COMMUNITY MENTAL HEALTH OPENED UP MY LIFE

MALKIA MAISHA NEWMAN

FROM MEXICO WITH LOVE

YANET AND NATALI GUTIERREZ

P.54

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NATIONAL COUNCIL

Celebrating Community Mental Health and Addictions Treatment

P.9

[50 YEARS, 50 STORIES]

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The National Council for Behavioral Health (National Council) is the unifying voice of America’s community mental health and addictions treatment organizations. Together with our 2,000 member organizations, we serve our nation’s most vulnerable citizens — the more than 8 million adults and children living with mental illnesses and addiction disorders. We are committed to ensuring all Americans have access to comprehensive, high-quality care that affords every opportunity for recovery and full participation in community life. The National Council pioneered Mental Health First Aid in the U.S. and has trained over 100,000 individuals to connect youth and adults in need to mental health and addictions care in their communities.

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As a young college graduate I went to work in a state psychiatric hospital. I saw adults struggling to retain their dignity while they were marched into a communal bathroom to be counted at the change of every shift. I saw men and women restrained because they dared to question staff. And I met families of patients afraid to complain for fear of retribution. I vowed then that I would join the pioneers working to remake treatment for people with serious mental illness.

Today, 50 years after President John F. Kennedy signed the Community Mental Health Act of 1963, we remember his call for a bold new approach to mental health and developmental disabilities, one in which the “cold mercy of custodial care would be replaced by the open warmth of community.”

In these last 50 years, we’ve seen what open warmth can do to transform the lives of people in the deepest despair. We’ve learned that people with mental illnesses and addictions can recover and live fulfilled lives in their communities. We’ve seen what hope and care can accomplish. We’ve seen it in the lives of thousands like the 50 individuals who chose to share their stories in this special issue of National Council Magazine.

We applaud and appreciate these 50 individuals — for sharing their struggles and accomplishments, for having the courage of their dreams, and for reminding us that people don’t recover in isolation, they recover in a community.

As Oprah Winfrey reminds us, “Every one of us gets through the tough times because somebody is there, standing in the gap to close it for us.” We thank all those who stand in the gap — policy makers, organizational leaders, peers, and staff who go above and beyond to support recovery. Their dedication is evidenced in the stories spanning these pages.

The people profiled in this magazine represent the legacy that JFK called for when he said, “The new frontier is here, whether we seek it or not. Beyond

Global Burden of Disease Study — more people are dying or falling ill as a result of addictions and mental illnesses than from HIV, tuberculosis, and diabetes — makes clear the work ahead.

Cost-effective interventions are available for most disorders but adequate financial and human resources are needed to deliver these interventions.”
that frontier are the uncharted areas of science and space, unconquered pockets of ignorance and prejudice, unanswered questions of poverty and surplus.” JFK believed the times demanded new invention, innovation, imagination, and decision and he asked each of us to pioneer his vision.

In the past 50 years, the pioneers on the new frontier have achieved significant progress in treating mental illnesses and addictions. Science brought us new knowledge — new medications, psychotherapies, peer support, and technologies that expanded our ability to treat and support a range of conditions. Individuals won new rights — to be free from coercive treatment, to live in the least restrictive setting, and to work and play alongside their neighbors.

Yet, as JFK warned us, “The problems are not all solved and the battles are not all won.” We have not yet realized the full potential of community-based care. We continue to struggle with inadequate and misaligned financing arrangements, salaries, clinical training, and systems of accountability.

An analysis of data from the 2010 Global Burden of Disease Study — more people are dying or falling ill as a result of addictions and mental illnesses than from HIV, tuberculosis, and diabetes — makes clear the work ahead. Worldwide, between 1990 and 2010, the incidence of mental illness has gone up by 38 percent, and depressive disorders account for 40 percent of worldwide death and disease burden.

Professor Harvey Whiteford from Australia, who led the data analysis that revealed these shocking statistics notes, “Cost-effective interventions are available for most disorders but adequate financial and human resources are needed to deliver these interventions.”

We must reclaim the new frontier, revitalizing the original intent of community behavioral health — where community resources address and build on community needs. We must embrace scientific advances that promise new discoveries in brain research and advocate for public policies that emphasize prevention and early identification as well as treatment.

We have pockets of innovation and excellence in every community, but we need policies that take these practices to scale. We have three decisive opportunities — three current bills in Congress — that advance our mission to reduce the burden of disease and death caused by mental illness and addictions:

- **The Mental Health First Aid Act** offers education and training to teachers, health workers, firefighters, police officers, emergency services personnel, and other community members.
- **The Excellence in Mental Health Act** creates Certified Community Behavioral Health Centers to better meet the needs of people currently being served, and those who will seek care as a result of coverage expansion and parity.
- **The Behavioral Health IT Act** provides financial incentives for the adoption and “meaningful use” of health information technology — the bedrock of improved care and coordination among practitioners — for mental health and addiction treatment providers and facilities.

The challenges of the new frontier do not seem as daunting after reading about those profiled in this magazine. Their bittersweet stories of hope, recovery, and in many cases, redemption, counter desperate battles with mental illness and addiction. They inspire us to march forward.

**LINDA ROSENBERG, MSW, PRESIDENT & CEO**

**National Council for Behavioral Health**

@LindaRosenberg

CenterPointe
As early adopters of integrated care we couldn’t be prouder to be a member of the National Council. Thank you for continuing to lead.

National Center for PTSD - U.S. Department of Veterans Affairs via National Council For Behavioral Health
In this commentary, the head of the National Council of Behavioral Health argues that it’s “health care was cost, followed by insurance coverage issues and confusion over where to go for such care” that keeps people from getting mental health care, not stigma. What do you think?

Barbara Law in Response to Torn Between Two Causes?
on Linda’s Corner Office Blog
(www.TheNationalCouncil.org/Lindas-Corner-Office)

I had my last drink 15 years ago. I never saw myself as an alcoholic, I was simply in a lot of pain and wanted to numb self. For me there is no separation between substance abuse and mental illness (being unbalanced). One can’t advocate for one and not the other.

Kenneth Davis in response to New Mexico Behavioral Health Fraud Unexplained
on Linda’s Corner Office Blog
(www.TheNationalCouncil.org/Lindas-Corner-Office)

The agency I work for is in danger of closing by the end of the month displacing almost 2,000 behavioral health consumers. We have still not been informed of what the problem is or what we are required to do in order to come into compliance. I do not understand why the state has chosen to purposefully and unnecessarily cripple it’s behavioral health infrastructure... This action is unlawful and funding should be restored for the sake of the consumers.

Chris Kozak in response to Is Mental Health Stigma Overrated
on Linda’s Corner Office Blog
(www.TheNationalCouncil.org/Lindas-Corner-Office)

I tend to view the issue with stigma not as a barrier to accessing treatment, but instead a barrier to recovery. If you walk down the street with a broken arm people will try to avoid hitting your arm - but they do not avoid you. If you walk down the street carrying on a heated discussion with yourself and look unkempt people will avoid you. Imagine living in a community that seeks to avoid you. Not a welcoming place to be. Yet recovery efforts attempt to connect people to this very same unwelcoming community. I guess it is all in how you view the impact of stigma.
Lahey Behavioral @NthShoreHealth 27 Jun
U gotta watch this gr8 short film from @Nationalcouncil on living w/ + recovery from #mentalillness, #addiction bit.ly/18bGre8
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Never Better

Michelle Flint has a mental illness. She couldn’t tell you which one, though. Her clinicians say she has depression with psychotic features. She’ll tell you she has schizophrenia. It’s of little matter, either way. She navigated decades of complicated mental healthcare — both inside hospital walls and outside in her Iowa community — to create a life of which she is proud.

“My life has never been so positive as it is right now,” she emphasizes.

Flint knew she had something going on at age 16, but it wasn’t until college things really began to feel wrong. She was hearing voices — vociferous ones. “The voices got so loud I’d hide in the closet,” she says.

But like so many people facing mental illness, Flint felt too ashamed to seek help from her college health system. Eventually, she dropped out and went into a long cycle of psychiatric hospitalizations — spending more time inside than out.

She hated those hospitals.

Then, after 27 years, friends of her family pointed her toward the Abbe Center, a comprehensive community-based care agency in Cedar Rapids that involved her with the specialized services, treatments, and supports that helped her stay in her community — at last. She was skeptical about independent living at first, saying, “I didn’t know if I could do it. Every time I was in an apartment before, I messed it up, ended up trying to commit suicide. It just didn’t work.” But, she gave it a go.

Flint’s recovery started in the transitional living program. She remained there for many years. Eventually, she progressed to the case management program, which recognized that she needed much less hands-on support. And now, she’s a peer support employee of the Abbe Center and a student in college again, a mere year away from attaining the bachelor’s degree she started years ago. She studies social work.

Brook Alden, team leader of community support services at the Abbe Center, was one of the staff members who worked with on her recovery.

“It’s amazing to hear her talk,” says Alden. “She used to struggle even talking about her psychotic symptoms. For a long time, I didn’t even know she heard voices on a daily basis because she didn’t tell me. She was really ashamed of it and I said, ‘Michelle, why be ashamed of it? It’s not your fault. You’re not the one who caused this, and it’s not going to go away by ignoring it.’ I’m so glad she can share that with other people now. I can tell she’s in a real state of acceptance.”

“I hear voices all the time and I have anxiety all the time,” says Flint. But, she has learned the skills that help her manage those symptoms. “I just take a step back, regroup, and start over. I have problems with negative thinking, but in the last few years, I’ve grown out of it some. Through pushing myself I’m able to step outside my comfort zone at times,” says Flint. She also uses music and imagery to soothe herself when she needs to, and she doesn’t underestimate the power of the latest medications; the services and supports she has received through the Abbe Center and other programs, like the one that helps her with college; and the strength she gets through helping others with mental illnesses. “Without those supports, I’d never be where I am now.”
Linda Huston hoped to become a dancer, but a drug addiction quickly turned her dream into a living nightmare. At age 14 she was a regular user of alcohol, marijuana, and barbiturates, and at 30 she became addicted to crack cocaine.

She began stealing to have money to support her drug habit. Arrests followed the thefts and prison time followed the arrests. She built up a long criminal record that grew along with her family. She had five children which she left in the care of her mother. When she wasn’t in jail, she was smoking crack or drinking heavily. She lost jobs and stopped taking care of herself — not even taking baths or brushing her teeth.

“I told myself a year was all I needed, but I ended up staying three years,” she says.

“Linda started setting goals in her life, small ones at first,” says Adele Moore, Lead Community Support Counselor at Amethyst. “Little by little she’d achieve what she set out to do. I’d sit back and watch her grow.”

At first her children were skeptical of her transformation, but soon they were coming to Amethyst for visits and sleepovers. “My family started trusting me,” says Huston. “I got to join the kids at school meetings, games, graduations.”

She went back to school and earned a degree from Columbus State Community College. While in school, she interned at Amethyst. After the internship, she would visit regularly to talk to women in the lobby and give them hope by sharing her story of recovery.

Eventually, Huston began working at Amethyst full time as a case manager, a job she’s held now for three years.

“This is my field of expertise. I’ve been using drugs and alcohol most of my life,” says Huston. “I can take what was horrible and turn it into something good.”

LINDA HUSTON

Amethyst
Columbus, Ohio
Andrea Schmook has dedicated the last 25 years of her life to helping people with mental illnesses get well. Through volunteering, consulting and training, she shares her inspirational journey of bouncing back from schizophrenia and depression to let others see that the dream of recovery can come true.

As a child growing up in Alaska, she lived in constant fear of a god her father warned would punish her for the slightest infraction. She later married a Vietnam veteran who remained cold and aloof throughout their relationship. While raising two young children in the 1970s, the fear she experienced as a child began to creep back into her life. She had trouble sleeping, and spent nights pacing and hearing voices.

In 1977, state police took her to the Alaska Psychiatric Institute, where she received a diagnosis of acute paranoid schizophrenia. While hospitalized, a clinician told her, “Your life is over.” When she insisted she would recover, medical staff warned her that she would never get better.

She began therapy to fend off thoughts of suicide after her hospitalization. One day she asked her therapist if recovery is possible. Her therapist told her, “Andrea, I cannot fix you. You are the person with the problem, so you are the person with the solution.” That advice altered the course of her life.

“It’s like a light bulb went off in my head,” Schmook recalls. “I started to surround myself with people who believed recovery was possible.”

She began reading self-help books and determined that working was a good starting place on the road to recovery. In 1985, the governor of Alaska appointed her to serve on the Mental Health Advisory Council. One year later, she co-founded Mental Health Consumers of Alaska and served as the first president.

In 2005, Anchorage Community Mental Health Services hired her as director of consumer services, where she was eventually promoted to executive director. That same year, the governor appointed her to serve on the Alaska Mental Health Board, and in 2006 was voted to be chairperson.

Her nearly three decades of working in the behavioral health field has earned her many awards, including the U.S. Department of Justice’s Award for Public Services and the Outstanding Service Award as a Volunteer in Mental Health Consumer Advocacy by the state of Alaska. She is the first recipient of the Triumphant Spirit Award from the Illinois Department of Human Services, and in 1999, she was invited by President Clinton to attend the White House Conference on Mental Health in Washington, D.C.

Now retired and living in California, Schmook tells people struggling to recover that “God has a beautiful plan for your life.” After decades of being told she would never work and never get better, her life story certainly proves otherwise.

Andrea Schmook
Anchorage Community Mental Health Services
Anchorage, Alaska
You might say Quintina Chukes grew up with the Apalachee Center, a nonprofit behavioral health center in northern Florida. Having grown up with bipolar disorder, that connection was a very good thing.

As a child in Tallahassee, Chukes remembers being “angry all the time.” Hospitalized with complications from her bipolar disorder after her mother died, Chukes withdrew at home, but found a sounding board in the center’s staff and support groups. “I realized I wasn’t the only one going through things,” she says with gratitude. “We exchanged coping mechanisms. A great social worker made sure I was taken care of and got my meds.”

Chukes, who dropped out of school at 15, got herself back on track, earned her GED, and graduated from Tallahassee Community College, then Florida State – despite the ongoing putdowns from relatives. She applied for jobs in her field, international relations, but her first call came from the Apalachee Center. She took the job.

“I always said I wanted to work here because they treated me well and understood things going on with me and cared about me and others around me,” says Chukes, 28. “There’s no greater gift than to help people like yourself and understand when other people won’t listen to them.”
Jennifer Barr, team leader of the center’s Florida Assertive Community Treatment program, interviewed Chukes for the peer specialist position. When Barr learned that Chukes has been hospitalized at the Apalachee Center, it caught her attention, and she thought, “What better connection to the people in our program?”

Chukes had other qualifications, too. She’s bright, persevering, personable, and good at solving problems. She draws on a lifetime of overcoming her own struggles to help others through theirs.

For example, a client wanted to get a puppy and Chukes told them, peer-to-peer, “We need to get you under control first before you can take care of an animal.” To show she wasn’t being overly stern, she suggested a trip to an animal shelter to ask questions, like how much a dog costs and how much time one needs. They then realized a puppy was too much to take on just yet.

“I try to be a role model,” Chukes says. Often, that involves sharing her own experience and encouraging clients to learn from her road to recovery. Sometimes it involves retreating into the role of patient. “If I feel off, I know who and when and where to go to for help,” she says. “A case manager or my boss always knows what to do, and their doors are always open.”

Chukes has taken the lead on a health and wellness group and a women’s issues group. “I get to do all these wonderful things.” Her future includes working to get a peer specialist certification and possibly law school—but always some role in supporting mental health.

Quintina Chukes & Jennifer Barr
Apalachee Center
Tallahassee, Florida
Nearly one in seven homeless people are veterans.

Recognizing his ability to connect with other veterans, George became a peer specialist in 2010 for the Aurora Veterans Home through Aurora Mental Health Center in Colorado. The 15-bed facility serves veterans struggling with homelessness, substance use disorders and mental illnesses. The Home helps veterans connect with community resources and learn key life skills to help them make a successful transition to independent living.

“Coming here started to give me an identity and a purpose, a sense of belonging that made me feel like I am someone,” says George. “Now it’s my job to give that same feeling to other vets.”

“When we first started working with Michael, he was timid, not willing to say what was on his mind,” says Antoinette Dow, Program Director at Aurora. “To see the growth in him is truly overwhelming sometimes.”

“He walks the walk, connecting with other vets in a way that we can’t because the military is not our background,” says Chinaka Agwu, Program Director at Aurora Veterans Home. “It’s like a domino effect. The more he connects with vets, the more it makes them want to be more open, to share their stories.”

Agwu says the treatment team and George learn from each other.

“He’s always pointing out things we missed and he helps us to think outside the box. His presence enriches the team,” she says. “His positive attitude and amazing story of recovery and hope make him a true inspiration to all who come in contact with him.”

“Chinaka has really taught me a lot about myself, how to build my character,” says George. “She’s helped me be a better person and grow in so many ways.”

George says being a peer specialist is a way he can give back.

“Someone gave me a helping hand and now I want to do my part, pass it forward,” he says.

“It’s awesome how life goes. Sometimes other people see you better than you see yourself.”
A single mother with a 10-day-old baby faces eviction. A man who got himself off social security disability to work full-time later had his position reduced to part-time. A veteran department store employee was fired after an on-the-job injury. Each also has the additional challenge of maintaining recovery from a mental illness.

These individuals are only a few of the nearly 250 people served by the Ben Gordon Center who receive help from the Consumer Advocacy Council of DeKalb County (CACDC) in Illinois.

An all-volunteer, consumer-run council, CACDC supports people with expenses like rent, groceries, medication, utilities, and other personal needs. On average, they provide $1,500 support to each person.

“Finances are a major stressor for most people, and having an organization like the CACDC can help alleviate a lot of these concerns,” says Brett Koenig, a Ben Gordon Center case manager.

