Detailed Work Program for Completion of Phase I Implementation of the Recovery Plan for Mental Health Services

Prepared for the Metropolitan King County Council by the Mental Health, Chemical Abuse and Dependency Services Division (MHCADSD)

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On November 15, 2006 the Metropolitan King County Council passed Ordinance 15327 adopting the recovery model as the policy framework for developing and operating the publicly funded mental health services for which King County is responsible (The Recovery Ordinance). Attached to that ordinance was a five-year plan to convert the existing community support service system to a recovery-based model. Included in the ordinance were requirements for a progress report to be submitted to the Council and the Regional Policy Committee by June 2007 on completion of Phase I of the Plan, which will be the Implementation Plan.

The 2006 King County Budget Ordinance 15333, Section 65, requires that: "By February 15, 2006, the mental health, chemical abuse and dependency services division (MHCADSD) shall submit a detailed work program for the completion of the Phase I recovery implementation plan" (page 38, lines 837-839). The ordinance asked for a detailed report that includes: the scope of work; tasks; schedule; milestones; specific plans for the use of expert consultants; and plans for a system change oversight group and implementation planning work groups. This report details the phase I work plan for implementation of the Recovery Plan for Mental Health Services.

Scope of Work

The King County Mental Health System Recovery Plan is a five-year system change plan that follows the blueprint for change that has been shown to be effective in other successful transformation efforts around the country. Adequate effort and attention paid to the elements of Phase I are critical to the successful completion of Phases II and III. Attached are two documents taken from work of two authors (Attachments A and B) of transformation literature whose concepts we have incorporated into the planning for our change process. They are the guiding principles of Phase I.

The focus of implementation in 2006 will be on motivating system stakeholders to engage in transformation of the system to a recovery orientation, and preparing the system for a more extensive series of policy and service practice changes in 2007. Central to the values of a revised model will be Department of Community and Human Services priorities of housing, employment, and criminal justice diversion. The work over the coming year will entail building a powerful guiding coalition of stakeholders who are invested in building and/or strengthening programs that support recovery; constructing a clear, compelling vision of the advantages of practicing from a recovery orientation; building structures for much greater engagement of mental health consumers and their families in the design and evaluation of recovery services;

identifying barriers to system change and the means to dismantle them; and beginning to spread a sense of greater hope, more optimism, and higher expectations for mental health consumers.

Tasks

Specific work tasks to achieve the scope of work are:

- Develop a shared vision of recovery that encompasses goals and values, and compels system change;
- Elaborate on what a recovery oriented system is: how it differs from the existing system, what problems it solves, the values of recovery, how workload will have to shift in order to promote recovery, and related implementation issues;
- Identify best practices that will successfully shift the service paradigm from one of community support to recovery;
- Develop strategies for system transformation, including identification of barriers to transformation and ways to dismantle barriers;
- Work toward shared resolution of issues and concerns about the transformation process;
- Engage in discussions and plan how to target available financial resources to support recovery practices and outcomes;
- Increase consumer involvement in the creation and evaluation of recovery- oriented mental health system processes and outcomes; and,
- Identify opportunities for new partnerships.

One part-time temporary staff member with an expertise in recovery has been hired to coordinate and spearhead recovery transformation activities. We anticipate that portions of the workload of ten to fifteen existing MHCADSD staff will need to be devoted to implementation efforts. We expect that the scope of work will involve the use of expert consultants in three additional areas: finance and reimbursement systems that engender recovery; workforce training in recovery practices, and a national expert on recovery who will review the transformation process in order to insure that national best practices in recovery are incorporated.

Oversight

Once final recommendations are developed by all three committees, they will be reviewed by an *Executive Committee* comprised of professional people outside the mental health system, but with system knowledge and investment in a successful change effort. Proposed members of the Executive Committee are: Council representative, a Superior or District Court judge with an investment in mental health, the Department of Adult and Juvenile Detention (DAJD) Director, a consumer, and the Department of Community and Human Services (DCHS) Director as the chair of the committee.

The ultimate oversight groups, who will be receiving regular reports from MHCADSD on the completion of the three phases of the plan, are the Metropolitan King County Council and the Regional Policy and Law Justice and Human Services Committees. The work products of Phase I will be the substance of the first report due June 2007 to those bodies.

Implementation Planning Groups

Stakeholder involvement is fundamental to the type of change we are seeking. Therefore, there will be three new groups formed with primary responsibility for planning the details of the system transformation process.

I. The ***Recovery Implementation Group*** will be a key group involving a range of specific stakeholders. This group is scheduled to start in February 2006 and will focus on details of what the new recovery oriented system will look like, and additionally provide guidance to the financial consultant and new financial model that will be generated to support the system.

The Recovery Implementation Group will consist of a core group of fourteen representatives who are knowledgeable about recovery: one Council Law, Justice and Human Services Committee staff person; three MHCADSD staff; three provider agency staff; three family members or advocates; and three consumers. It is anticipated that sub-committees will need to be convened to address issues such as recovery outcome measures; identifying barriers to transformation and potential solutions; and re-training the system's personnel. Additional community or MHCADSD representatives may become involved in these sub-committees.

