

Creating Recovery Oriented Plans with Community Resources

Laurie Curtis: Hello everyone and welcome to our webinar this afternoon for Recovery to Practice. We apologize for getting started a little late. We had a minor technical glitch which our top-drawer tech team was able to address very, very quickly. My name is Laurie Curtis, I am your host today for the webinar entitled Integrating Community Resources Into Person-Centered Plans. After a short overview of...of -- after a short overview about SAMHSA and the Recovery to Practice team, we would like to get our webinar started. I would also like to thank our presenters Sebi Fishta, Anita Jackson, and Denae Ramos Pachucki for sharing their knowledge and experience with us today.

At the bottom of your screen you will see download materials in a box where you can download our presenters' biographies as well as a PDF of today's presentation slides. This webinar has been preapproved for continuing education hours from NAADAC, the addiction professional association. To qualify for these continuing education hours, you must attend the full webinar, complete a brief quiz and the webinar evaluation. We will give you more information on this at the end of today's webinar. This webinar series is hosted by SAMHSA recovery to practice. The overarching goal of this initiative is to improve the knowledge and ability of the behavioral health workforce to use recovery oriented practices every day.

So, what do we mean by recovery oriented practices? In 2011 SAMHSA released a new working definition of recovery and a set of guiding principles that incorporate aspects of recovery from both substance use and mental health conditions. You can see these on the slide. SAMHSA defines behavioral health recovery as a process of change through which individuals improve their health and wellness with a self-directed life and strive to reach their full potential. The 10 principles of recovery shown on the slide along with the four major dimensions of recovery, home, health, community, and purpose, together form a solid foundation for developing recovery oriented lives, and to building recovery oriented services and systems necessary to support those lives. Recovery to Practice offers a set of discipline-based curricula, training materials that promote the understanding and uptake of recovery principles and practices. Developed by the professional disciplines themselves for educating their own membership about recovery and behavioral health, these materials are also adaptable for use by other disciplines and organizations looking for resources to build recovery oriented workforce. Links to each of these curricula are available on the SAMHSA's Recovery to Practice website. We will certainly be sharing with you that link and encourage you to check out those resources. Recovery to Practice expanding its focus from disciplined focus materials to multidisciplinary services and integrating settings. Those of us who work in behavioral health or integrated care have opportunities every day to promote wellness and recovery. We powerfully communicate hope for recovery and the value of self-care and wellness in just how we approach our work. Recovery to Practice can help you strengthen your recovery oriented practice through free webinars such as this one, are quarterly newsletter

and technical assistance opportunities. Today's webinar explores the value of community resources and supporting recovery and how to incorporate recovery supports and personal recovery plans. Previous webinars in this three-webinar series have been somewhat conceptual. Today we get more specific and focus on what we as workers can do to integrate community resources into person centered plans and why this is important for recovery. I would now like to introduce our speakers for today. Their full bios are in the materials download pod on your screen.

First, we'll hear from Anita Jackson. Anita has work with some of Michigan's largest mental health providers to find innovative ways of assisting people using services. Her focus on sustainability, recovery and community resources has allowed her to create, revitalize, and preserve innovative programs. Anita has served as a contracts manager for Wayne County an Executive Director for housing services, a program director in mental health, a program manager for aging and training development coordination for emergency services at the University of Michigan Hospital.

Following Anita today will be Sebi Fishta. Sebi is a training and development coordinator for Housing Connect, assisting community mental health agencies under the Detroit Wayne County Mental Health Authority. He is in charge of the identifying community resources and working closely with providers serving people with co-occurring mental health and substance use disorders. He helps ensure that the needs of individuals using services are addressed through evidence-based practices combined with maximized community resources for sustainable support. As a licensed clinical therapist, Sebi has worked with people addicted to heroin as well as people experiencing serious mental illness.

Our final presenter this afternoon will be Denae Ramos-Pachucki. Denae is an employment and education specialist in the community living services division at Riverside Community Care in Dedham, Massachusetts. In this and other roles she has assisted individuals with achieving their career goals since 2003. Her expertise includes career counseling, job coaching, and personal development. Her kind and patient approach coupled with her extensive knowledge of both employment and education drive her restless ambition of inspiring others to achieve their goals. Welcome to each of you and Anita you may now take it away.

