



MEETING NOTICE
COMMUNITY MENTAL HEALTH CENTER
PLANNING COMMITTEE
MONDAY, JULY 11, 2011
9:00 - 12:00 NOON
COMMUNITY MENTAL HEALTH CENTER
2201 S. 17TH STREET
LINCOLN NE

TOUR OF FACILITIES

The Community Mental Health Center Planning Committee will tour the Community Mental Health Center at 2201. S. 17th Street, starting at 9:00 a.m. Upon completion of this tour the Planning Committee will tour the Midtown Center at 2966 'O' Street.

MINUTES
COMMUNITY MENTAL HEALTH CENTER (CMHC) PLANNING COMMITTEE
MONDAY, JULY 11, 2011
COMMUNITY MENTAL HEALTH CENTER (CMHC) BUILDING
2201 SOUTH 17TH STREET
9:00 A.M.

Present: Dean Settle, Community Mental Health Center (CMHC) Director; Travis Parker, CMHC Deputy Director; Pat Talbott, Mental Health Association (MHA); C. J. Johnson, Administrator, Region V Systems; Deb Shoemaker, Executive Director, People's Health Center (PHC); Lori Seibel, President/Chief Executive Officer (CEO), Community Health Endowment (CHE); and Kerry Eagan, County Chief Administrative Officer (ex-officio)

Absent: Joan Anderson, Executive Director, Lancaster County Medical Society (LCMS); and Kit Boesch, Human Services Administrator (ex-officio)

Also Present: Judi Tannahill, Administrative Services Officer for CMHC; Dr. Joseph Swoboda, Psychologist; Wendy Andorf, Program Manager for Community Support Services; Sandy Pavelka, Program Coordinator for Community Support Services; Marylyde Kornfeld, Program Manager for Midtown Center; and Ann Taylor, County Clerk's Office

Eagan called the meeting to order at 9:20 a.m.

AGENDA ITEM

1 TOUR OF FACILITIES

The Committee met in a conference room in the Community Mental Health Center (CMHC). Staff discussed programs and services at CMHC (Exhibits A & B):

- Crisis Intervention
- Homeless and Special Needs
- Medical Services
- Day Treatment/Partial Hospitalization
- Outpatient Treatment
- Community Support
- Crisis Center

Staff expressed concerns that splitting the services provided by CMHC would impact coordination of care. An increase in recidivism and rehospitalization was also predicted.

A handout explaining the difference between psychiatric rehabilitation and “treatment as usual” and providing a comparison of historical paradigms for assessing and treating severe and disabling mental illness was also disseminated (Exhibit C).

Other programs and collaborations discussed were:

- Harvest Program - A program designed specifically to work with individuals who are over the age of 55 and suffer the combined effects of advanced age, impaired health, mental illness and/or substance abuse.
- Midtown Center - A day rehabilitation program.
- Partners in Empowerment and Recovery (PIER) - An intensive community-based program, based on the national Assertive Community Treatment (ACT) model, that works with severe and persistent mentally ill consumers. CMHC, CenterPointe, Inc. and Lutheran Family Services collaborate on the program.
- The Heather - A community transition program.
- A Work Adjustment Rehabilitation Evaluation (AWARE) - A program where consumers can readjust and accomplish increasingly difficult work tasks in progressively stressful environmental settings. The program bridges a gap between structured management components to unstructured community placement. Services include assessment and evaluation, skill development/work adjustment, information and referral, advocacy and post-employment consultation.
- Recovery After Initial Schizophrenia Episode Early Treatment Project (RAISE ETP) - CMHC and the University of Nebraska-Lincoln (UNL) Psychology Department are participating in a treatment study for individuals diagnosed by schizophrenia.
- Open Door Initiative - A collaboration with CenterPointe, St. Monica's, Voices of Hope and Friendship Home on services that meet the complex needs of women who experience domestic violence, mental health concerns, and substance abuse issues.
- A program with UNL in which students perform neurocognitive evaluations. UNL provides the funding.

Sandy Pavelka, Program Coordinator for Community Support Services, extended an invitation for Committee members to accompany a community support staff worker on the job to learn what they do. Committee members were also invited to attend a Community Living Services (CLS) meeting.

