

## Legislation Text

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File #: 2005-0403, Version: 2

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Clerk 11/07/2005

AN ORDINANCE adopting the recovery model as the policy framework for developing and operating the mental health services for which King County is responsible; adopting a five-year plan work program for converting the service system to a recovery-based model and requiring a detailed implementation plan and progress reporting process; adding new sections to K.C.C. chapter 2.43 and repealing Ordinance 13974, Section 3, and K.C.C. 2.43.010, Ordinance 13974, Section 4, and K.C.C. 2.43.020, Ordinance 13974, Section 5, and K.C.C. 2.43.030 and Ordinance 13974, Section 6, and K.C.C. 2.43.040.

BE IT ORDAINED BY THE COUNCIL OF KING COUNTY:

**SECTION 1. Findings.**

A. According to the World Health Organization in a 2001 report, mental illnesses rank first among illnesses that cause disability in the United States and other developed countries and are underrecognized as a public health burden.

B. The President's New Freedom Commission on Mental Health reported in 2003 that each year between five and seven percent of adults experience serious mental illness and between five and nine percent of children experience serious emotional disturbance.

C. The Surgeon General Report of 1999 indicates that in 1996 sixty-nine billion dollars were spent in the United States on the diagnosis and treatment of mental disorders and that the indirect costs of mental illness, such as loss of productivity and costs to family caregivers, were even greater.

D. The 2003 report of the President's New Freedom Commission on Mental Health recognizes the recovery orientation as a best practice model appropriate for public mental health agencies.

E. A number of states including Delaware, Connecticut, Ohio and Wisconsin have adopted recovery concepts as the guiding policy for their mental health systems.

F. The Washington state legislature amended the Community Mental Health Services Act, chapter 71.24 RCW, to include recovery concepts in the 2005 session.

G. The recovery model changes the goals of the system from community support or maintenance of persons with serious and persistent mental illness to recovery of function and participation in the community to the maximum extent possible in spite of illness that persists in most cases. As consumers progress in recovery, they develop more self-reliance and a stronger natural support system and require less care from the system.

H. In 2000, King County recognized the desirability of moving beyond maintenance as a goal and adopted Ordinance 13974 establishing the goal of recovery, defining recovered and requiring reporting of client progress for working age adults based on definitions of dependent, less dependent and recovered and outcomes related to housing stability and employment.

I. To date, however, the system as a whole has not been able to show significant progress. While some agencies are doing evidence-based, quality work, employment and housing outcomes system-wide have declined somewhat rather than improved, and only a small portion of services have converted to recovery-oriented, best practices as evidenced by recent county on-site reviews.

J. Funding reductions and restrictions starting in 2001 and continuing to accrue through 2005 have, of necessity, preoccupied program management.

K. Ordinance 13974 was also adopted early in the process of development of the recovery model with only a limited understand of the concepts of recovery, without the full benefit of research on best practices and the experience other systems that have made a successful transition and limited only

to working age adults.

L. It is now clear that changing to a recovery model entails a fundamental change in how business is done not just the addition of some new employment and housing services.

M. It is also increasingly clear that business-as-usual cannot be maintained in the face of growing demand and more limited resources.

N. Further research by the mental health, chemical abuse and dependency services division regarding the concepts of recovery and the literature on results in other parts of the country indicates that systems based on recovery are more cost-effective. As people succeed in recovery, they require fewer high-end services, such as hospitalization and incarceration, and they begin to contribute financially to their own welfare.

N. Programs following best practices for employment in other states such as the Program for Assertive Community Treatment in Madison, Wisconsin, have achieved employment rates as high as fifty-two percent for seriously disabled adults while King County's overall employment rate for all public system adults in 2004 was nine and two-tenths percent.

O. Based on its review of experience in other parts of the county with the recovery model and the process of system change, the mental health, chemical abuse and dependency services division has developed a five-year strategic plan to convert the King County mental health system to a system based on recovery concepts and the implementation of evidence-based and best practices that help children, youth, adults and seniors with serious mental health conditions recover their lives.

P. The executive and council recognize that:

1. Changing the King County mental health service system into a recovery-oriented system is analogous to the system change processes brought about through development and implementation of other large planning processes; and

2. The five-year strategic plan for mental health represents only the first step in the planning

and implementation process, which is initial policy direction and a work program for analysis and development of detailed implementation options and plans.

