



MEETING	DECEMBER	JANUARY	FEBRUARY
NSMHA MH ADVISORY BOARD:	12/09/08, 1:00-3:00 PM	01/06/09, 1:00-3:00 P.M.	02/03/09, 1:00-3:00 P.M.
NSMHA BOARD OF DIRECTORS:	12/11/08, 1:30-3:00 P.M.	01/08/09, 1:30-3:00 P.M.	02/12/09, 1:30-3:00 P.M.
ISLAND COUNTY MH ADVISORY BOARD:	12/15/08, 9:30-11:30 A.M.	01/26/09, 9:30-11:30 A.M.	02/23/09, 9:30-11:30 A.M.
SAN JUAN COUNTY MH ADVISORY BOARD: CALL BEFOREHAND TO CONFIRM: 360-378-4474	12/15/08, 11:45-1:45 P.M.	01/26/09, 11:45-1:45 P.M.	02/23/09, 11:45-1:45 P.M.
SKAGIT COUNTY MH ADVISORY BOARD:	TO BE DETERMINED	01/05/09, 12:00-1:00 P.M.	02/02/09, 12:00-1:00 P.M.
SNOHOMISH COUNTY MH ADVISORY BOARD:	NO MEETING	01/12/09, 5:30-7:00 P.M.	02/09/09, 5:30-7:00 P.M.
WHATCOM COUNTY MH ADVISORY BOARD:	TO BE DETERMINED	TO BE DETERMINED	02/09/09, 12:00-1:30 P.M.

## An Update from NSMHA...

Charles Benjamin,  
Executive Director,  
NSMHA.



First, NSMHA wishes to extend our deepest thoughts and prayers to all people, families, law enforcement officers and all other agencies impacted by the tragedy that occurred in Alger, Skagit County.

The Vision of Hope and Path(s) to Recovery are still moving forward in the North Sound Region and Washington State. While I am not looking forward to this year's state legislative budget session, all of us have to make the effort to further educate legislators on mental health needs and gaps in the system. This is especially true since the state is looking at a projected deficit of \$3.2 million! **Your voices need to be heard in Olympia.**

I encourage you to take the time to read other articles in this newsletter to gain the following knowledge about:

1. NSMHA staffing changes,
2. Sales tax progress,
3. Supported Employment Successes,
4. A Personal Recovery story,
5. Mental Health Advanced Directives,
6. Ombuds Advocacy Advice,
7. Cookie Poem,
8. Tribal news,
9. Federal Block Grant Update,
10. Housing, and
11. Legislative Update.

As you know, the North Sound's public outpatient mental health system was transformed from a capitated managed care to a modified fee for service on October 1, 2007. The first quarter of full capitated fee-for-service funding commenced October 1, 2008. NSMHA's next report will provide statistics on our accomplishments and areas that still need improvement. However, the early indicators demonstrate an increase in the number of people being served and the average hours of service per person. YEAH, and thanks to everyone involved in this transformation! It takes ALL of us to make this be a successful journey.

While we are headed in the right direction, I must also acknowledge the following challenges and opportunities facing us during this transformation:

1. Assuring adequate access to and provision of capacity funded programs such as: clubhouses, drop-in centers, evidence based supported employment and children's high intensity outpatient services.
2. Financial uncertainties stemming from economic downturn and state budget deficit.
3. Increasing demands to reduce the number of patients at Western State Hospital (WSH) when there is a waiting list of people who need to go to WSH.
4. Determining the most effective and cost efficient way to structure the Consumer Information System in the North Sound.
5. Continuing new requirements being pursued by the External Quality Review Organization (EQRO). EQRO is an independent agency contracted by DSHS to perform RSN audits and assure compliance to Federal and State requirements.

