

RECOVERY TIMES

FOCUS ON:

**INNOVATIVE HOUSING
SERVICES/APPROACHES**



JANUARY 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
January 2008
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JANUARY 2008 RECOVERY TIMES

I. AREA OF FOCUS: INNOVATIVE HOUSING SERVICES/APPROACHES

ACQUIRED BRAIN INJURY (ABI) COMMUNITY HOUSING SERVICES

DMHAS' ABI Community Services has a unique approach to assisting individuals in establishing a residence in the community of their choice. A statewide ABI Housing Coordinator assists individuals with an acquired brain injury who are establishing their first apartment, as well as, individuals who are relocating to a new community. The Housing Coordinator's supports include assistance with:

- Finding a rental in the community of their choice that is within the HUD Housing Payment Standards for a 1 bedroom apartment (this may include as many as 10–15 options for the individual);
- Negotiating the application process and determining appropriate disclosures (knowing housing laws is essential at this step);
- Negotiating the lease and completing an inspection of the apartment; and
- Establishing the utilities in the apartment with the individual

This entire process can be very intimidating for the first time renter. In addition many first time renters do not have sufficient funds to establish an apartment and furnish it. DMHAS' ABI Community Services Program provides financial assistance for the application fee, security deposit, and first month's rent. We also provide a stipend to assist with furnishing a 1-bedroom apartment, complete with a Welcome Mat.

The ABI Housing Coordinator helps the individual shop for furniture and arrange for movers if there is furniture to relocate to the new apartment. The ABI Housing Coordinator feels that the apartment set-up is not complete until the bed is made, the dishes are put away and the pillows are on the couch. She works tirelessly to assist the individual to negotiate with the landlord, to shop for furniture and linens, and even to wash the dishes and put them in the cupboard. All this to make it a *home*.

The ABI Community Services, established in November 2001, has served approximately 86 individuals. It is a privilege to assist a person to establish a home in the community of their choice.

For more information, contact Billie.Simmers@po.state.ct.us or 860-262-5579.

COMMUNITY TRANSITION

The cottage program at DMHAS' Cedarcrest Hospital focuses on assisting individuals who are transitioning from the hospital to the community. The program offers "real life" experiences, significantly preparing individuals for a successful community transition. The evening component of the cottage program is almost entirely person-driven. Life skills, such as planning a meal budget, compiling a grocery list as well as actual meal preparation, occur within the program on a bi-weekly basis. Following the meal, individuals are responsible for the cleaning up as well as conducting an informal wrap up group where these individuals and staff begin plans for the next evening's activities. Additionally, the evening program incorporates leisure/ social activities, which is also person-driven, focusing on creative things to do on a limited budget. The purpose of this program is to provide community living experiences for individuals who have been inpatient for a significant period of time, within a safe supported environment. The activities illustrate the Hospital's commitment to successful community reintegration.

For more information on the above, contact Joeli McQuaid-Robert at 666-7605. For more information on Cedarcrest and Blue Hills Hospitals, contact Brenda.Thorington@po.state.ct.us or 860-666-7603.

DANBURY'S PROJECT HOMELESS CONNECT

The Greater Danbury Continuum of Care, in conjunction with the City of Danbury's Housing Partnership, hosted its first Project Homeless Connect on Wednesday, December 5, 2007. Project Homeless Connect is a one-day, one-stop community-wide event designed to deliver services to people experiencing homelessness with the goal of ending homelessness. It is an innovative approach in engaging citizens, non-profit organizations, government and corporations to partner together to resolve this longstanding

issue. Project Homeless Connect is endorsed by the U.S. Interagency Council on Homelessness, and by holding this event, Danbury joined over 130 communities around the country in working toward the common goal of ending homelessness. This event was a direct result of the goals established in the City of Danbury Ten year plan to end homelessness that encompasses four major objectives:

- Increase the supply of permanent housing units to meet the projected need of homeless persons;
- Keep people housed and reduce the number of people becoming homeless;
- Ensure that there are adequate, appropriate and sufficient services to assist homeless or at risk persons in accessing and retaining housing; and
- Develop a strategy to ensure that the plan is implemented and monitored to completion

The event encompassed over 57 agencies providing a wide variety of services including housing, health, vision, employment, educational, legal, veteran's services, credit counseling, faith based services and much more. In addition, the event had over 35 volunteers assisting for the day and 27 contributors including the United Way, the Danbury Elk's Lodge and the Lion's Club. The event served 82 people looking for and being linked with services. Of those, 46 had their vision tested and were referred to get free eyeglasses, 45 received medical services ranging from flu shots to Blood Pressure checks and podiatry services, 25 people were connected with behavioral health services. People also received housing information and applications that were filled out. Over 54 lunches were given away as well as coats and gift bags. Overall, the Project accomplished the goal of connecting people that are homeless to resources and also helped raise community awareness on the issues of homelessness.

