

RECOVERY TIMES

FOCUS ON:

**INNOVATIVE CRIMINAL JUSTICE
RELATED SERVICES/APPROACHES**



FEBRUARY 2008

*Everything you ever wanted to
know. and then some!*

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

RECOVERY TIMES

February 2008

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FEBRUARY 2008 RECOVERY TIMES

I. INNOVATIVE CRIMINAL JUSTICE RELATED SERVICES/APPROACHES

ACCESS TO RECOVERY PARTNERSHIP WITH COURT SUPPORT SERVICES DIVISION (CSSD) OF THE JUDICIAL BRANCH AND DEPARTMENT OF CORRECTION (DOC)

The Access to Recovery (ATR) Program is continuing its successful collaboration with DOC and CSSD. The federal Substance Abuse and Mental Health Services Administration (SAMHSA) awarded twenty-four (24) grants nationwide for this round of ATR. DMHAS, DOC, and CSSD identified the following specific target populations for ATR:

CSSD:

- Technical Violation Unit (TVU)
- Probation Transition Program (PTP)
- Women Offender Case Management (WOCM) Program
- Intensive Pre-trial Supervision

DOC:

- End of Sentence
- Community Parole
- Transitional Supervision
- Project PREP (U.S. Dept. of Justice-funded Reentry Program in Hartford only)

Additionally, individuals referred by the Hartford Community Court are eligible for ATR.

The original ATR Program proved to be a highly successful collaboration between several state agencies. Thousands of individuals involved in the criminal justice system were served by ATR providers. Many individuals leaving correctional facilities were able to access safe and affordable sober housing upon their release. Individuals who needed assistance to sustain their recovery in the community accessed case management, peer-based, and faith-based services. Individuals who were interested in developing vocational skills accessed a variety of vocational services.

For more information, contact William.Halsey@po.state.ct.us or 860-418-6747

ADVANCED SUPERVISION AND INTERVENTION SUPPORT TEAM (ASIST)

DMHAS' Capitol Region Mental Health Center (CRMHC) and Division of Forensic Services (DFS) are participating in a new initiative entitled, Advanced Supervision and Intervention Support Team (ASIST). The purpose of the program is to reduce incarceration of persons in need of mental health services and to expand community services for persons who have mental health needs who are defendants, on probation or participating in community re-entry. The goal of reducing incarceration through increased support in the community is accomplished collaboratively with newly funded *Mental Health Probation Officers* and *Mental Health Parole Officers* who are trained in mental health and have low caseloads comprised of individuals with mental health needs. Specialized Probation Officer's caseloads are limited to 35 and specialized Parole Officer's caseloads are limited to 25.

CRMHC implemented the ASIST program in Hartford during fall of 2007. The CRMHC ASIST program places one of the Center's clinicians at Community Partners in Action, the local Alternative to Incarceration Center (AIC), which is funded by the Court Support Services Division (CSSD).

For information on the above, contact Brenda.StGeorge@po.state.ct.us or 860-297-0887. For more information on CRMHC, contact Karen.Evertson@po.state.ct.us or 860-297-0906.

COMMON GROUND'S SUPPORTIVE HOUSING PROGRAM

Among the sixty (60) residents of Windham House are numerous individuals with a history of criminal offenses, many having served jail time, and most looking for a new beginning. In addition to residents thriving in decent, safe, affordable housing, they are in a position to secure an in-house social worker and

employment counselor, social and recreational services. Ongoing in-service training by local mental health agencies staff and cultural education by area agencies are provided to Windham House staff with the opportunity to provide residents with updated information and referral to services.

For more information, contact Karen Kucher, Common Ground, at 860-450-0445.

