

manner. It means a way of living a satisfying, hopeful and contributing life, even with illness caused limitation.”¹

As early as 2000, the Council recognized the need for the King County mental health system to move beyond maintenance of persons with serious and persistent mental illness to the recovery of function and participation in the community to maximum extent possible for individuals. In 2003, the President’s New Freedom Commission on Mental Health recognized recovery orientation as a best practice model. The Washington state legislature amended the Community Mental Health Services Act in to include recovery concepts during its 2005 session.

On November 15, 2005, the King County Council passed Ordinance 15327, a revised Mental Health Recovery Ordinance. The council action also adopted the August 2005 Recovery Plan for Mental Health Services to serve as an overall guide for mental health recovery activities.

The Recovery Plan included a five-year work plan for transforming King County’s mental health service system from one based on community support and maintenance to one based on recovery and resilience. The Recovery Plan for Mental Health Services described the five-year work plan as occurring in three phases:

- Phase I. Create a shared vision of recovery: 2005 – 2006 (**completed**)
- Phase II. Initiate change 2006 - 2008 (**completed**)
- Phase III. Increase depth and complexity (2008 - 2010) (**underway**)

In July 2007, the Council adopted Ordinance 15978. The ordinance adopted the Phase II implementation plan and directed that the Department of Community and Human Services (DCHS), Mental Health, Chemical Abuse and Dependency Services Division (MHCADSD) to prepare annual reports for the council’s review.

ANALYSIS

King County and its network of mental health agencies have made measurable progress toward achieving the goals articulated in the 2005 Recovery Ordinance 15327.

The 2009 annual report (**Attachment 1**) provides details on the achievements of the recovery work past year. Highlights include:

- Provided comprehensive training for forensic outpatient mental health workers
- Made incentive payments to mental health providers who put into practice the necessary structures and processes that contribute to client recovery
- Conducted two peer counselor training classes; a total of 76 individuals have been trained and there is a waitlist for 2010 classes
- The King County Mental Health Recovery Web page went live in January 2009. Pages include inspirational recovery stories submitted by consumers; information

¹ Ordinance 15327

about recovery, resiliency and wellness; summaries and updates about the recovery initiatives in King County; and links to other recovery resources.

- 200 individuals attended recovery events throughout King County
- Consumer councils increased from five to nine and peer support specialists increased from 17 to 76

In addition, the Executive Oversight Committee, the King County Mental Health Advisory Board, the Voices of Recovery, and the Recovery Advisory Committee were actively involved in regularly reviewing reports and monitoring the ongoing progress of transformation to a recovery oriented service system.

Transforming the publicly funded mental health system in King County is, and will continue to be, an enormous undertaking. DCHS has made significant progress in the transformation effort to date. The department continues to work closely with staff, providers, consumers and family members to gather and integrate feedback into the recovery transformation efforts.

ATTACHMENTS:

1. Mental Health Recovery in King County: 2009 Annual Report and transmittal letter dated February 11, 2010

FOR ADDITIONAL INFORMATION on Recovery see:

www.kingcounty.gov/healthservices/MentalHealth/Recovery.aspx

Mental Health Recovery in King County **2009 Annual Report**

“Mental health recovery is a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential.

- From the National Consensus Statement on Mental Health Recovery



Department of Community and Human Services
Mental Health, Chemical Abuse and Dependency Services Division

**King County Mental Health Recovery
2009 Annual Report**

Recovery Executive Committee Membership Roster

<p>Kelli Carroll, Principal Legislative Analyst, King County Council Representing: King County Council</p> <p>Nancy Dow-Witherbee, King County Mental Health Advisory Board, (former Chair) Representing: Mental Health Advisory Board</p> <p>Julie Spector, Judge, King County Superior Court Representing: Superior Court</p> <p>Arthur Chapman, Judge, King County District Mental Health Court Representing: District Court</p>	<p>Jackie MacLean, Director, King County Department of Community and Human Services (DCHS) Representing: King County DCHS</p> <p>Kathy Van Olst, Director, King County Department of Adult and Juvenile Detention Representing: Adult and Juvenile Detention</p> <p>Committee Staff: Jean Robertson, Assistant Division Director, Mental Health, Chemical Abuse and Dependency Services Division (MHCADSD)</p>
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Recovery Advisory Committee Membership Roster

<p>Trish Blanchard, Sound Mental Health Representing: Providers</p> <p>Marilyn Daniel, Valley Cities Counseling and Consultation Representing: Consumers</p> <p>Stacey Devenney, Valley Cities Counseling and Consultation Representing: Providers</p> <p>Mike Donegan, Downtown Emergency Service Center Representing: Providers and employment specialist</p> <p>Nancy Dow-Witherbee, King County Mental Health Advisory Board Representing: Mental Health Advisory Board</p> <p>Veronica Kavanagh Representing: Family members</p> <p>Laura Meins Representing: Consumers</p> <p>Helen Nilon Representing: Consumers</p>	<p>Kelli Nomura, Community Psychiatric Clinic Representing: Providers</p> <p>Joyce Stahn-Mardock Representing: National Alliance on Mental Illness and family members</p> <p>Eugene Wan Representing: Mental Health Advisory Board</p> <p>Pam Wilson Representing: Consumers</p> <p>Open Position Representing: King County Alcohol and Substance Abuse Administrative Board</p> <p>Committee Staff (MHCADSD): Terry Crain, Mental Health Recovery Specialist Barbara Vannatter, Clinical Services Specialist LaTonya Rogers, Parent Support Specialist</p>
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Voices of Recovery – A Consumer Advisory Committee Membership Roster

<p>Annette DuBois</p> <p>Larry Folkerts</p> <p>Laura Meins</p> <p>Kenneth Patterson</p> <p>Mathew Peterson</p> <p>Tae Suh</p> <p>Felton Swain</p>	<p>Janine Boyer</p> <p>Two open positions for parents of children receiving mental health services in King County</p> <p>Committee Staff (MHCADSD): Terry Crain, Mental Health Recovery Specialist Lenore Meyer, Quality Review Team</p>
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King County Mental Health Recovery 2009 Annual Report

Executive Summary

As required by King County Ordinance 15327 adopting the King County Mental Health Recovery Plan, the Department of Community and Human Services (DCHS), Mental Health, Chemical Abuse and Dependency Services Division (MHCADSD), have prepared the Mental Health Recovery in King County 2009 Annual Report. The report offers a summary of the activities and accomplishments of the county's efforts, in concert with many individuals and stakeholders, in working to transform the publicly funded mental health system in King County. This transformation embraces and supports the recovery of the people who participate in mental health services.

This report details the substantial progress that has been made over the past year. Three key groups partnered with MHCADSD to provide direction, grounding, evaluation and planning for the mental health recovery initiative. The three groups were the Recovery Executive Committee, the Recovery Advisory Committee, and the Voices of Recovery. Together, these three groups comprise a wealth of experience and knowledge of the people who participate in mental health services and those that provide the services.

The Recovery Executive Committee, a stakeholder group of county policy makers, met early in 2009 to review progress and plans for the coming year. Members are particularly interested in seeing opportunities for peer support services expanded in the future, and the value of that service recognized as an integral component of the mental health system. Additionally, they advocate for peer support service specialists receiving appropriate compensation.

The Recovery Advisory Committee is a stakeholder group of providers, consumers, and family members that meets monthly. This committee provides regular feedback about community and provider perceptions of how the recovery implementation process is progressing and helps to identify barriers to recovery implementation, unintended consequences, and recommendations for ways to reduce or eliminate them. In addition to this ongoing work, the Recovery Advisory Committee assisted in developing the workforce and consumer community training program in the last year.

The Voices of Recovery, a consumer advisory committee, meets twice per month. In the last year, members participated in site reviews at the mental health agencies to measure progress made toward agency recovery goals, and presented at recovery celebrations for consumers. The committee also invited representatives of the consumer councils at the agency level to attend the first meeting of each quarter to share information, build hope, and strengthen consumer voice.

People who participate in mental health services and who have mental health challenges variously self-define as consumers, clients, patients, survivors and as simply, people. In the interest of clarity and consistency, this document will use the term "consumer".

Groundwork that was laid in the first years of implementation of the Mental Health Recovery Plan has resulted in significant progress toward system change. This report will describe that progress toward the goals of the plan. It will also provide information about the important initiatives underway to improve the system of care in King County to support the recovery of people who live with the challenges of mental illness in our communities.

