



DEVELOPING AND IMPLEMENTING

A RECOVERY ORIENTED SYSTEM



PLANNING PHASE

- STAKEHOLDERS STEERING COMMITTEE-DISCUSSION ON RECOVERY
 - CONSUMERS
 - FAMILIES
 - PROVIDERS
 - COMMUNITY PERSONS & ORGANIZATION
 - AREA AUTHORITY (MH/SA BOARD)

BUILDING ON STATE INITIATIVES



- Most states are using the word recovery in their guidelines now take advantage of this, we did
- Research findings and consumer feedback were used to assist in the design of a recovery oriented system
 - the level of recovery for all consumers increased in communities where there was the presence of a Consumer Operated Service (COS). (Johnson & Heil, 1998, Murnen & Smolak, 1998, Bullock, et al., 1998, Wisnick, et al. 1998).



STATE INITIATIVE (CONT.)

- Research findings and consumer feedback cont.
 - a) consumers' perception of met needs and services empowerment (e.g., the level of involvement in treatment planning and decisions about their services) play a prominent role in predicting mental health outcomes, particularly with regard to symptomatology and quality of life. It is critical that consumers feel a genuine sense of empowerment in their relationships with service providers and that consumers' perceptions of their individual needs be included in decisions regarding services and treatment;



STATE INITIATIVE CONT.

- Consumer and Community forums
- County authority paying for hospitalizations
- ODMH development of EBPMHR in which a number of persons from Licking and Knox Counties contributed



LEADERSHIP

Consumers from Licking and Knox Counties along with clinicians and administrators decided that the next step for them was to adopt the use of the EBPMHR tool in facilitating recovery throughout the system



Leadership

- Conducted a recovery readiness assessment
- Hired a consumer as direct the recovery efforts
- The board authority developed a new vision and mission based on the recovery philosophy
- They began communicating this change and started to verbalize some environment expectations, i.e. consumers and providers would work closer together and board members received orientation to recovery training and the expectation was for providers to do the same with their board members.

RECOVERY READINESS ASSESSMENT



- Attitude
- Encouragement
- Need & Commitment to change
- Understanding of Recovery
- Organizational beliefs
- Perception about the ability to assist consumers
- Barriers & Facilitators of Recovery
- Consumer focus group



IMPLEMENTATION PHASE

- Training of Emerging Best Practices in Mental Health Recovery for clinicians and consumers
- The use of the process steps-Consumer driven
- Ongoing clinical supervision (consultant & consumers)
- Pre-test result used to refine the paperwork and inform staff of their progress



IMPLEMENTATION PHASE

- What staff liked and disliked about the process
- Use of other recovery tools (WRAP, BRIDGES, 12 STEPS)
- Consumer & System outcomes (jobs, housing, empowerment, consumer independence, reductions in hospitalization, etc.)
- Expectation of Community



MAINTENANCE PHASE

- Provider liason role
 - Coordinate the recovery effort within the organization
 - Monitor the use of EBPMHR
 - Identify barriers and success and work internally and externally to make changes, improvements or ?
 - Development communication strategies for all staff to learn about recovery and ways of incorporating into their jobs, from receptionist to director levels



PROVIDER LIASON ROLE

- One of the persons representing the provider on the steering committee
- To assure that supervisors evaluate and supervise staff from a recovery perspective
- To work with consumer organizations and assure that staff are working with, including referrals to consumer organizations
- To arrange training for staff, including using consumers as trainers

AREA AUTHORITY/BOARD LIASON ROLE



- One of the board representative persons on the steering committee
- To ensure that budget guidelines are based on recovery based consumer and system outcomes (Contracts)
- To review data for recovery oriented based consumer and system outcomes
- To continually get consumer feedback
- Coordinate with any research efforts about recovery
- To assess all program and services for the purpose of them being recovery oriented



CONCLUSIONS

- RECOVERY IS WHAT THE CONSUMER DOES
 - Educate consumers that recovery is possible, probable and give a sense of hope
 - Understanding of illness and personal responsibility
 - Understand the role and expectation of what staff can offer and how to partner with them to assist in your recovery
 - Empower the consumers to drive the clinical process through the use of the tools



CONCLUSIONS

- FACILITATING RECOVERY IS WHAT THE CLINICIAN DOES
 - Clinicians need to be trained in the process of facilitating consumer's recovery
 - Teach clinicians to be teachers and not just care takers
 - Help clinician to let consumers make their own choices
 - Assist the consumers in moving on and learning from their choices and seeing mistakes as part of the progress



CONCLUSIONS

- SUPPORTING RECOVERY IS WHAT THE SYSTEM AND COMMUNITY DOES
 - System must identify barriers to recovery
 - The system and the community must see consumers as people who are members of the community
 - The community must see itself as a very necessary and vital part of the persons recovery process
 - Stigma must be broken down one person at a time