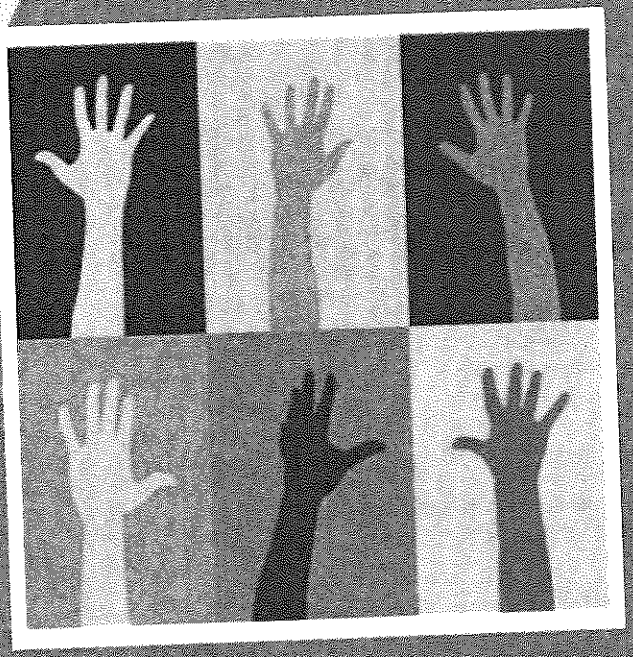
Raise your voice!



Arizona Department of Health Services
Division of Behavioral Health
System Transformation Committee

Raise Your Voice Focus Groups Report

July, 2011

Arizona Department of Health Services

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Introduction

The Arizona Department of Health Services/Division of Behavioral Health (ADHS/DBHS) in collaboration with peer and family members is pleased to publish the findings from the Raise Your Voice (RYV) focus groups.

This report and all of the hard work that went into it represents the commitment, dedication and participation of many individuals at all levels of the behavioral health system. Most importantly, it offers the true voice of peers and family members from the very beginning, starting when this was merely an idea on paper, to the drafting and release of this report. Peer and family members helped design the process; facilitate the focus group sessions, collect and analyze data and write this report. Thanks to these contributions, ADHS/DBHS has a greater understanding of what recovery means and how important it is to peers and family members.

This report is structured for those who are interested in the essence of the findings as well as others who prefer to examine the data in more detail. The first pages describe the process and the essence of the findings. More detail is contained in the attachments to the report including the data and analysis for each question asked in the focus groups. The categories described on the charts are specifically defined for each question using the actual words and phrases spoken and written down in the focus groups.

The findings were organized as follows:

I. Section I (page 5), the Process, Structure and Operational Steps that occurred to implement this initiative.
II. Section II (page 8), contains the Findings divided into themes or categories that were developed when analyzing the written responses from each and every focus group.

Note that certain language appears in bold/italics. These passages are the exact words and phrases spoken during the focus groups or actual quotes by focus group participants written down during the sessions.

When preparing this report, ADHS/DBHS was careful to avoid summarizing, interpreting or attaching specific meaning to the responses. ADHS/DBHS strived to report the words, phrases, language and expression directly conveyed by focus group participants; therefore, the report does not include conclusions or a statement of what this means at the end of the report.

Nonetheless, peers and family members taught ADHS/DBHS the following valuable lessons:

1. Recovery is a nonlinear process that varies from individual to individual; it entails achieving concrete outcomes or goals which are easier to attain when choice, support and respect are given to peers.

2. Peer and family members were thankful for the opportunity to share their views and opinions of the publicly funded behavioral health system in a safe and structured forum and there is consensus among them that these forums should become a regular way to include peer and family member input into the behavioral health system.

3. Community Based Participatory Research is not only an effective method to involve peer and family members in the planning, organizing, leading and monitoring of the publicly funded behavioral health system; it also contributes to the recovery of peers and is an effective way to decrease stigma.

4. Efforts to strengthen the peer and family voice at all levels of the behavioral health system, both in terms of design and decision-making, is not a luxury— it is a necessity. It makes our system stronger, more resilient and is essential as we look to the future in addressing challenges and changes to the health care system.

I. Process, Structure and Operational Steps

In November and December 2010, twenty-six RYV focus groups were conducted throughout Arizona to gather the collective opinion of members with Serious Mental Illness (SMI) (peers) and family members of the SMI in order to learn what is important to them in meeting their recovery goals. A total of 370 peers and family members attended the focus groups.

A. The System Transformation Committee

For the past year, in response to the budget crisis in Arizona, ADHS/DBHS implemented significant modifications to the behavioral health benefit package for SMI members that did not qualify for Medicaid. These changes, as well as the ongoing fiscal crisis, led to Plaintiffs and Defendants to agree to a Joint Stipulation to Stay Litigation in the *Arnold vs. Sarn* class-action lawsuit through June 30, 2012. The purpose of the Stay Order was to temporarily halt further litigation and enforcement of current court orders while also using this time to negotiate revised court orders.

To address these unique circumstances and plan for future system changes and development of revised court orders, ADHS/DBHS invited peers, family members and stakeholders from other established organizations to design a process in which peers and family members could actively participate in the planning, organizing, leading and monitoring of the publicly funded behavioral health system. This group of individuals became the System Transformation Committee (STC).

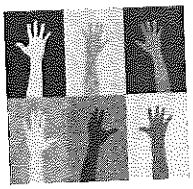
B. Community Based Participatory Research

Applying an evidenced-based research method called Community Based Participatory Research (CBPR), the STC developed a process using focus groups to gather the collective opinion of peers and family members. According to the Agency for Healthcare Research and Quality (AHRQ), the CBPR approach emphasizes co-learning, sharing of decision making power, and sharing ownership of the end product. AHRQ defines CBPR as:

> *"a collaborative research approach that is designed to ensure and establish structures for participation by communities affected by the issue being studied, representatives of organizations, and researchers in all aspects of the research process to improve health and well-being through taking action, including social change."*

C. Focus Groups to "Raise Your Voice"

The STC chose focus groups over other survey methods because having a set of predetermined open-ended questions designed by peers and family members allowed participants to express their opinions in their own words. These focus groups promoted



an interactive discussion that often generated new ideas and solutions. The focus groups were conducted in a safe and structured environment where members could freely express their opinions and be assured that their voice was heard. The STC decided to identify this project as "Raise Your Voice." To further enhance the meaning of this project, the STC adopted the Raise Your Voice logo, which quickly became the symbol of this effort.

D. Focus Group Protocol

Prior to conducting focus groups, the STC designed a written protocol of seven questions that guided the process for all twenty six focus groups. The protocol allowed every focus group regardless of location or member participation to be conducted in the same manner and within the established two hour timeline. The protocol included an introduction statement, purpose, ground rules and the questions that were developed based on three distinct categories:

a. Recovery: includes all the aspects of the individual's ability to live, work and integrate into the community at large, while achieving his or her recovery goals.
b. Individual: includes the acknowledgment of each SMI member's unique needs and goals.
c. System: includes the service delivery system structure to address individual needs and goals.

From these three categories, the STC generated thirty questions, which were eventually collapsed into seven, (refer to **Attachment A** to view the focus group protocol and questions).

E. Focus Group Training and Facilitation

To provide adequate coverage to help facilitate and manage the focus groups, forty-five volunteer peers and family members participated in training to serve as a facilitator, assistant or scribe. Facilitators were trained to follow the protocol ground rules, keep the discussions focused on the seven questions and finish each session within the two hour time frame. Facilitators received explicit direction to provide clarification and additional information requested by participants without influencing their responses. Facilitators were also trained to remind participants that every opinion was valid and to treat each other with respect when there was disagreement of opinions. The scribe was trained to record the information generated during the focus group discussion and the assistant was trained to set up the room, pass out materials and collect the written answers to the seven questions.

F. Focus Group Locations

The STC, in collaboration with system partners, selected the focus group locations. Factors in the selection process included access to public transportation, geographic

diversity and the availability of private meeting space in order to have a safe and judgment free environment (refer to **Attachment B** to view the focus groups' schedule). Focus group times varied from morning, afternoon and evening hours to encourage greater participation.

G. Outreach

To publicize the focus groups, the STC in collaboration with system partners, created flyers and posters, which were distributed and posted in strategic locations such as clinics, provider sites and peer run organizations throughout the State. Additionally, ADHS/DBHS created a webpage with the sole purpose of providing the community with regular updates regarding the focus group; this webpage is available at: http://www.azdhs.gov/bhs/transform.htm. Once the focus groups were underway, "word of mouth" was used to inform others and encourage participation.

H. Focus Group Participation

In the focus groups in which ten or more persons attended, the participants broke into small groups and were given the list of seven questions. Every small group nominated a participant to write down the group's answers to each of the seven questions on a large pad of paper. When the small groups were finished answering the questions, each one selected a spokesperson to explain the answers to the entire group. This led to a robust interactive discussion among all participants, which was recorded by the volunteer scribe.

I. Data Entry and Analysis

Upon completing the focus groups, each data set collected during the focus groups was labeled and numbered according to a pre-established nomenclature that included, the focus group site, group number and page number, this information was later recorded in an electronic spread sheet for tracking purposes during the data entry phase.

Once all the data sets were labeled, the data were transferred to an electronic data collection form by peer and family members who were trained to follow a data entry protocol and to transfer the information verbatim. The data were later categorized and trended with SPSS Text Analysis software.

While the data were categorized and trended, the STC established a data sub-committee that was responsible for providing direction to ADHS/DBHS during the data analysis process and to report to the STC the decisions and the reasoning for data grouping and trending.

II. Focus Group Findings

The STC analyzed the information from the focus groups according to the same three categories that were used as the foundation to develop the predetermined questions: Recovery, Individual and System. The narrative below is a summary of consistent themes that were evident in all focus groups for all questions. The language in bold type reflects the actual words from focus group participants taken directly from the written notes. For a more in-depth review of the data and findings, please refer to **Attachment C**.

A. Recovery

In order to design a behavioral health system focused on recovery, it is important to understand what recovery means to peers and family members.

When asked, peer and family members defined recovery as a personal journey that consists of ***fulfilling an array of personal goals that lead to a better quality of life,*** through this ***journey or process, an individual gains self-sufficiency, productivity, and independence.***

Peer and family members described recovery as a multifaceted process, because it entails ***fulfilling goals*** in several aspects of a person's life, such as improving ***physical and mental health, gaining or restoring relationships,*** furthering education or ***vocational skills, improving living arrangements and gaining employment.*** Therefore, each person experiences recovery differently, or as one member noted ***it is self-defined.*** For example, while Jack[1] may be experiencing recovery because he is ***back in the job world***, another person may be working toward a different, but no less important, recovery goal. Mary illustrated this very well with her story:

> ***... [A]fter being homeless for so long I finally live in my own apartment. I have completed the Peer Support Specialist certification and I want to help other moms, but I will be recovered the day I get back custody of my kids.***

Peer and family members were very clear in describing recovery as when an individual has ***ownership***, ***control*** and is ***accountable*** for their journey. Recovery also can be described as ***living life without addiction, being symptom free or when the individual manages the mental illness*** or as simply stated by a peer who attended a focus group ***controlling the illness rather than the illness controlling us***.

[1] Names have been changed to safeguard the true identity of the focus group participants

Another element of recovery emphasized by peer and family members is ***community integration*** within a social and personal context. Within the social context, recovery means being accepted by the community at large. Being involved in ***social activities such as sports events or volunteer projects, knowing that they are welcomed and safe,*** is important. The personal context of recovery ***entails building personal support systems*** that are ***trustworthy*** and ***regaining or restoring family relationships*** that were either broken or lost due to behavior brought on by mental illness.

B. Individual

The term "Individual" captures the unique needs of all persons who live with serious mental illness. During the focus group sessions, peers and family members repeatedly emphasized that each person has distinct goals for the different aspects of his or her life. The overwhelming themes that were repeatedly expressed are best described as: Respect, Choice and Support.

1. Respect

The value of respect for peers and family members cannot be understated; everyone has the right to feel ***respected***. Respect was described as showing simple social courtesy during personal interaction. For example, ***eye contact, being attentive to them, acknowledging their presence, being valued as a person*** and ***recognizing their culture and religion*** were verbalized as indicators of respect. As one member noted, respect means, ***to be treated like a human being.***

2. Choice

A peer captured the concept of choice by stating, ***we want to choose what works better for us.*** Choice is significant for peer and family members because it means they have ***ownership*** of their ***treatment*** and of their ***recovery journey***. When given choice, it helps *them* ***take care of*** their ***needs*** and allows them ***to be in control***; or as one peer stated, ***you are in the driver's seat.*** Peer and family members believe choice is given when they are ***provided with appropriate*** and ***accurate information*** regarding ***symptoms***, ***illness, treatment, services*** and ***medication*** in order to ***make informed decisions*** about their care and recovery.

3. Support

Peer and family members seek support from their ***friends***, ***family members***, ***peers***, ***service providers*** and the ***community***. Overall support was described as ***guidance***, ***encouragement***, ***encouraging action***, ***being heard***, ***motivation***, ***hope*** and ***acceptance***. Support from peers includes ***assistance in building networks***, ***being helpful*** and ***sharing information about resources***. Support from the community was noted as being ***connected to the community***, ***feeling safe around people***, and ***knowing neighbors***. During a discussion about what support from neighbors means, a young man proudly shared his experience:

When I first moved to where I live, no one talked to me. When people saw me coming, they would cross the street. I knew they were afraid of me. So I went and knocked at their doors, introduced myself, explained my mental illness and apologized for scaring them. Now they don't cross the street, and some neighbors greet me by my name.

C. System

Peer and family members want a system that is best described in three categories: individualized care, supportive services, and integrated health:

1. Individualized Care

Peer and family members made it clear that ***not everyone is the same.*** Over and over, peer and family members reinforced the notion that each person has ***different recovery goals***; consequently they want a system that gives the individual, as one peer stated, ***the ability to get the treatment that fits you*** or in other words, a system that offers individualized care.

Individualized care is an ***individual's personal*** roadmap to ***recovery***. It includes ***identifying goals*** that an individual believes are important to ***improve their quality of life***. It offers a ***treatment*** and ***recovery plan*** that is designed by the individual to ***meet*** his or her ***goals***. Individualized care ***encourages*** the participation of the individual and ***honors*** his or her ***right to accept***, ***decline*** or modify the ***recovery plan*** and the ***services*** to meet recovery goals.

Individualized care requires service providers to be ***informed*** about ***medical advances*** and to ***establish a relationship*** with all members they serve. Relationship means ***to know their story, their progress, keeping records up to date and, discussing options with the individual to meet recovery goals***.

A unique feature of individualized care identified by peer and family members is ***advocacy***. Advocacy is defined as the ***presence*** of an ***individual's voice*** while planning and living through the ***recovery journey***. It means creating ***partnership*** with the individual, in which he or she ***feels safe*** and ***supported*** to freely ***express an opinion*** that will be ***heard*** and ***discussed***.

2. Supportive Services

Peer and family members want supportive services located at easily ***accessible sites*** and ***available at all times*** to help meet their recovery goals. They want supportive services, which are readily ***available in the community*** and in ***natural environments***, such as where ***they live, in their homes and schools*** or at other locations they visit frequently, such as ***clinics, health clinics, community centers and churches***.

