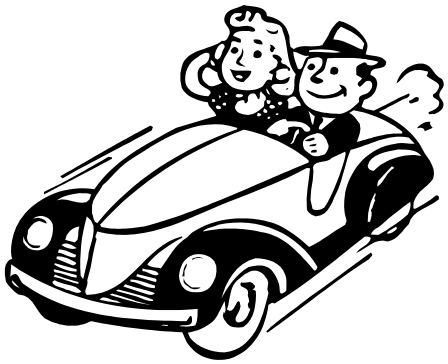
Winter | 11



Getting in the Driver's Seat of Your Treatment: Preparing for Your Plan

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Yale Program for Recovery and Community Health
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Embrace HOPE Expect Change

To me ***recovery means I try to stay in the driver's seat of my life****. I don't let my illness run me. Over the years I have worked hard to become an expert in my own self-care. Being in recovery means I don't just take medications … Rather I use medications as part of my recovery process … Over the years I have learned different ways of helping myself. Sometimes I use medications, therapy, self-help and mutual support groups, friends, my relationship with God, work, exercise, spending time in nature – all these measures help me remain whole and healthy, even though I have a disability. (p. 10)*

Pat Deegan, 1993

Recovery is one word to use that describes the journey of living with a mental illness and/or an addiction. You might choose another word for yourself, but the main idea is finding out what works for you in getting what you want out of life.

For many of us that have lived with a mental illness and/or an addiction, it has been a long journey and we may not have felt in the 'driver's seat' much of the time. The tools here are designed to help you feel more in control and to help you discover what you want to work towards getting (or getting back) in your life. This might include things like, **getting a job, moving to your own apartment, making new friends, going back to church/mosque/synagogue**, or whatever else you'd like to do.

A journey of a thousand miles begins with a single step.

Lao-Tzu,
Chinese Philosopher

For some of us, this may feel very different than how we've ever been asked to do things – many of us have not been asked questions by our providers like, "What do *you* want to work on?" or "What's really important to you?". It may even feel overwhelming at first, and you might have a lot of feelings that come up for you.

Take it at your own pace – you can always save your work and come back to it at another time. Or, ask someone to help you work on it: a friend, a family member, your provider, whoever you feel most comfortable with.

This toolkit can be useful for anyone – regardless of whether they have a psychiatric disability or an addiction. Everyone needs help at times setting goals, and figuring out what they want. This toolkit has some specific parts that are helpful to people with a mental illness or addiction, but could be really used by anyone.

We hope you find this helpful – remember, ***it's the journey, not the destination!***

For many people that we talked to in designing this booklet they talked about encouragement/support from others as being really important to their recovery and moving forward in their life. Is there someone you can think of right now who you would like to have involved while you complete this worksheet?

Name_____ Contact Information:_____

Getting in the drivers seat of your treatment and recovery

Within your mental health and/or addictions treatment, a **"recovery plan", sometimes called a treatment plan or service plan,** is the **document that you create with your team** to help plan how you want to move forward towards your goals. It is used:

- To help decide on goals that are important to you in your recovery and well-being.
- To help decide on the things that you personally need to do to make progress toward these goals.
- To help decide on the types of services and support your team can offer to help you achieve these goals.
- By your mental health team so they can document, and get payment for, the supports they provide to you.

The following booklet tells you about your rights, and helps you to prepare for your recovery planning meeting so that you can get as much out of it as possible. It will help you to start identifying some of the areas of your life that you want to work on, and how to talk to your team about planning for next steps.

But first, a bit more explanation about a recovery planning meeting.

What is a "recovery planning" meeting?

It is a meeting:

- where you work in partnership with others to create your treatment plan.
- that happens on a regular basis – usually every 6 months (although the plan can be updated as needed).
- where you have a right to invite anyone you would like to have involved. This can include professional staff (e.g., such as doctors or therapists) as well as friends or family members.

What is YOUR role in this meeting?:

For this meeting, it is useful to:

- think about your priorities and goals ahead of time.
- ask for the types of support that would be most helpful to you.
- SPEAK UP and share your ideas and needs with your team!
- Think about your own responsibilities in working towards your goals.

What kinds of things can I bring up at this meeting?

This is YOUR meeting. You can:

- Bring up anything you think is important to you and what you want out of your life.
- Discuss ways to pursue your goals, both clinical treatment goals and also your goals and dreams for employment, education, social activities, and your living space.

What happens after this meeting?

Nothing will work unless you do

Maya Angelou
African-American Poet

After this meeting:

- Your clinician will work to include the things you talked about in a written document.
- This document is both a summary of the meeting and an outline of upcoming action steps for you and your team members (both professional supporters and friends/family who may be involved).
- You should review the written plan with your clinician and make sure you understand it. Ask questions if you don't.
- You should sign the plan and ask for a copy for your records. Keep it in a safe place to protect your confidentiality.
- WORK YOUR PLAN! Follow through on your personal action steps and take charge of your life!

Next page:
Your Rights in the mental health system

Your Rights

One of the important parts of being in the driver's seat of your treatment and your recovery is **knowing your rights**. It's sort of like knowing the 'rules of the road' and can let you feel more confident in speaking up for yourself and advocating for yourself and asking for what you need.

It would be a good idea to familiarize yourself with the information provided by the State of Connecticut entitled ***Your Rights as a Client or Patient*** (which can be found at the end of this booklet).

As a person in the mental health system you are still afforded all of the rights that any other person living in the United States enjoys.

Some of the rights you might want to be aware of and take interest in, in terms of your mental health care, might be:

- The right to be treated with dignity and respect.
- The right to privacy and confidentiality.
- The right to access your medical record.
- The right to a written treatment plan developed ***with*** you and your input, and tailored to your needs.
- The right to being fully informed about medications, treatments and medical procedures.
- The right to refuse medications or treatments that you do not want.
- The right to file a grievance if you feel your rights have been violated by a provider of your treatment facility.