Again, I would like to take this opportunity to thank the following boards/committees for their commitment to NSMHA and setting the policies and direction to best serve people with mental illness in the North Sound:

1. Board of Directors,
2. Regional Advisory Board,
3. Planning Committee,
4. Quality Management Oversight Committee,
5. All Providers, and
6. All five counties:
  - a. Island,
  - b. San Juan,
  - c. Skagit,
  - d. Snohomish, and
  - e. Whatcom.

Thanks to all of the people involved in the above efforts, as well as the NorthSoundOmbuds, NSMHA can keep its **VISION OF HOPE** and **PATH(S) TO RECOVERY** moving forward for people with mental illness.

Respectfully,  
Chuck.

### Also in this Issue:

- NSMHA News - Page 2
- My Journey to Recovery - Page 4
- Advocate for Yourself - Page 5
- Drum Beats - Page 6
- FBG Update - Page 7
- North Soundings - Page 8

NORTH SOUND MENTAL HEALTH ADMINISTRATION  
117 NORTH FIRST STREET, SUITE 8  
MOUNT VERNON WA 98273

PRSR STD  
U.S. POSTAGE  
PAID  
SAM INC

## Welcome New NSMHA Staff!

And farewell to those who have moved on... And will be moving on soon...



Catherine (Cate) is a new Quality Specialist here at NSMHA. She comes to us with quality and clinical management experience in outpatient, residential, inpatient mental health and substance abuse settings. She earned her MS degree in counseling from the University of Wisconsin and is a licensed counselor.

CATHERINE LOOMIS, QUALITY SPECIALIST



AUDREY LAMOUREUX,  
QUALITY SPECIALIST

Shannon has enjoyed her work with NSMHA including creating this newsletter and working with the Regions' Tribes, but will be leaving Jan 09 for Spain. ¡Buena Suerte!



SHANNON SOLAR, ADMIN.  
SECRETARY/TRIBAL LIAISON

## Bridgeways Holds Landmark Fundraiser!

by Donna Konicki, Bridgeways

In a time of financial uncertainty, Snohomish County residents came out in support of adults suffering from severe and persistent mental illness. Bridgeways held its 2nd annual fundraising event October 16, 2008 at the Edward D. Hansen Conference Center. Amy Clancy, from KIRO TV was the emcee and Anthony E. Zuiker, creator and Executive Producer of the CSI hit TV franchise was the keynote speaker and auctioneer.

The evening festivities included a piano solo by featured pianist Nicholas (Tony) Angeloff and artwork by featured artist, Matt Good. Live auction items included 3 walk on parts for CSI New York as well as dinners with Mr. Zuiker and tours of the CSI sets. The event raised more than \$125,000. In an unexpected and unprecedented show of generosity Mr. Zuiker and his wife gave a matching gift, which brought the evenings total to more than \$250,000!

## NSMHA Implements Its Housing Plan, Creates a \$25,000 Revolving Fund to Support Housing Development

by Tom Yost, NSMHA

In April, NSMHA's Board of Directors adopted a housing plan describing how NSMHA proposes to increase decent, safe and affordable housing available to people with mental illness. The plan concludes that **permanent, supportive housing** is the best, quickest way to help consumers obtain a stable place in the community. "Permanent housing" means a home in which a person can live as long she/he wants to, and adding the word "supportive" implies that the person will have help from others in keeping the home. Help might include assistance with daily chores, teaching money management, facilitating good landlord-tenant relationships, or a rent subsidy or reduced rent. Permanent, supportive housing does not require a person to participate in treatment or other programs nor does a person lose his/her housing when treatment or other services end.

NSMHA has taken its first steps toward implementing the Housing Plan by hosting two sessions of training and a forum on how to develop permanent, supportive housing. Throughout these sessions, NSMHA has looked for people and organizations with whom NSMHA might become partners in developing supportive housing services. Finding and cultivating

such relationships is slow but NSMHA staff are optimistic that those relationships are beginning to take root.

