

# Recovery is Possible!

PROSUMER—A PERSON WHO IS PROACTIVE IN HIS OR HER RECOVERY AND WHO GIVES BACK TO THE COMMUNITY A Prosumer is not who you are, it is what you do!



## PROSUMER NEWS

www.ProsumersInternational.org, Facebook—Prosumers & Prosumer Action Center, Twitter—ProsumersInt  
Phone: 210-212-6472 ext 201 Toll free number: 1-877-334-2717 (Please only use this if needed)

September 2010

Janet Paleo—Editor

Volume 8, Issue 09

### Prosumer meetings in Texas:

San Antonio the 2nd Friday (12-3) and 3rd Tuesday (6-9) of the month  
Houston—The 2nd Saturday (12-3) of the month  
Austin—Coming Soon! If you are interested, give us a call  
Ft Worth—Coming Soon!

Now RSVP online  
at our website



### The 2nd Friday of the Month

12 Noon to 3 PM

UTHSC School of Nursing

Room 1.222

All Welcome!

7703 Floyd Curl

Enter at the Louis Pasteur entrance near Babcock. Let us know if you need assistance with parking Buses 91, 92

### September 10, 2010 Meeting

The New Health Care Reform Bill and What It Means to You!  
Lunch Provided by La Paz

We have all heard about the new Health Care Reform Law and many of us are wondering, what does that really mean for me? Here is your chance to find out. Dena Stoner, the Senior Policy Advisor for the Texas Department of State Health Services for Mental Health and Substance Abuse will be talking about this law.

### October 08, 2010 Meeting

PROSUMER REUNION



We are reaching out to anyone that has ever been to a Prosumer meeting

as well as people new to the program. We are making a special request for you to make the time in your schedule to come. Lots of exciting things are happening that we want to share. We also want to know what you are doing. It will be a time of sharing and catching up as well as looking to the future of our organization. Please tell anyone that you are keeping in touch with to make a special effort to be here. It will be great to see you.

If you would like meetings to be interpreted in American Sign Language or Spanish, please notify us 5 working days prior to the meeting. **Prosumer meetings start with food, so please remember to RSVP to 210-212-6472 or online so that we have enough food to feed everyone. Thanks!**

Future Meeting Room Schedule  
Fri Sept 10, 2010 Room 1.222 Nursing School  
Fri Oct 8, 2010 Room 1.284 Cafeteria Building  
Fri Nov 12, 2010 Room 1.284 Cafeteria Building  
Fri Dec 10, 2010 Room 1.222 Nursing School

### San Antonio Prosumer Evening Meeting

The 3rd Tuesday of the Month  
6 PM to 9 PM

La Paz Community Health Center  
530 San Pedro (just south of SAC)  
Buses 4, 92

Park in the back. The gate may look closed, but someone will be there to open it until 6:30. Stop outside the gate if it is closing.  
Call 210-535-5456 if the gate won't open.

### September 21, 2010 Meeting

We will recap the Sept 10th meeting for those who missed it. We will also be talking about the language we use and how by just changing our language we can create a world that has more possibilities in life. It is a very powerful tool to bring forth your power in any situation. Come be empowered in your life. As always, we will have lots of fun!!

### Houston Prosumer Meeting The 2nd Saturday of the Month 12 PM to 3 PM

MHMRA of Harris County  
Southwest Conference Center  
7033 SW Freeway  
Houston, TX 77074

### September 11, 2010 Meeting

Have you ever wondered what difference you are making in the world? What difference you are making even in your own community? It is through focusing outside of ourselves that we begin to experience a feeling of well being, a sense of recovery. We will explore the question; "What does it mean to be a pioneer in this area of peer support and in return create a life that lights you up?" How can life be different? What tools are available? You can be a leader, a pioneer, a person that makes a difference, a person that is in recovery. Reverend Michael D. Noonan stated that, "Leadership is ultimately about creating a way for people to contribute to making something extraordinary happen." You can live your dreams and experience life on a whole new level. Come have fun with us!!! Come see what the possibilities are!

RSVP online at  
www.ProsumersInternational.org or to Michelle Mata toll-free at 1-877-334-2717.

