

# Recovery WORKS

Arizona Department of Health Services (ADHS)  
Division of Behavioral Health Services (DBHS)

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## New Adult Principles Update

In December 2004, participants at the Substance Abuse and Mental Health Services Administration (SAMHSA) National Consensus Conference on Mental Health Recovery and Mental Health Systems Transformation developed a consensus statement on recovery as well as a list and description of the 10 fundamental components of recovery. The following statement was developed to best describe what recovery is all about:

*Mental health recovery is a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential.*

Groups around the world have continued to engage in a dialogue around how recovery can be operationalized and how the culture

necessary to promote recovery can be described and measured. At a recent workshop in Maricopa County, Dr. Mark Ragins of the Village in Long Beach, CA said, "Recovery would be an 'evidence based culture' not an evidence based practice – Cultures are hard to study, define, and identify indicators of existence!"

So how can we promote this culture at every level of our mental health system? What  
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## Success Story: Delbert Lee Carr, NAZCARE Inc.

My parents were very inclusive about our family, which is why I was home-schooled. This caused me to feel very distant from my peers so I asked if I could go to public school. I jumped right into high school. I was not prepared for how cruel the world could be. I did not fit in with anyone. This is when I began to socialize with the group who is always accepting, the group that uses drugs. Thus began my long road of drugs for at least 6 years before I started getting in enough trouble to realize that something had to be done or I would be stuck in that way of life, for what I thought, would be the rest of my life.

At this point, my parents had gotten divorced and some

unsavory things started to come out about my and my sisters past concerning my dad. Of course this is a separate story completely, but I believe that the repression of certain feelings had quite a bit to do with some of my self medicating. I decided to live with my mother and try to get clean. I also decided that I would start looking to create a family (because we all know that fixes EVERYTHING!). I was the main support for my mother and sister, so I really didn't have anyone to tell me what type of state of mind I was in and that I was making a mistake. By this time I had switched from meth to alcohol. My future ex-fiancée picked me up out of a pile of my own vomit and cleaned me. OH YES! She

was obviously the one!

A few months later, my fiancée and I were living in low income housing, she was pregnant, and I was drinking more than ever and had picked up another habit – pain pills. I started to have a lot of insecurities and I began to work for my dad again. I started to believe that there was no way my dad had ever done anything wrong. That my mother had to be wrong because if she wasn't then she was a worse human than I had thought, to have to place her kids in such danger. Still, suppressed anger was causing me so much anxiety and depression that my fiancée finally left with our child. I was unable to create a healthy

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## New Adult Principles Update (cont.)

are the principles that individuals, family members, service providers, and administrators should be guided by?

A little over a year ago, DBHS began a discussion with the community around developing principles within the Adult Behavioral Health System. To assist the system in promoting a recovery culture, to unify us in the work that we do, and to create a shared vision of how recovery must be operationalized, all system partners must ensure that the principles are taken into consideration when making treatment decisions, when developing new programs, and when creating policies.

We began by comparing the Chil-

dren's 12 Principles with the current Adult Principles, the US Psychiatric Rehabilitation Association Core Values, SAMHSA's Consensus Statement and the 10 Fundamental Components of Recovery, and the Mental Health America Village program's Guiding Principles. Under the leadership of the Statewide Consumer Advisory Committee, feedback from peer focus groups around the state was gathered and a consensus was reached on a set of principles. It is their hope and belief that these principles will be utilized to guide decision making at all levels of the system and will continue to promote a culture transformation statewide, resulting in a mental health system where partners are united and recovery is possible, tangible, expected, and celebrated!

We are excited about all the powerful work that has been done thus far, as well as about the reflections and dialogue that this work has stimulated. We thank all those individuals who participated in focus groups and shared their feedback around these principles. We thank the folks who volunteered to facilitate focus groups and send in feedback. We especially thank the Statewide Consumer Advisory Committee for their time, efforts, and commitment. We are excited to share the final product in an upcoming edition of *Recovery WORKS*, and will continue the dialogue around how to best promote these principles and ensure their adoption at all system levels.

## Success Story (cont.)

environment but didn't realize it.