Robert (Bob) Putz, a Ben Gordon Center client, presented the idea of the council in 1998, and the center gave him $500 to start. Over the next 14 years — with support from the Ben Gordon Center, the county mental health board, local churches, and individual donors — CACDC raised more than $230,000. Ninety-five percent of funds go directly to individuals. Putz hopes to surpass $250,000 in total assistance provided by the end of 2015.

“It was very gratifying to assist consumers because we knew that they would need the assistance so much to manage their life, their medication compliance, and to have a goal of recovery,” says Putz.

To qualify for support, individuals must live in DeKalb County and have a case manager at the Ben Gordon Center. Individuals regularly attend case management appointments to request support and funds go directly to landlords and utility companies.

“When our clients need something, we’ll contact [the CACDC] and they’ll let us know exactly what they’re able to help out with,” says Koenig. “They know that they need to be compliant, otherwise they’re not going to be able to use this great resource. It makes our jobs a lot easier to have them around.”

Having the option for this kind of support allows clients to talk about financial stress and other life concerns, and for case managers to work with them on their finances so that they do not have to rely on the support regularly.

“Because it’s consumer run, clients are much more apt to come in and get help — they know that they would be dealing with someone that might be able to understand the same problems that they’ve been through,” says Michelle LaPage, development director at the Ben Gordon Center.

“ I wake up every day seeking ways to help more consumers, and that is a great mission.”

“The Ben Gordon Center does a really good job of trying to involve our consumers as much as we can in our daily activities,” adds LaPage. “Bob is a perfect example of recovery because not only has he been a client, but with starting the Advocacy Council he has contributed to others’ recovery.”

“I wake up every day seeking ways to help more consumers, and that is a great mission,” says Putz.
I know you feel like you’ve already repeated something a thousand times, but get ready to say it a thousand and one times.

At age 10, Liz Johnson had imaginary friends who never went away. She saw faces outside in her yard, became easily disoriented, and the muffled voices she heard in her head became clearer. She was befuddled by simple tasks like organizing her school locker. Teachers would find her standing with the door open not knowing what to do next.

Afraid for her safety, Liz’s parents removed her bedroom door to keep an eye on her. They came home one chilly October night to find her outside her bedroom window singing a Britney Spears song.

“With the moon as her spotlight, for that moment Liz was Britney Spears,” says Diane Johnson, Liz’s mother. “She was living in an alternative reality.”

Liz graduated from high school and lived with her parents until age 18, when she moved into a supported living facility in 2010.

“She was leery about leaving home, but I saw a big change when Liz was able to get out on her own,” says Shannon Huebner, Liz’s case manager at Broadlawns Community Access Program in Des Moines, IA. “She was able to experience more independent living and flourished.”

Liz benefits from participating in Broadlawns’ peer support groups where she works with other people who have the same diagnosis. “Liz’s hero is someone in her group who is now successful,” says Diane. “He drives a car and has a job.”

Huebner lets Liz determine her goals for the upcoming year, and then works with her to master the skills to reach them. This year’s goals include learning how to cook.

“I break down the steps to cooking,” says Huebner. “She keeps practicing until she learns it on her own. We’re not on anybody’s schedule except Liz’s.”
Diane says Huebner reminds her that when dealing with a chronic mental illness, you need to keep prompting.

“She tells me, ‘I know you feel like you’ve already repeated something a thousand times, but get ready to say it a thousand and one times,’ ” says Diane.

As Huebner works to integrate Liz into the community, she’s had success scheduling her to speak before college psychology classes.

‘At first the students were apprehensive about me speaking, but then I started talking and telling them my story,’ says Liz. ‘When I finished they started clapping and gave me a standing ovation.’

Huebner also involves Liz in the community in small ways, like taking her to local restaurants.

Huebner says the tremendous support that Liz gets from her family, including two brothers, is not typical.

“All the family members are involved in Liz’s recovery and Diane and I work side by side,’ she says.

Diane remembers the first time a doctor told her that Liz had schizophrenia.

It scared her. ‘But now I view it as the most incredible gift I’ve ever been given,’ she says. ‘I wouldn’t change a thing about her.’

LIZ AND DIANE JOHNSON
& SHANNON HUEBNER
Broadlawns Community Access Program
Des Moines, Iowa
The road to reaching two of Morrissey’s goals, finding a job and living in an apartment, was covered with obstacles. With a long history of evictions, unpaid rent, and a record of drug abuse, she thought no one would ever let her rent an apartment let alone hire her. "Laura worked hard to take care of a lot of things, like helping me find an apartment and a job,” she said. “She was like an angel to me.”

Morrissey has been clean and sober since November 2009. "Staying sober hasn’t been a struggle for me because I remember how bad it was,” says Morrissey. “I still struggle with my depression at times, but my treatment has given me the life I should have had a long time ago.”

“It’s people like Lyn that give me the motivation to get up and go to work every day,” says Gorman. “At times our work can be hard and thankless, but sometimes to make it worth it, all it takes is just one person getting better.”

Lyn’s recovery shows you can be in the worst of circumstances and still come back.”

The years in between starting and stopping at CenterPointe were rough for Morrissey. “I was living on the street, drinking, and doing drugs every day,” she says. “Sometimes my depression got so bad I couldn’t stop crying. I got tired of living.”

She began working with Laura Gorman, a case manager at CenterPointe. “Before I met Laura, I was lost and confused. I thought I had ruined my life,” says Morrissey. “Laura gave me my confidence back, made me think I could be somebody.”

Gorman helped her figure out why she had failed her first two attempts in the program. She treated the drug addiction and depression at the same time. “Once we knew the goal, we worked together to figure out what the steps were to getting key tasks done,” said Gorman. “Lyn’s recovery shows you can be in the worst of circumstances and still come back.”

Low Point Can Be Turning Point

Lyn Morrissey’s low point came in Las Vegas. She and her boyfriend decided to celebrate her 52nd birthday shooting up heroin, and she awoke the next day to find him dead of an overdose.

Fortunately for Morrissey, her lowest point was also her turning point. In 2009, after a self-described “40-year career” with addiction to drugs and alcohol, she moved back to her hometown of Lincoln, NE and reenrolled in CenterPointe.

“It was my third time through the program in 10 years, but this time I saw it as my last chance,” says Morrissey, who also suffers from depression. “It took the death of someone close to me to see the program through.”

“Lyn’s recovery shows you can be in the worst of circumstances and still come back.”

LYN MORRISSEY & LAURA GORMAN
CenterPointe
Lincoln, Nebraska
Starting in January, Gonzalez-Jaskulak began using a culturally and linguistically adapted form of behavioral therapy to alleviate Paita’s chronic depression.

“It was important to get Eva to feel comfortable talking with me, to not judge her and to support her in getting better,” says Gonzalez-Jaskulak, who works with a lot of immigrants separated from their families. “I wanted her to be more active physically and socially, and to start getting out of bed at a certain time.”

“It’s a hard place to go, a raw place, but once she got in touch with the pain we had a breakthrough,” said Gonzalez-Jaskulak.

“With depression, the mind goes to the past and people are not mentally present,” said Gonzalez-Jaskulak. “We worked a lot on mindfulness exercises, how to be present minded.”

To train the mind to be present, she had Paita pay attention to small details and to use her five senses on walks. Look at the birds, smell and touch the flowers, and feel and hear the wind.

“Eva used to come in and talk about a lot of painful things in her past, not knowing how to solve the problems,” said Gonzalez-Jaskulak.

“Now I hear her talking about using the skills she’s learned to see what’s in her control and let go of things out of her control.”

Using no medications and after only eight individual therapy sessions and an equal number of group sessions, she recently told Gonzalez-Jaskulak that she feels well enough to stop individual therapy. In July, Paita will participate solely in group therapy.

“I see the change in myself and I’m able to set limits on relationships,” said Paita.

Paita hopes to visit her children in Mexico next year.

“I’ve not seen my children in 11 years,” she says. “Now they will see me as a different person.”
Maria Isaias came to Child & Family Center in 2010 struggling with depression, feeling suicidal, and with a history of substance abuse.

“I felt hopeless with no self-esteem and kept trying to commit suicide,” says Isaias. “I didn’t have any boundaries with other people, like relationships with men.”

“When I first met Maria she was in crisis mode,” says Soraya Avalos, a therapist at Child & Family Center in San Clarita, CA. “She was leaving her parent’s home without permission, staying out late, and her marijuana use had escalated to methamphetamine.”

In 2011, everything changed for Isaias.

“I was so depressed I thought I’d never be able to get better, but when I got pregnant, I knew I had to change,” she says. “I couldn’t pass the substances onto my baby.”

Avalos helped Isaias identify the triggers that would lead her to cutting, aggression, and drug use. They worked on coping skills to improve her negative self-image and feelings of hopelessness.

“My homework assignments were things like meditation and certain kinds of breathing techniques,” says Isaias. “I learned to form safe relationships, starting with my own family. I didn’t let them come into my life in a negative way.”

Isaias, now 21, eventually graduated from high school and is enrolled in college.

“We’re very proud of her success. She’s still in college and has continued to pursue her personal goals,” says Phyllis Nadler, Program Coordinator at Child & Family Center. “She’s internalized her coping skills so after three years she’s had no relapse.”

Isaias acknowledges that the help she received changed her life.

“If I didn’t have the counseling I would have stayed in the same circle of nothing,” she says.

In the depths of her depression before seeking help, Isaias wrote a poem where she cried out for help. The poem titled “My Thoughts” concluded, “Read me, understand me and acknowledge my existence. Pull me from my thoughts and help me get back into pieces. Let’s put this puzzle back. Take away my anxiety. Leave a smile on my face and keep it there forever. Please just help me, but I don’t dare to ask.”

Isaias’ plea was answered by a dedicated team of behavioral health specialists, and all because she had the courage to ask for help.
For the Rest of My Life

As a teenager, Denise Bruce started struggling with alcohol and drug abuse. In hindsight, she knows she was probably self-medicating for her bipolar disorder, depression, and post-traumatic stress disorder (from childhood abuse) that she was later diagnosed with. Well into her 30s, Bruce continued to struggle with her mental illnesses and to use and abuse drugs and alcohol, frequently driving under the influence and ending up in jail.

Today, Bruce understands she won’t have much of a future if she continues with “drinking and drugging,” as she did 20 years ago. Through the help offered by therapy and the Community Engagement, Supervision & Evaluation (CESE) program at the Community Reach Center, she has learned coping skills. “I’ve learned to hold myself accountable for my actions, my words, even to just retrain my thoughts … Medication and positive self-talk are ways I’m using to stay clean and sober and out of the legal system,” she says.

Bruce has benefited from Colorado’s CESE program, operated by behavioral health organizations such as the Community Reach Center, to connect incarcerated persons with mental illness with a probation officer and mental health professional upon release from jail. These partners create a strong support system to keep those released from cycling back through the justice system — to ensure that they take their medication, attend counseling, and address other issues necessary to develop and maintain self-sufficiency in the community.

According to her therapist Michelle Willingham, Bruce has “earned many stripes” but has also suffered many setbacks on her recovery journey. While Bruce got treatment and supports to manage her mental and addiction disorders, she also trained to become a peer specialist to help others struggling with similar challenges to get better and reintegrate into the community. Willingham remembers being really upset a year ago when Bruce had another onset of symptoms, had a second episode of DUI and had to go back to jail — giving up everything she’d worked to achieve.

But since Bruce came back into the community, Willingham says, “She’s been doing a really good job, working very hard, very humbly. I think it’s even harder when you’ve been in recovery and you have a slip and then come back, so she gets double kudos.”

In doing what she has to each day, Bruce has found significant support in myStrength, an online self-help resource that the CESE probation officer recommended to help Bruce manage challenges in between therapy visits through interactive coping tools, weekly action plans, daily inspiration, and step-by-step learning modules.

Bruce tracks her treatment and progress through myStrength on her Kindle. “It has calendars where you can go back week to week and check. Maybe one day is behaviorally more successful than another. It’s got healthy menus and inspirational stories of interest to me. I help other people as well as myself which also keeps me sober.”

Now, Bruce is getting ready to graduate from the CESE program. “As Denise transitions, myStrength will be one of her big tools. That’ll be her way to keep practicing the skills that she’s learned in the group,” says Willingham.

“I imagine that therapy will be a big part of my life for the rest of my life,” declares Bruce. She enjoys sharing her strength by working with others with mental illness in her role as peer specialist. “My role is mostly just to be there to listen. Most people, if you’ll just listen, figure out the problem on their own. And so that’s what we’re there for — to listen, to let people know that there are others that have struggled and that we’re okay and they can be okay as well,” says Bruce.

DENISE BRUCE & MICHELLE WILLINGHAM
Community Reach Center
Thornton, Colorado
Get ready for a new era in healthcare

When It’s Everything BUT Business as Usual only MTM Can Help You Turnaround

The Affordable Care Act, parity, Medicaid expansion, and new market and customer forces are ushering in an era of powerful change. Behavioral health coverage will expand to 62 million Americans in 2014. Mental health and addictions treatment organizations have to gear up NOW to meet increased demand, competition, and performance standards.

David Lloyd and his MTM Services team — of SPQM fame — have led 700+ behavioral health organizations across the country in adapting to changing healthcare delivery and payment systems. Today, MTM Services — in partnership with the National Council for Behavioral Health — offers a full suite of consulting services to prepare community behavioral health organizations, large health systems, managed care entities, and state and county behavioral health systems for the new healthcare marketplace.
Finding Family

Jenna Mott has several families. She was separated from her biological family at age nine when her father was arrested in a drug bust and she and her brother were placed in foster care. Jenna’s biological mother has a mental illness and was unable to raise her.

At eleven, Jenna was adopted by the Motts. “The situation at the Motts wasn’t a good situation — actually it was a really bad situation — and so I was acting out a whole lot,” says Jenna. Jenna got into fights at school, which led her into an alternative education program. At twelve, Jenna was placed in a residential home.

“I had therapists all my life, and as a child people weren’t really taking me seriously when I was speaking out about some of the things that were happening, and that’s what made me upset. I needed to know that people actually cared about me. I needed to know that people were actually invested in me.”

The Host Home program and the Browns were able to show Jenna they cared — and everyone involved felt like family for Jenna.

“The way that the Browns dealt with me was a lot different than how other people used to deal with me,” says Jenna. “Instead of yelling or cursing at me, or hitting me, they would make me write essays or they would make me stay away from the other kids for the day.”

“I had never heard people tell me that I’m smart,” says Jenna. “They encouraged me to apply to a gifted school and they helped me with the process, and I actually got accepted. It was such a nice thing.” Jenna graduated from the school with honors.

“I had never known anybody to ever get themselves out of that alternative education program, let alone to go on to graduate with top honors,” says Lubold. “It was just an incredible jump for her.”

Seeing her improvement, the Motts requested her back.

“That threw me back a little bit. I’d rather have stayed with [CSG] until I turned 18 and then aged out,” says Jenna.

She focused on getting through school, got accepted to Pennsylvania State University, and left the Motts for college. She would come back and visit the Host Home program each year, sharing her story.

Jenna graduated from Penn State in May with a degree in chemistry. She remains in contact with the Host Home program staff, residents, and the Browns. She plans to attend graduate school in a few years.

Eventually, Jenna would like to participate as a foster parent in a program like the Host Home. “A lot of kids are failed in the system and it really bothers me,” says Jenna. “I believe that I can do great things. And it’s better to show them that I can.”

JENNA MOTT & NATHAN LUBOLD
Community Services Group
Harrisburg, Pennsylvania
The only way I can help my son now is by being an advocate for him and anybody else that has to walk his path.

Pam Schott is a licensed clinical social worker and has provided care to hundreds of people with mental illness over her career. But when her son Gregory was diagnosed with bipolar disorder, her heart broke and she felt helpless. “When a family member is hurting, you’re just a family member,” she says.

Greg was in his 30s when he was released into the community — after a long inpatient hospital stint and a partial care program with a residential component. Pam found him an apartment not too far from where she lived and got him into an intensive outpatient program.

Pam recounts those difficult days. She drove Greg to and from the program every day. But he wasn’t doing well and the police had to take him to the hospital crisis unit three or four times a week, where they spent all night. Pam was exhausted and Greg was getting worse. That’s when a friend suggested that she call the state’s Program of Assertive Community Treatment. A psychiatrist evaluated Greg and he was accepted into the PACT program at CPC Behavioral Healthcare.

A PACT team comprising a psychiatrist, nurse, social worker, and other support staff visited Greg at home five days a week and worked with him. “There’s no way I could have gotten my son to the psychiatrist or counselor. But when they came to him and helped him get stable and have
when he’s looking to go back to work,” says Pam.

PACT is always there for Greg — and Pam — when she’s concerned because her son is having a bad day. “I can call them 24 hours a day and know that somebody’s there for us. They’ve developed a working rapport, a trust, a caring that you can’t put a price tag on,” she enthuses.

Today, Pam is an ardent advocate for people with mental illnesses — she walks the halls of Congress to fight for their rights. “The only way I can help my son now is by being an advocate for him and anybody else that has to walk his path,” she says. In her work as the director of juvenile justice programs for Monmouth County and her outreach to families of returning veterans and families that have members with a chronic mental illness, Pam — thanks to her journey with Greg — had developed better empathy and understanding to help those that cross her path.

Dom Scotto, who was director of the PACT program when Greg joined, describes PACT as community mental health at its raw, basic level. “We bring psychiatry and the full array of services out of the office and into the field — to the clients, wherever they are in the community. We’ve done psychiatric intakes in Burger King and on the boardwalk.”

In New Jersey, each PACT team works with 60 clients and provides services 24/7. A person with a diagnosis of a major mental illness qualifies for PACT if they’ve had a series of hospitalizations, whether voluntary and involuntary. The nature and intensity of a PACT team’s services varies depending on the client’s challenges, goals, and needs. PACT teams also help people take care of medical issues and with general wellness and healthy living.

In a note shared through his mom, Greg says, “PACT staff has a connection to someone that is real, who is there, and you’re not 100 percent alone. They care. They want to develop a rapport and understand. Jay, Lilly, Cheryl, Danielle, and Carol will be firm, sensitive to transition and changes, honest, and engender trust, while they are very professional. They check on the home and give functional help. PACT is not about abstract notions. They promote wellness and help you get to a better life. They give you options. You don’t have to explain. They know who you are.”

