

Recovery WORKS

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

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Update on Three Key Service Areas

Dear *Recovery WORKS* readers,

Last month, I told you about the 3 dedicated project teams created to plan for some very difficult but necessary changes for this next fiscal year that starts in July. During the month of April, these project teams focused on how to:

1. Transition adults with serious mental illness who do not qualify for Medicaid to a reduced benefit package;
2. Ensure that we have a comprehensive and effective statewide crisis system for anyone experiencing a behavioral health crisis; and
3. Modify supported housing benefits for adults with serious mental illness to fit within the allotted funding.

- 2 These teams have worked tirelessly to develop [guidelines that the Regional Behavioral Health Authorities \(RBHAs\) and their contracted providers will use to safely implement these changes.](#)

Our goal is to provide the best behavioral health care we can for as many people as possible while working within the financial and legal considerations we face.

The guidelines, which were just released this week, represent hundreds if not thousands of work hours, careful and constant deliberation and many restless and sleepless

nights by individuals within this agency, community members and other valued stakeholders.

We also listened to and reflected upon the feedback, comments and suggestions we heard from more than 2,100 consumers, family members, providers and other stakeholders who attended 40 community forums conducted throughout the state during April.

While implementing these changes will not be easy, we believe we've made the best decisions we can based on the feedback we heard and given the funding constraints Arizona faces. Here are some key points from the guidelines:

Crisis Services

1. The RBHAs must maintain crisis telephone services and mobile crisis intervention services 24 hours per day, 7 days per week.
2. If funding allows, the RBHAs may offer inpatient stabilization services up to 72 hours.

Medication Services

1. The RBHAs will offer only generic prescription medication, necessary lab tests and doctor visits to Non-Title 19 SMI members.
2. The RBHAs will no longer offer brand-name medication, transportation, residential services, inpatient ser-

vices, counseling and case management to Non-Title 19 SMI members.

3. Assertive Community Treatment (ACT) and Intensive Recovery Teams (IRT) will not be available to Non-Title 19 SMI members.
4. The RBHAs will maintain and make available a list of providers with a sliding fee scale as well as community resources.

Supported Housing Services

1. Non-Title 19 SMI members who are currently receiving supported housing services will continue to receive services until other safe, stable housing is found. Members currently receiving supported housing services will not be evicted.
2. Beginning on May 3, 2010, the RBHAs will not provide supported housing services to new Non-Title 19 SMI members.
3. Title 19 and Non-Title 19 SMI members receiving housing services in residential facilities may be asked to help pay for the cost of room and board.

Although these decisions have been extremely difficult, we truly appreciate the efforts our RBHAs, our providers and the community at-large have made in working with us in a manner that maintains human dignity, promotes the principles of recovery and preserves high quality care.

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Update on Three Key Service Areas (cont.)

Again, the guidelines are the product of a lot of time and energy; however, our efforts are far from over. There will be more hard work ahead in the coming months to implement the guidelines, transition Non-Title 19 members to other services, and monitor the system.

Thank you to everyone who partici-

pated in this process, especially consumers and family members. Your hard work and continued support during this very challenging time is greatly appreciated.

I'm sure many of you have questions about these guidelines, so I encourage you to read the [latest FAQs that have been posted](#). However, if you have a

question that is not addressed, please contact us at 602-364-4558, toll-free at 1-800-867-5808 or at dbhsinfo@azdhs.gov. We will continue to provide updated information on our [Updates Web site](#) as these guidelines are implemented.

Thank you,
Dr. Laura K. Nelson

Adult Guiding Principles Now Available!

After a great collaborative effort among peers, family members and stakeholders statewide ([see the lead article from March](#)), the Guiding Principles for Recovery-Oriented Adult Behavioral Health Services and Systems have been finalized. They are now [posted to our Web site](#), so check them out!

MAY IS MENTAL HEALTH MONTH!

Check out these events and Web sites that highlight May is Mental Health Awareness Month:

[NAMI is hosting a Mental Health Awareness Month event with the Diamondbacks!](#)

Please join NAMI Arizona as it celebrates Mental Health Awareness Month with the D-Backs as they play the Dodgers **TONIGHT** at 6:40 p.m. Tickets are only \$15.00 a piece, which are located in section 104 of Chase Field. But hurry – There are only 100 seats available! Contact the state office at (602) 244-8166 or e-mail Leila Pleasant at L.Pleasant@namiaz.org. *Those who purchase the first 50 tickets will receive an exclusive NAMI Arizona t-shirt or baseball cap!* [Learn about more May is Mental Health Month events from NAMI.](#)

Also, check out the “Extraordinary People” in our community – people who make valuable contributions despite challenges with mental illness or substance abuse at www.oneinfour.info/about-campaign.html or www.UnoenCuatro.info en Español.

