



**CENTER FOR BEHAVIORAL HEALTH**  
**HIGHLANDS COMMUNITY SERVICES**

2008  
Annual report

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Ms. Anne Holton, First Lady of Virginia, at HCS Grand Opening, October 21, 2008



## FROM THE EXECUTIVE DIRECTOR

It is hard to believe that another year has come and gone at Highlands. And, what a year it has been. Looking back over the last twelve months, I continue to be extremely impressed with the quality and spirit of our staff. The staff at HCS has demonstrated a tireless determination and willingness to strive for lofty heights within their respective programs, while at the same time maintaining the integrity of each program. I am very proud of such accomplishments. Our program witnessed significant growth during the year (10% in FTEs) with an employee turnover rate of less than 5% (down from 19% in 2006). Highlands Community Services is quickly becoming a "Center of Excellence" with genuine commitment to quality and customer service. As a result of the Board of Directors' commitment to, and staff acceptance of, such philosophical ideals, I am pleased to say we have reached a coveted milestone, becoming the organization of choice for an increasing number of professionals seeking employment. We will continually strive to make sure this achievement is never taken for granted, doing all we can to ensure the organization reflects the highest quality for our staff and customers. Staff has collectively done a great job hiring individuals with compatible beliefs and ideas established as part of Highlands' core mission. I believe **we now have a "living mission" as part of Highlands**, which we will continue to nurture during the upcoming year.



Fiscal year 2009 will be an exciting, yet very challenging, year for HCS. By October 2008, we should be conducting business in our new building. By February 2009, all programs working with individuals with intellectual disabilities will be in their new facility at the annex on the main campus. Going forward, the challenges facing our organization will require diligence and close monitoring to avoid an interruption of our ability to meet the needs of our community. The new campus, with both buildings, is a very expensive initiative, yet one that will provide a state of the art facility in the community. In a visual way, the buildings on the hill will represent the ideal that mental health is an integral part of any community's well-being, and that we are committed to serve the community in a way that all parties involved in the process can take pride and maintain a genuine sense of dignity. As we move into the next fiscal year, sustainable growth will continue to be a cornerstone to our success. Under the direction of Allen Anderson and Shawn Miller, continued growth in the school based programs has been recognized. Home Recovery initiatives, including the renovation of the counseling center, will begin very soon. The Intellectual Disabilities staff are well underway in implementing a "sponsor home" model, a creative and innovative adjunct to their well established programs. In all departments, new ideas are being developed to maintain the vitality and richness of our organization.

Finally, as we go into the next fiscal year, my hope is that each individual will enter into it with a high degree of enthusiasm, optimism, a sense of purpose, a feeling that they are a part of a team, and a sense of professional pride. Without such attributes at the core of what we represent as an agency, we collectively run the risk of being like too many other organizations that operate without a "living mission." I guarantee this will be an exciting year with surprises, and new opportunities. It will be a year of regaining our "organizational equilibrium" given the challenges of the move. It will also be a year to stabilize and maximize the efficiencies within each of our programs. Finally, it will continue to be another year of innovative and sustainable growth.

*Photo by Ivan Scott*

## A New Day at Highlands Center for Behavioral Health

The Highlands Community Services Board was established by the governing bodies of Washington County and the City of Bristol Virginia in 1972. It continues to be a vital resource for people seeking help with behavioral or emotional issues.



### Our Board:

Representing the City of Bristol, Virginia

Danny Johnson, Chair

Deb B. Read, Vice-Chair

Kathy Melvin, Secretary/Treasurer

Fred Bowman

Marianne Grzywacz

Sondra Alan

Representing Washington County, Virginia

Leslie Birch

Claudia Duffy

Carolyn Hale

Kitty Owens

Odell Owens

Darlene Rowland

Lillian Spicer

Eula Wheeler

Jeffrey R. Fox, Executive Director

### From the Chair...

No reflection of the year 2008 at Highlands Community Services could possibly begin without mentioning the successful building of a new main campus on Russell Road in Abingdon. As the Chair of the Board, I am extremely pleased at how our staff and board members participated in selecting a site, planning the building and opening it for business. It is our hope that Highlands customers will find our new main campus accessible, convenient and friendly. In addition, Highlands has added new services, created a number of employment opportunities, and set a new standard for customer service in behavioral healthcare for our region.