King County Mental Health Recovery 2009 Annual Report

2009 Highlights

- Recovery celebration events to spread the good news about recovery were attended by a total of 200 people in five locations throughout King County. Members of the Voices of Recovery group participated as presenters.
- Coordination with the criminal justice system is being improved by the development of a new comprehensive training for outpatient mental health workers who will be “forensic” specialists. The training was provided for the first time in September 2009.
- Fall site visits to mental health agencies to review progress on their agency recovery plans found significant progress. There are now nine consumer councils, an increase from five originally, and 48 peer support specialists, an increase from 17. Consumers on the Voices of Recovery advisory committee and the Quality Review Team participated in the reviews, exemplifying the recovery principle of “nothing about us without us”.
- Training for the workforce in recovery begins in 2009 with a contract with Essential Learning for Web-based, online learning. The curriculum will include competencies and technologies known to be helpful and supportive of recovery.
- Peer counselor training continues with the fourth class provided by MHCADSD in June 2009. A fifth class is planned for fall 2009 at capacity enrollment with a waitlist of 50 people.
- The first King County Mental Health Recovery Poster Art Contest had 42 entries from 21 artists on a theme of the essential components of recovery. The winning poster is being distributed to help educate consumers and the community about mental health recovery.
- Incentive payments to mental health providers in 2009 helped put into place the structures and processes that will lead to the outcomes consumers and family members want, thus rewarding practices that contribute to recovery.
- The King County Mental Health Recovery Web page went live in January 2009. Pages include inspirational recovery stories submitted by consumers – becoming the heroes of their own stories; information about recovery, resiliency, and wellness in general; summaries and updates about the recovery initiatives in King County; and links to other useful recovery resources.

King County Mental Health Recovery 2009 Annual Report

Introduction

What is mental health recovery?

In 2003, the President's New Freedom Commission on Mental Health report was released, which stated:

"Recovery refers to the process in which people are able to live, work, learn and participate fully in their communities. For some individuals, recovery is the ability to live a fulfilling and productive life despite a disability. For others, recovery implies the reduction or complete remission of symptoms. Science has shown that having hope plays an integral role in an individual's recovery."

Similar to living with an illness such as diabetes or asthma, mental health recovery requires a person with mental health challenges to become an active partner in finding and maintaining their own wellness. The principles of recovery empower individuals to reach for their dreams and find hope in tomorrow. There is no single definition for recovery. Recovery is unique to each individual and is based on what recovery means to that person.

Many people on the recovery journey report that their symptoms begin to diminish over time. Research and experience has found that for a significant percentage of people diagnosed with a major mental illness, full recovery is possible.

Who will recover?

Multiple analyses have looked for variables that will predict who will and who will not recover. Significantly, to date, research has found no way to predict which persons might recover. Since the mental health system cannot predict who will and to what degree, *each and every person* must be assumed to be able to recover.

Does the type of mental health services matter?

A study compared a state program that operates from a recovery paradigm with rates of recovery at 67 percent to a traditional state program that focused on maintenance and stability with a recovery rate of 47 percent - evidence that recovery focused care produces greater outcomes for consumers.

The Fundamental Components of Mental Health Recovery

- * Hope
- * Self-Direction
- * Empowerment
- * Holistic
- * Non-Linear
- * Individualized and person-centered
- * Strengths-Based
- * Peer Support
- * Respect
- * Responsibility
- * Resilience

From the National Consensus Statement on Mental Health Recovery

King County Mental Health Recovery 2009 Annual Report

Background

On November 15, 2005, the King County Council passed Ordinance 15327, a revised Mental Health Recovery Ordinance. The council action also adopted the Recovery Plan for Mental Health Services, dated August 2005, to serve as an overall guide for implementation. This document including a five-year work plan for transforming King County's mental health service system from one based on community support and maintenance to one based on recovery and resilience. The recovery plan described the five-year work plan as occurring in three phases.

As part of the 2006 King County budget, the council approved a budget proviso to support the costs related to the necessary system change. As directed by the proviso, a Phase I detailed work plan was prepared and submitted to the council for review and approval in March 2006. In June 2007, a Phase II implementation plan was approved by the council. Ordinance 15327 directed DCHS, MHCADSD, to prepare annual reports for the council's review. The 2008 Mental Health Recovery Annual Report dated October 2008 summarized progress in Phase II and described the transition underway to Phase III. Attachment A provides the history of milestones achieved in Phases I and II.

King County Mental Health Recovery Plan:

- Phase I. Create a shared vision of recovery (2005-2006)
- Phase II. Initiate change (2006-2008)
- Phase III. Increase depth and complexity (2008-2010).

Key Tasks to be addressed in each phase:

- Develop and refine a shared vision of recovery
- Identify and analyze best practices and how these might be implemented
- Assess existing services and resources, including reimbursement models that might best encourage resource realignment
- Identify strategies, goals, action steps and timelines.

The 2005 Mental Health Recovery Ordinance was actually the second ordinance adopted by the council related to recovery. On October 16, 2000, the council passed Recovery Ordinance 13974. According to this earlier ordinance, persons with severe mental illness should become "recovered," and spoke of clients becoming less dependent as a measure of recovery. Reporting requirements focused on adults only, and only those with certain diagnoses.

Phase I: Creating a Shared Vision of Recovery

In order to create a shared vision of recovery, a number of activities were initiated. Integrated stakeholder groups were formed for planning and evaluation of system change. Three executive retreats took place for provider agency management staff to ensure a common understanding and investment in moving the system forward. Numerous presentations on recovery were provided for mental health workers and consumers. A thorough review of evidence-based practices was completed, to gain knowledge and expertise in recovery principles. The MHCADSD invested in hiring a recovery specialist to lead and focus the recovery initiatives. Mental health provider agencies agreed, by contract, to participate in recovery initiatives.

Phase II: Initiation of Change

In order to initiate change within the publicly funded mental health system, a shift in approach needed to occur within the county and among the provider network. In the Phase II Implementation Plan, published in June 2007, three clear strategies were articulated to facilitate the needed changes:

- Strategy 1 – Rewarding Structures, Processes and Outcomes that Promote Mental Health Recovery
- Strategy 2 – Provide Workforce Training in Recovery Practices
- Strategy 3 – Use of Regulatory Practices to Promote Change, including More Focused Monitoring on Policies, Procedures and Contracts

The MHCADSD worked with an expert consultant and developed a way to fund and reward recovery practices, and create incentives for change. The Incentives Implementation Work Group was formed as a partnership of provider mental health agencies and MHCADSD. The work group began meeting in 2007 to define ways to weigh, measure, and prioritize the incentives. The incentives plan allows for incentives to be individualized to each agency, taking into account their size, the population they serve, and their unique challenges as they transform to a recovery orientation.

In 2007, mental health agencies received the incentive funds by committing to participate in system transformation efforts via a “letter of intent.” This included an increase in case rate payments beginning in June 2007 through December 2007. Agencies were explicitly encouraged to utilize these funds to begin shifting to more recovery oriented services.

Also in 2007, MHCADSD created a template of a self-assessment and agency recovery plan. The self-assessment was intended to inform the agencies about the types of strategies the agency might need to employ to effect broad change. The agency recovery plan template described the services and systems expected to be in place in a recovery oriented program. All 16 mental health agencies completed a self-assessment and created an agency recovery plan, with goals and objectives unique to the people they serve and the strengths and challenges of the agency. Preparing and submitting these plans were the basis of the 2008 incentive payments. All 16 outpatient provider agencies earned this incentive payment.

Experience has shown that the system demonstrates improved flexibility, strength and integrity, inasmuch as recovery principles are expressed throughout the transformation process and across all levels of the system. For example, the initial work force training plan was largely developed by county staff. The planned training would have provided exactly the same training for everyone and the one-size-fits-all approach proved ineffective.

Recovery means remembering who you are and using your strengths to become all you were meant to be. Similar to living with an illness such as diabetes or asthma, mental health recovery requires a person to become an active partner in finding and maintaining their own wellness. The principles of recovery empower individuals to reach for their dreams and find hope in tomorrow. There is no single definition for recovery. Recovery is unique to each individual and is based on what recovery means to each person.

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A more thoughtful planning process that better incorporated recovery principles resulted in a training plan that includes the ability to assess the strengths and needs of each person to be trained in order to develop a training plan individualized to the participant and the agency's goals. Consumers and providers worked in partnership with county staff to identify the competencies needed in order for services to be more recovery oriented and arrived at revised work force training plan.

