

National Association of State Mental Health Program Directors  
National Technical Assistance Center  
Principled Leadership for the State Hospital CEO/Administrator

Toolkit Overview

*Why the Toolkit? Why Now?*

The leaders who participated in the development of this toolkit feel a *sense of urgency regarding the need for performance improvement and system change in state hospitals.*

- The frequency of *Department of Justice interventions are troubling, but also represent leverage for change.* We must collectively support the transition from a system too often described as:
  - Resulting in deaths and injuries due to seclusion and restraints
  - Resulting in abuse of the individuals being served
  - Resulting in productive life years lost for those being served
  - Resulting in lost opportunity costs to the community when individuals are not restored to a productive life in the community
  - Lacking in active treatment and rehabilitation
  - Lacking in commitment to develop staff so that they have the skills and attitudes to contribute to a recovery oriented environment
  - Lacking in sufficient supervision and accountability to support a system focused on recovery for consumers
- The emerging mental health system is focused on providing recovery/resilience-oriented services to individuals, youth and families as its sole and compelling goal. Towards that goal, all system components, including hospitals, must articulate a vision and mission that provides a foundation for *specific recovery-oriented competencies, roles and responsibilities, detailed goals, and measurable and accountable care processes and service outcomes.*
- State mental health hospitals want to participate in this system re-design and are willing to take up this challenge including : 1) rethinking the vision and mission of a state hospital as a relatively small, but very important, component of an entire state or community system of mental health care; 2) re-defining in clear and specific language the hospital's services and goals for persons admitted to its services; and 3) collaborating with community partners, advocates, and other stakeholders to re-design these public inpatient systems of care.
- There are *myths* that can be dispelled by the resources included in the toolkit, which demonstrate that change is possible despite perceptions of:
  - Not enough time
  - Not enough money
  - Not enough staff
- And, there are some *realities* that require considerable leadership to address:
  - Political pressures
  - Traditions established by central offices and hospitals
  - Concerns about loss of fiscal resources
  - Concerns about loss of jobs
  - Inflexible personnel systems
  - Punitive reporting and risk management systems

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***Who Should Use the Toolkit?***

The toolkit is intended for those new to the CEO role and those who want to do more as CEOs or Commissioners, including:

- Those new to the job without extensive mental health experience
- Those with extensive mental health knowledge and transactional skills who want to build transformational skills
- Those with some mental health, transactional and transformational skills who want to build more skills in any or all areas
- Those who are leading transformational efforts, also have mental health and transactional skills, who want support and materials to build future leadership in their teams
- Commissioners and/or hiring authorities

***The Foundation of the Toolkit: Everything is Tested against These Values***

The toolkit is founded on the ideas of Recovery/Resilience and Family Driven/Youth Guided Care (see Core Competence Area 1).

The ***SAMHSA Consensus Statement on Recovery*** defines ten fundamental components of Recovery:

- Self-Direction
- Individualized and Person-Centered
- Empowerment
- Holistic
- Non-Linear
- Strengths-Based
- Peer Support
- Respect
- Responsibility
- Hope

***Resilience*** refers to the fact that all of us have qualities that enable us to rebound from adversity, trauma, tragedy, threats or other stresses and to go on with life with ***a sense of mastery, competence and hope***. When providing services to youth and their families, as well as adults, we want to build the capacity for resilience.

***Family Driven*** means families have a primary decision making role in the care of their own children as well as the policies and procedures governing care for all children. ***Youth Guided*** means that young people have the right to be empowered, educated, and given a decision making role in the care of their own lives as well as the policies and procedures governing the care for all youth.

***How to Use the Toolkit?***

The toolkit is organized to support learning and practical experience. It identifies ***eight core competence areas*** for supporting performance improvement and system change in state hospitals. Each core competency area is organized to describe the core competencies, knowledge, skills, attitudes/attributes

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and tasks related to that competency. Think of these as tools for self-assessment. Each competency area also includes practical examples of procedures, policies and other tools. Websites and reading recommendations are identified for further reading. And, there are suggested “low hanging fruit”—where you might start on a specific competency area. You are encouraged to pick something to work on in a focused way and measure your results

***Core Competency Areas for CEOs: How Do You Operationalize Recovery and Resilience?***

***1. Culture of Recovery/Resilience and the Community Context***

The CEO models the expectation that all of the activities of the hospital are pointed towards achieving recovery/resilience/community. For youth serving programs, the CEO models the expectation that every aspect of the hospital is family-driven and youth-guided.