Anita Jackson: Thank you Laurie, and thank you SAMHSA for allowing us to be part of your great series. Well hello everyone. I am excited to be here this afternoon and to share some important key elements in person centered planning. As recovery happens the community, start with asking the person what is important in community and is it a great way to begin a conversation? I would say it is. Having worked in this field for many years, it is proven that it is a personal journey with the help of the community. Discuss their personal journey, and their own views of recovery. Talk about resources in the community that the person is currently using. Community members share common interests. It can be cultural, geographical, and a network of family and friends, and as you engage them in the shared vision, it helps to build personal and professional goals.

Here is a poll. I would love to know what you all think. How often our community resources in your community included as part of the assessment process? Wow 66.6%... That's 0-25... 25-50% of you say that it's about 25% of your community. 31.7%... 50-37% of you... and I see 30% in the 75-100%. This was great. It really helps us in understanding some of the community resources that you all have.

Here is Joe. Joe is a person that I worked with. Joe is 43 years of age. He was involved in a car accident and was diagnosed with a traumatic brain injury. After some rehab services, he started to drink heavily. That was in order to cope with daily functioning. We also stopped doing previously enjoyed activities. He was depressed and had some cognitive issues. Before the accident, he was married with three children and was working as an engineer. After the accident, he was divorced, lost custody of his children, and had several psychiatric hospitalizations which included substance use. What I learned of his active involvement with many activities before his accident. I also learned how we spoke passionately about his work. Some goals on his person-centered plan were to decrease his depression and to receive therapy. This plan had no mention at all of his community resources or experiences with other activities. So, this slide is the extent of his plan. On this slide, having a role as part of a community is different from being part of a community. It establishes a sense of belonging with significant relationships with members within the community. It is also a way to share and give back. And it also creates the makeup of a network of supports. And it takes time.

So, now we're back to Joe. Take a look at this slide. Now for Joe and like each of us, he is surrounded by a community full of resources. We just don't always think about these resources as part of a person's plan. Or that you need these resources and connecting to members of the community as essential parts of recovery. So, I worked with Joe to explore resources such as the vocational center as he had lost his job. I walked him through the neighborhood to get familiar with it and to meet neighbors. Joe was excited about starting with the vocational center, talked about how much you like meeting new people while walking in his community, while going to the grocery store, and while sitting on his front porch at home. After talking with a friend, Joe joined a nearby church. Then after some time with engaging in these activities, Joe sought a motion, and was granted supervised visitations of his three children. While he still sees his therapist and psychiatrist regularly, Joe reports being happier and able to pursue a wide range of interests. This was just a great story, and I use it periodically because it is very helpful to see a lot of the support that he now has.

Let's make a word cloud. Here we have a word exercise for you. What are some one-word community resources in your local community that can be added to Joe's list? The gym, wow great. The Lions Club, great. The clubhouse, wonderful. Volunteering. Peer support agencies. Great. Wonderful. This is terrific. These are all very interesting. I see there are a lot of additional community resources you guys are adding.

Moving on to the next slide. With system demands, the focus is sometimes shifted from the needs of the person, and placed upon the demands of the

system. As staffs serve large numbers of people, it makes the individual attention difficult. Behavioral health services are sometimes segregated. Some people talk about the services they might not even be a part of the person-centered plan and as clinicians are not permanent supports, that doesn't mean that people don't want support for a long time. Why should we integrate community resources? Well why not? Would you like living without having Tuesdays? Not me. Integrating services breaks barriers to accomplish goals and individual's day-to-day challenges and helps them to have confidence. It allows for great relationships to build with common interests, and a rich set of resources allows for new opportunities to be explored. Community treasures. There are many community treasures here. They are out there and maybe unknown to the case manager. Culturally speaking, an Asian person can explore their own resources such as food of choice, local festivals, certain holidays, and other celebrations for their culture. This allows for a good social outlet and provides help within the community if needed. And community, this is also a way to form social connections and to find help and assistance.