Even as we celebrate having reached these goals, we look forward to jumping the next "hurdle." I and the Board of Directors of Highlands Community Services, Center for Behavioral Health, say "thank you" to our dedicated staff and our customers who daily inspire us.

Danny Johnson,  
Board Chair  
2008



## ACCESS/EMERGENCY

- Many changes were passed in the Virginia Legislature which has a significant impact to the delivery of Emergency Services. One major change is the required presence of the Case Management CSB at all involuntary commitment hearings. HCS entered into a mutual regional agreement with Region III to have representation at each of the hearings.
- Emergency Services added staff to address changes to the legislation which also allow for better coverage of mandated after hours services.
- Access Unit added a Licensed Clinical Social Worker to fill the position of Triage/MOT Coordinator. This position will supervise the employees within this unit and complete Clinical Assessments on new referrals. This unit also added two individuals to fill the position of Access Specialists. These individuals will assist the Access Coordinator in completing intakes.
- The Access Unit and Emergency Services are supervised by two different individuals; however, both units continue to be under the direction of Psychiatric Services.
- Access and Emergency Services are preparing a group of employees to respond to a disaster through education and future mock drills.
- Access Unit continues to review and establish new EAP (Employee Assistance Program) contracts.



## FINANCIAL REPORT

Fiscal year 2008 was a year of tremendous growth for Highlands Center for Behavioral Health. Total program service revenue increased by 21% (\$2,114,058) over fiscal year 2007, while expenses increased by 20% (\$1,921,286). The majority of the revenue increase was in fees which increased by 29% (\$1,672,243) during the year.

Teamwork within the center and frequent communications regarding finances throughout the year resulted in extremely accurate budget projections on the part of fiscal services and program services staff. Actual revenue earned in FY08 totaled 101% of budget and actual expenses totaled 95% of budget. The resulting surplus of \$710,272 consisted of \$182,217 in restricted funds (DAP, Non-CSA Mandated, Part C, etc.) and \$528,055 in unrestricted funds (4.4% of budget).

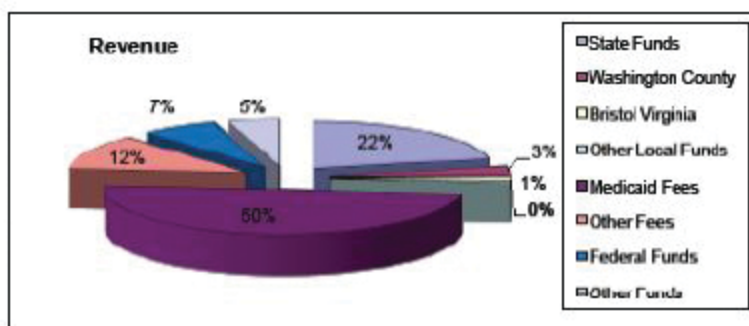
Income from activities outside of program services included interest earned, non-vested annuity contributions and the donation of assets from the dissolution of Community Residential Facilities, Inc. (CORF) resulting in net unrestricted income of \$393,855. The center's unrestricted balances will be utilized in part to maintain the required cash reserve fund, to fund previously approved capital improvement projects (electronic record, facility renovations, etc.) and to fund the center's future capital outlay/equipment needs.

The center's balance sheet took on a different look during the course of the year as the facility construction project in Abingdon gained momentum. As of June 30, 2008 construction in progress and new facility furniture and fixtures totaled \$4,494,145 while the corresponding notes payable amounted to \$4,841,972. The agency continued to maintain an overall strong financial position with assets of nearly \$11 million.

