

CVAB

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extending OUR REACH

PROJECT UPDATE

AUGUST 2011

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REACH Project Update

I. Purpose for Update

We certainly live in times of great change. Since the initial writing of the original proposal in the Fall of 2009, every societal element that can influence the success of this project has changed and CVAB has experienced significant transformation. Because of these changes in the 10 months it took from submitting the proposal to receiving the grant award, the Statewide Consumer Network Grant project—CVAB: Extending Our REACH—has met with untimely and considerable challenges. We cannot pretend that our grant goals, objectives and time frames happen in a vacuum or as predicted.

At the time of writing the original proposal:

- We couldn't anticipate the deep financial cuts on local, regional and statewide resources
- We were uncertain of healthcare reforms, the shape it would take and the impact it would have on services
- We were challenged by how difficult it is to keep consumer operated services in the discussion as viable and necessary

During the interim period between submitting and receiving the grant, the State of Washington made severe financial cuts (in the millions of dollars) to mental health services, eliminated some low income health insurances and services and will continue to do so during the time span of this grant. In response to the passage of the Patient Protection and Affordable Care Act, Washington began racing toward a more Medicaid or medical driven system that is recovery-oriented and person-centered in language but appears to lack efforts to ensure the broad array of services necessary to support holistic mental health recovery.

Additionally, CVAB has experienced unprecedented growth but not without complications that have inhibited giving proper attention to the REACH project. Between the writing and awarding of the SCN Grant:

- CVAB endured serious challenges to long term contracts and funding for its Self-Help Center and lobbied hard on local level for legitimacy in light of coming changes
- CVAB added a mental health clubhouse center that had political, program and facilities issues that continue to need a great deal of attention
- CVAB tripled the size of the staff, experienced turnover and promoted or hired directors to handle workloads in both centers;
- CVAB was in the negotiating and planning stages of providing a 40 hour Washington State peer counselor training (that is facilitated not long after receiving the SCN Grant.)

The issues since receiving notification of the SCN Grant award in late August of 2010 have continued and become more complicated.

Because of some of what is described above and other related issues, CVAB—more specifically, Brad Berry, Executive Director and REACH Project Director—has not accomplished many of the deliverables for the REACH Project's first year.

This document is to inform CVAB's Board of Directors, REACH Advisory Board, Grant Project Officer, technical assistance liaison, and all parties or persons interested in CVAB Extending Our REACH.

II. Progress

Admittedly, progress has been slow. No one could anticipate the changes CVAB is facing and how we have had to work to address them to keep the organization moving forward while trying to position ourselves as a viable statewide organization. We have learned that this is typical of our success in that it takes longer to accomplish goals than originally anticipated but usually with greater than expected results.

The REACH Project has become identifiable with CVAB as our desire to extend what we have been experiencing in southwest Washington to other parts of the state. There has been interest expressed by individuals in recovery, community based agencies, and local, regional and state government. The initial phase of the project was to discover who is interested, where are they located and to what level are they interested. Frankly, the level of interest has been incredible on many levels and Brad Berry has been well-received as he visits communities across the state of Washington. We think this is due in part to:

- A genuine support and interest in peer delivered services
- The openness and accessibility of the CVAB model
- Not being limited to a diagnosis or insurance coverage, if any
- The CVAB model is efficiently effective.

The interest has come with a clear question, "how do we participate?" This document lays out how we plan to develop answers to that question in light of changes we have experienced.

II. A. Key Accomplishments for September 2010 through August 2011

The following items represent the key accomplishments:

- A presentation about Extending Our REACH project to Community Transformation Partnership (CTP—a statewide coalition of consumer, family and advocacy organizations).
- Two presentations and invitations (September 2010 & March 2011) to involvement of the Regional Organizing Initiatives (five regional consumer coalitions). The March presentation included a two hour healthcare reform training.
- Development of electronic communication network using Constant Contact, NW Seeds of Change, and other internet based services, and recently secured use of conference phone and webinar system.
- A presentation to the Washington Mental Health Council (provider network) about Extending Our REACH project, benefits and openness to possible partnerships.
- Began development of MOU with other statewide network, Mental Health Action.
- REACH Project has enlisted an Advisory Board of nine from across the state that has been helpful in initial OutREACH to communities.
- Initial OutREACH efforts by the Project Director to Richland Spokane, Ellensburg, Olympia, Lakewood, Seattle, Mt. Vernon and Bellingham (approximately 120-150 participating).

