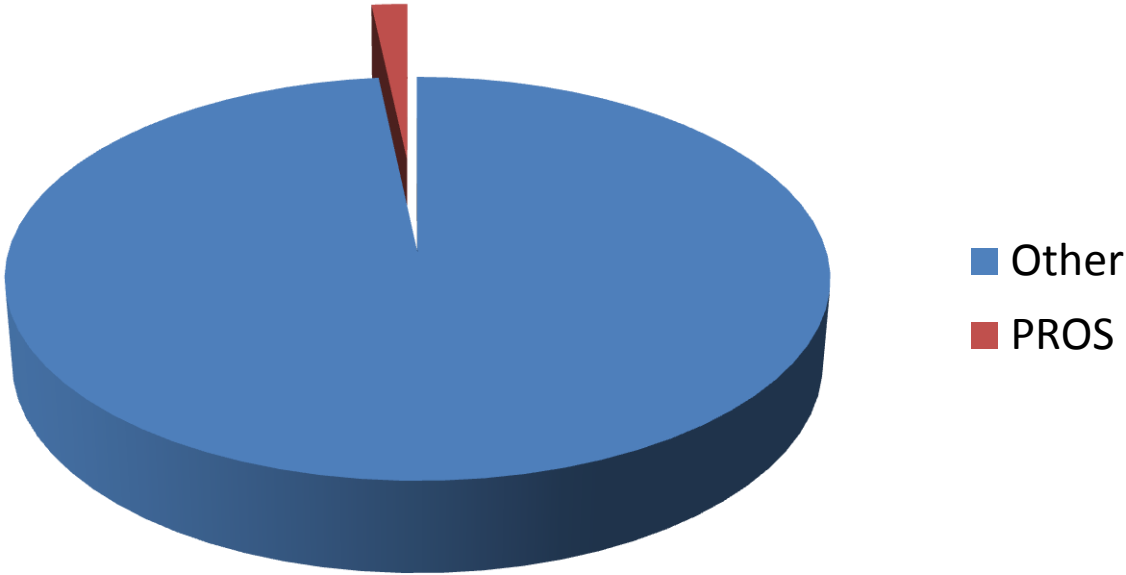
# **Jewish Board of Family & Children's Services, Bronx, NY**

**Rebecca Wulf, LCSW, AMI Division Director**



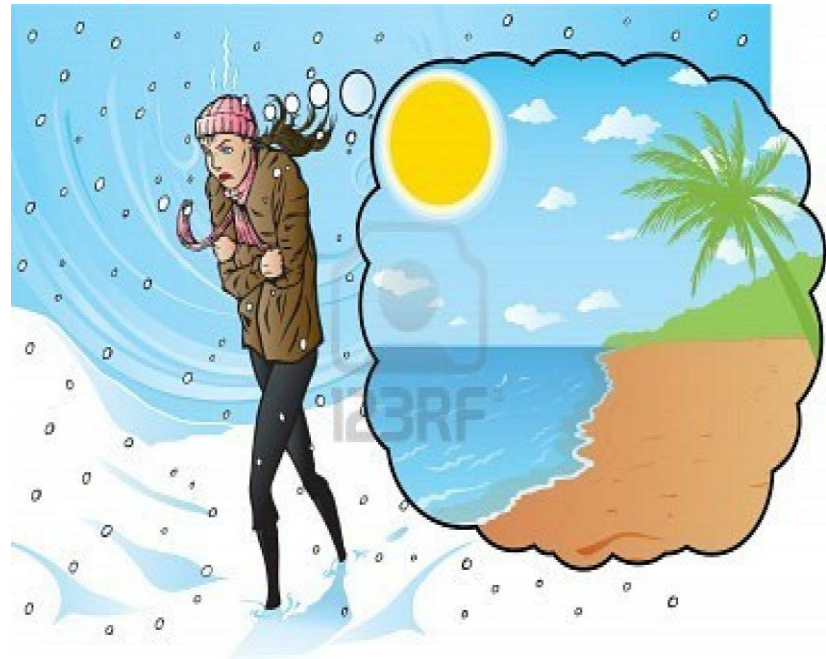
# Jewish Board of Family & Children's Services

