

SECTION L. INVOLVEMENT OF INDIVIDUALS AND FAMILIES

Utilization of individuals in recovery and family members

Community forums via public face-to-face meetings, video conferencing, and teleconferences have been and continue to be utilized to work in partnership with adult consumers, youth and families in the development and implementation of recovery/resiliency oriented systems of care. DBHR supports several projects through federal block grant funds and additional grant dollars to target supported housing, employment, trial work, peer support/specialist training, wraparound training in partnership with providers and community members. Through the development of an evaluation team modeled after the transformation grant's Family and Consumer Engagement Team, adult consumers, families and youth would have ongoing opportunities to evaluate and synthesize findings. These findings could be disseminated in a series of reports, presentations, and web mediums among adult consumers, families, youth, advocacy groups, key stakeholders, administrators, and other constituents in order to facilitate dialogue about processes and impacts. This dialogue could be utilized to re-shape, re-focus, and modify the development and implementation of recovery oriented systems of care.

There is a quarterly meeting of the RSN Children's Care Coordinators and Family Representatives with DBHR. This group provides statewide coordination and input on policies and service practices to better address the needs of children in the publicly funded mental health system.

DBHR has committed to strengthening consumer networks and recovery-oriented services through its support of certified peer counselor training and the Medicaid peer support service modality. Federal block grant dollars are utilized annually to train a cohort of certified peer counselors who provide peer support services in community mental health agencies under Medicaid funding, and in clubhouses and other consumer-run organizations through other funding sources. At least 51% of the trainers for this program are mental health consumers, which is consistent with the recovery principles that are the foundation of the training program. Consumer and family feedback is solicited on a regular basis and serves to drive decision-making as the program continues to evolve.

Since 2001, DBHR has conducted an annual survey to ask patients who participate in chemical dependency treatment programs in Washington State their perception of the quality of the services they receive. In addition to compiling a statewide report, DBHR prepares county-level reports and individual, confidential reports for each of the participating treatment agencies. The purpose of these reports is to provide feedback that can be used at the state, county, and provider levels to improve the quality of alcohol and drug treatment services in Washington State.

In the Prevention Redesign Initiative, the planning of prevention services is carried out by community coalitions, which include a wide range of community partners including parents and youth. Many community coalitions work with local service providers to identify youth at risk, and work with their families by providing parenting classes and family support trainings.

DBHR receives federal funding for Access to Recovery (ATR). Six counties in the state have ATR services available. Within this model individuals and families are selecting and directing the recovery supports services they believe are necessary for their on-going recovery and wellness. Based on identified support needs of these individuals, the local team creates a recovery plan to meet those needs. The project relies on Recovery Coalitions to better inform program development at the individual, family and community level.

Ongoing training and technical assistance

The Evidence-Based Practice Institute (EBPI) was created by legislation in 2007 and now serves as a resource for the State of Washington regarding identification, evaluation of evidence-based practices in collaboration with various communities (e.g. families, providers). The EBPI offers provider training and consultation on the implementation of wraparound, youth and family support, and evidence based mental health and other treatments including Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Multisystemic Therapy (MST), Positive Parenting Program (Triple-P), and many others. DBHR expects the state training program through the EBPI will have the capacity to train and support individuals who can function in key roles, inclusive of families and youth.

Examples of continued targeted trainings for children, youth, and families are Wraparound, Family/Youth Partner Training, Family Professional Partnership Relationship Training, W.R.A.P. (Wellness Recovery Action Plan), and Self-Advocacy. Several parenting EBPs are widely implemented in the state, including Strengthening Families and Parenting for the Drug Free Years. Many of these trainings are presented in partnership with families, youth or consumers as co-trainers. DBHR also sponsors two weekend trainings a year for families who have children involved in the CLIP (Children's Long-term Inpatient Program) to offer training for families and garner input about what is working, what is not, and what families believe would work. In addition to the CLIP training weekend, DBHR also sponsors a Community Connector Training weekend for families raising children with complex needs, the purpose of this training weekend is to present information to expand the skill and knowledge base of families, support networking opportunities in the development of identified Community Connectors who have a desire to be a resource to others in their respective communities and to garner input/feedback about what's working, what's not and what families believe would be helpful.

Access to Recovery (ATR) sponsors ongoing trainings and technical assistance and works to expand knowledge on recovery oriented systems of care (ROSC) by working with a broad array of statewide partners. ATR continues to support the local "voice", and to involve those in recovery, in order to better design ROSC in each community.

Matching goals with services

In 2011, DBHR began a series of monthly conference calls to meet the educational needs of employed certified peer counselors. Topics for these monthly calls come from certified peer counselors and the trainers for these calls speak from recovery-oriented perspective. In 2009, the certified peer counselor training manual received an update, in response to consumer and community feedback. As part of the re-writing process, a workgroup was developed with consumer and family representation and additional community feedback was sought.

Several times in the past efforts have been made to coordinate among the different organizations that provide parenting support. For the past three years DBHR's Parenting Initiative has conducted surveys among various advocacy organizations and service providers to assess the needs and opportunities for prevention services across the state.