Peer and family members clearly identified five categories of supportive services necessary for recovery: peer support services, community based resources, living arrangements, transportation and crisis services.

3. Peer Support Services

Peer support services are vital because peers are uniquely qualified ***to listen, help*** and ***offer hope*** to one another in way that professionals cannot. Two participants expressed their need for peer support by saying ***they know what it is to be out there*** *and* ***we need someone who has been there; someone who understands what we are going through and who can tell us what to expect.*** They described peer support services as ***peer systems, peer centers or peer connection drop in centers and 12 step programs*** such as ***Alcoholic Anonymous.***

4. Community Based Resources

Peer and family members expressed a desire to have access to a broad range of resources available in their community in order to meet many different recovery goals. Some examples include ***food boxes, food stamps, clothing,*** and ***shelter*** to meet basic need goals. Others identified ***life skills workshops; employment*** and ***vocational training; financial support; recreational*** activities like ***art*** and ***dance lessons*** to meet more advanced recovery goals.

Peer and family members also want community based resources designed to improve health such as ***nutrition*** and ***wellness education*** and ***physical exercise*** and services that support their spiritual development such as ***churches*** or ***faith based programs***.

5. Living Arrangements

Because each person has different goals, the shelter or individual living arrangement varies from peer to peer. While one peer may seek a ***safe place to sleep*** for a ***couple of hours***, another peer may be looking to relocate to a new community. Therefore, peer and family members stated they want ***options for shelter and living arrangements*** that includes ***transitional homes, group homes, shelters, apartments and houses.***

6. Transportation

Peer and family members want access to ***public transportation*** such as ***dial a ride, bus passes, taxis and other means of transportation*** that allows the individual ***to access services and to engage in community activities.***

7. Crisis Services

Crisis services were described as services that ***address, alleviate, solve and manage the unique needs*** of an individual who is experiencing a ***crisis or emergency.*** The following are some of the crisis services that peer and family members identified: ***twenty four hour (24) crisis phone lines, warm lines, hotlines, crisis counselors, crisis centers and mobile crisis teams.***

8. Integrated Health Services

Peer and family members are very aware of the importance of integrating physical and behavioral health care. They want a service delivery system in which ***mental health providers***, ***physical health providers*** and ***community based resource providers work together*** and with the ***individual*** to achieve their ***recovery goals***. They expect ***providers to be informed of their patients' goals*** and to be ***knowledgeable of current medical practices and of the community based resources that are available***. The integrated health services model that peer and family members want has two distinct elements: treatment services, and care management.

a. Treatment

Peer and family members defined treatment in the context of integrated health care as the process by which the ***physical*** and ***psychological goals*** of an ***individual are identified*** and a ***recovery plan is outlined***. It includes both a ***physical health*** and ***psychological assessment*** and an ***explanation of available service options***, such as ***medication, counseling, prevention services, transitional services***, and others. Treatment is also about ***monitoring*** the individual's overall ***progress*** through ***lab results*** and ***goal achievement***.

An important element of treatment is overall health education. Peer and family members stressed the importance of health education; they want to ***understand*** the ***illness*** or ***illnesses*** that affect them and ***how the treatment impacts*** their overall ***health*** so they can make ***informed decisions***.

b. Care Management

Care management is the process that ***links the individual to the services*** that he or she needs to ***achieve*** their ***personal goals*** during the ***recovery journey***. Peer and family members described care management as ***coordination of services*** and the exchange of ***information between health care providers***.

Care management has a dual purpose: to ***coordinate and arrange those services necessary*** for recovery and to ***monitor service delivery*** and ***recovery goals*** or outcomes.

Coordination of services refers to ***scheduling appointments, timely exchange of medical*** information such as ***test results, medication, treatment plans*** between ***service providers*** and the ***individuals***. Coordination also includes ***referring*** and ***linking*** the individual to ***community based resources*** they need to meet recovery goals. The care management ***monitoring*** function is the process of ***tracking*** and ***verifying*** that the services ***are provided*** to the individual and ***holding the individual accountable for meeting recovery goals***.

III. Final Comments

The active participation of peers and family members in the planning, organizing, leading and monitoring of the RYV initiative has been an extraordinary learning experience for ADHS/DBHS. By sharing this information, ADHS/DBHS wants all system stakeholders to learn from it and build upon the important ideas, concepts and beliefs expressed by focus group participants in order to make the behavioral health system stronger and more responsive to peer and family member concerns.

Based on this experience, now more than ever, ADHS/DBHS remains committed to working closely with peers and family members and looks forward to collaborating with the community in other projects like this one.

If you would like to learn more about this project please contact the ADHS/DBHS Office of Individuals and Family Affairs at: Toll free (877) 464-1015 or visit http://www.azdhs.gov/bhs/transform.htm

ATTACHMENT A

Division of Behavioral Health Services

SMI System Transformation Focus Groups Protocol

Facilitator Instructions

Introductions: (5 minutes)

Good (morning/afternoon), my name is _____ (Describe your position and affiliation and a brief summary of your involvement with behavioral health)

Thank you for attending this focus group session. I will serve as the facilitator for this meeting and would like to introduce to you to the others that will be assisting:

a. Name and position, will serve as an assistant during the meeting.

b. Name and position, will serve as a note taker.

Housekeeping items: (5 minutes)

Before we begin the meeting, I would like to go over a few housekeeping items:

1. Let the participants know where the restrooms are located.
2. Let the participants know if drinks and food are allowed in the meeting room.
3. Ask the participants to turn off or mute their cell phones.
4. Ask all the participants to sign in.
5. Distribute the agenda.

Purpose of the Focus Groups: (5 minutes)

The Arizona Department of Health Services, Division of Behavioral Health Services (ADHS/DBHS), wants members' collective opinion about the publicly funded behavioral health system and the services it offers to determine what is critical or valuable in

meeting members' needs. This information will be used to make recommendations and improvements to the system during the next year to year and a half in order to better serve adults with a serious mental illness.

It is important to remember that ADHS/DBHS has a specific process in place to address grievances and complaints for individual cases. ADHS/DBHS takes all complaints seriously and encourages you to use the appropriate channels to make a complaint or file a grievance. Therefore, we cannot use the limited time set aside for this meeting to address or discuss complaints or grievances in individual cases. **(Point out the contact information)**

Focus Group Protocol:

After reading the purpose of the focus group, the facilitator shall: (5 minutes)

- Divide the attendees into teams of 6-8 members.
- Ask each team to identify a scribe, a speaker, and to select a name for their group.
- Provide each team with the list of questions. (Each team member shall be provided with the questions, note pad and markers)
- Read the ground rules.

Ground rules:

ADHS/DBHS is interested in knowing what each of you thinks, so please be frank and share your point of view, keeping in mind the following:

1. There are no right or wrong answers, only each person's point of view and opinions and it is very important that we respect each other's contributions.
2. We're on a first name basis.
3. Please remember to turn off or mute cellular phones and pagers.
4. The facilitator's role is to:
    a. address questions,

b. provide each group with information related to the questions,
c. conduct the meeting according to the protocol, and
d. keep track of time to make sure each group answers every question.

Individual Group Activities: (60 minutes)

1. Read each question to the teams and clarify any questions the attendees may have.
2. Instruct the scribes to write the answers to the questions on the note pad provided to their team.
3. The scribes shall label the answer to each question , with the number of the questions as follows:
   a. **Q 2**, for question **# 2**, **Q 2 a** for question # 2 a, and so forth.
   b. If more than one sheet of paper is needed for one question, the additional sheets s shall be labeled Q-2-1, Q-2-2 and so forth.
4. The scribe shall draw a line to separate the responses between questions.

Questions:

1. Describe the services you want:

2. Describe the relationship you expect from the clinical team:
   a. What do you believe is the function of case management?
   b. What do you believe is the function of a case manager?
   c. What do you believe is the function of the doctor?
   d. What do you believe is the function of the nurse?
   e. Describe your function on your team.

3. Describe what you believe support services are.
   a. When and where should support services be available?

4. Describe what recovery means to you:

5. Describe what helps you to improve your living situation:
    a. Describe what "belonging to" or "being connected to" the community means to you?
    b. Describe how choice is important in directing your treatment.
    c. Describe a behavioral health system that promotes its members toward graduation.
6. What rights are most important to you within the behavioral health system?

7. Do you have any additional concerns or comments you would like to share about the way the behavioral health system works?

Group Activity: (30 minutes)

1. Ask each group to present their answers to the rest of the groups. Clarify and validate the information presented by the team.
2. As the teams present their information, list the trends on a different sheet. The trends shall be listed on a different sheet. Label the upper right corner of each sheet, as follows T Q 1, if more than one sheet of paper is needed the shall label TQ-1-1, TQ-1-2 and so forth.

Closure: 10 minutes

Explain to the participants that ADHS/DBHS will continue to gather community input until xxx date and that the results will be available at the following web address www.azdhs/bhs.gov

Closing Remarks:

On behalf of ADHS/DBHS (and the name of clinic/agency hosting the meeting), I want to thank you for taking time to participate in this process. It has been a pleasure to work with all of you!!!

ATTACHMENT B

DBHS Focus Groups Schedule

	PNO[1] Location	Region	Address	City, ZIP	Phone	Bus Route	Dates	Event Time
1	CHC Townley	North	8836 N. 23rd Ave., Ste. B-1	Phoenix, 85021	(602) 944-9810	90 (Dunlap)	10-Nov	1p - 3p
2	PIR E. Valley	East	4330 E. University Dr.	Mesa, 85205	(480) 218-3280	30 (University)	10-Nov	5p - 7p
3	PCN Capitol Center	Central	1540 W. Van Buren St.	Phoenix, 85007	(602) 252-7330	3 (Van Buren) or 15 (15th Ave)	12-Nov	1p - 3p
4	PCN Capitol Center	Central	1540 W. Van Buren St.	Phoenix, 85007	(602) 252-7330	3 (Van Buren) or 15 (15th Ave)	16-Dec	1p - 3p
5	SWN Cave Creek	North	14040 N. Cave Creek Rd., Ste. 203	Phoenix, 85022	(602) 992-9336	90 (Dunlap)	12-Nov	5p-7p
6	CHC Enclave	East	1642 S. Priest Dr., Ste. 101	Tempe, 85251	(480) 929-5100	56 (Priest)	15-Nov	1p - 3p
7	SWN Osborn	Central	3640 W. Osborn Rd., Ste. 1	Phoenix, 85019	(602) 269-5300	35 (35th Ave.)	15-Nov	5p - 7p
8	PIR Metro	North	10240 N. 31st Ave., Ste. 200	Phoenix, 85051	(602) 997-9006	50 (Camelback)	16-Nov	10a - 12p
9	PIR West Valley	West	11361 North 99th Avenue	Peoria, 85345	(623) 523-6600	106 (Peoria Ave)	17-Dec-	2:3- 4:30 p
10	SWN West Camelback	West	5022 N. 54th Ave., Ste. 4	Glendale, 85301	(623) 931-4343	44 (44th St.)	16-Nov	1p-3p
11	CHC Arcadia	Central	3311 N. 44th St., Ste. 100	Phoenix, 85018	(602) 957-2220	27 (27th Ave.)	16-Nov	5p - 7p
12	CHC Arcadia	Central	3311 N. 44th St., Ste. 100	Phoenix, 85018	(602) 957-2220	27 (27th Ave.)	14-Dec	2p - 4 p
13	SWN Garden Lakes	West	4170 N. 108th Ave.	Phoenix, 85037	(623) 932-6950	41 (Indian School)	17-Nov	5p-7p
14	SWN, San Tan Clinic	East	1465 W. Chandler Blv.,	Chandler, 85224	(480) 786-8200	156 (Chandler Blv)	15-Dec	2p - 4 p
	Peer-Run	**Region**	**Address**	**City, State, ZIP**	**Phone**	**Bus Route**	**Dates**	**Event Time**
15	STAR East	East	340 W. University, Ste.19	Mesa, 85201	(480) 649-3642	30 (University) or 112 (Country Club)	17-Nov	10a - 12p
16	North Phoenix Visions of Hope	North	601 W. Hatcher	Phoenix, 85021	(602) 404-1555	106 (Peoria)	17-Nov	1p - 3p
17	CHEEERS	Central	950 W. Heatherbrae Dr., Ste. 5	Phoenix, 85015	(602) 246-7607	8 (7th Ave.)	18-Nov	5p - 7p
18	STAR West	West	605 N. Central Ave.	Avondale, 85323	(623) 932-2735	560 (Avondale)	19-Nov	1p-3p

	Greater Arizona	Region	Address	City, State, ZIP	Phone			
19	Fairfield Inn & Suites Sierra Vista. Mountain View Room	Sierra Vista	3855 El Mercado Loop, Sierra Vista	Sierra Vista, 85635	(520) 439-5900		16-Nov	3:30 - 6:00 P
20	CPSA Training Plaza	Tucson	2502 N. Dodge Boulevard, Ste 130	Tucson, 85716	(520) 325 - 4268		19-Nov	1p - 3:30p
21	City Hall	Casa Grande	510 East Florence Blvd., 85122	Casa Grande, 85122	(520) 421 - 8600		18-Nov	1p - 3:00p
22	The Empowerment Center	Payson	107 East Aero Drive	Payson, 85541	(928) 474-2668		16-Nov	4:30 p - 6:30p
23	The Living Center	Yuma	1444 S 4th Avenue	Yuma, 85364	(928) 261-8668		19-Nov	10a- 12-p
24	Recovery Journey House	Casa Grande	312 E. 3rd St.	Casa Grande, 85122			17-Dec	10 a - Noon
25	Serenity Circle	Cottonwood	1229 E. Cherry St.	Cottonwood, 86326	(928) 634-1168		8-Dec	5:30 p - 7:30 p
26	New Hope Recovery Center	Prescott	559 White Spar Road, 86303	Prescott,	(520) 459-2624		1-Dec	5:30 p - 7:30 p

(1) Provider Network Organization

ATTACHMENT C

"RAISE YOUR VOICE"

FOCUS GROUPS

CATEGORY QUESTIONS DEFINITIONS

Category Definitions:

Question 1: *Describe the services you want.*

Recovery Oriented Services:

Community Based Resources-

Responses relate to rehabilitation and social supports for behavioral health recipients. Rehabilitation includes: living skills, health promotion, vocational supports, training, education, employment. Social interactions include: community, activities, excursions, physical exercise, and group/social events.

Living Arrangements-

Responses relate to housing: homes, apartments, group homes, safety/quality of living environments and housing services provided.

Support-

Responses include: family, peer, and friend supports. Other types of support included: transportation and respite care.

Treatment-

Reponses include: counseling, prevention, therapy, and transitional services.

Systemic Administration:

Responses relate to: AHCCCS, agencies, facilities, hospitals, eligibility, access, Non Title 19, Title 19, availability, funding, appointments, benefits, and communication/assistance with these processes.

