MIDD Briefing Paper

Existing MIDD Program/Strategy or New Concept Name:
BP 57/103 Stigma Reduction
BP 126 KC Recovery Coalition

Existing MIDD Program/Strategy Review ☐ MIDD I Strategy Number _____ (Attach MIDD I pages)
New Concept ☐ (Attach New Concept Form)
Type of category: New Concept

Collaborators:

Name	**Department**

Subject Matter Experts and/or Stakeholders consulted for Briefing Paper preparation. List below.

Name	**Role**	**Organization**
Joshua Wallace	Representative	Washington Recovery Alliance
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Georgia Butler	Representative	Recovery Coalition of Spokane

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?**

Stigma is one of the most formidable obstacles to progress in the arena of integration of behavioral health and primary health care. Stigma and discrimination can shatter hopes of recovery and social inclusion, leaving the person feeling devastated, while socially and personally isolated. There are two concepts in this briefing paper that address reducing stigma.

The first concept proposes to create a stigma reducing initiative. King County passed a Recovery and Resilience ordinance (17553)[1] in 2012, which included a Recovery and Resiliency-Oriented Behavioral Health Services Plan that addresses both holistic healthcare and trauma-informed-care. The values, principles, and practices included address services for people across the age span, for outpatient and residential services. The Behavioral Health Recovery Initiative seeks to expand the current initiative that

[1] http://mkcclegisearch.kingcounty.gov/View.ashx?M=F&ID=2414828&GUID=95B516D4-78EC-4095-94CE-2A16352563B6

began in 2005 and has been focused on the process to reorient publicly funded mental health services towards providing service with a recovery lens. The substance use disorder treatment system has also been developing a Recovery-Oriented System of Care (ROSC), but lacks the funding to implement tangible changes. The new Behavioral Health Recovery Initiative will allow for an integrated approach for Recovery and Resiliency in King County and full implementation of the Recovery and Resiliency plan, aligning the goals/initiatives for both the mental health system and substance use disorder system in King County.

A key component of this initiative is the development of a stigma reduction plan. The proposed concept is a strategy for stigma reduction that would complement the Recovery and Resilience ordinance. To date, work has focused on the provider community and has made great progress. The efforts need to be expanded externally into the community at large. It will take the involvement of individuals and families who have experienced the negative consequences of stigma and discrimination to ensure success. A full scale public campaign to advance the recovery movement and reduce stigma is needed to make a true system transformation.

The second concept proposes to develop a recovery coalition in King County in order to reduce the stigma of behavioral health issues. Recovery coalitions, which celebrate and advocate for recovery from mental illness and substance use disorders, are being created throughout the State of Washington. There are now recovery coalitions in Southwest Washington, the North Sound, and Spokane. However, King County, Washington's most populous county with the highest concentration of behavioral health service providers, has no recovery coalition.

King County's Recovery Coalition (KCRC) would operate under the auspices of the Washington Recovery Alliance (WRA), the statewide network of recovery coalitions which represents each recovery coalition across the state. It includes representation from numerous recovery organizations such as Recovery Café, Oxford House, Northwest Indian Treatment Center, Seattle Area Support Groups, Seattle's Union Gospel Mission, and others. KCRC would focus on reducing stigma associated with behavioral health disorders, advocating for services, and the role of peers in recovery.

The goal of the KCRC is to build the infrastructure to support a county-wide and state-wide movement of hope, action and change. A key change it will achieve is the elimination of the stigma attached to those in recovery. These goals will be accomplished through promoting recovery events and inviting everyone to join in addressing the addiction epidemic. The Recovery Coalition will also train and organize a cohort of advocates who can provide an important educational voice to the policymakers in King County and Olympia. Too often the voices of those affected by substance use disorder and mental illness have been silent. By sharing the stories, strength and hope of people in recovery, the coalition can help elected officials make well-informed policy and budget decisions. The coalition will also work with the media on information regarding behavioral health, treatment, and stigma reduction.

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):

   ☐ **Crisis Diversion** ☒ **Prevention and Early Intervention**

   ☒ **Recovery and Re-entry** ☒ **System Improvements**

   Please describe the basis for the determination(s).