A tour of the facility was conducted and Committee members met briefly with Dr. Sanat Roy, Medical Director; Scott Etherton, Program Manager, Crisis Center; and Diane Ness-Kirchhoff, Program Manager, Partial Hospitalization and 24-Hour Emergency Service.

Committee members then toured the Midtown Center, 2966 “O” Street, and received

information regarding its mission, rehabilitation plan and classes/groups (Exhibit D).

Following the tour of Midtown Center, several members of the Committee toured The Heather Program at 20th & Q Streets. Joan Anderson joined them for the tour. The tours concluded at 3:00 p.m.

Submitted by Ann Taylor, County Clerk's Office.

Community Mental Health Center of Lancaster County

The Community Mental Health Center of Lancaster County (CMHC) is a county agency providing accredited mental health services for adults in Lancaster County.

How do I access service?

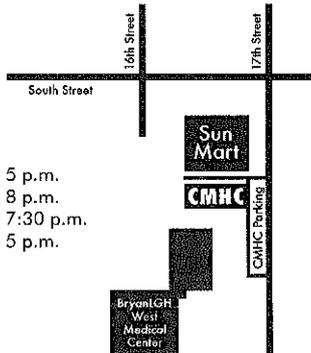
Call or come to the main office at 2201 S. 17th Street during business hours. A counselor will talk to you about your concerns and direct you to the service that will meet your needs.

How much will it cost?

Medicaid, Medicare, and private insurance is accepted. A discounted fee is available to persons who meet guidelines according to state and federal standards, as allowable by law.

Where to find us

The Community Mental Health Center of Lancaster County is located at 2201 S. 17th Street, south of Sun Mart food store and CMHC parking is available off South 17th Street.



Hours:

Monday & Tuesday: 8 a.m. - 5 p.m.
Wednesday: 8 a.m. - 8 p.m.
Thursday: 8 a.m. - 7:30 p.m.
Friday: 8 a.m. - 5 p.m.



Lancaster County Commissioners

RAY STEVENS

LARRY HUDKINS

DEB SCHORR

BERNIE HEIER

BOB WORKMAN



Community Mental Health Center
is funded in part by Region V Systems,
State of Nebraska, Federal and
County Funds



The Community Mental Health Center is dedicated to providing quality mental health care and rehabilitation services for adults in Lancaster County who experience acute psychological distress or serious mental illness.

EXHIBIT

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2201 S. 17th Street
Lincoln, NE 68502

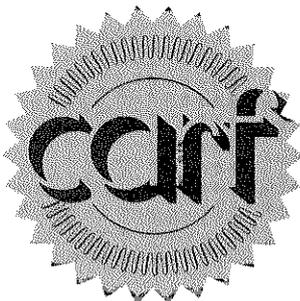
Phone: (402) 441-7940
Fax: (402) 441-8625

www.lancaster.ne.gov/cnty/mental

**Programs and Services of the
Community Mental Health Center
are available to adults in
Lancaster County, Nebraska**



The Community Mental Health Center
is accredited by
CARF - the Rehabilitation
Accreditation Commission



Services Located at 2201 S. 17th Street

Crisis Intervention

24 Hour/7 Day-a-Week Phone# (402) 441-7940

- Walk-in service available during business hours
- Crisis assessment, intervention, and information available 24 hours by phone
- Mobile services available to law enforcement or agencies requesting consultation and intervention assistance

Homeless and Special Needs

- Outreach and case management for adults who have a mental illness and are homeless or in contact with the criminal justice system

Medical Services

- Outpatient evaluation, medication management, therapy, and crisis intervention for CMHC adult clients
- Inpatient care in the hospital setting for CMHC clients
Clinical supervision of staff Consultation to other agencies in Lancaster County

Day Treatment/Partial Hospitalization

- Short-term, intensive treatment provided through group formats 6^{1/2} hours daily, Monday-Friday
- The program may serve as an alternative to inpatient treatment or as a step-down for individuals making the transition from a hospital setting

Outpatient Treatment

- Individual, family and group therapy sessions that focus on symptom alleviation, stabilization, and recovery for adult clients residing in Lancaster County
- Therapy is provided by a multi-disciplinary staff including psychiatric, psychological, marriage and family, and social work

Behavioral Health Jail Diversion Program

- The project seeks to identify and divert individuals from jail with mental illness or a co-occurring substance use disorder who have committed a nonviolent offense, staff then link these persons to an array of community-based services with forensic intensive case management provided
- Funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), the Department of Justice (DOJ), Bureau of Justice Assistance (BJA), and Lancaster County

Consumers & Volunteers

- A citizen advisory committee, along with community and student volunteers augment the work of CMHC staff members in various treatment and rehabilitation programs.