Care Management:

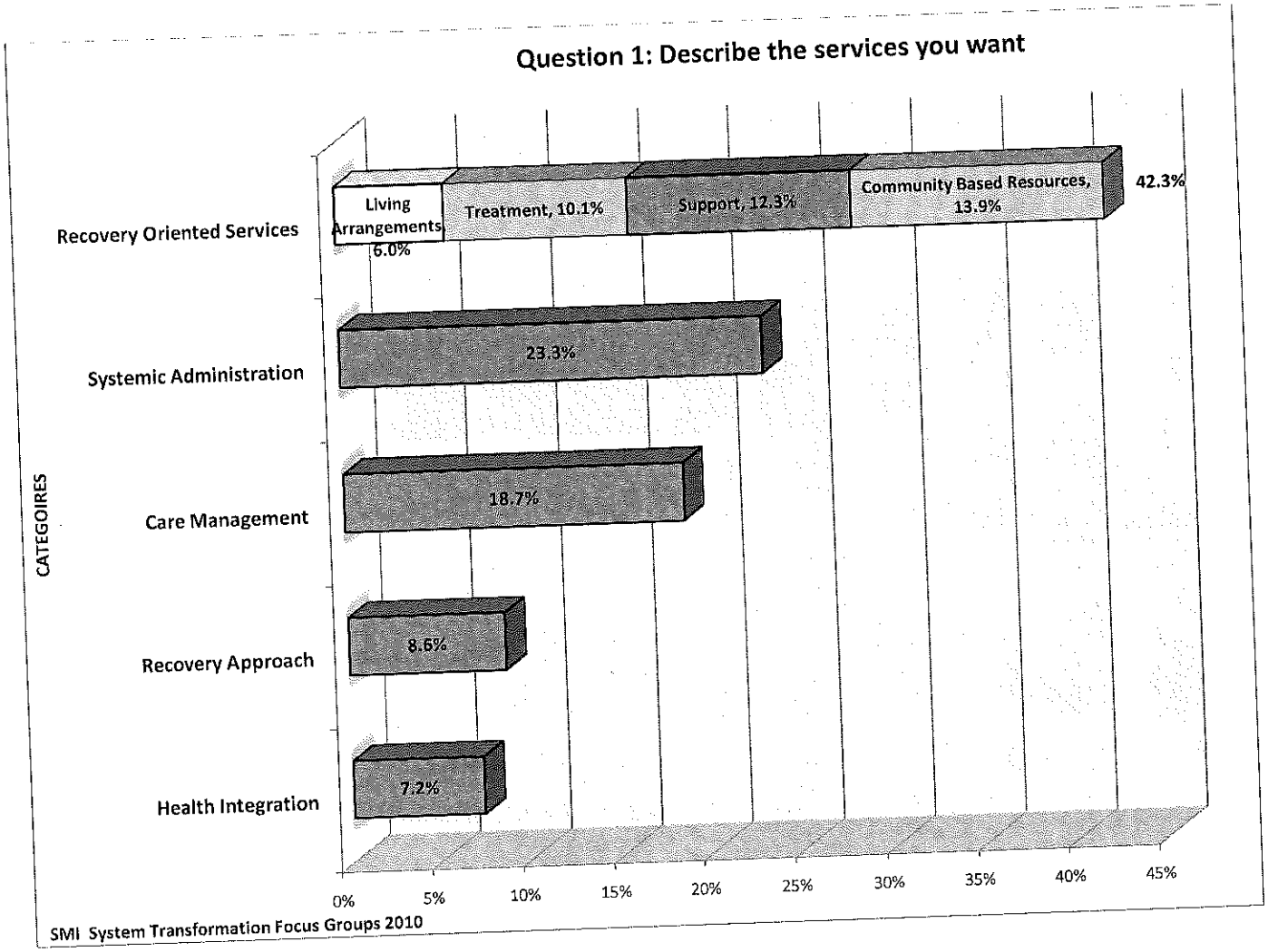
Responses concerning behavioral health processes within the clinic; case management, continuity of care, coordination of crisis services and management processes. Behavioral health staff including; doctors, nurses, case managers, counselors, clinical teams etc.

Recovery Approach:

Responses are specific to the client, individual, patient, recipient, person, consumer etc...This includes: empowerment, advocacy, diagnosis and the voice of the individual with behavioral health systems and responses specific to recovery language.

Health Integration:

Specifically relates to medication responses. For example: medical management, medications, medication monitoring, medical attention, and prescriptions. This includes: coordination of care and physical care medical needs.


Question 1: Describe the services you want
CATEGOIRES
Recovery Oriented Services
Systemic Administration
Care Management
Recovery Approach
Health Integration
Living Arrangements, 6.0%
Treatment, 10.1%
Support, 12.3%
Community Based Resources, 13.9%
42.3%
23.3%
18.7%
8.6%
7.2%
0%
5%
10%
15%
20%
25%
30%
35%
40%
45%
SMI System Transformation Focus Groups 2010

Question 2: *Describe the relationship you expect from the clinical team.*

Professional:

Responses relate to professionalism: responding to calls and questions, overall communication, expertise/education of staff. Included is supporting, tracking and follow-up of clients. Time: more time with staff, more one on one time with counselor, more time to discuss all aspects of treatment, more time to analyze needs and overall more efficiency.

Respect:

Responses include treating clients with respect: respecting the individual and being open and receptive to client's needs. Compassion: to care, be understanding, be helpful, and attentive to client. Friendly: be friendly with clients, have a relationship with the team, to be friends, to care and have friendships.

Community Based Resources:

Responses include awareness of connecting to resources, help, and options to services for example, employment, respite, outreach, residential, peer support, and transitional supports.

Supportive:

Responses are specific to support: support in everything, in recovery, providing guidance, peer support and to be more involved in a "hands on approach".

Case Management:

Responses concerning case management services: coordinating services, collaborating with client, knowledge of client, representation of client, making referrals and continuity of care.

Stability:

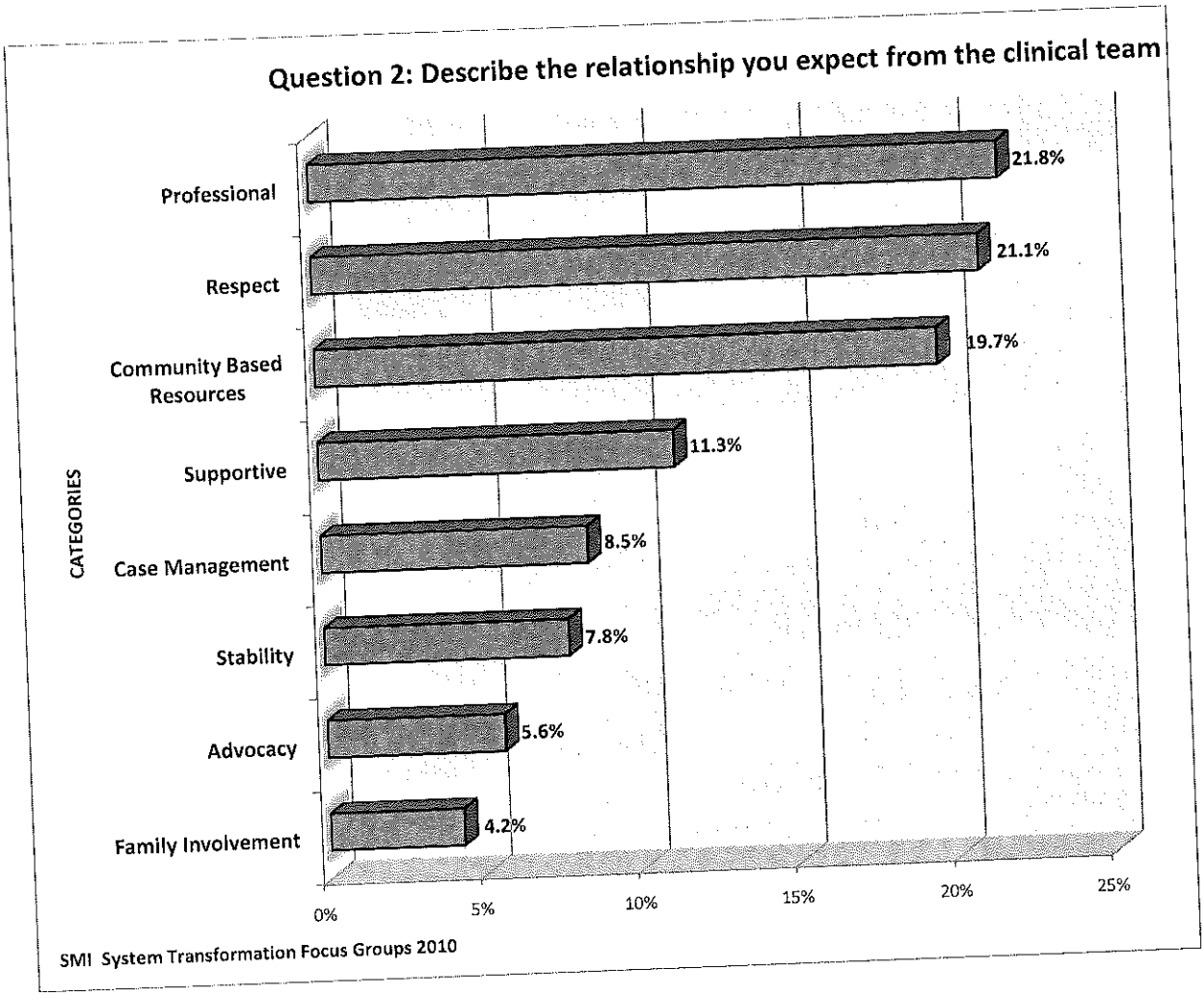
Responses relate to having stability in staff: maintain stability, being dependable, availability, consistent personnel and less turnover of staff. Included is the idea of trusting staff and not liking starting over with different staff.

Advocacy:

Responses relate to advocating for the client: have a partnership, being proactive, providing help based on needs.

Family Involvement:

Responses include having family involved in treatment: family involved with case management, collaborate with family, and be open and receptive to family's needs.


Question 2: Describe the relationship you expect from the clinical team
CATEGORIES
Professional
Respect
Community Based Resources
Supportive
Case Management
Stability
Advocacy
Family Involvement
21.8%
21.1%
19.7%
11.3%
8.5%
7.8%
5.6%
4.2%
0%
5%
10%
15%
20%
25%
SMI System Transformation Focus Groups 2010

Question 2a: *What do you believe is the function of case management?*

Coordinate Care:

Responses include various aspects of coordinating care: help with medication, treatment plans, find and manage service delivery, consult with others/providers/agencies, tie it together, help with our needs, bridge to services, help set-up appointments and goal setting. Included: be a guide, be a gatekeeper, and overseer.

Community Based Resources:

Responses relate to helping find, linking to and referring to resources. Resources include: food boxes, life skills, housing, employment, transportation, bus passes, schools, vocational training, nutrition assistance, community resources, and social security benefits. Knowledgeable of Services; have staff aware of services and tell me what's available to me. Educate about services, supports, and options available. For examples, schools, housing, counseling, transition, treatment homes, doctors, vocation rehabilitation, and nursing.

Communication:

Responses include communication to client: better/ clear communication, listening, outreach, follow-up with client, responding to calls, checking on client, better feedback, keeping client informed, emergency contact, and voicemail returns.

Supportive:

Responses include offering support to clients and families: providing guidance, mentoring, coaching, taking interest in client, be there 24/7, ability to ask questions when needed, and show more concern.

Professional:

Responses relate to professionalism: be organized, respectful, skills, have the right information, timely services, honesty, trust, efficiency, be on time, better attitudes, and accountability.

Individualized Care:

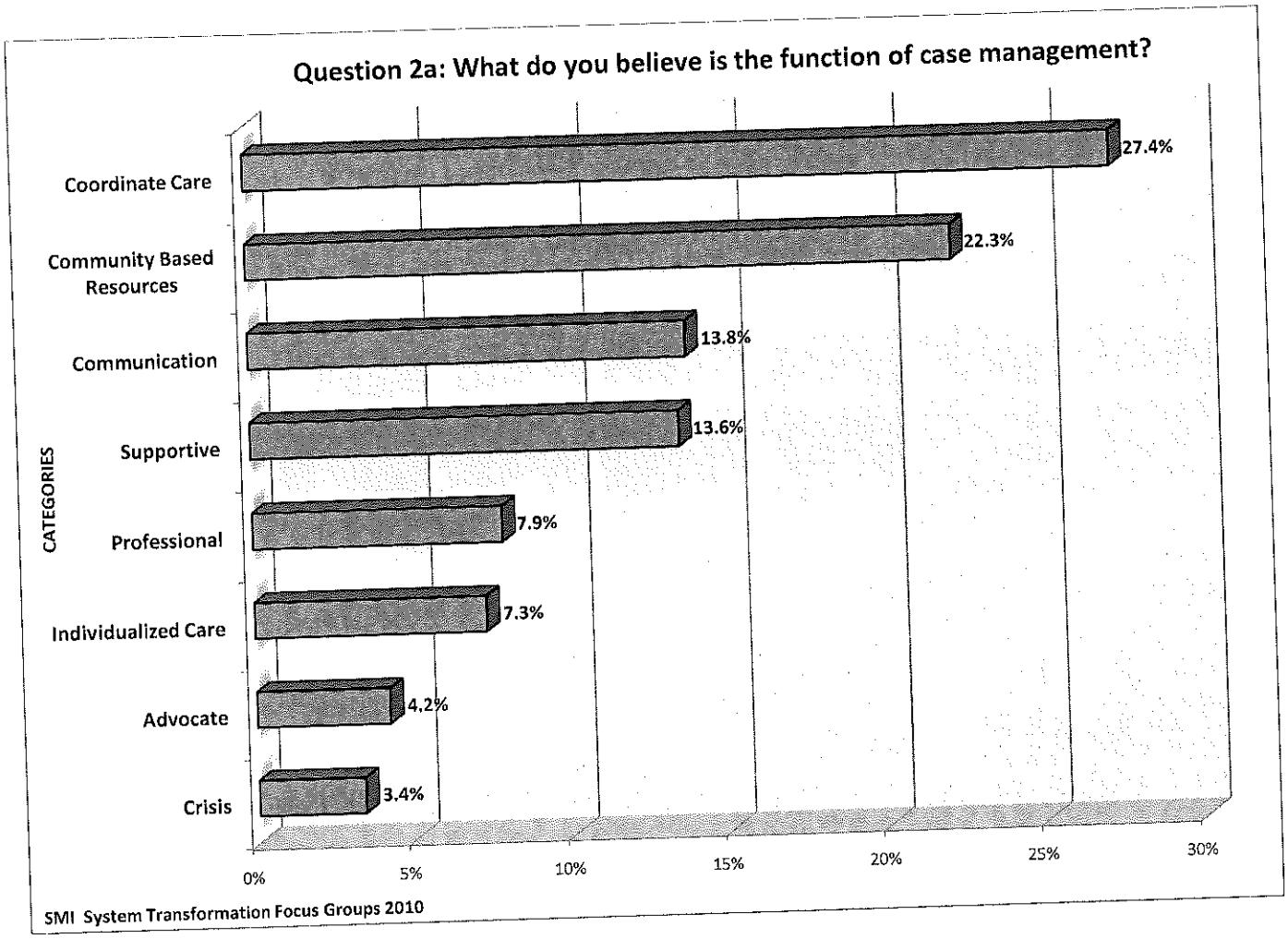
Responses include providing clients with individualized treatment: meet individual needs, help with what you need, evaluation of individual and self-sufficiency.

