

American College of Mental Health Administration

**2005 Summit
March 31-April 2, 2005**

Tracking the Transformation

Recommendations from the Work Groups

Group One Recommendations

Principles of Transformation:

- Consumer and Family Driven/Youth guided
- Mutual respect among all stakeholders
- Local level solutions
- Understanding each coalitions values
- United struggle against stigma of mental illness
- Embracing diversity and diverse communities
- Culturally competent
- Accountability and integration among services.
- Research
- Partnerships across multiple entities
- Education and training
- HOPE—believing that recovery can happen.

Recommendations:

1. Use Freedom of Information Act to get original President's New Freedom Commission recommendations of all the sub-committees
2. Consumers, youth and families drive the design and implementation of mental health recovery services and supports through time, commitment, resources, education and collaboration. Process requires resources.
3. "Recovery" must be defined and operationalized both in terms of its processes (how it looks, its culture and model) focusing on outcomes of improved quality of life by building in measures of improvement. Mutual respect in all aspects of transformation between and among all stakeholders
4. Emphasize a continuum of recovery
5. Cultural competency and diversity
6. As we transform, build in ways to evaluate the process and maintain accountability throughout the process of transformation. Specify ultimate outcomes desired and analyze them to inform the process.
7. Eliminate barriers of "Medical Necessity" driven funding.
8. Realign financial incentives with recovery transformation.
9. De-stigmatize mental illness through direct contact, education and legislation.
10. Group observed this process was not consumer/family driven.

Group Two Recommendations

Principles of Transformation:

- Be nimble: Be observant for Strategic Opportunities and be prepared to respond immediately to them
- Strength-based focus and strategy that promotes recovery, resiliency and optimal quality of life.
- Effective partnerships are critical for transformation.
- Clear and shared national vision is essential.
- Integration across health, mental health, and other human services is required.

Recommendations:

1. Adopt public health approaches to mental health
2. Promote integrated service delivery systems
3. Gauge audience, tailor message, apply marketing principles and select most effective messenger to influence power. (Legislators, general public, decision makers)
4. Closely monitor Medicaid and other funders and develop a strategy to partner.
5. Challenge assumed constraints
6. Effective culture shift to achieve transformation.

Group Three Recommendations

Principles of Transformation:

- Inclusion – no marginalization, customers not system, change power structure
- Funding – CHAOS
- Professional training
- Fragmentation, duplication
- Lack of single message – fragmented within ourselves, need better national, cross state communication channels, i.e. interest circles, Nancy's email list, etc
- Need for good outcome data
- Attract natural partners, sponsors
- Top down and the down up approach to T
- Improving relationship with primary care, fuse to some extent?
- Real action today in states, CMHS, Governors = and change must come from us, states
- Dream the impossible
- Good helpers, consultants

Recommendations:

1. Change starts with a “Burning Platform” – a declaration--the reason, impetus, and passion of why you want to change. This is a role of the change leader.
2. The importance of “imagining the change you have decided upon— imagine very specifically what it is, what it looks like to consumers, to families, to the workforce, to administrators. This helps you define the roles clearly and specifically.
3. Anticipate resistance. Find the “champions of change” in the system— those who are more likely to go along with the shift. Look everywhere for this—top to bottom.
4. Confront the Brutal Facts—get data, good and bad, that tells the story of the need for change and where you are when you start. Determine the outcomes you want. This is a basic reality check.
5. Stay away from structure. This is a defeatingly political quagmire. Stay with design, with people, with services. Use data to inform change. This is a process, leading to recognition of the need for change.
6. Funding streams are obstacles to transformation, are regulatory straightjackets. We need a rational funding system.
7. We need to reach outside of formal mental health world: develop social marketing strategy, more sophisticated advocacy, and finding partners and sponsors outside mental health (criminal justice, housing, pharmacists, unions, housing, employment, etc)
8. States are KEY to the transformation process: where change is and must happen today. We have key states (NM, CA, VT, IL) who have provided us with models to move forward.