On this slide when integrating community resources into a person-centered plan, the community is a perfect place to develop resource oriented activities. To learn what they were doing in the community that they liked, the community is the ongoing sustainable resource. Learn the importance of the case manager's role. As we continue to move on with providing resources for those in the community. Listen to what they are doing in the community. And work towards adding that to their PCP. For example, when we think of a person that is in recovery, their point of view is, they frequently feel isolated due to the nature of their illness. Integrating them into a community and linking them with community resources is as vital in supporting their recovery as medication and meeting with the case manager as peer support is. These examples include visiting a library or coffeehouse, attending an AA meeting if substance use is an issue, attending a drop-in center, and making friends, running errands and support of a goal, going to job training, the Social Security office and many, many more. From this information, it is fundamental to add what in the community to the pool of resources and to the PCP. I will now turn this presentation over to my colleague, Sebi Fishta. Thank you.

Sebi Fishta: Hello everyone. It is a joy and a pleasure to be speaking with you here today. I have a number of things I want to share with you as I find this very exciting. In the person-centered approach community is the center of an individual. Most community members share common interests. Using community resources in a person-centered plan provides an excellent tool our roadmap for recovery oriented environment when explored to a person-centered approach. On this slide, you can clearly see that Joe is surrounded with connections that are in community. Connections with neighbors, health services, grocery stores, and other identified networks can be explored and included in the individual's PCP. Community connections are the center of an individual's universe, a sense of belonging is ingrained deeply in the community and its members who are [Indiscernible] Network resources in the community are elements that can significantly improve a person's life. The community is composed of groups of people sharing common interests and are expressed through natural resources that create a sense of belonging. It is important to

use a pictorial map as it gives us an idea of how Joe is spending his time. Here is an example. The resources are already existing in communities. Some existing in communities include public services such as libraries and other gathering places, community centers and churches. Another large venue for resources in the community are businesses that serve the community by providing jobs and other vocational services and easy access to necessary products. For example, individuals who work to improve community life by helping others cleaning out the community or organizing formal or informal community activities are also significant community resources. The key point here is that Joe is the one to point out resources and activities that meet his needs and wants. As you can see here, with Joe, this tool will help an individual with opportunities to meet new people and develop natural support that can result in increased independence. Helping a person stay on task with their social network as vital. The process of this recovery helps individuals identify potential resources that they have available. However, they may not have talked about them, or sought them out before. The client to get answers quicker and faster because they are helping problem solve themselves. To identify community resources can be connected to places that are interesting to them. Community resources are often underused also by clinicians. The current system as many of you know often has heavy caseload making it difficult to explore and utilize community resources undermining the importance of these rich and meaningful resources. The community is a place where everyone is welcome because they belong there and feel comfortable. The list of community resources includes -- This list of community resources includes a rich pool of available services that are independent of the usual segregated behavioral health services. These resources enable the client to become acclimated with their community. This list actually came from a survey in one of our local trainings from about clinicians who are also case managers who were asked to write down resources that they knew existed in their local community and yet they were not fully exploring them with clients for one reason or another. You can do this with your own staff and clinicians for it may help them learn to recognize the available underused community resources.

These underused resources can provide opportunities for reconnecting social support through the library, bookstore, coffee shops and other community activities. There could be less reliance on the professionals for social interactions a more independence. Social supports are needed to help individuals navigate difficult circumstances and provide perspective on life issues. The discovery of community resources allows for growth, knowledge, resources that could help a client be successful. This approach provides options that may be needed to increase the quality of health. Ultimately, this helps create opportunities for reconnecting with many resources. Healthcare providers and health services are a community resource and it's very important for people in recovery. This approach keeps people physically and mentally healthy. Teaching and providing the proper health resources is vital especially during a health crisis. Utilization of local resources such as local gyms or a YMCA are helpful as well. Continuously receiving new information and remaining healthy is a key factor for individual success. It is well-known that in-depth health care is needed to sustain physical and emotional well-being. For example, knowledge of clinics within walking distance and a bus line

or critical. Engaging in a holistic approach to recovery is cutting-edge and necessary.

Now another important point to make here is that, health services available are not limited to behavioral health services. For example, when a consumer knows about available health services, physical or behavioral, they can be empowered to network with a different health agency based on their cultural interests and preferences. Naturally they can develop a personal awareness and realize opportunities and new choices by being able to identify those who are willing to help them in meaningful ways. The health resources to be a platform of a wide area or providers as well as specific to a person's health conditions. The cultural preferences vary from person to person, ultimately it gives ownership to their individual choices in recovery. Workers who work with the person recovery can help by learning about their surrounding environment and build a bridge so to speak. This is a necessary bridge, as those who work with people in recovery are in a position to have a tremendous positive impact by exploring the community to the person-centered plan. The tools for the workers are community resources which promote strength in an individualized way, and help individuals feel supportive in their lives. Also, this bridge provides for a vibrant life and it exposes individuals to newly growing opportunities.

