

RECOVERY TIMES

FOCUS ON:

INNOVATIVE EMPLOYMENT SERVICES/APPROACHES



APRIL 2008

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State of Connecticut
Department of Mental Health and Addiction Services
Thomas A. Kirk, Jr., Ph.D., Commissioner

RECOVERY TIMES

April 2008

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I. INNOVATIVE EMPLOYMENT SERVICES/APPROACHES

ACHIEVING SUCCESS THROUGH EMPLOYMENT

Statistics reflect the importance of supported competitive employment in the lives of individuals in recovery from mental illness and substance use disorders. The Substance Abuse and Mental Health Services Administration (SAMHSA) statistics show that 70% of adults with severe mental illness desire to work and that 60% or more can be successful when using supported employment. Many other studies illustrate varying levels of general improvement in people's lives when they achieve their employment goals. The following highlights two DMHAS-funded employment services and two individuals who used both programs to secure community employment.

G&C (Good and Clean) is Gilead Community Services' pre-vocational training program that provides individuals on the path to recovery an opportunity to return to the working world. By providing intensive on the job support and training, the program focuses on helping people gain basic vocational skills such as following a schedule, filling out a time sheet, and interacting with others on the job. G&C and Middletown's **Kuhn Employment Opportunities** office work closely to create a seamless transition between employment services as individual's progress in their vocational rehabilitation. Kuhn provides support to individuals seeking or maintaining competitive employment in the community. They assist at all levels of the process from filling out applications, preparing for interviews, on the job training and ongoing support once employed.

The following individuals, who were able to use both programs as they worked towards their goal of finding competitive community employment, volunteered to share their stories.

- **Billy** worked with G&C for several years and is currently employed at a local car wash and detailing center. While speaking with Billy about his journey to his current job he recalled memories from his days with G&C and the skills he learned there: "Working with G&C convinced me that I can get a job. They taught me things that I didn't think I could do - I learned a trade. They got me into working and kept me working until I built my knowledge and confidence". Billy went on to explain how Kuhn is working with his case management team to give him the support that he needs to continue to be successful. Billy credits his ongoing success first and foremost to his own skills and motivation but acknowledges that he couldn't have done so well without the support of G&C, Kuhn, and his case management team.
- **Robert** also worked with G&C for many years before Kuhn helped him find a job as a weekend dishwasher at a local restaurant. Robert recalls a time when he was unsure of himself or his ability to work, a drastic difference from the confidence and pride he reports he has gained as his employment goals have been reached. Robert notes that G&C was a steppingstone that helped him come to the realization that he could be a valuable employee. With this confidence Robert began to work with Kuhn. Eventually the right opportunity presented it self and Robert applied for a dishwashing job. With his Kuhn employment specialist there as a support as he applied, Robert was able to clearly describe his qualities as an employee, reference his experience, and state his desire to fill the position. When Robert called back to follow up on his application, they offered him the job. With a stunned smile Robert handed the phone to his Kuhn employment specialist. The owner of the restaurant explained that he wanted to give Robert a chance and felt reassured that Kuhn would be able to provide support to Robert when needed.

Robert and Billy were able to bring the skills and confidence they gained while working with G&C to the journey towards community employment with Kuhn. They both worked simultaneously with the support of G&C, Kuhn, and their respective Gilead Case Management services for over a year and credit each program as a vital part of the process. Both individuals report that their job is one of the most important parts of their life and that they are grateful every day for the opportunity to work.

Seeing these two individuals navigate through the different services to a point where they feel accomplished and proud is an inspiration to the work that we do. It is a reminder of how important it is to meet a person where they are in their course of recovery and to remember that it may be a long road; a long road with a very rewarding end.

- **Victor** had been looking for employment for over a year. There were many days where he just wanted to “give up”. With the help of his staff at DMHAS’ River Valley Services (RVS), eventually Victor got an interview with an employer who was willing to give him a chance. Victor secured a position as a delivery driver. He received training from his employment support person and has been in this position ever since. Victor has been working for seven months and says the difference in his life now versus when he was unemployed is: “getting a paycheck, looking forward to getting up in the morning, having the freedom to feel as though I am my own boss”. Victor considers his van to be his “office on wheels”.

Victor would like to tell other people who are looking for work “Don’t get discouraged, there are jobs out there, you just have to keep pursuing them. Without help I would have given up looking so get help from your support systems.

RVS and the private non-profit agencies in its local system of care continue to focus on increasing employment opportunities and employment rates for persons served. The area has established an employment goal of 50% by the year 2010 for persons served in the provider network. An annual survey is conducted to track progress and to obtain feedback on ways to improve access to employment and educational supports and opportunities. The December 2007 survey revealed that 19% of persons served in the provider network were employed and 24% of persons served had been employed in the previous 6 months. This represents an increase of 3% from the first baseline survey. Providers report that the culture of treatment and recovery services has changed with the recognition of the importance of employment as a key element in the recovery process. Other noteworthy highlights of the employment initiative include:

- RVS has fully integrated employment services on its clinical teams consistent with the Individualized Placement and Support (IPS) model.
- The local collaboration with the Bureau of Rehabilitation Services has improved considerably resulting in positive employment outcomes for many individuals.
- The assignment of Kuhn Employment Opportunities Employment Specialists to area private non-profit clinical teams at Gilead Community Services, Middlesex Hospital, Community Health Center and St. Vincent DePaul Place has resulted in improved employment outcomes.
- An area Employment Newsletter is distributed regularly to highlight area employment activities and success stories.
- A Supported Employment fidelity assessment was completed at RVS to ensure adherence to the best practice approach to employment services.
- The Vocational Mentor Program through Kuhn Employment Opportunities is a unique Peer Support service that continues to provide a monthly support group to any person in recovery in Middlesex County who has an interest in or is currently working. Peer mentors also offer individualized support for consumers in the work force to help them maintain long-term employment following discharge from supported employment services.