### FY 2008

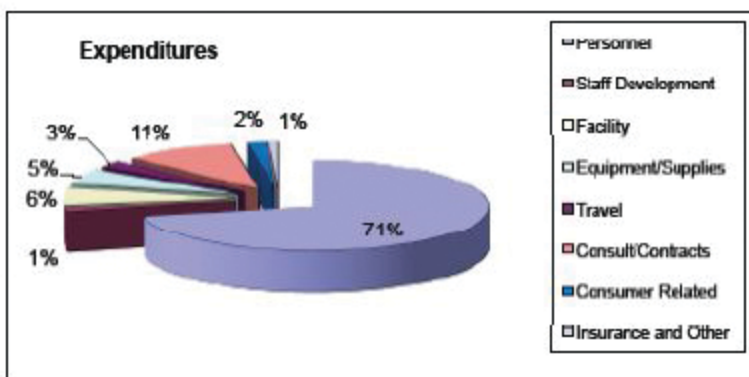
#### Revenue

State Funds	\$2,621,600
Washington County	365,929
Bristol Virginia	139,871
Other Local Funds	74,250
Medicaid Fees	6,039,214
Other Fees	1,474,341
Federal Funds	846,704
Other Funds	560,689
<b>Total</b>	<b>\$12,122,597</b>



#### Expenditures

Personnel	\$8,149,569
Staff Development	129,421
Facility	723,411
Equipment/Supplies	616,201
Travel	287,793
Consult/Contracts	1,212,595
Consumer Related	202,675
Insurance and Other	90,661
<b>Total</b>	<b>\$11,412,326</b>





## HUMAN RESOURCES

- Developed an "on-line" employment application to facilitate the recruitment process.
- Increased an internship program involving the colleges of Virginia Intermont, King College, Emory & Henry, East Tennessee State University and Neff Center (for LPN's).
- Changed our group health insurance to Anthem with a thorough Request for Proposal bidding process.
- Changed the group insurance broker for health, dental, & vision insurance with a RFP bidding process.
- Reviewed and revised HCS Classification & Compensation program in order to provide competitive salaries in the region.
- Improved the "Paid Time Off" policy to include accrual for part-time employees.
- Added a "donation of PTO to other employees" process to our employee benefits.
- Provided the Annual Employee Appreciation Picnic and the Annual Christmas Holiday Party for employees and their families.
- Hired Michael D. Cole as Director of Human Resources on January 28, 2008.

## PSYCHIATRIC DEPARTMENT HIGHLIGHTS

Psychiatric Services includes Psychiatric Clinic, Access and Emergency Services.

- Two new psychiatrists were hired to serve the adult population.
- A new LPN was hired to assist with the increased demand for Psychiatric Clinic Services.
- Our Psychiatric Mental Health Nurse Practitioner significantly decreased the waiting time for both adults and children's medication evaluations.
- Clinic schedules for all psychiatrists were placed online for agency-wide viewing.
- Performance Standards for nursing staff established at 1,100 non-billable direct service hours annually.
- Implemented review of DMHMRSAS's Behavioral Pharmacy Management reports and adjusting prescribing habits accordingly.



HCS Medical Director, Jana K. Dreyzehner, MD.

## COMMUNITY SUPPORT SERVICES

### RECOVERY SERVICES

- Continued active participation on regional/local Consumer Empowerment and Recovery Council (CERC) by providing input on service improvements at the local, regional, and state levels;
- Ten consumers of Stepping Stones graduated from the twelve week Leadership, Education, and Advocacy Programs (LEAP) sponsored by the Southwest Virginia Consumer and Family Involvement Program in August 2007;
- Four Stepping Stones consumers graduated from the Wellness Recovery Action Plan (WRAP) class;
- Consumers and staff participated in a variety of local, regional, and state trainings, activities to include Walk for Mental Health at Emory & Henry College, the first Mental Health Awareness Dinner, Program Link Day, and the annual Virginia Association of Psychiatric Rehabilitation;
- Residential services saw significant growth in services and program expansion;
- Residential services developed service partnerships with Sponsor Homes and the Restart Program.