### Recovery in Mental Health and Addiction Larry Davidson, Ph.D., and William L. White, M.A.

### Frequently Asked Question #6: "How does mental health recovery interface with the addiction recovery movement?"

Our Response: In the United States, the mental health and addiction fields have different historical roots and traditions. These differences naturally led to there also being two distinct groups of practitioners who had little to do with the other specialty. If a person had both a mental illness and an addiction, it would have been difficult for him or her to receive optimal care....

Several important developments are changing this picture. First, both fields have come to recognize the high prevalence of what are now called "co-occurring disorders," meaning that many people with mental health conditions also have addictions, just as many people with addictions have mental health conditions. Research has consistently shown that for these individuals to receive effective care, mental health and addiction services must be integrated. Integration has been difficult, however, for numerous political, fiscal, structural, and attitudinal influences that have been hard to overcome. Previous efforts at integration also have been difficult because they have focused primarily on the etiology or nature of mental illnesses and addictions, or on the types of treatments required by each, failing to establish a common ground that would provide a foundation for integration. As long as the focus has been on the nature of the illness or on the treatments required, historical differences have outweighed commonalities, leaving the fields splintered.

Within the past decade, though, the emergence of a recovery movement in both the mental health and addiction fields has begun to offer a new organizing principle for bringing these two disparate worlds together. As integration has yet to be achieved from focusing on the nature of the disorders or the services required, perhaps concentrating on the processes of recovery, healing, and community inclusion will. As a core principle of both recovery movements suggest, identifying and building on strengths can often accomplish things that attending to deficits and dysfunction have not been able to do. What results is recognition that, while mental illnesses and addictions might be different from each other in important ways—especially when viewed through the lens

## US Labor Department Office of Disability Employment Policy announces National Disability Employment Awareness Month theme

**2010 theme celebrates workforce diversity and workers with disabilities**

**WASHINGTON** — The U.S. Department of Labor's Office of Disability Employment Policy today unveiled the official theme for October's National Disability Employment Awareness Month: "Talent Has No Boundaries: Workforce Diversity INCLUDES Workers With Disabilities." The theme serves to inform the public that workers with disabilities represent a diverse and vibrant talent pool for hire.

Early announcement of the theme helps communities nationwide plan a series of events, some of which will continue throughout the year beginning in October, such as proclamations, public awareness programs and job fairs that showcase the skills and talents of workers with disabilities.

This theme epitomizes Secretary of Labor Hilda L. Solis' commitment to "good jobs for everyone."

"The solutions and innovations applicable to the successful employment of workers with disabilities impact the entire workforce, including aging workers, injured workers, at-risk youth, women, people of color, and unemployed and underemployed workers," said Kathleen Martinez, assistant secretary of labor for disability employment policy.

As background, Public Law 176, enacted by the Congress in 1945, designated the first week in October each year as "National Employ the Physically Handicapped Week." President Harry S. Truman designated the President's Committee on Employment of People with Disabilities to carry out the Act. In 1962, the word "physically" was removed from the week's name to acknowledge the employment needs of all Americans with disabilities. Congress expanded the week to a month in 1988 and changed its name to "National Disability Awareness Month," which eventually evolved to its current name. The Labor Department's Office of Disability Employment Policy took over responsibility for National Disability Employment Awareness Month in 2001.

Members of the public with questions related to the theme should contact Carol Dunlap at 202-693-7902. **ODEP News Release: [05/13/2010]**  
**Contact Name: Clarisse Young or Bennett Gamble** Phone Number: (202) 693-5051 or x4667  
**Release Number: 10-0630-NAT**

of a diagnostic manual—processes of recovery may nonetheless be very similar, and at times, even interwoven—especially when viewed from the perspective of the person in recovery. This Highlight will address both the differences and similarities, but will start with the similarities.

The components of an integrated recovery vision begin with the idea that, in both mental illness and addiction, recovery is a personal and individualized process of growth for which there are multiple pathways. People in recovery from either mental illness or addiction have described recovery as a transformational process (sudden, unplanned, permanent) and an incremental process (marked by multiple phases), and recovery narratives are often filled with elements of both types of change. Of central importance within these stories is the fact that within these stories, people in recovery are active agents of change in their own lives—not simply passive recipients of care. These stories are filled with references to new perspectives and insights, important decisions, critical actions taken, and the discovery of previously hidden healing resources within and beyond the self. Recovery narratives often give prominence to the role of diverse religious, spiritual, and secular frameworks in recovery initiation and maintenance. People in recovery also note the role of family and peer support in making a difference in their recovery.

