



**CORP**  
Community of  
Recovery Partnerships

# Recovery Journal

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CORP

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## Long Term Objectives

Don Goughler, FSWP

Every three years, Family Services conducts strategic planning to set new long term objectives. We are just past midway on our current strategic plan; yet, it is nearly time to start on the next one, which will take effect in the middle of 2009. In our current plan the agency identified six major objectives, including one focused on recovery: *To implement recovery principles and priorities at all levels of the agency.* When we adopted that objective in 2005 we hoped that our 400 staff, our 30-person board of trustees and our thousands of consumers could become part of this movement through a series of six planned initiatives addressing various aspects of recovery. They are:

1. to educate consumers and staff about recovery principles and practices;
2. to collaborate in county, regional, statewide and national recovery activities;
3. to implement recovery oriented practices;
4. to increase consumer involvement in governance and advisory activities;
5. to expand service endeavors in employment (including jobs in Family Services), housing, transportation, and economic self sufficiency;
6. to develop a support program for youth seeking higher education.

I would like to brag and say we changed the world; but I think our accomplishments have been modest. We have joined with other agencies in learning from each other and, through the Centers of Excellence (now CORP) experience, have gained from the advice of people who use our services

. We have been able to educate most of our staff and board, involve consumers in strategic and operational planning, agency advisory and governance activities and employment, both in peer support positions and regular agency position. We have made some important service improvements and raised funds to support youth who have been service recipients. Yet, we still have a long way to go to reach that original objective.

The greater challenge to Family Services and other agencies is to redesign service delivery structures to accommodate consumer preference. Our next strategic plan must identify specific actions to keep pace with customer preference. Not intentionally, but by our inattention, we have built a service system with limited choice that may offer an ill fit to many. There are many examples of how we might change this.

As technology has evolved, public communication is often no longer brochure-based, but electronic. Yet, our web sites are not designed to provide information to our service recipients. Web sites should enable the collection of information as well as the presentation of information needed by consumers, a mode of talking with, not talking at. The site could actually be a service delivery resource in itself, providing the types of information that people who come to our services tell us they need or allowing them to

*(continued on page 4)*

Community of Recovery Partnerships (CORP) was formed by six Allegheny County provider agencies to make their services more recovery focused. Each agency's core team consists of consumers, staff and administrators who work together to accomplish recovery goals.

Find us on the web at: [www.recovery-coe.org](http://www.recovery-coe.org)

## Recovery Practices for Leading and Coaching

*Recovery is remembering who you are and using your strengths to become all you were meant to be!*

Marci Sturgeon, FSWP

On February 6<sup>th</sup> and 7<sup>th</sup>, Kathy Werries (FSWP Case management Manager) and I traveled to Chambersburg, PA to attend a two-day training for Certified Peer Specialist Supervisors. Kathy and I had the opportunity to meet other providers and service recipients from several counties throughout the state.

People learning and practicing the skills necessary to become a Certified Peer Specialist were in a very extensive two-week long training program. We were fortunate enough to join the group for lunch during the two days that we attended, and had the chance to socialize with those at the CPS training. This was a rewarding experience because Paula, from FSWP was completing her certification at that time.

During the CPS Supervisor's training, we were provided with several tools to utilize in our direct practice of Recovery Coaching, which will be specifically helpful in eventually supervising the work of Certified Peer Specialists within our agency. We were given the opportunity to really think about our agency's Recovery Practices, and our roles as individuals in demonstrating recovery techniques through leadership. The training included individual, group, and team work, which involved critical thinking and creativity.

There was also a great deal of work done in the area of self-reflection. Kathy and I walked away from this experience knowing that the seeds of transformation are within us, and it is our role to provide opportunities that bring out the best in each other.

## Decision and Support Center

Terry Moore, TCV

Sometimes it is difficult for all of us to say what we want to say or ask the questions we want when we go to see a Doctor. Whether it is a lack of time, forgetting what we wanted to ask, or just being uncomfortable; not sharing important concerns can effect our treatment. Establishing a trusting relationship with the Doctor, good communication and the sharing of information is essential.

The main focus of the Decision Support Center & Common Ground is to amplify the voice of mental health clients and promote shared decision making in their psychiatric treatment. It involves transforming the Doctor's waiting area into a peer-run Decision Support Center. The consumer's appointment with the Doctor will include 30 minutes of work in the Decision Support Center prior to seeing the doctor.

People in recovery from psychiatric disorders work as staff in the Support Center and invite

clients to use a web-based computer program that helps to organize the important issues that clients want to cover with their psychiatrists. The software program can be completed in 10-20 minutes depending on whether clients choose to read or listen to the program. In addition to a customizable survey about "How I Am Doing" and "Common Concerns about Medicine", the program also features 3-minute videos of ordinary people describing their recovery from major mental disorders. The video encourages clients to explore their own Personal Medicine or the things they do to create wellness in their lives. The computer will print a 1-page Common Ground Report that clients take into their Doctor appointment. This helps to create better communication and collaboration in decision making between the client and their Doctor regarding the next steps in their treatment process.

Health lingo, computer experience or reading & writing skills are not an issue, as the program requires no keyboarding. Users can also choose to listen to the program. In addition, trained peers will be present to help, and above all, privacy will be strictly maintained.

