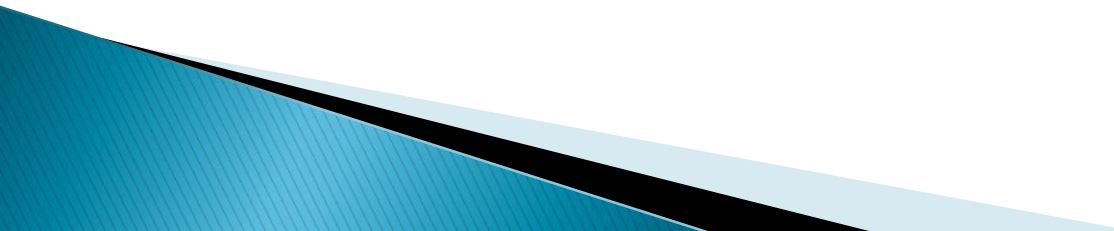


**Massachusetts ADRC  
&  
Mental Health Initiatives**

**February 14, 2013**

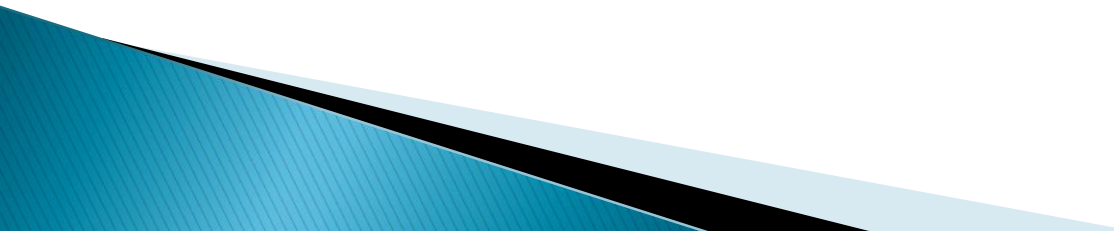


# Massachusetts ADRC & Mental Health Initiatives

## PRESENTERS:

- Mental Health Training for Options Counselors
  - ◊ Rachel Weiner, Director, MA Options Counseling Program  
MA Executive Office of Elder Affairs
- Recovery Learning Community Cross Training Initiative: Merrimack Valley ADRC
  - ◊ June Cowen, Executive Director, Northeast Independent Living Program, Inc./  
Northeast Recovery Learning Community
  - ◊ Nicole Ignachuck, Staff Development Manager  
Elder Services of the Merrimack Valley
- Mobile Mental Health Program Initiative: Greater Lynn Senior Services,  
a member agency of the ADRC of the Greater North Shore
  - ◊ Carol Suleski, RN, MBA, Director of New Program Initiatives, Greater Lynn  
Senior Services
  - ◊ Dottie Davies, LICSW, Director of Clinical Programs, Greater Lynn Senior Services

Mental Health Training for Options Counselors  
Rachel Weiner, Director  
MA Options Counseling Program  
MA Executive Office of Elder Affairs

