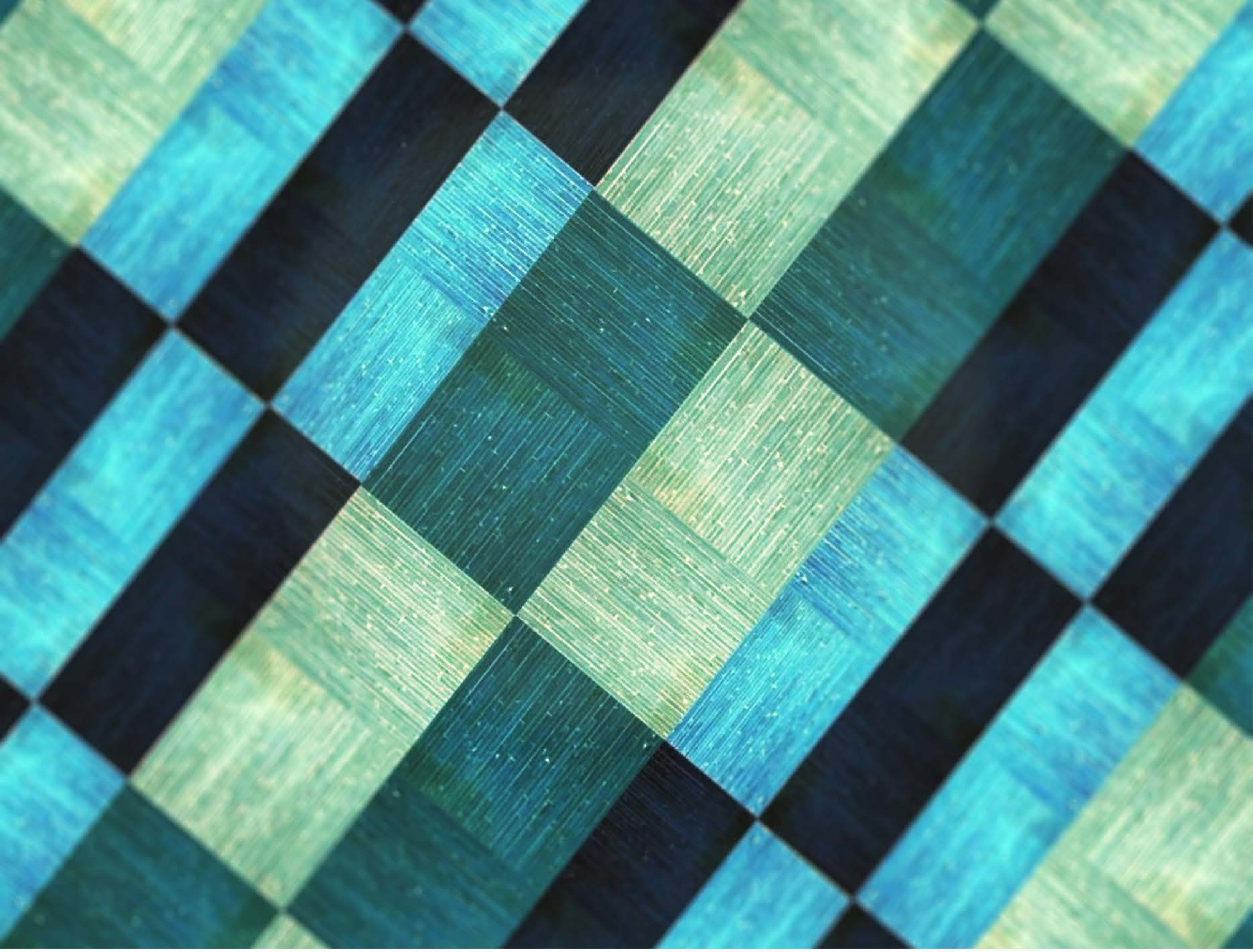

Jump-Starting Community Living and Participation

Temple University
Collaborative
On Community Inclusion of Individuals with Psychiatric Disabilities

A Toolkit for Promoting Inclusion in Community Life

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This toolkit discusses methods and resources for promoting community living and participation with behavioral health service programs.

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Introduction

ideas and resources for those interested in transforming their own community mental health services and supports into ones that promote each person's active engagement in the everyday world

This toolkit is designed to help local behavioral health programs 'jump-start' community living and participation – to begin putting into place some of the policies, programs, and practices that support individuals with mental illnesses in participating more fully in the activities that define everyday community life. This is not a recommended step-by-step sequence of initiatives nor a list of necessary activities required by national or local mandates, but rather a compendium of ideas and resources for those interested in transforming their own community mental health services and supports into ones that promote each person's active engagement in the everyday world.

The need for this kind of transformation is highlighted by emerging research findings clarifying that people with mental illnesses 'would, should, and could' participate in the mainstream of their community's life: the resources provided here are designed to help you jump-start community inclusion in your own agency because research in the field demonstrates that people with mental illnesses: a) remain interested, throughout their lives, in participating in community life; b) benefit substantially from engagement in the everyday world around them; and c) are demonstrably capable, with support, of community participation. Most importantly, however, those with mental illnesses, and their families, are increasingly demanding access to a new generation of supports and services that facilitate their move from isolation and idleness to engagement and activity. This toolkit offers sixty-six suggestions of actions that can be undertaken – by both traditional and peer-run community mental health agencies – to make community living and participation a reality.

Community Inclusion: The Mandate.

A helpful definition of community inclusion focuses upon providing individuals with disabilities "the opportunity to live in the community, and be valued for one's uniqueness and abilities, *like everyone else*." A growing body of research, however, suggests that while many of those with serious mental illnesses may be living in the community, in fact they are not living like everyone else. People with serious mental illnesses are still largely segregated from the mainstream of community life: many people are unemployed and financially dependent, live in specialized residential programs in challenging communities, with fragile linkages to family activities and broken connections to friends, spending their days attending local behavioral health programs that offer workshops, social events, and group activities that have become a substitute for genuine community participation.

substantive change is in the air

The antidote to all of this – the promotion of community participation - can best be understood as comprised of two essential mandates: first, it relies upon the commitment of mental health systems to provide the supports needed to ensure that all individuals have an equal opportunity to fully participate in the community; and, second, it makes a demand on both the individuals and the organizations that make up our communities that they actively seek out and welcome the participation of individuals with mental illnesses. Community inclusion initiatives, thus, embody both the rights of individuals to live fully *and* the value of participation not only to those with mental illnesses themselves but also to their communities.

An emphasis on community inclusion, however, may represent a significant change for many programs. The important commitment of local behavioral health programs to the personal safety and clinical stability of those with serious mental illnesses who live in the community has sometimes had the unanticipated effect of obscuring the value of greater community participation, particularly when programs have built a variety of dynamic in-house activities that have unwittingly served to strengthen the dependency of service recipients on the agency itself. Agency concerns that the challenges of community participation lead inevitably toward climbing hospitalization rates, the animosity of resistant communities, and increased system costs have led to job descriptions, agency programming, and funding patterns that reinforce the sense that life within the overly warm embrace of the mental health system is the best that we can offer. Nonetheless, there is growing consumer demand for the supports individuals need to build or rebuild their everyday lives.

There is growing consumer demand for the supports individuals need to build or rebuild their everyday lives.

For most of us, satisfying *everyday lives* means an engagement in the world across varied 'domains of community living' – family life, gainful employment, social connections, civic activity, recreational pursuits, staying fit, educational opportunities, religious involvement, and more. We all make choices about what domains of life to emphasize for ourselves and which we choose to skip over or cannot prioritize just now. But current research suggests that many people with serious mental illnesses have little choice in this regard: a variety of factors keep them at a distance from enjoying ever the most basic elements of everyday lives. In these pages you'll find ideas about connecting people across a variety of life domains so that individuals have the choice to pursue the types of community engagement each most values.

The purpose of this toolkit is to provide ideas and resources related to community inclusion so that substantive change is in the air. You will find here dozens of ideas for possible first steps – and second and third steps as well – that you may want to consider as you move forward. You know your agency best, so as you begin using this toolkit you are in the ideal position to determine where you ought to start – perhaps with a new mission statement, or a new employment program, or a focused 'welcoming environments' initiative with community groups, or by building ties to local religious congregations – or in some other way unique to your circumstances.

> Respect for each person's basic humanity and their holistic needs, as well as the importance of compassion about the circumstances of their lives, is essential to supporting a return of wellbeing.

What is central to progress in the community inclusion field, however, is clear: significant change requires 'champions' – the advocacy of a few people (agency staff, or consumers and their families, or community groups) – that identify community inclusion as a fundamental program need and who continue pressing for change because they understand how important community inclusion can be for people with mental illnesses. You can search in this document for the ideas and resources that can sustain you in your role as a champion for community inclusion, continually strengthening your agency's commitment to these important new directions. As you implement some of these changes, let those of us at the Temple University RRTC on Community Living and Participation of Individuals with a Mental Illness know about it: you can certainly contact us for whatever support you may need, but it will also be extraordinarily helpful to the growing national network of community inclusion activists if you can share with us your jump-starting initiatives, the challenges you have faced, the strategies you have developed, and the changes that happen in the community lives of those with serious mental illnesses.

Things to Do: Alternatives and Options. The toolkit is divided into ten categories of possible actions to promote community inclusion:

- **educate:** create opportunities to learn and teach others about community inclusion
- **commit:** build the commitment of key stakeholders to community inclusion goals
- **assess:** take stock of your current policies, programs, and practices, and their impact
- **fund:** develop new funding patterns or new funding opportunities to support your work
- **train:** prepare current and new staff for their community inclusion support roles
- **program:** frame innovative programs that rely upon rehabilitation supports technology
- **innovate:** draw upon peer specialists as key promoters of community inclusion
- **welcome:** work with community groups to create more welcoming environments
- **evaluate:** assess regularly your program's progress in promoting community inclusion
- **celebrate:** highlight your successes and the achievements of service recipients

In each section you will find: a) a brief description of actions you can take; b) a few tips as you begin to plan your jump-starting activities; and c) practical jump-starting online resources – products and publications - available to you from the Temple University website (tucollaborative.org). Explore the possibilities, decide what's best for your agency, and begin.

The Temple University RRTC on Community Living and Participation of Individuals with a Mental Illness. This toolkit is a product of the Temple University RRTC on Community Living and Participation of Individuals with a Mental Illness, with ongoing fiscal support as a federal rehabilitation research and training center of the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR). The RRTC, for more than a dozen years, has engaged in a series of high-quality research projects to explore the nature of community inclusion in communities across the country, the innovative policies, programs, and practices that effectively promote community inclusion, and the impact of those initiatives on the lives of those with serious mental illnesses. The RRTC also works to bring the results of that research to policy makers and practitioners, to service consumers and their families, and to community groups - offering practical strategies for meaningful change. More information on the Temple University RRTC can be found on our website, or by emailing us directly at tucollab@temple.edu, or simply reaching us by phone (215.204.6779) to ask questions and explore options. We are available, and hope to use our experiences as researchers, consultants, on-site trainers, and facilitators to help you jump start your own initiatives.

A Note About Language. Throughout this toolkit, we grapple with very complex issues. Among them is the challenge of determining the best way to refer to those often identified here as “individuals with a mental illness” or as “service recipients.” Alternative suggestions varied, and include:

> individuals with psychiatric disabilities; consumers of services; those with the lived experience of mental illnesses, peers; ex-patients/consumer/survivors; and individuals living with mental illnesses – and more.

Each of these terms reflect different perspectives on people with mental illnesses and on mental health treatment and supports. Because there is no widespread agreement on the ‘right’ terms to be used, throughout this document we use a few different terms, while recognizing the variety of impassioned objections and reasoned alternatives to each. That said, the terms we use all seek to communicate that the individuals we refer to are first and foremost people, and that most have found their way into public mental health systems because their mental illnesses have caused significant interference in their lives. All our language choices are meant to remind practitioners that respect for each person’s basic humanity and their holistic needs, as well as the importance of compassion about the circumstances of their lives, is essential to supporting a return of wellbeing.

Toolkit Development / Toolkit Use. This toolkit has been developed by the Temple University RRTC in partnership with a broad array of service recipients and peer-run program managers, traditional program provider staff and agency executives, and county and national mental health policy makers. Many of the best and most dynamic of ideas have come from work currently underway around the country – strategies and approaches we learned about while providing related training and technical assistance on community inclusion themes. More recently, we provided a draft of the document to 15 individuals – service recipients, program managers, policy advocates, etc. Their feedback – suggesting new strategies, asking for new emphases, and drawing attention to the importance of the work to be done in both mental health *and* everyday community settings – has been a key part of the process.

Those who provided feedback also suggested a variety of ways in which the Toolkit's readers in local programs could use the Toolkit to best promote community inclusion: agency executives might use the Toolkit as a blueprint for their own initiatives, or might want to share it with their program managers, peer advisory councils, or funders. Some agencies may think it best to start on one set initiatives – educational activities or pilot programs or fund-raising efforts – while others may be ready to commit to a full-court press. One reviewer planned to go through the Toolkit with key staff one section at a time, and another hoped to start a monthly meeting – with outside speakers and service recipient respondents – on half-a-dozen of the Toolkit's sections.