COMMUNITY FORENSIC SERVICES AT CT MENTAL HEALTH CENTER (CMHC)

DMHAS' CMHC has recently organized a new structure named Community Forensic Services (CFS) to manage and coordinate services for individuals diverted from or transitioning out of prison. CFS is comprised of several new and existing jail diversion initiatives and community re-entry programs. These programs include the CT Offender Re-entry Program (CORP), the Community Resource Evaluation Service and Treatment (CREST), a Mental Health Day Reporting Center at Fellowship Place and the Advanced Supervision and Intervention Support Team program (ASIST), in collaboration with New Haven's AIC Project MORE and the new residential Sierra Jail Re-Interview Center. DMHAS Forensic Services and CMHC are collaborating with Fellowship House, The Connections Inc., Court Support Services Division (CSSD) of the Judicial Branch, the Alternative to Incarceration Center (AIC) and the Department of Correction (DOC). In this interagency collaboration, CMHC staff provides on-site clinical screening and assessments, clinical supervision, as well as co-lead groups and augment CREST case management services. The CMHC CREST staff collaborates with community treatment providers as well as probation and parole officers. For individuals not currently receiving treatment, the CMHC CREST staff complete the CMHC clinical assessment and provide clinical services at CMHC until they are assigned to CMHC treatment teams or until they are referred out to other treatment programs. CFS is designed to improve access to services and prevent recidivism into prison for the target population.

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

DMHAS FORENSIC SERVICES DIVISION—SUPPORTING RECOVERY AND SYSTEM DEVELOPMENT

- **Recovery-Oriented – How do we support recovery?**

- *ASIST (Advanced Supervision Intervention and Support Team)*. This innovative new program, jointly funded by DMHAS Division of Forensic Services, the Department of Correction, and the Judicial Branch, is based on teams composed of staff from each of the funders who provide a combination of behavioral health services, community support, and community supervision to adults with a range of psychiatric disorders. This effort is designed to: 1) increase the number of individuals with psychiatric disorders who are diverted from jail or released from jail or prison and 2) provide multi-agency support to improve their success in the community and reduce recidivism and reincarceration. DMHAS clinicians collaborate with local Alternative to Incarceration Centers (funded by the Judicial Branch) to provide supervision and coordinate treatment and recovery services to maximize success in the community.

ASIST is implemented in seven locations and the clinicians are employed by the local DMHAS LMHAs – Hartford, New Haven, Waterbury, Bridgeport, New Britain/Bristol, Middletown, Norwich/New London. The program funds additional clinical positions for the LMHAs in the four large cities, transitional housing for individuals with serious mental illness, and mental health services at private non-profits for individuals with less serious mental illness. The program began accepting individuals in December 2007 and is expected to have a capacity to serve 200 individuals at any one time. The ASIST program includes a program evaluation and rapid data collection and analysis to guide development of ASIST and the larger collaboration among the three agencies in serving common individuals.

For more information on the above, contact Megan.Goodfield@po.state.ct.us or 860-262-6212.

- *Women's Jail Diversion (JDW) program*. The DMHAS Division of Forensic Services provided funds to DMHAS CT Mental Health Center (CMHC) to implement a Women's Jail Diversion

(JDW) program for New Haven Court, operated by the Yale Medical School Substance Abuse Treatment Unit. The program began accepting individuals in December 2007. This program is modeled on the two JDW programs, which were funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) for Capitol Region Mental Health Center (CRMHC) in 2002 and for Community Mental Health Affiliates (CMHA) in 2003 that served Hartford Court and New Britain and Bristol Courts, respectively. The CMHC program targets women at risk of incarceration who have the psychiatric consequences of physical, sexual, and/or emotional abuse and substance use disorders. The program provides comprehensive clinical services for mental health, substance abuse, trauma recovery, and medication management as well as support in the community to obtain basic needs and provides intensive engagement and outreach. All services are delivered in a trauma informed manner by experienced clinical staff to meet the unique needs of women. The program also has funds to provide limited basic needs for clothing, transportation, toiletries, etc. The programs at CRMHC and CMHC, which continue to operate, have been successful in engaging women who have a history of not remaining in treatment. American Jails Magazine, which provides information on innovative programs for the criminal justice system, featured these programs in two recent editions. In 2006 DMHAS received a third SAMHSA Jail Diversion grant to expand the CRMHC program to also serve men with trauma histories.

For information on the above, contact Erin.Leavitt-smith@po.state.ct.us or 860-262-5879.

