Status Report on Phase I Recovery Implementation Work Plan September 2007

On March 1, 2006 the "Detailed Work Program for Completion of Phase I, Implementation of the Recovery Plan for Mental Health Services" was published. This document was required by the 2006 Budget Ordinance, and stipulated the content that was to be included: scope of work, tasks, schedule, milestones, plans for the use of expert consultants, and plan for a system change oversight group and implementation planning work groups. This status report described the progress to date on the schedule and milestones set forth in the Phase I detailed work program.

The timetable described in the work plan was an aggressive one. While work has been ongoing and a great deal has been accomplished and milestones met, they have not all been achieved on the same schedule as put forth in March of 2006.

Schedule and Milestones

Description	Status	Comments
Mental health recovery expert hired by MHCADSD to lead transformation activities	Completed	
Employment goals identified to increase employment rates for all provider agencies	Completed	Contract requirement in place in 2006 contracts
Begin training for all MHCADSD staff about recovery	Completed	Updates/ briefing for staff are ongoing
 Recovery Plan Coordination group convened 	Completed	Steering committee internal to MHCADSD- ongoing
 Recovery Implementation Group convened 	Completed	Stakeholder group. Ongoing- due to sunset in early 2008
MHCADSD sponsored retreats with provider agency CEOs, clinical directors and medical directors to establish shared vision of recovery, system transformation al	Completed	Three retreats completed between April 2006 and May 2007. Provider agencies have requested continuing retreats for sharing developing recovery practices
	Mental health recovery expert hired by MHCADSD to lead transformation activities Employment goals identified to increase employment rates for all provider agencies • Begin training for all MHCADSD staff about recovery • Recovery Plan Coordination group convened • Recovery Implementation Group convened • MHCADSD sponsored retreats with provider agency CEOs, clinical directors and medical directors to establish shared vision of recovery, system	Mental health recovery expert hired by MHCADSD to lead transformation activities Employment goals identified to increase employment rates for all provider agencies • Begin training for all MHCADSD staff about recovery • Recovery Plan Completed Coordination group convened • Recovery Implementation Group convened • MHCADSD Staff about recovery • Recovery Completed Completed Implementation Group convened • MHCADSD Staff about recovery Completed Implementation Group convened

	solutions		
	Consumer-directed Groups convened	Completed	Voices of Recovery meets twice per month to review proposed strategies, and make recommendations
	 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
April 2006	Consumer leadership training implemented	Completed	We began this process in several workgroups and will continue it as the agency recovery plans are implemented.
	• MHCADSD consumer led Quality Review Team begin forums on consumer leadership, empowerment, and control in treatment	Completed	All 16 provider agencies visited for a total of 21 forums with consumers
April – September 2006	 Gather and consolidate input from workgroups, dialogue groups, and consultants. Add or modify timeframes and activities as indicated 	Ongoing	In a system undergoing transformation of practices, this needs to be a continuous, rather than time-limited process. This is particularly important in truly incorporating consumers and families at all levels.
	Barriers to system transformation and ways to surmount them identified	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.
	Workforce training plan and budget established	Completed	Prepared for the first Request for Proposal for a Training Consultant
	Training consultant hired.	In process	RFP re- issued August 30 2007.
	 Financial consultant hired. 	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.
	Recovery outcome and performance measures identified	Near completion	Measures have been identified for adults and children. Measures for older adults are virtually non-existent in the research and recovery literature. Pioneering work is being done here and this has taken longer to complete.
	Plan to increase consumer involvement at all levels of the system created	In process- to be completed by October 15.	The recovery self-audit that MHDCADS and all provider agencies are completing involves extensive planning for increasing consumer involvement at all levels.
	 All provider agencies will complete a self- audit of recovery practices and develop an individualized plan for improving recovery practices 	In process- to be completed by October 15.	This has become a central tool for system transformation.
September 2006	• Financial	In process- strategy	Because the financial consultants did not

	Realignment Work Group convened	revised	recommend a substantial change in the existing reimbursement model the focus of this work group has changed. It will be convened as an incentive implementation work group to help refine recovery measures with operational definitions and data sources and recommend ongoing realignment, over time, of incentives from process measures toward outcomes.
October- November 2006	Consolidation and implementation of work group recommendations	In process	Numerous workgroup 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.
	Data needed for monitoring outcomes identified.	In process	Completion of this work is pending finalization of outcome and process measures.
December 2006	Sample person- oriented recovery plan developed 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.
	 County-wide Recovery Conference planning begins. 	Not implemented	This was a lower priority item that there was not enough funding for.
	 Develop criteria for mental health case managers to achieve designation as Recovery 	Completed	This is incorporated into the Recovery Self-Audit and will be built into the staff training process.

	Specialists.		
January- 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.
	 Policy and Contract changes generated. 	In process	To be implemented 1/1/2008
	Recovery Conference provided to kick off Phase II	Not implemented	This was a lower priority item that there was not enough funding for.
	First report due to Council and Regional Policy Committee on completion of Phase I.	Transmitted to Council on June 29, 2007	