Services Located at 2201 S. 17th Street

Community Support

- Case management services for adults with severe and persistent mental illness
- *Transitional Living Facility:* 12 beds in a community residential program assisting adults who are transitioning from hospital to community services
- *Independent Living Project:* Supervised apartment program preparing 18 persons with mental illness to live independently
- *Harvest Project:* Collaborative program providing case management service for older adults with mental health and substance abuse problems
- *The Heather:* Joint project of county and private sector providing 15 residential beds to adults transitioning from the Lincoln Regional Center to the community
- *Family Support:* Support group meeting Wednesday evenings from 7 pm—9 pm at 2201 S. 17th Street

Crisis Center

- An assessment and stabilization facility for adults placed on emergency protective custody by law enforcement in Region V
- The Crisis Center is located on the second floor

Services Located at 2000 P Street

PIER

- PIER is a multidisciplinary team which utilizes the Assertive Community Treatment Model of service for high-need adults in Lancaster with severe and persistent mental illness. The program serves individuals who have not responded well to traditional outpatient care. Many have problems with substance abuse, homelessness, or involvement with the judicial system. Services are provided in the community and addresses vocational rehabilitation, substance abuse treatment, counseling, assistance with health care needs, and assistance with daily living skills.

Services Located at 2966 O Street

Day Rehabilitation at Midtown Center

- A psychosocial rehabilitation program providing prevocational activities
- Employment and benefits counseling, job training and development for persons served at CMHC
- We also provide a transitional employment program called AWARE
- The Midtown Center is open Monday-Saturday and is located at 2966 O Street

What Will Participants Be Expected To Do?

If you participate, you will be offered mental health services such as medication and psychosocial therapy and will be asked to complete periodic research tasks.

Your participation can last for 2-3 years. During this time, you will be asked to complete the following procedures:

- interviews using a videoconference system about symptoms, medical and psychiatric history, and general quality of life
- a brief test that involves puzzles
- pencil and paper tests that assess skills such as memory, attention and problem solving.
- answer questions about the treatments you receive and how you are doing during the time you are in the study
- a physical examination

Learn More

For more information about how to participate in the RAISE Early Treatment Program, please contact :

**Community Mental Health Center
of Lancaster County**

Site Contact: Mary Sullivan

Phone 402-441-3853

Email mesullivan@neb.rr.com

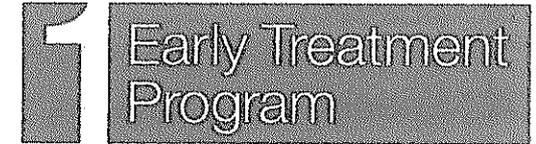
<http://www.raiseetp.org>

RAISE

A Research Project of the NIMH
Early Treatment Program

The photos in this brochure are of models and are used for illustrative purposes only.

Version 1 (5/2010)



Research to identify, optimize, and personalize early treatment for people affected by schizophrenia

Information for individuals and their families



EXHIBIT

B

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What is the RAISE Early Treatment Program?

The RAISE Early Treatment Program is part of a large national research project designed to learn how to help young people who have become distressed by changes in their thoughts, perceptions, and feelings that might be affecting their daily lives. These changes might be signs that someone is in the early stages of schizophrenia.

The research program is looking at how services should be provided to reduce symptoms and improve life functioning for people who have been recently diagnosed with schizophrenia.

What Are the Early Signs of Schizophrenia?

Some signs include:

- Having trouble concentrating or thinking clearly
- Being confused about what is real or imaginary
- Hearing voices or seeing things that aren't really there
- Having problems with work, school, or social relationships
- Feeling suspicious or paranoid

These signs usually begin between the ages of 16 and 30. Treatments are available that can help. If treatments are started soon after these signs appear, the treatments are more likely to be effective.