Please remember that this is just a glimpse of the information you should be aware of concerning your rights. **This information should in no way be a substitute for legal advice from an attorney or advocate**. There are some situations where these rules may not apply or they may be applied differently.

For example, rules in inpatient hospitals may be different from rules in an outpatient mental health center. The rules also change depending on whether or not you are in treatment voluntarily or if you have been "mandated" into treatment because of concerns that you might hurt yourself or someone else.

If you feel as if your rights have been violated or you would like to learn more about your rights you are encouraged to contact the following legal rights offices:

Connecticut Legal Rights Project, Inc

(860) 262-5030 or toll free at (877) 402-2299,
Online at **www.mindlink.org/clrp.html**

The Office of Protection and Advocacy

in Connecticut (860) 297-4300
Toll free at (800) 842-7303 (voice or TTY)
Online at **www.ct.gov/opapd/site/**

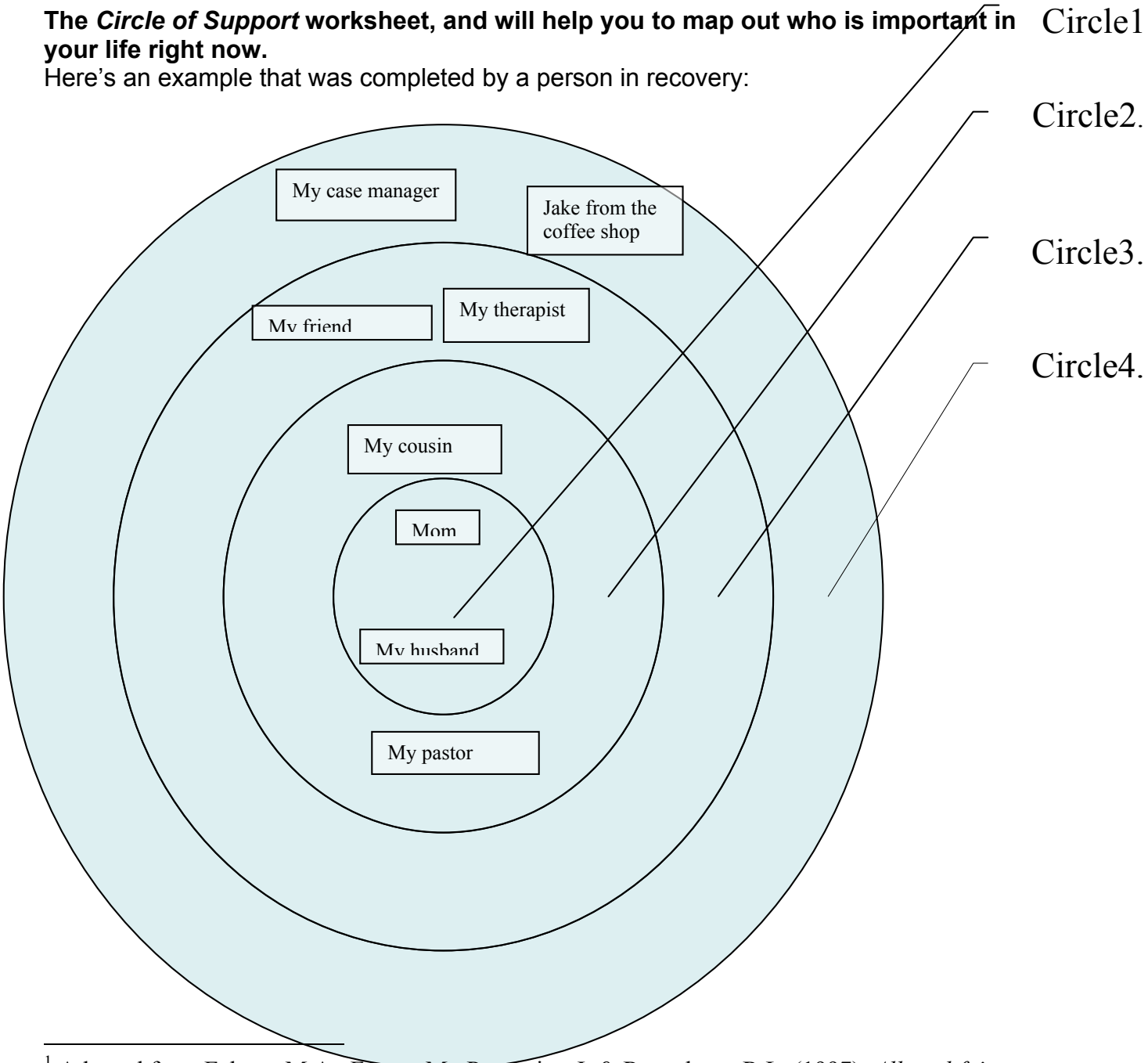
For more information about planning ahead for times when you are in crisis, or unable to make decisions for yourself, go to page 27 at the end of this document.

