

Recovery WORKS

Laura K. Nelson, M.D.
 Deputy Director, Division of Behavioral Health Services (DBHS)
 Chief Medical Officer, Arizona Department of Health Services (ADHS)



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Peer Success Story

Story by Patty Howard

I had been using drugs and alcohol for twenty years. I joined the military right out of high school and continued using alcohol and drugs all throughout my military career. I was married when I was 25 years old to a man who was also in the military.

Later, I moved to Arizona and my drug addiction took a fast and downward turn. My life was totally out of control. I was diagnosed with lupus, fibromyalgia and coronary artery disease and I became very depressed. I could no longer maintain a job due to the illness, drugs and alcohol. My drug use became so bad that I was no longer functioning as a rational, thinking person.

Eventually, I was caught with drugs and taken to jail. I spent three months there. I was released and put on probation. I violated my probation and was sent to tent city work furlough for ninety days, then intense probation house arrest for eight months. After intense probation was over, I was put on regular probation. In the meantime, my husband left me and my family didn't want anything to do with me.

I started a program at the Veterans Administration for substance abuse and they sent me to a thirty day facility.

After completing that program, I started intense outpatient at the Veterans Administration.



Patty Howard, Peer Mentor

Through this program, one of the counselors noticed my history of relapse and recommended for me to see a psychiatrist at the Veterans Administration. So I started addressing issues with my depression and got on medication to treat it. I started

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Increasing American Indian Access to Behavioral Health Care

The State of Arizona is home to twenty one Federally recognized tribes. The Arizona American Indian population comprises approximately 6.2% of the 4.1 million US American Indian population as of April 1, 2000. The Arizona American Indian population per the 2000 US Census was 255,879 or 5% of Arizona's total population. This population, with a myriad of individual tribal cultures, languages and status as sovereign nations, presents unique challenges for access to the state's behavioral health services and managed care system.

Arizona's behavioral health services are "carved out" from its managed-care system and administered by the Arizona Department of Health Services Division of Behavioral Health Services (ADHS/DBHS) through Regional Behavioral Health Authorities (RBHAs). Arizona is unique in that there are five

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COALITION CORNER

Coalition Impact Continues to Grow

The Arizona Peer and Family Coalition is having a profound impact throughout the state. The Raise Your Voice focus groups held by the Division of Behavioral Health Services were facilitated in many cases by members of the Coalition. Now that the focus groups have all been held, community members, many from the Coalition, are inputting the data collected into the software being used to create reports that will provide meaningful feedback for ADHS/DBHS and especially for the Arnold Court Order Revision Workgroup. Next month's issue of Recovery Works will have more information about the volunteers who have made this initiative so successful. [Click here](#) to access more information about the Raise Your Voice project and focus groups.

On another effort, members of the Coalition have teamed together with the Office of Individual and Family Affairs to travel around the state and introduce the Coalition to peers and family members who are not able to travel to Phoenix on a regular basis for meetings. These trips to places such as Payson, Flagstaff, and Sierra Vista are very well received because they see ADHS/DBHS and the Coalition as being very proactive in hearing what successes and shortcomings people in these distant locations experience. The next trip will be to Yuma in early February.

Lastly, in December 2010, Mari Bilderback from ADHS/DBHS gave a presentation to the Coalition announcing the "then upcoming" Outcomes Framework which was developed over several months in the last year. This presentation was the first one given to members of the community at large. It gave Coalition members a great sense of pride that we were first to hear the results of the hard work done by the workgroup led by Ms. Bilderback.

The Coalition usually meets every two weeks in Phoenix. Members from outside Phoenix attend by phone. For more information about the Arizona Peer and Family Coalition, contact Don VandenBrul by e-mail at info@azpfc.org or call him at (480) 213-6257.