This fits under Prevention/Early Intervention, Recovery/Re-Entry and System Improvement as the goal is to reduce stigma associated with behavioral health disorders. Stigma can be a barrier for people recognizing or accepting that they have a behavioral health disorder, accessing treatment, or seeking continued recovery support. It will also improve upon the system already in place by building a recovery system infrastructure outside of King County government, increasing awareness and education about behavioral health disorders, and possibly increasing the number of people accessing treatment and increasing the role of peers in recovery.

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.

While there have been remarkable advances in understanding functions of the brain and treating mental health and substance use disorders, stigma unfortunately continues to be a barrier to seeking needed treatment and related assistance for many individuals. This new MIDD program would launch and sustain a stigma reduction initiative that will build on the Recovery Ordinance.

There is enormous stigma surrounding behavioral health disorders. This stigma contributes to people living with behavioral health disorders feeling compounded shame and having low self-esteem[2]. It inhibits many from seeking help. Stigma also prevents others from trying to help a person who is struggling with behavioral health disorders. Stigma also makes it more difficult for individuals to reconnect and integrate into their communities post treatment. Stigma has been shown to create adverse effects for individuals, mainly due to facing discrimination from having a mental illness [3]. It is hard enough to manage the recovery process itself without the added burden of dealing with stigma and stigma-fueled discrimination.

Furthermore, stigma inhibits access to behavioral health treatment because unfounded fears about people living with behavioral health disorders causes communities to attempt to block treatment facilities in their neighborhoods. The siting of a recovery center in Des Moines has faced negative pushback from neighbors of the proposed site[4], including derogatory comments about individuals with behavioral health disorders, serving as a recent and telling example of the impact of stigma on service access. There are many other examples where this occurs, including siting of Oxford Houses, the Crisis

[2] Link, B., Struening, E., Neese-Todd, S., Asmussen, S., & Phelan, J. (n.d.). Stigma as a Barrier to Recovery: The Consequences of Stigma for the Self-Esteem of People With Mental Illnesses. Psychiatric Services, 1621-1626. doi:December 2001

[3] Markowitz, F. (n.d.). The Effects of Stigma on the Psychological Well-Being and Life Satisfaction of Persons with Mental Illness. Journal of Health and Social Behavior, 335-347.

[4] Des Moines neighbors push back against planned rehab center. (n.d.). Retrieved December 3, 2015, from http://www.king5.com/story/news/local/2015/09/01/des-moines-neighbors-push-back-against-planned-rehab-center/71500394/

Solutions Center[5], recovery high schools and other treatment facilities.

A recovery coalition provides a formal network for those who care about behavioral health and wellness to intentionally collaborate across disciplines and develop trainings, plan recovery/stigma reduction events, conduct media campaigns, and train speakers. These activities will build on the public's understanding of recovery and impact a range of activities from siting of facilities to increasing prevention and intervention actions. . There are many people in King County who are in recovery from mental illness and addiction, as well as loved ones who have been touched by these diseases; this is a far-reaching opportunity. If these individuals can be gathered together and their stories, hearts, and passions are harnessed, incredible things can happen. It gives those leaving treatment a productive way to continue to engage in their recovery and an opportunity to give back to the community that has supported them. Some of these individuals can be trained as recovery coaches, allowing them to give back even more.

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

The problem/need addressed includes building upon the strong foundation for recovery and resiliency achieved over the last five years in the mental health system and the goals and strategies identified in the ROSC developed for the substance use disorders service system. This will occur by providing resources to build upon the current framework and incorporating substance use disorders in an integrated behavioral health system. The behavioral health system includes those agencies that provide services for persons living with serious mental illness and/or substance use disorders treatment. The goal of the behavioral health system is to promote resiliency and recovery of normal functioning. Participation in family and community life for persons with serious mental illness and/or substance use disorders is a primary component of this. Recovery is a process of change through which individuals work to improve their own health and well-being, live a self-directed life, and strive to achieve their full potential.

This system would work best in an encouraging environment, free of stigma. The proposed concept will create a widespread stigma reduction media campaign to increase understanding and recognition of behavioral health issues within the public and across all systems of behavioral health. It will do the following:

- Educate the public on how at different points in their lives people experience varying degrees of mental health or illness and substance use, from wellness to crisis
- Educate the public on how persons with lived experience with mental illness and substance use disorder (SUD) challenges have resilience and the capacity for recovery.
- Increase knowledge of effective and promising programs and practices that reduce stigma and discrimination, using methods that include community-led approaches.