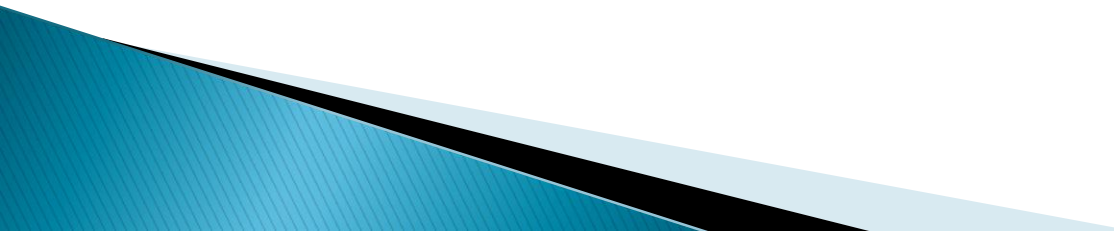


# Massachusetts Options Counseling (OC) Mental Health Training Development

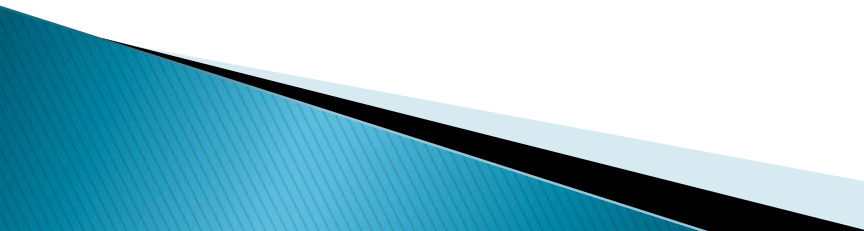
- Boston University Center for Aging & Disability Education & Research (CADER), 3 state agencies, & ADRCs(AAA/ASAPs and ILCs) created online and in-person mental health course
- Curriculum development
  - Focus groups to determine content areas
  - Content developed from approved outline
  - Content put in beta on-line version for review
  - Feedback incorporated in training
- 2 levels of committees
  - Advisory group – included all stakeholders
  - Management team – key agency partners only

# Massachusetts Options Counseling Training Outcomes

## Training Impact:

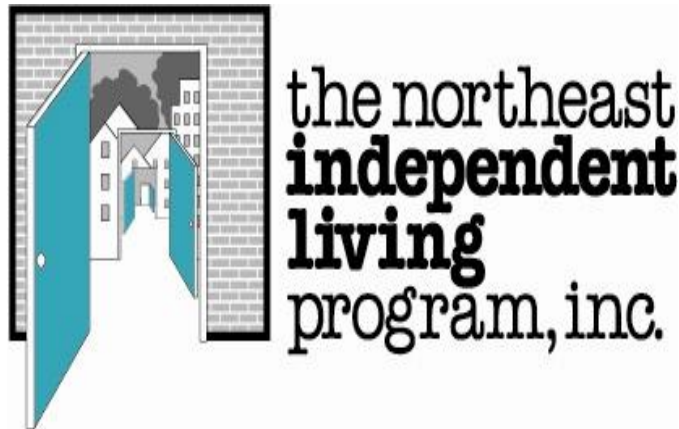
- 124 Options Counselors trained across the state of Massachusetts
  - Competency gains – significant increases from pre to post-test in all 26 competencies from the course
  - Course evaluation – 94.8% believed that the training will help them apply practice skills within the topic area of the course and 93.5% stated it will help them in their work with older adults or people with disabilities
  - Challenges and lessons learned
- 

# Recovery Learning Community Cross-Training Initiative Merrimack Valley ADRC

- Northeast Independent Living Program, Inc.  
The Northeast Recovery Learning Community  
Program Overview – June Cowen
  - ADRC cross training for options counselors at  
Elder services of Merrimack Valley – Nicole  
Ignachuck
  - Case Example – Nicole Ignachuck
- 

# The Northeast Independent Living Program, Inc.

## ▶ The Northeast Recovery Learning Community



# NILP's Mission:

The Northeast Independent Living Program, Inc., is a consumer-controlled, cross-disability, Independent Living Center providing advocacy and services to people with all disabilities who wish to live as independently as possible within the Northeast area of the state.

# NILP's Philosophy:

Independent Living philosophy states that individuals with disabilities are the best people to determine their own needs and service choices. Through role modeling and peer counseling with other individuals with disabilities, they become empowered to make changes in their lives and become more self-sufficient and self-reliant.





# NILP PROGRAMS

Adults with Physical Disabilities Program (including the Personal Care Assistance Program)

A Smoother Transition (Cross-disability youth program)

Deaf and Hard of Hearing IL Services

Independent Living/Vocational Rehabilitation

Aging & Disability Resource Consortium (ADRC)

ADA Consulting Services

The Northeast Recovery Learning Community

# What is an RLC?

A Recovery Learning Community provides peer support to individuals in recovery from extreme states, mental health conditions and the effects of trauma. The main characteristics of an RLC are:

- Provide and/or refer to a wide range of peer supports
- Support the providers of consumer supports through training, continuing education, and consultation

The Department of Mental Health states, “The main goal of every RLC Program is to help consumers achieve full community integration. Program participation is not an end unto itself, but an additional step toward recovery.”



