Transitional-Age Youth (TAY) are youth ages 14-25 who may be transitioning in and out of the programs and services in the Children’s System of Care—such as foster care. Despite the Children, Youth and Family System of Care providing transition services, some TAY find themselves unable to access the needed services they’re used to relying on. This time of possible transition into the Adult System of Care makes it especially challenging for the youth, and this is why the County of San Diego is continually working towards solutions that address their needs.

The Transition Age Youth (TAY) Academy, through San Diego Youth Services, is an Innovations program that assists TAY with solutions to the challenges, problems and barriers that are unique to them. There are 4 locations throughout San Diego County which makes it easier for the youth to access. The services include coaching, mentoring, groups, skill-development workshops, fitness, nutrition and teaching strategies with the goal of a successful transition to independent living. To find out more about them you can visit them online at http://www.sdyouthservices.org/site/PageServer?pagename=TAY_Academy

Peer Liaisons Feedback Concerns by % of 253 Forms Received for March

Employment

The ARC of San Diego for people with disabilities help finding a job.

http://www.arc-sd.com/jobs

Phone: (619) 685-1175
Fax: (619) 234-3759
Gene Johnson, President and CEO of Recovery Innovations spoke at the 2014 Wellness Summit about *The Future of Recovery*. He started off his talk stating that, “We all have our labels. Mine is CEO.” However, Eugene pointed out that, “We are all the CEOs in our lives.” This concept - of each person being the CEO of their own life - is central to Wellness and Recovery because it wakes us up and helps to remind us that our power has always been within ourselves. This power starts when we realize that we are in the driver seat of our lives.

Gene shared some of his personal experiences advocating for people that were being “confined in the state hospitals” and “asylums” in Delaware. He shared many examples of people who were able to achieve their goals of self sufficiency, independence, meaning and purpose, and life satisfaction. People are resilient and can recover, even from the most severe of mental health challenges and their associating “labels.” He said, “Knowing this, what can we say about the *Future of Recovery? And - what might it look like?*” Over ten years ago this same question was asked and it resulted in the New Freedom Commission’s vision statement, which reads:

“We envision a future where everyone with a mental illness will recover, a future when mental illness can be prevented or cured, a future when mental illnesses are detected early, and a future when everyone with a mental illness at any stage of life has access to effective treatment and supports – essentials for living, working, learning, and participating fully in the community.”

Gene also shared that in The Future there will be: “A Peer-driven system,” “Integrated holistic opportunities,” and “Accountability: new evidence.”

What does a peer driven system look like? “Thirty-five state Medicaid programs have expanded to reimburse peer-support specialists since 2001.” And we can expect more states to follow after this because “CMS now recognizes peer support providers as a distinct provider type for the delivery of support services and considers it an evidence-based mental health model of care.” Mental Health professionals are recognizing more and more that, “peers...are equipped to add to care and are qualified to be reimbursed.” Gene shared these things out of an article from Inside Health Policy posted Jan 22, 2014.

What does Holistic Integrated Services look like? Gene reported that Recovery Innovations is exploring new ways of integrating holistic services. “Wellness City” is one example of this; with a “staff of well-trained peers who have their own lived experiences of mental health challenges,” individuals will find a *recovery culture* that supports them in achieving their goals.

A New Evidence Base: “In the future,” Gene said, “there will be new evidence. This new evidence will be based in possibility which *is* the future.” He said, “The evidence should be co-authored by those that use the services.” And this will call for a new level of “Accountability.”

As we move forward into the future, while learning and growing from the past, let us continue to step into new levels of accountability and embrace the new opportunities awaiting us. Let us make the “New Freedom Commission Vision” a reality. And let us “Celebrate” because “the best is yet to come!”
Smoking?

The ages at which people begin to smoke run the gamut. There’s Tim, whose dad gave him his first cigarette at twelve, and those who start at mid-life or later. There seems to be a common thread running through the reasons why folks start smoking: wanting to belong, be like everyone else, connecting and fitting in—for example, someone wanting to fit into a work culture where people smoke; people hoping to make friends when moving to a new city; and, in the recent past, within some Behavioral Health programs people who smoked got to go outdoors which was the sole privilege of those who smoked.

Smoking has been recognized by some to help with symptoms associated with schizophrenia, anxiety, fear, frustration and boredom. It has been found to be comforting, it has been coupled with meditation and music to relax, and it can be the reward one gives oneself after completing a difficult task. Smoking addresses the “hand-oral fixation,” which may be why so many have challenges with the “what do I do with my hands?” question after quitting.

Some folks utilize aids to stop smoking, while some prefer to go “cold turkey.” Joel learned, that after using the incorrect strength of the “Patch,” he needed to smoke twice as much after, as before. Incorrect strength of the “Patch” may actually increase nicotine dependence. Going “cold turkey” may cause withdrawal symptoms, nausea, hormonal upset, becoming triggered, and having to deal with “stuff” that one has successfully been able to mask, over time by using nicotine.

Despite the above, people have quit and seem to want to quit, even if they aren’t ready to do so at the moment. People have identified that they want or need to quit for improved physical health, for financial reasons, to not repel others, in order to attract a non-smoking partner, because it doesn’t fit in with the image of shopping at Fresh and Easy, and—perhaps most importantly—in order “to be around for a long time” to enjoy friends and family. For assistance and support, see 1 800 NO BUTTS or go to http://www.tobaccofreeca.com/quit-smoking/how-to-quit/.

May County-Wide Meeting

May 27, 2014 | 1:00-3:00 pm
3851 Rosecrans St., San Diego
Supported Employment Focus Group
Give your feedback on what you want Supported Employment to look like.
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858-766-7106

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Peer Liaisons assist people to advocate for their needs and rights. We act as a two-way conduit to gather and disseminate information between the San Diego County Behavioral Health Services Administrators and people receiving services and their families. We provide hope, encouragement, and connection to the community through county-wide forums, focus groups, county meeting attendance, resources and our monthly newsletter.

Upcoming Community Events

WRAP (Wellness Recovery Action Plan) is held at our main office -
3565 Del Rey St. Suite 202
Every Monday, Tuesday, Wednesday, and Friday 9-11 AM
WELL class is every Monday and Friday 1:30-3:30 PM—3565 Del Rey St. Suite 202
May 1 Mental Health Board 4-6 PM 1600 Pacific Highway
May 1 NAMI Education and Advocacy 6:30-8 PM  1600 Cleveland, San Diego
May 12th Peer Liaison Area Meeting North Inland 9:45-11:45 AM Escondido ClubH
May 12th Peer Liaison Area Meeting East County 11:00 AM East Corner Clubhouse
May 13th Peer Liaison Area Meeting North Coastal 10-12 AM Mariposa Clubhouse
May 13th Peer Liaison Area Meeting Central 10:45 AM Corner Clubhouse
May 16th Peer Liaison Area Meeting South Bay 1-3 PM Visions Clubhouse
May 28th Casa Del Sol Chili Cook Off  12-3pm

Community Action Committee
Community Action Committees are now formed in each area. Do you have some great ideas that could improve the Behavioral Health Service System? We are looking for you! Please contact a Peer Liaison in your area (see above).