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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 Innovative Person-Centered Services/Approaches

COLLABORATIVE SAFETY STRATEGIES (CSS) TRAINING

The Collaborative Safety Strategies (CSS) Training Program teaches direct care staff how to prevent behavior from escalating to physically dangerous behavior and should physically dangerous behavior occur, how to safely intervene to reduce the rate and severity of injuries. Person-centered services call for full participation by consumers/individuals in recovery and consider their world view. It emphasizes partnerships between consumers/individuals in recovery and providers. Consistent with these principles, CSS focuses on ways to prevent dangerous behavior by creating and sustaining safe therapeutic recovery-oriented relationships in environments where people can heal and where dangerous behavior is not part of the culture. Staff learn that treating people with respect and dignity and showing compassion and empathy are the hallmarks of the therapeutic relationship and person-centered treatment.

In addition to new and annual review training, DMHAS' Division of Safety Services Education and Training Unit introduced CSS Skill Training in FY09. These sessions provide an opportunity for small groups of staff from similar programs/units to master knowledge and skills as they pertain to individuals. They help staff learn how to use CSS techniques for people that they work with that build on their strengths. Ultimately, CSS training enhances facility efforts to build and sustain healthy therapeutic environments where the *need* for restrictive measures is reduced because their cultures are those of hope and recovery, rather than despair and violence.

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PERSON-CENTERED APPROACHES AT CROSSOVER

Crossover is a DMHAS-funded group home that operates as part of the Medicaid Rehab Option (MRO) and as an affiliate program of the DMHAS Capitol Region Mental Health Center (CRMHC) Managed Service System. Crossover serves persons with co-occurring substance use and mental health needs and is a group home within the Connecticut Outreach Program of the Massachusetts-based Center for Human Development. At Crossover the staff and residents strive to create an environment and treatment milieu where the possibilities of recovery are maximized. Person-centered recovery planning is one essential piece of the recovery pie. It is a concrete way to invite, deeply listen to, and work collaboratively with a person on their road of recovery. Crossover has found that the better they do person-centered recovery planning, the more they create the environment where recovery is nurtured. With regard to creating a recovery environment, the Program quotes Patricia Deegan, a leader in the Recovery movement, who wrote: *"As professionals we would like nothing more than to somehow manufacture the spirit of recovery and give it to each of our program participants. But this is impossible. We cannot force recovery to happen in our rehabilitation programs. However we can create environments in which the recovery process can be nurtured like a tender and precious seedling."*

Lessons learned in Recovery Planning at Crossover: The Person-Centered Planning (PCP) process involves a meeting between the Crossover resident, the primary Crossover counselor and the primary clinician from the CRMHC/Co-occurring team to discuss what the resident wants to focus on for the next three months. This discussion includes evaluating resident progress and obstacles during the last three months. Often Crossover staff will draw up a draft of the agreed on plan and come back to discuss it again with the resident to finalize it. The resident decides what he or she wants to work on. The PCP process and the recovery plan itself is client driven. But the responsibility to create client trust and safety lies primarily with Crossover staff. This process is on going and repeats at least every three months.

The importance of collaboration between the Clinical Team and Crossover: This collaboration meeting takes place twice a month and includes members of CRMHC's Co-Occurring and members of CHD/Crossover. Some of the benefits of this collaborative meeting are improving the timeliness and the efficiency of the referral process, improving the active engagement of clients that are on the referral list, reviewing client's Master Treatment Plan, discussing current clinical and administrative issues, improving communication between clinicians on the Co-occurring team and Crossover staff, and building an ongoing positive working

relationship. The design and creation of Crossover documentation forms have contributed to growth in recovery because they were not cookie-cutter approaches but rather encouraged creative person-centered recovery plans.