Whether they are living with a mental illness, an addiction, or both, people in recovery need to have hope. They also want to manage or eliminate their symptoms, increase their capacity to participate in valued social roles and relationships, embrace purpose and meaning in their lives, and make worthwhile contributions to their communities. With this shared vision in place, then, differences that have historically existed between the recovery visions of the mental health and addictions systems can now provide opportunities for synergistic growth in both.

In developing recovery-oriented practices and systems that are based on this integrated vision, several guiding principles exist. The first is that both mental illnesses and addictions span a diversity of population and outcomes. Basically, recovery looks different for different people. Second is the need to adopt a long-term, longitudinal perspective and to use a developmental framework for matching the person's point in the recovery process to appropriate interventions. Also important is the impact of the environment—one must focus on person-environment fit and interactions. Third is the nonlinear nature of recovery and the fact that it is a process and a continuum as opposed to an outcome. Finally, as previously noted, is the importance of family involvement, peer support, and spirituality in supporting the recovery process.

Recovery-oriented care is based on the recognition that each person must be either the agent of and/or the central participant in his or her own recovery journey. All services and supports, therefore, need to be organized to support the developmental stages of this recovery process. It follows from this core value that services also should instill hope; be person and family-centered; offer choice; elicit and honor each person's potential for growth; build on a person's/family's strengths and interests; and attend to the person's overall life, including health and wellness. These values can be the foundation for all services for people in recovery from mental illness

and/or addiction, regardless of the service type (e.g., treatment, peer support, family education, etc.). There are many pathways to healing—both inside and outside of the formal health system—that people with mental illnesses and/or addictions can take in their recovery.

That said, what significant differences remain? Apart from the neurophysiology of these disorders, which remains to be determined, one important difference is in the role of behavior change. A useful model of behavioral change that has led to a popular approach to addiction treatment has been the Transtheoretical Model, proposed by DiClemente and Prochaska in 1985. This is the model at the heart of motivational interventions that attempt to facilitate a person's movement along the continuum from pre-contemplative and contemplative to preparation and then action (leading eventually to maintenance). While this model, tailored to the person's stage of change, has been effective in promoting recovery in addiction, its use in relation to mental illness is not as straightforward. This is because the Transtheoretical Model of Change is a model of behavioral change, and the role of behavioral change in mental health is somewhat different from that in addiction. That's because while you can choose not to drink alcohol or use an illicit substance, you cannot choose to stop experiencing the symptoms of a mental illness.

A person can, and does, make many choices when living with and recovering from a mental illness, of course, but these choices are different from the choice to use or not to use. For people in recovery from a mental illness, choices include what they do *in response* to experiencing symptoms (e.g., do what the voices command or try to ignore them); what they do *to prevent or minimize* symptoms (e.g., avoid stressful situations, take medication); and what they do *to manage or overcome* the disorder (e.g., learn self-care skills, reach out to others). But the primary role of behavioral change in addiction may need to be somewhat modulated by the variety of factors that also influence the onset and course of serious mental illnesses, factors that lie outside of the person's own sphere of influence. These include social conditions, such as poverty, discrimination, and unemployment, as well as interpersonal and biological factors, such as the availability of social support and the responsiveness of symptoms to medications. As we learn more about the neurophysiology and social dimensions of addiction, we may eventually find that this is an area in which the addition field has much to learn from the mental health field. The increasingly important role of recovery support services in addiction care—services, such as case management, that in the past were sometimes viewed as "enabling"—certainly suggests that just such a change is already beginning to take place.

## We are the ones We have been Waiting for!

# MEDDROP SA

## S.A.L.S.A.

### San Antonio League of Self-Advocates

An organization of people with  
intellectual disabilities,  
speaking up

for their human and civil rights

All are welcome at  
our meetings.

We meet on the 1st  
Tuesday of the month.

Meeting Dates Are:

**September 7, 2010**

**October 5, 2010**

**November 2, 2010**

Time of Meetings

**6:00-7:30 p.m.**

Meetings are held at  
Brighton, the Center for  
Inclusive Communities

14207 Higgins

(One-half mile west of  
Nacogdoches, between

Thousand Oaks and  
O'Connor)

For More Information call  
Judith Laufer, Advisor

**210-828-7125**

Mental Health Support Group.  
Meets at St. George Episcopal  
Church

located at 6904 West Avenue  
in Conference Room.

