

The Philadelphia Department of Behavioral Health
and Mental Retardation Services (DBH/MRS)

Tools for Transformation Series: Community Integration



Recovery is the process of pursuing a contributing and fulfilling life regardless of the difficulties one has faced. It involves not only the restoration, but also continued enhancement of a positive identity as well as personally meaningful connections and roles in one's community. It is facilitated by relationships and environments that promote hope, empowerment, choices and opportunities that promote people in reaching their full potential as individuals and community members.

Philadelphia Department of Behavioral Health/Mental Retardation Services (DBH/MRS, 2006)

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Introduction

Creating a recovery-oriented system of care is a top priority of the Philadelphia Department of Behavioral Health and Mental Retardation Services (DBH/MRS). A recovery-oriented system is committed to supporting people in moving beyond their problems and challenges to develop a full and meaningful life in the community. This process involves discovering the hopes and dreams of people, who have experienced mental health and/or substance abuse issues, and using the assets of these individuals, their families and the community to achieve these hopes and dreams. It is grounded in the evidence that people impacted by such behavioral health issues can successfully achieve long-term recovery. In a recovery-oriented system of care, the thoughts and ideas of individuals and family members in recovery are taken seriously; service providers assertively include people in recovery and their families (as defined by the person) in making decisions. Each individual is treated as a whole person (body, mind and spirit) and in the context of his/her culture.

This document is one of a series of resource packets produced by the DBH/MRS to provide tools and a greater understanding of key recovery concepts for persons in recovery, family members, service providers and DBH/MRS staff as part of the Philadelphia DBH/MRS Recovery Transformation.

Each packet in the Tools for Transformation series focuses on a system transformation priority area that has been identified as important by numerous stakeholders in the system. During the next 12 months, these priority areas will be the focus of our recovery transformation. Other resource packet topics include:

- recovery planning/person directed planning,
 - family inclusion and leadership,
 - holistic care,
 - partnership,
 - extended recovery supports, and
 - quality of care.
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Each packet has:

- Information for persons in recovery and providers about the priority area;
- A self assessment checklist for providers that lets them evaluate their own practice in the topic area;
- A similar checklist for people in recovery to think about ways their provider is supporting them in this area and to develop ideas about other ways that support could be given;
- A checklist for people in recovery to explore how they are doing in the area and to get some new ideas for ways they could take more steps in their own recovery;
- A checklist for DBH/MRS staff that lets them evaluate their practices in a priority area;
- A resource list with information that can be obtained through websites, books and articles, and;
- A PowerPoint presentation which can be accessed via the internet and used as an introductory training on the topic.



Community Integration is a Right

Community integration is a right of persons in recovery from behavioral health issues. This right is embedded in the 1990 American with Disabilities Act (ADA) and the 1999 Supreme Court Olmstead decision in which it was determined that unnecessary institutionalization of persons who could live in the community with the proper supports is a violation of the ADA. President Bush's 2001 executive order in response to the Olmstead decision and the final report from the President's Mental Health Commission in 2003 have reinforced the notion of community integration and recovery as major policy goals for the design and delivery of mental health care.

Community Integration Means Increased Opportunities in All Areas of One's Life

Community integration is the opportunity to live in the community, and be valued for one's uniqueness and abilities, like everyone else¹. This means the opportunity to do all of the things below –

- Work,
- Go to school,
- Be housed in the community,
- Have friendships with peers in recovery and individuals who have not received supports in the behavioral health system,
- Have meaningful social roles, such as parenting, being married or otherwise involved in intimate relationships, being a brother/sister, being a son/daughter,
- Engage in recreational and physical activities ,
- Participate as a citizen, including volunteering, engaging in the political process, and other aspects of civic life,
- Engage in spiritual and religious activities,
- Make choices about treatment and in all other areas of one's life to the same degree that other people can and do.

¹ Salzer, M.S. (ed.). (2006). Psychiatric Rehabilitation Skills in Practice: A CPRP Preparation and Skills Workbook. Columbia, MD.: United States Psychiatric Rehabilitation Association.