Crossover staff effectively utilizes the combination of the CT Outreach’s Pyramid Model (modified from the Drake’s stage model) and Bill Anthony’s BU Psychiatric Rehab Manuals, and the MRO, which results in staff being more focused and effective in their daily work. Crossover staff receives ongoing training & supervision on multiple areas especially around person-centered recovery issues; and, CT-Outreach’s administration made an ongoing commitment to both understand and implement person-centered recovery, and the MRO at Crossover.

Some positive outcomes from Person Centered Planning during the last two fiscal years:

	FY 2008	FY 2009
Average length-of-stay at Crossover per resident	289 days	226 days
Average length-of-stay per hospitalization visit	15 days	6.5 days
Average length-of-stay per Detox visit	20.8 days	12.5 days
Average total hours per month per resident in rehab group	17	15
Average total hours per month of residents in non-rehab group	45	60
Average total hours per month of residents in individual rehab meeting	42	31
Average total hours per month of residents in non-rehab meeting	56	49

Crossover’s future direction in person-centered recovery planning includes: 1) Evaluation of the Pyramid Model (adapted Drake model) from a recovery perspective; 2) Development of a process to have all staff become competent in Motivational Interviewing (a way of being with people that creates the environment and reality of recovery); and 3) Continuing to improve collaboration between CRMHC/Co-occurring team and Crossover.

For more information about Crossover, Contact Tuoc Phan at TPhan@chd.org / 860-951-3325 or Milton Jones at MJones@chd.org / 860-591-3325.

PERSON-CENTERED APPROACHES AT DMHAS-OPERATED FACILITIES

DMHAS’ Capitol Region Mental Health Center (CRMHC). Person-Centered Recovery Planning (PCRP) at CRMHC has focused on four core areas over the past two years. Those areas include education, the development of a model to pilot for Young Adult Services (YAS) at the Center, the development of a model to pilot for Co-Occurring services at the Center, and lastly, the comprehensive use of peer support staff in the implementation of PCRP within all the Center’s programs. Education at the Center encompasses PCRP training of the CRMHC staff, as well as the network of CRMHC’s private-non-profit affiliates, and persons in recovery. To date, all four goals have been met and exceeded, and the Center has approached a new level wherein documentation and practice must align with these principles in order to reach the next steps for persons in recovery.

A PCRP Steering Committee has overseen and monitored the implementation of the Center’s plan during the past two years, and is now planning for the work ahead. The plan includes numerous educational and training events for people in recovery. The Peer Center’s computers allow person in recovery to walk through the PCRP training, to bring self-advocacy to their treatment planning process, and to learn how to engage families to support their work. A newly formed PCRP group meets weekly in the Peer Center and focuses on how to remove barriers and obstacles to make PCRP work effectively. The change of perspective and thinking for people in recovery is as significant as it is for the clinical staff. All involved partners shift their thinking and practice in person centered planning, and the Center’s plan reflects opportunities for all partners to do so.

Another group working to adopt a PCRP approach includes those who prescribe medications at the Center (physicians and Advanced Practice Registered Nurses—APRNs). This group has met with Dr. Stuart Forman M.D., Medical Director at CT Valley Hospital (CVH) and Janis Tondora, PsyD., a leader in PCRP from the Program for Recovery & Community Health, Department of Psychiatry at Yale University’s School of Medicine. The group is identifying and clarifying issues related to PCRP and documentation that require focused strategies from multiple partners to work effectively. The collaboration to design and pilot an outpatient model for PCRP is impressive. Dr. Forman’s invaluable contributions have assisted in allowing this process to move forward to create a new and unique model for the Center. This model promises exciting opportunities for clinicians and people in recovery to actively participate in the creation of recovery plans in a genuine and meaningful way.

For more information on the above, contact Carl.Shields@po.state.ct.us or 860-297-0826. For more information about CRMHC, contact Karen.Evertson@po.state.ct.us or 860-297-0903.