# Peer Support through the NERLC

## Peer support for individuals

- Peer mentoring
- Peer advocacy
- Skills training
- Peer wellness coaching
- Information & referral
- WarmLine
- Volunteer opportunities

## Peer support in groups

- Peer support & advocacy groups
- Skill-building trainings & workshops: Voice and Dialogue Training, etc.
- Wellness activities: WRAP, wellness groups, etc.
- Social opportunities: Activities, friendship groups

## Support for peer workers and peer leaders

- Individual support and mentoring
- System advocacy to support the peer role
- Skills training and professional development
- Information & referral
- Work opportunities

# Ongoing NERLC Activities:

- ▶ Peer support, advocacy and technical support to patients at Tewksbury State Hospital
- ▶ Wellness Recovery Action Planning classes
- ▶ Voice and Dialogue Training and recovery dialogue groups
- ▶ Skills training workshops: rights and self-advocacy, money management, making & keeping friends, shared decision making, driving your plan, etc.
- ▶ Participation in DMH recovery-oriented committees and activities



# What is an NERLC “Hub”?

The NERLC has established 5 Hubs in the Northeast area. The Hubs are local site offices where peers living in a particular area meet weekly for a Business Meeting, Planning Meeting and where Peer Groups often take place.



the northeast  
**independent  
living**  
program, inc.



# NERLC Hub Business Meetings

Primary activities that take place during weekly Hub Business Meetings are:

- Conduct Outreach
- Conduct Community Needs Assessments
- Plan NERLC Hub Presentations to partner agencies.
- Plan Trainings and other Hub Events



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living**  
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# NERLC “Hubs”

There are 5 NERLC Hubs in the Northeast area:

- **Lowell**: Billerica, Chelmsford, Dracut, Dunstable, Lowell, Tewksbury, Tyngsboro, Westford.
- **Essex North**: Amesbury, Andover, Boxford, Byfield, Georgetown, Groveland, Haverhill, Lawrence, Methuen, Merrimac, Newbury, Newburyport, No. Andover, Rowley, Salisbury, West Newbury.
- **North Shore**: Beverly, Danvers, Essex, Gloucester, Hamilton, Ipswich, Manchester, Marblehead, Middleton, Peabody, Rockport, Salem, Topsfield, Wenham.
- **Metro North**: Everett, Malden, Medford, Melrose, North Reading, Reading, Stoneham, Wakefield.
- **Lynn**: Lynn, Lynnfield, Nahant, Saugus, Swampscott.



# NERLC Hub Hours & Locations

## Lowell

Solomon Mental Health Center  
391 Varnum Ave., Lowell, MA  
HUB HOURS: Wednesdays ?

## Essex North

DMH Site Office  
15 Union St., Suite 2, Lawrence, MA  
HUB HOURS: Mondays, 9:30am-12:00PM

## North Shore

- 1) DMH Site Office  
35 Congress St., Salem, MA  
HUB HOURS: Tuesdays, 9:30am-12:00pm
- 2) ILCNSCA  
27 Congress St. Suite 107, Salem, MA  
Hours



# NERLC Hub Locations/Hours

## Metro North

DMH Site Office

27 Water St., Wakefield, MA

HUB HOURS: Fridays, 9:30am-12:00pm

## Lynn

Location - Office to be determined

HUB HOURS: Thursdays, 2:30-4:30pm

See Monthly Calendar of Events, Groups and  
Locations @ [www.nilp.org](http://www.nilp.org) go to NELRLC

# Get Involved with the NERLC!

We need peer participation, peer action, and peer voices!  
We need community partners and community connections!

