

Problem Statement

System transformation in Mental Health has been championed for more than two decades by both advocates and the Federal Government. However, despite all the effort invested, very few centers can demonstrate changes that show transformation in their day to day operation.

- Then, what makes a Mental Health Center more likely to get on with System Transformation?
- We identify several characteristics that have helped us to become a Recovery Oriented Center

Background

Federal Government

- The Surgeon General's Report on Mental Health (US Department of Health and Human Services [DHHS], 1999)
- President's New Freedom Commission on Mental Health (DHHS, 2003)
 - "...Recovery is a process by which people who have a mental illness are able to work, learn, and participate fully in their communities. For some individuals, recovery is the ability to live a fulfilling and productive life despite a disability. For others, recovery implies the reduction or complete remission of symptoms." (p. 5).

Consumer's accounts

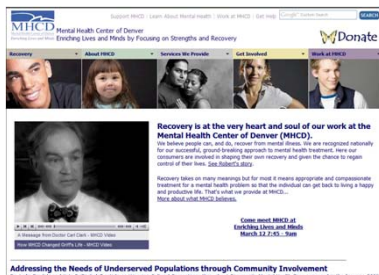
- Accounts of their own recovery
- Development of conceptual frameworks for the process
 - Patricia Deegan, (1988)
 - Chamberlin, (1990)
 - Dan Fisher (PACE),
 - Mary Ellen Copeland, (WRAP plans)
 - Fred Frere, and others

Research in Psychosocial Rehabilitation

- Increased evidence about Consumer Recovery. What goes into recovery?
 - William Anthony and the Recovery effect (2004)
 - Gary Bond and Supported Employment (2001)
 - "the first critical path to mobilizing the recovery vision is system transformation" (Anthony & Ashcraft, 2009, pp 9).
- Although the mandate comes from the Federal government, it is our belief that the real catalysts are the Mental Health Centers. We believe that very few centers in the Nation have reached this tipping point, and among them, MHCD may be one of the leaders.

The Mental Health Center of Denver

- Provide services to individuals who meet the definition for Severe and Persistent Mentally Ill (SPMI)
- MHCD Adult Services
 - High and Medium intensity ACT-like models
 - Outpatient Services
 - Psychiatric Rehabilitation—Supported Education and Supported Employment
 - Serves 4,500 adults any point in time.
- Mission Statement: "Enriching Lives and Minds by Focusing on Strengths and Recovery"



Using Challenges as Opportunities

The Goebel Suit

- Class Action lawsuit filed in 1981
- Settlement in 1994 with increased funding for a class of 1600 consumers using ACT
 - High Intensity Teams (ratio of 1 CM / 12-15 consumers)
 - Independent Living/Supported Living (ratio of 1 CM / 16 consumers)
 - Community Treatment Teams (ratio of 1 CM / 25 consumers)
 - Outpatient Treatment Teams (ratio of 1 CM / 40 consumers)
- Emphasis on Supported Employment that combined clubhouse and supportive employment (known as "The Denver model"; Starks, Zahniser, Maas & McGuirk, 2000)

The RNL and the belief that ACT is not for life

- Providing ACT for 1600 consumers limited alternatives for other consumers with high needs
- Consumers discharge criteria (created under the assumption that consumers will never recover, and will need this level of services for the rest of their life):
 - 1) Death, 2) Moved out of town, 3) In jail for a substantial period of time, 4) Could not be found 5) Refused services over a long period of time
- Unable to provide services for other consumers with high needs
- Evidence that consumers could use lower levels of service
- The Court Monitor convinced the court and plaintiff's counsel to support the concept that that many consumers move forward in their recovery and don't require, over time, the same level of service as when they first entered the program
- Creation of a UM procedure based on two assumptions
 - Consumers do recover from mental illness,
 - Consumer improvement requires that we provide the right level of service at the right time