Next page:
Forming your team of supporters

Forming your team of supporters

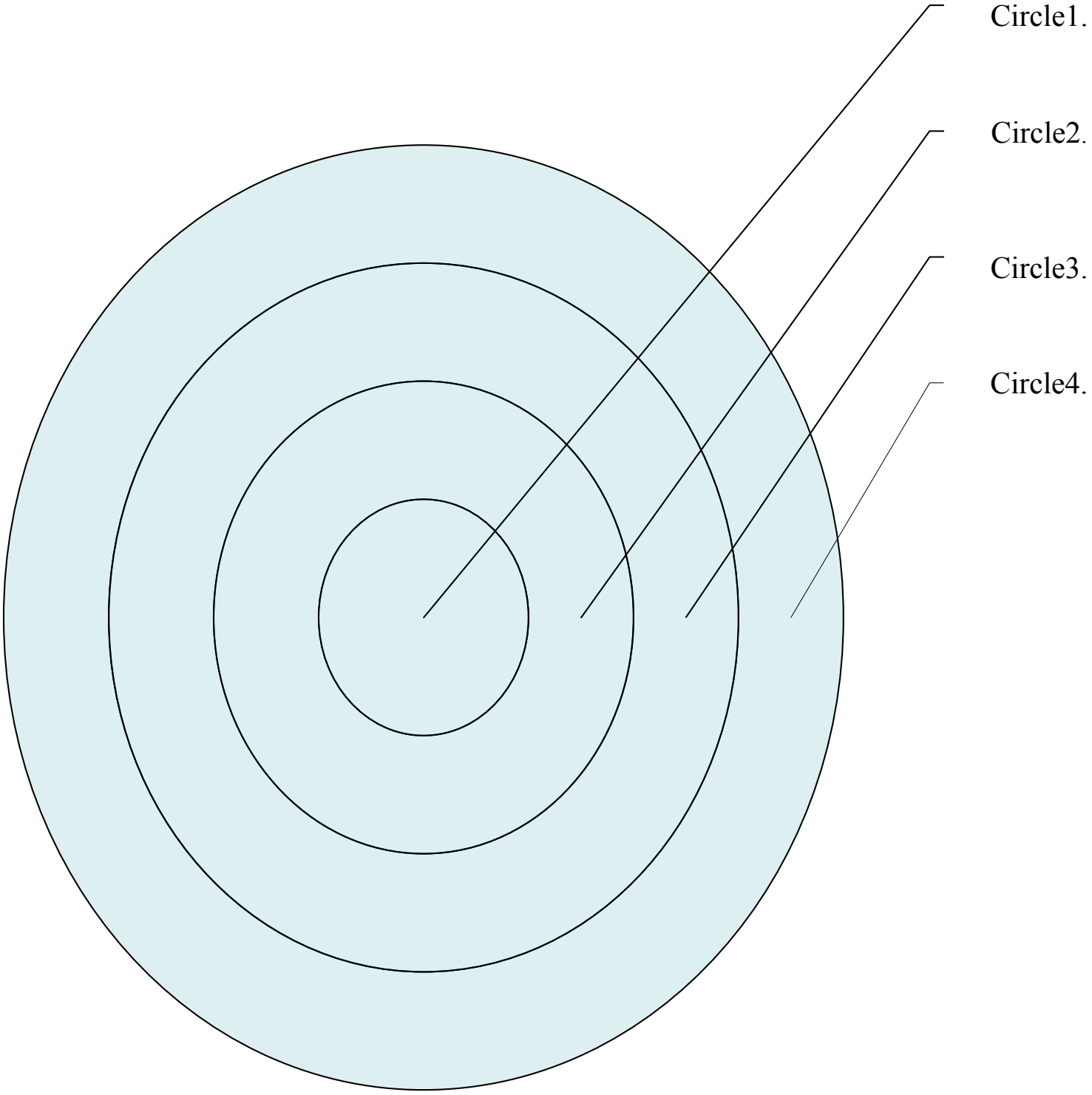
For some people, it is easy to identify all the important people and supports in life. For other people, it can be hard to think of people off the top of your head. Some people have found the *Circle of Support* tool[1] useful in really taking a look at who is important to you in your life, and especially in thinking about who you might invite to help you in your treatment plan – remember, you can invite others who are supportive!

The *Circle of Support* worksheet, and will help you to map out who is important in your life right now.
Here's an example that was completed by a person in recovery:

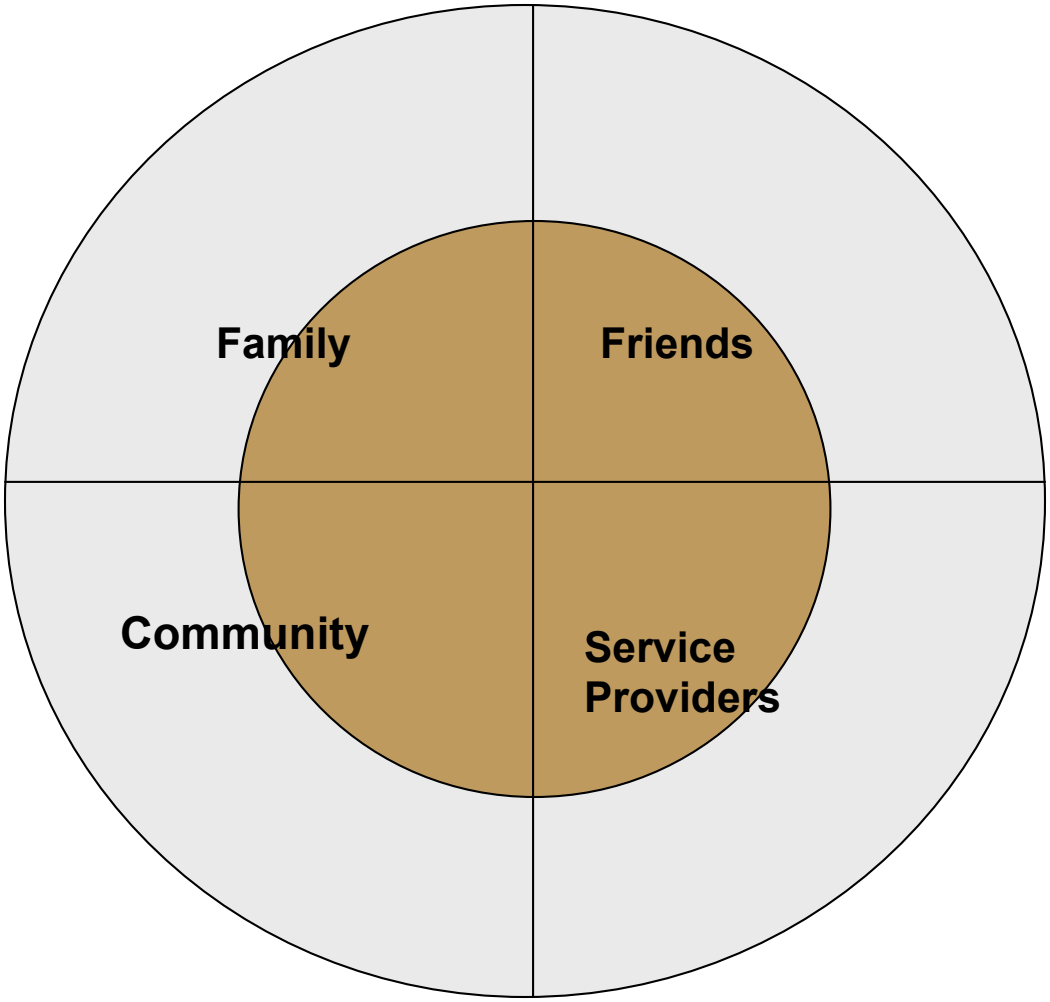


[1] Adapted from Falvey, M.A., Forest, M., Pearpoint, J. & Rosenberg, R.L. (1997). *All my life's a circle: Using the tools: Circles, MAPS & PATHS.* Toronto, Canada: Inclusion Press.

Now here is one for you to fill out. Some guidelines that might help:
Circle 1: People you love, people who love you, people you would not want to live without
Circle 2. Close friends or relatives, people you count on, people you trust most
Circle 3. People you know from clubs, hobbies, work, etc.
Circle 4. People who are meaningful but you are not that close



Here's another sample of how you can think about people in your life.
The inner circle are those people you are closer to.
The outer circle are those who you may see less often, but are people who are important to you.



From www.mindtools.com

Next page:
Getting down to goals

Getting down to goals

Figuring out your goals can be a challenge. Sometimes it's easy to know exactly what you want and where to start, but other times it may be more difficult. If you already know what you want to work on, skip right to the next section. Otherwise, the following questions may help you to better decide on what you want to work on right now in your life.

Interests and activities

This might include your hobbies, like playing music, writing, collecting, or whatever else you like to do. What are some of your interests or hobbies? What do you love to do? Are there things you would like to do more of?

_____

_____

_____

Is this something you want to work on right now? ☐ Yes ☐ No/Maybe Later

Living environment

Are you satisfied with your living situation right now? Do you like your neighborhood? Maybe you want to get your own place, or improve relations with a roommate? How would you like to change your living situation, if at all?

_____

_____

_____

Is this something you want to work on right now? ☐ Yes ☐ No/Maybe later

Employment

Would you like to work? What would you like to do? If you're working, do you enjoy your job? What would you like to improve about your work situation?

_____

_____

_____

Is this something you want to work on right now? ☐ Yes ☐ No/Maybe later

Learning

Are you interested in going back to school? Would you like to get your GED or go to college? What kinds of things are you interested in studying?

_____

_____

_____

Is this something you want to work on right now? ☐ Yes ☐ No/Maybe later

Financial

How is your financial situation? Is money something you worry about? Would you like help with managing your money or budgeting?

_____

_____

_____

Is this something you want to work on right now? ☐ Yes ☐ No/Maybe later

Lifestyle and Health

Do you have any concerns about your overall health? What do you do to take care of your health? Are you interested in taking better care of your health? Are there any habits you'd like to change, such as smoking?

_____

_____

_____

Is this something you want to work on right now? ☐ Yes ☐ No/Maybe later

Faith and Spirituality

How important is faith/spirituality in your life? What type of spiritual or faith activities do you participate in? How satisfied are you with your opportunities to participate in your spiritual practice or attend the congregation of your choice right now?

_____

_____

_____

Is this something you want to work on right now? ☐ Yes ☐ No/Maybe later

Relationships

Who are the most important people in your life right now? Who do you spend your time with? Do you have a romantic or intimate relationship? Are you satisfied with your sex life? Is there anyone you'd like to spend more time with?

_____

_____

_____

Is this something you want to work on right now? ☐ Yes ☐ No/Maybe later

Psychiatric treatment and mental health symptoms

How much are your psychiatric symptoms interfering with your life? How much are your medications helping you? Are you being bothered by medication difficulties or side effects? How do you cope with your symptoms?

_____

_____

_____

Is this something you want to work on right now? ☐ Yes ☐ No/Maybe later

Safety and Legal issues

Are you dealing with any legal issues right now? Is probation or parole interfering with parts of your life? Are there ways you or others could help with these issues?

_____

_____

_____

Is this something you want to work on right now? ☐ Yes ☐ No/Maybe later

Drug and alcohol use

Is your use of drugs or alcohol causing you problems in any way? Are you interested in cutting back or getting help to stop using? Do you want to work on maintaining your sobriety?

