

MIDD Briefing Paper

BP 91, 92 Alternative Therapeutic Support Community Model in Seattle and Expanding Alternative Therapeutic Community Model to New Locations in King County

Existing MIDD Program/Strategy Review MIDD I Strategy Number _____ (Attach MIDD I pages)

New Concept (Attach New Concept Form)

Type of category: New Concept

SUMMARY: This paper describes two concepts, both related to expanding services provided at Recovery Café – one to expand services at the Café’s Seattle location, and another to expand to three new locations, in South, East and North King County.

The nonprofit Recovery Café provides an alternative therapeutic supportive community for women and men traumatized by homelessness, addiction and other mental health challenges. Operating for over 10 years, Recovery Café has helped thousands of women and men find stability and support on their recovery journey. MIDD funding would allow new locations throughout King County to be available.

Collaborators:

Name	Department
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David Uhl	Recovery Café
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David Coffey	Recovery Café
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Subject Matter Experts and/or Stakeholders consulted for Briefing Paper preparation. List below.

Name	Role	Organization
Vince Collins	ATR Program Director	DBHR
Katherine Switz	Executive Director	The Stability Network
Victoria Allen M.D.	Volunteer	Recovery Café
The Honorable Laura Inveen		King County Superior Court
Michael Botticelli	Director	Office of National Drug Control Policy

The following questions are intended to develop and build on information provided in the New Concept Form or gather information about existing MIDD strategies/programs.

A. Description

1. Please describe the New Concept or Existing MIDD Strategy/Program: Please be concise, clear, and specific. What is being provided to whom, under what circumstances? What are the New Concept Existing MIDD Strategy/Program goals? For New Concepts, does it relate to an existing MIDD strategy? If so, how?

This paper describes two concepts, both related to expanding services provided at Recovery Café – one to expand services at the Café’s Seattle location, and another to expand to three new locations, in South, East and North King County.

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The nonprofit Recovery Café provides an alternative therapeutic supportive community for women and men traumatized by homelessness, addiction and other mental health challenges. Operating for over 10 years, Recovery Café has helped thousands of women and men find stability and support on their recovery journey. MIDD funding would allow new locations throughout King County to be available.

A Recovery Orientated System of Care (ROSC) is a fairly new approach that Washington State Department of Behavioral Health and King County has embraced. A ROSC is a more effective approach for addressing substance use disorder (SUD) issues, because it meets people where they are on the recovery continuum, engages them for a lifetime of managing their disease, focuses holistically on a person's needs, and empowers them to build a life that realizes their full potential. This person-centered system of care supports a person as they establish a healthy life and recognizes that everyone needs a meaningful sense of membership and belonging in community.

The alternative therapeutic model used at Recovery Café (RC) provides support, resources and a community of care along the entire continuum of a person's need for recovery assistance. In crisis, newer to recovery, in long-term recovery, after a relapse, during a difficult life change, or mental health transition, RC is a refuge of care, evidence-based addiction support and love. RC provides a community in which women and men can stabilize in their mental/physical health, housing, relationships, and employment/volunteer service. This community helps women and men fulfill their potential and live meaningful lives. RC teaches people ways to manage their mental health, maintain sobriety, build community, and help each individual reclaim life as a person worthy of giving and receiving love. Through its work, RC prevents that individual from another potentially life-ending crisis, saving taxpayer money in emergency intervention to stabilize that person, and allowing mental health and addiction support professionals to focus on health maintenance and additional harm reduction. This is a much more humane and effective solution than high cost re-traumatizing solutions. Recovery Café has been recognized by Washington State and King County experts as an excellent example of how a ROSC works.

2. Please identify which of the MIDD II Framework's four Strategy Areas best fits this New Concept/Existing MIDD Strategy/Program area (Select all that apply):

- | | |
|---|--|
| <input checked="" type="checkbox"/> Crisis Diversion | <input type="checkbox"/> Prevention and Early Intervention |
| <input checked="" type="checkbox"/> Recovery and Re-entry | <input checked="" type="checkbox"/> System Improvements |

Please describe the basis for the determination(s).

Recovery Café services are low-barrier to recovery. This inclusive recovery community helps prevent crisis events by giving individuals support and resources. Recovery Café services improve King County's Recovery-Oriented System of Care by providing alternatives to the traditional treatment system as well as a community for people after they leave more acute levels of treatment.

B. Need; Emerging, Promising, Best, or Evidence Based Practices; Outcomes

- 1. Please describe the Community Need, Problem, or Opportunity that the New Concept Existing MIDD Strategy/Program addresses: What unmet mental health/substance use related need for what group or what system/service enhancement will be addressed by this New Concept/Existing MIDD Strategy/Program? What service gap/unmet need will be created for whom if this New Concept Existing MIDD Strategy/Program is *not* implemented? Provide specific examples and supporting data if available.**

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Currently there are no peer to peer driven service organizations in South, East, or North King County. The community challenge that Recovery Café seeks to address is to meet the need for stabilizing community and loving accountability of women and men suffering from the trauma of homelessness, addiction and/or other mental health challenges through King County.

* King County has approximately 3,770 people per night sleeping on the streets. (Seattle/King County Coalition for the Homeless, 2015 One Night Count)

* Nine out of 10 people in the population Recovery Café serves have suffered significant life trauma. (Cracked, Putting Broken Lives Together Again, Dr. Drew Pinsky)

* According to the City of Seattle, at least 46 percent of homeless women and men report having substance abuse issues. Most experts in the field believe that the percentages are actually as high as 70 percent. Mental health challenges often underlie addiction and many people manage their pain through substance abuse.

* Homeless and very low income men and women struggling with mental health challenges often stop taking or lose access to medication, triggering substance abuse relapse, and the inability to gain access to and maintain housing, employment and health care services. Without sustained recovery from mental health challenges and addiction, accessing existing housing and social service providers can feel insurmountable.

* According to the National Institutes of Health, at least two years of recovery support is necessary to maintain long-term recovery. Thirty to ninety day treatment programs are simply inadequate.

* Gil Kerlikowske, former Director of the Office of National Drug Control Policy, cited drug abuse as the number one health problem in the country, costing the United States an estimated \$467 billion annually, not to mention the loss of lives.

* In King County, 69.6 percent of adults in need of treatment do not receive it. (Tobacco, Alcohol and Other Drug Abuse Trends WA State 2010)

The need underlying this community challenge RC seeks to address is 4-fold: the homeless crisis in the community, the addiction epidemic that touches almost every American family, the inadequate mental health services that often lead a person to self-medicate using drugs and/or alcohol, and the tragedy of people in this great nation who suffer on the margins— forgotten or ignored.

