

# **Big Picture Considerations for an "Ideal" Wellness Recovery Center**

*A Working Draft*

James Hurley, Coordinator, Wellness Recovery Center  
Stanislaus County Behavioral Health and Recovery Services

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The essential elements of the Mental Health Services Act require us to offer services that transform the mental health system and include services that are wellness, recovery, and resilience focused. A wellness recovery program could be offered for clients at any level of care. It could be an entry level kind of program as a crisis service, it could also be part of a drop-in center, or like ours, a program initially designed to support people with mental illness to 'exit' the mental health system.

Given that Wellness Recovery Centers (WRC) seem to be of interest to many people, I present some considerations to keep in mind when starting a WRC or a wellness kind of program. These considerations are offered in the spirit of contribution and are part of our experience here in Stanislaus County.

## **1. Consumer run program or a program staffed with both consumer and non-consumer staff.**

The AB 2034 programs demonstrated very good outcomes for persons served with serious mental illness. There is also some evidence that consumer-operated programs have also been successful. When considering consumer run programs, I would suggest that more of them are better. It is not clear to me however, if programs with significant consumer staff could also accomplish the same kinds of outcomes as programs staffed exclusively with consumers. My experience is that an "ideal" program could be consumer run or not. It is critical that if it is not consumer run, that consumers be a large and vital part of any WRC, both as paid staff and volunteers.

➤ Our WRC has blended staffing in what I consider a true partnership between consumer staff, non-consumer staff and volunteers. Blended staffs have an advantage of 'role modeling' for our clients that consumer and non-consumer staffs all work together. Our consumer staff positions are benefited, full time, transferable within the job class, and they are also positions from which consumers can promote.

## **2. A network of peer support.**

Our WRC has a "network of recovering peers" (NRP) who are our partners and provide supports independent of our clinical services. Our peer staff and volunteers are the 'hub' of our NRP. They support their peers and bring back to WRC and our entire organization ideas about how recovery works and/or how to improve our understanding of it. They participate in the development of wellness-recovery materials and practices like our 'warm line', Peer Engagement Principles and the Milestones in Recovery Project. Our mental health systems transformation towards being recovery-oriented is largely a result of the NRP influence and partnership with our organization. They continually offer a voice

and effective ways to support their peers that all of us learn and benefit from. Peer volunteers are the heart of the WRC.

This does not mean consumers should not work in clinical roles (as professional or paraprofessional staff); if qualified, they should. It simply means we need to offer supports to our clients from their peers, which have nothing to do with their treatment.

- Our peer supports are non-clinical and complement any professional care people may receive. Peer support is offered within our psychiatric hospital and numerous locations outside WRC. Peer support is not 'counseling' but offers mutual aid between people who have similar experiences both with a mental illness and involvement in the public mental health system.
- Being independent from clinical services allows for clients/peers to participate in peer support even when they are not "open clients" in any mental health program. It also serves as indefinite supports for those individuals who complete services and exit the mental health system. Since it is independent, people can participate as long as they wish.
- Peers have no agenda to get other peers to comply with a perspective or point of view. Our volunteers and peer staff share about their own recovery (their "story") and give their peers a place to share and sort out issues or concerns for themselves, without judgments or correction.

### **3. WRC as part of a county mental health system or as a stand-alone program.**

Our WRC offers clinical services like medication, limited personal service coordination and psycho-education. We are part of our Adult System of Care (ASOC), not a 'stand-alone' center. Being a part of the ASOC, gives our client's access to important resources like housing and employment supports, transportation, and wrap-around funds. We have a working and ongoing relationship with other out patient programs; both county run and contract programs. An unconnected WRC could be easily relegated and isolated from the rest of the system. If a WRC is unconnected, the program design needs to demonstrate how it will be a part of the overall transformation of the mental health system.

- Our clinical services being partnered with our peer staff and peer volunteers, opens up the possibility of WRC being a 'level of care' within the broader continuum of services offered to our clients. As a level of care, WRC adds a valuable part to what the mental health system offers people we serve; both as an entry point for those who do not want much from mental health, and as a coordinated and viable way to 'exit' the mental health system if specialty mental health services are no longer needed.