

**King County****Mental Health, Chemical Abuse  
and Dependency Services Division**

Department of Community  
and Human Services

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July 20, 2007

Dear Providers:

Please find attached the *Agency Self Audit Worksheet of Recovery Orientation* and the *Recovery Plan Template* that have been referenced in several past communications to you. They are also an element of the Recovery Implementation Plan that is now before the Metropolitan King County Council. Also attached, are instructions for completing the two tools. These tools have been in development since late March and represent our best attempt to capture the information to two questions we would like agencies to be asking themselves: "Where do we stand right now in our implementation of recovery principles and practices?" and "Where do we need to go and how will we get there?"

We acknowledge that completion of these two documents will represent significant work on your part. Our goal is for agencies to candidly assess their current status in the eight identified areas and thoughtfully develop a plan of action for their future development. Please note that the recovery plan is a long range plan. We expect that your self assessment will identify the priority areas you plan to begin working on right away and those that may be farther out in implementation. These documents will also provide the initial structure for future recovery oriented site visits.

Process and outcome measures have been proposed for monitoring and future incentives. The children and youth work group have finalized their recommendations. The older adult work group is still developing their recommendations. Development of operational definitions and implementation of future financial incentives still needs to be accomplished. However, it is not expected that recent or future incentive payments will fully fund the new services we hope to see developed in the system. The additional funds are intended to encourage agencies to redeploy resources such that recovery-oriented services are given priority.

County staff is available to provide support, information, resources, and technical assistance for your plan development. If, in your process of self assessment and plan development you identify areas where you would like assistance, please indicate that in the appropriate column on the template. Submission of the completed documents is due October 15, 2007.

Providers  
July 20, 2007  
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Thank you for your expressed commitment to work with us to move our system forward toward one that embraces the hope of recovery for all the people we serve.

Sincerely,

A handwritten signature in black ink, appearing to read "Jean H. Robertson". The signature is fluid and cursive, with a long horizontal stroke at the end.

Jean H. Robertson  
Assistant Division Director/RSN Administrator

JHR:gac

M:/WPData/Jean/Letters/Recovery Letter July 20 07

cc: Amnon Shoenfeld, Division Director, Mental Health, Chemical Abuse and Dependency  
Services Division

# Agency Self Audit Worksheet and 2007-2011 Recovery Plan Template Overview and Instructions

## Overview

For the purpose of this process, the word “consumer” includes current or former consumers of public mental health services, or family members of current or former consumers of public mental health services.

There are two components to completing the Recovery Plan:

### 1. Agency Self-Audit Worksheet of Recovery Orientation

- The *Agency Self-Audit Worksheet of Recovery Orientation* is intended to provide an assessment of the agency’s current status on each recovery indicator. We realize that some or many of these indicators may be new to you.

### 2. 2007-2011 Recovery Plan Template

- The *Recovery Plan Template* is where you articulate the details of how you will implement each indicator in the future. Please provide a clear, detailed response to each item, articulating how implementation will occur. We recognize that implementing some of these indicators will take years to accomplish, which should be addressed in your time frame for implementation.
- The *Recovery Plan Template* has sections that are applicable only for specific populations. For example, wraparound services would not apply for older adults and supported employment would not apply for children. Agencies that provide services to adults, older adult and and/or children’s programs should indicate population-specific responses on the Recovery Plan Template. Please call out indicators that do not apply for your client population(s).
- In addition, for children and older adults, we will be looking at measures of meaningful activity; these are in the process of being developed. Once these measures are completed, we will ask you to modify your recovery plan template regarding those specific areas only. We anticipate this happening later in 2007.

## Instructions

1. Agency Self-Audit Worksheet of Recovery Orientation
  - a. First, complete **each** item on the *Agency Self Audit Worksheet of Recovery Orientation*. This tool provides detailed responses that will guide and inform your response on the *Recovery Plan Template*. This tool should be attached to the completed *Recovery Plan Template*.
2. 2007-2011 Recovery Plan Template
  - a. In section A, Role of Consumers/Families in Development of Recovery Plan, please note that the columns on "Implementation Status," "Description of Consumer/Family Involvement," and Timeframe to Fully Implement" are blacked out. Complete the non-shaded areas only.
  - b. The second column in the template (Implementation Status) is to be completed by county staff following review of your template. Agency results on Implementation Status will inform technical assistance discussions and ongoing monitoring of the implementation of the plan.
  - c. For each subsequent recovery element listed on the Recovery Plan Template, please indicate:
    - A description of how you have or will implement the element. Please provide adequate detail (cells will expand to accommodate).
    - How consumers were or will be involved in implementing the element.
    - When you project you will have fully implemented the element.
    - If you would like technical assistance by marking the appropriate checkbox.
  - d. Please remember that 2008 financial incentives are contingent upon the submission of your Self Audit, Recovery Plan, and data improvement efforts. The county will be monitoring your progress on implementing your plan during 2008.
  - e. We anticipate partnering with you to develop strategies for providing support and technical assistance on an agency-specific basis based upon your Recovery Plan Template. Please plan on meeting to discuss your plan once the county has provided feedback. Our goal is that every agency succeeds in this process.

