

STATE OF INDIANA

FAMILY & SOCIAL SERVICES ADMINISTRATION

DIVISION OF MENTAL HEALTH AND ADDICTION

Statewide Gap Analysis

Mental Health and Addiction Planning and Advisory Council

Recovery Supports Priority Area 2 Workgroup

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The combined mental health and substance abuse prevention and treatment block grant application for SFY 2012 and 2013 focused on four priority areas: Promoting Mental Health and Preventing Addiction; Recovery Supports; Safe and Affordable Housing in the Community for All Consumers; and Integration of Primary and Behavioral Healthcare. Each priority area has an assigned workgroup that includes members of the Mental Health and Addiction Planning and Advisory Council.

The Recovery Supports priority area workgroup has the responsibility of determining recovery supports priorities; gaps in the system where priority recovery supports are not funded; and the availability or accessibility of those supports. Building on the Mental Health and Addiction Planning and Advisory Council's Recovery Supports Consensus (June 2012) the workgroup formed this Statewide Gap Analysis.

The Statewide Gap Analysis has been organized in four parts with a closing Summary.

- The first is Gaps by Consensus as seen in the results of the survey that formed the Recovery Supports Consensus. This is a gap analysis on recovery supports most highly valued.
- The second part will build on those findings: Gaps by Priority of recovery supports states where those supports are most often found.
- The third part is Gaps by Funding which will focus on the issue of funding recovery supports.
- **Appendix A**, (page 18) the appendix is a supporting document that provides definition for the recovery supports listed and referenced throughout this document.

I. Gaps by Consensus could be described as recovery supports we have now and what is most valued.

Three demonstration grants and numerous surveys were studied to support the claims of what priority recovery supports consumers, the people who support them and mental health and addiction professionals are finding most helpful. Based on those findings consensus of recovery supports that are most valued and needed statewide are in the following tables.

Table 1, (page 3) shows recovery supports most highly valued by consumers. This includes mental health and addiction supports. (Recovery Supports Consensus 6/2012)

Table 2, (page 4) this table shows the current Continuum of Care for mental health and addiction services.

Table 1

Detail List of Survey Items included in Recovery Support Categories

Personal Support Networks	A person in my life who has hope for me -- 90.7% (470 of 518)
	Someone I trust to take care of my children -- 49.4% (216 of 437)
	Friends or family I can do things with -- 85.7% (444 of 518)
	A place to go where I feel welcome -- 89.3% (459 of 514)
	Friends and family that I feel close to -- 87.8% (454 of 517)
	Friends or family that feel connected to the individual -- 82.3% (121 of 147 using this support, per family and friends))
	Crisis plan development by individual and support system -- 68.3% (43 of 63 using this support, per family and friends)
Peer Support Services	Someone who has had similar experiences -- 85.1% (440 of 517)
	Recovery Center -- 51.1% (214 of 419) -- of those who were offered this support, 89.5% (214 of 239)
	A sponsor -- 62.5% (15 of 24 using this support, per family and friends)
	Peer support for the family -- 87.4% (83 of 95 using this support, per family and friends)
	Peer telephone support, such as a warm line -- 71.4% (15 of 21 using this support, per family and friends)
	AA, NA, GA, CA, and/or others like these -- 62.6% (296 of 473)
	Self-help recovery program -- 55.8% (24 of 43 using this support, per family and friends)
Hobbies & Interests	Hobbies and interests -- 82.6% (423 of 512)
Prevention & Wellness	Help getting medical and dental care -- 63.1% (317 of 502)
	Physical Activity such as an exercise routine, walking -- 77.3% (399 of 516)
Safe Housing	Help finding a comfortable place to live -- 75.7% (376 of 497)
	Help getting access to food and other household items -- 72.6% (366 of 504)
Spiritual Activities	Participating in spiritual activities -- 73.0% (370 of 507)
Service Coordination	Someone that helps me coordinate services, like a Recovery Consultant -- 60.3% (35 of 58)
Advocacy Services	Someone to advocate for me -- 72.5% (364 of 502)
Supported Employment	A job or other volunteer activity -- 71.5% (359 of 502)
	Clubhouse -- 26.2% (112 of 428) -- of those who were offered this support, 76.7% (112 of 146)
Education and Training Activities	Access to education or other training -- 68.8% (341 of 496)
	Money management training -- 59.0% (23 of 39 using this support, per family and friends)
Transportation	Transportation assistance -- 68.5% (343 of 501)

Table 2

Mental Health and Addiction Continuum of Care (440 IAC 9-1-6)

The following continuum is in effect until the Administrative Rule is revised.

