Creating and Maintaining a Culture of Recovery at the Organizational Level

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## Change Package

| Family and Patient-Centered Care Design | 1.1.1 Patient and family engagement  
|                                        | 1.1.2 Listen to patient and family voice  
|                                        | 1.1.3 Collaborate with patients and families  
|                                        | 1.1.4 Be aware of language and culture  
|                                        | 1.2 Team-based relationships  
|                                        | 1.3 Population management  
|                                        | 1.6 Organized, evidence based care  
| Continuous, Data-Driven Quality Improvement | 2.1 Engaged and committed leadership  
|                                          | 2.2 Quality improvement strategy supporting a culture of quality and safety  
| Sustainable Business Operations          |
A statewide coalition of people who use and/or provide community mental health recovery services and supports dedicated to improving services and social conditions for people with psychiatric disabilities by promoting their "Recovery, Rehabilitation and Rights"
Learning Objectives

• Understand the changing landscape from ‘traditional’ to ‘recovery-oriented’ care
• Identify strengths and challenges your organization may face in achieving a full recovery orientation
• Develop a clear plan for organizational change
• Understand the link between participant-success and organizational-success
## Where We Have Been...

<table>
<thead>
<tr>
<th></th>
<th><strong>1970’s</strong></th>
<th><strong>1980’s</strong></th>
<th><strong>1990’s</strong></th>
<th><strong>2000’s</strong></th>
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</thead>
<tbody>
<tr>
<td><strong>Primary Trends</strong></td>
<td>Maintenance and Symptom Management</td>
<td>Symptom Management, Deinstitutionalization, Psychiatric Rehabilitation</td>
<td>Rehabilitation, Recovery, Empowerment</td>
<td>Rehabilitation, Recovery, Rights, Wellness, Community Integration</td>
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<tr>
<td><strong>Primary Services</strong></td>
<td>State Hospitals, Community Residences, Sheltered Workshops</td>
<td>State and Local Hospitals, Mobile Crisis, Supported Housing, Day Treatment and Psychosocial Clubs</td>
<td>Downsizing State Hospitals, Supported Employment, Care Management, Peer Run Services</td>
<td>Downsizing State Hospitals, growing support, housing, Club Houses, Peer Run Services, ACT, Blended CM</td>
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Where We Are
2016

**PRIMARY TRENDS**
- Recovery Oriented Systems of Care
- Person Centered Planning
- Integrated Care
- Rehabilitation and Peer Delivered Services
- Self Determination
- Health and Wellness
- Community Integration
- Managed Care

**PRIMARY SERVICES**
- Health Homes
- DSRIP Networks
- Downsized Hospitals
- Reformed Crisis Systems
- Supported and Independent Housing
- Integrated Clinics
- Peer Services
- Care Coordination
- HCBS Services
RECOVERY:
SAMHSA’s Working Definition

A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.
Basic Principles of Looking with a “Recovery Lens”

• Recovery is possible.
• Recovery is based on respect.
• Recovery is a highly individualized process.
• Recovery can occur without professional intervention.
• Recovery involves more than symptom reduction and can occur even though symptoms reoccur.
• Recovery occurs in the presence of someone who believes in and stands by the person.
• Recovery services are culturally based and trauma informed.
• Recovery from the consequences of the illness is sometimes more difficult than recovering from the illness itself.
# Change of Focus

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<thead>
<tr>
<th>TRADITIONAL System/Provider Focus</th>
<th>RECOVERY Person-Centered Focus</th>
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<tbody>
<tr>
<td>Focuses on symptoms</td>
<td>Looks at a person’s uniqueness</td>
</tr>
<tr>
<td>Clients seen in context of ‘the system’</td>
<td>Individuals seen in context of their communities and lives</td>
</tr>
<tr>
<td>Emphasizes deficits and needs</td>
<td>Emphasizes strengths/gifts and capacities</td>
</tr>
<tr>
<td>1 expert in the room – the provider</td>
<td>2 experts in the room – client and provider</td>
</tr>
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</table>
What does Recovery Oriented Care look like?

- Peer leadership at all levels
- Use of a *variety* of peer services and supports
- Empowered, passionate, hopeful and supportive staff
- Diverse menu of services and supports that promote choice, quality of life and individualized approaches
- Promotion and facilitation of community integration
- Increased access: more flexibility in admission, planning and discharge
- Belief in people’s ability to recover and be resilient in the face of challenges
A Recovery Program Approach

What it Should Do:

✓ Focus in on the individual’s life goals and needs

✓ Encourage the individual to see many possibilities- maximize choice

✓ Help the individual to increase competencies

✓ Be flexible in admission and program participation criteria

✓ Not reject anyone’s participation

✓ Offer hope-the possibility for change and growth
A Recovery Program Approach

What It Shouldn’t Do

✔️ Disregard personal values, desires and wishes

✔️ Set goals unmindful of individual strengths and limitations

✔️ Offer a homogenized program that’s prepackaged and pre-defined

✔️ Set rigid requirements for intervention and force participants to choose either all or nothing

✔️ Diminish hope, constrain thinking and expectations
How can we transform our organization?
Creating a Recovery Vision

- Believe that recovery is possible, even from the most tragic circumstances or disabling conditions
- Help people to uncover abandoned hopes and dreams
- Help people to discover their personhood through culture, strengths, values, skills
- Engage communities as life sustaining forces
- Re-author the way we see ourselves
- Assure that everyone can reclaim a meaningful life role
Leadership...