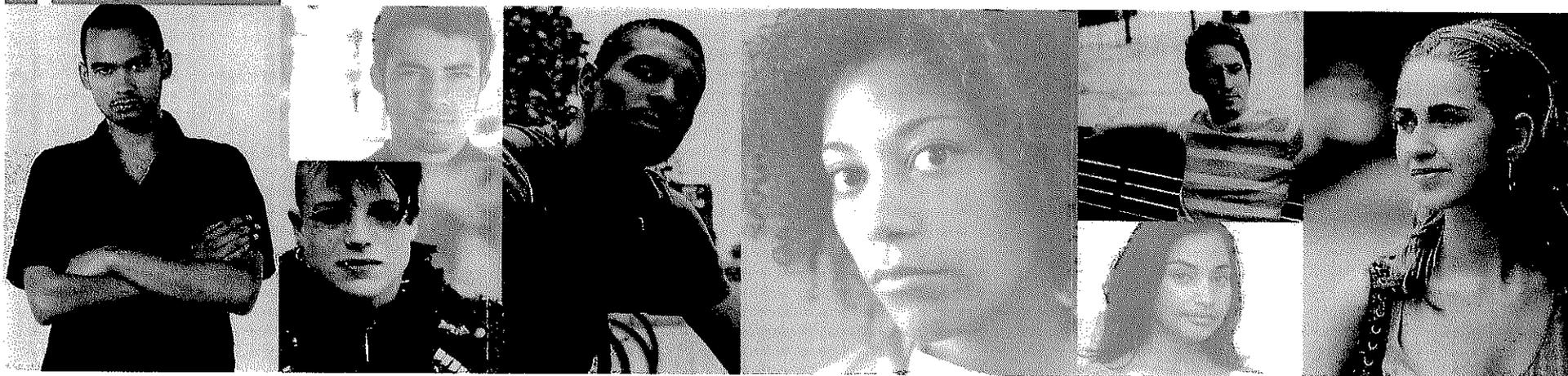
Who Can Participate in This Research Program?

You may be able to participate if:

- You are a male or female between the ages of 19 and 40
- It is determined from a diagnostic interview that you have the early signs of schizophrenia *and* not another disorder such as bipolar disorder or a psychotic disorder due to a general medical condition
- You do not have a history of head trauma
- You have not taken antipsychotic medication for a total of more than 4 months

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1 Early Treatment Program



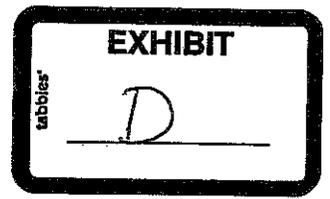
What is the difference between psychiatric rehabilitation and "treatment as usual?"

<u>Feature</u>	<u>Psychiatric rehabilitation</u>	<u>Treatment as usual</u>
Program organization	The program has a Director with administrative authority and responsibility for program operations	Authority and responsibility for clinical operations is diffuse and separated by departmental "silos"
Program definition	The program has a Procedure Manual that defines the program's specific mission and comprehensively describes procedures for assessment and treatment to be followed by trained staff	There is no operationally defined program, and no Procedure Manual beyond the administrative policies that apply to all institutional units
Staff training	Technicians, nurses and therapists receive extensive special training (e.g. 40 hours of initial formal clinical training and 10 hours per year refresher training beyond the basic training required for all institutional units)	None beyond standard training for all new clinical employees.
Staff training	Staff skills are systematically tested and performance is actively measured	No testing of staff skills or performance measures
Staff supervision	Technicians, nurses and therapists are supervised by professionals within the program who are members of the patients' treatment teams	Technicians, nurses and therapists are supervised by department heads who are not involved with the patients' treatment teams, often housed in different buildings
Staff supervision	Supervision is proactive, skill-oriented and highly related to individual patients	Supervision is mostly reactive, responding to errors or failures rather than improving skills, and focused on administrative rather than clinical concerns
Evidence-based treatment	The program uses an array of specific treatment techniques that have proven effectiveness for the particular patient population being treated. The treatments have measurable objectives, and patients' progress toward those objectives is actively tracked	Medication is the only evidence-based treatment, other treatments are not specific and progress toward objectives is not objectively measured
Program outcome	The program's data system generates comprehensive information on treatment outcome and cost-effectiveness, and the data is formally analyzed and reported	There is no data on or analysis of treatment outcome, beyond statistics on the whole institution collected for administrative purposes