- **System Development – How do we support system development?**

- *CIT (Crisis Intervention Team)*. The CIT program funds training for police officers to deal with persons with psychiatric disorders and also funds DMHAS clinicians at four LMHAS to assist officers in responding to mental health calls and offer evaluation, referral, and follow-up to the subjects of those calls. The 5-day, 40-hour CIT trainings are conducted by the Connecticut Alliance to Benefit Law Enforcement, Inc. (CABLE). Since October 2004, 426 individuals (police officers, mental health staff, and others) have participated in these DMHAS-funded trainings. Participants include members of 23 municipal police departments, the CT State Police, State Capital Police, and 5 university based police departments.

DMHAS also funds an annual CIT Refresher Symposium, conducted by CABLE, for individuals who completed the CIT training. The 2007 Symposium was held on Nov. 28, 2007 at Central CT State University. The presentation, “Effective Strategies for Communicating with Individuals Experiencing Psychosis” by Dr. Fred Frese, was attended by 152 individuals. The overall response of survey respondents was very positive. The first CABLE, Inc. CIT Star Award was presented to Officer Martin Garcia of the West Haven PD. Additionally Officer Roselyn Ramirez of the Waterbury PD was recognized as the NAMI-CT CIT Officer of the Year. Both officers were recognized for outstanding performance in utilizing CIT principles while serving the public.

For more information on the above, contact Megan.Goodfield@po.state.ct.us or 860-262-6212.

- *Connecticut Offender Reentry Program (CORP)*. CORP provides services to sentenced inmates within the Department of Correction who have psychiatric disabilities and who will be discharging to the community. Staff begin working with individuals from the Hartford, Bridgeport, or New Haven communities six to twelve months before release. Staff meet with individuals within the prisons in two groups per week and individually as needed to engage individuals, assist them in developing skills needed to be successful in the community, and connect with community services. They continue to work with individuals after release to help them establish themselves successfully in the community. CORP staff are employed by CRMHC (Hartford), CMHC (New Haven) and GBMHC (Bridgeport). In addition to serving men and women at two prisons, the DMHAS Division of Forensic services recently funded two additional positions to also serve a third prison. These three prisons serve most of the adults with serious mental illness in the Department of Correction.

Since services began in November 2004, the program has served 176 clients, of whom 144 were released to the community. Of those released only 9 (6%) had new arrests and 13 (9%) were reincarcerated either because of these new arrests or due to parole violations. This represents a significant reduction in recidivism for this population.

For information on the above, contact Erin.Leavitt-smith@po.state.ct.us or 860-262-5879.

- *2008 Legislative Session.* The current legislative session will focus on improvements to all aspects of the criminal justice system. This effort will be informed by the recent work of multiple bodies including the Governor's Sentencing and Parole Review Task Force, the Criminal Justice Policy and Planning Commission of OPM, and the Legislative Sentencing Task Force. DMHAS' Division of Forensic Services assisted Commissioner Thomas A. Kirk, who was appointed to each of these groups, in informing participants about the characteristics and needs of offenders with behavioral health needs. Staff provided data on DMHAS' highly effective diversion and reentry programs. This data served to support the message that appropriate services reduce offending and recidivism of low risk offenders and free up expensive jail and prison beds for serious high risk offenders who must be contained for community safety. DMHAS also provided specific policy and funding recommendations to support and expand these services.

For information on the above, contact Michael.Norko@po.state.ct.us or 860-418-6807.

- *Transitional Case Management Program (TCM).* TCM ensures the continuity of care for males with substance use disorders transitioning from the state's correctional facilities to the Hartford and Waterbury communities in a manner that encourages community reintegration, sobriety, employment, and housing stability and decreases recidivism. Staff meet with individuals in the prisons three to four months prior to release to complete a comprehensive strengths-based inventory that provides the basis for the individuals' transition plan. After release, for an average period of four to five months, staff provide continued community support, assistance with housing, outpatient substance abuse counseling, and assistance with employment. The goal of the Transitional Case Management Program is to help individuals transition back to the community in a way that promotes recovery and stability.

