Mental Health Recovery in King County
2010 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

King County

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

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Recovery Executive Committee Membership Roster

Kelli Carroll, Principal Legislative Analyst, King County Council
Representing: King County Council
Nancy Dow-Witherbee, King County Mental Health Advisory Board, (former Chair)
Representing: Mental Health Advisory Board
Julie Spector, Judge, King County Superior Court
Representing: Superior Court
Anne Harper, Judge, King County District Mental Health Court
Jackie MacLean, Director, King County Department of Community and Human Services (DCHS)
Representing: King County DCHS
Hikari Tamura, Deputy Director, King County Department of Adult and Juvenile Detention
Representing: Adult and Juvenile Detention
Committee Staff:
Jean Robertson, Assistant Division Director, Mental Health, Chemical Abuse and Dependency Services Division (MHCADSD)

Recovery Advisory Committee Membership Roster

Trish Blanchard, Sound Mental Health
Representing: Providers
Jackie Willimon, Community Psychiatric Clinic
Representing: Consumers
Stacey Devenney, Valley Cities Counseling and Consultation
Representing: Providers
Mike Donegan, Downtown Emergency Service Center
Representing: Providers and employment specialist
Nancy Dow-Witherbee, King County Mental Health Advisory Board
Representing: Mental Health Advisory Board
Veronica Kavanagh
Representing: Family members
Laura Meins
Representing: Consumers
Helen Nilon
Representing: National Alliance on Mental Illness, consumer
Kelli Nomura, Community Psychiatric Clinic
Representing: Providers
Rio Jade Zane, Valley Cities Counseling and Consultation
Representing: Consumers
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Terry Crain, Mental Health Recovery Specialist
Barbara Vannatter, Clinical Services Specialist
LaTonya Rogers, Parent Support Specialist

Voices of Recovery – A Consumer Advisory Committee Membership Roster

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Alice Ermlich
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Kenneth Patterson
Mathew Peterson
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Felton Swain
Janine Boyer

Two open positions for parents of children receiving mental health services in King County
Committee Staff (MHCADSD):
Terry Crain, Mental Health Recovery Specialist
Lenore Meyer, Quality Review Team

Executive Summary

The Department of Community and Human Services (DCHS), Mental Health, Chemical Abuse and Dependency Services Division (MHCADSD), submits this Mental Health Recovery in King County 2010 Annual Report, as required by King County Ordinance 15327. Activities and accomplishments to transform the publicly funded mental health system in King County are summarized.

This report details substantial progress over the past year. The 2005 King County Recovery Plan articulated a process for system transformation in three phases over the course of five years. Recovery is a non-linear process. Some elements of recovery have taken hold as anticipated, while other elements, including workforce training, have taken longer than expected and expanded to include training for consumers and allied service providers. The power of employment to fuel recovery for adults emerged as a theme for many system initiatives.

This year, 2010, is the final year addressed by the original plan. The Recovery Executive Committee, the Recovery Advisory Committee and the Voices of Recovery groups have partnered with MHCADSD to provide direction, grounding, evaluation, and planning for implementation of the mental health recovery plan. Together, these groups comprise a wealth of experience and knowledge of people who participate in mental health services and those that provide the services. These groups are engaged in planning what will come next in the evolution of recovery oriented services

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.

The Recovery Executive Committee is a stakeholder group that was required in the Implementation Plan for Phase II. The group is comprised of leaders from county departments who have an interest in mental health issues. A number of these positions have seen changes in personnel. With these changes, and the completion of the 2005-2010 period, this group will reconvene late in 2010 to revisit their mission and charter.

The Recovery Advisory Committee, a stakeholder group of providers, consumers, and family members, meets monthly. Members provide regular feedback about community and provider perceptions of the recovery implementation process and help to identify barriers to recovery implementation, unintended consequences, and recommendations to reduce or eliminate them.

The Voices of Recovery, a consumer advisory committee, meets twice a month. Representatives of consumer councils at agencies are invited to attend the first meeting of each quarter to share information, build hope, and strengthen consumer voice.

People who have mental health challenges 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."

This report provides information about the many important initiatives underway to improve the system of care. The King County mental health system is changing to better support the recovery of people who live with the challenges of mental illness in our communities.

2010 Highlights

- A retreat regarding mental health recovery and employment was provided for chief executive officers and other senior management of contracted mental health agencies in June, with another planned as a follow-up in October 2010.
- A half-day conference titled "Recovery, Making it Work" on employment for consumers and those that support them is planned for October 22, 2010. This conference will include workshops and a keynote presentation by Mark Ragins, M.D., the medical director of The Village in Long Beach, California and a recognized recovery leader.
- Incentive payments to mental health providers in 2010 and activities required in 2010 to earn the incentives for 2011 help put into place the structures and processes that will lead to the outcomes consumers and family members want; rewarding practices that contribute to recovery. The incentive for employment shifts this year to a true outcome, such as the number of people getting jobs, as compared to previous years' emphasis on the development of infrastructure for vocational services.
- Mental health agencies submitted updated plans to implement a recovery model of service provision in January 2010. Altogether, consumer voice is becoming ever stronger as the number of agencies reporting having a consumer council is increasing. Nearly all agencies have incorporated recovery competencies in their requirements for hiring new staff and in performance reviews for current staff.
- The King County Mental Health Recovery Web page is updated at least quarterly to add a new inspirational recovery story selected from 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.
- Voices of Recovery collaborated with the Quality Council, a sub-committee of the King County Mental Health Advisory Board, to develop a statement to describe what quality looks like in mental health services from the perspective of people participating in those services.
- The Recovery Advisory Committee is reviewing progress made in the recovery system change efforts and is participating with the Voices of Recovery group in visioning what will come next as the system continues to evolve in recovery.
- Peer counselor training continues with the seventh class provided by MHCADSD in June 2010. Two more classes are planned for 2010 and three in 2011.

Like all workers, people with severe mental illness can benefit greatly from the security and self sufficiency that comes with stable and fulfilling employment.

- The 2010 recovery celebrations for consumers are provided in five locations throughout King County and are expected to be attended by well over 200 people. The theme is Love, Work, and Laughter as Keys to Recovery. In addition, in early 2010, a recovery celebration was provided for the Spanish speaking community modeled on those of 2009, addressing the fundamental components of recovery.

- The Exemplary Service Awards Ceremony, now in its eleventh year, recognizes exceptional leadership and achievement in service provision and advocacy on behalf of persons with mental illness and alcohol/drug dependency. This year, for the first time, a category was added for peer-to-peer support and the category of advocacy was widened to include work for social inclusion.

- The second King County Mental Health Recovery Poster Art Contest received 17 entries on the theme of "Love, Work, and Laughter as Keys to Recovery". The winning poster art will be announced at the MHCADSD Exemplary Service Awards ceremony. The poster will be widely distributed to help educate consumers and the community about mental health recovery.

- A survey for prescribers about attitudes and practices related to recovery and employment has been developed and will be released early fall 2010 to all the prescribers in the King County publicly funded mental health system. This will determine planning efforts to ensure all prescribers have what they need to continue to provide leadership with regard to mental health services in this emerging paradigm.

- Training for the workforce in recovery via Essential Learning for web-based, online learning, began in January 2010. Mental health workers were required to complete nine credit hours of training in 2010. The curriculum includes competencies and technologies known to be helpful and supportive of recovery.

- Training for non-clinical staff, titled "Bringing Hope to Every Interaction", was presented in June 2010 and will be presented again in November 2010. The training was very well received.

- Training was provided for allied services in recovery and resiliency. The training was tailored for each audience and co-presented by County staff and a consumer from the Voices of Recovery group.

- The practice of indentifying a "recovery article-of-the-month" began in April. Each month, a different article is posted to Essential Learning for the workforce, posted to the King County recovery website, and distributed via e-mail to consumers who have indicated an interest in learning more about recovery.

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.

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 well-ness.

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

Background

On November 15, 2005, the Metropolitan 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 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 described the five-year work plan as occurring in three phases.

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

"I continue to change and grow and become a better person because I have learned that to be courageous means to be afraid, but still move forward. My mental illness no longer defines who I am, I define who I am."

- Deb Colvin, King County consumer sharing her recovery story

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 summarized progress in Phase II and described the transition underway to Phase III. Similarly, the 2009 Mental Health Recovery Annual Report summarized the completion of Phase II and progress made toward the goals of Phase III. Attachment A provides the history of milestones achieved through October 2009.

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 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.

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 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 has made and continues to make progress in changing the philosophy that guides the way the mental health system does business.

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.

-- President's New Freedom Commission on Mental Health

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 King 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

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

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 staff. The work group began 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.