_____

_____

_____

Is this something you want to work on right now? ☐ Yes ☐ No/Maybe later

Personal Strengths – We all have different personal strengths and abilities. Sometimes it can be harder to remember them, though. Knowing your strengths will help you work towards and accomplish the things you want from your life. The following statements may help you identify some of your own:

My best qualities as a person are

_____

_____

Something I would NOT change about myself is _____

_____

I am most proud of _____

_____

My sense of humor is _____

_____

The times I am most at peace are when _____

_____

People like that I am _____

_____

I feel really good about myself when _____

_____

Next page:
Tips on setting goals

Goal Setting Tips

The following ideas might help you when thinking about setting goals:

- ***State each goal as a positive statement****:* Express your goals positively - "Find a Job' is a much better goal than 'Stop being unemployed'.

- ***Be exact****:* Set an exact goal, putting in dates, times and amounts so that you can measure achievement. If you do this, you will know exactly when you have achieved the goal, and can take complete satisfaction from having achieved it.

- ***Set priorities****:* When you have several goals, give each a priority, or importance. This helps you to avoid feeling overwhelmed by too many goals, and helps to direct your attention to the most important ones. It is sometimes helpful to remember that "less is more" and most people only actively work on a few areas of their life at one time. Even though there may be many things you would like to see improved, you have a better chance of success if you focus on a few areas at a time. Then, when you feel like you've made progress in these areas, you can move on to the next priority.

- ***Write goals down****:* This makes them clearer and gives them more force. Organizes thoughts ahead of time so we remember to be firm about what is most important to us… and makes us get the most out of what is often a shorter meeting than we would like with time constraints.

- ***Keep the steps toward the goal small:*** Keep steps of goals you are working towards small and achievable. If a step is too large, then it can seem that you are not making progress towards the goal. Keeping steps small and incremental gives more opportunities for reward.

- ***Set realistic goals****:* It is important to set goals that you can achieve. All sorts of people (employers, parents, media, society) can set unrealistic goals for you. Sometimes other people can push you too hard, or have goals that are their goals for you and not really your goals. Set goals for yourself that are ones you want, and that you think you can achieve – even if it might be a couple years or more away.

Next page:
Planning your meeting

Planning your meeting

Great! Now that you've done all the hard work thinking about your goals, it's time to plan for your meeting, it's time to talk about how you want the meeting to go.

First, who would you like to be included in your meeting?

_____

Where would you like the meeting to be held?

_____

What are days and times that are convenient for you?

_____

What about for the supporters that you'd like to include in the meeting?

_____
_____
_____

Who would you like not to come to the meeting?

_____
_____

What topics are most important to you to discuss in the meeting? Think about what is most important to you – sometimes meetings are limited in the amount of time everyone has, and you want to prioritize, or decide on, what is most important for you to talk about.

_____
_____
_____
_____

What topics should not be addressed in the meeting?

_____

How would your team know if you are not having a good meeting experience?

_____

What would you like to happen if the meeting is not going well?

_____

Once you work out the date and time, fill in the next page!

My Meeting

The Basics:

Date:	Who will attend?	Person invited/notified?
Time:	1. Me	
Place:	2.	
	3.	
	4.	
	5.	

What I want to have on my plan:

Goal area	Work on now?	Goal	People to help
Interests/activities	Yes/No		
Living Environment	Yes/No		
Employment	Yes/No		
Learning	Yes/No		
Finances	Yes/No		
Lifestyle/Health	Yes/No		
Spirituality	Yes/No		
Relationships	Yes/No		
Psychiatric symptoms/mental health	Yes/No		
Safety and legal	Yes/No		
Drug and alcohol use	Yes/No		
Other	Yes/No		

<u>After the meeting – Things for me to follow up on</u>

_____

_____

Next Steps

Congratulations! You've gotten this far, and taken some important first steps in moving forward in your life. You've made a plan for how you'd like your treatment plan meeting, and you may have even scheduled it.

If you're nervous about having the meeting, know that most people are when going into a treatment planning meeting, especially if it is something new for you. Change and new things challenge us all, and sometimes it is helpful to have someone come with you. This might be a friend, a family member, a peer specialist, or a pastor or spiritual counselor. Whoever you feel would be supportive to you is someone who can join you in your meeting.

This is a first step of many. You can feel proud to be starting this journey towards recovery and wellness, and towards whatever you seek in your life.

The next few pages have some additional resources that you might find helpful, including a sample of a treatment plan, so that you can see how it might come together. Your provider may use a different style of form, but the pieces of it should be there; in other words, it might look different, but it will still have a goal, a short term objective, and what you and your provider will do to help you get there. Take a look!

Next page:
Planning ahead

Appendix A

Planning Ahead

It's important when you are driving your treatment plans and goals to plan ahead for those times when you might not be in a position to make decisions for yourself. This can happen due to a medical emergency (being unconscious, for example) or a psychiatric emergency (losing touch with reality, an increase in symptoms so that you can't care for yourself, for example).

One tool to help with those times is called an ***Advance Directive***. This is a legal document that lays out what you want to have happen in certain situations – what kind of medications you do or do not want to take, what kinds of treatments work for you and what does not work for you, who you want to act as the legally designated person to make decisions for you (also called a conservator) in the event that you are found unable to make decisions for yourself.

These are all very important things to think about to keep you in the driver seat of your care. Take a look at the Advance Directive document found here http://www.ct.gov/ag/lib/ag/health/advdirectivescombinedform2006alt.pdf and start to think about how you would like to see your care directed during a crisis. When you are ready to put the document in motion it would be a good idea to make an appointment to sit down with an attorney or legal advocate to make sure everything is put together the way you want it.

More information about using advance directives can be found here:

CT Office of the Attorney General
www.ct.gov/ag/cwp/browse.asp?a=2130&bc=0&c=19278

211 Infoline of United Way, Connecticut
www.211infoline.org/InformationLibrary/Documents/Advance%20Directives%20fj.asp

Another resource for planning ahead for difficult times is Mary Ellen Copeland's **Wellness Recovery Action Plan**, or WRAP. This is a plan that *you* put together as the expert of your own experience. It includes identifying daily wellness tools, what happens when things start to get worse for you, how you would like things handled in a crisis, and what to do after a crisis has passed.