2. Please describe how the New Concept/Existing MIDD Strategy/Program Addresses the Need outlined above.

Recovery Café was founded on the belief that every human being is precious and beloved regardless of past trauma, mental and emotional anguish, addictive behaviors or mistakes made. RC provides a beautiful, safe, warm, drug-and-alcohol-free space and loving community to anchor Members (RC's most closely held participants) in the sustained recovery needed to gain and maintain access to housing, social and health services, healthy relationships, education and employment. RC's program is designed to help people maintain recovery, reduce relapse and fulfill their potential. Important elements of this work include:

* A healing milieu with free, nutritious meals, coffee, tea and lattes, birthday celebrations, Open Mic nights, access to a computer lab, daily encouragement, and a robust delivery of the message YOU MATTER.

* Loving accountability groups called Recovery Circles, which are the foundation to RC's program. Serving over 350 unique individuals each month, Recovery Circles are where Members become known and get to know others. Members are expected to attend a weekly Recovery Circle. They are expected

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to call if they are unable to attend. Failure to call results in the loss of Membership privileges for a week.

- * Member Empowerment, enrichment and utilization: RC is committed to growing and nurturing Members to rebuild their lives as well as help others do so as well. This peer-to-peer aspect of recovery support is one of the most powerful pieces of RC's success.

- * Education through the School of Recovery, a school available to Members featuring classes that address the underlying causes of addiction, teach coping skills, develop knowledge, learn new skills and build recovery capital. (Recovery Capital is the resources {social, physical, human and cultural}, which are necessary to begin and maintain recovery from substance use, abuse, and dependence.)

- * Referral Services. Recovery Café has relationships and more formal partnerships with a wide network of complementary service providers. RC helps Members gain and maintain (through recovery support) housing, healthcare, mental health services, legal assistance and a base of support as Members navigate the complex social services system. RC is maximizing the impact of social service providers across the spectrum of need. This is a critical facet of the integrated treatment approach recommended by experts (SAMHSA, 2005) that is needed to address the complex and multiple needs of homeless individuals struggling with addiction, mental illness, isolation and poverty. Integrated treatment is a broad term describing the combination of interventions across multiple service agencies in concert with each other. RC helps Members establish and maintain positive and consistent relationships with these service providers.

- * 12-step meetings are held in a dedicated space, including Alcoholics Anonymous (Spanish and English), Narcotics Anonymous, Al-Anon, Overeaters Anonymous and Dual Recovery Anonymous.

RC's program is designed to be consistent with evidence-based best practices that support transformation from a life of addiction to a life of wellness. The desire is to be building recovery capital ever moment a person is at RC. Recovery capital is "the quantity and quality of both internal and external resources that a person can bring to bear on the initiation and maintenance of recovery" (W. White 2006).

Recovery Café's community support model has the flexibility to meet the needs of people at any stage of recovery from alcohol and substance addiction. Major elements of the program include:

- * behavioral interventions – staff have daily opportunities to work alongside Members and provide immediate feedback on positive new behaviors, as well as encouragement to reduce unproductive behaviors. All aspects of the program incorporate cognitive behavioral elements aimed at correcting the harsh negative self-cognitions common in this population

- * motivational interviewing style – staff are trained to aim interactions at exploring and supporting readiness to change and to use a non-confrontational style when discussing ambivalence to change

- * motivational incentives- good food, lattes, bus tickets, affirmation, and celebrations are a few examples of how RC communicates to each person that his or her life has worth and is valued by the community

- * a psychoeducational focus on relapse prevention and skills building

- * As discussed below, all aspects of community life are informed by awareness of the significance of peer-to-peer support.

Key to RC's identity as an organization is the firm belief that every person is on a recovery journey and has wisdom to share with others. This belief is the grounding on which RC has built its peer-to-peer support program. Research literature has identified four types of social support:

- * emotional—demonstrating empathy, caring and concern to build a person's self-esteem;

- * informational—sharing knowledge and information to provide life and/or vocational training;

- * instrumental— providing concrete assistance to help people accomplish tasks;

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* affiliational— facilitating contacts with other people to promote learning of social skills, create community and instill a sense of belonging. (Cobb, 1976; Salzer, 2002) Recovery Café provides assistance in all four of these categories throughout the programming.

Furthermore, while providing these social supports for more than 10 years, RC is also committed to incorporating and aligning programming with the 10 SAMHSA identified components of successful recovery programs: Self Direction, Individualized and Person Centered, Empowerment, Holistic, Non-Linear, Strengths-based, Peer Support, Respect, Responsibility, and Hope. Following the lead of King County's Mental Health, Chemical Abuse and Dependency Services Division, RC also adopted the component Resiliency. They overlap with and reinforce the aforementioned four elements of social support. RC has assimilated these evidence-based practices in the programming and every new program initiative, enhancement or revision is considered in light of these categories.

- 3. What EVIDENCE exists that the approach of this New Concept/Existing MIDD Strategy/Program will successfully address the identified need? Please cite published research, reports, population feedback, etc. Why would this New Concept/Existing MIDD Strategy/Program be expected to work? If this is an existing MIDD I strategy, please provide evidence of the results from existing MIDD evaluation reports, including who has/has not benefited from this strategy.**

The Seattle Recovery Café's success, with roughly 1000 Members annually, 350 active Members at any given time, and about 140 people using the center each day, is the greatest predictor of success for this model to be replicated in other sites in King County. There is also a Recovery Café open in Everett and one planned for Tacoma.

- 4. Please specify whether this New Concept/Existing MIDD Strategy/Program is a/an: Emerging Practice Please detail the basis for this determination. Please include a citation or reference supporting the selection of practice type.**

As part of MIDD funding for this project, the Café will build on their current work with a Stanford researcher, Dr. David Fetterman, to refine their outcome measurements, with the long term goal of being able to make the case with data, for the Recovery Café to become a national model.