Comparison of historical paradigms for assessing and treating severe and disabling mental illness

	<u>Medical Model*</u>	<u>Therapeutic Community</u>	<u>Social Learning</u>	<u>Psychiatric Rehabilitation</u>
Conceptual understanding of "mental illness"	Mental illness is a medical disease, reducible to specific but unknown biological abnormalities; all aspects of mental illness are consequences or complications of the biological abnormalities	The most important expressions of mental illness are in social and interpersonal functioning; mental illness compromises the person's ability to participate in normal community life	Mental illness impairs a person's ability to acquire and use essential skills, and to respond appropriately to the routine environmental demands of life	Mental illness is disability to be overcome, not disease to be cured; the important expressions are those which are barriers to normal functioning
Purpose and goal of treatment	If the disease cannot be cured, the symptoms must be controlled as well as possible; the patient's role is to follow the directions of the doctor (psychiatrist)	The purpose of treatment is to participate meaningfully and effectively in community life; the role of people in treatment is to participate in the therapeutic community as best they can	The purpose of treatment is to acquire skills, engage in adaptive behavior, and not engage in maladaptive behavior; the role of people in treatment is to acquire skills and change their behavior	Rehabilitation is unlike treatment; the purpose is to overcome disabilities that are barriers toward realizing one's own wishes and aspirations; the role of all participants is to identify goals and work toward them
Methods of assessment and intervention	Psychiatric diagnosis is the key to treatment; once the disease is diagnosed its causes and symptoms are the targets of medical treatment	The role of assessment is to determine specific problems that prevent a person from participating in the social community; the problems are overcome by designing the social environment so as to enhance effective participation	Assessment identifies specific skill deficits and maladaptive behaviors; skills are acquired through training and designing the environment to provide appropriate incentives and disincentives	Assessment identifies the person's desires and aspirations and relevant barriers to achieving them; rehabilitation imparts the means to overcome the barriers
Organizational principles and decision-making practices	Services are organized so as to be directed by the doctor (psychiatrist), who makes all key decisions about what treatment will be provided and how	The key organizational principles are those that define the therapeutic community and its processes; key decisions are made by the community as much as possible	Decisions are driven by functional analysis of behavior and its environmental concomitants; services are organized to enhance collection of behavioral and environmental data	Services are organized around the rehabilitation client; decisions are driven by the client's choices

* The medical model as described here is the medical model in the era of biological psychiatry, in the later 20th century. It shares most of its key characteristics with the psychoanalytic version that dominated psychiatry earlier in the 20th century, with the exception of the assumption that mental illness is reducible to specific but unknown biological causes.



Midtown Center

Adult Psychiatric
Day Rehabilitation

Psychiatric Day Rehabilitation

Midtown Center and AWARE (A Work Adjustment and Rehabilitation Evaluation Program)

MISSION:

To provide quality rehabilitation services focused on areas of daily living skills, social skills and vocational skills to adults who are recovering from the effects of severe mental illness.

Day Rehabilitation programs believe that the philosophy of Recovery and the utilization of Best Practices create the healthiest and most effective learning environment to assist individuals to reach their rehabilitation goals.

The concept of recovery provides the best, most comprehensive integration of social values, scientific understanding of Severe Mental Illness and effective rehabilitation and clinical practices.

The experience of recovery from mental illnesses includes not only regaining or newly discovering a valued role, but also recovering from the effects of having been diagnosed with a mental illness (e.g., discrimination, negative side effects of unemployment and crushed dreams) as much as the effects of the illness itself.

It is important to understand that the recovery process is not simple or linear, services are provided in a care environment that is flexible enough to allow for the episodic nature of mental illness.

REFERRAL SOURCES:

1. Lincoln Regional Center discharged patients. These individual have reached maximum benefit from available inpatient treatment. Psychiatric rehabilitation services formerly provided through LRC have now been integrated into the curriculum provided by the Midtown Center.
2. CMHCLC Client Referrals from Medical Services (the psychiatrists and nurses) and the Community Living Services (CLS) case managers. Inhouse coordination is effective and efficient.
3. Private Sector community referrals may include primary care physicians (PCP) and area mental health professional serving persons experiencing the symptoms of severe mental illness. TASC and Region V referrals are also included in this category.
4. Persons with legal directives would include Mental Health Board Commitments primarily from Lancaster County, and persons who have been determined to be Not Responsible by Reasons of Insanity (NRRI). Coordination by the various service providers are vital as court orders are followed carefully and reports made in a timely manner.

