



Annual Report

Interlink Self Help Center

July, 2010 through June, 2011

Interlink Self Help Center's successful efforts in the previous year led to more advances in the center's operations and outreach efforts in the 2010-2011 fiscal year.

Operations

Membership Council attendance improved over the year and regular meetings between staff and the Membership Council twice monthly were begun. **Building on last year's success the Membership Council took a more visible and substantive role.**

Continued success was achieved in creating increased feelings of safety in the program, both in terms of facilitating active and informal mental health recovery conversations outside of designated groups and in terms of a much-reduced presence of drugs and alcohol.

A major facility make-over was accomplished with funding from the county Mental Health Division, which replaced 14 year old carpets and linoleum and repainted the entire inside of the facility, resulting in a noticeable lift in the self-esteem of Members, staff and the program as a whole. The project required Interlink to close early on Friday and remain closed Saturday for a number of weeks, in addition to other intermittent closures, to accommodate the installation of floor coverings. Most the painting was done after hours, with staff re-establishing the facility for use each morning. The project required a shift of budgeted resources to cover extensive, related "maintenance" expenses.

Nearly every statistical target was met, and most were exceeded. (See attached.) Although closures for the facility improvements were planned to minimize disruptions, some indices were lower due to the closures, which occurred during the 2nd quarter. As last year, staff determined it better to not count "co-occurring" groups (for folks working on both mental health and substance abuse recovery) among the "support, information and education groups," as had been done previously. While, as in past years, the average of groups provided weekly exceeds the targets, the average reported for the latter designation will continue to fall below the historical target, which antedates the tally's separation due to the renewed focus on co-occurring disorders support.

A new cargo container was installed for outside storage, replacing a small shed destroyed by fire in 2008-2009. The cost of purchasing and installing this container was borne by Goodwill.

Staff Training continued, with **retreat days** that **emphasized** training in **Motivational Interviewing and group facilitation**. On-going team building and training also focused on improving peer support skills and self-awareness.

Recovery Skills and Capacity Building Training was piloted and evaluated. Participants noted the values of the training, which blended the creation of an individualized recovery plan with the use of a peer, mentor and a friend to then review the plan, whose support was then used, finally, by the participant to re-write their plan. The evaluation indicated the training was “too much, too fast” and so was re-designed into two 6, week sessions, Recovery Skills I and II, and folded into the existing Peer Support Training schedule. (See Attached.)

Peer Support trainings were revamped, with increased emphasis on experiential learning and role playing, while retaining with the existing content of the previous 8 week, “Beginning and Advanced” courses, now renamed Peer Support I and II.

A total of 19 peer support trainees attended and 5 completed all four sessions of the new Peer Support training regimen (Peer Support 1, Recovery Skills 1, Peer Support II, Recovery Skills II). Evaluations showed the classes were highly valued by trainees.

A new Peer Support Leadership Academy was designed and attended by 9 people, 7 of whom completed the course, which emphasized advanced training in peer support skills and education about mental health systems and system change strategies. Numerous sister agency staff served as presenters for this Leadership Academy.

A new schedule of rotating weekly activities was established as **“Wednesday Mid-week Festivities,”** alternating monthly birthday celebrations, an open mike time, game day and a time to celebrate recent Member achievements, the latter based on reading of the monthly additions to the Member Recognition Board that was created in last year.

A local **residential AOD treatment program**, “Turning Point,” continued to transport participants to a weekly Dual Recovery Anonymous meeting at Interlink. In addition, a minimum of **5 groups focused on co-occurring support were offered weekly**.

The **monthly Client Forum** continued to bring outside speakers and topics of interest to Interlink, although there were interruptions during the fall months due to the “make-over” project, (see above).

A weekly group for **Post Traumatic Stress support**, one of the best attended groups at Interlink, **was expanded to twice weekly**, due to demand. The group focuses on creating a safe place with some reasonable boundaries regarding shared pain in which clients can share trauma experiences and strategies for personal growth.

A new way of introducing first-time visitors to Interlink was created that includes a tour and explanation of the program, with the promise of the opportunity to become a Member on a subsequent visit. Staff began calling the intake process a “sign-up session.” This change was seen as a way to help people not become initially overwhelmed by the program’s overt mental health recovery focus. Tracking was begun of how many people take tours and how many then become members.

Internship opportunities were expanded, along with the budget for interns’ thank you gifts, to accommodate peer support training graduates as Peer Support Interns. Three peer support interns joined three existing environmental interns.

A training was developed for Front Desk volunteers and volunteer opportunities were made available to Members wishing to be more involved, including some of the peer support training participants.

Interlink’s web site was redesigned by staff to be more user friendly, with the posting of the monthly schedule of groups and activities prominently placed on the front page.

Self-Help with Interlink, **a weekly group held in one of the mental health modules of the Sonoma County Main Detention Facility**, begun last year, **continued** to be provided. The year ended with Interlink’s renewed offer to provide one-to-one, non-contact visits to inmates to be referred by the jail’s mental health staff.

Staff continued to provide a well-received **weekly group on mental health recovery** at the only in-patient psychiatric unit in the county, **Creekside Convalescent Center**.

The program’s **Environmental position** (that performs janitorial support) **was divided into two training positions to allow for job training opportunities**. The two people in the positions continued to develop their job skills, and one began to seek a full time job elsewhere.

Outreach

An inter-agency quarterly breakfast was begun by Interlink’s Co-Occuring Disorders Counselor and focused on **Best Practices and networking for Co-Occuring Disorders**.

An information table was provided at the **Disability Services and Legal Center’s Tech Expo**.

Interlink also hosted an outreach **table at Santa Rosa Junior College’s Mental Health Faire**.