(1) Individualized treatment planning to increase patient coping skills and symptom management
(2) Twenty-four (24) hour a day crisis intervention
(3) Case management to fulfill individual patient needs, including assertive case management when indicated
(4) Outpatient services, including the following: (A) Intensive outpatient services (B) Substance abuse services (C) Counseling and treatment
(5) Acute stabilization services, including detoxification services
(6) Residential services
(7) Day treatment
(8) Family support services
(9) Medication evaluation and monitoring
(10) Services to prevent unnecessary and inappropriate treatment and hospitalization and the deprivation of a person's liberty

Mental Health and Addiction Continuum of Care

The following continuum will be effective when the Administrative Rule is revised.

(A) Safety Net
(B) Engagement Services
(C) Outpatient Treatment including each of the following:
(i) Intensive outpatient services.
(ii) Substance abuse services.
(iii) Counseling and treatment.
(iv) Medication evaluation and monitoring.
(E) Community Recovery and Resiliency Supportive Services
(F) Acute Services

NEW STATUTORY LANGUAGE
IC 12-7-2-40.6

Continuum of care

Sec. 40.6. (a) "Continuum of care" means a range of services:

- (1) defined by the division in rules adopted under IC 4-22-2 to provide a comprehensive continuum of care by a community mental health center or other provider; and
- (2) based on recovery focused models of care and that are intended to meet the individual treatment needs of the behavioral health consumer.
- (3) (b) The continuum of care may include the following services:
 - (1) Wellness programs.
 - (2) Engagement services.
 - (3) Outpatient and inpatient services.
 - (4) Rehabilitative and habilitative services.
 - (5) Residential care and supported housing.
 - (6) Acute intensive services.

All services must support prevention and treatment of mental health and addiction for all populations.
As added by P.L.40-1994, SEC.10. Amended by P.L.143-2011, SEC.5.

(11) "**Continuum of care**" means a range of services the provision of which is assured by a community mental health center.

II. Gaps by Priority are defined by lack of provision of those recovery supports outlined and defined in the previous section. This will identify those most valued recovery supports and their limited availability. In an attempt to identify locations where these supports are available several barriers were identified.

First, many recovery supports, as defined by this work, are not traditional services. For example: “Someone who has hope for me.” While hope is often recognized as essential to recovery it is difficult to quantify and capture as a deliverable service. Many recovery supports have great value, but are not easily defined or measured.

Second, opinions vary about the definition of recovery supports. In some cases supports are services that are currently delivered or will be included in the new continuum. In others, a strict line has been drawn in the sand that indicates some believe traditional services and recovery supports can never be the same thing. While some of these arguments may be anecdotal it effects the perceptions of where the supports are being made available.

Third, there has not been a broad attempt to catalogue the various settings where recovery supports can be accessed. In other words there is no single list that could direct an individual seeking recovery supports. For example, there are several excellent resources published regularly. There are many recovery supports to be found in those; however, there is no single list or section identified as recovery supports. One could reasonably argue they are all recovery supports. It depends on what you are recovering from. Some smaller organizations have assembled guides or directories identifying local resources, but those resources are generally not statewide listings.

With these limitations in mind we have identified a number of places and settings one might find the recovery supports addressed in this analysis. The following **table 3** will provide a list of supports and various locations that are known to provide these supports.

Table 3

Personal Support Networks	A person in my life who has hope for me – CMHC’s, Counseling Service Agencies and Churches, Volunteers at Support Services , trustees, medical professionals , family, friends , Consumer Support Group members
	Someone I trust to take care of my children – Someone who can watch over children while the parent is engaged in treatment.
	Friends or family I can do things with – Churches, Special Interest Groups (veterans, cancer survivors, etc.), Volunteer Organizations, Support Groups, Clubs
	A place to go where I feel welcome – Volunteer Organizations, College and college activities, Schools (night and community schools), Support Groups (outside of mental health centers), Services for homeless individuals, Centers and Services for Rape Victims and Victims of Domestic Abuse, professional organizations, libraries
	Friends and family that I feel close to - Neighbors, relationships developed during recovery experiences, (ex. people met at shelters during periods of homelessness), relationships built by common experiences through self-help groups
	Friends or family that feel connected to the individual - Neighbors, church members, volunteering, at home, on the job
	Crisis plan development by individual and support system - Domestic violence shelters, law enforcement, rape treatment centers, martial arts/defense training, case managers and therapists, CMHC’s
Peer Support Services	Someone who has had similar experiences – Support groups (by hospitals and agencies), peer counseling networks, special interest groups, at treatment providers, self help groups, church, professional peer support,
	Recovery Center - Expansion of peer run respite and wellness centers , limited number of centers throughout Indiana
	A sponsor – Exclusive to twelve step recovery programs such as Alcoholics Anonymous
	Peer support for the family – Churches and community groups.
	Peer telephone support; such as a warm line – Some communities support warm-lines staffed by persons with experience in recovery from mental illness and/or addiction.