9. People with psychiatric disabilities and their families must be involved at the most significant levels.
10. Mental health staff in agencies are suffering from resignation. Find ways to help them recover too.
11. ACMHA can:
 - a. Support states by tracking the transformation with web/teleconferencing (interest circles): working to synthesize common themes of transformations
 - b. Increase diversity and inclusively at next Summit. It's crucial; especially for people with psychiatric disabilities and family members. But everyone who should be in dialogue. ACMHA must make this a priority. The Summit should be a model of the transformation we are discussing.
 - c. Let's have a "Success Off" (transformation success stories) instead of Whine Off next year! 😊
12. Individual Summit attendees can make a commitment to some kind of transformation work at home, enough to come back next year with a poster board or description of what you have put into process.

Group Four Recommendations:

Principles of Transformation:

- Has to be non-linear
- Opportunistic
- Alignment of Leadership
- Top to Bottom / Bottom to Top
- Protocols
- Rewards and Incentives
- Metrics - Endpoint /Values/Success Measures
- Values of the Workforce - Moral Capital
- Risk-taking
- Success Opportunities and Acknowledgements
- 20/80 Rule (Challenges/Consensus)
- Staged Interventions 20/60/20
- Value of "Irritants"
- Interpersonal Relationships as "active ingredients"
- Delete the archaic
- Patience and Persistence
- Inclusiveness - Decrease Barriers (with-in and among organizations)
- Learn to work with the bureaucracy

- Learning organization adapts to environment – CQI ²
- Data – driven
- Nimbleness and responsiveness

Recommendations:

1. Ensure meaningful participation/voice of consumers for all ACMHA initiatives and in all phases of planning
2. Successful transformations need to incorporate “natural allies” outside of the behavioral health arena. ACHMA may want to incorporate police/juvenile justice etc., as we look for other partnering opportunities consistent with next year’s agenda. Ensure presence of for-profit vendors as transformation partners (pharmaceutical co, Insurance co, software)
3. Specifically for next years planning committee regarding integration of physical and behavioral health. What would an ideal health delivery system look like if we were no longer concerned about the influence of stigma impacting the delivery of services for consumers with MH and SA disorders? What would the intended and unintended consequences of this system be? (Tom Trabin)
4. It is important to speak with a united voice to move transformation projects forward – Can ACMHA become a forum to promote discussion of the paradoxes between integration and parity. (i.e. New Mexico initiative and PH/BH integration) How do we support a “total health” concept?
5. Can ACHMA develop a “Technical Assistance Center” for transformative initiatives? We have learned a lot about requirements for a

transformative process.... Can ACMHA become a facilitator for other organizations?

For Examples:

- Pick a limited area of focus for transformation and do it well (i.e. Betta / NIATx)
- The impact of using a “walk through” to test out the systems performance.
- Don't get too caught up in vision and consensus...choose a path and proceed.
- Need to get commitment from top down and bottom up – how to influence governments, etc

6. We recommend a national plan be developed that is more than vision... i.e., we need to have national consensus on items such as dissemination and measurement of EBP's. The question is...who should develop this plan??????

7. As ACMHA thinks about developing a leadership agenda/training, we recommend this should include training for Innovation and Transformation Skill development.

GROUP FIVE RECOMMENDATIONS

Principles of Transformation:

New Freedom Goals:	1 Underst MH Essential	2 Cons Fam Driven	3 Dispar Elim	4 Early Sc, Asmt, Ref	5 Excell Care & Res	6 Tech
Nature of business model - align incentives & purchasing with goals of transformation	X	X	X	X	X	X
Training & education crucial; including for consumers/family members re: recovery	X	X	X	X	X	X
Buy-in (attention to resistance to change; top-down, bottom up, cross-agency)	X	X	X	X	X	X
Hope	X	X	X	X	X	X
Moral capital	X	X	X	X	X	
Reduce/eliminate stigma	X	X	X	X		
All people deserve 1st class treatment (housing, job, relationship, individual care plan)		X	X	X	X	
Prevention & early intervention		X	X	X	X	
Advocacy & training (how to, leadership, protect whistle-blowers, focus)	X	X	X	X		
Workforce training: emphasize consumers perspective & partnership (beyond inclusion)		X	X	X		
System transparency (CQI -driven decisions)			X		X	X
Integration of behavioral health w/ health	X			X		X
Communicate successes (effective treatment)	X				X	X
Recognition of interdependence		X	X		X	
Inclusivity at <u>all</u> levels (consumer, staff, policy-makers, funders)		X	X			
Make technology accessible to consumer		X				X
System needs to be consumer/family driven		X				
Focus on resilience & recovery (using: natural supports, community services & supports, system of care w/ principles reflecting consumer & family)		X				
Cultural competence (who defines this? Use of non-traditional resources, e.g., native healers)		X				