OIFA Highlights: OIFA Administrator at Cenpatico

As a person who has received services in a few states around the country, Tom Kelly arrived in Arizona in 1998. For the past ten years Tom has been working in the Arizona public mental health system. His experience includes providing technical assistance to provider agencies and Regional Behavioral Health Authorities to help educate, coach and train staff in recovery principles and the use of strength-based and person-centered planning principles. Currently Tom serves as Cenpatico's Individual and Family Affairs Administrator. According to Tom, that role

includes "building partnerships with individuals, families and youth to promote recovery, resiliency and wellness." It is important to increase the individual and family voice in areas of leadership and service delivery, something that Tom has been working on for many years! Another important task mentioned by Tom, "is to partner with individuals and families to identify and remove barriers to service." One barrier that continues to be a challenge in the public mental health system is stigma. Tom

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RAISE YOUR VOICE project

In the final weeks of December, 2010, the Raise Your Voice project focus groups came to an end. Overall, there were 26 focus groups throughout the state (19 in Maricopa County) attended by about 370 people. ADHS/DBHS is very grateful to all of the individuals that took the time and effort to attend and participate. The attention has now shifted to data entry and analysis. The challenge is to take the feedback, record it into a database, analyze it and report on the findings. In preparation for this, members of the System Transformation Team, including a peer member with a background in statistics, took the data from one focus group and conducted a "test run" for data entry. The test run allowed the team to assess any practical problems that might arise when dealing with such a large

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PEER SUCCESS STORY *(Continued from page 1)*

a Peer to Peer class at the Veterans Administration and learned so much about myself, my depression and my addiction. It has helped me maintain my sobriety and my mental health.

“I could no longer maintain a job due to the illness, drugs and alcohol. ...Today, I am clean and sober.” —Patty

Today, I am clean and sober. I am active in a twelve step program. I am a Peer Mentor as well as a Peer to Peer Mentor Training Facilitator trained by NAMI, Arizona. I am a member of the NAMI Phoenix affiliate. I am still participating in Relapse Prevention at the Veterans Administration. I am an active member in my Church.

My husband and I are back together and my family supports me 100%! I am currently enrolled in NAMI Connections Class at the end of January. I have also been involved with DBHS; facilitating focus groups to help people with mental challenges get their voice heard about their treatment and other concerns. I am also responsible enough today to be able to take care of my 83 year old mother who suffers with Alzheimer's Disease and dementia versus her being put in a nursing home. Most importantly, all this is not possible without God and His mercy and grace in my life.

Recovery and Resilience at Work in Arizona

Since the tragedy in Tucson on January 8th, 2011, Arizona and the behavioral health system have demonstrated remarkable recovery and resiliency. Not only have we supported each other through our grief, but we have used this time as an opportunity to reinforce our strong and important message. This has been a time to educate the general public about the responsibility and role everyone has in preventing, detecting, and intervening early when they are concerned about the mental health of someone they know. We have spoken out with the facts and tried to debunk the myths associated with mental illness. Our system rapidly responded to this tragedy with local resources and supports already available within our system of care...we have been able to meet the immediate needs of communities across the state with compassion and skill.

In Tucson, through the leadership of Community Partnership of Southern Arizona (CPSA), behavioral health providers outreached to all members of the community offering crisis counseling and other mental health services. Schools, businesses and faith-based organizations were specifically contacted to make sure those affected by the tragedy, either directly or indirectly, had access to mental health services. CPSA immediately established a tragedy support line (520-284-3517) staffed by trained professionals to provide support, information and counseling to individuals in need within Pima County.

In Maricopa County, Magellan Health Services, also quickly established a 24-hour hotline (1-800-203-CARES or 1-800-203-2273) for people outside of Pima County who had questions, concerns or were in need of help. At this point, more than 550 calls have been received through the two support lines - many were callers who wanted to talk about what happened, while many others wanted to know how they could help.

However, as the acute reactions to this tragedy are now subsiding and the newspaper headlines have shifted to other topics, our work is not done. We must continue to educate the general public about mental illness and substance abuse. These public health issues are no different than obesity or diabetes. The earlier any illness is identified and treated, the better the outcomes will be. The discrimination associated with mental illness and substance abuse continues to be very real, and family, friends, neighbors, classmates, colleagues, and others can help eliminate this damaging stigma by accepting the vital role we all play in behavioral health promotion, prevention, early recognition, and early intervention with treatment and other supports. Conversations about mental health and wellness belong in our everyday conversations in the same way we talk about physical health conditions.