MIDTOWN CENTER REHABILITATION PLANNING & REVISION / PROGRESS EVALUATION

Formulation of the Rehabilitation Plan

People come to day rehabilitation at Midtown Center because they have multiple, complex problems that prevent them from living, working, volunteering, recovering, etc. in any less restrictive setting or independent living facilities.

The rehabilitation planning and progress review process at Midtown is specifically designed to address the full range of problems that keep people in more restrictive settings and not working or volunteering, using treatment modalities that have known effectiveness for instilling more independent functioning and enhancing recovery.

The Rehabilitation Plan

The first step in developing an individualized rehabilitation plan is a functional assessment, during which information about the participant's functional skills, abilities, and deficits is collected from all available sources, including the participant and corresponding team members. The rehabilitation plan is usually constructed during a treatment team meeting held specifically for that purpose, within 30 days of the participant's admission to the program. All pertinent staff members are usually present at the initial rehabilitation plan meeting. Subsequent modifications of the rehabilitation plan are made by the treatment team during meetings held specifically for that purpose.

The major sections of the rehabilitation plans are:

1. Strengths and assets: A list of the participant's personal characteristics or life circumstances that are expected to be assets utilized in the rehabilitation and recovery process;
2. Problem Titles: The details for providing treatment and rehabilitation, organized by specific problems. Three problem titles specifically targeted at Midtown Center include Living Skills Deficit, Vocational Deficit, and Social Skills Deficit. Each problem title includes a description of how that problem manifests itself for each participant.

3. Participant recovery goals: A list of the participant's personal goals or desires pertinent to treatment, rehabilitation and recovery, as generated by the participant. Goals are organized according to the problem title they address;
4. Interventions: The treatments and other interventions intended to aid participant in achieving his or her goals. This typically consists of groups and classes offered at MTC, but also may include other interventions afforded by the structured and supportive environment at MTC (e.g. participant engages in three 3-minute conversations with a staff person each week, in order to increase his social skill performance).

Treatment plan updating and revision

The rehabilitation plan is continuously updated and revised as recovery progresses. Revisions or updates of the rehabilitation plan may be the result of reviews scheduled every 90 days or in response to unanticipated events or developments. During rehabilitation plan reviews, the participant is determined to have made either Marked Progress, Expected Progress, Minimal Progress, Minimal Deterioration, Moderate Deterioration, or Marked Deterioration. Progress is also assessed using progress ratings from the Treatment, Activity, and Class (TAC) progress rating system. TAC ratings are documented for each participant in each group and class. When it has been determined that a participant has met all of his or her goals, discharge to a less restrictive environment is initiated.

UNIQUE CHARACTERISTICS:

1. We are one of a kind. We focus, in part, on a sub category of persons experiencing severe mental illness. The cognitive and functional deficits identified through a series of assessments allow targeted rehabilitation approaches through classes and labs.

We are the only program in the only Behavioral Health Day Rehabilitation program in Lancaster County, perhaps in the entire Region V system.

No other day rehabilitation program works with persons diagnosed with severe mental illness

2. The nature of the service is defined by the participants' need for the services and are outcome based and evaluated.

We also meet all the array of services under the State of Nebraska Service Definition for Day Rehabilitation.

3. We are Cost Effective, generally covering the cost of the services rendered

4. We are centrally located in the city and referred to a One Stop Show rehab center.

5. Coordination on multiple fronts is crucial for positive outcomes; CMHC casecoordinators, medical services, and especially CTP at the Heather. We consult with community providers in the private sectors.

ALL of this collaboration provides a uniform approach and is a natural combination as you can see from our poster display.

6. Offer skilled staff who have been trained in the multi dimensional area of Recovery who demonstrate specific skills sets for this setting.

7. The environment of classes and work labs offer daily opportunities to acquire and practice skills learned. One cannot learn, practice and retain skills when living alone or even in communal living settings. The interpersonal dimension is vital to social and vocational success. Rehearsal leads to the generalization of skills to natural settings.

