Integrating Wellness Practices into into System Culture and Operations: Practical Steps

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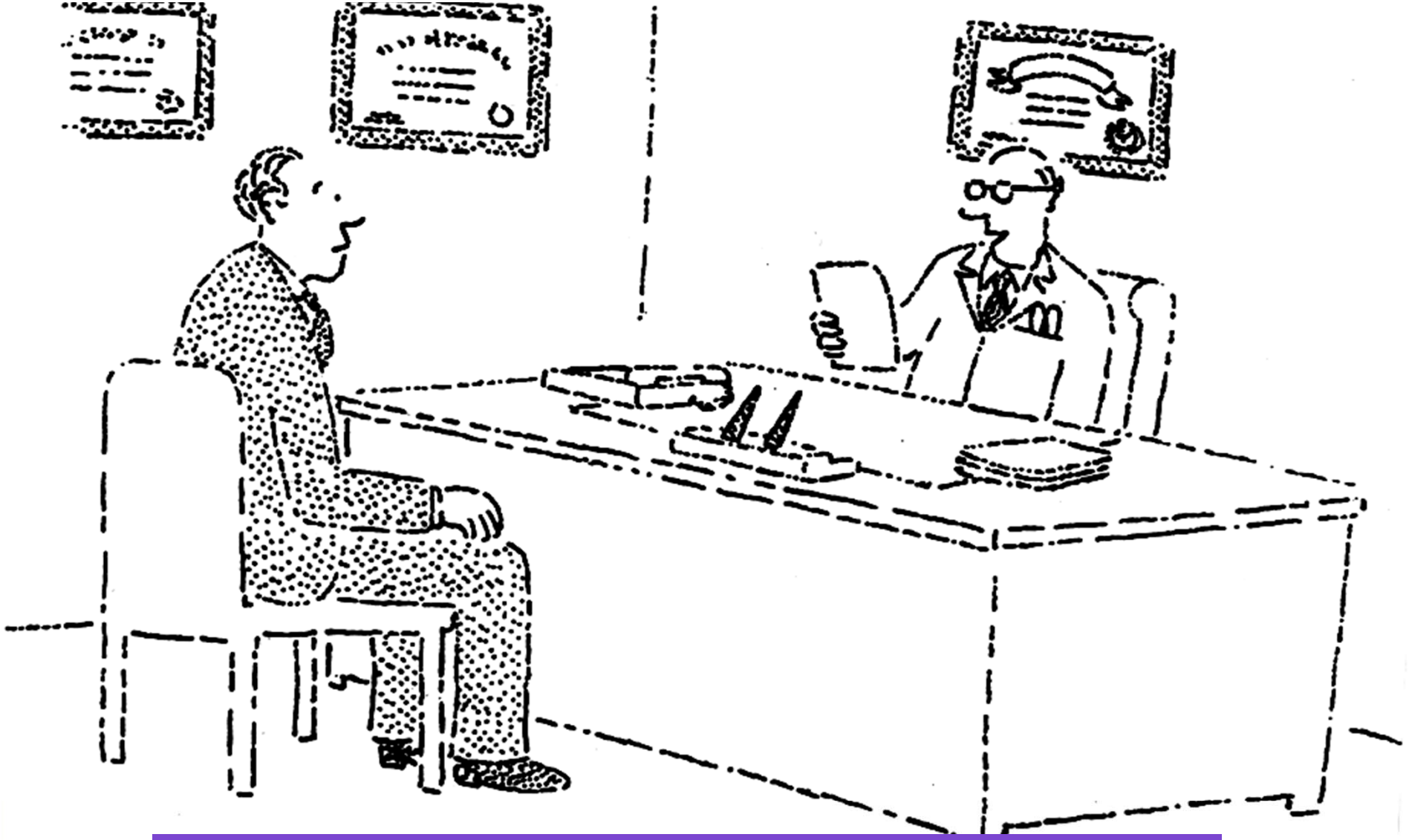
Lets begin the conversation….

Most systems are invited to agree on what to leave behind



"Well, this is a very impressive resume, young man. We think you are going to make a fine patient."

you're going to make a fine patient."