During SFY07, TCM served 110 individuals, and 80 of these transitioned to the community. During their period of activity in the program in SFY07 only 2% of participants were re-arrested and 2% were re-incarcerated. In January 2008 the Division of Forensic Services released a Request for Proposals to identify two providers to expand TCM services to male inmates who are transitioning to New Britain/Bristol and New London/Norwich. These new locations are expected to begin operation this summer.

For information on the above, contact Erin.Leavitt-smith@po.state.ct.us or 860-262-5879.

EMPLOYMENT AND REENTRY SERVICES

In order to gain a better understanding and increase collaboration between our agencies, the Statewide Services Employment Unit met with the Department of Correction (DOC) to discuss their re-entry curriculum with a particular focus on employment. This meeting resulted in a sharing of information by both agencies and the plans for an in-service featuring the DOC re-entry program, which will be scheduled for the spring. Additionally, the Statewide Services Employment Unit offers a training each semester through the DMHAS Recovery Institute that discusses strategies for promoting employment for persons with criminal histories. The training addresses numerous areas including the following:

- DMHAS programs that help individuals transition from incarceration to the community,
- Applying for a pardon to erase a criminal record,
- How convictions affect one's application for state certification or licensure (e.g., nursing licences for persons with drug convictions),
- Applications, resumes and job interviewing techniques for people with prison records, and

- General employment/job development strategies that overcome the stigma faced by persons with criminal records and a behavioral health disorder.

To enroll, register on line through the DMHAS Recovery Institute.

For more information, contact Linda.Guillorn@po.state.ct.us or 860-418-6732 or Ruth.Howell@po.state.ct.us or 860-418-6821.

FORENSIC SERVICES AT WESTERN CT MENTAL HEALTH NETWORK (WCMHN)

Forensic Services at DMHAS' WCMHN has been expanded in the Greater Waterbury Mental Health Authority (GWMHA) to provide a broader continuum of opportunities to intervene and provide treatment for individuals rather than incarceration. For example, CIT (Crisis Intervention Team) staff intervene along side police and offer police alternatives to arrest for individuals with behavioral health disorders. Jail Diversion staff intervene after arrest at arraignment and offer treatment options to the court in lieu of incarceration. There are Alternatives to Incarceration (AIC) programs that traditionally have not accepted individuals with behavioral health disorders, as they have not been clinically trained. A new joint venture between DMHAS, CSSD and DOC called the ASIST program (Advanced Supervision and Intervention Support Team) has just been initiated to address this issue. GWMHA has hired a licensed clinical social worker to work out of the Waterbury AIC with DMHAS, court-referred individuals and to offer clinical consultation to the AIC. Specific group interventions (START NOW) have been developed to address the clinical and criminogenic needs of individuals who have legal involvement. Formal referrals to ASIST began in early December 2007 and the ASIST clinician already has a caseload of 15 individuals. We anticipate even higher levels of utilization, as this program becomes more fully known in our area.

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

HARTFORD FAMILY COURT CONNECTION (FCC)

This month, DMHAS has begun a new collaborative with the Family Court Division of the Hartford Judicial District. The Family Court Connection (FCC) will use the positive experiences the Hartford Judicial District has experienced with the DMHAS Jail Diversion Program as a platform for this initiative. The FCC will assist the Family Court Division in making referrals to outpatient substance abuse evaluations, treatment and recovery supports. Individuals served by the Family Court Division in Hartford will be able to call Access Line and be referred to one of several providers participating in the FCC. The FCC will ensure that all calls are tracked and that an appropriate provider has an opening and is an appropriate provider for the individual.

For more information on the above, contact Michael.Michaud@po.state.ct.us or 860-293-6342. For more information on DMHAS' Health Care Systems, contact Lauren.siembab@po.state.ct.us or 860-418-6897.