ADHS/DBHS has developed a number of user-friendly practical tools that friends, family members, neighbors and others can use when helping someone they are concerned about. Visit our website at <http://www.azdhs.gov/bhs/> to check it out. However, we are planning to do much more in the coming months across Arizona to offer formal educational training opportunities to members of the general public. Participants will learn about the risks associated with developing mental illnesses, the early signs and symptoms one can detect, and how to intervene compassionately and competently.

Stay tuned for more in the next *Recovery Works* newsletter. We need everyone to know that recovery **is possible!**

Arizona 2011 Homeless Street Count

Twenty two employees from ADHS and members of their families teamed up on the evening of January 25 to join the national effort to rid the nation of homelessness. The first step is to produce clear evidence of the need by providing the government with (as closely as possible) the actual number of people who are homeless in each state and the services they need to end homelessness. On Tuesday night, this team participated in the statewide effort to get this year's "point-in-time" count completed. This proven method of counting homeless people by actually hitting the streets and counting reduces the chances of a duplicated count. Our ADHS team partnered with other state and local agencies, and faith-based organizations and went out with flashlights for several hours Tuesday night to help with this year's count.

ADES will compile and publish the data which will be published in about three months in their [Annual Report on Homelessness in Arizona](#). This annual point-in-time count assures Arizona's share of millions of federal dollars to provide housing, treatment and services for Arizona's homeless citizens.

Thanks to the partner agencies, T/RBHAs, ADHS employees, family members and friends, and all members of the PATH outreach team statewide for helping with this important effort. The ADHS team members were: Brenda Robbins, John Gallagher, Idalia Brown, Linda Cram, Dr. Tim Flood, Kevin Flynn, Daniel Crough, Emma Kibisu, Lubna Tabassum, Diane Wormley – Anderson, Dara Cirincione, Rima Iacovelli, Buzz Iacovelli, Stephanie Uetrecht, Desmond Uetrecht, Donna Logan, Eunice Argusta, Ian Hubbert, Joan Hubbert, Jane Thompson, Dave Boonney If you want to participate next year, please contact [Brenda Robbins](#) in DBHS.



Team DBHS gearing up for the homeless count.

Magellan of Arizona gives computers to service recipients & family members to aid with mental health recovery

In December 2010 Magellan of Arizona gave residents in central Arizona's behavioral health community, a unique and influential recovery tool - a computer. As part of the fourth annual Computer Giveaway Program, 280 service recipients and family members involved in their recovery received a computer. An additional 20 computers were awarded to peer/family run and provider agencies.

Since 2007, Magellan of Arizona has given away more than 600 computers to service recipients and family members, and another 180 computers to peer/family run agencies. The refurbished computers come to Arizona from Magellan offices throughout the country, and are part of Magellan's commitment to community reinvestment. This year, more than 40 employee volunteers reviewed and scored nearly 400 applications.

Magellan is dedicated to building a Regional Behavioral Health Authority (RBHA) for central Arizona that is community-driven and focused on recovery, resiliency and superior program outcomes. Committing to give away computers to the Arizona community on an annual basis is just one way of achieving this goal and making a difference in many lives. To learn more, [click here](#).



On Friday, Dec. 10, winners received their computer during pick-up day held at Magellan of Arizona's administrative office in Phoenix.

INCREASING AMERICAN INDIAN ACCESS TO BEHAVIORAL HEALTH CARE *(Continued from page 1)*

Intergovernmental Agreements (IGAs) with tribes. Three of the IGAs are with tribes and are designed to function as Tribal RBHAs. Tribal members who do not receive services through the Tribal RBHAs are assigned to their nearest RBHA. Prior to 2008, American Indians had limited use of behavioral health services provided by the RBHAs.

The RBHAs are a statewide system of professionally administered networks that provide integrated managed behavioral health care to members in specified Geographic Service Areas (GSAs). Generally, the RBHA staff and providers are non-Indian and not familiar with the tribes, their cultures, the tribal government structures, nor are they at ease in going to tribal settings and initiating working relationships with the tribes in their GSAs. For this reason, ADHS/DBHS initiated a contractual requirement that the RBHAs employ an individual to be a tribal liaison. This tribal liaison position would have the following two main functions: 1. Begin work with the sovereign tribal governments in the GSA to identify and coordinate the development of behavioral health services to meet the needs of the tribal communities, and 2. Begin to address individual coordination of care issues related to American Indian clients attempting to access RBHA services. By the end of 2008, all RBHAs had hired a Tribal Liaison.