***2. Leadership***

The CEO ensures shared ownership of the vision, mission and values so that these inform the culture of the organization and are fully integrated into all activities.

***3. Regulatory Environment***

The CEO understands the requirements within which the hospital operates and meets these while supporting the vision and mission.

***4. Clinical***

The CEO ensures that clinical services are designed to support recovery/resilience and the health and wellness of the individuals served. For youth serving programs, the CEO also ensures that clinical services are consistent with best practices within family-driven and youth-guided care.

***5. Operations***

The CEO ensures that all of the operations of the hospital are aligned with the vision, mission, and values, and designed to support recovery/resilience and the health and wellness of the individuals served. For youth serving programs, the CEO must ensure that all operations are family-driven and youth-guided.

***6. Budget/Management***

The CEO makes budget and management decisions that translate vision, mission, values, and the strategic plan into resources for recovery/resilience and, for youth serving programs, resources for family-driven and youth-guided care.

***7. Human Resources***

The CEO aligns the human resources of the hospital in order to translate vision, mission, values, and the strategic plan into resources for recovery/resilience and, for youth serving programs, resources for family-driven and youth-guided care.

***8. Performance Improvement***

The CEO uses data for decision making, connects all hospital activities, obtains feedback from consumers and staff on how successfully the vision, mission and values are being executed, and ensures ongoing improvement.

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***Structural Dilemmas***

The leaders compiling this toolkit are mindful that there are a set of structural dilemmas that CEOs must balance to “stay above the fray” and move vision, values and goals forward. Their collective wisdom is to be aware these exist, be conscious of where your current comfort zone is, and try out some of the approaches you will find in the toolkit to shift your balance a bit.

Manage by crises.....	Use crises for change leverage
Regulatory requirements.....	Evidence-Based Practices / Best Practices and Professional Accountability
DSM based payment requirements.....	Recovery/resilience orientation
Clinical level intervention.....	Vision/administrative level intervention
Decide with available data.....	Use measurement for improvement
Paternalistic and prescriptive policies and procedures.....	Empower consumers, youth/families and staff
Community safety.....	Competency restoration

***CEO Job Description***

A brief overview suggests the key elements of the CEO job description and additional suggestions for structuring the performance evaluation. An analysis of a sample of current CEO job descriptions is included.

***NASMHPD and Commissioners’ Role in Supporting CEOs***

The last portion of the toolkit is a series of recommendations from those participating in creation of the toolkit. These recommendations focus on what NASMHPD as an organization can do to support performance improvement in state hospitals, and what Commissioners can do to support the role of the CEOs.

***Acknowledgements***

Materials included in the toolkit are used with permission. Many thanks to those who worked together in-person and electronically in order to compile the toolkit.

***Moving Forward***

This toolkit is designed to be a “living document.” If states or hospitals have examples of effective, well-articulated, resiliency/recovery-oriented policies/procedures/guidelines that they would like to contribute to the samples provided in this kit, please forward them to [pat.shea@nasmhpd.org](mailto:pat.shea@nasmhpd.org) .

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***Project Participants***

**Raul Almazar, R.N., M.A.**  
Interim Deputy Director  
Division of Mental Health  
State of Illinois  
Consultant, Almazar Consulting, LLC  
23220 N. Church St.  
Barrington, Illinois 60010  
847-613-8361  
847-382-0159 (Fax)  
[almazarconsulting@yahoo.com](mailto:almazarconsulting@yahoo.com)

**Aidan Altenor Ph.D.**  
Director of Community and Hospital Operations  
Pennsylvania Office of Mental Health and Substance  
Abuse Services  
P.O. Box 2675  
Harrisburg, PA 17110  
717-705-8182  
717-772-7999 (Fax)  
[aaletenor@state.pa.us](mailto:aaletenor@state.pa.us)