• Ensures the vision is shared
• Constantly and clearly communicates the vision
• Uses the vision to inspire
• Identifies the relevance of the vision
• Leader embodies the vision in every action
• Persuades others of the potency of the vision
• Uses the vision to shape the future

Anthony, 2008
Why to a Recovery Oriented Service System?

• People improve! and work harder for a goal *they* author
• Participants rediscover and follow their dreams
• Power-Sharing reduces staff burden
• As a result, staff retention improves
• ACA demands coordinated, active, engaging, accountable, integrated, outcome oriented and person-centered services
• Managed Care wants successful participant outcomes and will not support inefficient, costly services that don’t encourage wellness
• Olmstead emphasizes integrated supports vs. institutional services
Challenges in Shifting to Recovery Oriented Service Provision

- Possible reduction in revenue
- Need for workforce re-training
- Power sharing is not always comfortable for staff
- Liability concerns
- Changes in policies and procedures
- Person-centered work takes time
- Feeling alone with the recovery approach
- Shift in thinking for both staff and participants
- Developing and sharing hopes and dreams
- Moving out of program and into community
- Including participants in all aspects of service planning
Chat Box Question

What are some challenges you have faced in creating a culture of recovery?
Change

time to re-invent
Create and Maintain Change

**PLAN**

- Create recovery principles and values with multiple stakeholders
- Adopt a clear recovery-based mission & vision statement
- Ensure Vision is shared and used to shape the future
- Identify practice change priorities (i.e. person centered, strength based, culturally competent, trauma informed, self directed)
- Plan a Transformation Team and include people in recovery in all planning and policy development activities
- Clarify objectives and goals
- Plan staff training in the philosophy of recovery, self direction and self determination and then offer concrete tools for practice
- Include other strategies to accomplish your vision
Create and Maintain Change

DO

• Create your Transformation Team
• Encourage strong teamwork and positive relationships between direct staff, participants, management and the community
• Implement staff training
• Develop procedures and tools to implement organizational and program level changes
• Examine and modify agency policy and procedures that are not in keeping with a recovery oriented vision
• Fund and support only services consistent with the mission and vision
• Monitor these changes
Create and Maintain Change

STUDY

• Have we met our objectives and targets?
• Stress outcomes over process/collect and use quality of life and recovery oriented data
• Identify obstacles to change
• Implement corrective action
Create and Maintain Change

ACT
• Determine what if anything needs to be changed
• Identify accomplishments
• Identify modifications based on study
• Begin the cycle again if necessary, until the organization and programs feel successful in creating recovery-oriented services
The Goals

Strong Person-Centered Partnership with participants

Increased participation in Recovery-Oriented services

Positive Outcomes!

For the Participant & the Provider!
“...It is our job to ask people with psychiatric disabilities what it is they want and need in order to grow and then to provide them with good soil in which a new life can secure its roots. And then, it is our job to wait patiently, to sit with, to watch with wonder, and to witness with reverence the unfolding of another person's life.”

~ Pat Deegan, PhD, Advocate, Innovator, Peer Leader

www.patdeegan.com
“There is a difference between raising false expectations and putting forth a vision toward which to work. If we continue to work toward and advocate that vision, then the vision is not misleading—it is encouraging. A vision begets not false promises but a passion for what we are doing.”

Anthony, Cohen, Farkas, Gagne, Psychiatric Rehabilitation, 2002
Additional Resources

- NYAPRS Collective Trainings – Statewide on-site provider trainings on a variety of recovery-based topics. 

- Principled Leadership in Mental Health Systems and Programs, Anthony and Huckshorn, 2008


- CTAC - [www.ctacny.com](http://www.ctacny.com) – for archived webinars and resources

- Pat Deegan - [www.patdeegan.com](http://www.patdeegan.com)

- Substance Abuse and Mental Health Services Administration (SAMHSA) 

- Visionary Leadership, Burt Nanus, 1995

- Boston University Center for Psychiatric Rehabilitation: 
  [http://cpr.bu.edu/resources/newsletter/assessing-developing-readiness-rehabilitation](http://cpr.bu.edu/resources/newsletter/assessing-developing-readiness-rehabilitation)

- Deming Institute: [https://www.deming.org/theman/theories/pdsacyle](https://www.deming.org/theman/theories/pdsacyle)
Q & A

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Thank you!

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