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PAGE 7 FOR A
VERY SPECIAL
SECTION!

City VOICES

A Peer Journal for Mental Health

Winter 2017



Dignity March for Mental Health in Washington, DC



Supporters, providers, family, friends, and people living with mental health conditions call for change at the Dignity March for Mental Health in Washington, DC. For more, see Page 5.

Federal Judge Approves Settlement Agreement Requiring ACCESS-A-RIDE to Provide Due Process

By Nahid Sorooshyari, Senior Staff Attorney, MFY Legal Services, Inc.

Now Customers Can Have a Fair Appeals Process

On September 13, 2016, a federal judge in the Southern District of New York approved a class action settlement that will change unfair Access-A-Ride (AAR) policies for tens of thousands of New Yorkers with disabilities. Under the settlement, NYC Transit (NYCT) must give people it has found fully or partially ineligible for AAR a fair chance to challenge the decision.

AAR is New York City's transportation service for people whose disabilities make it very difficult to use the bus or subway. People with all types of disabilities, including psychiatric and episodic disabilities, are eligible for AAR. To apply for AAR, you must complete a written application and an in-person evaluation. You may be found: continually eligible for a lifetime; fully eligible for one year or five

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The "Like-Minded Rally" Outside of the 2016 Democratic National Convention

By Carla Rabinowitz, Advocacy Coordinator, Community Access, Inc.

Rally for Mental Health and Substance Use Communities in Philadelphia, PA

On Tuesday, July 26, 2016, we had a blast in Philadelphia, in Dilworth Park, the political hub outside of the Democratic National Convention. There were rallies for Bernie Sanders and a march for Black Lives Matter while we were there, and people were selling political buttons and passing out literature for "Food Not Bombs" and other advocacy events in the area. Elected officials were milling about. We even bumped into some famous reporters like Geraldo Rivera who were documenting the convention. Community Access and NYAPRS sponsored two buses for this once-in-a-lifetime experience.

We heard from speakers on mental health like former Congressman Patrick Kennedy, who championed behavioral health parity when he served in the House of Representatives. Also speaking was the CEO of the National Council for Behavioral Health, Linda Rosenberg, who grew up in New York City and used to work as the Commissioner of the New York State Office of Mental Health.

We heard from a super delegate from New Jersey,

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Ward Stories

A column organized by Dan Frey, Editor in Chief

Six poets are featured in this Winter 2017 edition of Ward Stories: Carolyn Sanzenbacher, Relda Hill, Debra Faes-Dudden, Carl Blumenthal, Susin Postovoit, and Matty Guerrero. Some poems are seasonally-themed, some upbeat, some clever, some positive, some raw, but all have something to offer as you sip your hot spiced wine by the roaring fire with our publication in hand (or on screen). Be well and have a safe and satisfying autumn and winter.

Autumn Pilgrimage

By Carolyn Sanzenbacher

It was not from disrespect that we smelled
of musty earth when the pawpaw trees
felled fruits that oozed into engraver's cuts,
rendering the headstones nameless and mute.
Here is grandmother, we would say to one
another,
and there is aunt Vivian who died blind
before sixteen, and there is Connard
who didn't die from the fever like Vivian did.
Others too, stared up from the stones we
uncovered each autumn.
The unrotted fruits were sweet like mango
but bitter near the peel. Seeking the edge
between the two would twist our mouths in joy
and throw us back on feather-veined leaves
burying the stones we came to revive.
Of those amber colored seasons
when the acrid was so freely tasted and
the dead so simply resurrected,
little remains now
but for the stones we used as pillows.
Long silenced by passages of untasted fallings,
iced by slow coming winters, then dried to
burnt sienna
before the next autumns came.

Living with Mental Illness

By Debra Faes-Dudden

How pretty a picture I would like to paint
Oh, to taste the meringue atop a lemon pie
Or the chocolate chip cookie just so warm
from the oven
Mental illness is none of these
Not pretty, not melt-in-your-mouth, sweet and
warm
It's an isolated desert where many of us are
lost
Our pockets are empty, our shoes weighted
with sand
Our eyes tear out of grief and frustration
Panic makes our legs weak and some of us fall
Confusion is a constant itch when the pace of
life gyrates too fast or too slow
And when we awake in the morning,
sometimes we don't know where we are
Criticism is a cruel response from people
They see our struggle then turn a blind eye
Our voice ripples against seemingly deaf ears
They fear what they do not understand
This awareness does not decrease painful
rejections we feel
Mental illness is chronic physical illness
Depression, anxiety, schizophrenia stand
beside
diabetes, fibromyalgia, asthma, and heart
disease
All require patience, understanding, and
ongoing treatment
We are all God's children
Please treat us with respect

Here's What Mood Swings Feel Like...

By Carl Blumenthal

Little Red Riding Hood devouring the Wolf.
Hansel and Gretel stuffing the Witch with
bread crumbs.
The Three Bears ordering Goldilocks to
bed without porridge.
Tom Thumb bulking up for the Olympics.
The Hare's Adderall pooping out before
the finish line.
Rumpelstiltskin forgetting his name due to
Alzheimer's.
The Giant grinding Jack's bones for bread
flour.
Snow White awakening by her
Stepmother's kiss.
The Wolf's asthma saving The Three Little
Pigs' homes.
Pinocchio sticking his nose in one too
many lives.
The Fisherman catching the Fish with his
wife as bait.
Beauty turning into a Beast after the
marriage.
The Boy Who Cried Wolf becoming a
zookeeper.
Cinderella growing too fat for the glass
slipper.
The naked Emperor being mistaken for a
porn star.
Rapunzel losing her hair during
chemotherapy.
The Goose Who Laid the Golden Egg
getting constipated.
Humpty Dumpty rebounding from the fall
of the king.

Winter

By Relda Hill

There's a cold stark beauty
To the grey sky in winter.
The trees stand with dignity
Unadorned, with their limbs curved
In ecstasy like the limbs of a graceful dancer.
The trees embrace the firmament
While their roots penetrate the earth
Soaking up the hidden water in the soil.
Their limbs stretch as a fierce love
Enfolds their being.
They know that they will survive this winter
And it brings them peace simply to stand
Tall and face whatever happens
Because when you walk in between
The worlds as they do
They fear nothing and no one.
They simply exist and even if their
Fate is to stand there and be purified

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City VOICES

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poetry

Determined to Help Others Along the Path Through Life

By Steven Alvarez, Intern, Urban Justice Center's Mental Health Project

Finding Purpose During the Good and the Bad Times

I truly believe that everything happens for a reason. If it weren't for my own struggles, and meeting many peers with the same issues, I would never have gotten into this work. One friend that I met, Faigy Mayer, would ultimately set me forth on a new path in life, to work in mental health. I met Faigy during this transitional phase of my life. When she died, it only fueled me deeper along my path.

Growing up, I remember being terribly shy and not having many friends. I grew up in a hostile environment in which my dad (although I love him to this day) was physically and verbally abusive to my mother. I ended up inheriting his anger.

One day I stopped doing my homework. I couldn't find the motivation, and worried that the kids at school would make fun of me. So rather than face the embarrassment I stayed at home. Eventually my mother took me to see the guidance counselor at school. The guidance counselor asked me if I wanted to go to class. Since I feared my classmates, I got angry and knocked everything off of her desk. She called the police, and when they came, I wouldn't talk to them. They took me

to a hospital, in which I was later admitted. I would live with the label of "crazy" from that point forward. I was only ten years old.

I began to act out and live by my own rules. I wasn't the class clown; I was the class terror. Cursing out the professors, getting into fights, cutting class, smoking weed, and the like. I even remember getting picked on by the special-ed students and fighting back in the craziest ways possible to make them leave me alone. I was getting bullied, and unfortunately, to fit in, I was also a bully.

During this point, I was put on one of the most powerful drugs on the market called Clozaril, an atypical antipsychotic, usually used as a last ditch effort to treat the most severe cases of psychosis. Its list of side-effects are horrendous, but the worst required me to take a blood test to check my white blood cell count. Besides killing off my white blood cells, my weight ballooned to 300 pounds.

When I was taken off Clozaril my life changed. I suddenly became a new person, mentally and physically. My therapist describes me as waking up, as if a whole new person arrived, as if I had been living in a bubble

all these years. My life started to transform. I became more socially active, lost 100 pounds, gained friends, and a girlfriend. Amazing things started to happen.

I relapsed in 2011 and was hospitalized three times that year. I emerged with a new vision, but unfortunately I was heavily medicated, and regained all of the weight I had lost. Still set on my mission, I eventually got off of another antipsychotic, Zyprexa, and lost the hundred pounds once again.

During this time, I ran support groups, threw the craziest parties, hiked, bowled, played pool, anything and everything, with a group of friends I will love for life. I credit two "Meetup" groups for my recovery: NYCDSG (New York City Depression Support Group) and, first and foremost, the New York Shyness



and Social Anxiety Meetup Group. Through these social interactions I have lived several lifetimes in a matter of years.

**"If I learned anything,
it is that experiences,
both good and bad,
will prepare you for
the future.."**

In January of 2016, I enrolled in the Howie the Harp Peer Advocacy Program. The training was like no other. Every day was a struggle, but also a gift. I began to realize that all of the things I went through had a meaning and purpose. I needed to suffer so that I could help decrease the suffering of others. The training was awesome and the people I met even more so.

One day a friend messaged me about an Open Mic Night hosted by the Urban Justice Center, the law office I'm currently writing from. If I learned anything, it is that experiences, both good and bad, will prepare you for the future. Sometimes in life, our future works out based upon our plans and sometimes it doesn't. I often reminisce about my friend Faigy, and the times I went to visit her in the hospital. I know she would want me to continue to help others as I helped her and to never let go.