For more information on the above, contact Milena.Sangut@po.state.ct.us. For more information on Western CT Mental Health Network, contact Colette.Anderson@po.state.ct.us or 203-805-6403.

HARTFORD'S PROJECT HOMELESS CONNECT

DMHAS' Capitol Region Mental Health Center's (CRMHC) Homeless Outreach and Positive Engagement (HOPE) Team participated in *Project Homeless Connect* on December 12, 2007. Project Homeless Connect is a federal, state and city initiative to change the way social workers, employment agencies, health care and housing providers deliver services to homeless persons. The HOPE Team is comprised of Homeless Outreach Teams from CRMHC, Immaculate Conception Shelter and Housing Corporation, My Sister's Place, and the Hartford YWCA. A *Hartford Courant Article* on December 13th, entitled *Home for a Day* covered the December 12th event.

During the event, free and well-needed haircuts were given to hundreds of homeless men, women and children who went to the St. Patrick and St. Anthony Franciscan Center in downtown Hartford. Providers who serve homeless persons and families gathered in force to offer them care, compassion, hope, food, clothing and shelter. Foot bathing, provided by nurses from Charter Oak Health Center, allowed the nursing staff to evaluate the person's general health and spot problems, such as diabetes. Nine city shelters were represented, as were medical teams offering free HIV/AIDS testing, diabetes and dental checks from Community Health Services and other organizations. The event was a way for providers to connect with people who generally avoid health care services, and to gain their trust.

Additionally, a closet was set up where hundreds of winter coats, toys and backpacks were distributed. People waited in long lines to receive donated goose down and cashmere overcoats. They also ate sandwiches, bagels and doughnuts, and had conversations about how to move out of shelters and into transitional living accommodations and permanent housing. The goal of Project Homeless Connect is to supplement, not replace, current services available to homeless persons.

For information on Homeless Services at CRMHC, contact Crane.Cesario@po.state.ct.us or 860-297-0874. For more information on CRMHC, contact Karen.Evertson@po.state.ct.us or 860-297-0906.

HOUSING: A CRITICAL COMPONENT FOR YOUNG ADULT SERVICES (YAS)

The YAS Program at DMHAS' Southeastern Mental Health Authority (SMHA) has developed several housing solutions to address the challenges in finding apartments for individuals in treatment. Cheri Colonna, YAS Housing Specialist, is an advocate in seeking solutions to the challenges of a tight and

expensive rental market, resistance of landlords to rent to 18-year-olds who are unemployed and have no work history, damages to apartments, eviction prevention, fixed incomes, and apartment safety.

The SMHA YAS team works collaboratively to attain and maintain safe housing for all team individuals living in the community. The team has learned that part of housing success is in community integration, by becoming involved as citizens in their community and meeting neighbors. It is important to place eligible individuals immediately on public housing lists [Section 8, city housing, etc.], as some individuals may need those supports for an extended period of time. Teaching individuals budgeting skills is also important, so they can learn how to maintain a budget based on their housing and basic needs.

The SMHA YAS team suggests the following steps to success:

- Assign dedicated staff to handle the housing and promote team support to include housing skills in case management and in recovery plans;
- Help individuals seek employment and housing subsidies to offset high housing costs when their YAS subsidy ends;
- Have a monthly housing inspection form to review at the apartment with the individual, with an improvement plan;
- Develop a pool of good ethical and responsible landlords, assist individuals to access community resources/entitlements (energy subsidy, etc.);
- Introduce individuals to their neighbors, community (churches, businesses, library, register to vote, etc.) to assist them in their citizenship, as this helps them to see their true identity as a member of their community with these important supports; and
- Seek solution-focused results to problems, and celebrate the housing successes in helping the transition from individual in recovery to citizen.