Advocate:

Responses relate to advocating for the client: liaison for rest of team/outside community, partners with client, and run interference for client.

Crisis:

Responses are specific to crisis situations: crisis prevention/aversion/management, respond in case of emergency, alleviate crisis, be available, and solving crisis situations.


Question 2a: What do you believe is the function of case management?
CATEGORIES
Coordinate Care
Community Based Resources
Communication
Supportive
Professional
Individualized Care
Advocate
Crisis
27.4%
22.3%
13.8%
13.6%
7.9%
7.3%
4.2%
3.4%
0%
5%
10%
15%
20%
25%
30%
SMI System Transformation Focus Groups 2010

Question 2b: *What do you believe is the function of a case manager?*

Coordinate Care:

Responses relate to various aspects of coordinating care: assist with all needs, gatekeeper, assistance with medications, schedule appointments with doctors, help in crisis, set-up therapy, help with treatment plans, transition, oversees care, and the liaison between client and services.

Community Based Resources:

Responses relate to helping find, linking to and referring to resources. Resources include: food boxes, transportation, housing, utilities, nutrition assistance, vocational education trainings, community resources, assist to apply for social security, and help with meeting basic needs. Knowledgeable of Services: staff aware of what services are available, informed staff, educated about services, understanding eligibility, and pass this knowledge to clients.

Professional:

Responses relate to professionalism: have up to date trainings, respond in a timely manner, keep track of clinical records, track progress, be organized, be honest, have good manners, review client file prior to visit, accountability, patience, and report to clinical team. Time: having time with case manager and counselor, more quality time, provide timely help and more interaction with case manager.

Supportive:

Responses are specific to offering support to clients: personal relationships, be a friend, be a confidant, be a mentor, be compassionate, be caring, provide guidance, include natural supports (family and friends), and visit clients in the hospital.

Communication:

Responses include communication to client: good/clear communication, effective listening, follow-up, with weekly communications, provide better input, share information with client, and communicate between client, family, and agencies.

Individualized Care:

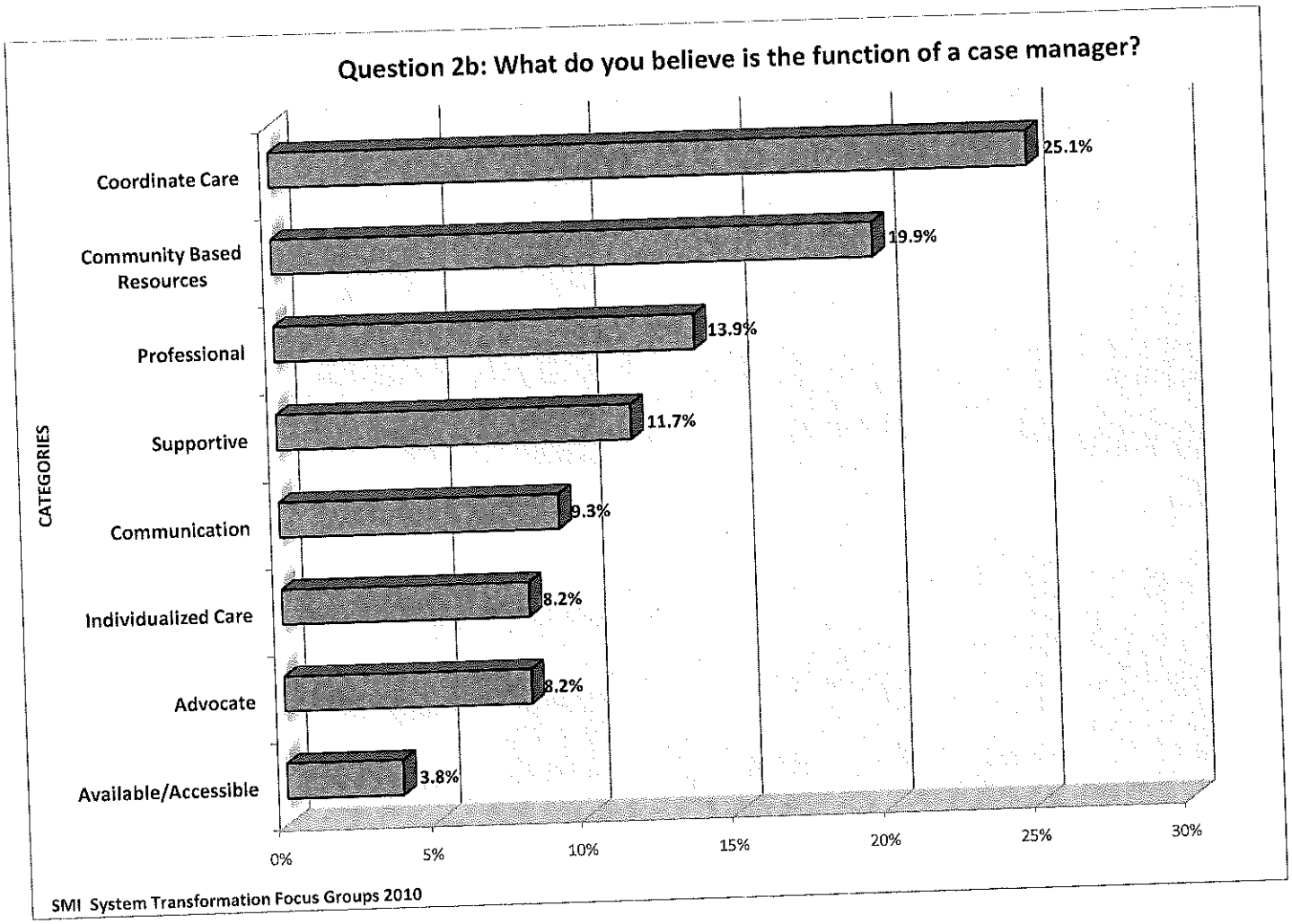
Responses are specific to providing clients with individualized treatment: more one on one contact, take care of case as an individual, know client's strengths, individualized services, and ensure needs are met.

Advocate:

Responses relate to advocating for the client: take care of client, partner with client, be an inter mediator, be dedicated and empower client.

Available/Accessible:

Responses relate to having the case manager be available and accessible to client: be there for client when needed, assistance on weekends, have a back up as needed and access to personnel versus calling the crisis line.


Question 2b: What do you believe is the function of a case manager?
CATEGORIES
Coordinate Care
Community Based Resources
Professional
Supportive
Communication
Individualized Care
Advocate
Available/Accessible
25.1%
19.9%
13.9%
11.7%
9.3%
8.2%
8.2%
3.8%
0%
5%
10%
15%
20%
25%
30%
SMI System Transformation Focus Groups 2010

Question 2c: *What do you believe is the function of the doctor?*

Medication Management:

Responses are specific to various aspects of medication management: prescribing, providing, monitoring, managing, and adjusting medications. Included is ensuring proper/appropriate medication, explaining/monitoring for side effects, drug interaction education, medication evaluation, and asking how client feels on medication.

Treatment:

Responses relate to providing medical treatment: monitor blood levels, labs/test results, do health assessments, evaluations, ISP reviews and psychological evaluations. Diagnosis and the doctor: do accurately, properly, and give the right diagnosis.

Communication:

Responses include communication to client: listen to client, listen for symptoms, answer all questions, address issues, and communicate with case manager, RBHA, nurse and clinical team.

Compassion:

Responses are specific to doctor having compassion for patient: have empathy, care, people skills, personable, respectful, considerate, make client comfortable, develop a trust relationship, make eye contact, do not rush client out, and to heal not harm.

Professional:

Responses include the doctor's professionalism: have a consistent doctor, less turnover, be accessible/available, keep appointments, have regular appointments, have medical knowledge and informed on medical advances.

Individualized Care:

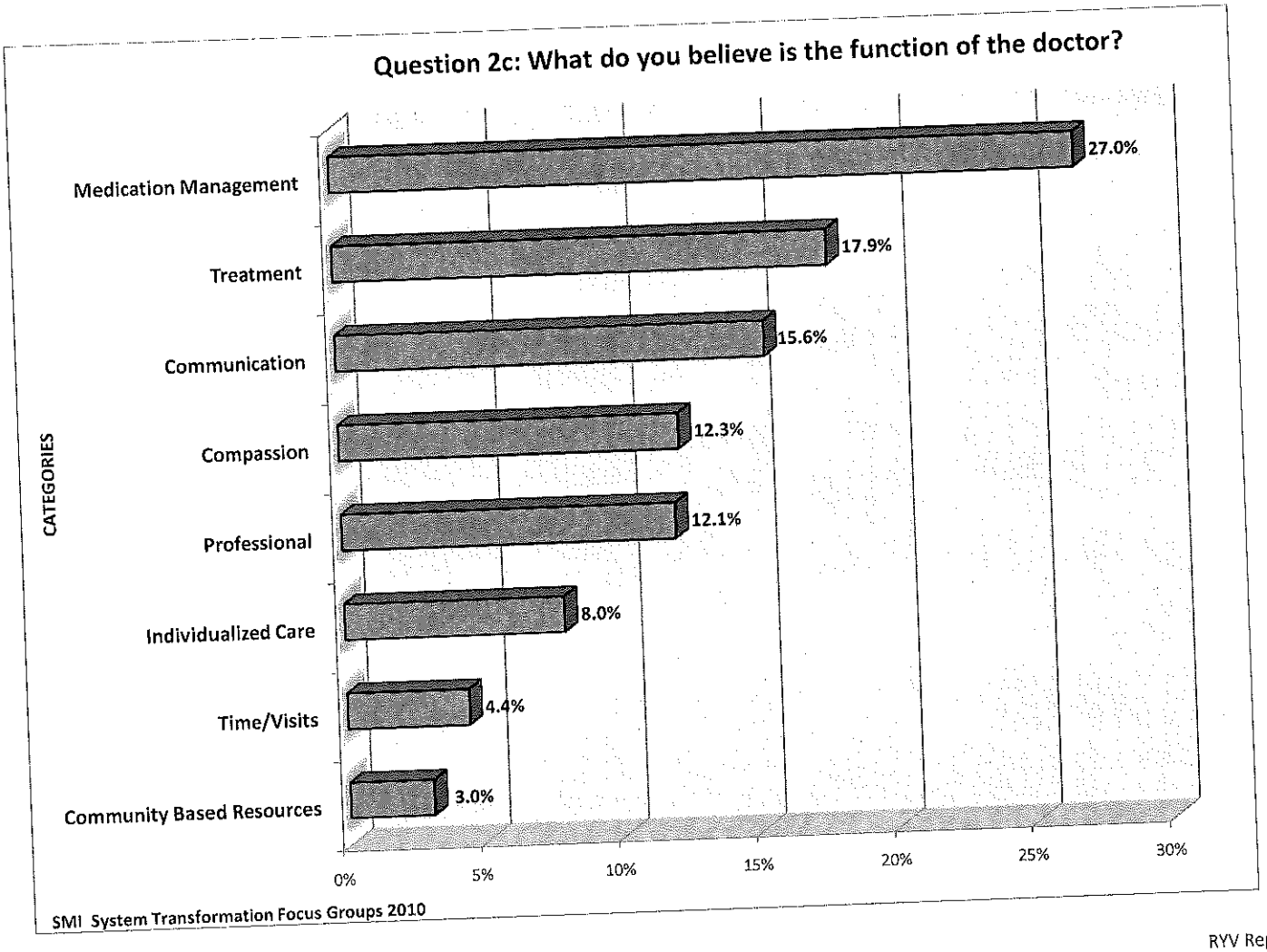
Responses relate to having doctors focus on patient: treatment is customized to individual, research patient's background and history, give personal attention, and discuss whole person.

Time/Visits:

Responses include spending more time/visits with clients: have monthly visits with doctor, increase frequency of visits and overall more one to one time.

Community Based Resources:

Responses relate to doctor's awareness, connection, and linking of resources. Resources include: help get SSI, nutrition education, and consideration of options for medication and alternative treatments.


Question 2c: What do you believe is the function of the doctor?
CATEGORIES
Medication Management
Treatment
Communication
Compassion
Professional
Individualized Care
Time/Visits
Community Based Resources
27.0%
17.9%
15.6%
12.3%
12.1%
8.0%
4.4%
3.0%
0%
5%
10%
15%
20%
25%
30%
SMI System Transformation Focus Groups 2010

Question 2d: *What do you believe is the function of the nurse?*

Health Assessment:

Responses are specific to providing physical health assessment to clients: checking health, wellness checks, physical check-ups, annual physical assessments, prescreening for doctors and medical care between doctor appointments. Labs: having nurses perform various lab services, take/draw blood, give shots/injections, take/monitor vitals, check blood pressure, temperature, weight, and monitoring of lab results/work.

Medication Assistance:

Responses relate to medication assistance with clients: educate clients on medications, monitor/handle/dispense medications, evaluate/monitor side effects, watch for medication interactions, provide clear medication information, answer medication questions, help with refills, and pharmacy intervention if needed.

Liaison to Doctor:

Responses include having nurse act as liaison to doctor: communicates with doctor, interface with doctor, tell doctor patient's concerns/questions, share patient information with doctor, work as a team/in tandem, relay messages to doctor, and serve as the peer/client's voice.

Coordinate Care:

Responses relate to various aspects of coordinating care: make appointments, track overall health, provide continuity of care, coordinate with PCP/hospital, exchange medical records with PCP and be the line of communication between the doctor and patient.

Individualized Care:

Responses are specific to the nurse being informed about the client: updated on client's health, record keeping, writing scripts, taking notes, pinpoint client's strengths/weaknesses, tracking of complaints, and overall knowledge of the patient.