Stigma is based on "othering": isolating the stigmatized population as different from the normative culture. Therefore, stigma can be eradicated by humanizing the stories of individuals in recovery and having people in one's peer group "come out" as being in recovery from mental illness or addiction. KCRC would initiate a social media campaign to help people better understand addiction and recovery,

[5] Group challenges plans for crisis center near Chinatown International District. (2011, January 23). Retrieved December 3, 2015, from http://www.seattletimes.com/seattle-news/group-challenges-plans-for-crisis-center-near-chinatown-international-district/

such as photos of many different types of individuals in recovery holding signs stating their years in recovery from substance abuse or indicating that they live with a mental illness. KCRC would partner with public spaces to display images. Each campaign would be linked with the same hashtag, such as #thisisrecovery or #recoveryhappens.

KCRC would also run a campaign to encourage people to "come out" as being in recovery from mental illness or addiction. Additionally, KCRC would appear at public events and create living art exhibits such as having people write recovery messages with sidewalk chalk or add recovery hope notes to a large traveling poster. Other KCRC events would include partnering with professional sports and other public facing groups to host recovery nights during national recovery month in September, where people in recovery are encouraged to attend and are celebrated for their recovery.

There is a clear need for a group of well trained, well-spoken behavioral health recovery advocates who will conduct media interviews, write letters to the editor, meet with policymakers, and attend public meetings regarding the siting of treatment facilities. KCRC would provide advocacy training on each of these topics and would coordinate media interviews as well as organize groups of behavioral health advocates to meet with policymakers and attend public meetings.

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.**

A program called "Time to Change[6]" in the UK is designed to reduce stigma associated with behavioral health issues. This program utilizes recovery events, a recovery campaign called "Time to Talk Day", and a website with resources and information regarding behavioral health issues. A study showed the campaign produced positive increases in knowledge and attitudes towards behavioral health issues[7]. The "Time to Change" program incorporates similar modes of stigma reduction as this proposed concept, including recovery events and recovery campaigns. It shows promise that this concept has the ability to reduce the negative attitudes regarding behavioral health issues.

In a study on public education and the perception on mental illness, 48 students at a community college participated in an educational program on the stigma of mental illness. Post test scores showed these students were more willing to help individuals with behavioral health disorders than the 55 students in the control group who did not receive any education, and a third group (58 students) receiving education regarding increased violence of individuals with mental illness.[8]

In a meta-analysis of 72 articles on changing public stigma on behavioral health disorders, it was shown that both face-to-face contact and use of recorded content both reduced public stigma of behavioral

[6] http://www.time-to-change.org.uk/

[7] Evans-Lacko, S., Corker, E., Williams, P., Henderson, C., & Thornicroft, G. (n.d.). Effect of the Time to Change anti-stigma campaign on trends in mental-illness-related public stigma among the English population in 2003–13: An analysis of survey data. The Lancet Psychiatry, 121-128.

[8] Corrigan, Patrick; Watson, Amy; Warpinski, Amy; Gracia, Gabriela. (2004) Implications of Educating the Public on Mental Illness, Violence, and Stigma. Psychiatric Services, 55(5): 577-580.

health disorders. The face-to-face contact showed an increased effectiveness over the use of recorded contact. [9] This is an important finding as both recovery events and media campaigns are in the proposed concept.

The studies show that education and advocacy works to reduce public stigma on behavioral health disorders. This proposed concept uses media campaigns, face-to-face contact with individuals through trainings, recovery events, speakers' bureau, and political advocacy.

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

The previously mentioned study[10] which looked at "Time to Change," a program for stigma reduction, showed promise in increasing the positive view of mental health with a population in England. Another study looked at the use of a social media campaign, in Australia, to decrease stigma and to increase care-seeking. After completing a pre, post, and 72 hour follow up test, participants showed a reduction in negative attitudes toward behavioral health, compared to the control group[11]. These studies indicate that there is a potential for stigma reduction with a similar campaign in King County.

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?**

Decrease in stigma associated with behavioral health
Increase in number of recovery events and attendance
Increased in phone calls to Washington Recovery Helpline

Data sources include the number of recovery events held throughout the county, overall attendees to the events, the number of phone calls to the Washington Recovery Helpline after a recovery event (the helpline will be highly publicized at those events), collecting data regarding perceived stigma with pre-test/post-test surveys at community events that are designed to reduce stigma, and surveys of general awareness of the campaign.