For more information on the above, contact Timothy.Griffin@po.state.ct.us or 860-262-5353. For more information on RVS, contact Howard.Reid@po.state.ct.us

CO-LOCATION OF EMPLOYMENT AND CLINICAL SERVICES

DMHAS’ CT Mental Health Center (CMHC) now has co-location of employment specialists on all CMHC clinical teams (including its Hispanic Clinic and Young Adult Services). Additionally, CMHC recently participated in a Supported Employment Fidelity Review led by Ruth Howell of DMHAS, and received excellent feedback regarding the integration of employment and clinical services. The co-

location of work services, expertise and clinical services considerably enhances the integration of work into treatment planning and facilitates recovery.

For more information, contact Selby.Jacobs@po.state.ct.us or 203-974-7144.

CONNECTICUT RECOVERY EMPLOYMENT CONSULTATION SERVICE (C-RECS)

C-RECS, funded through the CT Mental Health Transformation-grant is an innovative, consumer-run statewide employment service with the following goals:

1. Increasing employment of persons in recovery from diverse cultural backgrounds at all levels of the mental health workforce;
2. Enhancing the capacity of provider organizations to attain and sustain a workforce that includes persons in recovery; and
3. Fostering culture change and staff attitude change in employer organizations, leading to increased support and sustained employment of persons in recovery in the workforce.

Interventions and selected deliverables follow:

1. Preparation of individuals in recovery for workforce employment: C-RECS will provide or arrange pre-employment training for a minimum of 30 persons in recovery, tailored to individual needs and interests.
2. Recruitment of persons in recovery into the behavioral health workforce: C-RECS will identify a minimum of 30 qualified persons in recovery interested in employment and assist them in seeking employment; develop and maintain a recruitment data-base including an on-line job bank
3. Post-hire employment training and support for persons in recovery and other staff: C-RECS will offer training and employment support for a minimum of 30 persons in recovery and a minimum of 30 other agency staff employed in the mental health workforce.
4. Retention of persons in recovery in the workforce: C-RECS will recommend retention initiatives.
5. Consultation and technical assistance in up to 3 provider agencies employing persons in recovery; C-RECS will assure participation of persons in recovery as educators, faculty consultants and technical assistance providers in all C-RECS workforce development activities.
6. Assessment of interventions on employment of persons in recovery in the mental health workforce: C-RECS will assess performance and impact of initiatives.

Review is currently underway of applications submitted in response to the C-RECS RFP issued by Yale University, with the goal of executing a contract shortly.

For more information, contact Barbara.Bugella@po.state.ct.us or 860-418-6738.

DMHAS' EMPLOYMENT SYSTEM

While CT's citizens rank among the top three wealthiest in the U.S. in terms of per capita income, its major cities are among the nations poorest. Such poverty leads to homelessness, poor health, poor educational outcomes, increased dependence on public services and increased criminal activity—all at a high cost to taxpayers. A major underlying cause to such poverty is mental illness and substance use disorders. National data indicates that over a million working-age adults with mental illness received public assistance in 1999 in the form of Medicaid, SSI or both, and hence, by definition, were living in poverty. In 1999 34% of SSI recipients were working-aged adults with mental illness, the largest single beneficiary group receiving SSI. According to the 1998 report of the Presidential Task Force on Employment of Adults with Disabilities, 28% of TANF recipients had psychiatric disorders that may have impeded employment. A 2003 DMHAS peer-conducted survey reported that 85% of respondents were earning \$1000 or less per month including SSI, SSDI and wages combined. Of those who were working, 93% stated that they would like to work more hours and earn higher pay but feared risking a psychiatric relapse or the loss of benefits (neither of which needs to occur with proper supports and information).

Nationally, while 71% of persons with psychiatric disorders describe work as an important personal goal, focusing on the financial independence and social identity it provides, only 10-20% are employed. In fact,

persons with mental illness have the highest rate of unemployment of all disability groups. This is consistent with DMHAS intake data for the State LMHAs, which indicates that between 7-9% of those receiving services, are working. Research has shown that employment is a stabilizing factor that enhances and supports recovery for individuals, thereby improving their health and quality of life. Paid work offers a pathway from “dependence” to “independence”, relieving the cost to taxpayers associated with poverty and illness. While few research studies have examined the cost effectiveness of supported employment, a 1995 study conducted by Boston University indicated an overall savings of 10% to the individual as a result of employment services; monetary benefits included increased wages and non-monetary benefits included increased time in integrated employment settings. While further research is needed to fully evaluate the economic impact of employment, some of the benefits that accrued to the state included a reduction in the use of mental health services (reduced therapy, medication evaluation, day treatment, crisis services, medical and dental costs) and new taxes paid by those who became employed.

