ALSO IN THIS ISSUE:
Dialectical Behavior Therapy at RHD .......................... 2
RHD Morris Home expands services .......................... 3
Reaching goals at RHD POWER .......................... 10
RHD Clinical Team brings DBT to our programs: “This approach changes lives. That’s what we’re here for.”

At RHD Wister Street, a program supporting individuals in recovery from mental health challenges with a history of forensic involvement, clients like Colleen are benefiting from innovations in Dialectical Behavior Therapy (DBT) led by RHD’s Department of Clinical Innovation and Quality (DCIQ).

“I’ve been practicing DBT for two years now,” Colleen said. “It really helped pull me out of my psychosis. DBT keeps me from getting into trouble with the behaviors I used to display. It keeps me stable and on an even keel.”

DCIQ is one of the many advantages RHD brings to service delivery, and provides clinical experience that impacts all of RHD’s diverse services with a number of specialties including sexually problematic behaviors, substance use disorders, environmental design and dual diagnosis programs for people with mental health challenges and intellectual disabilities.

DCIQ identifies and supports evidence-based practices at programs across the corporation, and modifies these approaches to meet specific needs of different populations. This collaborative approach delivers clinical leadership, expertise and a variety of resources to make sure RHD programs always deliver the highest quality services.

DBT is used to treat a variety of challenges, and has since been adapted for in-patient residential treatment environments.

Dr. Susan Hunt, PsyD, Clinical Director for RHD’s Behavioral Health & Housing Division, has helped lead innovative modifications of DBT to fit RHD’s diverse array of services. DBT is now being implemented at a number of RHD’s residential treatment programs.

To measure DBT’s success, Hunt and the DCIQ team examined program indicators (such as the alliance between client and staff), implementation effectiveness and the correlation between DBT and lessening staff turnover. Improvements were found in all areas.

Hunt’s work was recognized nationally, as she published an abstract in Community Health Journal last year. But the real reward comes with client success.

“I’ve seen this approach change people’s lives,” Hunt said. “For me, that’s what we’re here for. We’re setting them up to get in touch with their lives and living their most joyful life.”

For more on this story, please visit us online at www.rhd.org/dbt

RHD announces capital campaign to support expanding services, while growing Morris Home in a safe and welcoming new environment

RHD Morris Home, the first residential recovery program in the country to offer comprehensive services specifically for trans- and gender non-conforming individuals, is moving to a new location to expand services in response to a growing need in Philadelphia.

In addition, after recent incidents at the program’s current location in Southwest Philadelphia—including an explosive device detonated on the facility’s front porch June 23—many Morris Home participants have expressed increasing concerns for their safety. A move to address the much-needed growth of RHD Morris Home will also address those concerns.

RHD Morris Home is a residential drug and alcohol treatment program serving the transgender community located in southwest Philadelphia, and is the only program of its kind in the country. RHD founded RHD Morris Home in 2011.

“RHD is working with our partners in the city and the local police to ensure the security at the program, staff and clients have returned to RHD Morris Home, and the program is operating at full capacity,” said RHD CEO Marco Giordano. “Still the safety and wellbeing of the people we are privileged to support and employ is of course our primary concern.

We believe a move to a new location will not only allow us to grow Morris Home to meet increased needs in the community, but will provide a new opportunity to achieve a sense of safety that living and working in a more welcoming environment provides.”

Giordano announced the launch of a capital campaign to support Morris Home’s move to a new and bigger location in Philadelphia.

“We are extraordinarily grateful to the many people who have come forward with expressions of love and support during this time,” Morris Home director Laura Sorenson said. “To those who expressed goodwill and offered assistance, we heard you. Thank you. We look forward to continuing to live, work and serve in our community, and our commitment and dedication to that effort will not waver.

RHD Morris Home is the only inpatient rehab specifically for the trans community, and now more than ever it’s important that people have a space they can define as their own and know that they are safe. Morris Home is named for Nizah Morris, a Philadelphia transgender woman who was murdered in 2002.

For more information, please visit: www.rhd.org/morrishome
Kevin Kordzi has been the director at RHD CORE, RHD’s first addiction recovery program in Western Pennsylvania, since the program was founded in 2013. Still every day at CORE, a long-term community residential program for individuals with mental health and substance abuse issues who are returning from prison, the work amazes him.

“The thing about working with people in drug and alcohol recovery is the courage and strength they bring to the table,” Kordzi said. “When you think of the 12 steps of Alcoholics Anonymous or Narcotics Anonymous, the fourth step is to complete a searching and fearless moral inventory. And I routinely ask myself, who in their right mind who is sober would take that task on? Who would pass that kind of judgment and do that kind of exploration of themselves? And yet the folks that I’ve worked with do it with such willingness and openness, to look at those things and deal with painful, hurtful things that have happened to them over the years. For me, seeing that strength and that courage is what keeps me going.

