Transforming a System
Transforming People
Transforming Lives

Exploring and Implementing Recovery-based Care

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For FHC Health Systems of Puerto Rico
February 19, 2007
Caguas, Puerto Rico
WHO statistics

• 450 million people worldwide are affected by mental, neurological or behavioral problems at any time.
• About 873,000 people die by suicide every year
• Mental illnesses are common to all countries and cause immense suffering. People with these disorders are often subjected to social isolation, poor quality of life and increased mortality.
• One in four patients visiting a health service has at least one mental, neurological or behavioral disorder but most of these disorders are neither diagnosed nor treated.

Global Burden of Disease

Table 1. Disease burden by selected illness categories in established market economies, 1990

<table>
<thead>
<tr>
<th>Disease Category</th>
<th>Percent of Total DALYs*</th>
</tr>
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<tbody>
<tr>
<td>All cardiovascular conditions</td>
<td>18.6</td>
</tr>
<tr>
<td>All mental illness**</td>
<td>15.4</td>
</tr>
<tr>
<td>All malignant disease (cancer)</td>
<td>15.0</td>
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<tr>
<td>All respiratory conditions</td>
<td>4.8</td>
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<tr>
<td>All alcohol use</td>
<td>4.7</td>
</tr>
<tr>
<td>All infectious and parasitic disease</td>
<td>2.8</td>
</tr>
<tr>
<td>All drug use</td>
<td>1.5</td>
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</tbody>
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*Disability-adjusted life year (DALY) is a measure that expresses years of life lost to premature death and years lived with a disability of specified severity and duration (Murray & Lopez, 1996).

**Disease burden associated with "mental illness" includes suicide.
Burden of Mental Illness

In the United States, mental disorders collectively account for more than 15 percent of the overall burden of disease from all causes and slightly more than the burden associated with all forms of cancer (Murray & Lopez, 1996). These data underscore the importance and urgency of treating and preventing mental disorders and of promoting mental health in our society.

Surgeon General’s Report

1999
Report on Mental Health

Mental health is fundamental to overall health
Stigma decreases access to care
Hopelessness stunts opportunities for recovery

Themes of the Surgeon General’s report

Stigma must be reduced and eliminated through education, information and policies.

Solid research base for every mental health and mental illness intervention.

Mental health policy should be accountable to those for whom an intervention is intended.

A public health model is needed which focuses on epidemiologic surveillance, health promotion, disease prevention and access to services.
“... built into any definition of wellness... are overt and covert expressions of values. Because values differ across cultures as well as among subgroups (and indeed individuals) within a culture, the ideal of a uniformly acceptable definition of the construct is illusory...” (Cowen, 1994).
Mental health—the successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity; from early childhood until late life, mental health is the springboard of thinking and communication skills, learning, emotional growth, resilience, and self-esteem.

Mental illness—the term that refers collectively to all mental disorders. Mental disorders are health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress and/or impaired functioning.
Evidence-based practice

- Is defined in several ways as:
  - "Evidence based clinical practice is an approach to decision making in which the clinician uses the best evidence available, in consultation with the patient, to decide upon the option which suits that patient best".

Evidence-based practice

• Or as:
  
  - "This description of what evidence-based medicine is helps clarify what evidence-based medicine is not. Evidence-based medicine is neither old-hat nor impossible to practice. The argument that everyone already is doing it falls before evidence of striking variations in both the integration of patient values into our clinical behaviour [7] and in the rates with which clinicians provide interventions to their patients.

Evidenced-based practices are practices that have been proven by research to be effective. They are vital to the mental health and substance abuse professions in an age of increased accountability and tightened budgets.
So What is Recovery?

- President’s New Freedom Commission Report defines recovery as:
  - “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 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.”
Is Recovery Cure?

- Recovery does not mean cure
- Recovery is not about symptoms or absence of symptoms
- Recovery is about having as complete a life as possible, even in the face of continuing symptoms or consequences of illness

Brief Case Presentation

• J. S. is a 25 year old young man with a history of schizophrenia starting at the age of 16 with his first onset of psychotic symptoms.