DMHAS’ CT Valley Hospital (CVH). Over the past two years, CVH has made profound changes in its approach to treatment

planning to build a solid foundation for more person-centered treatment. In short, the treatment plan is now seen as a blueprint for making life changes. The foundation of the treatment plan shifts from a list of technically described problems identified by staff to a few integrated sets of life goals defined by the person. To facilitate the gathering of information that is often neglected in clinical assessments (e.g., relating to a person's life goals, priorities, attitudes towards treatment, interests, social supports, and talents), we have introduced Robert Liberman's CASIG tool.

Problems are seen as obstacles to the achievement of life goals (as implied by the use of the alternative word "Barriers"). While technical terms (symptoms and diagnoses) may be mentioned in the treatment plan, the description of Barriers is more integrative (i.e., including related sets of symptoms) and includes the person's way of understanding the issues. Strengths and Assets are considered in the context of each set of life goals; they are seen as positive influences towards the achievement of the goal.

In listing of clinical Interventions, CVH now includes a description of what is provided to this particular person. (One person in a conversation skills group, for example, might need to be taught to speak up more often; another person in the same group might need to be taught to listen better). Responsibilities of the client, natural supports and community providers—which are often left out of traditional treatment plans—are included, emphasizing the reality that treatment must be a collaboration among many people.

Too often, ideas like "person-centered treatment" are seen as fads, or as empty gestures towards "political correctness." At CVH, however, we are beginning to accumulate evidence that these approaches actually work better. While it would be naïve to imagine that even these relatively radical changes in our treatment plans will be sufficient to render our treatment more effective, we are convinced that we have taken a substantial step in the right direction.

For more information, contact Helene.Varteles@po.state.ct.us or 860-262-6110.

DMHAS' Southwest CT Mental Health System (SWCMHS). During the past year, SWCMHS has moved into the full implementation phase of its transformation into a person-centered, recovery-oriented system of care. Some of the key components of the transformation are:

1. **Providing a person-centered template for recovery planning** – During the past year SWCMHS fully implemented the Automated Recovery Planner (ARP). That is, all of the more than 1,500 persons in recovery currently served by the outpatient teams and the inpatient psychiatric units now have an individualized, person-centered recovery plan that is:
 - based directly on the hopes, dreams and preferences of the individual
 - created through an active dialogue between providers and the person in recovery
 - driven by individual-generated goals rather than deficits.
2. **Empowering consumers/individuals in recovery to take charge of their recovery** – SWCMHS offered a number of peer education opportunities designed to empower consumers/individuals in recovery to assume a more prominent/directive role in their recovery. During the past year these programs were expanded significantly. Program highlights include:
 - 102 consumers/individuals in recovery completing WRAP classes, with 62 developing written WRAP plans
 - 47 consumers/individuals in recovery graduating from Pathways to Recovery trainings
 - 62 consumers/individuals in recovery completing the Peer Employment Training offered in conjunction with Housatonic Community College.

Additionally Peer Recovery Coaches have been assisting consumers/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.

3. **Developing a person-centered competent workforce** – During the past year more than 200 staff participated in a two-phased training on person-centered planning. During the initial phase national experts Neal Adams, Diane Greider and Janis Tondura conducted an intensive two-day training reinforcing basic principles of PCC. During the second phase, Janis Tondura and her team from the Yale Program for Recovery and Community Health led team-based, hands on consultations to further develop essential skills.

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

DMHAS' Western CT Mental Health Network (WCMHN). WCMHN has recently embarked upon a new series of trainings to enhance our recovery planning processes to reflect person-centered principles. The Program for Recovery & Community Health (PRCH) at Yale University is assisting DMHAS statewide with rolling out Person-Centered Practices at

each facility. The Yale team will be assisting WCMHN in two distinct phases. The first phase, which was recently completed in July 2009, involved a series of overview trainings at local sites about person-centered principles/practices.