NSMHA has created a "leverage fund" which will make grants to organizations that are developing new housing or housing support services for consumers. The funding must be used to attract other funding in some way. For instance, an agency may want to apply for a federal housing grant which requires the agency to put up matching funds. If the agency is unable to come up with all of the match, NSMHA's leverage fund might provide the rest of the match.

The fund can also be used in almost any way in order to bring in funding for creating new housing and housing services. For instance, an organization might want to create a supported living program where consumers live in their own homes but get help in meeting the demands of daily living. The program will be self-sustaining once it gets started but for its first 6 months it will need funds for start-up costs. If the organization can't find any other way to cover these costs, the leverage fund might provide the money.

\*NSMHA has a fact sheet available that describes this program in greater detail. If you would like to a copy please call Tom Yost at : (360) 416-7013 or send him an e-mail at tom\_yost@nsmha.org

## Whatcom Passes Sales Tax!

Russ Sapienza, NSMHA Advisory Board Member

For the last several months, elected officials in Whatcom County were debating whether or not to increase sales taxes by 0.5% (i.e. ten cents for every one hundred dollars spent). The revenue being generated would go to mental health and substance abuse treatment programs in Whatcom County. It is meant to divert services from hospital emergency rooms and jails, which are often the first points of contact for people with mental illness to get into more appropriate services.

On Tuesday, July 22, 2008, a standing room only crowd convened at the monthly County Council meeting to call for or against passage of the sales tax. Sixty-seven county residents, including consumers, family members, and professionals from various fields, testified in support of the tax, and a petition, with over one thousand signatures, was given to the County Council President, Carl Weimer. After four and a half hours, the County Council voted four to three (thanks to a 'swing' vote from Councilman Sam Crawford) in favor of the tax, which was supported by Whatcom County Executive Pete Kremen several days later. It was a thrilling testament to the amazing support and compassion shown by those in attendance.

## Federal Block Grant Funding Update!

Contracts for the Federal Block Grants were approved at the August 2008 Board of Director's meeting. Funding has not shifted dramatically, only 2 of the grants from the previous cycle were not funded, by grantee choice. Below is a list of contracts by county, with total Mental Health Federal Block Grant Funding at \$980,670.

### Island County

- o **Compass Health** provides school and in-home outreach for children not eligible for Medicaid Services. Services include providing new resources for child and family support, mental health counseling, parent education and coaching parents. \$40,000
- o **Training Resources in Partnership (TRIP)** offers parent support groups, educational training, one on one help, an annual family event, and a web site full of resources in the North Sound Region. TRIP is currently serving Island, Skagit, Snohomish & Whatcom Counties. \$48,411

### San Juan County

- o **San Juan County Health & Community Services** contracts with school districts to provide Mental Health services for school children not eligible for Medicaid Services. \$20,000

### Skagit County

- o **Catholic Community Services** outreach program for school children in east county not eligible for Medicaid Services. Services include individual mental health treatment, group services, and some family treatment. \$24,500
- o **Compass Health** outreach program for adults and older adults provides mental health case management services, time limited therapy and Government assistance expedited Medicaid disability (GAX) mental health assessments at the secure detox facility. \$123,249

### Snohomish County

- o **Snohomish County** identifies and assists county residents at-risk for hospitalization, incarceration, or recurrent crisis episodes as a result of mental illness. Case management and stabilization services are provided to those not eligible for Medicaid Services. \$66,000
- o **Compass Health** outreach helps individuals not eligible for Medicaid Services transitioning back into the community from acute care settings (hospitals, E&T's, jails, Denney Youth Center etc). Services provided include community support services, assessment, psychiatric evaluation, medication management, Clubhouse services referral and advocacy. \$104,786
- o **Bridgeways** provides help for individuals being discharged from Western State Hospital (WSH) transitioning back to the community. The treatment team with the Outreach Specialist as lead work closely with the client and natural supports to obtain safe, affordable housing and other necessary services and resources in Snohomish County. \$44,851
- o **Hope Options** (Everett Housing Authority) provides intervention and case management services to vulnerable seniors with mental health or behavioral issues whose housing has become unstable. \$35,435
- o **Senior Services** of Snohomish County provides in home depression screening to Snohomish County residents age 60+ using the Geriatric Depression Scale (GDS), an assessment tool highly

rated for depression screening within this population. Individuals who score 14 or higher on the GDS receive follow-up depression care management (medication treatment monitoring, follow-up and advocacy with primary care or prescribing physician, short-term cognitive behavioral therapy, etc). \$38,650