The recovery journey of the King County mental health system has resulted in other changes as well. As implementation evolves from the initiation of change in Phase II into Phase III, increasing the recovery system in depth and complexity, changes to the strategies were indicated.

Strategy 2 was revised from work force training in recovery to widen the provision of training and support to consumers, workers, and the community at large. The revision was made in response to recommendations from the Recovery Advisory Committee and the Voices of Recovery Advisory Committee. Recovery literature confirms the principle that recovery is best fostered and supported in the context of a relationship where both the consumer and the worker are recognized as experts in their experience and understanding of what works. The expanded focus of Strategy 2 also addresses issues of social inclusion and reduction of stigma in the community.

As part of Strategy 2, MHCADSD began sponsoring the state approved peer counselor training locally in 2008 to ensure King County consumers had access to the training. Two trainings were provided to mental health agencies to help them understand the body of work and the value of peer support services. Standards were developed for the responsibilities, training, and supervision specific to peer support services.

An annual review of policies and procedures and contracts started to define and refine the expectations related to practices that better support mental health recovery. Wording was amended where necessary to ensure person-first language. The rationale behind person-first language is recognition of the human being first, and that the disability is only a part of that person. It makes us think about the person as coping with a mental illness, rather than being thought of or defined by the mental illness.

The following pages summarize the activities and accomplishments of the last year according to the three strategies introduced above.

Strategy 1: Rewarding Structures, Processes and Outcomes that Promote Mental Health Recovery

The domains for which outcomes are desired were identified in a stakeholder process earlier in Phase II, including: employment, education, and meaningful activities of life; community tenure (staying out of the hospital or jail); quality of life; and housing.

Development of incentives focused on the first three of these domains. While having a safe place to live is clearly the foundation of recovery, housing development is a long-term, complex, and high-cost venture. The amount available for incentives was determined to be too small to be useful in that arena. However, MHCADSD continues to work with the Seattle Housing Authority and the King County Housing Authority to advocate for housing development for mental health consumers. In addition, ending homelessness is one of four key foci of DCHS, which hosts the Committee to End Homelessness in King County. The committee is a broad

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coalition of government, faith communities, nonprofits, the business community, and homeless and formerly homeless people working together to implement the regional Ten-Year Plan to End Homelessness in King County. Jackie MacLean, Director of DCHS, participates in the Interagency Council of the Committee to End Homelessness. Given other department efforts on housing and homelessness, the available recovery incentive dollars are focused on the other three domains.

Incentives are initially being paid for structures and processes. Structures are the service delivery models that meet fidelity standards and/or are priority services or practices that promote recovery. Processes are the activities agencies engage in that ultimately result in desired outcomes for consumers. For example, implementing a high fidelity supported employment program is a structural component. Delivering an increased number of supported employment services would be a process component. The outcome is more consumers becoming employed.

Multiple process and outcome measures have been identified for three of the four domains and all of these measures will be tracked. In order for the incentive payments to have sufficient weight to motivate change, however, only a subset of these measures have had incentive payments attached initially.

The selected process measures are tailored to address the differences in the needs of children and youth, adults, and older adults:

Youth and Families (age 0-17)

1. Increased number of age appropriate developmental assessments
2. Increased number of collaborative contacts with other involved systems
3. Parent and peer support services are provided

Adults (age 18-59)

1. Supported employment services are provided
2. Face to face services are provided within seven days of release from incarceration or hospitalization
3. Peer support services are provided

Older Adults (age 60+)

1. Care plans reflect older adults are engaged in meaningful activities
2. Care plans reflect client voice and choice

In 2008, specific structures and processes for each age group began to be measured. Data accuracy improvement efforts are providing the reliability in the data necessary to set benchmarks. Baseline data has been provided to the agencies for system improvement.

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Strategy 1 Achievements (July 2008 – July 2009)

Technical Assistance: The submission of the agency recovery plans gave agencies a structured way to request technical assistance. The MHCADSD provided the network of agencies with an overall technical assistance plan. The plan incorporated individual meetings to address specific concerns and how work force training would provide needed information about evidence-based, recovery practices. Feedback for each agency, from a site based review of progress in the fall of 2008, provided further technical assistance.

Incentives: Earning the incentives for 2009 was based on the establishment of four structures and processes (see right). While incentives were earned by all the agencies in 2007 and 2008, continued progress and performance on specific measures is required to continue to earn those incentive dollars. The Incentive Implementation Work Group met in 2008 and 2009 to continue identifying targets, to address any barriers to achieving their targets, and to plan for outcome measures to come.

2009 Recovery Incentives: Percentage of Agencies Earning Incentives

- Implementation of developmental assessments for children: 100 percent
- Supported employment provided with fidelity to the model: 100 percent
- Face to face service within seven days of release from hospital or jail for adults: 58 percent
- Progress made toward agency recovery plan goals: 93 percent

Developmental Assessments: Developmental screening instruments were identified and adopted system-wide for children ages birth to five years. Additionally, MHCADSD collaborated with the youth provider network to create a developmental framework for use with youth ages six through 21. Both were implemented system-wide in early 2009.

Supported Employment: The MHCADSD conducted site visits to the supported employment providers in early 2009 to review their fidelity to the model of services, and coordinated further training and technical assistance for providers with the State Mental Health Division.

Face to Face Service: The percentage of agencies earning the incentive based upon face to face service within seven days of release from hospital or jail was relatively low, primarily for the measure related to release from jail. Performance regarding release from the hospital actually improved over the baseline.

An ad hoc work group was formed to identify the system barriers to improve performance relative to incarcerated individuals. This resulted in a recommendation that agencies identify forensic staff to specialize in working with the criminal justice system. King County has developed a comprehensive and intensive training about working with the criminal justice system. The training will help the new forensic staff be successful in engaging people before and after release from jail, and to provide technical assistance to all staff within the agency in increasing overall agency performance. The first criminal justice training is scheduled for September 2009.

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Agency Recovery Plans: In the fall of 2008, MHCADSD visited each mental health agency to review progress toward agency defined goals on their agency recovery plans. These plans were created and submitted by King County contracted mental health agencies in the fall of 2007. The MHCADSD review team included consumers from the Voices of Recovery advisory committee and the MHCADSD Quality Review Team who met with consumers and peers at some agencies to ask them about their perceptions of change. Findings from the site visit informed decisions about incentive payments for 2009, as well as indicating areas where technical assistance might be needed.

Progress on Agency Recovery Plans

- **Consumer Advisory Councils:** There are nine agency consumer advisory councils with plans for five more, compared to five total for last year.
- **Peer Support Specialists:** There are 48 full time employees compared to the 32 the agency plans committed to, and an increase from the 17 Peer Support Specialists employed in 2007.

The review found significant progress system-wide in some key indicators of a recovery transformation (see above right).

Strategy 2: Provide Training and Support to the Work Force, the Consumer Community, and the Community-At-Large in Recovery and Recovery-Oriented Practices

As noted, the original wording of this strategy solely addressed work force training. In some respects, that continues to be an overriding need. For the system to work in a more recovery oriented way, the workers must know how best to be helpful. Feedback from many sources indicates the schools that provide the primary education for mental health workers have not incorporated mental health recovery into the curriculum. Thankfully, this is beginning to change in some institutions. The Recovery Advisory Committee has indicated an interest in furthering such changes.

Still, the current work force requires assistance to find and use those technologies that have been found to foster and support recovery. Progress has been made in identifying those competencies that are required, in order to provide services in a way that is oriented to and supports recovery.

In the last year, training and information sharing about mental health recovery began to be provided to the consumer community and the community-at-large.

"Recovery involves the development of new meaning and a purpose in one's life as one grows beyond the catastrophic effects of mental illness."

- William Anthony

Strategy 2 Achievements (July 2008 – July 2009)

- **Work Force Training:** In partnership with providers and consumers, MHCADSD contracted with Essential Learning, the preeminent provider of Web-based online training in behavioral health. Essential Learning's existing catalog includes many courses specific to mental health

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recovery. Where there are aspects or local specifics that are not included, Essential Learning is working with King County to develop additional high quality training courses. Implementation began in July 2009. Essential Learning allows for individualized training plans for agencies and staff and recognizes already existing strengths. Incorporating these recovery principles in our system planning and provision of training creates a strong system that has integrity.

- Peer Counselor Training: Washington State has a curriculum used by King County for peer counselor training. This state-approved training was provided in January and June 2009. A new curriculum will be provided at the next peer counselor training in the fall of 2009 that better incorporates issues and skills for parent peers. Dr. Charles Huffine, MHCADSD Medical Director for children, families and youth, contributed to the development of the new curriculum.