Living a good life

On Getting the Most Out of Life: An Interview with Jane Grandi

By Carl Blumenthal

Jane Grandi, 65, has coped with mental illness since adolescence. She has found satisfaction in family life, employment, and advocacy. On the day I interviewed her, she wore a Museum of Modern Art T-shirt with pictures of famous artists on it. Monet is her favorite because his paintings of water lilies represent tranquility.

City Voices: Can you describe some of your jobs?

Jane: I worked in retail, in sales, at Abraham & Strauss, Sachs Fifth Avenue, and Franklin Simon. Did some modeling of clothes for customers. My first husband was a police officer. I was a traffic enforcement agent ("meter maid") for 17 years.

Voices: And education?

Jane: I graduated Midwood High School. Got 18 credits from

St. Francis College. [Both in Brooklyn].

Voices: What are examples of your advocacy?

Jane: One time I convinced a jury I was on that a young guy accused of robbery shouldn't be convicted because he was in the wrong place at the wrong time. Twenty-five years later I saw him again. He had become a police officer. It was the best day of my life.

My involvement with law

enforcement. I know how to talk to officers at meetings on how to treat people with mental illness. I'm against solitary confinement. It makes you mentally worse. There's no justice for many people.

I went to [Senator] Schumer for help [when he was a congressman]. He told me I had Medicaid rights and helped me get food stamps. It's good talking to politicians about what's on your mind.

Voices: What are your other activities?

Jane: I take care of my husband who's older than me. The usual things a wife does.

Voices: Anything else?

Jane: I'm beginning to write about my experiences. A doctor once told me writing about myself wasn't good. But now I feel better when I do. Writing relieves anxiety.

I go to support meetings here. I've been to ones at Baltic Street [Advocacy, Employment and Housing, Inc.].

Voices: What are your plans for the future?

Jane: I've taken some of the peer courses [at Academy of Peer Services]. I've applied to Howie the Harp [for peer specialist training] a couple of times. Withdrew my application cause I'm not sure anyone would hire me at my age.

Voices: It sounds like you would have a lot to offer with all of your experience. Why not give it another try?

Jane: They told me if I want to I've got to fill out the application again. I'll need to go to 125th Street [Howie the Harp's Harlem office] and do it there.

Voices: Anything else you'd like to do?

Jane: I don't think ahead the way I used to. One day at a time. I like dancing. I learned as a kid. We do ballroom dancing at the senior program where I go.

Voices: Thank you for sharing your life with us!

12th Annual NYC Mental Health Film Festival

Organized by Carla Rabinowitz, Advocacy Coordinator, Community Access

On October 1, 2016 at the historic Village East Cinema, the 12th Annual New York City Mental Health Film Festival (#MHFF) presented 12 inspiring films about life, mental health, recovery and hope.

We were honored to present the East Coast premiere of “Boxed

In,” the directorial debut of actress Tasha Smith, and the Manhattan debut of “Mind/Game,” which chronicles WNBA star Chamique Holdscaw’s battle with bipolar disorder. Filmmakers and cast members joined the festivities and participated in lively Q&A sessions with the audience.



March for Dignity and Change for Mental Health, Washington, DC

On October 10, 2016, in a unified voice with supporters, providers, family and friends, people living with mental health conditions called for: an end to unconscionable levels of unemployment, incarceration, homelessness and disability; an end to underfunding of services, harsh practices and fail-first systems in which involuntary status is requirement for

care; an end to negative portrayals and scapegoating; an end to a society in which people with mental health conditions die up to twenty-five years before the rest of the population; and a beginning to a new era in which every one faced with mental health challenges is supported to get the right kind of help when needed, and valued in their communities nationwide.



(Continued from cover The "Like-Minded Rally" Outside of the 2016 Democratic National Convention)

who rushed back to the convention after speaking with us; he needed to get to the convention in enough time to vote.

We heard from family members and substance use advocates who spoke on the need for increased access to services and increased funding for community supports.

The event, called the "Like-Minded Rally," was part of a national movement to call attention to the need for federal

funding for substance use and mental health services and was sponsored by the Kennedy Forum, the City of Philadelphia Department of Behavioral Health and Disability Services, and the Scattergood Foundation.

It was hot, but we were in a part of the park with water fountains that stretched from the beginning of the park to the end. The event organizers had plenty of ice and water for people attending

the rally who came from various parts of Pennsylvania and New York. Community Access brought water and plenty of granola bars and sandwiches so we could keep our energy up throughout the day.

It was a once-in-a-lifetime experience to be so near the Democratic Convention. Patrick Kennedy took personal pictures with everyone. He was so gracious and demonstrated his

commitment to service-users and family members. Some folks took pictures with the politicians and media in the park.

Most of us were just watching everyone from the convention come and go in the park, listening to the music, and having a great time.

On the way home we were singing and chanting, remembering our power and voice as advocates. It was a day to remember.

Learning to Embrace My Unique Learning Abilities

By Dillon Browne

Dealing With The Inflexible Nature of Public School

"He's a bright boy, but he's not living up to his potential."

That phrase, or some variation of it, came to define my life. I was never a traditional student. In one way, I was more interested in the concept of learning than most young children, but in another I seemed incapable of completing daily tasks in class.


In second grade my teacher would drag me by the wrist back to my seat. I can't quite recall what I was doing out of my seat in the first place, and I was no doubt wandering the classroom while I was supposed to be completing worksheets. What I remember clearly is the teacher's angry impatient facial expression as she dragged me back to my desk and the feeling of her fingers clapping my wrist uncomfortably tight.

On one occasion this particular teacher caught me drawing with a crayon on the inside of my desk. I am sure I was aware this wasn't allowed, however, during the dreadfully boring classes, there was little else I could do. Her justice was swift and involved shaming me in front of the class, as if I was too simple to understand where to use my crayon. Another instance had me "accidentally" rub my dirty paint brush against a wall in the bathroom where I was meant to clean it. Again, I was called out in front of a strongly disapproving class of my peers.

At some point, knowing my teacher viewed me as a troublemaker, and my classmates as an imbecile, really started to stress me out. I dreaded class, and decided to tell my parents what was happening, emphasizing the fact that the teacher often dragged me back to my chair. As a child I thought it was fair of her, because I was not following the rules. However, I knew my parents wouldn't approve.

The truth was, I really wasn't trying to cause trouble. Rather, I was so bored, so unstimulated by the

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material and my classmates that any possible stimulation was appealing. To be clear, I was not looking for the negative attention of the teacher, my mind simply wandered to fill the void and I often found myself doing things quite mindlessly. Running the paintbrush, still dirty with watercolor, across the blue tile was not meant as an act of defacement. Even my younger self knew how easily the watercolor would wash away. Rather, I wanted to witness for a moment what the paint would look like on the wall.

A variety of events transpired, eventually leading me to sit in front of a neurologist who diagnosed me with ADHD and elements of Autism. I was sent back to school with a letter for the teacher, and medication to keep

that at a certain point, I would simply become unaware of the passage of time until the class ended. Mindfulness techniques eventually made it possible to remain aware, however I truly could not maintain a decent level of attention over the course of a school day.

The rigid structure of high school caused me to chronically underperform, and I quickly became known as a student who was squandering greater potential. It was known I had an IEP (individualized education plan), a prerequisite to special considerations in a public school setting, and some teachers even knew my diagnosis, but most viewed it as an excuse. When I spoke to them, one on one, they heard an intelligent student who was capable

students were expected to keep a very specific binder. I simply don't learn like most people, and even in high school carried a laptop with a single text document for each class' notes. I'm not an organized person, it's not part of my nature, and my handwriting is simply terrible. To compensate for this, I learned to type at an early age, and keep notes together in digital form, making them hard to lose. This teacher felt his method was best, and I struggled to pass as I was never able to organize his handouts and notes in the manner he desired. All the while, I never scored lower than 90% on any test, paper or other class assignment.

College, and now Grad school have been revelations. In both instances the ability to mold my own schedule and the focus on results over process have allowed me to thrive. I spent most of my life blaming myself for my failure to live up to my potential. Looking back, I realize that the highly inflexible nature of primary education has not caught up to the demands placed upon it by students with cognitive differences.

Teachers and administrators need to accept that often what they see can better be characterized as learning difference, not learning disability. If those with ADHD (and other so-called learning "disabilities") were truly less able to learn, it would be astounding how many of us reach the graduate level. In reality many of us are quite gifted in one way or another, struggling only in a system that fails to allow us to capitalize on our unique skills and individual learning styles.

"I realize that the highly inflexible nature of primary education has not caught up to the demands placed upon it by students with cognitive differences...often what they see can better be characterized as learning difference, not learning disability."

me in my seat. The medication helped until high school, where I became aware of its detrimental effects on my personality.

Unmedicated, high school was difficult at times. I would enter classes with the full desire to pay attention, but I would find myself essentially dissociating within 15 minutes into class. When I say dissociate, I mean

of the work they were asking. On this count, they were correct. I was always able to complete the work. In a different context, I might have thrived learning the same material, however when forced to function in the specific modalities high school required, I inevitably struggled.

One example that comes to mind is in a particular history class where

Peer Specialists in Action

a special section

Forward

By Carlton Whitmore, Director, Office of Consumer Affairs, NYC Dept. Health & Mental Hygiene

Never before in the history of the peer movement has there been a time when Peer Specialists were valued as much as they are today. Peer Specialists are now recognized as an integral piece of systemic transformation and considered a “best practice” for the communities we serve. Peer support services have proven effectiveness in many different research studies.

Reduction in hospitalization and increased recovery for individuals working with peer support specialists has been documented.