- 5. What OUTCOMES would the County see as a result of investment in this New Concept/Existing MIDD Strategy/Program? Please be as specific as possible. What indicators and data sources could the County use to measure outcomes?**

Using an annual self-report satisfaction Member survey combined with a database that tracks Member attendance and service utilization, RC measures various outcomes. This self-report instrument includes items aimed at measuring a Member's perception of improvement in a number of arenas including (but not limited to):

- * reduction of mental health symptoms ("RC has helped me stabilize my mental health recovery")
- * reduction of suicidal behavior, including those that credit RC with helping reducing suicidality
- * reduction of isolation (or increase in perceived social support)
- * reduction of substance use disorder symptoms/complications
- * reduction in the use of emergency room services, time in jail, and interaction with the legal system
- * relapse prevention, and reduction of duration of relapse time
- * increase in the development of life skills (e.g. cooperation, resilience, boundary management,

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vocational skills, leadership skills)

* increase in access to and utilization of RC programs/classes (addressing the outcome of "meaningful life activities")

* increased stability in housing situation

* improvements in physical health attributed to participation at RC (e.g. via improved nutrition, classes in the School, and access to public health nurses)

These self-report measurements combined with a database that tracks Member attendance service utilization allows RC to begin the process of analyzing correlations between self-reported outcomes and attendance/utilization.

C. Populations, Geography, and Collaborations & Partnerships

1. What Populations might directly benefit from this New Concept/Existing MIDD

Strategy/Program: (Select all that apply):

- | | |
|---|---|
| <input type="checkbox"/> All children/youth 18 or under | <input checked="" type="checkbox"/> Racial-Ethnic minority (any) |
| <input type="checkbox"/> Children 0-5 | <input checked="" type="checkbox"/> Black/African-American |
| <input type="checkbox"/> Children 6-12 | <input checked="" type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> Teens 13-18 | <input checked="" type="checkbox"/> Asian/Pacific Islander |
| <input checked="" type="checkbox"/> Transition age youth 18-25 | <input checked="" type="checkbox"/> First Nations/American Indian/Native American |
| <input checked="" type="checkbox"/> Adults | <input checked="" type="checkbox"/> Immigrant/Refugee |
| <input type="checkbox"/> Older Adults | <input checked="" type="checkbox"/> Veteran/US Military |
| <input type="checkbox"/> Families | <input checked="" type="checkbox"/> Homeless |
| <input type="checkbox"/> Anyone | <input checked="" type="checkbox"/> GLBT |
| <input checked="" type="checkbox"/> Offenders/Ex-offenders/Justice-involved | <input checked="" type="checkbox"/> Women |
| <input type="checkbox"/> Other – Please Specify: | |

Please include details about this population such as: individuals transitioning from psychiatric hospital to community; individuals judged incompetent by the court; children of drug users who are in foster care, etc.

Recovery Café benefits a wide variety of individuals. A common phrase spoken at RC is that everyone is in recovery from something. RC's community of Members is a diverse group of women and men including Caucasians, African Americans, Native Americans, Asians, Latinos, and immigrants. Member ages range from 18 to 85. RC welcomes veterans. The majority of the people RC serves are very low/no-income and struggle with substance abuse and other mental health challenges. RC Membership focuses on those that are homeless, struggle with substance abuse, self-identify as dual diagnosis, and those who have some form of physical disability or chronic illness.

Research suggests (and this is consistent with RC's experience) that nine out of 10 of the women and men RC serves have suffered significant trauma as a child. Many of RC's Members have at some time been incarcerated and their criminal records are obstacles to housing and employment. The stigma of addiction and mental illness is often a constant and unwelcome dynamic Members encounter. Overall, one of the greatest challenges Members face is a deep sense of isolation, despair and loneliness. When they first come to Recovery Café, many feel unknown and uncared for with little sense of belonging or being wanted anywhere.

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- 2. Location is an important factor in the availability and delivery of services. Please identify whether this New Concept/Existing MIDD Strategy/Program addresses a specific geographic need in the following area. Please provide additional that discusses the basis for the selection: County-wide**

This new concept is specific to three locations in King County, south county, eastside and north county, as well as enhancing the current Recovery Café Seattle location in the Denny Regrade neighborhood.

- 3. What types of COLLABORATIONS and/or PARTNERSHIPS may be necessary to implement this New Concept/Existing MIDD Strategy/Program, and with whom (other jurisdictions & cities, law enforcement, first responders, treatment providers, departments within King County, housing, employers, etc.)? Please be specific.**

For this concept to maximize success, RC would build on partnerships in Seattle while reaching out to potential new partners with other service providers and community members. The idea is that RC does well what it does while referring Members seeking other services to great partners and vice versa. To this end, RC seeks to partner with housing providers, mental health providers, substance use disorder treatment agencies, medical professionals, vocational skills/placement agencies, food distribution agencies like Food Lifeline, and drug court to name a few to support Members and potential Members on their recovery journey. Recovery Café will also build collaborative partnerships with first responders and the crisis service systems in each area.

D. Drivers, Barriers, Unintended Consequences, and Alternative Approaches

- 1. What FACTORS/DRIVERS, such as health care reform, changes in legislation, etc. might impact the need for or feasibility of this New Concept/Existing MIDD Strategy/Program? How?**

All programs at Recovery Café link with Behavioral Health Integration, especially given the high levels of co-occurring disorders in the population served, which will allow for more integrated and streamlined access to services. Recovery Café frequently removes barriers to access by promoting recovery for individuals, regardless of whether their issues are related to mental health, substance use or co-occurring disorders.

Recovery Cafe services will help the County achieve its Health and Human Services Transformation vision - By 2020, the people of King County will experience significant gains in health and well-being because the community worked collectively to make the shift from a costly, crisis-oriented response to health and social problems, to one that focuses on prevention, embraces recovery, and eliminates disparities. Recovery Cafe's practice of embracing recovery at the individual level helps move the community towards that goal.

- 2. What potential BARRIERS, if any, might there be to implementation? How might these be overcome? Who would need to be involved in overcoming them?**

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Transportation may be a challenge in new sites outside of Seattle. While Seattle area transit options are good, the Café will need to be located near major bus routes to be accessible to its Members.

Siting new facilities will require community collaboration and engagement.

3. What potential UNINTENDED CONSEQUENCES might exist if this New Concept/Existing MIDD Strategy/Program is implemented? Please be specific---for whom might there be consequences?

New Cafes may draw people from other counties like Pierce and Snohomish, making it more difficult to manage the population.

Recovery Café may continue to attracting people with acute care needs beyond the Café's ability to manage those needs. Collaborative relationships with other service providers, first responders and crisis service systems will be critical to maintaining the health of the Recovery Café community.

4. What potential UNINTENDED CONSEQUENCES might there be if this New Concept/Existing MIDD Strategy/Program is *not* implemented? Please be specific---for whom might there be consequences?

Individuals outside of downtown Seattle will continue to have fewer options for recovery entry and recovery maintenance.