What is the difference between a WRAP plan and a Recovery Treatment Plan?

A WRAP plan and your Recovery Plan may share some things in common, but they are different in many ways. On the next page, we compare a WRAP plan and a treatment plan so you can see some of the similarities and differences.

WRAP	Treatment Plan
A WRAP plan is ***yours***. While you may decide to share it with your clinician or provider, it is not required by anybody. You also do not need to share with anyone, unless you want to. Some of the things in your plan may be very helpful in forming your goals or planning for a crisis.	A treatment plan is something you develop **with your treatment team** or your individual provider, and involves making shared plans. As you may not always see things the same way as the staff, treatment plans may involve making compromises.
A WRAP plan identifies all the things you want and need to do to **maintain your daily wellness**. It also includes identifying things that happen to you in a crisis and how you want to handle them.	A recovery plan **identifies your long-term goal(s)** that might take months or even years to get to. It then identifies the short-term objective that will bring you closer to your goal over the next 3 or 6 months. It doesn't include a crisis plan and may not include all of your daily wellness strategies.
You can revise your WRAP plan anytime, and decide when and how to use it.	A treatment plan is generally revised every 3 months, although you can change it earlier.
A WRAP plan includes things **you do** that keep you well on a daily basis	A treatment plan is more specific: it includes small steps for you to work on that will get you closer to your goal
A WRAP plan focuses mostly on what **you** will do to keep yourself well. While that may include other people, and may include things like going to a group or a therapist, the plan focuses on **your** steps towards wellness.	A treatment plan includes both **your** action steps, but also identifies what **your provider**, like your psychiatrist or job coach, is going to do to assist you in moving towards your goal.

Next page:
A sample of a recovery plan

Sample Recovery Plan - Thomas

The following is a sample plan for Thomas, whose goal is to get a job and go back to work. First is the goal, followed by Thomas' strengths, and also the "barriers" that are getting in the way of him working. For Thomas, he is having trouble right now with feeling anxious and somewhat depressed, and this is holding him back from going back to work. The short-term objective (small first step) for Thomas is for him to work at a job for 5 or more hours a week. This might seem small, but it would be a good step for Thomas to work towards his longer-term goal of going back to work full-time and getting off of disability. Take a look – the plan should tell a story about how Thomas is going to move towards his goal.

GOAL	*Goals are what you want to work on in your life, and should be in your own words.*
I want to go back to work. I really want a job.	

BARRIERS	*Barriers are things that stand in the way for you in accomplishing your goal.*	**STRENGTHS**	*Strengths are those things that you're good at, your talents, abilities, skills, and also past experiences,*
Thomas feels nervous and anxious during attempts to fill out applications or look into job openings He has difficulty getting up in the morning, due to intense sadness and crying He needs assistance with filling out paperwork and creating a resume		Strong work ethic History of previous work as a cashier Good communicator Strong connection to peer recovery mentor at mental health center	

OBJECTIVE	*An objective is the short-term step that moves you towards your bigger goal.*
In the next 90 days, Thomas will work in paid employment at least 5 hours per week.	

INTERVENTIONS

Interventions are the actions that you, your provider or your natural supporter will do to help you accomplish your objective and get you towards your goal.

Psychiatrist to meet with Thomas 1 time monthly for 30 minutes for the next 3 months to adjust medication and decrease symptoms
Primary clinician, LCSW, to meet weekly with Thomas for 45 minutes for 3 months to provide CBT coping strategies (e.g., thought stopping, visualization, deep breathing) to help manage his symptoms which increase when he is pursuing job related activities
Job Coach to provide support to Thomas by helping him work on his resume and job applications, for 3 months.
Thomas to finish his resume in the next 6 weeks, with the assistance of his job coach.
Thomas to participate in Wellness Recovery Action Planning group (facilitated by his peer recovery mentor) every other week to come up with simple, safe, and effective strategies for staying well and increasing his sense of control over his life and symptoms.

Next page:
Other resources

Other Resources

For resources in CT, visit www.ct.networkofcare.org, the state's one-stop for information about mental health and addiction services. You can also find there an electronic training on WRAP as well as information on getting involved politically.

By phone you can call 211 Infoline for more information and referrals to services

For more information about Mary Ellen Copeland's Wellness Recovery Action Plan, visit here: www.mentalhealthrecovery.com

Focus On Recovery, United (FOR-U) does state-wide WRAP trainings, visit their website at www.focusonrecovery.org

For advocacy resources in CT, visit Advocacy Unlimited at www.mindlink.org

The National Research and Training Center (NRTC) in Chicago, IL, has several good tools on their website http://www.cmhsrp.uic.edu/nrtc/tools.asp

The Temple University Collaborative on Community Inclusion also has some interesting resources on their site, tucollaborative.org.

Next Page: Using the Internet to find Resources In Your Community

Using the Internet to Find Community Resources to Help You in Your Recovery

The following is a list of internet resource sites for helping you find more resources in your community, including events, restaurants, businesses, and more. The Internet has a lot of different resources to help you find fun things to do in your local community, and also ways to connect to other people in your area and beyond. But, it's always important to use your good judgment and common sense when interacting on the Internet. The following is just a brief outline of potential online resources that you can use to find area resources. These include a broad range of potential activities, businesses, local organizations, and fun family events. Using community resources can help people find involvement outside of traditional mental health resources.

Internet safety tips:

The internet is not private. When you post something on the Internet, it stays for a long time or even forever. Others can view it and copy it. Be aware of this when putting up any information. Check for security settings when using Internet shopping sites before giving out personal information, your credit card or any kind of banking information.