The Affordable Care Act will help to create many new opportunities for the peer workforce to help individuals receive the services and supports they need to achieve and sustain long-term recovery.

Some of the most important steps in supporting the peer workforce are credentialing for peers and training for supervisors. Training for supervisors and others is needed to increase the understanding of the unique role of peers. In addition, peer credentialing is probably the single most important step in growing and supporting a qualified peer workforce. Without

credentialing it will be difficult for the peer workforce to expand in reach and scope.

The NYC Peer Workforce will continue to grow and create more opportunities for all communities to have access to and benefit from peer support services.

Everything You Need to Know About the 10th Annual NYC Conference for Working Peer Specialists

By Gita Enders, MA, CPRP, NYC Health + Hospitals and Jonathan P. Edwards, LMSW, ACSW, M.Phil., NYC Dept. of Health & Mental Hygiene

Hearts and Minds Fulfilled Like Never Before!

The 10th Annual NYC Conference for Working Peer Specialists, aptly branded “Then, Now, WOW!” was held on July 14, 2016, at New York University’s Kimmel Center. Nearly 300 individuals who identify themselves by a host of titles that contain the word peer attended this event, bringing greater visibility to NYC’s peer specialist workforce.

Every successful event begins at the door! We would like to acknowledge Deborah Short, Pat Feinberg, Rachel Salomon, and Margie Staker for their graciousness and efficiency in greeting and registering participants, presenters, invited guests, and exhibitors.

An enthusiastic group of Howie-the-Harp trainee volunteers under the direction of Lynnae Brown provided a solid foundation for the

conference, assisting with everything from early registration to prepping the resource room and providing invaluable assistance throughout the day’s program. As people gathered near the breakfast tables they were provided with conference programs, lunch and raffle tickets, as well as a commemorative “Conference Players” keepsake booklet, created by Jonathan Edwards, containing photographs and biographies celebrating ten years of speakers and attendees. The booklet also acknowledged the efforts of the conference planning committee: Teena Brooks, Celia Brown, Lynnae Brown, Jonathan Edwards, Gita Enders, Sara Goodman, Larry Hochwald, Yumiko Ikuta, Desiree Moore, Digna Quinones, Deborah Short, Ellen Stoller, Carlton Whitmore, and Moneer Zarou. Moneer, who supplied a video performance for the opening program, also received an award in recognition of his tremendous support and creative contributions to the committee and to the conference.

The conference opened with the Lavender Light Choir singing “Seasons of Love,” from the musical “Rent,” which asks what is the proper way to measure the value of “a year in a life.” We chose it to open our 10th anniversary conference as a way to honor the passage of time, what we have achieved as a group, and what all peers have achieved in their lives. The

chorus says that the most effective way is to measure in love. When Lavender Light was formed in 1985, it was the only lesbian and gay gospel choir in the world; they strive to offer strength, peace, and hope to their members and to their audiences, similar to messages of hope shared by peer specialists.

Following welcoming remarks by Celia Brown, Regional Advocacy Specialist, New York City Field Office of the NYS Office of Mental Health (OMH), Carlton Whitmore, Director, Office of Consumer Affairs, New York City Department of Health and Mental Hygiene (DOHMH), OMH Commissioner Ann Marie T. Sullivan, M.D., Myla Harrison, Assistant Commissioner, Bureau of Mental Health, DOHMH and Lynn Videka, Ph.D., Dean of the NYU Silver School of Social Work, a lively panel discussion, moderated by Peter Ashenden, Director of Consumer and Family Affairs for Optum Behavioral Solutions, set the tone for a hugely successful event. Panelists Celia Brown, Laverne Miller, Leslie Nelson, and Dr. Peter Stastny shared their histories as agents of change and talked about their visions for the future of peer specialists and peer services.

Each year the resource room, overseen by Yumiko Ikuta, attracts more and more attendees as our dedicated exhibitors provide useful information on job opportunities, educational, vocational, advocacy and health care options. In addition, wellness activities such as chair massage and Reiki were provided throughout the entire day. The resource room has grown in popularity from a “clearinghouse” for information to a lively meeting place where people reunite, network, and gather resources. This year was particularly exciting with the new addition of several managed care and behavioral health organizations including Beacon



Health Options, Optum and Empire Blue Cross Blue Shield.

We acknowledge and extend our gratitude to our community partners and stakeholders: Academy of Peer Services; Alcoholism and Substance Abuse Providers of New York State (ASAP); Baltic Street AEH, Inc.; Beacon Health Options; City Voices; Coalition of Behavioral Health Agencies Center for Rehabilitation and Recovery; Community Access, Inc.; Howie the Harp Advocacy Center; Empire Blue Cross Blue Shield; Health Plus; Hearing Voices NYC; Jewish Board of Family and Children’s Services; Mental Health Empowerment Project; Mental Health Association of Westchester; NYC Department of Health and Mental Hygiene, Office of Consumer Affairs; NYS Peer Specialist Certification Board; NYS Office of Mental Health, NYC Field Office Office of Consumer Affairs; and UnitedHealthcare Community Plan.

Workshops and Activities

Our morning lineup addressed such topics as Medicaid Managed Care, Health Homes, supervision, and career development, while also exploring current issues involving suicide, trauma-informed care and

(Continued on page 8)

emerging peer workforce



(Continued from page 7 Everything You Need to Know About the 10th Annual NYC Conference for Working Peer Specialists)

advocacy, as well as the role of peers. The morning saw participants hard at work as they experienced interactive breakout sessions and activities. As a testament to the conference as a whole, the afternoon workshops did not wane in comparison to earlier workshops and activities that set the stage for the day. Knowledge, inspiration, tools, skills, and creative expressions were as abundant as they had been in the morning workshops.

A selection of hearty box lunches was followed by a comedy program directed by David Granirer of “Stand Up For Mental Health,” which teaches stand-up comedy to people with mental illness as a way of building self-esteem and fighting public stigma. More about David and his exciting programs can be found at <http://standupformentalhealth.com>. Comedians included Angela Cerio, Jonathan Edwards, Gita Enders, Sara Goodman, Jeff McQueen, Digna Quinones, Laurie Vite, and Dennis Whetsel.

Raffles were held throughout the day, offering terrific prizes such as books donated by Darby Penney and Mary Ellen Copeland, and other products and tools, including candles and incense, promoting wellness and job readiness, and a lucky few were the winners of Galaxy tablets and a fitbit device designed to keep track

of fitness goals such as walking and heart-rate.

The day, much too soon, culminated in a reception that boasted colorful vegetable platters, bowls of creamy hummus, sinfully delicious chocolate brownie squares, and an assortment of chilled beverages. In these final moments, participants, still energized by who they saw, what they contributed, and what they learned, moved swiftly through the narrow reception space, completing evaluations, exchanging contact information, snapping final pictures, and languishing in the feeling of accomplishment. Yes, this was our 10th year of working and growing together, building the peer specialist profession, and creating many ways to share a message of hope. Above the Washington Square arch the sun faded from bright yellow to amber. We were transformed. Hearts and minds fulfilled like never before, yet already looking forward to our next conference on July 13th, 2017. So please save the date!

Grateful thanks and acknowledgments are made to sponsoring agencies: New York State Office of Mental Health; New York City Department of Health and Mental Hygiene; NYC Health + Hospitals, Office of Behavioral Health; Community Access, Howie the Harp Advocacy Center; Baltic Street AEH, Inc.; The Coalition of Behavioral Health Agencies; YOUTH POWER!; NYAPRS; and Advocacy Consultation Services.

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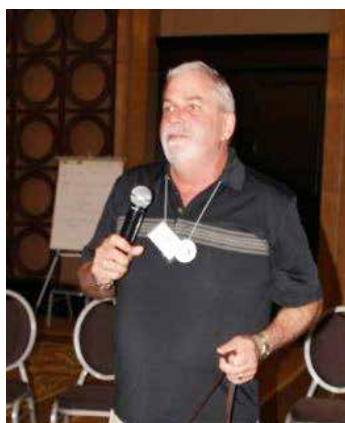
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Photos courtesy of the NYC Peer Specialist Conference Committee

The NYC Peer Workforce Development Committee is Striving to Overcome All Obstacles

By Helen “Skip” Skipper, NYS Certified Peer Specialist

Now is the Time to Get Involved as the Peer Workforce Grows

The Peer Workforce Development effort was born out of a need to support our newly expanding peer workforce. In 2015, when New York State Medicaid reimbursable behavioral health services for adults moved from a fee-for-service system to a value-based-payments managed care system, federal rules permitted reimbursement for rehabilitative services, including peer and family support, when provided by Certified

Peer Specialists and Certified Peer Recovery Advocates. New York City and New York State have begun to implement these Home and Community Based Services in a wide array of behavioral health treatment programs. While this has created many new opportunities for New York peers it has also opened our eyes to a range of disparities. The Peer Workforce Development Committee, which includes our Leadership and Steering

members, is striving to overcome ALL obstacles.

We are comprised of peers in all titles, including but not limited to: peer specialists, peer counselors, peer wellness coaches, and peer recovery coaches. We are trained professionals who work in every aspect of behavioral health, and who are mentored by established New York State and City peer leaders. Our message is simple. In the words of the great tradition of basketball, “We Got Next!”

We got next: In involving all behavioral health services in New York City in an open dialogue concerning the implementation of peer support.

We got next: In discussing pay parity, supportive services and ongoing/next-level trainings.

We got next: In formulating our own “Peer Workforce Culture.”

We got next: In advocating for more/better jobs, full-time hours, more responsibilities, and supervisory positions.

We got next: In ensuring that ALL behavioral health agencies in New York City incorporate some form of peer support.