Increasingly state mental health agencies are reframing employment for persons with mental illness as both a right and responsibility of citizenship. Because work is associated with higher self-esteem, improved symptom management, lower rates of hospitalization and greater levels of satisfaction with finances and leisure, employment services/supports are now offered to most individuals in the DMHAS system, especially young adults. DMHAS’ goal is to make employment services available to all who request them and to encourage those who may not believe they can work to reframe their options based on their individual skills and interests. Decades of study have documented little relationship between an individual’s diagnosis (psychiatric symptoms) and his/her capacity to work (Matrix Research Institute). While it is true that many of the symptoms of mental illness that impair cognitive and interpersonal functioning can make work a challenge, many persons are able to work successfully despite their illnesses. Innovative rehabilitation programs that serve people with serious mental illness place over 50% in “integrated competitive” employment (i.e., mainstream paid jobs); in CT providers are held to a 55% outcome standard. While 70% of these jobs have been in entry-level (low pay with limited benefits) positions, people with mental illness can be found in all sectors of the economy in both large firms and “mom and pop” businesses. Another goal of DMHAS’ is to offer on-going career enhancement services that encourage individuals to advance in their jobs through benefits counseling, education and training.

Likewise, employment rates remain at low levels for persons who are actively abusing drugs and/or alcohol, ranging from 15-30%. Work has been shown to decrease criminal behavior, substance use and addictions relapse and correlates positively with improved psychological status and family and social relationships. In addition, employment among persons with psychiatric disabilities is associated with increased self-esteem, improved control of psychiatric symptoms, and reduced hospitalization rates. For those with addiction disorders, work results in increased retention rates in substance abuse treatment programs and decreased potential for addiction relapse, saving taxpayers the high cost of repeated treatment episodes. Employment is thus a win-win situation for individuals and citizens as a whole.

The President’s New Freedom Commission on Mental Health stated that \$63 billion of the estimated \$79 billion in annual costs associated with mental illness is due to lost productivity. While the on-the-job accommodations that are most commonly requested by persons with mental illness are generally easy to implement and low- or no-cost to the employer (e.g., flexible scheduling or job task modification), job seekers with mental illness and/or addictions face a stigma that is deeply ingrained in the culture including among potential employers and co-workers. However, SAMHSA has documented that businesses with mental health-friendly policies and practices experience multiple benefits including higher levels of employee motivation and productivity, reduced absenteeism and greater employee loyalty and retention, all of which result in reduced health insurance costs. NAMI and the NIMH confirmed that employers that have hired individuals with mental illness report greater than average attendance and punctuality and good or better motivation, quality of work and job tenure than with other employees. Over 70% of employers who have hired people with serious mental illness express a willingness to continue working with their local vocational rehabilitation programs (Matrix Research Institute).

Accomplishments of DMHAS Employment System

- DMHAS has created three staff positions to coordinate statewide employment initiatives, one with the network of mental health stakeholders, another with the addictions system and a third to provide technical assistance to the field. The mental health coordinator is a shared position with the Department of Social Services' Bureau of Rehabilitation Services (BRS) in an effort to maximize the collaborative array of employment resources and cost-effective practices of the two agencies while decreasing service duplication.
- All local mental health authorities (LMHAs) have developed annual plans for transforming their systems based on recovery-oriented employment principles and supports. The plans feature strategies for insuring on-going quality improvement based on employment outcome data, building staff and consumer capacity and knowledge regarding employment and education, fully integrating employment services within the clinical treatment system, adopting evidence-based and preferred practices, facilitating collaborative relationships with local employment resources, and increasing the visibility of employment and educational services and their role in promoting recovery. The LMHAs are currently in their third year of employment planning.
- An interagency guide team has been formed to develop and implement recovery-oriented employment principles and practices that will transform the addictions employment delivery system. Committee members will include addiction providers, persons in recovery, and representatives from various state agencies, organizations and advocacy groups.
- DMHAS is teaming with the Dartmouth Psychiatric Research Center to pilot evidence-based supported employment strategies at six LMHAs. As a result, over 850 individuals are currently receiving evidence-based employment services, 63% of whom are working.
- DMHAS is collaborating with the Corporation for Supportive Housing, Office of Workforce Competitiveness, Dept. of Labor (DOL), and 3 Workforce Investment Boards to promote employment linkages between the One Stop Centers and DMHAS supportive housing residents.
- In an effort to make employment services available to a wider range of persons in recovery, most DMHAS LMHAs and community-based providers distribute employment informational packets to all at the point of admission and address employment goals on all treatment/recovery plans.
- Three BRS Counselors are co-located at DMHAS LMHAs to develop teamed protocols that will promote collaboration between DMHAS providers and the BRS system. Providers link persons in recovery with the BRS benefits counselors to minimize risk and promote choice based on individualized career planning.
- DMHAS Young Adult Services have developed an assessment tool that assists staff to identify employment and educational goals and needed supports. Based on the "Street Smart Venture" model, several LMHAs have initiated small businesses that serve as recovery laboratories for young adults, teaching work-related and social interaction skills.
- To address the need of people in recovery for education and training as critical routes out of poverty, DMHAS is facilitating regional educational collaboratives that articulate supports with staff from local colleges and technical training institutions.
- Extensive training on a range of employment topics (evidence-based employment, job development strategies, assets accumulation, assisting persons with co-occurring disorders and those with criminal records to work, the role of housing case managers in supporting employment) is offered through the DMHAS Recovery Institute. With the arrival of Sharon Wall, DMHAS now has the capacity to offer on-site training and technical assistance to provider agencies on all these topics and more. She will also be available to conduct on-site agency reviews to assess the fidelity of agency models to the evidence-based supported employment approach.