MANAGING RISK COLLABORATIVELY

DMHAS' Southeastern Mental Health Authority (SMHA) Forensic Services is exploring a collaborative way of managing risk with Psychiatric Services Review Board (PSRB) Acquittes transitioning to the community. This approach involves a four-step method, which is listed below. The goals of this approach are to engage and empower the individual to recognize risk factors, to develop and utilize appropriate interventions, and to process these interventions with his/her treatment team. This approach helps individuals develop a stronger sense of self-efficacy and thereby supports their recovery. It is an underlying assumption that persons in recovery are at lower risk to re-offend. Recovery is an incompatible behavior with criminal behavior. Following this process for managing risk strengthens the recovery. The steps are as follows:

1. **Identification**: When the individual is stable and preferably in the action or maintenance stage of treatment, risk factors, which have resulted in previous problems, can be explored. We identify the stressors, precursors, triggers, high-risk situations, persons or places, and negative mood states that have contributed to past criminal behavior. Skill deficits also can be identified. The next step is to

identify multiple interventions for these factors. Finally, the goal is to have individuals learn skills to address problem areas. These may include Dialectical Behavior Therapy (DBT), trauma resolution skills, assertiveness training, anger management, or other skills to address identified deficits.

2. **Awareness:** Once the risk factors have been identified, it is important that the individual keep aware when he/she is straying from the path of recovery or slipping into previous cycles of behavior. The earlier the person identifies the changes in behavior, the easier it is to get back on the path. This involves paying attention to mood state, triggers and stressors, substance use, need for adjustment of medication, or any decompensation. Additionally, staff assists in checking in with the individual about risk factors.
3. **Intervention:** It is important that the individual use the interventions when aware of experiencing difficulties. Individuals need to use supports, crisis plan, and seek the appropriate level of care, as well as use DBT, trauma, or other Cognitive Behavioral Skills. Individuals should assess the effectiveness of the intervention and make any necessary adjustments.
4. **Acknowledgement:** Once the individual becomes aware of the difficulties he/she is experiencing and takes steps to get back on the path of recovery, staff should be encouraging and point out what they have accomplished. Individuals can process the intervention and make any revisions to the crisis plan.

These successes can make recovery stronger through the development of a Positive Recovery Cycle. The individual is living their life. A trigger or stressful situation occurs. They are aware of it. They deal with it and intervene if necessary. They go back to their regular mood state. Handling the stressor may increase their self-esteem. They take good actions and follow their recovery plan. There is a sense of success. The individual and treatment team acknowledges the success and supports the progress in recovery the individual is making.

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

SAFETY EDUCATION AND TRAINING ACTIVITIES

- *Police Training Activities:* The Hearing Voices that are Distressing class was conducted for certified police officers in December at the Meriden Academy.
- *Other Training Activities:* There has been an increase in requests for training by other, non-DMHAS employees, i.e., Court Services, Parole Offices, Public Defenders for content related to working with people with mental illness and substance abuse. Training is being scheduled over the coming months to meet these training needs.

For more information, contact Marcia.Aleksunes@po.state.ct.us or 860-262-5387.

SUICIDE PREVENTION TRAINING TARGETS GATEKEEPER IN JUVENILE JUSTICE

One of the goal's of the CT Youth Suicide Prevention Initiative, funded by the federal Center for Mental Health Services (CMHS) and administered by DMHAS, is to implement selected youth suicide prevention/early intervention strategies with the objective to provide training in recognizing the signs and symptoms of suicidality and depression to Department of Children and Family (DCF) personnel, juvenile justice personnel, foster parents, and schools nurses. This objective is addressed through a sub-contract with the United Way of CT in Rocky, Hill. The United Way is utilizing the Applied Suicide Skills Intervention Training model that helps caregivers become willing, ready, and able to provide emergency first aid to persons at risk of suicidal behavior.

The first of four 2-day workshops the United Way will hold occurred on December 11 and 12, 2007 and was attended by staff working in the CT juvenile justice system. Attendees came from St. Francis Home for Children, Community Partners in Action, Family Support Center, Girls' Center for Assessment, Respite and Enrichment, Girls/Families with Services Needs Center, Therapeutic Preschool, and Boys' Center for Assessment, Respite and Enrichment. Workshop participants examined their attitudes about suicide, learned how to effectively recognize and review the risk of suicide, and developed new and/or

reinforced existing intervention skills. In addition, the training also addressed the need to develop a cooperative network among participants since caregivers often have to work together to prevent suicide.

