

AUGUST 2008

RECOVERY TIMES

Healthy People, Healthy Communities. Let's Make It Happen!
State of Connecticut Department of Mental Health and Addiction Services
Thomas A. Kirk, Jr., Ph.D., Commissioner

Emphasis On: Peer- and Person-Centered Services/Approaches

AUTOMATED RECOVERY PLANNING

During the past year DMHAS' Southwest Mental Health System (SWCMHS) has fully implemented the Automated Recovery Planner (ARP). That is, the nearly 2,000 persons in recovery served by outpatient teams this past year had an individualized, person-centered recovery plan that was:

- Based directly on the hopes, dreams and preferences of the individual
- Created through an active dialogue between providers and persons in recovery
- Driven by individual-generated goals rather than deficits
- Elicited natural supports

SWCMHS has further enhanced its person-centered approach by employing Peer Recovery Coaches to assist individuals in recovery to fully develop their hopes and dreams and goals so that when they go into a planning meeting they are very clear about their priorities.

SWCMHS plans to enhance its use of the ARP by bringing in nationally recognized experts Neal Adams, Diane Grieder and Janis Tondora for a series of two-day trainings in October 2008. The trainings will focus on developing recovery plans that are not only person-centered but also are well constructed and attainable.

For more information, contact Dan.Wartenberg@po.state.ct.us/203-551-7461 or James.Pisciotta@po.state.ct.us/203-579-7368.

EMPLOYMENT/VOCATIONAL SERVICES

Employment services must always be person-centered and individualized. There is ample evidence that job placements that are not congruent with the job seeker's interests do not

result in long-term placements and do not inspire hopefulness in workers.

The evidence-based Supported Employment approach requires a number of practices that are consistent with the person-centered approach:

- All individuals who are interested in working have access to supported employment services regardless of perceived job readiness factors. Practitioners are required to follow the "zero exclusion" criterion where individuals are screened into work services rather than out.

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- Focus is on "integrated competitive" employment and rapid entry into job search because that is what individuals generally want. For individuals who prefer other approaches, i.e., volunteering, transitional employment, DMHAS can link them with the requested services.
- Benefits planning is available to help people understand how their benefits may be affected by the earnings of their proposed job. This allows people to make informed decisions regarding the type and level of work they would prefer.
- Staff make employer contacts based on individual preference and needs rather than what is currently available in the job market. Individualized job search plans are developed and updated with the job seeker to insure that a good job match is made.
- Individuals can direct employment staff to have as limited a presence with the employer as s/he would prefer. Consumers who would like staff to be present at job interviews or to provide assistance/training

at the job site can request that, while others may prefer to receive their support behind the scenes.

- Follow-along supports are time-unlimited and may vary in type and intensity based on the preferences and needs of the worker. Staff is available to assist with career development, i.e., assistance with education, a more desirable job or preferred job duties.
- Meetings between the individual and his/her employment staff generally occur in places the individual prefers, i.e., his/her home, a local cafeteria.

For more information, contact Ruth.Howell@po.state.ct.us/860-418-6821.

PATHWAYS TO RECOVERY

Peer Recovery Support within the Pathways to Recovery Program at DMHAS' Southeastern Mental Health Authority (SMHA) is a dynamic and creative process. Peer specialists learn about individuals and their needs, identify alternative approaches and offer individualized peer supports. Pathways' peer specialists have infused the workplace/force with the face and voice of recovery. Recently Pathways' peer specialists received accolades for their efforts in increasing attendance and participation of individuals within SMHA's Brief Care Program's morning groups. The peer specialists continue to engage individuals after these structured meetings, often returning later in the day to provide continued support and encouragement and to receive updates from the individuals.

Pathways' peer specialists are increasing their presence to case managers by also participating in daily team meetings. At these meetings the peer specialists learn about individuals and their needs, identify alternative approaches and offer individualized peer supports. Case managers identify individuals needing specific supports and match them with the distinct skills of the peer specialists. For example, one case manager asked for assistance in helping an individual prepare for a job interview – hair, make-up, what (not) to wear, coaching to reduce pre-interview jitters...peer support specialists

have been there, done that and now share their experience! Peer specialists are a daily reminder that recovery is possible and successfully returning to employment is attainable.