C. Populations, Geography, and Collaborations & Partnerships

1. **What Populations might directly benefit from this New Concept/Existing MIDD Strategy/Program:** (Select all that apply):

☐ **All children/youth 18 or under**	☐ **Racial-Ethnic minority (any)**
☐ **Children 0-5**	☐ **Black/African-American**
☐ **Children 6-12**	☐ **Hispanic/Latino**

[9] Corrigan, Patrick; Morris, Scott; Michaels, Patrick; Rafacz, Jennifer; Rusch, Nicolas. (2012) Challenging the Public Stigma of Mental Illness: A meta-Analysis of Outcome Studies. Psychiatric Services, 63(10):963-973.
[10] Evans-Lacko, S., Corker, E., Williams, P., Henderson, C., & Thornicroft, G. (n.d.). Effect of the Time to Change anti-stigma campaign on trends in mental-illness-related public stigma among the English population in 2003–13: An analysis of survey data. The Lancet Psychiatry, 121-128.
[11] Corrigan, P., Powell, K., & Al-Khouja, M. (n.d.). Examining the Impact of Public Service Announcements on Help Seeking and Stigma. The Journal of Nervous and Mental Disease, 836-842.

- ☐ **Teens 13-18**
- ☐ **Transition age youth 18-25**
- ☐ **Adults**
- ☐ **Older Adults**
- ☐ **Families**
- ☒ **Anyone**
- ☐ **Offenders/Ex-offenders/Justice-involved**
- ☐ **Asian/Pacific Islander**
- ☐ **First Nations/American Indian/Native American**
- ☐ **Immigrant/Refugee**
- ☐ **Veteran/US Military**
- ☐ **Homeless**
- ☐ **GLBT**
- ☐ **Women**
- ☒ **Other – Please Specify: Individuals and families impacted by behavioral health disorders**

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.

Potential participants include youth, parents, families, schools and community members from all areas in King County and provider agencies in the behavioral health system.

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

The outreach and education will be provided to all communities through media campaigns, recovery events, and through existing behavioral healthcare providers.

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.**

This would be a community wide effort consisting of collaborations with behavioral healthcare providers, peers and the broader King County community. This outreach and education can be provided to all communities through media campaigns, appearances at community events, and specific recovery events. The Washington Recovery Alliance's development of the King County Recovery Coalition will also assist in developing collaborations in reducing stigma.

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?**

Health-care reform will impact the need for stigma reduction. Individuals have more access to treatment services with health-care reform and reducing the stigma associated with behavioral health disorders may lead those individuals to access treatment earlier in the course of their illness. Reducing stigma may also increase medical provider comfort with initiating discussions about behavioral health concerns.

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?**

There are few barriers to implementation. Addressing stigma and its foundations of discrimination may lead to people's organic beliefs being challenged. This can be addressed in a thoughtful way by training facilitators and peers how to address this possible resistance. The KCRC and the Washington Recovery Alliance may need a fiscal agent unless the WRA becomes a 501 (c)3 by that time.

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?**

It is highly unlikely that there are any unintentional consequences, but they may include:

- An increase in individuals seeking behavioral health treatment, which may overwhelm treatment providers who already have high caseloads.
- A slight potential for increased stigma for some individuals. Having increased exposure to information regarding behavioral health facilities in communities may elicit some push back from those who were unaware of them

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?**

There could be potential unintended consequences if this concept is not implemented. Individuals may not seek treatment due to the stigma attached to behavioral health disorders, which then would affect the families of those individuals. There is a potential for increased usage of emergency services, such as police, fire and emergency rooms due to behavioral health crises that may occur when individuals do not seek ongoing treatment prior to the escalation of their conditions to a crisis level. Lastly, the stigma that exists in the community currently has led to difficulty siting behavioral health treatment facilities. With the lack of facilities there will continue to be a lack of treatment options for those who need them most.