### INTELLECTUAL DISABILITIES SERVICES

- Transformation of the term "Intellectual Disabilities" over the next year to replace "Mental Retardation,"
- Day Support officially changed its name to Horizons;
- Direct Support Aide hired to assist with transportation of individuals with additional support needs on transportation routes and in the center;
- Staff participation in several ID statewide systems transformation activities to include regional case management meetings to respond to recommendations of the Inspector General's review of the state's ID Case Management system; field testing of the new statewide Person Centered Planning (PCP) process;
- Developed new Sponsor Home services and began service to one consumer;
- Program realignment within the Community Living Program realized increased services/staff reassignments to Horizons;
- Continued excellent internal and external program audits;
- Four new waiver slots allocated.

### INFANT/TODDLER EARLY INTERVENTION

- Increased Child Find and public awareness realized a significant increase in referrals to the Part C program;
- Currently seven service providers are contracted to provide speech, occupational, and physical therapy for thirty four infants/toddlers;
- Increased collaboration with Early Headstart Program to conduct developmental screenings for birth to age 3, two times per year;
- Staff continue to provide training in a variety of community group settings to include nursing students, Department of Social Services staff, and parents in the area of atypical development;
- Continued collaboration with Department of Social Services with mandated CAPTA (Child Abuse Prevention and Treatment Act) referrals;
- Staff represent four infant and toddler programs in the region on the Upper East Tennessee and Southwest Virginia Pre-natal Substance Abuse Task Force;
- Part C System's Manager participates on the state Autism workgroup that is creating a manual of best practices for providing services to children in Virginia with Autism Spectrum Disorder.

### SOUTHWESTERN VIRGINIA TRAINING CENTER'S REGIONAL COMMUNITY RESOURCE CENTER

HCS Individuals served:	
• Total served-	89
• Total receiving behavioral technical assistance-	20
• Total events for routine dental clinics-	74
• Total number served in dental clinics-	54 (up 20 from last year)
• Total receiving dentures-partial or full-	5
• Total cost of dental services-if out of the pockets of individuals-	\$13,139.00



## When Things Go Wrong.....

Hello, my name is Nicole. I am realizing the dream of "A Life Like Yours." Due to the loss of my mother to cancer and having to move out on my own at an early age my life changed and has been changing ever since then.



In July 2004 we found out that my mom had breast cancer. I was barely out of high school. I have an older brother with a lot of needs. Luckily, we were both receiving case management services from Highlands Community Services. With my mom's sickness, I got a waiver slot. The following months were hard and I had to grow up quickly, taking big steps in my life.

Within the next several months, my mom was placed in a nursing home, my brother moved to a group home, and I set out on my own, with the help of residential staff, to get my own apartment. These were a lot of changes to take in at my age. I had never lived alone and without the help of my mom, I was not sure what was going to happen to me. But little did I know that "when things go wrong, good can come out of it."

Mom passed away in March 2005. With the help of my residential staff and case manager, I got through my mom's death and picked myself up and moved on to realize my "Life Like Yours." Staff say that I grew up a lot socially and emotionally. I also learned a lot and was able to better take care of myself. I made friends around my apartment that I can talk to and share things with. By October of 2005 I wanted a job. Since that time I have been working at Wendy's about 20 hours a week.

In the past four years, life has made me grow up quickly. I am proud to say that when things went wrong, I was able to make it through and get to where I am now! I have a home, a job, take care of my own money, and I no longer need the help that I got with Medicaid Waiver services. I am now working on getting my Learner's permit to drive and get my own car.

Who would have thought.....