On-Going Challenges

- Given the diversity of resources and cultures among LMHAs and addiction service providers, each organization has individualized its array of employment services and supports. While agencies share planning and implementation strategies, ultimately much of the work has been conducted locally to reflect the available resources and needs of the communities served. This has resulted in a diverse

array of services with strong local ownership. DMHAS must continue to balance the need for a standard array of effective recovery-oriented services and supports that can be accessed in all regions with its desire to promote creative solutions to common problems that might serve as models for other sites. DMHAS must define and promote a common vision and overarching goals while encouraging the development of local strategies.

- Issues such as the lack of transportation, the high incidence of prison records, the pervasive lack of key documentation (e.g., birth certificates, SSI) and the limited availability of educational opportunities and supports continue to pose serious barriers to employment and advancement on the job that can only be addressed through multi-agency collaboration. Providers will always be challenged by the reality of limited employment and educational resources.
- Benefits continue to serve as a disincentive to work for persons in recovery. Under the current General Assistance eligibility criteria, individuals with earned income lose their medical benefits. While those on SSI or SSDI can keep their medical benefits and are generally better off financially when they work, the fear of losing benefits continues to be pervasive. Much more advocacy and community education will be required to encourage and enable persons to choose work.
- DMHAS needs to review the policies and contracting language to insure that none are creating artificial barriers.

Goals for the Coming Year

- DMHAS will continue to facilitate the planning efforts that are underway in the mental health and addiction systems. LMHA employment plans will continue to be assessed annually and technical assistance made available to address areas of need. Addictions providers finalized a vision and are currently developing practice guidelines that will be piloted and ultimately implemented statewide. Additionally, a contract is being awarded to Alcohol & Drug Recovery Centers that submitted a combined proposal with the Connecticut Community for Addiction Recovery to offer employment services to people in addiction recovery from DMHAS regions 3 and 4.
- DMHAS needs to more intentionally involve its peer and advocacy systems in promoting employment and career development, both in the mental health and addictions systems. For persons with psychiatric disorders, advocates, family members and peer staff play a critical role in employment engagement and on-going supports. DMHAS needs to upgrade the knowledge of peer staff and advocates to better prepare them to address issues relating to employment and education.
- The DMHAS psychosocial/clubhouse system offers an array of employment services including employment readiness, volunteer opportunities and transitional employment services. DMHAS should promote better integration of these services with those of the employment provider network.
- Likewise, DMHAS must continue to assist providers to incorporate customized employment practices within other evidence-based programming such as the co-occurring disorder initiative, Motivational Interviewing and gender-specific services.
- Employment models such as self-employment and peer-run businesses, while highly desired by persons in recovery, are resource-intensive and have been slow to be developed by the provider system. This is an area that should be further explored.

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

EMPLOYMENT SUPPORTS THROUGH THE JAIL DIVERSION TRAUMA (JDT) PROGRAM

The JDT Program in Hartford is a federal-funded jail diversion program in Hartford that provides clinical and recovery support services to men and women with cases in criminal court or on probation who are at risk of incarceration and who have the psychiatric consequences of emotional, sexual, and/or physical trauma. Individuals are often concerned that participation in the program will interfere with vocational goals and activities and many clients need to begin working not only to meet possible conditions of probation or directives from the court but also to meet their own basic needs. Program staff has been able to assist individuals in engaging in vocational activities that fit into the program schedule. Staff provides assistance with creating resumes, job searches on the internet, job applications, and referral to vocational

agencies if necessary. The program case manager has developed good relationships with agencies that help to address individuals' vocational needs.

One individual just began a full-time, second shift job which will allow him to save money to secure a permanent apartment and purchase a car. Another individual has been working closely with case management and an area vocational provider on a job search. She has recently been offered a job through a temp agency and is looking forward to her upcoming graduation from the program to focus more fully on working and enjoying the progress she made in the program. Staff has just begun working with an individual who is eager to go back to school and complete training as a chef. It will be exciting to be a supportive force in her life and to watch her pursue her goals.

For information contact, Loel.Meckel@po.state.ct.us or 860-262-6735.

HARTFORD EMPLOYMENT COLLABORATIVE

DMHAS' Capitol Region Mental Health Center's (CRMHC) system of care has developed several creative employment initiatives. CRMHC's Hartford Employment Collaborative (HEC) has a lead role in the sharing of information and is a planning body for employment initiatives in the Hartford area. CRMHC's leadership has made it a priority to assure that employment is everyone's business. The following summarize the progress achieved in the area of employment:

- CRMHC's Clinical Division has identified an "Employment Champion" to assure that there is an individual responsible for making sure that employment information is shared and that employment and education remain priorities in clinical planning.
- Chrysalis Center, which operates the Employment and Recovery Network (EARN) Program, completed a successful Individual Placement and Support (IPS) survey in April 2007.
- Peer staff, through the Center's Peer Recovery program, has become involved with supporting individuals of Young Adult Services (YAS). CRMHC YAS started a youth business initiative with a group called *Street Ventures*. This initiative offers individuals "real world" work experience in a multi-media business. Four persons in recovery have recently completed a ten-week program. Two new vocational staff has been hired to work specifically with YAS individuals. CRMHC YAS recently reported that 28% of persons served were either employed or pursuing educational activities.
- CRMHC's collaboration with the Bureau of Rehabilitation Services (BRS) has expanded to include an on-site BRS counselor to assist persons in treatment with job development activities at the behavioral health services site of the Community Renewal Team (CRT).
- CRMHC's collaborative pilots among Easter Seals, Hartford Behavioral Health (HBH), CW Resources and Hartford Hospital continue to offer rapid access to employment opportunities to persons receiving outpatient services.
- A CRMHC Employment Website is up and running. The site can be accessed via the DMHAS website. For CRMHC staff the site can be accessed through the Center's homepage.