For more information, contact Dianne.Harnad@po.state.ct.us or 860-418-6828.

THE CONNECTION HOUSING PARTNERSHIP WITH DEPARTMENT OF CORRECTION

The partnership of these two agencies has resulted in a supportive housing model worthy of replication. In 2005, Re-Entry Supportive Housing opened its doors to the first parole individuals re-entering the community from the correctional system. Originally there were twelve two bedroom scattered apartments in New Haven, allowing a capacity of 24 individuals. These apartments were rented from community landlords by The Connection Inc. and furnished. In January of 2006, The Connection Inc. responded to and received an additional grant from DOC to expand the Re-Entry Supportive Housing model to additional areas including Torrington, New Britain, Bristol, Meriden, and Danbury. This expansion included 25 new apartments and 50 new beds. At this time the name was also changed to Re-Entry Assisted Community Housing (REACH.) REACH currently has a capacity of 74 beds throughout CT. The Connection is in negotiations with DOC to expand an additional 30-34 beds in the Bridgeport area.

Case managers conduct groups on Criminal and Addictive Thinking and on Employment Support. A housing coordinator assures that housing is kept in prime condition doing quarterly inspections of all units and maintaining regular contact with all landlords. An Assessment Specialist conducts all assessments in the institutions and manages a wait list for all regions. Finally, a part time Quality Improvement specialist assures that as the program expands it maintains service integrity. A large percentage of REACH individuals are referred to DMHAS-funded programs for substance use and/or mental health care.

For more information, contact Cathleen Meaden, 203-537-6566 or cmeaden@theconnectioninc.org.

WRAPAROUND MODEL FOR YOUTH INVOLVED WITH JUVENILE JUSTICE SYSTEM

Last May the Mental Health Transformation (MHT) Oversight Committee approved the plan proposed by workgroup #5 to support full implementation of the Community-Based Wraparound Model in two pilot communities that serve a significant proportion of youth involved with the Juvenile Justice System. The Community-based Wraparound Model was selected due to its effectiveness in serving a wide range of children and families, in addition to embodying the values and approaches to *Transformation* described in the President's New Freedom Commission Report on Mental Health. The Joint Juvenile Justice Strategic Plan recently developed by the Court Support Services Division (CSSD) of the Judicial Branch and the Department of Children & Families (DCF) in conjunction with multiple stakeholder groups also recommends implementing many of the core components of Wraparound.

Wraparound is a value-based service delivery system that emphasizes community-based care, family voice and choice, culturally competent services, and a strength based (rather than a deficit oriented) approach. It combines a comprehensive array of supportive and treatment interventions with case-management and advocacy. In most applications, a Wraparound facilitator/case manager works with families to identify strengths and needs and convenes a team composed of the child and family, community providers, and natural supports. The Team develops an individualized plan of care designed to improve functioning and maintain community placement. A strong emphasis is placed on identifying and capitalizing on existing natural supports and fostering family competence and independence.

In May 2007 DMHAS entered into a Memorandum of Agreement (MOA) with CSSD and DCF to initiate this project. This project will build upon existing resources in two local communities and provide a quality assurance and workforce development infrastructure for full implementation of Wraparound. Existing resources include: 1) local community collaboratives, 2) local family support organizations, 3) DCF-funded care coordinators, 4) DCF and CSSD flexible funding, 5) Emily J. initiatives (community-based services for court-involved children developed between the Judicial Branch DCF), 6) existing parole, probation, and protective services workers, 7) existing wrap-around training programs (DCF Emily J. and community collaboratives), 8) local mental health service providers and services, 9) local juvenile review boards, and 10) court-based assessment programs and other complementary initiatives.

Infrastructure support will consist of training, in-vivo coaching, fidelity monitoring, administrative supports, clinical quality reviews, and quality assurance and outcome assessment.