- Three presentations (approximately 150-175 participating) at Washington Behavioral Healthcare Conference plus an exhibitors table.
- Initial discussions with Washington State Access to Recovery Program Director about how we can work together in the six ATR counties if we can develop a business model that meets their needs.
- CVAB participation in the Office of Consumer Partnership dialogs

II. B. Difficulties Encountered

Beyond what was mentioned above regarding continuous funding and healthcare reform changes, the “tyranny of the urgent” has been the biggest obstacle that takes away from making steady progress on goals.

Additionally, there have been a few other difficulties including:

- The limited number of peer run services organizations with well-defined missions that can network or partner together
- The concern in some areas that the model we are promoting will “compete” with existing clubhouses or other peer-driven supports in a community
- A lack of a clear path or paths to follow for participating in the REACH Project
- A lack of clarity for how peer services will be included in Washington healthcare reform

In the current environment, it has become evident that finding regional funding will be more difficult and introducing decision makers to the efficient effectiveness of relatively unknown consumer operated services a greater challenge. The project will have to develop proactive and reactive strategies to address the budgetary and healthcare changes.

III. Approach and Strategies

The intention is to continue with the original project and make adjustments to timelines and activities based on what we have learned thus far.

CVAB will develop Regionally Empowered and Accessible Communities of Hope (REACH) by Extending Our REACH. CVAB’s establishment of regional Consumer Operated Self Help Centers, the foundation of the REACH Network, will enable consumers in Washington State to play an active part in continually shaping the integrated healthcare and social services systems. The REACH Centers and Network will promote empowerment, wellness and recovery through every activity. We firmly believe, as stated in The President’s New Freedom Commission on Mental Health, that “Consumers will play a significant role in shifting the current system to a recovery-oriented one by participating in planning, evaluation, research, training, and service delivery.”

The very nature of this grant proposal is to create REACH Centers and connect them together with existing communities of hope. CVAB has developed a strong reputation for being a center of health, wellness and recovery where individuals are empowered and we have demonstrated a positive correlation between empowerment and recovery among CVAB participants. These regionally based consumer operated centers that result from CVAB Extending Our REACH will be organized and run by well-informed and well-prepared individuals in recovery.

CVAB will simultaneously be forming the REACH Network that links the developing centers and other consumer organizations and businesses providing technical assistance to consumer operated services. The REACH Network will be committed to the continuous transformation of integrated healthcare and social services systems and shaping public policy.

III. A. Goals and Objectives

CVAB: Extending Our REACH goals remain unchanged:

- Goal One** CVAB will implement a dynamic, strategic plan that will establish Regionally Empowered and Accessible Communities of Hope that form the foundation of Washington's statewide network of consumer operated services by Extending Our REACH.
- Goal Two** CVAB will provide mutual support, education and practical experiences to consumers who are in recovery so they are well-informed and well-prepared to participate in leading CVAB's REACH.
- Goal Three** CVAB will establish REACH Centers, link them together as a statewide network and include existing consumer operated services supportive of Extending Our REACH.
- Goal Four** CVAB will use the REACH Network to form a technical assistance network committed to the healthy development of consumer operated services and the continuous transformation of mental health services.

The original Objectives under each goal are attached in Attachment A of this document.

III. B. Infrastructure Development Strategies

The project will be laying a firm foundation for building strong, sustainable and efficiently effective REACH Centers that will, in-turn, do the same for the REACH Network. As stated in the original proposal, CVAB will work towards the following:

Organizational Readiness

CVAB and its partners will develop a strategic plan that will flex to meet needs as they arise.