**We need you!**

**Contact us:**

Jo Bower, NERLC Director [jbower@nilp.org](mailto:jbower@nilp.org)

Amy Melampy, Program Manager [amelampy@nilp.org](mailto:amelampy@nilp.org)

Kellianne O'Brien, Peer Support Manager  
[kobrien@nilp.org](mailto:kobrien@nilp.org)

Lori Johnstone, RLC-DHILS Liaison [ljohnstone@nilp.org](mailto:ljohnstone@nilp.org)

**Northeast Independent Living Program, Inc.**

20 Ballard Road  
Lawrence, MA 01843

978-687-4288 voice  
978-689-4488 fax  
978-965-8263 video phone  
978-655-2383 TTY



# Merrimack Valley ADRC Cross Training

Recovery Learning Community Training :  
Elder Services of the Merrimack Valley

# Merrimack Valley ADRC Cross Training

## Case Example

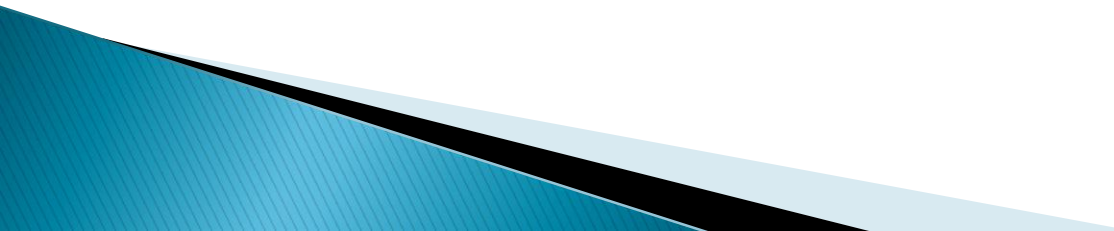
- Benefits of Collaboration
- Successful Outcome

# Mobile Mental Health Program

Carol Suleski, RN, MBA Director of New Program Initiatives, Greater Lynn Senior Services

Dottie Davies, LICSW, Director of Clinical Programs, Greater Lynn Senior Services

# Mobile Mental Health Program

- ▶ GLSS Mobile Mental Health is a compassionate pioneering effort that brings psycho-social services and supports to at risk individuals in their homes.
  - ▶ Program is consumer centered and flexible. It creates a “wrap around” concept that engages and supports individuals so that it fosters acceptance of traditional mental health services at the Lynn Community Health Center or a provider of their choice.
  - ▶ In short MMH concentrates on those who “fly under the radar”, addressing issues such as anxiety, depression and episodic psycho-social situations which ravage one’s quality of health.
- 

# Mobile Mental Health Program

## ▶ Program Goals

- ✓ Engage a targeted number of consumers in service/treatment plans.
- ✓ Ensure targeted number of consumers are stabilized in the community.
- ✓ Assist targeted number of consumers to manage/reduce mental health symptoms.
- ✓ Reduce the number of destabilizing episodes consumers experience.
- ✓ Enhance consumers' quality of life.

## ▶ Target Population

- ✓ Currently: individuals over 50 living in the GLSS area, (Lynn, Lynnfield, Nahant, Saugus and Swampscott)
- ✓ Expansion Plans: Extend Mobile Mental Health Program to the 19 communities of the ADRC of the Greater North Shore, Inc. as funding becomes available.

# Mobile Mental Health Program

## ▶ Program Outcomes

### ◦ Success Indicators

- 1) number of consumers consenting to services and the number of consumers who follow treatment plan over time
- 2) number of consumers who are not arrested, not living in homeless shelters, not evicted, or living in substandard housing
- 3) number of consumers who manage symptoms or experience a reduction in negative symptoms
- 4) number of consumers with reduced psychiatric hospitalizations or ER visits
- 5) number of consumers who report meaningful daily activity
- 6) number of consumers who report increased sense of well being.

### ◦ Statistics for 2012

- 1) 118 consumers engaged/contacted – 57 (48%) agreed to ongoing services/treatment
- Of the 57 with an active treatment plan
- 2) 56 (99%) were not arrested, evicted, living in a shelter or in sub-standard housing
- 3) 42 (74%) reported a decrease in negative symptoms
- 4) 7 (12%) had psychiatric hospitalization/ER visits
- 5) 41 (71%) reported meaningful ADLs and a positive sense of well being.

## ▶ Recipient of the AAGP Deirdre Johnston Award for Excellence and Innovation



# Questions