	<p>AA, NA, GA, CA, and/or others like these – These peer run community based groups are widespread and self supporting. They have a high profile and are easily located through a variety of resources. These support group meetings are held in recovery clubs, churches, libraries, town halls, community centers</p> <p>Self-help recovery program – Churches, community centers, libraries</p>
Hobbies & Interests	<p>Hobbies and interests -- families, friends, wrap around facilitators, professional service provider support</p>
Prevention & Wellness	<p>Help getting medical and dental care – FSSA, Social Service Agencies, Social Security Administration, Medicaid or other Insurance, Hospital Social Workers, VA, County Trustees, CMHC, case manager</p>
	<p>Physical Activity such as an exercise routine, walking – families, friends, wrap around facilitators, professional service provider support</p>
Safe Housing	<p>Help finding a comfortable place to live –Churches, County Trustee, families, friends, wrap around facilitators, professional service provider support</p>
	<p>Help getting access to food and other household items – Churches, government agency, pantries, trustees, nonprofit businesses , families, friends, wrap around facilitators, professional service provider support</p>
Spiritual Activities	<p>Participating in spiritual activities – Churches, youth group, meditation centers, reading research, counselor, families, friends, wrap around facilitators, professional service provider support</p>
Service Coordination	<p>Someone that helps me coordinate services, like a Recovery Consultant – CMHC, Community Based Social Service Agency, Faith Based organizations, ATR consultants</p>
Advocacy Services	<p>Someone to advocate for me – CMHC, legal advocates, Legal Aid, , family, friends, wrap around facilitators, professional service provider support Wraparound Facilitator</p>
Supported Employment	<p>A job or other volunteer activity – Non-profit organizations, volunteer activity, government programs, CMHC colleges and universities, professional organizations, special interest organizations</p>
	<p>Clubhouse - Not wide spread but reportedly popular by survey results</p>
Education and Training Activities	<p>Access to education or other training -- Government and social agency referral, CMHC, colleges and universities</p>
	<p>Money management training – families, friends, wrap around facilitators, professional service provider support</p>
Transportation	<p>Transportation assistance – Churches, trustees (bus passes, gas cards) , parents,</p>

	family, friends,
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III. Gap by Funding is the third and final piece to analyzing gaps associated to recovery supports in Indiana. This will be a demonstration that builds on recovery supports consumers report that are most helpful and where those supports are found or accessed. The gap will be identified by noting the recovery support and identification of its' funding source as noted on **table 4**.

Natural supports are those that may occur over the normal course of our lifetime. Recovery supports have been identified as those supports not traditionally provided by a mental health system. An attempt to identify funding of natural supports would be fruitless. Where does one begin, or end? Many recovery supports identified in this analysis are for practical purposes untraceable financially. That is to say there are no billing records that identify how these are supported financially.

For example: **“Friends and family that I feel close to”**. This is recognized as a valuable recovery support. Where does one begin to measure how it is supported financially?

Table 4

Support Category	Support Activity	Access Action	Funding
Personal Support Networks	<p>When asked what is helpful in reaching recovery goals, consumers and families most often identified the following:</p> <p>A person in my life who has hope for me</p> <p>Someone I trust to take care of my children</p> <p>Friends or family I can do things with</p> <p>A place to go where I feel welcome</p> <p>Friends and family that I feel close to</p> <p>and</p> <p>Friends or family that feel connected to the individual</p>	<p>Actions that can be taken to encourage or enhance family, friend, and organizations to fully support one’s recovery:</p> <p>Treatment Providers – incorporate assessment of individual’s strengths and needs in this area of life.</p> <p>When individual has identified strong personal support networks, build Comprehensive Plan of Care around those strengths.</p> <p>When individual has no identified personal support networks or has gaps in his/her existing personal supports, develop goals and strategies to address this need.</p>	<p>Is new funding needed to implement this action?</p> <p>No new funding needed but treatment staff may need training.</p> <p>No new funding needed but treatment staff may need training.</p> <p>No new funding needed but treatment staff may need training.</p>
	<p>Outside of treatment, information about social support groups, NAMI, and similar opportunities can be prominently posted in all facilities. Facilities can be made available for recruitment and organizational activities for the establishment of support groups. The goal should be for providers of services to assist in initiation of this type of opportunity with the long-range goal for support networks to be fully independent of the provider system.</p>	<p><i>Minimal funding should be made available to existing social support groups for the purpose of establishing local groups.</i></p>	