“It’s not something that happens overnight and oftentimes folks have to keep trying. But to see that resilience and willingness to keep working at it and keep giving it a shot, and not allowing themselves to settle, I’m willing to keep working with them as long as it takes.”

That tenacity of service is one of the reasons CORE has been so successful — 98 percent of CORE clients remain in recovery after leaving the program, and one year after discharge 83 percent have not re-offended.

“Most residential treatment programs are consequence-oriented and rules-focused, but we’re different.” Kordzi said. “The population that we work with tends to be somewhat oppositional in nature, so when one of the first things they get handed when they walk in the door is a set of rules, that’s what they focus on — and really how to work around those rules, because that’s how they’ve survived their entire lives. CORE works to incorporate the philosophy of a recovery-oriented system of care. That doesn’t mean people have a free reign to do what they want. It’s about how issues that come up are dealt with. Rather than simply handing out a consequence or punishment, the purpose of the philosophy of this program is to engage that person in a conversation, to talk about their thinking and decision-making. We make connections for them between those short-term decisions that may not seem like they have real consequences, but how it’s a similar thought process that is involved with justifying or rationalizing using, or any other pattern of behavior that has led them to be here.

“If people are in an environment that is primarily about rules, when they leave those rules don’t go with them. Part of what we do with our clients is by having those conversations with them and really engaging them, using motivational interviewing techniques to get them to take ownership and responsibility for their own recovery, they then work with us, rather than just complying. We really have cooperating partners in the process.”

CORE is one example of RHD’s person-centered, trauma-informed addiction recovery services. RHD recognizes that there isn’t a one-size-fits-all approach to addiction recovery. RHD offers a variety of confidential, innovative, and person-centered recovery plans that take into account where people are in their unique stages of readiness to begin their recovery process, and RHD has been at the forefront of dual diagnosis programs that treat addiction.
HERE IT’S TOTALLY DIFFERENT THAN A REHAB. IT’S A PLACE FOR RECOVERY.

and mental illness. RHD believes services treating substance use disorder are most effective in a recovery-oriented environment. This approach helps program participants develop their own “blueprints” for success that support successful living in the community. RHD Addiction Recovery Services meet the treatment needs of participants with cutting-edge, coordinated clinical responses. RHD delivers evidence-based practices in an environment dedicated to healing, wellness and choice.

“We’ve all been in different programs,” said Bud, a CORE client. “And everybody here says the same thing—it’s never been like this. People are excited to be here. They’re excited. Here it’s totally different than a rehab. It’s a place for recovery.”

“I've had an excellent experience,” said Tim a CORE client. “They’ve helped me get in touch with myself. I’ve learned relapse prevention tools. The counselors are awesome. The treatment approach is phenomenal. They basically guide us, we’re pushed to do work on our own. We’re challenged — they give us the toolbox, but up to us to pick up the tools and use them.

“The big thing for me is the length of the program. I spent a lot of time in jail. Coming from incarceration, I had a lot of barriers to tear down. This is the best approach out of any treatment I’ve ever been at. Coming here for six months has really helped me hone in on some things.”

Like all RHD programs, CORE works to create a trauma-informed atmosphere that builds a safe space for people to do the difficult work of recovery.

“Rather than looking for trauma in the clients who we work with, we assume that people in the program have a history of trauma,” Kordzi said. “Creating an environment that is trauma-informed ties in very nicely with the recovery-management model that we use. We try to create a safe space, to create a program that folks feel safe in, feel comfortable in, feel that they’re not being threatened, or that staff are not sparring all their time and energy trying to catch them doing things in order to punish them. The primary motto we have at CORE is to take a risk and do something different. In order for me to expect clients to do that, they’ve got to feel that they are in a safe place. Coming from a trauma-informed approach allows them to feel safe, and allows them to feel they can take that kind of risk and do something different than they’ve done in other programs, or in other areas of their life.”

“I’ve built trust here,” said Dulian, a CORE client. “I’m very thankful and blessed to be able to come into this atmosphere of recovery. It’s been challenging; you can come into a facility with an idea of what it’s going to be like, but this was totally different. Here people genuinely care. I know people use that word a lot, but I mean here people are invested in my recovery; they’re invested in my treatment and my counseling and they’ve showed me the value of being invested in it as well.”

Mike has been at CORE a short time, but he knows the most important thing is not what happens here, but what happens when he leaves here.

“This is the easy part, the hard part is having the ability to make it out there,” Mike said. “I’m learning things about myself, how to approach situations, learning how to say no, learning how to walk away — play the tape all the way through, is how they say it. They want to see me do good. They truly care. I know I’ll come out of here very confident in staying clean and wanting to stay clean.”