• He also abuses ETOH, MJ, is addicted to nicotine and periodically goes off his medications while on a binge with cocaine, methamphetamine, etc.
"...Americans must understand and send this message: mental disability is not a scandal—it is an illness. And like physical illness, it is treatable, especially when the treatment comes early." President George W. Bush
Recovery-oriented care in a transformed mental health system

1. Everyone understands that mental health is essential to overall health.
2. Mental health care is consumer & family driven.
3. Disparities in mental health services are eliminated.
4. Early mental health screening, assessment, and referral to services are common practice.
5. Excellent mental health care is delivered and research is accelerated.
6. Technology is used to access mental health care and information.

Freedom Commission Goal #1
Mental Health is Essential to Overall Health

• **Increase educational efforts to reduce stigma**
  – use national and local campaigns to educate and reduce stigma in seeking care. *(Real men, Real Depression)*. Sadly, only 1 out of 2 people with a serious form of mental illness seeks treatment for the disorder.
  – Suicide prevention strategies: Suicide is the leading cause of death by violence worldwide, outnumbering homicide or war-related deaths. *(WHO data)*
  – Suicide claims approx. 30,000 lives each year in the US.

• **Treat mental health with the same urgency as physical health**
  – Mental disorders frequently co-exist with other medical disorders thus the importance of coordinating care with primary care providers.
  – There must be full parity between insurance coverage for mental health care and for physical health care.
  – Depression increases the risk of dying from heart disease by as much as three-fold.

Freedom Commission Goal # 2
Mental Health Care is Consumer & Family Driven

• Develop an individualized plan of care for every adult with a serious mental illness & child with a serious emotional disturbance.
• Involve consumers & families fully in orienting the mental health system toward recovery.
• Align relevant funding programs to improve access & accountability for mental health services.
• Create a comprehensive national & local mental health plan.
• Protect and enhance the rights of people with mental illness

Freedom Commission Goal #3
Disparities in Mental Health Services Are Eliminated

- Improved access to quality care that is culturally competent
- Improved access to quality care in rural and geographically remote areas
Freedom Commission Goal #4
Early Mental Health Screening, Assessment, and Referral to Services are Common Practice

• Promote the mental health of young children
• Improve and expand school mental health programs
• Screen for co-occurring mental and substance use disorders and link with integrated treatment strategies
• Screen for mental disorders in primary health care, across the lifespan, and connect to treatment and supports

Freedom Commission Goal #5
Excellent Mental Health Care is Delivered and Research is Accelerated

• Accelerate research to promote recovery and resilience, and ultimately to cure and prevent mental illnesses.

• Advance evidence-based practices using dissemination and demonstration projects and create a public-private partnership to guide their implementation.
  – Evidence-based practice is defined by the Institute of Medicine as the integration of best-researched evidence and clinical expertise with patient values.

• Improve and expand the workforce providing evidence-based mental health services and supports. We must move what we know into what we do. We must move science to services.

• Develop the knowledge base in four understudied areas: mental health disparities, long-term effects of medications, trauma, and acute care.

Freedom Commission Goal # 6
Technology Is Used to Access Mental Health Care and Information

• Use health technology and telehealth to improve access and coordination of mental health care, especially for Americans in remote areas or in underserved populations

• Develop and implement integrated electronic health record and personal health information systems.

10 Fundamental Components of Recovery

- Individualized and Person-Centered
- Self-Direction
- Hope
- Responsibility
- Empowerment
- Respect
- Peer Support
- Strengths-Based
- Non-Linear
- Holistic


http://www.samhsa.gov/pubs/mhc/MHC_recovery.htm
Self-Direction

• By definition, the recovery process must be self-directed by the individual, who defines his or her own life goals and designs a unique path toward those goals.

http://www.samhsa.gov/pubs/mhc/MHC_recovery.htm

Individualized and Person-Centered

- There are multiple pathways to recovery based on an individual's unique strengths and resiliencies

http://www.samhsa.gov/pubs/mhc/MHC_recovery.htm
Empowerment

• Consumers have the authority to choose from a range of options and to participate in all decisions—including the allocation of resources—that will affect their lives, and are educated and supported in so doing.

http://www.samhsa.gov/pubs/mhc/MHC_recovery.htm
Holistic

- Recovery encompasses an individual's whole life:
  - Mind
  - Body
  - Spirit
  - Community

http://www.samhsa.gov/pubs/mhc/MHC_recovery.htm
Non-Linear

• Recovery is not a step-by-step process but one based on continual growth

http://www.samhsa.gov/pubs/mhc/MHC_recovery.htm
Strengths-Based

• Recovery focuses on valuing and building on the multiple capacities, resiliencies, talents, coping abilities, and inherent worth of individuals.