Support Category	Support Activity	Access Action	Funding
Personal Support Networks	When asked what is helpful in reaching recovery goals, consumers and families most often identified the following:	Actions that can be taken to encourage or enhance family, friend, and organizations to fully support one's recovery:	Is new funding needed to implement this action?
	Crisis plan development by individual and support system	Crisis plan should be routinely developed in conjunction with person-centered Comprehensive Plan of Care. Incorporate into various trainings available to individuals such as WRAP.	No new funding needed but treatment staff may need training. <i>Minimal funding by state may be needed to develop training materials.</i>
Peer Support Services	Someone who has had similar experiences	May be formal and part of the treatment process which includes Certified Recovery Specialists (CRS). May be informal evolving from the activities pertaining to Personal Support Networks.	Services provided by CRS staff are reimbursable under MRO. <i>For individuals not eligible for MRO, specialized funds may be needed by providers.</i> No funding needed other than as required to develop the Personal Support Networks.
	Recovery Center	A place that facilitates the process of change through peer support and recovery innovations.	<i>New funding is needed to support the development of more Recovery Centers across the state.</i>
	A sponsor	Typically associated with self-help programs. Depending upon further assessment of need for expanding this type of interaction for individuals, a protocol and training materials could be developed to prepare individuals to become sponsors for others.	<i>If a protocol and training materials are needed, there will be a cost associated with developing these and implementing them.</i>
	Peer support for the family	NAMI typically fulfills this need. Not all families may be aware of NAMI and some promotional materials may be needed.	As this is core to each NAMI chapter, new funds should not be needed.

Support Category	Support Activity	Access Action	Funding
	When asked what is helpful in reaching recovery goals, consumers and families most often identified the following:	Actions that can be taken to encourage or enhance family, friend, and organizations to fully support one's recovery:	Is new funding needed to implement this action?
Peer Support Services	Peer telephone support, such as a warm line	The existing "warm line" should be widely advertised and promoted as part of the individual's recovery activities.	A "warm line" is currently funded in contract with Key Consumer Organization.
	AA, NA, GA, CA, and/or others like these	Collectively known as self-help programs, these are widely available across the state.	State funding is not needed.
	Self-help recovery program	These are groups or programs that one might find in the community; such as, Celebrate Recovery or Smart Recovery.	<i>New funds will be needed</i> to develop more of these programs. Funding should be through non-provider contracts.
Hobbies & Interests	Hobbies and interests	Recreational and leisure activities are very individual specific. Often, individuals have not developed specific interests and need exposure to multiple types of activities in order to identify those that are most satisfying to the individual. The service delivery system (both formal and informal) needs to provide opportunities for individuals to explore what is available within the community and to become involved in those activities chosen by the individual.	These services are not funded through any existing source. <i>New funds are needed</i> and entities need to be identified which can implement programs that will fulfill this gap.

Support Category	Support Activity	Access Action	Funding
Prevention & Wellness	<p>When asked what is helpful in reaching recovery goals, consumers and families most often identified the following:</p> <p>Help getting medical and dental care</p>	<p>Actions that can be taken to encourage or enhance family, friend, and organizations to fully support one's recovery:</p> <p>Every individual should have access to at least annual physical examinations and to regular dental care. For individuals with or without healthcare coverage, linkage to publicly funded healthcare (Federally Qualified Health Centers and Community Health Centers) or other primary care physicians/clinics should be aggressively pursued.</p> <p>Dental care may be less available thus requiring some proactive work by the mental health and addiction providers. The feasibility of accessing dental care through the state hospital system for those individuals with ready access to those campuses should be explored.</p>	<p>Is new funding needed to implement this action?</p> <p>Linkage to existing primary care is a case management function which should be available from every provider. For individuals not eligible for MRO, <i>funding for this service will be needed.</i></p> <p><i>Funding will also be needed to assist with the cost of dental care.</i></p>
	<p>Physical Activity such as an exercise routine, walking</p>	<p>A typical challenge for individuals is to become self-motivated to engage in regular physical activity. These activities can be undertaken by the individual alone or as part of a natural group to which the individual belongs. The system should be involved in developing this support only to the extent of assisting with self-motivation techniques.</p>	<p>No new funding should be needed.</p>