The domains for which outcomes are desired were identified in a stakeholder process early 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 has 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, the King County Housing Authority, and housing developers 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 coalition of government, faith communities, non-profits, the business community, homeless, and formerly homeless people working together to implement the regional Ten-Year Plan to End Homelessness in King County. Jackie MacLean, DCHS Director, 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.

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 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

Data is provided to the agencies to assist them in monitoring their performance to the incentive measures and for system improvement.

In 2007, mental health agencies received the incentive funds by committing to participate in recovery initiatives 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.

The MHCADSD created a template of a self-assessment and an agency recovery plan in 2007. 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 elements, including 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 was the basis of the 2008 incentive payments. All 16 outpatient provider agencies earned this incentive payment. Significant progress was evident in the review of Agency Recovery Plan implementation that occurred in the fall of 2009.

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

Strategy 2 – Provide Workforce Training in Recovery Practices

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.

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. In 2009, 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 a revised work force training plan.

As part of Strategy 2, MHCADSD began sponsoring the state approved peer counselor training locally in 2007 to ensure King County consumers had access. Peer support is included in the National Consensus Statement of the fundamental components of recovery and is a promising practice strongly endorsed by local and national mental health consumers and family advocates. Peers who have experienced severe mental illness and entered recovery can act as powerful role models for others and offer unique empathy and rapport with other consumers by virtue of having experienced mental illness themselves.

Two trainings per year were provided to mental health agencies in 2008 to help them understand the body of work and the value of peer support services. In 2009, MHCADSD began providing a "test prep" session for graduates of the peer counselor training, resulting in higher rates of success in passing the peer counselor exam.

Strategy 3 – Use of Regulatory Practices to Promote Change, Including More Focused Monitoring on Policies, Procedures and Contracts

Standards for peer support services were developed in 2008 for the responsibilities, training, and supervision specific to peer support services. The standards form the basis for monitoring the quality of peer services in the future.

An annual review of policies and procedures and contracts began 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.

Phase III. Increase Depth and Complexity

The period 2009-2010 saw the initiation of change as Phase II moved into Phase III, increasing the recovery system in depth and complexity. The strategies appropriate to the earlier phase of implementation were modified to match the needs of an evolving system.

Incentives, initially awarded for structures and processes, are beginning in 2010 to shift to actual outcomes. 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.

While the earlier focus of the incentives for employment was the establishment of high fidelity supported employment programs (structures and processes), a shift to paying incentives for the outcome of actual jobs requires accessing a broad base of supports and resources for consumers. An ad-hoc work group of consumers, providers, and County staff met in 2009 to identify barriers to employment and strategies to address those barriers.

The process resulted in a commitment from MHCADSD to focus on employment in 2010. Consumers in the mental health system were discouraged from working because having a job was seen as too stressful. Research has shown that on the contrary, inactivity, poverty, and isolation are damaging to mental health. Having a job appears to fuel recovery for many consumers. Virtually everyone who desires to work can do so successfully with the right supports, and keep their benefits.

The incentive measures have resulted in a change to system infrastructure. Performance was relatively low, 58 percent in 2008 for the adult measure of contact within seven days of jail or hospital release, primarily for the measure related to release from jail. Performance regarding release from the hospital showed improvement over the baseline. An ad-hoc work group formed in 2009 identified the system barriers to improve performance relative to incarcerated individuals. This resulted in agencies identifying forensic staff to specialize in working with the criminal justice system. King County developed a comprehensive and intensive training about working with the courts, jails, defense attorneys, and the probation system. The training has helped the forensic staff be successful in engaging people before and after release from jail, and to provide technical assistance to all staff within the agency. As a result, performance improved to 83 percent.

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 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. The MHCADSD has initiated conversations with institutions of higher learning to encourage incorporation of recovery concepts in training of mental health workers.

Recovery competencies desired in the work force were developed via a stakeholder process in 2009. In partnership with providers and consumers, MHCADSD chose to contract with Essential Learning, the preeminent provider of Web-based online training in behavioral health. 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. Implementation began in July 2009.

Training in recovery continues to be provided to the community of people who participate in mental health services at the annual recovery celebrations. Education about recovery was expanded in 2010 to allied service providers. The good news about mental health recovery is shared with the community at large via the King County Mental Health Recovery Web page and the quarterly newsletter, the *Recovery Roundup*. An issue of the *Recovery Roundup* is included as Attachment B. An annual poster art contest began in 2009. Recovery principles are thus illustrated and incorporated into a widely distributed poster. The 2010 King County recovery poster is included as Attachment C.

As goals for agency recovery plans are met and the structures, processes and outcomes are achieved, recovery elements begin to shift from strategies on the agency recovery plans and incentive measures to become actual policies, procedures, and contract terms. For example, peer services began as a recovery element on the agency self-assessment and agency recovery plans. As implementation began, peer services moved to the incentives measures. The Standards for Peer Support Services codify the training, support, and supervision expected for this service. As part of the policies and procedures, the standards become the basis for contract compliance monitoring.

The following pages summarize the achievements of the last year according to the following strategies.

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

Strategy I Achievements (July 2009 – July 2010)

For mental health agencies, receipt of the recovery incentives in 2010 was based on performance and progress establishing structures and processes in 2009. Progress toward implementation did occur for most measures. Earning the incentive payments for 2011 is likewise determined by performance in 2010. Agencies are notified early in the year what their targets are for the year and are provided with data throughout the year to assist them in monitoring their own progress toward the targets.

Agency incentive awards in 2010 based on performance in 2009 are as follows:

Percentage of Agencies Earning Incentives

- Implementation of developmental assessments for children: 91 percent
- Collaborative contacts: 50 percent
- Parent peer support: 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: 83 percent (58% last year)
- Peer support: 100 percent
- Voice, choice and meaningful activity for older adults: 100 percent

Recovery is a deeply personal, unique process of changing attitudes, values, feelings, goals, skills and/or roles. It is a way of living a satisfying, hopeful, and contributing life.

Children

Developmental Assessments: Developmental screening instruments were identified and adopted system-wide for children ages birth to five years. In 2009, MHCADSD collaborated with the youth provider network to create a developmental framework for use with youth ages six through 21. For 2011, agencies must submit a mid-year progress report toward implementing the assessments.

Collaborative Contacts: Collaborative contacts are those made with other systems that might be involved in the life of a child and/or family, for example, juvenile justice. To earn the incentive, agencies were required to have provided such a contact for a defined number of children who were identified as involved with more than one system. For 2011, there must be a demonstrated increase in the number of families for whom collaborative contacts were made.

Parent Peer Support: Agencies had proposed plans to implement parent peer support in their Agency Recovery Plans. Progress was required, as documented in a review of those plans in the fall of 2009, for payments in 2010. For 2011, agencies must report an increase in the number of peer support services provided in 2010, as compared to the baseline in 2009.

Adults

Employment: This measure was only available to those eight agencies that had supported employment programs. For 2010 payments, those agencies were required to report a 100 percent increase in the number of services provided. For 2011, all adult serving agencies are eligible for the employment incentive (except Evergreen Health Services, as they serve primarily older adults). Earning the incentive requires an increase in the number of adults becoming employed in 2010, as compared to 2009.

Face to face service: Agencies had to demonstrate an increase in the number of consumers seen within seven days of release from hospital or jail. The system improvement effort and stakeholder process resulted in real improvement. The percentage of agencies earning this incentive improved from 58 percent in 2008 to 83 percent in 2009 (for their 2010 payments). Similar targets are set for 2010 performance for 2011 payments.

Peer support: Agencies proposed plans to implement peer support in their Agency Recovery Plans. Progress was required, as documented in a review of those plans in the fall of 2009, for payments in 2010. For 2011, agencies must report an increase in the number of peer support services provided in 2010, as compared to the baseline in 2009.

Older Adults

Consumer choice, consumer voice, and meaningful activity reflected on the Individual Service Plan: The MHCADSD reviewed charts for a sampling of consumers. Agencies had to demonstrate an increase in the number of charts evidencing the measure in 2009 for 2010 and will be required to meet a similar target for 2011 payments.

Basic recovery-oriented principles for service delivery for individuals of all ages include:

- *Recovery is possible.*
- *Consumers welcomed as partners in their care.*
- *A "Just Start Anywhere" mode of consumer action is fostered.*
- *A broad range of consumer run services is promoted.*
- *Meaningful work/educational activities are valued and worked toward.*
- *Service providers encourage and facilitate an increase in consumers' abilities to self manage disorders.*
- *Use of community resources should be encouraged.*
- *Staff must be empowered.*

-William Anthony. Recovery from mental illness, the guiding vision of the mental health service system in the 1990s. (1993)

Strategy II Achievements (July 2009 – July 2010)

- 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* includes a recovery story submitted by a King County consumer. The publication 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 a fully consumer generated and supported initiative 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. The Warm Line adds Wednesday evenings in September 2010.