Another of our initial reviewers planned to use the "Menu of Community Inclusion Activities" (on the next page) as a way for a small group to do a quick assessment of the degree to which the agency was and was not promoting community inclusion and to clarify priority areas for development.

A Menu of Community Inclusion Activities

	Do you do this now?	Is this a priority?
Educate. Provide learning opportunities about community inclusion to:		
1. The Board of Directors	__	__
2. Service Recipients	__	__
3. Agency Staff Leadership	__	__
4. Practitioners	__	__
5. Family Members	__	__
6. Community Organizations	__	__
7. Funders	__	__
8. Professional Groups	__	__
Commit. Make a formal commitment to:		
1. Establish a Community Inclusion Advisory Committee	__	__
2. Review the Agency Mission Statement	__	__
3. Include Community Inclusion Goals in Agency Proposals	__	__
4. Start a Pilot Program	__	__
5. Explore Connections to Mainstream Organizations	__	__
6. Build a Welcoming Work Environment Within Your Agency	__	__
7. Press Local Funders to Support Community Inclusion	__	__
Assess. Assess where you stand:		
1. Ask service recipients about their community inclusion activities	__	__
2. Determine staff support for community inclusion goals	__	__
3. Assess community inclusion policies, programs, and practices	__	__
4. Take the measure of your local community’s support or resistance	__	__
5. Assess the community inclusion needs of specific sub-populations	__	__
Fund. Develop funding opportunities:		
1. Shift funds from in-house to community inclusion programs	__	__
2. Promote community inclusion as a ‘medical necessity’	__	__
3. Develop self-directed care initiatives	__	__
4. Seek local philanthropic support	__	__
5. Start a community inclusion scholarship fund	__	__
6. Draw on the resources of peer support specialists	__	__
Train. Develop training program:		
1. Assign staff responsibility for community inclusion supports	__	__
2. Review job descriptions for community inclusion workers	__	__
3. Develop supervision and support for community inclusion staff	__	__
4. Prepare supervisors for their new roles	__	__
5. Train staff to identify/manage the risks of community inclusion	__	__

	Do you do this now?	Is this a priority?
Program. Develop focused programs:		
1. Promote competitive employment	__	__
2. Help people complete their educations in mainstream settings	__	__
3. Develop mainstream housing opportunities	__	__
4. Re-establish family relationships	__	__
5. Identify community based social opportunities	__	__
6. Pursue engagement in mainstream recreational programs	__	__
7. Connect to local religious and spiritual congregations	__	__
8. Acknowledge the interest in romance and intimacy	__	__
9. Identify civic and volunteer opportunities	__	__
Innovate. Focus the work of peer specialists on community inclusion:		
1. Assign community inclusion roles to peer specialists	__	__
2. Develop peer specialist community inclusion job descriptions	__	__
3. Clarify expectations for peer specialists	__	__
4. Provide support and training for peer specialists	__	__
5. Add a community inclusion focus to the WRAP process	__	__
6. Seek funding for community inclusion peer specialists	__	__
7. Support community inclusion within consumer-run services	__	__
8. Prepare family members for new roles for themselves	__	__
Welcome. Focus on Building Welcoming Communities:		
1. Network with community organizations and individuals	__	__
2. Host a community activity fair.	__	__
3. Reframe mental health education programs	__	__
4. Help community groups assess whether they are welcoming	__	__
5. Seek and support individual community connectors	__	__
6. Sponsor a community education workshop on inclusion	__	__
7. Make your Board members community inclusion ambassadors	__	__
8. Engage service recipients in the community education process	__	__
9. Work to minimize the risks of community inclusion	__	__
Evaluate. Keep track of your progress:		
1. Track the progress of individual service recipients	__	__
2. Request that service recipients evaluate your services	__	__
3. Use qualitative measures to assess the agency’s overall progress	__	__
4. Assess community groups’ experiences with inclusion	__	__
Celebrate. Build support for community inclusion:		
1. Highlight community inclusion’s champions in your community	__	__
2. Develop a traditional public education campaign	__	__
3. Utilize social media	__	__
4. Use ‘storytelling’ techniques	__	__
5. Focus attention on community inclusion champions on staff	__	__

One More Thought Before You Begin. As you take on the challenge of promoting community inclusion you should be prepared for a host of objections – from your colleagues, from service recipients, from community members, and from your own doubts. You are likely to hear the same themes repeatedly:

- **We already do this.** Many programs offer in-house training programs designed to prepare service recipients for their future lives in the community. But agency-based programs and group trips to community events, research suggests, has had too little impact on the still-segregated lives and unrealized real-world ambitions of service recipients. Community participation itself is the best training vehicle.

- **There is no evidence that this will work.** In fact, there is an abundance of evidence - in these pages and in the mental health research literature - that community inclusion is a feasible alternative to inactive and isolated lives. "Support technologies" that quickly move people into community settings, while providing ongoing assistance, have proven far more effective than older 'train then place' models of care.

- **The people we serve are happy with the care we provide.** While most agency-sponsored consumer evaluations do yield positive assessments of current programs, repeated surveys of service recipients document that most individuals want a greater focus on helping them to connect to community life, with the everyday goals of 'a decent home of their own, a good job, and a few friends' foremost in their minds.

- **There is no funding to pursue these new directions to meet new demands.** There are many strategies presented in these pages – each of them in use somewhere around the country – to ensure financial support for community inclusion. Current funding can be re-directed toward community inclusion programs, and new funding opportunities can be developed, if we try.

You will need to be able to respond to these objections with reliable data, strong advocacy, and some practical first steps. The Toolkit is designed to help.

Educate

In many settings, the best way to jump-start community inclusion initiatives is to provide people with the opportunity to learn more about the community inclusion approach. As a ‘champion’ of community inclusion, you will want to build a strong coalition of stakeholders who are both knowledgeable about and strongly supportive of building a broad base of community inclusion policies, programs, and practices.

Things you can do. Provide learning opportunities about community inclusion for:

1. **The Board.** Schedule a time to talk with the Board of Directors of your agency about community inclusion and its potential impact on agency operations and service recipient outcomes: building support within your Board can be critical to your long-term success.

2. **Service Recipients.** Meet with service recipients to talk about community inclusion and to solicit their input: while some consumers will be enthusiastic, some may be hesitant about changes that challenge how things have always been, and both groups need to be heard.

3. **Agency Leadership.** Begin planning with agency executives and supervisors, who will have strong ideas (and some cautions) about how to implement the changes in policies, programs and practices that can make a strong community inclusion initiative successful.

4. **Practitioners.** Provide direct service practitioners an initial chance both to learn and to offer their views: the support of caseworkers, counselors, peer specialists, clinicians, and residential and vocational staff, are key, even before providing more skills-oriented training.

5. **Family Members.** Offer opportunities for family members to learn more about this new approach, the changes in programs that may result, and the impact this is likely to have on both their loved ones and themselves: families have a lot to offer in this arena.

6. **Community Organizations.** Talk to community groups whenever you can: neighborhood groups, civic associations, employer councils, religious congregations, local schools (and more) are all going to be impacted by and can contribute to inclusion initiatives.

7. **Funders.** Make sure funders know about your new directions: this may mean a change in the ways in which you use public mental health dollars or what you ask local philanthropic groups to support, and the more they know ahead of time the better.

8. **Professional Groups.** Seek opportunities to be a plenary speaker or a workshop presenter at local, regional, or statewide conferences to introduce the concepts of community inclusion, to talk about your own initiatives, and to outline the policy, program and practice changes needed.

A Few Tips. In planning community inclusion learning opportunities, give some thought to:

Focusing on a few key points. In these initial discussions of community inclusion, it may be best to focus on a few key points. Emphasize that service recipients have a *right* to community participation, that the *results* of community participation are improved mental health, and that it is the *responsibility* of both mental health providers and community members to support community participation. Keep it simple.

Mixing and matching. You may want to provide community inclusion exposure to each stakeholder group individually, or provide opportunities for various groups to hear the same message in the same settings, but give some thought about each constituency's needs and the best settings in which to generate conversation and commitment.

Balancing learning with listening. Each of the learning opportunities you develop ought to provide an opportunity for discussion - for people to ask questions, for service recipients to tell their stories, for community members to raise their concerns, etc. – in an atmosphere that reinforces the notion that your agency's focus on community inclusion will acknowledge varied perspectives.

your agency's focus on community inclusion will acknowledge varied perspectives

Becoming familiar with relevant laws. There are a number of national laws and legal decisions that can also help to frame discussions of community inclusion: the Americans with Disabilities Act, the Olmstead decision in the courts, the Rehabilitation Act. Knowing more about these laws can be helpful in framing your discussions and educational initiatives.

Getting some help. You may decide that you can lead these learning and listening sessions, using the resources provided here, but you may also want to turn to some local experts in the field – such as local consumer groups or advocacy organizations – or contact us at the Temple University RRTC on Community Living and Participation of Individuals with a Mental Illness (tucollaborative.org) – to help plan and/or deliver effective learning opportunities.

Resources you can use / From the Temple University RRTC on Community Living and Participation of Individuals with a Mental Illness

There are several resources to turn to, both to learn more about community inclusion yourself and to provide resources to other learners. Many of these can be found at the Temple University RRTC's website (tucollaborative.org), where there are many monographs, toolkits, guidebooks, evaluation instruments, and 'reports from the field' that focus on aspects of community inclusion. Of particular interest are:

Well Together. One of the best summaries of community inclusion theory and practice, this report was developed by The Temple University RRTC to provide a sound foundation for community mental health systems and providers transforming services. *Well Together* provides a comprehensive overview of: a) the definitions of community inclusion and the research supporting the need to make community inclusion a priority; b) the theoretical justifications for promoting community inclusion; c) eleven core principles of community inclusion policies, programs, and practices *and the research basis* for each; and d) a multi-sided view of community inclusion from consumer and family, clinical and rehabilitation, and community perspectives.

The Principles of Community Integration / Bringing Community Integration to Life. In 2009, the Temple University Collaborative's two-part webcast, sponsored by the Psychiatric Rehabilitation Association (PRA), focused on the principles and practices of community inclusion. The first 90-minute session reviews key principles and the research base for each. The second part of the 2009 PRA-sponsored two-part webcast focuses on innovative practices in the domains of employment, housing, religion, social life, and consumer-run programming, among other areas.

Into the Thick of Things: Connecting Consumers to Community Life. This 50-page compendium of three-dozen community inclusion initiatives reviews a national sample of consumer-run programs for people with psychiatric disabilities, providing inspiring examples that consumer-run agencies can use to transform their own programs – with very helpful contact information for each spotlighted agency. While the examples in this report all emerge from the work of peer-run programs, they can serve as models for more traditional behavioral health programs in community settings as well.

Specific Strategies to Help Make Community Integration a Reality. This compendium of twenty-one specific community integration strategies, across several core life domains, provides guidance to consumers, family members, and public and private agencies in generating new program directions: each of the twenty-one strategies has half-a-dozen implementation steps to provide a starting point for program transformation.

What is the Olmstead Decision & How does it Affect Me? This brief brochure provides essential information for mental health consumers on the Supreme Court decision that provides the basis for community-based care and community inclusion: targeted to consumers, the document explains the Olmstead decision and the impact the decision has had on the development of community integration initiatives.

If I Have a Psychiatric Disability, Will Health Reform Help Me? Developed by the Bazelon Center for Mental Health Law, with support from the Temple University RRTC on Community Living and Participation of Individuals with a Mental Illness, this fact sheet from 2009 discusses the health reform legislation and its likely impacts on adults with psychiatric disabilities and potential improvements to mental health services in the country.

Journal Articles. These journal articles provide a useful introduction to community inclusion approaches. Some of the articles offer a summary of key concepts, research findings, and program challenges related to community inclusion, while others highlight the importance of community inclusion as a marker of community mental health effectiveness. The first article here talks about the impact of environment on community inclusion outcomes.

Brusilovskiy, E., and Salzer, M.S. (2012). A Study of Environmental Influences on the Well-Being of Individuals with Psychiaric Disabilitgis in Philadelphia, PA. Social Science and Medicine, 74 *(10): 1591 – 1601.*

Burns-Lynch, w., Brusilovskiy, E. & Salzer, M.S. (2016). An Empirical Study of the Relationship Between Community Participation, Recovery, and Quality of Life of Individuals with Serious Mental Illnesses. Israel Journal of Psychiatry. 53 (1), 46 – 55.

Kaplan, K., Salzer, M.S. & Brusilovskiy, E. (2012). Community Participation as a Predictor of Recovery-Oriented Outcomes Among Emerging and Mature Adults with Mental Illnesses. Psychiatric Rehabilitation Journal, 35 (3), 219 – 229.

Salzer, M.S. (2006). Introduction. In M.S. Salzer (Ed.), Psychiatric Rehabilitation Skills in Practice: A CPRP Preparation and Skills Workbook (pp. 1-5). Linthicum, MD: United States Psychiatric Rehabilitation Associaton.

