

# Recovery WORKS

**Laura K. Nelson, M.D.**

Deputy Director, Division of Behavioral Health Services (DBHS)  
Chief Medical Officer, Arizona Department of Health Services (ADHS)



## The Recovery WORKS Editorial Board

- Bré Thomas, Senior Projects Advisor
- Claudia Sloan, Special Projects Administrator
- Kathy Bashor, Office of Individual and Family Affairs Manager
- Paige Finley, Psycho-social Rehabilitation Bureau Chief
- Stephanie Utrecht, Community Outreach & Training Coordinator

## A New Focus on Collaboration

by Don VandenBrul

There is a new cast of characters wandering the halls of the Division of Behavioral Health Services.

They don't wear employee badges; they wear stickers instead. Who are these strangers and why are they in the building? The answer to those questions is part of a new way of thinking at the Division.

As the legislature grew closer and closer to approving the cuts to Non-Title XIX services, senior management at the Division began to look at what can be

done to minimize the effect of the reduced services and maximize the impact of the reduced funding.

The solution to this dilemma was to involve the people receiving the services in decisions about how the funds would be spent and the services will be provided. The best way to find those consumers and their families was to engage the agencies that are peer and family run in the discussion. The result of these efforts is the Arizona Peer and Family Coalition.

*(Continued on page 5)*

### Inside this issue:

- Peer Success Stories 2
- CPSA Staff Donate more than 8,200 Bottles of Water! 2
- Providers in the Spotlight! 3
- Coming up... Whole Health TTI Summit! 4
- Work First! Program 5

## September is National Alcohol & Drug Addiction Recovery Month.

Find resources and learn about events in your community at [www.recoverymonth.gov](http://www.recoverymonth.gov). To join help reduce stigma and enhance recovery, contact the statewide initiative- Arizona Stigma Reduction Committee at 602.364.4558 Celebrations are scheduled around the state, recognizing Recovery Month. Participate in barbeques and walks from Prescott to Tucson! Tune in with your nearest RBHA for Recovery Month events:

**CPSA:** Recovery Walk/Expo/Youth Rally, 8 a.m.-2 p.m. Sept. 25 at Reid Park in Tucson. Link: [www.recoverytucson.org](http://www.recoverytucson.org).

**Magellan:** Various events...visit their online calendar at [www.MagellanofAZ.com/Events](http://www.MagellanofAZ.com/Events).

**NARBHA:** Screening the film Lost in Woonsocket during Recovery Month. The film provides a rare glimpse into the internal and external struggles that often serve as obstacles on the road to recovery. Please see the [NARBHA website](#) for more information.

Visit the [ASRC webpage](#) for more details on Recovery month activities.

**SUBSCRIBE TO RECOVERY WORKS!**

## Peer Success Story: Meet Obadiah

I thank you for the opportunity to share my opinion on terms that are used in our field. I am an individual diagnosed with a mental illness and have worked with individuals with mental illness since 1992. I really despise the labels. The most common label that I have heard since 1992 is “consumer”.

Consumer makes me think of the magazine Consumer Reports which reviews various items so an individual can make an informed choice when they purchase that item. I don't believe individuals with mental illness are often given choices and when they are, the choices are limited. I have insurance through my employer and do not receive public mental health services. Still, I feel my choices are limited.

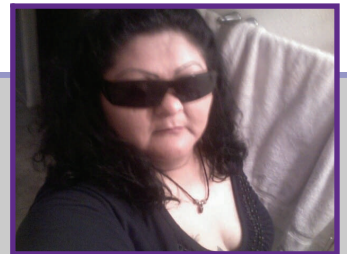
Secondly, when I think of consumption, I think of food intake (eating). I am overweight. Some of my excessive weight is attributed to my psychiatric medications. I used to label myself as a “consumer”. When I did this with people outside of the field, they had no idea what I was talking about and some asked me if saying “I'm a consumer” was a nicer way of saying, “I'm fat.”