Peer Counselor Training Program

- Seventy-seven trained peers graduated
- King County has provided four of the training series to date
- Student peers show up on time, 8 a.m.-5 p.m. for five full days, enthusiastic and ready to work
- King County provides test prep sessions to improve exam scores
- The training program always has a waitlist.

- Recovery Celebrations: Nearly 200 people attended recovery

celebrations provided by MHCADSD in March 2009, bringing the good news of mental health recovery to the community of people who participate in services. Five recovery celebrations were held across the county to be accessible to as many people as possible. Great food, decorations, and music made for festive events.

The celebrations included a presentation about recovery and resiliency by members of the Voices of Recovery advisory committee; an introduction to the King County Mental Health Recovery Web page; and orientations to supported employment, clubhouses, and peer support services. The local National Alliance on Mental Illness (NAMI) organization also presented their programs. Recovery celebrations will be annual events in King County.

- Mental Health Recovery Art Poster Contest: King County sponsored a contest for the best poster art celebrating the 10+1 Fundamentals of Mental Health Recovery. Current and former clients of the King County Mental Health Plan were eligible to enter. The winner received a \$150 gift certificate at the store of her or his choice. The winning artwork was incorporated into a poster that will receive wide distribution across King County. This is planned to be an annual event to help spread the word about mental health recovery for the community-at-large. There were 42 entries from 21 artists. The winning artwork communicates the essential nature of recovery beautifully. The artist will be recognized at a King County Council meeting.

Mental Health Recovery Poster Contest

The winning artist, Renee Klause Pond, created a strikingly beautiful design. She wrote that *"the colors are intense and bright because the process for recovery is just that...intense but bright, hopeful."*

- Mental Health Recovery Web Page: The Web page went live in January 2009 and is available at:

<http://www.kingcounty.gov/healthservices/MentalHealth/Recovery.aspx>. A column is

dedicated to consumer recovery stories, recognized as one of the most powerful ways to engender hope. There are four sections: 1) Having a voice – consumer leadership, peer services and opportunities; 2) King County Transformation Initiatives; Knowledge is power – information about

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mental illness, medications, stigma and money management; and 4) Wellness – information on coping with symptoms and stress, building social support, healthy living and self advocacy.

- King County Mental Health *Recovery Roundup*: The *Roundup* began publication in spring 2008 and has been updated and distributed widely every quarter since. In addition to providing periodic updates of current transformation efforts, the *Roundup* affords an opportunity to provide education to the community-at-large about mental health recovery.

There are two sections to the *Recovery Roundup*: a section about King County recovery initiatives; and a section about recovery activities developed by consumers. One such example of fully consumer generated and supported initiatives is the warm line. A warm line is a phone line a person living with mental health challenges can call when needing someone to talk to, when feeling lonely, sad or stressed and before they are in crisis. The warm line offers the opportunity to speak with another peer/consumer, who has received appropriate training and supervision. The warm line began services in March 2009 and operates on weekend evenings. A recent issue of the *Recovery Roundup* is included as Attachment B.

- Metabolic Screening: In January 2009, a protocol to screen for certain health risks became routine for the treatment of people diagnosed with schizophrenia. In May 2006, King County providers had begun screening individuals who have a diagnosis of schizophrenia and are prescribed an atypical anti-psychotic medication. Research has shown that the combination can contribute to metabolic syndrome, a risk factor for diabetes and other serious health conditions. Prescribers provided blood tests, checked weight and blood pressure, and screened for cigarette smoking. The vast majority of people were found to be overweight and/or having high blood pressure, high lipids and triglycerides, and/or high serum glucose indicative of diabetes. Prescribers made referrals to and/or coordinated with primary care doctors, did healthy lifestyle counseling, and considered medication changes to medicines less likely to cause these problems. Mental health agencies report that the Metabolic Screening project has raised overall awareness of the crucial importance of wellness among staff and consumers.

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Strategy 3: Use of Regulatory Practices to Promote Change

The level of regulatory activity needed to transform practices is greater during times of rapid change. More focused monitoring of contracts and policies and procedures, both for the King County Mental Health Plan and those at the mental health agencies, are required.

Strategy 3 Achievements (July 2008 – July 2009)

- **Policies and Procedures:** King County MHCADSD revised 2009 policies, procedures, and contracts at the county level to include enhanced recovery language and concepts. For example, terms such as “case manager” in a recovery lens are seen as pejorative, labeling people served as “cases” that must be managed. Instead, the terms “care coordinator” or “clinician” are suggested. The review for 2010 policies and procedures is currently underway.
- **Contract Compliance:** Targeted follow-up and oversight subsequent to provider site reviews started in spring 2008 and continued with the 2009 contract compliance site visits. Agency policies and procedures were reviewed in 2009 to ensure compliance with the Standards for Peer Supports. Findings indicate a more in-depth review of agency practices is needed with regard to the employment of peer support specialists at some agencies.

Initiatives Impacting the Mental Health Recovery Plan

Two efforts underway within MHCADSD are having an impact on the Mental Health Recovery Plan implementation: the Systems Integration Initiative focused on justice-involved youth and the Mental Illness and Drug Dependency (MIDD) Action Plan.

King County Systems Integration Initiative

The MHCADSD is an active participant in the King County Systems Integration Initiative, comprised of state and local youth serving agencies. The members are working to improve policies and practices that promote the coordination and integration of services for youth involved in multiple systems. Through the King County Systems Integration Initiative and a grant from the MacArthur Foundation Models for Change project, MHCADSD has facilitated the publication of an Information Sharing Guide. The guidebook provides an analysis of state and federal information sharing laws and guidelines to promote coordination and collaboration among child serving systems to promote the well being of children and youth.

Mental Illness and Drug Dependency Action Plan

“People in the United States who have severe mental illnesses die 25 years earlier than do members of the general population.”

- A finding from research funded by the National Association of State Mental Health Program Directors, published Oct. 2006

In 2007, the King County Council voted to increase the local sales tax by one-tenth of one percent to fund new or enhanced mental health and substance abuse services and specialty court services. The planning and

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implementation process for the MIDD Action Plan and the funding from the sales tax provides programming explicitly and implicitly supports the goals of the recovery initiatives.

Changes in the economy and resulting decreases in tax revenue have resulted in state legislation that allows some MIDD funds to be used to supplant other state and local funding that has been lost. The 2010 King County budget allocates about 30 percent of MIDD funds be used for this supplantation. This supplantation of MIDD revenues will have an effect on the implementation of certain MIDD strategies.

Consumers report that one of the most important keys to recovery is being able to obtain necessary treatment. The MIDD is currently providing funding to provide mental health services to some individuals who do not qualify for Medicaid.

The MIDD Plan also includes strategies to support development of housing resources and to provide supportive services for individuals with mental illness and substance abuse issues to help them maintain their housing.

Other MIDD funded strategies being implemented that support the principles and goals of the Mental Health Recovery Plan include wraparound services for children, youth and families; parent and youth peer capacity development; enhanced re-entry services for persons leaving jail; and increased mental health court services, among other strategies.

"Recovery has only recently become a word used in relation to the experience of psychiatric symptoms. Those of us who experience psychiatric symptoms are commonly told that these symptoms are incurable, that we will have to live with them for the rest of our lives, that the medications, if they (health care professionals) can find the right ones or the right combination, may help, and that we will always have to take the medications. Many of us have even been told that these symptoms will worsen as we get older. Nothing about recovery was ever mentioned. Nothing about hope. Nothing about anything we can do to help ourselves. Nothing about empowerment. Nothing about wellness..."

"Now the times have changed. Those of us who have experienced these symptoms are sharing information and learning from each other that these symptoms do not have to mean that we must give up our dreams and our goals, and that they don't have to go on forever...People who have experienced even the most severe psychiatric symptoms are doctors of all kinds, lawyers, teachers, accountants, advocates, social workers. We are successfully establishing and maintaining intimate relationships. We are good parents. We have warm relationships with our partners, parents, siblings, friends, and colleagues. We are climbing mountains, planting gardens, painting pictures, writing books, making quilts, and creating positive change in the world. And it is only with this vision and belief for all people that we can bring hope for everyone."

- Shery Mead and Mary Ellen Copeland

Looking Ahead to Phase III: Increasing Depth and Complexity

The recovery movement for persons with mental illness was launched by consumers who noticed that some of them were recovering. When professionals began to listen and understand what consumers had to say about their experience with treatment, the potential for everyone to engage in recovery began to manifest.