We got next: In organizing our workforce; preparing for the possibility of eventual unionization, offering us even more protections and security.

We got next: In building a bridge between providers and peers... breaking down all barriers!

We got next: In developing funding streams with fiscal partners to help us achieve our goals.

We got next: In developing partnerships with other organizations geared towards peer development, both national and international.

We encourage all New York City peers to join our Workforce Development effort by attending one of our meetings or signing up for our mailing list. We can be reached at: oca@health.nyc.gov.

My First Job as a Peer Specialist

By Boyd Perez, NYS Certified Peer Specialist

Peers Can De-escalate a Situation

My life changed the moment I began training to become a certified peer specialist at Howie-the-Harp Advocacy Center. The two things that impressed me, out of the many things taught at Howie the Harp, were the importance of treating everyone with unconditional high regard, and the need to meet people where they are at. The thought of dealing with people in this fashion rang my bell. If everyone did this the world would be a paradise.

After five months of intensive classroom training, I began my internship at Education Assistance Corporation (EAC) in Brooklyn. This agency helps those with forensic backgrounds and a diagnosis to reintegrate into the community. My supervisor allowed me to complete the Academy of Peer Services online

exams at work, for which I was grateful. When I passed the courses I began doing a lot of outreach (calling hospitals to help locate peers with whom the agency had lost contact) and escorts (taking peers to the Human Resources Administration, Social Security or housing appointments).

On my first escort, I shadowed an intensive case manager. We picked up a peer who had been released from an upstate prison, at a parole office in midtown Manhattan, and took him to Bellevue to be processed into the shelter system. Because no beds were available at Bellevue, the peer was referred to Wards Island. The peer became extremely agitated, and vehemently told the case manager that he didn't want to go to Wards Island, but instead wanted to stay at his

mother's apartment in Coney Island. After much cajoling, the case manager convinced the peer it would be in his best interest not to violate his parole, and to stay at Wards Island until he received permission from his parole officer to stay at his mother's place.

The subway ride up to 125th Street to catch the bus to Wards Island was tense. The anger never left the peer as he started ignoring the case manager. When we arrived at 125th Street, the three of us stood silently together on Lexington Avenue. The case manager pulled me to the corner and said, “This guy is angry. See if you can calm him down.”

So I approached the peer and asked, “How are you doing?”

“I don't want to stay at Wards Island. I just got out of jail, man, I don't want to deal with no one's bull anymore,” he said.

“I know you're being done dirty, bro,” I replied.

The peer's body softened and his eyes became wide with relief. We connected.

I continued, “No one who wants to

do right should be put in this shelter system. I spent ninety-nine days at the Men's Atlantic Shelter and five months at Samaritan Village. So I know what you're concerned about. But understand that the people at EAC are doing what they can to get you your own place. You're not alone. You're being looked out for. The

“I know you're being done dirty, bro,” I replied. The peer's body softened and his eyes became wide with relief.”

process of getting your own place will be long, but I went through it and now I have an apartment of my own. I think you can stand the wait to get your own place too.”

The peer smiled, asked me for a cigarette, and the M35 bus arrived.

The Strategy Workshop for Peer Career Development

By Elizabeth Breier, M.A., Director of Wellness Centers Administration, Collaborative Support Programs of New Jersey and Jessica Wolf, Ph.D, Principal, Decision Solutions and Assistant Clinical Professor in the Yale Department of Psychiatry

From the 10th Annual NYC Conference for Working Peer Specialists

The workshop goal was to increase working peer specialists' knowledge about how to progress in their careers. Half of the 20 participants were certified peer specialists; others were working peers not yet certified as well as supervisors and non-peer staff. The co-presenters described the current status of peer training and certification in New York City, State and nationally as well as the variety of roles and settings in which peers can work.

Specific individual and organizational

actions needed to support and promote peer career development were described.

These include: proactive human resources strategies; the Certified Psychiatric Rehabilitation Practitioner (CPRP) credential; academic credit for life experience; academic credit for peer training; community college degree options; non-credit continuing education options; in-service training; and training programs such as eCPR, WHAM (Whole Health Activation Management), WRAP (Wellness Recovery Action Plan), IPS

(Intentional Peer Support), Veterans' peer roles, etc.

Also considered were challenges and rewards of moving into non-peer positions, impact of organizational culture on peer career mobility, higher education and career path options, and ongoing networking.

One example of success: A person with lived experience who had a bachelor's degree in an unrelated field (sports management), obtained a 27-credit mental health certificate from a community college, went to work in a psychosocial clubhouse and also a mental health center as a peer worker. Then this individual studied for an MSW degree and graduated with honors. After that, the new MSW undertook the number of hours to become licensed as an LCSW (Licensed Clinical Social Worker). This finally led to an increase in compensation into the social worker job series.

Another example of success: A student with lived experience had taken some

community college courses and never finished until obtaining the 27-credit mental health certificate. She went on to obtain a bachelor's degree in social work and has been working for a mental health agency ever since.

Lively interchange followed on private and public career paths; reasons why peers work in the field; challenges in retaining “peer-ness” while acquiring additional educational credentials and moving ahead in a peer career; moving into non-peer positions; wage equity issues; avoiding “coercion, co-optation, compliance” and tokenism; attaining an agency critical mass of peer workers; and disclosure issues in peer and non-peer roles.

A handout provided information on specific options peers can undertake as well as possible new credentials and modified academic curricula that may become available in the future.

New York State Peer Specialist Certification

By Tara Davis, Certification Coordinator, The New York Certification Board

Some History and Information on the Process

As many of you know, increasingly the dream of hope offered by the delivery of peer recovery services is no longer considered “alternative,” but is something that is more accepted; that more agencies are incorporating into their menu of services; and is even Medicaid billable! Exciting times indeed as we witness massive (and long overdue) changes to our healthcare system.

History of the NYCPS Certification

In 2014, the New York State Office of Mental Health officially launched the Academy of Peer Services, the training platform that would become the basis for the certification. Peer

leaders from across NYS were instrumental in developing this course work.

In 2015 the NYPCB (New York Peer Specialist Certification Board) was formed. The NYPCB is also formed of peer leaders in the state, and included some of the same people who developed the course work.

The NYPCB began to issue certifications as of August 2015, and, as of September 2016, over 750 professionals have been certified as New York Certified Peer Specialists.

The NYCPS Certification Process

For those of you new to the process, general information about certification as a New York Certified Peer Specialist, including the application, can be found on our website here: <http://nypeerspecialist.org/>

Tip: Visit our website for the most up-to-date information regarding certification. Announcements and updates will be posted there!

The first step is to complete the core courses offered by the Academy of Peer Services.

The Academy offers free, online training funded through the NYS Office of Mental Health and can be accessed online here: <http://www.academyofpeerservices.org/>

Once coursework has been completed, candidates wishing to

apply for certification should submit an application and all required documentation to our offices according to the instructions found in the application. Processing time for a complete application is typically 4-8 weeks (it can take longer if any of the required documentation is missing.)

Tip: The key to being approved is that all requirements for certification must be met and all required documentation submitted. Use the checklist in the application to make sure you are submitting everything that's required!

“...the ‘full’ or ‘standard’ level of certification (NYCPS)... is intended for candidates that have been providing peer services in a work or volunteer setting for one year or more...”

Standard Launch

In February 2016, the “full” or “standard” level of certification

(NYCPS) was launched. NYCPS was first offered to candidates already certified as New York Certified Peer Specialist Provisional (NYCPS-P) and anyone with an application in process who meets the requirements. This level of certification is intended for candidates that have been providing peer services in a work or volunteer setting for one year or more. To date (September 1, 2016) we have issued NYCPS certification to 97 professionals.

For more information and to view the requirements please visit our website at: <http://nypeerspecialist.org/resources-publications>

The Standard application will be available soon and posted on the website at that time.

Annual Renewal Standards

The Annual Renewal Standards are 10 hours of peer specialist specific training, but the board has not yet made a final determination on what training will be approved for CEUs (Continuing Education Units). It is very likely to include coursework from the Academy of Peer Services. Once a determination is made, we will send out an announcement and post details on the website.

Please contact us with any questions at: info@nypeerspecialist.org.

Peer Advocacy: It Takes One to Know One

By Carl Blumenthal, Peer Advocate

Hello, our names are Albert, Chrispin, Tamara, Stephanie, and Clyde, and we have mental illness!

If you're familiar with how Alcoholics Anonymous begins its meetings, our chorus of voices may sound like the same melody in a different key. Every AA meeting is led by someone who has “been there and overcome that” so that person can encourage group members in their recoveries.

For people living with mental illness, Catholic Charities offers a peer advocacy program. We have become peer advocates here by coping with psychiatric difficulties and training to meet the needs of folks like us. That's paying our dues twice. We do not replace mental health professionals. Rather, we complement them by using our recoveries as a road map for peers' journeys toward wellness. We're like driving instructors who double up on the gas and brake-pedals.

Albert Sypher: “I've learned how to navigate New York City's mental health and substance abuse systems for myself and other peers. I see myself through them. I'm grateful for my family's support and encourage peers to get backing from their families and friends. I try to engage peers with the confidence of someone who's turned his disability into a strength. I love my job. It sustains me in my recovery.

“Users of our program report such challenges as homelessness, unemployment, limited education, poor insurance, inadequate food, and

unpaid rent and utility bills. To reduce these barriers, we're certified by the State's Office of Mental Health to work with peers on their life-goals, health education, financial benefits, social services, and access to healthcare. One-stop shopping for assistance is a necessity not a fashion.”

Chrispin Charles: “In smoking cessation group we encourage members of our program to make positive choices about their health. Many have quit and/or reduced their tobacco use. Understanding the effects of second-hand smoke has also motivated people to change because they don't want to hurt their family and friends.