Most also agree that change requires focusing on recovering people's own:

- …choices and life goals
- …interests, skills, gifts, passions
- …hopes
- …natural sources of resilience
- …community connections and support
- …opportunities to "give back"
- …life beyond symptoms and services

All services focus on:

…assisting people to live ordinary, meaningful lives, guided by their own choices, in local communities

This change also means facing some tough questions:

(a veteran: "Partnering with Vets for Recovery Initiative")

- "What I want to know is what kind of partnership will this be? I've seen other partnerships here where I give and the other side stays the same. What kind of partnering is this?"

an Alameda County service provider…

- “How do we know that this isn’t just another system change like others …the next flavor of the month?”

  (“We be here before this change…we be here after it” -- CT B H Commissioner)

How do we chart a course toward these changes?

- What practical steps can we begin taking to implement real transformation toward a system focused on recovery, resilience, and wellness?

Begin by choosing

a system transformation approach and methodology anchored in recovery, resilience, and wellness

1. A place to begin…

- Identify, amplify, and build on the system's best work (recovery focused services, programs, practices)

- Recognize and partner with local change allies (recovering people, staff, managers, advocates, community members who are already implementing or moving toward recovery-oriented changes)

A few Alameda County examples

- Long history of self-help and solidarity among recovering people… a culture of reaching out to help each other
- 10 – 20 years of wellness/recovery/resilience conversations and funding across the system
- Change partnerships already underway
  - co-occurring conditions initiative
  - pool of champions
- Wellness / recovery / resilience leadership and change partnerships already begun

2. Assess system transformation assets, challenges, and change opportunities

- Employ focus groups, qualitative interviews, and surveys in an interlocking inquiry
- Consider focusing first on a regional or agency level – then, aligning system-wide perspective with smaller scale, regionally focused change efforts

Assessment goal

- Uncover and describe recovery / resilience…
  - …best services, practices, assets, strengths
  - …transformation challenges
  - …change opportunities

…some outcomes

- Informed strategic transformation plans have been developed
- Examples of recovery / resilience practice and program excellence have become visible, creating system examples, models, and incentives for change
- Change allies have been recognized, and local initiative and innovation released

…some outcomes

- Change opportunities and openings have become apparent and foundational to effective change efforts
- System fragmentation has been reduced as recovery / resilience is recognized as the organizing core of all system services