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

INNOVATIVE HOUSING APPROACHES WITHIN THE ACCESS TO RECOVERY (ATR)

- ***Quality Improvement.*** DMHAS has spent a considerable amount of time improving and enhancing the certification application process for contract sober houses. In addition to the certification application DMHAS conducts an initial site visit to the sober house and at least two annual site visits per house. The comprehensive certification application contains information regarding, but not limited to, the following topics:
 - ❑ Zoning compliance
 - ❑ House rules
 - ❑ Formal grievance procedures
 - ❑ Commercial liability insurance

The enhanced certification application and site visits conducted by DMHAS improve the quality of contracted sober housing for all individuals.

- ***Recovery-Oriented.*** A recovery-oriented system of care includes housing that is conducive to recovery. A significant proportion of ATR dollars will go to support sober housing. Sober housing provides a peer environment that holds residents accountable for their behavior in a supportive manner. Sober houses serve an important function for individuals who need some degree of structure to sustain their recovery in the community. Sober houses encourage the residents to enter the workforce as quickly as possible in order to attain self-sufficiency.
- ***Staff Development.*** Contracted sober houses vary in how they “staff” the house. Some houses are managed by paid staff, some by volunteers and others by the owner. House managers are responsible for maintaining the stability of the house, collecting rent, and holding residents accountable for inappropriate behavior.

- **System Development.** Sober houses are a critical component to the development of a comprehensive behavioral health system of care. Sober houses are encouraged to network and collaborate with existing behavioral health service providers in their communities. The collaboration between sober houses with clinical and recovery support services (e.g. case management, peer services, faith-based services) can increase the likelihood of sustained recovery in the community for individuals.

All individuals should have access to safe, affordable, and stable housing, this is especially important for individuals with behavioral health disorders. A recovery-oriented system of care should include housing that is conducive to recovery.

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

INTEGRATION OF HOUSING AND EMPLOYMENT SERVICES

DMHAS' Statewide Services Housing and Employment staff are collaborating to train housing case managers on employment strategies. Four workshops have been offered to date through the DMHAS Recovery Institute, with two scheduled for the spring. The trainings address a range of employment-related issues including best employment practices, the role of case managers in promoting and supporting successful employment outcomes, and local employment resources.

The Hartford and Norwich/New London were pilot sites for a project that links the One Stop Employment Centers with their local DMHAS supportive housing providers. Under the leadership of the Office for Workforce Competitiveness, staff from supportive housing worked closely with their local One Stop and Workforce Investment Board staff to raise awareness of the employment needs of tenants and develop joint strategies to deliver and track services to tenants. Both sites organized interagency staff training regarding local resources and referral protocols. Most importantly, staff from the participating agencies built relationships that will encourage future teaming. The project was cited by the Advocates for Human Potential and will be expanded to other regions in the spring.

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

MIDDLESEX COUNTY TEN-YEAR PLAN TO END HOMELESSNESS

In December River Valley Services (RVS) and other DMHAS-funded providers in Middlesex County joined municipal officials, business owners, and other community leaders to launch the Middlesex County 10 Year Plan to End Homelessness. The plan is part of a national initiative, led by the U.S. Interagency Council on Homelessness, to prevent and end homelessness. The Middlesex County planning process was convened with the support of a number of local officials, led by the mayor of Middletown, and benefited from the participation of over 100 people, representing a broad spectrum of constituencies and towns throughout the County. RVS and other DMHAS-funded agencies committed themselves to playing an active role in the planning process because accessible and high quality behavioral health services are a critical part of the solution to homelessness. Leaders from the DMHAS provider community will convene several of the work groups to address the following five initial strategic priorities:

1. Develop 50 "Housing First" modeled permanent supportive housing units to serve the County's most chronically homeless individuals;
2. Develop a minimum of 10 permanent supportive housing units prioritizing communities outside the City of Middletown;
3. Develop and implement a flexible housing assistance fund for people at risk of homelessness;
4. Develop and implement an employment services pilot designed to increase coordination among providers to ensure the homeless individuals obtain and retain employment; and
5. Develop one or two housing and services consortiums with MOU's between the respective agencies involved in serving the homeless.

It is anticipated that the initiative will result in the development of significantly expanded housing and service options for homeless individuals with behavioral health needs, as well as for families.

For more information, contact Howard.Reid@po.state.ct.us or 860-262-5205.