Every 2nd Wednesday at 7 pm.  
Call 342-4261 for more info

**Are you on Medicare and/or  
Medicaid and you need to sign  
up for an Advantage Plan and  
don't know where to start?** Do

you know the differences be-  
tween Medicare Part A & B?  
What is Part D? Do I need Part  
C? All these choices could be  
very confusing and overwhelm-  
ing. At the Prosumer Action Cen-  
ter we have three Volunteers  
that can help you understand  
what all this means. If you would  
like more information or to make  
an appointment please call the  
Prosumer Action Center at 210-  
212-6472 and ask for Cheryl,  
Hannah or Michelle.

## Your safe and easy way to dispose of un- wanted medicine

Questions about the best way to dispose of un-  
used and expired medicines?

Prescriptions and over-the-counter medicines  
can pose a risk to the environment when flushed  
down the toilet or thrown away and dumped in a  
landfill. In addition, prescription drug abuse is a  
growing issue for law enforcement. Removing  
these medi-cations from homes can help curb  
abuse and avoid accidental ingestion by keeping  
drugs out of the reach of unintended users.

**MedDropSA is the safe, easy way to dispose of  
unwanted and expired over-the-counter and  
prescription medications.**

Simply bring any unwanted medicines along  
with other household hazardous waste items to  
the City of San Antonio's mobile collection  
events.

Medications will be accepted at no charge, and  
disposed of in a safe, legal way – keeping these  
drugs off our streets and out of the environment.

## La manera fácil y segura de descartar la medicina que no use

¿Tiene preguntas sobre la mejor manera de de-  
shac-erse de las medicinas que no use o que  
estén vencidas?

Cuando las medicinas recetadas o de venta libre  
se tiran por el inodoro o son desechadas y aban-  
donadas en un basurero, pueden transformarse  
un riesgo para el medio ambiente. Además, el  
abuso de medicinas recetadas es un problema  
creciente para los oficiales que hacen cumplir la  
ley. Manteniendo las medici-nas fuera del al-  
cance de los usuarios no autorizados, eliminán-  
dolas de su hogar, puede ayudar a frenar su  
abuso y evitar la ingestión accidental

**MedDropSA es la manera fácil y segura, de des-  
cartar las medicinas recetadas o de ven-ta libre  
que no se usen o que estén vencidas.**

Simplemente lleve las medicinas que no use,  
junto con otros artículos y residuos peligrosos en  
su hogar, a las unidades móviles de recolección  
durante los eventos en San Antonio. Sin costo  
alguno, los medi-camentos se aceptarán, y se  
eliminarán de una manera legal y segura – man-  
tenimiento así estas drogas fuera de nuestras  
calles y del medio ambiente.

## Next Collection Date: September 11, 2010

8am – 1pm Alamodome 100 Montana  
Street (Lot B, Cherry Street Entrance)

**DO** bring unused or expired prescrip-  
tion medications as well as out-of-date  
or unwanted over-the-counter medi-  
cations.

**DO** bring pills in their original con-  
tainer, or dump into a plastic baggie.

**DO** bring liquids in their original  
container.

**DON'T** bring needles or other  
'sharps.'

For more information, visit

**MedDropSA.com**

## La próxima fecha de colección:

**11 de Septiembre, 2010** 8am

– 1pm Alamodome 100 calle  
Montana (Lot B, entrada en la  
calle Cherry)

**TRAIGA** las medicinas receta-  
das que no use o que estén ven-  
cidas, así como medicinas de  
venta libre que no use o cuya  
fecha de ex-piración haya  
pasado

**TRAIGA** las pastillas en su en-  
vase original, o en una bolsita  
de plástico.

**TRAIGA** los líquidos en su en-  
vase original.

**NO TRAIGA** agujas u otros ob-  
jetos cortopunzantes.

Para mas información,

**MedDropSA.com**

(en inglés)