Now let's look at the staff as connectors. Having a working knowledge of the local resources is vital for staff. Working for people with recovery often well-meaning clinicians work in areas believed by them to be important and can even get out of touch with an individual's preferences in regard to utilizing these community resources which ultimately result in a more segregated behavioral health services. These resources and knowledge of how to use them can play an important role in individuals' personal recovery. This act or process enables and fosters independence and self-sufficiency. It is important for staff to use the current system to actually expand community and person-centered plans which allows individuals to take ownership including discovery and understanding community resources leading to a self-directed recovery goal through culture, new friendships and other social opportunities that are built around natural supports. Staff who assist in helping individual should be well-rounded and understanding local community resources and working towards their goals. When emphasizing person-centered plans, it allows for treating every individual as their own person who develop their own unique circumstances and experiences. Now we're going to look at some strategies and examples of community first.

On this slide over here the take away point is that integrated community resources in a PCP helps with staff - with the staff to see it in a plan and support the persons short and long-term goals. Also, this is supportive of all building purposes as well. And also, this slide has some actual examples of the use of resources in the PCP and the actual language used. Do you remember Joe? He was hanging out in a treatment center. The caseworker wanted him to maximize community resources with smoking cessation groups, recreation center and etc. As you can see from the picture, he is now well-rounded with community resources and his life is interactive and much richer now. True emotional support takes place in community even as simple as someone to talk to. Community resource is a

tool to seeking a providing an alternative support for recovery. Utilizing the community resources in the person-centered plan strengthens the broader networks of individual responsibility as the natural support functions are performed by all members involved. Community resources make recovery possible and sustainable. It is vital for support and recovery to be independent from isolated segregated systems. I am going now to turn the floor over to my colleague, Denae Ramos-Pachucki.

Denae Ramos-Pachucki: Hello everybody. Sorry about that. My name is Denae Ramos-Pachucki. And I am an employment and education specialist at Riverside Community Care. As an employment and education specialist, I frequently encounter people who are discouraged with the way that their lives may have gone up until this point. Here you see a lot of time to have our own plans in life and this is how we feel that things should be going. When in actuality, this is more of what the universe typically has in store for a lot of us. So, I like to reiterate to people that you cannot change the past, but you do have some ability to work towards changing your future. So, instilling hope is really the key to helping people work towards their goals and towards recovery. I always like to remind people that they are never too old to set another goal or to dream a new dream. I work as part of a program that is called - it is a CBFS program which is a community-based flexible supports program. We focus first and foremost on helping people with their success in the community. So, we work to make sure that people have access to the different resources that they are looking for. Essentially, again, these services are designed to be flexible and promote resiliency and recovery for all participants.

When I say flexible, what I mean by that is, we meet people where they are so we go to people and meet them in the community. We also kind of go with the flow. If somebody needs to reschedule an appointment or anything like that, we will go out of our way to make that happen. We also again-- one of the first things I would like to just chat about is within CBFS we have two different roles that directly relate to promoting recovery. The first role is that of the resource specialist. The resource specialist works to connect people to the various resources in the community. So, they make it a point to educate themselves on all the different resources that are available, and then the use that information to catalog that information into a database as well as a resource binder that staff and persons served are able to access. We also use that information for staff as well so the staff are able to access that information. And the resource specialist is able to assist the people that we work with, resolving any community related issues. So, whether that be an outstanding bill they might have, an issue with Social Security, or if they just want to actually get connected to the community. The resource specialist really helps with that. So, somebody wants to join a social club or they want to set up a dating profile. I mean, even something as simple as that, they work to help folks do that.