Be careful about opening attachments from people you don't know Attachments and links to websites can lead to spyware or viruses being downloaded on your computer. Even links from people who you know can be bad – sometimes people's email accounts get hacked or taken over by someone else, and the account sends out links that are not good.

Be careful about installing programs off the Internet
The internet is full of website designed to trick you into download spyware and viruses. You might get a pop-up asking you to install a game or something that seems fun but the majority of these programs contain spyware. If you get a random pop-up from an internet site asking you to install something say "NO."

Keep your password private
Never share a password with people you don't know or in response to a request from an email or website.

Use common sense
When meeting people from the Internet offline. Meet in a public place, or make sure a friend is with you. Follow your 'gut' – if it doesn't feel right, pay attention to that feeling, as maybe it's not a good idea.

If it seems too good to be true, it probably is
Lots of fake emails get sent to thousands of people today with scams – these often include claims that you've won money, or offering you opportunities to 'get rich quick'. Just as there is junk mail in your regular postal mail, there is junk mail, or 'spam' in your email box.

Disclaimer: We provide these sites with no endorsement or responsibility for the content contained within them.

www.Yelp.com - A community based website that includes a searchable database of different restaurants, services and local businesses. Anyone can post reviews on the site to talk about their experience with that business. Reviews are available to the public, to read and see what you think about the business.

www.Citysearch.com – Very similar to Yelp. A community based website that includes a searchable database of different restaurants, services and local businesses. Anyone can post reviews on the site to talk about their experience with that business. Reviews are available to the public, to read and see what you think about the business.

www.Craigslist.org – A community 'bulletin board' type site. Includes housing advertisements, for sale and free items, community activities, and a variety of employment listings. Not monitored, and posting is free. For example, you can post an online notice of a lost cat, and those responding to you can do so to an anonymous email address, so your information is not public.

www.Seeclickfix.org – A site that allows you to post a note about a problem in your community. Many local politicians and alderpeople (particularly in New Haven, CT) keep an eye on these problems and work to fix them. Examples are, if there is a large pothole on your street, you can put a note on the map where it is, with a comment about the pothole. Other community members can then see your note, and can indicate that they would like this problem fixed also.

www.freecycle.org - This site will help you find a local email group in your area for getting or giving stuff for free. People post items that they want to get rid of, and you can contact them about taking the item. Or, alternately, people can post requests for items that they are looking to have.
www.Mojopages.com - This site collects reviews of businesses from other sites and organizes them in a searchable database that rates each business. Similar to Yelp and Citysearch.

www.Ctvisit.com The CT website through the Connecticut Commission on Culture and Tourism. Resources listed by state areas, with lots of different events listed.

www.visitconnecticut.com - This site is a guide to tourism, events, hotels and restaurants around CT.

www.ctcalendar.com/ - This site contains listings of events in Connecticut, along with job listings.

www.onlinenewspapers.com/usstate/usconnec.htm – This site is an online listing of the websites of all CT newspapers online

www.ctweekender.com Has events and community resources around CT.

www.communitycollegereview.com/community_college/stateid/CT - This site has online reviews of local community colleges. The link provided is specifically for colleges in CT, although you can also look at reviews for colleges around the country.

www.localharvest.org/csa/ - This site contains listings of farms that do Community Supported Agriculture (CSA). CSA is when a farm makes available shares of their harvest for a certain price. Some farms require that you do some work on the farm and others don't. Some farms will deliver while others you need to go to the farm to pick up your share.

Free email addresses – There are numerous sites that offer different free email accounts. Some of these include www.gmail.com, www.mail.yahoo.com, www.gmx.com, www.hotmail.com, and many others that you can find online. These allow you to set up a free email account.

Next page:
Your rights in the CT Mental Health system

Your Rights as a Client or Patient

of the Connecticut Department of Mental Health & Addiction Services

Thomas A. Kirk, Ph.D., Commissioner
Patricia S. Rehmer, MSN, Deputy Commissioner
Peter B. Rockholz, MSSW, Deputy Commissioner

You are entitled to be treated in a humane and dignified way at all times, and with full respect to:

❖ **Personal Dignity** ❖ **Right to Privacy** ❖ **Right to Personal Property** ❖ **Civil Rights**

You have the right to freedom from physical or mental abuse or harm; You have the right to a written treatment plan that is developed with your input and suited to your own personal needs, goals and aspirations; You should be informed of your rights by the institution, agency or program. In addition, a list of your rights must be posted on each ward of a hospital.

Other rights you have include:

Humane and dignified treatment: You have the right to receive humane and dignified treatment at all times and with full respect to your personal dignity and privacy. A specialized treatment plan shall be developed in accordance with your needs. Any treatment plan shall include, but not be limited to, reasonable notice of discharge, your active participation in and planning for appropriate aftercare. (See CGS 17a-542)

Personal Dignity: While in an inpatient facility, you have the right to wear your own clothing, to maintain your own personal belongings (given reasonable space limitations) and to be able to have access to and spend your own money for personal purchases.* Except for patients in Whiting Forensic Division, you have the right to be present during any search of your personal belongings. Any exception to these rights must be explained in writing and made a part of your clinical record. (See CGS 17a-548)

Privacy & Confidentiality: You have the right to privacy & confidentiality. Records that would identify your person, manner of treatment or your diagnosis cannot be given to any other person or agency without your written consent. All records maintained by the courts [as they relate to a recipient's treatment] shall be sealed and available only to respondent or counsel.* No person, hospital, treatment facility nor DMHAS may disclose or permit the disclosure of the identity, diagnosis, prognosis or treatment of any service recipient that would constitute a violation of state or federal statutes concerning confidentiality.*
(See CGS 17a-500, 17a-688, 52-146f and 42 CFR part 2)