Pam concurs and observes that with PACT, Greg’s hospitalizations came down. “In the hospital, people don’t really know who you are. PACT knows who you are and we can stay in our homes. PACT benefits not just the client but also the families and the community.”

PACT team members are always ready to roll up their sleeves and get their hands dirty, say Pam and Dom. Dr. Wong, Greg’s psychiatrist, not only prescribes and monitors medications but may also take Greg to get his checks cashed, install air conditioning, or fix his cable TV. Social workers on home visits don’t think twice about teaching someone to fry an egg or shop for groceries or cleaning a dirty house. “You have to do what you have to do to keep somebody stable and in the community,” explains Dom.

Pam’s dream is that Greg can go back to work — he has his bachelor’s degree in physics and has presented at conferences. With a job, he can feel good about himself, she says. She hopes that some day Greg will meet somebody that cares and that he can have a good, healthy, happy relationship with.

And these are dreams that can come true thanks to PACT, says Pam. “They have been my angels and my savior, as well as Greg’s, because as a family member who cares, I can’t make him better and I’m only his mother. I’m not his therapist and I’m not his doctor. You can’t do it by yourself. PACT has a whole team that has whatever is needed for whoever needs it, wherever they are in their recovery.”

PAM SCHOTT & DOM SCOTTO
CPC Behavioral Healthcare
Eatontown, New Jersey
Grateful to Be

One night in 2007, Jifka Fitzpatrick felt so hopeless that she doused herself in gasoline and lit herself on fire. She didn’t realize that her two young sons were home at the time.

The entire year before, Fitzpatrick contemplated suicide most of the time. She was hospitalized four times, took 17 different medications, and mostly just stayed in bed.

“I really was crying out for help, and wasn’t sure where to turn,” says Fitzpatrick.

From the age of 13, Fitzpatrick experienced depression and bulimia. Throughout her youth, she agonized over her weight and self-esteem, and started to self-harm. She was very shy, kept few friends, and didn’t go out much. She focused on studying. To get through graduation, Fitzpatrick sought treatment in college.

After college, Fitzpatrick started battling substance use, including a heroin addiction.

“I was alone a lot and I felt I was falling through the cracks,” says Fitzpatrick.

Her addiction led to three years of on-and-off homelessness. “I got taken in by friends and family at times, but I couldn’t stay clean so finally people just shut me out,” she says.

When she decided to seek treatment, she got into a halfway house. In her late twenties, she received a diagnosis of borderline personality disorder and started dialectical behavior therapy. She went to Alcoholics Anonymous, where she met the father of her children. They settled down, started a family, and Fitzpatrick enjoyed working and being a mom. She has been clean for 15 years.

But her depression persisted, culminating in her 2007 suicide attempt. After, she was treated for severe burns for six months and then lived in the state hospital’s psychiatric unit for nine more months. She has had numerous surgeries on her skin and face.

“For a while, I wouldn’t talk about it. I just sat and cried all day.”

“I’d really like to work with individuals who have body issues. It took me a really long time to come around to accepting mine.”
After leaving the hospital, the Edinburg Center in Lexington, Mass. accepted Fitzpatrick into their residential program and she started their Community-based Flexible Supports program, where she lived for a year, restarted DBT and participated in group therapy.

“I was accepted and loved there by both staff and fellow household members,” says Fitzpatrick. “They were not afraid to be seen with me, and eventually, I was not afraid to be seen by myself.”

In 2010, the Massachusetts Department of Mental Health gave Fitzpatrick a housing subsidy to get her own apartment. She continues in the Edinburg Center day treatment program, working with outreach recovery coordinator Philip Doyle. The two meet out of Fitzpatrick’s apartment, drink coffee, and talk about her needs and goals. Doyle helps with her finances and takes calls for her because her voice was damaged in the fire.

“A lot of the time, I’m a sounding board for her. I try to help her realize her resources. And to move in a direction that she wants,” says Doyle.

“I truly look forward to my time with [Doyle]. He is bright, informative, helpful, and a great listener,” says Fitzpatrick. “I know I can count on him, he’s been there for me repeatedly.”

“Jifka has a lot of well-defined goals, which makes our time together productive. There’s an easy and well-defined direction for where to go,” says Doyle. Fitzpatrick is now working toward her masters in social work. Doyle helped her tour schools, called admissions offices, and accompanied her to interviews.

Fitzpatrick also works to help others. She volunteers with an elderly man to help him market his pottery. She regularly attends a burn survivor support group and travels to national burn conferences to share her recovery story with others.

“I’d really like to work with individuals who have body issues. It took me a really long time to come around to accepting mine,” says Fitzpatrick. “I feel completely different about myself. I have confidence where I didn’t use to. I’m OK with the way I look.”

She hasn’t seen her sons since that fateful night in 2007. “They are working towards coming to terms with what happened,” says Fitzpatrick. “I wrote them a letter and sent them pictures of me, but they’ve said they aren’t really ready to see me right now. I hope that when they are ready, I will get the chance to know the people they have become.”

Fitzpatrick is thankful for the support she has in her life. She has friends, a mentor she meets with monthly, and a strengthening relationship with her parents.

“One day, I noticed I no longer thought about dying. I realized I was actually grateful to be alive most of the time.”
For 20 years, Eric Rogerson lived in almost complete isolation. He would walk his dog early in the morning, before sun-up, and then spend the rest of the day inside his house, avoiding all outside contact.

That extreme isolation stemmed from severe anxiety and depression, and led Rogerson to attempt suicide in January 2008 landing him right where he needed to be: Family Services of Western Pennsylvania. Rogerson began intensive outpatient care, known as partial hospitalization, and received both individual and group therapy. After two years, he started Family Service’s peer specialist program.

“Jake has worked with me a lot about getting back out in the community and being around people,” says Rogerson. “I see my therapist in her office, I see my psychiatrist in his office, but with Jake, we go out in the community, which is something the other providers can’t do.”

“Being part of the [certified peer support] program has allowed me to remember that I also have to take care of myself as well,” says Vandall. “You can’t just say, ‘I’m working in this field now, so everything’s good.’”

Over the past four years, Rogerson developed an interest in photography. He says he enjoys it because “it helps me see things differently. If I have my camera with me, it helps me focus — more about the situation around me rather than the anxiety of being around different people.”

The Pennsylvania Department of Public Welfare recognized one of his photographs in a calendar competition, which involved winning a trip to Philadelphia for a conference and dinner reception.

Jake was a huge part of me actually being able to go — I would not have been able to take the trip myself. My anxiety would have been way too bad for that.”

Last year, Family Services started a new trauma-informed care model called Sanctuary, which requires the entire staff to get trained. Rogerson helps present the trainings. “For the first time, I could get up in front of a room full of people and present something like that. I never thought I could stand up and speak in front of people.”

What does recovery mean to Rogerson? “Recovery is being able to get back out and have some form of life. Being able to go places, be around people, make friendships. Being able to accept who I am. And like myself.”

“If I wasn’t involved in a peer specialist program, I don’t know where I’d be in my life.”

Eric Rogerson & Jake Vandall
Family Services of Western Pennsylvania
New Kensington, Pennsylvania
As a published writer, Davida Adedjouma could not have written a book with as many twists and turns as her own life has taken. Her many accomplishments include getting three children's musicals produced, receiving numerous literary fellowships, having two books published, and earning a Master of Social Work. But each time she reached a new height, her life came crashing down in the form of hospitalizations, suicide attempts, and stretches of homelessness.

“Classic bipolar,” says Elliott Madison, Wellness Unit Leader at Fountain House in New York City. “Her life has been like a graph — up and down, up and down.”

Madison started working with Adedjouma when she first came to Fountain House in 2004.

“Sometimes you have to find ways to engage people without them realizing they’re being engaged,” Madison says. “I heard she had written a book, so I asked her to edit the student bulletin. After that, there was no stopping her.”

When Madison had the idea and a modest budget to start an adult literacy program at Fountain House, he knew where to turn.

“It was his idea, but he trusted me enough to develop the program,” says Adedjouma. “He never told me how to do it or peered over my shoulder. Elliott always finds me in my low periods and does something to build me back up.”

Adedjouma found creative ways to encourage adults to learn to read items that they encountered in daily life. She had them read recipes, visited music stores to read CD covers, and dined at restaurants to understand what they were ordering and not simply point to pictures in the menu.

“It’s hard to come up with a recovery plan without knowing the whole person,” says Madison. “We’ve been through a lot — hellish medical procedures, substance abuse, suicide attempts, poverty. But we’ve also celebrated great jobs, graduations, and her serving on the board here.”

Madison also instilled in her the motivation and confidence to finish college, a goal she had neglected for 12 years. After earning a BA in cultural studies in 2005, she earned a Master of Social Work two years later and is currently working toward a PhD in health psychology.

“I would’ve never believed I’d be in a PhD program after I had given up on my BA program for all those years,” says Adedjouma. Madison adds, “Recovery is not the absence of illness. It’s about meeting potential.”

“I know it’s a cliché, but Elliott and Fountain House really saved my life,” says Adedjouma. “I’ve always had faith in God, and I believe he puts people here for a reason. Sometimes angels come in ways that you least expect, and that’s been Elliot and Fountain House.”
The downward spiral in Paul Lemieux’s life began when he had minor surgery for a back injury. After the surgery he began taking painkillers and soon became addicted to them. Even so, doctors never stopped prescribing him the medication.

“I was 38 years old and still living at my parent’s house, never paying rent or buying food,” says Lemieux. “I'd never leave the house except to buy drugs. I got heavy, up to 327 pounds.”

He estimates he spent more than $25,000 buying the drugs on the street. He owed his drug dealer $20,000 and ran up another $50,000 in credit card debt.

“Any money I could get my hands on was spent on drugs,” says Lemieux. “I’d lie and make up excuses to borrow money from anybody I could.”

After a suicide attempt in 2006, Lemieux was told about a substance abuse treatment program at Gateway Healthcare in Pawtucket, RI. He met with Melissa Carbone, a team leader at Gateway, and begged her to accept him into the program.

“Melissa told me that before they could see me, I had to detox for 24 hours,” says Lemieux. “It was the longest 24 hours of my life.”

When he was in tremendous pain, Lemieux’s mother drove him to Gateway the next day. “That day changed my life,” says Lemieux. “They treated me as a person, not as a drug addict.” Still, Lemieux started taking more than his recommended dose of medication.

“I was still in the mindset of more is better,” he says. “I was still abusing drugs.” When he discovered Gateway would not refill his prescription right away, he panicked and considered not continuing his treatment.

“My sister dragged me back there and I learned my lesson,” he says, praising his entire family for their support. “He's a completely different person than when he first came here,” says Carbone. “Every month I still see him making progress.” While he remains on the road to recovery, some of his friends have not been as fortunate.

“My best friend had a husband and three beautiful children, but she abused drugs and never got well,” he says. “One night she went to bed and never woke up. She didn’t intend to overdose, but her body couldn’t take it anymore.”

Lemieux says he takes his recovery one day at a time. He was just promoted to human resources director, bought a new car, and joined a gym. He walks or runs every day and has lost almost 100 pounds.

“I still have my good days and bad days, but the person I used to be is dead to me,” he says. “You can have your life back. It’s never too late.”

Paul Lemieux spent more than $25,000 buying the drugs on the street. He owed his drug dealer $20,000 and ran up another $50,000 in credit card debt.

Paul Lemieux & Melissa Carbone
Gateway Healthcare, Inc.
Pawtucket, Rhode Island
Despair. When you lose your spirit you don’t live as well. You need to replace the spirit lost through chemical dependency to regain a much higher quality of life. There’s joyfulness in recovery which is why there’s always a lot of laughter in AA meetings.

Dr. Myers is now medical director at Gracepoint Wellness in Tampa, which includes a 30-bed detox program. In January, his facility underwent a merger to offer integrated treatment. “We can now treat people with addictions and mental health disorders, allowing patients to get treatment for both in one stop.”

“I have a wonderful practice, to work with an underserved population and be able to get their lives back on track,” he says. “People learn to maintain their disease for two to five years and then I don’t see them again.”

David Myers, MD
Gracepoint Wellness
Tampa, Florida

Raised Southern Baptist near Tampa, FL, Dr. David Myers never drank alcohol and had no exposure to drugs. During his second year in medical school, someone gave him a drug to cope with his anxiety. His one tablet a day habit eventually turned into an addiction. “Addictions run in my family so I was genetically predisposed,” says Dr. Myers. “My anxiety was so high I assumed I’d have to live with my condition and my addiction for the rest of my life.”

After graduating from medical school in the 1970s, he switched to another anti-anxiety drug and then to alcohol, but nothing seemed to relieve his severe anxiety and panic attacks. He fell into an endless cycle of stopping drinking and then starting another drinking binge. In one year, he went from being a nondrinker to consuming a fifth of liquor a day.

“The whole time I was doing a training program at the University of Pittsburgh, so everything appeared normal,” he says. “But I had no skills in maintenance for my disease and recovery requires maintenance.”

He tried several different treatment programs, but nothing seemed to work. Finally, in 1981 he took a leave of absence from his practice and spent the next three years working to stay sober and drug free.

“I went to AA meetings every day and started to understand what was going on in my brain,” he says. “I finally learned how to do maintenance with the support of AA every night for many years.”

Dr. Myers took his last drink on Thanksgiving day in 1981. “There’s a spiritual element to recovery that’s important to recognize,” he says. “Addicts live in hopelessness and despair. When you lose your spirit you don’t live as well. You need to replace the spirit lost through chemical dependency to regain a much higher quality of life. There’s joyfulness in recovery which is why there’s always a lot of laughter in AA meetings.”
Learning to Share: The Real Social Network

ike many other sixth graders, 12-year-old Jonathan Goodloe likes going to school, making new friends, and reading books. He loves music and just finished his first piano recital. He says the most important things he is learning are to stay on topic when he talks to people, to respect personal space, and to share his feelings. None of this has been easy for Jonathan, given his pervasive developmental disorder and ADHD.

Along with Jonathan, his parents Neail Goodloe and Antoinette Campbell have also had a lot to learn. Stepmom Antoinette has learned that with Jonathan it is all black and white — there can be no gray areas. She knows that she must be clear when she talks to him, slang and clichés don’t fly. She has to make sure he has a lot of guidelines — picture-type prompts and clocks to keep him on task. “It’s been a big adjustment for me and it’s really me learning him and him learning me,” says Antoinette.

Dad Neail says he had to do a lot of relearning about himself. He explains, “I learned that we’re a lot alike. Jonathan just processes differently.” Neail has learned that even when he does not want structure, he must provide it for his son. He’s learned that positive reinforcement really works.

As Jonathan’s parents have struggled to understand and connect with their son, they’ve received much help from one of Harbor Behavioral Health’s psychologists, Olivia Leverich, who’s worked with the family for 5 years now.

In one-on-one sessions with the family, Leverich educates and guides. She talks about behavioral interventions that would be helpful for Jonathan. She reminds them of how he’s processing and understanding information. And offers tips that help him manage behavior better.

Leverich says the family has been especially involved with the social skills groups that Harbor offers for children and parents. The groups provide psychoeducation, which emphasizes strengths, resources, and coping skills.

“Without the skills and tools from Harbor, I probably would be a basket case right now and so would Jonathan,” says Neail.

Campbell says the social skills groups emphasize that she and Neail are not alone — that other parents are dealing with the same things. She finds the exchange of ideas and information really helpful. The social skills groups help her overcome the isolation that’s common when she is in other forums. “It’s not really talked about in the African-American community, you know, Asperger’s, PDD, autism, and so you feel really isolated amongst your own ethnic group,” she explains.

Neail, too, has found tremendous support in the groups. He learned how to deal with extended family members who suggested a good “whapping” or cutting off television would fix Jonathan’s problems. They really didn’t know how to deal with day-to-day challenges, but other parents of children like Jonathan were able to share what worked.

“That was the other thing that I learned from Dr. Olivia and the other parents, is that you’ve got to listen. You have to believe that there’s a problem before you can fix that problem. And sometimes you have to lower your expectations or at least slow them down,” says Neail.

Neail has been a tremendous source of support for other parents in the group, says Leverich. Often the groups just had mothers who were frustrated with their spouses and Neail, as the sole male presence, offered valuable insights.

Neail has come a long way from his own frustrations when his son could not even make eye contact. “I didn’t have all the answers and so that was hard for me. I’m the dad! It was very difficult for me to admit there was a problem and then it was very difficult for me to admit that I couldn’t fix the problem,” he remembers.

“Jonathan will go to college,” says Neail. “I would like to see him be a special ed teacher to help people who are just like him, because he’s been there. That’s what life is about, sharing oneself to help somebody else.”
Grafton Integrated Health Network is a private, nonprofit organization that has served children, adolescents and adults with significant emotional and/or behavioral challenges for more than 50 years. We provide a continuum of services that include the following:

- Applied behavior analysis
- Community-based group homes
- Intensive outpatient program
- Outpatient services
- Psychiatric residential treatment
- Short-term stabilization
- Special education services
Robert Herman doesn’t see things the way other people do. As a former filmmaker, he sees them through the lens of a camera. He sometimes also sees things through the lens of bipolar disease.


As with many other people living with bipolar disorder, misdiagnosis warped the picture. Herman spent 10 to 15 years on the wrong medications. He earned a bachelor of fine arts in 1979 and worked in New York City’s film industry. But “I still needed lots of sleep, and features wrecked the pattern,” he says. The 1980s were tough. He was hospitalized twice, an engagement ended, and jobs dried up as family relations frayed.

“No one ever asked a simple question: ‘Does anyone in your family have a mental illness?’ ” he says now. Herman’s aunt had bipolar disorder — a fact that might have led to a much earlier diagnosis.

The picture became clear in 1992, when Brookdale University Hospital and Medical Center recognized the signs. His providers put him on a medication that “helped organize my thinking, and I wasn’t up and down all the time.” A year or two later, his savings gone, Herman was referred to the Institute for Community Living.

