

Recovery WORKS

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

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Southwest Network Enhances Services at Direct Care Clinics

Operating in Maricopa County for nearly a decade, Southwest Network is an integrated network of 11 behavioral health agencies that provide a full continuum of outpatient services and supports to both children and adults.

Since they began operating Direct Care Clinics in Maricopa County, Southwest Network has demonstrated great effort to enhance service delivery and transform the all-around culture to one of recovery and hope.

Below are some of their remarkable efforts:

Structure

1. Extended clinic hours to 7am – 6pm to better accommodate consumer needs
2. Began clinic advisory councils (made up of individuals receiving services, staff and leadership) to assist in decision making and identifying needed changes around each clinic
3. Hired additional Peer

4. Collaborated with Community Legal Services to ensure staff and consumers are aware of their rights around housing
5. Implemented a policy that no one is turned away for an appointment when they show up at the clinic
6. Individuals receiving ser-

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Success Story: Michelle, Recovery Support Specialist

I would like to start off by dedicating this article to my all and everything, Jesus Christ, because without his hand, none of this would be possible.

My name is Michelle M. Ramirez, and I am in recovery from a substance use disorder. I began drinking at the age of 13 and then “graduated” to harder drugs, ultimately leading to what I thought was the love of my life, heroin.

I could not tell you why I began using drugs, for even I do not know the reason. I

could tell you that I come from an alcoholic father and a meth-crazed mother, but that would be a lie. Both of my parents were very successful as entrepreneurs; I can honestly say my parents don’t even know what marijuana smells like. I was the product of a beautiful marriage. I have the privilege of my parents still being together and supporting me through everything I’ve done.

I was a child full of hopes and dreams who lost everything to a syringe. I always excelled in everything I did,



especially music. I began playing the violin at the age of 9 and immediately fell in love with it. I’d hold small concerts for my family in the comfort of my living room and responded well to my father’s criticism; but some-

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Southwest Network Enhances Services at DCCs (continued)

VICES are invited to participate in the panel interviews for all clinic positions – interview focus is on not only meeting the qualifications of the job, but also on whether or not the person knows how to use their smile

Program Enhancements

1. Pilot a “family team” approach

- with a family in one of the adult clinics partnering with the staff from the children’s system
- Using the Village Leadership Model to spearhead the welcoming environment approach – building ritualized activities to create community and transform culture in clinics
 - Exploring the creation of a volun-

teer program

- Dialectical Behavioral Therapy (DBT) and traditional counselors co-located at the clinics
- Hired a Rehabilitation Specialist for every team

These changes are expected to have a positive impact on both consumers and employees.

Success Story (continued)

how along the way I just wanted more. I felt completely sheltered, and I wanted to break loose and scream obscenities up and down the street without caring about what my dad would think.

Well, I did get to scream obscenities, but unfortunately it was in rehab while withdrawing from opiates. Oh, the sweet smell of sweat and vomit; how they’ve marked me forever.

I never thought I was addicted. You see, an “addict,” to me, was a person who lived on the street and asked people for money to supply their dope habit. That wasn’t me! I was a girl with a promising future as a paramedic. I didn’t beg for money; not yet, at least.

I don’t remember much about my last high, since I overdosed and woke up in a bath tub filled with ice cubes. What I can say is that it was the best high in my life, because it led me into the best high of all: the high of 100%,

pure, uncut sobriety – and that is what I call priceless.

My journey has been a difficult one, but I wouldn’t trade it for the world. I’ve met amazing people along the way whom I love and admire with all my heart. When I first started sobriety I would tell my Recovery Support Specialist, Arnold, “I’m going to take your job,” and I did!!! (Don’t worry; he got promoted.) He helped me so much along the way and showed me that recovery is worth your while.

I can still feel the ice cubes numbing my legs and get chills down my spine when I think about that phone call that saved my life. I didn’t dial 911; I couldn’t remember the number. Instead I chose to call my only life line, Arnold at SEABHS. Few people believed in me: my boss Maria and my team Jesus and Roberto.

I became a Recovery Support Specialist thanks to the Community Partnership of Southern Arizona’s and the University of Arizona’s Recovery Support Specialist Institute. What I love about this job is that you show people that there is a way out. Underneath all those drugs, hangovers and withdrawals, there is a beautiful, incredible world that is waiting to show you the true meaning of life – you just have to want it.

Many people may believe that Recovery Support Specialists do not play an important role in the behavioral health field. I beg to differ, because the truth is that we are an inspiration to those people who still are in the hell I call addiction.

My name is Michelle M. Ramirez, and I am a Recovery Support Specialist who has been sober 475 days and counting.

Clothing, hats, sun screen and water are items currently needed by those who are homeless, and donations are being accepted. For more information, contact [Brenda Robbins](#) with ADHS/DBHS.