## CHILDREN'S SERVICES

From mid 2006 through Fall 2008, a growth explosion has occurred in Children's Services. The number of full time service providers increased from 23 to 60. Several existing services have been expanded and additional new services have been added. More children and adolescents will receive services from the Highlands Center for Behavioral Health in 2008 than any year in its 36 year history.

The single area with the greatest growth has been the new School Based Day Treatment Services. Beginning with the initial employee placed at Van Pelt School in the late Fall 2007, eleven employees work in seven different elementary schools, four at Virginia Middle School, and four in three area high schools in Bristol City and Washington County. Schools seem to love the service and principals tell staff that the service has had a significant impact on disciplinary problems with fewer students sent to the office. Students receiving the service get lots of attention from their counselors and problems are resolved when they appear and are not allowed to escalate into serious behavior problems.

The Summer Day Treatment Service has also been expanded from 25 students to 50 students. This past year the six week summer service was held at High Point Elementary School. The cafeteria, gym, classrooms, and outdoor play area was a significant improvement over the small facility used in previous years at the Old Airport Road location.

Behavior Intervention Services, which includes both mentoring and school support services, has also shown remarkable growth. The number of children and adolescents receiving mentoring services has increased by 25%. In addition, a growing number of children were able to benefit from counselors who provide one on one school support throughout the day in order for the school system to be able to maintain the child and avert an expensive residential placement.

Intensive In Home Family Service staff have increased from four to seven. The number of Children's Care Coordinators has increased from 4 to 10. The Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services has provided funds to provide Outpatient Therapy to individuals in the Juvenile Justice system and to individuals receiving services through Family Assessment and Planning Teams.

In today's school environment, Guidance Counselors are not able to counsel students, but seem to have time only for schedule planning. Student Assistance Counselors providing services to the high schools in Bristol and Washington County seem to fill this void in a very effective fashion. The number of SAP counselors has been increased, through partnerships with both school systems, from two to four full time employees.

When the Center (the new Highlands Center for Behavioral Health facility in Abingdon) was in the planning stages over the last three years, most children's services were included in the facility design. As other HCS services grew and required more floor space, Children's Services remained at the Oakview Street location in Bristol.

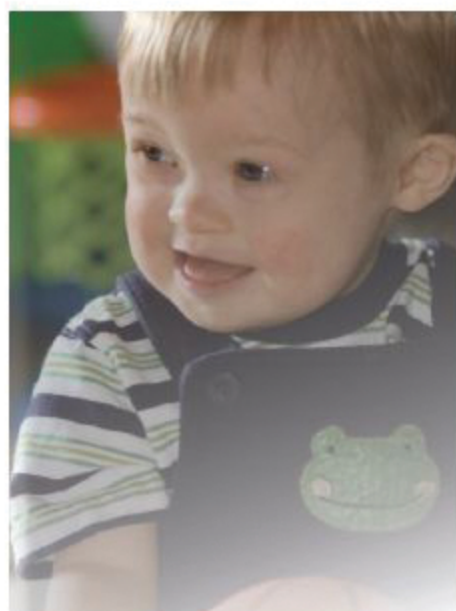
A vision is developing and taking shape for a Children's Campus. A building site is being sought to provide a consolidated campus for all children's services in an area convenient to both Bristol and Washington County residents. The facility should provide indoor treatment and activity space, a Mentor Center, classroom space for children and parents, outdoor sports fields, camping areas, and low ropes courses.

The end result for Children's Services is that more and more children will continue to receive quality services from the Highlands Center for Behavior Health, services which will have a lasting impact on their lives.



