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LINES OF COMMUNICATION

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MENTAL HEALTH ASSOCIATION OF SOUTHEASTERN PENNSYLVANIA

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Montgomery County Adopts Recovery Vision

BY JOSEPH C. YASKIN

Montgomery County is transforming its system of public mental health care to conform to the philosophy and best practices of the recovery movement. The transformation includes a larger role for peer support and a wholesale dismantling of partial hospitalization programs, which are being replaced with recovery-based services and supports.

Montgomery County's ambitious plans for system reform were the result of consumer input, said Nancy Wieman, Deputy Administrator of the Montgomery County Mental Health/Mental Retardation/Drug and Alcohol/Behavioral Health (MH/MR/-D&A/BH) Programs.

Several years ago, Wieman said, county mental health staff convened focus groups of consumers who had made extensive use of inpatient and crisis services but had not improved their lives. "What we found," she recalled, "was that how people talked about their lives and what they wanted to do didn't resemble what we were reading and hearing about people from records and staff."

Wieman noted that an extensive array of community support services, responsive to consumers' needs, had already been developed in connection with the downsizing and closing of state hospitals; but that the use of inpatient and crisis services remained very high.

> 'How do we help people make connections to the larger community?'

"We decided to redesign clinical services," Wieman said. "Simultaneously, we decided to look at changing the philosophical underpinnings of our program. Our notion became that recovery isn't about a type of service; recovery is about the process a person follows in order to live the life they want even though they have a mental illness."

In response to the consumer feedback, Montgomery County is reducing the role of partial hospitalization programs. They are being replaced by acute care services for people who need inpatient-style supports to stay out of the hospital.

The county has established a new service — Intensive Outpatient (IOP) — that is group-based, recovery-oriented, flexible and client-driven. But IOP is not a full-time day program, Wieman said, and long-term users of partial hospitalization programs are likely to be challenged at first by the opportunities it presents. "I think people are institutionalized in the sense that they have not had opportunities for growth beyond a day program in their partial programs. It's no different from people who have lived in Norristown State Hospital for years and years coming into the community. Planning is very important."

The county's new focus on recovery extends to inpatient and emergency services. At the crisis center and inpatient unit of Montgomery County Emergency Services, peer specialists talk to consumers about recovery and about the range of services and supports they can choose after discharge.

In preparation for the paradigm shift, the county MH/MR/D&A/BH Programs formed a recovery work group, with extensive consumer participation, that researched the topic of recovery; developed a mission statement, key concepts

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Certified Peer Specialist Program Is Piloted

Montgomery County has made peer support a core element of its transition to providing mental health treatment and supports based on the recovery philosophy.

This new initiative, called the Montgomery County Certified Peer Specialist (CPS) program, is teaching participating consumers specific skills relevant to providing effective peer support, and creates a new standard for consumers providing peer support in systems of care where credential requirements have traditionally excluded consumers from staff positions.

Jeanie Whitecraft, Director of MHASP's Mobile Support Services Division, instructs CPS students (seated left to right) Lisa McClarin, Chip Williams, and Richard Bellam as MHASP staff member Ted Dawson (standing) looks on.

Through its Recovery Institute (see story page 6), MHASP, which developed the curriculum, trained 18 consumers in one four-week training session in June. One of the new Certified Peer Specialists is Henry Washington, a consumer who is teaching other consumers how to create and pursue a Wellness Recovery Action Plan (WRAP) (see story page 3).

"I'm doing WRAP training and using it as a means for building the peer support program in terms of job finding and interviewing and everything else," Washington said.

Consumers credentialed through the CPS program must meet a set of employment and education standards. Prerequisites for participating in the program include a high school diploma or GED and demonstrated proficiency in reading and writing. Two years' paid or volunteer experience in human services, including one year of mental health direct care experience or a B.A. in a related field, is preferred. A concept paper on the program states that experience in the mental health system also is desired; a commitment to consumer choice and empowerment is described as "essential."

Provider agencies in the county selected consumers for the first training. The providers employed the newly minted CPSs and provided job supports to ease the transition to work.