For more information on the above, contact Gayle.Gagliardo@po.state.ct.us or 860- 297-0824. For more information on CRMHC, contact Karen.Evertson@po.state.ct.us or 860-297-0906.

INCREASING JOB PLACEMENT IN HORTICULTURE FIELD

Lorraine McInerney, Rehabilitation Therapist with "Recovery & Wellness" at Western CT Mental Health Network's (WCMHN) Northwest Mental Health Authority, and Mary Baker, Coordinator of "Career Services" at Primetime Rehabilitative Clubhouse, are working collaboratively to increase job placement in the Horticulture field. This program is offering a course this spring, teaching skills, which will address the specific needs of employers in this field. Perspective employees will be taught a skill set that employers have specifically requested, e.g. plant identification, terminology, and handling techniques.

- Lorraine McInerney will facilitate this course which will meet twice weekly:
 - one day for instruction, using horticulture information and demonstrations
 - second day for visiting nurseries, garden centers, florists

- Mary Baker will focus on job development, and working with employers to keep them informed of this viable work force. The collaboration will assure that the perspective employees have the basic knowledge as a foundation for continued learning on the job.
- Skills learned can lead to gainful employment.

Although this model is presently being applied to the Horticulture field, the same collaboration can be used for establishments looking to increase their work force, utilizing other Vocational Programs.

For more information on the above, contact Lorraine.McInerney@po.state.ct.us. For more information on

PEER SUPPORT AND SKILL-BUILDING FOR EMPLOYMENT

In the past year, DMHAS' Western CT Mental Health Network's (WCMHN) Greater Waterbury Mental Health Authority (GWMHA) and our vocational rehabilitation and psychosocial rehabilitation service providers, Human Resources Development (HRD), Mental Health Association of CT, Inc (MHAC) and Easter Seal Employment Industries have partnered to offer consumers/individuals in recovery opportunities for peer support and skill building around work-related issues. These groups focus on strengths and not limitations, instilling a sense that work is possible for everyone.

The Work Incentives group now meets weekly at the Discovery Drop In Center. This group, facilitated by GWMHA Recovery Support Service staff and HRD staff, is open to any Drop In Center member. The group discusses various topics regarding work readiness to prepare members for finding, getting and keeping employment. Having a sense that work is possible is in itself an important factor in getting and finding a job. The members of the group are enthusiastic about acquiring new skills, learning how to problem solve, and work preparedness.

Go Getters is the chosen name of a unique vocational peer support group for individuals who are currently working and who receive services from our local service providers. This group is made up of those who may be ready to graduate from vocational services, or who are working independently and want a support network in place. The group is held by consumers/individuals in recovery, with the assistance of co-chairs from GWMHA and one of the local vocational or psychosocial rehabilitation service providers on a rotating basis. Eventually, the goal is for the group to be facilitated entirely by consumer/individual in recovery involvement. The group meets monthly over dinner at the Discovery Drop In Center, and averages 12—14 participants. The meetings provide an opportunity to meet new people, celebrate accomplishments, share challenges and concerns about the role as workers, and to support each other and learn from each other's experiences in the workforce.

For more information, contact Brian.Gibbons@po.state.ct.us or Joan.Bianchi@po.state.ct.us For more information on WCMHN, contact Colette.Anderson@po.state.ct.us

RECOVERY-ORIENTED EMPLOYMENT SERVICES (ROES)–ADDICTIONS POPULATION

For the past 18 months and interagency guide team has been meeting to develop and implement recovery-oriented employment practices that will transform the addictions employment delivery system. The Recovery-Oriented Employment Services (ROES) Guide Team members include addiction treatment providers and representatives from various State agencies and advocacy organizations.

A unique collaboration is occurring with three agencies who participate ROES Guide Team. Since July, 2007, Alcohol & Drug Recovery Centers (ADRC), John J. Driscoll United Labor Agency (ULA) and Hartford Department of Labor (DOL) have been working together to improve employment outcomes for people in early recovery.

The vocational program at ADRC has a standing mission to provide individuals an opportunity to obtain gainful employment and a legal source of income to establish a structured use of time and an improvement in self esteem and self worth which in turn may eliminate substance use and criminal activity when allied in conjunction with ongoing substance abuse therapy and 12-step programs. Through the ROES Guide Team, ADRC enlisted the services of ULA. ULA is labor's human service arm in CT and has been providing vocational rehabilitation services to individuals in recovery since 1986. ADRC

coordinated transportation for individuals to ULA, which extended its full range of successful rehabilitation services. In the Middletown office, individuals received in-depth assessments, 9-hour job search skills classes, and one-on-one counseling. Following this initial service, individuals also received assistance with resume development and use of phone, fax and computers at the ULA's Hartford office.

ADRC also contacted Hartford Department of Labor (DOL) to discuss barriers faced by their clients when trying to obtain gainful employment. Hartford DOL informed ADRC about the variety of services that are available, including a week-long ex-offender workshop. This workshop addresses the barriers encountered during the job search process in a comprehensive way. ADRC began to enroll individuals in this workshop and Hartford DOL stated that because of the ongoing supports these individuals receive from ADRC, they are a welcome addition. Additionally, the cooperative relationship between ADRC and Hartford DOL has made it much easier for individuals served by ADRC navigate Hartford DOL services.