In King County, consumer voice is being promoted at all levels of the system – in individual services, in agency and county-level policy decisions, in governance and oversight functions, and in the work force. Services identified as recovery-oriented or recovery-promoting are those that consumers themselves identify as the services that they most need, want, and will use. By listening to their voices and implementing the services that will assist them in their recovery journeys, King County is making progress in changing the philosophy that guides the way the mental health system does business.

Rewarding the Promotion of Recovery

For the remainder of 2009 and into 2010, incentives will continue to be earned for establishment of structures and processes, thus assuring systemic changes in practice and infrastructure at the agency level. In addition to the structures and processes identified for incentives in 2009, incentives in 2010 will be earned for the provision of or solid progress in providing peer support services. Specific to older adults, agencies shall include their voice and choice in service planning and in increasing meaningful activity in their lives. Assessing these measures will require an in-depth review of progress.

Two new ad hoc work groups will soon form. The first work group will develop or identify a survey to interview older adults about their involvement in their service planning and increasing meaningful activity in their lives. The second work group will focus on employment, recognizing that incentives will be shifting in the next year to the number of people actually employed. While the earlier focus of the incentives for employment was the establishment of high fidelity supported employment programs (structures and processes), shifting to paying incentives for the outcome of actual jobs requires accessing a broad base of supports and resources for consumers. Educating everyone, from mental health workers to consumers and family members, that consumers can work successfully with the appropriate supports and keep their benefits is crucial and will be included in the trainings. Partnership with providers and input from consumers to identify and address barriers will result in a successful plan to improve outcomes.

The shift toward outcome measures and away from structure and process measures is anticipated to begin in 2011. Based on what has been learned from efforts in other parts of the country, as incentives are earned and the processes are fully integrated, they can be considered established. New measures will then be selected to have incentives attached.

While incentive funding is a great advantage, it cannot be the sole source of funds for developing new services or increasing the provision of the most desirable services. Provider agencies are

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examining their own practices and business plans, retooling their service systems, and redeploying their staff and financial resources to promote recovery-oriented practices.

Providing Training and Support for Recovery Practices

The work force will be trained in the use of the Essential Learning system for recovery training in fall 2009. The recovery curriculum will be defined and courses tailored to King County and Washington State law where appropriate. The MHCADSD will provide a "Recovery 101" half-day live training for non-clinical staff that will be offered to the mental health network periodically.

The recovery celebrations, intended to be annual events, will focus on employment in the coming year, as will the 2010 poster art contest.

Two of the most powerful tools in the recovery toolkit are believed to be services provided by peers and Wellness Recovery Action Plans (WRAP) created by the consumers. The MHCADSD has started drafting a strategic plan to increase both to ensure availability to consumers who are interested.

The King County Quality Review Team will be conducting interviews with peers currently working in King County to learn more about their experience and what might be helpful to their success. A quarterly meeting for peers employed in King County is under consideration to commence in 2010 that will afford opportunities for sharing of creativity, information, and other strengths. The plan to increase peer support services will include methods to ensure compliance with the standards for peer supports.

The MHCADSD will seek to increase the opportunities for peer support specialists within the outpatient mental health system, in inpatient facilities, and with allied systems such as criminal justice programs and the state Department of Vocational Rehabilitation. The state approved peer counselor training will continue to be available in King County.

Wellness Recovery Action Plans (WRAP) are plans created by a consumer to help themselves stay well and to manage their lives if a crisis should occur. The WRAP was created by Mary Ellen Copeland, herself a consumer. The strategic plan will result in the creation of a WRAP plan being available to every consumer in King County, either individually or in a group format. The Essential Learning system for work force training in recovery is the exclusive vendor for online training approved by the Copeland Center. The recovery curriculum will include a course that enables a learner/clinician to teach WRAP one-on-one.

There are significant benefits to consumers to learn about and create a WRAP in a group format. The results of a survey of trained WRAP facilitators will be released soon. Several mental health agencies are considering partnering to fund a WRAP facilitators training through the Copeland Center. As funds are available, MHCADSD will seek to increase the availability of WRAP classes.

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Use of Regulatory Practices to Promote Change

Policies and procedures and agency contracts will continue to be reviewed and refined as the system changes and as understanding about what is helpful evolves.

Visits to agencies will occur in fall 2009 to review and ensure understanding of the standards for peer support.

Contract compliance site visits will be shaped by the needs for quality management and federal, state, and county requirements, including those necessary for system transformation to a recovery orientation. The MHCADSD will request a report from the mental health agencies in early 2010 about their progress toward the goals they established in their 2007 agency recovery plan.

Conclusion

King County remains committed to the vision of recovery. Some might look at this time of budgetary constraints as a time to pull back. Instead, MHCADSD will continue investing in the strategies for system change necessary to transform the mental health system in King County to one that truly supports the mental health recovery of the people who participate in mental health services.

The ultimate goal of these transformation initiatives is that consumers may achieve the promise of that which the rest of the population takes for granted. That promise includes the support of family and friends, the sense of purpose and contribution to society through employment and meaningful activities, and the feeling of belonging and selfhood that comes from no longer defining oneself by an uncontrollable diagnosis, but by the proactive development and fulfillment of one's potential.

**Report of Milestones - Phases I and II
Recovery Plan for Mental Health Services Implementation Work Plan
Mental Health, Chemical Abuse and Dependency Services Division (MHCADSD)
September 2009**

This historical report describes the milestones reached in implementation of Phase I and Phase II of the Recovery Plan for Mental Health Services.

Projected Date	Description	Status	Comments
Dec. 2005	Hire a mental health recovery expert part-time to lead transformation activities.	Completed	This staff member completed his work in December 2007.
Jan. 2006	Identify employment goals to increase employment rates for all provider agencies.	Completed	Contract requirement in place in 2006 and beyond. Reports are published to the provider agencies regarding their performance according to the data submitted.
Feb. 2006	Begin training for all MHCADSD staff regarding recovery.	Completed	Updates/briefing for staff is ongoing.
	Convene a Recovery Plan Coordination group.	Completed	Steering committee internal to MHCADSD. (This group ended at the end of 2007.)
	Convene a Recovery Implementation group.	Completed	Stakeholder group convened; ended in December 2007.
March 2006	Sponsor MHCADSD retreats with provider agency chief executive officers, clinical directors, and medical directors to establish shared vision of recovery, system transformational challenges, and solutions.	Completed	Three retreats completed between April 2006 and May 2007.
	Convene a consumer-directed advisory group.	Completed	Voices of Recovery (VOR) meet twice per month to review proposed strategies and make recommendations.

Projected Date	Description	Status	Comments
	Start roundtable dialogues about recovery vision and system transformation with agency staff and consumers.	Completed	Fourteen of 16 providers visited, at multiple sites, for 17 total roundtable discussions.
April 2006	Implement consumer leadership training.	Ongoing	MHCADSD began this process in several workgroups and will continue as the agency recovery plans are implemented. The consumer members of the VOC group plan to develop and offer leadership training.
	The MHCADSD consumer led Quality Review Team to begin forums on consumer leadership, empowerment, and control in treatment.	Completed	All 16 provider agencies visited, for a total of 21 forums with consumers.
April – Sept. 2006	Gather and consolidate input from workgroups, dialogue groups, and consultants. Add or modify timeframes and activities as indicated.	Ongoing - in a system undergoing transformation of practices, this needs to be a continuous, rather than time-limited process. This is particularly important in incorporating consumers and families at all levels.	Numerous workgroup recommendations have been incorporated in the proposed Recovery Ordinance, Agency Recovery Self-Audit, Request for Proposal for a training consultant, and process and outcome measures.
	Identify barriers to system transformation and ways to surmount them.	In process	Some barriers and solutions identified and are being implemented. Other priority barriers are still being identified.