The second position within CBFS that I would like to touch upon is that of the employment and education specialist. So, the employment and education specialist works with individuals to help them create personalized self-identified objectives. So, really it is just based on their goals. What is it that they would like to do? So, the employment

and education specialist can help with job exploration. Literally going out and learning about jobs, maybe having an informational interview, preparing for jobs. Helping someone practice interview skills or doing resumes. All of those different aspects help in terms of the job piece. In terms of the education piece, same thing. Figuring out what school you would like to go to, how you pay for that schooling, as well as arranging a combination. So, at school and at work. So really, it's just helping people connect to the resources that are available at the schools, within the community and getting them to a point where they feel comfortable to then just do that on their own. Right now, I would like to take a quick poll to see how many - to see which of the following best describes how you or your organization determines if a person is ready to enroll in school or start work. So, what you folks do? This is good. It seems like for the most part most of you just ask the person if he or she is ready. That is great because that is a message we really want to drive home. The most important person is the person we are working with. A lot of times assessments in things can help with determining certain aspects, something somebody is good at, but ultimately the only person that can determine what he or she can do is the person themselves.

I know for myself personally no one ever said to me hey Denae you have got to do this, jump through all these hoops before you can start working on your goals. I was just given the opportunity to work on my goals. I which is expected to do it. So why should we hold the people that we work with to any different type a standard. They should be given the same opportunity to do that. So, again, here is actually a list of people who were told they cannot do something, and they have had failures in their lives. So, for instance, Oprah Winfrey. She was demoted as a news anchor because she was not fit for television. So, I mean there you go. Oprah Winfrey. Hello? So, you know, it's important to remember that there are a lot of people throughout history that have done things, and I think to show that to the people that we work with and to show them actually the YouTube video that shows that there are things that people can do and they just need to be given the chance.

So, due to some of the personal principles I have followed over the years. Meet people where they are at, both physically and emotionally. Give people the opportunity to start and stop working with you if need be. Don't make people jump through hoops to work with you. Provide respect. Provide education and make sure that people are doing things for themselves once they get it that information. Don't do it for them. It's really important that you help them go through the process and then kind of go from there. SO, let's just take a look. Here is Mary. Mary would like to build more social connections in the community in order to get out of the house. She is 65 years old. She experiences anxiety and lives with PTSD. She has no family support unfortunately and limited computer skills. And she used to play the ukulele. So right now, what I will be doing is I was hoping to check in with you folks and see what would be the first thing you would do to help Mary? So, feel free to enter that right in your participating chat information, and we will go from there. Yeah...It sounds like a lot of you would ask her about her hobbies. Again, I think one of the biggest things is check with the person. See what it is they like to do. You know ask, you know, what are some of your hobbies, what are some of the things you do day-to-day. Look around you

in the community. What are some things going on? And Mary's situation, here is what we did. I sat down with Mary and knew that she was interested in the ukulele. And I said Mary would you like to find other people that play the ukulele? And you know, Mary said to me you know I would love that but where am I going to find people that play the ukulele. I said the you know Mary the internet can be really helpful with that. I sat down with Mary, we went through the computer, and I showed her a website called Meetup.com. Mary and I went on Meetup.com and sure enough there was a ukulele group close to her home that she was able to participate in. So, I said Mary would you like me to go with you and Mary said I would really appreciate it if you went with me because I am very anxious. So, I went with her to the ukulele group. While she was there she met someone. They actually hit it off and exchanged numbers. They went and got coffee and from that point on I checked in with Mary a couple of weeks later and said there's another ukulele group coming up and asked do you want me to go with you and she said you know what no I am going with my friend. So, that's a perfect example of how Mary was able to use her resources in her community and not need me anymore.

My job is to be unemployed essentially. Not really. So again, just looking at this, again community of hope. Focus on the future and not the past. Give people the opportunity to fail if need be. Sometimes that's how you learn. And ask why not. If there are barriers in place, help them get through those barriers. Again, give everyone a chance. And educate. Give people the tools and information to take that and to do what they need to do. And treat others the way you want to be treated. You know, anyone of us at any time in our lives could find ourselves on the other end of having a mental illness and it's very important that we treat people that we work with respect and that we provide hope. And when someone says, I can't do something, say why not, and you know what help them, help them get through it and take it one step at a time. So, now I'm going to turn this back over to Laurie. And thank you very much.

Laurie Curtis: Hello everybody. Sebi, Anita, Denae that was wonderful. What a skilled group and caring group of people you are. We've had some questions come in. And I would like to begin with one of the ones that came in early. And I think Denae, I think I am going to toss this one to you to start. And that is: How are peer specialist engaged or used as resource specialist? Is that a matching role? Can you talk a little bit about the role appears in that capacity?