- The **REACH Advisory Board** with nine members has been enlisted.
- The **REACH Workgroups** (OutREACH Development, Cultural Competency, Finance/Future, REACH Evaluation, Regional REACH Workgroup) have not developed as expected but after discussion with PRAINCC Technical Assistance Center we realize the timing may have been premature. We will revisit this after consultation with REACH Advisory Board and as real momentum begins to develop.
- Some groundwork for **coalition building** has been ongoing. Creating a "menu" of opportunities and the Memorandum of Understanding (MOU) to formalize the relationship is required although the dynamics of these relationships will be very fluid. This work is of immediate importance and will begin in September 2011.

- **Policies and procedures** are necessary for creating a baseline of operation. CVAB has administrative, employee and center policies that will support the efforts of the REACH Project. We realize we may need to add or adapt these policies as the REACH centers and network takes shape and utilize the REACH Advisory Board and Workgroups to make sure they are effective practices.
- **Tools for communication** have been secured including BetterWorld conference calling and GoTo Webinar for online education and training. CVAB is also utilizing its website, blog, Facebook page, Constant Contact Email service and NW Seeds of Change. Beginning in September 2011, CVAB will be communicating through Constant Contact, NW Seeds of Change and other electronic Avenues on a biweekly basis.
- CVAB's Board of Directors have appointed CVAB's Executive Director as the **Project Director** and coordinator of the grant activities.
- The REACH Project will hire the **Project Assistant** in September 2011.
- The **bookkeeping** has been setup according to generally accepted accounting principles and meets federal guidelines.

Capacity Building

The REACH Centers and Network will begin developing a diverse and skilled leadership team.

- The **REACH Advisory Board** will have a monthly conference call/Webinar scheduled beginning September 2011 and decisions about REACH Centers will be made by the end of Year Two's second quarter.
- The Project Director has **completed initial OutREACH** to begin organizing efforts.
- The Project Director has compiled a list of **trainings** for leadership, business, organizational management and specifics to the Self-Help Center model that will offered on a regular basis beginning in Year Two.
- The **CVAB Board of Directors** is seeking support and technical assistance for expanding from a local community to a statewide board.

Coalition Building and Network Development

Coalition building among consumers in Washington State has presented challenges in the past. During the first year of the grant and continuing throughout, CVAB will make a committed effort towards building and participating in an inclusive coalition of consumers; we see ourselves as an inclusive community. *CVAB will develop the REACH Network to serve as statewide network of consumer operated centers.* The REACH Network will explore collaborating with a variety of groups to effectively move forward in transforming systems and achieving more inclusive livable communities.

- In our first year we have worked to **introduce CVAB and begin introducing REACH Centers and the REACH Network** to mental health and human services agencies, as well as consumers.
- The REACH Project will need to **develop MOU's** with a minimum of five organizations in the second year of the grant.
- CVAB will continue to **seek out partners** in the ever-changing landscape of healthcare reform and integration of services.

Evaluation, Priority Goal Setting and Training

CVAB desires to use an array of evaluation tools including a needs assessment and empowerment evaluation.

- CVAB has received one informal request to do a “**needs assessment**” in a central Washington community that will be followed up in first three months of second year.
- CVAB has not been in active contact with PSU and will need to reestablish that relationship in the first quarter of second year.

Technical Assistance

The REACH Network will have a commitment to developing practical technical assistance from the very beginning. There will be an emphasis on developing communities of practice and identifying local experts at every phase of development. When the expertise does not exist within the network, CVAB and its partners will seek out the best fit to address the need. Some who have offered letters of support will provide technical assistance.

- The Project Director has had numerous individuals **offer to do trainings** on a variety of topics.
- The Project Director has received **informal requests** for helping develop peer run organizations, information on how to get more peers employed, and other related topics.
- REACH Project team will develop a catalog of trainings requested and offered during Year Two.

IV. REACH Project Timeline

The first year was to be devoted to building a strong foundation, meeting consumers across the state, conducting needs and readiness assessments, developing consensus, and establishing REACH Advisory Councils. The second year of activities will be dedicated to developing three sustainable REACH Centers, establishing their relationship to local government entities and citizen groups, and broadening the coalition participating in the REACH Network. The third year of the grant will be committed to strengthening the REACH Centers and forming the technical assistance network. During each phase of development we will be working to gain partners to sustain our efforts.