SECTION 2. Ordinance 13974, Section 3, and K.C.C. 2.43.010, Ordinance 13974, Section 4, and K.C.C. 2.43.020, Ordinance 13974, Section 5, and K.C.C. 2.43.030 and Ordinance 13974, Section 6, and K.C.C. 2.43.040 are each hereby repealed.

NEW SECTION. SECTION 3. There is hereby added to K.C.C. chapter 2.43 a new section to read as follows:

**Policy framework for the development and operation of the publicly funded mental health services system in King County - "recovery" defined.**

A. The goal of the mental health system is to promote recovery of normal functioning and participation in family and community life for persons with serious and persistent mental illness.

B. For the purposes of this chapter, "recovery" means a process whereby an individual not only achieves management of their symptoms but regains or develops sufficient skills and autonomy to enable the individual to live, work, learn and participate fully in the community in an age appropriate manner. "Recovery" means a way of living a satisfying, hopeful and contributing life, even with illness caused limitations.

C. In order to succeed in promoting recovery for persons in need in King County, the mental health service system shall transform itself from one based on the goals and principles of community support and maintenance to one based on the goals and principles of recovery and resilience. The mental health system shall, therefore, strive to:

1. Reach out to and engage persons at-risk due to serious, disabling mental illness;
2. Focus on the whole person, including strengths, capabilities, latent abilities and aspirations, not just symptoms and pathologies;
3. Reduce the stigma experienced by people with mental illness;
4. Develop treatment goals and service plans based on mutual respect for the consumer's aspirations

and capabilities and the provider's knowledge, skills and assets.

5. Help people with serious mental illness develop personal understanding and control of their symptoms.
6. Pursue activities in the larger community, rather than the clinical setting, to foster full integration in the community;
7. Help persons with serious mental illness develop or restore normal life roles and functions, by:
  - a. focusing on family and school for children;
  - b. establishing and maintaining a household, work and peer support systems for adults; and
  - c. continuing community and social involvement for seniors;
8. Develop and involve natural supports, including peer, family and community support;
9. Employ recovering persons in the service system;
10. Collaborate with other services and systems to improve results and reduce costs by coordinating and integrating services whenever appropriate;
11. Reduce formal mental health system supports as people recover and build their own natural support systems; and
12. Identify and implement best practices, both evidence-based and promising programs, for subsection B. 1 through 11. of this section.

NEW SECTION. SECTION 4. There is hereby added to K.C.C. chapter 2.43 a new section to read as follows:

**Adoption and implementation of a recovery plan.**

A. The Recovery Plan for Mental Health Services dated August 2004, which is Attachment A to this ordinance, is adopted as an overall guide and a five-year work program for transforming King County's mental health service system from one based on community support and maintenance to one based on recovery and resilience.

B. The department of community and human services, or its successor, shall complete a detailed recovery system implementation plan. The department shall submit, by June 2007, an ordinance to the council for approval of the plan. The plan shall result from completion of work described in Phase I of the Recovery Plan for Mental Health Services and shall include:

1. A progress report on developing a shared vision of recovery concepts and principles at all levels in the system;
2. Identification and analysis of best practices and promising practices for replication in such areas as outreach and engagement, assessment and case planning, medication and symptom management, housing, employment, peer support, consumer involvement in service planning and provision and collaboration and integration of services with other key systems, including housing and homeless intervention, substance abuse treatment and recovery services, employment and employment training and criminal justice;
3. Assessment of existing services, resources, reimbursement and contract models in light of best practices to identify needed service, resource alignment and modifications to the reimbursement and contracting model. In addition, this assessment shall identify any county, state and federal restrictions that pose obstacles to full implementation of the recovery model;
4. Strategies, goals, action steps and timelines for implementing the identified system changes necessary to achieve a fully recovery-oriented service system;
5. Defined outcome and other appropriate performance measures; and
6. The system for monitoring, evaluating and reporting progress in implementation of the recovery model.

NEW SECTION. SECTION 5. There is hereby added to K.C.C. chapter 2.43 a new section to read as follows:

**Annual reporting.** Subsequent to the council's approval of the detailed implementation plan required in section 4.B. of this ordinance, the mental health, chemical abuse and dependency services division, or its

successor, shall provide to the council an annual written progress report. The report shall describe progress in implementing the recovery model and shall contain detailed information on programs, budgets and outcome and other performance measures. Twenty-three copies of the report shall be filed with the clerk of the council for distribution to all members of the law, justice and human services committee, or its successor and the committee's lead staff and to all members of the regional policy committee, or its successor, and the committee's lead staff.