The CT Center for Effective Practice of the Child Health and Development has been awarded the contract to serve as the Coordinating Center for the project. DCF and CSSD staff and various court-based assessment providers have been engaged in project planning. Wraparound is a truly *transformative* approach to delivering care that places the family at the center of decision-making and shares the concepts and values of the adult Recovery Movement and other approaches that build upon the natural resilience of children, families, and communities.

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

II. ADDITIONAL HIGHLIGHTS

DMHAS' HUMAN RESOURCE "SPOTLIGHT-I AM DMHAS"

DMHAS is a dynamic workplace that offers enriching professional experiences for individuals interested in developing their careers. DMHAS recognizes that the exploration of future or different career directions often results from a staff member's new or emerging values and work interests. DMHAS prides itself on our expertly trained healthcare team. As part of our recovery-oriented system of care, individuals not only work collaboratively with others as part of the multidisciplinary, client-centered approach but they also enjoy an environment that fosters best practice guidelines that support one's profession.

As reflected in recommendations that emerged from CT's Mental Health State Transformation, strategies that strengthen the workforce are imperative. This "*SPOTLIGHT-I am DMHAS*" is the first release of an ongoing series to promote strategies that highlight career development opportunities in our behavioral health workforce.

SPOTLIGHT – "I AM DMHAS"

Gaspar Reyes, Clinical Social Worker Licensure Candidate, DMHAS Southwest CT MH System

"There are a number of reasons why I choose to work at DMHAS. First, DMHAS allows me to have a hands-on approach in serving individuals who have been diagnosed with mental illness. Secondly, DMHAS gives me the tools and training in order to provide clinical care along with the opportunity to work in various capacities from inpatient settings, outpatient settings to community reintegration. If you are interested in pursuing a career that will provide personal growth while learning new clinical approaches to working with people who have mental illness, DMHAS has a place for you.

I currently have a Masters Degree in Social Work (MSW), which allows me to do several things within DMHAS. First, you must understand that DMHAS reinforces the eclectic (the Generalist approach) to treatment. Social Workers can get involved in a number of areas from administrative duties to providing state-of-the-art clinical interventions to their patients. Social Workers can find themselves working side by side with a team of individuals whose primary focus is to improve the consumer's quality of life.

I was hired at DMHAS in 1995 and offered the entry-level position Mental Health Worker. While working here I received clinical supervision and worked hand-in-hand with members of a team who ultimately encouraged me to return to school and to take advantage of the various programs available. One of those programs here at DMHAS is called, "Career Mobility". This program allows employees to take off time from their work schedule to attend classes that are only offered during the employee's regular work schedule. This program allowed me to do my Social Work Clinical Practicum during my work schedule and continue to get my regular salary. This program not only helps with your professional life but your personal life because it allows you fulfill my academic requirements. In addition, DMHAS has tuition reimbursement funding offered to their employees, which was extremely helpful as well. Who would have thought that a place of employment would be the catalyst in helping me achieve my academic goals?

For those working at DMHAS and are contemplating on the idea of returning to school and achieving a degree in Social Work or Nursing, let DMHAS help you achieve your goals. Career Mobility is an outstanding program that helps the employee pursue their academic dreams. The staff there is knowledgeable and very helpful. I could not have made it without them.”

For more on DMHAS Workforce Development initiatives, contact Thomas.Griffen@po.state.ct.us or 203-579-7331. Information on programs that promote development of DMHAS workforce is posted at: <http://www.ct.gov/dmhas/cwp/view.asp?a=2903&q=334932>

SUICIDE ASSESSMENT

On January 4, 2008, Drs. Anthony LaBruzza and Helen Miller presented grand rounds at the Greater Bridgeport Community Mental Health Center (GBCMHC) on suicide assessment and documentation. Dr. LaBruzza reviewed the guidelines of the American Psychiatric Association (APA) on the assessment of suicide. He also reviewed key studies in the literature regarding risk factors for suicide and protective factors that reduce the risk. The demographics of those who are at highest suicide risk will vary with the population that is served. While it is not possible to predict which individuals will commit suicide, a risk screen can identify those who are at highest risk and need further assessment. The suicide risk assessment needs to address risk factors, protective factors, a specific suicide inquiry, safety measures, and proper documentation. Dr. Miller reviewed some of the literature on proper documentation of suicide risk assessment and presented a case example that illustrated the medical-legal issues that can arise with a completed suicide.