RECOMMENDATIONS

1. We must be a part of / engage with healthcare.
2. Use our strengths/successes to leverage our position as we approach collaboration at all levels of the system.
3. Educate, educate, educate; train, train, train; everyone, all systems (including other professionals).
4. Responsibility for transformation accepted by all players who are accountable to each other as system moves toward transformation goals. Own transformation within each/any element (e.g., person, group, agency, county, state, federal agency, political entity).
5. Form coalitions that work.
6. Align business & financial models: recommend that ACMHA support the financing and business models that align all resources available to support achievement of transformation goals and sustainability.
7. Whatever we do, don't stop with what we know now. Mandate to look outside your system, learn from other industries. (E.g. of success & failure in railroad industry: some thought they were in the railroad business, failed to understand they were in the transportation business.)
8. We must be at the table in next design phase of healthcare financing.
9. Develop/use technology to mobilize advocacy efforts. (Related issues: Society, most people don't agree with our values. Need to address beliefs everywhere: transformation is in all of society. Need to put transformation, recovery or anything in terms that fit listeners' culture.)
10. Use NFC report to focus decisions about actions, and to judge appropriateness of financing proposals. Point out misalignment at all levels.

Group Six Recommendations

Principles for Transformation:

Value the work necessary to promote perceptual change.

- Everyone has a unique perception.
- Perceptions can be a barrier

We are in transformation regarding evidence based practice

- There is not common agreement regarding what is ebp.
- EBP may not have integrated perceptions/effect on minority populations who, in some systems of care, are majority of consumers.
- Needs to be a broader view of EBP as there is a large variation in sites of service and consumer populations.
- Training of clinicians is frequently not consistent with the EBP that clinicians are asked to implement.
- Need to define the spectrum of what works, integrating cultural perspectives of how to define success.
- What are we using to measure what works?
- Accountability regarding EBP definition and implementation must rest with clinical leadership.
- How do we recognize/stop clinical practices that do not work.

Cultural Competence is not an add-on but instrumental and integral to transformation.

Mental Health is fully integrated into health systems.

Inclusiveness

- Must include payors/purchasers of service who have clear definitions regarding 'return on investment'.
- Reimbursement models are now BARRIERS to implementing transformational change in service delivery and recovery based models.

Transformation is not a destination. It is a process.

- Collaboration with all agencies that impact consumer lives, including community agencies.

Recommendations:

1. Recommend adoption of the IOM ten rules that should guide and direct care delivery
2. The way to shift from “talking the talk” to “walking the walk” is to develop strategies to shift/share the power.
3. Assess the shift of perception/perceptual change among consumers, families and providers. Measure within various consumer /family entities to assess disparity.
4. Infuse the world with the recovery resiliency paradigm:
 - early in training
 - early in interventions
 - Policy, schools, media
 - Regulatory funding agencies
5. Support the development of the evidence regarding outcomes with WRAP and other Self -help tools ensuring inclusiveness related to geography, culture and ethnicity.
6. Develop inclusive strategies to overcome existing silos, which would identify and engage untapped stakeholders, i.e. acute services clinicians.
7. Recommend active advocacy component.

8. To effect transformation and power sharing/shift make quality and outcome information available to consumer and family to inform their choices.
9. Develop strategies to eliminate mental health disparities in the implementation of transformational projects.
10. Develop strategies to promote social transformation
11. Increase education of consumers and families to facilitate shift of control.