

Connecticut Department of Mental Health and Addiction Services:
Proposed Model of Mental Health Recovery and Recovery-Oriented Services

Recovery Dimension:
SUPPORTIVE RELATIONSHIPS

<p align="center"><u>Person In Recovery:</u> <i>To me, recovery means ...</i></p>	<p align="center"><u>Direct Service Provider:</u> <i>I can support people in their recovery by...</i></p>	<p align="center"><u>Manager/Administrator:</u> <i>I can lead an organization that supports recovery by...</i></p>	<p align="center"><u>Recovery Markers:</u> <i>We will know that we are working together toward recovery when...</i></p>
<ul style="list-style-type: none"> • having people I can count on. • being loved and accepted as I am. • having people in my life who believe in me even when I don't believe in myself. • having something to give back. • feeling like a worthwhile human being. • being able to help others when they need me. 	<ul style="list-style-type: none"> • helping people to develop lasting connections to communities and natural supports. • being willing to include these natural supports in the recovery planning process. • being willing to help people get their basic needs met in the community, e.g., managing benefits and finding financial resources, food, shelter, and safety. • believing in people and sharing that belief with others. • being an “advocate” as well as a “provider”. • valuing and exploring spirituality as a potentially critical source of support. 	<ul style="list-style-type: none"> • educating staff and others about natural support networks and how to build them. • developing structured educational programs for families and members of natural support networks. • offering to host local, regional, state-wide, and national consumer and family support services such as NAMI, AU, & CCAR. • valuing and fostering use of peer-support and self-help throughout the agency. 	<ul style="list-style-type: none"> • staff help build connections with neighborhoods and communities. • services are provided in natural environments. • peer support is facilitated and utilized. • natural supports are relied upon.

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Recovery Dimension:

RENEWING HOPE & COMMITMENT

<p align="center"><u>Person In Recovery:</u> <i>To me, recovery means...</i></p>	<p align="center"><u>Direct Service Provider:</u> <i>I can support people in their recovery by...</i></p>	<p align="center"><u>Manager/Administrator:</u> <i>I can lead an organization that supports recovery by...</i></p>	<p align="center"><u>Recovery Markers:</u> <i>We will know that we are working together toward recovery when...</i></p>
<ul style="list-style-type: none"> • having a reason to get out of bed. • having a sense my life can get better. • being able to tackle every day. • realizing that there is more to life than mental illness. • feeling good about the future. • being determined to live well and take care of myself. • believing I can manage my life and reach my goals. • having dreams again. • having people I can count on. 	<ul style="list-style-type: none"> • focusing on strengths. • complementing people respectfully on their successes. • believing in the potential for growth and improvement Recovery is a possibility for everyone! • using a language of hope and possibility. • being hopeful even when people can not be. • understanding that recovery is an individualized process. 	<ul style="list-style-type: none"> • reinforcing staff attitudes and activities that promote wellness and recovery. • providing education and training in recovery and recovery oriented practices for people in recovery and staff. • employing people in recovery to serve as role models and sources of hope for peers. • holding agency accountable for implementation of “preferred practices” which have been shown to promote recovery from behavioral health disorders. 	<ul style="list-style-type: none"> • staff pay as much attention to people who are doing well as those who are struggling. • staff believe in the ability of people to recover.

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Recovery Dimension: FINDING YOUR NICHE IN THE COMMUNITY

<p align="center"><u>Person In Recovery:</u> <i>To me, recovery means...</i></p>	<p align="center"><u>Direct Service Provider:</u> <i>I can support people in their recovery by...</i></p>	<p align="center"><u>Manager/Administrator:</u> <i>I can lead an organization that supports recovery by...</i></p>	<p align="center"><u>Recovery Markers:</u> <i>We will know that we are working together toward recovery when...</i></p>
<ul style="list-style-type: none"> • getting involved in stuff I enjoy, e.g., attending church, volunteering, dating, taking classes, playing sports, visiting friends, attending support groups. • having nice places to hang out with my friends. • having a routine I enjoy. • making new friends. • catching up with old friends. • filling my day with stuff I like. 	<ul style="list-style-type: none"> • supporting involvement in valued social roles. • highlighting employment as a path to recovery. • promoting leisure activities and hobbies based on each individual’s interests. • being able to complete an assessment that focuses on a person’s strengths as they relate to education, work, and leisure. • being knowledgeable of the full range of rehabilitation and community services that can help people to achieve their goals deliver services outside the boundaries of the treatment system in “in-vivo” settings. • addressing medical or physical issues that might prevent people from pursuing social interests and hobbies. 	<ul style="list-style-type: none"> • viewing re-connection to the community as a primary goal of services and reduce/fade services as people achieve that goal. • designating agency staff that are responsible for leading community integration initiatives. • assuring that these initiatives are valued and supported by all staff. • maintaining agency hours that do not conflict with normal life activities such as employment, e.g., adopt certain evening hours. • establishing outcome measures that evaluate services and providers based on their ability to help people achieve their individualized goals rather than arbitrary system indicators. 	<ul style="list-style-type: none"> • staff play primary role in helping people become involved in non-mental health/ addiction related activities. • services move beyond symptom management and focus on developing career and life goals, hobbies and interests.