Due to reasons mentioned in the Purpose of the Update and Progress (Sections I & II), the timeline for the project is ever-changing given new challenges being presented on almost a daily basis. The table below shows the 21 items on the Year One timeline, their status as of August 31, 2011, and a brief explanation as to what will be done to bring them online.

IV. A. Timeline

Year One: Organizational Readiness, Capacity Building, Outreach Initiative

Item	Completed	Ongoing	Not Yet
1 Establish REACH Project Advisory Board	X		
2 Hire and establish REACH Director	X		
3 Initiate Monthly RAB meetings and teleconferences			X
4 Establish office and equipment	X		
5 Develop procedures for accounting and record keeping	X		
6 RAB Retreat with staff and board development			X
7 Establish Workgroups			X
8 Develop outreach plan and materials		X	
9 Develop mission, values, and program policies		X	
10 Establish evaluation process			X
11 Initiate consumer Needs Assessment Survey			X
12 Presentations to mental health organizations		X	
13 Establish disability-accessible website		X	
14 Develop and initiate plan for future funding			X
15 Develop cultural competence plan			X
16 Offer a series of regional one-day consumer gatherings		X	
17 Develop Regional REACH Advisory Councils			X
18 Identify sites for REACH COSHCs		X	
19 Initiate REACH site leader trainings			X
20 Complete first-year evaluation and grant contract			X
21 Review plans for second year		X	

Of those items listed above as “Not Yet”:

- #3: Initiate Monthly PAB meetings and teleconferences begins in September 2011.
- #7, 10, 14, 15, 17, 20: As noted under Organizational Readiness on page four, we have had difficulty getting individuals to participate due to needing more momentum with project; once there are centers developing there will be people looking to participate. These items will be initiated during Year Two.

Year Two: REACH Site Development, Coalition Building, Organizational Growth, Fundraising

Original Timeline	Adjusted Timeline
First Quarter	
Initiate priorities survey (PD, Evaluation Team)	Initiate Monthly RAB meetings and teleconferences
Initiate trainings to address priority needs (PD)	Establish evaluation process
	Initiate consumer Needs Assessment Survey
	Initiate priorities survey
	Create "menu" of ways to participate and associated MOU
	Begin bi-weekly electronic communication
	Hire Project Assistant
	Develop and begin trainings tailored to meet the needs of consumers in regions
	Continue Ongoing Work
Second Quarter	
Council Retreat with staff and board development (PD)	REACH Advisory Board Retreat with staff and board
Expand web page to be interactive and information-rich (PD)	Expand web page to be interactive and information-rich
Initiate a simple printed and online newsletter (RD)	Initiate a simple printed and online newsletter
Begin opening REACH COSHCs (RD, PAD, RAC)	Continue Ongoing Work
Third Quarter	
Transition to Regional workgroups (PD, RAC)	Outreach through mental health programs
Outreach through mental health programs (RAC Outreach Workgroup)	Outreach to underserved populations
Outreach to underserved populations (RAC Cultural Competence Workgroup)	Continue Ongoing Work
Develop trainings, or modify selected curriculum, on recovery, advocacy, leadership tailored to meet the needs of consumers in regions (PD, PAB, RAB)	
Fourth Quarter	
Complete second year evaluation and grant contract (PD, Evaluator)	Begin opening REACH COSHCs
Review plans for third year (All)	Transition to Regional workgroups
	Continue Ongoing Work
	Complete second year evaluation and grant contract
	Review plans for third year

Year Three: Develop REACH Network, Strengthen REACH Centers, Expand Training Activities and Policy Development, Plan for future direction

First Quarter	Continue project activities (Various) Continue evaluations (Evaluator)
Second Quarter	Retreat and board development (PD, PAD, RAC) Continue all program activities (Various) Formally develop the REACH Network (All)
Third Quarter	Continue all program activities (Various)
Fourth Quarter	Review plans for future direction and sustainability (All) Complete final evaluation and grant contract (RD, Evaluation Team)

V. Anticipated Outcomes

The plan is to use the funding as originally described in conjunction with other resources to develop regionally empowered and accessible communities of hope networked across Washington to empower consumers desiring health, wellness and recovery.