The program is very easy to use and has been greatly successful in other mental health facilities.

The Decision Support Center is located at TCV MH/MR, Inc. at the COG Building in Homestead, 2<sup>nd</sup> floor across from the Outpatient/Doctor's offices. At your next Doctor's appointment, just come into the Support Center 30 minutes before your appointment, and a DSC worker will welcome you.

For additional information, please speak to your therapist or mental health provider, or call TCV MH/MR, Inc. at: **412-461-4100.**

## The Salt Block

Charlotte Frederick, WPIC

In olden days, we had all been taught  
 It was "SALT" you used when things were bought,  
 It's value was so high back then,  
 It was a man's most valued friend.

But times have changed and now it seems,  
 That "SALT" can ruin all one's dreams,  
 Cause when it falls on an open wound,  
 A burning hurt is what's consumed.

And even when the "SALT" is washed out,  
 The burning feelings still leave doubt,  
 For trust is lost and may not return,  
 And All because of a "SALTY" burn.

So, may we always bear in mind,  
 To ever keep our words so kind,  
 Not rub one's wound with a block of "SALT"  
 As we bring this hurting to a halt.

## Gracie's Story

My story began 30 years ago when I was hospitalized in California as a result of extreme paranoia; fear of being alone and feeling as if people were out to get me.

I have been in and out of hospitals since then. For the past seven years, I have been active in my recovery. I have used respite and have lived in a personal care home for the past six years.

My support system began with going to FSWP mental health groups. I have built new

friendships and have gotten my self-esteem back. I learned to become more independent by being more assertive. I have also been able to regain my sense of humor.

The most beautiful gift at this time is the relationship I have with my 26-year old son, Georgie. I have also had support from my two brothers who have been there for me most of my life as well as the support of several friends and other relatives.

## Dating in Recovery

Cheryl Becker, MYCS  
Sandra Johnson, TCV

Are you recovering your life after experiencing mental illness? Have you made that personal choice to get out and meet those people who may become your significant other? Where do you begin? Where would you meet these people?

Choice allows us so many avenues or arenas. We must make sure our boundaries are in place first. Be sure to set them for yourself before you consider dating people you have recently met.

You may experience anxiety, fear or just not truly be able to name emotions or feelings you have. Try to get in touch with yourself, and your feelings about dating.

When we meet someone it is considered healthy if we have several common interests rather than just one.

It is sometimes easy to become friends first and then discuss if you want to move to another level. The dating game can be a lot of fun, but as with many games, strategies and goals are very important to have. Enjoy yourself while playing and ultimately you may win at the dating game.

Grace Anderson, FSWP

Today what gives me the greatest joy is volunteering. I've been volunteering at The Hope Center for three years, the Salvation Army for five years and the Senior Citizens center for about three years. I love volunteering because I am able to give back what I have learned.

Thank you everybody for your love and support.





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March 3—Employment policies due to S. Kogut  
**March 6 CORP meeting**

- Distribution of employment process draft

### April 2008

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		1	2	CORP Mtg.	4	5
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**April 3—CORP meeting**

### May 2008

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**May 1—CORP meeting**

### Long Term Goals continued from page 1:

communicate with the agency without requiring a formal appointment process. Through this communication resource, people we serve could participate as members of the system, not just clients.

Another strategic challenge is to make more services mobile and available to customers at convenient sites or that are delivered electronically. Case management contacts, for example, could include both electronic and face to face models. Also, we need to form more connections with other institutions. For example, we need to link with primary care facilities to enable that large population to use clinical mental health resources without trekking to a mental health clinic which, for many, is a daunting barrier. 65% of all antidepressant prescriptions and 20% of antipsychotic medication is prescribed in primary care settings. That's a large population to not be connected to the nation's behavioral health care treatment resources. It also questions why our past marketing has turned these people off.

To achieve these changes, we need to band together more effectively with consumers and to place more emphasis on empowering people who use our services to engage legislators to change the perception and the administration of the mental health system. The world perceives mental health from a completely outdated perspective built on scary myths. Disability benefit regulations are designed to protect; but they restrict an individual's aspirations to employment goals that are an important aspect of recovery. We need consciousness raising efforts through the popular media and legislative action in local, state and federal government override legal hindrances to successful recovery.

During the past several years, particularly through our involvement with the Centers of Excellence project (now CORP), I think we have learned a lot from people who receive services and who have been willing to share their profound experiences and treat us patiently when we sometimes fail to recognize that recovery is a team sport, not something that we, alone, provide. I think we as agency professionals have begun our recovery from the barriers of our own past thinking. The next growth needs to be structural.



**AHCI**  
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Find us on the web at [www.ahci.org](http://www.ahci.org)

Allegheny HealthChoices, Inc., or AHCI, is a private, not-for-profit organization. AHCI monitors and reports on the effectiveness and value of the management of behavioral health care programs in local communities.

AHCI's mission is to assure equitable access to quality, cost-effective behavioral health care that promotes positive clinical outcomes, recovery and resiliency.

AHCI is a contract agency for the Allegheny County Department of Human Services' HealthChoices Program.