# 2010 September 2010

	MON	TUE	WED	THUR	FRI	SAT
29	<b>August 30</b> <b>Laughing Qigong</b> 2:00-3:00 @ AC <b>DBSA 7 pm @8026</b> Floyd Curl	<b>August 31</b> <b>Recovery Inc</b> 10-12 (see next page) <b>Skill Building</b> 1 - 2 @ AC	<b>Sept 1</b> <b>Social Event</b> 1-3 @ AC <b>DRA meeting @ Solara</b> 2:30-3:30 <b>Recovery Inc</b> 7 pm	<b>Sept 2</b> <b>DBSA #2</b> 7-9 p.m.	<b>Sept 3</b> <b>Journaling</b> 10:30-11:30 @ AC	<b>9/4</b> <b>DBSA-BC</b> 2-4 @ St. Benedict's Church "the nest"
5	<b>Sept 6</b> <b>Laughing Qigong</b> 2:00-3:00 @ AC <b>DBSA 7 pm @8026</b> Floyd Curl	<b>Sept 7</b> <b>Recovery Inc</b> 10-12 <b>Skill Building</b> 1- 2 @ AC	<b>Sept 8</b> <b>Social Event</b> 1-3 AC <b>DRA meeting @ Solara</b> 2:30-3:30 <b>Recovery Inc</b> 7 pm	<b>Sept 9</b> <b>DBSA #2</b> 7-9 p.m.	<b>Sept 10</b> <b>Prosumer Action Center</b> closed for all to attend the <b>Prosumer Meeting</b> 12-3 @ School of Nursing	<b>9/11</b> <b>DBSA-BC</b> 2-4 @ St. Benedict's Church "the nest" <b>Prosumer Meeting in Houston</b> 12-3
12	<b>Sept 13</b> <b>Laughing Qigong</b> 2:00-3:00 @ AC <b>DBSA 7 pm @8026</b> Floyd Curl	<b>Sept 14</b> <b>Recovery Inc</b> 10-12 <b>Skill Building</b> 1:00-2:00 @ AC <b>NAMI Meeting</b> 7 pm @ 510 Belknap	<b>Sept 15</b> <b>Social Event</b> 1-3 @ AC <b>Mental Health Support Grp</b> 7 pm St. George Episcopal Church, 342-4261 <b>DRA meeting @ Solara</b> 2:30-3:30 <b>Recovery Inc</b> 7 pm	<b>Sept 16</b> Bexar County Conference 6pm -10pm <b>DBSA #2</b> 7-9 p.m.	<b>Sept 17</b> <b>Journaling</b> 10:30-11:30 @ AC	<b>9/18</b> Bexar County Conference 9am—2pm <b>DBSA-BC</b> 2-4 @ St. Benedict's Church "the nest"
19	<b>Sept 20</b> <b>Laughing Qigong</b> 2:00-3:00 @ AC <b>DBSA 7 pm @8026</b> Floyd Curl	<b>Sept 21</b> <b>Recovery Inc</b> 10-12 <b>Skill Building</b> 1- 2 @ AC <b>Prosumer Evening Meeting</b> 6-9 LA PAZ 530 San Pedro	<b>Sept 22</b> <b>Social Event</b> 1-3 @ AC <b>DRA meeting @ Solara</b> 2:30-3:30 <b>Recovery Inc</b> 7 pm	<b>Sept 23</b> <b>DBSA #2</b> 7-9 p.m.	<b>Sept 24</b> <b>Journaling</b> 10:30-11:30 @ AC	<b>9/25</b> <b>DBSA-BC</b> 2-4 @ St. Benedict's Church "the nest"
26	<b>Sept 27</b> <b>Laughing Qigong</b> 2:00-3:00 @ AC <b>DBSA 7 pm @8026</b> Floyd Curl	<b>Sept 28</b> <b>Recovery Inc</b> 10-12 <b>Skill Building</b> 1 - 2 @ AC	<b>Sept 29</b> <b>Social Event</b> 1-3 @ AC <b>DRA meeting @ Solara</b> 2:30-3:30 <b>Recovery Inc</b> 7 pm	<b>Sept 30</b> <b>DBSA #2</b> 7-9 p.m.	<b>Oct 1</b> <b>Journaling</b> 10:30-11:30 @ AC	<b>10/2</b> <b>DBSA-BC</b> 2-4 @ St. Benedict's Church "the nest"

PLEASE CALL AND VERIFY time and place prior to going to any of the meetings. Most Numbers are on the next page.

