

Transforming, and Integrating Recovery- Oriented Services with a Collaborative Leadership Approach

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Domain E: Facilitating Change and Providing Leadership

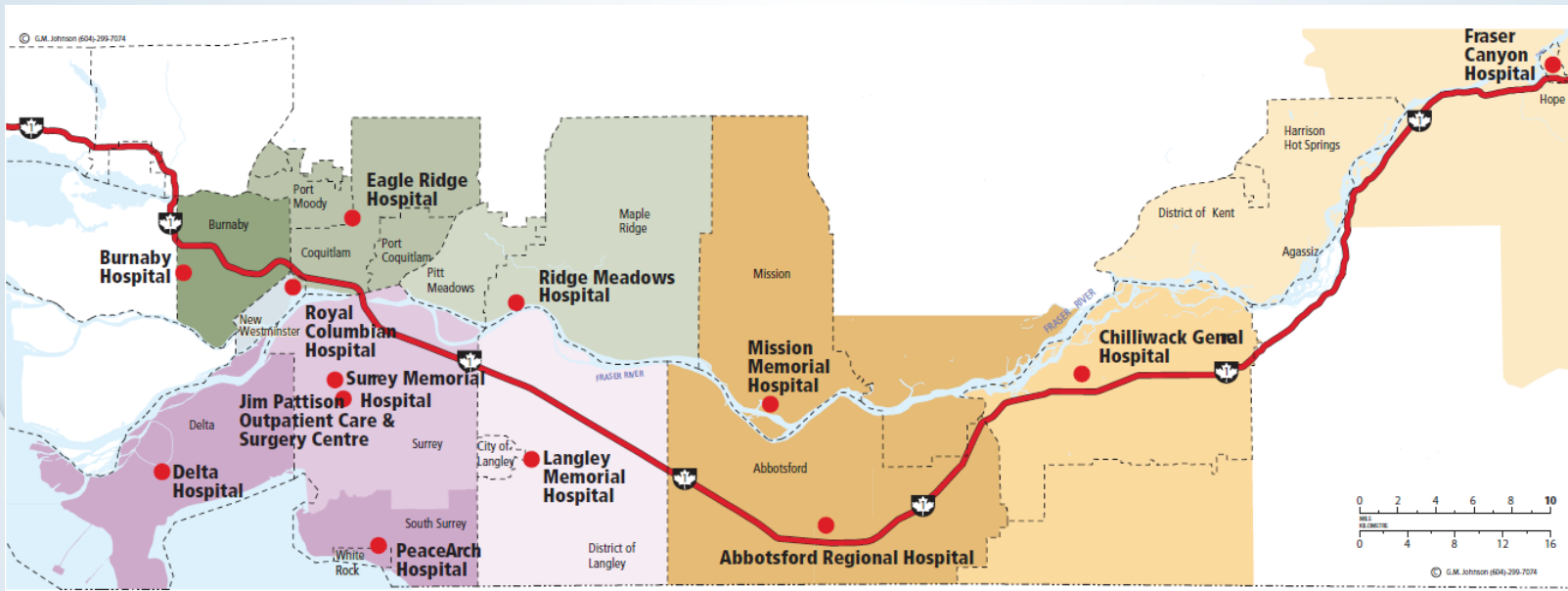
- E.1: Promotes application of recovery-oriented PSR in practice
 - E.1.1: Facilitates a shared vision and engages others in the change process to effectively apply recovery principles and competencies
 - E.1.2: Engages people with lived experience in all aspects of mental health service delivery
 - E.1.3: Advocates for resources, allocation of services and supports
 - E.1.4: Participates in outcome evaluations and research efforts to promote wellness and inclusion of people with lived experience in all aspects of the organization

“There is one individual that requires our services and it is up to us to figure out how best to meet their needs”

“Nothing about us without us”

Fraser Health

- Serving 1.8 million people
- \$3.3 billion annual operating budget (2014/15)
- 12 acute care hospitals
- Mental health & substance use care, public health, residential care, home and community care



Mental Health & Substance Use Services

Program model with system wide rollup for all services to Executive Director & Medical Director