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 alternative approaches available to address parts of this concept. The National Alliance on Mental Illness of Greater Seattle (NAMI)[12] currently provides referral, support, education, and outreach surrounding mental illness, but does not address chemical dependency issues directly. There are also NAMI groups for the Eastside[13] and South King County[14]. Recovery Month[15] celebrations are also an

[12] http://www.nami-greaterseattle.org/
[13] http://www.nami-eastside.org/
[14] http://www2.nami.org/MSTemplate.cfm?Section=Homepage16&Site=NAMI_South_King_County&Template=/ContentManagement/HTMLDisplay.cfm&ContentID=175138
[15] http://www.recoverymonth.gov/

alternative, but are limited as they only occur in September and lack the community wide scope and focus needed to make systemic population based attitude change. A national group that addresses this concept, called Faces & Voices of Recovery[16], has events around the country to mobilize individuals in recovery from addiction to alcohol and other drugs, families, friends and allies into recovery community organizations and networks.

A benefit of this proposed concept is it would complement and leverage existing resources that are already available. Funding of a stigma reduction campaign and the KCRC would allow for coordination with the other resources in the reduction of stigma, highlighting the importance of communities coming together for the good of each other.

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?

This new concept provides a backdrop within which these other initiatives operate. Stigma reduction will make it easier to site facilities for new services, thereby increasing service accessibility, and potentially reducing geographic inequity in service access. Individuals may choose to seek out care earlier if they are not experiencing stigma, thereby preventing the need for crisis services. Anti-stigma work can also increase post-treatment success. If individuals are able to be open about their recovery and be treated well by family, peers, and providers post treatment, they are more likely to be successful maintaining and growing their recovery. The recovery coalition could easily support efforts such as Best Starts for Kids and All Home, where there are common, overlapping interests.

This concept is also consistent with King County strategic plan goals to provide opportunities for all communities and individuals to realize their full potential, and to promote robust public engagement that informs, involves, and empowers people and communities.[17]

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

The purpose of the concept is to improve the system of care for behavioral health disorders in King County. It will also improve the lives of people living with behavioral health by reducing stigma associated with these disorders, enhancing public awareness, and improving access to behavioral health treatment. This concept assists with creating a societal environment supportive of recovery.

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

The proposed concept increases awareness and decreases stigma of behavioral health disorders to all communities within King County. A focus will be placed on providing outreach and education to underserved populations. There is injustice and discrimination experienced by individuals with

[16] http://www.facesandvoicesofrecovery.org/
[17] http://www.kingcounty.gov/~/media/exec/PSB/documents/CWSP/Poster_CWSP.ashx?la=en

substance use disorders and with mental illness[18]. A 20-year mortality gap for men, and 15 years for women, is still experienced by people with mental illness in high-income countries[19]. Stigma is one factor contributing to this gap. Reducing the stigma associated with behavioral health disorders helps further the equity and social justice work of King County.

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.)**?**

A. Staff members (coalition co-ordinator, communication specialist, possible part-time evaluator), training, office space, computers/software, and an advertising budget. The KCRC may need a fiscal sponsor; it is anticipated that an existing coalition member such as Recovery Café or Seattle Area Support Groups might be able to fit that need.

2. **Estimated ANNUAL COST. $100,001-500,000 Provide unit or other specific costs if known.**

The estimated annual cost would be $500,000 for a full implementation. This would include staff members, office space, computer equipment, and advertising costs.

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

There is no identified alternative funding for this concept. It is possible that a private funder could be identified to support the media campaign, or that firms could be persuaded to provide pro-bono services. Private support for coalition work is harder to come by, especially for stigmatized groups and issues.

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

4a. Factors for establishing the coalition include time for awarding a contract, hiring staff members and identifying office space. Factors for the media campaign include awarding a contract, engaging the community with message development, and finally developing and delivering the campaign.
4b. Award contracts. Engage with stakeholders to develop effective community messages for the campaign, and goals for the coalition. The community should also be engaged in a process to select desired outcomes.
4c. Possibly

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?

[18] Thornicroft, G., Rose, D., Kassam, A., & Sartorius, N. (2007). Stigma: Ignorance, prejudice or discrimination? The British Journal of Psychiatry, 192-193.
[19] http://bjp.rcpsych.org/content/199/6/441.short Accessed 1/8/16

Without a campaign for stigma reduction going forward, it will make every piece of work to provide appropriate care in the community much harder to complete. If a stigma reduction campaign is funded, the work of those trying to get help to people in need, along with the ability for people in need of help to access services, will get monumentally easier and safer.