Salzer, M.S., & Baron, R.C. (2014). Who is John? Community integration as a paradigm for transformative change in community mental health. In G. Nelson, B. Kloos, and J. Ornelas (Eds.). Community Psychology and Community Mental Health: Towards Transformative Change. New York: Oxford University Press.

Salzer, M.S., Baron, R.C., Menkir, S-M A., & Breen, L. (2014). Community integration practice: Promoting life in the community life everyone else. In P. Nemec & K. Furlong (Eds.) Best Practices in Psychiatric Rehabilitation. Columbia, MD. PRA.

Townley, G. (2015) It helps you not feel so bad – feel like you again:” The importance of community for individuals with psychiatric disabilities. Journal of Psychosocial Rehabilitation and Mental Health, 2 (2), 113-124.

Commit

To help jump-start the process, commit your program to expanding its community living and participation activities - both to broadly expressed community inclusion goals and to more specific community inclusion programming. Individual programs do not have to wait for state or county mental health authorities to set new directions for them: local programs in both traditional mental health settings and peer-run services can begin working toward community participation outcomes on their own.

Things you can do. Make a commitment to:

1. **Establish a Community Inclusion Advisory Committee.** A formal agency committee that will focus on community inclusion can drive the process. Members of the advisory group often see themselves as a 'coalition of champions' for community inclusion. A formal advisory group can set formal goals, push for changes in programs, assess outcomes, and trumpet emerging successes. The most effective Advisory Groups are broadly representative of stakeholders: service recipients and families; Board members and staff; *and* representatives of community groups. It is often their enthusiasm and resources that keeps things moving.

2. **Revise the Agency Mission Statement.** Most organizations have a mission statement that defines the agency's purposes and activities. Review your mission statement, assess the degree to which it articulates or prioritizes community inclusion, and then strengthen the mission statement in ways that make clear – to staff, to funders, to the community, and to service recipients – how central community inclusion is to the agency's purpose. A new mission statement often resets *everyone's* expectations: funders are likely to take notice, staff will be more aware of what they have signed on for, and service recipients will know what to expect.

3. **Include Community Inclusion Goals in Agency Proposals.** All agencies regularly apply for funding – from government sources or philanthropic foundations – to support their work. A clear way to commit the agency to community inclusion is to clarify for funders, in your proposals, that your agency's purpose and activities will increasingly be directed toward assisting service recipients in connecting to community life. Direct service providers can frame language in their proposals – for day services, housing or employment programs, or case management services – that put funders on notice about the agency's considered shift away from in-house programming and toward a greater engagement in the community.

4. **Start A Pilot Program.** You can further clarify your commitment to community inclusion by creating a community participation pilot program. Early successes, even at a very modest level, can create momentum, interest funders, raise hopes among service recipients, excite staff, and convince the community of the possibilities. If an agency-wide shift to a community inclusion program philosophy just isn't feasible yet, start with a pilot program targeting a handful of current clients, augmenting current program activities with new initiatives to successfully connect them to the community activities of their choice. A community inclusion focus for a single casemanagement team, day program unit, or a peer-run group can help make the case for still broader commitments in the future.

5. **Explore Connections to a Single Mainstream Organization.** One way to signal your commitment to community inclusion may be to establish a trial relationship with one or just a handful of local mainstream groups – an interested religious congregation, a YMCA looking for new members, a state park's nature education or biking program, a local high school interested in mental health education, or a community college – and establish an initial working relationship in which you can help them become a more 'welcoming community' setting for a few of your agency's interested service recipients.

6. **Build A Welcoming Work Environment Within Your Agency.** Most service delivery agencies employ a number of practitioners in traditional community mental health roles – as counselors, casemanagers, activity therapists, etc. – who also have a history of mental health struggles themselves, and agencies need to be proactive to ensure that the agency provides a welcoming work environment for these practitioners, examining its own personnel policies.

7. **Press local funders to explicitly support community inclusion.** While you can be clear with funders about your community inclusion goals, you can also work to build a coalition of community agencies (or turn to existing advocacy groups) to press county, state, or federal agencies to explicitly fund community inclusion programming.

One of the more important principles of community inclusion is its commitment to offering strong and continuing support to individuals as they participate in community activities.

A Few Tips. When making a commitment to inclusion, give some thought to:

Building a Broad Coalition of Stakeholders. Whether establishing an advisory group, starting a pilot program, or refashioning your mission statement, it is important to build a coalition of community inclusion champions, including service recipients and their families, agency executives and practitioners, and representatives from community groups. Because community inclusion remains a challenging idea, the more people and the more varied the perspectives of those people who will voice their support, the stronger you are.

Acknowledging the Past and Moving Forward. Making a commitment to community inclusion goals and activities in the future does not have to be interpreted as a condemnation of past approaches, but rather a continuation of a mental health system's effort to improve the effectiveness and relevance of its services. The agency's past supports – bingo nights, van trips to community concerts, thanksgiving dinners, an agency-run business, group homes – once served a useful purpose for service recipients who felt alone in the community, and may continue to be meaningful to others. Acknowledging that, while shifting to programs that emphasize community engagement, is an important aspect of your commitment.

Emphasizing Support Rather Than Abandonment. One of the more important principles of community inclusion is its commitment to offering strong and continuing *support* to individuals as they participate in community activities. The shift toward community inclusion is often wrongly interpreted as an abandonment of service recipients – cancelling valued services (e.g., day programming, bus trips, holiday meals, sheltered workshop programs, etc.) and simply hoping that service recipients find their way to mainstream activities on their own. Community inclusion is, rather, a commitment to assist service recipients in connecting to the community: identifying community resources, anticipating the challenges of connecting, and providing support - in-person, on-the-phone, and/or on-line - over the long-term. This practical support must be at the core of your commitment.

Resources you can use / From the Temple University RRTC on Community Living and Participation of Individuals with a Mental Illness

There are many resources to turn to for examples of mission statements and pilot programs that can clarify your commitment to community inclusion. These can be found at the Temple University RRTC's website (tucollaborative.org) along with other monographs, toolkits, guidebooks, evaluation instruments, and 'reports from the field. Of note are:

The County Mental Health Administrators' Toolkit for Promoting Community Inclusion. Two long-time county mental health executives provide an overview of the ways in which county mental health authorities and individual agencies can prioritize inclusion: suggesting changes in mission statements, the use of service funds, and the focus of pilot programs. With examples from their own work, links to a wide variety of other resources from around the country, and a singular focus on building commitment step-by-step, this Toolkit can prove an invaluable resource for service delivery agencies.

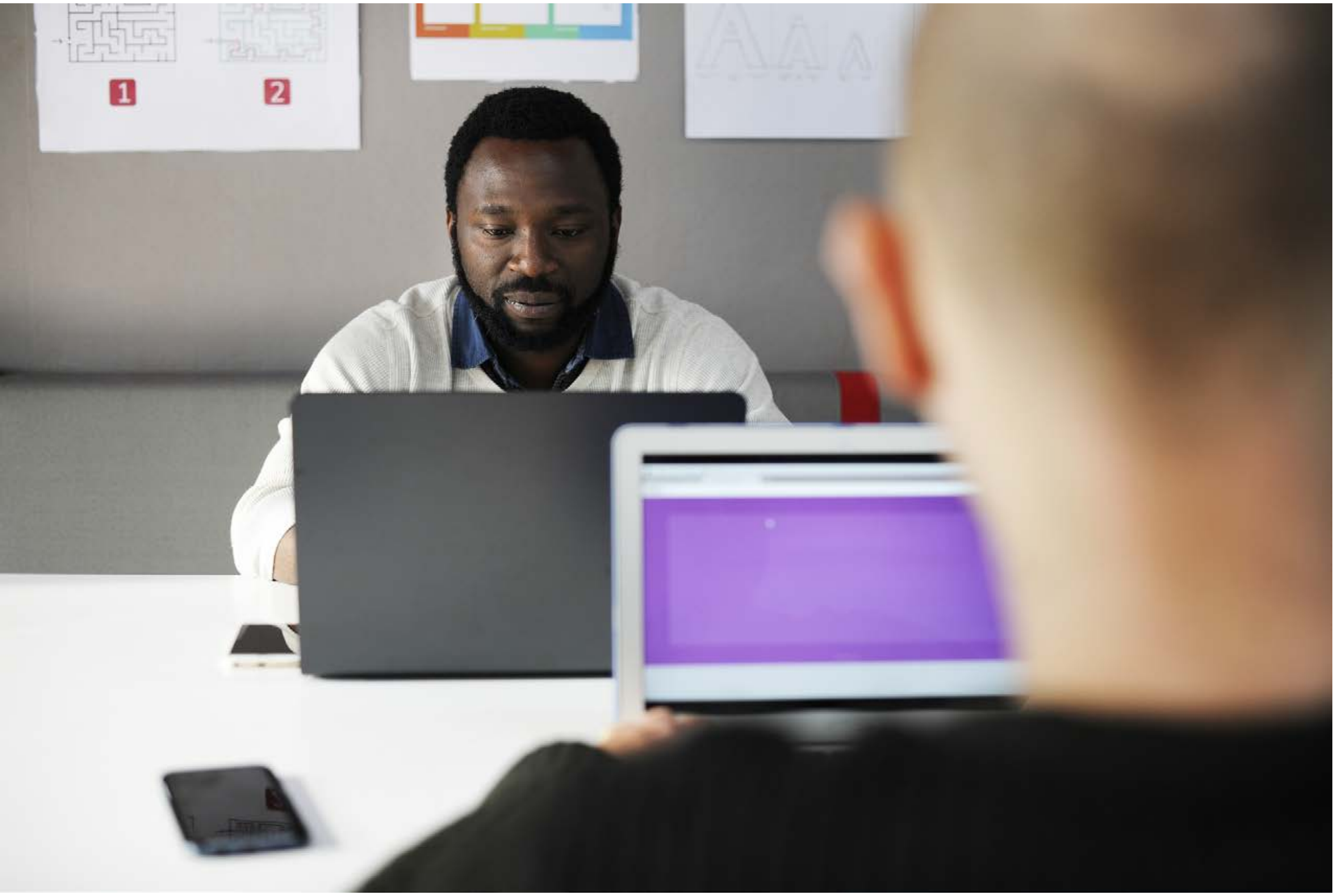
Behavioral Health Managed Care Entities: Important Partnerships in Promoting Community Inclusion. Developed by Mental Health America and the Temple University Collaborative, this document focuses on the work that behavioral health managed care organizations can do to promote community inclusion, with examples of mission statements, letters of commitment from managed care agencies to state funders, and the language that behavioral managed can use to clarify the importance of community inclusion initiatives.

Specific Strategies to Help Make Community Integration a Reality. This compendium of twenty-one specific community integration strategies, across several core life domains, provides guidance to consumers, family members, and public and private agencies in generating new program directions: each of the twenty-one strategies has half-a-dozen implementation steps to provide a starting point for program transformation.

Increasing the Community Presence and Participation of People with MH and DD Disabilities. This fourteen-page document provides a series of strategies for promoting community inclusion and addressing the barriers to greater participation in multiple domains of community life, based on a two-day seminar on community integration at a community mental health center in Des Moines, IOWA in 2006.

Full Disclosure: When Mental Health Professionals Reveal Their Mental Illness at Work. Results from a survey conducted by Temple University RRTC on Community Living and Participation of Individuals with a Mental Illness associates suggest that those with mental health issues who work in mental health agencies (as therapists, counselors, case managers) report both positive, supportive responses from their colleagues following disclosure and sometimes negative responses, including both discrimination and a ‘social distancing’ of colleagues following disclosure, with recommendations for policy changes.

Welcoming Work Environments. This document focuses on strategies for creating more welcoming work environments within mental health agencies for staff members with mental illnesses. It provides readers with a set of ideas and strategies that can be implemented to better support agency colleagues by creating and maintaining a positive, supportive, and welcoming work environment that enhances work life for all employees.



Assess

One way to jump-start community living and participation is to assess your current situation: how much do current service recipients participate in community life? How enthusiastic are agency staff – supervisors and practitioners and peer specialists – about pursuing community inclusion goals? What policy, program, and practice barriers need to be overcome? How strong will be the resistance of mainstream community groups? These are all relevant questions, and the tools and techniques exist to find the answers that will provide a firmer foundation for your program.

Things you can do. Assess where you stand now:

1. **Ask service recipients about their current and hoped-for levels of community participation.** Many agencies report that they are too busy finding people adequate housing, psychiatric treatment, and crisis services (or just keeping up with paperwork) to ask about service recipients' participation in the mainstream of community life. But the tools now exist to help staff more readily asses service recipients' community inclusion activities and needs. The Temple University Community Participation Measure (TUCPM) is one of them, and it can be an invaluable aide in developing individual and aggregate data about activities and isolation, ambitions and goals. You can use the TUCPM to work with individuals, to assess needs within a pilot program, or to develop a broader agency-wide assessment of the challenges ahead. This is one of those cases when numbers may speak louder than words.