I also hate how “consumer” is used in the field. When I attend staffings where the individual is not present, jokes are sometimes made about “consumers”. If a staff is upset or emotional, they are often told, “You're acting like a consumer”. I notice that when progress notes are done, individuals are referred to as “consumer” (or CSR), not by their names or initials. I have even observed the same progress note being cut and pasted and used for different individuals because the label “consumer” is a broad term that can be used for everybody who receives services.

Lastly, I notice that some individuals with mental illness refer to themselves as “consumer”. I have often been asked, “Are you a staff or a consumer?” when I attend an event or visit a different location.

Although it was not intended to become this way, the word “consumer” is now often used as a term of scorn or as an impersonal, generic label. It robs one of individuality. When I refer to another, I use their name. If I am speaking about a group, I say “individuals”. If I need to make a clarification about individuals, I will say “individual with...” I also believe that one day; the word “consumer” will become politically incorrect like “patient” has in the past. “Consumer” will then be replaced by another word which will also become a term of scorn and a generic label. Let's stop the labeling.

— *Obadiah Madsen*



## Peer Success Story: Meet Anabel

Anabel had led a life of drugs and trafficking for approximately thirteen years. Nine of those she would say she led a “Hollywood” lifestyle. However, she then lost all she had. Anabel was released from the Yuma County Detention Center in October of 2007. She had spent several months in jail prior to her release dating her sobriety to May of that same year. While incarcerated, she received news from her probation officer that she would be serving her probationary term in Yuma. Anabel was not from this area so she was going to be in a town with no family or friends. After being released from the Yuma County Detention Center, Anabel was sent to stay at Crossroads Mission (CRM) as she had nowhere else to go. Anabel attended one of Cenpatico's Community Forums. There she heard of the services provided by The Transitional Living Center and eventually went to the center for an intake. She attended and completed the Substance Abuse Program at Chicanos Por La Causa. Anabel states “the services at CPLC were great...the counselor I had was very patient with me as I was still very angry, mean, and rude”... “she was able to break me of that”. After approximately seven years of being estranged from her family, Anabel was able to make amends. Anabel now works as a Peer Support Specialist for TLC and is a certified Peer Support Trainer. In her free time, she enjoys movies, going to the river, music, and watching car races. Anabel continues with her NA meetings and working her steps. She received her 3 year sobriety pin and states her “biggest impact from receiving my chip was not so much the years of sobriety but the support group of about 40 people/friends that were there when I received my pin.”



## Providers in the Spotlight: Partners In Recovery, LLC. and The Marc Center of Mesa, Inc.

Partners in Recovery (PIR), in partnership with the Marc Center (a PIR board agency and RSA vocational provider) and their vocational resources through the RBHA and RSA have been recognized in the Republic, Wickenburg Sun, and other publications, for their recent effort to create jobs for special needs clients without additional funding. Some highlights include:

- ◆ By ending vending machine contracts, PIR redirected funds to snack shop start-up businesses which currently employ 38 members and have proceeds dedicated to an employment fund at each campus.
- ◆ Committed a \$40,000 fund in PIR's own budget to hire members for clerical & administrative positions within the PIR campuses. The latter are 3-4 month transitional employment positions that allow individuals to get a taste of employment. Afterwards, they work with PIR's rehabilitation specialists for longer term community placements.
- ◆ They have hired 110 PIR members since May under Work First. Work First helps members write resumes, prepare for interviews and find jobs.

They have also converted many workers to T19 Freedom to Work program. All jobs help develop interpersonal and job skills and provide flexible schedules and pay for the members. In the future: PIR will be creating an enclave business to provide janitorial and landscape services at our new East Valley campus by redirecting our current janitorial contract.

*View article about "Work First" (on page 5)*

## Highlights from Recovery Oriented Leadership Training

Recently ADHS/DBHS leadership attended the Recovery Oriented Leadership Training, developed by Mental Health America of Los Angeles and Community Activators, Inc. of Vashon, Washington. The training engaged management staff in activities that allowed them to use the principles and practices of the tools of recovery to create hope, commitment and action within their own organization. The intention was to work towards creating a culture of recovery within DBHS. Recovery Oriented Leaders will catalyze system transformation by instilling and sustaining hope, practicing empowerment strategies and recognizing and connecting with the power of healing.