“We collaborate with Catholic Charities' clinical and rehabilitation counselors to assure clients obtain

having a buddy or a ‘sponsor’ (AA talk) to confide in when the going gets rough.”

Tamara St. Fleur: “In co-occurring disorders group (mental illness and substance misuse), we keep an open mind. There's no judgment, only understanding how to get over our fears. From the experiences of others, I've learned a lot about myself. The group is a place where people can be heard and know it's safe to express themselves. We give them hope, purpose, and self-confidence.”

In a recent group on self-help and peer support, here's what participants said about the peer advocacy program:

Gary: “It helps with my well-being.”

Machelle: “Allows me to set step-by-step goals.”

Dennis: “Learn how to use a computer.”

Howie: “I express concerns about my housing.”

Terrica: “Because the groups teach self-love, I get therapy and meds.”

Barbara: “An advocate goes with me to my medical doctor.”

James: “Good to have others to talk to.”

“With harm reduction and trauma-informed care, there's more than one pathway to recovery. You've got to have a holistic approach. I'm inspired when peers go through the many stages of change I have.”

holistic, self-directed care. We relate to peers as equals with shared experiences rather than different illnesses. Feeling safe, they tell us and each other what might be too personal for their therapists to know. It's like

Eric: “I've stayed out of the hospital for five years.”

These are not just soundbites. Between August 2015 and February 2016, consumer satisfaction rose 18% on nine measures of quality. If

the program has improved, members' expectations have risen. Their desire to meet one-on-one grew by 32%. They deserve the attention and the City's Department of Health and Mental Hygiene (DOHMH) emphasizes this approach, like tutoring, is the best way to learn.

Samuel James, director of rehabilitation, elaborated: “Peer advocacy began here in 2011 with two advocates. Now we have six. DOHMH and Catholic Charities' management guide us. Peer advocates have walked in the shoes of the members. They work together here and in the community to instill the message ‘we can recover.’”

“Advocates are much better trained now in motivational interviewing, the basis for working individually with peers. Getting certified and practicing more, they've also improved as facilitators of groups: smoking cessation, co-occurring disorders, food education, wellness self-management, wellness recovery action planning (WRAP), and SAMHSA's (Substance Abuse and Mental Health Services Administration) eight dimensions of wellness.”

Stephanie Thompson: “I was first trained as a spiritual life coach at the Inner Visions Institute. Then in addiction recovery. With harm reduction and trauma-informed care, there's more than one pathway to recovery. You've got to have a holistic approach. I'm inspired when peers go through the many stages of change I have. In food education we see mind, body, and spirit as one. I've been diagnosed with diabetes—“diagnosed” because language is important. Plus I know nutrition is connected to mental health. It

(Continued on the next page)

(Continued from page 10, Peer Advocacy:
It Takes One to Know One)

affects your mood. Some psychiatric medications cause weight gain.”

Clyde Walcott: “I want to serve, reach out, motivate, and inspire. I’m trained in theater arts and worked in radio and TV. Being productive and creative is important for recovery.”

Mr. James added, “Peer advocates are an integral part of the recovery system and will play a more prominent role, especially as insurance companies look for proof of quality outcomes. Reimbursement is possible for person-centered care, WRAP, advanced directives, coping skills, recovery concepts, self-sufficiency and self-care. The new Medicaid Home-Based Community Services will also pay for peer support.”

Bottom line: Peers are hospitalized less, work more, are better educated about their health, and have greater social support. Equally important: With behavioral health workers striving to improve care while saving taxpayers’ money, peer advocates have a role to play in making this “brave new world” freer and more humane.

Bruni in the City: He’s Just Not That Into Me

A Column by Christina Bruni

Welcome to My Life Now

Yes. I fear I have finally become the oldest cliché in the book. The book? *He’s Just Not That Into You*.

(Continued from cover *Federal Judge Approves Settlement Agreement Requiring ACCESS-A-RIDE to Provide Due Process*)

years; conditionally eligible, which means eligible to use AAR when a specific condition, like cold weather, is present; temporarily eligible for a period between one month and one year; or ineligible. People who are

“Due process requires that the government give someone who applies for or receives government benefits meaningful notice and an opportunity to be heard before denying or reducing benefits.”

found fully or partially eligible must recertify their eligibility at least every five years.

The lawsuit, filed by MFY Legal



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I think to myself, if a hot-blooded American guy was *that* attracted to a woman, he’d move heaven and Earth to go on a date with her.

T, the guy that I had written about, appeared in real life. And I went to The Fabulous Nevada Diner for dinner with him. Later that evening, we saw a band perform live. As I waited in the ladies’ room for a stall, his friend came in to wait, too. “Are you his girlfriend?” she asked.

“Oh, no, I don’t think he has a girlfriend.”

“He told me he did,” Annie repeated. “That could’ve been seven months ago—it could be now—I don’t know. It could be possible.”

She was asking because it was an honest question. No malice intended.

I looked like I was still 30 with my Banana Republic jeans, a black t-shirt, and my new kicks—hot pink Converse ballet sneakers. Wouldn’t a guy like to go out with a vibrant, youthful woman who’s intelligent; not just typical bubblegum arm candy?

It’s not going to be T at this point.

I don’t want to risk the friendship by trying to date him. Reading the book *Born for This*, I learned about the solution for indecision: choose one

thing to do. Why should I place all the power in a guy’s hands to decide if he wants to date me?

Rather than endlessly obsess over my fate, I decided that T would remain my great friend. I’d expand my avenues for finding a romantic partner other than just using OKCupid.

It’s possible that T is a “gateway guy,” the prelude to meeting the next guy.

At 2 a.m., T’s other friend raced across Northern Boulevard when he spotted a taxi on the other side. Northern Boulevard lives up to its moniker of “The Boulevard of Death.” Numerous accidents happen there because drivers speed down the street at 60 miles per hour or faster.

I arrived home at 3 a.m. and went straight to sleep. He’s just not that into me, folks. Yet, I wasn’t going to cry over it. Great friends are hard to come by. T is a great friend and always will be.

The next day, I went to Banana Republic and bought a chic chambray shirtwaist jacket. It looked good on me. I hope to look good for the guy who pulls out the lucky number next in the bakery line.

Services in May 2015, claimed that NYCT’s eligibility procedures violate the **due process** clause of the US and NY constitutions, the Americans with Disabilities Act, and state regulations. Five New Yorkers with disabilities were the named plaintiffs. All five had applied for and, at various times, been denied AAR. The five named plaintiffs represented a class of New Yorkers with disabilities who applied, or tried to recertify, for AAR service since May 2012, or will do so in the future. One named plaintiff, Ms. Walsh, had AAR for over five years. When she tried to recertify in 2014, NYCT changed its position and found her eligible for only three months, even though her disabilities had not improved. When she reapplied in hopes of getting more services, NYCT changed its position again and found her completely ineligible.

Due process requires that the government give someone who applies for or receives government benefits meaningful notice and an opportunity to be heard before denying or reducing benefits. Ms. Walsh faced the same due process problems as thousands of others applying for AAR. NYCT sent

her the same notice they send everyone who is denied AAR, regardless of their disability—a boilerplate letter saying she was denied because she could complete a list of eight tasks related to taking public transit. The letter did not tell her that she had the right to request her assessment records or how she could do so. The letter said that the decision was effective immediately and she could not take AAR to appeal in person. Ms. Walsh won her appeal with the help of attorneys, but thousands lose appeals and are not told of their right to request records from the appeal or to challenge the appeal decision in court. MFY filed the lawsuit to fix these problems.

After months of negotiations, the parties crafted an agreement that fixed the due process problems. NYCT can no longer just send every person who is denied AAR the same letter; now, it must mail a copy of each person’s “Denial Form” with the letter. The Denial Form is an individualized summary of the assessor’s main reasons for denying the applicant. The letter will also explain a new procedure to obtain assessment records within 30 days, free of charge. This will give people more information

“It’s not going to be T at this point. I don’t want to risk the friendship by trying to date him.”



relationship challenges

to prepare for appeals. For current AAR users who are found ineligible or whose level of AAR is decreased after recertifying or otherwise reapplying, NYCT will provide aid continuing for the 60-day period to appeal or until the appeal is decided. NYCT will now include a statement of its eligibility criteria for AAR on its website and all new AAR applications. NYCT will also adopt a non-discrimination policy that includes a statement that it will not discriminate against people with episodic disabilities.

The named plaintiffs are thrilled that NYCT must now provide notice and an opportunity to be heard to those it finds fully or partially ineligible. Ms. Caldwell, a named plaintiff whose previous application and appeal for her nine-year-old daughter were denied, said: “I’m happy to know that if my daughter is denied Access-A-Ride again, the process for appealing will be clearer and fair.”

Plaintiffs were represented by MFY Legal Services, Inc. and Pillsbury Winthrop Shaw Pittman LLP. If you have questions about the settlement or need help with AAR, please call MFY toll-free at (877) 417-2427.

Soulful Connections

A Column by Relda Hill
The Power of Saying "No" in Family Relationships



Boundaries are important in any kind of relationship, but especially in family relationships.

I grew up in a dysfunctional household where boundaries were not respected. There were no locks on any of the doors in our home. This kind of situation left me feeling unsafe and out of control. I constantly felt that I was losing my soul and identity. Consequently, I developed conflictual relationships with my family that left me in a weakened position in life, which

spilled over into my relationships with other people I encountered.

I had problems saying "No" to others and found it difficult to set boundaries. I could not say, "I do not appreciate the way you are speaking to me—so stop it!" However, my world is quite different today. In this article, I will discuss my definition of boundaries and why they are so important.