2. **Determine the degree to which service delivery staff support community inclusion.** Before embarking on the transformational process to embrace community inclusion goals agency-wide, it may be useful to talk to your current staff – program managers, supervisors, casemanagers, day program staff, and peer specialists – to assess their perceptions of the need for a greater emphasis on community inclusion programming. You may want to establish a series of 'focus group' discussions with staff to elicit their perspectives on the issues: this type of qualitative research can be valuable in beginning to plan staff training programs.

3. **Assess agency policies, programs, and practices: to what degree do they serve as barriers to or supports for community inclusion?** You may want to turn to your community inclusion advisory group for an assessment of the degree to which the agency's current policies, programs, and practices serve as barriers to or supports for community inclusion. To help you determine where your agency's operations encourage or discourage community inclusion, you can ask some of the following questions: do your intake forms note community inclusion goals? do you plan in-house group activities even when independent community engagement is readily possible? is program funding more likely to expand agency-based or community -based activity? Taking a hard look at your operations will help to identify both where you are already on the right track and where some adjustments may be in order.

4. **Take the measure of your community: where can you find support and where can you expect resistance?** At the most basic level, you can develop (and regularly update) a list of opportunities for community participation (e.g., recreation programs, religious congregations, community college courses, civic events) that service recipients would find useful, but you may also want to start talking to community leaders about your agency's interest in community inclusion programming and the types of support you hope to receive from them. Or, make a list of your agency's in-house training programs (e.g., computer skills, resume preparation, activities of dialing living classes, etc.) and identify mainstream opportunities for service recipients to develop the same capacities within a community context.

5. **Assess the community inclusion needs of specific populations.** In assessing the needs of service recipients for community inclusion supports you should to pay special attention to specific sub-groups of service recipients and their particular needs: racial and ethnic minority

groups may have special interests, immigrants and refugees with mental illnesses often face special challenges, those with physical disabilities may look at community inclusion from a unique perspective, and gays and lesbians, those leaving prison, young adults, those in rural settings may all interpret the challenges and rewards of community inclusion somewhat differently. Asking for help from representatives of those constituencies – in focus groups or similar efforts - may leave you with a better, broader grasp of the role that community inclusion programs can play in enriching their lives.

In assessing the needs of service recipients for community inclusion supports you should to pay special attention to specific sub-groups of service recipients and their particular needs.

A Few Tips. In assessing where things stand now:

Contact Temple to support your use of the Community Participation Measure. The Temple University Community Participation Measure is an important assessment tool, and you can contact the Temple University RRTC on Community Living and Participation of Individuals with a Mental Illness (215.204.6779) for a copy of the TUCPM and for technical assistance with regard to its use.

Make room for expertise. Throughout the assessment process you may want to draw on the expertise of experienced evaluators. You can have the analysis of data – from the TUCPM, or any other measure –completed by current staff or you can turn to trained evaluators (perhaps from local universities) to help you out. You may want to draw on skilled focus group facilitators and qualitative data analysts to help you sort through qualitative data.

Plan for Repeated Measures. Both the quantitative data (relying on numerical assessments) and qualitative assessments (summarizing what individuals say about your program) that you develop now will be useful later in helping you to assess progress over time. Today's data can serve as 'baseline' measures of where you started, so plan even at the beginning of the process to repeat these measures – of service recipient levels of community participation, of staff support for community inclusion activities, or policy supports and barriers– so that you can assess your progress, identify weak spots, and continually improve your agency functioning.

Get to Know the Community. It is often true that community mental health agencies do not know a lot about the variety of mainstream opportunities that are all around them. Making sure you know the religious groups, the recreational programs, the civic associations, the community events, and the educational opportunities – developing and maintaining these lists – can be a critical aid to counselors and consumers.

Resources you can use / From the Temple University RRTC on Community Living and Participation of Individuals with a Mental Illness

There are several resources to turn to for help in assessing your agency's current status with regard to community inclusion. Of particular interest are:

Peer Facilitated Community Inclusion Toolkit. Although originally developed for use by peer specialists promoting community inclusion, the Toolkit can be used by both peer specialists and other practitioners (e.g, casemanagers, counselors, etc.). The toolkit is one of the best introductions to the Temple University Community Participation Measure, and how to implement the use of the measure in one-to-one counseling sessions. The toolkit also contains exercises and worksheets to help peer specialists reflect on their own community participation needs, explore existing supports and resources, and develop community participation goals.

Philadelphia DBH/MRS Tools for Transformation: Community Integration. This document, produced by the Philadelphia Department of Behavioral Health, contains a number of tools that can be used to help staff assess their own orientation to community inclusion principles, to help service recipients assess staff performance in this regard, and to explore what more service recipients and their programs can do to promote community inclusion.

Community Participation and Inclusion: Shifting Perspectives on Quality Measures. This monograph reviews recommendations from the Temple Collaborative that encourage the behavioral managed care industry, as well as federal, state, and local mental health administrators, to systematically assess the community participation needs of service recipients and the success of provider agencies in meeting those needs.

Community Integration and Measuring Community Participation. This paper identifies specific strategies that programs can use to measure consumer participation in community activities, with separate instrumentation for each of eight domains of community life (e.g., employment, housing, friendships, family ties, intimacy, etc.), providing an effective and widely-used vehicle for assessing your program's challenges and achievements.

Serving Special Populations. The Temple Collaborative website contains documents that highlight the ways in which specific sub-groups of individuals with serious mental illnesses may require targeted community inclusion supports and services. You can begin by looking at:

Serving Individuals with Psychiatric Disabilities in Centers for Independent Living

Access to and Inclusion in Behavioral Health Services for GLBTQI Consumers

Recreation and Leisure for Older Adults with Psychiatric Disabilities

Returning to the Community: Reentry Barriers following Incarceration among Individuals with Serious Mental Illnesses

Journal Articles. For more information, turn to the following journal articles:

Baron, R.C. and Draine, J. (2013) "I'm not sure that I can figure out how to do that: Pursuit of work among people with mental illnesses leaving jail." American Journal of Psychiatric Rehabilitation. 64(8).

Chang, F-H, Coster, W.J., Salzer, M.S., Brusilovskiy, E., Ni, P., Jette, A.M. (2016). A Multidimensional Measure of Participation for Adults with Serious Mental Illnesses. Disability and Rehabilitation, 38(7), 695-703.

Salzer, M., Brusilovskiy, E., Prvu-Bettger, J., Kottsieper, P. (2014). Measuring Community Participation of Adults with Psychiatric Disabilities: Reliability of Two Modes of Data Collection. Rehabilitation Psychology, 59(2):211-219.

Wilson, A.B., Berenger, S., Brusilovskiy, E., Draine, J., & Salzer, M.S. (2017). Community Participation among Individuals with Psychiatric Disabilities Leaving Jail. Journal of Psychosocial Rehabilitation and Mental Health. DOI 10.1007/s40737-016-0074-5.

Fund

Because community inclusion remains an emerging technology, there are few established patterns for funding the supports needed to help those with mental illnesses thrive in their communities. Nonetheless, innovative 'jump-starters' have found unique ways to finance their activities.

Things you can do. Explore funding opportunities:

1. **Shift funds from more traditional in-house activities to programs that focus on community inclusion.** Agencies can sometimes shift current funding away from more traditional programs and toward community focused services. The staff time and financial resources expended for in-house activities – activities-of-daily-living classes, computer literacy programs, group trips in the agency van to community events – might be better spent in identifying existing resources in the community and providing staff support to service recipients who want to use community, rather than in-house, resources. Helping service recipients to identify those resources and supporting their engagement may help people move more quickly toward their individual goals, and free up staff time to support them.

2. **Promote community inclusion as a '*medical necessity*.'** Because community participation has been shown to improve the mental health of service recipients, agencies can begin to make the case to funders, and particularly to Medicaid, that community inclusion programming is indeed a 'medical necessity' rather than just a good-hearted program add-on. Indeed, many community inclusion supports are already Medicaid funded through peer support or targeted case management billings. Make the case to public funders, and then provide staff with the training they will need to identify their community inclusion work with service recipients as a fundable medical necessity. Because there is no clear national policy in this regard, community inclusion research can be used to build a case state-by-state.

3. **Develop 'self-directed care' initiatives.** Self-directed care programs, an increasingly popular model of care that puts decision-making about needed services into the hands of service recipients themselves, encourage individuals with serious mental illnesses to purchase what they need to participate more fully in the mainstream of community life – training and/or tools to return to work, membership fees to join a gym or a club, transportation and tickets to attend community events, etc. If these 'medically necessary' activities are part of a strong self-directed treatment plan, community inclusion quickly becomes a greater focus for service recipients.

4. **Seek philanthropic support.** Philanthropic support, particularly for emerging approaches or pilot projects, is often available from individuals, family foundations, local corporations with a grant-making arm, chambers of commerce, and religious organizations. Explore these possibilities: small grants may permit hiring staff to start a pilot program, and larger grants can be used to maintain and assess broader community inclusion initiatives. Developing philanthropic support for innovative initiatives is often appealing to local funders.

5. **Start a scholarship fund.** Participating in community events often involves costs that service recipients cannot meet: membership fees, tickets to events, travel expenses just to get around, and the' tools' of participation (e.g., paints for an art class, a bike for a nature trip, a lawn-mower to start a small business, etc.): interested individuals and local groups may be willing to contribute to a scholarship fund that provides small grants to individuals with clear community participation goals, while building broader community support for your programs.

6. **Draw on the resources of peer support.** Behavioral health programs with funding to hire, train, and supervise peer specialists may want to create peer job descriptions that emphasize community inclusion. Section 7 – Innovate – of this toolkit provides more information on acknowledging the skills of this rapidly expanding workforce that knows first-hand the challenges and rewards of community inclusion.

community inclusion programming is indeed a 'medical necessity' rather than just a good-hearted program add-on

A Few Tips. When looking for funds:

Make the case for the 'medical necessity' of community inclusion. Public funders of mental health care – and Medicaid in particular - use 'medical necessity' as the basis for the services they will support, including clinical care, medications, and a variety of counseling, casemanagement and other support services. Convincing payers that community inclusion services are 'medically necessary' may be difficult at first, but you can use existing data (see Resources, below) to drive home the clinical and financial benefits of this new approach.

Work closely with your agency's grant writers or development officers. Many agencies employ one or more individuals who are charged with identifying grant opportunities and preparing proposals to capture those funds. Work with them to prioritize community inclusion programs and to develop proposals for local philanthropic organizations that support pilot programs, new initiatives, and scholarship resources.

Build in an evaluation process. It is important to build into the development of new funding sources a clear and quantifiable evaluation process, so that you can report on your accomplishments to your funders and build a base for program expansion.

Resources you can use / From the Temple University RRTC on Community Living and Participation of Individuals with a Mental Illness

You can use the documents listed below to make the case for shifting funds, redefining 'medical necessity,' or to building self-directed care programs that respond to service recipient goals.

Well Together. One of the most comprehensive summaries of the fundamentals of community inclusion, this report also provides both the theoretical basis for community inclusion and the growing research base for identifying community inclusion as a 'medical necessity' – making a clear case for the ways in which participation in community life has a positive impact on the mental health of service recipients.

Behavioral Health Managed Care Entities: Important Partnerships in Promoting Community Inclusion. Developed by Mental Health America and Temple, this document focuses on the work that behavioral health managed care agencies can do to promote community inclusion, with an emphasis on the growing mandate for behavioral managed care to define community inclusion as a 'medical necessity' and fund programs accordingly.

A Guide to Creating Self-Directed Care Programming. The Temple Collaborative and Mental Health Partnerships (formerly the Mental Health Association of Southeastern Pennsylvania), co-authored a detailed review of its innovative, successful self-directed care program offered in Pennsylvania. Services are delivered by peer specialists, serving as recovery coaches, to help individuals establish and support new goals for their participation in community life and to access public funds for related goods and services. The manual contains materials that local agencies can use to replicate or adapt this initiative, including intake procedures, goal planning and program monitoring forms, and evaluation instruments.