Tips for Respectful Communication

Forwarding the Recovery Paradigm: A Recovery Culture in Action was the third series of webinars to be developed by the U.S. Psychiatric Rehabilitation Association (USPRA) in collaboration with Magellan Health Services. In the second session of this series, representatives from The Transformation Center in Boston and Advocates, Inc. described the power of “Respectful Communication,” particularly as it applies in behavioral health.

Their findings were based on direct feedback from people who receive services. First, the presenters offered four definitions of respect including, “a sense of worth or excellence of a person, a personal quality or ability,” and “to refrain from intruding upon or interfering with.”

Next, they discussed how disrespect is demonstrated to those we serve, namely by what you say (slurs, labels, insults), what you do (being late, not giving full attention), by demoralizing ideas/messages (“don’t think you’re ready for XYZ,” comments about diagnosis) and by using clinical/standard practice language.

They also highlighted how respect can be demonstrated to those we serve (“really listening to what’s important to me,” “believing in me,” “having hope for me when I don’t have it for myself”) and some causes of disrespect (ignorance, lack of sensitivity, sense of helplessness, feel devalued in their role as staff).

While the Teaching Points of Respectful Communication were developed for the behavioral health work-

place, they also are good general tips for communication outside any workplace:

- Derogatory slurs and stereotypes have no place in mental health work settings
- Strive for people-first language
- Avoid using clinical language as shorthand
- Be descriptive
- Don’t use pet names or other terms of endearment when referring to clients
- Staff will develop awareness of behaviors that convey disrespect to clients

Lastly, silence can also be a powerful communicator, so the importance of breaking the silence when disre-

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C.H.E.E.E.R.S. Bus Mobility Program Graduate Judy Correll, June 2009

I would take the bus on my own but I didn’t use it as much because I had trouble remembering the routes, which is why I decided to join the Bus Mobility Program. Phoenix has lots of things to do and I need to stay active. I hated staying locked up in my house; it would drive me crazy. I also have my kitty, Spike, who makes me happy when I get depressed but when you get depressed, it helps to be around people too.

When I met Jennifer (Bus Mobility Travel Agent), she was a lot of help to me. Plus when I would take the bus, the bus drivers would help me too. Jennifer would take me where I needed to go and she would stay

with me. I noticed on the bus people were different, which made me nervous but Jennifer would talk to me and distract me. She is such a well-mannered person and good mom.

I’ve learned to get to places like the Senior Center, the Arcadia site, and CHEEERS. At CHEEERS I attend groups, which I like because I always learn something new. I even learned how to use email and MySpace; Aaron (CHEEERS Peer Support Specialist) taught me. He’s smart and a good teacher. CHEEERS cheers you up! I feel good having help.

If anyone was afraid to get Bus Mobility training I would tell them, ‘There’s nothing to be afraid of.’

ASU Alumni at REN Profiled

Kirsten Weiss, director of education at training Recovery Empowerment Network (REN), was recently profiled in the May 2009 issue of *ASU Magazine* as one of “Today’s Titans.” [Read Kirsten’s inspiring story about working in behavioral health.](#)

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Tips for Respectful Communication (continued)

spectful language is being used was addressed. You can break the silence by being assertive while being respectful and direct; do not be insulting, humiliate, belittle or intimidate. Because if you don't break the silence, 1) the person you support believes that you share the same

opinion as the person being disrespectful; 2) the person who is being disrespectful believes you share his/her opinion, values, beliefs; 3) you risk losing an opportunity to save your own humanity; and 4) you lose an opportunity to demonstrate respectful, hopeful, intentional, recov-

ery-oriented communication. Culture change can be achieved by building accountability initially with ourselves by paying attention to what we say and how we treat others, and then by speaking up when someone is being treated disrespectfully.

DBHS' OIFA Seeks Advisory Council Applicants

The DBHS Office of Individual and Family Affairs Advisory Council is looking for members! The full Council will be comprised of 15 members, who must be involved either in the behavioral health community or in their local

community. Upon receipt of a completed application, including the letter of recommendation, a committee will review all applications and final selections will be made. It is anticipated that the review process will take approxi-

mately eight (8) weeks, with a full committee named by the Fall. [The application](#) provides more details about the Council and its requirements. Contact [Amy Sather](#) about submitting an application electronically.



DBHS Employee Receives Award for Supporting Family Involvement

DBHS' own Kevin Flynn, implementation manager for Children's System of Care Planning and Development was recently awarded the Family-Professional Partnership Award in recognition of his efforts in support of Family Involvement in GSA 6/ Maricopa County.