- Work Force Training: The curriculum of on-line training to address the desired competencies for the mental health workforce was identified in late 2009 for 2010. Also in late 2009, all members of the workforce that have direct contact with consumers were loaded into the Essential Learning Management System as learners, totaling some 3,000 learners. County clinical staff, including Crisis and Commitment Services staff and contract monitoring staff, are included as learners. Compliance with the curriculum requirement for the first and second quarters was over 90 percent, which is high given the learning system is new to everyone. The 2011 curriculum will include training in assisting consumers to create a Wellness Recovery Action Plan. Other courses for 2011 will be selected with input from the Voices of Recovery and Recovery Advisory Committee.

  2010 Recovery Curriculum for the Mental Health Workforce

  1st Quarter:
  Path to Recovery

  2nd Quarter:
  Motivational Interviewing

  3rd Quarter:
  Self-direction, Person Centered Planning and Shared Decision Making to Facilitate Recovery, Part 1

  4th Quarter:
  Self-direction, Person Centered Planning and Shared Decision Making

- The Recovery Article of the Month is a new feature offered to the community of providers and consumers as an additional source of information about mental health recovery. The article of the month is loaded onto the Essential Learning system and announced to all learners. The recovery website includes the recovery article of the month and is also noted in the *Recovery Roundup*.

"For years I was in and out of the hospital every two-three months with many suicide attempts. I was miserable. Two years ago I went to a Wellness Recovery Action Plan (WRAP) class – my sister went with me. I just went along for the ride and what a ride it was – RECOVERY. Now, my life is good, I have a great relationship with my daughter and the rest of my family. I thank my sister, friends, and case manager for holding my hope when I couldn't."

- Cindi Cody, a King County consumer sharing her recovery story

- Peer Counselor Training: The state-approved training was provided in October 2009 and April 2010. Two more classes are planned for 2010 and three for 2011. A new curriculum was introduced at the 2009 fall training that better incorporates issues and skills for parent peers. The Quality Review Team and the Mental Health Recovery Specialist provides "test prep" sessions for each class. The MHCADSD retains the contact information for everyone who graduates from the Peer Counselor Training and provides them with information about job opportunities and other news about recovery initiatives in King County.

- King County had 68 peers working in the mental health system in 2009, 20 more than in 2008. Note that the figures for 2008 and 2009 represent the number of peers employed, rather than full time equivalents. Agencies continue to advertise for peer positions. Some peers work full time, some work part-time and some vary their hours considerably depending upon their wellness.

Peer Counselor Training Program

- 120 trained peers graduated
- King County has provided six of the training series to date with two more planned in 2010
- 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

- 2010 Recovery Celebrations: The theme of the second annual recovery celebrations in 2010 is "Love, Work, and Laughter—Keys to Recovery". The celebrations in May, June, and August were attended by 135 people. Presenters and attendees talked about relationships, family, friends, and romance. Healthy relationships and unhealthy patterns were discussed. Consumers and peers talk about how valuable it can be to recovery to find work that suits them. Many people are concerned about the impact of work on their benefits. A presentation by a peer who is a trained benefits counselor helped people understand that it is possible to work and keep their benefits. Research shows laughing really can heal. A trained laughter yoga instructor got everyone up and laughing. Attendees were invited to share their e-mail addresses if they were interested in receiving updates and announcements about recovery activities in King County.

  Additional recovery celebrations are scheduled for September and October 2010. In January 2010, King County held a recovery celebration for the Spanish-speaking community focused on the fundamental components of recovery. The local National Alliance on Mental Illness organization also presented their programs at this celebration. Recovery celebrations will be annual events in King County.

- 2010 Mental Health Recovery Art Poster Contest: King County sponsored a contest for the best poster art celebrating love, work and laughter as keys to 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. The winning artwork is a stunning and beautiful illustration of the theme. The artist will be recognized at the 2010 Exemplary Services Award Ceremony in September 2010.

- Mental Health Recovery Web page: This Web page went live in January 2009 and is updated at least quarterly. The Web page is available at: http://www.kingcounty.gov/healthservices/MentalHealth/Recovery.aspx. The column dedicated to consumer recovery stories is updated quarterly with a new story. Such stories are recognized as one of the most powerful ways to engender hope. There are four sections to the Web page: 1) Having a voice – consumer leadership, peer services and opportunities; 2) King County Transformation Initiatives; 3) Knowledge is power – information about 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.

- The MHCADSD staff initiated conversations in early 2010 with local training institutions of higher learning about incorporating more recovery focus in their curriculums.

- Retreats for Chief Executive Officers: Senior management from the mental health agencies were invited to two retreats in 2010 focused on employment as a critical element of recovery- oriented mental health care. In June, Spence Klein, the Chief Executive Officer for Neighboring, a mental health agency in Ohio, was the keynote speaker. His agency achieves a very high rate of employment. In addition, a peer specialist trained as a benefits counselor provided a presentation about the impact of work on benefits. A panel of three consumers who are working talked about the work they do, how they found their jobs, and how working has impacted their recovery. A second retreat is planned for October 2010 with Mark Ragins, M.D. Dr. Ragins is the psychiatrist and renowned Medical Director of The Village in Los Angeles. He is widely recognized as a leading voice in the recovery movement.

- Retreat for Prescribers: Psychiatrists and other prescribers are powerful messengers for consumers about how to be well. A recovery orientation requires shifting from a beneficent medical model, wherein the prescriber has all of the responsibility for prescribing medications, to a collaborative model where decision making is shared. Prescribers were not included as learners in the workforce training via Essential Learning. Courses appropriate for a case manager would not provide the grounding in the shift to a collaborative model for medication management that might be needed by a prescriber. A retreat is planned for October for the prescribers employed in the publicly funded mental health system. Dr. Mark Ragins, described above, will be presenting about recovery and employment. A consumer panel will be included.

- Training in Recovery and Resiliency for non-clinical staff: Two trainings are offered in 2010 for non-clinical staff at the mental health agencies and for non-clinical county staff. Mary Jadwisiak presents, "Bringing Hope to Every Interaction." Feedback from participants was very positive.

- Recovery and Resiliency training for allied service providers: The mental health recovery specialist, in partnership with a member of Voices of Recovery, presented tailored "recovery and resiliency" trainings to staff at the downtown Seattle WorkSource center at the YWCA and to the interpreters from the agency under contract to King County, CTS Language Link.

The winning artist of the 2010 Recovery Poster Art contest, Valera Corliss, described the beautiful images she created. You can see Attachment C for the full poster.

"The Mind, Hands, and Heart are symbols of the connection that the cycle of laughter, work, and love have on the whole being. The reversal of hands shows an integration of the creative and intellectual abilities brought by these healing forces. The keys and keyholes represent the unlocking of potential that is often imprisoned by mental illness and addiction. And the Monarch butterfly, the only one that migrates, is a symbol not only of growth and transformation of self and circumstances in the process of recovery, but also shows the impact the long journey can have on future generations."

Strategy III: Achievements (July 2009 - July 2010)

- Policies and Procedures: King County MHCADSD revised policies, procedures, and contracts at the county level for 2009 and 2010 to include enhanced recovery language and concepts.

- In 2010, policies and procedures were revised to include requirements that certain elements of recovery oriented mental health services be included in the process, from intake through care planning. In 2004, a review of mental health records at the mental health agencies was performed to examine practices to ascertain if a recovery approach was currently in practice. Evidence was sought of consumer voice and choice in treatment planning, goals to improve coping skills and provide meaningful activity, identifying and building upon natural supports, and identifying and building upon strengths. The findings indicated system change was warranted. Contract compliance site visits in 2011 will review for these newly required elements and will afford a demonstration of system change since the baseline of 2004.

"Working has helped further my recovery more than any other single thing I have done, more than therapy, case management or medication alone. My job helps me stay focused on something other than illness. My co-workers, especially, have helped me improve the way I see myself. Extra money is great, too!"

- Targeted funds for consumer run organizations were awarded by contract to three organizations. The National Alliance for Mental Illness-Greater Seattle received funding to provide outreach and training to the Latino community and to veterans. The Warm Line (via Navos,) will use the funding to build infrastructure. Hero House funded planning for a supported employment program.