NEW HAVEN HOUSING PARTNERSHIP

ALSO-Cornerstone, Inc. and Continuum of Care, Inc., the two major agencies involved in providing residential services for New Haven, and the CT Mental Health Center (CMHC) have partnered with the Housing Authority of New Haven (HANH) to provide case management services in two Housing Authority sites, the Robert T. Wolfe and the Charles McQueeney buildings. Case management is offered to individuals receiving clinical services under the aegis of the DMHAS, as well as other residents as requested. This effort to serve individuals receiving services from DMHAS, as well as improve the housing stability of the overall building populations, effectively expands the capacity of the residential system. These recent efforts are based on the success of ALSO-Cornerstone's collaboration over several years with the Housing Authority of New Haven at another site, named Ruoppolo Manor.

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

NEXT STEP SUPPORTIVE HOUSING INITIATIVE SCATTERED SITE ROUND 2 AWARDS

A Request for Proposals (RFP) was issued on September 19, 2007 for up to 250 units of permanent supportive housing (services and subsidies) statewide through the use of existing scattered site affordable rental housing (235 for DMHAS individuals and 15 for DSS families). Thirty-eight (38) applications were received, by the due date of November 2, 2007, from thirty-three (33) service provider agencies. Through a rating and ranking process, including geographic distribution, 23 awards will be made as follows:

- DMHAS funding – 235 individuals @ \$9,500 per individual = \$2,232,500
- DSS funding – 15 families @ \$13,000 per family = \$195,000
- DSS Rental Assistance Program Certificates (housing subsidies) = 192

An announcement will be sent to the awardees by the middle of January.

For more information, contact Barbara.Geller@po.state.ct.us or 860-418-6813.

PROGRAM INNOVATIONS AT STAMFORD TWENTY-FOUR

An important aspect of the Recovery movement is to custom-design services for individuals based on their unique needs. In the past several years the Mental Health Association of CT, Inc. (MHA) has operated a residential service in Stamford reflecting the person-centric approach to service development.

Housing in the greater Stamford area is difficult to find and incredibly expensive when you do. Add to this dilemma the stigma of living with a mental illness, having limited financial resources and multiple hospitalizations related to your illness. Then try finding a place to live in Fairfield County, one of the wealthiest counties in this country. That is what many individuals within the DMHAS system face everyday. A few have found a new beginning with MHA in Stamford, CT. MHA is operating a residence known as Stamford Twenty-Four or “STF” to the seven men who live there.

STF came into existence five years ago with five beds reserved exclusively for individuals who had multiple hospitalizations, long term stays in Greater Bridgeport Community Mental Health Center, Cedarcrest Hospital, or CT Valley Hospital and had not succeeded in living in other community housing settings. Two additional beds were added approximately two years ago. Under the leadership of Director Beatrix Winter and Assistant Director Karen Schroeder, along with a dedicated staff of ten, services are designed to meet the individual needs of each resident. There is no “cookie cutter” plan for all. As a new resident is identified, they become central participants in the planning of their services.

The results of this program are outstanding. Of the current 7 residents, five have not had any hospital days in over two years and three had brief stays of an average of five days over the past two years. Measured against their lives prior to STF, this is a tremendous victory for all involved and speaks volumes to person-centered planning. STF continues to grow and evolve as a model of what is possible when resources are made available and there is good collaboration between DMHAS and the provider community.

For more information on the above, contact Willard.Pinn@po.state.ct.us or 203-388-1550. For more on Southwest CT Mental Health System, contact James.Pisciotta@po.state.ct.us or 203-579-7368.

SUPPORTIVE HOUSING SERVICES QUALITY ASSURANCE PROGRAM

DMHAS has recently partnered with the Department of Social Services (DSS) and the Corporation for Supportive Housing (CSH) to launch a comprehensive supportive housing services Quality Assurance Program. Designed to evaluate and enhance services to supportive housing tenants, the program provides training and technical assistance intended to support quality service for supportive housing tenants.

The CT Supportive Housing Quality Assurance Program consists of two areas: 1) Quality Assurance Monitoring and 2) Review Process and Training. The Quality Assurance Monitoring and Review Process is an annual audit process that shall be conducted in response to a mandate from the State agencies which fund the services in supportive housing – DMHAS, DSS, and the Department of Children and Families (DCF). This Program audit will be guided by the comprehensive set of Process Monitors for Supportive Housing developed by the Quality Assurance Sub-Committee of the Reaching Home Services Committee, which included representation from the state agencies and the supportive housing non-profit service providers. The agency funding the provider will participate in a random sampling of site reviews.