For more information, contact Karen.Spaulding@po.state.ct.us/860-859-4679.

PEER-LED WELLNESS INTERVENTION

Perception Program, through its residential services for individuals with co-occurring disorders, uses a holistic approach to target mind, body, and spirit. Its wellness approach includes focus on dietary changes, exercise, smoking cessation and breast health to improve residents' quality of life. In response to residents' requests for additional recovery-oriented nutrition and exercise, Perception has recently implemented peer-led nutrition and exercise interventions. Exercise equipment was purchased and staff and residents are receiving training from an experienced fitness trainer in its use. Each month residents will elect a male and female peer exercise leader who will facilitate exercise groups and teach new residents how to properly use the equipment. Likewise, a nutritional consultant provides education and recovery nutrition recommendations to staff and residents, and the program has begun to make alternative food purchases. Residents who hold house positions that assist with meal preparation will implement these recommendations under staff supervision, and will train their replacements as they pass on the opportunity to other residents.

For more information, contact Denise Keane, Perception Program, at 860-450-7130.

PEER RECOVERY AND WELLNESS PROGRAMS

DMHAS' Western CT Mental Health Network (WCMHN)–Torrington, continues its emphasis on peer programming through Wellness Recovery Action Plan (WRAP). Many individuals in recovery have established recovery plans and utilize them as part of their treatment. Recently, Pathways to Recovery has been presented and well received by individuals in recovery with great discussions within the

groups providing a supportive and empowering base to grow in. WRAP facilitators have found that the group embraces and provides supportive growth. Sixteen (16) individuals to date have completed the course.

WCMHN also runs two stipend programs, the Warmline, which provides peer support via the phone evenings and holidays, and the “Home Works Program” which has peers assisting other peers in house cleaning and organizing. Participants of these programs are paid through an hourly stipend of \$7.65/hour.

For more information on the above, contact Vicki.Jene@po.state.ct.us/860-496-3704. For more information on WCMHN, contact Colette.Anderson@po.state.ct.us/203-805-6400.

PEOPLE IN RECOVERY PARTNERING TO WRITE THEIR TREATMENT PLANS

DMHAS’ Western CT Mental Health Network (WCMHN)–Torrington Area offers two specific courses that, in part, help people in recovery understand the person-centered planning process. The first course, *Creating Your Own Recovery Plan* gives individuals the opportunity to think about where they are and where they want to be. It is a helpful tool for developing goals and an action plan to meet these goals. At the end of this course individuals have a completed plan that includes a self-care plan, which they may choose to have on file in the Access Center and in their medical record. These programs provide choices for continued personal growth and employment for people in recovery.

The second course, *Writing Your Own Treatment Plan*, provides individuals an opportunity to use and understand the Treatment Plan document by going through the process one section at a time. At the end of the course, each person has a finished treatment plan to share with the provider they partner with to develop their plan. Many who take these courses choose to participate in *Illness Management and Recovery (IMR)*, *WRAP*, *Pathways to Recovery* and/or *Free to be Me*.

For more information on the above, contact Rosanna.Arpaia@po.state.ct.us/806-496-3700. For information on WCMHN, contact Colette.Anderson@po.state.ct.us/203-805-6400.

RECOVERY-ORIENTED EMPLOYMENT SERVICES (ROES) – ADDICTIONS

Through a contract awarded to Alcohol & Drug Recovery Centers (ADRC) and the CT Community for Addictions Recovery (CCAR), the ROES employment program was kicked off on July 1, 2008. These resources seek to provide employment and recovery services to people in addictions treatment in the north central and eastern regions of the state.

A vocational screen is administered to people engaged in addictions treatment, who are identified as being in need of employment services. Employment/educational plans are developed with the assistance of employment specialists who then refer people to community employment/educational resources. The Employment Specialists monitor progress and continue to assist with employment and educational connections and barriers that may prevent a participant from obtaining their employment, educational or training goals.