- o **Stillaguamish Tribe** provides comprehensive mental health services, including an assessment, diagnosis, recommendations, and an individualized treatment plan suited to meet their needs. When appropriate, life skills training is utilized within the treatment plan that helps clients move toward success in life and work. \$20,000
- o **Tulalip Tribes'** program is to provide cultural activities for the Tulalip Tribes community. With the Block Grant funds, they have been able to enhance an array of culture driven activities; the Salmon Ceremony, the Canoe Journey, Cultural Encampment, Culture night, regalia making, cedar crafts, drum making and canoe pulling practice. \$81,840

### Whatcom County

- o **WCPC** (Whatcom Counseling and Psychiatric Clinic) offers group services for Developmentally Disabled (DD) participants with an emphasis on understanding emotions and relating to others. \$5,000
- o **WCPC** will use Federal Block Grant funds to help support monthly rental expenses for one year for the Clubhouse. \$26,422
- o **WCPC** provides an Evidence Based Practice, Gatekeeper which includes the following services; case finding, engagement, mental health services, and referral services as appropriate for at-risk older adults and to provide evaluation, treatment, case review, psychiatric consulting, and prescription services for a time limited period. \$33,309
- o **WCPC** provides a 2 prong outreach and engagement program, the 1st program is to un-enrolled clients in acute care settings; the second provides assistance to un-enrolled clients seen at the Whatcom County Behavioral Health Triage Center (WCBHTC). Both programs will assist clients with identifying and accessing financial, social and treatment resources and prioritize expanding outpatient services to low-income people. \$106,000
- o **Sea Mar** program will partially fund a full time Master's Level Clinician, preferably bilingual and/or bicultural, to provide assessments at the provider level to integrate physical and mental health care of non-Medicaid individuals. \$54,077
- o **Northwest Youth Services** program serves children/youth and families to provide a comprehensive assessment which shall include observing the child in their school and home setting, develop parenting and behavior management plans and provide access to Parent-Child Interactive Training (PCIT) Dialectical Behavior Therapy (DBT) Columbia Teen Screen and ongoing counseling for eligible children and their parents. \$36,640
- o **Sun Community Services** provides a program that serves consumers released from jail and/or inpatient facilities by providing housing, psychiatric support in conjunction with a case manager and medication providers, and assistance in remaining clean and sober. \$57,500.



## My Journey to Recovery - Jeannette Anderson, NSMHA Advisory Board

My illness is schizo-affect (schizoaffective disorder) - I am Jeannette Anderson. The journey I have taken through the effects of mental illness has been tragedy turned into recovery.

I have had three major episodes of psychosis with delusions. The most recent episode lasted 1 1/2 years.

During that episode I had a major delusion that there were people invading my house through my stereo system. This led to major paranoia resulting in me screaming while standing on my deck. It was horrifying to me. My neighbors thought I was shouting death threats at them. Actually, I was screaming at the voices inside my head; but at the time I couldn't make the connection of what was real and what was unreal. A verse The Moody Blues wrote in the song Nights in White Satin, "and we decide which is right and which is an illusion", kept ringing in my head.

*"The journey I have taken through the effects of mental illness has been tragedy turned into recovery."*

What ensued was the Skagit County sheriff's visit apprehending me upon the breaking out of my basement window and bashing in my bedroom and bathroom door. I was tightly handcuffed and taken by force and driven to the hospital.