**“HE WHO TEACHES  
CHILDREN LEARNS  
MORE THAN THEY DO.”**

**GERMAN PROVERB**



## SUBSTANCE ABUSE SERVICES

- **Substance Abuse Intensive Outpatient Group**—A group service designed for substance abuse consumers in early recovery. The program utilizes the Matrix Model, which includes an educational and skill building component within each night. Family education sessions are the educational component of one night each week, where family members are encouraged to attend conjointly with group members.
- **Dual Diagnosis Intensive Outpatient Group**—A group setting designed to address co-occurring MH & SA issues. Many of the group members are still in early recovery. Family education sessions are the educational component of one night each week, where family members are encouraged to attend conjointly with group members.
- **Suboxone Intensive Outpatient Group**—This is a three session per week group setting designed to address SA issues for consumers in the contemplation/preparation stages of change. Consumers in this service are active opiate abusers who are awaiting potential Suboxone induction services. Once stabilized on the Suboxone medication protocol, consumers are transferred to the appropriate level of Intensive Outpatient Service depending upon their diagnoses. Family education sessions are the educational component of one night each week, where family members are encouraged to attend conjointly with group members.
- **Medication Assisted Therapy**—In collaboration with physician services, participants who are addicted to opiates are screened for inclusion in our Suboxone medication program, which has limited capacity. This allows consumers access to prescription Suboxone with physician oversight to manage opiate withdrawal in conjunction with Intensive Outpatient Group services and Care Coordination services. Pill counts and urine screens are required.
- **Aftercare/Social Support Group**—A group for those consumers with substance abuse issues who have either completed the IOP program, have come from an extended stay program with longer sobriety time or for those who have done well with recovery and may have had a brief relapse period, but do not need to repeat the IOP.
- **Women's Recovery Group**—This is a group that addresses issues specific to women in recovery and the various struggles with identity development, self-esteem, peer relations and daily functioning/coping strategies.
- **SA Education Group**—This is a group for consumers who may have encountered their first difficulties relating to mal-adaptive substance use prior to substance dependence. It addresses the basics of addiction including, tolerance, withdrawal, substance specific education, stages of addiction, etc.
- **Substance Abuse Intensive Outpatient Group for Adolescents**—This is a group for adolescent consumers in early recovery. The program utilizes the adolescent version of the Matrix Model, which includes an educational and skill building component within each session. Conjoint family sessions are held on a monthly basis to include the family unit and/or support system in the treatment process.
- **Anger Management**—This is designed as a group setting for court ordered or self-referred individuals (SA or MH).
- **Individual MH and/or SA Therapy**—This option is always available in addition to or separate from any of the above group services. Frequency and provider can be determined based upon need and availability.



## MENTAL HEALTH SERVICES

- **Women's Support Group**—This is a group service that is designed to address the needs of women as they navigate the challenges of living with mental health issues and help establish a foundational support network.
- **MH Support Group**—This is a group setting to address multiple on-going issues surrounding medications, daily functioning, life functioning and other adjustment issues related to mental health concerns.
- **Grief Group**—This is a group service that is designed to help consumers process through various grief issues (death [primary], divorce, other significant losses).
- **Trauma Group**—This is a group service designed to help consumers deal with various issues relating to trauma survival and PTSD.



First Lady of Virginia, Anne Holton, talks with Rebecca Holmes, Director, Mental Health, Substance Abuse Outpatient Services

## COMMUNITY RELATIONS

The Highlands department of Community Relations had an extremely productive year in 2008. Major projects of the CR Department included:

- organizing the first clinical symposium,
- planning the grand opening event for the new campus,
- creating a designer tote bag for sale,
- developing area partners such as Barter Theatre and the International Storytelling Center,
- facilitating the purchase of artwork for our new Campus Drive building from local artisans, providing funds for our local art community.

In addition, Highlands contributed to several major print and television news stories, relating to mental health and community violence, participated in local community events such as the Mental Health Awareness Dinner and created multiple publications for informational use.