**William. A. Anthony, Ph.D.**  
Executive Director and Professor  
Boston University Center for Psychiatric Rehabilitation  
College of Health and Rehabilitation Sciences  
940 Commonwealth Avenue, West  
Boston, MA 02215  
617-353-3549  
617-353-7700 (Fax)  
[wanthony@bu.edu](mailto:wanthony@bu.edu)

**Beth Caldwell, M.S.**  
President  
Caldwell Management Associates  
16 Wright Lane / P.O. Box 712  
Housatonic, MA 01236  
413-644-9319  
413-644-9319 (Fax)  
[bethcaldwell@roadrunner.com](mailto:bethcaldwell@roadrunner.com)

**Lynn DeLacy Ph.D., R.N., NEA-BC**  
Consultant  
1018 Harbour Drive  
Stafford, Va. 22554  
540-659-3017 (Phone/Fax)  
[lcdelacy@comcast.net](mailto:lcdelacy@comcast.net)

**Frank A. Ghinassi, Ph.D.**  
Vice President, Quality and Performance Improvement  
Western Psychiatric Institute and Clinic  
University of Pittsburgh Medical Center Assistant Professor  
in Psychiatry  
University of Pittsburgh School of Medicine  
3811 O'Hara Street  
Pittsburgh, PA 15213  
412-246-6811  
412-246-6820 (Fax)  
[ghinassifa@upmc.edu](mailto:ghinassifa@upmc.edu)

**Rupert R. Goetz, MD, D.F.A.P.A.**  
Director, Mental Health Transformation State Incentive  
Grant  
2385 Waimano Home Road, Uluakupu (Building 4)  
Pearl City, HI 96782  
808- 453-6614  
808- 630-1700 (Cell)  
808- 453-6688 (Fax)  
[rupert.goetz@doh.hawaii.gov](mailto:rupert.goetz@doh.hawaii.gov)

**Judith Hott M.S.N., R.N., B.C.**  
Chief Executive Officer  
Thomas B. Finan Center  
P.O. Box 1722  
Cumberland, Md. 21501  
301-777-2240  
301-777-2364 (Fax)  
[jhott@dhmh.state.md.us](mailto:jhott@dhmh.state.md.us)

**Eugene Johnson, M.B.A., M.S.A, L.I.SW.**  
2701 N. 16th Street, Suite 316  
Phoenix, AZ 85006  
602-636-4444  
602-636-5216 (Fax)  
[gene@recoveryinnovations.org](mailto:gene@recoveryinnovations.org)

**Tom Lane, C.R.P.S.**  
National Director, Consumer and Recovery Services  
Magellan Health Services Public Sector Solutions  
901 Ibis Ave.  
Ft. Pierce, FL 34982  
772-460-1447  
772-828-9890 (Cell)  
888-656-2373 (Fax)  
[TLANE@magellanhealth.com](mailto:TLANE@magellanhealth.com)

**National Association of State Mental Health Program Directors  
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**Janice LeBel, Ph.D.**

Director of Program Management  
MA Department of Mental Health  
25 Staniford Street  
Boston, MA 02114  
617-626-8085  
617-626-8225 (Fax)  
[Janice.Lebel@state.ma.us](mailto:Janice.Lebel@state.ma.us)

**Marty Martin, A.C.S.W., L.C.S.W.**

Chief Operating Officer  
Fulton State Hospital  
Missouri Department of Mental Health  
600 East Fifth Street  
Fulton, MO 65251  
573-592-2328  
573-592-2330 (Fax)  
[marty.martin@dmh.mo.gov](mailto:marty.martin@dmh.mo.gov)

**Fred Nirdé, L.C.S.W., C.P.A.**

Hospital Administrator  
1200 S. First Avenue  
Hines, IL 60141  
708-338-7400  
708-338-7249 (Direct)  
708-338-7057 (Fax)  
[fred.nirde@illinois.gov](mailto:fred.nirde@illinois.gov)