This award was given by the Family Involvement Center (FIC) at the recommendation of their Family Leader-

ship Committee. It was presented during the April meeting of the Magellan-FIC Child and Family Advisory Partnership, a monthly forum made up of family members, RBHA staff and treatment providers.

Its inscription reads: "In appreciation for your commitment to building and sustaining Family-Professional Partnerships in our Children's Behavioral Health System".

Arizona Represented at the USPRA Conference

DBHS (Paige Finley) partnered with Cenpatico (Anthony Carrillo), CPSA (Jody Gardner), Magellan (Jennifer Thorson) and NARBHA (Maria Esposito) to present at this year's USPRA conference. The presentation, titled "[Navigating the Desert Southwest – Exploring partnerships across Arizona that improve recovery-based services and employment](#)

[outcomes.](#)" addressed the current face of employment services in Arizona and the collaborative efforts around the state that have made progress successful. The presenters also discussed the top barriers to employment and innovative solutions. The conference was held from June 29th to July 2nd in Norfolk, Va.

Summer is Here...

Learn about
Surviving
Arizona
Summer Heat!

NEWS FROM AROUND THE STATE

CPSA, SEACRS Expand Peer Services in GSA 3

Consumer-run services in GSA 3 – covering Cochise, Graham, Greenlee and Santa Cruz counties – have expanded with the opening of a recovery center in Safford, operated by Southeastern Arizona Consumer-Run Services (SEACRS).

The Gila Valley Opportunity for Recovery and Empowerment (ORE) program in Safford is modeled on SEACRS' Comfort Zone recovery center, which opened in 2002 in Sierra Vista and was the first facility of its kind in Southeastern Arizona.

SEACRS programs receive support and technical assistance from Community Partnership of Southern Arizona (CPSA), the Regional Behav-

ioral Health Authority for GSA 3 and GSA 5 (Pima County).

SEACRS staff at the recovery centers help participants advocate for themselves and access services and community resources. The two centers are peer-driven, self-help facilities for behavioral health recipients age 18 years and over. They offer opportunities for fellowship and support in regularly scheduled social and recreational activities.

In addition, SEACRS now hosts a new peer-support group for veterans in Sierra Vista. U.S. military veterans on SEACRS staff created this all-volunteer group, which meets twice weekly. The veterans are working

with SEACRS to establish a similar group at Gila Valley ORE.

SEACRS also provides mobile outreach to Benson and Douglas. Because of the demand for this service in Benson, the program expanded to two days a week there.

Approximately 35 people use SEACRS services daily. SEACRS also employs 10 Recovery Support Specialists, peers in recovery who have been certified through a training program provided by CPSA and the University of Arizona's Recovery through Integration, Support and Empowerment program (UA RISE).

NARBHA News

Northern Arizona Psychiatrist Receives Top Honor - Congratulations to Dr. Terry Vaughan, medical director at West Yavapai Guidance Clinic, for being named one of this year's 41 "Exemplary Psychiatrists" by NAMI. Learn more in [this article from *The Daily Courier*](#).

Sahara Beara Awards

Sahara (aka Sahara Beara) is a guide dog for the blind who was raised by NARBHA employee Laureen Simpson. Sahara was under Laureen's care for socialization and basic obedience starting as a young puppy through phase 8 of a 10-phase program. They were even featured in [a recent *Arizona Daily Sun* article](#).

Designed to recognize employees who, like Sahara, give their time in volunteerism to make a difference in other's lives, NARBHA recently presented its first Sahara Beara Award to Dave Taylor, Information Systems development manager, for his work and dedication to the Flagstaff Literacy Program by helping people learn to read. He spends four hours a week with an individual he meets with twice weekly. The Sahara Beara award will be issued twice a year. And Laureen continues the Sahara tradition by raising another guide dog, 4-month-old golden retriever Danisha.

UPCOMING EVENTS

- ⇒ [PIR Open House Events](#) at their East Mesa and Gateway campuses – July 13th and 14th
- ⇒ [Summer Institute](#) – July 21-24 in Sedona
- ⇒ [Arizona Center for Disability Law Special Education Training for Parents](#) – August 13th, September 15th, October 22nd and November 17th
- ⇒ [National Association of Peer Specialists Annual Conference](#) – August 26-28 in Phoenix
- ⇒ [National Association for Rights Protection and Advocacy Conference](#) – September 9-12 in Phoenix

[The Daniel Moreno Recovery Award](#) - The National Alliance on Mental Illness of Southern Arizona is sponsoring the second annual Daniel Moreno Recovery Award and would like your participation. Daniel Moreno was living with schizophrenia before his tragic passing in December 2005, and his family has established this recognition event in his memory. The Recovery Awards will recognize individuals that exemplify the current reality of recovery for those who have lived with serious mental illness. The deadline for submissions is September 15, 2009 at 5 p.m.