### Prosumer Numbers

Aug 13 SA Prosumer Day Meeting in 16 attendance  
 Aug 17 SA Prosumer Evening Meeting 7 in attendance  
 Aug 14 HOU Prosumer Meeting 19 in attendance  
 Prosumer Newsletter circulation 2,400  
 Prosumer Facebook Fans 49 with 1 from Japan, 1 from Poland & 1 from Taiwan  
 People following ProsumersInt on Twitter - 11

### Prosumer Action Center July Numbers

Eighteen (18) volunteers provided 742 hours  
 Held public education on & increased awareness of MI to 17 people  
 Outreach occurred to 184 consumers and families  
 Empowered 2 consumers to become self-sufficient

Referred 15 people to services in the community  
 130 people attended groups at the Action Center  
 17 unduplicated people served at the Action Center this month  
 A total of 348 services were provided  
 Members of Prosumer Action Center Facebook- 54

**Focus for Life Training FY'10**  
 117 people have completed full curriculum  
 87 people attended who completed a partial training  
**Trainings scheduled:**  
 None currently scheduled

**Intentional Peer Support Training FY'10**  
 None currently scheduled

**4th Annual National Peer Specialist Conference**  
**August 23-25, 2010 in Chicago, Illinois**  
**At the Westin Yorktown-Lombard**

National Association of Rights, Protection & Advocacy  
**2010 ANNUAL RIGHTS CONFERENCE**  
**"Choice, Not Force"**  
 September 8-11, 2010, Atlanta, GA 30303  
[www.NARPA.org](http://www.NARPA.org)

**Alternatives 2010 Annual Conference**  
**"Promoting Wellness Through Social Justice"**  
 Sept 29 - Oct 3, 2010  
 Garden Grove, CA

21st Annual NAPSA Conference  
**"Healing the Culture of Abuse"**  
**WHEN:** November 8-10th, 2010  
**WHERE:** Westin Gaslamp Quarter, San Diego, CA  
[www.apsnetwork.org](http://www.apsnetwork.org)

**USPRA Texas**  
**Windows to Wellness & Peer Learning Community II.,**  
 January 12-15, 2011,  
 Omni Austin South Park Hotel,  
 Featuring USPRA National Chair

[www.uspratexas.org](http://www.uspratexas.org)

## CALENDAR NAMES, ADDRESSES and PHONE NUMBERS

**Prosumer Action Center (AC)** – located at 1921 Burnet, Office Manager, Michelle Mata 210-212-6472, ext. 201 FAX 210-212-9081  
[www.ProsumersInternational.org](http://www.ProsumersInternational.org) , Mailing Address: PO Box 120394, San Antonio, TX 78212 Alternate Phone number 210-653-5267 to RSVP  
**Toll free number is 1-877-334-2717**

**Day Meeting** School of Nursing at the University Health Science Center from **12-3**  
**Evening Meeting** at La Paz on 3rd Tuesday of the Month, 530 San Pedro from **6-9**

**24/7 Crisis Clinic**—Address is 527 N. Leona 2nd Floor (the Brady Green). 210-225-5481.

**Crisis Hotline** for people feeling suicidal, homicidal or people not doing well mentally 210-223-7233 or 1-800-316-9241.

**CHCS** – Center for Health Care Services address is 3031 IH 10 West (Central Office) 210-731-1300

**BHPNAC**—Behavioral Health Planning & Networking Advisory Committee  
 for individuals with mental health and/or substance abuse issues

**CHCS Adult Mental Health Intake**—210-223-4061

**Children’s Clinic** —Address is 711 E. Josephine 210-299-8139

**Children’s Clinic for Eligibility/Enrollment**—Address is 1200 Broadway 210-223-4061

**Burnet Clinic** – Address is 1920 Burnet 210-227-3401

**Palo Alto Clinic**—Address is 2711 Palo Alto Road 210-533-2577

**North West Clinic**—Address is 9502 Computer Dr # 101 210-615-5700

**Zarzamora Clinic** - Address is 806 S. Zarzamora 210-434-7001

**Advocacy Inc.** - Address is 6800 First Park Ten Blvd. 210-737-0499 [www.advocacyinc.org](http://www.advocacyinc.org)

**DARS (Formerly TRC)** Help individuals with disabilities obtain and maintain employment. For services call 1-800-628-5115

**DBSA** --Depressive Bipolar Support Alliance meets at 8026 Floyd Curl 210-945-0689

**DBSA #2**— Thursday nights, 7-9 p.m., Good News Lutheran Church, 11020 Old Corpus Christi Road (corner of Hwy 181 and IH-37 S); contact number, Wanda, 210-779-6479