RHD expanding personalized, quality services in Western PA

RHD’s rich history of services in Western Pennsylvania began with one home in 2000, a community-based residential program for individuals with intellectual disabilities. Today RHD supports more than 300 people each year in programs providing a diverse array of services.

“RHD in Western PA is a lot of things — but one thing it always is, is growing,” said Jeff DeSantis, RHD Regional Director. “We go where the need is. We have this great corporation that’s in many different states, but our services are very much centered in the community where they exist. We employ people from the community. We serve people from the community. One of the things we’re working on right now is bringing RHD to the community where I live.

RHD is set to open its newest program, an addiction recovery program in Beaver County. “One of the things that makes RHD special, and has created something special in Western Pennsylvania, is our ability to craft services that impact an individual,” DeSantis said. “If we need to tweak things so that it’s the best service for an individual, that’s what we’ll do. What Person A gets from RHD might be a little different from what Person B gets. But it’s all surrounded by our Values. It’s all with the person’s best interests in mind, and focused on them.

“One size doesn’t fit all. We find the size that fits each person. We do whatever we can to create a situation where someone can flourish, where they can grow.”

Nationally, RHD supports more than 40 programs serving people in addiction recovery, and more than 90 programs that support people in recovery from mental health challenges with a great track record of success. RHD was one of a handful of providers to win a CCBHC grant and RHD’s Montgomery County Recovery Center was named as a Center of Excellence by the Department of Human Services.

Most importantly, RHD programs don’t just deliver services in a community; they are an important part of that community. RHD has a long history of being good neighbors and a positive presence in the communities in which RHD staff work and live.

“When a community invites RHD in to provide services, that’s a honor,” DeSantis said. “We take that very seriously. We want to do, obviously, the best that we can — we bring our years of experience, we bring our philosophy, and we bring our values.

“But we also bring the community into what we do. We’re hiring people from the area; people who know and understand communities. The community shapes us, too. If you walk into an RHD program in Western Pennsylvania, it’s going to feel a little bit like the larger corporation but it’s going to feel very unique like the area where it’s located.”

“When RHD is part of a community, we think it’s very important to let that community be part of us.”
Chris and Craig are brothers who never envisioned becoming homeless — until they were. They are residents at RHD’s Coordinated Homeless Outreach Center together.

“Growing up as a kid I saw a lot of homeless people, and I always said, ‘I hope that never happens to me.’ And then it did,” Chris said. “CHOC offered me help and a place to go. They’re working at helping me get on my feet. I appreciate them.”

Two months later, his brother Craig entered CHOC.

“I thank God I’m here,” Craig said. “By the time I’m out of here, I’ll have the tools and skills to be successful. CHOC is getting me motivated for it.”

The Coordinated Homeless Outreach Center is the only year-round, 24-7, emergency housing service for single adults experiencing homelessness in Montgomery County. Housed on the Norristown State Hospital grounds, CHOC was first established as a day center in 2005. With the acquisition of a second wing, CHOC evolved into an outreach center and shelter. In 2007, through a partnership with Montgomery County’s Office of Behavioral Health, CHOC became a program of Resources for Human Development.

CHRCHOC serves homeless adult men and women in Montgomery County. CHOC’s two wings include a day center where clients can meet with a caseworker, receive their mail, wash their clothes, apply for benefits, or attend group meetings; the smaller wing is a 50- to 80-bed overnight shelter. In addition to emergency shelter, CHOC provides street outreach, service counseling, transportation, rapid rehousing, meals, clothing, life skills and benefits counseling.

Each year, CHOC serves more than 300 individuals. About one-third of the population at CHOC is female, and 75 percent have at least one disability, including mental illness, alcohol abuse, drug addiction, chronic health conditions, and developmental disabilities. The average length of stay is between 60-70 days.

“Our goal is for a quick turnaround — in and out in three months,” said CHOC Director Genny O’Donnell. “CHOC does its best work when people come in, get what they need and go on to attain housing.

“With our residents, we try to emphasize health, housing and not getting caught in here. While they are here, we want them to focus on their well-being and health, along with getting connected in the community to services. When they leave here, they have a plan and support as they work towards the goal of being self-reliant.”

J’Phine left an abusive relationship and had nowhere to live. CHOC was there to help.

“I’m grateful this is where I ended up. Otherwise, I’d be on the streets,” said J’Phine. “This place is safe. It’s really safe. You connect with the staff. They truly look out for us.”

J’Phine was connected with a Critical Time Intervention worker, a housing coach, a housing locator and a nurse navigator. She received support from CHOC in finding housing, and said she learned the skills necessary to maintain it, adding: “I’m not going back.”

Referrals and information are always available, as CHOC works to make sure the community has information and support available, as CHOC works to make sure the community has education and information on housing and homeless-related concerns. CHOC also provides opportunities for service and learning to community members, organizations and businesses.