**Bob Quam, M.A., C.B.H.E.**

Hospital Administrator  
GEO Care/TCFTC  
96 SW Allapattah Road  
Indiantown, FL 34956  
772-597-9400  
772-597-9498 (Fax)  
[rquam@geocareinc.com](mailto:rquam@geocareinc.com)

**Gregory M. Smith, M.S.**

Allentown State Hospital  
Allentown, Pennsylvania  
1600 Hanover Avenue  
Allentown, PA 18109  
610-740-3401  
[grsmith@state.pa.us](mailto:grsmith@state.pa.us)

**Elaine J. Timmer**

Retired (Mental Health Assistant Commissioner/Psychiatric  
Hospital Chief Executive Officer)  
934 Darbyshire Road  
Sabina, OH 45169  
973-632-3514

[ejtreker@yahoo.com](mailto:ejtreker@yahoo.com)

**Kevin Huckshorn, R.N., M.S.N., C.A.D.C.**

Director  
Division of Substance Abuse and Mental Health  
1901 N. Dupont Highway  
New Castle, DE 19720  
302-255-9398  
[Kevin.hucksorn@state.de.us](mailto:Kevin.hucksorn@state.de.us)

**Guest Participant**

**Josh Warweg**

Student, Hood College  
125 W. Louthier Street, Apt. 2  
Carlisle, PA 17013.

**Facilitator and Writer**

**Barbara J. Mauer, M.S.W., C.M.C.**

MCCP Healthcare Consulting  
414 Olive Way, Suite 207  
Seattle, WA 98101  
206-613-3339, X 104  
206-352-2662 (Direct)  
206-332-1710 (Fax)  
[barbara@mcpp.net](mailto:barbara@mcpp.net)

**NASMHPD Staff**

**Narges Maududi**

Meeting Planner, Office of Technical Assistance  
NASMHPD  
66 Canal Center Plaza, Suite 302  
Alexandria, VA 22314  
703-682-5180  
703-682-7568 (Fax)  
[narges.maududi@nasmhpd.org](mailto:narges.maududi@nasmhpd.org)

**Pat Shea, M.S.W., M.A.**

Deputy Director, Office of Technical Assistance  
NASMHPD  
66 Canal Center Plaza, Suite 302  
Alexandria, VA 22314  
703-682-5191  
703-682-7568 (Fax)  
[pat.shea@nasmhpd.org](mailto:pat.shea@nasmhpd.org)

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***CEO Job Description (Key Elements and Evaluation)***

The elements of the job description should mirror the core competencies. The job description should describe the percentage of time for each core competency area and/or relative priority (e.g., A, B, C), as the result of a conversation between the CEO and the hiring authority. Performance measures should be developed for each core competency area, within the context of the state's operations. An annual 360° evaluation is recommended, including consumers/peers/youth/families, staff, community, and other stakeholders.

***1. Culture of Recovery/Resilience and the Community Context***

The CEO models the expectation that all of the activities of the hospital are pointed towards achieving recovery/resilience/community. For youth serving programs, the CEO models the expectation that every aspect of the hospital is family-driven and youth-guided.

Percent of time and/or priority:

Performance measures:

***2. Leadership***

The CEO ensures shared ownership of the vision, mission and values so that these inform the culture of the organization and are fully integrated into all activities.

Percent of time and/or priority:

Performance measures:

***3. Regulatory Environment***

The CEO understands the requirements within which the hospital operates and meets these while supporting the vision and mission.

Percent of time and/or priority:

Performance measures:

***4. Clinical***

The CEO assures that clinical services are designed to support recovery/resilience and the health and wellness of the individuals served. For youth serving programs, the CEO also assures that clinical services are consistent with best practices within family-driven and youth-guided care.

Percent of time and/or priority:

Performance measures:

***5. Operations***

The CEO assures that all of the operations of the hospital are aligned with the vision, mission, and values, and designed to support recovery/resilience and the health and wellness of the individuals served. For youth serving programs, the CEO must assure that all operations are family-driven and youth-guided.