- Hero House, a free-standing clubhouse certified by the International Center for Clubhouse Development, has been awarded a supported employment contract with MHCADSD, bringing the number of mental health agencies that provide this evidence-based practice to nine. As a free-standing clubhouse providing services to consumers who may be enrolled for outpatient services at any mental health agency, Hero House provides an opportunity to participate in supported employment services to individuals who may receive outpatient services from an agency that does not provide supported employment.

- Conversations began with the WorkSource Operators Consortium to explore the possibility of having peer support specialists stationed at the WorkSource centers as disability navigators. Such disability navigators would be a resource for staff about mental health and would be available to assist consumers who might otherwise be challenged by the WorkSource system procedures. An alternative may be to develop training in the WorkSource system for peers currently employed within the mental health agencies to be a resource for consumers who wish to use the WorkSource centers.

- The Quality Review Team began interviewing peer support specialists employed by the mental health agencies to gather information about what sort of work they are doing, what supports they receive, and any ideas they may have to make the system a better environment for peer services.

- A survey of prescriber attitudes and practices with regard to recovery-oriented services has been developed with input from stakeholders, including consumers and medical directors, and will be released in the fall of 2010. The findings will determine further planning efforts to shift the system from a medical model to one that embraces shared decision making.

- Agency Recovery Plans: Agencies were required to submit an updated agency recovery plan in January 2010. The updates demonstrate remarkable system change within a short number of years. Most recovery elements have been implemented at most agencies. System change is challenging, yet much has been accomplished.

  In 2008, nine agencies reported having consumer advisory councils, with five additional agencies planning to do so. In January 2010, ten agencies report having a consumer advisory council, with three planning to create one. Three agencies do not plan to have a consumer advisory council. At some agencies, the consumer advisory councils are largely staffed by peer support specialists who are employees of the agency and may or may not also be consumers who are enrolled for services with the agency. Agencies are encouraged to ensure the inclusion of consumers who simply participate in services at the agency, rather than having a dual role.

  Those agencies having consumer advisory councils are beginning to link them into the quality management structure in the agency. Other agencies report relying on consumer satisfaction surveys, suggestion boxes, and other methods for soliciting opinions.

  Agencies report strong support for recovery from their boards. Most report that the membership of their boards includes consumers. Recovery competencies have been incorporated at nearly all agencies in job descriptions, the process of hiring, performance evaluations, recognition, and training.

  A summary report was widely distributed showing the progress made by each agency according to the Updated Agency Recovery Plans.

Conclusion

The ultimate goal of these transformation initiatives is that consumers may achieve the promise 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.

Recovery is possible. Ensuring services support recovery in the mental health system enhances the probability that everyone will recover. This includes the responsibility to partner with consumers to educate the community about the good news of recovery, with a goal to expand the opportunities for employment and community involvement that will lead to enriched lives for everyone.

The 2005 recovery plan articulated three phases of change. King County successfully implemented Phases I and II and is well on the way to completion of Phase III. The plan anticipated the challenges of Phase III to include:

a. Participate with providers and other organizations in promoting stigma reduction initiatives through social marketing (i.e., public service announcements and newspaper articles)

b. Provide advanced training on recovery-oriented services and systems

c. Continue providing technical assistance and knowledge transfer between agencies about recovery practices

d. Continue evolution of performance measures and practice guidelines

e. Continue implementation of policy/resource changes.

Recovery refers to the lived or real life experience of people as they accept and overcome the challenge of the disability...they experience themselves as recovering a new sense of self and of purpose within and beyond the limits of the disability.

(Deegan, 1988)

Preliminary discussions with stakeholders have already begun to develop a campaign for social inclusion to reduce stigma. Training will be offered to the work force on various promising and evidence-based practices including Wellness Recovery Action Plans and methods to support employment success. Training will continue to be offered to the community at large. Opportunities will be created for further technical assistance and knowledge transfer between agencies. Such a forum will be created soon to generate discussion and sharing about how best to provide training in leadership skills to consumers who are interested in having a larger voice in system development, implementation, and monitoring. Stakeholders will continue to work together in defining system measures for incentives and policy changes.

Feedback from stakeholders at recovery celebrations, retreats for providers, and the recovery advisory groups suggest system change is gaining in depth and is maturing.

The original plan outlined a five year plan for system change beginning in 2005. As 2010 is a year of transition, stakeholders are also discussing what will come next. The Recovery Advisory Committee has strongly recommended there be a structured evaluation of the outcomes of the recovery initiatives to date. For this reason, the contract compliance site visit will examine the issues that were raised in the 2004 Baseline Assessment of Recovery Oriented Practices. Doing so will allow some apples-to-apples comparison of mental health services. Other methods of assessment will be developed in late 2010 and early 2011. Information from these exercises will inform decisions about what the future holds with regard to system change. Strengthening consumer voice and participation in planning, implementation, and evaluation will be included, as will efforts to expand the opportunities for peer support specialists within the system and with system partners.

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.

"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. <u>And</u> it is only with this vision and belief for <u>all</u> people that we can bring hope for everyone."

- Shery Mead and Mary Ellen Copeland

ATTACHMENT A
Report of Milestones – Phases I, II, and III
Recovery Plan for Mental Health Services
Mental Health, Chemical Abuse and Dependency Services Division (MHCADSD)
September 2010

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 Dec. 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 about recovery	Completed	Updates/ briefing for staff are 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 Dec. 2007.
Mar. 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 Apr. 2006 and May 2007.
	Convene a consumer-directed advisory group	Completed	Voices of Recovery (VOR) meets twice per month to review proposed strategies, and make recommendations.
Apr. 2006	Start Roundtable dialogues about recovery vision and system transformation with agency staff and consumers	Completed	14 of 16 providers visited, at multiple sites, for 17 total roundtable discussions
	Implement consumer leadership training	Ongoing	MHCADSD began this process in several work

Projected Date	Description	Status	Comments
			groups and will continue as the agency recovery plans are implemented. The consumer members of the Voices of Recovery group plans to develop and offer leadership training.
Apr. – Sept. 2006	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
	Gather and consolidate input from work groups, 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 work group recommendations have been incorporated in the proposed Recovery Ordinance, Agency Recovery Self-Audit, and 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. Additional work group proposed to work with providers to develop strategies for implementing recovery services in spite of state and federal regulatory burdens.

Projected Date	Description	Status	Comments
	Establish a workforce training plan and budget	Completed	Prepared the Request for Proposal for a Training Consultant
	Hire a training consultant	Completed	A training consultant was hired but the resulting plan proved not to be what was needed. A Workforce Training work group comprised of stakeholders developed an alternate 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 involved extensive planning for increasing consumer involvement at all levels.
Sept. 2006	Develop a template for a self-audit of recovery practices. All provider agencies will complete the self-audit and develop an individualized plan for improving recovery practices	Completed	MHCADSD developed the self-audit template. Each provider agency completed the audit, which then informed the creation of an Agency Recovery Plan. This has become a central tool for system transformation.
	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

Projected Date	Description	Status	Comments
			focus of this work group has changed. It will be convened as an incentive implementation work group
Dec. 2006	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.
	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 county-wide Recovery Conference planning	Not implemented	This was a lower priority with insufficient funding to proceed.
Jan.-May 2007	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.
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 group) and will continue to develop work products into the indefinite future.
May 2007	Provide retreats for chief executive officers to further the creation of a common recovery vision	Completed	The third Chief Executive Officers 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

Projected Date	Description	Status	Comments
			their own recovery journeys.
June 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 & Jul. 2007	Report due to Council and Regional Policy Committee on Recovery Plan Phase II Implementation.	Completed	Transmitted to Council on June 29, 2007
Aug. - Sept. 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
Oct. 2007	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 KC Mental Health Plan	Ongoing	MHCADSD provides state-approved Peer Counselor Training in King County. The first class was completed with 16 persons graduated.
Nov. 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.-Dec. 2007	Ensure the inclusion of Peer Supports in the service array	Ongoing	MHCADSD provided the first training for providers

Projected Date	Description	Status	Comments
	within the KC Mental Health Plan		about peer support services – the value of peer support specialists, employment concerns including ADA, supervision, boundaries, etc. The Agency Recovery Plan addresses implementation of peer services.
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.
Dec. 2007	Review contract exhibits and policies and procedures for recovery orientation and revise as indicated.	Completed	The first round of changes were 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 continues.
Jan. 2008	Convene a Recovery Executive Committee	Completed	As required, the Executive Committee was identified and began meeting in Jan. 2008. Members include: Council representative, a Superior or District Court judge with an investment in mental health, the Department of Adult and Juvenile Detention (DAJD) Director, a consumer, and the Department of Community and Human Services (DCHS) Director as the chair of the committee.
Jan.-Mar. 2008	Develop outcomes for financial incentives	Completed	The Incentives Implementation Work group was convened to help refine