Projected Date	Description	Status	Comments
			Additional work group proposed to work with providers to develop strategies for implementing recovery services in spite of state and federal regulatory burdens.
	Establish a workforce training plan and budget.	Completed	Prepared the Request for Proposal for a training consultant.
	Hire a training consultant.	In process	A training consultant was hired but the resulting plan proved not to be what was needed. A Workforce Training Work Group comprised of stakeholders is developing a workforce training plan.
	Hire a financial consultant.	Completed	This resulted in the development of a detailed financial model for providing incentives for services that promote recovery, which over time will transition to paying for recovery outcomes.
	Identify recovery outcome and performance measures.	Completed	Measures have been identified for adults, older adults, and children via a stakeholder process.
	Plan to increase consumer involvement at all levels of the system created.	Completed at agency level. Planning at the system level in process.	The recovery self-audit and agency recovery plan completed in late 2007 involves extensive planning for increasing consumer involvement at all levels.
	Develop a template for a self-audit of recovery practices. All provider agencies will complete the self-audit and develop an individualized plan	Completed	The MHCADSD developed the self-audit template. Each provider agency completed the audit, which then informed

Projected Date	Description	Status	Comments
	for improving recovery practices.		the creation of an Agency Recovery Plan. This has become a central tool for system transformation.
Sept. 2006	Convene a Financial Realignment Work Group.	In process- strategy revised	Because the financial consultants did not recommend a substantial change in the existing reimbursement model the focus of this work group has changed. It will be convened as an incentive implementation work group.
	Identify data needed for monitoring outcomes.	Completed	Structure and process measures have been identified. The Incentives Work Group has developed weighting, definition of baselines, and a method of individualizing performance targets for provider agencies.
Dec. 2006	Develop a sample person-oriented recovery plan that can be adapted for use in all provider agencies.	Not implemented	Provider agencies have begun to implement their own recovery plans and the agency self-audit requires them to further their work on this. There was no apparent need for a sample plan.
	Begin countywide Recovery Conference planning.	Not implemented	This was a lower priority item with insufficient funding to move forward.
	Develop criteria for mental health case managers to achieve designation as Recovery Specialists.	Completed	This is incorporated into the Recovery Self-Audit and will be built into the staff training process.
Jan. -May 2007	Develop final work group products for implementation.	In process	Many work group products are completed and incorporated. Some work groups will be ongoing (e.g. consumer directed

Projected Date	Description	Status	Comments
			group) and will continue to develop work products into the indefinite future.
May 2007	Provide CEO Retreats to further the creation of a common recovery vision.	Completed	The third Chief Executive Officer Retreat included agencies describing for one another their progress toward a recovery model of services, an update on financial incentives, and a consumer panel of guest speakers about their own recovery journeys.
May 2007	Plan for financial incentives.	In process	The initial plan was developed which required the agencies to submit a Letter of Intent to participate in recovery initiatives, in order to receive the incentive payments for the second half of 2007, and an Agency Recovery Plan to receive the incentives in 2008.
June 2007	Report due to council and Regional Policy Committee on Recovery Plan Phase II Implementation.	Completed	Transmitted to council on June 29, 2007.
June - July 2007	Require provider agencies to submit Letters of Intent to participate in county recovery initiatives.	Completed	All 16 agencies submitted a Letter of Intent and received a response.
Aug. – Sept. 2007	Request For Proposal (RFP) for Workforce Training in Recovery.	Completed	The RFP was developed and published.
Oct. 2007	Ensure the inclusion of Peer Supports in the service array within the King County Mental Health Plan.	Ongoing	The MHCADSD provides state-approved Peer Counselor Training in King County. The first class completed with 16

Projected Date	Description	Status	Comments
			graduates.
Oct. 2007	Require provider agencies to develop and submit an Agency Recovery Plan.	Completed	All 16 agencies submitted an Agency Recovery Plan with individualized goals for moving to a recovery orientation to mental health services, including greater consumer voice in agency planning and implementation, peer support services, and employment, among others.
Nov. 2007	Ensure the inclusion of Peer Supports in the service array within the King County Mental Health Plan.	Ongoing	The MHCADSD provided the first training for providers about peer support services – the value of peer support specialists, employment concerns including American with Disabilities Act, supervision, boundaries, etc.
Nov. – Dec. 2007	Select trainers for Workforce Training in Recovery.	Completed	Training consultants selected (based on RFP response) to develop workforce training in recovery. Contract developed.
December 2007	Review contract exhibits and policies and procedures for recovery orientation and revise as indicated.	Completed	The first round of changes was published in the King County Policy and Procedures Manual for 2008 and in 2008 contracts. As the understanding of recovery and what helps evolves, this review and revision will continue.

Projected Date	Description	Status	Comments
Dec. 2007	Convene a Recovery Executive Committee.	Completed	As required, the Executive Committee was identified and began meeting in January 2008. Members include: Council representative, a Superior or District Court judge with an investment in mental health, the Department of Adult and Juvenile Detention Director, a consumer, and the Department of Community and Human Services Director as the chair of the committee.
Jan. 2008	Develop outcomes for financial incentives.	Completed	The Incentives Implementation Workgroup was convened to help refine recovery measures with operational definitions and data sources and recommend ongoing realignment, over time, of incentives from structure/process measures toward outcomes.
Jan. - March 2008	Review Agency Recovery Plans.	Completed	All agencies received a review summary from MHCADSD with comments.
March 2008	Provide workforce training in recovery.	Terminated	Training commenced 2008 but was terminated after the third session as the plan was flawed. What was purchased was not what is needed. (A stakeholder work group began meeting in June 2008 to redesign workforce training in recovery.)
March 2008	Provide leadership in mental health recovery.	Completed	A full time Recovery Specialist was hired by MHCADSD in March

Projected Date	Description	Status	Comments
			2008 (previous part-time Recovery Specialist left in December 2007).
April – Sept. 2008	Develop technical assistance for Agency Recovery Plans.	Completed	A technical assistance (TA) plan for all of the recovery elements on the Agency Recovery Plan was developed and distributed. Some individual TA has already been provided on request; other TA will be included in Recovery trainings and at site visits to agencies in the fall of 2008.
April - June 2008	Ensure stakeholder group participation in planning, implementation, and evaluation of the Recovery Plan.	Ongoing	The Recovery Advisory Committee began meeting monthly in June 2008. This is the key stakeholder group for the recovery initiatives. Representatives include the Alcoholism and Substance Abuse Administrative Board, the Mental Health Advisory Board, consumers, advocates/family members, and provider representatives.
April 2008	Ensure consumer voice in individual care and services – Wellness Recovery Action Plans (WRAP).	Ongoing	The MHCADSD sponsored a training of WRAP facilitators.
April 2008	Ensure the inclusion of Peer Supports in the service array within the KC Mental Health Plan.	Completed	An ad-hoc work group finalized the Standards for Peer Support Services, now published and included in Policies and Procedures.
April 2008	Development of measures for Incentive Plan.	Completed	An ad-hoc work group developed recommendations for coding changes to capture the data necessary to measure performance for

Projected Date	Description	Status	Comments
			incentives.
May 2008	Continue building a shared vision of recovery and maintenance of momentum.	Ongoing	The quarterly newsletter, <i>Recovery Roundup</i> is distributed to provide updates to staff and community on recovery initiatives.
June 2008	Peer Supports – training peer support specialists.	Completed	Second course of state approved Peer Counselor Training completed in King County. The first ever “Test Preparation” session in the state held. The result was one of the highest pass rates of the state’s peer counselor test sessions.
June 2008	Workforce training in Recovery.	Ongoing	A stakeholder group was formed to develop recommendations for workforce training in recovery. Target to forward recommendations by end of August 2008. (Accomplished)
June 2008	Review contract exhibits and policies and procedures for recovery orientation and revise as indicated.	Ongoing	The second round of changes were published in the King County Policy and Procedures Manual for 2008-2009. Review and changes completed as recommended supporting recovery, including person-first language. As the understanding of recovery and what helps evolves, this process of review and revision will continue.
June 2008	Provide financial incentives for recovery structure, process, and outcomes.	Ongoing	Announced the Incentives Plan for 2009 and beyond, defining structures and processes to be measured for child/adult/older adult

Projected Date	Description	Status	Comments
			populations – how data would be collected and how baseline and thresholds would be defined and individualized for each agency.
July 2008	Ensure the provision of supported employment within the array of services available to consumers.	Completed	The MHCADSD executed contracts with eight mental health agencies to develop and provide high fidelity supported employment services to any consumer enrolled in the mental health plan.
Aug. 2008	Report to council and Regional Policy Committee on Recovery Plan Phase II Progress.	Completed	Transmitted to council in October 2008.



King County

**Mental Health, Chemical Abuse
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**KING COUNTY'S MENTAL HEALTH RECOVERY ROUNDUP
October 2009
Volume II, Issue IV**

"Mental health recovery is a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential."

The publicly funded mental health system in King County is changing to better support the recovery journeys of the people who participate in mental health services. The King County Mental Health, Chemical Abuse and Dependency Services Division (MHCADSD) is providing leadership in these efforts.