Percent of time and/or priority:

Performance measures:

***6. Budget/Management***

The CEO makes budget and management decisions that translate vision, mission, values, and the strategic plan into resources for recovery/resilience and, for youth serving programs, resources for family-driven and youth-guided care.

Percent of time and/or priority:

Performance measures:

***7. Human Resources***

The CEO aligns the human resources of the hospital in order to translate vision, mission, values, and the strategic plan into resources for recovery/resilience and, for youth serving programs, resources for family-driven and youth-guided care.

Percent of time and/or priority:

Performance measures:

***8. Performance Improvement***

The CEO uses data for decision making, connects all hospital activities, obtains feedback from consumers and staff on how successfully the vision, mission and values are being executed, and assures ongoing improvement.

Percent of time and/or priority:

Performance measures:

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***Crosswalk of Core Competencies to Selected CEO Job Descriptions***

Seven CEO job descriptions were shared for review:

- Florida
- Hawai'i
- Illinois
- Maryland
- Massachusetts
- Pennsylvania
- Virginia

The following table summarizes which of the eight core competencies were reflected in the job descriptions (X=strongly reflected, x=somewhat reflected), the key ideas mentioned and performance measures, where they were articulated.

	Example 1	Example 2	Example 3	Example 4	Example 5	Example 6	Example 7	Key Ideas Referenced	Performance Measures Used
<b>Core Competencies</b>									
<b>1. Culture of Recovery/Resilience and the Community Context</b>	X	X	X	x	X	X	X	<ul style="list-style-type: none"> <li>• Consumer rights and advocacy</li> <li>• Collaborate with community on continuum of care</li> <li>• Open communication</li> </ul>	<ul style="list-style-type: none"> <li>• Demonstrate implementation and effectiveness of recovery based programming</li> </ul>
<b>2. Leadership</b>	X	X	X	X	X	X	X	<ul style="list-style-type: none"> <li>• Joint Commission chapter on Leadership</li> <li>• Goals and objectives</li> </ul>	<ul style="list-style-type: none"> <li>• Hospital goals and objectives established and approved on an annual basis</li> <li>• Departmental and service goals and objectives established to support hospital goals and objectives</li> <li>• Minutes of meetings</li> <li>• Patient satisfaction survey</li> <li>• Performance appraisals</li> <li>• Annual report</li> <li>• Documentation of meetings with staff</li> </ul>
<b>3. Regulatory Environment</b>	X	X	x	X	X	X	X	<ul style="list-style-type: none"> <li>• Joint Commission</li> <li>• CMS</li> <li>• State laws and licensing</li> </ul>	<ul style="list-style-type: none"> <li>• Joint Commission accreditation survey</li> <li>• CMS certification survey</li> <li>• State licensing survey</li> <li>• State Medicaid certification</li> <li>• Patient complaints</li> </ul>
<b>4. Clinical</b>	x	x	x	X	X	X	X	<ul style="list-style-type: none"> <li>• Best Practice/ Evidence-Based Practice</li> <li>• Reduce seclusion and restraint</li> <li>• Abuse investigations</li> <li>• Staff and consumer safety</li> <li>• Risk management and incident reporting</li> </ul>	<ul style="list-style-type: none"> <li>• Accident/incident data</li> <li>• Safety Committee minutes</li> <li>• Therapeutic Environment Task Force minutes</li> <li>• Patient Satisfaction survey</li> <li>• Monitor seclusion and restraint and compare facility rates to national averages Survey results</li> <li>• Minutes of meetings</li> <li>• Patient satisfaction surveys</li> </ul>