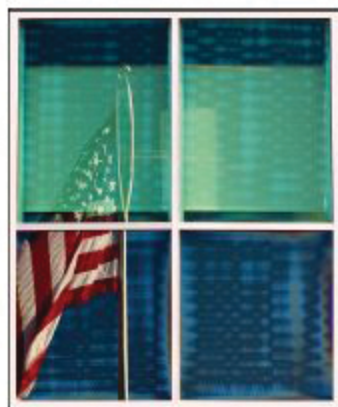


Community Relations Director, Marsha Miller, Serendipity owner, Sarah Walls and Community Relations Liaison, Tina Teaster at a reception



Ernest Jones lived in Abingdon in an efficiency apartment. After becoming an open case with MHSS, Ernest is now living in a studio apartment at Douglas Apartments. "Mental Health Supports helped me find my new apartment. I have a TV and a new bed. I can ride the transit and go places on my own now. I am glad with things."

William Mumpower lived in a small trailer in Glade Springs, Virginia. The location was very isolated and he struggled with getting out and about. He recently moved into a new studio apartment with huge windows at Douglas Apartments. "Mental Health Supports has been good to me, 100%! I have been called the greeter of the building. I now can keep my place clean for company."



## The Realization of a Dream—Highlands Center for Behavioral Health, Grand Opening

October 21, the Campus Drive location of HCS celebrated its official grand opening. Guests included Anne Holton, the First Lady of Virginia, who spoke about the Governor's commitment to mental health services. Also attending were Senator William Wampler, Jr., Travis Jackson, Area Director of the Office of Rural Development, employees and partnering agencies. After the ribbon cutting, guests and employees toured the 42,000 square foot facility which houses 9 departments of HCS, including all the administrative offices.

The completion of the Campus Drive facility marks the fulfillment of a dream, nearly 20 years in the making. HCS customers can visit the one site for outpatient therapy, doctor's services and care coordination. Even while guests were celebrating the opening, ground had already been broken on the next phase of growth at Highlands—building an annex to house the services for Intellectual Disabilities. The annex is being built directly behind the 610 Campus Drive location and is scheduled for completion in 2009.





The Community Awareness Committee at the Clinical Symposium. Bottom row from left to right: MJ Francisco, DeVonne Phipps, Fay Morris, Tina Teaster. Top row from left to right: Marsha Miller, Teresa Brown, Rhonda Lusk, Angie Counts, Patty Jackson, and Shawn Miller

## HCS First Clinical Symposium

October 9, 2008, Highlands Center for Behavioral Health, hosted its first clinical symposium at the Southwest Virginia Higher Education Center in Abingdon. *Families On the Edge: Crisis or Opportunity?* was the theme for the educational forum. Two nationally acclaimed mental health professionals, Dr. David Mee-Lee and Dr. Eli Newberger gave keynote addresses. A total of 12 workshop topics that ran the gamut from "Seniors with Dementia" to "Agression in Teenagers" and "Treating Sexual Offenders," were also presented.

Radford University partnered with HCS to offer professional continuing education credits for the workshops. The Community Awareness Committee at Highlands, which is a cross-section of our various departments, worked tirelessly for a year planning the meal, designing the mailings, and overseeing the event which was enthusiastically received by the professional community.

The 2008 Clinical Symposium is another way Highlands Center for Behavioral Health continues to position itself as both a leader in providing mental health and intellectual disability services as well as an educational center.

## ADULT MENTAL HEALTH RECOVERY CARE COORDINATION

In FY 2008, staff in three Care Coordination offices (Washington County, Bristol, and Bridge) focused on increasing our recovery orientation to fulfill the challenge of DMHMRAS to transform service delivery for our citizens. Thus the Home Recovery program grew rapidly to offer more intensive services to a large population of consumers in crisis, preventing costly rehospitalizations and facilitating more productive community roles. All staff have focused on helping people in recovery to identify the stressors that precipitate early warning signs of their specific mental illness symptoms and to increase the supports that help them get on with their lives and leave their "patienthood" behind.