Community Integration Principles: Addressing Barriers and Providing Supports

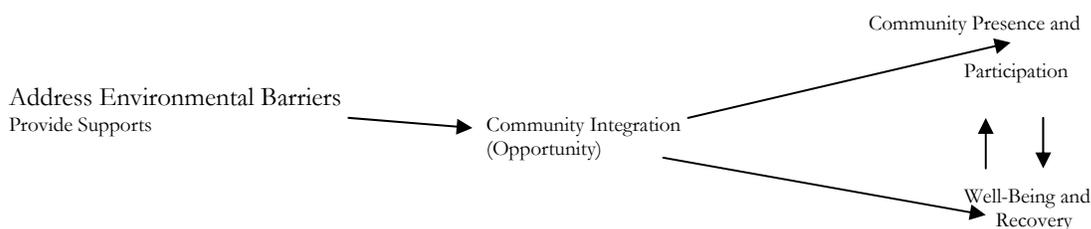
Old views on disability were that people with physical, sensory, cognitive, or psychiatric impairments *did not* have the ability to go to work, go to school and live in the community. The current view is that people with impairments do not fully participate in the community because of a poor fit between the person and their environment. Opportunity is promoted by removing barriers that limit people in recovery from participating in the community and ensuring that individualized supports are readily available for participation in all desired areas.

Addressing environmental barriers experienced by individuals in recovery is similar to ensuring that curb cuts, ramps, and accessible bathrooms are available for persons who utilize wheelchairs; televisions have closed captioning capabilities and stations use this technology for persons who are hearing impaired; and signs are available in Braille for individuals who have sight impairments. Addressing environmental barriers includes those that affect everyone (e.g., negative beliefs, prejudice and discrimination, lack of access) and those that affect a specific individual in a particular environment. Supports can include psychiatric rehabilitation programs (e.g., supported housing, supported employment, supported education, peer support) and encouragement. Supports can also be offered by all behavioral health providers in whatever service they provide.

Increased Opportunities Leads to Increased Participation and Enhanced Recovery

There is overwhelming evidence that reducing barriers and providing supports enhances opportunities that lead to greater participation (e.g., voting, work, education, athletics) and presence in the community for numerous disenfranchised groups. It is expected that greater opportunities and participation will enhance a person's well-being and recovery. This Community Integration framework is presented below.

Community Integration Framework¹(Salzer,2006)



Document for People in Recovery

Person In Recovery Perspectives on Community Integration

The experience of community integration means many things to people in recovery. The following is a list of what people in recovery said community integration meant to them -

-

<i>One thing leads to another</i>	Taking advantage of opportunities leads to new opportunities. Every door opens another door – one things leads to another.
<i>Discover new talents</i>	Try to do things that I didn't know I could do. Discover new talents and abilities. Don't always know what we will enjoy. Try it and I may just like it!
<i>Confidence</i>	I have confidence in my abilities.
<i>Overcoming fear of failure</i>	There is no such thing as "failure" when trying to do something that I want to do. I will count my attempts to do things as a success regardless of the outcome. Everyone makes mistakes or is not perfect. My imperfections are NOT because I am a person in recovery. Living and participating in the community has risks for everyone. I am willing to take risks just like everyone else.
<i>Overcoming fear of disappointing others</i>	When I choose to do something that I want to do, I do not worry about what others think.
<i>Ignoring negative expectations and embracing high expectations</i>	I will ignore the low expectations that some may have of me. I will listen to the high expectations and view them as meaning that others have confidence in me and my abilities. High expectations might lead to greater achievement. My expectations of myself are most important, but I will take the high expectations of others into consideration. I will not be dissuaded from pursuing my goals even if I do not initially or ever achieve the high expectations.
<i>Family</i>	Re-connecting or connecting to family for possibly the first time.
<i>Personal Passions</i>	Finding your passion (e.g., school, work, faith, family, a significant other) and pursuing it.