Projected Date	Description	Status	Comments
			recovery measures with operational definitions and data sources and recommend ongoing realignment, over time, of incentives from structure/process measures toward outcomes.
Mar. 2008	Review Agency Recovery Plans	Completed	All agencies received a review summary from MHCADSD with comments.
Mar. 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.)
Apr. - Sept. 2008	Provide leadership in mental health recovery	Completed	A full time Recovery Specialist was hired by MHCADSD in Mar. 2008 (previous part-time Recovery Specialist left in Dec. 2007.)
Apr.-June 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 was provided on request; other TA was included in Recovery trainings and at site visits to agencies in the fall of 2008.
Apr. 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

Projected Date	Description	Status	Comments
			Board; consumers; advocates/family members; provider representatives.
Apr. 2008	Ensure consumer voice in individual care and services – Wellness Recovery Action Plans (WRAP)	Ongoing	MHCADSD sponsored a training of WRAP facilitators
Apr. 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.
May 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 incentives.
June 2008	Continue building a shared vision of recovery and maintenance of momentum	Ongoing	The quarterly newsletter, *Recovery Roundup* provides updates to staff and the community on recovery initiatives.
June 2008	Peer Supports – training peer support specialists	Completed	Second course of state approved Peer Counselor Training was completed in King County. The first ever "Test Preparation" session in the state was provided resulting in 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. The target to forward recommendations by end of Aug. 2008 was accomplished.
June 2008	Review contract exhibits and policies and procedures for recovery orientation and revise as indicated.	On-going	The second round of changes were published in the King County Policy and Procedures Manual for 2008-

Projected Date	Description	Status	Comments
			2009. Review and changes were completed as recommended to support recovery, including person-first language. As the understanding of recovery and what helps evolves, this process of review and revision will continue.
Jul. 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 populations – how data would be collected and how baseline and thresholds would be defined and individualized for each agency.
Aug. 2008	Ensure the provision of supported employment within the array of services available to consumers	Completed	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.
	Report to Council and Regional Policy Committee on Recovery Plan Phase II Progress completed	Completed	Transmitted to Council in Oct. 2008.
	Provide recovery training for consumers	Ongoing	The Voices of Recovery and Recovery Advisory Group endorsed the development of training or orientation for consumers of mental health services on mental health recovery. Planning begins for Recovery Celebrations, events for consumers and those that support them.
	Develop measures for identified structure/process	Ongoing	The Recovery and Resiliency for Children and Youth work

Projected Date	Description	Status	Comments
	outcomes for financial incentives – developmental assessments		group chose an instrument for assessing development for younger children and continues development of an instrument for older children.
Oct. 2008	Ensure the inclusion of Peer Supports in the service array within the King County Mental Health Plan	Completed	The second training for providers about peer support services – the work peer support specialists can perform, integrating peers onto a clinical team, employment concerns.
Oct. – Nov. 2008	Continue building a shared vision of recovery and maintenance of momentum	Ongoing	The quarterly newsletter, *Recovery Roundup* provides updates to staff and the community on recovery initiatives.
Nov. 2008	Provide financial incentives for recovery structure, process, and outcomes	Completed	MHCADSD visited all 16 of the mental health agencies to review their progress toward their goals on their Agency Recovery Plan and to review charts of older adults for client voice, choice and the inclusion of meaningful activities. These are included among the measures for agencies for the financial incentive for 2009.
Dec. –Jan. 2009	Ensure stakeholder group participation in planning, implementation, and evaluation of the Recovery Plan	Completed	The Voices of Recovery, a consumer advisory group, had a retreat on Nov. 9 for team building and focused training on how to be an effective presenter.
Jan. 2009	Ensure the provision of supported employment within the array of services available to consumers	Completed	MHCADSD completed on site reviews with eight mental health agencies to measure fidelity to the supported employment model.
	Ensure the inclusion of Peer Supports in the service array within the KC Mental Health	Completed	The third Washington State Certified Peer Counseling Program in King County was

Projected Date	Description	Status	Comments
	Plan		completed on Jan. 16, 2009. The class filled immediately from the waitlist from the training in June 2008.
	Continue building a shared vision of recovery and provide recovery training for consumers and the wider community	Completed	The King County Mental Health Recovery Web page went live. Check out: http://www.kingcounty.gov/healthservices/MentalHealth/Recovery.aspx
Mar. 2009	Continue building a shared vision of recovery and maintenance of momentum	Ongoing	The quarterly newsletter, *Recovery Roundup* provides updates to staff and the community on recovery initiatives.
	Provide financial incentives for recovery structure, process, and outcomes	Completed	Agencies informed by letter about the percentage of the available incentives they've earned for 2009 (if the incentive applied,) based on data and findings from the site visits.
Apr. 2009	Provide recovery training for consumers	Completed	Five Recovery Celebrations brought the good news of mental health recovery to the community of people who participate in services. Nearly 200 people attended.
	Provide recovery training for consumers and the wider community	Completed	King County hosted a contest for the poster art celebrating the 10+1 Fundamentals of Mental Health Recovery. There were 42 entries from 21 artists.
May 2009	Continue building a shared vision of recovery and maintenance of momentum	Ongoing	The quarterly newsletter, *Recovery Roundup* provides updates to staff and the community on recovery initiatives.
	Ensure the inclusion of Peer Supports in the service array within the KC Mental Health Plan	Ongoing	King County began developing a *Strategic Plan to Increase Peer Support Services*. The goal is to

Projected Date	Description	Status	Comments
			ensure peer support services are available to every person who participates in mental health services in King County.
	Ensure consumer voice in individual care and services – Wellness Recovery Action Plans (WRAP)	Ongoing	King County began 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 has been completed that will inform King County about how best to meet this goal.
June 2009	Provide financial incentives for recovery structure, process, and outcomes	Completed	An ad hoc work group met and identified system barriers to providing "face to face" services within seven days of release from hospital or jail resulting in a recommendation that agencies identify staff who will specialize in working with the criminal justice system. King County will provide training.
Jul. 2009	Ensure the inclusion of Peer Supports in the service array within the KC Mental Health Plan	Completed	The Washington State Certified Peer Counseling Program in King County graduated 24 more trained peers.
	Ensure stakeholder group participation in planning, implementation, and evaluation of the Recovery Plan	Ongoing	Voices of Recovery, a consumer advisory group on recovery, decided to open up their meetings on a quarterly basis to invite representatives of consumer/client councils and advisory committees from the mental health agencies. Three agencies were represented at the meeting in Jul. 2009. They

Projected Date	Description	Status	Comments
			brought ideas, perspectives and information.
	Continue building a shared vision of recovery and maintenance of momentum	Ongoing	The quarterly newsletter, *Recovery Roundup* provides updates to staff and the community on recovery initiatives.
Aug. 2009	Provide workforce training in Recovery	Ongoing	King County has contracted with Essential Learning, a premier provider of online training. Courses are identified that will provide recovery competencies for learners.
	Provide financial incentives for recovery structure, process, and outcomes	Completed	King County has developed an intensive training to help specialized staff be successful in engaging people before and after release from jail. The first training is scheduled for Sept.
Oct. 2009	Provide workforce training in Recovery	Ongoing	Members of the mental health workforce are registered as users of the Essential Learning online system.
	Report to Council and Regional Policy Committee on Recovery Plan Progress completed	Completed	Transmitted to Council in Oct. 2009.

ATTACHMENT B

King County

The Mental Health Recovery Roundup

Mental Health, Chemical Abuse and Dependency Services Division

Mental Health Recovery happens every day

Volume 3, Issue 2 - 2010

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.

Recovery means remembering who you are and using your strengths to become all you were meant to be.

The fundamental components of recovery include empowerment, peer support, strengths-based, holistic, non-linear, person-centered, self-direction and individualized, respect and responsibility, and, perhaps most important, hope and resilience.

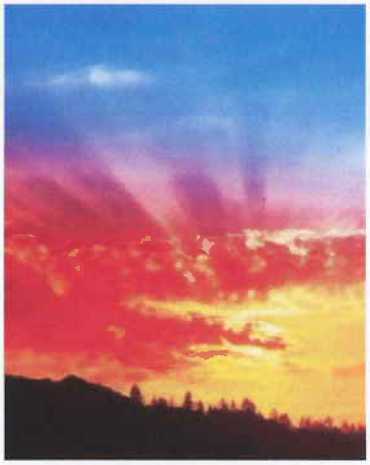
Like living with an illness such as diabetes or asthma, mental health recovery requires a person to become an active partner in finding and maintaining their own wellness.

