

Implementation Action Checklist

Transformation of Directly Operated Mental Health Centers in Los Angeles County

This document is an action checklist developed out of the document titled “A Practical Guide to Transformation of Directly Operated Mental Health Centers in Los Angeles County.” It lists the typical activities used by Clinic Managers in the transformation process at their local site. While there are many different methods to pursue successful transformation, we highly recommend that you consider using the successful strategies of Clinic Managers who have already begun their transformation as a guideline for your process.

I. Getting Started

1. Create the belief transformation is going to happen

- Clinic leader clarifies and agrees with District Chief on goals/purposes of transformation.
- Central administration staff address local clinic on rationale, history, and commitment to transformation.
- Provide staff information on other clinics transformation accomplishments.
- Provide staff with written information on transformation, including Directors Vision.
- Have early adopter staff from other clinics talk with staff about their transformation process.
- Meet with people using your services and explain transformation process.
- Leaders participate in Recovery Oriented Leadership training.

2. Address poor staff morale

- Clinic leaders have one-on-one discussions with staff who distrust this effort.
- Assure staff that they will be designing and implementing changes that they support.
- Reaffirm and dialogue about the four core values of hope, authority, healing, and community as a strategy to build hope and remind staff of their interest in providing quality services.
- Clinic manager establishes a unified supervisory team which supports transformation effort.

II. Present a Clear Vision

1. Inspire with a realistic vision of recovery

- Clinic leader shares his/her personal vision about value of transformation
- Have presentations by people in recovery related to four core values of hope, healing, authority, and community engagement.
- Staff dialogue about their reasons for supporting each of the four core values.
- Staff dialogue about Directors Vision
- Establish a “Recovery Library” at the local clinic.
- Regularly use part of staff meetings to discuss recovery research and practices.

III. Implementing a Structure for Change

1. Create committed leadership working together at all levels of the administrative and clinical hierarchy

- Identify second-in-command for transformation effort.
- Identify early adopters as potential leaders of domains and other change processes.
- Identify roles of supervisors in transformation effort
- Assign champions who will lead Domain groups
- Leader and Second-in-command participate in Big 13 meetings
- Dedicate part of supervisory meetings to transformation issues

2. Create administrative support for transformation

- Highlight needs and roadblocks to transformation efforts and expedite solutions.
- Involve office support staff in all Domain meetings and processes.
- Create clear decision-making processes for transformation efforts.
- Design feedback method for staff to have their on-going concerns identified.
- Create regular domain progress reporting mechanism

3. Include all staff in creating and sustaining learning cultures for transformation

- Involve staff in designing and sponsoring Domain kick-off day.
- Hold Domain kickoff day and begin Domain process
- Dedicate part of all-staff meetings to transformation issues
- Create mandatory protocol for all staff to participate in domains.
- Domain leaders participate in regional domain events.
- Design and hold regular celebrations of accomplishments.
- Utilize outside expertise of individuals and organizations when useful for innovation ideas.
- Encourage domains to cross-collaborate on projects.
- Revitalize domains periodically by having staff switch to new domains.

4. Actively involve people in recovery in the transformation process

- Create a consumer council for a feedback and problem-solving loop.
- Hire employees who are in recovery as quickly as possible.
- Use volunteers who are in recovery in clinic operations in as many ways as possible.
- Assign some transformation tasks to consumer council.
- Encourage people in recovery to speak about advantages of transformation during intake processes with other people in recovery.
- Use people in recovery as leaders of peer-run groups.
- Advocate for people in recovery to attend skill-building trainings.
- Design support systems for new employees and volunteers who are in recovery.

5. Encourage widespread involvement in designing structural change in the programs design.

- Inform staff of the five-part program model being implemented by transformation sites.
- Inform staff of long-term plans for MHSA program funding areas and mandates.
- Have pairs of supervisor/line staff visit other sites and view their designs and get feedback.
- Use Domain Three as the funnel for on-going clinic structural design questions and solutions.
- Use clinic leadership team to create basic structure for revised clinic design.
- Design structure to involve staff in feedback on draft design and involve them in final plan.
- Create regular communication loop so all staff are aware of status of program change efforts and timelines.

IV. Implementing New Services and Supports

1. Implement clinic redesign, additional MHSA programs, and aggressively address hiring needs.

- Redistribute caseloads and services using the five-part model in conjunction with the MORS Recovery Scale.
- Utilize MHSA funded positions as they become available to expand your programs services.
- Utilize staff volunteers to round out new program needs.
- Staff training in use of MHSA documentation requirements and other protocols/rules.
- Design a system to insure timely and accurate reporting of data to administrative layers.
- Design a system to insure adequate billing documentation for all existing programs.

2. Incorporate Quality of Life and recovery based outcomes in order to inform service design and increase accountability.

- Train all staff in use of MORS.
- Identify and train staff who will be on-going trainers for MORS in local clinic.
- Regularly rate all people using services by MORS scale and readjust client placement and flow in system.

3. Build new service skills and relationships as new programs are implemented.

- Build program capacity to offer a wide range of quality of life services (Jail diversion, money management, housing, employment, substance abuse counseling, parenting, etc.)
- Identify specific talents in staff and offer them opportunity to utilize their primary talents in special projects or within their current job.
- Institute “case analysis” dialogues where staff can identify the differences between standard service delivery methods and recovery oriented service methods.
- Use Teambuilding Rating and/or Domain Rating inventories to regularly assess strength of employee morale and collaboration.
- Review and dialogue with staff about L.A. County’s “Parameters for service delivery in a recovery oriented mental health system.”

4. Create collaborative community connections with other service providers and social networks building mutual responsibility, welcoming, and decreasing stigma.

- Create a community resource guide that lists activities and support available in close proximity to your clinic.
 - Host “meet and greets” with local helping organizations
 - Design a structure and give permission for staff to do community development work.
 - Build the capacity to seek and serve underserved ethnic groups in your area.
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