…some outcomes

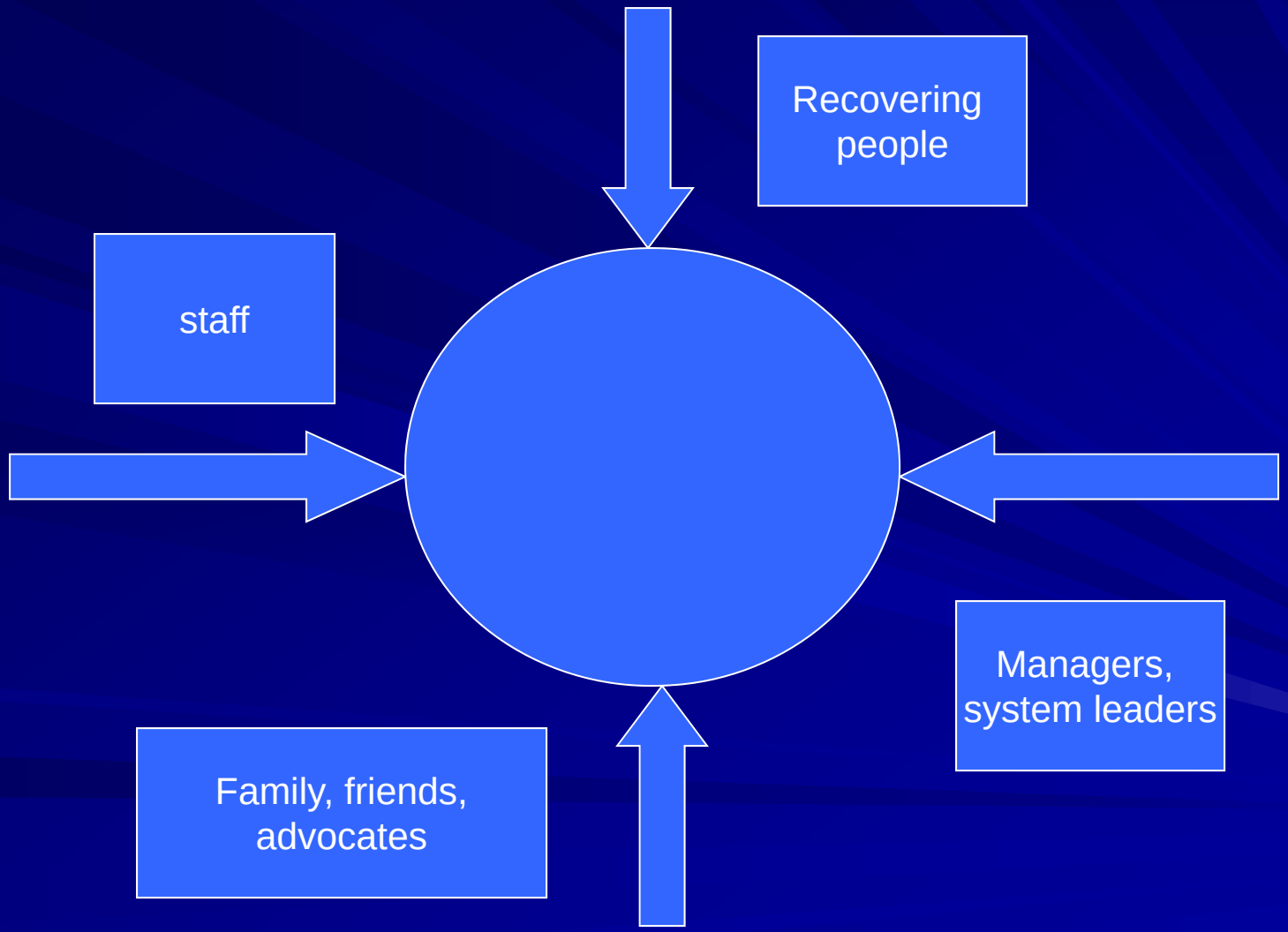
- New mission statements have been created by creative partnerships among managers, staff, and recovering people:

"Assist people in their journey toward their recovery"

"A life in the community for everyone"

"Help them get out" (a forensic hospital)

3. Create cross-perspective, honest dialogues



…a practical step toward organizational culture change

- Opening up unspoken:
  - Assumptions
  - Incentives
  - Change opportunities
  - Challenges and roadblocks

…a few specific challenges overcome

…reducing restraint use

…changing staff from watchers into engagers

…freeing certified peer specialists to accompany recovering people in the wider community

…hospital environmental changes

…restoring grounds privileges and “buddy system”