I have two definitions of boundaries: the physical and the emotional boundary. My physical boundary is the length of one arm. When I define my personal space in this manner, I feel safe in my surroundings. I feel threatened and uncomfortable when people get too close to me, especially if I do not know them well.

"Much of my healing journey has been about reclaiming the lost parts of me."

My emotional boundary allows me to assert my Self by telling another person what is acceptable and unacceptable in my personal world. If someone uses profanity in my presence and I do not like it, I set the boundary by letting the

person know that kind of language is inappropriate. I understand I do not have control over how the other person will react, but at least I know that I am protecting that small child within me.

Recently, my sister and I have been at odds over who will care for our aging mother. When she demanded I get involved with our mother's caregiving, I asserted my Self by saying "No!" She retorted, "You have no boundaries!" This incident triggered something in me, but I knew I had done the right thing. I said "No" because I can barely take care of my Self, much less an old woman with Dementia/Alzheimers. I live in a one-bedroom apartment with two pets, and simply do not have the space to accommodate another person. On the other hand, my sister has a huge house with a basement that could be converted into a bedroom to accommodate our mother. In my opinion, my sister was being selfish and irrational. The ugly truth is she does not want to take our mother into her home because she rented the space to a woman who has a business in the basement.

Saying "No" gives me a feeling of liberation. In the past, I would retreat into symptoms. Now, I simply choose to embrace my pain

and make decisions that are in my best interest. The reality is that just because my sister is a blood relative, does not give her the right to be abusive, or take advantage of me.

Recently, I had the painful realization that subconsciously I have allowed my family of origin to be abusive to me. I had erroneous ideas in my head about what a family was supposed to be like. If I was the supposed "bad" one in the family, which I was constantly told I was, then I had to "fix" things. This delusion led to me being masochistic. My life is much different today because of the work that I have done on my Self.

Much of my healing journey has been about reclaiming the lost parts of me. As I continue to do this work, I want every peer to know that no one has a right to abuse them, even if they are family. I am a person worthy of respect, just like any other human being. I am learning to transform my life by redefining what family means to me. I am releasing some of my most cherished yet distorted beliefs about family. These boundaries protect me from harm, which is why they are so important.

As I continue to recover, I will keep seeking healthy relationships which will help me grow and fulfill my potential as a human being.

Who's Watching the Mental Health Providers?

By Warren Berke, Chair, NYC Department of Health and Mental Hygiene Community Advisory Board

Proper Customer Service Can Prevent a Mental Health Crisis

A functioning client with bipolar and anxiety disorders, of a well known mental health service provider in NYC, has to have his regulated drug prescription renewed every thirty days. Being responsible and knowing his need for the medication, he visits his provider and requests the renewal prescription one week prior to finishing up the current doses. The doctor informs him that he will send it electronically to his pharmacy.

Two days go by and the client does not get notification that the prescription is ready. The client calls his pharmacy to check and they inform him that they have not received the prescription. The client calls the provider. They inform him that the prescription will go out "right away." The client checks with the pharmacy the next day; still no prescription. The client now has two doses of medication left, calls the provider, and is assured the prescription will be sent out. Client checks with the pharmacy the next day; no prescription has been received. With one dose left, the client begins to feel the symptoms of anxiety.

Another day goes by and the client is out of medication due to the non-performance of the provider. Client is getting very anxious, and, for the second time, goes to his provider on Saturday morning. He sees his doctor and is told by the doctor that the

prescription will go out that day before the doctor leaves. Client checks with pharmacy early Saturday afternoon, and is told that the prescription has not been received. Client calls provider and is informed the doctor has left and will not be back until Tuesday. Client asks if another doctor can submit the electronic prescription. He is told it is not the provider's policy and to go to the emergency room to get the medication. Client is having an anxiety attack and physical discomfort, goes to the emergency room, waits two hours to request four doses to hold him over until his doctor returns on Tuesday. The doctor at the emergency room checks records and agrees, giving client one dose (Saturday night) and a paper prescription for three more doses.

It is Tuesday, eight days after the client requested the refill of the prescription. The client is informed that the doctor is not in until 5 pm. On the ninth day, the pharmacy receives the prescription.

The provider has failed to deliver the proper services to its client. By shirking their responsibility to provide good customer service, both the doctor and provider created both a human and financial toll.

The Human Toll: a client goes from wellness to crisis, not due to his mental illness, but due to poor customer service delivered by the provider and its doctor.

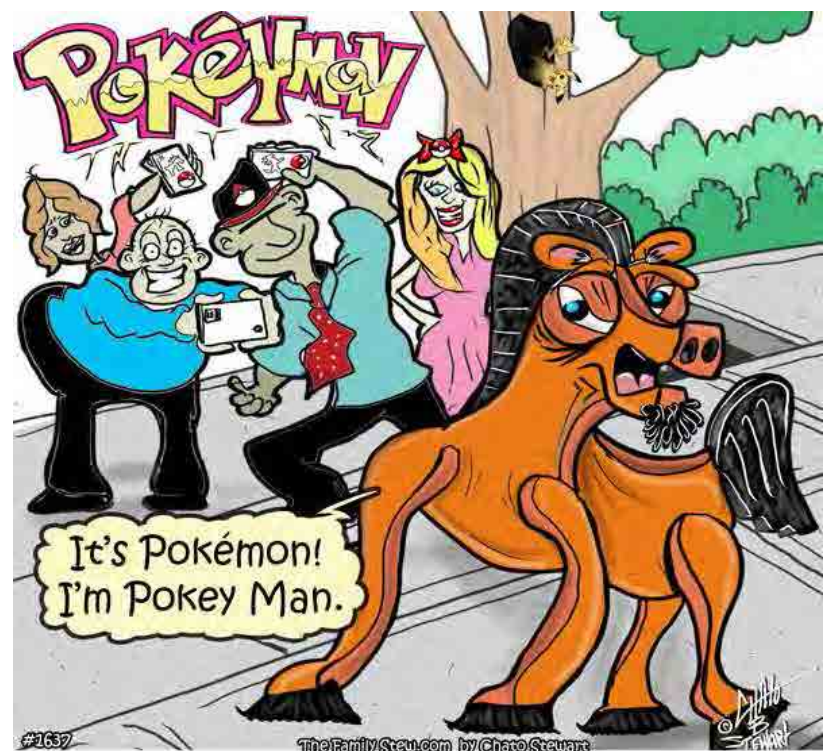
The client had to invest 10 direct hours and three days of discomfort from anxiety, trying to receive the simple, basic service of a prescription refill.

The Financial Toll: the provider will be paid for two visits and the hospital will be paid for an emergency room visit and other services provided. One could speculate that the above services will be invoiced for a couple thousand dollars versus the much lower cost of one office visit, all due to the provider's poor customer service.

Is this an isolated patient experience or does this happen more often than we know? Mistakes happen, but for a provider to not correct the mistake and cause a series of events that result in a mental health crisis that wastes

scarce mental health treatment dollars is grossly negligent. The State and City have sophisticated methods to evaluate the level and effectiveness of care being delivered to persons with mental illness. Providing good customer service should be a major part of that equation.

Editor's Note: This article does not necessarily represent the views of City Voices, our readers, or the New York City Department of Health and Mental Hygiene. If you live in NYC and something similar has happened to you with your provider, you can call the Office of Consumer Affairs at (347) 396-7194.

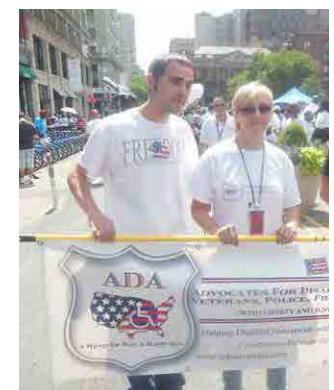
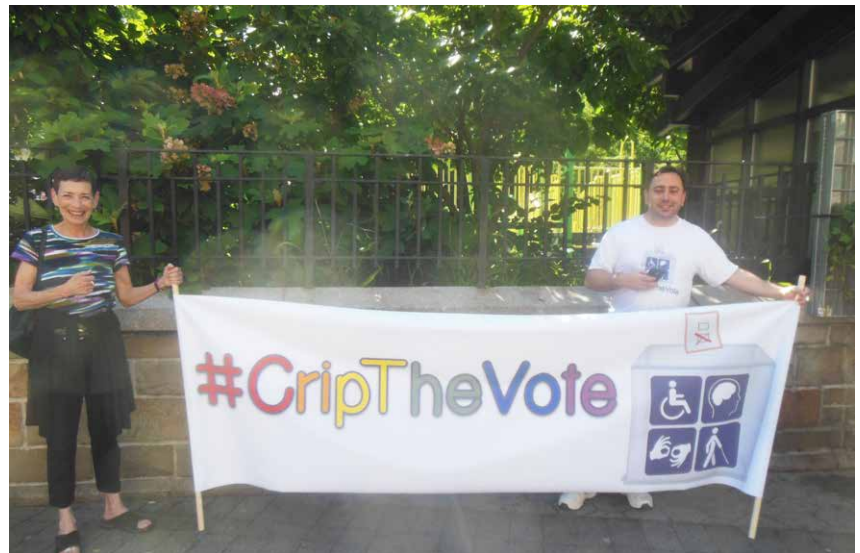


Famous Fifty's Child Actor Being Harassed & Tormented By Confused Players

Chato Stewart, Founder, www.mentalhealthumor.com

Disability Pride Parade Rolls Through New York

More than 5,000 disabled people rolled, motored and strolled up Broadway from Union Square to Madison Square Park on Sunday, July 12, 2016 for the second annual Disability Pride Parade, one of the largest gatherings celebrating and advocating for disability rights in the United States.



personal story

How Acceptance and Open-Mindedness Led to My Recovery

By Cecil Williams

Staying Clean One Day at a Time

The mental health system has done an amazing amount of work in improving the lives of former drug addicts and even practicing alcoholics. Although professionals spend countless hours to assess and assist substance users through their daily living activities, I have found that groups like Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) offer users priceless opportunities to meet and talk about lifestyles from active using to recovery. The message presents as “now is the time to stop using and get our lives back together, where everyday living is returned to being manageable,” and is something I can work with.