ICL is a mental health nonprofit providing community living services. Its case management, rehabilitation, and employment services help people like Herman get back on their feet. One person who contributed to Herman’s care was Angelique Chambers, a case manager, who balanced checking on Herman with fostering his independence.

She also encouraged Herman during a time of blossoming. Herman credits ICL with helping him grow to take rejection less personally and reach out to museum curators and the media. “Angelique and the others at ICL are like life coaches,” he says.

In the past few years, Herman, now 57, organized years of photos, raised about $10,000 through Kickstarter, hired a designer and writer, found a printer, and self-published an art book, The New Yorkers, that has attracted critical notice.

It was ICL attorney Fred Levine who encouraged a reluctant Herman to describe his condition in the book’s afterword, saying it would offer “a richer experience for the reader.” “The New Yorkers is a tangible result of my healing process,” Herman wrote.

In June, The New York Times took notice, writing, “He shot in manic states, depressed states and everything in between, capturing the struggles of ordinary New Yorkers in the 1980s and the loneliness that ran through a city where so many people lived by themselves.” Sales spiked. Herman has spoken at the Apple Store in Soho and will be speaking at the New York Public Library in December 2013.

“Twenty years ago I woke each day thinking I was going to kill myself,” he muses. Now, with “a girlfriend, a bunch of friends, a profession I’m proud of,” his life is in the darkroom only by choice.
When Justin McKinley was told in 2009 that he had schizophrenia, he was angry. Only 24 years old, he became increasingly frustrated, did not heed the advice of his medical team and eventually found himself living in a homeless shelter.

“When young people first get diagnosed [with schizophrenia], they’re often upset,” says Rico James, RN, a nurse at Jefferson-Blount-St. Clair Mental Health Authority in Birmingham, AL. “Their dreams are shattered. They think they’ll never be able to hang out again with their friends, never hold down a job.”

Over the next 18 months, McKinley was hospitalized six times. Each time McKinley stopped taking his medication, he ended up back at the University of Alabama at Birmingham Hospital.

The injectable drug worked so well for McKinley that he became “the face of schizophrenia” in a new advertising campaign by Janssen Pharmaceuticals, the medication’s manufacturer. McKinley and Dr. Parker were featured in magazine advertisements, on billboards, and in videos on Janssen’s website.

“Doing the ads made me feel good that I was bringing awareness to other people,” McKinley says. “My mom’s cousin has a daughter who has schizophrenia and they saw my video on Facebook. That really helped her.”

In April 2013, McKinley and James were panel speakers at a meeting of the National Association of Black Journalists in Washington, DC on the topic of mental health. After the meeting, they interviewed with Black Entertainment Television and CNN about McKinley’s remarkable journey to recovery.

James was particularly thankful that McKinley’s mother and aunt were supportive during the program.

“There’s a stigma in the African American community about mental illness,” he says. “It’s viewed as a sign of weakness and people don’t reach out to you because you’re viewed as not normal or crazy.”

McKinley now works to give hope to other people in the program with schizophrenia.

“People don’t want me to ask them about their mental illness, so I approach them in a casual way, maybe ask them about their day in a friendly way,” he says. “Once people warm up to me, they start talking about their mental illness themselves. I let them know that they still can have some normalcy in their lives.”

Justin’s success story shows that there is hope, that people who have the diagnosis can live successful lives,” says James.
OUT OF THE RUBBLE EMERGES A PERFECT ADVOCATE

Michaela Fissel doesn’t remember a time when she didn’t feel “different.” With mood swings and a sexually abusive neighbor, elementary school was an emotional struggle. Substance abuse began in middle school while Fissel lashed out at her family.

High school in central Connecticut started out okay. Fissel saw a therapist and was told she had “defiance disorder” and depression. But “later years got harder, and mom asked me to leave.” Almost three years of homelessness followed, during which she became pregnant.

If this sounds like a downward spiral, meet a strong and determined young woman. In late 2004, soon after Fissel finished high school, shelter counselors helped her find financial aid and enroll in Manchester Community College. She graduated with a 3.56 GPA in visual fine arts, moved back home, and transferred to Central Connecticut State University.

The low point came when Fissel started school and was told she wouldn’t be able to manage full-time work while pursuing an art-education major as a single mother. Still contending with mood swings, she attempted suicide in fall 2007 and was hospitalized for a month.

“My treatment plan was really a plan for Michaela’s success.”

The upside: a diagnosis of bipolar disorder. “I was so thankful,” she says. “Someone finally told me why I’d never felt normal.”

Knowing she needed long-term support beyond treatment, Fissel asked a counselor at Manchester Community College for a referral and met Lila Coddington, a therapist at Central Connecticut State University who was funded by the state Department of Mental Health and Addiction Services. “My treatment plan was really a plan for Michaela’s success,” Coddington says. “I’m trying to normalize [students’] lives in a challenging situation.”

That involved doing things therapists usually don’t, including giving out her cell number for “anytime” needs and sharing her own struggles with depression and anxiety. “I’m not coming from this exalted place,” she explains. Coddington specializes in helping clients find alternatives — like when Fissel’s mother was hospitalized during exam time. “I saw this as a point where I could have been hospitalized myself,” Fissel says. Coddington saw her through it.

“I needed more of a holistic, listening, planning, academic-connected situation” than just psychiatry, Fissel says. For example, Coddington linked her to housing resources. “Clinical treatment is just one component of mental health care,” Fissel adds.

This is crucial, Coddington explains, because mental illnesses often manifest between ages 17 and 22: “If a person misses out on a developmental stage, they’ll never catch up. We have to get you your education or you risk homelessness ….”

Fissel: “And unplanned pregnancy ….”

Becoming what Coddington calls “the perfect advocate,” Fissel founded an Active Minds club, brought in speakers, and trained students to lead peer groups. She got a job in Coddington’s office, has completed coursework toward a master’s degree in mental health, and at 27 is building a consulting firm, speaking nationwide on related issues.

She’s delighted that other Connecticut regions are adding an education support component to treatment programs. “One-third of college students struggle with mental illness to the point where it detracts from academic success,” Fissel says. “Why wouldn’t we want to have programs like this?”
Josh was able to create a new life story for himself,” says Siegenthaler. “He stopped letting depression identify him. He thinks positive thoughts to remind himself of good things, to break out of his shell and focus on his new story in life.”

At age 19, Pineda is taking classes at the local community college and convinced his parents to buy him a car.

“Every day counts for me,” he says. “A lot of people now see me happy. I take the good things in life and make them work for me.”

Even as a young boy, Josh Pineda was not like the other kids in his Fresno, CA neighborhood.

He didn’t talk much, had no friends, and often felt sad and lonely.

He was diagnosed with depression at age 8 and started going to group therapy sessions, but the antidepressants he was prescribed only seemed to make his moods worse. His mother often found him inconsolable.

As a teen his dream of joining the U.S. Army was dashed when recruiters heard about his illness. Nearing graduation from high school with no plans for work or college, he felt hopeless and was no longer in treatment. Then, Shannon Siegenthaler entered his life.

Siegenthaler, a case manager at Kings County Behavioral Health in Hanford, Calif., was offering a program called CAST (coping and support training) in Pineda’s school. The training helps participants recognize the triggers that bring on depressive feelings and shows them how to develop coping skills for the triggers.

“Josh was feeling quite vulnerable about his depression,” says Siegenthaler. “He was at a crossroads. He had just quit therapy and questioned if this was going to work for him.”

Siegenthaler convinced Pineda to try therapy to see if they could find a new way of approaching his depression. He highlighted Pineda’s strengths, helped him focus on the “sparkling moments” in his life, and taught him to discount the negative voices shaping his reality.

“Shannon fixed all the missing pieces in my life,” says Pineda. “He taught me how to recognize the triggers and coping strategies — to keep reminding myself of the positive.”

Hearing how people his own age dealt with their depression was particularly helpful for Pineda.

“Knowing you’re not alone, that people are going through the same things as you,” he says. “You could help each other out, and I liked being in a comfortable place where I could cry.”

As Pineda worked to change his thought process, more and more positive events started happening. He graduated from high school, found a girlfriend, and began working at a hardware store.
Like Father, Like Daughter?

Christina Jasberg’s father was diagnosed with schizoaffective disorder when she was in grade school. She coped by trying to be the perfect child. Academically, she excelled, but the pressure to be perfect led to an eating disorder and self-injury.

At one point, Jasberg actually petitioned herself into the state hospital.

“I had been in and out of the hospital about every month. There was no long-term hospitalization here in Tucson which I could afford,” says Jasberg.

“I was pretty numb. All of my friends were going to college. I so wanted to be there with them. I felt like a little girl, everyone else was growing up but me.”

Jasberg sought services at La Frontera Center in Tucson, AZ, where she was diagnosed with schizoaffective disorder, the same as her father.

“I got to the point where I couldn’t take care of myself anymore. I was shaking so bad.”

Jasberg started psychotherapy and working with case manager Heather Wade.

“We’re nearly the same age, so we kind of grew up together through her illness,” says Wade. “Being in the same life stage as Christina, I could really connect to her, see how discouraging the illness was to her and on her life.”

Jasberg’s low point came when she cut herself so badly that she almost lost part of her left arm. “I realized that I could die, and I got scared for the first time,” says Jasberg. “That was the beginning of my recovery.”

The hardest thing about recovery is that it takes a lot of energy. It has taken my whole self. I’m grateful to have been born in this era of recovery. I’m not sure where I would be if I wasn’t here at this point in time.”
of my recovery. Wade had just been promoted and was no longer Jasberg’s case manager, but she came to the hospital, and they both cried. “That meant the world to me,” adds Jasberg.

“My job was to keep the hope alive,” says Wade. “She never shied away from the challenge. She was always willing to try again.”

Jasberg has received a full array of services at La Frontera, including individual therapy, case management, psychiatry, family support, and job coaching. Jasberg trained to become a peer support specialist through the Community Partnership of Southern Arizona and La Frontera hired her as their first recovery support specialist.

“I’ve received everything imaginable from la Frontera,” says Jasberg. “I never felt entitled to the services. I was always so thankful that these services were given to me.”

Jasberg acknowledges her family’s incredible support. “A lot of families will have gotten torn apart through all of this. We’ve stuck together. My brother and sister, I never felt that they were embarrassed of me. “My dad is my hero. He is symptom-free now,” says Jasberg. Her parents have been married for more than 40 years.

“The hardest thing about recovery is that it takes a lot of energy. It has taken my whole self. I’m grateful to have been born in this era of recovery. I’m not sure where I would be if I wasn’t here at this point in time.”

“I hope that Christina and I know each other for another 15 years,” says Wade. “I’ve seen her change and grow, and I’m excited to see what the future brings for her.”

Jasberg currently works at HOPE, Inc., an outpatient treatment center where she coaches others in recovery. She will enroll at the University of Arizona this fall.
But They Are My Children

The Lamp Community questions conventional wisdom homeless people with disabilities must “straighten up” before they can get housing. Instead, they think housing is a prerequisite for coping with disease, disability, and the trauma associated with homelessness. In this haven on L.A.’s infamous skid row, personal choice is paramount.

Lamp client Jane C.’s personal choice is clear, even as she struggles with muscular sclerosis and mental health challenges. She wants to reunite with her son, 6, and daughter, 7. Two years ago, Jane — a victim of domestic violence — was separated from them when her husband used her disabilities to declare her unfit to care for them. But now Jane has a home at Lamp, and an advocate in Virginia Guerrero. That keeps her dream alive.

“Everybody wanted my children, but they were my children,” laments Jane. “I’m not there to protect them now.”

Alone, sick, and homeless, Jane wandered into Lamp when she learned they opened a women’s cold-weather shelter. Guerrero became Jane’s official “advocate” and helped her apply for permanent housing.

“Of the time, Jane forgets appointments or important dates so we started helping her track these. I was involved firsthand in her reunification with her children after more than a year of not being able to see them,” recounts Guerrero. “Jane’s motivation to succeed was relit once she came into contact with her children again.”

Jane now lives in a single occupancy unit at LAMP, where she can’t have overnight visits. LAMP is working towards getting her more stable, with continued support for her mental health and MS, so she can take care of herself and her children.

In addition to a home, Lamp provides Jane with a spectrum of supportive community services. Guerrero explains, “Just having someone around that can get to know you and know when you might not be on your meds and encourage you to get back on them” is helpful.

Guerrero sees her job as more than linking people to services — she is around to listen, advise, and provide emotional support in all situations. “Despite limited funding, we do everything we can,” she says. Jane is very attached to Guerrero, often going to her first even when others at LAMP who can help.

MS is a progressive disease, but Jane says she is doing okay. She hopes to get better and have a future with her kids. Guerrero shares that hope.

“My dream is to see her stable, to see her house her children and herself. She’s a fantastic mother. On their first visit after two years, she had bags of things she had saved, hoping that one day she would be able to give them to her kids. Jane even bought skate shoes in a bigger size as she didn’t know when she’d see her children again,” reminisces Guerrero.

Guerrero thinks stability and a consistent role in her children’s life is all Jane might need to get better.

“I feel like Jane has a different understanding now just based on the fact that she is not living on the streets. That gives her a little more security, but her ultimately goal, and my goal for her, is to regain custody. She sees herself as a failure as long as she doesn’t have her children alongside her.”

“All parents must continue to tell their children that they love them,” says Jane, as she awaits saying that exact thing to her own kids again.

JANE C. & VIRGINIA GUERRERO
Lamp Community
Los Angeles, California

Bachelor of Science Degree in Behavioral Healthcare

An academic program for workforce development in recovery-oriented services.

The behavioral healthcare major provides students with an evidence-based curriculum that includes adult community services, behavioral health research, applied behavior analysis, and children’s mental health. Our research faculty guide students in this baccalaureate program through hands-on learning and field experience to prepare them for careers working with those experiencing mental health and substance abuse issues.

http://mhlp.fmhi.usf.edu/academics/Behavioral_Healthcare_Major.cfm
Which aphorism best sums up Greg Dicharry’s triumph: “No man is an island”? “Do unto others as you would have others do unto you”? “Give a man a fish and he’ll eat for a day, but teach him to fish and he’ll eat for a lifetime”? Maybe all three.

Despite heavy alcohol and marijuana use through college, the Louisiana native graduated in 1993 and headed to Hollywood to put his communication degree to work. Severe depression struck, and then Greg was arrested for walking naked down a busy street. He was diagnosed with bipolar and substance abuse disorders.

The next 10 years brought 10 forced hospitalizations, a month-long stay in the psychiatric unit of Orleans Parish Prison, two stints in drug rehab, and many depressive — even suicidal — periods. The young man was in and out of denial about his diagnosis, which by 2003 was officially a serious mental illness. Unable to hold a job, he went on disability.

His turning point came in the form of a mental health jail diversion program, which introduced the concept of peer support. In 2004, Dicharry became committed to recovery through a 12-step program and consistent medication. The combination worked — and, he figured, if it helped him, it would help others.

Dicharry now holds a job: running the sort of peer-training program he so believed in. Soon he’d trained and mentored more than 100 people with behavioral health challenges to work as peer support specialists. He also cofounded and cofacilitated a dual-recovery anonymous group at Arizona State Hospital, launched 12-step groups at two juvenile detention centers, and became deeply involved in Young People in AA service committees.

Dicharry found larger ways his lost-and-found background could be useful. As national youth empowerment director for Magellan Health Services Inc. — a “diversified specialty health care management organization” with expertise in behavioral health — he developed MY LIFE, or Magellan Youth Leaders Inspiring Future Empowerment, in 2008.

The free program has taken off nationwide, serving “youth ages 13-23 who have experience with mental health, substance abuse, foster care or juvenile justice issues, and who want to use their experience to help improve the systems that serve youth,” according to its publicity. MY LIFE includes meetings, podcasts, local and national workshops, mentoring and skill development, and outreach to health professionals and community leaders on teen and young adult issues.

MY LIFE and its festivals, speakers, and media coverage have reached tens of thousands of people. The program and its founder have won awards, of course, but Dicharry has been most inspired by the power of mentorship — on himself and others. “In sharing our inspiring journeys,” he says, “we help others grow and show the world how bright people like us can shine.”

Mentorship is mutually beneficial. Using his knowledge and experience to help another person to overcome obstacles and achieve their dreams helps Greg with his own recovery. As Thomas Chandler says, Greg has discovered that “To love a person is to learn the song that is in their heart and sing it to them when they have forgotten.”

In sharing our inspiring journeys,” he says, “we help others grow and show the world how bright people like us can shine.”


Greg Dicharry
Magellan Health Services
Phoenix, Arizona
Being stabbed 18 times in a fight with another drug dealer was the wakeup call Alonzo Hines needed to change his life of addiction and dealing.

“It was about who was making the most money,” says Hines. “I was left for dead. I knew I had to stop using drugs.”

Hines had a lot to overcome in his troubled upbringing to banish drugs from his life. He grew up in a dysfunctional household. Both of his parents were alcoholics. His father was a mean drunk who regularly beat his children. His father’s temper rubbed off on young Hines. As a child he was angry and often flew into violent rages. Drinking alcohol at an early age only exacerbated his aggressive behavior. He stopped going to school after 9th grade and spent the next 20 years of his life using heroin, dealing, and spending long stretches in prison.

Growing up in a violent household and experiencing so many traumatic situations in his life, he had a lot to overcome.

Clean from drug use since 2003 but in treatment for his mental health, Alonzo was referred to Washington D.C.’s McClendon Center’s trauma recovery and dual diagnosis program by his caseworker in April 2012.

“Growing up in a violent household and experiencing so many traumatic situations in his life, he had a lot to overcome,” says Joan Prince, a clinician at the McClendon Center. “Plus, Alonzo had the overlap of trauma and substance abuse to deal with.”

Hines learned coping skills to manage his violent temper, and practiced meditation to soothe his trauma and himself.

“We can transform trauma,” says Prince. “Meditation is self-soothing. Now, when he has an argument and tempers flare, he’s learned how to soothe himself.”