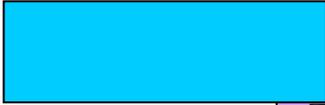
<i>Assimilation rather than segregation</i>	Becoming part of the community rather than living a separate, segregated existence.
<i>Active rather than passive</i>	Not waiting for an invitation to participate in whatever I want to do. Not asking for permission to participate.
<i>Personal responsibility</i>	Doing for myself rather than depending solely on others. Asking for support when I need it, but not letting others do things for me and taking away my opportunities to be successful and taking the credit for my success.
<i>Self-acceptance</i>	Having a sense of who I am. Accepting myself.
<i>Living like others live</i>	Living a life like everyone else – experience the same successes and same failures as others.
<i>Changes in relationships</i>	Relationships will change with providers, other persons in recovery, my family, and with others in the community. This is good.
<i>Living a life in the community rather than living a life in the behavioral health system</i>	Moving away from the program and having a life in the community. Live my life in the community not just in the program. Relationships will happen in the community rather than just in behavioral health programs. Interactions that take place in the community are different, and less focused on me as a “patient” and more focused on me as a person compared to those that take place in programs and in an agency.
<i>Live my own life and not being concerned about what others think of me</i>	Not necessarily being accepted fully in the community. Need to live my own life without worrying about what others think of me. Recognizing and embracing my right to go where I want and do what I want to the same degree as everyone else.
<i>Sense of community</i>	Feeling a sense of belonging and connection.
<i>Giving back to others and society</i>	Feeling productive. Earning my keep and contributing to society. Being a contributing citizen.

Community Inclusion/Community Opportunities

Four checklists follow this definition of Community Inclusion/Community Opportunities. If the checklists are provided separately, you may decide to include this definition.

Community inclusion/opportunities The focus is on nesting recovery in the person's natural environment, integrating the individuals/families in recovery into the larger life of the community, tapping the support and hospitality of the larger community, developing recovery community resources; and encouraging service contributions from and to the larger community. Connection to the community is viewed as integral to long-term recovery.

(Blueprint for Change, Philadelphia DBH/MRS, 2006)



Provider Checklist- Please think about your own practices and see how many of these activities support community integration.

Statement	Yes	No	Notes
I assist people in finding and maintaining housing in the communities they wish to live in and that meet their interests.			
I provide support, encouragement and guidance for people to pursue additional education.			
I provide information on volunteer opportunities and encourage them to be aware of community issues and vote.			
I encourage people to discuss their religious/spiritual beliefs and assist them with locating a place of worship.			
I assist people in securing affordable and reliable transportation, including creative strategies involving car- and ride-sharing with friends and family members.			
I learn about community resources that are available to persons in recovery. Encourage people to utilize these resources.			
I have access to information about entitlements and benefits.			

Provider Checklist continued on the next page

Statement	Yes	No	Notes
I enhance my relationships with local human service agencies and develop reciprocal relationships with them by giving and receiving resources. I provide consultation to them on how to best support persons in recovery.			
I develop reciprocal relationships with community businesses, educational institutions, religious organizations, recreational organizations, and other entities.			
I link individuals I serve to vocational assistance, job training, and job placement services.			
I encourage and assist people to participate in recreational and physical activities.			
I encourage and assist people with developing relationships and making friends with other persons in recovery and individuals in the community.			
I provide information on how to establish and maintain intimate relationships, and discuss barriers (including medication side effects), and strategies to overcome these barriers.			

Provider Checklist Continued on the Next Page

Statement	Yes	No	Notes
I provide encouragement and assistance to parents in recovery to help them maintain custody of their children and to enhance their well-being and that of their child(ren) (e.g. encouragement to participate in peer support groups for parents, assist them to find a peer advocate, parent training).			
I provide information and support to allow persons to maintain their physical health (e.g. assist them in securing health insurance, discuss healthy diets and exercises).			
I encourage and support people in making their own decisions about their behavioral health treatment, including true participation in treatment/recovery planning, completion of psychiatric advanced directives or another type of crisis plan, and assistance in identifying their interests and desires without imposing my opinions about what is or what is not feasible.			
I encourage and support individuals in recovery to start self-help, mutual-aid groups at my agency and provide resources to ensure the long-term success and independence of such groups.			
I learn about various stigma-busting efforts, including low-cost/low-technology strategies, that can be initiated with the providers in my agency and within the larger community.			