At this point, I broke. It was my first heartbreak and I could not handle it. I felt lost. Panic attacks were around every corner and work was at best difficult to get through. I was admitted into an inpatient facility. I began to see a therapist outpatient and was diagnosed with major depression and a personality disorder. Medications were not working due to my drinking and drugging while on the medications. My ex-fiancée was not allowing me to see my daughter, so I decided to get drunk and drive to her apartment. There was no way this woman was going to keep me from my child! This landed me in jail looking at charges ranging from DUI, domestic violence, underage consumption, breaking a restraining order and trespassing.

This was my A-HA moment! I was either going to be stuck in the system for ever, a criminal or have a normal life. I asked the judge to allow me to go to a rehab vs. jail and he agreed. I did very well in rehab and learned a lot of tools to help me deal with some

of the root issues causing my self medication. What was a frightening situation started to look up! I was participating with my peers and helping them as much as they were helping me. I left having earned the love and respect of many of my peers and the staff.

Unfortunately, it wouldn't be long before I was among the cruel world again with all of the issues I had created staring me in the face. Getting back to life looked to be an insurmountable task. My ex did not believe in my change (why should she?) and the court had piled a huge amount of fines and tasks for me to do. Without a home, transportation or a job, it looked as though I would be back in jail for sure. Anxiety began to grow again, but I did not go back to drugs. I was back living with my mom. She had people in and out of the house, lots of drugs and a different boyfriend every night. I separated myself by walking to work and to groups. Things went on this way for a little over a year until I had all my fines paid and had done everything the court wanted. My ex still would not allow me to visit our daughter.

I began to attend church again where I

ran into a childhood friend. She was very accepting of my situation and we started dating. After some time of rehabilitating we were married.

It has been almost 10 years since my A-HA moment and I am still married, clean and graduating with my Associate of Arts this semester from Northland Pioneer College. I have custody of my daughter and my wife's daughter is like my own. My ex-fiancée has a great relationship with our daughter that I am happy to facilitate and support. I have been working for NAZCARE Inc. for a little over a year as the center manager for two of their centers, giving peer support to our members. I was excited to learn that I could get a job helping people who were in much of the same situation I was in. I had almost wanted to forget all about where I had come from. But now I understand how truly important it is to never forget! I am being helped just as much by my peers as I am helping them. Life still has its issue and anxiety still raises its ugly head, but I feel extremely blessed to have found a career where I can share what I have been through and learn new tools for myself everyday.

## Turtle Bay Café Grand Opening

On Friday, February 5<sup>th</sup>, [The Living Center \(TLC\)](#) celebrated the grand opening of the Turtle Bay Café in Yuma with a ribbon cutting ceremony. TLC is the home of Friends in Recovery, which is an organized group of people in recovery from addiction. The organization utilized their collective experiences, knowledge and skills to assist others on their

road to a rewarding and enjoyable life free from drugs and alcohol. Many community leaders attended the opening including Deputy Mayor Paul Johnson and Board of Supervisors Russell McCloud. TLC CEO Rick Ploski thanked Cenpatico for their financial support of the project, Friends in Recovery for their inspirational ambition and hard work to get the café up and

running, and the community for all the support they have offered. Cenpatico CEO Terry Stevens said a few words thanking the community for their support of TLC and their new endeavor. The café offered free samples of their great food and Grandma's great coffee. The Friends cut the ribbon and a great time was had by all!

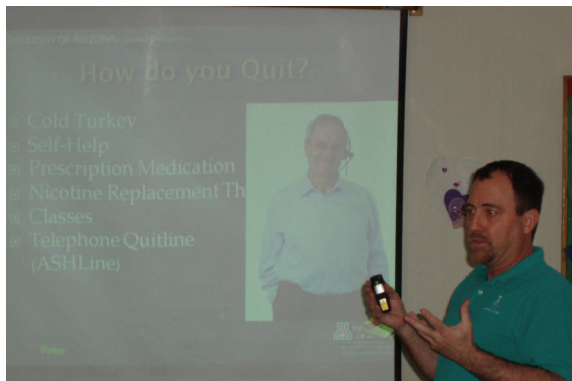
## Quarterly Health Initiative Update

On Wednesday, February 3<sup>rd</sup>, DBHS brought its Quarterly Health Initiative (QHI) addressing mental health and tobacco directly to the community. Stephen Michael, director of the [Arizona Smokers' Helpline \(ASHLine\)](#), gave two presentations at [CHEEERS Center](#) – one for members in the morning and one for staff in the afternoon. He provided both groups information about the prevalence of smoking in Arizona (especially among those with behavioral health issues), the tools that are needed to quit smoking, and the benefits of working with an ASHLine quit coach, which results in a 40% quit rate vs. 3-5% if someone goes it alone.