During his treatment at McClendon, Hines became involved in an abusive relationship with his girlfriend and had to move into another transitional housing facility.

“I told him I’m not going to abandon you — I’m always going to be here for you,” says Prince.

“Thank God for this program,” says Hines. “I receive a lot of support from staff and peers.”

Hines now mentors others with similar traumatic backgrounds at McClendon, working with some of the city’s most disenfranchised residents.

“I encourage other clients to do the right things, avoid negative people,” he says. “I like mentoring people, inspiring them to push for success.”

Now, with own apartment, Hines continues to participate in group therapy at McClendon and joined a reading group to make up for his lost school years.

“Joan and all the staff here have really helped me get through the trauma, helped with my recovery,” he says. “They let me know I could accomplish better things in life.”
Smith attributes part of Copetta’s success to his courage to face his fears.

“We’d meet every week to talk about what he’s facing, help him determine what was not reality but simply paranoia,” she says. “Now, we don’t even talk every week because he’s come so far.”

Smith was also instrumental in getting Copetta on disability and back pay for the years he spent homeless. After paying off his debts, Copetta donated the rest of the money to the Mental Health Center of Denver.

“It was my way to give back,” says Copetta. “Nobody has been able to understand me like Meghan. She’s saving souls.”

Smith says Copetta exemplifies the 2Succeed program’s work.

“When you look back at what he’s had to go through on a daily basis, and now he’s in own apartment and taking the bus every day to work,” says Smith. “It’s the day-to-day thing most people take for granted, but for Zoey it’s a big step forward.”

Finding a job is often a major milestone on the road to recovery from mental illness. While mental health is still a topic that many employers refrain from talking about, the Mental Health Center of Denver’s 2Succeed employment program works to remove the stigma from the workplace.

Zoey Copetta, who suffers from schizophrenia, is a beneficiary of the program. For more than a year, the 32-year-old Denverite has bagged groceries at King Soopers, a Colorado grocery store chain.

“Zoey is extremely intelligent and has been able to differentiate his illness from who he is as a human being.”

Copetta’s journey to employment was not been easy. At around age 16 he discovered that moving objects that appeared in his peripheral vision would trigger delusions. He would feel overwhelmed by bad smells and his food tasted like garbage.

He began mutilating his body, using pins and knives to cut himself as many as seven times a day. Other times he would shock himself with an electrical cord.

By 2009, he lived on the streets, playing his harp to survive. After a hospitalization in 2011 for his illness, he was referred to the Mental Health Center of Denver where a psychiatrist, clinician, and case manager treated him.

“Zoey is extremely intelligent and has been able to differentiate his illness from who he is as a human being,” says Meghan Smith, an employment specialist at the Mental Health Center who has worked with Zoey for almost two years. “That one reason he’s been able to reach such a high level of recovery.”

He’s Got It In the Bag
The New York restaurant industry is one of the most competitive and cutthroat in probably all the world. There’s a ton of turnover and Abraham has been really resilient in dealing with that.

New York City has a cutthroat restaurant scene — not a place you’d think to find a person in recovery from drug addiction and serious mental illness. Yet, in recovery, like in an epic meal, the second course is often the finest.

Abraham James, of Manhattan, started using cigarettes and marijuana at age 15. Then, he progressed to alcohol. Eventually, crack cocaine. He first came in contact with the mental health and addiction treatment system at 21 when he was institutionalized for two weeks. According to James, he has depression, bipolar disorder, and schizoaffective disorder. Yet, beyond that brief stay in a hospital, he didn’t get treatment for many, many years.

“I didn’t really get any treatment until about 2007, when I had to decide for myself to walk away from my apartment and go to treatment because drugs were ruining my life,” recalls James.
He entered rehab. He got clean. From there he connected with the Mental Health Association of New York City, where he entered Recovery Works, a transitional living program in East Harlem. Participants spend 12-24 months getting their lives back together, receiving help with housing, finances, and their recovery goals.

James spent 16 months in the program. MHA-NYC helped him find housing, develop his employment skills, and get his life back together. Part of preparing James for the future was arming him with employable skills and career goals. So, MHA-NYC connected him with VESID, a state-funded program that finances vocational rehabilitation programs for adults with disabilities.

“That’s how I got into culinary arts,” says James. “That’s where I received my certificate and license.” The program required James to complete a 240-hour culinary training program and a 360-hour internship. He completed both in about nine months and is now a New York State certified food handler.

Culinary art is his career, but more than that, it’s his passion. He loves “anything that involves the kitchen — if it’s cooking, if it’s serving food, if it’s pot washing, the upkeep of the kitchen, food preparation. Anything to deal with the kitchen, I’m interested.”

Christine Morrison, a job development specialist at MHA-NYC, couldn’t be more impressed. “He’s found two positions as a line cook,” she says. “First, at a restaurant called Six Sense and then one at Rocking Horse Cafe. I was impressed because the New York restaurant industry is one of the most competitive and cutthroat in probably all the world. There’s a ton of turnover and Abraham has been really resilient in dealing with that. He’s finding his way.”

“I’m sticking with it. I’m not giving up. I’m pushing myself because I’m really interested and want to stay in my field,” affirms James. James says being in recovery is his lifeline. “Without recovery you can’t really function. That’s the basis of why I do what I do, why I get up in the morning, to work toward my goals. Because of my recovery, I have a second chance.”

He thanks MHA-NYC for giving him that second chance, saying “I love the staff here. They’ve been wonderful to me. I really trust them. I put my life in their hands — literally. They’re like my backbone right now.”

Recovery is never a cakewalk, and James continues to work on his living skills, especially managing money and building social supports. He is enrolled in MHA-NYC’s Harlem Bay Network Personalized Recovery Oriented Services, a comprehensive, person-centered recovery program that helps adults with serious mental illnesses with everything from employment to housing.

But, overall, James is zeroed in on making it in the New York restaurant scene. “I would love to own my own restaurant,” he says. Others, like Morrison, believe it: “I can definitely see myself eating in Abraham’s restaurant in the next few years. His cooking is top notch.”

ABRAHAM JAMES & CHRISTINE MORRISON
Mental Health Association of New York City
New York, New York
CARVING OUT A SPACE IN THE WORLD

Chip, 50, has battled schizophrenia since he was 16 years old. For 20 years, he spent the majority of his time cycling in and out of psychiatric hospitals — partly caused by his schizophrenia and partly because of a worsening drug addiction.

After 20 years, the cycle ended when he moved from New Jersey to Maryland in 1990 to be closer to his grandparents. He entered Mosaic Community Services in Timonium, MD and began working with a young counselor named Jeff Richardson, now Mosaic’s CEO.

"Without Jeff Richardson’s help I’d be nowhere," says Chip. "He used to take me to see the Orioles play, to hockey games, camping. He made sure I was taking my medications and checked in with me morning, noon, and night."

After more than three decades of forced hospitalizations, Chip now lives in independent housing as part of Mosaic’s Residential Rehabilitation Program. Along with two other roommates in the program, he is visited several times a week by staff and receives assistance with daily tasks, like scheduling medical appointments and managing his health benefits.

For the last three years, Chip has worked with Caitlin Manleigh, Residential Director at Mosaic.

"Chip has gone from being in hospitals for years at a time to now living independently and holding down the same job for 10 years," says Manleigh, who says one of Mosaic’s goals is to make people as independent as possible. "He’s lives as close as he can to what most people consider a normal life."

"Caitlin has been wonderful to work with," says Chip. "She takes me to my get my blood work and to doctor appointments. She’s number one on my list."

"It’s been nice seeing the changes in Chip. He’s learned to independently manage his medications and his own appointments and schedule," says Manleigh. "He lives on his own with drop-in support from staff and still keeps a very close relationship with his grandmother."

Chip also participates in New Ventures, a day program at Mosaic to help people learn concrete life skills, like food shopping, meal planning, and social skills.

“It’s important to emphasize that the diagnosis does not always go away,” says Manleigh. “So success is getting the person to work and live as normally as possible, to carve out their space in world.”

CHIP & CAITLIN MANLEIGH
Mosaic
Timonium, Maryland

We are proud to support our partners in celebrating the
50th Anniversary of JFK’s Community Mental Health Act of 1963

In the past 12 months, Genoa’s Government Affairs team has lead approximately 50 tours of our partner CMHC’s - reaching over 75 legislators.
Jenna Rai Miller grew up being terrorized by her own family. She lived with the painful unpredictability of her mother’s bipolar disorder, a sexually abusive father, and a brother who often tortured her and tried to kill her. At age four, she was diagnosed with depression and tried taking her own life before the age of 10. She survived the horror around her by developing multiple personalities and, in adulthood, schizophrenia. She escaped her dysfunctional household when she left for college in 1970, eventually earning a Master’s degree in counseling. While continuing to battle her own demons which resulted in a hospitalization in 1990, she began a long career counseling persons with severe mental illness.

“My recovery plan is a baseline of what I want to accomplish, but I can do so much more.”

Stable since 2005, she has worked as a trainer presenting programs on mental health and recovery for the National Alliance on Mental Illness Connecticut for seven years. In 2011, she published “Brilliant Diamond,” a book chronicling her transformation from victim to thriving survivor.

Mary Watson-Stribula, a psychotherapist at Norwalk Hospital’s Outpatient Department of Psychiatry, began working with Miller in 2008 and helped her mine some long-buried memories in her painful past.

“So sometimes you just need to be able to cry, and before Mary I was never able to cry,” says Miller. “I cried so much I started asking her if she charged by the tissue.”

“Jenna needed to clarify what she was thinking to get through what was blocking her ability to heal herself,” says Watson-Stribula.

Miller found the “empty chair technique” particularly helpful to express repressed feelings.

“I used an empty chair as if a parent was sitting there to help me understand what happened,” says Miller. “It’s a way of facing them in yourself.”

“The timing in a relationship like this is a factor for success,” says Watson-Stribula. “If we had met in 1990 we would not have been able to do the work we’ve done. The strength she’s gained since then has given her the courage to talk about the darker corners in her life.”

Miller recently was an author of SAMHSA’s Recovery to Practice initiative, which helps clinicians transform the behavioral health practice to become more recovery-oriented.

“My recovery plan is a baseline of what I want to accomplish, but I can do so much more,” says Miller.

Jenna Rai Miller & Mary Watson-Stribula
National Alliance on Mental Illness Connecticut
Hartford, Connecticut
"The time has come for a bold new approach.....
Central to a new mental health program is comprehensive community care. We need a new type of health facility, one which will return mental health care to the main stream of American medicine, and at the same time upgrade mental health services."

John F. Kennedy:
"Special Message to the Congress on Mental Illness and Mental Retardation,"
February 5, 1963

2013

—NOW is the time for

JFK's vision to become reality.
A Purposeful Life

After his severe depression was diagnosed in 1976, New Yorker Rocco Puzzo was hospitalized eight times over 10 years. After his last hospitalization, he went on permanent disability and never worked again.

“Before that I couldn’t hold a job. Went through 20 jobs,” says Puzzo. “I’d come into the city and walk aimlessly through the streets just to have something to do, to burn off anxiety.”

While being treated at a mental health clinic, in 2001 he was referred to the National Alliance on Mental Illness (NAMI) of New York City. He began volunteering in the reception area and soon discovered NAMI’s Helpline, a telephone hotline providing callers with support, information, and referrals to community resources.

Puzzo had found his calling.

“I’d been through a lot of the same situations as the callers, people who are depressed and stressed out,” he says. “I figured I could be an asset. I knew the system. I’ve been there.”

Puzzo is one of eight volunteers who answer helpline calls. The service is open five days a week, seven hours a day.

“Rocco is great at helping people navigate through the system,” Mary Lee Gupta, a program director who oversees the helpline and has worked with Puzzo since 2004. “People may call for one thing, but the helpline is a gateway for all of our programs.”

People call the helpline with a variety of questions, like how to refill their medications, where to find a psychiatrist, and how to get family members into housing programs.

“Sometimes people just need somebody to talk to for a while,” says Puzzo. “Providers don’t often take the time to listen, so I try to find out if they’re in treatment and whether to refer them to housing programs.”

In 2006 Puzzo was recognized as NAMI’s Volunteer of the Year.

“I’ve seen Rocco stick with this even when it’s hard for him,” says Gupta. “People who call the helpline understand his commitment. Callers are always telling me they spoke to Rocco and how helpful he was. He stands out.”

Puzzo’s commitment to his work was evident in 2012 when Hurricane Sandy crippled the New York metro area. With Manhattan a ghost town and his building without power, he walked down 10 flights of stairs and across town to answer helpline calls.

“I needed to come in because it is what I do. After years of battling depression, this provides me with a function in life,” he says. “People here are like an extended family. I have found a home and a true purpose.”
Twins Yanet and Natali Gutierrez came to the United States from Mexico three years ago to continue their education. After graduating from middle school, their family could not afford to send them to high school. They were told they would either have to work on their father’s farm or obtain documentation to live with their aunt in Greeley, Colorado. So, at 15 they immigrated to the U.S. to attend Northridge High School.

Their American dream quickly turned into a nightmare. They spoke no English and soon their aunt, the only person they knew in the country, began having financial problems and could no longer provide for them. The twins moved into a house by themselves and found jobs at Wendy’s, sometimes working until 2:00 am.
“Away from family for the first time and struggling with a new language, a new culture — all this is very stressful. Then, add in their age group on top of all that. It’s easy to get lost in hopelessness.”

Away from family for the first time and struggling with a new language, a new culture — all this is very stressful, says Frances Garcia, their TIP counselor. “Then, add in their age group on top of all that. It’s easy to get lost in hopelessness.”

Garcia began working to bolster their confidence, giving them tools to help them become more self-efficient and improve their English.

“I try to identify the causes of depression and work to improve overall wellbeing,” says Garcia. “I look at what motivates people, and for the twins it was going to college.”

Garcia helped them with their college applications and showed them how to apply for financial assistance.

After being diagnosed with depression in 2012, the twins ended up graduating in May 2013 among the top 15 students in their class. They spoke at the graduation and earned multiple scholarships and grants to attend the University of Northern Colorado in the fall.

“We would have given up had we not met Frances,” says Natali. “She was always there for us, to listen to us, to give us hope.”

The sisters were accepted into the university’s Cumbres program, a curriculum to prepare students in a supportive environment to become role models and leaders in the educational community.

“You need to find the motivation within each person,” says Garcia. “The girls’ perseverance and resiliency is amazing and their focus will help them to continue to be successful.”

YANET AND NATALI GUTIERREZ
& FRANCES GARCIA
North Range Behavioral Health
Greeley, Colorado
Full of Grace

Philip Critchfield was an overweight kid. Just as today’s doctors suggest weight loss strategies for young patients, so did his. Amphetamines. Prescribing amphetamines was a “very common practice back then,” said Janette McKeever, a recovery support specialist at NorthCare in Oklahoma City.

By the time Critchfield was a teen, America was awakening to an amphetamine epidemic. “At 15, I was on really strong amphetamines and as time went on, they were harder and harder to get because they became more outlawed by the FDA. So, I went to street drugs,” he says. Namely: methamphetamine. “I always liked to feel stimulated.”

Critchfield is now drug free, save from a cigarette here and there. “I do occasionally want to smoke a cigarette and when the urge hits me I wish I could say I never give in, but occasionally I do. Luckily, I have big scars on my leg to remind me I don’t have to have [the cigarette] anymore.

He’s also now a recovery support specialist and volunteer at NorthCare, working closely with McKeever to support others living with mental illnesses and addictions with anything they need. In fact, their recovery support services program is designed like a practicum, or a pipeline for paid peer specialists. McKeever started the volunteer program at NorthCare.

So, while McKeever was once “provider” and Critchfield “patient,” now they are a team leading programs like WRAP and Whole Health Action Management (WHAM) that help people reach real, meaningful, and attainable goals on their personal quests to whole health. They are such a good team, in fact, that they complete each other’s sentences.

Critchfield starts, “[My recovery] is one of those ‘by the grace of God.” “…I’m still alive,” McKeever finishes.
Welcome to La Selva

La Selva is a proven and innovative adult psychiatric, residential and outpatient treatment program. Located near Stanford University in the heart of Palo Alto, California, the program offers care in an attractive community-based setting. La Selva is one of a continuum of community-based services for mental health clients and their families offered by Momentum for Mental Health, a private non-profit organization based in Silicon Valley. The La Selva Group provides services to people who are not eligible for publicly funded services and can pay out of pocket or through insurance.

OUR SERVICES
La Selva’s comprehensive services create a therapeutic community, encouraging active client participation. We provide individual attention to meet each person’s unique needs.

THE PROGRAM INCLUDES:

- Residential Treatment
- Outpatient Services
- Discovery Day Program
- Dual Recovery Program
- Supportive Housing
- Psychiatry

The La Selva Group exists to help individuals achieve mental and emotional health, discover and reach their potential and fully participate in life.

HOW CAN FAMILIES HELP?
Our family involvement is unique. Working together, we alleviate the frustration and isolation families often experience. An emphasis on structured agreements among clients, family and staff provides a safe path for recovery and greater self-reliance.

www.thelaselvagroup.org
When Malkia Newman speaks to persons newly diagnosed with mental illness at Community Network Services, a Michigan human services nonprofit, they assume she’s a medical provider or administrator. Not until near the end, to their surprise, does she mention that has a mental illness, too. She is a peer educator and the force behind CNS’ award-winning Anti-Stigma Program.

Decades ago, Newman knew only “crushing depression.” “If not for my daughter, I know I would have taken my life,” she says. Life became a long blur of strained family relations, poor physical hygiene, abusive marriages, and short-term jobs.

In 2002, at 49, Newman was diagnosed as bipolar and prescribed Zoloft. Losing her insurance in 2003 meant losing a steady supply, though, which threw off her recovery. A friend referred her to CNS in 2004, saying, “There’s help to get medication and stabilize you.” Newman also found there “the best psychiatrist,” insistence on accountability, a caseworker named Carlotta Mahone, and a new life.