I had the affinity for any type of alcoholic beverage, and began drinking heavily, which started out for me as a social activity. Not realizing that alcohol was a deadly drug, nor that I had a genetic predisposition to using,

I was unaware of the physical and emotional strain of drinking alcohol, which exacerbated my reckless behavior provoked by low self-esteem issues. It has been thirty years since AA got me to the point of recognizing I could utilize Bill W’s book and the meetings to request help and stick with the simple effective program. The twelve steps helped me discover how tomorrow could be better. I would find myself not reaching for that bottle or can or glass of alcohol. I celebrate today because of those rooms where countless other addicts shared their stories and experiences to make amends. The AA/NA creed of confidentiality gave me the strength to struggle to be sober and clean and reflect what lay beyond the substance.

Nowadays when attending AA meetings, I perceive along with others the need to stay out of hospitals. As

alcoholics, perseverance demands of us to stay sober and among the living. I now witness that some individuals have an enjoyable time drinking at parties or bars without the repercussions of being labeled alcoholic. The alcoholic has a double whammy confronting them. We can pinpoint the problems and try to resolve them by discontinuing the use of alcohol. Meetings have shown persons with clean time or even newcomers the necessity to sober up and admit that assistance is necessary.

Shortly after professionals targeted in and told me to get it together and go to Dual Recovery Meetings, which I was allowed to lead at times, I became interested in the journey of other members of the group who had gone another route with drugs such as heroin, marijuana, crack and ecstasy. That seemed alien to me at first. Primarily, I decided that I desired to be informed about street drugs and the pattern of moving on to accepting hardcore substances (NA considers alcohol to be a drug as well). My friends went to Narcotics Anonymous meetings, and their true colors shone through. I became willing to talk about and accept that the use of any substance is bad for us. My comprehension increased and I recognized the seriousness of

how lives that had been destroyed have to be pieced back together again before relationships, dancing and real enjoyment of life could be achieved.

“...lives that had been destroyed have to be pieced back together again before relationships, dancing and real enjoyment of life could be achieved.”

As the mental health professionals perceive the need to deal with drug and alcohol use and assist victims who have had a history of such substances, we see the possibilities of a future with less reliance on substances and a diminishing of substance abuse. Physical health can be adversely affected by prolonged use, and medicines are required to attempt to restore the physical and emotional state to a healthy level.

Animal Companions Help Us to Heal

By Dan Frey, Editor-in-Chief, City Voices
RIP Parker Henry Brooks Frey

Animal companions are a beautiful part of life. They bring joy, love, and unending affection to people with or without psychiatric disabilities. They help to heal us. We are dearly missing Parker Henry Brooks, our animal companion of ten years. Those were the best ten years of our

life. Rest in peace Parker. We will strive to live as you have lived—in the moment, with enduring optimism and boundless love.

Pets can play an important role in your recovery. We have all heard of service animals, but have you heard of “emotional support animals?”

These are just what the name implies and studies have proven that pets help us to heal from trauma and increase our life expectancy and quality of life. For 12 years, Community Access, Inc. has been running a “Pet Access” program that helps their clients acquire and maintain their furry little companions. For information on Pet Access or how you can advocate for having pets in your program, you can contact City Voices via CityVoices1995@gmail.com. Pets should be an option for anyone who has survived trauma, especially people with a psychiatric history.



The Steps I Took to Get Back to Work

By Glenn Slaby

Putting Myself Out There Led to Personal Growth

Downfall

As a husband and father with a BS in accounting and an MBA in management, losing the capacity to support your loved ones and the ability to use skills developed over years of work was devastating. It's as if a piece of one's soul has been taken away.

Mental illness manifested itself beyond the control of doctors, prescription medications and my willpower. Working as an accountant, before and after my diagnosis, the aggressiveness and specific attitude needed to succeed was not part of my makeup, even though there were accomplishments. Subsequently, unemployment exacerbated my symptoms and brought on hospitalizations. I lost the ability to be a constructive individual. Many fields of employment were available, but I was too focused on the business world, which can be cruel and lack any sense of loyalty.

During my fifth hospital stay, back in 2004, one doctor re-examined my

knowing myself. The skills learned should've been taught to most of my managers. Meet others who work in your fields of interest. Never forget the expertise of good therapy.

My priorities, through goal- and skill-identification, led to a better understanding of possible jobs. Goals with the right limits, different for each individual, led to important aspects of a better life, including greater job satisfaction, bringing independence, growth and self-confidence. Many factors will make an employment experience the right one at the right time in one's life, but no job will have all the right pieces. Compromise. Feeling good at the end of the day or week as if you really accomplished something means you may have a second home. A nice paycheck from a miserable job can be damaging.

There are worlds where creative, imaginative skills can apply. Hobbies may lead to new adventures. I found placement in those new spheres. My primary goals led to jobs where getting

- Institute leadership: supervisors must aim toward quality, help people do a better job;
- Create constancy of purpose toward improvement;
- Cease dependence on inspection to achieve quality—it should be built into the production process;
- Remove barriers between departments and people—employees must work as a team;
- Eliminate slogans, quotas, and targets because they create adversarial relationships. Most errors are due to the production process lying beyond employees' influence;
- Remove barriers robbing employees of pride of workmanship; and
- Institute job training programs of continuous education and self-improvement.

Starting off Small

With the correct diagnosis, I began taking small steps toward normalcy. The fog encompassing my mind and spirit was slowly dissipating even though other hidden mental health issues would surface. I have a great interest in books and all those wonderful words, so I decided to

walk into the local library and ask for a volunteer position seeking a small haven, a relief from constant painful thoughts. Surprisingly, it did not seem like a humbling, embarrassing step, but a new beginning with new co-workers being welcoming, patient and friendly.

One day, two managers approached me and spoke some words I haven't heard in years: would I like to become a paid, part-time employee. Words couldn't describe the joy of being valued, wanted and useful. I stayed a number of years, coinciding with my current job, again part-time, working with fellow consumers at the hospital where I receive mental health services.

Moving Forward

Moving forward as a consumer and returning to work was more enhancing to my well-being than any medications or therapies, which are still needed. Getting there, however, is a long and arduous process. Faith helped greatly. Now, I focus on my health and see where the future takes me. Writing, perhaps? Nothing lasts forever and, with difficulty, I try to be satisfied with the present. Changes can mean nothing, or everything, lead to greater opportunities, enjoyment, or a new job. Have spiritual faith and patience.

“One day, two managers approached me and spoke some words I haven't heard in years: would I like to become a paid, part-time employee. Words couldn't describe the joy of being valued, wanted and useful.”

condition. I had been misdiagnosed, on the wrong medications and combinations for the last twelve years. I was lucky. It could've been a lot worse. There were many missteps, including thoughts and actions of self-harm, and testing faith, which changed fate. My stable foundation—family, friends, home life, church—withstood the agonizing struggles.

Getting Back

Many things are not taught in the classroom, but through therapy, aptitude tests, IPRT (Intensive Psychiatric Rehabilitation Treatment), DBT (Dialectical Behavior Therapy), etc., I learned the significance of really

out of bed and to work was not a hardship or detrimental to my mental, physical or spiritual health.

What Management Can Do

There are many employee responsibilities, but employers must understand their obligations. W. Edwards Deming, who helped transform/restore the destroyed Japanese industries after World War II, offered 14 key principles to management for improving the effectiveness of an organization. Failure harms the company, the individual and their family. Paraphrasing those principles related to employees:

- Drive out fear;



back to work challenges

Harsh Experiences in the Workplace

By Anne Percy

The Challenge of Returning to Work After a Setback

I am bipolar. This seems to threaten some people. In reality I am one of the gentlest, kindest-hearted people you could ever meet, someone who has never harmed anyone. I have had a variety of diagnoses in the past, including OCD, severe depression and schizoaffective disorder, until I was diagnosed as bipolar I.

I have tried a litany of psychiatric medications to manage my symptoms, some with terrible side-effects and others which worsened my symptoms. Stable on my current meds the majority of the time, I realize they are not a cure, nor am I symptom-free. I attend weekly group therapy, which helps, but individual therapy would help more. Unfortunately, right now, it is beyond my financial means.

I am currently unemployed, due to the effects of bipolar. A vocational rehabilitation counselor has been assisting in my search for a suitable job since April 2013, when I lost a job as a health insurance claims processor, which I held for seven months. My firing was due to a lack of concentration and attention to detail, resulting in too many financial errors when paying claims. I believe more accommodation could have been made on my behalf, since I had just completed six months of training when I was let go.

Prior to that job, I had been unemployed for nearly two years following my resignation from a previous position I held for nearly 11 years. The reason? A hostile work environment created by malicious coworkers. They were aware that I had mental health issues, and, in an effort to get me fired, were trying to cause a mental breakdown. Even though I had done nothing, they became convinced that I was a danger to them because of my mental illness. Eventually, the

environment became so toxic, with my employer unwilling to intervene, that I had no choice but to resign and remove myself.