http://www.samhsa.gov/pubs/mhc/MHC_recovery.htm
Peer Support

• Mutual support—including the sharing of experiential knowledge and skills and social learning—plays an invaluable role in recovery.

http://www.samhsa.gov/pubs/mhc/MHC_recovery.htm
Respect

- Community, systems, and societal acceptance and appreciation of consumers—including protecting their rights and eliminating discrimination and stigma—are crucial in achieving recovery.

http://www.samhsa.gov/pubs/mhc/MHC_recovery.htm
Responsibility

• Consumers have a personal responsibility for their own self-care and journeys of recovery. Taking steps toward their goals may require great courage. Consumers must strive to understand and give meaning to their experiences and identify coping strategies and healing processes to promote their own wellness.

http://www.samhsa.gov/pubs/mhc/MHC_recovery.htm
Hope

• Recovery provides the essential and motivating message of a better future—that people can and do overcome the barriers and obstacles that confront them.

• Hope is internalized, but can be fostered by peers, families, friends, providers, and others.

• Hope is the catalyst of the recovery process.

http://www.samhsa.gov/pubs/mhc/MHC_recovery.htm
Resilience

• The personal and community qualities that enable us to rebound from:
  – Adversity
  – Trauma
  – Tragedy
  – Threats
  – or other stresses in order to go on with life with a sense of mastery, competence, and hope.

Resilience

– Science informs us that resilience is fostered by a **positive** childhood and includes positive individual traits, such as optimism, good problem-solving skills, and treatments. Closely-knit communities and neighborhoods are also resilient, providing supports for their members.

Resilience

• Ability to cope with stress which varies over time, context, age, gender and cultural origin.

Connor KM and Zhang Wei. Resilience: Determinants, Measurement, and Treatment Responsiveness. CNS Spectrum 11:10 (Suppl 12); 5-12
Determinants of Resilience

- Biological
- Temperament
- Genetic
- Environmental

Connor KM and Zhang Wei. Resilience: Determinants, Measurement, and Treatment Responsiveness. CNS Spectrum 11:10 (Suppl 12); 5-12
Resilience characteristics

• Commitment
• Dynamism
• Humor in the face of adversity
• Patience
• Optimism
• Faith
• Altruism

Resilience

• Shifts the focus of psychological inquiry to increasing the **positive** rather than reducing the **negative**

Connor KM and Zhang Wei. Resilience: Determinants, Measurement, and Treatment Responsiveness. CNS Spectrum 11:10 (Suppl 12); 5-12
Evidence-Based Practices

- Specific medications for specific conditions
- Cognitive and interpersonal therapies for depression
- Preventive interventions for children at risk for serious emotional disturbances
- Treatment foster care
- Multi-systemic therapy
- Parent-child interaction therapy
- Medication Algorithms
- Family psycho-education
- Assertive community treatment (ACT)
- Collaborative treatment in primary care

Emerging Best Practices

- Treatments and services that are promising but less thoroughly documented than evidence-based practices:

  **Consumer operated services**

  **Jail Diversion and community re-entry programs**

  **School mental health services**

  **Trauma-specific interventions**

  **Wraparound Services**

  **Multi-family group therapies**

  **Systems of care for children with serious emotional disturbances and their families**

Overcoming Barriers to the Recovery Model

LEADERSHIP

LEADERSHIP

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LEADERSHIP
The Principles of Mental Health Leadership

• Leaders communicate a shared vision and motivate employees
• Leaders centralize by mission and decentralize by operations.
• Leaders create an organizational culture that identifies and tries to live by key values.
• Leaders create an organizational structure and culture that empowers their employees.
• Leaders use a human technology to translate vision into reality
• Leaders relate constructively to employees
• Leaders access and use information to make change a constant ingredient of their organization.
• Leaders build their organization around exemplary performers.