Mahone helped Newman navigate the foreign worlds of federal entitlements and community health services. Newman was unemployed and living with her mother, and Mahone helped with those, too.

“Carlotta asked my opinion and encouraged me not be afraid. She modeled being a professional. I’ve used the coping skills I learned from Carlotta to move on and up,” says Newman. In fact, impressed with Newman’s demeanor, Mahone recommended her for the position at CNS and walked her through the application process.

Telling her own story caused apprehension at first. But these days, Newman — an ordained Christian elder — is an evangelist for mental health. “This isn’t a curse, it’s a medical condition,” she says. “Clients and families love hearing that the way it’s always been isn’t the way it has to be — and they believe me because I’ve been there.” That’s why the consumer voice, the peer voice, is crucial in recovery, she says.

Newman has long touted the link between physical and mental health, too, pointing out to clients that exercise elevates mood and that everyone has a choice about eating habits. Not until recently, though, did she begin to live the advice as well as give it — losing weight, taking a daily vitamin, and walking a mile every morning. “It’s like I had to give myself permission to take care of myself,” she says.

At CNS, Newman designs curricula, does research, presents, meets with individuals and groups, tracks results, and writes about the program. She chairs the Oakland County Community Mental Health Authority, the first consumer to do so and perhaps the first in the country. She’s testified before state and national audiences.

Why so passionate? “If you’d been in the dark for 30 years and now you have light, wouldn’t you want to have it on all the time?” she says. “People should not be kept down by limitations, especially due to a stereotype. I owe it to everyone around me to show that you can live rather than just exist.”
Fifty years ago, the Community Mental Health Act laid the foundation for providing community-based care for those living with mental illness. The Mental Health Center of Denver’s roots go back to this historic act and we are proud to continue serving our community. As the national model for success, we focus on recovery and help more than 75% of people receiving treatment lead healthier, more productive lives. And each one of those individuals is part of a stronger, healthier community. Learn more at MHCD.ORG.
Brian Logan was one of hundreds of Portsmouth, Ohio residents who fell victim to the prescription drug epidemic that swept southern Ohio several years ago. Fatal overdoses became so common that locals even had a name for the lethal combination of opiates, sedatives, and muscle relaxants — the Portsmouth Cocktail.

Logan’s addiction started in 2002 when he received an Oxytocin prescription after back surgery. His prescription drug addiction moved on to heroin, and by 2004, he found himself with no job, no money, and no family.

“My family disowned me,” says Logan, now 50-years-old. “I lost everything, including custody of my child.”

He found it so easy to obtain Oxytocin prescriptions, he began selling the drug to buy heroin.

Logan entered several treatment programs, but nothing work. He stayed clean for a stretch in 2011, but when his sister died from her drug addiction, he consoled himself by using again.

In April 2012, he entered the Portsmouth City Health Department’s drug treatment program and starting taking Vivitrol, a new medication that assuages the cravings of addiction. The drug started him down the road to recovery.

“Vivitrol was a wonder drug for me,” says Logan, who has remained drug free for 16 months.

He slowly began opening up to his counselors.

“When clients first come in, they’re often manipulative and not in the right mind set,” says Tiffany Wolfe, a Portsmouth City Health Department nurse practitioner. “After they’re clean for about three months, then you start to see the person again and you can develop a relationship.”

Wolfe is among a team of counselors who helped Logan reach his goals, like returning to college.

“They completely changed my life by pushing me to stay clean,” he says. “Drug addiction gives you a negative mind set, but they work to keep you thinking positively.

“We let clients know that we’re always there for them, we’ll support them through the whole process,” says Wolfe. “We’re not going to kick them out of the program if they relapse. We’ll work to get you back in the recovery program.”

While fatal overdoses in the county dropped 30% in one year, easy access to prescription drugs continues to wreak havoc on citizens.

“A lot of times people see a person like Brian as responsible for his own behavior, all the lying, stealing, and manipulation,” says Lisa Roberts, RN, a Portsmouth City Health Department public health nurse. “But I see them as victims. We didn’t have all these opiate addicts until the drugs began being marketed so widely.”

Roberts says her county has the highest addiction rates in Ohio. As the addictions mounted, rates of Hepatitis C tripled and homicides and other crimes skyrocketed.

“I want to let people know there is hope,” says Logan. “If not for people like [those at Portsmouth City Health Department] that dedicated themselves to my recovery, I’d still be out there.”

Brian Logan, Lisa Roberts & Tiffany Wolfe
Ohio Department of Public Health
Portsmouth, Ohio
between 20 to 30% of gay and transgender people abuse substances, compared to about 9% of the general population.

Lanthia Douglas’ battle with drugs started when she was 14, about the same time she began questioning her sexuality. For her religious mother who made the family attend church daily, being gay was a sin. While forcing her to date men did not change her attraction to women, Douglas’ confusion about her sexual identity did start her down a path of heavy drug use and a promiscuous lifestyle.

“All the arguing with my mother about my sexuality led to more and more drug use to numb the pain,” says Douglas. “I’d engage in sex with men that sold drugs or befriend men that had drugs — anything to get high.”

At age 18, she moved out of the family house in northern California and traveled along the east coast, sleeping with whoever could supply her with marijuana, cocaine, and sometimes methamphetamine.

In her 20s, Douglas began suffering from depression and bipolar disorder.

“I didn’t want to admit I had a drug problem, so I never sought out a drug rehabilitation, and I never shared my troubles with my mother.”

In 2005 at age 23, she stopped using cocaine, started reading her bible again and began to notice how drugs were destroying the lives of everyone around her. She moved to southern California and began seeing a therapist for her mental health problems, but she still used marijuana heavily and did not take the treatment seriously.

Finally, during her first visit in 2010 to Pacific Clinics in Pasadena, CA, her life started to get on track.

“When she first came here almost three years ago, she connected with our peer services, which is not as formal as our other treatment programs,” says Audrey Read Brown, program director at Pacific Clinics. “She liked talking with [others] about shared experiences. Eventually, she began accessing more and more of our services.”

“Until that time I had been stagnant in my progression to recovery, but once I started going there I noticed a big change in myself,” says Douglas. “I began to be much more active, more social, and even my relationship with my mother begin to change. She slowly but surely accepted my sexuality.”

She’s been clean and sober since May 2012. Pacific’s unique mix of peer and professional services helped Douglas set life goals, including finding a job. She currently works for Pacific as a house monitor in a transitional home. She teaches clients key living and life skills, and helps them prepare to live in permanent, independent housing.

“It’s a privilege to work for an organization that really cares about you and your mental health. They’re always trying to make sure that I stay on the right path,” says Douglas. “Being employed here, I’m giving back to a field that has given so much to me.”

LANTHIA DOUGLAS & AUDREY READ BROWN
Pacific Clinics
Pasadena, California
A Smiling Heart

Jonathan Fortman worried a lot more than most kids did. He feared his niece would be abducted and spent hours researching pedophilia on the internet. Eventually his anxiety turned into paranoia and he stopped eating school lunches because he thought someone might be drugging his drinks.

“Jon had a lot of irrational fears and frustrations and I couldn’t see what was really happening with him,” says Jonathan’s mom, Holly Fortman, who is deaf. “His paranoia about eating became so bad he made me taste his drinks before he’d have them.”

When he turned 13 in 2012, Jonathan’s mother, Holly, brought him to Pathways Community Behavioral in Cuba, MO for psychological testing. The teen was diagnosed with paranoid schizophrenia and was initially hospitalized to stabilize his condition when he began dwelling on guns and weapons. He returned two months later to resume treatment at Pathways.

“When he first came here, Jon was very angry about his parents’ separation and divorce,” says Tammy Cox, Children’s Services Supervisor at Pathways. “He wanted to kill himself and talked of feeling dead inside.”

During his initial consultations, Jonathan would show up for appointments swaddled in a hoodie, even when temperatures outside reached 100 degrees. The hoodie served as a physical and emotional shield from the outside world.

Through counseling and psychiatric care, Cox and other professionals at Pathways focused Jonathan’s treatment on freeing him from schizophrenia’s grips.

“I worked with Jon to build his skills at home and at school,” says Cox. “I wanted to give him the tools to overcome the issues that were interfering with his daily living.”

Jonathan’s turnaround has been nothing short of remarkable.

“I can’t even comprehend how far he’s come — I’m speechless,” says Holly. “It’s a big transformation. I’m in awe.”

Jonathan now arrives at Pathways smiling, relaxed, and wearing t-shirts and shorts.

“Before I felt like crap, I wasn’t enjoying life,” says Jonathan. “Now, I go and hang out in the neighborhood and feel safe.”

He also has repaired his relationship with his father.

“It used to be I wanted kill him, but now I go fishing and swimming with my Dad,” he says.

“I have my son back — my heart has a big smile,” says Holly. “I feel lucky to be part of Jon’s world. I’m blessed.”

Holly is now in treatment herself for bipolar disorder, an undiagnosed condition she lived with for more than 25 years.

“We take our meds together at night,” she says. “We’re not going to let mental illness control our lives.”

Holly and Jonathan Fortman & Tammy Cox
Pathways Community Behavioral Healthcare
Cuba, Missouri
Strengthening Lives through Person Centered

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Percensys CORE Learning specializes in the development of innovative treatment planning and service delivery resources for recipients of rehabilitative, community-based mental health services.

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Pamela Faye Jessup graduated from trade school with honors in 1972. But in her last year of school, she “just knew something wasn’t right,” as symptoms of bipolar disorder began to manifest. Her mother, and her primary care doctor, told her at first “it must be nerves.” But when things did not improve, she was sent to see a psychiatrist and was prescribed medicines for her mental illness. Jessup got better and was able to take up a job — she worked for two different sewing companies over a 33-year period. She got married in 1983.

Although Jessup was happy to have a full life in the community, her path to recovery was rocky. She had several breakdowns and hospitalizations. Medications she was on stopped working after a while and her regimen had to be changed often. She eventually had to quit work and put in for disability.

However today, at 60, Jessup is much better. She says she feels blessed with a wonderful family, a supportive treatment team, and with a mission to help others with mental illnesses through their struggles. Jessup attributes her recovery to going on Risperdal® Consta®, a long-acting injectable antipsychotic and to the Pennyroyal Mental Health Center’s Therapeutic Rehabilitation Program, which she has been involved in for six years now.

“I sought help. I always tried to learn from other people and get help. I enjoy coming
here [to the Therapeutic Rehabilitation Program at Pennyroyal]. I come here five days a week and I look forward to coming here like I did on a public job that I worked in for 33 years. I get up and come in here like I used to when I did go to work,” says Jessup.

Charlotte Cannon, Jessup’s therapist in the Therapeutic Rehabilitation Program, explains why this program is critical to community mental health. Years ago, when people with mental illness were released from state hospitals as part of “deinstitutionalization,” they were not successful in the community because no support system was in place. The Therapeutic Rehabilitation Program provides the structure and the support needed for recovery in the community. It’s a day treatment program built on the philosophy that “everybody needs a routine and some structure to keep their life from being chaotic and to focus on recovery.”

While the program has two full-time staff members who offer therapy, education, and supports, it primarily assigns control and responsibilities to the people with mental illnesses enrolled in the program. Program participants have responsibilities, like preparing meals or managing sales at the snack store and clothes closet. They learn social skills so they can be more comfortable in the community. They are also able to connect with and draw strength from each other. “They do have a close bond with one another and they do feel accepted here,” says Cannon.

“All clients who come here have their strengths or needs identified and then they all have individual goals that they’re working on — usually related to helping learning about their illness and being able to stay in the community. We offer any support we can to them during the day so that they can stay in recovery,” explains Cannon.

Jessup was elected by her peers to be the president of the Therapeutic Rehabilitation Program. What does that require of her? “Well, I see what needs to be done. I give others in the program good advice. If I see a new person come in, I go over and introduce myself to them. I tell them about the rules and regulations here and I’m helpful in any way they need,” enthuses Jessup.

Connie Workman, who supervises Pennyroyal’s case managers, says Jessup is now looking to take back a little bit more responsibility for her life and finances. “I think her sister has been serving in that role and is very supportive, but any time that we can help empower them and help them become even more independent we see that as a good thing while still being here to be support when they need us,” says Workman.

Jessup’s family has also been supportive through her recovery. Her husband, her two sisters, her two sons, and her three granddaughters have all been loving and giving and she is happy they’re there for her.

What would Jessup say to others who are diagnosed with a serious mental illness in their 20s, as she was? “I would first recommend them to Pennyroyal Mental Health Center and I would want them to get a doctor. I would tell them about how Therapeutic Rehabilitation Program has really been helpful to me and if they come to classes here, they can overcome. They can recover, just like I did.”

PAMELA FAYE JESSUP, CHARLOTTE CANNON & CONNIE WORKMAN
Pennyroyal Mental Health Center
Hopkinsville, Kentucky
Surrounded by about a dozen of his peers, Jason Packs takes roll call for his weekly “Star Trek” class, one of many classes he leads at PRS, Inc., a 50-year old community behavioral health agency in Northern Virginia and Washington, DC.

Just seven years ago, Packs had no idea that he would be any kind of leader. He was homeless, with a mental illness and no direction.

At 12 years old, Jason was diagnosed with attention-deficit disorder (ADHD). “I used to be a handful for my teachers because I’d talk out of turn and was hyper,” he says. Twelve years later, he learned that he actually had bipolar disorder, which is commonly misdiagnosed in youth as ADHD, according to Tom Schuplin, director of the Recovery Academy at PRS.

One of his first connections at PRS was rehab coordinator Byron Roberson, who used to be Packs employment specialist. He guided Packs to the PRS’ employment program where Packs trained in readiness skills like communication, interviewing, resumes, and anything else he needed to get and keep a job.

Packs now holds a regular job as a newspaper handler for USA Today. He is also a peer mentor in the Recovery Academy, a day program that consists of up to 16 classes a day, including an array of topics such as Packs Star Trek enthusiast’s class, cultural awareness, walking for health, budgeting, dealing with depression, and psychosocial skills. For Packs, the Recovery Academy continues to be a lifetime to developing social skills, relationships, confidence, and leadership.

“PRS had a real big influence on me,” says Jason. “I’d like to be a counselor like the counselors here at PRS. Take on my own clients.”

PRS staff is on the same page. Jackie Dompereh, rehab coordinator at PRS, says, “We’re trying to get [Packs] to take the peer counseling training and become a certified peer counselor. We want him to build some more skills and slowly transition out of the day program. That’s what we hope.”

Schuplin agrees: “Jason is very focused. He’s learned from his recovery how to work with others who are at an earlier stage of recovery, and he recognizes with them the journey that they’re facing. And he’s very supportive and offers his assistance constantly to his peers in the program.”

Packs shares that forward-looking mentality, saying, “Recovery means never looking back, always looking forward and never to the past.”

In adulthood, with no social supports, he wound up homeless.

“I was at a shelter and I was directed to PRS because they recommended it would be helpful to me because ... I was just idling without purpose,” recalls Packs.

“Recovery means never looking back, always looking forward and never to the past.”
Diet, exercise, smoking and substance use are the main factors affecting wellness. Substance use may be the one thing you’re not asking about. Asking the right questions gives you the right information. Connecting substance use with health, SBIRT is a small investment with large returns, both in costs and improved health. Interactive SBIRT training is available online at SBIRTmentor where you can access and complete training on your own schedule. Make the connection with SBIRTmentor.

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303.369.0039 x245
Keith Short moved to New York City in 2010 to escape his demons, but soon realized the mantra of “no matter where you go, there you are” held true. He left Washington, D.C. addicted to crack cocaine, homeless, and HIV positive. Shortly after arriving in New York, he added “hopeless” to his list of troubles.

“I couldn’t figure out a way to improve my life on my own,” says Short. “I was dejected and quickly beginning to accept that this is my life and nothing was ever going to change for the better.”

While living at an emergency shelter for people with AIDS, he began treatment for his drug addiction and worsening depression at Services for the UnderServed. He quickly caught the eye of Michael Collins, deputy director of the organization’s HIV division.

“I zero in on people who want to do better things for themselves,” says Collins. “He had dreams and goals he wanted to accomplish.”

Collins put Short on the organization’s consumer advisory board, a platform for clients to voice their concerns and suggestions about organizational matters. He also worked to help him find permanent housing, a long and arduous search that resulted in a historic lawsuit.

Soon after beginning his apartment search, Short realized that realtors routinely discriminated against people who had government subsidies.

“When I told the realty agency that I had the state government assisting me, they would always deny me access to even view an apartment by saying ‘We don’t rent to program people,’” says Short. “Or they would show me a different tier of apartments that were horrible places with holes in the floor and infested with bugs.”

With legal help from Housing Works, an agency that helps people with AIDS, Short sued and won the discrimination case. The judge ruled that realtors can no longer categorically deny access to housing to people that use government assistance to pay rent.

“Keith was the first person to see the lawsuit all the way through,” says Collins. “His win not only benefited him, it benefited a whole lot of people here.”

The legal victory also proved to be an important aspect of Short’s recovery.

“At first the discrimination proved in my mind that I was a less valuable human being than those who received their income from other sources,” says Short. “But the victory changed my spirit and made me feel I deserved respect and was worthy of a home.”

Now living in independently Short has been drug free for a year and will earn a bachelor’s degree in business management from Lehman College in May 2014.

“If SUS [Services for the UnderServed] hadn’t come along, I’d probably still be going from shelter to shelter,” he says. “It was the first step to get out of the shelter and not lose hope.”
A Work of Art (in Progress)

A colorful painting hangs on the wall in Linda Stark’s office at Seven Counties Services in downtown Louisville. Stark likes the painting, but is inspired by its creator, Amy DeVos.

When Stark first met DeVos, she felt unable to express herself. She hadn’t painted or participated in any creative expression for more than a decade.

DeVos first came to Seven Counties in 2002, after a suicide attempt resulted in a trip to a crisis stabilization unit. DeVos started counseling, but remained in an abusive relationship.

She eventually left Louisville with her two daughters to live in a women’s shelter in another part of Kentucky. But DeVos’ family remained in the Louisville area, and the distance meant high phone bills and missed celebrations. A few years later, she moved back.