### ***Dr. Laura Nelson, Director ADHS/DBHS writes:***

"I had the pleasure of participating in the Recovery Oriented Leadership training recently and walked away with new tools and ideas for strengthening my leadership skills. At DBHS, we strive for recovery, hope, and self-empowerment for the individuals we serve, but these same concepts also apply to the work environment here. Maintaining balance in one's life, recognizing and developing resiliency, leaning on peers for support, and empowering staff are values that should be apparent within DBHS. As leaders, we need to be strengths-based, flexible, responsive, and collaborative. The training addressed organizational healing and the importance of celebrating successes as well as bonding through rituals. I thank the incredible DBHS team of Paige Finely, Kathy Bashor and Stephanie Uetrecht for developing this training and helping me be better at my job. Well done!"

### ***Mari Bilderback, Bureau Chief Quality Management at ADHS/DBHS writes:***

"I really enjoyed the Recovery Oriented Leadership Training! The training was interactive; allowed for consultation with other staff in leadership positions with whom I would not routinely meet and gave me great ideas for improving the culture of my Bureau. The training also provided tools for improving my management style and empowering my team."

### ***Alexandra M. O'Hannon, Medical Management Manager at ADHS/DBHS writes:***

"I found the training to be enlightening and thought provoking. It gave me the opportunity to evaluate my current management style and made me aware of personal opportunities for improvement."

## Whole Health (TTI) Summit

This month, Magellan and CPSA partner to host the first Whole Health Summit, a small conference to celebrate and share lessons learned from the whole health pilot projects funded by SAMHSA's Transformation Transfer Initiative (TTI) grant.

This grant was awarded to ADHS/DBHS in December 2009. In January 2010, ADHS/DBHS began a peer-based whole health program at two Geographic Service Areas (GSAs) targeting the two largest metropolitan areas in the State, Maricopa County and Pima County. The goal of the program is to help transform the behavioral health system into one that applies a holistic approach to consumer health. While the implementation specifics of the program at each of the counties vary (just as the population and needs differ by geographical area), the overall goals and outcomes of the program are as follows:

- ◆ Increased longevity for the behavioral health services recipient.
- ◆ Improved quality of life for the behavioral health services recipient.
- ◆ Increased coordination of care between primary care and behavioral health.
- ◆ Increased participation in recovery through medical autonomy

This summit will mark the end of the pilot phase. Program participants will meet to share best practices and lessons learned during the past 9 months. Attendance is by invitation only and limited to program participants.

## Mark your calendar: the Rural Behavioral Health Symposium

This year's Rural Behavioral Health Symposium will be held on September 21 – 23 at the Renaissance Glendale Hotel, Glendale, AZ. The theme is "Practical Strategies to Address the Behavioral Health Needs of Children and Families in Rural America." [Visit the website](#) for more information.

## CPSA staff gives to the Homeless

Community Partnership of Southern Arizona (CPSA) staff donated 8,254 bottles of water during CPSA's annual water drive in July, for distribution to people who are homeless. The bottled water was donated to La Frontera Center's Readily Accessible People Program (RAPP) Team and to Southeastern Arizona Consumer-Run Services (SEACRS) for distribution.

## NARBHA gives to our Troops

NARBHA was recognized last month for its continued efforts to send care packages to the troops overseas. After receiving the NARBHA care packages on July 4, 2010, the 908<sup>th</sup> Expeditionary Air Refueling Squadron stationed in AL DHA-FRA AB, United Arab Emirates, flew a flag in honor of NARBHA's efforts to support troops as well as the hard work focusing on recovery for persons faced with mental illness.

That flag and the plaque commemorating the event are proudly displayed at NARBHA.