**DBSA Bexar County**—Depressive Bipolar Support Alliance meets at 4623 Lord Road, call 210-262-2596 or email [larryforbrich@yahoo.com](mailto:larryforbrich@yahoo.com),

**DBSA Texas** Phone: (512) 407-6676, Toll-free: 1 (866) 327-2839, Fax: (281) 480-4333, P.O. Box 591342, Houston, TX 77259-1342

**Dual Recovery Anonymous (DRA)** Solara Behavioral Health; 1927 N. St. Mary's San Antonio, TX 78212 Call for more info to 210-299-1152

**Fair Housing Council of Greater San Antonio**— Address 4414 Centerview Drive, Suite# 229 210-733-3247 Office

**Mental Health Support Group** — St. George Episcopal Church 6904 West Avenue 210- 342-4261 for more information

**NAMI SA** – National Alliance on Mentally Illness of San Antonio 210-734-3349

**Recovery Inc.**—Recovery International, the Power to Change—an Abraham Low Self Help System

**Tuesdays**, 10-12 Incarnate Word Retirement Center (The Garden Room); 4707 Broadway 830-216-4264

**Wednesdays**, 7:00 PM Ecumenical Center for Religion and Health; 8902 Ewing Hallsell Call Patricia (210) 655-6875

**Peer-to-Peer and Family Support Group** -San Juan de los Lagos Church at 3231 El Paso St. Call 210-734-3349 for more information

**SAILS** – San Antonio Independent Living Services address is 1028 S. Alamo Drive 210-281-1878

**Support Alliance for Mental Health (of South Texas)** [www.samentalhealth.org](http://www.samentalhealth.org) Send info about all peer support groups and other events to [normansbrother@rocketmail.com](mailto:normansbrother@rocketmail.com).

**VIA Metro Center** — Address is 1021 San Pedro 210-362-2020 Monday - Friday 7:00 a.m. - 6:00 p.m. Call for help with bus schedules

These committees are open to the public and will receive public comment. If you are interested in serving on one of these committees, contact: Evelyn Sanchez at 210-731-1300 ext 269



## Our Elected Officials

**SENATOR LETICIA VAN DE PUTTE**,  
 SENATE DIST 26  
 700 N. Saint Mary's St., Suite 1725-A, SA, TX 78205  
 (210) 733-6604 Closest Bus Route: 30

**REPRESENTATIVE TREY MARTINEZ FISCHER**,  
 HOUSE DIST116  
 1910 Fredericksburg Road, SA, TX 78201  
 (210) 737-7200 Closest Bus Route: 92, 91

**REPRESENTATIVE JOE STRAUS**,  
 HOUSE DIST 121  
 7373 Broadway Suite 202A SA, TX 78209  
 (210) 828-4411 Closest Bus Route: 9, 10, 505, 647

**REPRESENTATIVE, JOE FARIAS**  
 HOUSE DIST 118  
 601 S. Seguin Road Converse TX 78109  
 210-659-9071 Closest Bus Route: 21, 639

**SENATOR JUDITH ZAFFIRINI**, SENATE DIST 21  
 12702 Topperwein, Rd. Suite 214, SA, TX 78233  
 (210) 657-0095 Bus Route 640 stops 1 1/2 miles  
 away from Zaffirini's Office

**SENATOR CARLOS I. URESTI**, SENATE DIST 19  
 2530 SW Military Drive, Suite 103, SA, TX 78221  
 (210) 932-2568 Closest Bus Route: 551, 550, 520

**REPRESENTATIVE ROLAND GUTIERREZ**  
 HOUSE DIST 119  
 3319 Sidney Brooks Bldg. 510 Suite 2 SA, TX 78235  
 (210) 532-2758 Closest Bus Route: 34, 20

**REPRESENTATIVE FRANK J. CORTE**,  
 HOUSE DISTRICT 122  
 2040 Babcock Rd., Ste. 402, SA, TX 78229  
 (210) 349-0320 Closest Bus Route: 91, 92 522, 532

**REPRESENTATIVE RUTH JONES MCCLENDON**,  
 HOUSE DIST120  
 403 South WW White Road, Suite 210, SA, TX 78219  
 (210) 225-2107 Closest Bus Route: 25, 550

**SENATOR JEFF WENTWORTH**,  
 SENATE DIST 25  
 1250 N.E. Loop 410, Suite 925 SA, TX 78209  
 (210) 826-7800 Closest Bus Route: 10