Denae Ramos-Pachucki: Within our program, it is separate. But we feel as though all of our offices are right next to each other, so we make sure that it is a huge focus, our peer specialists are going out into the community and doing presentations to the residences, to the other staff members. They are completely and totally engaged in everything that we do and everybody works together as a team. So, it is really a collaborative effort. So, they are not segregated or separate, they are actually all right in the same area and we all work together as a team.

Laurie Curtis: That's wonderful. Anita, a question for you and can you talk a little bit -- Some people have asked about how does a large service agency, who may not have this on their priority screen, help individual

practitioners who are really wanting to help individuals build these connections and do more with the community integration work. Any thoughts?

Anita Jackson: Sure. One key way that organizations or even staff persons can start dialoguing within their own organizations can kind of talk about with team meetings or staff meetings and kind of talk about some of the things they would like to do to engage more of what the person needs and the services they need. That is very important because, as people start to talk, organizations, community leaders, they start to listen. Especially large organizations or mental health authorities. They tend to pay attention when you have large groups of people. Even doing something in the evening for everybody to come and share. That can be from a case manager or a peer support staff point of view, or that can be from even having some of the persons you are serving being there as well.

Laurie Curtis: Thanks. Sebi, I'm going to pass to you the perennial question and then I think I would like Denae to also answer this question. You were talking about connecting community resources to a person's individual service plan or person centered plan. How does that connect to billing? In other words, can staff actually get paid to help someone in the community? Can you talk about that connection and how the money part of this might work for your organization?

Sebi Fishta: Yes. Thank you Laurie. The need is identified by the client, and the goals. Because once the client is a Medicaid recipient, it as a billable service. The key to it is that the goals need to be clear and to be in the plan. For example, if you were to use a client of Anita earlier, she talked about that individual basically he lost his kids due to having some difficulties. And he signed up for recreation center. So, the goal for that would be to reconnect with his kids and the objectives would be engaging in community activities that have to do with children such as the recreation center, coaching, where he could help when presented to courts or other venues to get to reconnect with his kids. So once that is on his plan, it is a billable service. The same thing as if someone wants to go to the doctor and say I have pain and the doctor prescribes as basically run one-mile every day and you will feel better. It has to be based on whether a person can do that because they may not be able to run a mile but they may be able to walk a quarter mile or what have you. So, it is very individualized, and once it is in a plan it is a reimbursable service to Medicaid.

Laurie Curtis: Okay and Denae, what about the community resource specialist? Are those Medicaid reimbursable positions? How does that work in your organization? Oh you're on mute Denae.

Denae Ramos-Pachucki: I apologize. Within my particular program, all of the folks we work with are funded through the Department of Mental Health. So, we unfortunately don't have any Medicaid folks that we are working with. But I think that in terms of the actual funding, it is through the Department of mental health. But you know, same thing that Sebi said in terms of the billing. You know, I think just once it comes

up on the plan, we integrate that and that's how we pay for it. It really just depends on what the person wants. If I am working with a rehab specialist and it is not indicated on the plan the client calls me randomly is as I want to do this, and then I go to bill for it, then I just tell the rehab advocate hey this person recently indicated they want to do this, can we add that to their plan.

Laurie Curtis: So, I believe your state dollars actually do come through Medicaid. They are just not as direct as some other organizations.

Denae Ramos-Pachucki: Yes, I apologize. Yeah after I said it I realized.

Sebi Fishta: Also, Laurie, for those listeners who want it in more technical terms, what is happening here is basically there is a diagnosable problem, and there is a treatment plan in place, which again you have a diagnostic codes, you have the procedure codes and those are what make it a valid billable service.

Laurie Curtis: Great. Thank you both for filling in those details. Because that is a perennial challenge. People want to do this kind of work you reach out, but it is sometimes hard to figure out how to connect all of that. Anita, a question came in about how do you work with somebody like Joe who really doesn't have a whole lot of community connections, but also isn't ready. Is not particularly interested in doing something outside the walls of what feel safe and familiar like day treatment or community service program from the Mental Health or Behavioral Health Agency. Can you talk about how you might stimulate and inspire and support that readiness and help how people think about expanding their connections within their communities?