**King County RSN**  
**Agency Self-Audit Worksheet of Recovery Orientation**  
**July 20, 2007**

Agency	Submission Date
Contact Person	Contact Telephone
Contact E-mail	

**A. Role of Consumers in Development of the Recovery Plan**

1. When and how did consumers provide input prior to and during the process of writing the Recovery Plan?
2. Identify which sections of the Plan were written by or in partnership with consumers.
3. Describe recovery training that was provided to consumers who participated in writing the plan.

**B. Governance**

1. Describe the composition of your Governing Board, specifying current or former consumers of the public mental health system, family members, or persons with mental illnesses and if the bylaws require a minimum percentage representation.
2. What Governing Board positions do consumers currently hold (officers, committee chairs, etc.)?
3. In what manner has the Governing Board supported the King County RSN recovery initiative? Include where documented.

**C. Staff**

1. What training have you offered your staff regarding each of the following recovery best practices? (Check all that apply.)
  - Understanding and using the ten core principles from the national consensus statement on recovery (hope, self direction, individualized and person-centered, empowerment, holistic, non-linear, strengths-based, peer support, respect, and responsibility).
  - Understanding the mutually affirming roles of peer support and professional services, including how a certified peer counselor differs from a case aide.
  - How to conduct strengths-based interviews and utilize strengths in implementing the care plan.
  - How to reconcile the medical necessity and treatment requirements of the Medicaid system (and other funding streams) with the strengths orientation of the recovery approach.
  - Individualized recovery care planning.

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- How to write recovery oriented progress notes.
- How to engender hope, optimism, and recovery for people at every level of disability, various degrees of insight, and/or various levels of motivation.
- How to inspire people to assume or resume employment, education, or normalized housing, and to thrive in these roles.
- How to increase risk taking by consumers and staff in order to promote further growth.
- How to build a clinical relationship based upon mutuality and partnership.
- How to promote and responsibly support personal choice even when the clinician doesn't necessarily agree.
- How to locate community resources outside of the mental health system and inspire consumers to use them.
- Translating conventional psychotherapy concepts (boundaries, counter-transference, resistance) into recovery practices.
- Modifying recovery practices for the many sub-groups and specialized populations we serve.
- How to implement a Wellness Recovery Action Plan.
- How to assist people in developing Advance Directives.
- Motivational interviewing skills to enhance recovery potential.
- Skills in helping people who have experienced trauma to recover.
- Peer support
- Family psycho-education and engagement
- How to develop recovery oriented service delivery systems in housing, employment, and residential treatment.

2. Do you have electronic or written training materials on recovery practices that you use in training staff?  Yes  No If so, what are they?

3. Consumer employment/leadership. Indicate the number of:

a. Consumers currently employed in capacities other than peer support, including job titles and FTEs (insert rows as needed).

Number of Consumers	FTEs	Job Title

Number of Consumers	FTEs	Job Title

b. Consumers currently in leadership roles in the agency, and types of leadership roles (insert rows as needed).

Number of Consumers	Leadership Role

**D. Consumers**

1. How do you currently train consumers about the ten components of recovery from the national consensus statement on mental health recovery?
2. How do you train consumers about how to become leaders in requesting, designing, implementing, and evaluating new recovery oriented services?
3. How are consumers currently involved in training staff about recovery?
4. Does your Executive Director/CEO currently have regularly scheduled meetings with consumers to listen and respond to their concerns and perspectives?  
 Yes       No
5. Do you have a consumer council?  Yes       No

**E. Incorporation of Recovery Principles and Values**

1. What content do you currently have in your policies and procedures, clinical forms, records, brochures, client handbooks, websites, or other media that incorporates recovery values?
2. How do current clinical forms specifically reflect recovery practices?