Last year CHOC moved into a new facility on the Norristown State Hospital grounds that expanded services in a safe and welcoming environment. CHOC and the surrounding community share a mutually beneficial relationship, built on compassion, respect and understanding.

“People deserve housing regardless of anything else going on in their lives,” said CHOC Director Genny O’Donnell. “At CHOC, we want all people to experience having a home, because once people have that foundation they’re able to truly build a fresh start.

“What inspires us is seeing the people we support make it — attain and maintain their own housing and leave the shelter behind. We know our lofty goal of ending homelessness, together, is actually possible.”
RHD POWER supports people in mental health recovery as they work to reach their goals

After years of abuse and trauma, Sharon had withdrawn to the point where she described herself as being “in a cocoon. But POWER helped me spout into a butterfly. RHD POWER is a psychiatric rehabilitation program providing group and individual mobile services to people recovering from serious and persistent mental illness. At POWER, an acronym for Program of Wellness, Empowerment and Recovery, staff supports people as they work to meet self-determined goals. Sharon’s goal was to re-join society and live independently. Today she works as a home health aid, has her own car, and lives on her own. “I had a mental breakdown and was shutting the world out, closing everything down,” Sharon said. “I didn’t care about anyone or anything. But since I’ve been at POWER I’ve come a long way. I’m a lot happier. I’ve taken the walls down, I can go out by myself. I can do things on my own. “POWER has helped me a lot. I appreciate the help they’ve given me. I love them here; they’re so wonderful. My life is good now — better than it’s ever been.”

POWER staff provide coaching, psycho-education classes and one-to-one follow-up, including skills training in communication, socialization problem-solving, stress management and decision making. POWER also conducts group and individual sessions on Illness Management and Recovery, as well as assistance in the development of Wellness Recovery and Action Plans, and Psychiatric Advance Directives. Referrals are accepted from all resources — including self-referrals. Steven heard about POWER from his sister, who was receiving services there (“she was really big on POWER,” he said). In turn, Steven has recommended POWER to his neighbor. “I needed socialization,” Steven said. “I wasn’t working, I was anti-social. I love the staff here. The best part is the socialization. POWER Psych Rehab Facilitator Lisa Richardson (left) talks with Lori about Lori’s goals and the support she needs to achieve them.

They’re friendly, and they’re welcoming. You can see them when you need to, it’s not like you have to make an appointment in a month. If you need something, you always have somebody. The staff is good. They look out for me.”

Steven now has a job at a local supermarket, volunteers in the community and participates in art classes at POWER. POWER has expanded services to include a COMPASS Mobile Medication Program, which provides mobile medication services. “When people find managing their medications to be challenging, this can lead to increased symptoms, mental health crisis and hospitalization,” said POWER Director Courtney Uhl. “COMPASS combines recovery principles, wellness coaching, psychiatric rehabilitation skill development and medication education.”

While the program is still in its infancy, individuals have seen a decrease in hospitalizations and reported more success in managing symptoms, decreasing the use of emergency crisis services and increasing involvement in their community. “We work to meet people where they are, to help them do what they want to do, and reach their goals — whatever those goals are,” Uhl said. “For example, we often see people who want to work, but have never worked or have been out of the workforce for a long time, so that becomes the focus. We get people back into their communities, living as independently as possible.”

For Lori, that meant support in obtaining medical assistance to increase her independence. Lori had hearing loss and restricted mobility, but with support from POWER staff she has a walker and hearing aids. “I have a 14-year-old son, and he had to keep repeating himself because I couldn’t hear him, and he’d get frustrated — but I can hear him now,” Lori said. “The staff at POWER is very helpful, and I’m grateful to them. They help people get what they need. At POWER, you can set goals and then work to achieve those goals.”

RHD POWER changed Lori’s life and helped her achieve her goals.

Philadelphia Tech Week features RHD’s IDEATE presentation on using technology in human services

RHD’s IDEATE was at Philadelphia Tech Week 2018 to present a session on “The Biggest Obstacle to Using Technology to Achieving Human Service Outcomes.” The event included conversation among providers and groups to discuss the successes LMCMS has experienced in the CCBHC implementation. LMCMS expanded and improved behavioral health services through the CCBHC demonstration grants given by a U.S. Department of Health and Human Services.

“We’re honored to have Secretary Miller and Deputy Secretary Kovich here to see how we’re integrating services and improving access to care through the CCBHC grants,” LMCMS director Kelly Clarke said. “We’re so grateful for the commitment DSH makes to ensure we can always deliver the highest-quality care.”
Hutch and Greg, two clients from RHD DeFuniak Springs, a day program supporting adults with developmental disabilities, qualified for the Special Olympics and traveled to Seattle to compete. Greg (right) brought home the silver medal in the bench press competition in the 179-pound weight class.