Interlink staff **toured Mary Issac’s, a shelter in Petaluma**. Plans were made to have the shelter staff provide a Client Forum in the new year.

Interlink participated in meetings, and **provided written consultation for the Treatment Plan Library** initiative.

Interlink's peer support model was presented to the Brain Injury Resource Center's Board of Directors by invitation. Future discussions are anticipated about how Interlink can support this, as yet, uncreated Resource Center, possibly by providing training, meeting space and/or co-facilitated support groups. The opportunity brought increased awareness that Interlink has several brain-impaired Members.

Interlink staff presented materials at a table at **the Black Chamber of Commerce Health** event.

Corrine Camp Advocacy Network (CCAN) was provided in-kind support with printing and meeting space. This independent client advocacy organization continued to maintain relationships with the leadership of the County Mental Health Division and to develop its own leadership. CCAN was supported in its successful effort to design and circulate the division's annual client satisfaction survey, credited with reaching nearly 20% of clients served.

Interlink was **intermittently present** at the HUD sponsored Sonoma County Continuum of Care **Mental Health and AOD Committee**, and the **Task Force for the Homeless' (TFH) Monthly meeting**, the **TFH Health Care for the Homeless Committee**, the local veteran's weekly drop-in program **Vet Connect**, and the twice monthly **PACT (Parole And Community Team)** meeting.

Interlink's participation continued in the monthly **Community Health Outreach Worker's** meeting.

Interlink presented a panel discussion as part of a **Santa Rosa Junior College's abnormal psychology class**. Student evaluations were extremely positive. This historical effort will likely expand in the new year as the college professor will be teaching it twice yearly in 2011-2012.

A specially designed, shorter, three session version of the **Recovery Skills and Capacity Building Training** was provided at Sonoma County's **FACT (Forensic Assertive Community Treatment)** program.

Interlink participated in a **panel discussion about mental health recovery and getting back to work** held at **Catholic Charities** for FACT clients.

Interlink's Manager met with **an outreach effort created jointly by Sonoma State University and local independent business consultants** to explore opportunities for mutual support and consultations among non-profit organizations and for profit consultants.

A joint presentation to a newer Rotary Club was undertaken in collaboration with Goodwill Industries. The invitation for this presentation grew out of networking by Jill, the new kitchen helper.

A relationship was created with **a non-profit that could potentially spearhead a remodeling of the Interlink kitchen**, which is not adequate for current needs.

Interlink's Manager helped to coordinate a small group of clients in the **design and presentation of a Staff Development Training for all staff of the Sonoma County Mental Health Division**, which focused on making use of the principals of client culture in treatment.

Two staff, who are veterans, participated in a meeting **supporting Veterans held by the Sonoma County chapter of the National Alliance for the Mentally Ill (NAMI)**.

A survey of sister agencies revealed strong support and recognition of Interlink's unique and critical role in the local mental health system, and recent progress in building the program's strength.

Summary

Interlink Members report continued progress in the creation of a community, or family atmosphere at the program. Both program staff and Members over the year became more skilled at creating recovery community. There continued to be a noticeable dissipation of drug and alcohol related incidents or difficulties, resulting in a much increased sense of safety for all participants. Surveys of Members continued to show, however, that concerns about drug or alcohol presence, along with concerns about potential conflicts between members, ranked highest among client concerns, while at the same time real progress was affirmed.

Members' Unmet Needs

Members also consistently noted the largest unmet need is for supported housing and jobs. This is not surprising, as a stable, safe place to live and meaningful activity, along with chosen social supports, have long been seen as the most commonly effective means to mental health recovery. While the client's own leadership role and self-determination skill building is key, real opportunities for activities and life quality improvements are needed.

Measuring Success

The results of efforts to discern how to better measure client success and Interlink's impact on client recovery were mixed over this past year. On the positive side, increased Membership participation was evidenced by weekly General Membership meetings, the Membership Council's regular meetings with staff, and the council's own annual report, which accompanies this document. A draft database design was developed, but still lacking were 1) resources or training to actually create a new database and 2) an effective process of obtaining Interlink's Members' ownership and "buy-in" for having more data

tracked. The increased Membership Council's role is expected to assist this process in the next year, however.

Community Relations

The visibility of mental health recovery and of Interlink's services has increased significantly because of the last two years' outreach. New opportunities will continue to arise to provide training for both clients and staff at sister agencies.

Program Needs and Opportunities

- Needs were expressed for provision of Interlink's Peer Support Training at the locations of the other two client-run programs (Wellness and Advocacy Center and Russian River Empowerment Center).
- Needs were expressed by SCMHD staff for peer support presence in their programs, especially at Chanate Hall. (At year end, planning was underway to initially provide staff and interns for Chanate Hall's weekly art group.)
- Staff began dialogue with Goodwill leadership regarding the need to remodel the kitchen or at least install a stove and create additional storage capacity, both for refrigerated/frozen and dry storage.

Conclusion

Renewed outreach activity over the last two fiscal years has dramatically improved Interlink's visibility and relationships within the community of mental health programs. Still, Interlink, and the message of hope for mental health recovery, remain too little known to the general public. Improved relationships among Members, and between staff and Members, in support of the creation of real recovery-oriented community continue to improve the program's effectiveness and vitiate against the presence of drugs or alcohol talk and activity. This is a significant achievement, considering Interlink's success in continuing to effectively welcome and serve Members still caught in addiction cycles. More than half of those served are homeless or living in shelters. Demographic information collected from new members shows about 25% lack insurance and 42% lack any income at all.

Successes in outreach, along with increased community strength within the program, well position Interlink to provide increased support in the future as part of new partnerships with sister agencies and to better determine new means of measuring the effectiveness of Interlink's peer support model.