Some system outcomes

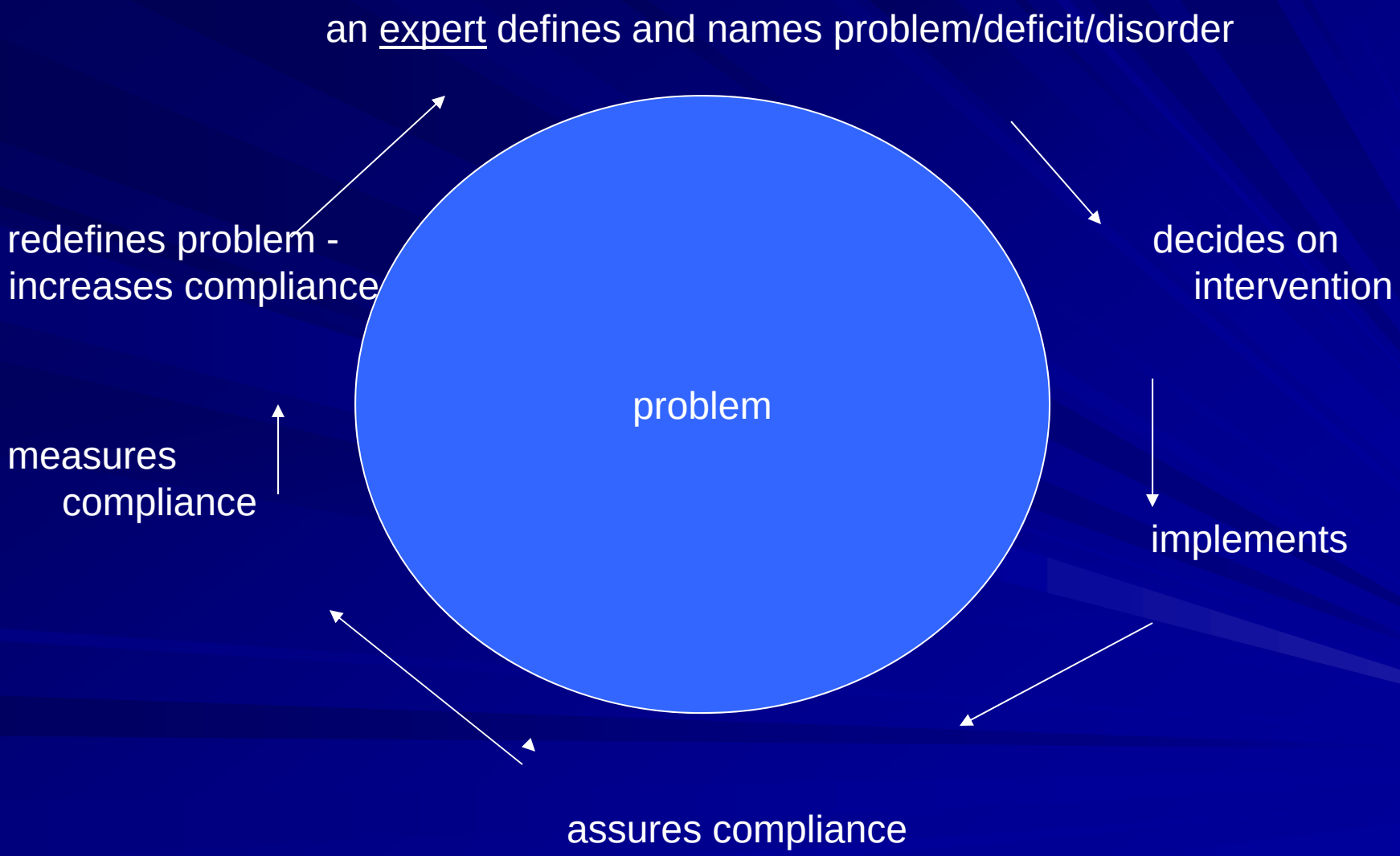
- Better understanding across system levels
- Increased buy-in and motivation
- New or enhanced partnering opportunities

- New awareness of 1st person experiences, especially resilience and recovery
- Increased willingness to try a different approach, take a risk
- Practical experiences of the potential strength of diverse perspectives

4. Shift away from narrowly deficit-driven practices

- Toward practices and a system driven by people's strengths, hopes, interests, life goals
- Translate traditional, narrowly focused treatment planning into person-centered, community focused recovery planning

From: problem focused cycles



Toward: appreciative, person-focused cycles

A few outcomes

- Co-created recovery planning… begin by changing the questions
  (example: "finding the most dog-like cat")

- One model
  - > Begin with open questions
  - > Orient plan around person's life goals
  - > Re-frame problems/symptoms as challenges to be faced en-route to life goals
  - > Develop process and language <u>with</u> recovering people

A FEW MORE OUTCOMES…

- Examples: GED and a Christmas bank account
- Effective person-centered, community focused recovery planning in one city has led to funding for state-wide implementation
- Staff – consumer partners have developed and are leading new effective, recovery-oriented groups (examples: “Homeward Bound” and “Flying Eagles”)

5. Offer "Recovery Practice Change Workshops"

- 2 ½ days focused on changing actual work practices of participants

  -- includes providers, managers, recovering people, family and community members in groups of 25

PRACTICE CHANGE WORKSHOPS. CONTINUED…

- Workshop concludes with each participant identifying and committing to a personal, “doable” change project
- Networks of change projects, self-motivated change agents, and transformation allies are built
- Bottom-up personal change projects are aligned with top-down system change strategies – releasing innovation and increasing buy-in