Cultural competency

The certified peer counselor training manual has been translated into Spanish, both linguistically and culturally. In the next year, we are holding training, in Spanish, using this manual.

For counties providing Access to Recovery (ATR) cultural competency needs and expertise are identified by members within that recovery community and DBHR works to support these efforts. For the current grant, there is a priority preference given to those in the military and

National Guard. Cultural needs for this population are explored and addressed at a local level.

State-sponsored meetings identifying issues and needs

Family leaders and youth were recruited and are on the Children's Mental Health Re-design, team. One of the goals of the regional organizing efforts DBHR has sponsored is the development of a statewide coalition of family networks, organizations, and resource groups. This work was targeted in response to a survey "What do Families and Youth Want?" that was developed by families and youth for families and youth. The results were presented to DBHR and the transformation grant staff.

DBHR has been providing support in the form of Community Mental Health Block Grant funding for the annual two-day statewide Behavioral Healthcare Conference presented by the Washington Community Mental Health Council for the past 22 years. The Conference is organized for an audience of mental health professionals in areas of aging, developmental disabilities, children's services, chemical dependency and other specialties, Consumers and Consumer Advocates, administrators, staff of public and nonprofit agencies and other stakeholders. In the workshops presented about service models from across the state, consumers and family members can and do share their perspectives on the various service delivery programs. In addition, there is an entire track of workshops dedicated to peer services. National speakers focus on recovery, trauma, and wellness are presented in plenary sessions. In 2011, 35 workshops included a variety of topics, including consumer recovery, resiliency and advocacy, evidence-based and promising practices, corrections and mental health, advancing clinical skills, and substance abuse and mental health.

For the last two years, DBHR has also sponsored a "Peer Support Reception" at the yearly behavioral healthcare conference. As a part of the agenda of these meetings, the Division seeks specific feedback from certified peer counselors and those interested or involved in peer support. The information received at these meetings is then posted to the Peer Support webpage and is used to drive decision-making for future peer support training and programming.

DBHR funds scholarships for peers to attend the behavioral healthcare conference and the co-occurring conference each year. This includes registration, travel, lodging and per diem for 35-50 persons for each conference each year. This greatly strengthens their ability to participate and it enables us to ensure consumer voice is present in multiple forums.

Engagement and participation

DBHR supports families and youth to be meaningfully involved in activities and committees such as the Wraparound Summit, Children's Sub-committee, ICM (Integrated Case Management), Wraparound Train the Trainer, Children's Mental Health Re-design Workgroup. We also have a newly reconfigured Office of Consumer Partnerships (OCP) which participates in DBHR's Management Team and meets quarterly with the Assistant Secretary for ADSA. There are monthly phone conference calls for peer counselors to discuss any issues and concerns.

DBHR requires contractors providing chemical dependency treatment and prevention services to maintain a 6-year strategic plan developed through community input. Services funded through the SAPT Block Grant are related to that strategic plan to ensure services incorporate local priorities.

An annual Prevention Summit offers workshops on a wide variety of behavioral health topics.

The popular convention is attended by community groups, advocacy organizations, service providers, and hundreds of youth. Many of the workshops are designed to be participatory, and are often led by people who have had experience as consumers of treatment or prevention services.

Expansion and strengthening

Through projects and efforts such as the Regional Organizing work to target the development of family networks of support, the re-organization of the OCP, DBHR sponsored W.R.A.P. trainings, Wraparound, Family/Youth Partner Trainings, Family Professional Partnership Relationship Trainings, and workshop presentations at conferences DBHR continues to support, strengthen and expand recovery/resiliency in many venues across the state.

While the Peer Support Program initially developed certified peer counselor training to create a workforce of peer specialists to work in licensed community mental health agencies under Medicaid, the training program has also trained many individuals who go on to work for consumer-run organizations. The Division provides support to the broad spectrum of service providers, including consumer-run organizations, by making continuing education opportunities and supports available to these individuals.

DBHR has developed contracts with four family/youth organizations in four geographic areas of the state for developing family/youth resource groups or organizations. Washington's groundbreaking youth advocacy organization, Youth 'N Action, has been supported by state block grant funds since 2007, and currently operates three programs statewide to involve youth and parents. Youth 'N Action bring youth voice to policy discussions and empowers at risk youth ages 14-24 to make differences in their own lives, the lives of their peers, and within communities and systems that service youth.

DBHR continues to endorse and support the development of supported employment opportunities, including transition-age youth. We are particularly interested in the development of a curriculum for peer-counseling training for youth in transition.

DBHR will be expanding its annual Co-occurring Conference to add a day that focuses on the needs of consumers and peer specialists. The planning meeting will occur in fall 2011. This conference will continue to have a consumer-focused track throughout the conference.

DBHR sponsors an Older Adult Services Conference, and we support attendance at this conference for mental health and long-term care providers, state employees and consumers. The needs of older adults are an increasing concern and we expect that our recent reorganization into the Aging and Disability Services Administration will present additional opportunities for collaboration and system improvement.