As credentialed provider staff, CPSs may help consumers with skills building, recovery/life goal setting, problem solving, establishing self-help groups, building and utilizing self-help recovery tools (such as the WRAP), developing individual treatment or service plans, and self-advocacy.

Montgomery County has funded 13 full-time equivalent positions in provider agencies for the Certified Peer Specialists. From a systems perspective, said Nancy Wieman, who heads Montgomery County's Mental Health/Mental Retardation/Drug and Alcohol/Behavioral Health Programs (see story page 1), the CPS program provides "the infusion of consumers in a different role." The CPSs give consumers in provider programs a chance to see other consumers who are as knowledgeable as staff with traditional credentials, she added, and who are "able to support other consumers, and to help staff think about things in different ways."

The county is financing the program's pilot phase with reinvestment monies made available through savings realized by HealthChoices, Pennsylvania's mandatory managed care plan for Medical Assistance [Medicaid] recipients. Designers of the CPS program hope it can be included as a "supplemental" service, making the services eligible for Medicaid reimbursement.

Program planners set ambitious goals for the peer specialist program's role in how mental health care is provided in the county. "The county mental health system will benefit by taking a constructive step toward a true recovery model and gain a valuable new talent pool that may help alleviate some of the system's chronic staffing shortages," the concept paper stated.

Henry Washington is already working to turn the vision for the peer specialist program into a reality. Washington's position is not currently funded but he shrugged off the issue of pay. "The only thing I want to see are results," Washington said. "If my results are good and the performance of the group is good, it's worth it." LC

MHASP Takes Leading Role in Promoting WRAP

MHASP is taking a leading role in promoting a powerful tool for wellness and recovery that has benefited consumers across the country.

Popularly known as WRAP, the Wellness Recovery Action Plan helps individuals develop strategies to deal more productively with distressing experiences and take personal responsibility for their recovery. It is firmly rooted in the self-help principles that MHASP has been promoting for the past two decades.

Under the auspices of MHASP's Recovery Institute (see story page 6), staff members have taught an introduction to WRAP to several hundred people in counties across southeastern Pennsylvania. Facilitator training also has been provided to more than 60 people. Recovery Institute staff members have made onsite WRAP group training available at participating provider agencies.

Jeanie Whitecraft, Director of MHASP's Mobile Support Services Division, is coordinating the WRAP training effort. "One of the nice things about WRAP," Whitecraft said, "is that it was originally designed with the input of a group of psychiatric survivors who were seeking to create wellness in their lives. It is adaptable to anything in life, including burnout, stress, or life changes."

WRAP was developed by Mary Ellen Copeland, M.S., M.A., who saw the need for such a system as a result of her own effort to achieve wellness while living with bipolar disorder, depression, and fibromyalgia and later collaborated on the system with others. In her book entitled "Wellness Recovery Action Plan," Copeland writes, "Through this process of networking recovery information, I have uncovered ideas and strategies that, while often very simple and very safe, have the capacity to create major life change."

The nuts and bolts of WRAP are so simple that they belie the remarkable power of its philosophy and methods. Copeland writes: "Using a three-ring binder, a set of tabs or dividers, and lined three-ring paper, a Wellness Toolbox and six-part monitoring and response system is developed by the person who experiences the symptoms. This person may be assisted in the process by the supporters and health care professionals *of their choice*" [original emphasis].

A person creating a WRAP will develop a list of activities to promote everyday well-being, track triggering events and early-warning signs, prepare personal responses if symptoms arise, and create a plan for how supporters should intervene if necessary.

Consumers who have participated in MHASP-facilitated WRAP groups are enthusiastic about the training, Whitecraft said.

Jackie Moore, a consumer and a staff member at the Stepping Stones Clubhouse in Coatesville, Chester County, took the WRAP training for her own benefit in March 2003. "WRAP training has assisted me in changing the way I think," Moore said. "When I looked at the triggers [that led to repeated hospitalization], some of them seem so stupid. Things you can't change would really get to me. [The WRAP process] has helped me learn that if I can't change something, I shouldn't let it bother me."

The Recovery Institute now faces the challenge of bringing enough consumers through the WRAP training so they can provide the training themselves. "Mary Ellen Copeland recommends that you go through a WRAP training and have your own WRAP before you become a facilitator," Whitecraft said.