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	Example 1	Example 2	Example 3	Example 4	Example 5	Example 6	Example 7	Key Ideas Referenced	Performance Measures Used
									<ul style="list-style-type: none"> <li>• Patient complaints</li> <li>• Incident reports</li> <li>• Written plan for professional services</li> <li>• Legal petitions</li> </ul>
<b>5. Operations</b>	X	X	x	X	X	X	X	<ul style="list-style-type: none"> <li>• Safe, secure and pleasant environment</li> </ul>	<ul style="list-style-type: none"> <li>• Weekly Capital Improvement Planning Committee minutes</li> <li>• Deliberations of Support Service Committee</li> <li>• Therapeutic Environment Task Force minutes</li> <li>• Safety Committee minutes</li> </ul>
<b>6. Budget/Management</b>	X	X	X	X	X	x	X	<ul style="list-style-type: none"> <li>• Operating and capital budgets</li> </ul>	<ul style="list-style-type: none"> <li>• Expenditures reports</li> <li>• Staffing reports</li> <li>• Staffing training reports</li> <li>• Revenue reports</li> </ul>
<b>7. Human Resources</b>	X	X	X	X	X	x	X	<ul style="list-style-type: none"> <li>• Monitor staff turnover, overtime, sick leave</li> <li>• Promote employee health</li> <li>• Labor relations</li> <li>• Open communication</li> <li>• Performance management</li> </ul>	<ul style="list-style-type: none"> <li>• Staff Development attendance records.</li> </ul>
<b>8. Performance Improvement</b>	X	X	X	X	x	X	X	<ul style="list-style-type: none"> <li>• Joint Commission chapter on Improving Organizational Performance</li> </ul>	<ul style="list-style-type: none"> <li>• Hospital quality Assessment/Quality Improvement activities</li> <li>• Quality Coordinating Council minutes</li> <li>• Quarterly reports to Governing Body</li> <li>• Minutes of meetings</li> <li>• Annual report</li> </ul>

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***NASMHPD and Commissioners' Role in Supporting CEOs***

**NASMHPD**

- Establish a recovery/resilience vision for the community continuum/system of care and be the champion for the vision, and for youth serving programs, a family-driven/youth-guided vision
- Articulate a policy statement on the role of the state hospital in the vision and continuum/system of care and the value that it offers
- Work with CMS and Joint Commission to enroll/educate them in the vision and advocate for regulatory and payment mechanisms that align with the vision
- Provide technical assistance to states on legislative and executive branch initiatives to move the recovery/resilience vision, and for youth serving programs, family-driven/youth-guided vision forward
- Promote learning throughout the MH system, distribute *Principled Leadership in Mental Health Systems and Programs* to all commissioners and CEOs and make it "required reading"
- Initiate marketing of the toolkit with commissioners now
- Identify high level champions/leadership nationally for the roll-out

**Commissioners**

- Describe the role of the hospital(s) in the recovery/resilience vision and the state's community continuum/system of care, and similarly for youth serving programs, the family-driven/youth-guided vision
  - How does it fit?
  - How many, what size?
  - Plan over time, transition strategies?
- Bring hospitals into Transformation efforts and other redesign efforts in a meaningful way
  - Olmstead Plans
  - See Pennsylvania Service Area Planning model
- Identify the barriers to the recovery/resilience, and/or family-driven/youth-guided, vision at the state level and develop strategies for resolution (e.g., state/local licensing/certification, regulatory, and payment mechanisms)
- Clarify the role and accountabilities of the central office in relationship to the state hospitals
  - Service mentality, supporting the work of the hospital
  - Broad policy direction
  - Bring CEOs into the budgeting process and support budget advocacy
  - Standardize practices across state hospitals
  - Establish consistent performance metrics across state hospitals
  - Provide flexibility for CEOs to work within budget, standardized practices and measurement
- Support calculated risk of CEOs in implementing the recovery/resilience and/or family-driven/youth-guided vision and buffer the political environment to allow CEO more flexibility and room to take calculated risk
- Review the toolkit for CEOs, be a presence in the hospital(s) and reinforce the ideas in the toolkit
  - Extend toolkit to community MH administrators
- Adopt the key components of the CEO job description and reflect in the CEO evaluation process
  - Integrate consumers/peers/youth/families and staff into the hiring process

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- Integrate consumers/peers/youth/families and staff into the evaluation process (360°)
- Use standardized metrics to monitor CEO performance
- Look for a principled leader as CEO (see the toolkit) who can articulate his/her guiding principles, understands recovery/recovery/resilience, and/or family-driven/youth-guided, concepts, and understands organizational culture change