Since none of us have ever transformed a system before, or even seen one being transformed, the path is hard to see. Our training and workforce development departments at MHA-LA and the Village began meeting regularly to try to develop new strategies. The sections of this paper not in italics were my initial effort to put together a set of steps that would describe the path of transformation. My hope was that we could also use it to organize a new list of our training and consultation offerings.

I was surprised one day to get an e-mail from Virginia asking for the reference for a slide Kathryn Power, the director of the Center for Mental Health Services at SAMHSA, had shown at a recent presentation of my five steps of transformation. Not a bad endorsement.

I wrote the italicized discussion questions in response to a request to lead a large discussion of the transformation process in a small county. As the number of questions kept growing I realized the issue was too big for a large group and narrowed our focus. Nonetheless, I think individual leaders or transformation teams may find them useful in proactively pursuing their transformation efforts.

I've included many ideas from the other system transformation papers finding spots for them along the road. I've also, however, included some ideas that are more generic management techniques. As I've gotten more heavily involved in these system transformation efforts, I've found myself reading more management books, and I've found approaches to many of the obstacles I've been facing in them. It now seems to me that a well managed system will have a much easier time transforming than a poorly managed one, and that the poorly managed ones will likely have to take a hard look at themselves and improve before they can really transform. Or perhaps the transformation effort itself will help them make long overdue improvements.

Facilitating Recovery Based Transformation: Where Are You?

(2006)

Throughout the country recovery based transformation is taking place. Lots of planning, including many new voices, has happened. Plans have been written and approvals Directives are coming down from the feds, the states, and the VA. We're getting to the point of writing new contracts, hiring new staff, creating some new programs and transforming some old ones. There's a lot of work to be done. We have to be careful if we're going to succeed in building recovery.

As I've moved around the country doing lots of trainings, I've found that things are getting very complicated. Different counties, states, and programs are at different points and different people within each county and program are at different points. We're trying to put together a picture of the larger path we're all on so people will know what to focus on next.

The first step is to build exposure and enthusiasm about recovery.

This may seem like stuff you've already done, especially if you've been sitting in endless stakeholder and planning meetings, but remember, many of the people you're going to be asking to do the actual work

and many of the consumers and their families who will be affected, haven't been to those meetings with you and may need to be brought up to speed.

Discussion questions:

1) How can everyone become aware of the basics of recovery (e.g. consumer stories, recovery research, consumer movement and other contributions, principles of recovery, consumer and family inclusion, quality of life outcomes, contrasts with the medical model)?

2) How can everyone identify how recovery resonates with them and could promote some of their core values?

3) How can everyone tell their own recovery worker stories, identify their strengths as a recovery worker and also identify what they'd like to enhance?

The second step is to build believability and motivation.

Many people, who nodded politely when told about recovery, will have some serious questions and reservations now that it's becoming real. They may not believe your system works well enough to actually build anything positive. They may not believe your leaders or the culture of your programs can ever change. They may not want to change themselves. We need to hear these concerns and create a vision they can buy into, that they think is realistic, so they'll get involved.

Discussion questions:

4) How can everyone believe recovery is actually going to happen instead of just the latest fashion to be waited out?

5) How can everyone believe their system can change enough to bring recovery to the table as an important factor in administrative decision making alongside cost control, revenue generation, risk management, personal politics, and clinical treatment promotion?

6) How can everyone believe their leaders are really invested in making this transformation work instead of pretending to do this to get the money?

7) How can everyone believe the line staff is both willing and able to become recovery workers?

8) How can everyone believe that they'll work together towards the mission of recovery instead of looking out for their own personal gain and comfort?

9) How can everyone understand the changes needed at the program level to achieve this transformation?

10) How can everyone visualize where they fit into a recovery based spectrum of services?

The third step is to build action.

People have to create action plans that they own to start actually building. We can give them recovery based goals and a clear idea of what they're trying to build, but they're the experts in their own lives. They have to build on their own strengths and find the best way for them.

Discussion questions:

11) How can line staff become willing and able to create and implement their own action plans within their clinic instead of being expected to follow orders from above?

12) How can staff form teams in their own clinics to make decisions, take risks, act, and learn from what they've tried?

13) How can program leaders champion and shepherd substantive changes in how things are done?

14) How can administration alter policies and procedures, working with unions, risk management, and funders to facilitate recovery based changes?

15) How can open and trusting lines of communication and collaboration between line staff, program leaders, and administration be created that flow both top down and bottom up?

16) How can consumers and families be included in the transformation process working alongside line staff, program leaders, and administrators?

17) How can everyone plan and make changes at the program level in staff values, staff-consumer interactions, infrastructure, and service capacity?

18) How can motivation and energy be maintained through the long and difficult implementation process?

19) How can administration actively support the transformation process by changing department mission, policies and procedures, hiring practices, outcome accountability infrastructure, and billing/productivity requirements?

The forth step is to build technical expertise.

You may be building services or programs or cultures you've never built before. You may be hiring people you've never hired before. You may be asking consumers and their families to do things they've never done before. You may need help to move beyond vision to building new skills. You may think that this should be the first step, that you should know what you're doing before you do it, but no one will really pay attention to trainings until they're motivated and already trying to do something and realize they need to know more to do it well.

Discussion questions:

20) How can staff obtain and utilize recovery expertise to best implement changes at the program level in staff values, staff-consumer interactions, infrastructure, and service capacity?

21) How can administration obtain and utilize recovery expertise to best support the transformation process by changing department mission, policies and procedures, hiring practices, outcome accountability infrastructure, and billing/productivity requirements?

22) How can staff with needed new skills including recovery promotion, housing, employment, education, benefits assistance and financial planning, dual diagnosis competency, community development and integration, wellness promotion, and graduation be trained and hired?

23) How can existing staff learn new skills and transformed roles to promote recovery most effectively?

24) How can teams of unfamiliar partners including psychiatrists, paraprofessionals, consumer and family staff and licensed clinical case managers be created and learn to work together collaboratively?

The fifth step is to build sustainability.

You need to make the new ways stick and not just slide back. You need to create structures and rituals to keep things going. Future leaders will have to maintain the transformation and promote further growth despite ongoing outside pressures. You will have to make changes in your administrative structures, leadership, programs, and your cultures and values to keep things going strong.

Discussion questions:

25) How can the system keep recovery at the table as an important factor in administrative decision making alongside cost control, revenue generation, risk management, personal politics, and clinical treatment promotion?

26) How can funding sources be altered and used differently so they promote instead of undermine recovery?

27) How can "outsiders" be incorporated into leadership, current leaders be sustained, and career ladders be built to create new generations of leaders?

28) How can employee, consumer and family orientations be created to initiate new people into the culture and practice of the program?

29) How can rituals be created to celebrate a range of successes?

30) How can programs be protected from the destructive effects of politics and budget negotiations?

31) How can an ongoing learning culture be created and sustained, always pursuing improvement and innovation?

32) How can consumers' goals be regularly given primacy over staff and system goals?

It can seem like an overwhelming amount of work to do, but the more of these process and infrastructure factors are built into the transformation process as you go along the greater the likelihood the transformation will succeed.

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