Case presentation

• L.P. is now a 59 year old woman with schizoaffective disorder.
• She had an early onset of psychotic and affective illness in her late teens and spent the next 20-30 years of her life in and out of public and private mental health treatment.
• She made multiple suicide attempts many of which were near fatal.
• She had multiple admits to the hospital with episodes of seclusion and restraints for dangerousness to self.
• She had a lot of self inflicted knife and razor-blade cuts all over her arms, legs and abdomen.
Top Ten Concerns about Recovery Encountered in Mental Health System Transformation

10. Recovery is old news.

“What’s all the hype? We’ve been doing recovery for decades.”

Recovery pertains to the role & responsibility of the person with a serious mental illness and Recovery-oriented care pertains to the role and responsibility of mental health providers.

Recovery is a process which can be informed by evidence-based practices.

Top Ten Concerns about Recovery Encountered in Mental Health System Transformation

• 9. Recovery-oriented care adds to the burden of mental health professionals who are already stretched thin by demands that exceed resources.

• “You mean I not only have to care for and treat people, but now I have to do recovery too?”

Top Ten Concerns about Recovery Encountered in Mental Health System Transformation

8. Recovery means that the person is cured. “What do you mean your clients are in recovery? Don’t you see how disabled they still are? Isn’t that a contradiction?

Top Ten Concerns about Recovery Encountered in Mental Health System Transformation

7. Recovery happens for very few people with serious mental illness. “You’re not talking about the people I see. They’re too disabled. Recovery is not possible for them.”

Top Ten Concerns about Recovery Encountered in Mental Health System Transformation

6. Recovery in mental health is an irresponsible fad. “This is just the latest flavor of the month, and one that sets people up for failure.”

5. Recovery only happens after, and as a result of, active treatment and the cultivation of insights.

   “My patients won’t even acknowledge that they’re sick.
   “How can I talk to them about recovery when they have no insight about being ill?”

4. Recovery can be implemented only through the introduction of new services.

“Sure, we’ll be happy to do recovery, just give us the money it will take to start a (new) recovery program.”
Top Ten Concerns about Recovery Encountered in Mental Health System Transformation

3. Recovery-oriented services are neither reimbursable nor evidence based.

“First it was managed care, then it was evidence-based practice, and now it’s recovery. But recovery is neither cost-effective nor evidence based.”

Top Ten Concerns about Recovery Encountered in Mental Health System Transformation

2. Recovery approaches devalue the role of professional intervention.

“Why did I just spend ten years in training if someone else, with no training, is going to make all the decisions?”

Top Ten Concerns about Recovery Encountered in Mental Health System Transformation

• 1. Recovery increases providers’ exposure to risk and liability.

• “If recovery is the person’s responsibility, then how come I get the blame when things to wrong?”

Recovery: a psychiatrist’s view & review of the literature

Recovery refers both to

**internal conditions**---the attitudes, experiences, and process of change of individuals who are recovering---and

**external conditions**----circumstances, events, policies and practices that may facilitate recovery.

internal conditions-

• Hope- gaining hope is transcendent
• Healing-better concept of recovery
• Empowerment-comes from inside
• Connection- “getting a life”
**external conditions**

- Human rights-fighting stigma
- Positive culture of healing-key component is collaborative relationships such as shared medication decision making
- Recovery-oriented services

Myths about Schizophrenia

• Myth 1:
  • Schizophrenia has an inherently downhill course-----

• Reality:
  – The course of schizophrenia is variable along a continuum and it is difficult to predict who will go on to do well and who will not.

Diamond RJ, Recovery from a psychiatrist’s viewpoint. New Directions in Schizophrenia-A postgraduate medicine special report. 2006:54-62
Myths about Schizophrenia

• Myth 2: People with Schizophrenia can only work at low-level jobs------

• Reality: Boston University has assembled a database of approximately 500 people with major mental illness who are able to work in professional or supervisory jobs.

Diamond RJ, Recovery from a psychiatrist’s viewpoint. New Directions in Schizophrenia-A postgraduate medicine special report. 2006:54-62
Work achievements of survey participants:

Overall participants portray considerable success in their work status.

Seventy-three percent of all participants reported full-time employment. Another 6% of all participants have been self-employed.

Sixty-two percent of all participants have held their current position for more than two years. Twenty-nine percent of all participants kept the same job for more than five years.

The yearly income of most participants (79%) was above $20,000. The income of 35% of all respondents was above $40,000, and 22% made more than $50,000 per year.

More than half of all participants (61%) are satisfied with their current job and are not presently considering a job change.