PRACTICE CHANGE WORKSHOPS. CONTINUED…

- Personal change projects are de-centralized but organized around a core, shared understanding of recovery / resilience
- Participants form an interactive, self-organizing network of change agent and allies

PRACTICE CHANGE WORKSHOPS. CONTINUED…

- Innovation and initiative grow as projects are based on participants' own change passions and interests
- Projects release creativity and energy across system

PRACTICE CHANGE WORKSHOPS. CONTINUED…

- Increased consumer choices and input into treatment planning; more off unit opportunities; more openness to and discussion of consumer life goals as well as problems (hospital 1 year post training)

PRACTICE CHANGE WORKSHOPS. CONTINUED…

- 100 participants are working on change projects

Based on these projects, CEO and leadership have identified 6 specific change focus areas

Small and system-wide change projects are being aligned, increasing energy, initiative, and innovation (“We are headed in the same direction”) (hospital 6 months post training)

6. Train and equip local change agents and facilitators

- System's capacity for recovery / resilience transformation is increased by adding local:
  - Skilled change agents
  - Practice change workshop facilitators
  - Change project network coordinators
  - Creative partnerships among recovering people, staff, managers, and advocates

Some outcomes

- A group of change agents and facilitators were identified in a large system
- After training and in-vivo assistance, this group formed several facilitating teams that have led recovery practice change workshops with almost 1000 stakeholders
- An effective network of change projects and change agents has been formed

SOME OUTCOMES, CONTINUED…

- In another large, urban system, a group of staff, administrators, advocates, and recovering people were identified, and were trained as facilitators and change agents
- They are offering practice change workshops across a large, urban system
- An effective network of personal change projects and change agents is working

7. Shift service resources toward in-vivo community living assistance

- Teach providers and systems to use Asset Based Community Development strategies and tools to offer community focused assistance

- Develop services that assist recovering people to identify and access community resources, partners and friends that can become reservoirs of resilience

Example:

“At the bowling alley it doesn’t matter if you’re mentally ill, if you’re a foreigner, an asthmatic, a dyslexic—just as long as you bowl as many strikes as you can you are just like everyone else. So when I’m playing a match I’m worth just as much as anyone else, maybe even more... In a bowling match everyone’s a bowler. It’s the number of strikes that counts, nothing else.”

Some outcomes

- Peer mentoring initiatives
- Recovery mentors projects
- “The Parachute Factory” and other arts partnerships
- Successfully “Beating the bushes in the community for jobs and job partners”

8. Make recovery / resilience stories visible

- Examples:
  - Recovery stories and recovery change system stories DVD produced in two large systems
  - Centers of excellence in recovery practice awards established in a state system
  - Micro-grants for recovery / resilience projects led by recovering people funded by state system

9. Partner with recovering people in all aspects of the system

Some outcomes:

- Active treatment translated into self-directed partnering activities and creative new groups: “Homeward Bound” and “Freeway”
- ER admissions “companions” project
- Peer mentors community exploration and living projects

A partnering example: co-created and led re-hospitalization reduction project

- ENGAGE – a partnership to reduce re-hospitalization
- System question: “How can we reduce re-hospitalization?”
- Blind alleys and change opportunities

“What if we just ask recovering people what will help and build a project together?”

- “What would help you?”
  - … meeting in the community away from the system
  - … lunch
  - … transportation
  - … centering meetings on life interests and goals, not just problems and symptoms
  - … fun

“What if we just ask recovering people what will help and build a project together?”

- “You can’t just stay out of the hospital – you need somewhere that you want to be, and some people that you want to be with.”

"What if we just ask recovering people what will help and build a project together?"

- New members invited to come from the hospital for lunch before discharge
- Participants' choices are central
- Participants own the group and its mission: "In this group, we help each other stay out of the hospital"

ENGAGE focus

- Life interests, skills
- Life goals
- Hopes
- Community connections – “good places to go”
- Family and friends
- Connecting with natural rhythms of community life
- Marking life successes and transitions
- Facing challenges (symptoms and problems)

Outcomes

- Re-hospitalization down about 60%
- Didn’t “lose” anyone
- Birth of peer-run community transition group: Friends and Recovery
- Still running after 10 years

Remember…

- **You can do it…**

  we can help

End

- Questions… comments?

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