**F. Quality Management Practice**

1. How are consumers and family members currently involved in all aspects of agency program design, implementation, and evaluation?
2. Describe your current continuous quality improvement process for evaluating agency performance for the following:

- a. Proposed recovery measures
- b. Data quality, including updating change elements
- c. Telesage completion

## G. Evidence Based Practices (EBPs)

1. Peer Support. Indicate the number of:
  - a. FTE certified peer counselors currently employed. \_\_\_\_\_
  - b. Hours per month, on average, of peer support modality services provided in the past twelve months. \_\_\_\_\_
2. Wraparound.
  - a. How many multi-system involved children/youth and families were provided high fidelity wraparound services by your agency in the past twelve months?  
\_\_\_\_\_
3. Supported Employment.
  - a. How many and what percent of clients received supported employment services at your agency in the past twelve months? \_\_\_\_\_ (number), \_\_\_\_\_%
  - b. How many hours of supported employment modality services were provided in the past twelve months? \_\_\_\_\_
4. What other types of EBPs or promising practices that promote recovery have been implemented by your agency?
  - Program to Encourage Active, Rewarding Lives for Seniors (PEARLS)
  - Parent Child Interaction Training (PCIT)
  - Illness Self Management and Recovery
  - Medication Self Management
  - Family Psychoeducation
  - Integrated Dual Disorder Treatment
  - Other (describe):

## H. Process Measures

1. Employment/education/life activities
  - a. What is your agency's current consumer employment rate? How has it changed over the past three years?
  - b. How many FTE Vocational Specialists dedicated to serving RSN consumers

does your agency currently employ? \_\_\_\_\_

- c. If your agency serves children, what percentage of currently enrolled children have received a developmental assessment?
- d. What percentage of clients in each age category currently participate in the following activities?

Activity	Children/Youth	Adults	Older Adults
Meaningful life activities	%	%	%
Education activities	%	%	%
Volunteer activities	%	%	%

- 2. Housing. What do you currently do to insure that the care plans for:
  - a. Homeless persons contain a goal to address their housing needs?
  - b. Persons in residential settings contain a goal to move towards more independent housing?
- 3. Community Tenure. What do you currently do to insure:
  - a. That consumers have face to face contact with a staff person within seven days of release after hospitalization or incarceration?
  - b. The availability of wraparound services for multi-system involved 3B children/youth?
  - c. That care plans include a goal to maintain/attain family stability and avoid placement in more restrictive settings?
- 4. Quality of life. What do you currently do to insure:
  - a. Care plans include client participation, e.g. WRAP, Advance Directives, Recovery Plans?
  - b. Care plan of persons with health concerns addresses those issues?
  - c. Peer/family support services are available?
  - d. Care plans reflect client/parent voice?

# King County Regional Support Network 2007-2011 Recovery Plan Template

Agency:		Submission Date:									
Contact Person:		Contact E-Mail:									
Contact Telephone:		Description of Consumer/Family Involvement									
Recovery Element	Implementation Status (For County Use Only)		Timeframe to Fully Implement	RSN Technical Assistance Requested							
	Full	Partial			None	Yes	No				
<b>A Role of Consumers/Families in Monitoring Progress on the Recovery Plan (See Section A of the Agency Self Assessment)</b>											
1. Consumers are involved on an ongoing basis in evaluating progress on the implementation of the recovery plan and subsequent modifications.											
<b>B Governance (See Section B of the Agency Self Assessment)</b>											
1. Governing Board provides continued support of KCRSN recovery initiatives.											
2. Consumers are recruited to serve on the Governing Board.											
3. Consumers are trained on how to be active members and leaders on the governing board.											
4. Consumers serve in leadership roles on the Governing Board.											
<b>C Staff (See Section C of the Agency Self Assessment)</b>											
1. All current and new staff members are trained in the best practices listed on the item C.1 of the Agency Self											

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Contact Person:		Contact E-Mail:			
Contact Telephone:		Description of Consumer/Family Involvement			
Recovery Element	Implementation Status (For County Use Only)			Timeframe to Fully Implement	RSN Technical Assistance Requested
	Full	Partial	None		
Audit of Recovery Practices					
2. Training materials are developed to be consistent with current literature on recovery.					
3. Staff members from all levels of the organization are involved in the implementation of and modifications to the recovery plan.					
4. Job descriptions and recruitment and hiring practices are revised to include recovery competencies.					
5. The number of consumers hired will increase (include number, FTEs, and job titles).					
6. Performance evaluations include assessment of recovery competencies.					
7. Staff member recognition, promotion, and salary increases take into account recovery competencies and outcomes.					
<b>D Consumers (See Section D of Agency Self Assessment)</b>					
1. Consumers are trained in					

Agency:		Submission Date:			
Contact Person:		Contact E-Mail:			
Contact Telephone:		Description of Consumer/Family Involvement			
Recovery Element	Description of How Recovery Element has been (or will be) Implemented		Timeframe to Fully Implement	RSN Technical Assistance Requested	
	Implementation Status (For County Use Only)				
	Full	Partial	None	Yes	No
recovery principles, including the ten components of recovery from the national consensus statement.					
2. If your agency has a consumer council or advisory group, training about recovery is provided for members.					
3. If your agency has a consumer council or advisory group, members have leadership functions in your organization.					
4. Consumers participate in training staff about recovery.					
5. The CEO/Executive Director has regularly scheduled meetings with consumers to listen and respond to their concerns and perspectives.					
<b>E Incorporation of Recovery Principles and Practices (See Section E of Agency Self Assessment)</b>					
1. Recovery principles and practices are tailored for each special population served by the agency (e.g., youth, older adults, diverse cultural, linguistic, etc.).					