CHEEERS – a consumer-run, consumer-driven, recovery-oriented behavioral health community service

agency – was the perfect place for this presentation since it recently kicked off a year-long Health and Wellness program. On January 15<sup>th</sup>, Scottsdale Health Care came out to register and take initial basic medical measures of approximately 65 people, both members and staff. To further show CHEEERS' commitment to integrated

wellness, after the staff QHI presentation, CEO Mitch Klein announced that in the next six to seven months, the facility will become a smoke-free campus. Congratulations to CHEEERS for their outstanding efforts and commitment to combine mental health with physical well being!



ASHLine Director Stephen Michael explains to CHEEERS members the various, and best, ways to quit smoking.

### The Next Quarterly Health Initiative

The DBHS QHI topic for April through June is Hepatitis. Consumer and provider handouts on hepatitis and mental health will be available after March 31<sup>st</sup> on [the QHI Web site](#), where you can find the materials for this quarter's QHI and a recorded Webinar on tobacco and mental health. The [provider Webinar on hepatitis and mental health](#) is scheduled for Thursday, March 25<sup>th</sup> at 4 pm.

### Free Provider Webinar “The Diagnostic Manual: Intellectual Disabilities” Part III

The five Webinar series on developmental disabilities will have the initial presentation on the next section addressing psychiatric medication titled, [“Psychiatric Medication in Persons with Developmental Disabilities Part 1”](#) on March 4<sup>th</sup> at 4 pm, which will be delivered by Dr. Bob Klaehn medical director at the Arizona Department of Economic Security, Division of Developmental Disabilities.

In this third session of the Webinar series, the different Pervasive Developmental Disorders (autistic, Rett's, Asperger's and others) as well as their diagnostic criteria, behavior patterns, the role of genetics, and social and behavioral therapies will be addressed. This particular session will focus on autistic disorder.

Parts I and II covered an introduction to the Diagnostic Manual: Intellectual Disability and help in diagnosing ADHD, Disruptive Behavior Disorders and schizophrenia. To view these recorded Webinars for free, visit <https://azdhs.ilinc.com/join/zrprzxp> for Part I and <https://azdhs.ilinc.com/join/bmjvwcc> for Part II.

## First Tribal Health Forum a Success

The first Statewide Arizona American Indian Behavioral Health Forum was held on February 11-12 in Phoenix. There were more than 100 attendees with most of the Arizona tribes represented, as well as each of the Tribal/Regional Behavioral Health Authorities (T/RBHAs) and state leadership. The forum had a high-energy atmosphere where people were eager to learn and provide their comments.

On the first day, general and breakout sessions were held, covering a wide variety of relevant topics including a T/RBHA System Overview, the Governor's Behavioral Health System Proposal, the Children's System of Care/Tribal Wrap Around Services, Suicide Prevention and Crisis Intervention, Revenue Generation

and Program Sustainability and Adult Services.

Presenters and session participants included DBHS Acting Deputy Director Dr. Laura Nelson, DBHS CFO David Reese, DBHS T/RBHA Contract Administrator Lydia Hubbard-Pourier and Pascua Yaqui TRBHA Director Theresa Ybanez.

Many considered this a welcome platform to share information, network and have open dialogue. Everyone was pleased to see the strong support from the state level with representatives from ADHS/DBHS leadership in attendance much of the time. During the discussion periods, tribal leaders expressed the importance of tribal consultation before

any decisions about the behavioral health system are finalized.

Comments from the attendees were positive with many expressing their appreciation that the forum was held and that it should become an annual event. ADHS/DBHS is looking forward to keeping the momentum of the forum going by keeping the attendees apprised of what's happening at the Department, how the recommendations made at the forum are moving forward and what the Governor is doing regarding behavioral health issues. A full report will soon be developed and will be posted on the [ADHS Native American Liaison Web site](#).