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Working Title of Concept: Behavioral Health Recovery Initiative/Stigma reduction

Name of Person Submitting Concept: Andrea LaFazia-Geraghty, Brad Finegood
Organization(s), if any: MHCADSD
Phone: 2062638993
Email: Email Address Here
Mailing Address: Mailing Address Here

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

King County passed a Recovery and Resilience ordinance in 2012, which included a Recovery and Resiliency-Oriented Behavioral Health Services Plan that addresses both holistic healthcare and trauma-informed-care. The values, principles, and practices included address services for people across the age span, for outpatient and residential services. The Behavioral Health Recovery Initiative seeks to expand the current Recovery initiative which began in 2005 and has been focused on the process to reorient publicly funded mental health services. The substance use disorder treatment system has been developing a Recovery-Oriented system of care, but without any funding. The new Behavioral Health Recovery Initiative will allow for integrated approach for Recovery and Resiliency in King County and implementation of the Recovery and Resiliency plan, aligning the goals/initiatives for both the mental health system and substance use disorder system in King County.
The initiative will include the development of stigma reduction component so that individuals are aware of services available within King County and willing to seek care and therefore lead to recovery.

2. What community <u>need, problem, or opportunity</u> does your concept address?
Please be specific, and describe how the need relates to mental health or substance abuse.

The problem/need addressed includes building upon building upon the strong foundation for recovery and resiliency achieved over the last five years in the mental health system and the goals and strategies identified in the Recovery Oriented System of Care (ROSC) developed for the substance use disorders service system by providing resources to replicate the model for SUD and integrated behavioral health. Behavioral health is defined as mental health and a life free of substance use disorders. The behavioral health system includes those agencies that provide mental health services for persons living with serious mental illness and/or substance use disorders treatment. The goal of the behavioral health system is to promote resiliency and recovery of normal functioning and participation in family and community life for persons with serious mental illness and/or substance use disorders. Recovery is defined as “A process of change through which individuals work to improve their own health and well-being, live a self-directed life, and strive to achieve their full potential.”

3. How would your concept address the need?
Please be specific.

The Behavioral Health Recovery Initiative concept addresses the need by providing resources to implement the County Recovery and Resiliency Plan. As evidence by the success in the Mental health recovery initiative, providing dedicated resources to recovery and resiliency with built in incentives to partners and provider agencies, change in policies and practices will be realized.

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

Potenital participants include youth, parents, families, schools and community members from all areas in King County and provider agencies in the behavioral health system.

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.

System Outcomes - The incentives process for the MH system currently measures the structures, processes, and system outcomes that clients and families have identified as aligned with recovery and resiliency. a. MH – Continue the financial incentive implementation process. Continue to include stakeholders in identifying appropriate system and individual targets for agencies, retiring measures as outcomes are achieved and adding others. b. SUD – Identify financial or other mechanisms to support incentives for providers to shift to a recovery-oriented system with appropriate measures and targets. Explore piloting different payment structures with the state that might better support incentives for recovery and resiliency-oriented services. c. BHO – replication of initiative across the BHO with MH and SUD outcomes. d. Workforce training and Peer training. e. Stigma reduction (outcome to be determined)
Individual outcomes – For both MH, SUD & BHO, engage in a stakeholder process to select a method of measuring individual outcomes. Finalize decision about method, plan for implementation – cost, training, technical requirements.

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?

Since adoption of recovery as a guiding principle for the King County mental health system in 2005, families and those who provide services to children, youth, families, and older adults consistently report that resiliency is a more relevant principle to the experience of children, youth, families, and older adults gaining or regaining wellness. The core recovery principles of client centered care and incorporation of client voice require that a behavioral health system be responsive to the perspective of these families. For this reason, MHCADSD has begun to include the principles and values of resiliency on par with those

of behavioral health recovery in the current planning for a recovery and resiliency oriented behavioral health system.

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.

BHO provider agencies/ MH and SUD providers, peers and the broader King County community.

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: **$ 250,0000 per year, serving 3,000 people per year**
Partial Implementation: **$** # of dollars here **per year, serving** # of people here **people per year**
Full Implementation: **$ 500,0000 per year, serving people per year**

CONCEPT 103

Working Title of Concept: Stigma Reduction Initiative

Name of Person Submitting Concept: Jim Vollendroff
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1. Describe the concept.
Please be specific, and describe new or expanded mental health or substance abuse-related services specifically.