5. What ALTERNATIVE APPROACHES currently exist to address this need apart from this New Concept/Existing MIDD Strategy/Program? At a high level, how does this New Concept/Existing MIDD Strategy/Program compare to those other approaches in terms of cost, feasibility, etc. Could this New Concept/Existing MIDD Strategy/Program be merged with one or more of the alternatives? What are the pros/cons of merging?

There are no true alternatives to the Recovery Café model. Behavioral health agencies do not have capacity to treat the number of individuals that Recovery Café can serve – especially those who are resistant to the formal models of treatment.

E. Countywide Policies and Priorities

1. How does this New Concept/Existing MIDD Strategy/Program FIT within the CONTINUUM of care, and within other county initiatives such as Behavioral Health Integration, Health and Human Services Transformation, Best Starts for Kids, All Home, the Youth Action Plan, and/or the Vets and Human Services Levy or any other County policy work?

All programs at Recovery Café link with Behavioral Health Integration, especially given the high levels of co-occurring disorders in the population served, which will allow for more integrated

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and streamlined access to services. Recovery Café frequently removes barriers to access by promoting recovery for individuals, regardless of whether their issues are related to mental health, substance use or co-occurring disorders.

As noted above, Recovery Cafe services will help the County achieve its Health and Human Services Transformation vision.

2. How is this New Concept/Existing MIDD Strategy/Program rooted in principles of recovery, resiliency, and/or trauma-informed care?

Recovery Café is a critical part of the King County ROSC, and is an effective approach for addressing SUD issues. A ROSC meets people where they are on the recovery continuum, engages them for a lifetime of managing their disease, focuses holistically on a person's needs, and empowers them to build a life that realizes their full potential. This person-centered system of care supports a person as they establish a healthy life and recognizes that everyone needs a meaningful sense of membership and belonging in community.

3. How does this New Concept/Existing MIDD Strategy/Program enact and further the County's EQUITY and SOCIAL JUSTICE work?

King County's Fair and Just Ordinance 16948 (2010) requires that organizations intentionally consider equity and integrate it into decisions and policies, practices, and methods for engaging all communities. The County is committed to serving all residents, regardless of race, culture or disability, by promoting fairness and opportunity, eliminating inequities and working to remove barriers that limit an individuals' or a community's ability to fulfill their full potential.

There are long-standing, widely known issues with the lack of services and diversion opportunities available to persons experiencing homelessness and behavioral health issues in greater King County. Many people of color and people living in poverty access services at Recovery Cafe. Often these individuals do not have the opportunity to address the root cause of the matter: access to treatment, housing, jobs, support, healing and recovery, and a community of people who care and value them as people. At its core, Recovery Cafe addresses equity and social justice (ESJ) by allowing individuals to be included, and assisted to meet and fulfill their needs.

Recovery Cafe's efforts on promoting stability through referral to housing services and supports is in line with the King County's All Home initiative, which aims to make homelessness rare, brief, and a one-time occurrence by addressing crises quickly and tailoring housing and supports to individual needs, and addresses the state of emergency regarding homelessness declared by the City of Seattle and King County in November 2015. The individually tailored program, designed to connect people to housing and services, also relates to two determinants of equity identified by the King County ESJ work: access to health and human services and affordable, safe, quality housing.

Recovery Cafe also focuses on recovery coaching. This enhancement to the existing service continuum is staffing that includes more trained peers to assist with engaging potential and new Members and to promote the recognition that recovery is possible; hiring staff that identify as being in recovery from behavioral health issues is a powerful mechanism for modeling recovery and providing hope. Peer

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counselors bring a level of understanding and empathy to help individuals engage with services and to reduce those individuals from feeling alone or different from others. The program will also work to coordinate and collaborate with a wide variety of systems and community supports that have not been available or responsive to individuals' needs and work to break down barriers to access that may have prevented successful interactions with community based services.

F. Implementation Factors

1. What types of RESOURCES will be needed to implement this New Concept/Existing MIDD Strategy/Program (staff, physical space, training, UA kits, etc.)?

See below for a detailed breakout. Cost will be for staff and siting of services.

2. Estimated ANNUAL COST. More than \$5 million Provide unit or other specific costs if known. *A Partnership Proposal to the MIDD to Transform Lives in King County – at the existing Seattle location.*

\$1,288,000	Operating costs to serve approximately 750 Members, the addition of a FTE Data Analyst for improved evaluation of outcomes measurements, and the necessary data evaluation resources. Includes the following staff: Executive Director Founding Director (part-time) Operations Director Program Director (part-time) Program Manager Recovery Services Coordinator (part-time) Enhanced Services Specialist 2 Café Managers Hospitality Coordinator Volunteer Coordinator Special Projects Coordinator Data Analyst Resource Development Director Finance/Admin Director (part-time) Office Manager (part-time) On-Call Staff
\$2,000,000	One-time cost to develop Recovery Café-owned parking lot to add 5,000 SF of recovery program/admin space, ultimately enabling an expansion of recovery services at Recovery Café in Seattle.
\$3,288,000	TOTAL

A Partnership Proposal to the MIDD to Scale Recovery Café's Transformative Services throughout King County

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\$3,688,000	Operating costs at three separate locations (North Seattle, South King County, East King County) to serve approximately 750 Members per location Includes the following staff at each location: Site Director Operations Manager Sr. Program Manager Program Manager Recovery Services and School Coordinator Enhanced Services Specialist 2 Café Managers Hospitality Coordinator Volunteer Coordinator Special Projects Coordinator Resource Development Coordinator Finance/Admin Manager Office Manager On-Call Staff Also includes a Data Analyst and an Information Systems Manager to serve all 3 locations
\$1,395,000	One-time costs to start up Recovery Cafes in 3 locations to include: Organization Scaling consultant Feasibility analyses and recommendations for acquiring sites in North Seattle, South King County, and East King County Equipment, fixtures, building modifications, technology/networking all 3 sites
\$3,000,000	Acquisition seed money for 3 locations
\$8,083,000	TOTAL

3. Are there revenue sources other than MIDD that could or currently fund this work? Clarify response, citing revenue sources.

Recovery Café relies heavily on private fundraising and grants for their programming. Those funds can only stretch so far and more County support is necessary to expand the concept.

- 4. TIME to implementation: 6 months to a year from award**
- What are the factors in the time to implementation assessment?**
 - What are the steps needed for implementation?**
 - Does this need an RFP?**

Expansion within the existing RC can be implemented relatively quickly. The largest amount of time will be needed to secure property and transform space to meet the Recovery Café's needs. Staffing and

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startup will need to be considered. The three proposed sites should be staggered to start up in a way that allows the Café model to be implemented with fidelity.