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Recovery Dimension: REDEFINING SELF

<p><u>Person In Recovery:</u> <i>To me, recovery means...</i></p>	<p><u>Direct Service Provider:</u> <i>I can support people in their recovery by...</i></p>	<p><u>Manager/Administrator:</u> <i>I can lead an organization that supports recovery by...</i></p>	<p><u>Recovery Markers:</u> <i>We will know that we are working together toward recovery when...</i></p>
<ul style="list-style-type: none"> • seeing myself as a person with strengths and resources. • knowing my illness is only a small part of who I am. • not allowing “label” or a diagnosis to take control my life. • exploring life outside the mental health system. • learning what I have to offer. • proving wrong the people who said I’d never do anything with my life. 	<ul style="list-style-type: none"> • helping people become more involved in valued social roles. • being responsive to their cultural preferences and values. • focusing on people as whole beings, not just on their illness. • using “person-first” language. • having the skills to allow people to share their personal experiences and how those experiences inform their world view. • helping people plan for their life beyond the service system. • working “with” not “for” people. 	<ul style="list-style-type: none"> • promoting, using, and remaining faithful to a new language that reflects recovery-based and person-first principles. • supporting the concept that treatment involves helping people find their niche in the community, NOT merely symptom management. • conducting “asset mapping” of community places and resources, i.e., identify places that welcome and support people in recovery in positive roles. • establishing relationships with community organizations beyond the mental health service system, e.g., Adult Departments of Recreation, local civic and volunteer groups, faith communities, educational institutions, Chambers of Commerce, etc. 	<ul style="list-style-type: none"> • staff are knowledgeable about special interest groups and community activities. • staff are diverse in terms of culture, ethnicity, lifestyle, and interests. • opportunities are provided for people in recovery to discuss sexual and spiritual needs. • exit criteria are clearly defined.

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Recovery Dimension:
INCORPORATING ILLNESS

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<ul style="list-style-type: none"> • knowing when I need to ask for help. • not feeling defeated. • dealing with setbacks. • avoiding the things that make me feel bad. • knowing how to take care of myself in good times and in bad. • accepting that there are some things that I can't do yet. • being proud of the things I can do. • taking one day at a time. 	<ul style="list-style-type: none"> • following their lead and supporting them in their unique path toward recovery. • learning more about the recovery process by participating in educational activities led by persons in recovery. • referring to prominent role models who have experienced success and happiness despite mental illness/addictions. 	<ul style="list-style-type: none"> • organizing a staff training or conference and inviting people in recovery to share their stories. • valuing the input of people in recovery by employing them or paying them for time spent on service planning, implementation, and evaluation activities. 	<ul style="list-style-type: none"> • agency provides formal opportunities for people in recovery, family members, service providers, and administrators to learn about recovery. • persons in recovery facilitate staff trainings.

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Recovery Dimension: OVERCOMING STIGMA

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<ul style="list-style-type: none"> • feeling good about myself. • learning ways to overcome the negative attitudes of others. • finding places in the community where I feel at home. • not feeling ashamed about having a mental illness. • being proud of myself. • having role models. • not letting people put limits on me. • knowing when I am being discriminated against. • standing up for myself when I have been mistreated. • not buying into the stereotypes of mental illness. • realizing that other people have problems too. • knowing when I deserve better and demanding it. 	<ul style="list-style-type: none"> • avoiding stigmatizing language and “labels”. • helping transform communities into more accepting environments. • being able to confront personal prejudices. • teaching people how to manage stigma by advocating for themselves and others and getting involved in things like “stigma-busting,” program evaluation, and state politics. • not wearing badges when working with someone in the community, i.e., staying behind the scenes. 	<ul style="list-style-type: none"> • educating staff members, consumers, family members, and the community about the harm caused by stigma. • involving people in recovery, who can share their stories, as part of this education. • developing relationships with local media representatives to publicize success stories. • establishing structures to link services across professional disciplines (rehabilitation and clinical), service sectors (public and private), and contexts (community and treatment system). 	<ul style="list-style-type: none"> • agency provides structured educational activities to community and employers about mental illness and addictions.