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Program participants are also connected to CCAR’s telephone recovery supports service and are engaged in a recovery-oriented skills development curriculum. Additionally, they participate in at least 20 hours of CCAR peer recovery support activities which

can lead to a volunteer job experience reference which is beneficial for those who have a minimal or spotty work history.

Another component of this program is the presence of an Employment Services Coordinator in both regions who is developing recovery-friendly relationships with businesses and resources in the communities. The intention is to raise awareness and educate employers and businesses about recovery.

As of July 30, 2008, 20 individuals have been enrolled in services in Regions 3 and 4, with four (4) individuals employed.

For more information, contact Linda.Guillorn@po.state.ct.us/860-418-6732.

SELF-CARE COURSES

Last year, DMHAS’ Western CT Mental Health Network’s Danbury office developed a “Self

Care” class schedule, which provided all consumers/individuals in recovery within the service system an opportunity to enhance or increase their knowledge and ability to care for, and about themselves. To date, the curriculum includes 1½-hour courses on Make-Up Application, Hygiene, Stress Management, Healthy Eating/Shopping on a Tight Budget, Relationships, Sex Education, Home Health Self Care, and Tool Box Basics. It is important to note that most of these courses are taught by staff volunteers. On the rare occasion when staff volunteers cannot be found, outside volunteers are sought. The eventual goal is to have as many of the classes as possible facilitated by consumers/individuals in recovery.

Participants receive gifts, i.e. toiletries, small food items, first aid kits, tool kit sets, etc. as part of the class. Within this year, 35 individuals have participated in these classes and as depicted in their evaluations, 100% of the participants responded favorably.

For more information on the above, contact Cynthia.Carloni@po.state.ct.us/203-778-1640. For more on WCMHN, contact Colette.Anderson@po.state.ct.us/203-805-6400.

VALUING PEER SUPPORTS
DMHAS’ Southwest CT Mental Health System (SWCMHS) has been utilizing the value-based practices of peer support as part of its system of care for over six years. The approach of respect, shared responsibility and mutual agreement of what is helpful, based on shared experiences, is applied in various capacities and in many different venues at SWCMHS, including:

-Peers Reaching Out (PROs) are active on 2 psychiatric units at Bridgeport Hospital and 2 acute units at Greater Bridgeport Community Mental Health Center. PROs facilitate groups, work one-on-one, assist staff, and present weekly on the designated “Family Night”.

-People Utilizing Strengths for Healing (PUSH) continues to connect peers to their communities. A second venue is now starting at SWCMHS’ Middle Street site.

-Soundview Warm-line has been in existence for three years with a staff of approximately 9 peers that offer telephonic support to individuals in Region I from 5:00 p.m. to 10:00 p.m., 7 days a week. The Warm-line receives approx. 125 calls weekly.

-Peers are integral to the success of, and are always welcomed on the **Consumer Council meetings** held monthly. The Council offers the peer perspective while assisting the system with further thoughts on peer initiatives, satisfaction surveys, job openings, and providing regular consumer input and feedback.

-Recovery Educators provide a safe and encouraging environment for individuals to learn and grow. Educators offer several different courses, including Wellness Recovery Action Plan (WRAP), Pathways to Recovery For You, Peer Employment Training, and recently Illness Management and Recovery (IMR). To date, over 400 people have taken WRAP in the region.

-Pathways to Recovery is a curriculum for personal growth taught 2-hours weekly for 12 weeks. There have been over 40 graduates of this course. The training teaches the peer support discipline in a 3-hour weekly class for 15 weeks. There are over 80 graduates to date, 25 of whom are employed using their certification.

-Recovery Coaches, introduced in March 2007, are co-located on various community-based teams to connect with individuals in recovery through shared life experiences. The coaches use an approach based on mutuality, meaning that the connection between the coach and the consumer/individual in recovery contributes to both people learning and growing. Their role is to assist individuals in recovery in moving toward goals and action. These conversations may take place at the local coffee shop, in the library, while going to the YMCA, or while looking for employment. The coaches often are seen as role models “if she can do it, so can I”.

For more on the above, contact Celeste.Cremin-Endes@po.state.ct.us/203-551-7405. For more information on SWCMHS, contact James.Pisciotta@po.state.ct.us/203-579-7368.

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