G. Any OTHER INFORMATION that would assist reviewers with making recommendations about this New Concept/Existing MIDD Strategy/Program? (optional). Do you have suggestions regarding this New Concept/Existing MIDD Strategy/Program?

#91

Working Title of Concept: Expanding Recovery Café's Alternative Therapeutic Community Model to New Locations in King County

Name of Person Submitting Concept: David Uhl

Organization(s), if any: Recovery Café

Phone: 206-374-8731 x116

Email: david.uhl@recoverycafe.org

Mailing Address: 2022 Boren Ave, Seattle WA 98121

Please note that county staff may contact the person shown on this form if additional information or clarification is needed.

Please share whatever you know, to the best of your ability.

*Concepts must be submitted via email to MIDDconcept@kingcounty.gov by **October 31, 2015**.*

1. Describe the concept.

Please be specific, and describe new or expanded mental health or substance abuse-related services specifically.

Recovery Café seeks funding to expand its alternative therapeutic supportive community model for women and men traumatized by homelessness, addiction and other mental health challenges to three new locations in King County. Building on experiences learned from operating for over 10 years, Recovery Café seeks to bring its healing community to thousands more in King County that may not be able to access its location in downtown Seattle. MIDD funding would allow Recovery Café to open new locations throughout King County.

The new approach that Washington State Department of Behavioral Health and King County has embraced during the last few years is a Recovery Orientated System of Care (ROSC), a more effective approach for addressing chemical dependency issues. A ROSC meets people where they are on the recovery continuum, engages them for a lifetime of managing their disease, focuses holistically on a person's needs, and empowers them to build a life that realizes their full potential. This person-centered system of care supports a person as they establish a healthy life and recognizes that we all need a meaningful sense of membership and belonging in community.

Recovery Café is an alternative therapeutic supportive community where women and men traumatized by homelessness, addiction and other mental health challenges come to know ourselves as loved with gifts to share. The alternative therapeutic model used at Recovery Café (RC) provides support, resources and a community of care along the entire continuum of a person's need for recovery assistance. In crisis, newer to recovery, in long-term recovery, after a relapse, during a difficult life change, or mental health transition, RC is there as a refuge of care,

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evidence-based addiction support and love. RC provides community in which women and men can stabilize in their mental/physical health, housing, relationships, and employment/volunteer service. This community helps women and men fulfill their potential and live meaningful lives. RC teaches people ways to manage their mental health, maintain sobriety, build community, and help each individual reclaim life as a person worthy of giving and receiving love. Through its work, RC prevents that individual from another potentially life-ending crisis, saving taxpayer money in emergency intervention to stabilize that person, and allowing mental health and addiction support professionals to focus on health maintenance and addiction prevention. This is a much more humane and effective solution. Recovery Café has been recognized by Washington State and King County experts as an excellent example of how a ROSC works.

2. What community need, problem, or opportunity does your concept address?

Please be specific, and describe how the need relates to mental health or substance abuse.

The community challenge that Recovery Café seeks to address is to meet the need for stabilizing community and loving accountability of women and men suffering from the trauma of homelessness, addiction and/or other mental health challenges through King County.

* King County has approximately 3,770 people per night sleeping on the streets. (Seattle/King County Coalition for the Homeless, 2015 One Night Count)

* 9 out of 10 people in the population Recovery Café serves have suffered significant life trauma. (Cracked, Putting Broken Lives Together Again, Dr. Drew Pinsky)

* According to the City of Seattle, at least 46% of homeless women and men report having substance abuse issues. Most experts in the field believe that the percentages are actually as high as 70%. Mental health challenges often underlie addiction and many people manage their pain through substance abuse.

* Homeless and very low income men and women struggling with mental health challenges often stop taking or lose access to medication, triggering substance abuse relapse, and the inability to gain access to and maintain housing, employment and health care services. Without sustained recovery from mental health challenges and addiction, accessing existing housing and social service providers can feel insurmountable.

* According to the National Institutes of Health, at least two years of recovery support is necessary to maintain long-term recovery. Thirty to ninety day treatment programs are simply inadequate.

* Gil Kerlikowske, former Director of the Office of National Drug Control Policy, cited drug abuse as our number one health problem costing our nation an estimated \$467 billion annually, not to mention the loss of lives.

* In King County, 69.6% of adults in need of treatment do not receive it. (Tobacco, Alcohol and Other Drug Abuse Trends WA State 2010)

The need underlying this community challenge RC seeks to address is 4-fold: the homeless crisis in our community, the addiction epidemic that touches almost every American family, the inadequate mental health services that often lead a person to self medicate using drugs and/or alcohol, and the tragedy of people in our great nation who suffer on the margins— forgotten or ignored.

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3. How would your concept address the need?

Please be specific.

Recovery Café was founded on the knowledge that every human being is precious and beloved regardless of past trauma, mental and emotional anguish, addictive behaviors or mistakes made. RC provides a beautiful, safe, warm, drug-and-alcohol-free space and loving community to anchor Members (RC's most closely held participants) in the sustained recovery needed to gain and maintain access to housing, social and health services, healthy relationships, education and employment. RC's program is designed to help people maintain recovery, reduce relapse and fulfill their potential. Important elements of this work include:

- * A healing milieu with free, nutritious meals, coffee, tea and lattes, birthday celebrations, Open Mic nights, access to a computer lab, daily encouragement and a robust delivery of the message YOU MATTER.
- * Loving accountability groups called Recovery Circles which are the foundation to RC's program. Serving over 350 unique individuals each month, Recovery Circles are where Members become known and get to know others. Members are expected to attend a weekly Recovery Circle. They are expected to call if they are unable to attend. Failure to call results in the loss of Membership privileges for a week.
- * Member Empowerment, enrichment and utilization: RC is committed to growing and nurturing Members to rebuild their lives as well as help others do so as well. This peer-to-peer aspect of recovery support is one of the most powerful pieces of RC's success.
- * Education through the School of Recovery, a school available to Members featuring classes that address the underlying causes of addiction, teach coping skills, develop knowledge, learn new skills and build recovery capital.
- * Referral Services. Recovery Café has relationships and more formal partnerships with a wide network of complimentary service providers. RC helps Members gain and maintain (through recovery support) housing, healthcare, mental health services, legal assistance and a base of support as Members navigate the complex social services system. RC is maximizing the impact of social service providers across the spectrum of need. This is a critical facet of the integrated treatment approach recommended by experts (SAMHSA, 2005) that is needed to address the complex and multiple needs of homeless individuals struggling with addiction, mental illness, isolation and poverty. Integrated treatment is a broad term describing the combination of interventions across multiple service agencies in concert with each other. RC helps Members establish and maintain positive and consistent relationships with these service providers.
- * 12-step meetings are held in a dedicated space including Alcoholics Anonymous (Spanish and English), Narcotics Anonymous, Alanon, Overeaters Anonymous and Dual Recovery Anonymous.