We're on our own journey for recovery and we're making progress! The Recovery tool box includes powerful tools such as Supported Employment, Peer Support Services, first person narratives (personal recovery stories,) Wellness Recovery Action Plans, and Clubhouse. Please read on to learn more.

This is the Recovery Roundup, with updates on the many initiatives underway, including Recovery news from the consumer community. Please see the following list to see what is included in this Roundup:

- ↓ Recovery Executive Committee
- ↓ Employment
- ↓ Rights of Passage – a recovery group for people living in residential facilities
- ↓ 2009 Recovery Celebrations
- ↓ 2009 Recovery Poster Contest
- ↓ Peer Support Services
- ↓ Wellness Recovery Action Plans
- ↓ Voices of Recovery
- ↓ Recovery Advisory Committee
- ↓ Recovery Incentives Plan

- ✚ Recovery Training – Workforce
- ✚ Clubhouse
- ✚ Program for Assertive Community Treatment
- ✚ King County Mental Health Recovery Web Page
- ✚ News from the community of people who participate in mental health services!!
 - Peer Support Specialist Support Group
 - Online Support Group for Mental Health Recovery
 - The Warm Line (for people who live in King County)



Recovery Executive Committee (REC)

Mandated by the King County Council to have executive oversight for the transformation efforts adopted via the Recovery Ordinance and the King County Mental Health Recovery Plan, the members of the Recovery Executive Committee include the director of the Department of Community and Human Services (chair), a Superior Court judge, the King County District Mental Health Court judge, the director of the Department of Adult and Juvenile Detention, the former chair of the Mental Health Advisory Board, and a legislative analyst of the King County Council. The REC is staffed by the Assistant Division Director of MHCADSD. The REC met in October 2009. The agenda included an excellent presentation by a trained facilitator about Wellness Recovery Action Plans and a focus on Peer Support Services. Members in attendance expressed an interest in the possibility of peer support services expanded to the therapeutic courts.



Employment

Employment is proven by research to be good for mental health. Work offers a way to contribute to society, acquire more income, have more social contacts, and a reason to get up in the morning. In fact, there has never been a study that proves that working is destabilizing for people with mental illness.

And it is possible to work, have more money in your pocket, and keep your benefits. Every mental health agency is required to provide benefits counseling – just ask. For more information about working and mental health, check out:

<http://www.kingcounty.gov/healthServices/MentalHealth/Services/Employment.aspx>

The Washington State Division of Vocational Rehabilitation (DVR) provides assistance to people who have disabilities to find employment. Ask about DVR at your mental health agency or check it out yourself with this link to DVR: <http://www1.dshs.wa.gov/dvr/>

There are also WorkSource centers throughout Washington State, including 11 WorkSource Seattle-King County sites throughout the county that have resources to help people find jobs. You can find everything from help with creating a resume, to interviewing skills, and get financial assistance for some kinds of training. Click on this link for more information about WorkSource:

<https://fortress.wa.gov/esd/worksource/>

Virtually anyone who has a mental illness can work with the right support. The best indicator for success is the desire to work. **Supported Employment** is an evidence-based practice that provides the supports people need to move into the job market quickly, to “choose, get, and keep” a job. Eight of the mental health agencies in King County provide specialty Supported Employment services. They coordinate with DVR to help consumers find competitive, integrated jobs. Consumers of other agencies will be able to access these Employment services at one of the specialty agencies. Staff from the agencies providing Supported Employment services have been receiving technical assistance from experts in employment services for people with mental illnesses.

For more information, contact Bill Wilson at BillR.Wilson@kingcounty.gov



Rights of Passage (ROP)

This is a focus and discussion group process piloted by MHCADSD to support recovery from mental illness for people who live in licensed residential facilities. To date, the ROP has been provided at four different facilities. Together, the group explores the idea that they can get well using the current structure and regimen at their residential facility. There can be many uncertainties in a person's life living in a residential facility. Some people may initially be unable to see a future, or think about life in terms of recovery. The intention of the ROP is to bring the hope of recovery to everyone. As they continue to improve over time, they may one day find themselves living more independently. The group also helps to provide participants with the perspectives they may need as they move toward a more independent life. The ROP groups consist of four consecutive classes that meet weekly for 50 minutes. Feedback about this pilot program is welcome and is solicited at the end of each round of classes.



Recovery Celebrations

The first Recovery Celebrations were five free events in March 2009 that brought the good news of mental health recovery to the community of people who participate in services. Nearly 200 people attended. King County will offer a similar Recovery Celebration in Spanish early in 2010. Other events will be provided for consumers later in 2010 to highlight aspects of recovery, including education and information about resources. More details to come.



Recovery Poster Contest

The winning artist of the first King County mental health recovery poster art contest was Renee Klaus Pond. Her accomplishment was announced and the winning poster unveiled at a King County Council meeting on October 19, 2009 and at the Exemplary Service Awards ceremony. King County hosted the first contest for poster art celebrating the 10+1 Fundamentals of Mental Health Recovery in April 2009. To learn more about the 10+1 Fundamentals, please check out: <http://www.kingcounty.gov/healthservices/MentalHealth/Recovery/10FundCompRecovery.aspx> Check back in the Recovery Roundup in the second quarter of 2010 for information about the 2010 poster art contest.



Peer Support Services

"Trained peers are powerful change agents and good fiscal investments for transformation to a strength-based recovery system" (Larry Fricks, Appalachian Consulting Group). Peer Support Specialists embody hope, they provide proof that recovery is possible, both for participants in services and for mental health workers. Sharing their stories and their strengths, Peer Support Specialists excel at engaging people, and helping them to identify their strengths and goals.

MHCADSD is visiting all of the mental health agencies in the King County provider network this fall to learn more about their implementation of peer support services.

The Washington State Certified Peer Counseling Program in King County graduated 22 more trained peers in October 2009. They will be participating in a Test Prep session offered by King County and will take their state exam in late November.

MHCADSD has developed an email list of all of the people who have graduated from the King County Peer Counselor Trainings so far. Mental health agencies interested in hiring peer support specialists can send their "Help Wanted" ads to the Recovery Specialist, Terry.Crain@kingcounty.gov. The information will be sent to that list and will be posted to the King County Mental Health Recovery page. If you are looking for a job as a peer support specialist (including peer counselors), check out the Peer Support Opportunities page on the King County Mental Health Recovery page: <http://www.kingcounty.gov/healthservices/MentalHealth/Recovery/HavingAvoice/PeerSupport/PeerSupportOpportunities.aspx>

MHCADSD congratulates the Peer Services program at Harborview Outpatient Mental Health Services for winning the Service Integration award at the 2009 Exemplary Service Awards on October 8, 2009.



Wellness Recovery Action Plans (WRAP)

A WRAP is a document anyone can create as a guide to wellness. WRAP was developed by Mary Ellen Copeland as part of her own recovery journey. A WRAP is very practical, helping people identify what helps them be well, how to recognize early warning signs of illness, and steps to take to return to wellness. WRAP is all about hope, personal responsibility, self-reliance along with help from others, and education that helps people move toward wellness, happiness, and lives of satisfaction.

King County is working on a *Strategic Plan to Increase the Availability of WRAP*. The goal is to make WRAP available to every person who participates in mental health services in King County. A survey of mental health agencies in King County suggest that more education and information is needed. The workforce training plan will include a course created by the Copeland Center that will result in each mental health worker knowing how to help someone create a WRAP for themselves. King County is also exploring ways to assist groups of consumers to create a WRAP. For more information about WRAP and a link to the Copeland Center, check out WRAP on the Recovery Web page at:

<http://www.kingcounty.gov/healthservices/MentalHealth/Recovery/Wellness/WellnessRecovery.aspx>



Voices of Recovery (VOR)

One of the principles of Mental Health Recovery is self-direction and voice. On a system level, this means including the voices of the people who participate in services. Voices of Recovery (VOR) is a consumer advisory committee that meets for two hours twice a month. Members review reports and provide perspective on planned activities. This fall, members are participating in reviews of agency progress toward recovery goals. In addition, they are working on creating their own WRAP plans so they can support others to do so.

Recently, VOR decided to open up their meetings on a quarterly basis to invite representatives of the consumer/client councils and advisory committees from the mental health agencies. Four agencies were represented at the VOR meeting in October 2009. They brought ideas, perspectives and information to share. The next quarterly meeting open to consumer representatives from agencies is January 13, 2009. VOR meets from 12:45 pm to 2:30 pm in the Chinook Building on the southwest corner of 5th Avenue and Jefferson Street in room 116.