A Request for Qualifications (RFQ), for organizations, including consultant firms, with demonstrated capacity and experience to conduct monitoring site visits as part of an annual Quality Assurance Monitoring and Review Process of services for CT's Supportive Housing programs was issued by the Corporation for Supportive Housing (CSH). The Center for Urban Community Services (CUCS) of New York has been selected to monitor services for supportive housing programs funded by DMHAS, DSS, and DCF. At a meeting on December 5th supportive housing providers had an opportunity to meet and ask questions of staff from CUCS regarding the monitoring process.

As the supportive housing industry in CT continues to grow and providers increase their capacity, one of our goals is to ensure that the supportive housing services standards that have been created are being implemented by local providers. It is through the implementation of the Quality Assurance Monitoring and Review Process that this goal will be achieved.

The new training initiative is an integral part of the State's investment in and commitment to permanent supportive housing, and is being introduced as part of the Quality Assurance Program under the sponsorship of DMHAS and DSS. The comprehensive curriculum, developed in collaboration with DMHAS as part of the Supportive Housing Training Catalog is targeted to non-profit service provider staff in supportive housing, and is designed to strengthen core competencies in tenant engagement and client-centered service delivery. Building on knowledge and service strategies developed by the Corporation for Supportive Housing (CSH) and the Center for Urban Community Services (CUCS) as "best practices", this comprehensive curriculum provides non-profit service provider staff working in supportive housing settings the tools and skills they need to support and strengthen their work in providing services to both individuals and families who have been homeless with complex service needs.

For more information, contact Barbara.Geller@po.state.ct.us or 860-418-6813.

THE GENERAL ASSISTANCE RECOVERY SUPPORTS PROGRAM (GA RSP)

The GA RSP provides critical housing support for state-administered general assistance (SAGA) recipients who are engaged in behavioral health treatment. Since 1998, the GA RSP (formerly the Basic Needs Program) has been helping SAGA recipients remain in treatment while promoting recovery, independence, employment, self-sufficiency, and stability.

Currently, GA RSP provides short-term housing assistance to eligible recipients on a monthly basis for up to three (3) months in any twelve (12) month period. Housing assistance is available for the following covered services: independent housing, security deposit, utilities, and congregate sober housing. Effective September 1, 2007, all congregate sober houses that receive rental reimbursement from the GA Recovery Supports Program have been certified and contracted by DMHAS.

This certification and contracting process includes requirements that have been added to ensure that safe, standardized sober houses are available to better serve individuals in recovery. Contracted sober house sites have demonstrated their conduciveness to recovery and zoning compliance in the certification

applications and through DMHAS site visits. The statewide contracted sober house network contains 25 vendors with 67 sober house sites.

DMHAS reserves the right to expand the sober housing network based on geographic need and/or specific target population needs such as gender specific housing. Please note that the Department is currently accepting letters of intent from vendors interested in providing this valuable service.

For more information on the above, contact Jennifer.Hutchinson@po.state.ct.us or 860-418-6829. For more information on Health Care Systems, contact Lauren.Siembab@po.state.ct.us or 860-418-6897.

II. ADDITIONAL HIGHLIGHTS

EMPLOYEE OF THE QUARTER PROGRAM – 4TH QUARTER 2007

Congratulations are extended to the following employees who have been selected as “Facility Employee of the 4th Quarter – 2007”. This is truly an honor to be recognized by their colleagues and peers based on the criteria of *initiative*, *contribution*, “*going the extra mile*”, *cooperation*, and *attitude*. This program identifies and recognizes employees throughout DMHAS who demonstrate exceptional job performance and who exceed the expectations of their peers in providing dedicated quality service to DMHAS, the people we serve, and the State of Connecticut. *Congratulations!*

Facility	4th Quarter October 1 – November 15 2007
Cedarcrest Regional Hospital	Jacqueline Brauer Medical Records Specialist 1
CT Mental Health Center	Immaculata (Maggie) Ferrucci Administrative Assistant
Capitol Region Mental Health Center	Catherine (Kit) Conway CSW Associate-Young Adult Services
CT Valley Hospital	Terri Krasinsky Rehabilitation Therapist 2 - GPD - Woodward Hall
Office of the Commissioner	<u>Ronna Keil</u> Behavioral Health Community Monitor - Health Care Systems
River Valley Services	Brian Reignier Human Services Advocate
Southeastern Mental Health Authority	Nannette Yousey Licensed Practical Nurse – Intake Mobile Outreach
Southwest CT Mental Health System	Maria Diaz, Secretary 2 - PICU 1
Western CT Mental Health Network	Domenick Nuzzi, Maintainer - NWMHA