A major stimulant for these changes occurred in March of 2008 when HCS sponsored a regional training program with Recovery Innovations of Arizona, a premier training facility with an international reputation for excellence. Entitled "From Crisis Stabilization to Crisis Recovery: It's Everyone's Responsibility," the event was attended by over 100 individuals from six Community Services Boards in Southwest Virginia and the Southwest Virginia Mental Health Institute. Participants left the 3-day event with a series of goals and objectives that would propel our region into a "no force first" environment to counter legal changes from the Virginia Tech tragedy that would move us toward mandated outpatient treatments.

At HCS, two major projects resulted. The first would renovate the Highlands Community Counseling Center into a Recovery Opportunity Center where individuals in crisis could leave toxic environments to learn more productive coping skills when under stress, practice relaxation techniques, and expand the network of people and resources in their support systems. A warm, welcoming atmosphere was designed with cozy furniture and decorations. Plans are in place to offer services up to 8 hours per day, with comfort meals and esteem building make-overs. The program is staff by Qualified Mental Health Professionals and Peer Support Specialists.

The second project received widespread support from all HCS administrative and clinical staff to develop a "greeters" program in the new building. Consumer/Providers have been recruited to staff the reception area during Medication Clinics to welcome their peers "with a smile," escort them to the appropriate waiting rooms, and sit with them to offer reassurance until called to see the psychiatrist. The program will be supervised by a tenured Peer Support Specialist.

Throughout the Adult Mental Health Recovery Care Coordination Department, staff ended the year celebrating a significant increase in teamwork that has promoted attractive, hopeful services to the community and resulted in program growth and more sophisticated interventions for the long and short-term people we serve. Included are strengths-based case management in partnership with peer services promoting Wellness Recovery Action Programs.



I am looking through an album with ancient pictures of my past. Suddenly, I'm not a 55 year old woman looking at memories at the dining room table, but an 18 year old girl looking down her arm that has a wristband on it from a state mental hospital. Where am I?

It comes rushing back to me. I'm in Galesburg State Research Hospital Galesburg, Illinois and I'm surrounded by loonies! I don't belong here! Sure I tried to kill myself, but to be put here?!

Thus, began my uphill battle with recovery. Just being able to admit I was mentally ill was a big deal. Mr. John Welch helped me with that. He was the first in a long line of psychologists, psychiatrists, and social workers.

**I am no longer alone or isolated...**

Through all my years of seeing mental health workers and self-medication with pills and pot, I still grew in my recovery despite myself. I've been living in Iowa for 16 years. I stopped self-medications and was put on anti-depressants. Imagine my surprise that after being on these meds I no longer had the need to cry all day. I hooked up with a social worker who literally saved my life. I was able to get disability and medication. Things looked promising. It wasn't until I moved to Virginia that I had another diagnosis placed on me-Bipolar. That's when I discovered the wonderful world of Lithium! My ongoing mood swings started to sputter and fade. No, not gone completely but going. Then I went to the Clubhouse. What a first day experience! Don't get me wrong, I was very afraid and apprehensive. To be surrounded by mentally ill people makes me shutter. How crazy were these people going to be?!

Yes, I was a mental illness snob. I quickly learned first hand how friendly everyone was. Then there was Debbie, Danny, Therease, Karen, Danny, and on an on. I learned patience and caring about others and being able to give mental illness a face and a name.

But the big kicker were all those people who were mentally ill as I am yet they included me in their circle. I learned of their mental illness and they of mine. Oh my, the fun and friendship we have at the clubhouse. I was finally ready for real recovery. I took classes, went on field trips, and hung out with my friends. What a difference the clubhouse has made for me. I am no longer alone or isolated.

So, take it from me. If you are mentally ill, give our Clubhouse a try. It works miracles to attend, and because of this article hopefully you won't be a "mental illness snob" as I was and give the Clubhouse a chance. I did, and that has impacted my life and my family's life for the better.

One warning about the Clubhouse—be prepared to laugh a lot and learn a lot. I'm glad I started coming to the clubhouse. And my recovery? It's going full stream ahead thanks to the Clubhouse.