Another challenge, she said, is educating professionals about the WRAP methodology. "Mary Ellen Copeland has designed the Wellness Recovery Action Plan to be done in a group, because its power and effectiveness come from the sharing and friendships and support that people get from each other, and it is ideally taught by consumer facilitators," Whitecraft said. LC

Statewide Recovery Conference Nov. 9-10

To promote the recovery vision across the state, and aided by a statewide advisory group of consumer leaders, MHASP is organizing and co-sponsoring (with the Pennsylvania Office of Mental Health and Substance Abuse Services) a statewide, by-invitation-only conference focusing on recovery. The theme of the conference, November 9-10 at the Harrisburg Hilton and Towers, is "Recovering Pennsylvania." Approximately 250 participants are expected.

Speakers include Pennsylvania Secretary for Public Welfare Estelle B. Richman; Nanette Larson, Director of Consumer Service Development, Illinois Department of Human Services, Division of Mental Health; Shery Mead, M.S.W., a nationally known consultant on peer support; Ken Braiterman, Chair of the New Hampshire Mental Health Consumer Council; and Mark Salzer, Ph.D., Assistant Professor, Department of Psychiatry, University of Pennsylvania. Regional work groups will allow participants to work on strategic planning in their respective areas.

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Impact of Recovery Shift Varies with Provider

By Susan Rogers

The impact of Montgomery County's move to a recovery-based system has varied from provider to provider. For some, promoting recovery is business as usual; others have had to make significant changes in programs and philosophy.

Central Montgomery Mental Health/Mental Retardation Center

When Montgomery County asked Central Montgomery Mental Health/Mental Retardation Center to pilot the county's shift to a recovery-based system, the Norristown-based provider was glad to oblige.

"It seemed to make sense that we do some significant restructuring in order to emphasize the salience of the new [recovery] approach," recalled Clark Bromberg, Ph.D., executive director of this large, multi-service provider, located in central Norristown, with satellites in Abington and Lower Merion.

The changes have been significant. For instance, Central replaced a long-term partial hospitalization program with an IOP [Intensive Outpatient Program], a community forum where consumers contribute to the design of their experience and there are several groups in a three-hour block of time. The groups help the consumers learn to manage their illnesses and "to negotiate a world that's otherwise not sympathetic or accommodating to individual differences, as well as anchoring around a clinical group," Bromberg explained. Clients who want psychotherapy and medication, which were built in to the partial hospitalization model, now acquire them elsewhere.

Other changes in Central's infrastructure include the establishment of an acute partial hospitalization service that operates six days a week; the agenda is determined entirely by the consumers, Bromberg said. The service includes an engagement specialist who links with consumers when they're in the hospital to facilitate their stepping down into the acute partial hospitalization service. Also included is a clinical on-call component, so that consumers who need therapeutic support at night can get it from someone with whom they have a daytime history.

As a result, he added, "We believe we have reduced inpatient utilization. Whereas people once were routinely hospitalized, now they're routinely referred to the acute partial hospitalization program. And, if that service, with the consumer, concludes that it would be safe enough for them not to have to go to the inpatient unit, then they remain in the acute partial program."

> The changes have led to improved outcomes, including 'a good number of people working toward and/or finding employment, being far more assertive about finding places to live that satisfy them . . .'

Bromberg, who said his agency's approximately 300 staff serve some 3,000 consumers, noted that the changes are all about "recovering a life," which involves helping people connect to their aspirations before they became ill and helping them figure out how to reach their goals.

He reported that, even in the short time since the pilot began (on November 17, 2003), the changes have led to improved outcomes, including "a good number of people working toward and/or finding employment, being far more assertive about finding places to live that satisfy them, and relying less on others to do things and make decisions for them. In addition, people seem to be developing an increased respect for the validity of their own world views and idiosyncrasies."

For example, he said, if someone couldn't get up in the morning and would lose jobs because of it, historically that was considered a defect to be "worked through" in therapy. Now it might be seen as a matter of individual style, and they might be supported in finding a job that starts in the afternoon. "This doesn't put on hold their finding a life while they're trying to find a solution to these problems."