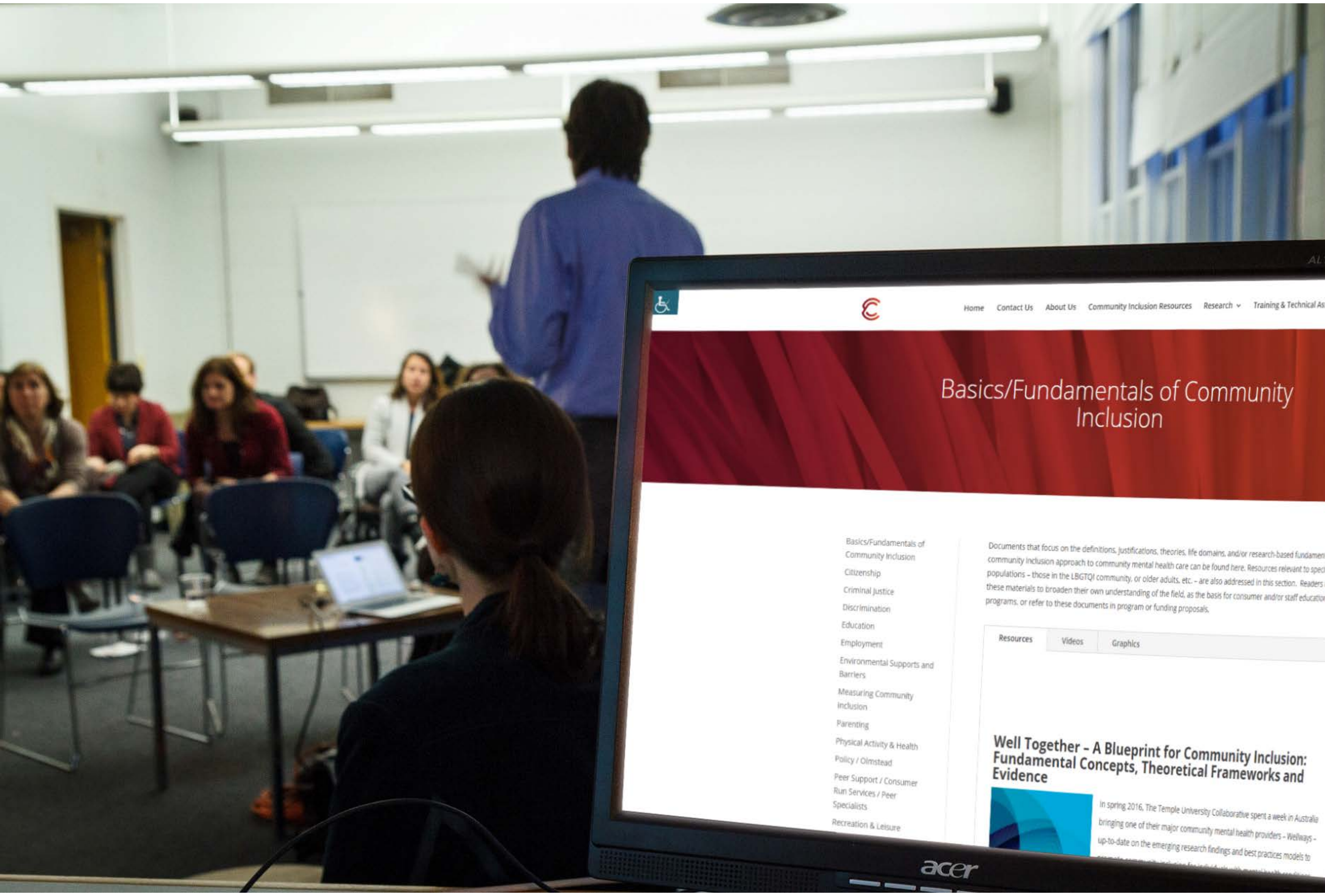
In the Driver's Seat: A Guide to Self-Directed Mental Health Care. Self-directed care programs in the mental health field allow consumers to better control the use of public dollars for the psychiatric treatment and rehabilitation services they receive. This brief document answers key questions about self-directed care, providing definitions, models, and programmatic guidelines.

What is Self-directed Care? This document provides another description of self-directed care, defining it as a way of managing mental health services that puts people with mental health issues in charge of how their mental health funds are spent. In a traditional care model, the options are limited to standard mental health services like case management, day programs, rehabilitation services, or seeing a psychiatrist. Self-directed care allows the individual to have a say in how their funds are used and what their options might be.

Journal Articles. For more information, turn to the following journal articles:

Cichocki, B., Chow, C., Salzer, M.S., Wieman, D., & Leff, H.S. (2016) Costs and associated factors for community integration focused programs. Evaluation and Program Planning, 54,112 – 120.

Snethen, G, Salzer, M.S., Bilger, A., Maula, E.C. (2016) Exploring personal medicine as part of self-directed care: Expanding perspectives on medical necessity. Psychiatric Services. 67 (8).



Train

The delivery of effective community inclusion supports relies upon well-trained personnel in direct service roles. Those staff with the most responsibility for promoting community inclusion must both appreciate the importance of community inclusion and develop unique skills to work with individuals in attaining individual participation goals. Whether these are additional responsibilities assigned to case managers, recreational therapists, activity counselors, clinicians, peer specialists, or whether your agency will establish a new category of workers known as ‘community inclusion specialists,’ you can jump-start your agency’s community inclusion programming with strong and consistent skill training for your practitioners.

Things you can do. Develop training programs that:

1. **Assign responsibility.** Community inclusion should be a part of the work of all clinicians and casemanagers, activity therapists and vocational counselors, peer specialists and volunteers, but more substantial progress will be made when the core responsibilities for establishing and working toward individual community inclusion goals is part of the primary job description of specific staff. Whether this responsibility is an add-on to a practitioner's existing duties or are assigned to a new 'community inclusion specialist,' providing introductory training is an important first step.

2. **Develop job descriptions that focus on community inclusion.** Skill training should identify the central elements of practitioners' new community inclusion responsibilities: when group activities are replaced by more individualized initiatives, and when delivering in-house programs is replaced with supporting people participating in mainstream settings, then the roles of support staff change dramatically as well. Newly created roles for community inclusion specialists will need to be well defined. Staff training programs can then focus on these types of staff responsibilities:

- identifying the individual's short-term and long-term community participation goals;
- partnering with service recipients in identifying related community activities;
- identifying and developing the skills service recipients will need for participation;
- accompanying individuals into the community or identifying family and friends who can;
- identifying and responding to barriers to participation (both systemic and practical);
- discussing whether or not servicer recipients choose to disclose their mental illness;
- contacting community groups to develop supportive resources within the group itself; &
- responding to related ongoing concerns of the service recipient and mainstream groups.

3. **Develop supervisory supports and continuing training programs.** Direct service personnel are likely to require ongoing opportunities to discuss the variety of challenges they will confront in their day-to-day work: balancing these new community inclusion responsibilities with their other casemanagement, peer specialists, or counseling roles; responding to ambivalent service recipients and wary communities, or dealing with crises – and more. You can address these issues through: a) regular supervisory sessions focusing on community inclusion; b) group support, in which community inclusion specialists support one another; and c) distance learning opportunities (e.g., skype, conference calls, etc.) with experts.

4. **Prepare supervisors for their new roles with regard to community inclusion.** While direct service practitioners will need strong supervisor and support to continue to focus on community inclusion in their day-to-day work, supervisors may also need some help in finding effective ways to guide personnel toward the most productive approaches in this new arena. Giving supervisors a regular opportunity to discuss emerging issues in this regard will pay off in increased practitioner commitment and skills.

5. **Identify and manage the risks of community inclusion.** It is important for those working in this arena to recognize that there are 'risks' associated with promoting community inclusion – risks to service recipients, risks to agencies, and risks to the community. Because many local behavioral health programs remain noticeably 'risk-adverse,' providing specialized training to community inclusion practitioners in identifying and managing these risks will help to ease these concerns.

Newly created roles for community inclusion specialists will need to be well defined.

A Few Tips. In building effective training:

Include the voices of service recipients, family members, and community organizations in your training. Make sure you have opportunities within the context of the training program for service recipients to talk about the ways in which they think community participation supports should be developed, that family members can articulate their concerns as well as the resources they can offer, and that community members can share their perspectives on how best to approach them and seek their support.

Utilize 'motivational interviewing' to respond to unsure service recipients. While some service recipients may be eager to set goals and get started, others will be more reluctant, and the skills associated with 'motivational interviewing' approaches can be valuable in helping practitioners to elicit the often-buried ambitions of service recipients to return to an active engagement in community life.

Emphasize the issues of disclosure. While many service recipients may choose to re-engage in community life *without* disclosing their past or current mental illnesses (and they have every right to do so), others may be more comfortable about disclosing their histories. Practitioners often need some training in how they can assist service recipients in making wise decisions about whether or not to disclose, and if they do choose to disclose, the 'who, what, where, and when' strategies for disclosure that can serve them best.

Resources you can use / From the Temple University RRTC on Community Living and Participation of Individuals with a Mental Illness

The Temple University RRTC's website has a wide variety of resources that practitioners can turn to for information about community inclusion. These resources can be used by individual practitioners, can be part of a group discussion organized by one or more supervisors, or can serve as preliminary readings prior to more hands-on training. Among the best are:

Community Integration: Supporting People in Getting What They Want. This online course – six half-hour segments on the definition, principles and major program models of community integration – features presentations by Temple University Collaborative staff and consultants, powerpoint presentations, homework assignments, reading lists, and complete transcripts. The online course provides an efficient way for individuals to learn more about community inclusion on their own or as the basis for discussions with a group leader.

The Peer Facilitated Community Inclusion Toolkit. Although originally developed for use by peer specialists promoting community inclusion, the Toolkit can be used by both peer specialists and other practitioners (e.g, casemanagers, counselors, etc.). The toolkit provides a step-by-step guide for staff working with service recipients in how to utilize a variety of tools – Temple's Community Participation Measure, and various other exercises and worksheets that help service recipients reflect on desired levels of community participation - to develop community participation goals and plans.

Program

Many agencies jump-start their community inclusion activities by focusing on one or two community life ‘domains’ – employment, housing, education, civic activity, recreation, etc. This allows agencies to use ‘support technologies’ to build programs that make use of resources already available in the community - job training agencies, community colleges, YMCA sports leagues, etc. Reframing familiar in-house programs or starting new initiatives to emphasize community participation may be the quickest way to develop both staff and service recipient commitment.

Things you can do. Develop programs that:

1. **Promote competitive employment.** Build a team of supported employment specialists that can help service recipients to quickly find a job in the competitive labor market or a mainstream job training program, and support them over time in building their careers.

2. **Help people complete their educations.** Provide support for service recipients who want to return to school, helping them find mainstream opportunities and then supporting them in meeting the academic and social challenges of being back in school, preparing for their future.

3. **Find mainstream housing opportunities.** Work with service recipients to identify regular (e.g., non-mental health) housing opportunities, utilizing supported housing and home ownership programs, and provide the ongoing supports needed to live independently.

4. **Facilitate family relationships.** Start a new program to help service recipients re-connect to their families, and encourage them to re-define themselves as both a recipient and provider of family support, or connect service recipients who are parents to mainstream parental supports.

5. **Identify social opportunities.** Keep the agency up-to-date with the many everyday opportunities for people to join mainstream hobby clubs and cultural groups so that those who want to learn to knit, sing in a choir, or act in local theater know where to go.

6. **Pursue recreational groups.** Every community has an amateur sports league, a hiking and biking program, a nature walk schedule, and gyms: help people who want to be more active to join and stay engaged with local groups where they have the opportunity to make new friends.

7. **Connect to local congregations.** Many service recipients want not only to both attend religious services but also to participate more fully in the life of their congregations: work with local congregations to connect people, building more welcoming congregational environments.

8. **Acknowledge the interest in romance and intimacy.** Most people long for emotionally and physically intimate relationships: start talking about these issues frankly and supportively with service recipients and help them explore options for enriching their lives.

9. **Identify civic and volunteer opportunities.** Service recipients have a wide range of concerns about civic and social issues: identify mainstream groups that work on those issues and help connect service recipients to the causes that motivate them – and then provide the supports needed to sustain engagement.

Most people long for emotionally and physically intimate relationships: start talking about these issues frankly and supportively with service recipients and help them explore options for enriching their lives.

A Few Tips. In developing new programs, think about:

Using 'supported technologies' as the framework for new community inclusion programming. The most effective community inclusion programs draw on the best practices of 'supported technologies:' research documents the effectiveness of programs that: a) eliminate 'requirements' or 'readiness' measures; b) avoid months of 'training' by moving individuals quickly into real world settings (e.g., competitive jobs, college programs, religious congregations, community social events, sports teams, etc.); c) offer intensive supports at the start of the participation journey; and d) insure that long-term supports are offered in the following months or years.

Work Closely with Other Public and Private Providers. In almost every domain of community life there are both large and small organizations serving the general public that will make excellent partners: state Offices of Vocational Rehabilitation, regional and state-wide religious organizations, educational associations, etc. – all provide avenues for you to share information and form partnerships that can promote community inclusion in their domains.

Starting and staying small. Because one of community inclusion's core principles is a focus on meeting the needs of individuals rather than groups, your programs should work with each individual around their specific requests for community inclusion, de-emphasizing group trips into the community. But this also means that interactions with mainstream community groups – with a yoga class or technical school, with a neighborhood athletic program or an arts center – avoids requesting that community groups establish 'special' programs for a group of service recipients (no special Thursday night social groups in a church basement, or a biking program for a group from 'The Center'), but, rather, a simpler request for a mainstream group to offer a warm welcome and some light support for one or two interested individuals.

Confronting systemic barriers. Regardless of the 'domains' of community life your program may choose to focus upon, there are likely to be systemic barriers to participation, and your agency will need to confront and help to resolve these. Service recipients who do not have the funds to participate may need a scholarship program; individuals – particularly in rural areas - who do not have adequate transportation may need help in turning to family and friends or in getting both a driver's license and a used car; and those who face particularly negative stereotypes in the community may need some help responding to community-wide stereotypes.