Since 2008, there have been major accomplishments in increasing access to behavioral health services for tribal members. Some highlights include:

- There have been eight letters of agreement between RBHAs and tribes granting permission for the RBHAs to provide services on tribal lands.
- The first outpatient behavioral health clinic operated by a RBHA provider on an Indian reservation in Arizona was opened in 2010 on the Tohono O'odham reservation.
- Crisis services have been planned and developed on the San Carlos Apache, the Hualapai, Ft. Mohave, Tohono O'odham, and Ft. McDowell Indian reservations by all the RBHAs.
- Work is being finalized for the co-location of Magellan providers (SMI evaluators) in the Indian Health Service (IHS) Phoenix Indian Medical Center (PIMC) for better coordination of care for clients.

Below is the contact information for each of the RBHA Tribal Liaison:

NARBHA:
[Cheri Wells, L.P.C.](#)
 (928) -774-7128

CPASA:
[Julia N. Chavez](#)
 (520) 618-8863

CENPATICO:
[Sheina Yellowhair](#)
 (866) 495-6738, x26192

MAGELLAN:
[D'arcy Roybal](#)
 (602) 797-8373

The four RBHAs hired very unique individuals. They all have experience working for and with tribes and have worked and lived in tribal communities. The Tribal Liaisons, all except for one, are members of an American Indian tribe. The one Tribal Liaison who is a non-tribal member has extensive experience living and working on an Indian reservation. Several Tribal Liaisons travel thousands of miles during the year in order to meet with the tribal staff in the rural and isolated tribal communities. A crucial quality of the Tribal Liaisons is their commitment and dedication to increasing access to care for American Indians.

RAISE YOUR VOICE PROJECT *(Continued from page 2)*

amount of data. As a result, the Team developed a data entry protocol, which was used to make sure all of the data would be entered uniformly and consistently. On January 12, 2011, ADHS/DBHS provided data entry training, utilizing this protocol, to a group of peer and family members who graciously volunteered to enter all of the data. The following week the mission was underway, and six peers and family members tirelessly began the colossal undertaking of data input. To date this phase of the process is in its final stages, and the bulk of data entry is complete.

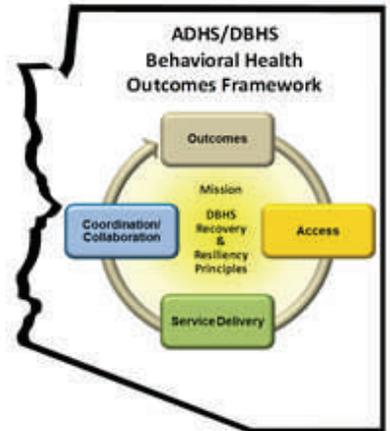
In the next few weeks, the data will undergo an audit process and then be analyzed for themes, trends and issues using an SPSS (Statistical Package for the Social Sciences) software program. Ultimately, the information will be published in a report which will be released to the community. Most importantly, it will be used to make improvements to the behavioral health system, whenever and wherever possible, and to begin the process of negotiating revised court orders in *Arnold vs. Sarn*.

ADHS/DBHS is incredibly grateful to all of the community participants and volunteers that have made this project such a huge success. To each and every one of you, for your time, energy, diligence, commitment, and especially, your hard work, we truly thank you!

ADHS/DBHS Launches New Tool to Measure Behavioral Health Outcomes

ADHS/DBHS' mission is to ensure that all persons touching the behavioral health system have easy access to high quality services in their communities that improve their overall quality of life. ADHS/DBHS is excited to announce the launch of its first Outcomes Framework Dashboard! With the assistance of peer and family members, ADHS/DBHS developed an intuitive, user friendly Dashboard and Scorecard reflective of nationally recognized measures and the priorities of people served by the ADHS/DBHS system of care currently collected by ADHS/DBHS.