This is a new strategy that would complement the work of the Recovery Ordinance and take it to a whole new level. To date our work has been with the provider community and we have made great progress. We need to expand our efforts externally. Although policy directives call for transformation in the form of integration, it will take the involvement of individuals and families who have experienced the negative consequences of stigma and discrimination to ensure that we are ultimately successful in our efforts. We need a full scale public campaign to advance the recovery movement and reduce stigma if we are to make true system transformation.

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.

Stigma is the most formidable obstacle to progress in the arena of behavioral health and primary health integration. Stigma and discrimination can shatter hopes of recovery and social inclusion, leaving the person feeling devastated and
socially and personally isolated. While there have been remarkable advances in understanding functions of the brain and
treating mental health and substance use disorders, stigma unfortunately continues to be a barrier to seeking needed treatment and related assistance for many individuals.This new MIDD program would launch and sustain a stigma reduction initiative that will complement the work on the Recovery Ordinance

3. How would your concept address the need?
Please be specific.

Create a widespread media campaign to create understanding and recognition within the public and across all systems that people at different points in their lives experience different degrees of mental health and substance use from wellness to crisis; and persons living with mental health and SUD challenges have resilience and the capacity for recovery. Promote awareness, accountability, and changes in values, practices, policies, and procedures across and within systems and
organizations that encourage the respect and rights of people identified with behavioral health challenges. Upholding and advancing federal and state laws to identify and eliminate discriminatory policies and practices. Increasing knowledge of effective and promising programs and practices that reduce stigma and discrimination using methods that include community-led approaches.

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

Community wide initiative that will benefit individuals in recovery, their famliles and the community. This initiative should be viewed as a public stigma reduction campaign and one of prevention as stigma is a large factor in individuals not seeking treatment in the first place.

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.

Decrease in stigma and increase in treatment admissions– measured by number of participants reached – some information is collected and evaluation design of stigma reduction campaigns have been developed.

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

X **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?

Reduction in Stigma will encourage more individuals to seek treatment and help influence positive attitude about the need for treatment and siting of programs.

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.

This would be a community wide effort. Funding and scope to be determined.

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: $ per year, serving # of people here **people per year**
Partial Implementation: $ # of dollars here **per year, serving** # of people here **people per year**
Full Implementation: $ per year, serving people per year

CONCEPT 126

Working Title of Concept: Recovery Coalition

Name of Person Submitting Concept: Joshua Wallace
Organization(s), if any: Washington Recovery Alliance
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1. Describe the concept.
Please be specific, and describe new or expanded mental health or substance abuse-related services specifically.

Recovery coalitions, which celebrate and advocate for recovery from mental illness and chemical dependency, are popping up across the state. There are now recovery coalitions in Southwest Washington, the North Sound, and Spokane. However, King County—Washington's most populous county with the highest concentration of behavioral health service providers—has no recovery coalition.

The Washington Recovery Alliance (WRA), the statewide network of recovery coalitions, proposes to initiate and operate a King County Recovery Coalition (KCRC). KCRC would operate under the auspices of the WRA and its board, which represents each recovery coalition across the state and includes representation from numerous recovery organizations such as Oxford House, Northwest Indian Treatment Center, Seattle Area Support Groups, Seattle's Union Gospel Mission, and others. KCRC would focus on reducing stigma associated with behavioral health disorders, advocating for services for this population, and promoting peer services by contributing to the formulation of education and certification requirements of recovery coaches.

A full time staff person, working in conjunction with a part-time student intern, would recruit volunteer members and coordinate all activities of the KCRC. Activities would include an anti-stigma public awareness campaign and a speakers bureau of individuals in recovery who would receive training and coaching on telling their recovery stories. Members of the speakers bureau would receive specific training on working with the media so that they can provide interviews for local TV, radio, and newspaper media outlets. Additionally, KCRC would train individuals in recovery for community action and how to advocate for pro-recovery public policy. For example, KCRC members would be called on to appear at public meetings regarding the bulding site proposals of behavioral health facilities and to meet with state legislators on relevant policy measures.

2. What community <u>need, problem, or opportunity</u> does your concept address?
Please be specific, and describe how the need relates to mental health or substance abuse.