### Cenpatco's Linda Weinberg Receives Appreciation from Governor Brewer

Linda Weinberg, policy developer at Cenpatco, recently received a [Certificate of Appreciation](#) from Governor Jan Brewer for her "...professionalism, support and exemplary work as a member of the [Arizona Substance Abuse Partnership's Workforce Development Committee](#)." Congratulations, Linda!

## Magellan of Arizona Clinical Initiatives

Magellan Health Services of Arizona is working to transform the behavioral health care system in Maricopa County to strengthen service delivery for the recipients in its care who are seeking hope and recovery. In 2010, Magellan continues this transformation by focusing on five key initiatives that will make a substantive impact on the care people receive:

**Outcomes** - This initiative took off with the launch in 2009 of a provider outcomes dashboard for the adult system of care. This innovative tool measures efforts to strengthen the behavioral health system based on a series of core metrics. The online dashboard provides information to service recipients, their families and providers about areas that are working well and those that need improvement. In 2010, a version for the children's system will be introduced.

**Suicide Prevention and Intervention** - The goal of this initiative is to reduce the suicide rate in Maricopa County. It provides clinical care workers and case managers with the skills, training and resources they need to talk openly and directly about suicide. This program engages family, peers and survivors of suicide, incorporating key race and equity issues.

**Health, Wellness and Longevity** - The average life expectancy for Arizonans with a serious mental illness is reduced by nearly 32 years. To improve the length and quality of life, this initiative will create programs and a mindset throughout the system to address mind and body health and wellness. This involves developing a model of care that combines physical and behavioral health, focusing on strengthening the whole health of the individual.

**Crisis Planning** - This initiative will support the development of proactive crisis plans for service recipients to assist them *before* a crisis situation happens. The initiative also will help staff plan for crises, prepare them to provide effective reactive crisis response 24 hours a day, seven days a week, and ensure they follow up after a crisis episode.

**Clinical Care** - This initiative will help move the system to a model of clinical care management where case managers and other clinic staff work directly to provide care through creating therapeutic opportunities for service recipients, and away from a "broker model" of case coordination where case managers are responsible only for coordinating people to different places to receive treatment.

[View the clinical initiative framework and more information on the five initiatives here.](#)

## **EVENTS & HAPPENINGS**

### **NAMI WALKS around the State**

NAMI WALKS Southern Arizona will be Saturday, March 27<sup>th</sup> with registration beginning at 7:30am and the Walk starting at 9:00am at Sam Lena Park in Tucson.

NAMI WALKS Valley of the Sun will be Sunday, March 28<sup>th</sup> with registration beginning at 12:00pm and the Walk starting at 1:00pm at Tempe Town Lake Park.

For more information or to register for either of these walks, visit [www.namiaz.org](http://www.namiaz.org).

## **UPCOMING EVENTS**

- ⇒ 3/6 – [David's Hope Town Hall](#) addressing Mental Health/Criminal Justice Advocacy
- ⇒ 3/12 – [Education and Resource Mini Conference for Parents, Kinship Caregivers and Others](#)

## **Training with Dr. Fred Frese in April**

Join Frederick J. Frese, Ph.D., a psychologist with 40 years experience working with persons with serious mental illness, for two presentations on April 2<sup>nd</sup> – [an in-person event for the general public at ADHS](#) and a [Webinar for Arizona psychiatrists](#) – on Recovery: Myths, Mountains and Miracles.

Dr. Frese will address how recent developments in research on mental illness and changes in treatment modalities including pharmaceuticals and managed care are altering the realities of mental illness. Once a near hopeless and devastating condition, today mental illness has a much better prognosis, with recovering persons integrating and functioning within the larger society.

## **The Latest RBHA Information**

Find out the latest goings on in behavioral health around the state from the four RBHAs:

- ♦ Cenpatico – [The Connection and Perspectives](#)
- ♦ CPSA – [The CPSA Report](#) — [The Wellness Messenger](#)
- ♦ Magellan – [The M](#)
- ♦ NARBHA – [The Companion](#)

Also, be sure to check out the Facebook and Twitter pages of [Cenpatico](#) and [NARBHA](#), which you can find on their Web sites!