The commitment of MHCD toward Recovery

- Similar to a paradigm shift (Kuhn, 1962); MHCD adopted this as a cultural change
- Belief about Recovery starting at the top (Board, CEO, Executive Management)
- Use of strengths-oriented services across areas
- Use of Evidence-Based-Practices, as well as programs that have been proven to be effective.
- Development of a Wellness culture throughout MHCD that includes both Consumers and Staff
- Consumer involvement at all levels of the organization



Recovery Conference



- Takes place the Thursday before Labor day
- Provide an opportunity to bring new, fresh ideas about recovery into MHCD, as well as focus "on the partnership between consumers, providers and family members regarding the possibility of recovery from mental illness"
- Has included multiple speakers,
 - Colorado speaker of the house Andrew Romanoff, and the Colorado first lady Jeannie Ritter
 - Family members like Pete Earley
 - consumers/researchers like Priscilla Ridgway Ph.D., Ed Knight Ph.D., Pat Deegan Ph.D., and Fred Frere III Ph.D
 - Service Providers and Service Users from England

The Recovery Committee

- Created as a way to keep the recovery agenda moving forward in between Recovery Conferences
- Initially included psychiatrists, clinical, management and consumers
 - Consumer's time was valued as much as that of any other professional, and as such, they were paid an hourly rate for their services
- Use of Logic Models to clarify the committee's work
 - Though intended for program development, its use felt appropriate, as one of the goals of the committee was the development of outcomes
 - The logic model forced the committee to discipline into thinking how the outcomes were related to the programs implemented at MHCD.
 - Once the Recovery committee got to think in terms of a logic model, it quickly moved toward defining what recovery was and then defining what the outcomes should be and what activities will drive those outcomes and indicators.
- Created and Emphasis on Outcomes and its relationship to Recovery

Development of Outcomes and linking them to Practice

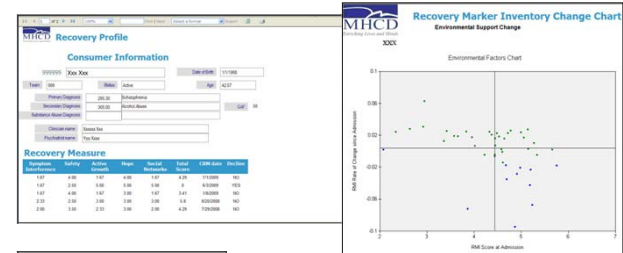
- Due to the Court overseeing, MHCD's staff was used to data collection and reporting
- Creation and data was not seen as a burden; in fact, it meant a reduction of data collection, and the option of collecting data that was more meaningful
 - Recovery Committee created framework to understand the interrelationship between self and environment
 - Instruments were intended to measure recovery from different perspectives



Creating a Comprehensive Vision of Recovery

Development of Systems to feed back information into the system

- Creation of reporting systems and Dashboards so stakeholders can access the information as they need it
- Development of Quality Control Charts so clinicians can monitor individual outcomes



Use of data for Utilization Management Review

- To determine if a gap in services has occurred and if other services should be considered
- Recommendations from this review are forwarded to the program manager for further review and implementation.



Training based on Strengths and Recovery

- Awareness that Recovery is a new concept and few clinical programs have instituted curricula around this concept
- MHCD has taken it upon itself to develop in-house training,
 - Recovery Committee: Quality systems and the Training department
- Creation of "Recovery 101" training that every new employee goes through, regardless of the type of position.
- Two of the most lasting lessons staff learn are:
 1. Recovery is a process, not a destination, which addresses a systematic approach to recovery;
 2. is individualized, not standardized, and as such, it must address where the individual is, and thus how best to progress.

Lessons Learned

- **System Transformation takes time**
 - It has taken MHCD about 8 years to get where we are now
- **Challenges can become opportunities**
 - Court mandate became a catalyst for change
- **Think outside the box**
 - MHCD's focuses more on the individuals and their attributes than their training and education;
 - SMI instructors doing job coaching to chefs providing job training, Research and Evaluation department

A constellation of people that infuse a creative stew, with flavors or strengths that complement each other rather than compete.

For more information about research or mental health recovery at MHCD, please view conference presentations on our website:

<http://www.outcomesmhcd.com>