Anita Jackson: Sure. One thing, a good way to start is, in the dialogue with a person like Joe, what you would do is that, first of all talk to him a little bit about maybe when he was younger some of the things he did, as he became a teenager, as he became an adult. If he had any hobbies or activities that he like to do. In addition, introduce them to some other persons that already have had this service on their service plan and are already engaging in the community resources. For instance, the clubhouse. The clubhouse is a great way to try to link Joe into this type of environment that he is unfamiliar with, maybe he doesn't want to do it. He may have done something as simple as playing chess but that is something that can be incorporated into his plan as a part of community resources and become a part of like a chess team. Something to that effect. Meeting him where he is, is very important. Meaning that person where they are, that is key. Because once you do that and they start exploring some things, going to the library or coffeehouse, different places like that just so they may not have even known they had an interest in reading. So maybe going when you go to the library they may have a little reading session. This may be an opportunity for them to engage and say I may want to start doing something like this. So, that is a great way when you do have a person that is just unclear or unsure if they want to do anything when it relates to the community.

Laurie Curtis: Anita, would you expand on that a little bit? Are those the same principles that would relate to youths or young adults in terms of helping connect them. We had a person who is working with youth justice. And really want to hear some ideas that might be specifically germane to youth. Do you have any thoughts on that?

Anita Jackson: Well sure. That is definitely a great way to engage youth because a lot of times you may see youth and they may be totally unclear as to what their vision is. What they want to do in life. That is a great way to engage youth by just letting them be a part. They don't have to actually do anything. But you can say they are having something at the local park today. I would like to know if you would like to go. I am going take a couple of other people within our youth group. Would you like to attend? That is a great way for that person to open up and kind of see if they like it or if they don't. But make sure you offer them multiple things to do. Don't just offer one particular thing. Have a variety of things, especially for the youth because there is so much out there for them. So, to be able to kind of just show a lot of different things from a youth perspective is great.

Laurie Curtis: Denae do you want to add to that?

Denae Ramos-Pachuki: Yea I was just going to say that sometimes when you're working with individuals, you might bring something up once and they are not interested, and then you just catch them on a different day and suddenly they are interested. So, you really have to keep revisiting things as well. So, if there is an event, for instance, a job fair and they say they don't want to go. But then two weeks later there's another job fair. Don't automatically not bring it up because they said no the last time. Make sure you keep bringing things up because sometimes you just have to catch them on the right day and then they do it.

Laurie Curtis: One of our participants commented in chat, and I think it's really germane to what we're talking about here, that this is also particularly, not always just with youth, but especially with youth sometimes the importance of having a peer involved in that peer modeling, that peer support or somebody who has been there and is then able to share some of their experience and some of their story can also be an important part of that motivation, that readiness that yeah I can do that too.

Denae Ramos-Pachuki: Yeah, and again, within the model that we work, we have people that are peer specialist. Personally, I am not one, but when I work with individuals I always make sure to offer that to them because I feel like that is huge to see somebody who has been there done that and can speak from personal experience can make all the difference sometimes.

Sebi Fishta: Also, to add to that Laurie, which you saw on one of the slides, is it is important to help them explore available resources in the community rather than what we as clinicians think they should engage in. It is their engagement, it is their pursuing one activity or another that is going to stick with them and sustain them to pursue their goals.

Laurie Curtis: Thanks Sebi. That's a really, really important point. You are a training director/coordinator. Can you talk a little bit about how you train staff to understand these precepts and understand how to do this? It seems to be fairly simple when we just talk about it, but it can be very hard for people to get their heads wrapped around the idea that everything we do, it shouldn't be with inside our agency walls. Or even delivered by agency staff. How do we expand the thinking? How do you do that as a trainer/ educator?

Sebi Fishta: What I do is train case managers and clinicians to work outside of those four walls. Everything happens out there in community. Once a person comes to our office, the number one is there a condition to perform in certain ways because they are out of their comfort zone and it is hard to truly engage in create that bonding relationship which Anita and Denae were speaking of a few minutes ago, especially with youth. So, it is rather a service that takes place in community to begin with and we have that -- those options to do so. So, we are seeing at least in our local community through our trainings that our clinicians are asked to go out and communicate. They are asked to do home visits. You don't have to meet in the office, you can meet the clients in a coffee shop even or the library and or even the gym and so forth. So, it is that engagement out in the community that fosters more independence and that shoulder to shoulder work rather than up-down from the clinicians' point of view.