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Contact Telephone:		Description of Consumer/Family Involvement	
Recovery Element	Implementation Status (For County Use Only)		Timeframe to Fully Implement
	Full	Partial	
Description of How Recovery Element has been (or will be) Implemented		RSN Technical Assistance Requested	
		Yes	No
2. Consumer choice drives development of individualized person centered recovery plans.			
3. Recovery principles and practices are incorporated throughout all agency written materials including policies and procedures, clinical forms, records, brochures, client handbooks, websites, or other media.			
<b>F Quality Management Practices</b>			
1. Consumers and family members are involved in all aspects of agency quality management.			
2. Implementation of the recovery plan is monitored, evaluated, and modified at least annually.			
3. Implementation of and outcomes for recovery indicators are monitored and evaluated on a regular schedule. If needed, procedures are modified to attain improvement.			
4. Data quality, including updating change elements,			

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	Full	Partial	
Description of How Recovery Element has been (or will be) Implemented		RSN Technical Assistance Requested	
		Yes	No
is monitored and evaluated on a regular schedule. If needed, procedures are modified to attain improvement.			
5. Agency performance for Telesage completion is monitored and evaluated on a regular schedule. If needed, procedures are modified to attain improvement.			
<b>G Evidence Based Practice (EBP) Service Models</b>			
1. Peer support.			
a. The number of certified peer specialist positions will increase (include number and FTEs for 2007 and 2008).			
b. The average number of hours per month of certified peer support modality services will increase (include a projection of the average monthly hours for 2007 and 2008)			
c. If your agency plans to also develop peer support positions that are not certified, include the number and FTEs for			

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	Implementation Status (For County Use Only)				Yes	No
	Full	Partial	None			
2007 and 2008.						
2. Wraparound services meet fidelity standards. If fidelity is not 100%, describe to what degree fidelity is met.						
3. Supported Employment a. If provided by agency, describe how agency ensures standards meet supported employment fidelity scale.						
b. If purchased, describe the resource and process for coordinating services.						
4. Other EBP's or promising practices provided by the agency that promote recovery (see Self Audit G.4). Please provide a description of any promising practices included here.						
<b>H Process Measures (See Section H of the Agency Self Assessment)</b>						
1. Employment/education/life activities: a. Agency will meet contracted employment goals by the end of 2007 and 2008.						
b. Agency has Vocational Specialists on staff or will						

Agency:		Submission Date:			
Contact Person:		Contact E-Mail:			
Contact Telephone:		Description of Consumer/Family Involvement			
Recovery Element	Implementation Status (For County Use Only)		Timeframe to Fully Implement		
	Full	Partial		None	
Description of How Recovery Element has been (or will be) Implemented		RSN Technical Assistance Requested			
		Yes	No		
	purchase supported employment services from another agency. Describe how many vocational specialists are/will be on staff or contracted for by the end of 2007 and 2008.				
	c. Agency will increase the average number of hours per month of supported employment modality services. Describe target hours for the end of 2007 and 2008.				
	d. Agency ensures that consumers are made aware of and use supported employment services.				
	e. Agency will increase the number of developmental assessments completed for children and youth.				
	f. Care plans are age appropriate and contain goals to increase participation in meaningful life activities, employment, education activities, and/or volunteer activities.				

Agency:			Submission Date:			
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Contact Telephone:			Description of Consumer/Family Involvement			
Recovery Element	Implementation Status (For County Use Only)		Description of How Recovery Element has been (or will be) Implemented	Timeframe to Fully Implement	RSN Technical Assistance Requested	
	Full	Partial			None	Yes
2. Housing:						
a. Care plans for homeless consumers contain a goal and, when consumers want housing, a plan to move into permanent housing.						
b. Care plans for consumers in residential settings contain a goal and a plan to move towards more independent housing.						
3. Community tenure:						
a. Consumers have face to face contact with a staff person within seven days of release after hospitalization or incarceration.						
b. High fidelity wraparound services are made available to high priority 3B children/youth, e.g. high utilizers or multiple-system involved such as DCFS or child welfare.						
c. Care plans include a goal and a plan to maintain/attain family stability and avoid placement in more						

Agency:		Submission Date:				
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	Implementation Status (For County Use Only)				Yes	No
	Full	Partial	None			
4. Quality of life: a. Care plans are modified to include enhanced consumer participation, e.g., Wellness Recovery Action Plan (WRAP), Advance Directives, or other tools or processes that support client directed care.						
b. Care plans for consumers with health concerns address those issues.						
c. Agency ensures that consumers and family members know about and use peer/family support services.						