RC's program is designed to be consistent with evidence-based best practices that support transformation from a life of addiction to a life of wellness. At every moment a person is at RC, the desire is to build their recovery capital. Recovery capital is "the quantity and quality of both internal and external resources that a person can bring to bear on the initiation and maintenance of recovery" (W. White 2006).

Recovery Café's community support model has the flexibility to meet the needs of people at any stage of recovery from alcohol and substance addiction. Major elements of our program include:

- * behavioral interventions – staff have daily opportunities to work alongside Members and

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provide immediate feedback on positive new behaviors as well as encouragement to reduce unproductive behaviors. All aspects of the program incorporate cognitive behavioral elements aimed at correcting the harsh negative self-cognitions common in this population

- * motivational interviewing style – staff are trained to aim interactions at exploring and supporting readiness to change and to use a non-confrontational style when discussing ambivalence to change
- * motivational incentives- good food, lattes, bus tickets, affirmation, and celebrations are a few examples of how RC communicates to each person that his or her life has worth and is valued by the community
- * a psychoeducational focus on relapse prevention and skills building
- * As discussed below, all aspects of our community life is informed by our awareness of the significance of peer-to-peer support.

Key to RC's identity as an organization is the firm belief that every person is on a recovery journey and has wisdom to share with others. This belief is the grounding on which RC has built its peer-to-peer support program. Research literature has identified four types of social support:

- * emotional—demonstrating empathy, caring and concern to build a person's self esteem;
- * informational—sharing knowledge and information to provide life and/or vocational training;
- * instrumental— providing concrete assistance to help people accomplish tasks;
- * affiliational— facilitating contacts with other people to promote learning of social skills, create community and instill a sense of belonging. (Cobb, 1976; Salzer, 2002) Recovery Café provides assistance in all four of these categories throughout our programming.

Furthermore, while providing these social supports for more than 10 years, RC is also committed to incorporating and aligning programming with the 10 SAMHSA identified components of successful recovery programs: Self Direction, Individualized and Person Centered, Empowerment, Holistic, Non-Linear, Strengths-based, Peer Support, Respect, Responsibility, and Hope. Following the lead of King County's Mental Health, Chemical Abuse and Dependency Services Division, RC also adopted the component Resiliency. They overlap with and reinforce the aforementioned 4 elements of social support. RC has assimilated these evidence-based practices in our programming and every new program initiative, enhancement or revision is considered in light of these categories.

4. Who would benefit? Please describe potential program participants.

Recovery Café benefits a wide variety of individuals. A common phrase spoken at RC is that everyone is in recovery from something. RC's community of Members is a diverse group of women and men including Caucasians, African Americans, Native Americans, Asians, Latinos, and immigrants. Member ages range from 18 to 85. RC welcomes veterans. The majority of the people RC serves are very low/no-income and struggle with substance abuse and other mental health challenges. RC Membership focuses on those that are homeless, struggle with substance abuse, self-identify as dual diagnosis, and those who have some form of physical disability or chronic illness.

Research suggests (and this is consistent with RC's experience) that 9 out of 10 of the women and men RC serves have suffered significant trauma as a child. Many of RC's Members have at

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some time been incarcerated and their criminal records are obstacles to housing and employment. The stigma of addiction and mental illness is often a constant and unwelcome dynamic Members encounter. Overall, one of the greatest challenges Members face is a deep sense of isolation, despair and loneliness. When they first come to Recovery Café, many feel unknown and uncared for with little sense of belonging or being wanted anywhere.

5. What would be the results of successful implementation of program?

Include outcomes that could be measured and evaluated. Please indicate whether this data is currently collected in some fashion, and in what form.

Using an annual self-report satisfaction Member survey combined with a database that tracks Member attendance and service utilization, RC measures various outcomes. This self-report instrument includes items aimed at measuring a Member's perception of improvement in a number of arenas including (but not limited to):

- * reduction of mental health symptoms ("RC has helped me stabilize my mental health recovery")
- * reduction of suicidal behavior including those that credit RC with helping reducing suicidality
- * reduction of isolation (or increase in perceived social support)
- * reduction of substance use disorder symptoms/complications
- * reduction in the use of emergency room services, time in jail, and interaction with the legal system
- * relapse prevention, and reduction of duration of relapse time
- * increase in the development of life skills (e.g. cooperation, resilience, boundary management, vocational skills, leadership skills)
- * increase in access to and utilization of RC programs/classes (addressing the outcome of "meaningful life activities")
- * increased stability in housing situation
- * improvements in physical health attributed to participation at RC (e.g. via improved nutrition, classes in the School, and access to public health nurses)

These self-report measurements combined with a database that tracks Member attendance service utilization allows RC to begin the process of analyzing correlations between self-reported outcomes and attendance/utilization.

6. Which of the MIDD II Framework's four strategy areas best fits your concept? (you may identify more than one)

- Prevention and Early Intervention:** Keep people healthy by stopping problems before they start and preventing problems from escalating.
- Crisis Diversion:** Assist people who are in crisis or at risk of crisis to get the help they need.
- Recovery and Reentry:** Empower people to become healthy and safely reintegrate into community after crisis.
- System Improvements:** Strengthen the behavioral health system to become more accessible and deliver on outcomes.

7. How does your concept fit within the MIDD II Objective – to improve health, social, and justice outcomes for people living with, or at risk of, mental illness and substance use disorders?

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Recovery Café's cohort of services fits naturally with the MIDD II Objective. RC addresses the 2007 Adopted MIDD Goals 1, 2, and 3. Specifically, Recovery Café is a community for women and men in recovery from the trauma of substance use disorders and mental health challenges. Through RC's alternative therapeutic community model, Members find stability and support to reduce the chances for relapse, improve their physical and mental health, and access other services such as job training or housing as needed. Moreover, RC is part a ROSC. RC meets people where they are on the recovery continuum, engages them for a lifetime of managing their disease, focuses holistically on a person's needs, and empowers them to build a life that realizes their full potential. This person-centered system of care supports a person as she or he establishes a healthy life and recognizes the universal need for a meaningful sense of membership and belonging in community.