Research and experience has found that for a majority of people diagnosed with a major mental illness, full recovery is possible.

People can and do get well. The King County Mental Health, Chemical Abuse and Dependency Services Division (MHCADSD), in partnership with the mental health agencies in King County, and the people who participate in services, is building a recovery oriented system.

The Recovery tool box includes powerful tools such as Supported Employment, Peer Support Services, first person narratives (personal recovery stories,) Wellness Recovery Action Plans, Clubhouses, and more.

The Recovery Roundup brings you information about the many initiatives underway in our recovery journey.



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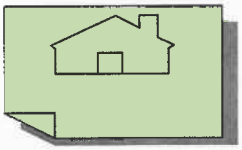
2010 - Recognizing Employment as a key to Mental Health

For adults, having a job is important, on par with housing, wellness, and crisis management. In fact, people who do work report feeling better about themselves, having decreased symptoms, and more money in their pocket. Making a contribution, meeting new people, and having a reason to get up in the morning can open the door to recovery.

Activities in 2010 to raise the visibility and attention to work include:

- A workgroup identifying barriers and strategies. Implementing strategies:
- Shifting incentives for employment to the # of people getting jobs
- Providing a retreat for CEOs and senior management about work
- Setting a long range goal for 40% of the people who want to work having jobs.
- Recovery Celebrations and the Recovery Poster Art contest include the key of employment
- Training prescribers about work and recovery
- Involving consumers on fidelity review teams for Supported Employment



Home is where recovery begins...

If you are homeless or know someone who is, you know how critical housing is to recovery. King County, non-profit providers and other government agencies on the Committee to End Homelessness have a Ten-Year Plan to End Homelessness. They are putting large sums of money and effort into creating new housing units.

The process of finding affordable housing can be long and frustrating. There just isn't enough subsidized housing for everyone who needs it.

If you need housing, ask your case manager to see what housing you qualify for **and** ask how to get on the wait lists. Contact non-mental health affordable housing providers to get on their wait lists. The Seattle Housing Authority and King County Housing Authority have temporarily closed the Section 8 wait lists but you can get on their wait lists for public housing.

Call 211 or go to www.211kingcounty.org Also go to:http://www.kingcounty.gov/healthServices/MentalHealth/Services/Housing.aspx

Persistence in contacting every resource can help.

Staff from Harborview Mental Services and Plymouth Housing Group presented a workshop at the Washington Behavioral Health Conference in June about their New Housing First Model: "Partnering Outreach, Subsidy, Community Integration and Services".

Most "Housing First" programs place people in apartments built for that purpose. Their experience and other research suggests that recovery improves if people live in housing that is integrated in the community.

The Recovery Advisory Committee

This stakeholder committee is a coalition of consumers, families, and professionals advising and guiding all aspects of the implementation of the system transformation to a recovery orientation. The Recovery Advisory Committee (RAC) assists MHCADSD in ensuring everyone's voice is included.

The RAC is collating the evidence of progress toward the goals set in the original King County Recovery Plan.

The plan, dated 2005-2010, included 3 phases—

Phase 1 (2005-2006): created a shared vision of recovery among system stakeholders.
Phase 2 (2006-2008): created the system structures, including financial and reimbursement structures, to sustain the foundation for a recovery-oriented system.
Phase 3 (2008-2010): is increasing the system's recovery depth and com-

The RAC will assist MHCADSD in deciding and articulating what the next steps in system transformation will be as we strive to better support the recovery of those who participate in mental health services.

2010 Recovery Celebrations underway!

The theme of the Recovery Celebrations this year is "Love, Work, and Laughter—Keys to Recovery."

The first event, on May 14 in downtown Seattle, was attended by 75 people. Forty people came to the second Recovery Celebration in Auburn. We talked about healthy relationships, learned about the impact of work on benefits and the benefit of work for recovery and felt the healing power of laughter together. The schedule for the rest of the year:
Aug 10 Wallingford House 2:30-7pm
Sept 8 Hero House 11-3:30 pm
Oct 6 Consejo 11-3:30 pm (Spanish!)

http://www.kingcounty.gov/healthservices/MentalHealth/~/media/health/mentalHealth/recovery/Documents/2010_Recovery_Celebrations_Flyer.ashx

Come join us! You just might have fun! And learn something at the same time...M&Ms are involved!

Getting back to work can power your recovery...

Most people with a mental illness report wanting to go back to work. Virtually everyone who has a mental illness can work with the right support. The best indicator for success is wanting to work.

Having benefits like Medicaid, help with housing and food are also critical to recovery, especially in the beginning. Understandably, people are concerned about the impact of earning money on their benefits. The good news is that it's possible to work and **keep your benefits**. All of the mental health agencies provide benefits counseling, just ask.

On **October 22, 2010,** King County is sponsoring a conference on employment for all consumers and mental health workers titled, **"Recovery—Making it "Work". The keynote speaker is Mark Ragins, M.D.** Dr. Ragins is an expert on recovery and employment and a founder of the Village, a pioneering recovery community since 1990. Look for flyers announcing more details and information on registration to be coming out very soon.

Supported Employment (SE), an evidence-based practice, provides supports people need to move into the job market quickly and keep a job.

Eight mental health agencies in King County provide SE services in partnership with the Division of Vocational Rehabilitation (DVR) to help consumers find competitive, integrated jobs. Interested? contact Bill Wilson at BillR.Wilson@kingcounty.gov

DVR provides employment assistance to people who have disabilities, including mental health challenges.

For more information and resources, go to:
http://www.kingcounty.gov/healthservices/MentalHealth/Services/Employment.aspx

Voices of Recovery

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. In King County, consumer voice is incorporated in multiple venues. Consumers serve on the RAC and ad hoc workgroups.

Voices of Recovery (VOR), a consumer advisory committee, meets twice a month and members serve up to 4 years.

At the first meeting of the quarter, representatives of consumer/client councils from mental health agencies are welcome to attend.

Members of VOR review reports and provide perspective on planned activities. VOR is assisting the planning committee of the employment conference to plan helpful workshops for consumers. VOR is gearing up to provide leadership training to other consumers in King County.

VOR has openings for parents of children who receive mental health services in King County. If you are interested, please contact Terry Crain, Mental Health Recovery Specialist (206-263-8980.) She will give your contact information to the chair of the VOR.

2010 Recovery Poster Art Contest winner to be announced soon!

The theme of this year's contest was Three Keys to Recovery: Love, Work, & Laughter. There were many beautiful and poignant images in the 17 pieces of poster art that were submitted for 2010.

The winning artwork for the 2010 King County Mental Health Recovery Poster has been selected and will be announced soon!

The winner will receive a $150 gift card to a store of his or her choice and a framed copy of the 2010 Recovery Poster incorporating his/her artwork. The 2010 Poster will be unveiled at a public event and the poster distributed far and near.

Renee Klaus Pond was the winning artist of the 2009 contest. She created the vibrant, beautiful image of recovery included to your right.

Recovery Incentives - Measuring what matters

Recovery Incentives have begun to shift to actual outcomes. For the 2011 quality of life measures for adults and children/youth/families, an actual increase in the # of peer support services is required to earn the incentive. For Employment incentive payments, all adult serving agencies will be eligible to earn incentives based on the number of people actually getting jobs in 2010.

An ad hoc workgroup identified employment barriers and made recommendations about strategies to address the barriers. From this came the CEO Retreat on Employment on June 10, 2010. Spence Kline, the CEO of a community mental health agency in Ohio, was the keynote speaker. He is a great cheerleader for employment. His agency, Neighboring, has a rate of 42% persons finding jobs who participate in their employment programs. At the retreat, peer specialists talked about the impact of work on benefits and consumers shared their stories about work and how working has powered their recovery. Another strategy to address barriers in employment was to educate prescribers. King County will have a training for prescribers about recovery and work in October.

Why is King County using incentives?

Research into successful system transformation efforts across the country and consultations with experts led MHCADSD to develop a plan for financial incentives.

An Incentive Implementation Workgroup made recommendations to King County about what measures would lead to the outcomes sought by consumers and family members:

Children
- Developmental assessments
- Collaborative contacts with allied systems
- Parent peer supports

Adults
- Employment
- Peer support
- Face to face service w/in seven days of hospital or jail release

Older Adults
- Goals to increase meaningful activity
- Care plans that include client voice & choice

Incentive payments began in 2007 to mental health agencies to develop the structures and processes that will lead to identified outcomes. For example, agencies serving children earn the incentives on the measure of providing developmental assessments by participating in training and implementing guidelines for assessing development. The phase of building structures and processes is nearly complete for this measure.