Supporting 'reasonable accommodations.' The Americans with Disability Act made the delivery of 'reasonable accommodations' in employment – but also in the delivery of public services of all kinds – a new standard. Being familiar not only with the legal obligations of community groups to provide 'reasonable accommodations' for individuals with disabilities who want to participate in community life is important, but the broader concepts that underlie 'reasonable accommodations' may also be useful in talking with community groups in various domains: what can *they* do to make participation more likely and more successful?

Resources you can use / From the Temple University RRTC on Community Living and Participation of Individuals with a Mental Illness

The Temple University RRTC's website has over 100 resources – organized by domain – that you can turn to for related research results, program descriptions, and inclusion strategies:

Employment

A Practical Guide for People with Mental Health Conditions Who Want to Work. This Guide is designed for people with mental illnesses who want to return to successful careers. In fifteen brief and beautifully illustrated chapters, the Guide offers vital information on the importance of work, the availability of rehabilitation programs, the ins and outs of the SSA's work incentives, the challenges of starting a new job, grappling with disclosure, and more. For use individually or in groups.

Facilitator's Manual: A Practical Guide for People with Mental Health Conditions Who Want to Work. The "Facilitator's Manual" is designed to be used in conjunction with the *Practical* Guide *to Employment* to help counselors in community mental health centers, consumer self-help programs, or psychiatric rehabilitation services develop structured ways to use the Guide with groups of people with serious mental illnesses who are considering work. The manual provides a chapter-by-chapter set of exercises, suggestions, discussion questions and additional sources of information which group leaders will find helpful in structuring group activities around each of the Guide's topics.

The Roles of Peer Specialists in Promoting Competitive Employment. The roles that peer specialists can play in promoting competitive employment with the people they serve are delineated in this 'Policy Guidance' to Pennsylvania programs funding peer specialist work through Medicaid. The Guide focuses on what types of employment-related services are and are not reimbursable under Medicaid guidelines and how to document these appropriately.

Facilitating Circles of Support for People with Mental Illnesses in Employment Settings. This manual is designed as a training tool to assist staff in implementing the use of Circles of Support approaches in Supported Employment settings for people with serious mental illnesses.

The Past and Future Career Patterns of People with Serious Mental Illness. This qualitative study, based on interviews with 59 individuals with serious psychiatric disabilities, provides surprising perspectives on the career patterns of consumers in the years both preceding their contact with rehabilitation providers and following their engagement in vocational rehabilitation services.

Mainstream Career Training: Accessing Community Resources for People with Psychiatric Disabilities. This qualitative study, based on interviews with Mental Health, Vocational Rehabilitation and Workforce Development providers in urban, suburban, and rural settings, provides an overview of the abundance of mainstream (non-mental health) job training and placement programs serving the general public and the policy and program difficulties faced by people with psychiatric disabilities in accessing these abundant mainstream resources.

Employment Programming: Addressing Prevailing Barriers to Competitive Work. This policy brief provides an overview of current research into effective employment strategies for assisting people with psychiatric disabilities who have also had contact with the criminal justice system.

Journal Articles on Employment

Baron, R.C., Solomon, A., Brice, G.H. Jr., and Connors, T. (2014) "Work." In P.B. Nemec & K.F. Norman, Best practices in psychiatric rehabilitation. Columbia, MD. Psychiatric Rehabilitation Association.

Burns-Lynch, B., Brusilovskiy, E., & Salzer, M. S. (2016). An empirical study of the relationship between community participation, recovery, and quality of life of individuals with serious mental illnesses. *Israel Journal of Psychiatry*.

Education

20 Apps for Student Success. There are so many apps for students that it is difficult to narrow down which ones can be helpful for people with mental illnesses: this 'app list' identifies key areas in which students with and without mental illnesses may need additional support!

About Supported Education. This one page document highlights Supported Education approaches, including a definition of supported education, why it's important today, and what it looks like in practice, along with the details of an Educational Specialist's job responsibilities.

Your College Community: How People with Psychiatric Disabilities Can Make the Most of Their College Experience. This manual details the opportunities for support, social and personal growth, wellness, and entertainment that students can find on campus. The guide provides tips on what college students should expect and how to take advantage of all that their college or university has to offer, including arts and culture, health and recreation, academic supports, and maintaining mental wellness and recovery.

Education Fact Sheet: Consumers. This fact sheet summarizes the strategies and resources which can be used by mental health consumers in reaching their educational goals, from obtaining a GED or enrolling in a trade school to succeeding in higher education.

Education Fact Sheet: Providers. This fact sheet summarizes the strategies and resources which can be used by mental health providers to support students in reaching their educational goals.

A Practical Guide for People with Disabilities Who Want to Go to College. This document provides a practical guide to help people with disabilities who want to pursue their education goals at a community college, career institute, four-year college, university, or graduate school. The guide focuses on: finding the right school, locating supports, managing your disability and your education, and using your new educational qualifications in the search for a better job. Other areas addressed include assessing your own interests and skills, funding your education, disclosing your disability, and locating supports and services to succeed in school. This versatile guide can be used by consumers, rehabilitation and/or case management personnel, and family members/friends or individuals with disabilities.

The Barriers Faced by College Students with Psychiatric Disabilities. Dr. Mark Salzer, Ph.D. Director of the Temple University RRTC on Community Living and Participation of Individuals with a Mental Illness, was interviewed by Larry Abramson from NPR's *All Things Considered* on December 2, 2008, along with Karen Bower, Esq., from the Bazelon Center for Metal Health Law on the barriers college students with psychiatric disabilities face.

The College Experience. This document provides students in college settings – along with their parents and instructors – tips for reducing the stresses that commonly impact college students, in addition to providing guidance on the type of 'reasonable accommodations' students with psychiatric disabilities can request to help them meet the demands of college.

Journal Articles on Education

Salzer, M.S. (2012). A Comparative Study of Campus Experiences of College Students with Mental Illnesses Versus a General College Sample. The Journal of American College Health, 60, 1 – 7.

Salzer, M.S., Wick, L. & Rogers, J. (2008). Familiarity and use of Accommodations and Supports Among Postsecondary Students with Mental Illnesses: Results from a National Survey. Psychiatric Services, 59, 370 – 375.

Strengthening Family Relationships

Community Inclusion from the Perspective of Caregivers. This monograph highlights the views expressed in a 2016 survey of five-hundred family caregivers of people with mental illnesses, sharing their perspectives on a variety of community inclusion topics, such as: housing; employment and finances; education; friendships and intimate relationships; religion and spiritually; recreation and community events; and health and wellness.

Family Leisure Toolkit. The Family Leisure Toolkit is a resource that can be used to educate you and help provide ideas on how to jump-start your leisure lifestyle as a family. This toolkit presents information about the benefits of various types of family recreational activities, suggestions for activities, and gives the reader a guide for planning activities.

Enhancing Family Leisure Fact-sheet: Consumer. This fact sheet provides consumers with a resource that defines family leisure and explains the various types of leisure and the benefits of each. The fact sheet provides readers with an opportunity to learn about initiating conversations about family leisure and explains why participating in family leisure is important.

Make Time for fun: Enjoy Activities with Loved Ones. This resource offers activity ideas you can do with loved ones and tips for making them happen. Compiled by Recreational Therapists, this resource will help to ensure any outing goes off without a hitch.

Parenting and Child Custody

A Parenting Resources Worksheet. This worksheet provides a template for services to generate a list of local resources for parents with psychiatric disabilities, including legal, housing, emergency respite services, and childcare, etc.

Myths about Parents with Mental Illnesses. This brief fact sheet looks at the prevailing myths about parents with mental illnesses (e.g., that they are unwilling or unable to care adequately for their own children, etc.) with the evidence-based facts with regard to parenting performance and long-term outcomes, and is a useful guide to consumers and advocates.

Parenting with a Mental Illness. Parents who experience mental illnesses may have unique experiences and issues. Based on the Temple University RRTC on Community Living and Participation of Individuals with a Mental Illness's research, this single page document provides consumers, providers, policymakers, and other stakeholders with information about common barriers parents may face, supports that may be available, and how parents might use resources from the Temple University RRTC on Community Living and Participation of Individuals with a Mental Illness.

Child Welfare and Custody Issues. This fact sheet is designed for parents and their supporters, and provides tips for navigating the child welfare and legal systems. If the parents' custody rights are challenged, it is an important document for parents with psychiatric disabilities in facing system discrimination.

Foster Care and Custody. This brief fact sheet provides an overview of national and state foster care services and the way in which foster care systems interact with children and parents when the parents have been denied custody of their own children due to mental illnesses. Suggestions are provided for parents and others interacting with foster care providers.

Helping Behavioral Health Consumers with Parenting/Child Custody Issues – Training Manual. This in-depth manual provides a detailed guideline for trainers developing programs to assist consumers with psychiatric disabilities in improving their parenting skills, learning more about child custody issues, and either avoiding the loss of custody of their children or regaining custody of their children – with curriculum, PowerPoints, and exercises.

Recreation and Leisure

The Social Enhancement Workbook. The Workbook provides a step-by-step guide to consumers, case managers and other support personnel with regard to increasing service recipients' participation in a wide range of social activities in community settings.

Adding Recreation to your Coping Toolbox: An 8-Week Protocol. This document encourages participants to identify personal coping strategies and community-based resources needed to engage in community recreational activities on their own.

Yoga and Your Health. Doing yoga may be helpful to individuals experiencing symptoms of mental illness. This fact sheet describes the benefits of yoga, how to begin and develop your own yoga practice, and how to find affordable classes in your community.

Physical Activity Fair Manual. This handbook shares experienced advice about hosting an Activity Fair to connect people with serious mental illnesses to sustainable local resources for physical activity. While the manual is designed to help in planning a Physical Activity Fair, many events rely on similar structure and planning, so that this handbook might serve as a helpful resource in planning other types of events that promote community inclusion.

Beginning a Walking Program: Consumers. This one-page fact sheet provides consumers with a resource that details how to start a walking program, such as the benefits of walking, what to wear while you're walking, how much you should walk, and goals/motivations.

Beginning a Walking Program: Providers. This fact sheet offers providers a resource for practitioners that details how to start a walking program, such as the benefits of walking, what to wear while you're walking, how much you should walk, and goals/motivations.

ICAN PLAY Leisure Manual. This 68-page manual is intended to promote community-based activity participation among consumers. The manual includes information related to the importance of leisure. This booklet is intended to encourage readers to get involved with their leisure interests and start living their best life today. An active leisure lifestyle can enhance physical health and mental strength.

Recreation and Leisure for Older Adults with Psychiatric Disabilities. This is a brief set of guidelines providing tips to older adults with psychiatric disabilities to assist them in becoming actively involved in recreational and leisure activities in their communities, along with resources from a wide range of recreational and leisure activity programs.

Journal Articles on Leisure and Recreation

Iwasaki, Y. Coyle, C., Shank, J., Salzer, M.S., Baron, D., Messina, E., Kishbauch, G., Naveiras-Cabello, R., Porter, H., Mitchell, L., Ryan, A. & Koons, G. (2014). Role of Leisure in Recovery from Mental Illness. American Journal of Psychiatric Rehabilitation. 17 (2). 147 – 165.

Congregational Connections

Developing Welcoming Faith Communities. This document provides an overview of what is available to faith-based communities, religious congregations, and mental health organizations that want to connect people with mental illnesses to congregational life. Based on a national survey, congregations describe their mental health outreach activities, discuss common barriers to establishing welcoming congregations, and how they have created welcoming congregations.

Helping People Connect to the Religious Congregations and Spiritual Groups of their Choice: The Role of Peer Specialists. This Guidebook describes the advantages of connections to religious groups, the challenges service recipients experience in becoming part of congregational life, and the roles that peer specialists can play in helping the people they serve participate in the religious congregation of their choice.

Intimacy

Sexuality and Intimacy Toolkit. Forming intimate relationships and expressing sexuality can be challenging for anyone, including people with mental illnesses. This toolkit contains information related to preparing direct service personnel for discussions on topics of intimacy and sexuality with persons with mental illnesses. Informed by Motivational Interviewing techniques, this toolkit includes experiential exercises with instructions, evaluation forms, hyperlinks to resources, and references to be used by trainers.

Addressing Sexuality and Intimacy Interests. This monograph reviews the research literature in this often-neglected field, recommends policy and program changes that mental health administrators can implement to create a more open atmosphere in their agencies, and suggests training programs for direct service personnel that increases both their comfort level and their clinical skills in talking about sexuality and intimacy within their sessions.

Volunteering and Civic Activity

Civic Engagement: How to Get Involved in Your Community. This resource discusses the benefits of getting involved in community activities, and offers many suggestions and strategies to promote active participation in the local social, political, religious, and mental health advocacy activities that can foster both empowerment and a sense of personal purpose.

Mental Health and Wellness through Civic Participation: Why Your Opinion Matters. In straightforward language, this manual for consumers describes what civic engagement is and why it is important. Step-by-step instructions walk the reader through identifying their views, staying informed, and connecting with the right people.