During the second phase, the Yale team will be scheduling (in the fall of 2009) a series of *more focused, hands-on type training for teams*. Our organizational goal is to concurrently train all programs/teams associated within these program lines. These trainings will focus on real-life examples, with technical assistance provided around goal setting, objective writing, and the details behind writing a solid person-centered plan. Hearing about person-centered recovery principles is one thing, but writing a solid plan is often something that plan writers struggle with. The goal of these trainings is to provide opportunities for staff to build more skills in constructing a person-centered process culminating in the recovery plan. This will include detailed methods of engaging individuals in recovery in a more person centered dialogue.

Many comments/questions were generated during the initial series of overview trainings. Thematically, these revolved around several repetitive areas, including philosophical concerns, practical problems, and/or technical issues in the actual plan writing. Some of the comments from the training are listed below:

- Gives people responsibility and credit for their progress in recovery.
- Invites individuals' expectations about treatment and recovery, and his/her vision of how it will work.
- Strength based, not a deficit model.
- Client will be doing most of the plan but the clinician puts the plan together in a completed format.

For information on the above, contact Matthew.Snow@po.state.ct.us or 203-805-6405. For more information on WCMHN, contact Colette.Anderson@po.state.ct.us or 203-805-6400.

RESOURCE DIRECTORY FOR LESBIAN, GAY, BISEXUAL AND/OR TRANSGENDER INDIVIDUALS

DMHAS' Capitol Region Mental Health Center (CRMHC) has developed a directory of resources available to its staff and individuals served who are lesbian, gay, bisexual and/or transgender (LGBT). The work began in 2007 when DMHAS formed a workgroup to identify and address the concerns and disparities for LGBT individuals receiving DMHAS services. As a result, collaborations evolved, which yielded culturally innovative and responsive resources for care. These collaborations have included: DMHAS Young Adult Services (YAS) and True Colors, a CT-based group that serves sexual minority youth and their families. Sharing resources within this collaborative has allowed for the identification and interviewing of GLBT youth for health disparities clarification. This cohort has identified individuals who present on LGBT concerns as persons who have been served within the behavioral healthcare system.

Of great significance is the changing landscape in the country for LGBT rights and visibility. Additional partnerships have been established within the state through this workgroup that include: Connecticut Clearinghouse, True Colors, Hartford Gay and Lesbian Health Collective, DMHAS Prevention Unit and DMHAS Network of Care. Each of these partners has worked to ensure the continuous updating and flow of information. Additionally, a member of the workgroup attended each of the last two National Coalition for LGBT Health Conferences in Washington DC. This has helped to ensure congruence with the U.S. Department of Health and Human Services (HHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), and Healthy People 2020, an HSS initiative that provides science-based, 10-year national objectives for promoting health and preventing disease.

CRMHC staff have promoted an environment where LGBT individuals can participate in their recovery authentically, i.e., they do not have to hide their true identities. The development of *safe zones* has been a significant addition to the Center. Safe zones are spaces identified by rainbow flags and signify staff who are culturally proficient in working with LGBT individuals and/or who identify as LGBT. This visual symbol of the LGBT presence serves to help when derogatory name calling occurs. Safe zones remind staff and persons in recovery that words do hurt as well as "sticks and stones."

At CRMHC, web based recovery resources are available to all persons in recovery, and for the cultural needs of the LGBT population, they cut across all lines of race, color, age, ethnicity and religion. The development of resources has been continual, and electronic resources have been critical as the internet has allowed LGBT persons to explore who they are while remaining safe. CRMHC's Peer Center resources are connected to multiple faith-based and community-based resources for LGBT people. A safe zone exists for young adults and others in recovery to explore and achieve community integration with the assistance of peer support staff. Over time, the vehicle for this work will be the person-centered plans LGBT persons in recovery developed with their clinicians.

For more information on the above, contact Carl.Shields@po.state.ct.us or 860-297-0826. For more information about CRMHC, contact Karen.Evertson@po.state.ct.us or 860-297-0903.