MHCADSD is increasing consumer voice in 2010 by inviting consumers to participate in ad hoc and other planning groups. Such inclusion supports the disability movement's mantra, "Nothing about us without us."

"What gets measured, gets done!"

- Mark Smith

Building resiliency...for more news on resiliency, see the next page!

Resilience is the ability to bounce back after set backs. Recovery is not linear and everyone faces challenges in life. King County policies and procedures require agencies to assist people to identify their coping strategies to address problems. If appropriate, agencies assist people to build coping strategies. Being able to cope with life stressors, symptoms, and stigma, among other challenges in recovery helps people become more resilient. A number of evidence-based and promising practices can help. These include Illness Management and Recovery; Wellness Recovery Action Plans (WRAP); and Pebbles in the Pond, among others.

Training is available to mental health agencies in Illness Management and Recovery and WRAP through Essential Learning, an on-line resource for workforce training.

If you participate in mental health services at a King County agency, ask about programs they have (or might start!) that can help you build your resiliency and ability to cope with the challenges every life brings.

Peer Support Specialists have the credentials, I.T.E.

Peers provide a living example of hope for others with mental illnesses. The most important credential they bring to their work is, I.T.E.—"I'm The Evidence" - that recovery is possible.

Peer support specialists are people who are on their own recovery journey and have received training in how to be helpful to others who participate in mental health services.

King County will provide two of the Washington State Certified Peer Counselor Trainings for King County residents in 2010. The class on April 26-April 30 resulted in another 17 trained peer support specialists. The next class is September 27-October 1. Please know the class is full. To date, 117 peers have graduated from the Peer Counselor Training in King County. People who already work or volunteer as a peer, have priority for the trainings. Check with mental health agencies and the National Alliance on Mental Illness for volunteer opportunities.

The state Division of Behavioral Health and Recovery also provides the trainings. For more information and the training application, go to: http://www.dshs.wa.gov/mentalhealth/

Some peer support specialists in King County are not certified but receive training from the agencies they work for. King County established Standards for Peer Support, by reference in the Policies and Procedures, to describe the education, support, and work appropriate for peer specialists working in the mental health agencies.

King County had 68 peers working in the mental health system in 2009, 20 more than in 2008. Many agencies met and exceeded their goals for peer services in 2009.

Agencies hiring peer support specialists can send their "Help Wanted" ads to Terry.Crain@kingcounty.gov. She will pass the information on to the graduates.

For more information about training and job opportunities, go to

http://www.kingcounty.gov/healthservices/MentalHealth/Recovery/HavingAvoice/PeerSupport.aspx

Good news!

Seattle Counseling Services for Sexual Minorities has announced a peer internship program (unpaid). Interns will work for the agency part time for 6 months under the supervision of a mental health professional trained as a peer specialist. While an internship is not required, the position will help the peer intern build invaluable experience and skills. For more information, contact Angie at Seattle Counseling Services at:

angiec@seattlecounseling.org

"Peer Support is a system of giving and receiving help founded on key principles of respect, shared responsibility, and mutual agreement of what is helpful."

- Sherry Mead, Peer Specialist

Spirituality can be important to recovery and resiliency

The Valley Cities Counseling and Consultation community received a 2009 Washington State Mental Health Transformation Project grant to research the spiritual needs of mental health clients in recovery and clinician perceptions in meeting those needs.

They summarized their findings in January 2010 and presented them at the Washington Behavioral Health Conference in Yakima in June. They report 25 clients/consumers and 16 clinicians participated. Among the summary findings, most participants noted the "interconnected impact of the mind-body-spirit connection on well-being" and reported that sharing meaningful religious and spiritual beliefs, practices, and experiences as well as connecting with a transcendent higher power (ideal, spirit, or force,) was helpful to their recovery.

Recommendations included training clinicians on cultural competency, including supporting the spirituality needs of people in recovery and providing community wide forums for dialogue about spirituality needs.

Program for Assertive Community Treatment

The Program for Assertive Community Treatment (PACT) helps those who are most disabled by their mental illness and are hospitalized for long periods or have been hospitalized many times in the previous year. Most referrals are from Western State Hospital, community hospitals, outpatient programs, and long-term residential facilities.

An evidence-based program, PACT reduces hospital stays and improves housing stability while more satisfactory to consumers than standard care.

King County is fortunate to have two PACT teams.

DESC PACT and South-East PACT have 177 participants enrolled. They accept a maximum of 4 to 6 new participants per month until they reach a total of 180 participants (90 per team.) For information or to make a referral, please contact Bill R. Wilson, PACT Project Manager, at 206-263-8949.

On-line support - People in recovery

A King County peer started this on-line support group for everyone who lives in Washington 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 in King County– A Consumer run service

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 Warm Line operates from 5 p.m. to 10 p.m. on Fridays and Saturdays. The phone number for the Warm Line is 206-933-7001. If that number is long distance, please dial toll free:1.877.500.WARM (9276) . The future goal of the Warm Line is to be available 24 hours a day every day of the week. As the Warm Line expands to more days and hours of operation, more volunteers will be needed. If you are interested, send an e-mail to WarmLine@Navos.org or call 206-439-2625.

King County provided some funding (for consumer driven services) to the WarmLine in early 2010.

Warm Lines provide an empathic ear to listen and a way to connect with someone who has walked the walk and is on their own recovery journey

Clubhouse - "recovery for the whole person"

People who have mental health challenges and live in King County are fortunate to have two clubhouses certified by the International Center for Clubhouse Development (ICCD). Hero House is located on the eastside, while Wallingford House is in Seattle. Both welcome visits from people interested in learning more.

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 Clubhouses are run jointly by members and staff. Life in the clubhouse revolves around the "work-ordered day" in which members choose to work in the commercial kitchens to provide meals, the business office, the library, or to reach out to absent members, among other tasks. Clubhouse also has formal employment programs.

Wallingford House	**Hero House**
4120 Stone Wy N Seattle, Wa 98103	14230 NE 21st Bellevue, WA 98007
206-545-8642	425-614-1282

Recovery News from the mental health agency network

King County was well represented at the Washington Behavioral Health Conference in June. Peers, peer specialists, and mental health staff from Harborview Mental Health Services led a workshop titled, "The Village Guide to Evidence-based Illness Management and Recovery" (IMR). IMR is an evidence-based practice recognized by the Substance Abuse and Mental Health Services Administration. This program at Harborview was started by the peer support specialists who work as partners with clinicians.

Staff of Sound Mental Health, with the Seattle Police Department, and the Department of Corrections also led a workshop. Theirs was titled, "Bridging the Gaps: Strengthening Partnerships to Improve Sustainable Recovery for Offenders."

Staff from Downtown Emergency Service Center and the National Alliance on Mental Illness, South King County presented "The Certificate of Restoration of Opportunity: Moving toward Recovery in an Era of Criminalization of People with Mental Illness." Participants learned about this effort to help build a broad coalition to pass this legislation.

There were 3 other workshops led by staff from King County mental health agencies. See the top of page 2, the bottom of pages 5 and 7 for more.

The Consejo's music group "Los Consejeros" performed at the Folklife Festival on May 29, 2010. An accomplished and lively group of musicians, Los Consejeros also played at the Recovery Celebration at Consejo in January 2010. Making art, including music, is a powerful way to further mental health recovery. King County congratulates Los Consejeros on being selected to perform at Folklife!

Building on strengths, workers learn recovery-supportive skills

Training in recovery for non-clinical staff of the mental health agencies was provided by King County in early June. Provided by Mary Jadwisiak, a peer and training consultant, the training titled, "Bringing Hope to Every Interaction" was excellent, according to the evaluations. The training will be offered again in the fall.

King County provides workforce training for clinical staff, case managers, therapists and others, via Essential Learning, a premier provider of online training. A different course is required each quarter.

Choice and empowerment are two of the fundamental components of recovery. Motivational interviewing, an essential clinical skill, is the focus of the second quarter training. A two-part course titled, "Self-Direction, Person Centered Planning and Shared Decision Making to Facilitate Recovery," are required for the rest of 2010.

Courses match the recovery competencies identified by stakeholders as necessary for a recovery oriented workforce. The Recovery Advisory Committee will recommend courses for the 2011 recovery curriculum.

Peer Support Specialists supporting Peer Support Specialists

Three King County peer support specialists from Navos led a workshop at the Washington Behavioral Health Conference in June. Titled, "Self-Care for Peer Support Specialists" Participants received a self-care tool kit.

Peers and staff from Harborview Mental Health Services also had a workshop at the Behavioral Health Conference. Titled, "Peer Support: Building Interdisciplinary Partnerships" the workshop described how Harborview has been able to do this and strategies others might use to do so.