[Mental Health America](#) also has some great information!

Success Stories: Kyle J. Long and His Wife, Becky

My name is Kyle J. Long and I have been diagnosed with Schizophrenia, Paranoid Type. I first started hearing voices when I was 24 years old. In addition, I experienced paranoia and delusions. At that time in my life, I thought I was demon-possessed. Due to my irrational belief, I kept my symptoms to myself for 23 years.

During the 23 years of silence, I was a pastor, social worker and psychotherapist. I was actively working and keeping my demons to myself.

In January 2001, I landed in a psychiatric hospital for the first time. It was at this time that my family learned of the secret that I had kept from them for so long.

My recovery actually started at the age of 24. The obvious problem was that I was doing it alone. I learned years later that to be in recovery requires accountability. The essence of recovery is teamwork. And today I have a wonderful team in my corner.

A couple of years ago a friend of mine mentioned something to me about becoming a Recovery Support Specialist (RSS). I had no idea what she was talking about, and what she said went in one ear and out the other. About a year later, my therapist and my case manager, independently of one another, suggested that I check into the Recovery Support Specialist Institute offered by Community Partnership of Southern Arizona (CPSA). So I did. I applied for



the RSS Institute and was not selected. Several months later, I applied again and was accepted.

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Success Stories (cont.)

The experience of the Institute has changed my life. I never dreamed that I would be hired. All I knew at the time was that I had finished the course and had become a Recovery Support Specialist.

Shortly after completing the RSS Institute, I applied for a job at CODAC Behavioral Health Services. It was a part-time position. This would be ideal for me, as my physician was only authorizing up to 20 hours of work a week. Soon after applying for the job, I was notified by Human Resources that I had been hired for the position.

CODAC has given me a tremendous opportunity. It is my privilege to work with a community of people in a housing complex. At the onset, I was curious as to how these members would receive me. I am happy to say that they have responded positively to me and my disability.

I am facilitating one-on-one peer support as well as community meetings. A year ago, I would have been astonished if somebody had told me I would be doing this kind of work.

This position is different from anything I have ever done before. I have had a psychiatric disability for many years. This is the first time I have been able to actively engage with others, despite the disability. This is the only job that has first required that I acknowledge the disability, and that the experience of the disability is the primary qualification for the job. What a relief not having to hide the disability any more!

The primary message I have to offer is this: Never give up. No matter how big the mountain or how deep the valley, there is always hope to pull us through.

I was almost ready to throw in the towel. In fact, I had a gun to my head on one occasion. But there were

people who believed in me. It was their belief in me that rejuvenated belief within me. It has been a long journey. It has been a journey worth traveling.

I encourage you to look deep within yourself and find the hope that is there for you. If I can do it, so can you.

Becky's Story

One afternoon in 2001, I received a phone call from the Tucson Police Department. I was told that my husband, Kyle, was at a local business, which luckily was run by a friend of ours. Kyle was refusing to leave because people were following him – thousands of people. I was speechless. I had been married to this man for 30 years and never knew that he had a mental illness.

Thus began my journey of living with a spouse with a mental illness. It has been eight years since that time, and I am still on that journey. I have learned some things that I would like to share with you.

No one is immune from mental illness. It is a chemical imbalance. It can strike anyone. The good news is that with medication most people can get better. Treatment works. This message needs to be conveyed to family members over and over. There is always hope with medication and therapy.

Communication to family members is extremely important. My husband does not like his family to worry about him. Kyle thinks it is better for us not to know when he is spiraling downward. If we knew his medication is not working, we could be actively involved finding help for him – for example, calling his case manager, therapist or doctor. Family needs to be involved in the recovery process. This includes talking with his doctor, therapist and nurse.

Recovery is a continuous process. Unfortunately, there will be times when Kyle will need to be hospitalized. Medications do not work forever. There will be times when the medications will have to be changed. This may require

an inpatient process.

A lot of Kyle's success in recovery depends on the attitude of our family. This is a big responsibility to bear. As family members, we have to look past the stigma related to mental illness and concentrate on getting the education we need in order to help our family member.

Family members need to be told that "mental illness" is a broad term. Mental illness can affect the family member's social life, ability to work, ability to attend school or even little things such as leaving the house. Family members need to recognize the signs and symptoms of their family member's illness. This would include changes in social habits, the lack of grooming that is necessary, isolation, certain fear or obsession, changes in thinking, and even delusional thinking.

Not only do family members need to be educated in regards to mental health, but the community needs to be educated as well. The media plays a big role in how we feel about mental illness. It is too bad that most of what the media says is negative. The media focuses on people that commit violent crimes. The media does not expound upon those who are reintegrating back into the community.