For more information on the above, contact Thomas.Griffen@po.state.ct.us or 203-579-7331. Information on other programs that promote the recognition and retention of our workforce is posted on DMHAS Workforce Development Services website: <http://www.ct.gov/dmhas/cwp/view.asp?a=2903&q=334932>.

SUPPORTING RECOVERY AT DMHAS’ CT VALLEY HOSPITAL (CVH)

- **Social Connectiveness.** On December 19, CVH’s General Psychiatric Division (GPD) held its Annual Holiday & Family Dinner. Some people may question how or why an event like this connects to “Recovery” as indicated by the heading. It has been stated in a variety of venues by many of the people we serve that recovery is about being with family and friends and that’s what it was; a night of family and friends. Approximately 40 people truly enjoyed the company of their 85 visitors. Together they enjoyed the music of a flute player that greeted them, terrific food, piano music, and candid and

professional photo shoots. In the Battell Hall lobby there were Vocational staff working along side some of the people who were proudly selling the beautiful crafts and jewelry that they created. There were gorgeous poinsettia plants for sale that were grown in the CVH greenhouse and nurtured by people with the help of their vocational and rehabilitation staff. There were so many volunteers from all areas of the hospital who decorated the auditorium, cooked the meal for many, helped greet and serve people, take coats, help seat, take pictures, and sell raffle tickets for huge baskets filled with goodies. There were even a few young volunteers who came with their GPD employee parents adding to the family atmosphere. At the end of the night there were more hugs and smiles than you could imagine. The words of appreciation for the chance to be together were numerous and heartfelt. So if this brief description of the Holiday dinner gave you a vision of supportive families and reunions, shared feelings of warmth, hope and pride, accomplishment and togetherness then you can understand the meaning of recovery.

- ***Empowerment.*** CVH continues its ongoing program of orientation for new employees including the involvement of current inpatient people in recovery as faculty. In a December orientation program a new staff member commented after a presentation on an individual's view of restraints "I have been a nurse for 24 years and I'm learning things that I just did not know, these things will stay with me the rest of my life."
- ***Sharing Experience and Sharing Knowledge/Empowerment.*** On November 27th members of the Recovery Speaks group traveled to the Housatonic Community College MERGE program and served as faculty for a new workshop on Stigma. The diverse panel of members showed the class the Jane Elliot film "Blue Eyed" and went into a discussion of personal experience of encounters with stigma and their remedies. The comments of the class and the follow up letters of appreciation spoke to the impact of people in recovery educating the community around them.
- ***Social Connectedness.*** A group of individuals served in CVH Addiction Services and staff attended an Alcoholics Anonymous Young Peoples' Convention on November 24, 2007 in Cromwell.
- ***Peer Support/Valuing Strengths.*** Peer Support meetings in CVH have emerged as venues for the development of Skill Training Programs as members on the campus begin to acquire the skill sets offered by Dr. Robert Liberman. The Goal of developing a core group of peer educators for these programs is gradually moving forward.
- ***Advocacy/ People Effectively Speaking for Themselves.*** Recently there was a Patient Satisfaction Survey written in both English and Spanish circulated at CVH. Questions pertained to a variety of areas including their level of involvement with regard to conveying and determining their treatment needs and desired plans, the amount of assistance received from staff in relation to their getting information, helping them advocate for themselves, encouragement for hope and recovery, rights, safety, privacy and more. Information will be gathered and compiled from the completed surveys with the expectation for improving services as a result.
- ***Individualized and Person-Centered.*** A group of CVH clinicians and administrators with a *person-centered care* orientation asked themselves in the summer of 2003 how they could help forensic psychiatric staff change their professional identity. How could they come to view themselves not as agents of social control, but as healthcare workers promoting recovery? The multimodal training that they created with the help of two Yale consultants is described in the paper *Through the Eyes of Another: Improving the Skills of Forensic Providers Using a Consumer-Informed Role-Play Procedure* that will be published in the January edition of Psychiatric Rehabilitation Journal.

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