This scenario left me so that for another year I continued to be self-admitted AND involuntarily committed to four institutional facilities. By the grace of God, family, and friends, I did get therapy at the Sedro-Woolley E&T.

I have been at baseline for a year now. Discovering how simple authentic abilities and "taking the low road" in life has become the easiest and most pleasurable experience I have known in many years. I leave you with this quote from Ursula K. LeGuin:

*"It is good to have an end to journey towards; but it is the journey that matters in the end."*

## Have You Written Your Advance Directive?

A mental health advance directive is a written document stating your directions and preferences for treatment and care during times when you are having difficulty communicating and making decisions. It can inform others about what treatment you want or don't want, and it can identify an agent you trust to make decisions on your part.

Advantages of having an advance directive:

- You have more control over what happens to you during a period of crisis
- Providers and others will know what you want even if you are unable to express yourself
- Your directive can help your case manager and others who are involved in your mental health treatment
- Providers are required by law to respect what you write in a mental health advance directive to the fullest extent possible

How is a mental health advance directive created?

- The form is available at: <http://www1.dshs.wa.gov/mentalhealth>

Examples of what can be included in a mental health advance directive:

- Consent for or refusal of particular medications
- Consent for or refusal of inpatient admission
- Who can visit you if you are in the hospital
- Who you appoint to make your decisions and take actions for you (your agent)
- Anything else you do or do not want in your future care

For more information about mental health and physical health advance directives:

Read the law on-line at <http://www.leg.wa.gov>. Follow the links to Laws and Agency Rules. Look under the Revised Code of Washington for RCW 71.32.

Call your local mental health provider or North Sound Ombuds: (1-888-336-6164)

Call the Mental Health Office of Consumer Partnerships: (1-800-446-0259)

This information was taken from the DSHS brochure "Mental Health Advance Directives Information for Consumers. To read the whole brochure, visit: <http://www1.dshs.wa.gov/mentalhealth/advdirectives.html>.



## Advocate for Yourself with Your Doctor

Chuck Davis, Mental Health Ombuds, Skagit Community Action Agency

The consumer movement has arrived! Consumers are starting to drive their own treatment, and sometimes they are taking that treatment in new and exciting directions. Examples of this are peer advocacy programs, Wraparound services for children and Washington's Transformation Grant project. It's about clients and families taking responsibility for their own outcomes. It's common sense because professionals can't fix anyone—treatment takes a joint effort.

How do you take responsibility for your treatment and recovery? How do you get your prescriber to assist you rather than do things to you? I propose that if consumers know their illness and their treatment history, determine what is needed and advocate for themselves, they may enhance their own recovery. Here are some tips.

First, show up for appointments! Nothing causes prescribers to lose heart and enthusiasm as quickly as missed appointments. Second, closely examine your treatment records. If you can't afford to have them copied, go review them and take good notes. As a participant in the public mental health system you have the right to review and amend your clinical record if you determine a need. Build a long-term picture of your symptoms, your treatment, and your reactions. Analyze medication dosages, times of day taken and their benefits, harm, and side effects. Consider what happens when hormones change, seasons change, and when you go through stressful times.

Third, show your prescriber you want to take part in your treatment. Go to your doctor's appointment armed with information and a plan you gained by analyzing your records. For example, "It's fall now. My records show my Bi-Polar Disorder symptoms lessen in fall with the shorter daylight hours. Here's what worked last fall... or, here's what I would like to try now, because...." Explain your needs logically and rationally. Hold them accountable! They are getting paid to help you! Be assertive but not aggressive. Keep a diary of on-going events. As you get older, monitor your situation carefully.

Symptoms sometimes lessen with age as your bio-chemistry changes. If you are on a tranquilizer (Benzodiazepine) or a psycho-stimulant, realize that as you age, your reactions become different. Have your rationale and documentation well prepared before the appointment.

Fourth, use your family and your support system. Prepare an advance directive so your support system can quickly step in and help by implementing your wishes and following your plan in the event you become incapacitated. You can find information on advance directives on the preceding page.