Support Category	Support Activity	Access Action	Funding
	When asked what is helpful in reaching recovery goals, consumers and families most often identified the following:	Actions that can be taken to encourage or enhance family, friend, and organizations to fully support one's recovery:	Is new funding needed to implement this action?
Safe Housing	<p>Help finding a comfortable place to live</p> <p>Help getting access to food and other household items</p>	<p>Assistance with acquisition of acceptable safe and affordable housing as well as goods and services needed to maintain housing can be identified as a need and included in the person-centered Comprehensive Plan of Care.</p> <p>Individuals who have developed natural support networks may be able to access housing supports through that network. Others may need to develop skills specific to landlord/property manager interactions.</p>	<p>Some housing supports and case management activities are available to persons with MRO service packages. Some housing supports do not currently have a funding stream. For individuals not eligible for MRO, <i>funding for this service will be needed. A funding stream may be needed for acquiring household items. Case management linkage to community resources for individuals who are not eligible for MRO will also need funding.</i></p>
Spiritual Activities	Participating in spiritual activities	<p>Activities that support serenity, peace, meditation and overall well being.</p> <p>The service delivery system (both formal and informal) needs to provide opportunities for individuals to explore what is available within the community and to become involved in those activities chosen by the individual.</p>	<p>These opportunities are typically available throughout the community and are available to any person who wishes to engage in these activities. However, individuals may have needs for access to transportation or finding these opportunities. Funding is not needed for the activity but may be needed to support access.</p>
Service Coordination	Someone that helps me coordinate services, like a Recovery Consultant	Service Coordination is also known as Case Management and, as such, is part of the required continuum of care that must be available to all individuals receiving publicly funded mental health and addiction services.	The service is currently funded but <i>may require some additional funding</i> for individuals who are uninsured.

Support Category	Support Activity	Access Action	Funding
Advocacy Services	Someone to advocate for me	Several organizations have a central mission of general advocacy including NAMI, MHA, KEY Consumers. Specific programs which connect individuals with another person who can be a personal advocate or representative are common in the juvenile justice arena but are not readily available for adults with mental illnesses. Less formal advocacy may be available through networks of families and friends.	Advocates tend to be volunteers but developing a program that recruits, trains, and deploys advocates <i>will require a funding stream.</i>
Supported Employment	A job or other volunteer activity	Supported Employment is a formal program which is offered by most community mental health centers in Indiana. The program is collaboration between DDRS Vocational Rehabilitation Services and the centers. The goal of these programs is for individuals to obtain competitive employment. Individuals who wish to become involved in employment or other forms of meaningful daily activities should be assisted in identifying potential resources within the provider organization.	Minimal funding is available for supported employment activities. As this is an evidence-based practice, additional <i>funding may be appropriate in order to expand these activities.</i>
	Clubhouse	There are very few Psychosocial Clubhouses operational in Indiana due to lack of a funding stream to help support these programs. These programs have been developed utilizing many different models but all models tend to integrate some form of a work-ordered day with member governance.	<i>New funding streams are needed in order to re-establish clubhouse programs across the state.</i>

Support Category	Support Activity	Access Action	Funding
	When asked what is helpful in reaching recovery goals, consumers and families most often identified the following:	Actions that can be taken to encourage or enhance family, friend, and organizations to fully support one's recovery:	Is new funding needed to implement this action?
Education and Training Activities	<p>Access to education or other training</p> <p>Money management training</p>	Every community mental health center offers skills training and development programs. The programs may be individually based or provided to groups of individuals.	The service is currently funded but <i>may require some additional funding</i> for individuals who are uninsured.
Transportation	Transportation assistance	Any transportation that increases the likely-hood a person will be able to access needed supports and/or be able to maintain successful independent living.	Transportation needs extend from medical appointments to general daily living needs. Funding is, therefore, inconsistent to the need of the individual. Some parts of the state are well funded and do provide transportation services. <i>Other areas of the state will likely need new funding.</i>

Summary-

The Division seeks to promote, facilitate and sustain a recovery-oriented system of care. In a good and modern mental health system of care, recovery supports are vital not only to the health of the consumer of services but are also important to the effectiveness and reputation of the public system that supports their recovery. This statewide gap analysis is the first evolution in clarifying through consensus the recovery supports consumers and those who support them value most, and are not supported directly through a public funding mechanism.