## **G**et Informed: DBHS Quarterly Health Initiative

Did you know that, after skin cancer, prostate cancer is the most common cancer in American men? It affects 1 in 6 men, and nearly 75 men in America die from prostate cancer every day. The ADHS/DBHS' Quarterly Health Initiative (QHI) is currently featuring prostate cancer. RBHAs and service providers are encouraged to help educate members about prostate cancer. Also, at the QHI website you can download informative materials on this topic and previous quarterly health topics. You will learn about prostate cancer, risk factors, potentially risky behaviors and also how to discuss the topic with your medical doctor or behavioral health provider. Visit <http://www.azdhs.gov/bhs/qhi/>.

Note: the next quarterly topic, beginning October 1, is Breast and Cervical cancer. **A free webinar for providers will be held on October 7 at 9am.** Materials and webinar information will be available in the QHI website prior to the webinar.

## **Work First! A Program ‘Working’ to Build Behavioral Health Recipients’ Confidence and Employment Skills**

By Greg Gale, MD, CMCO, Partners In Recovery



Partners In Recovery (PIR), an adult behavioral health provider network comprised of three community organizations (Recovery Innovations of Arizona, the Marc Center, and Jewish Family & Children’s Service), took that concept to heart and to the individuals they serve who are challenged by mental illness or developmental disabilities.

PIR launched a **Work First!** supported employment program in its Mesa, Phoenix, Peoria and Wickenburg clinics over the past few months. The idea is simple—work is rehabilitative

Partners In Recovery (PIR), an adult behavioral health provider network comprised of three community organizations (Recovery Innovations of Arizona, the Marc Center, and the Jewish Family & Children’s Service), took that concept to heart and to the individuals they serve who are challenged by mental illness or developmental disabilities. PIR launched a **Work First!** Supported employment program in its Mesa, Phoenix, Peoria and Wickenburg clinics over the past few months. The idea is simple—work is rehabilitative.

The typical experience of people with serious mental illness is that they’re told they shouldn’t or won’t ever work again. The **Work First!** program illustrates how work is an

integral part of recovery by providing an outlet for individuals to develop job skills, self-respect and self-sufficiency despite their mental health challenges. Since the **Work First!** program was launched in May 2010, more than 100 PIR service participants have obtained jobs and earned paychecks through the program.

The program is realizing success and is “working” for participants. To date, employment programs have been developed in Mesa and Peoria where approximately 50 mental health recipients handle transactions at busy snack shops established there. These individuals are involved in taking inventory and ordering supplies, stocking shelves, handling purchase transactions, engaging in positive customer service, and learning other valuable employment and interpersonal skills.

At the Phoenix, Gilbert and Wickenburg clinics, recipients work in a successful assembly program where they learn responsibility and time management, and earn additional spending money for basic necessities. PIR’s Phoenix clinic also opened a clothes closet thrift shop where recipients track inventory, price items, organize items for sale and run the “business,” all while learning the basics of employment to land a job in the “real world.”

Following the success of these current programs, PIR hopes to roll out **Work First!** into other employment areas, including clerical and administrative responsibilities, landscaping and maintenance.

For more information about PIR’s **Work First!** supported employment program, call (602) 650-1212 or visit [www.partnersinrecovery.us.org](http://www.partnersinrecovery.us.org).

### **(continued from page 1)**

The Coalition is composed of members who are part of the children’s and the adult systems of care. They are peers and parents who are employed inside and outside the behavioral health system and they are from all parts of the state.

Those strangers served on every workgroup that made Non-Title XIX decisions including the Project Leads Committee. They sit on the committee that is restructuring the Arnold case and the Outcomes Committee as well as other sitting Committees. There are other Committees and workgroups that will soon be adding peers and family members to their rosters. The Coalition usually meets every two weeks in Phoenix. Members from outside Phoenix attend by phone. They meet with Bob Sorce for a monthly Brown Bag Lunch where they discuss issues of importance to all parties. The dialogue at those lunch meetings has already had a positive impact on how the Division and the people it serves collaborate on improving the system of care.

For more information about the Arizona Peer and Family Coalition, contact Don VandenBrul by e-mail at [info@azpfc.org](mailto:info@azpfc.org) or call him at (480) 213-6257.