One challenge to which Central is responding is that the shift, although planned for, was abrupt: "We stopped the comprehensive long-term partial [program] one day; had a Recovery Fair the next day, complete with consumer-designed T-shirts and consumer testimonials; and then immediately started the IOP with acute partial and clinical on-call and had to transfer people; and the abruptness of that change wreaked havoc in our infrastructure. It has been difficult for the bureaucratic part of the agency, but I don't think [it has been difficult] for the consumers."

Other challenges include the fact that "the IOP model is quite circumscribed, so there isn't a lot of time for staff to respond to anything unpredictable. And a lot more falls on the case management staff. So we've been working very hard to develop supportive working links and relationships between the case management and clinical staffs."

Another challenge, he said, has been that some staff members have a tenden-

cy to want to help people by doing things for them, whereas, under the recovery model, helping means facilitating clients' developing a capacity for doing things for themselves. "We're providing the staff with as much training as we can and we're hoping that they'll evolve and feel even better about what they're doing."

Bromberg said that the entire redesign has been based on consumer and staff input, along with support from the county. "What's nice is that almost everything is written in Jello, not stone, and that allows us to be responsive and flexible."

Hedwig House

Dan Sylvester, executive director of Hedwig House, a 30-year-old psychosocial rehabilitation program based in Norristown with five clubhouse programs scattered around Montgomery County, believes that the county "should take a bow" because of the changes it is making to implement a recovery vision. But the shift has hardly caused a ripple at Hedwig House, he said. "We're glad to see some of the changes occurring in the county, helping others move [toward] the philosophy that Hedwig House has 'lived' for 30 years," Sylvester said.

"Some of the principles that underscore recovery — hope, individuality, peer support, choice, partnership, meaningful daily activity, personal responsibility — have always underscored Hedwig House and the clubhouse movement in general," he continued. Hedwig House, which has approximately 400 to 420 registered members and serves between 115 and 120 on any given day, has hired several former members as paid staff and reserves three seats on its board of directors for clubhouse members. (Clubhouses, based on the Fountain House model developed in the 1940s, promote the importance of meaningful work in people's lives. Clients are called "members" and play a role, along with staff, in program operations.)

> 'Some staff and programs are dragged kicking and screaming into a recovery philosophy . . .'

Since Hedwig House services span the county, Sylvester said, the agency is well positioned as an observer. "Some staff and programs are dragged kicking and screaming into a recovery philosophy, while others are embracing it and trying real hard to get on board."

Where does Hedwig House fit into this continuum? "We're looking at how we can do what we do better," Sylvester said.

In line with the goal of developing peer leadership skills throughout the county, Hedwig House — for which developing peer leadership is "nothing new," Sylvester said — has been working for the last year and a half on enhancing its vocational services through a grant from the Pew Foundation. As part of this initiative, Barbara Granger, Ph.D., of The Matrix Center at Horizon House, Inc., in Philadelphia, has been working with members on improving their skills in communicating with employers and coworkers and in making employment decisions, such as whether or not to disclose their psychiatric histories. "Instead of being dependent on human services staff who will find jobs for you and be your job coach, it's important that you learn to manage your own employment situation," Granger said.

Hedwig House member Stephen Lekus has found the training valuable. "It helped prepare me to facilitate a group at Hedwig House and to help others think about what they might want to do in terms of work. I feel so much better working, and it gives me satisfaction that I'm helping people." Lekus, who lives on his own in an apartment, said he is looking forward to moving "toward something I could do to make a living."

Sylvester said that he frequently encounters members who are happily employed. "That kind of story is an everyday event here at Hedwig House," he said.

Circle Lodge

Circle Lodge, a privately operated CRR (Community Residential Rehabilitation) facility on the grounds of Norristown State Hospital, has hired two former residents as alumni outreach workers. Both were trained by the Mental Health Association of Southeastern Pennsylvania as Certified Peer Specialists (see story page 2). "The training was wonderful," said Circle Lodge Executive Director Phyllis Wisner.

"The paradigm shift has not been difficult," added Wisner, who said Circle Lodge has always operated on a psychosocial philosophy. "We encourage residents to make their own decisions to foster independence."