The Recovery Supports Consensus (June 2012) revealed recovery supports most highly valued by the users of services. A portion of these recovery supports is funded by the mental health and addiction block grants. Another portion is funded through the Medicaid Rehabilitation Option in Indiana's Community Mental Health Centers. This analysis highlights recovery supports that are most valued with an emphasis on those that lack direct funding by Indiana's public mental health and addiction service system.

The largest gap in funding of recovery supports may or may not be eventually addressed through expansion of Medicaid and health insurance exchanges. If the system remains the same as it is today, then many recovery supports that do have an at least partial funding mechanism will need additional funding for persons with no third party payer for services. If the system changes, some state funds may become available to expand the community funding specifically to cover some of the recovery supports detailed in Table 4. A strategic plan for ensuring greater access to non-funded recovery supports is recommended.

APPENDIX

Appendix A

Definitions of Recovery Supports used in this Statewide Gap Analysis

I. Personal Support Networks

A person in my life who has hope for me- A person who openly expresses and supports meaningful and long lasting recovery from a mental illness or addiction.

Someone I trust to take of my children- Someone who can watch over children while the parent is engaged in treatment. This relieves the stress of childcare while the parent focuses on recovery supports for short periods of time.

Friends or family I can do things with- This is positive meaningful relationships that support recovery.

A place to go where I feel welcome- A place where the nature of mental illness and/or addiction is understood. It is a place where a person finds acceptance.

Friends and family that I feel close to- Healthy personal relationships outside of the treatment environment that provide a sense of belonging.

Friends or family that feels connected to the individual- Relationships that promote a healthy lifestyle.

Crisis plan development by individual and support team- This could be a Psychiatric Advanced Directive, a WRAP plan, or a similar plan.

II. Peer Support Services

Someone who has had similar experiences- This could be formal peer support, self-help recovery programs, friends and family. This is broad and could include many people.

Recovery Center- An actual physical site that houses recovery oriented activity.

A sponsor- While sponsorship is often associated to twelve-step groups or programs, a sponsor could also be a mentor who is a guide or navigator to a person on their recovery journey.

Peer Support for the family- This is support for families as they experience the stress or duress of helping a loved one.

Peer telephone support, such as a warm-line- Some communities support warm-lines staffed by persons with experience in recovery from mental illness and/or addiction.

AA, NA, GA, CA and/or others like these- Alcoholics Anonymous, Narcotics Anonymous, Gamblers Anonymous, Cocaine Anonymous, etc

Self-help recovery programs- These are groups or programs that one might find in the community; such as, Celebrate Recovery or Smart Recovery.

III. Hobbies and Interest- Recreation that provides an outlet for stress and promotes creativity.

IV. Prevention and Wellness

Help getting medical and dental care- Any support that encourages engagement in activities to address medical and dental.

Physical activity; such as, as an exercise routine or walking- Physical activity that a person would engage in on a regular basis.

V. Safe Housing

Help finding a comfortable place to live- Any support that provides access to locating appropriate housing choices.

Help getting access to food and other household items- General support associated to good nutrition and general maintenance of community living.

VI. Spiritual Activities

Participating in spiritual activities- Activities that support the wellbeing and spiritual health of the person.

VII. Service Coordination

Someone that helps me coordinate services, like a Recovery Consultant- This refers to paid and non-paid competent persons who are familiar enough with services that they can direct others.

VIII. Advocacy Services

Someone to advocate for me- This refers to paid and non-paid competent persons who are familiar enough with services that they can speak on behalf of others.

IX. Supported Employment

A job or other volunteer activity- Paid or un-paid meaningful work.

Clubhouse- Places where members are encouraged to find paid employment, and include staffed programs that support employment readiness skills development.

X. Education and Training Activities

Access to education or other training- Formal education, or organized activity designed to promote self-improvement.

Money management training- Support for budgeting and money management related to increased independence and sustained wellbeing.

XI. Transportation

Transportation assistance- Any transportation that increases the likely-hood a person will be able to access needed supports and/or be able to maintain successful independent living.