Health Education:

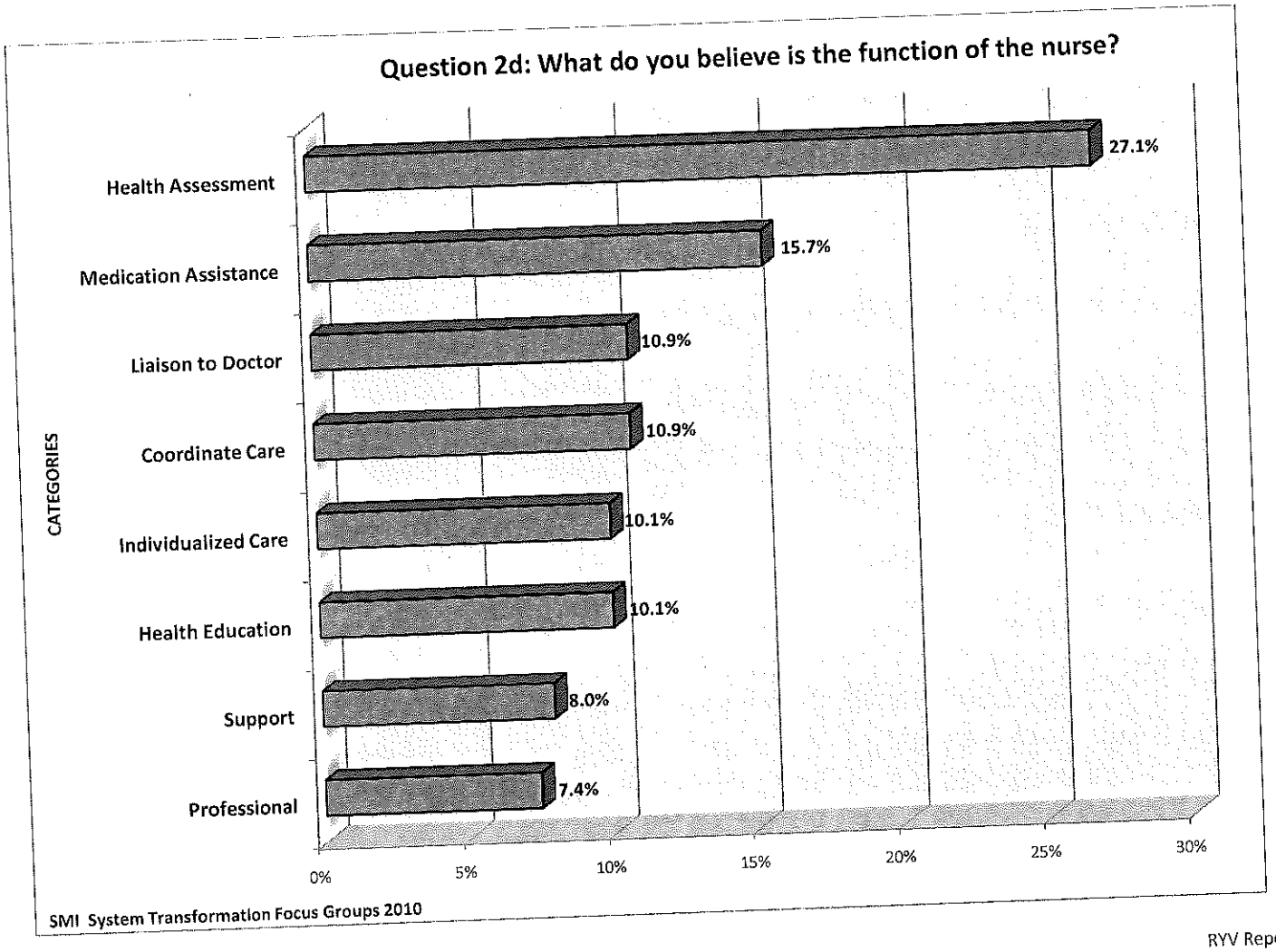
Responses include providing clients overall health education. Health education includes: encouraging healthy habits, helping with weight gain, advising/educating on exercise, nutrition, smoking cessation, diabetes, cholesterol, dietary needs, community health, and answering health related questions.

Supportive:

Responses relate to the nurse as a support of the client: chat with client, provide support, show that they care, establishing personal contact, be available, encourage action taking (ex Alcoholics Anonymous and Narcotics Anonymous) and provide a humanistic approach.

Professional:

Responses are specific to the nurse's professionalism: do not rush the client out, be respectful, be flexible, be educated, be certified, be timely, treat patients with dignity, know function/role, and notify client ahead of time in cases of cancellation. Listen: nurse listening to the client, listen to what we have to say, have a willingness to listen and listen to symptoms.


Question 2d: What do you believe is the function of the nurse?
CATEGORIES
Health Assessment
Medication Assistance
Liaison to Doctor
Coordinate Care
Individualized Care
Health Education
Support
Professional
27.1%
15.7%
10.9%
10.9%
10.1%
10.1%
8.0%
7.4%
0%
5%
10%
15%
20%
25%
30%
SMI System Transformation Focus Groups 2010

Question 2e: *Describe your function on your team.*

Ownership:

Ownership of Treatment-
Responses include having the client show ownership in their treatment: accept/take responsibility, accountability, have self-advocacy, be the team leader/captain, be honest, proactive, informed, and empowered, communicate your symptoms, partner in ISP, show up for appointments, and have patient driven planning. Time: specific to timeliness, be on time for appointments, keep appointments, and show up for appointments.

Team Approach-
Responses relate to various aspects of coordinating care: working as a team, following ISP, working toward goals, medication management, medication taking, cooperation with doctor, setting appointments, discussing treatment options and ensuring services are received.

Supportive-
Responses relate to being supportive: be available, be encouraging, be dedicated, be motivated advocate, and include family as support systems.

Communication:
Responses include communication of client and team: return calls, keep in contact, be honest, have input valued, have open communication at all times, and communication amongst the team. Provide Information: from client to team, report changes, share individual information, get all information, take care of files, keep track of information, and keep informed of changes in health status.

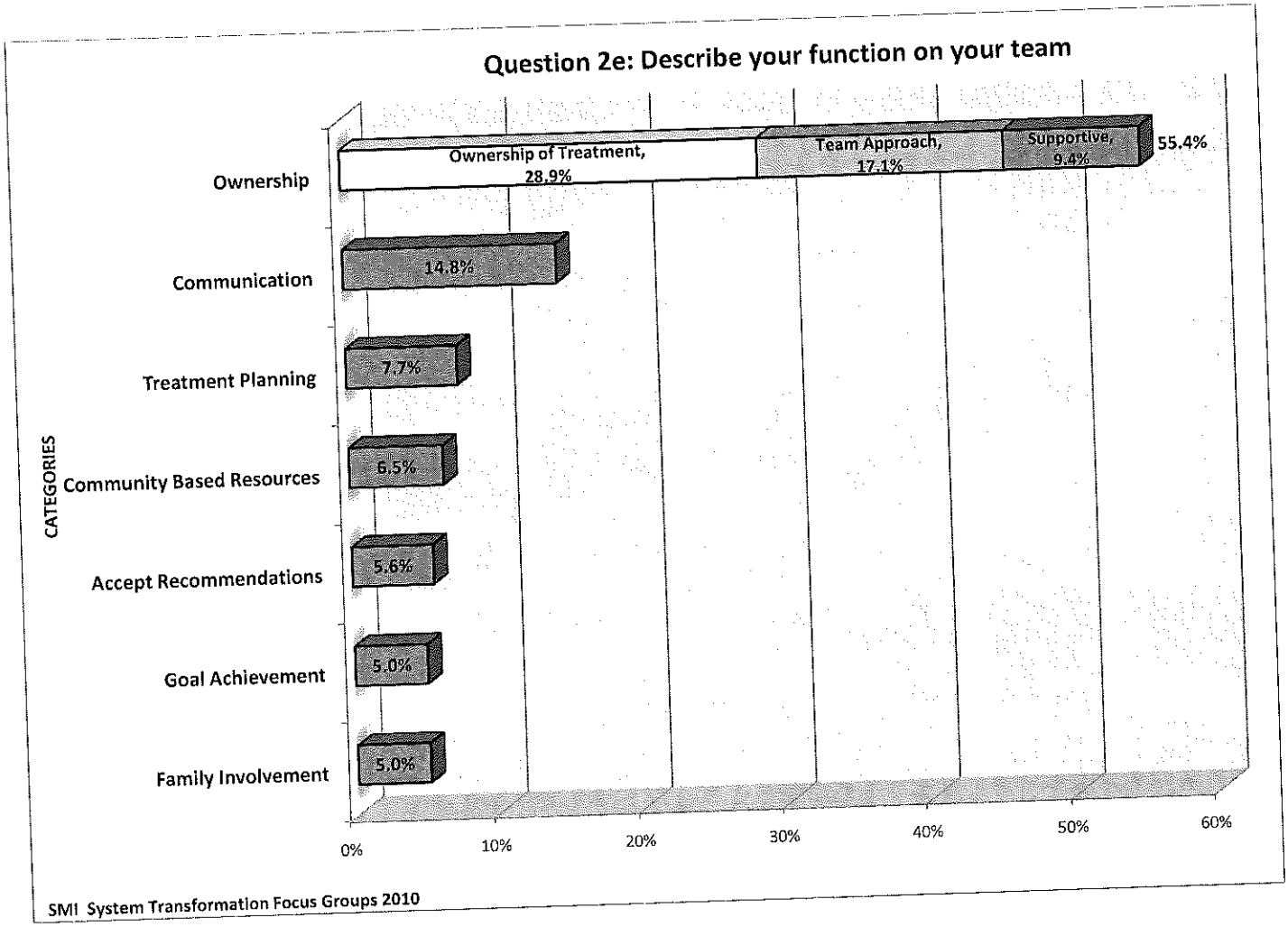
Treatment Planning:
Responses relate to client and treatment planning: discuss options together, discuss different perspectives about an individuals' case, review issues, resolve issues in treatment planning, pay attention to client's progress, provide ideas of treatment options, and discuss overall well-being.

Community Based Resources:
Responses relate to helping find, connecting to and referring to resources. Resources include: transportation, food handler cards, driver licenses, education, employment, volunteer services, community resources, social security cards, wellness classes, and peer support.

Accept Recommendations:
Responses are specific to having client acceptance of clinical team recommendations: be cooperative, be willing, be open to suggestions, be compliant with team, follow directions, listen to what is said and follow the plan.

Goal Achievement:
Responses relate to client's goal achievement: keep and maintain my goals, follow through on goals, work toward goals, and reach our goals.

Family Involvement:
Responses include ways to have family involvement: more family involvement, advocate for family members, consider ate of family members, keep family informed, and solicit and value family input.


Question 2e: Describe your function on your team
Ownership
Communication
Treatment Planning
Community Based Resources
Accept Recommendations
Goal Achievement
Family Involvement
CATEGORIES
Ownership of Treatment, 28.9%
Team Approach, 17.1%
Supportive, 9.4%
55.4%
14.8%
7.7%
6.5%
5.6%
5.0%
5.0%
0%
10%
20%
30%
40%
50%
60%
SMI System Transformation Focus Groups 2010

Question 3: *Describe what you believe support services are.*

Community Based Resources:

Responses relate to referrals and resources. Included: financial supports, art/dance classes, emergency services, food/food boxes, clothing, teaching tools, job trainings, employment, social activities, recreation opportunities, housing, community services, drop in centers, food stamps, day programs, psycho education and resource center. Other Support Groups: 12 step support groups, AA programs, families, churches, work supports, safety net groups and vocational rehabilitation.

Peer Support:

Responses specific to the importance of peer support: peer services, peer centers, peer connections, need of peer support, peers are helpful, networking peer system, employing peers and recovery support specialist. and recovery support specialists.

Accessibility:

Responses include access to support services: available 24 hours a day, on weekends, after hours, where needed, easily accessible, close to home, in a centralized location, mobile services, telephone access and have services listed online.

Crisis:

Responses include having crisis services availability: 24 hours a day, 7 days a week, 365 days a year, crisis/warm lines, crisis centers, crisis interventions, peer support hotlines, wherever crisis is happening, and emergency contact numbers.

Treatment Services:

Responses are specific to providing treatment services: counseling, group counseling, therapies, cognitive behavioral therapies, substance abuse treatment, respite care, and coordination from short term care facilities.

Medical Services:

Responses relate to medical services: medical checks, doctor visits, medication regulation, medication monitoring, nurse visits and additional support with doctors/hospital settings.

Transportation:

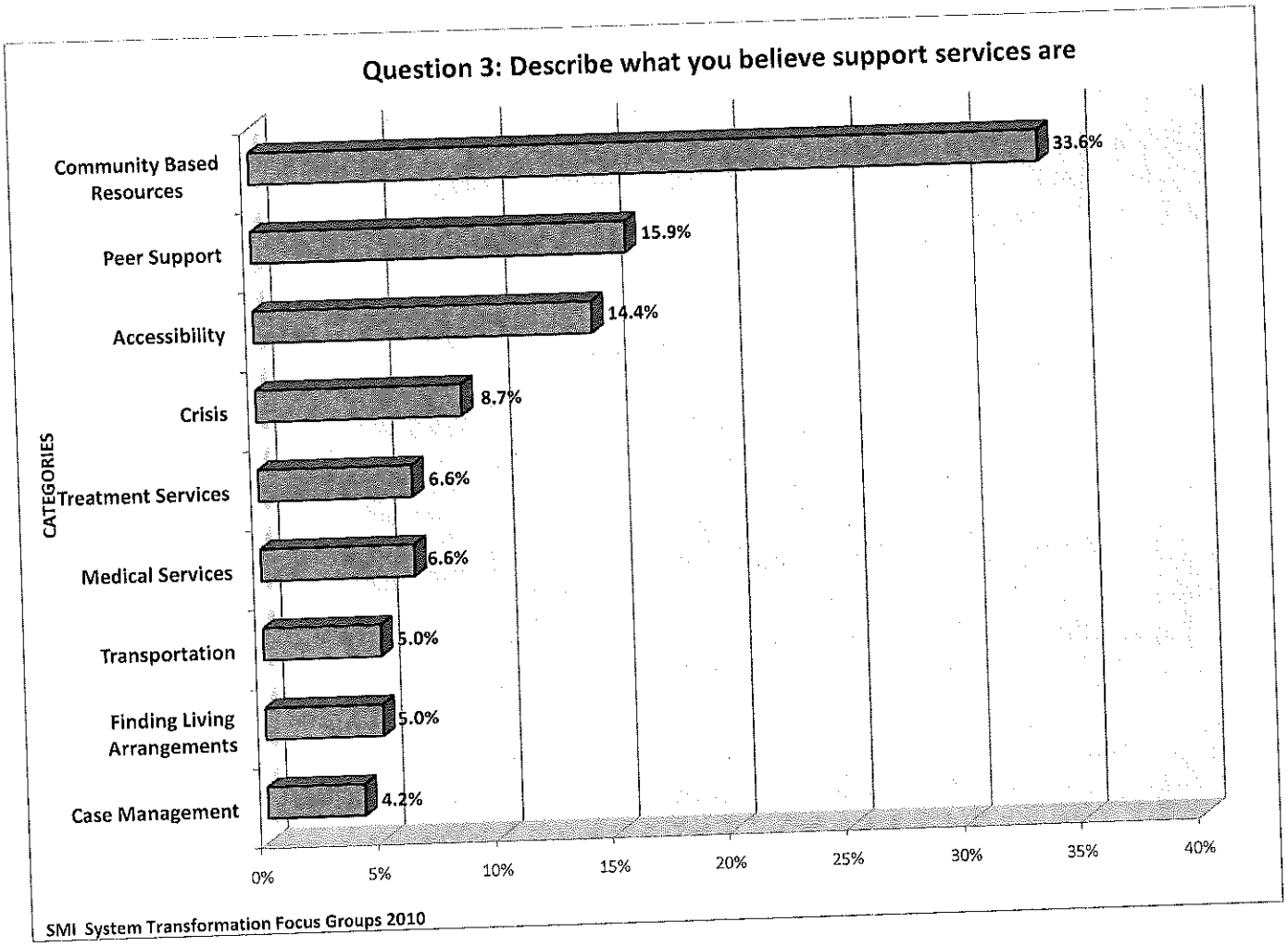
Responses are specific to the clients' need for more transportation assistance in the form of bus passes, cabs, taxis, and dial a ride, and daily transportation.