Peer Support Specialist, Helen Nilon, facilitates a monthly **support group for peer support specialists** working in King County. They meet on the 4th Monday of each month, at the Burien Campus of Navos, Contact Helen at thenilongroup@comcast.net.

The Washington State Peer Support Specialist Network is a Facebook page started by a peer working in King County. One must join Facebook and then search for: Washington State Peer Support Specialist Network.

King County

Mental Health, Chemical Abuse and Dependency Services Division

Department of Community and Human Services

CNK-HS-0400

Chinook Building
401 Fifth Avenue, Suite 400
Seattle, WA 98104

206.263.9000
206.296.0583 Fax
206.205.1634 Fax - Clinical Svcs.
206.205.0569 TTY/TDD

My Recovery Story...

Two Dollars and a Glimmer of Hope

My name is Deborah Colvin and I have suffered from depression, alcoholism, cocaine addiction, homelessness and domestic violence. I never ever thought I could ever overcome these barriers in my life. Then one day a friend encouraged me to buy a book, that I could not afford, by chance I found an old copy in a used book store for $2.00. That book was "THE DEPRESSION WORKBOOK", by Mary Ellen Copeland.

I'd never heard of Mary Ellen. I spent one hour a day on the book and its suggestions. I highlighted and book marked the workbook for easy reference. I remember thinking I needed to be saved. Saved from what? I would discover I needed to be saved from myself. I was the only one who could change my life. I started to realize that I could change my life by changing my negative thinking. Different things in the environment could trigger my behavior and moods. Taking care of me became my job: becoming aware of my own short comings and how the depression, alcoholism, and anger about situations I could not change, affected my quality of life and relationships. I took stock and became more aware of myself. I started to change my negative thinking to more positive thinking. I practiced every day pushing away negative thought and habits. Some days I failed but every day I failed made me stronger. I started to chart my eating habits, my schedule, and took a close look at the stresses in my life. Slowly I started to become stronger and more assertive of my needs. I was ready to conquer my fears and moved to the Kent area closer to my family. My fears had crippled me and every thought was "what if I fail?" "What if I become homeless, or started using, what if I disappointed my family again?"

I felt I could try to go back to work. Life started to have some real possibilities. I asked for and got help from my agency and DVR. I had no idea what I wanted to do with my life. I just knew I wanted to help people but how? I started to do some writings in an effort to discover what I had to offer others. I wanted to write a book about my experiences and share that hope with others. I attended a WRAP class sponsored by Beth Calvo. I was pleasantly surprised to hear Mary Ellen Copeland was the author of the WRAP. I was so excited, I went home and wrote up my thoughts. I shared these thoughts with my Voc group. Later I was offered a Volunteer internship with Sound Mental Health as a Job Coach. I am now a Consumer Resource person for the agency. I rebuilt my relationships with my family. I am moving to a better apartment. Fear no longer cripples me.

My WRAP is important to me as it is my reminder. My reminder that I am a viable and unique individual and that there is nothing wrong with me. That I am not a diagnosis, but an individual who simply suffers like every human being from the challenges of life. It also reminds me that I don't have to be perfect.

I continue to change and grow and become a better person because I have learned that to be courageous means to be afraid, but still move forward. My mental illness no longer defines who I am, I define who I am.

King County Mental Health Recovery is on the Web

King County has a Mental Health Recovery Web page. Check it out here.

The Mental Health Recovery Web pages are a rich source of information about recovery and wellness.

New on the Web site are the Recovery Articles-of-the-Month.

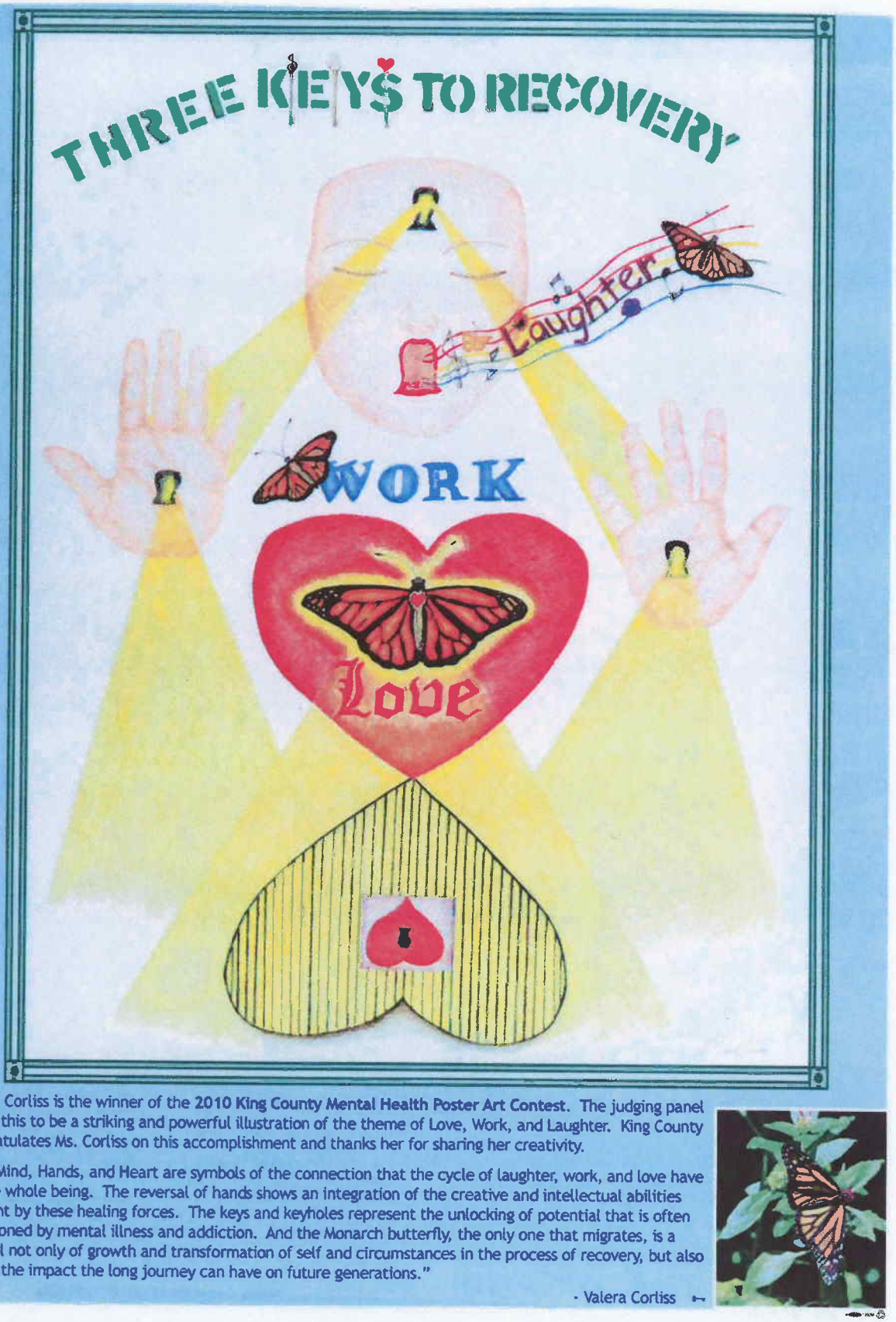
At the Web site you will find:

- Inspirational recovery stories submitted by consumers – becoming the heroes of their own stories!
- Information about recovery, resiliency, and wellness in general
- Information about managing stress, medications, money management, and spirituality, among others
- 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 Mental Health Recovery Web pages are updated regularly to include the latest news and announcements.

If you have ideas for the Web page or feedback, please send an e-mail to: kcrecoverypage@kingcounty.gov

http://www.kingcounty.gov/healthservices/MentalHealth/Recovery/KcMentalHealth/KCMentalHealthRoundUp.aspx



Valera Corliss is the winner of the **2010 King County Mental Health Poster Art Contest.** The judging panel found this to be a striking and powerful illustration of the theme of Love, Work, and Laughter. King County congratulates Ms. Corliss on this accomplishment and thanks her for sharing her creativity.

"The Mind, Hands, and Heart are symbols of the connection that the cycle of laughter, work, and love have on the whole being. The reversal of hands shows an integration of the creative and intellectual abilities brought by these healing forces. The keys and keyholes represent the unlocking of potential that is often imprisoned by mental illness and addiction. And the Monarch butterfly, the only one that migrates, is a symbol not only of growth and transformation of self and circumstances in the process of recovery, but also shows the impact the long journey can have on future generations."

- Valera Corliss