I realize that we have come a long way from institutionalization of the mentally ill. However, I believe we still have a lot of educating to do. I am thankful for organizations that assist people like my husband, Kyle. I have had resentment, confusion, misunderstanding and misinformation. I am willing to admit this. I find a certain amount of freedom in doing this. I have had to dig for information. I have had to search out people to talk to. And I realize that the person I knew when I was 16 years old is the same person now. The only difference is that Kyle has a mental illness.

Dr. Rodgers Wilson on AM 1010

On Thursday, May 7th, DHBS Chief Medical Officer Rodgers Wilson, M.D., appeared on Fred Taylor's Men's Health talk radio program on AM 1010 KXXT to discuss Traumatic Brain Injury. [Click here to listen](#) to the recorded program.

CHEEERS Weekend Program Off to a Strong Start

After years of members' requests, [CHEEERS](#) (the Center 4 Health Enlightenment Enrichment Empowerment Renewal Services) recently started offering services on the weekends. Their weekend program kicked off on Saturday, February 6, 2010, with 12 members attending. Attendance has grown steadily to 35 members, which is about a third of what CHEEERS sees on weekdays. Given the modified bus schedule, this is a very good sign about the program's impact and popularity.

The center is open Saturdays and Sundays from 8 a.m. to 2 p.m. The activities offered are just like the ones in their weekday program, which include breakfast and lunch as

well as group sessions that last an hour each covering such topics as CHEEERS' year-long health and wellness program that combines exercise and nutrition, Recovery Theater where films about recovery are screened and discussed, the morning Round Table where members get support from each other and discuss what's going on in recovery, learning coping skills like Tai Chi and serenity, and many more.

CHEEERS provides a safe and secure place, two good meals and an opportunity to work on recovery seven days a week. Having the weekend program helps members stay focused. It also creates a synergy since it's more than just two

additional standalone days: there is continued building on what was done during the week. According to Programs Director Will Calandra, "It creates a constant and regular connection."

Members can also volunteer for various jobs including kitchen duty, janitorial services, maintenance, delivery, receptionist, bingo facilitator, among others. By volunteering as well as attending groups, members earn 5 reward dollars for each hour that can then be used at CHEEERS Mart for various items like clothing, hygiene products, food, blankets and more. These items typically cost 5 or 10 reward dollars.

DBHS Youth Campaign Continues—Post Your Events!

Last month, we told you about the DBHS Youth Campaign, which focuses on minority youth aged 12 -17. The campaign's Web site—www.azdhs.gov/bhs/youth/—has a calendar where you can have your youth events posted. Just email them to [Claudia Sloan](#).

The campaign offers multicultural youth-friendly materials to educate and raise awareness of behavioral health services statewide. Further, these materials were designed with guidance from youth to communicate and appeal to their peers.

For youth who may not qualify for full services, these materials also offer information and crisis lines where they can get the help they need.

CPSA Housing Project Receives "Green" Grant

Community Partnership of Southern Arizona (CPSA) has been awarded a grant of \$3,688 from the U.S. Green Building Council to build Leadership in Energy and Environmental Design (LEED®) certified "green" homes. The grant is for CPSA's 10-unit Sonrisa Apartments project, which will provide supportive housing to very-low-income young adults with a serious mental illness who are aging out of foster care.

EVENTS & HAPPENINGS

UPCOMING EVENTS

⇒ **CPSA's 10th Annual Recovery and Wellness Conference on May 22nd**
Community Partnership of Southern Arizona's Long Range Public Education Committee will host its 10th Annual [Recovery and Wellness Family Conference](#) (formerly the Family Forum) from 8:30 a.m. to 3 p.m. Saturday, May 22, at the Holiday Inn, 4550 S. Palo Verde Rd. in Tucson. The free conference will include an inspirational keynote speaker, educational workshops and a resource fair. A continental breakfast, lunch and afternoon snack will be served. Free child care for children ages 3 to 10 years will be available at the conference. Youth over 10 years old may attend the conference sessions. For more information or to register, call (520) 318-6994. Kyle and Becky Long will be panelists there!

⇒ **Don't forget to check out the [NAMI events for May is Mental Health Month!](#)**

⇒ **Summer Institute 2010**

Arizona State University's College of Public Programs, Center for Applied Behavioral Health Policy and the Pacific Southwest Addiction Technology Transfer Center's (PSATTC) are hosting the [11th Annual Summer Institute](#) on July 20-23, 2010, at the Sedona Hilton Resort and Spa in Sedona. The event theme is *Key Components for Creating Comprehensive Systems of Care: Prevention to Recovery*. Registration is now open!

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!