VOR has openings for new members who are parents of children who receive mental health services in King County. If you are interested, please contact Terry Crain, Mental Health Recovery Specialist, and she will forward your contact information to the chair of the VOR.



Recovery Advisory Committee (RAC)

This stakeholder committee has responsibility to review system transformation efforts and advise MHCADSD on those efforts. Stakeholder representation on this committee is broad: providers, the King County Mental Health Advisory Board, the Alcoholism and Substance Abuse Administrative Board, the local National Alliance on Mental Illness (NAMI) affiliates, consumers, and MHCADSD staff members. The RAC assists MHCADSD in deepening and expanding our work for system transformation. The focus over the last quarter has been on peer support services, employment, and WRAP.



Recovery Incentives Plan

Researching successful system transformation efforts across the country and consultations with experts led MHCADSD to develop an incentive plan for the outcomes sought by consumers and family members. Incentive payments began in 2007 to mental health agencies to develop the structures and processes that will lead to those outcomes.

Incentive payments for recovery in 2009 and 2010 are based on performance on each of the following measures:

<u>Children</u>	<u>Adults</u>	<u>Older Adults</u>
Developmental assessments	Supported employment	Goals to increase meaningful activity
Collaborative contacts	Peer support	Care Plans include client voice
Parent peer supports	Face to face mental health services w/in 7 days of hospital or jail release	and client choice

Within the next couple of years, incentives will shift from focusing on building the infrastructure to support the measure, to actual outcomes. As this shift occurs, for example, rather than a measure on Supported Employment, the outcome measure would be people getting jobs. An Incentive Implementation Workgroup has been developing recommendations to King County about how to ensure successful, meaningful outcomes on each of the measures. An ad hoc workgroup identified system barriers to providing "face to face" services within seven days of release from hospital or jail and made recommendations that will improve performance. Based on the recommendations, agencies have identified staff are designated to work with the criminal justice system. King County provided an intensive training to help these staff be successful in engaging people before and after release from jail.

MHCADSD staff and members of the Voices of Recovery advisory group are visiting all of the agencies this fall to determine progress on the implementation of a peer support services program. Clinical reviews are also included in these visits to determine whether the older adult measures are met.



Workforce Training in Recovery Principles

King County is contracting with Essential Learning (EL), a premier provider of online training. Members of the mental health workforce are now registered as users of the online system and are receiving training in how to use the system. The recovery curriculum has been finalized for 2010 and includes an orientation to recovery, motivational interviewing, and a two-part course titled, "Self-Direction, Person Centered Planning and Shared Decision Making to Facilitate Recovery". EL allows for individualized training plans for agencies and staff and recognizes existing strengths. Incorporating recovery principles in our planning and provision of training creates a strong system that has integrity.



Clubhouse

People who have mental health challenges and live in King County are very lucky to have two clubhouses that are certified by the International Center for Clubhouse Development (ICCD). Hero House Clubhouse is located on the eastside of King County and is a free-standing clubhouse. In Seattle, Wallingford House is associated with Community Psychiatric Clinic (though clients of any agency are welcome!). Both clubhouses welcome visits from people who are interested in learning more. The clubhouses shared information about their programs at the Recovery Celebrations.

Certified ICCD Clubhouses are proven to help their members move forward in their recovery journeys by providing a built-in peer support network, a place to belong and contribute while developing self-respect and responsibility. The focus is on member strengths and goals. The ICCD Clubhouses are run jointly by members and staff. Life in the clubhouse revolves around the "work-ordered day" in which members

choose whether to work in the commercial kitchens to provide meals, the business office, the library, or to reach out to members who haven't come in for awhile, among many other tasks. Among other benefits, these tasks function as pre-vocational training for people who are considering employment. Clubhouse is also designed to include employment programming, including short-term Transitional Employment placements and Supported Employment programs. As the Hero House Web site states, "every facet of the clubhouse employment program is designed to assist members in assuming increasing levels of independence and self-sufficiency." A clubhouse is a recovery community that creates opportunities for learning, sharing, and celebrating success!

Hero House
14230 NE 21st
Bellevue, WA 98007
425-614-1282
ehorn@herohouse.org

Wallingford House
4120 Stone Way North
Seattle, WA 98103
206-545-8642
wallingfordhouse@hotmail.com



Program of Assertive Community Treatment (PACT)

In July 2007, PACT in King County enrolled its first participants at South-East PACT and the Downtown Emergency Service Center (DESC) PACT. PACT, an evidence-based program, has been researched in 25 studies and is proven to reduce hospital stays and improve housing stability while being more satisfactory to consumers than standard care. PACT is intended to help those who are most disabled by their mental illness and are hospitalized for long periods of time or have been hospitalized many times in the previous year. The majority of referral sources are from Western State Hospital, community hospitals, outpatient programs, and long-term residential treatment facilities. DESC PACT and South-East PACT have currently enrolled a total 160 participants. PACT will accept four to six new participants per month until it reaches full capacity, a total of 180 participants. For more information about PACT, or if you want to make a referral, please contact Bill R. Wilson, PACT Project Manager, at 206-263-8949, or Sarah Lamont at 206-263-8950.



Mental Health Recovery Web

The King County Mental Health Recovery Web page is available! Check out:
<http://www.kingcounty.gov/healthservices/MentalHealth/Recovery.aspx>

The Mental Health Recovery Web pages include:

- ✦ Inspirational recovery stories submitted by consumers – becoming the heroes of their own stories! A new story was added this quarter. Check it out!
- ✦ Information about recovery, resiliency, and wellness in general
- ✦ Summaries and updates about the recovery initiatives in King County
- ✦ Links to other recovery resources
- ✦ Information about other issues of concern to anyone who has the experience of living with a mental illness
- ✦ Information about peer support services, including peer counseling

The Web pages are updated regularly to include the newest news and announcements. If you have ideas for the Web or feedback, please send an e-mail to: kcrecoverypage@kingcounty.gov

King County Mental Health Consumer News

Washington State Peer Support Specialist Network (Consumer Run) on Facebook

This new Facebook page was started by a peer working in King County. The group and the page is for those working in, or seeking to work as a Peer Support Specialist in the State of Washington. This is a consumer run network to enable Peer Specialists from within the State of Washington to network, offer support, inspiration and hope and exchange ideas on how they might facilitate change. To access the Facebook page, one must join Facebook and then search for: Washington State Peer Support Specialist Network (Consumer Run).



Peer Support Specialist Support Group

Peer Support Specialist Helen Nilon facilitates a monthly support group for peer support specialists. They talk about a myriad of things that peers are faced with when returning to work: co-workers, stress of working, sleep, current job opportunities, etc. The support group is open to any mental health peer support specialist in King County. So far, it is a small group – generally 4 to 10 people. They meet on the 4th Monday of each month, at the Burien Campus of Navos, 1010 S 146th Street. For more information, contact Helen at thenilongroup@comcast.net



Online Support Group for Mental Health Recovery – now Statewide!

This online support group is for everyone who lives in Washington State and self-identifies as a person with a mental illness who is interested in mental health recovery. This fully consumer-driven resource offers support, community, and information about resources that might be helpful. If you'd like to check it out, go to: <http://groups.yahoo.com/group/Mental-Illness-Recovery-forPeople-Who-Live-In-WA-State>



The Warm Line for people who live in King County

A Warm Line is a phone line a person living with mental health challenges can call when needing someone to talk to, when feeling lonely, sad or stressed --before they are in crisis-- to speak with another peer/consumer. The Warm Line in King County was created by consumers for consumers. The phone number for the Warm Line is 206-933-7001. If that number is long distance for you, please dial 1.877.500.WARM (9276) toll free. The Warm Line began services in March and operates from 5 p.m. to 10 p.m. on Fridays, Saturdays and Sundays. The goal of the Warm Line is to be available 24 hours a day every day of the week. The second group of volunteers will be completing their training very soon. The Warm Line needs many volunteers to step forward. If you are interested, send an e-mail to WarmLine@Navos.org or call 206-439-2625.

If you have recovery news to share, please contact Terry Crain, Mental Health Recovery Specialist. Please forward this e-mail to anyone you believe might be interested. Thank you!!

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Recovery Specialist
King County Mental Health, Chemical Abuse and Dependency Services Division
401 Fifth Ave., Suite 400
Seattle, WA 98104
206-263-8980
For more information, you can contact Terry at: Terry.Crain@kingcounty.gov