Using their well-planned screening process which includes biosocial assessment, risk of relapse, motivation, emotional stability, cognitive issues and aptitude; along with good tracking and follow up has insured good results so far. Although at this point in time the sample is still small, the collaboration of these three agencies has resulted in a 54% success rate for obtaining gainful employment.

Contract negotiations will begin soon for a successful joint proposal submitted by ADRC and the Connecticut Community for Addictions Recovery (CCAR) to provide employment services for people in recovery in Regions 3 and 4. This model of bridging the gap between treatment provider and advocacy group is exciting for both worlds and the data collected from this effort will be invaluable in moving the addictions employment initiative forward.

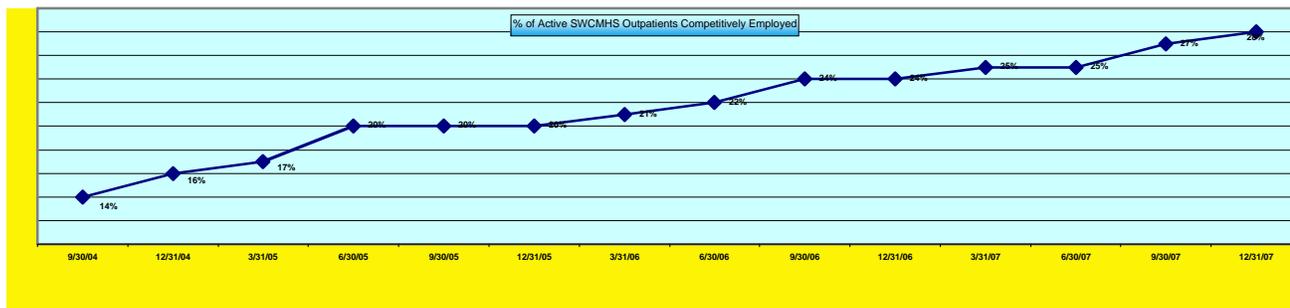
For more information, contact Linda.Guillorn@po.state.ct.us or 860-418-6732.

SUPPORTED EMPLOYMENT SERVICES

DMHAS' Southwest CT Mental Health System (SWCMHS) recognizes the importance that employment plays in all of our lives and especially how it can impact a person's recovery and wellness. Over the last few years SWCMHS has committed a significant amount of resources and creativity to developing, expanding, and maintaining its regional supported employment services. They have substantially grown the employment specialist workforce.

SWCMHS has been nationally recognized for its supported employment program. For two years the agency has participated in the Johnson & Johnson-Dartmouth Community Mental Health Supported Employment Program, providing data for ongoing research and receiving technical assistance from national experts. In a separate study funded by the Social Security Administration, SWCMHS was 1 of 22 sites nationwide chosen to participate in a 3-½ year national study focusing on the integration of supported employment and clinical services.

These efforts have resulted in a significant increase in employment. In the last three years the employment rate has doubled. On September 30, 2004 14% of consumers/individuals in recovery active on outpatient teams were employed in competitive business settings. On December 31, 2007, (407) 28% of the 1,432 consumers/individuals in recovery actively served were competitively employed.



VOCATIONAL LIFE SKILLS GROUP

At Cedarcrest Hospital, employment services are conceptualized and delivered in a variety of ways to meet the needs of very diverse populations with widely varying degrees of work experience. The newest approach is embodied in a new group offering named Vocational Life Skills.

Most people who do not have significant disabling conditions view their daily work activities as a subset or extension of their daily living routine. However many programs serving people with serious and persistent mental illness view vocational development as separate and distinct. Paul Bellantuono, Vocational Rehabilitation Counselor and co-facilitator of the Vocational Life Skills group states, “We wanted to develop a group approach that was structured in such a way as to inherently reflect the role of work as an integral part of not only the recovery process but life’s daily rhythm.” Co-facilitator, Karen Kaminsky, OT/L, emphasizes the importance of integrating the three performance areas of instrumental activities of daily living (IADL), work, and leisure, such that the various skill sets within these performance areas become more personally meaningful to individuals as they engage in their own life planning based on their unique set of personal values. The group is presented in an educational format and topics include confidence building through exploration of personal values related to money management, instruction on the use of debit/credit cards and automated teller machines, self-advocacy and personal empowerment through “advanced” information gathering, and integration of vocational and a vocational pursuits through the development and utilization of personal time management skills. These topics have been merged with more traditional vocational skill areas. Ms. Kaminski states “The group goes way beyond the more circumscribed vocational development groups by emphasizing the importance of self-awareness, self-advocacy, and empowerment in one’s efforts to go beyond dependency on others to achieve genuine self-determination”.

As the group is new, the extent of its appeal and effectiveness as a more holistic approach to vocational development with individuals served at Cedarcrest has not yet been evaluated; plans are “in the works” for such assessment.

For more information on the above, contact Donna.White@po.state.ct.us or 860-666-7622. For more information on Cedarcrest Hospital, contact Brenda.Thorington@po.state.ct.us or 860-666-7604.