8. What types of organizations and/or partnerships are necessary for this concept to be successful? Examples: first responders, mental health or substance abuse providers, courts, jails, schools, employers, etc.

For this concept to maximize success, RC would build on partnerships in Seattle while reaching out to potential new partners with other service providers. The idea is that RC does well what it does while referring Members seeking other services to great partners and vice versa. To this end, RC seeks to partner with housing providers, mental health providers, substance use disorder treatment agencies, medical professionals, vocational skills/placement agencies, food distribution agencies like Food Lifeline, and drug court to name a few to support Members and potential Members on their recovery journey.

9. If you are able to provide estimate(s), how much funding per year do you think would be necessary to implement this concept, and how many people would be served?

Pilot/Small-Scale Implementation: \$ 660,000 per year, serving 250 Member people per year
Partial Implementation: \$ 2,360,000 per year, serving 1500 Member people per year
Full Implementation: \$ 3,540,000 per year, serving 2,250 Member people per year

#91

Working Title of Concept: Funding Alternative Therapeutic Support Community Model in Seattle

Name of Person Submitting Concept: David Uhl

Organization(s), if any: Recovery Café

Phone: 206-374-8731 x116

Email: david.uhl@recoverycafe.org

Mailing Address: 2022 Boren Ave, Seattle WA 98121

Please note that county staff may contact the person shown on this form if additional information or clarification is needed.

Please share whatever you know, to the best of your ability.

*Concepts must be submitted via email to MIDDconcept@kingcounty.gov by **October 31, 2015**.*

1. Describe the concept.

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Please be specific, and describe new or expanded mental health or substance abuse-related services specifically.

Recovery Café Seattle seeks funding to support its alternative therapeutic supportive community for women and men traumatized by homelessness, addiction and other mental health challenges. Operating for over 10 years, Recovery Café has helped thousands of women and men find stability and support on their recovery journey. MIDD funding affords Recovery Café Seattle the funding stability it needs to continue helping women and men for years to come.

The new approach that Washington State Department of Behavioral Health and King County has embraced during the last few years is a Recovery Orientated System of Care (ROSC), a more effective approach for addressing chemical dependency issues. A ROSC meets people where they are on the recovery continuum, engages them for a lifetime of managing their disease, focuses holistically on a person's needs, and empowers them to build a life that realizes their full potential. This person-centered system of care supports a person as they establish a healthy life and recognizes that we all need a meaningful sense of membership and belonging in community.

Recovery Café is an alternative therapeutic supportive community where women and men traumatized by homelessness, addiction and other mental health challenges come to know ourselves as loved with gifts to share. The alternative therapeutic model used at Recovery Café (RC) provides support, resources and a community of care along the entire continuum of a person's need for recovery assistance. In crisis, newer to recovery, in long-term recovery, after a relapse, during a difficult life change, or mental health transition, RC is there as a refuge of care, evidence-based addiction support and love. RC provides community in which women and men can stabilize in their mental/physical health, housing, relationships, and employment/volunteer service. This community helps women and men fulfill their potential and live meaningful lives. RC teaches people ways to manage their mental health, maintain sobriety, build community, and help each individual reclaim life as a person worthy of giving and receiving love. Through its work, RC prevents that individual from another potentially life-ending crisis, saving taxpayer money in emergency intervention to stabilize that person, and allowing mental health and addiction support professionals to focus on health maintenance and addiction prevention. This is a much more humane and effective solution. Recovery Café has been recognized by Washington State and King County experts as an excellent example of how a ROSC works.

2. What community need, problem, or opportunity does your concept address?

Please be specific, and describe how the need relates to mental health or substance abuse.

The community challenge that Recovery Café seeks to address is to meet the need for stabilizing community and loving accountability of women and men suffering from the trauma of homelessness, addiction and/or other mental health challenges.

* King County has approximately 3,770 people per night sleeping on the streets. (Seattle/King County Coalition for the Homeless, 2015 One Night Count)

* 9 out of 10 people in the population Recovery Café serves have suffered significant life trauma. (Cracked, Putting Broken Lives Together Again, Dr. Drew Pinsky)

* According to the City of Seattle, at least 46% of homeless women and men report having substance abuse issues. Most experts in the field believe that the percentages are actually as high

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as 70%. Mental health challenges often underlie addiction and many people manage their pain through substance abuse.

* Homeless and very low income men and women struggling with mental health challenges often stop taking or lose access to medication, triggering substance abuse relapse, and the inability to gain access to and maintain housing, employment and health care services. Without sustained recovery from mental health challenges and addiction, accessing existing housing and social service providers can feel insurmountable.

* According to the National Institutes of Health, at least two years of recovery support is necessary to maintain long-term recovery. Thirty to ninety day treatment programs are simply inadequate.

* Gil Kerlikowske, former Director of the Office of National Drug Control Policy, cited drug abuse as our number one health problem costing our nation an estimated \$467 billion annually, not to mention the loss of lives.

* In King County, 69.6% of adults in need of treatment do not receive it. (Tobacco, Alcohol and Other Drug Abuse Trends WA State 2010)

The need underlying this community challenge RC seeks to address is 4-fold: the homeless crisis in our community, the addiction epidemic that touches almost every American family, the inadequate mental health services that often lead a person to self medicate using drugs and/or alcohol, and the tragedy of people in our great nation who suffer on the margins— forgotten or ignored.

3. How would your concept address the need?

Please be specific.

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* A healing milieu with free, nutritious meals, coffee, tea and lattes, birthday celebrations, Open Mic nights, access to a computer lab, daily encouragement and a robust delivery of the message YOU MATTER.

* Loving accountability groups called Recovery Circles which are the foundation to RC's program. Serving about 350 unique individuals each month, Recovery Circles are where Members become known and get to know others. Members are expected to attend a weekly Recovery Circle. They are expected to call if they are unable to attend. Failure to call results in the loss of Membership privileges for a week.

* Member Empowerment, enrichment and utilization: RC is committed to growing and nurturing Members to rebuild their lives as well as help others do so as well. This peer-to-peer aspect of recovery support is one of the most powerful pieces of RC's success.

* Education through the School of Recovery, a school available to Members featuring classes that address the underlying causes of addiction, teach coping skills, develop knowledge, learn new skills and build recovery capital.