- Services for child, youth & young adult, adult, and older adult
- Health Promotion/Prevention and Harm Reduction
- Primary and Collaborative Care
- Urgent/Emergent/Withdrawal Management
- Community/Counseling/Outpatient/Outreach
- Inpatient/Day Treatment/Short-Term Residential
- Tertiary Care/Long-Term Residential

Rehabilitation and Recovery Program Services (direct or contracted)

- Vocational Services
- Occupational Therapy
- Peer Support
- Recreation Therapy
- Exercise Therapy
- Family Support
- Clubhouse Programs
- Mental Health Advocacy Program
- Wellness Recovery Action Plan
- Regional Crisis Line

Practice Support & Stakeholder Engagement

- Responsible for Social Work and Occupational Therapy practice
- Practice model: Recovery Centred Clinical System
- Lived experience & family member involvement

“100% responsibility zero authority”

Rehabilitation and Recovery Services in 2006:

- 3 Rehabilitation & Recovery Coordinator positions
 - each reported to a different MHSU director
- Influencing the advancement of recovery principles but no direct authority over staff or programming
- Strong focus on relationship development with decision makers & education to stakeholders

Structure, Control & Influence

- Understanding organizational structure is important as it relates to direct control or influence related to change.
- Everyone has some sphere of control
 - Overseeing system wide program
 - Developing a single group

“I Have 10 Minutes What do You Need?”

- 2006 new organizational structure for MH&A
- ED identified but program structure not defined
- 3 R&R Coordinators submit a request for a meeting

“In order to advance rehabilitation and recovery services we believe that the R&R Coordinators should report to one director”

“What do you people do?”

Vision & Direction:

- April 2006 R&R Coordinators report to one director
- June 2006 proposed creation of Rehabilitation and Recovery Manager role
- July 2007 Rehabilitation and Recovery Framework
“Fraser Health Mental Health & Addiction leadership continue to champion and administer recovery-oriented services through the utilization of commonly understood terms, system-wide core values and system level practice guidelines. A Rehabilitation and Recovery Framework helps guide our work plans.”
- September 2007 Rehabilitation and Recovery Manager position created

“What is your vision for the manager role?”

- Increase the provision of recovery oriented services across the portfolio
- Strengthen the voice of individuals served in our service planning, evaluation and delivery
- Build the capacity to expand rehabilitation services
- Improve consistency of rehabilitation services both internal and contracted
- Standardize rehabilitation services reporting
- Improve the profile of rehabilitation services

(E.1: Promotes application of recovery-oriented PSR in practice)

Meeting the needs of “one individual”

- Consistency of service does not have to mean a lack of individuality or a “cookie cutter” approach
- “Our clients are unique” – should not be an excuse for services that are not evaluated and do not have a strong quality review process
- No person or program “owns” a client

Consistency Example: Clubhouse Programs

2007 identified need for greater consistency within the 10 (now 11) Clubhouse programs

- Mixed service delivery models
- Referral process not standardized
- Program deliverables not standardized
- No uniform reporting
- Multiple contract managers
 - Inconsistent contract management accountability
- No region wide regular meetings

Clubhouse Developments After 2007

Standardized:

- Program profile
- Deliverables
- Recovery plan
- Reporting
- Referral
- Annual member survey
- Quality of life
- Quarterly region wide leadership meetings
- Annual clubhouse learning exchange - all staff
- WRAP & Recovery Support Training – all clubhouses
- Targeted young adult programming
- Region wide young adult and vocational services planning
- Annual report Produced
 - 1,247 unique individuals
 - 312 individuals attend per day
 - 307 working competitively monthly
 - 80% + overall positive rating

E.1.1: Facilitates a shared vision and engages others in the change process to effectively apply recovery principles and competencies

“The only person who likes change is a wet baby” (Mark Twain)

Change Process?

- Will your activities result in different roles for staff?
- Will your activities result in different services for clients?
- Will your activities result in different processes for staff and/or clients?