The sample was well educated with 83% having a college degree or higher attainment.
Case presentation

• O.A. is a 26 year old male diagnosed at the age of 19 with bipolar disorder with psychosis following the onset of a severe depression with psychotic features.
Myths about Schizophrenia

• **Myth 3:** Consumers need to be told to take medications for the rest of their lives.

• **Reality:** Yes, the majority of people with schizophrenia stop their medications at some point and deteriorate. Our job is to support the goals of medication usage through education, support, & understanding the reasons for discontinuation.

Diamond RJ, Recovery from a psychiatrist’s viewpoint. New Directions in Schizophrenia-A postgraduate medicine special report. 2006:54-62
Myths about Schizophrenia

• Myth 4: The only treatment that can help reduce the symptoms of schizophrenia is medication.
• Reality: Research supports the efficacy of many psychosocial interventions, including
  – Skills training
  – Psychoeducation
  – Family interventions
  – CBT
  – ACT

Recovery Enhancing Environment Measure

• Designed to gather consumer’s reports on:
  – Where they are in the process of mental health recovery
  – What Elements of mental health practice they believe contribute to their personal mental health recovery
  – How well their mental health agency is performing in delivering mental health recovery-enhancing services & providing a recovery-enhancing organizational climate.

Recovery Enhancing Environment Measure

• Gather empirical data on the most important services and supports that serve to support personal recovery
• Educate consumers & agency staff about emerging recovery practice.
• Assess whether resilience-enhancing environmental factors found through another thread of research were important to person in mental health recovery.
• Begin to shape recovery-oriented practice under the principle “what gets measured gets done.”

Recovery Enhancing Environment Measure

Ridgway’s Domains of REE

- **Stages of Recovery** based on Prochaska’s stages of change (Pre-contemplation, contemplation, preparation, action, maintenance & sometimes, setback).

- **24 Elements of Recovery** with subscales ratings of 3 indicator of staff performance

- **Special Needs Areas** (minority status, sexual preference, trauma history, parent status, dual diagnosis, & rating of staff performance addressing each issue.

- **Organizational Climate**: elements drawn from literature on resilience.

Prochaska’s stages of change

**Stage 1: Precontemplation**

Precontemplators haven't yet decided to make a change. You know exercise is healthy, but you aren't quite convinced the benefits outweigh the trouble of getting started.

**Stage 2: Contemplation**

Now you're seriously considering change, but you're not ready to start yet. This is a stage of inertia; some people spend years stuck here. Relax. Your next step is planning. If you keep sliding back to the contemplation stage, it's probably because you flung yourself straight into action too soon -- don't.
Prochaska’s stages of change

• **Stage 3: Preparation**
  • You've made a commitment and you're planning to take action soon, probably within the next month.

• **Stage 4: Action**
  • Now it's time to "just do it"
Prochaska’s stages of change

• **Stage 5: Maintenance**
  • You've been exercising regularly for six months, and you've realized you can do it.

• **Stage 6: Termination**
  • You've done it! You've terminated your sedentary habits and replaced them with healthy ones. It's the end of the inactive you.
24 Elements of Recovery

1. Positive sense of personal identity beyond disorder
2. Up-to-date knowledge of disorder/effective treatment
3. Health & Wellness
4. Active consumerims/directing my own services
5. Meaningful activities
6. Positive relationships
7. Developing new skills
8. Sense of control/empowerment

24 Elements of Recovery

9. Normal social roles
10. Challenging stigma/discrimination
11. Crisis assistance
12. Sufficient care/helping relationship
13. Sense of meaning in life
14. Symptom self-management
15. Rights respected & upheld
16. Self-help/peer support
17. Community involvement

24 Elements of Recovery

- 18. Personal strengths
- 19. Basic needs met
- 20. Spirituality
- 21. New Challenges
- 22. Recovery role models
- 23. Intimacy/Sexuality
- 24. Hope

Ridgway’s REE

- **Organizational Climate**
  1. Promotion of learning, striving, growth
  2. Hopeful/promotes positive expectations
  3. Enough resources to meet needs
  4. Opportunities for meaningful contribution
  5. Connections among people
  6. Staff are welcoming
  7. Inspiring and encouraging
Ridgway’s REE