* Referral Services. Recovery Café has relationships and more formal partnerships with a wide

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network of complimentary service providers. RC helps Members gain and maintain (through recovery support) housing, healthcare, mental health services, legal assistance and a base of support as Members navigate the complex social services system. RC is maximizing the impact of social service providers across the spectrum of need. This is a critical facet of the integrated treatment approach recommended by experts (SAMHSA, 2005) that is needed to address the complex and multiple needs of homeless individuals struggling with addiction, mental illness, isolation and poverty. Integrated treatment is a broad term describing the combination of interventions across multiple service agencies in concert with each other. RC helps Members establish and maintain positive and consistent relationships with these service providers.

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Recovery Café's community support model has the flexibility to meet the needs of people at any stage of recovery from alcohol and substance addiction. Major elements of our program include:

- * behavioral interventions – staff have daily opportunities to work alongside Members and provide immediate feedback on positive new behaviors as well as encouragement to reduce unproductive behaviors. All aspects of the program incorporate cognitive behavioral elements aimed at correcting the harsh negative self-cognitions common in this population
- * motivational interviewing style – staff are trained to aim interactions at exploring and supporting readiness to change and to use a non-confrontational style when discussing ambivalence to change
- * motivational incentives- good food, lattes, bus tickets, affirmation, and celebrations are a few examples of how RC communicates to each person that his or her life has worth and is valued by the community
- * a psychoeducational focus on relapse prevention and skills building
- * As discussed below, all aspects of our community life is informed by our awareness of the significance of peer-to-peer support.

Key to RC's identity as an organization is the firm belief that every person is on a recovery journey and has wisdom to share with others. This belief is the grounding on which RC has built its peer-to-peer support program. Research literature has identified four types of social support:

- * emotional—demonstrating empathy, caring and concern to build a person's self esteem;
- * informational—sharing knowledge and information to provide life and/or vocational training;
- * instrumental— providing concrete assistance to help people accomplish tasks;
- * affiliational— facilitating contacts with other people to promote learning of social skills, create community and instill a sense of belonging. (Cobb, 1976; Salzer, 2002)

Recovery Café provides assistance in all four of these categories throughout our programming.

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Furthermore, while providing these social supports for more than 10 years, RC is also committed to incorporating and aligning programming with the 10 SAMHSA identified components of successful recovery programs: Self Direction, Individualized and Person Centered, Empowerment, Holistic, Non-Linear, Strengths-based, Peer Support, Respect, Responsibility, and Hope. Following the lead of King County's Mental Health, Chemical Abuse and Dependency Services Division, RC also adopted the component Resiliency. They overlap with and reinforce the aforementioned 4 elements of social support. RC has assimilated these evidence-based practices in our programming and every new program initiative, enhancement or revision is considered in light of these categories.

4. Who would benefit? Please describe potential program participants.

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Research suggests (and this is consistent with RC's experience) that 9 out of 10 of the women and men RC serves have suffered significant trauma as a child. Many of RC's Members have at some time been incarcerated and their criminal records are obstacles to housing and employment. The stigma of addiction and mental illness is often a constant and unwelcome dynamic Members encounter. Overall, one of the greatest challenges Members face is a deep sense of isolation, despair and loneliness. When they first come to Recovery Café, many feel unknown and uncared for with little sense of belonging or being wanted anywhere.

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Include outcomes that could be measured and evaluated. Please indicate whether this data is currently collected in some fashion, and in what form.

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- * reduction of isolation (or increase in perceived social support)
- * reduction of substance use disorder symptoms/complications
- * reduction in the use of emergency room services, time in jail, and interaction with the legal system
- * relapse prevention, and reduction of duration of relapse time
- * increase in the development of life skills (e.g. cooperation, resilience, boundary management, vocational skills, leadership skills)
- * increase in access to and utilization of RC programs/classes (addressing the outcome of

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"meaningful life activities")

* increased stability in housing situation

* improvements in physical health attributed to participation at RC (e.g. via improved nutrition, classes in the School, and access to public health nurses)

These self-report measurements combined with a database that tracks Member attendance service utilization allows RC to begin the process of analyzing correlations between self-reported outcomes and attendance/utilization.

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- Prevention and Early Intervention:** Keep people healthy by stopping problems before they start and preventing problems from escalating.
- Crisis Diversion:** Assist people who are in crisis or at risk of crisis to get the help they need.
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- System Improvements:** Strengthen the behavioral health system to become more accessible and deliver on outcomes.

7. How does your concept fit within the MIDD II Objective – to improve health, social, and justice outcomes for people living with, or at risk of, mental illness and substance use disorders?

Recovery Café's cohort of services fits naturally with the MIDD II Objective. RC addresses the 2007 Adopted MIDD Goals 1, 2, and 3. Specifically, Recovery Café is a community for women and men in recovery from the trauma of substance use disorders and mental health challenges. Through RC's alternative therapeutic community model, Members find stability and support to reduce the chances for relapse, improve their physical and mental health, and access other services such as job training or housing as needed. Moreover, RC is part a ROSC. RC meets people where they are on the recovery continuum, engages them for a lifetime of managing their disease, focuses holistically on a person's needs, and empowers them to build a life that realizes their full potential. This person-centered system of care supports a person as she or he establishes a healthy life and recognizes the universal need for a meaningful sense of membership and belonging in community.

8. What types of organizations and/or partnerships are necessary for this concept to be successful? Examples: first responders, mental health or substance abuse providers, courts, jails, schools, employers, etc.

For this concept to maximize success, the RC model relies on strong partnerships with other service providers. The idea is that RC does well what it does while referring Members seeking other services to great partners and vice versa. To this end, RC seeks to partner with housing providers, mental health providers, substance use disorder treatment agencies, medical professionals, vocational skills/placement agencies, food distribution agencies like Food Lifeline, and drug court to name a few to support Members and potential Members on their recovery journey.

9. If you are able to provide estimate(s), how much funding per year do you think would be necessary to implement this concept, and how many people would be served?

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Pilot/Small-Scale Implementation: \$ 120,000 per year, serving 90 Member people per year
Partial Implementation: \$ 464,000 per year, serving 348 Member people per year
Full Implementation: \$ 1,180,000 per year, serving 750 Member people per year

Once you have completed whatever information you are able to provide about your concept, please send this form to MIDDConcept@kingcounty.gov, no later than 5:00 PM on October 31, 2015.

If at any time you have questions about the MIDD new concept process, please contact MIDD staff at MIDDConcept@kingcounty.gov.