VOCATIONAL TEAM APPROACH

DMHAS’ Southeastern Mental Health Authority’s (SMHA) Vocational Team has been developing and implementing new and different philosophies that are being utilized in conjunction with the Individual Placement and Support (IPS) Model that was adopted at SMHA five years ago. The vocational staff looks at both short-term and long-term goals for individuals. The focus is person-centered, and planning involves collaboration on every level, be it clinical and medical management or family involvement of the individual. Each task is designed to meet the individual’s expressed capacities, needs, desires, and rights with emphasis on assisting individuals with their planning of a career track. This approach encourages the individual to assume more control over their lives, treatment and environment. Education, as well as employment goals and action steps, are developed with the individual and recorded in the individual’s Employment Plan. The Vocational staff provides follow along supports to alleviate stress for individuals as they strive to achieve their personal actions steps.

The Vocational Team at SMHA incorporates several principles to aid in gainful competitive long-term employment, one of which is the continuous education of employers in the community. To provide more flexibility for consumers/individuals in recovery to receive employment assistance, Vocational Staff are now located at the front entrance of the SMHA building, three mornings per week for walk-in vocational services, benefits counseling, resume reviews, online employment application submission, financial aide assistance, and referral assistance to off site training programs. The Vocational Team at SMHA promotes independence and encourages consumers to make choices that are in his/her best interest.

SMHA holds a quarterly awards ceremony for employed individuals who have excelled with their recovery management. Employed individuals of SMHA have reported a feeling of empowerment, are able to manage their symptoms, and assume control of their lives. In addition to helping individuals achieve

their employment goals, the Vocational Team at SMHA has an ultimate goal to raise awareness and recruit champion employers within the surrounding towns.

For more information on the above, contact Janet.Mundle@po.state.ct.us. For more information on SMHA, contact William.Newkirk@po.state.ct.us or 860-859-4534.

WORK EXPERIENCE PROGRAM

DMHAS' Greater Danbury Mental Health Authority's (GDMHA) *Work Experience Program (WEP)* provides individualized on-the-job training opportunities and support to individuals who express a desire to work but do not have the necessary skills and/or recent work history to not only obtain but maintain competitive employment. To date, the *WEP* offers training opportunities for maintenance, clerical, and mentorship positions. *WEP* positions are designed to meet individual employment needs.

Participants in the *WEP* program receive minimum, not the prevailing, wage. The worker usually does not exceed 12 hours of work/ week. Each individual's employment goals are reviewed on a quarterly basis. After one year, most participants graduate from the *WEP*. Over the past 10 years, 35 individuals were able to move on to competitive employment independently; several have become full time case managers and counselors in the Danbury Service System. Additionally, a greater number of individuals have become involved in peer run activities including the Danbury Voc S.O.C.I.A.L. and Consumer Advisory Council.

For more information on the above, contact Cynthia.Carloni@po.state.ct.us. For more information on WCMHN, contact Colette.Anderson@po.state.ct.us or 203-805-6403.

WORKFORCE DEVELOPMENT EFFORTS AT DMHAS

Staffing and workforce needs, along with demographic and social changes, can result in a system unable to adequately promote health or provide care for those who seek our help to facilitate their recovery. The competing issues and interests include the potential for staff shortages as evidenced by the reduced number of clinicians entering the field, difficulty in recruiting and retaining qualified and diverse staff, and the increased demands placed on the workforce. This may have the potential of resulting in a workforce inadequately supported to meet current demands and ill prepared to anticipate a rapidly changing healthcare environment.

Using the resources available statewide, Human Resource must meet the challenges of some of the most critical staffing shortage needs that DMHAS faces in various innovative ways. This includes a focus on the staffing, recruitment, and retention needs of qualified and competent registered nurses as one of the prioritized areas of need. It is significant to note that between 2006 and 2007, DMHAS has achieved the following results:

- Partners with the Department of Administrative Services that has resulted in the implementation of an on-going series of "RN Hire Events" at many of the DMHAS state-operated facilities.
- Accesses the Department of Public Health database of information and provides direct mailings to licensed registered nurses within CT detailing employment opportunities and RN Hire events that exist within our system of care.
- Attends various RN career fairs across Connecticut, including the delivery of informational sessions to students at various colleges that offer associate or bachelor nursing degree programs. This includes information about the DMHAS system as well as state benefit programs and job opportunities that may exist to these nursing students as potential nursing job applicants.
- At recent hiring events held at Cedarcrest Hospital in March 2008, 8 of the 9 nursing vacancies were filled. In September 2007, a hiring event was held at Southwest CT Mental Health System in which all nursing vacancies that existed were also filled.

These initiatives have resulted in an overall net increase of 38 registered nurse who have been hired within DMHAS when compared to the overall number of RN's who have left DMHAS for various reasons including retirement, resignation, and transfer opportunities during this two year tracking period.