Finding Living Arrangements:

Responses relate to helping clients find housing that fits their needs.

Case Management:

Responses included case management: case managers for all participants, case managers need to be informed on what is available, and additional community based case management.


Question 3: Describe what you believe support services are
CATEGORIES
Community Based Resources
Peer Support
Accessibility
Crisis
Treatment Services
Medical Services
Transportation
Finding Living Arrangements
Case Management
33.6%
15.9%
14.4%
8.7%
6.6%
6.6%
5.0%
5.0%
4.2%
0%
5%
10%
15%
20%
25%
30%
35%
40%
SMI System Transformation Focus Groups 2010

Question 3a: *When and where should support services be available?*

At All Times:

Anytime-

Responses are specific to having services available 24 hours/7 days a week: always, anytime, at all times, around the clock, and in the form of warm/crisis lines.

When Needed-

Responses include having services available when needed: right away, based on client need, as needed, as often as necessary, as much as possible, given on demand, until graduation occurs, whenever necessary, flexible, and at a person's request.

After Hours-

Responses include services available after hours: on weekends, holidays, evenings, and night programs.

Transportation:

Responses relate to transportation needs: services during regular bus hours, transportation for everyone, mobile services, centralized location, and providing rides.

Clinic/Agency/Center:

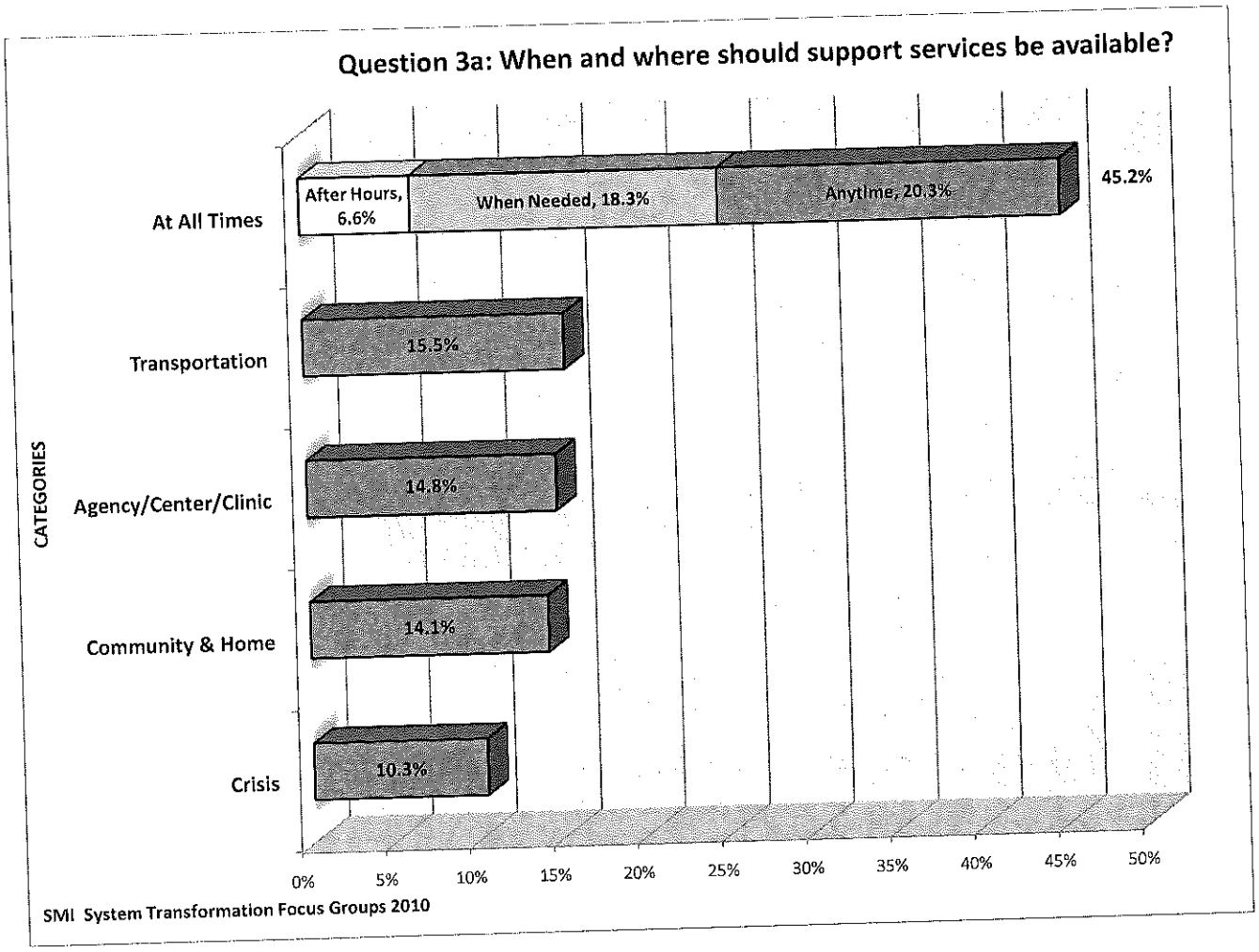
Responses are specific to having services available at clinics/agencies/centers like: urgent care, local clinic, living center, provider agency, recovery center, health clinic, hospice, hospital, and resource center.

Community & Home:

Responses relate to having services in the community and home. In the community; at school, at church, community centers, and accessible in my area. In the home; in my home, where I stay, home services, house treatment, and close to home.

Crisis:

Responses include availability of crisis services: right away in a crisis, 24 hour crisis line/warm line/hotline, crisis counselors on site, in a crisis situation, in emergency, crisis centers, and mobilized stations for crisis responses.


Question 3a: When and where should support services be available?
CATEGORIES
At All Times
Transportation
Agency/Center/Clinic
Community & Home
Crisis
After Hours, 6.6%
When Needed, 18.3%
Anytime, 20.3%
45.2%
15.5%
14.8%
14.1%
10.3%
0%
5%
10%
15%
20%
25%
30%
35%
40%
45%
50%
SMI System Transformation Focus Groups 2010

Question 4: *Describe what recovery means to you.*

Quality of Life:

Responses centered on quality of life, living life to your fullest, being able to function, live independently, being self-sufficient, productive and overall improvement/better life.

Ownership:

Responses referred to recovery being an individual process, self-defined, being accountable in your recovery, being productive, setting goals, taking control, being empowered, involved and comfortable.

Community Integration:

Social Connectedness-

Responses were related to being able to function on society, being a member of your community/society, being accepted, being connected, involved in your community, participating in social activities/groups, having friends, and developing healthy relationships.

Healthy Relationships-

Responses centered on having support in your life like family involvement, support groups, having a support system, building your own support, accepting support, help from family and friends, and regaining/restoring family relationships.

Mental Health:

Responses were related to being symptom free, manage mental health, being mentally healthy, gain stability, and avoid relapse.

Responsible Use of Services:

Responses included participating in services, keeping appointments, having access to, maintaining, consistency in services like support (peer, group), hospital, and case management.

Employment:

Responses were related to being employed, regain employment, be able to attain employment, and gain skills to attain employment.

Stability:

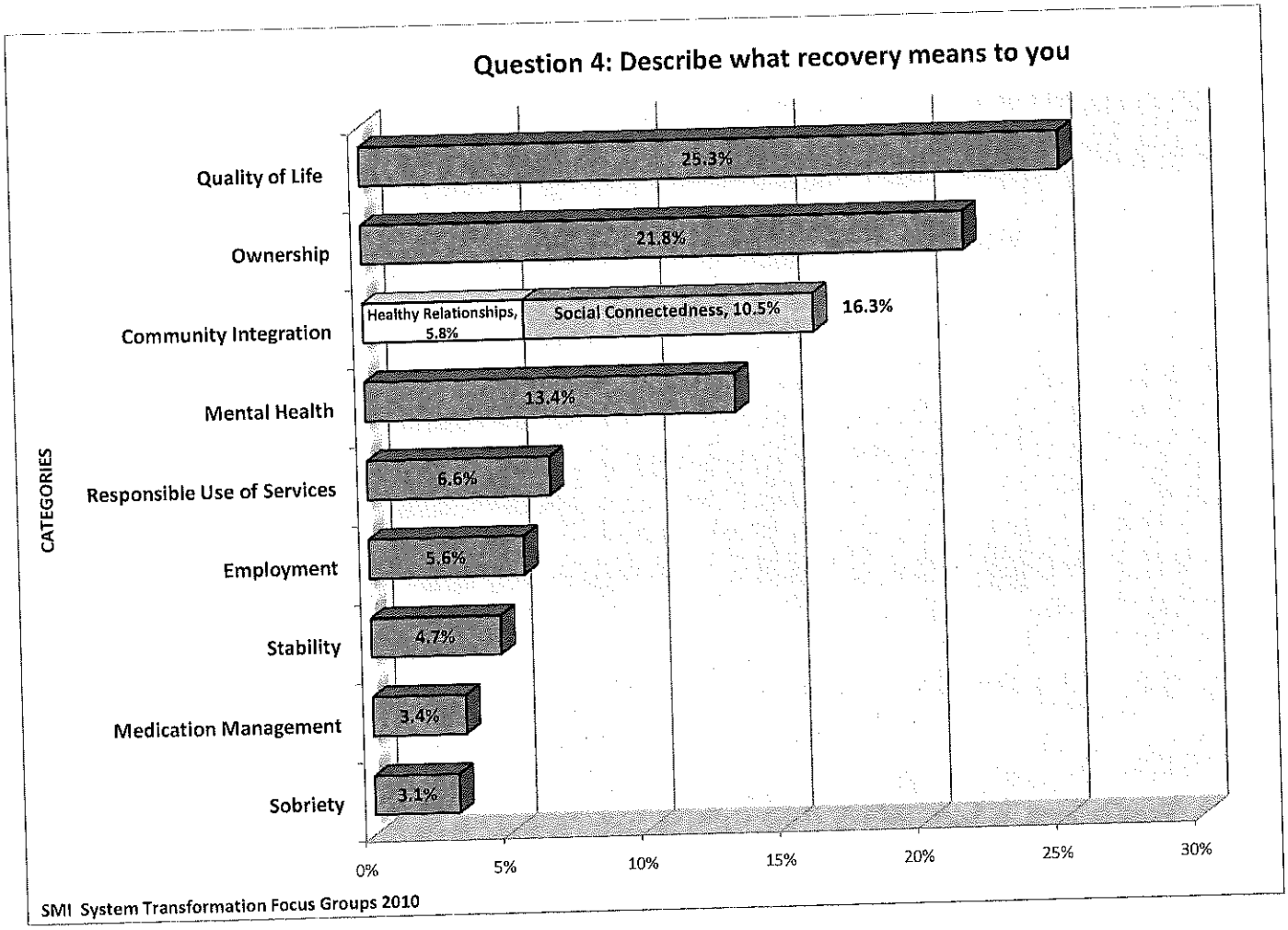
Responses included having stability in our life; achieve your goals, receiving help and support to reach stability.

Medication Management:

Responses included taking medication properly, continue to take medication, and also not taking medication anymore.

Sobriety:

Responses referred to staying sober, clean, free from substances, overcoming addiction, living life without addiction, and prevent relapse.


Question 4: Describe what recovery means to you
CATEGORIES
Quality of Life
Ownership
Community Integration
Mental Health
Responsible Use of Services
Employment
Stability
Medication Management
Sobriety
25.3%
21.8%
Healthy Relationships, 5.8%
Social Connectedness, 10.5%
16.3%
13.4%
6.6%
5.6%
4.7%
3.4%
3.1%
0%
5%
10%
15%
20%
25%
30%
SMI System Transformation Focus Groups 2010

Question 5: *Describe what helps you to improve your living situation.*

Personal Growth:

Responses include client's individual growth: peace, one day at a time, daily improvements, not isolating, have your voice be heard, living independently, making progress, staying sober, being empowered, be positive, staying active, fulfilling goals, motivation, and good sleep.

Social Supports:

Responses relate to having social supports: reaching out to neighbors, getting along with people, functioning in society, having friendships, good relationships, social time, socialization, being included, human interactions, date groups and friend/family supportive relationships,.

Living Arrangements:

Responses are specific to having better housing and improving living situation: positive, peaceful, and clean living environment, safe, secure, stable and maintain housing, living comfortably, and have housing available.

Treatment:

Responses include receiving mental health services: welfare checks, home visits, help from clinical team, proper medication, receiving and accessing to services, treatment plans, and counseling.

Community Based Resources:

Responses relate to accessibility to resources and education: access to vocational resources/training, employment, art, music, reading, utilities, daily living skills, goal planning, education, food, clothing, and more availability of resources and education opportunities.

Safety:

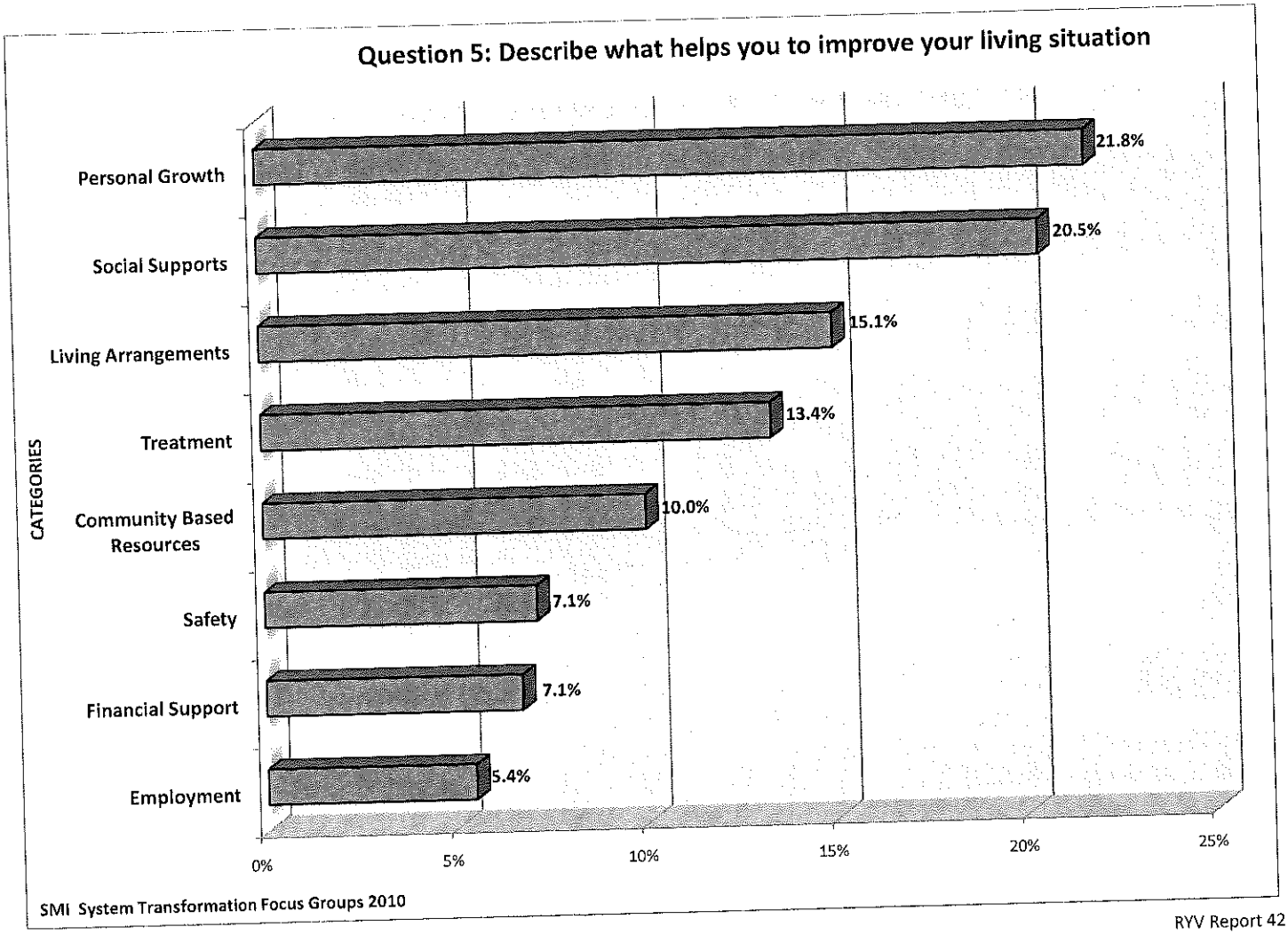
Responses are specific to living safely: feeling safe, having a safe place to go, safe housing/living situation, and safe social contacts.