Program Director Kim Saylor served on the recovery workgroup that helped develop the Montgomery County recovery vision and plan. "Consumers and providers gave a lot of input to the county," said Saylor.

Said Wisner, "We're proud to be part of Montgomery County as the philosophy of the recovery model and peer specialist training go forward." LC

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Training Institute Supports Paradigm Shift

MHASP has designed and established a Recovery Institute to introduce and advance recovery principles in mental health systems throughout Pennsylvania.

The MHASP Recovery Institute also will encourage the implementation of peer support as a "supplemental" service, i.e., one that is eligible for Medicaid reimbursement. This is a concrete step in the movement toward a recovery-oriented mental health system.

The Institute offers certificate programs, continuing education courses, workshops, and technical assistance to support providers' efforts to establish recovery-oriented programs and services.

Faculty includes Bill Burns-Lynch, M.A., CPRP, MHASP's Director of Training and Program Evaluation, as well as Jeanie Whitecraft, who heads MHASP's Mobile Support Services Division.

One of the Recovery Institute's core offerings is the Certified Peer Specialist Program, an intensive 10-day program that provides core training in recovery philosophy and peer support strategies. With personal choice as a fundamental element of a recovery-oriented system of care, the curriculum places the consumer at the center of decision-making.

Training sessions are designed to provide a "hands-on" experience, translating concepts and skills into practice. Key skills such as communications, group facilitation, personal sharing, helping skills, problem solving, goal setting, and others are incorporated into the training program.

The peers also work in small groups, and share their experiences of recovery with each other, said Burns-Lynch. "We're always trying to get them to relate what we teach them to their own recovery: 'Was this true for me? Did this happen for me? Did it not happen? How can I utilize this experience when I'm working in the field?' "

Ongoing continuing education credits are available to graduates of the Certified Peer Specialist Program. Courses include crisis intervention, conflict resolution, cultural competence, and group facilitation skills.

Recovery Institute staff offer technical assistance to help provider organizations implement peer specialist/peer support positions; to enhance the recovery focus of their existing programs; and to design new, recovery-oriented programs.

Education groups focusing on key concepts for mental health recovery and the Wellness Recovery Action Plan (WRAP) (see story page 3) will be offered on site at provider facilities and other agencies. The Institute also will provide WRAP facilitator training for people who have been exposed to the Copeland recovery education curriculum and who are using WRAPs in their own lives.

Common to all of the Recovery Institute's training programs is an atmosphere conducive to learning core philosophies, helper attitudes, concepts, and skills related to recovery and peer support. A draft overview of the Recovery Institute states: "Education is an important component in a recovery model. It is a key factor in making good decisions about treatment, lifestyle, career, relationships, and living arrangements." LC

Brandywine Health & Wellness Foundation Presents $380,000 in Grants to 23 Non-Profits

On June 30, 2004, Victor Ziegler, outgoing Chairman of the Board of Directors of the Brandywine Health & Wellness Foundation (third from left), and Dr. Levi Wingard, Chair of the Foundation's Grantmaking Committeee (fourth from left), present a $20,000 grant to Rob Chisholm, who heads MHASP's Chester County Compeer Program (left), Bill Lipp, who chairs MHASP's Board of Directors (second from left), and MHASP President and CEO Joseph Rogers (right) to launch Advocacy LINK (Linking mental health consumers with medical Insurance, Need-based services, and self-advocacy Knowledge), a campaign to link consumers to medical insurance and other benefits, to develop an educational campaign to counter stigma and discrimination against mental health consumers, and to promote public policy on the local, state, and federal levels that advances consumers' interests and protects their rights.

In late June, the Brandywine Health & Wellness Foundation distributed a total of $380,000 in grants to 23 non-profit agencies, including MHASP, bringing the Foundation's total giving in FY04 (ending June 30, 2004) to just over $640,000. For more information about the Brandywine Health & Wellness Foundation, visit its Web site at http://www.brandywinefoundation.org/ or call 610-380-9080.