The Recovery Ordinance passed by Council in 2005 included a list of twelve activities that the system will need to incorporate to demonstrate its recovery orientation. It provides the policy framework for a transformed system. Best practices that will achieve these goals will be identified, and strategies for implementation will be developed.

Specific activities and expected products are:

1. Developing concept definitions and system outcomes that are reflective of national best practices in recovery.
2. Identify nationally recognized, age appropriate recovery outcomes and performance measures by examining and selecting from recognized outcome tools such as the Recovery Oriented Service Evaluation, Recovery Oriented Systems Indicators Measure, and the Recovery Self-Assessment.
3. Establishing workforce training plans, including:
   a. Identifying training barriers.
   b. Recommending methods for implementing intensive recovery-based skill training for all contracted mental health providers during 2006-2008;
   c. Creating partnerships between MHCADSD and provider staff in the development of curricula and the provision of staff training;
   d. Developing required budget for training;
   e. Recommending policy and procedure and contract requirements that identify competency expectations for provider staff; and
   f. Defining roles for consumers and advocates in providing training.
4. Exploring and identifying evidence based, promising and/or best practices to replicate. These may be practices already present in places in our system, but also recognized best practices that have yet to be implemented.

5. Developing a plan to increase consumer involvement at all levels of the system, in conjunction with the Consumer Group.

II. The ***Financial Realignment Group*** will have the task of reviewing and commenting on MHCADSD recommendations about how to best align financial incentives to support the successful implementation of recovery initiatives. This group will be led by the MHCADSD Finance and Administrative Services Manager and the MHCADSD Division Director.

In April 2006, MHCADSD intends to hire an expert financial consultant to evaluate the current fiscal model and make recommendations regarding how to incorporate the existing best financial practices of other recovery oriented systems. Then, in September 2006, the *Financial Realignment Group* will be convened. It will consist of the financial consultant, other MHCADSD staff such as the information services manager and Regional Support Network Administrator, a budget office representative, three provider representatives, and three consumers and/or advocates with financial expertise.

III. A recovery oriented system cannot function without leadership from the consumers of its services. MHCADSD will offer support to the formation of a ***Consumer-Directed Group*** which will review and provide input on all King County recovery transformation activities. Consumers will be paid for their participation in this group, which will become a permanent feature of the transformation process. This group will also develop other strategies to increase consumer voice and influence in the system. Recruitment for this group is currently underway and is scheduled to start as soon as enough consumers have been recruited, which is anticipated to be March 2006. One of the MHCADSD Quality Review Team (consumer staff) will be invited to participate. A group of eight to ten additional consumers will be selected from those who apply to be in the group. The MHCADSD recovery expert will use an interview process to screen applicants for their overall interest in recovery, system change, and system improvement, as will their willingness to represent other consumers' opinions. He will also provide staff support to the group.

Goals of this group and products expected include:

1. Represent consumer voice in the design and implementation process;
2. Partner with the NAMI affiliates and other stakeholders in identifying consumers to participate with the group;
3. Comment on all KCMHP recovery initiatives;
4. Assure linkages to the Recovery Plan Coordination Group;
5. Identify barriers to participation and develop strategies to increase consumer voice and influence in the system; and
6. Inventory existing consumer involvement in leadership throughout the KCMHP, for example, employment, board participation, and participation on quality improvement committees.

Coordination and Policy Implementation Groups

There will be two internal MHCADSD groups charged with coordination of the system change process. These groups will meet on a regular, ongoing basis.

The first group is the *Recovery Plan Coordination Group*, scheduled to start in February 2006. This group will be led by the MHCADSD Assistant Division Director for mental health services/Regional Support Network Administrator. This group will consist of the ten to fifteen MHCADSD staff participating in recovery transformation activities.

The Recovery Plan Coordination Group is the central coordinating committee for all MHCADSD recovery transformation activities, including the work of all implementation planning groups and the activities of expert consultants. Their task is to assure that the groups are moving forward on their assigned tasks, that efforts are conducted in concert and not at cross purposes, and that there is no duplication of effort among the groups.

The Recovery Plan Coordination Group reports to the second group responsible for policy implementation, *Mental Health Plan Management*. Plan Management is the administrative group which authorizes all significant policy decisions and oversees all activities within the Mental Health Plan, including system transformation activities. Their role is critical in assuring that the initiatives we implement here are consistent with the state's transformation activities, and remain compliant with multiple state and federal laws and regulations.

Use of Specific Expert Consultants

There are several areas in Phase I of the recovery plan where additional expertise beyond MHCADSD staff is needed.