We anticipate having three new REACH Centers operating by September 1, 2012—this time next year—in locations yet to be determined.

We anticipate having five Memorandums of Understanding in place by September 1, 2012 with agencies or organizations.

We anticipate a robust and regularly active communication system that builds throughout Year Two.

We anticipate that as a result in part to CVAB Extending Our REACH that peer-delivered services will be better connected to and more supportive of one another.

ATTACHMENT A

Goals and Objectives

Goal One CVAB will implement a dynamic, strategic plan that will establish Regionally Empowered and Accessible Communities of Hope that form the foundation of Washington's statewide network of consumer operated services by Extending Our REACH.

Objective 1.1 Develop a flexible infrastructure that is suitable for the collaboration of individuals, agencies and businesses.

Objective 1.2 Develop and implement an outreach to consumers and existing agencies or businesses that are geographically, ethnically and culturally diverse.

Objective 1.2 Identify and form consumer REACH Advisory Councils, provide them leadership training and receive from them organizational feedback and recommendations.

Objective 1.3 Work with and support other consumer groups in creating an effective statewide communication network.

Objective 1.4 The REACH Network will be united through technology, printed materials, peer-to-peer efforts, presentations and workshops including efforts in each of the identified REACH regions and the two state hospitals.

Goal Two CVAB will provide mutual support, education and practical experiences to consumers who are in recovery so they are well-informed and well-prepared to participate in leading CVAB's REACH.

Objective 2.1 Identify and address consumer technical assistance needs by conducting needs assessments in year one, and use survey results to develop appropriate trainings on identified needs and priorities for leading consumer operated services.

Objective 2.2 Identify, enlist and coordinate with the suitable individuals, agencies and businesses that can provide trainings identified by assessments.

Objective 2.3 Assist regional REACH Advisory Councils in identifying ongoing needs and priorities and arrange for appropriate trainings.

Objective 2.4 Identify strategies and prepare REACH Advisory Councils to work with local Regional Support Networks, public mental health advisory boards and community mental health agencies.

Objective 2.5 Utilize the SAMHSA Consumer Operated Services Programs EBP TOOL KIT when appropriate.

Goal Three CVAB will establish REACH Centers, link them together as a statewide network and include existing consumer operated services supportive of Extending Our REACH.

Objective 3.1 Create three REACH Consumer Operated Self-Help Centers (COSHC) during second year with a specific purpose and goals as determined by regional REACH Advisory Councils.

Objective 3.2 Each REACH Center will adopt one strategic goal and plan as an emphasis (i.e. employment supports, life skill center, peer outreach, peer crisis/respice, wellness programs, anti-stigma, housing, self directed care, etc.) during second year of operation.

Objective 3.3 Fully develop organizational infrastructure necessary for each REACH Center to meet local, state and federal organizational requirements.

Objective 3.4 REACH Advisory Councils clarify service delivery roles and financial strategies with local Regional Support Networks, public mental health advisory boards and community mental health agencies.

Objective 3.5 Formalize the coalition and invite any existing consumer operated services to join the REACH Network.

Goal Four CVAB will use the REACH Network to form a technical assistance network committed to the healthy development of consumer operated services and the continuous transformation of mental health services.

Objective 4.1 Create communities of practice to facilitate learning, knowledge base development, and discovering effective ways of accomplishing transformation.

Objective 4.2 Develop and coordinate strength-based technical assistance of developing network to develop consumer organizations across the state at multiple levels of development, including both the start-up of new organizations and the enhancement of existing organizations.

Objective 4.3 Fully implement a sustainable financial plan that includes developing and expanding partnerships and resources.

Objective 4.4 Provide technical assistance to support Regional Support Networks and community mental health agencies working with consumer organizations.

Objective 4.5 Develop and provide evaluation capacity.

Objective 4.6 Foster partnerships with institutions of higher learning.