

Issue Date: October 2010,
Mover

Focus on 'can' leads CMHC to success

Carl Clark, MD, focuses consumers and staff on what they can do, not what they can't, to promote recovery and growth
by Lindsay Barba, Associate Editor



Carl Clark, MD, believed in recovery long before the behavioral healthcare industry adopted it as a model of treatment. As a child, he witnessed recovery firsthand when his father, then in his mid-30s, was diagnosed with bipolar disorder. Rather than succumb to his illness, Clark's father worked hard at his recovery, eventually returning to work full time.

This belief in full recovery from mental illness would again play a significant role later for Clark, who is now the CEO at the Mental Health Center of Denver (MHCD) in Denver, Colo. Moving to Colorado in the mid-1980s to complete his psychiatric residency, Clark recognized a unique spirit in Coloradans: They, like his father, weren't focused on their limitations.

"In Colorado, if you go to a ski area, you'll see people skiing on one leg, skiing in chairs, blind skiers," he says. "Those folks are focused on what they can do, not what they can't do."

With that spirit at the forefront of his mind, Clark joined MHCD, the community mental health center for Denver County, in the early 1990s as the associate medical director. "I was very grateful that there was a public mental health system to help my family when my dad was ill," he says. "So part of [joining MHCD] felt like giving back."

Unique, consumer-centered recovery

Not long after Clark was named CEO of MHCD in 2000, the organization started "seriously focusing on recovery." They wanted to develop a system of measuring individual consumers' recovery, but realized quickly the challenges of that, since recovery means different things to different people.

"For one person, like my dad, recovery might be having a full-time job and living with their family," Clark says. "For another person, it might be having a safe place to live and not going to the hospital all the time."

To tailor their recovery measurements to the unique consumers they serve, MHCD put together a multi-disciplinary committee to research and develop the Recovery Marker Inventory (RMI), Consumer Recovery Measures (CRM), and Recovery Needs Levels (RNL).

The RMI is a system clinicians use to track individual consumers' progress in treatment according to eight areas, which include symptom management, active growth orientation, participation in treatment services, housing, employment, self-education, and substance abuse. At the same time, consumers evaluate their own status through the CRM, which is a set of 17 questions that gauge their perception of hope, safety, and growth, among other things. The RNL is used to match the consumer's needs, such as housing or job placement, with appropriate MHCD services.

All of these assessments are done every three months to track consumers' progress. The quarterly responses are recorded in the electronic medical record (EMR) as a scattergram, which clinicians can use to easily track improvement and identify needed services.

Through recovery measurement, MHCD was able to increase its intensive services capacity by 25 percent as more consumers graduated to less intense levels of treatment. "That didn't cost us any more money and it met a tremendous community need," Clark adds.

Empowering staff along the way

While the consumer-centered system of measuring recovery empowers consumers to tap into their individual needs and strengths, Clark has also developed a unique system at MHCD to promote growth among staff.

"It's a part of our mission statement to create a wellness culture within the organization, a work environment where people can do what they do best and be supported," Clark says. "You need to be very mindful-it doesn't happen by accident where people are engaged and really enjoy doing their work."

Clark found that out the hard way after an organizational audit found that MHCD staff "didn't do a very good job" of taking care of each

other. "As a CEO, that's a horrible thing to read, especially in mental health," Clark adds.

The organization rearranged its priorities, placing staff support and development at the top of its list. Now, all employees take a strengths-finder test developed by the Gallup Group in lieu of a performance review, which identifies each employee's top five natural strengths. The employee and supervisor then negotiate an annual development plan, which MHCD supports through continuing education and other growth opportunities.

"I can go from good to great at what I'm already good at if we focus on that, and that's what we do with the employees," Clark says. "We find out what they're naturally good at, and we make sure they're able to use that in their job."

With this approach, MHCD transformed its turnover rate from 34 percent to 12 percent.

"Our mission statement is 'enriching minds and lives by focusing on strengths and recovery,'" Clark says. "If we create that strengths-based culture for our staff and the people we see, that all comes together."

Behavioral Healthcare 2010 October;30(9):40