8. We focus on OUTCOMES. Our services happen in a time frame when the services are most needed. Outcome measures include: part time and full time employment, supported employment through consultation with the HOPE program and Voc Rehab.

Volunteer work or other areas for community integration.

Independent Living

On going assessment of progress and awareness of referral to lower level of care.

QUESTIONS

TOUR

Midtown Center

Available Classes and Groups

Group Opportunities

Community Resources – Participants in this group learn skills for independent living. Group members become familiar with using resources available in Lincoln including public transportation, social events, and recreation activities. This can be a participant-facilitated group.

Conversation Skills Training – Members of the group practice the basic skills needed to start friendly conversations, keep them going, and end them pleasantly.

Cooking Class – Participants acquire skills to prepare menus, grocery shop, and cook meals.

Current Events – Group members develop skills to stay aware of current events topics and engage in discussions about relevant issues. This can be a participant-facilitated group.

Employment Prep – Participants learn skills related to gaining and keeping a job while dealing with a disability. Participants practice writing résumés, conducting job searches, and attending interviews.

Friendship and Intimacy Skill Training – Group members learn the skills necessary to create a network of lifelong friendships that are emotionally meaningful and satisfying. Participants also learn the skills to engage in successful and safe dating experiences.

Health and Wellness Skill Training – Participants learn information and skills related to nutrition, portion control, healthy eating, and the importance of daily exercise.

Interpersonal Problem Solving – Participants learn the five-step problem solving technique and practice applying it to real-life problems.

Integrated Psychological Therapy (IPT) – Participants are actively engaged in activities to enhance memory and concentration, as well as social perception.

Orientation – This group is required for all new Midtown participants. Members learn the expectations of Midtown Center, and important behaviors and policies to maintain safety and confidentiality. This can be co-facilitated with participant and staff leaders.

Relaxation and Stress Management Skill Training – Participants learn about the ways stress can affect daily living, and practice the skills necessary to deal with stress effectively.

Social Cognition and Interaction Training Participants review the role of emotions in social situations and develop skills to better understand those situations and handle them successfully.

Social Skills Training – In this group participants learn skills for personal effectiveness including skills to express feelings, make friends, be assertive and be successful in relating to others.

(continued on back)

Symptom Management Skill Training – Participants in this class learn to identify and monitor warning symptoms and prevent symptoms from becoming so intense that hospitalization is necessary. Group members will learn to enlist the aid of close friends and relatives when the symptoms become particularly troublesome.

Walking Group – The Midtown “Meanderers” are part of the former Advancing Individual Growth (AIG) group. Our objective is walking to improve fitness levels. We walk three times a week for at least 30-45 minutes.

Workout Group – In this group participants motivate each other while working out on the inhouse exercise equipment (treadmill and elliptical machine), with the added option of television time while working out.

Workplace Fundamentals – Participants acquire skills necessary for success in occupational settings. Group members learn how to maintain long-term employment or be a successful member of a day program and foster mutually successful relationships with co-workers and supervisors.

Workplace Etiquette – Etiquette is a way for everyone to express mutual respect for one another. Etiquette and manners still matter at work, but workplace etiquette today is more about consideration than tradition. Participants learn accepted behaviors in the workplace and how to handle specific situations with co-workers, supervisors and customers.

WRAP (Wellness Recovery Action Plan) – Mental health issues are discussed and a plan is designed to handle relapse or crisis. This is a participant-facilitated group, though group leaders require training and certification.

One-on-One Opportunities

Budgeting – A pairing of staff and participant to figure out a financial situation and prepare a budget.

Computer Skills – Education in basic computer skills necessary for use of currently used equipment and software, and assurance of knowledge of safeguards while using the Internet and basic software. This can be participant-facilitated.

GED Prep/Tutoring – Students are given individual material based on their level of knowledge or ability. All subject areas are covered. (Also useful for anyone considering going back to or trying post high school education for the first time.) This can be participant-facilitated.

Grooming – Awareness and education of personal grooming skills. A checklist is available for use.

Practical Math – This is very individualized tutoring. Curriculum is based on the student’s interests, skill level and goals, while keeping it as real-life as possible. This can be participant-facilitated.

Relapse Prevention – Members are encouraged to take WRAP as a prerequisite. The goal is to develop an individual relapse prevention plan.

[updated 9/10]