“I had to get in touch with what I was feeling, how I was feeling, and be able to share that with [my daughters],” says DeVos. “We like each other again. Before, we were arguing all the time.”

DeVos started going to a group for survivors of childhood physical and sexual abuse.

“There was a turning point when I came back to groups because I didn’t feel alone anymore,” says DeVos. “We are a team, building on each other’s experience.”

“It really gives me encouragement when I work with Amy—working hard to make a positive change in her life and realizing that I can’t fix her life,” says Stark. “It’s worth all the hard work.”

DeVos completed peer support specialist training last fall. “Those trainings really helped me to see myself more like a work of art in progress,” says DeVos. “It made me recognize I still have some things to work on, but it also made me see that so did everyone.”

Both DeVos and Stark are on the steering committee to transform Seven Counties into a trauma-informed agency. DeVos asks other clients about their experiences to determine what changes could help make the center’s environment and services delivery trauma-informed, particularly the intake process.

“If [someone has] never been to a mental health center before, it can be very scary,” says Stark. “Then, they see someone they’ve never met before and suddenly they have a series of very personal and probing questions—and that’s just retraumatizing the person.”

In addition to traditional support groups, Seven Counties offers a number of peer-run groups, including creative writing. Although she didn’t join the group, it sparked DeVos to start writing poetry.

DeVos says that reconnecting to her creativity is one of the most important things she’s done. “I create abstract art that makes people think,” says DeVos. “Everybody sees it differently and that’s what I like.”

“Painting is an outlet — it’s an expression of how I feel,” says DeVos. “And these days, it pretty much looks bright and happy.”

By the summer of 2011, her suicidal thoughts returned. “I didn’t feel like I had much use in this world, I felt damaged,” says DeVos. “I wasn’t getting any sleep, my pain level was high. I was fragile, I just cried all the time. I had two teenage daughters who wouldn’t listen to me, a verbally abusive boyfriend. I was unheard.”

DeVos called the crisis line, which connected her back to Seven Counties. “When I had my appointment, I knew then that there was hope,” says DeVos.

DeVos worked on rebuilding her self-esteem, learning to set healthy boundaries, communicating her feelings, and regaining control.

“Painting is an outlet—it’s an expression of how I feel. And these days, it pretty much looks bright and happy.”
When Sara Petrill went off to college, she knew she’d be introduced to a lot of new experiences. She never dreamed those experiences would include years of drug addiction and an ongoing cycle in and out of prison.

“I started taking methamphetamine to have overnight studies and create more hours in the day,” says Petrill. “Eventually I realized I was addicted and soon ended up in jail.”

“People don’t grow up wanting to be drug addicts, but it has a snowball effect,” says Natalie Reinfeld, Administrator at Telecare Corporation in Alameda, Calif. “By the time they want to stop, the body is asking for it.”

Starting at age 20, Petrill spent five years heavily involved with drugs, enduring long stretches in prisons and having a baby boy. She’d find herself locked up for drug use or petty thefts. Sometimes she’d steal just for the thrill of it.

“After getting out of prison I was assigned to Telecare Corporation,” says the 26-year-old. “But I didn’t put forth the effort and just tried to not get in trouble with the probation officer. I thought I was fooling the whole team.”

“When Sara first came here she was really evasive. She didn’t really want help,” says Reinfeld. “She wasn’t ready to let go of her past, to create a second act for her life.”
People don’t grow up wanting to be drug addicts, but it has a snowball effect. By the time they want to stop, the body is asking for it.

Shortly after arriving at Telecare Corporation in 2012, she was again arrested for drug possession and went back to jail. She returned to Telecare Corporation later that year and gradually started to decrease her drug use.

“I knew I needed help,” says Petrill. “When I went back to Telecare Corporation I made the effort. The team made sure I was accountable and helped me work on my goals.”

“We don’t get caught up in people’s pasts, we focus on the present,” says Reinfeld. “Whether they’re coming here from a hospital or a jail, everyone is welcome. There’s no stigma. Everybody gets a chance to remake their lives, but they need to prove to us they want to change.”

Petrill has been drug free since December 2012 and recently completed Telecare’s substance abuse treatment program. The program boasts an excellent track record of keeping people with drug addictions on the right side of the law. Since the program started in 2011, only 20% of all people admitted have gone back to jail.

“It’s nice to see the growth in Sara,” says Reinfeld. “It can be hard to take ownership of success. Now, she’s successful — not time to relapse again.”

“If it wasn’t for Telecare Corporation I’d be running the streets again and back in jail,” says Petrill. “Before, no one cared about me. But Telecare Corporation has been there for me and the team here really does care. Now I have the chance to be the woman my parents raised me to be.”
Remember when you were 17? If you were like many teenagers on the cusp of adulthood, you were excited for the independence. Now image that feeling at 43. After 17 years in a nursing home, John Hartman, 44, moved into his own apartment a year ago, living alone for the first time in his life.

“I hated [the nursing home] at the beginning,” says Hartman. “I would try to get out of there all day because the building made me very depressed.”

Hartman was at times afraid of the other nursing home residents, slept all day, and stayed up all night drinking beer. Things didn’t really begin to change until he found he was “tired of drinking all the time.”

Sober now for 11 years, Hartman’s recovery began with Alcoholics Anonymous, a program he continues to use as regularly as six days a week.

“I went to meetings before I stopped drinking. I would go and drink afterwards, but I don’t know why I would do that. I was trying to say, ‘I need help, but I’m not ready yet.’”

In February 2002, Hartman finally committed. “I went to a meeting with my sister and I said, ‘I’m John and I’m alcoholic, and I need a sponsor, or I’m going to go out and drink.’” Hartman found that AA gave him purpose and comfort, and he has had the same sponsor since.

“The more I got sober, the more I drew confidence in myself. [I thought] I can do this. Even with my depression, I can do it. And the more I felt I belonged, I felt better about myself. I felt like I could accomplish things. Recovery was very hard because you see addiction everywhere, especially in the building where I was — everybody was drinking, everybody was doing pot.”

After several years, Hartman began to see signs about programs stemming from an Illinois state decree to move people who
lived in institutes of mental disease and nursing home settings for large portions of their lives in independent living environments. He saw an opportunity — “I didn’t want to be stuck.”

Hartman approached leaving his nursing home with cautious determination. He was born with fetal alcohol syndrome and has cerebral palsy, epilepsy, major depression, high blood pressure, high cholesterol, and an alcohol addiction. And after living his life supported by family and then by a nursing home, he lacked the confidence that he would be ‘accepted’ by one of the nine providers contracted by the Illinois Department of Human Services to transition individuals with mental illnesses living in IMDs into apartments.

The Moving On program at Trilogy, Inc., a private not-for-profit behavioral health organization in Chicago, was just the program he hoped for. After months of anxiously checking the mail, in June 2012, Hartman received the letter that would change his life. He was accepted.

He was overwhelmed, excited, and nervous.

He and Trilogy staff began looking at apartments, scouring Craigslist, and getting ready for the big move. It didn’t take long for Hartman to find one that was just right. “That was one of the biggest shocks of my life — I got an apartment. My goal of moving out is a reality.”

On September 4, 2012, Hartman moved into his own apartment, living alone for the very first time.

“T wouldn’t be able to do this if I wasn’t sober,” he says. “Sobriety is the key to my success, and being healthy — mind, body, and spirit.” Trilogy offers a great deal of treatments, services, and supports to Hartman, as well as the many others who use their services. He has a psychiatrist, a therapist, and a case manager who visits him a few times a week. They support him in all the ways that he needs. They help him with his bills, his budget, his shopping. They provide him with behavioral and physical healthcare. But he is self-sufficient and likes the autonomy of living alone and taking care of his own bills for the first time — deciding what he needs, like groceries, and what he wants, like Netflix.

“I am so blessed to be where I’m at now. I’ve come a long way. Trilogy has been so grand. They help me with my medication. They explain everything. I learned to trust people on the staff. I feel very secure in Trilogy. I feel it’s a security blanket.”

JOHN HARTMAN, CAROLINE JUDD & RUTH MCMAHON
Trilogy
Chicago, Illinois
History tends to repeat itself. Rosalinda Soto put a stop to that.

Soto’s stepfather from ages 3 to 10 was sexually abusive and alternated between starving the girl and making her the family food disposal. But the worst came when Soto saw her stepfather touching her older sister. Soto went to their mother for help but got only a beating and a denial: “Why would he want you when he has me?”

Fast-forward to 2006. For years, Soto’s weight had fluctuated, and she had trouble tasting food. Now that her son had turned three, suddenly she was having flashbacks and losing time. “I cried or became enraged at the smallest things,” says the 40-year-old. “There wasn’t enough space or memory in my brain.”

Soto attended a weight-loss clinic for several years, losing and gaining, until doctors threw up their hands. “I don’t know what’s wrong,” one told her, “but I think you should talk to someone here.” “Here” was Truman Medical Center-Behavioral Health, a post-traumatic stress disorder clinic in Kansas City, Missouri.

PTSD? “I don’t have that,” Soto thought. “I haven’t been to war.” She had, though — on the home front — and it had stayed with her. “Symptoms are the body’s way of coping with unfinished business,” says psychologist Jennifer Osborne, clinical coordinator of PTSD services at Truman. “We can change the control an old trauma has over you.”

From her first teary, frightened session early in 2012, Soto felt off-kilter: “There’s a certain comfort in staying home and avoiding changes.” But she knew she was in the right place because “if someone wrote that definition [of PTSD] without knowing me, I must need help.”

Help takes work, though, and for clients who make it, life gets worse before it gets better. Therapy involved having Soto relive the traumas, writing down details and discussing her reactions. The point was to face down the demons, see connections between events and feelings, and undo destructive thinking patterns. For example, Soto had never realized the link among abuse, weight problems, and inability to taste.

She did see a different link: her mother, raped and molested as a girl, had screamed at her children until they cowered. Now, Soto was yelling at her own child and thinking, “I sound just like my mother.” Yet, she says, “I wanted to be the mother I’d always wished I’d had.”

Through cognitive processing therapy, Soto learned to avoid black-and-white and catastrophic thinking and to express her wants and needs clearly and rationally. Others have commented on the change — everyone from acquaintances to relatives.

“My son says he loves me but he really likes me, too,” she reports with pride. “And my mother says watching me has made her want to be a better person.”

“I thank God for Jennifer,” Soto says. “Before, I couldn’t see where I was driving in life because I was always looking back. Now, I look out the front. I’ve moved from chaos and darkness and fear to having options and trust in myself.”
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Bill Clark builds remote radio control planes that can cost upward of $8,000. He is also a computer whiz, a ham radio operator, and a techie. It’s hard to believe that this 44-year-old’s adult life began in a cave, where he braved harsh Vermont winters and the demons of his youth.

“I was brought up in a very emotionally unstable family,” remembers Clark. “Anything I did wasn’t good enough — if it wasn’t 100 percent, I was beat bad or was grounded. As I got older, it got to the point where I was locked in our basement as punishment.”

His youth took an even more gruesome turn when he was 17. Clark’s father took his own life in front of him, leaving the teen to not only deal with the metaphorical “mess,” but the physical, as well.

“It was hard for me because after my dad passed away, my mom kicked me out into the street,” says Clark. “It was easier for her to deal with my two sisters and take care of them.”

From his childhood home, Clark says, “I went to the next thing I knew, which was the woods, and moved into a local cave.”

Clark lived in his cave for a year, until a case manager at United Counseling Services in Bennington, VT found out he was there. “They pulled me out of the cave — they were shocked that I was living in a cave,” he says.

UCS, a community-based behavioral healthcare provider, remained in contact with Clark since that time in 1991. But, the road was a rocky one.

“I had trouble with the law,” Clark recounts. “I was acting out, trying to get someone to care about me. I didn’t know how to deal with all that I’d gone through. I ended up doing three years incarceration, and that was actually a good point because it turned me around to realize ‘Oh wow, this isn’t what I want.’ And, I really needed to start trusting people, which is very hard for me.”

UCS connected with Clark again after he was returned to the community. He says UCS staff consistently tried to show him that he could have a better life. “They’ve always been by my side. They’ve always been there to pick me back up and get me moving forward.”

It took many years before Clark worked with UCS in a meaningful way.

“For a long time after he got connected with UCS, [Bill] was minimally involved. He would come in, he would see his case manger, but he really wasn’t fully engaged,” says Sasha Slattery, Clark’s case manager, “Whenever treatment got too hard, he would step out. He did that for years.”

Over the past two years, Clark has turned that around. “I knew I needed a change and I knew that to do that I was going to have to let down everything that I’ve taught myself and really open up to people.”

The real turning point came when he began going to Slattery’s self-esteem group. Building his self-esteem turned out to be critical to Clark’s recovery. “Even with everything I went through as a child and growing up, I still was as worthwhile a person as everybody else, and I didn’t see that.”

Clark continues to attend self-esteem classes and groups, engages in dialectic behavioral therapy, meets with Slattery, and sees a therapist once a week.

He is working toward his high school diploma and wants to go to college to study engineering or technology. He wants to build a normal, comfortable life in which he can “just enjoy what I see everyone else doing.”

Slattery shares similar goals for him, adding that she would like him to “have a job, have his own life, and live the life that he wants to live. Whatever his dream is, that’s where we want to get him.”

Despite decades of adversity, Clark is determined to reach his goals. “Even though everything can look really grim, if you put the dedication in, it’s possible to change your life and make things better. It’s not easy, but you can change anything.”

BILL CLARK & SASHA SLATTERY
United Counseling Service
Bennington County, Vermont
When a Cave Is Called Home

Clark lived in his cave for a year, until a case manager at United Counseling Services in Bennington, VT found out he was there.
Creating Safe Harbors for People with Mental Illness

While studying at Naval Postgraduate School in Monterey, CA, Clarence Jordan’s instructor pulled him aside to voice a concern.

“He was concerned about my loner behavior,” Jordan recalls. “He told me that I didn’t seem to take pleasure in going to the beach or in other activities outside the classroom that other students enjoyed.”

After earning an MBA and leaving the service, Jordan says, “things began to escalate.”

He bounced from job to job and from town to town — Memphis, Atlanta, Houston, Atlanta again, Nashville, Louisville. No job lasted more than 18 months. The former Navy officer struggled to get out of bed and says he felt like “a ship without a rudder.”

“Employers offered me every opportunity to succeed, but the depression always came back,” he says.

Jordan began masking the pain of depression with alcohol and other drugs. By his early 40s, he found himself in and out of jail for vagrancy, trespassing, and other minor offenses. While living in Nashville, he was evicted from his apartment and started living on the streets.

“I still didn’t know what was going on, so I never got any treatment.”

In court for a fifth probation violation, a judge ordered him into a six-month drug treatment program. He was diagnosed with several disorders, including bipolar disorder, depression with psychotic features, and alcoholism.

“I still couldn’t see my life getting any better. I was resigned to a life of nothingness. I had let down everyone that I ever loved, two wives and two daughters that I never spent any significant time with.”

His six months in treatment turned into two years. With medication and behavioral health therapy, life started to improve. When his counselor found him a job, for the first time in years, he felt he had a chance “to be the professional I always wanted to be.”

He started working in the Resource Center at Nashville’s Foundations Recovery Network, led by noted behavioral health expert Michael Cartwright. Three weeks into the job, Cartwright came into the library and handed Jordan a stack of books.

“He wanted me to become a subject expert in co-occurring disorders. The more I read, the more empowered I felt. I was finally finding out who I was.”

Clean and sober since 1997, Jordan is now Vice President of Wellness and Recovery at Value Options in Memphis. Before joining Value Options, he worked for 12 years as Tennessee’s Mental Health and Substance Abuse Planning Council and as a member of the Consumer Advisory Board where he helped develop the state’s peer certification program.

Jordan has received numerous advocacy awards, including SAMHSA’s Consumer Leadership Award in 2010.

“Today, I’m blessed with meaningful work to help people with mental illness have a safe place to live and engage in fulfilling work. We need to continue to develop programs designed to bring them productively into society.”
Making It a Little Easier

Chanel Bruce wishes that someone would make it a little easier for parents of children with developmental and behavioral health challenges. “I came to school knowing my son had a problem but they couldn’t provide me with the right help. Had I got the right help sooner, it would’ve spared a lot of aggravation, a lot of frustration for him and for my family,” she says.

The road to raising Jerry, her 9-year-old son, who has autism spectrum disorder, has been a rocky one for Bruce. When Jerry was a year old, Bruce noticed that he wasn’t responding to her, using words, or playing with his older sister. Her pediatrician told her not to worry as “some children are just slower than others.” But when he was close to four years, after a series of febrile seizures, whatever little progress Jerry had made rescinded. Bruce had to potty train him again. He was like a whole different child and often got aggressive or frustrated. That’s when Bruce started to look for help beyond the pediatrician’s office. Another parent told her about the Village for Families and Children, where Jerry started to get therapy services.

Jerry’s first school refused to keep him in pre-K. During this time, as Bruce — pregnant with her third child — tried to negotiate appropriate school programs with the Board of Education, deal with Jerry’s frequent tantrums, and care for her home and older child, she was under tremendous stress. The Village arranged for her to have in-home services. “Two ladies came to my home twice a week. They helped to make life a little easier by showing me how to deal with his behaviors,” she explains.

Beth Meekins, an outpatient clinician from the Village has been working with Jerry since he was four years old. She says Jerry has come a long way in five years. Meekins has helped Jerry improve his language and speaking skills. Earlier, when he could not fully express himself, he was often frustrated. But now he can better communicate his needs, explains Meekins.

Meekins sees Jerry once a week for therapy and stays connected with Bruce as well. When Jerry started going to a regular public school, Meekins accompanied Bruce to parent-teacher meetings to advocate for Jerry’s rights. As he struggled at school, the Village helped Bruce move Jerry to Community Child Guidance Clinic School, a special education therapeutic day school, where he now gets the services he needs.