In conclusion, get organized! Learn everything you possibly can about yourself, your illness, your needs; your treatment history, the medications you take, and what works for you. Learn to express your needs. Advocate for yourself!

*Cookie - by Terry Richardson*

*There once was  
wee little chocolate chip cookie.  
"Now lookie here",  
I said to that wee little cookie,  
"You're just the cookie for me  
because I'm in love with you  
chocolate chip cookie."  
"Perhaps", said the chocolate chip  
cookie, "I do not coincide with  
your peanut butter cookies,  
so run along",  
said the chocolate chip cookie.  
"I have other chocolate chip cookies  
to meet".  
"Why there's no telling what these  
chocolate chip cookies are up to", I said.  
I thought it over as best  
as a lassie could do  
and finally concluded I was having  
a cookie dream.  
So I decided I must ask  
the chocolate chip cookie a thing or two.  
"Where do you come from  
Sir Chocolate Chip Cookie?"  
"From the land of temptation",  
he replied.  
"Well I'll have you know" I said,  
"Cookies are not a sin!  
I for one shall certainly obtain  
my chocolate chip cookie in any way  
that I can".  
"Are you hungry" asked the cookie.  
"No I am not," I said.  
"I only give my cookies to the hungry",  
said the cookie.  
"Chocolate chip cookies aren't good  
for the hungry," I said,  
"They need bread."  
"Oh," said the chocolate chip cookie -  
"It's bread you want not cookies."  
In my cookie dream  
the world of cookies  
suddenly vanished and  
mysteriously all the cookie cook books  
disappeared as well.  
Oh but one little cookie remained.  
It was such a lovely cookie -  
what was a lassie to do?  
Well, I threw the cookies away  
to the land of temptation  
and went on my merry way  
to have toast and chamomile tea.  
That's my cookie dream Folks  
and that's how I quit eating cookies.*





The image used in the "Building on Tribal Culture" conference brochure and poster is of traditional waskets woven by a Sauk-Suiattle Tribal member.

## 2008 North Sound Tribal Mental Health Conference Held June 4-5th 2008

The North Sound Tribal Committee truly feels the North Sound Tribal Mental Health Conference has been getting better and better every year, and the 8<sup>th</sup> annual conference, "**Building on Tribal Culture**", held June 4-5<sup>th</sup>, 2008, was the best yet!

Record numbers were in attendance at the Upper Skagit Resort to hear keynote presentations by Pam and Gordon James, Sharleen Kay Yellowwolf, and Dr. Bonnie Duran, as well as breakout presentations by Niso Frank Caywood, Dr. Jeff King, Dr. Michael Pavel, Dr. June La Marr, and Dr. James Mead. We were honored to have a lineup of all Native presenters to share and teach.

As a special treat, thanks to Longhouse Media/Native Lens, we had a showing of the film "March Point", a documentary in which three Native youths from the Swinomish Tribe examine how oil refineries on March Point, originally part of the Swinomish Reservation, have affected the Swinomish Tribe's culture, loss of land, and contributed to pollution in the waters around the reservation. For more information on this film, go to [www.longhousemedia.org](http://www.longhousemedia.org).

Thank you to all who attended, and to the presenters and to the conference committee for the long hours spent planning the conference. A special thanks to Rudy Vendiola for doing a wonderful job as emcee once again, and to Trudy Marcellay for holding a special craft-making session on Thursday evening.