MHCADSD has hired an expert on recovery into a part-time temporary position to exert leadership in transformation activities while the Division re-assigns the workloads of existing staff who will be needed to sustain long-range transformation activities. This consultant is an experienced provider of mental health services to persons with serious and persistent mental illness. He has worked in the publicly funded mental health system for 30 years, from direct service as a rehabilitation counselor, to eventually become the Chief Executive Officer of an agency that successfully incorporated the values of recovery into its practices. He currently is an assistant professor at the University of Washington School of Social Work teaching several classes on community treatment and recovery for persons with serious mental illness. A list of his accomplishments demonstrating his qualifications to be considered an expert in recovery from mental illness is attached. (Attachment C)

In addition, MHCADSD will hire a nationally recognized expert consultant to comment on and make recommendations about the system's transformation process, activities, and progress. The consultant will provide objective third-party validation of the system's progress toward a recovery orientation.

A second area where MHCADSD requires consultation is in regard to developing a financial model that better supports recovery activities and outcomes. Since the beginning of mental

health managed care in King County, contracted providers have been paid on a case rate basis. This system has worked well for the purposes of financial risk sharing, access for clients, and utilization management. During this time of diminishing resources, we need to consider a payment methodology that will support our goal of increasing recovery practices and whether our current methodology supports this goal. Our commitment is to assuring our payment structure provides the right incentives to achieve our change goals. MHCADSD will hire a financial consultant by April 2006 to begin the process. Using this expert consultation, MHCADSD will convene a Financial Realignment Group in September 2006 to make recommendations on how to best reimburse agencies in a way that promotes recovery oriented practices.

The third area for external consultation is in the design and implementation of a training curriculum and materials to be used for extensive retraining of agency staff in recovery oriented practice. A consultant will be used to work with the Recovery Implementation Group to develop curricula and assist in implementing the resulting training in all provider agencies in 2007. There is additional potential for a large, regional recovery conference for consumers, providers, policy makers, and advocates using available proviso funds.

Schedule and Milestones

The following list describes the major milestones to be completed in Phase I.

December 2005

- Mental Health Recovery Expert hired by MHCADSD to lead transformation activities.

January 2006

- Employment goals identified to increase employment rates for all provider agencies. Contract requirement in place in 2006 contracts.

February 2006

- Begin training for all MHCADSD staff about recovery.
- Recovery Plan Coordination Group starts.
- Recovery Implementation Group starts.

March 2006

- MHCADSD sponsored retreats with provider agency CEOs, clinical directors, and Medical Directors to discuss recovery vision, system transformation challenges, and solutions for moving the system forward.
- Consumer-Directed Group starts.
- Start Roundtable dialogs about recovery vision, system transformation challenges, and solutions for moving the system forward with managers, staff, and consumers.

April 2006

- Consumer leadership training implemented.
- MHCADSD consumer led Quality Review Team will begin forums on consumer leadership, empowerment, and control in treatment.

April-September 2006

- Gather and consolidate input from workgroups, dialog groups, and consultants. Add or modify timeframes and activities as indicated.
- Existing evidence based, promising, and prospective practices for replication identified at the national and local levels.
- Barriers to system transformation and ways to surmount them identified.
- Workforce training plan and budget established.
- Training consultant hired.
- Financial consultant hired.
- Recovery outcome and performance measures identified.
- Plan to increase consumer involvement at all levels of the system created.
- All provider agencies will complete a self-audit of recovery practices and develop an individualized plan for improving recovery practices.

September 2006

- Financial Realignment Work Group convened.

October-November 2006

- Consolidation and implementation of work group recommendations.
- Data needed for monitoring outcomes identified.

December 2006

- Sample person-oriented recovery plan developed that can be adapted for use in all provider agencies.
- County-wide Recovery Conference planning begins.
- Develop criteria for mental health case managers to achieve designation as Recovery Specialists.

January-May 2007

- Develop final work group products for implementation.
- Policy and Contract changes generated.
- Recovery Conference provided to kick off Phase II.

June 2007

- First report due to Council and Regional Policy Committee on completion of Phase I.

MHCADSD anticipates that the groundwork laid in 2006 and early 2007 will prepare the system for more extensive system change toward recovery practices in 2007-2008. This will include implementing a new financial model; engaging in intensive, agency-based re-training of provider staff; re-conceptualizing provider contracts, policies and procedures, outcome measures, and

auditing processes; and assimilating consumers and family members into a broad array of leadership positions and functions. This is expected to continue until 2011, if not longer.

Projected Budget

MHCADSD proposes the following budget for the use of proviso funds. These numbers are projections at this time and may not reflect the actual expenditure in each category.

Stipend for consumers in the group providing consumer input:	$ 4,500
Part-time temporary position providing system transformation leadership	$35,000
Recovery Consultant	$10,000
Recovery Conference	$25,000
Financial Consultant	$35,000
Training Consultant	$38,500
Recovery Training Materials for all Provider Agencies	$50,000
Materials to support consumer leadership training; recovery plan development and implementation; reporting from all workgroups, retreats, and dialog groups; Recovery Specialist certification process; and related support activities.	$ 1,000
Mileage to all activities	$ 1,000
Total:	$200,000

Mental Health, Chemical Abuse and Dependency Services Division in-kind contributions of time of 15 staff who will be engaged in recovery transformation activities above and beyond their usual duties are not included.