Where would Jerry be if not for the Village? “Who knows?” says Bruce. “He would probably be in a home somewhere and I’d be trying to fight to get him back. I was worried … they were going to try to lock my son up in some mental facility. That was my biggest concern… That’s why I fought so hard, with Meekins and the other advocates. We all together were able to get him into the therapeutic school.”

Today, Jerry can tell her exactly how he’s feeling and what he wants. He may have tantrums, but understands when his mother tries to reason with him. He may break something, but then he’s able to say, “Hey mom, I’m sorry… Are you mad?” She is glad he can now show emotions, control his impulses, play with other children, and have friends. Bruce hopes Jerry will learn to take care of himself and become independent as he gets older.

Through her persistent advocacy and the support she found at the Village for Families and Children, she has helped create opportunities for Jerry to go to school, play, live, and dream like other children. Meekins is pleased at Jerry’s progress in school. The therapeutic school he goes to had to calm his behavior before he could be available for learning. Now he is making academic progress. Meekins hopes Jerry will graduate high school and find a job that fits his interests — he loves cars, she points out, and hopes he can do something with that.

“Bruce is really a great advocate for her family; not everyone would go as far as she has gone, so it’s harder for other people who aren’t as proactive as she is,” says Meekins.
Too often, people with mental illness are stereotyped as dependent, irresponsible, and hopeless. But few shatter these myths like Elliott Steele does through his own success and those he’s inspired in hundreds of others people with mental illness.

Steele knew that mental illness did not have to keep a person from having a job, living in a real home, or achieving their full potential. Today, Vincent House, the vocational rehabilitation center Steele cofounded with his wife Diane in 2003, stands testament to his belief. By providing a clean, safe, dignified haven where people can recover from mental illness and train for jobs, Vincent House changes lives — daily.

At first Steele’s family thought he was a workaholic. At age 13, he dropped out of school to work because he found it more rewarding. Early in his marriage, he worked endlessly — six days a week, three shifts a day, sleeping just two hours on Wednesdays and all day Sundays.

When Steele decided to complete his education and go to college, he never felt “normal.” He could not concentrate on his studies, could not finish a book, and saw his life as “a mess.”
However, he persevered and finished law school. He then worked as an executive chef and a hospital administrator.

Steele explains that he lived with a voice inside his head that said, “I am never good enough.” He was always trying to do more to prove himself. He says in hindsight, his frequent mania and excessive energy did not bother him but it did bother others around him, especially his co-workers.

Much later, after a bout of severe depression and inability to work, Steele was diagnosed with bipolar disorder, which actually came as a relief to his family for it explained the challenges he’d experienced. He went on the right medications, which he says helped tremendously, and learned to better manage his manic phases.

Steele recalls his psychiatrist joking that she would help him reduce his spinning thoughts from 15 at once to seven or eight to keep him creative since he might not like being down to just one.

As Steele continued on his recovery journey, he encountered a different type of challenge. His daughter struggled with schizophrenia and Steele and Diane were unable to find adequate services to help her in Florida. Eventually, she ended up homeless on the west coast. Steele decided to channel his extreme drive and energy into creating a place where others like his daughter could go to find security and support for recovery.

Steele and Diane started Vincent House under the aegis of the International Center for Clubhouse Development, which supports the creation of clubhouses — community-based centers that offer members opportunities for friendship, employment, housing, education, and access to medical and psychiatric services through a single caring and safe environment, so members can achieve a sense of belonging and become productive members of society. Vincent House supports and celebrates its members — individuals recovering from mental illness — and helps them improve their social and vocational skills so they can find a job. Started in a 1,400 sq. ft. storefront, Vincent House now occupies a 7,800 sq. ft. modern, mortgage-free facility that provides a haven for more than 600 people with mental illnesses.

Vincent House has allowed Steele to channel his manic tendencies in constructive ways. He often works seven days a week, up to 16 hours. When his staff is exhausted, he puts on what he calls his “after burners” to get things done. He’s a man with a mission — he wants people with mental illnesses — and their families — to not be ashamed and to hold their heads high as contributing citizens.

And thanks to what Steele has given back to the community as a consequence of his own and his daughter’s mental illnesses, everyone in Pinellas Park, Florida — from businesses who hire Vincent House-trained members to the local police — sees the potential that persons with mental illness have and supports their every effort.

Elliott Steele
Vincent House
Pinellas Park, Florida
Unemployment is Not an Option

Stephen Tiffany has lived with schizophrenia for decades, but unemployment was never in his vocabulary. Of the 30 years he’s been sick, Stephen, now 51, has worked about 25 of them. It’s his passion. “I love working,” he cheerfully purrs. “I like working in restaurants. I’m a dishwasher.”

About two years ago, he hit a snag. “Stephen had become homeless,” explains Jenny Bolt, an employment specialist at Vinfen, a not-for-profit human services organization that services individuals with behavioral health and developmental disorders in Massachusetts and Connecticut. “He wasn’t reporting his work earnings to [social security] or MassHeath, or paying his rent. Eventually he was evicted, because no one was helping him manage that.”

Losing a home is devastating to anyone, but in this circumstance, there was a safety net to catch him. Now, Vinfen centralizes all of Stephen’s services, which include employment services, case management, and mental healthcare. They also help him manage his social security, pay his rent, keep up with his bills, and assist him in money management.

Outreach worker Erica Jones got to work finding Tiffany an apartment in a Boston area neighborhood, but shortly thereafter, he lost his job. “I had a problem with dish detergent. I got it on my pants and it burned into my black pants. And I didn’t have any other pants and [my manager] said, ‘you gotta go home, you’re through here.’” That was last year, right around the time that Bolt had just begun developing a relationship with a new restaurant in Boston — Clover Food Labs — that valued employees with a passion for food, punctuality, and hard work.

“He wasn’t out of work for very long,” explains Bolt. “He was really motivated and came in right away. We didn’t even have an appointment scheduled and he came in and said, ‘I want to work. How can you help me?’ Stephen was a great match, and was hired almost immediately,” says Jenny.

Now, a year later, Tiffany just celebrated his one year anniversary at Clover and in that short time has received some “money promotions.” When thinking about his future, Tiffany knows he wants to continue to work. He says, “I’d like to start to understand life again — who [I am] and where [I’m] going and why [I] had this illness.”

As for Bolt, she says, “My role is to help anyone who comes to me and is expressing interest in working to identify their preferences, to partner with them in obtaining that job, and addressing any barriers they might have to obtain that job. In addition to provide follow along support, we offer a wide range of services. As long as Stephen wants it, I’m in.”

STEPHEN TIFFANY & JENNIFER BOLT
Vinfen Corp.
Boston, Massachusetts

“Of the 30 years he’s been sick, Stephen has worked about 25 of them.”
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Before the Community Mental Health Act of 1963, hundreds of thousands of Americans were warehoused and forgotten by the nation’s conscience. Fifty years ago, this act of Congress marked a milestone toward the end of institutionalization and a beginning of independence and integration into the community.

People used to talk about mental illness and mental institutions. Now, we speak of mental health. We speak of recovery, community integration, and hope. CARF International, a leading accreditsor of behavioral health programs and services, is proud to contribute to this new perspective and appreciates the many persons who have advocated for mental health reforms in our public policy. The future is brighter for countless individuals because of the tireless efforts of these visionaries.

CARF has accredited behavioral health programs and services since 1986, and its field-driven standards continue to evolve to address changes in the behavioral health arena. At present, CARF publishes accreditation standards for more than two dozen types of behavioral health programs and continues to support the future of the field with standards for health homes and integrated behavioral health/primary care. Accreditation of peer support services will be available in 2014.

CARF supports the persons served and their families, advocates, professional organizations, service providers, activists, and policymakers who have shaped and continue to shape a new model of behavioral healthcare.

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Representing a deep well of gratitude

A true story about healthcare integration

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Representing a deep well of gratitude
Illustrated by

For the National Council for Behavioral Health

She was one of our first integrated health clients, back at the beginning... Uninsured, and still adjusting to American culture...

...but very much in need of all the services we support...

...I don't know...

what to do.
She had a dental appointment scheduled and needed to explain the clinic not to bill her.

She was right around the corner from my office, so I decided to meet with her in person.

<It's great to meet you. How are you feeling today?>

<Oh, um— I'm fine thanks.>

<That's good! I just came to make sure the office won't bill you and to say hello.>

<I knew the dentist's not everyone's favorite place.>

<Hey, I guess not. I'm OK, though. Just glad I can be here.>

She wrote me again soon after, so I decided to write her back...

...in a response to her gratitude, and even as an expression of my own.

She's doing really well and taking advantage of the coverage and getting all the care she needs.

We have an excellent Korean clinician who has worked with her very closely...

And although her English is still very limited...

She even joined our Consumer Advisory Board.

And I am honored and blessed to have been able to watch their hope unfold.
2013 • ISSUE 2    NATIONAL COUNCIL MAGAZINE    85
A memorial to border the nine-acre patient cemetery on the grounds of Saint Elizabeths Hospital in Washington, D.C. represents a revolution. It’s a revolution led by people in recovery from mental illnesses who are driving a shift from stabilization and maintenance to recovery and resiliency; from what’s wrong to what’s strong; from mental illness to whole health; and from social segregation to social inclusion. It’s a revolution giving voice to the once voiceless and memorializing how far we have come, as well as how far we’ve yet to go.

There are more than 300,000 institutional patient graves nationwide. The national memorial at the Gardens at Saint Elizabeths will return dignity to those Americans who were removed from the fabric of their communities, never to return home. The University of Georgia College of Environment and Design designed the memorial, which will feature gardens like those that once made Saint Elizabeths a tourist destination, reflection pools, and information about where patients are buried at institutions across the country. It will also give back the names of those anonymous D.C. residents whose graves have no markers.

There are some 5,000 graves on Saint Elizabeths’ East Campus, which originally opened in 1855 as the Government Hospital for the Insane. This hospital served our country’s military personnel and D.C. residents. The memorial will share the stories of the individuals interred in those

“Revolutions begin when people who are defined as problems achieve the power to redefine the problem.” - John McKnight
graves, including Civil War black Union soldiers buried alongside white Confederate veterans. It will feature stories of Native Americans who were shipped to Saint Elizabethe in 1934 after the only other federally funded psychiatric institution, called the Hiawatha Asylum for Insane Indians in Canton, ND, closed. The Canton institution was shuttered after a doctor sent from Saint Elizabeths discovered patients — including children — shackled in their own filth without symptoms of mental illness. There will be stories about a Navy Congressional Medal of Honor recipient, an inventor whose patent is now in the Smithsonian, a sculptor who gifted a peace memorial still displayed in Greenwood, WI, and a Seminole- Negro Indian Scout recruited by the U.S. Army to an elite unit credited with helping end the Texas-Indian wars. The memorial will also honor national reformers in recovery from mental illness, like Dorothea Dix and Mental Health America founder Clifford W. Beers.

Overlooking the Anacostia and Potomac Rivers, Saint Elizabethe was Dorothea Dix’ s pet project and was designed to be a moral treatment asylum. Dix lobbied state legislatures and U.S. Congress to reform the inhumane treatment of indigent people with mental illnesses who were chained and caged in local communities. Dix experienced a “breakdown” as a young woman, but recovered after recuperating in Liverpool, England at the home of a descendent of William Tuke. A Quaker from York, England, Tuke founded the York Retreat in 1796 in a peaceful country setting. He believed patients were inherently good regardless of their behavior and focused on emotional and spiritual recovery — being “moral” — rather than on restraints and punishment. Quaker activities promoted dignity and respect — with farm chores, rest, and relaxing recreation — that resulted in remarkable recovery outcomes.

The original goal of moral treatment asylums was humane treatment, but by the late 1800s, more medically focused state institutions were taking over and growing into overcrowded warehouses. The Georgia State Lunatic Asylum, opened in 1842 in Milledgeville, originally promoted moral treatment, but swelled to a patient population of more than 12,000 by the early 1960s. Like other state institutions, the Milledgeville asylum subjected patients to abuse and neglect, forced lobotomies and sterilization, dangerous experimentation without consent, electric shock delivered as punishment, and over-medication.

The national cemetery restoration movement was sparked in Milledgeville when consumer leaders toured the state hospital cemetery in March of 1997, discovering some 25,000 graves. Many of the numbered iron grave markers had been removed to facilitate mowing, or were choked with underbrush. These peer leaders pledged to restore the cemetery and erect a memorial to recover dignity for these individuals. Reported in the local paper, the memorial plan was picked up by the Associated Press, heralded in USA Today, and later became part of an award winning NBC Documentary, The City of Lost Graves, which can be viewed on the memorial website at www.MemorialofRecoveredDignity.org.

Shortly after the Georgia discovery, Dr. Pat Deegan stumbled upon an abandoned overgrown cemetery at the closed Danvers State Hospital in Connecticut. After organizing the Danvers cemetery restoration, Dr. Deegan began documenting similar stories in other states, and peer-led cemetery restoration projects began to spring up around the country. The national memorial idea was birthed at an August 2004 meeting in Washington D.C. of the National Association of Consumer/Survivor Mental Health Administrators whose members make up the office of consumer affairs in most states. The National Association of State Mental Health Program Directors quickly endorsed the plan and the memorial project was underway.

It is only now that out of the silence of these “unknown humans” whose remains were neglected on the grounds of state psychiatric hospitals that we can no give voice and return long overdue dignity.

LARRY FRICKS
Senior Consultant,
National Council for Behavioral Health
& Chair, National Memorial of Recovered Dignity
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PROUD TO BE CELEBRATING AND SUPPORTING THE NATIONAL COUNCIL.
Inspire Hope, Empower People & Strengthen Communities

Oakland County Community Mental Health Authority (OCCMHA) was the first in the state of Michigan to provide public mental health services after the Mental Health Act was signed into law. Fifty years later, its commitment to ensure that individuals with mental health disorders or developmental disabilities receive life-enhancing services and support systems remains steadfast.

Our exceptional network of service providers continue to set benchmarks that positively impact the lives of the people they serve. They are resilient. They are committed. They are united in their purpose to serve all Oakland County citizens who dream of independence, equality, and inclusion.

A special thank you to the National Council for its lead role in upholding a courageous legacy set into motion more than fifty years ago. We are better citizens, better neighbors, and better people for following your example to believe in the abilities of all Americans, those with and without disabilities.

– Jeffrey L. Brown, OCCMHA Executive Director

Paving the Path to Progress for People with Disabilities

We are building a legacy to always look for solutions that respond to the changing problems which impact quality of life and reduce stigma that is a barrier to wellness.

– Tony Rothschild, President/CEO – Common Ground

Our work promotes deconcentration of poverty, disability, and other socioeconomic factors, building stronger communities in which people with disabilities can participate as full citizens.

– Marc Craig, President – Community Housing Network

The most important measurement of quality is the degree to which the needs identified by persons served are in fact realized. Thus, all decisions must be centered upon individuals and their chosen allies.

– Jim Dehem, President /CEO – Community Living Services

The advent of person-centered approaches to mental healthcare has empowered people to be more open with their illness and has brought much needed attention to a neglected segment of the healthcare field.

– Michael K. Garrett, President – Community Network Services

Looking back, we can be thankful for President Kennedy's vision, which continues to change the world so that all people can successfully live, learn, work, and play in their communities.

– Brent Wirth, President/CEO – Easter Seals Michigan

Together we have assured a place in the community for every person we serve, irrespective of their disability and celebrating their unique gifts and talents.

– Gerald Provencal, Executive Director – Macomb-Oakland Regional Center, Inc.

The most notable change that I have witnessed over the past five decades is that vulnerable people who would have been forgotten are living independent lives and thriving.

– Michael Earl, President/CEO – Oakland Family Services

We are proud to have partnered with OCCMHA for the last 25 of its 50 years, serving the mental health needs of our community.

– Jacque Kiss Wilson, Executive Director – Training and Treatment Innovations, Inc.
Mental Health Risk Retention Group, Inc.
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Stars are no more immune to mental illnesses and addictions than the rest of us.

And just like us, many of them speak openly about their conditions to dispel some of the myths and misunderstandings that can shroud these conditions.

Can you guess which celeb’s which?

1. Herschel Walker
2. Carrie Fisher
3. Brooke Shields
4. J.K. Rowling
5. Brian Wilson
6. Eric Clapton
7. Terry Bradshaw
8. Catherine Zeta-Jones

- This American Sweetheart has spoken publicly to dispel discrimination associated with her diagnosis of bipolar disorder.
- This Heisman-winning NFL running back spoke of his experience with dissociative identity disorder with ESPN, saying, “I feel the greatest achievement of my life will be to tell the world my truth.”
- This model, actress, child star, and Princeton grad penned a book about her experience with postpartum depression, spurring a fellow actor to crusade publicly against the reality of mental illnesses.
- After returning from a galaxy far, far away, this mega-star openly discussed her experience with bipolar disorder and substance abuse.
- A diagnosis of depression could not keep this Pittsburgh Steeler quarterback from leading his team to four Super Bowl wins in six seasons.
- By getting clean, this rocker stopped Knockin’ on Heaven’s Door and even established the Crossroads center for drug and alcohol treatment.
- After completing her magical book series, this revered author spoke openly about her experience with depression.
- Four decades after his band rose to super-stardom, the good vibrations of this legendary rock star diagnosed with schizoaffective disorder still fill arenas.
When It Comes to Health, Magellan Cares

Choosing Magellan as a health care partner is a decision based on more than just our clinical expertise and operational excellence. It’s about trust. Health care, after all, is about people, and we never lose sight of the people entrusted to us.

Magellan Health Services is the nation’s leader in managing behavioral health services. We oversee the care of more than 30 million members across the country, touching the lives of 10 percent of the U.S. population. And we’re evolving to manage care of our members’ whole health—both mind and body.

We join the National Council in celebrating 50 years of community mental health services. We invite you to read the powerful story of Greg Dicharry, founder of Magellan Youth Leaders Inspiring Future Empowerment (MY LIFE), one of the nation’s leading youth groups focused on behavioral health issues.

Along with giving youth a voice, MY LIFE prepares them for leadership and action.

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