The [ADHS/DBHS Outcomes Framework](#) includes a Dashboard and GSA Scorecards which support the [Arizona Recovery and Resiliency Principles for Children](#) and the [Adult Recovery Principles](#). The Dashboard provides at a glance, high level performance data on a statewide and GSA level. The balanced Scorecard highlights not only the administrative data ADHS/DBHS and its Contractors collect, but also prioritizes individual and family member feedback in order to allow ADHS/DBHS to critically analyze this very important aspect of service system evaluation: people's perception of care.



As seen in the graphic above, the Framework has four priority categories: Outcomes, Access, Service Delivery and Coordination/Collaboration. Within each category are four to six unique measures that inform ADHS/DBHS and the Dashboard user on how the ADHS/DBHS system of care is functioning in that area. The Dashboard is available on the ADHS/DBHS web site and shows how the system performs on the Nationally-recognized outcome and process measures. Information is presented statewide, by adult and child programming and for both groups combined by GSA. Keep an eye on the ADHS/DBHS website, as the data in the dashboard will be updated quarterly, semi annually and annually. Also, ADHS/DBHS wants your feedback on the dashboard, so stay tuned for future opportunities to provide input and suggestions to ADHS/DBHS.

Spanish-Language Radio

Magellan of Arizona renewed its partnerships with Spanish radio stations KNAI-Radio Campesina, 88.3 FM and KNUV-Onda 1190 AM to reduce stigma, clarify misconceptions about mental health and raise awareness on substance abuse resources among the Spanish-speaking population in central Arizona through a series of special radio segments. Spanish speakers can now tune to 1190 AM each Tuesday between 7-8 a.m. to hear the latest about Magellan and mental health news. Segments on Radio Campesina started on January 21 and will continue to air every other Friday from 11:30 a.m. to 12 p.m. Upcoming topics include the statewide Tucson crisis hotline, post holiday meltdown - dealing with financial stress, school bullying, eating disorders and many others.

OIFA HIGHLIGHTS *(Continued from page 2)*

currently serves as the chair for the Community Outreach subcommittee of the Arizona Stigma Reduction Committee. "Recovery is real, treatment works" is a message that Tom tries to help communities understand. Tom shares that advocating for supportive and welcoming environments along with promoting the availability of peer support and family support programs is an important aspect of his day to day work at Cenpatico. Since taking over the contract in 2005, Cenpatico, along with the help from Mr. Kelly, has been able to increase the number of peer support or recovery support specialists from around 35 in 2005 to just over 150 peers today!

Prior to moving back to Cenpatico, Tom worked for the Arizona Department of Health Services Division of Behavioral Health Services (ADHS/DBHS) as the Manager for the Office of Individual and Family Affairs (OIFA), Cenpatico Behavioral Health of Arizona, Value Options and two provider agencies in the Phoenix metropolitan area. Tom has presented at national, state and local conferences on topics including homelessness, peer support, and recovery principles.

Project H3: Home, Health, Hope

[Project H3: Home, Health, Hope](#) is a collaborative effort of community leaders from the non-profit, governmental, business and faith-based communities in the Greater Phoenix area striving to end homelessness in our communities. Project H3 shows the local efforts of the [100,000 Homes Campaign](#), a national effort to house 100,000 individuals by July 2013.

In early April 2010, 36 teams of over 170 community volunteers canvassed the streets of targeted areas in Phoenix, Mesa and Glendale. The volunteers utilized a "Vulnerability Index" survey tool and identified the 50 most medically vulnerable chronically homeless individuals at the highest risk of premature death if they remained on the streets. Most of these folks face tri-morbidity issues – medical, psychiatric and substance use. Utilizing a "housing-first" model, these individuals are rapidly moved into permanent supportive housing, based upon need, not "entitlement," where these complex issues can start to be addressed from a safe stable place to live. For more information please email [Joan E. Serviss](mailto:Joan.E.Serviss) or call 602.340.9393.

"Out on My Own" brochure available!

Recently, the Family Involvement Subcommittee of the AZ Children's Executive Committee received a presentation on the "Out on My Own" brochure from Barbara Kern from SEABHS. This brochure was developed by the Youth Transition Workgroup of Cochise, Graham, Greenlee and Santa Cruz Counties and is directed toward youth who are transitioning to independence. The brochure benefited from input from local young adults who were learning to live on their own.