Financial Support:

Responses include increasing financial support: more/having money, help with bills, budgeting, SSI increase income, less money on rent and more affordable place to live.

Employment:

Responses relate to being employed: jobs, working, look forward to work, and being able to work.


Question 5: Describe what helps you to improve your living situation
CATEGORIES
Personal Growth
Social Supports
Living Arrangements
Treatment
Community Based Resources
Safety
Financial Support
Employment
21.8%
20.5%
15.1%
13.4%
10.0%
7.1%
7.1%
5.4%
0%
5%
10%
15%
20%
25%
SMI System Transformation Focus Groups 2010

Question 5a: *Describe what "belonging to" or "being connected to" the community means to you.*

Social Supports:

Relationships-

Responses relate to developing relationships: social support, having other people around, social networking, knowing your neighbors, having meaningful relationships, building trust, personal social interactions, socialization, having healthy relationships, someone to call, and being around safe people. Family and Friends: a support system that include family and friends, having and making new friends, having contact with family outside of the home, family functions and regular contact with family and friends.

Community Involvement-

Responses are specific to being involved in the community: volunteering, social activity clubs, being productive, involved in social groups and programs, reaching out to community, being an active member of community, connections through hobbies/sports, access to STAR, NAMI involvement, and being engaged politically.

Support Services/Resources:

Responses include connections to support services/resources: support groups, transportation, schools, housing, financial assistance, utilities, and having basic needs met.

Acceptance:

Responses relate to community acceptance: accepted by non clinic groups, treated like any other member, sense of belonging, , not feeling like an outcast, feeling welcomed, inclusion by community, fitting in, accepted for who I am, and to not be treated "bad" because of background.

Self Esteem:

Responses include having self esteem: recognize self worth, feeling important, feeling valued, empowerment, having pride in community, and being respected as human being.

Personal Engagement:

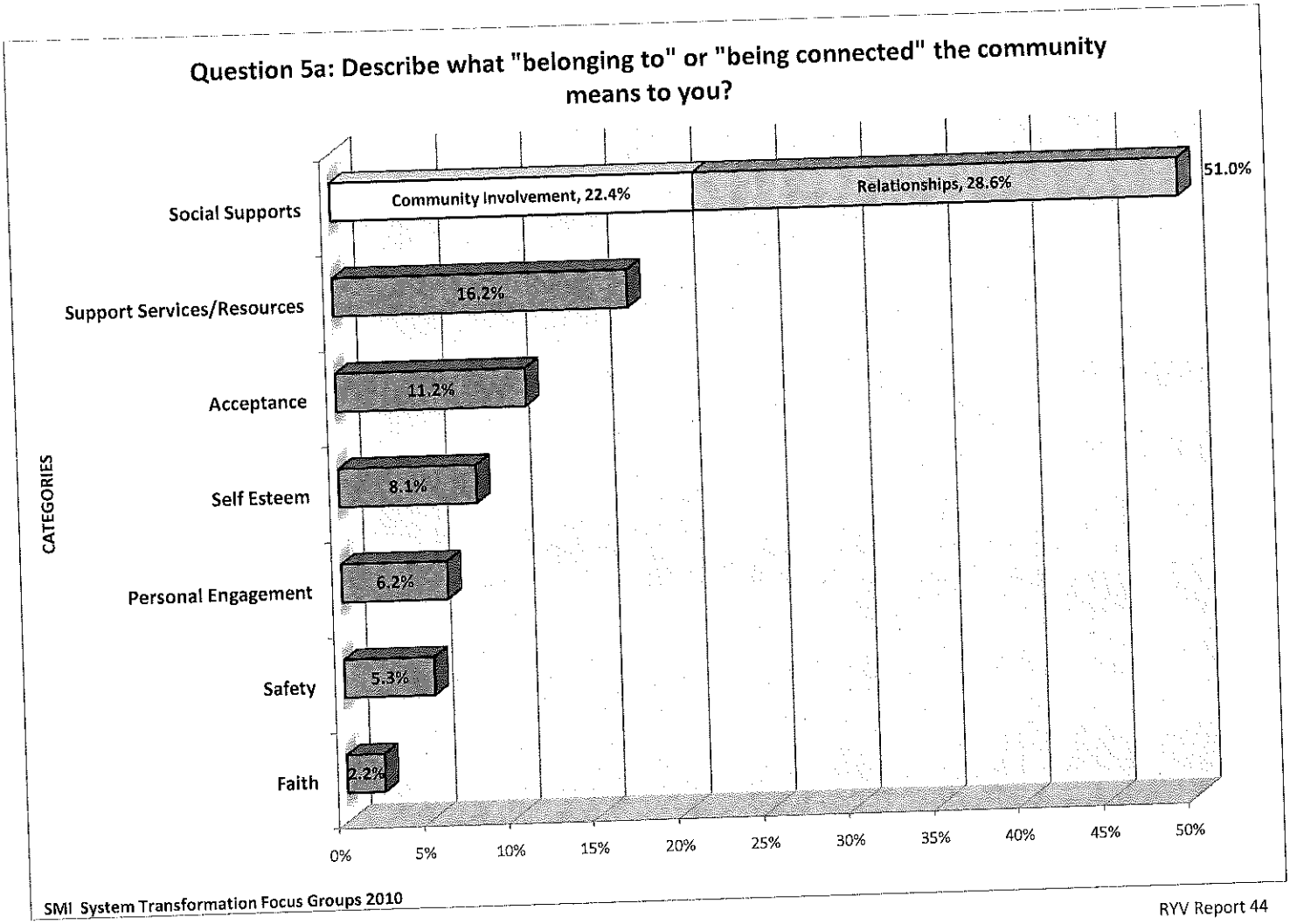
Responses relate to having personal engagement: not isolating, staying out of apartment, not being alone, and having a life outside of the clinic.

Safety:

Responses are specific to personal safety: feeling safe, a place that is your own, sharing when safe, being around safe people, and emotional and physical safety.

Faith:

Responses include being involved in church: church on Sunday, spiritual support groups and being around people with the same beliefs.


Question 5a: Describe what "belonging to" or "being connected" the community means to you?
CATEGORIES
Social Supports
Support Services/Resources
Acceptance
Self Esteem
Personal Engagement
Safety
Faith
Community Involvement, 22.4%
Relationships, 28.6%
51.0%
16.2%
11.2%
8.1%
6.2%
5.3%
2.2%
0%
5%
10%
15%
20%
25%
30%
35%
40%
45%
50%

Question 5b: *Describe how choice is important in directing your treatment.*

Informed Decision:

Responses are specific to the ability of making informed decision in treatment: choice is the end all be all, learning of choices available, information to make good/right choices, give me options, knowledgeable, and being educated.

Involved in Treatment:

Responses include being involved in treatment: more willing to participate in treatment, being included in treatment process, having a voice, playing a role in suggestions, providing positive input, it's your treatment, should have a say so, and self advocacy.

Ownership of Treatment:

Responses relate to having ownership of your treatment: help take care of self needs, feel in control, I have value, self empowerment, you are in the driver's seat, direct own treatment/treatment plan, feel independent, and personal responsibility.

Rights:

Responses are specific to client's rights: honoring rights, right to choose, freedom to choose, and right to privacy.

Medication Decisions:

Responses include choice in medication: able to choose alternatives, rights to take/not take medication, able to discuss medication, and access to medication like generics.

Respect:

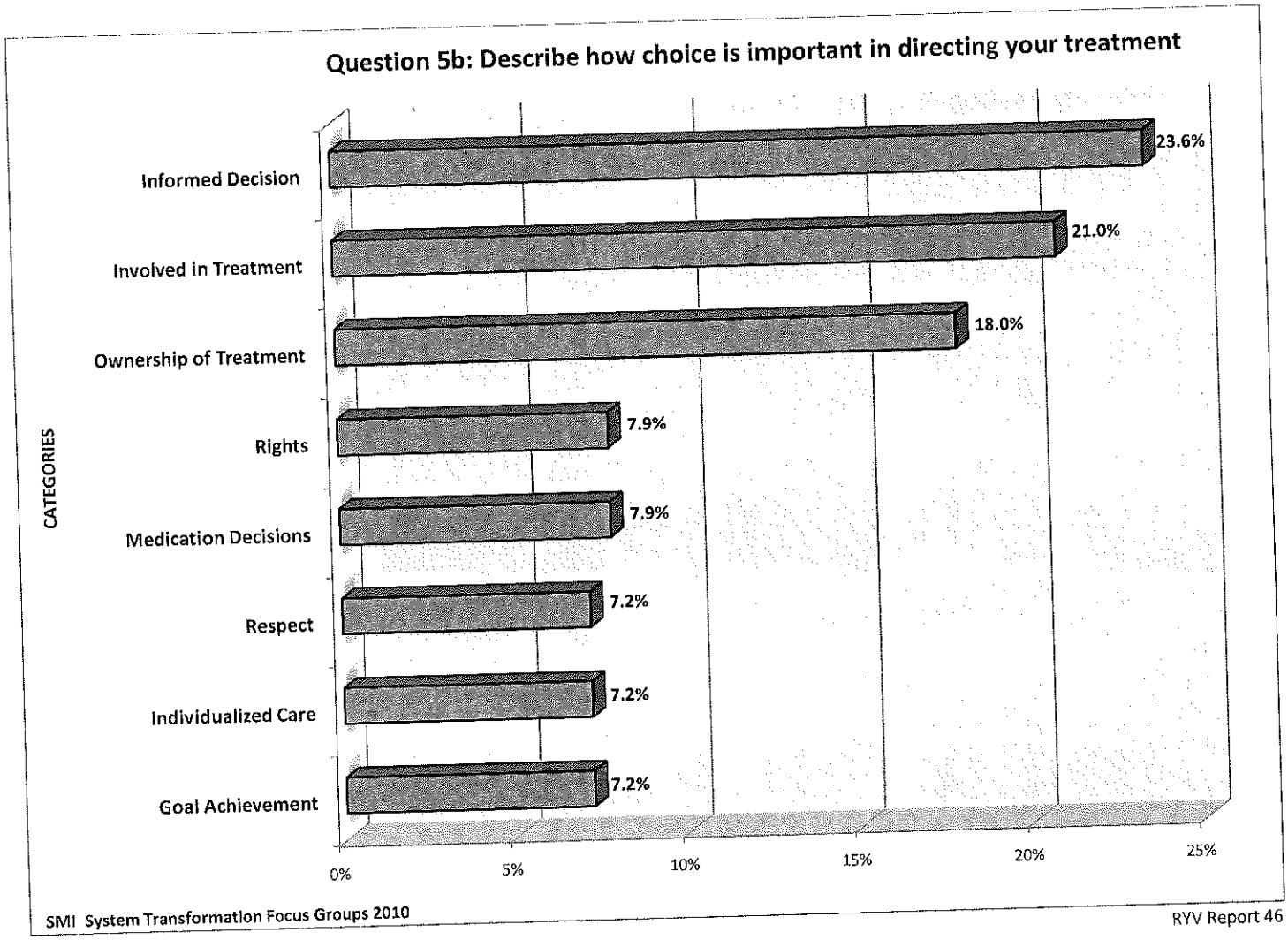
Responses relate to feelings of respect: be respected, be understanding, be valued in process, building trust, being acknowledged, and increase in self worth.

Individualized Care:

Responses are specific to individualized services: one-size does not fit all, not everyone is the same, have different needs, ability to get treatment that fits you, promote the individual, and decisions by the client.

Goal Achievement:

Responses include assistance in achieving goals: filling your goals, help reach goals, help speed recovery, support recovery, and choice reflects in my goals.


Question 5b: Describe how choice is important in directing your treatment
CATEGORIES
Informed Decision
Involved in Treatment
Ownership of Treatment
Rights
Medication Decisions
Respect
Individualized Care
Goal Achievement
23.6%
21.0%
18.0%
7.9%
7.9%
7.2%
7.2%
7.2%
0%
5%
10%
15%
20%
25%

Question 5c: *Describe a behavioral health system that promotes its members toward graduation.*

Treatment:
Responses relate to providing mental health services: case management, counseling, accurate treatment, having an ISP, treatment plans, housing treatment programs, outcome treatments, recovery programs, symptom management, peer to peer training and having quality care.

Community Based Resources:
Responses include availability of resources and education: help in gaining employment, education, life skills classes, skills training, Star West, ensure basic needs like shelter, food, safety, Spanish, nutrition classes, money management, and transitional homes.

Social Supports:
Responses are specific to giving clients support: peer support, mentors, compassionate, establish outside support, acceptance, guidance, feeling valued, understanding, encouragement, and respecting client and family.

Success:
Responses relate to client being successful: seeing progress, a system that celebrates achievements, live successfully, sense of accomplishment, motivation, and celebrate big or small.

Graduation Terminology:
Responses include clients concerns with the word "graduation": journey is more than graduation, don't like the word 'graduation', sounds like getting kicked out, don't understand, define graduation, graduation to what, and use success instead of graduation.

Independence:
Responses are specific to becoming more independent, reduce dependence, have self sufficiency, and independent lining.