There is enormous stigma surrounding behavioral health disorders. This stigma contributes to people living with behavioral health disorders feeling compounded shame and low self-worth. It inhibits many from seeking help for themselves. Stigma also prevents caring others from trying to help a person who is struggling.

Furthermore, stigma inhibits access to behavioral health treatment because unfounded fears about people living with behavioral health disorders causes communities to attempt to block treatment facilities in their neighborhoods. The siting of the Woodmont facility and the derogatory way that the neighbors spoke about individuals with behavioral health disorders is a recent and telling example. Sadly, there are many

other examples as well, whether it was siting an Oxford House or the Crisis Solutions Center.

Given that there are thousands and thousands of people in King County who are in recovery from mental illness and addiction, as well as loved ones who have been touched by these diseases, there is a far-reaching opportunity. If these individuals can be gathered together and their stories, heart, and passions are harnessed, incredible things can happen.

3. How would your concept address the need?
Please be specific.

Stigma is based on "othering"—isolating the stigmatized population as different than the normative culture. Therefore, stigma can be eradicated by humanizing the stories of individuals in recovery and having people in one's peer group "come out" as being in recovery from mental illness or addiction. KCRC would initiate a social media campaign to help people better understand addiction and recovery, such as photos of many different types of individuals in recovery holding signs stating their years in recovery from substance abuse or listing that they live with a mental illness. KCRC could partner with a public space to publically display some of these images. Each campaign would be linked with the same hashtag, such as #thisisrecovery or #recoveryhappens.

KCRC would also run a campaign to encourage people to "come out" as being in recovery from mental illness or addiction. Additionally, KCRC would appear at public events such as Seafair and create living art exhibits such as having people write recovery messages with sidewalk chalk or add a recovery hope note to a large travelling poster. Other KCRC events would include partnering with the Seahawks, Mariners, and/or Sounders to host recovery nights during national recovery month in September where people in recovery are encouraged to attend and are celebrated for their recovery.

Finally, there is a clear need for a cadre of well trained, well spoken behavioral health recovery advocates to conduct media interviews, write letters to the editor, meet with policymakers, and attend public meetings regarding the siting of treatment facilities. KCRC would provide advocacy training on each of these topics and would coordinate media interviews as well as organize groups of behavioral health advocates to meet with policymakers and attend public meetings.

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

Individuals in recovery would benefit because they would have the opportunity to be part of a credible, tenable, and potentially exponentially impactful social movement to break down stigma associated with behavioral health disorders and advocate for improved treatment and support services. Individuals currently struggling with behavioral health disorders would benefit because they would feel less internal and external stigma about their illness and would receive more compassion from strangers and family alike. These individuals would also benefit because there would be less road blocks to siting treatment facilities in King County which would allow for more rapid service expansion. There would hopefully be more funding allocated at the state level for treatment services in King County, in part due to the efforts of KCRC members to educate state legislators about the need for expanded services. Finally, families of individuals with behavioral health disorders would feel less stigma and less hesitation to speak openly about their family's situation.

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.

Outputs would include the number of meetings held by the KCRC, the number of organizations and individuals who are members, the number of attendees who participate in recovery events, the number of people exposed to recovery messages on social media, the number of media stories that include interviews with KCRC members, the number of trainings conducted (legislative advocacy, media advocacy, speakers bureau), and the number of meetings KCRC members have with policymakers.

Outcomes would include less public resistance to siting behavioral health facilities in King County, which could be measured by the delays in establishing facilities that are caused by public backlash. Another outcome would be decreased stigma, which could be measured by surveying samples of the public. Other outcomes would include increased calls to the Washington Recovery Helpline, which would be heavily publicized at KCRC events.

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?

The purpose of the King County Recovery Coalition is to improve the lives of people living with behavioral health disorders in King County by reducing stigma associated with these disorders, enhancing public awareness, and improving access to behavioral health treatment. The vision of the Washington Recovery Alliance is that recovery and well being are realities for all.

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.

Behavioral health agencies, NAMI, individuals in recovery from behavioral health disorders and consumer advocate groups, families impacted by behavioral health disorders and organizations that support them.

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

Pilot/Small-Scale Implementation: $ 150,000 per year, serving 30,000 people per year
Partial Implementation: **$** # of dollars here **per year, serving** # of people here **people per year**
Full Implementation: **$** # of dollars here **per year, serving** # of people here **people per year**