A Guide to the Voting Rights of People with Disabilities. For information on how best to address the barriers that still exist to the voting rights of individuals with psychiatric disabilities, download this Guide, developed collaboratively by the Bazelon Center for Mental Health Law and the National Disability Rights Network.

Innovate

Transforming the roles of peer specialists to ones that focus on community inclusion is both an innovative and an important way to jump-start community inclusion. Peer specialists, a growing segment of the community mental health workforce who share their own 'lived experience' with service recipients can be particularly helpful in motivating others to explore their individual potential for broadened community participation. Your agency might want to hire new peer specialists for community inclusion roles, or it could revamp the roles of peer specialists currently employed. Promoting community participation is work at which skilled, focused peer specialists will often excel, particularly if early training and continuing supervision focused on community inclusion is offered.

Things you can do. To focus the work of peer specialists on community inclusion:

1. **Work with the current peer specialists in your agency to explore their perspectives on expanding their roles to include community inclusion.** Currently employed peer specialists may need an opportunity to consider adding a community inclusion agenda to their current responsibilities, and may have a number of valued contributions to make as your agency considers these changes

2. **Develop new job descriptions for peer specialists that clarify their community inclusion responsibilities.** Working with service recipients around their community inclusion goals may entail taking on new job responsibilities for peer specialists. Clarifying these responsibilities – developing explicit job descriptions – should include a focus on helping service recipients: *define* their own community inclusion goals; *explore* opportunities for engagement in community activities; *anticipate* the challenges of connecting to community groups; *develop supports* – from the peer specialist, or family and friends – to facilitate those connections; and *troubleshoot* problems as they emerge in the early stages of community connection. Peer specialists can also help service recipients make crucial disclosure decisions.

3. **Clarify expectations.** Programs can utilize peer specialists in different ways: a) as *generalists*, in which community inclusion issues are added to their overall responsibilities; b) as *community inclusion specialists*, in which addressing the community inclusion preferences of service recipients is their sole responsibility; or c) as *domain specialists*, in which individual peer specialists focus on a specific 'domain' of community inclusion (e.g., employment, religion, recreation, intimacy, etc.), or meeting the needs of unique sub-populations (e.g., the elderly, those returning to community life from jails or prisons, the physically disabled, etc.).

4. **Provide intensive and ongoing training for peer specialists.** New professional responsibilities should always be accompanied by new training, and peer specialists are likely to want and need initial and ongoing training if they are going to excel in meeting these new responsibilities. Supervisory support, continuing training, and the opportunity to consult with others in the same role – all can be helpful in addressing emerging issues, such as responding to service recipient ambivalence, developing welcoming community environments, or working with service recipients and/or community groups to solve problems as they arise.

5. **Add a community inclusion component to the WRAP (Wellness Recovery Action Plan) process.** Many peer specialists work with service recipients to complete Wellness Recovery Action Plans (WRAP), helping individuals to stay well. Adding a clear community inclusion agenda to the WRAP process –talking with service recipients about their community participation goals and related plans – expands WRAP's impacts and expands the focus on community inclusion as well.

6. **Seek specialized funding – from philanthropic or special project public dollars – to hire peer specialists with a specific community inclusion agenda.** Work with your grant writer or development officer to identify and approach funding sources for a 'pilot' program that can demonstrate the impact of peer specialists in connecting service recipients to their communities.

7. **Support focused community inclusion programming within consumer-run services.** In many communities, traditional behavioral health programs are supplemented by one or more peer-run programs, and these programs can also transform their own drop-in centers and counseling programs into ones that emphasize community inclusion.

8. **Encourage and support family members to take on new community inclusion roles.** Family members are an important community inclusion resource: they can encourage their loved ones to engage in community life; they can include service recipients in their own engagement in community activities; and they can provide a 'sounding board' for their family members concerns and frustrations in the community inclusion process. Include family members – if service recipients are comfortable with this – in planning for community inclusion, and provide them with support as the process unfolds.

Transforming the roles of peer specialists to ones that focus on community inclusion is both an innovative and important way to jump-start community inclusion.

A Few Tips. In focusing peer specialists on community inclusion, think about:

Exploring the use of peer specialists in both traditional behavioral health programs and in peer-run services. Most communities have both traditional behavioral health programs (e.g., community mental health centers, psychiatric rehabilitation programs, residential services, etc.) and peer-run programs (drop-in centers, peer-run businesses, etc.). Both now often make use of peer specialists, and many believe that peer specialists can often be the most effective practitioners to convey the importance and potential of community inclusion to wary service recipients.

Supporting peer specialists who are uncertain about their own community inclusion skills. Some peer specialists may have had limited experience with community participation themselves, and this may limit their ability to be effective in guiding service recipients through the community connection process. Asking peer specialists to focus on community inclusion with the people they serve may require structuring opportunities for the peer specialists to work through some of these issues for themselves, and involve more than a new job description and an introduction to community inclusion principles.

Offering ongoing skill training and supportive supervision. The range of skills needed by peer specialists working on community inclusion issues – identifying goals, connecting to mainstream community groups, offering ongoing support to both individuals and local neighborhood groups, discussing disclosure with service recipients – asks as much of peer specialists as it does of other mental health practitioners. Agencies need to provide both ongoing skill development and supportive supervision.

Resources you can use / From the Temple University RRTC on Community Living and Participation of Individuals with a Mental Illness

Both traditional behavioral health programs and peer-run services can utilize the resources presented here to develop new community inclusion programming, develop peer specialist training in community inclusion practices, and frame ongoing peer specialist supports for this work.

The Peer Facilitated Community Inclusion Tool Kit. This toolkit helps peer specialists develop the skills they need to explore goals for increasing community participation with the consumers with whom they work. It includes exercises and worksheets that peer specialists can use to help individuals reflect on desired levels of community participation, explore existing supports and resources, and develop community participation goals. Developed in collaboration with the Copeland Center for Wellness and Recovery: for more information please visit the Copeland Center website.

Into the Thick of Things: Connecting Consumers to Community Life. This is a compendium of three-dozen community inclusion initiatives currently provided by a national sample of peer-run programs for people with psychiatric disabilities, providing an inspiring set of alternatives that peer-run agencies can use as a resource for transforming their own programs – with contact information for each spotlighted agency.

Helping People Connect to the Religious Congregations and Spiritual Groups of Their Choice: The Role of Peer Specialists. This monograph explores the roles that peer specialists can play in helping the people they serve to connect to the mainstream religious congregations and spiritual groups of their choice. The document explores core issues, describes peer specialist experiences from a national series of interviews, and offers six recommendations – all focused on helping interested consumers to connect or reconnect to the faith-based organizations and congregations of their choice

Reentry and Renewal. This is a review of peer-run organizations that provide community inclusion supports to individuals with behavioral health conditions and criminal justice involvement, highlighting a dozen exemplary peer-run programs, providing recommendations for peer-run programs and spotlighting needed policy changes.

Community Inclusion from the Perspective of Caregivers. Reflecting caregivers' frustration, fear, hope, and love for those they care for, this monograph highlights the views expressed in a 2016 survey of almost five-hundred caregivers of people with mental illnesses. Caregivers shared their perspectives on treatment; employment and finances; education and supports; friendships and intimate relationships; religion and spiritually; recreation and community events; and health and wellness. This monograph offers a close up view of the entrenched stigma and barriers that caregivers say their loved ones, and that they also, experience. Caregivers want providers, community institutions and the public to help foster more community inclusion for their loved ones, and for themselves.

Advanced Training. The Temple University has also collaborated with consumer-based organizations to develop advanced peer specialist training programs that focus on specific domains of community life. To explore these training programs further, contact:

- The Institute for Recovery and Community Inclusion (ICRI) at Philadelphia's Mental Health Partnerships, for more information on their training programs on: a) the roles that peer specialists can play in promoting *competitive employment*; and b) the roles that peer specialists can play in helping service recipients connect to *the religious and spiritual congregations of their choice.*

- The National Mental Health Consumers Self Help Clearinghouse (NMHCSHC), for more information on their advanced training programs on: a) the roles that peer specialists can play in helping service recipients prepare for natural and man-made disasters; and b) the roles of consumer-run services in combating the prejudice and discrimination that are systemic barriers to community participation.

Journal Articles. For more information, turn to the following journal articles:

Burns-Lynch, B., & Salzer, M.S. (2001). Adopting innovations – Lessons learned from a peer-based hospital diversion program. *Community Mental Health Journal, 37,*511-521.

Chinman, M., Salzer, M.L., & O'Brien-Mazza, D. (2012). National Survey on Implementation of Peer Specialists in the Veterans Administration: Implications for Training and Facilitation. Psychiatric Rehabilitation Journal. 35 (6), 470 – 473.

Salzer, M.S., Plamer, S.C, Kaplan, K., Brusilovskiy, E. (2010). Certified Peer Specialist Roles and Activities: Results form a National Survey. Psychiatric Services, 61, 520 – 523.

Welcome

Promoting community inclusion involves both supporting individual service recipients as they participate in everyday community life *and* creating welcoming community environments – at the workplace or community colleges, in congregations and recreational programs, etc. – so that individuals with mental illnesses can feel both comfortable and supported in the world beyond mental health settings. Encouraging individuals and organizations in local communities who will welcome service recipients into their world can counter service recipients' fears that they may be overlooked, resented, or feared, and will enrich community life in the process.

Things you can do. To focus on building welcoming communities:

1. **Build a community advisory group of supportive individuals and organizations**. Identify the individuals and organizations in the community who have been supportive in the past – a cooperative employer, an educator or librarian, an interested pastor or rabbi, a flexible recreation department – and form an advisory group that can both provide good advice to your program and make the case for building welcoming environments to the rest of the community.

2. **Host a community activity fair.** You might find it helpful to host an annual 'activity fair,' bringing together community groups (e.g., houses of worship, recreational programs, volunteer organizers, local colleges, cultural groups, etc.) to encourage service recipient interest in one of these community programs, while also building encouraging ties to the participating community organizations.

3. **Help community groups assess the policy, program and practice barriers to community inclusion within their own settings.** Help mainstream community groups determine whether their everyday ways of operating unconsciously create barriers to participation of those with mental illnesses: are their dues too high? is the atmosphere too competitive? do you have to already know someone to join? are other participants likely to be a bit standoffish? Offer to talk about what can be done to make participation more welcoming.

4. **Reframe mental health education programs.** Many 'mental health education programs' offer community groups a chance to learn more about mental illnesses and help people who are troubled to seek out support if they are struggling emotionally. But mental health education can also be reframed as an opportunity to ask community groups to explore how they can help reach out to and welcome *new* participants from both traditional and peer-run programs.

5. **Seek and support individual 'connectors.'** In many cases it may just take one person who is willing to reach out to a new group participant with a mental health condition to create a genuinely welcoming environment – someone who calls ahead of time to welcome someone to the group, who takes responsibility to introduce the 'new guy' to the 'regulars,' or who helps solve the mundane problems of participation ("I can pick you up" or 'We've got a scholarship fund") as they arise. Identifying someone ahead of time and making sure they know your program is available to answer their questions and support their valuable work is one key to success.

6. **Sponsor a community education workshop.** To help mainstream community groups – local churches, high schools, county recreation programs libraries, community colleges, etc. – build more welcoming environments, develop programs for these community groups where you can both describe your community inclusion orientation and the roles that individuals and community groups can play in this process. Offer them your assistance as new partnerships take shape.

7. **Make your Board members and volunteers your community inclusion ambassadors.** Ask your Board members and your agency's volunteers to do their own outreach and education initiatives, talking about community inclusion on your behalf in the community settings they enjoy: at work, at prayer, on bike trails, and community meetings.

8. **Engage service recipients in the community education process.** One of the most effective ways to encourage welcoming communities is to provide opportunities community groups to learn from service recipients directly: organize opportunities for those with mental illnesses to speak directly to community groups about the ways in which community participation has been important in their own lives and the types of supports they received from community groups in their own journey.

9. **Work to minimize the risks of community inclusion.** It will be important in your work with community groups to acknowledge and respond to the concerns of some members of the group that the participation of individuals with mental illnesses will be disruptive or unpleasant or dangerous. These 'risks' perceived by the community are often unrealistic, but your work as a champion of community inclusion will also entail hearing those concerns and discussing the ways in which your agency seeks to minimize or eliminate those risks.

Encouraging individuals and organizations in local communities who will welcome service recipients into their world can counter service recipients' fears that they may be overlooked, resented, or feared, and can enrich community life in the process.

A few tips: When working toward welcoming communities:

Recognize community concerns. Many research studies have concluded that prejudice and discrimination towards individuals with mental illnesses is not substantially better than it was a generation ago, and that this serves as a significant barrier to genuine community inclusion. On the one hand, you may want to work to correct the myths and unrealistic fears still prominent in many community settings, but you will need to do so in a way that respects community perspectives, acknowledges their concerns (without legitimizing. them), and seeks to establish a collaborative process of community education.

Emphasize reciprocity. Research on 'social networks' confirms that the strongest and most enduring social networks are built on reciprocity: strong social ties form and endure when *everyone* is expected to make a contribution to the group as well as draw on the group's strength when they most need it. Community behavioral health programs can help service recipients understand and live out the concept of 'reciprocity'– covering a co-worker's shift, sharing class notes, setting up the room for meetings or events - helping service recipients look for ways to contribute to their new social networks.