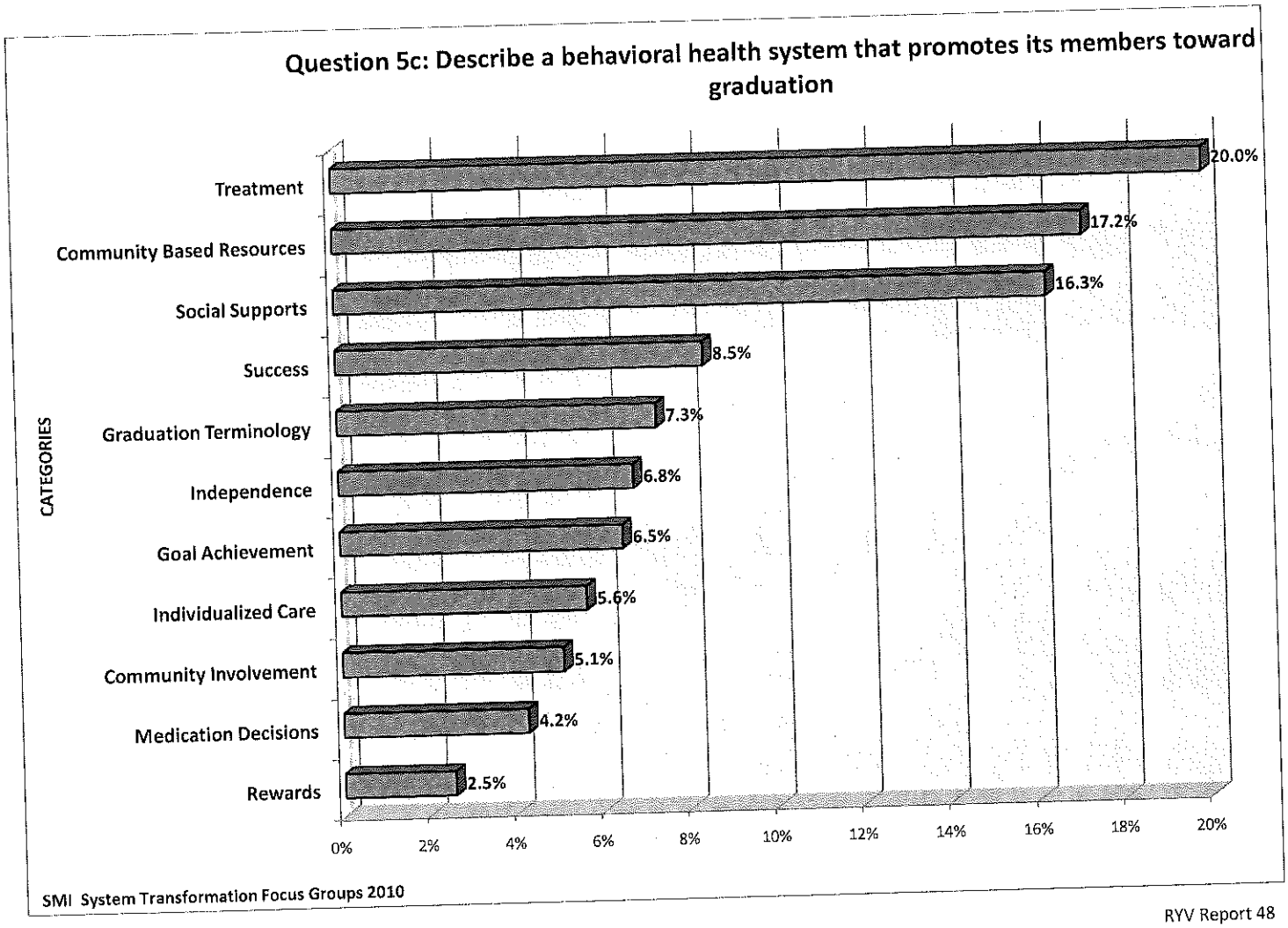
Goal Achievement:
Responses relate to client's goal achievement: successfully complete program, help reach out goals, set attainable goals, notice when goal is accomplished, and working towards goals.

Individualized Care:
Responses include having services more individualized: address individuals specific needs, treat as an individual, client directed treatment, and client integration.

Community Involvement:
Responses are specific to have client be involved in community: the village model, more community involvement, encourage member to be active member in community, socialization, help to function in society, assist in making connections with other people, giving back and contributing to society.

Medication Decisions:
Responses relate to medication management: take medication, getting medication, and unobtrusive access to medication.

Rewards:
Responses include giving rewards for graduation: use rewards, get certificates, get incentives, establish rewards system to encourage and motivate, and recognition from our team.



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Question 6: *What rights are most important to you within the behavioral health system?*

Access to Services:

Medication-

Responses were specific to right to choice in medication, right to take and not take, receiving the proper, most effective medication and to have medication explained to you.

Community Based Resources-

Responses were specific to the right to receive and/or be referred to as necessary to resources like transportation, legal, housing/living, jobs/employment, and vocational training.

Services-

Responses centered on service delivery and the right to receive accurate, proper, prompt, consistent services like case management, treatment planning, support services and assessments and have services be available.

Respect:

Responses included the client's right to be treated with respect, dignity, honesty, care and to be listened to and valued and being treated like a human being/person/individual, and having eye contact with client. Responses included right to fair treatment, equal opportunity in service choices, and not being judged.

Choice:

Responses had to do with the right to choose treatment, services, providers, medication and also right to refuse medication/treatment.

Confidentiality:

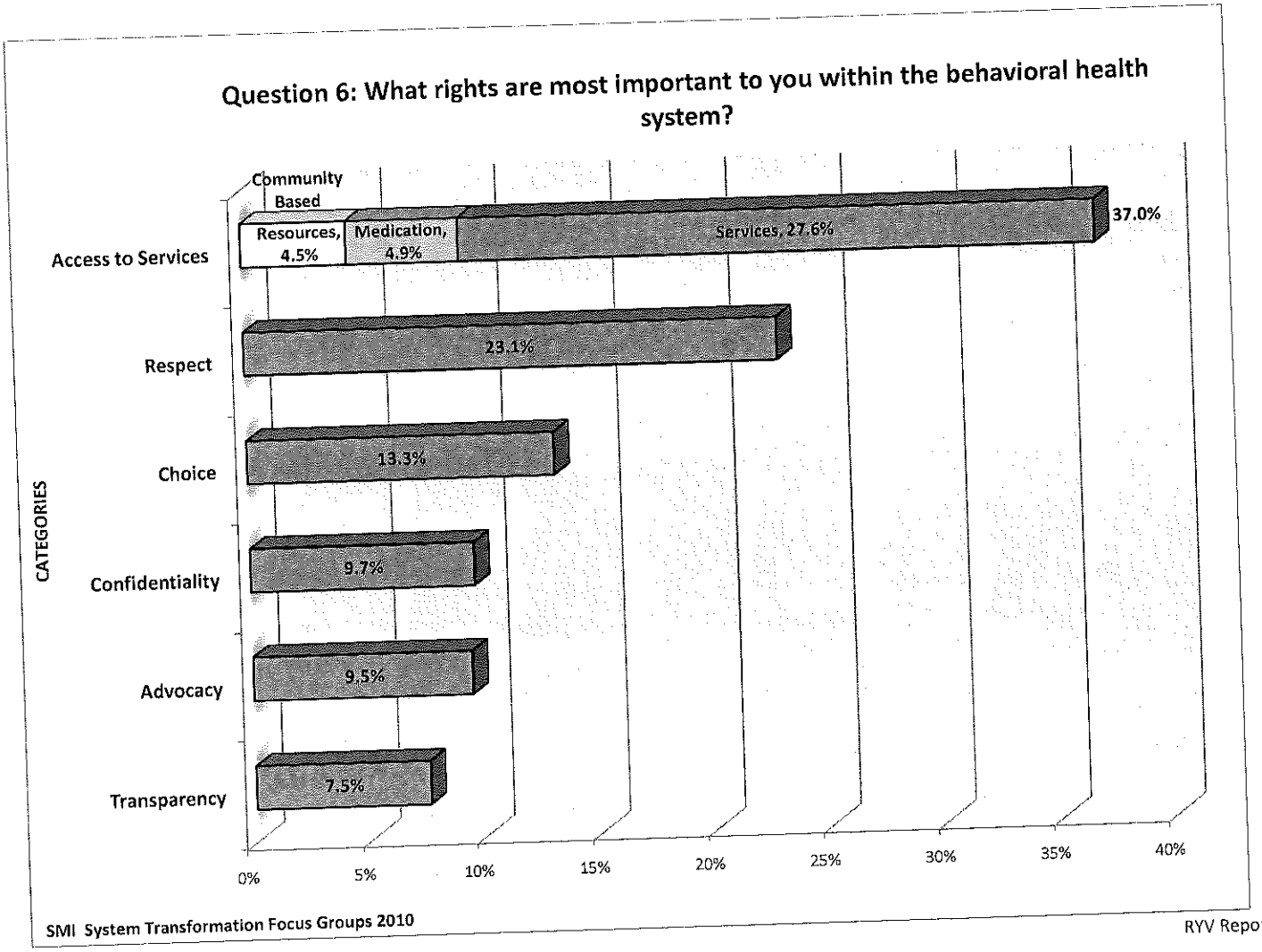
Responses were related to client's right to privacy, confidentiality and the enforcement of the consumer bill of rights and of HIPAA laws.

Advocacy:

Responses included right to have a voice, freedom to speak, especially opinions, advocate for one's self, and be involved in your own treatment.

Transparency:

Responses included the right to be informed and/or educated regarding client rights, consent, and about the grievance and appeal process.



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Question 7: *Do you have any additional concerns or comments you would like to share about the way the behavioral health system works?*

Services:

Services/Treatment-
Responses are specific to various services and treatment: get proper services, improve continuity of care, want brand name medication, ISPs anti-productive, intake takes too long, increase service quality and efficiency, more family support services, and more support staff. Accessibility: better availability, greater doctor accessibility, and referral to counseling processes are too long.

Community Based Resources-
Responses include clients wanting more resources: more help with transportation, education, vocational assistance, legal aide, community resources, social security, housing, food, jobs and freedom to work.

Care Management-
Responses are specific to concerns regarding case management: case manager are overworked, should have limited caseload, overloaded caseloads, want consistent case manager, reduce turnover, and don't have enough attention because of high caseload.

System:

Funding-
Responses relate to clients concerns regarding funding: more SMI funding, funding for transportation, concerns with budget, our needs don't change with budget, and concern with budget cuts. Title 19 Concerns: concerns with cuts to Non-Title 19 clients, NT19 are 2nd class citizens now, better services for NT19, open groups to NT19-even for small fee, too many NT19's cut off, lack of help to NT19, NT19 should also be entitled to services. Eligibility: want help to stay on AHCCCS, freedom to work, fear of losing eligibility, and simplify eligibility.

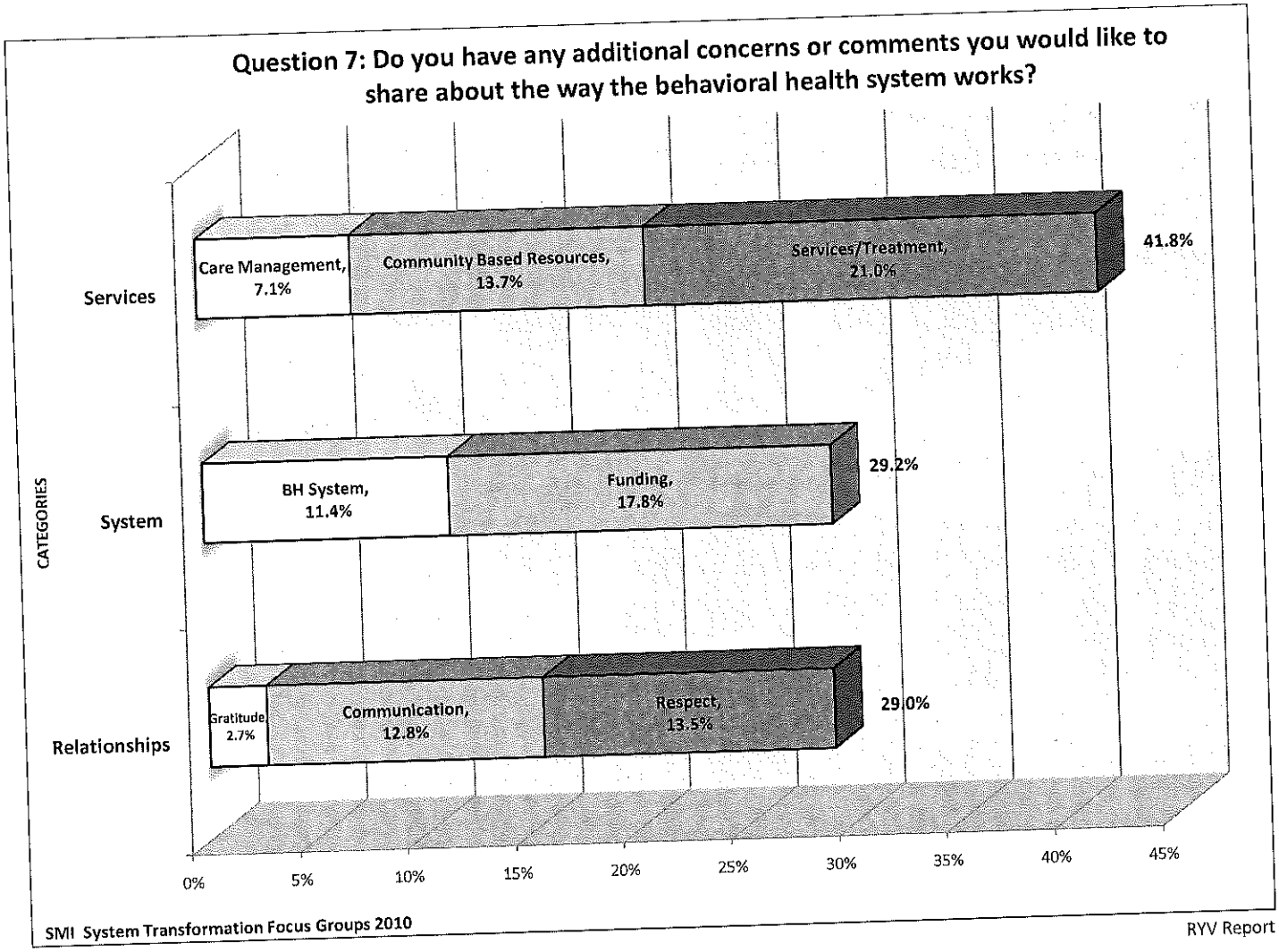
BH System-
Responses are specific to various aspects of the behavioral health system: look at all layers of administration and process, system works too slow, want a system with stricter confidentiality, hate politics involved in my health, current system is often reactive-should be recovery focused, need DBHS prevention in place, more public forums, responsiveness to focus group, and reduce excessive oversight.

Relationships:

Respect-
Responses relate to the member and respect: respect individuality, learn empathy, treat client/family appropriately, lack of respect, need to treat more human, respect service dog, have dignity, understanding of family members, should listen more, and recognized whole person including culture and religion. The voice of the member: voice opinions freely, have input, be self advocate, and take control of own treatment and be heard.

Communication-
Responses relate to communication: better responsiveness, better communication between team members, keep member informed of treatment, notification of changes in case management, better access to communication, effective communication, monthly publication of news, less/no voicemail, no answering machines during business hours, and improve internal communication to better know the client.

Gratitude-
Responses relate to client's positive feedback on services: thank you for all the help, a lot safer than 20 years ago, it is awesome and works if you work it, thanks to team and case manager, mental health services is doing a good job, see system as positive, and feel more respected



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