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Recovery Dimension: ASSUMING CONTROL

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<ul style="list-style-type: none"> • knowing when, and how, to voice my opinion. • having control over my life and treatment. • taking risks and trying new things. • accepting the consequences and learning from my mistakes when things don't work out as planned. • being able to appreciate some else's view and reach a compromise. • telling people what I want and need from them. • not taking "no" for an answer! 	<ul style="list-style-type: none"> • providing opportunities for choice and offering options to choose from. • allowing people the right to make mistakes and valuing this as an opportunity for people to learn. • avoiding controlling behaviors. • understanding and delivering person-centered planning. • avoiding the "professional knows best" attitude and relating to people as equals. 	<ul style="list-style-type: none"> • establishing policies that allow people in recovery maximum opportunity for choice and control. • regularly collecting satisfaction surveys from people in recovery and using results to inform service development. • collecting satisfaction data in a manner that allows people to freely express feedback and criticisms. • establishing formal grievance procedures to address dissatisfaction with services and fully informing people about these procedures on a regular basis. • avoiding aversive and coercive strategies to promote engagement. • enforcing ethical practice with human resource oversight that holds staff accountable for giving people maximum control over their treatment. 	<ul style="list-style-type: none"> • people in recovery can choose and change their service provider. • staff do not use threats or coercion. • achievement of goals is celebrated. • risks are encouraged. • the voices of people in recovery are listened to.

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Recovery Dimension: MANAGING SYMPTOMS

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<ul style="list-style-type: none"> • learning how my illness effects me. • asking questions when I don't understand something. • having ways to cope and be good to myself. • controlling my symptoms so that they don't get in the way of my life. • understanding what medication can, and can not, do for me. • finding other tools to help me in my recovery. • knowing when to ask for help. • taking time to relax. • giving myself some slack. • giving myself permission to be human. 	<ul style="list-style-type: none"> • providing access to/ education about a variety of methods of help. • providing culturally-centered interventions that reflect an understanding that recovery takes place in a cultural context. • understanding that medication is only one tool in the recovery tool box and learn about other tools, e.g., not ALL people require medication to recover. • working with people to develop relapse prevention strategies, including advance directives. • being able to teach illness self-management where people use their own experiences and knowledge to apply strategies that work best for them. • creating opportunities for people to take responsibility for their lives. • understanding that symptoms do not have to be eliminated before people can pursue their recovery. • letting people express their feelings, including anger and dissatisfaction, without attributing this to symptoms or relapse. • encouraging the use of peer-support and recovery-based coping models, e.g., Wellness-Recovery Action Planning. 	<ul style="list-style-type: none"> • cultivating an organization where symptom management is not done in a "clinical vacuum" but crosses disciplines and looks at reducing the day-to-day impact of symptoms on work, school, home life, etc. • providing training in evidence-based practices such as illness self-management. • establishing minimal entry criteria for access to specialized rehabilitation, e.g., do not demand "work readiness" as a prerequisite for entry to vocational rehabilitation. • assembling a full array of services that can address people's needs across levels of disability and over time, matching supports to needs at each level, in each phase, and in each area, of disability. ensuring that a full menu of culturally competent services, including access to non-traditional therapies, is available. 	<ul style="list-style-type: none"> • the agency provides a variety of treatment options. • the agency offers specific services and programs for individuals with different cultures, life experiences, interests, and needs. • procedures are in place to facilitate referrals to more suitable programs.

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Recovery Dimension: BECOMING AN EMPOWERED CITIZEN

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<ul style="list-style-type: none"> • feeling like I have choices. • choosing where I live and how I spend my time. • voicing my opinion. • giving back and sharing my experiences with other people working toward recovery. • being a responsible citizen, e.g., by voting, volunteering, working, paying taxes, managing my own money, keeping up with my bills, etc. • having other people respect me. • being a responsible parent, a caring friend, or a good neighbor. • making a difference in my community. • taking responsibility for my recovery. 	<ul style="list-style-type: none"> • asking people about what has worked/not worked for them in their own recovery, including how the treatment system has supported or hindered their progress. • listening to people and respecting their choices. • helping people to find their voice and encouraging involvement in advocacy activities. • involving people in recovery in all aspects of service planning, development, and implementation. • understanding, and teaching people about, how they are protected by disability and mental health law. • referring people to appropriate oversight bodies, e.g., P&A, EEOC, CLRP, as warranted. • encouraging people to be responsible citizens, e.g., by voting, volunteering, paying taxes, organizing a neighborhood block-watch, etc. • valuing assertiveness and independence as growth and considering reducing supports in response to this growth. 	<ul style="list-style-type: none"> • creating advisory boards where people in recovery have genuine influence on service planning and implementation. • holding the organization accountable for responding to the recommendations of people in recovery. • providing training and requiring staff to be knowledgeable about mental health and disability law. • supporting the development of person-centered recovery planning. 	<ul style="list-style-type: none"> • staff help people become involved with community services. • people in recovery are involved in the development, evaluation, and provision of programs and services. • people in recovery are regular members of advisory boards.