End of Provider Checklist

Person in Recovery Working with Provider Checklist 1- Persons in Recovery can assess whether the provider is promoting community integration by determining whether they are engaged in the following activities (this is a non-exhaustive list):

Statement	Yes	No	Notes
My provider assists me in finding and maintaining housing and considers my wishes in looking for these resources.			
My provider assists me in pursuing educational opportunities (e.g. selecting a program of study and getting financial aid).			
My provider informs me of opportunities to volunteer and supports me in becoming involved in my community.			
My provider assists me with registering to vote, provides opportunities to learn about candidates' positions on issues that are important to me.			
My provider assists me in getting affordable and reliable transportation.			
My provider assists me with job searches, provides job training, and job placement.			

Person in Recovery Checklist 1 continued on the next page

Statement	Yes	No	Notes
My provider encourages me to become involved in activities that are of interest to me and to make friends outside of the mental health and drug and alcohol treatment .			
My provider supports and encourages me to be involved in intimate relationships if I so choose.			
I can discuss sexual side effects of my medications with my provider.			
My provider assists me in locating resources for parents (e.g. local support groups, assists me in finding a peer advocate).			
My provider assists me in maintaining my physical health (e.g. helps me to obtain health insurance, teaches me about good nutrition and exercise practices, connects me with community based educational groups like diabetic education/support groups).			
My provider assists me in making my own decisions about my mental health and/or addictions treatment.			
My provider has encouraged me to attend a self-help/mutual-aid group and helped me find the location and times these groups meet.			
My provider collaborates with me to find about community resources outside of this agency that might be helpful to me.			

Person in Recovery Checklist 1 continued on the next page

Statement	Yes	No	Notes
My provider does not make negative comments about people with mental health and/or substance abuse issues or make me feel like I am not a good person just because I have a behavioral health issue.			
My provider is actively involved in the community to reduce negative beliefs, prejudice, and discrimination toward persons in recovery.			
My provider has confidence in my abilities to live in the community like everyone else.			

End of Person in Recovery Checklist 1

Person in Recovery-Assessing One's Own Daily Activities Checklist 2- Persons in recovery can do some of the following things to promote their own community integration and take

Statement	Yes	No	Notes
I have completed the attached community integration worksheet and have discussed it with friends, family members, providers, and other supporters.			
I know my rights as a person in recovery and make sure that my rights are respected.			
I identify transportation options that may increase my opportunities to participate in the community.			
I know what I want around me and who I want around me to be whole and healthy and take the steps to make it happen.			
I am able to do things I enjoy by myself when I want to.			
I read the newspaper to look for events and activities I might enjoy.			
I go to restaurants and other places in the community with my peers and friends instead of just talking with them at the agency or in a program.			
I see opportunities as something positive rather than a negative challenge.			

Person in Recovery Checklist 2 continued on the next page

Statement	Yes	No	Notes
I seek peer support from other persons in recovery.			
I seek out parent training and other opportunities to be the best parent I can.			
I seek out training and education to start or advance my career.			
I work on maintaining open communication with my family (e.g., parents, siblings, etc.).			
I express my desires, wishes, and opinions to others (e.g., providers, family and friends) and remain open to their feedback, recognizing that I am responsible and capable of making my own decisions.			
I contribute to the community (give back) through volunteering and other ways in areas that I enjoy.			
I seek out employment at a level that is right for me.			

Person in Recovery Checklist 2 continued on the next page

Statement	Yes	No	Notes
I understand my SSI/SSDI entitlements and how much I can work to supplement my income without losing income or health care benefits.			
I start and/or lead self-help groups.			
I seek out religious opportunities if I so desire.			
I teach others in areas, such as hobbies or talents, where I have skills and passion.			
I do at least two fun things in the community a week.			
I exercise with a friend outdoors or at a gym.			
I combat prejudice and discrimination toward persons with behavioral health issues.			
I challenge low expectations that people may have for me. I seek out persons who believe in me and my capabilities.			

End of Person in Recovery Checklist 2

DBH/MRS Staff Checklist-Use this checklist to increase community integration in your own work and daily activities.