Make sure that you **Save the Date** for the upcoming 9th Annual Tribal Mental Health Conference, "*Preserving Native Wisdom*", to be held Wednesday June 10<sup>th</sup> & Thursday June 11<sup>th</sup>, 2009. We are excited to announce that the conference will be held in the beautiful new Tulalip Resort in Tulalip, WA ([www.tulalipcasino.com](http://www.tulalipcasino.com)). If you're not sure you are on the mailing list to receive a conference brochure, please call 360-416-7013 to request one, or go to:

<http://nsmha.org/Tribal/Default.htm>

**See You There!**

## 2008 Recovery Conference: Another Success!

The 2008 North Sound Mental Health Administration (NSMHA) Recovery Conference was held on October 14th at McIntyre Hall in Mount Vernon. It was a resounding success with 200 attendees. Victoria Maxwell gave an outstanding performance of Crazy for Life, and a thought provoking presentation entitled "Wilderness Tips for the Comeback Trail". Music was provided by the band "Diagnosed" which performed during breaks, you can hear the band perform at the Peer Connections Center in Mount Vernon located on Riverside Drive. Antonella Novi of the National Alliance for Mentally Ill (NAMI), provided a presentation on the Peer to Peer groups held in Skagit County.

There were four door prizes given away – three framed posters from this year's poster contest winner, and one Crazy for Life DVD and booklet, compliments of Victoria Maxwell.

A couple of the comments recieved: "*Makes me feel so very much understood & accepted*" & "*There is hope for Recovery*".

Thanks to all who attended our 2008 Recovery Conference, we hope to see you next year!

## A Supported Employment Success Story - Submitted from Sunrise Services' Fidelity Employment Specialist Program

In Snohomish and Skagit Counties we have had the opportunity to assist fourteen individuals in finding employment! As employment specialists at Sunrise Services we help people living with chronic mental illness become gainfully employed in a variety of industries. For example, we have had individuals go to work in the following fields: medical, retail, grocery, motorcycle shops, movie theaters, retirement homes- and these are just a few of the career paths people have chosen!

One of the main areas of concern in assisting the people who are referred to our supported employment plan is to treat each participant as an individual with their own unique needs. In other words, it is part of our job to ascertain what the individual would like help with in order to join the workforce.

At times our participants struggle with medical issues, cognitive impairments, criminal backgrounds, or severe interview anxiety. Other participants may wish to gain skills on how to write a resume or a cover letter. Whatever the need is, we make sure to address whatever it is in a timely, respectful and productive manner.

The following is a true success story from one of the participants we have had the pleasure of working with. All identifying information has been changed to protect the individual and respect her privacy.

*"I began working with Jane Doe\* in January. She was one of my first participants and when she came to me she was having significant anxiety issues, so much so it was even difficult for her to leave the house! I immediately started coordinating services with her case manager to get her assistance with her medications that she stated were no longer working. After a few trips to the Prescriber, she started to feel better.*

*She said she wanted to work on interview skills and designing a resume. I cannot count the number of hours she and*

\* name has been changed for privacy.

*I role-played back and forth switching roles of interviewer and interviewee. She said she was feeling more confident and had a solid resume to give to prospective employers.*

*Suddenly she had her first interview! Although she did not get the job, she continued to apply to different employers, and continued to interview. At the third interview she secured the job!*

*At first, things seemed to be going well, and then I got the phone call. She and her boyfriend broke up and she was being "thrown out on the streets." I immediately began to research housing and roommate options. I was in contact with her daily. About four days into the second week of employment she called me to tell me she was moving in with a co-worker!*

**"Supported employment is the wave of the future..."**

*I cannot begin to tell you how resilient this participant is and what an honor it was for me to work with her. She inspired me daily through overcoming so many obstacles, as well as various mental health and medical conditions. What I can tell you is she is now a manager of the organization, has been elected*

*employee of the month, and best asset protection employee of the month, all within her first six months of employment!*

*I continue to stay in touch with her even though she is not on my case load anymore. One of the proudest moments I have had was when I took a client into an interview for a job at her organization, and Jane interviewed her! Not only was I beaming that day, but Jane was too."*

This is just one of the many success stories that our clients are experiencing. The variety of clients and jobs they are seeking makes each and every hour of the day different. Supported employment is the wave of the future, and we are so fortunate to be in a field where we are inspired daily with the successes of our clients.