Laurie Curtis: That's very, very helpful. Another question, that I'd like to, we have a little bit of time here and I am going to ask you Denae. Can you talk a little bit about how you addressed some of the practical barriers that are there for helping connect people with community resources and to build these community connections? Transportation, sometimes someone may have a criminal history, money. How do you work with those practical issues and logistics?

Denae Ramos- Pachuki: I think exploring the solutions with the person themselves. If it is a transportation issue and they are not sure how to take public transportation, literally get on the bus with them and help them do that. If that is not within your role, see if there is someone who can help you do that. Or another person you can outsource to help with that. There are some actual agencies that help with travel training. In addition, I think again, searching the web for answers you know. Going to trainings with the person. Educating yourself. If there is a CORI issue, contact your local agency that deals with CORI and how to go about CORI so literally just explore the process with them and helping to come to the conclusions.

Laurie Curtis: Denae, what is a CORI?

Denae Ramos-Pachuki: It is a criminal record essentially. It is a database that keeps track of anyone who is ever been in court at any point in time. A lot of times that can come up on someone's record, especially when it comes to looking for housing or a job.

Laurie Curtis: Okay.

Denae Ramos-Pachuki: So, yeah.

Laurie Curtis: Great.

Sebi Fishta: Laurie. If I may add to that, also at a systems level, a part of my day-to-day job is to engage different community mental health agencies to come to the table. We do you either a monthly or a quarterly meeting for different topics. Many clinicians in case managers meet and share these resources. We have had outside speakers come in at different points there. We have attorneys helping them the clinicians how to conduct the expungement process for those who qualify for that. And many, many other topics. In order, because we can only help them explore what is out there if we know it ourselves, otherwise it is somewhat more difficult. So, those are some of the things that we do.

Anita Jackson: And I have been very successful here in Michigan. It has been very great for us to be able to do that and have partners come together to try to work on those records and whatnot for housing as well as employment.

Laurie Curtis: That's great. I really love the exercise that you shared Sebi about the brainstorm with the team and generating this long list because I think we tend to forget what really is out there. We kind of put our blinders on about what we offer as an organization. And we forget the richness that's in our community. I know all of you as speakers today actually represent sizable communities. Denae, you are outside Boston, Sebi and Anita, you are in the Detroit area. I do want to underscore before we close off here that the point that we are making, that you are making, is just as relevant and perhaps even more relevant for rural communities. Sometime for rural communities we feel like we don't have a lot of resources. And sometimes we don't have a lot organizations and institutions and funded kinds of things, but in rural areas, we are exceptionally rich in people, we are exceptional rich in a lot of the kinds of resources that Anita you showed on Joe when he had that resource necklace surrounded by resources. Those of us on the call in rural communities, this is even more important for us to be thinking about creatively and how we reach out and connect into the fabric of the community for the people we serve.

I want to take this moment to thank all three of you for wonderful presentations. I really enjoyed this discussion that we've been able to have. And I want to point out to folks that, if you want to follow up, with Sebi or Anita, or Denae please feel free to do so. They would be delighted to hear from you as what we at Recovery to Practice. And our email address for Recovery to Practice is also on your side. This particular webinar does conclude our three webinar series on the role of communities in recovery.

But we're not done! Keep your eye out. Because next week we have another webinar on a different topic: "Diverse Families and the Cultural

Formulation Interview". Chacku Mathai of the NAMI Star Center will be our guest host, and we're really looking forward to this webinar. We think it will be rich and wonderful for all of us.

Later in the summer we will be having a three-webinar series on shared decision-making in behavioral health and we are having a lot of fun putting that together. So, we invite you all to participate with us on that. And then early in the - late in the summer, early in the fall, we will be doing a webinar on psychiatric advance directives. With that, thank you all.

If you're interested in NAADAC continuing education hours, please click the box on the screen. For your NAADAC CEH, take the quiz and you will receive your certificate. If you're not interested in NAADAC, you can also get your certificate for participation in the materials download box below.

Please note that at the end of our webinar, a survey will automatically pop up on your screen. We do value your feedback and appreciate you sharing your comments with us today. With that, we will conclude today's webinar and thank you everyone. We hope to see you back here next week. Goodbye and have a great afternoon.