Discuss disclosure. Those with mental illnesses have the right to keep their history of emotional difficulties to themselves, given the persistence of public misconceptions and the 'social distancing' it creates. But for those who would prefer to be open about their mental health status, 'welcoming environments' will be more viable when service recipients have had a chance to discuss when to disclose, who to disclose to, and what to disclose with their mental health counselors.

Develop targeted campaigns. It is possible to develop campaigns that focus on one or two domains of community life: for example, working with local community colleges, churches, or chambers of commerce to help them understand what community inclusion seeks to do and the role that they can play in making it possible.

Resources You Can Use / From the Temple University RRTC on Community Living and Participation of Individuals with a Mental Illness

There are a variety of resources from the Temple University RRTC's website that you can use to assess how you can best work with local groups in creating welcoming communities. Among them:

Managing Risk in Community Inclusion: Promoting the Dignity of Risk and Personal Choice. This 52-page document provides an introduction to the concepts of community inclusion and the categories of associated risk – to consumers, agencies, as well as communities themselves – that are of concern. It offers a useful approach for discussing community concerns as part of an overall 'welcoming community' strategy.

Reducing Prejudice and Discrimination. This brief one-pager provides an overview of the current research into the prejudice and discrimination faced by people with psychiatric disabilities in community settings, and offers recommendations for effective strategies – for consumers and staff – in building more supportive communities.

Promoting Supportive Academic Environments for Faculty with Mental Illnesses: Resource Guide and Suggestions for Practice. This guide focuses on ways to make college and university campuses more accessible for faculty and students with mental disabilities. It provides concrete suggestions for creating a "culture of access" by offering effective strategies for promoting inclusive language, managing accommodations, and revising policies around recruitment, hiring, and leaves of absence.

Welcoming Work Environments. This document focuses on strategies for creating more welcoming work environments within mental health agencies for personnel with mental illnesses, with suggestions that apply to non-mental health work environments as well. It provides readers with a set of ideas and strategies that can be implemented to better support agency colleagues by creating and maintaining a positive, supportive, and welcoming work environment that enhances work life for all.

Physical Activity Fair Manual. This handbook shares experienced advice about hosting an Activity Fair to connect people with serious mental illnesses to sustainable resources for physical activity. While designed to be useful in planning a Physical Activity Fair, many events rely on similar structure and planning, so that the handbook might serve as a helpful resource in planning other types of events that promote community inclusion.

Evaluate

The time to start assessing the impact of your initiatives to promote community living and participation is at the very beginning of your work. Planning ahead of time to regularly track the progress of individuals or the agency is important for two reasons: first, an ongoing assessment gives you the information you need to make adjustments in your programs; and, second, having either quantitative or qualitative data (or both) on short-term and long-term outcomes heightens your ability to capture funding to continue your work.

Things you can do. Start keeping track of your progress:

1. **Track the community participation progress of individual service recipients.** If you have used the Temple University Community Participation Measure (TUCPM) to help service recipients think about their community inclusion goals (see the *Assess* section of this toolkit), you may already have very useful baseline measures. Plan to use the TUCPM with the same service recipients over time – every six or twelve months, for instance – to capture the progress being made. This may help both to spotlight problem areas and highlight successes.

2. **Ask individual service recipients to assess their own progress and the supports provided by the agency.** There are other evaluation tools (see the Resources You Can Use Section below) to track individual client progress. Some of these tools inquire about the individual's overall sense of exclusion from the community, while others ask about service recipients' assessment of how well the agency is responding to their community inclusion goals. Each of these tools provide an opportunity for practitioners to open discussions with service recipients about the progress they are making together, and how to proceed next.

3. **Use a more qualitative approach.** While pre/post quantitative data is invaluable, agencies can also benefit from more qualitative approaches: individual structured interviews and focus groups with service recipients can be important sources of information, and can also often help to clarify the quantitative information you have gathered. Plan on sponsoring some pre/post discussion groups with service recipients to develop a greater sense of progress.

4. **Develop evaluation designs to check in with both staff members and the community.** It will be important as well to regularly assess both how staff members respond to new community inclusion initiatives and whether individuals or organizations in the community have concerns (or nothing but praise) for these initiatives. Check in periodically with practitioners – with clinicians and caseworkers, rehabilitation counselors and peer specialists, and others. And schedule meetings with community leaders to assess any of their shifts in attitudes and behaviors.

5. **Present your findings in journals, professional workshops, and community meetings.** In a funding environment that thrives on evidence-based practices, present your well-researched findings of success in varied settings: journal articles, staff training conferences, and in community meetings – all of which can help build momentum for community inclusion.

A Few Tips. In assessing the impact of your community Inclusion initiatives, give some thought to:

Setting modest initial program goals. Community inclusion is a process that is likely to take some time to show robust outcomes. Strongly positive quantitative data on either individual or agency-wide progress is likely to emerge slowly. Rather than set up the program for failure by projecting overly-optimistic outcomes, project more modest initial successes and use these as the basis for more sustained support.

Use your results. Evaluation results can be very valuable in helping individual programs determine how to improve their services, but they can be important resources in the battle for both financial support and community interest. Use the data to backup new program initiatives with funders, and refer to the data in talking up the program with community groups. Short reports highlighting key data and strong qualitative accounts will prove very valuable.

Evaluation results can be very valuable in helping individual programs determine how to improve their services, but they can be important resources in the battle for both financial support and community interest.

Get some help. If your agency doesn't have its own data oriented staff, look elsewhere for the expertise you need to make sense of the numbers. The Temple University RRTC on Community Living and Participation of Individuals with a Mental Illness is more than willing to help, but you can also turn to faculty and students in local colleges and universities, who are often looking for projects to take on.

Resources you can use / From the Temple University RRTC on Community Living and Participation of Individuals with a Mental Illness

The Temple University RRTC offers a variety of resources (below) for evaluators, and can also provide consultation services and data analysis supports for local programs:

Peer Facilitated Community Inclusion Toolkit. Although originally developed for use by peer specialists promoting community inclusion, the Toolkit can be used by both peer specialists and other practitioners (e.g, casemanagers, counselors, etc.). The toolkit is one of the best introductions to the Temple University Community Participation Measure, and how to implement the use of the measure in one-to-one counseling sessions. However, the toolkit also contains various exercises and worksheets to help service recipients reflect on desired levels of community participation, explore existing supports and resources, and develop community participation goals.

Philadelphia DBH/MRS Tools for Transformation: Community Integration. This document, produced by the Philadelphia Department of Behavioral Health, contains a number of tools that can be used to help staff assess their own orientation to community inclusion principles, to help service recipients assess staff performance in this regard, and to explore what more both service recipients and their programs can do to promote community inclusion.

Community Participation and Inclusion: Shifting Perspectives on Quality Measures. This monograph reviews recommendations from the Temple Collaborative that encourage the behavioral managed care industry, as well as federal, state, and local mental health administrators, to systematically assess the community participation needs of service recipients and the success of provider agencies in meeting those needs

Community Integration and Measuring Community Participation. This paper identifies specific strategies that programs can use to measure consumer participation in community activities, with separate instrumentation for each of eight domains of community life, providing an effective and widely-used vehicle for assessing your program’s initial challenges and later achievements in promoting community inclusion.

Celebrate

“Success breeds success” – and the more you can highlight your achievements in promoting community inclusion the more likely you are to build the support needed for an enduring community inclusion initiative. Find inspiring examples of community participation and make sure that other service recipients, your staff, government and philanthropic funders, and the community are aware of these.

Things you can do. Celebrate your successes by:

1. **Highlighting community inclusion champions.** Acknowledge your achievements by throwing a spotlight on those individuals who make it possible: an awards luncheon for service recipients who have made inspiring progress or recognition for individuals or organizations in the community who have created genuinely welcoming environments. Rewarding 'champions' is important to creating and sustaining momentum. These events and recognitions can also provide content for related articles in an ongoing publicity campaign.

2. **Developing a traditional publicity campaign.** Develop an ongoing campaign to ensure that consumers and their families, staff and funders, and the community are aware of the ways in which service recipients are successfully participating in the community. Traditional campaigns often include articles in the agency newsletter and a special section on the agency's website, as well as articles in area newspapers and a special report on local television stations spotlighting inspiring examples of success. Make sure service recipients and practitioners know how important it is to share their successes, and encourage their ideas.

3. **Utilizing social media.** While traditional publicity campaigns are very useful, it is going to be critical, moving forward, to capitalize on the opportunities to broadcast your successes via social media: Facebook posts, and Twitter notes, YouTube videos of service recipients participating in community activities – and more – will play an increasingly important role both in motivating service recipients to participate and in helping community members to understand that there is a 'new normal' of which they can be a celebrated part.

4. **Using storytelling techniques.** Celebrate your successes through *storytelling*: regularly scheduled storytelling sessions that focus on community inclusion achievements build momentum. Schedule: a) *storyslams,* which provide a popular way for individual service recipients to share – in 5 or 10 minute stories for an interested audience – their experiences (fears, challenges, supports, results) in connecting to the community; b) *storycorps* interviews, drawing on the national 'Storycorps' technology, which can audio-record individuals sharing their stories of community inclusion for a national archive at the Library of Congress, building a collection of community inclusion observations; and c) *storygroups*, which offer opportunities for agencies to encourage service recipients to share their stories with one another.

5. **Focus attention on community inclusion champions on staff.** Make sure you recognize the contributions of staff to the achievements of your program in promoting community inclusion. Building an agency that acknowledges and commits itself to community inclusion outcomes for service recipients – embedding community inclusion in the everyday responsibilities of staff – is central to success, and recognizing the work and outcomes of practitioners helps create and sustain the agency's purpose.

Acknowledge your achievements by throwing a spotlight on those individuals who make it possible.

A Few Tips. In assessing the impact of your community Inclusion initiatives, give some thought to:

Seeking permission to use individual names in public statements. You will want to ask each service recipient, or community 'champion,' or others, if it is alright to identify them publicly: always make sure you have participants' signed releases to do so.

Emphasizing the building of individual 1:1 relationships. Rather than focus on your agency or community organizations, emphasize the person-to-person nature of the relationships that develop: everyone likes a positive story of 'real people' transforming their lives and the individuals in the community who support them.

Offer support to your 'storytellers.' Not everyone is a born storyteller, and there are effective ways to prepare service recipients and their community champions for a storyslam, a storycorps interview, or for the storygroup at the agency.

Don't forget the families. You may find that family members have their own compelling stories to share – what their loved one's community participation meant to the family, how the family helped to make it possible, and what other families should do.

Resources you can use / From the Temple University RRTC on Community Living and Participation of Individuals with a Mental Illness.

Beyond the Diagnosis: Storytelling and Community Inclusion. This brief document outlines the varied ways community behavioral health programs can help service recipients (and others) use storyslam, storycorps, and storygroups to spread the word about the effectiveness of community inclusion, including worksheets for those individuals who would like some help in developing their stories.

A StorySlam on Community Inclusion. This video tape provides an interesting and entertaining record of an hour-long story slam on community inclusion that was part of the 2017 Summer Institute on Community Inclusion sponsored by the Temple University RRTC on Community Living and Participation of Individuals with a Mental Illness. Several of the participants joined us from *Poetry for Personal Power*, a storytelling collaborative composed of mental health service recipients that shared their stories and story-telling techniques at the Summer Institute for a highly successful community inclusion storyslam.

Social Media and Community Inclusion. A review of current social media approaches – using Twitter and Instagram, Facebook and your webpage – to make sure the word is getting out about your agency's community inclusion initiatives and the successes of individual service recipients in connecting to their communities.

Start Now

Without waiting for a grand plan, sustainable funding, or revised policies, you and your agency can take the initiative *now*, moving forward with community inclusion practices, programs, and policies that help service recipients with mental health issues to re-connect to community life. You can start the educational process with some simple presentations to boards and staff members and service recipients, or begin with some straightforward assessments of how well your programs respond to the community inclusion needs of service recipients, or you can initiate a pilot program or develop a proposal to a community foundation for some initial support – and more.

There are 66 ideas here: choose one (or two or three) and see how far you can get. The resources – dozens of them – are here: draw on the products and publications of the Temple University RRTC to help shape your work. And remember, staff from the Temple University RRTC on Community Living and Participation are available to you as well: contact us for advice, assistance, or participation. – at tucollaborative.org.

And let us know, if you have the time, about your community inclusion initiatives: write or email us to share what approaches you have taken – what policies, programs, and practices you have focused upon – what challenges you have faced, and what resources you have been able to draw upon. Even more importantly, share your success stories with us – stories about some extraordinary staff initiatives, supportive communities, or the successes of service recipients, so that we can share your stories still more broadly.

We stand committed to help insure that another generation of individuals with mental illnesses does not remain idle and isolated, seeking to support each person as they to move beyond a life defined by their difficulties and toward a future of engagement in the world around them, building pathways to community participation.