What was said to me would have been considered slander and harassment, but because of my mental illness, it was tolerated and apparently acceptable. Ironically, my employer at the time was a health insurance company that boasted the best health interests of its clients and claimed to promote diversity in the workplace. Apparently, that didn't apply to those of us who suffer from mental illness. It took months before I could put the experience behind me. It still makes me question what kind of environment I will find at a new workplace. I did what was best for me mentally and emotionally, but at the expense of my finances and employment. In terms of finding work with the financial and other benefits of the job I left, I have never recovered.

When I apply for jobs now, I have been advised not to reveal I have mental illness, which makes explaining what occurred at my last two jobs difficult. I would prefer to honestly admit to having a disease, so as to explain when symptoms inevitably appear and not be such a surprise to my employer and coworkers. It would also be easier to ask for accommodation, if and when I need it, if my condition is known.

It makes me sad to think that if it were a physical disease, there would be no problem admitting to it. Also, I am worried about going through the same things with coworkers at another

BS"D

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Box Number 4D, Brooklyn NY 11230**

for disability was a last resort. I would gladly work, but no one will hire me. Even while waiting for a hearing, I still apply for jobs, hoping that someone will be interested in me and my attributes.

medications I currently take are not as expensive as some I have used previously, which helps.

I am not sure what the future holds. I cannot go on indefinitely without income. I am not looking for a financial windfall, only a means to reach financial stability. Also, there is no guarantee that I will remain mentally stable. I already know that I am unsuited for jobs that I have held in the past. What I am unsure of is exactly what I would be suited for, which even vocational rehabilitation has been challenged to help me discover. I am not opposed to further education, but I would need financial assistance to pay for it, and since I already have one college degree, this seems unlikely. Realistically, several doors are closed to me when it comes to employment.

I hope reading about my experience helps others suffering the same things to realize that they are not alone in this.

"...my employer at the time was a health insurance company that boasted the best health interests of its clients and claimed to promote diversity in the workplace. Apparently, that didn't apply to those of us who suffer from mental illness."

job should I find one.

In desperation, having had no income or health insurance since April 2013, I applied for Social Security Disability. My attorney filed for a hearing in June 2014, but we have heard nothing since then. Applying

I was not eligible for a subsidy to help pay for health insurance due to having no income, and the state that I reside in did not expand Medicaid, so I am uninsured and pay for medical costs out of pocket. This limits my options for care. Fortunately, the

(Continued from page 3 Ward Stories: Winter)

They endure the chastening rod
Of the Great Mother who gives them
Light in the spring, beautiful flowers,
And succulent fruit to adorn their branches
How could they not trust the earth that grounds
Them and the sky that covers them in rain?
They are full of gratitude and an everlasting love
That enfolds them like the wings of a white dove.

Flights of Fancy

By Susin Postovoit

Oh yes! Life's a mess,
I must now confess,
Instant highs caress --
They're escapes, a mess.
Lies bound with tresses,
In plaits, then pressed.
Naughty! I should stress.
Knotty! to digress.
Lies naughty, useless.
Lies press and harass,
Lies that I suppress --
Ah! Not a success.
I'm flying, oh yes?
Still, nevertheless,
I dress for success --

A liar's useless.
I'm a liar, I'd guess ...
States the choir: Oh yes!

I'm Ready

By Matty Guerrero

I walked in,
Everyone expects me to be nervous,
But it looks like I've been doing this my whole life...
I have the talk,
And I have the walk.
Of course,
I'm scared to death in my head,
Not knowing what's going to

happen.
But, oddly, that's not the right word for it...
I'm not scared.
I'm ready...
To face everything you throw my way.
I'm going to fight,
Until it comes out right.
So thank you,
For challenging me.

workplace difficulties



Baltic Street Advocacy, Housing and Employment, Inc. celebrated its 20th anniversary on October 25th, 2016 in Brooklyn. Since 1996, Baltic Street AEH has grown from a group of five peers serving 400 people a year to 100 peers serving 5,000 peers a year. Baltic Street AEH is now one of the largest peer-run organizations in the country and has programs in all five boroughs of New York City. Peer-to-peer service delivery is the backbone of the organization. Recovery for all is the guiding vision. City Voices: A Peer Journal for Mental Health is proud to be sponsored by Baltic Street AEH.



Rest in peace mental health peer Deborah Danner who was fatally shot by police in her home in the Bronx, NY on October 18, 2016.

Working and Living Well

Job Opportunities/Special Notices/Roommates/Personals

Employment Agencies

JUST ONE BREAK, INC.
(212) 785-7300

NETWORK PLUS
(718) 797-2509

NETWORK PLUS WEST
(718) 377-8567

Legal Help

MFY LEGAL SERVICES (212) 417-3700
URBAN JUSTICE CENTER (646) 602-5658
NYC BAR ASSOCIATION (212) 626-7373
LEGAL AID SOCIETY (212) 426-3000

Housing

CUCS (212) 801-3300
COMMON GROUND
(212) 389-9300
OHEL (718) 851-6300
COMMUNITY ACCESS (212) 780-1400
SUS (212) 633-6900
FEQS (212) 366-8400

Clubs and Clubhouses

Manhattan

FOUNTAIN HOUSE, 425 W 47 St. (212) 582-0340
CHELTON LOFT, 119 W 19 St. (212) 727-4360
HARLEM BAY NETWORK, 4 W 125 St (212) 876-6083
EAST VILLAGE ACCESS,
264 East Second Street
(212) 780-9008

Brooklyn

EAST NY CLUBHOUSE, 2697 Atlantic Ave
(718) 235-5780

RAINBOW HEIGHTS CLUB, 25 Flatbush Ave (718) 852-2584

SEAMARK CENTER, 2559-65 West 13 St.
(718) 372-0450

KADIMAH CLUBHOUSE, 4510 16th Ave
(718) 686-3180

METRO CLUB, 25 Chapel St (718) 596-8960

The Bronx

BOULEVARD CLUB, 512 Southern Blvd
(718) 993-1078

CASA LA ESPERANZA, 717 Southern Blvd
(718) 893-0853

FOUNTAIN HOUSE BRONX, 564 Walton Ave (718) 742-9884

Queens

CITIVIEW CONNECTIONS, 42-15 Crescent St. (718) 361-7030

VENTURE HOUSE, 150-10 Hillside Ave
(718) 658-7201

Staten Island

SKYLIGHT CENTER, 307 St. Mark's Pl.
(718) 720-2585

Volunteer/Work Positions Available

BALTIC STREET AEH seeks FT/PT peer advocates. Computer/Office skills, peer advocacy or related experience a plus. Call Marianna (718)-833-5929. Advocacy through empowerment is our mission.

NAMI NYC METRO: assist with office help, including mailings, answering phones, organizing files, making phone calls, and many other office tasks. This position is open to those without prior experience. Call (212) 684-3264 or email volunteer@naminyc.org

Telephone Resources

LIFENET: Citywide mental health referral

hotline 24 hours/7 days/week. Call (800) LIFENET (543-3638).

NAMI HELPLINE: Mental health phone resource and database (212) 684-3264

THE TREVOR HOTLINE: If you or a young person you care about needs support call our lifeline at 866-488-7386. It's free, confidential and available 24/7. Learn more at TheTrevorProject.org.

QUEENS COUNTY MENTAL HEALTH SOCIETY: For information and referrals (718) 454-0705

Advocacy

NYAPRS: statewide mental health advocacy group that sponsors events and organizes the annual Legislative Day. To join call Carla (212) 780-1400x7726

MHASC: coalition committed to providing advocacy to consumers in special housing units in jails and prisons. Call J.J. (646) 602-5644.

THE ICARUS PROJECT: join to help redefine mental illness as a "dangerous gift." Visit www.theicarusproject.net

The Arts

ARTWORK BY CONSUMER ARTISTS: Fountain Gallery, 702 Ninth Ave at 48th Street in Manhattan (212) 262-2756. Tues-Sat 11-8, Sun 1-5.

RITA PROJECT: Survivors of suicide produce artwork at Greenwich House Pottery near West 4th Street www.ritaproject.org

MOVIE CLUB/POETRY CLUB: NAMI NYC Metro, 505 Eighth Ave, (212) 684-3264 also library@naminyc.org

WRITING WORKSHOP: For Fun, Healing, and Publishing! Led by children's book author Morella Bynoe, LMSW and poet/ editor Rev. Lisa Roma. Twice monthly

meetings, convenient locations, online instruction. Option to publish work and do public readings. Contact morellabynoe@aol.com or CreativWomenNtwk@aol.com for more info/registration. Visit www.creativewomensnetwork.com.

Support Groups

AWAKENINGS: living successfully with mental illness groups. Peer-run in Brooklyn. Call Anthony (718) 875-7744.

ZAPPALORTI SOCIETY support group for gays/lesbians/bisexuals/transgendered peers with mental illness. Saturdays 2-4, LGBT Center 208 W 13 St. Call Bert (917) 286-0616.

HEARING VOICES SUPPORT GROUP. A group for people who hear voices. Call (212) 684-3264 for info.

SCHIZOPHRENICS ANONYMOUS: group meets Sundays in Queens at the Long Island Consultation Center (718) 896-3400.

CO-OCCURRING ILLNESS SUPPORT GROUP: monthly group for MICA consumers. Call (212) 684-3264 for info.

MOOD DISORDERS SUPPORT GROUP: for people with bipolar disorder and depression, as well as the friends and family of those with these disorders. Suggested \$5.00 donation for non-members. We also offer a group designed for people under 30, (212) 533-6374, info@mdsg.org, www.mdsg.org

Social

THE FRIENDSHIP NETWORK: If you want a friend or need a friend, then meet a friend through the Friendship Network. Call Alice, Nancy or Barbara at 516-326-6111 or www.friendshipnetwork.org