For more information on the above, contact Stephen.Atkins@po.state.ct.us or 203-551-7447. For more information on SWCMHS, contact James.Pisciotta@po.state.ct.us or 203-579-7368.

SUPPORTING RECOVERY

- *Empowerment.* DMHAS’ CT Valley Hospital (CVH) orientation for new employees continues, including the involvement of current inpatient people in recovery as faculty. The inpatient faculty members are seen as the most important and memorable event in the overall orientation. Expansion of the dimension of empowerment in this way provides an anchor point in the process of culture development here at CVH.
- *Sharing Experience and Sharing Knowledge/Empowerment.* On January 15th members of the Recovery Speaks Program at CVH traveled to the Yale University School of Nursing. Seven (7) members of the CVH inpatient community served as faculty for the two-hour class. Members focused on the way that healthcare professionals can best assist people in their recovery. Panelists articulately described topics, like components of the recovery process. An extensive exchange completed the two-hour program. The evaluations completed by the Yale MSN/Nurse practitioner candidates tell an important story.
 - “This has been a true wakeup call about the challenges and opportunities we have as future psychiatric nurse practitioners, a real career changing experience”
 - “The panel discussion was very powerful; these individuals are admirable in sharing their life experiences with perfect strangers”
 - “I have been considering switching specialties to psych/mental health and this training reinforced my desire to do so”
 - “This is the way education should be done”
 - “This should be an absolute for all practitioners in all areas”
 - “The panel was fabulous”
 - “The panel was incredible”
 - “This has been one of my greatest experiences of nursing school so far”
 - “This was great, it would be wonderful to have more time to interact and listen. No improvement is needed other than expansion of the program and training, I want more.”

- *Primacy of Participation.* Twenty-five (25) members of the CVH inpatient community are newly registered for this seasons primary elections. This brings the number to 82 individuals that are currently prepared to vote in the primaries. One hundred and eighty four (184) CVH residents are registered to vote in November's elections.
- *Social Connectedness/Strength in Diversity.* On January 15, CVH observed Martin Luther King, Jr.'s Birthday at the Yerbury Chapel. DMHAS Commissioner Thomas Kirk, Jr., Ph.D. opened the event which included the presentation of the Martin Luther King, Jr./John Etienne Jr. Freedom Awards. One hundred and fifty (150) members of the CVH community were in attendance to honor this year's recipients who were Retired Affirmative Action Director, Lamar Eberhardt, and Retired Lead FTS Carlton Parkinson. An additional award was presented to the family of the late John Etienne, Jr., Affirmative Action Manager at CVH.
- *Peer Support/Valuing Strengths.* On December 21, CVH's Whiting/Dutcher Forum was held with the focus on "Keeping Hope Alive, Myths and Facts about Dutcher." Peers supported peers with ideas about the use of the wellness toolbox, leaving the past in the past and developing supports to your own recovery.
- *Advocacy/People Effectively Speaking for Themselves.* On Saturday, January 19, CVH was host to the Statewide Bi-Monthly meeting of Advocacy Unlimited. The meeting was well attended and was a launching point for Advocacy Unlimited in developing a legislative agenda.
- *Individualized and Person-Centered.* CVH is pleased to recognize the publication of "Through the Eyes of Another: Improving the Skills of Forensic Providers Using a Consumer-Informed Role-Play Procedure" in the Psychiatric Rehabilitation Journal (2008 Volume 31, No. 3). The joint work between people in recovery and CVH professionals has advanced the understanding and the sense of possibility around person-centered services and become a notable voice in the national professional literature. Dr. Marc Hillbrand and David Howe of CVH along with Dietra Hawkins and David Stayner of the Yale Program for Recovery are the authors.
- *Supporting Employment.* CVH completed installation of new greenhouses that will provide additional vocational work site opportunities for patients and increase revenues to the patient activity fund.

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