Statement	Yes	No	Notes
Self identified people in Recovery are employed at DBH/MRS.			
I talk to my supervisor/colleagues about the implication of community integration in my day to day work.			
I advocate for people in recovery to participate in committees that I am a part of.			
I am aware of the system transformation priority areas.			
I learn about community resources that are available to persons in recovery. I encourage people to utilize these resources.			
I provide resource information about various community integration activities (educational, vocational, housing, neighborhood volunteering) to all DBH/MRS stakeholders.			
I foster relationships with community organizations.			
We have identified and altered procedures/regulations that might pose obstacles to effective community integration development.			
We utilize resources and external consultants to develop more recovery oriented policies and procedures .			
Recovery principles are discussed during staff meetings.			
I receive/provide recovery oriented supervision.			

End of DBH/MRS Checklist

Resource List

Local and National Experts

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Websites

University of Pennsylvania Collaborative on Community Integration
<http://www.upennrrtc.org>

Institute for Recovery and Community Integration
<http://www.mhrecovery.org/>

City Resources including job training programs and advocacy organizations
http://philadelphia.pa.networkofcare.org/mh/links/display_links.cfm?id=85&topic=20

Supported Employment Consortium
www.worksupport.com

Association for Persons in Supported Employment (APSE)
www.apse.org

Recreation Therapy: resources and activities
<http://www.recreationtherapy.com/tx/actindex.htm>

CST Mental Health Resources page
<http://cstmont.com/resources.htm>

St. Francis Care, Clinical Pastoral Counseling
<http://www.stfranciscare.org/body.cfm?id=983>

Association for Clinical Pastoral Education, Inc.
<http://www.acpe.edu/multicultural.htm>

More Resources on the next Page

Relevant Articles

Monica Colombo, Cristina Mosso, and Norma DePiccoli (2001) "Sense of Community and Participation in Urban Contexts." *Journal of Community and Applied Social Psychology*, 11.

SAMHSA. (2002) *Overcoming Barriers to Community Integration for People with Mental Illnesses*. USDHHS.

Yin-Ling Irene Wong and Phyllis Solomon (2002) "Community Integration of Persons with Psychiatric Disabilities in Supportive Independent Housing: Conceptual Model and Methodological Issues." *Mental Health Services Research*, 4(1).

Gary Bond, et al. (2001) "Implementing Supported Employment as an Evidence-Based Practice." *Psychiatric Services*, 52:313-322.

Caroline Richardson, et al. (2005) "Integrating Physical Activity Into Mental Health Services for Persons With Serious Mental Illness." *Psychiatric Services*, 56:324-331.

More Resources on the next Page

Addendum

Person in Recovery

COMMUNITY INTEGRATION WORKSHEET

(check all that apply)

Use this worksheet to identify your strengths and interests in the following areas: Education, Work, Socializing, Hobbies, Spiritual interests, Physical activities. Answer the questions according to your own experiences. Sample answers have been provided.

What successes have you had in the past?

- Holding down a job
- Enjoying the comfort of family and friends
- Discovering hidden or new talents
- Accepting but not being limited by disabilities
- Trying and enjoying new places, for example restaurants

What are things you do well now?

- Talking to other people in recovery
- Make healthy decisions for our own recovery
- Learning how to recover in all areas of our lives
- Telling people about new resources
- Advocating for myself and others
- Realizing that one opportunity can lead to other opportunities

What excites or interests you now?

- Positive and supportive friends that are essential to my program of growth
- Spiritual fulfillment: freedom, goodwill, creative action, and personal growth
- Knowing my purpose in life
- Giving hope to others

What keeps you from doing what you are interested in?

- Despair and isolation
- Putting things off and losing motivation for what I want to do

What can you do to overcome your challenge?

- Remembering that recovery is an ongoing process.
- Accept that once the addiction stops, the feelings start.
- Go to peer support group meetings such as Double Trouble, Depression, Bi-Polar Support Alliance, Recovery, Inc., NA, AA
- Not be discouraged by other people's impressions
- Not allowing the challenge to overwhelm me, but make me stronger

[Continued on the Next Page]

In what ways do you feel you can contribute to or get involved with your community?

- Get involved in new activities, even if you're not sure you'll like them
- Volunteering for a non-profit organization
- Get to know a diverse group of people, including people outside the mental health system
- Get involved with groups that can influence the quality of life

Acknowledgements

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