The brochure includes information and websites for resources on topics like budgeting, transportation, education, financial aid, tenant rights, birth certificates, social security cards registering to vote, food assistance, medical care and support services. On two sides of one piece of paper, loads of information and resources are packed in and can be a big help. In addition to being helpful to young adults, it could also be a helpful resource to families who are trying to get established after being homeless. For a copy or information about the Out on My Own Brochure, contact Barb Kern at Barbara_Kern@seabhsolutions.org or Vicki Johnson @ vickij@mikid.org.

New Quarterly Health Topic

For the quarter beginning January 1, 2011, the ADHS/DBHS Quarterly Health initiative is promoting the topic **"Physical Activity & Mental Health."**

Physical activity is key in preventing many diseases overrepresented in people with behavioral health disorders and serious mental illness - like bipolar disorder, anxiety disorders, schizophrenia, or clinical depression.

This quarter's handouts for members and providers are [now available online!](#) Behavioral Health Providers are encouraged to place these informational handouts in areas visible to their clients. Everyone is encouraged to ask their questions about physical activity and make a positive lifestyle change!



Coming Up...

NAMI VALLEY WALK 2011 on March 27th

At 1 PM on Sunday, March 27th, the 2011 NAMI Valley Walk will step off at Tempe Beach Park to the sound of music and enthusiasm. *NAMI Walks---Changing Minds...One Step at a Time* is an awareness-raising event of the National Alliance on Mental Illness (NAMI), the nation's largest grassroots mental health organization dedicated to improving the lives of individuals and families affected by mental illness.

Come join thousands of Arizonans assembled into teams to walk to raise both awareness of mental illness and dollars for education, support, and advocacy for all affected by mental illness. Bring your friends and family to a fun event with entertainment and a good time for all. Visit [NAMI](#) to register for the walk, to sponsor a walker or team, or to locate information about various volunteer opportunities.

MY LIFE

Planned and produced by members of Magellan Youth Leaders Inspiring Future Empowerment (MY LIFE), the fourth annual MY Fest youth festival will take place in Tempe, Arizona on Saturday, April 23, 2011. This exciting event will feature live music, a break dancing crew competition, entertainers, artists, food, youth groups, and a variety of youth and family-based Valley organizations offering information, resources and services. MY Fest '10 drew a crowd of nearly 5,000 people, more than doubling the 2009 event attendance, and featured 80 youth and family serving community and social service organizations. MY Fest '11 will no doubt be even bigger and better than ever before! See [video highlights](#) from MY Fest '10 and learn more about how to become an [exhibitor](#) and/or [volunteer](#) at this year's event! Find it on [Facebook](#).

SAVE-THE-DATE for the Southwestern School for Behavioral Health Studies

Yes, it's exciting to announce that the [43rd Annual South West School](#) (SWS) will once again be held at Loews Ventana Canyon in Tucson on August 22-25, 2011. A Pre-Conference for Clinical Supervisors (6 hours) will be on Sunday, August 21st. Our theme: "Resilience in Tough Times: Renewing & Strengthening Self, Family & Community"

A sneak preview of a few keynote speakers include David Mee-Lee, M.D. (on recovery and co-occurring addictions), Frank Campbell, PhD, LCSW, CT (hope and healing topics around suicide), David Verhaagen, PhD (treating the iGeneration), David Conrad, LCSW (secondary traumatic stress) and Robert Johnson, D.O. (neurobiology of misbehavior & addiction).

About ADHS/DBHS:

The Division of Behavioral Health Services is a Division within the Arizona Department of Health Services. DBHS manages Arizona's publicly-funded, statewide behavioral health system. Learn more at www.azdhs.gov/bhs/.

Vision:

All Arizona residents touched by the public behavioral health system are easily able to access high quality prevention, support, rehabilitation and treatment services that have resiliency and recovery principles at their core, which assist them in achieving their unique goals for a desired quality of life in their homes and communities.

SUBSCRIBE TO RECOVERY WORKS today!

To submit articles for the next issue of Recovery WORKS, please email your article by February 18, 2011 to OIFA@azdhs.gov. Looking for positive stories that inspire, encourage, showcase, or highlight achievements in recovery. 200 words maximum, 2 photos maximum (must provide ADHS/DBHS publishing rights).

Mental Health: Everyone Has It!

