

Alternatives to Suicide

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Taboo and Violent Voices

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Trauma

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Veterans Services: Access, Recovery and Citizenship

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Alternatives to Suicide

- More funding specifically for culturally relevant peer-to-peer supports that creates space and bridges out of the system including mutual support groups, community centers and community bridging.
- Support and funding for training in conversations around suicide beyond risk assessment and that emphasizes respect, transparency, mutuality and curiosity.
- Developing more accurate public advertising around suicide that does not link it to "mental illness" and leaves room for existential, social, spiritual and other experiences.

Citizenship, Community Connections and Financial Health

- Action-oriented partnership between mental health agencies/providers and their communities at all levels (municipal departments, faith communities, neighborhood associations, local businesses, banks) with the support of DMHAS leadership.
- DMHAS to take the lead on writing legislation to address spend down absurdity.
- Develop a mechanism for ongoing mutual learning and collaboration across the State, prioritizing the inclusion of front line staff.

Peer Bridger

- To find better ways to connect people to the bridger program: conduct outreach and provide education/ training to all clinic sites, employment support providers
- To develop evaluation methods that match the model: how trust is being established (building connection and reconnection); types of interventions : responses - such as how the bridger responds to someone's suicidal thoughts or withdrawal
- To develop advertising, publicity such as video; develop ways to utilize social media

Taboo and Violent Voices

- We need to spend time exploring the lived experience and context of voices and visions, including those that are violent or taboo. This includes asking respectful questions and listening to the answers without judgement.
- We need to invest in and nurture non-clinical environments and support options to enable people to discuss, understand and live with their voices and visions. For example the Connecticut Hearing Voices Network.
- We need to learn more about the ways people can learn to live with voices, visions and other intense experience outside of the current standard treatment and divert resources to provide options that facilitate true informed choice.

Trauma

- To provide trauma-informed and trauma specific services/groups in prison and re-entry settings, utilizing peer collaboration, to have an impact throughout the corrections experience.
- To educate and train staff to include trauma questions, including cultural trauma, in intake, assessments, and throughout all services.
- To use information from the trauma-related secret shopper/walk-through evaluations at specific agencies to inform larger system improvements.

Addictions Recovery

- Having people with lived experience at the table on every level and included in discussions on systematic and policy change.
- Equal access of diverse communities to services and supports (treatment, peer, housing, vocational, etc) that are safe, accepting, and effective
- The establishment of community "think tanks" or learning communities representing the diversity of stake holders focusing on critical topics (e.g., sober houses, disparities, and best new practices)

Health Equity/Social Determinants

- Identify gaps in opportunities for diverse communities to participate which requires us to create those opportunities including community conversations with formal and informal leaders from community
- Recognize the authority of the lived experience and require that those most affected at are the decision-making tables and have the support to fully participate as policy and recommendations are being formed.
- Support implementation including financing of community care teams to ensure integration of care to improve health outcomes and recovery which requires those with lived experience are members.

Legislative/Health Advocacy

- Building a culturally and linguistically broader advocacy network to educate people about rights and advocacy with a focus on people that have been excluded..
- Expanding the peer options including in-patient peer advocates, peer run respites, etc.
- Providing wellness options on all levels.

Peer Reentry

- Change laws and policies that block effective interventions such as having programs such as Citizens project, mental health supports in jails, early treatment. Change policies at DOC that keep PIR with felonies or on probation in working as peer mentors on the inside (and outside).
- Access and connection to resources such as education, jobs, housing... hook people up before release.
- Practice what you/we preach - 1. change in yourself; 2. legislative - come together as a group of people to make change and connecting with people and groups to hear about bills and policies; 3. State of CT DMHAS needs to change policies to hire PIRs with felonies/probation as peer mentors and RSSs

Veterans Services: Access, Recovery and Citizenship

- Policy Statement from the Commissioner supporting veterans having access and choice.
- Educate: Community, Decision makers, Providers, family members
- Promote greater participation of veterans, family members and other stake holders in "all levels" of the decision making process.