For more information, contact Audrey.Bongiorno@po.state.ct.us or 860-418-6740. Information on employment opportunities are posted at: <http://www.ct.gov/dmhas/cwp/view.asp?a=2904&q=335102>

II. ADDITIONAL HIGHLIGHTS

NATIONAL PATIENT SAFETY WEEK

In an effort to raise awareness of the importance of maintaining a safe environment at DMHAS' CT Valley Hospital (CVH), Performance Improvement Managers designed a mock patient room, and opened the exhibit to both staff and residents during *National Patient Safety Week*, March 2-9. The display, called *The Patient Room of Risks*, was set up in a central location in Page Hall, using mannequins as a "patient" in bed on Constant Observation status, and a "staff person" to monitor him. The room contained over 50 safety risks, and both CVH staff and patients were invited to tour the display and participate in a competition to identify as many of those unsafe conditions and risks in the room as possible. After keeping *The Patient Room of Risks* open around the clock for the week, the risks were revealed to staff and patients on Monday, March 10, with pizza and beverages provided. First, second, and third prizes were awarded to both patients and staff who identified the most risks, and a pizza party was awarded to the department with the most participation and the correct answers. Daily announcements in CVH Today, the hospital newsletter, served to remind staff that patient safety and eliminating risks in the environment is always our primary objective. The daily announcement also included one of the Joint Commission National Patient Safety Goals, along with an invitation to visit *The Patient Room of Risks* and participate in the contest. At the end of the week everyone involved agreed that the exhibit was a success, and the goal of increasing hospital-wide awareness of the importance of patient safety was achieved.

For more information, contact Luis.Perez@po.state.ct.us or 860-262-5887.

RECOVERY TO WELLNESS

In February, CVH was fortunate to have five days of training, from 2/25-2/29, with the Master Trainers from Psychiatric Rehab Consultants who work with Dr. Robert Liberman. Over 300 staff attended at least one session. The consultants, Dr. Thad Eckmann, Dr. Sally MacKain, Larry Boone, Dr. Roberto Zarate, and Dr. Tim Kuehnel, held over 40 training sessions over the 5-day period and met with many residents and staff members from a variety of disciplines. The evidence-based training sessions were conducted on the clinical units, with intact groups of residents and teams from those units. The instructors were flexible and honored the strengths demonstrated by staff and residents alike. One of the hallmarks of their training was a concept called Errorless Learning which, along with other teaching tools used that week, have been adopted by the hospital for use in future trainings.

Tremendous work was done by each clinical division, rehabilitation staff, patient advocates, dietary, staff development, information technology, housekeeping, and administrators to make this, the most ambitious recovery-oriented CVH endeavor to date. The consultants noted the difficult work CVH staff has before them and the quality of care they observed. Changing practice is not done all at once and it must be phased in as part of an overall plan.

Drs. Liberman and Kuehnel were at CVH last fall for training on an overview of social and independent skills training hospital-wide. The current phase of the training involved observation and feedback to group leaders and residents. The consultants observed recovery-oriented groups (which they call classes), spent time with residents and staff, gave feedback and conducted trainings on teaching interactions and generalizations from the groups back on the units.

On March 14th CVH launched the implementation phase with of the new effort, Recovery to Wellness, with a reception honoring Dr. Liberman and participants in the training. A new DVD, produced at CVH by Tom MacLean, features residents interacting with Dr. Liberman and was premiered at the reception and is available as a training tool. The DVD includes a group of residents who are learning about vocational skills from Dr. Liberman and are assisting in their own skills development. A new poster was also designed and created to announce this recovery initiative. If you are interested in any of the modules or the training tools, please contact Jane.Fleishman@po.state.ct.us.

The implementation phase is being led by a steering committee of key stakeholders (residents and staff) and has been well received. The co-chairs of the Steering Committee are Helene Vartelas (Helene.Vartelas@po.state.ct.us) and Cheryl Kraft (Cheryl.Kraft@po.state.ct.us).

For more information, contact Luis.Perez@po.state.ct.us or 860-262-5887.

SUPPORTING RECOVERY AT CT VALLEY HOSPITAL (CVH)

- *Empowerment.* New Employee Orientation talks were conducted by members of the inpatient community on March 7th, expansion of this kind of education to new and existing staff has been proposed. Comments for this session included:
 - “This was the best part of orientation all week. It gave me better insight to the patients and I learned a great deal.”
 - “This presentation puts a face on why we are here.”
 - “The presentation was wonderful, very educational.”
 - “How they like to be treated is so important.”
 - “It was the best presentation we have had.”
 - “Incorporating the patients from the video into the live class was wonderful. Such a touching class.”
 - “This has opened my eyes to how “normal” and “real” these patients are. Stigma gone! Thank You!!”
- *Sharing Experience and Sharing Knowledge/Empowerment.* On Monday, February 25th, and Monday, March 10th panelists with experience of the junction of mental health and the law provided in-service education to statewide staff of the *CT Public Defenders Unit*. This is the third year that men and women in recovery have been invited to serve as faculty for members of the unit and this year office staff, social workers, and other personnel have been included along with Attorneys. Members of the panel can speak to the needs of individuals with mental health and emotional needs who are involved with the justice system. Many remarks have been made to highlight the value of this kind of experience for attorneys and their support staff. The request for this type of education has grown to the point that it is now delivered over two separate sessions.
- *Respect/Full Participation.* As CVH moves forward in its evolution toward becoming a Wellness and Recovery-oriented center, the role of the members of the inpatient community is crucial. Steps are now underway to create an Advisory Body to the Skills Development Program that will consist primarily of the residents of the hospital.
- *Peer Support/Valuing Strengths.* On February 20th, a panel of members of Recovery Speaks traveled to the East Hartford Club House and spoke about their journeys of recovery. The diverse panel included members who currently live in CVH’s General Psychiatry and Dutcher Services.
- *Advocacy/People Effectively Speaking for Themselves.* A growing number of CVH residents are encountering the Social Skills Learning Modules and providing feedback to the process of program development that will expand use of the evidence-based practices. Members of the inpatient community are the key voices that will guide the implementation of the initiative.

For more information, contact Luis.Perez@po.state.ct.us or 860-262-5887.