State Uses SAMHSA Grant to Promote Recovery

Pennsylvania has received a grant from the Substance Abuse and Mental Health Services Administration to promote a paradigm shift to a recovery-based system throughout the state. The grant, part of an initiative connected with the President's New Freedom Commission on Mental Health, will focus on six pilot counties and joinders.

"Through this grant, we'll be able to provide technical assistance and support to these counties to help move a recovery-oriented system forward," said Shelley Bishop, Executive Assistant to the Deputy Secretary of the Office of Mental Health and Substance Abuse Services (OMHSAS). The targeted counties and joinders are Chester, Allegheny, Columbia/Montour/Snyder/Union, Erie, Lycoming/Clinton, and Mercer.

"We need to transform Pennsylvania's mental health system from a system that is too often focused on maintenance to a system that truly promotes and facilitates recovery," she said.

Montgomery County (see story page 1) is providing some technical assistance to the pilot counties, particularly in regard to fiscal and administrative policy, Bishop said. This is one of three areas of "alignment" identified by a Connecticut white paper as critical for states moving toward a recovery-oriented system, she explained, adding that Pennsylvania initiatives to some degree are reflective of this report. The other two critical areas are conceptual/philosophical alignment and service skills and competency.

At the same time, OMHSAS is convening a 35-member recovery work group spanning the state to develop the core components of a recovery curriculum. The Pennsylvania Mental Health Consumers' Association (PMHCA) will take the lead in this effort, noted Bishop, who was PMHCA's executive director from 1996 through 2003.

She stressed the key role that consumer and family input would play in the process. "We need to train consumers and families to know what they should expect from a recovery-oriented system," she said, adding, "The work that the Mental Health Association of Southeastern Pennsylvania is currently doing to establish Certified Peer Specialist programs in Southeastern Pennsylvania through their Recovery Institute could be very helpful as this concept is expanded to the statewide level" (see stories pages 2 and 6).

Bishop also looks forward to the statewide recovery conference, to be held in early November, organized by MHASP with OMHSAS support (see story page 3).

Bishop does not believe in reinventing the wheel: "I'm strongly advocating that Pennsylvania adopt the New Freedom report definition of recovery, as it is broad enough to be able to meet the array of consumers' unique recovery experiences. Additionally, we're familiar with the core components of a recovery-oriented system because consumers have been talking about them for years: hope, meaning, purpose, human rights, empowerment, connection; these areas form the philosophical foundation for recovery," she said, and are central to Community Support Program principles, which Pennsylvania has long promoted.

Support for the paradigm shift goes all the way to the top, Bishop said. "Department of Public Welfare Secretary Estelle Richman and Deputy Secretary for Mental Health and Substance Abuse Services Joan Erney are really dedicated to moving a recovery-oriented system forward. For example, there is a major push at the state level to look at outdated policies and regulations that don't make sense and that get in the way of our services' facilitating recovery," she said. "Figuring out how current services can better promote recovery as well as expanding recovery-oriented services — such as psychiatric rehabilitation and mobile outpatient therapy — in the state is a priority, as is making sure that consumer and family satisfaction surveying is part of the whole initiative. It is a very hopeful time." LC

Montgomery County Adopts Recovery Vision ... ***...continued from page 1***

and principles; and offered input into the development of a recovery curriculum that was provided to consumers and staff at the county's residential programs. At the core of the curriculum — and the county's systemwide focus on recovery — is the Wellness Recovery Action Plan (see story page 3). "We are now going to do the same training with case managers and then with clinical staff in the agencies," Wieman said.

The workgroup now is looking at how to use community resources to help people who had attended long-term partial hospitalization programs.

The question, Wieman said, "is, how do we help people make connections to the larger community so that the life they have is not just about living in mental health services?"

Peer support is a fundamental building block in the county's new recovery-based system. While Certified Peer Specialists (see story page 2) are receiving professional status in provider agencies, the county also has turned to consumers to evangelize the concept of recovery.

The recovery work group participated in sponsoring a workshop for consumers on storytelling and how to use a personal story of recovery to assist people who are in different stages of the process. "We're building, and helping to support, a group of consumers interested in sharing their stories with peers," Wieman said. "They often go along with the consultants who do the training, so the consumer shares his or her story at the same time. That's very powerful." LC

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