## JBFCS Programs



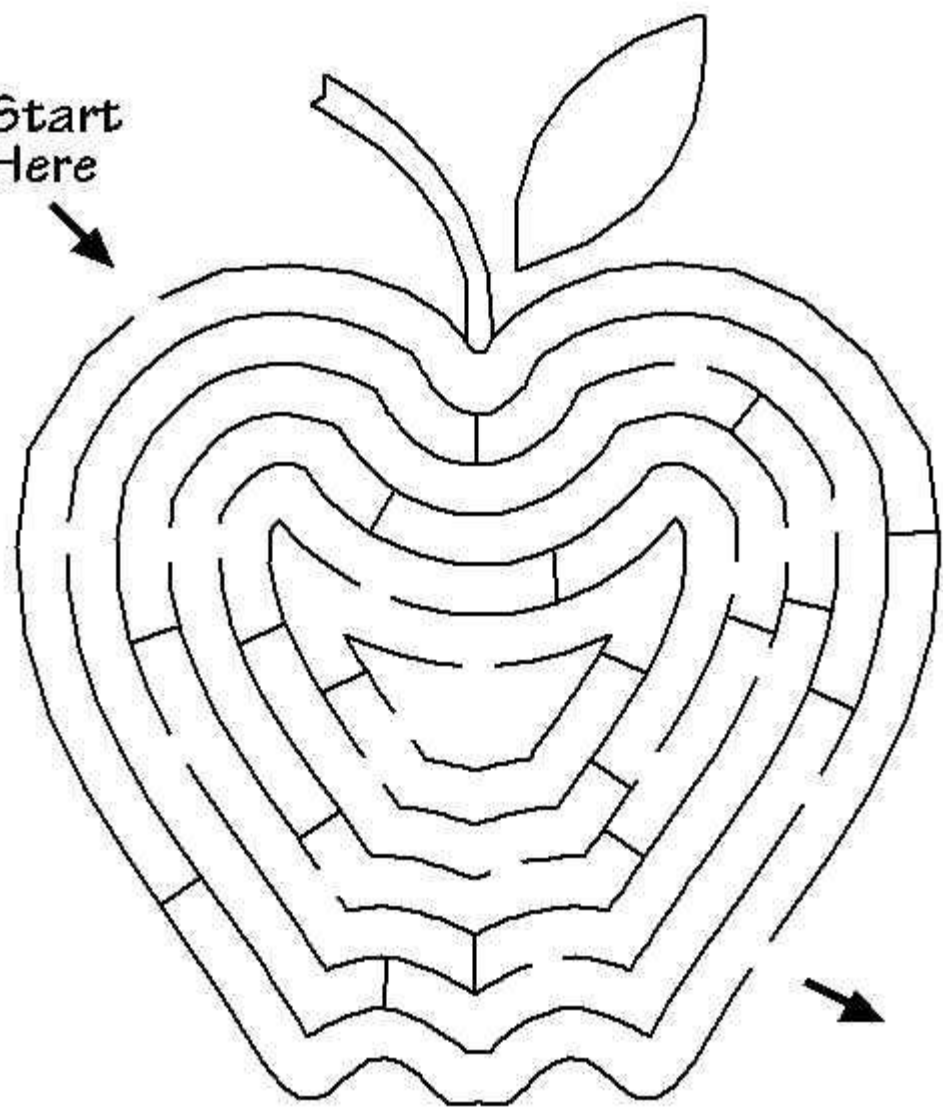








Start  
Here



# 18 Months Later....

- Executive Management Team Support
- Board Composition and Involvement
- Recovery Focus in Agency
- In-Service Training Curriculum Changed
- Cross-Divisional Work
- Better at Balancing Transitions & Changing
- Informing Health Home Implementation
- Preparing for Outcome-Based Contracting

# NYAPRS

## The Challenge of Leadership

Edye Schwartz, DSW, LCSW-R

Director of System's Transformation

# What is a Leader?

“Musicians may have their instruments, and engineers may have their computers, and accountants may have their calculators, but leaders only have themselves. Leaders are their own instruments of change.”

Anthony, Cohen, Farkas, Gagne: 2002

*Psychiatric Rehabilitation*

# What is Leadership?

- Leadership requires a conscious effort to influence other people to engage willingly in behaviors that contribute to the attainment of organizational goals
- Leadership is the key ingredient in the creation of effective service provision
- Leadership is in part a science and in part an art

# Five Practices of Exemplary Leadership

- Model the Way
  - Earn the right and respect to lead through direct involvement and action
- Inspire a Shared Vision
  - Live a life compatible with your vision
- Challenge the Process
  - Seek and willingly accept challenges
- Enable Others to Act
  - Encourage employees to stretch themselves and take risks...be there for them if they fall
- Encourage the Heart
  - Support behaviors and actions that are aligned with key values

# How Do I Know if an Agency is Ready to Change?

## READINESS ASSESSMENT

- Dissatisfaction/Need for Change
- Commitment to Change/Belief that Change is Positive, Possible, Supported
- Environmental Awareness
- Self Awareness
- Personal Closeness

# Okay, So Maybe We're not so Ready...Now What?

## READINESS DEVELOPMENT

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

# How Do I Support Change?

- Assure that you have a recovery based mission statement
- Support and finance only those services that are consistent with the recovery mission
- Assure that program participants are included in all phases of planning, delivery and evaluation
- Assure available training; first in philosophy and then concrete tools for practice
- Stress outcomes over process/collect and use quality of life and recovery based indicators
- Assure strong teamwork and encourage positive relationships between direct staff and management

# What's Available from The NYAPRS Collective?

- Recovery Trainings
- Community and Economic Development Trainings
- Person Centered Planning
- Cultural Competence
- PROS Technical Assistance
- Transitioning to Recovery Based Services/  
Technical Assistance

# How do I Contact The Collective ?

- Check out our Offerings on the web
  - <http://www.nyaprs.org/services-transformation/collective/training.cfm>
  - Pick up a Collective brochure
  - Contact our Recovery facilitators
    - Ruth Pasillas-Gonzales [Ruthg@nyaprs.org](mailto:Ruthg@nyaprs.org)
    - Colleen Sheehan, [Colleens@nyaprs.org](mailto:Colleens@nyaprs.org)

# Adopt A Vision

“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 & Gagne 2002)