8. Safe/attractive
9. Compassionate staff
10. Feel valued/respected
11. Consumer feedback
12. Creative/interesting activities
The Mental Health Center of Denver’s Model of Care to Support Recovery of Adults with Serious Mental Illness

- Focus on consumer recovery
- Consumer strengths
- Consumer choices
The Mental Health Center of Denver’s Model of Care to Support Recovery of Adults with Serious Mental Illness

• **Innovative Engagement Programs**
  – Outreach in homeless shelters
  – Recovery Connection
  – Housing First
  – Denver Court to Community Treatment
The Mental Health Center of Denver’s Model of Care to Support Recovery of Adults with Serious Mental Illness

• Adopting Evidence-based practices
  – Assertive Community Treatment (ACT)
  – Integrated Dual Disorders Treatment (IDDT)
  – Dialectical Behavior Therapy (DBT)
The Mental Health Center of Denver’s Model of Care to Support Recovery of Adults with Serious Mental Illness

• A comprehensive array of treatment and supports:
  – Strengths-Based Case Management Options
  – The “Denver Approach” to Psychosocial Rehabilitation
    • 2Succeed in Education
    • 2Succeed in Employment
The Mental Health Center of Denver’s Model of Care to Support Recovery of Adults with Serious Mental Illness

• Wishing Well Enterprises Resource Center
  – The Drop-in Center
  – The Resource Shoppe & Donations Center
  – Employment Program
  – Client Trust Fund
  – Benefits Acquisition Management
The Mental Health Center of Denver’s Model of Care to Support Recovery of Adults with Serious Mental Illness

• Supportive Housing and Residential Care
  – 18 dispersed residential housing units throughout Denver county housing between 6-12 persons per site
  – Park Place which is our open transitional housing program for consumers “stepping-down” from the inpatient setting or utilized to prevent hospitalization.
The Mental Health Center of Denver’s Model of Care to Support Recovery of Adults with Serious Mental Illness

- **Utilization Management (UM)** - a model of care management focused on ensuring that consumers receive the right level of service at the right time.

  - **Right Service**    **Right time**    **Right Staff**
  - **Right Duration**    **Right Outcome**    **Right Intensity**
MHCD Utilization Management

- **Level One** – Highest level of Assertive Community Treatment services paired with medium- or long-term residential placement. This level is for consumers with the highest level of need.

- **Level Two** – Next Highest level of Assertive Community Treatment for consumers in independent living situations.

- **Level Three** – Medium level of Assertive Community Treatment for consumers who live independently.

- **Level Four** – Traditional outpatient services, including case management, treatment and supports for consumers with the lowest level of need.
MHCD Recovery Needs Level Instrument (RNL)

- The Global Assessment of Functioning Score
- Hospitalizations/emergency room visits
- Basic needs
- Risk of nursing home placement
- Legal issues
- Substance abuse
- Residential situation/homelessness
- Harm to self or others
- Engagement in treatment
- Medication effectiveness
- Symptom management
- Case management needs
- Level of stress in consumer’s environment
- Community support
MHCD’s Recovery Needs Level (RNL)

- The RNL (Recovery Needs Level) is administered at:
  - admission
  - at three months
  - at six months after admission
  - every six months thereafter

It is used to assess consumer’s current status and progress in achieving his/her recovery goals.
Measuring Recovery Outcomes

• MHCD Recovery Markers Inventory (RMI)

Recovery Markers are indicators that are usually associated with an individual’s recovery but are not necessary for recovery.
MHCD Consumer Recovery Measure

• 16 item measure with 5 domains
• Completed by consumers
  – Active growth and orientation
  – Hope
  – Mental illness symptoms
  – Safety
  – Social Networks
Recovery Enhancing Measure

• Ridgeway developed
• MHCD gives randomly to selected adult consumers
Consumer Involvement

• At all levels of the system:
  – Recovery Implementation Initiative
  – 2 MHCD Board members are consumers
  – 2 MHCD Board members have immediate family members who are impacted by serious mental illness
Consumer involvement

– Consumer role in organizational decision making through the Office of Consumer and Family Affairs
  • Consumer and Family Advocate
  • Consumer/Staff Partnership Council
  • Consumer Survey Teams
Consumer Involvement

- Individualized Service Plans
- Staff training in Strengths-based approaches
- Peer Mentor Program
- Annual Recovery Conference