Change Process: Clubhouse

- Recognize that it was the FH responsibility to bring programs together
- Identified areas of commonality
- Used best practice & evidence to ground discussion
- Started with program profile and only reporting on outputs (outcome reporting threatening for some)
- Included lived experience & family voice
- Encouraged programs to share information amongst themselves
- Focussed on strengthening the programs before evaluating them
- Hold programs accountable for their performance

Unique Clubhouse Identities & Programming Remain

- Toastmasters
- Improve Drama workshop
- Learning to Love Yourself
- Peer -2- Peer Connections
- 50+ Forever Young
- Various Social Enterprises (packaging, moving, janitorial, landscaping etc)
- Daily Lunch/Weekly Lunch
- Yoga
- Mindfulness
- Aromatherapy
- Community Garden
- My Artists Corner (artists collective leading to non profit)
- Armchair Traveler

Change Process: Rehabilitation Only Clients

Issue: Client ready for discharge from MHC but still working with rehabilitation professional to address specific goal(s) or Client recently discharged but has a need to only access rehabilitation professional

- Develop working group comprised of rehabilitation staff
- Develop guidelines for rehabilitation only clients
- Seek staff feedback
- Communicate to relevant stakeholders
- Implement new process (you can't plan forever!)
- Review impact and unintended consequences

Relationships Matter

“I’m glad you got out too”

- Informal networks can be more effective and efficient than formal ones
- Allies are needed if we are to advance psychosocial rehabilitation and recovery
- Family members & persons with lived experience need to understand our services to be able to advocate for them
- Help our colleagues to understand the value of the services “what is in it for me?”

Working to Scope

- Hire the right people (screen rigorously)
- Set high expectations (Regular meetings & formal performance reviews)
- Let staff make decisions (ex – staff required to partner with community agencies but not told how that partnership must look)
- Hold individuals accountable for their decisions (coaching and learning opportunity for staff)
- Provide support so they can do the work (innovative projects encouraged)
- Trust until proven otherwise (micromanagement does not encourage innovation)

Staff Driven Initiatives Examples

Exercise Therapy

- Partnership with Recreation Therapist
- Offered at 3 municipalities to address metabolic issues
- Kinesiology students providing services at clubhouses

Occupational Therapy Student Clinic

- Will supervise up to 6 OT students at one time

Recovery Centred Clinical System

- Clinical practice model implemented for Tertiary, Housing, contracted agencies and Community Mental Health Centres
- Standardized training, recovery plan, tools

Seven Steps to Employment

- Client employment workbook

Sharing of Information Clinical Practice Guideline and Policy

- Information sharing with families and service providers
- Applicable across all MHSU services

Difficult Decisions

May need to prioritize one service, program or role over another:

- Program or service (drop in program versus clubhouse model)
- Specialized rehabilitation role (Occupational Therapy, Vocational Counseling, Recreation Therapy)
- Group or activity (Support group or education group)

It is hard to walk beside someone if you are not willing to listen to them

- International Association for Public Participation guidelines
- Dedicated lived experience roles created
 - Lived experience part of qualifications
- Formal policy for involvement
 - Advisory & Participation Expense policies
- Expectations for inclusion in planning processes
 - Lived Experience & family involvement as part of committee terms of reference

IAP2 SPECTRUM OF PUBLIC PARTICIPATION



"Families Don't Have Information About Services"

Mental Health and Substance Use

www.fraserhealth.ca/health-info/mental-health-substance-use/mental-health-and-substance-use

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MENTAL HEALTH AND SUBSTANCE USE


Emergency Help

Need to talk to someone? Find out where to call if you are distressed or worried about someone else.




Non-Emergency Help

Find out what services are available for your mental health and substance use concerns.



Mental Health and Substance Use Centres

Access mental health and substance use centres in your community.



HEALTH INFO

- Health Topics A-Z
- Children and Youth
- Home and Community Care
- Mental Health and Substance Use**
 - Emergency Help
 - Non-Emergency Help
 - Mental Health and Substance Use Centres
 - Mental Health and Substance Use Community Services
 - Substance Use (Addictions) Services
 - Family Support

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2/1/2018

Evidence, Best Practice & Emerging Practice

- We have to be able to justify our services
- Emerging practices that are peer led have a great deal of validity
- We have to seek opportunities to pursue research in areas related to PSR
 - Current research – “Thinking Skills at Work”
 - Utilizing cognitive remediation therapy for IPS clients
 - Dr. David Erickson & Dr. Amy Burns in partnership with Canadian Mental Health Association Vancouver Fraser Branch

Questions?

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