Physician's Emergency Certificate & Commitment: You, your advocate or counsel, can find out more about what Commitment procedures apply by reviewing the appropriate statutes. All persons admitted through a Physician's Emergency Certificate have the right, upon request, to a Probable Cause hearing within 3 business days from admission. All voluntarily admitted patients shall be informed, upon admission, of their ability to leave after three days notice. Any voluntarily confined patient shall not be denied his or her request to leave within three days notice in writing unless an application for commitment has been filed in a court of competent jurisdiction. Different statutes apply depending on your placement in addictions treatment or for a psychiatric disorder.
(See CGS 17a-495 et seq.; 17a-502; 17a-506; 17a-682 to 17a-685, 54-56d)

Visiting and Communication Rights: You may receive visitors during scheduled visiting hours. You have the right to visit with and may have private conversations with clergy, attorneys or paralegals of your choice at any reasonable hour. Facilities may reasonably maintain rules regulating visitors. Mail or other communications to or from a service recipient in any treatment facility may not be intercepted, read or censored.* Any exceptions to rights regarding communications must be explained in writing, signed by the head of the facility (or designee) and made a part of your clinical record. (See CGS 17a-546, 17a-547)

Access to Your Medical Record: You or your attorney may have the right, upon written request, to inspect your hospital records. Unless your request is made in connection with litigation, a facility may refuse to disclose any portion of the record which the mental health facility has determined would create a substantial risk that you would inflict a life threatening injury to self or others, experience a severe deterioration in mental state,* or would constitute an invasion of privacy of another.
(See CGS 17a-548, 52-146f)

Restraint & Seclusion: If conditions are such that you are restrained or placed in seclusion, you must be treated in a humane and dignified manner. The use of involuntary seclusion or mechanical restraints is allowed only when there is an imminent danger to yourself or others. Documentation of reasons for these interventions must be placed in your clinical records within 24 hours. Medications cannot be used as a substitute for a more appropriate treatment. (See CGS 17a-544)

Remedies of Aggrieved Persons: If you have been aggrieved by a violation of sections 17a-540 to 17a-549 you may petition the Superior Court within whose jurisdiction you reside for appropriate relief.
(See CGS 17a-550)

Disclosure of Your Rights: A copy of your rights shall be prominently posted in each ward where mental health services are provided.
(See CGS 17a-548)

Medication, Treatment, Informed Consent & Surgical Procedures: You, your advocate or counsel, can find out more about what procedures apply by reviewing the appropriate statutes (see CGS 17a-543a-j). If you have been hospitalized under any sections of 17a-540 to 550, you shall receive a physical examination within 5 days of admission and at least once every year thereafter. Reports of such exams must be entered into your clinical record. (See CGS 17a-545). No medical or surgical procedures, no psychosurgery or shock therapy shall be administered to any patient without such patient's written informed consent, except as provided by statute.* A facility may establish a procedure that governs involuntary medication treatments but any such decision shall be made by someone not employed by the treating facility and not until the patient's advocate has had reasonable opportunity to discuss such with the facility.* If a facility had determined to administer involuntary medication pursuant to statute, the patient may petition the Probate Court to hold a hearing to decide whether to allow this intervention. Notwithstanding the provisions of this section (17a-540 to 550) if obtaining consent would cause a medically harmful delay, emergency treatment may be provided without consent.
(See CGS 17a-543a-f)

Denial of Employment, Housing, Etceteras: You cannot be denied employment, housing, civil service rank any license or permit (including a professional license) or any other civil or legal right, solely because of a present or past history of a mental disorder, unless otherwise provided.*
(See CGS 17a-549)

Filing of Grievances: Recipients of DMHAS facilities or programs have the right to file a grievance if any staff or facility has: 1) violated a right provided by statute, regulation or policy; 2) if you have been treated in an arbitrary or unreasonable manner; 3) denied services authorized by a treatment plan due to negligence, discrimination ...or other improper reasons; 4) engaged in coercion to improperly limit your treatment choices; 5) unreasonably failed to intervene when your rights have been jeopardized in a setting controlled by the facility or DMHAS; or 6) failed to treat you in a humane or dignified manner. (See CGS 17a-451-t[1-6])

Other Rights may be guaranteed by state or federal statute, regulation or policies which have not been identified in this list. You are encouraged to seek counsel to learn of or to better understand these laws and policies.

Many of the rights of service recipients in facilities in Connecticut are specified in sections 17a-540 through 17a-550 of the Connecticut General Statutes. There may also be other rights provided by other state and federal statutes as well as by case law, but the ones identified in 17a-540 through 17a-550 are specifically protected and must be adhered to by inpatient or outpatient facilities in Connecticut. These statutes apply to both voluntary and involuntary service recipients, unless otherwise provided.

In general, both public and private facilities are prohibited from depriving you of any of your personal, property or civil rights. These include the right to vote, to hold or convey property and contract, except in accordance with due process of law and unless you have been declared incapable pursuant to sections 45a-644 to 45a-662. Any finding of incapability should specifically state which civil or personal rights you are incapable of exercising.

For more information about your rights as a recipient of substance abuse or mental health services in Connecticut, contact 1-800-446-7348.

*There may be exceptions and limitations to some rights. Your rights are detailed in the Connecticut General Statutes, sections 17a-450 et seq.; 17a-540 et seq.; 17a-680 et seq.; 52-146d-j; 54-56d; in Federal regulation 42 CFR part 2, the Rehabilitation Act, the Americans with Disabilities Act; in the Patients' Self-Determination Act, in Section 1983 and in other parts of state and federal law.

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