**REPRESENTATIVE DAVID LEIBOWITZ**,  
 HOUSE DIST 117  
 9107 Marbach Road Suite 111, SA, TX 78245  
 (210) 645-4400 Closest Bus Route: 613, 615

**REPRESENTATIVE JOAQUIN CASTRO**,  
 HOUSE DIST 125  
 6100 Bandera, Ste. 130, SA, TX 78238  
 (210) 684-6896 Closest Bus Route: 88

**REPRESENTATIVE MIKE VILLARREAL**,  
 HOUSE DIST123  
 1114 S. Saint Mary's Suite 110 SA, TX 78210  
 (210) 734-8937 Closest Bus Route: 34,36,42

**REPRESENTATIVE JOSE MENENDEZ**,  
 HOUSE DIST 124  
 7121 US Hwy. 90 West, Suite 240, SA, TX 78227  
 (210) 673-3579 Bus Route: 616

## Useful Websites and Links

An Online Wellness Tool

[www.ProsumersLightaCandle.org](http://www.ProsumersLightaCandle.org)

Disability.gov Connecting the Disability Community to Information and Opportunities

[www.Disability.Gov](http://www.Disability.Gov)

The Prosumer website

[www.ProsumersInternational.org](http://www.ProsumersInternational.org)

PRO International for Empowermentware

[www.TheProInternational.com](http://www.TheProInternational.com)

National Consumer/Survivor Coalition

[www.ncmhcsco.org](http://www.ncmhcsco.org)

The Center for Health Care Services

[www.CHCSBC.org](http://www.CHCSBC.org)

A website for all TX government departments

[www.texas.gov](http://www.texas.gov)

National Empowerment Center a consumer technical Assistance Center [www.Power2u.org](http://www.Power2u.org)

Depression and Bipolar Support Alliance

(DBSA) [www.dbsalliance.org](http://www.dbsalliance.org)

Mental Health America of Texas

[www.mhatexas.org](http://www.mhatexas.org)

Texas Legislature Online

<http://www.capitol.state.tx.us>

Texas Administrative Code where you find the laws pertaining to the running of MHMR Centers

<http://www.sos.state.tx.us/tac/>

The Texas Election Division to find voter information, and candidates

<http://www.sos.state.tx.us/tac/>

Substance Abuse Mental Health Services Administration

[www.SAMHSA.gov](http://www.SAMHSA.gov)

Mental Health Self Help Clearinghouse

<http://mhselfhelp.org/>

Website for Medications, Assistance Programs, Discount programs

[www.needymeds.com](http://www.needymeds.com)

TX Department of Housing and Community Affairs <http://www.tdhca.state.tx.us>

Patient Assistance with Medications

<http://www.phrma.org/>

Free Online Computer Classes through Global Community Foundation [www.gcflearnfree.org/](http://www.gcflearnfree.org/)

For more information specific to their current situation and the transition to Medicare Rx

[www.texasmedicarerx.org](http://www.texasmedicarerx.org)

Blog for discussion of mental illness in veterans by Dr. Maria Felix-Ortiz [www.bexarinmind.org](http://www.bexarinmind.org)

Assistance with household goods for people with chronic mental illness. Home Comforts

[www.bexarhomecomforts.com](http://www.bexarhomecomforts.com)

NAMI a Organization for the families of people with mental illness [www.nami.org](http://www.nami.org)

Via Hope, a collaboration of Mental Health Advocacy groups to help with the transformation of services in Texas. [www.viahope.org](http://www.viahope.org)

## Fact Sheet: The Affordable Care Act's New Patient's Bill of Rights

June 22, 2010

A major goal of the Affordable Care Act – the health insurance reform legislation President Obama signed into law on March 23 – is to put American consumers back in charge of their health coverage and care. Insurance companies often leave patients without coverage when they need it the most, causing them to put off needed care, compromising their health and driving up the cost of care when they get it. Too often, insurance companies put insurance company bureaucrats between you and your doctor. The Affordable Care Act cracks down on some of the most egregious practices of the insurance industry while providing the stability and the flexibility that families and businesses need to make the choices that work best for them.

Today, the Departments of Health and Human Services (HHS), Labor, and Treasury issued regulations to implement a new Patient's Bill of Rights under the Affordable Care Act – which will help children (and eventually all Americans) with pre-existing conditions gain coverage and keep it, protect all Americans' choice of doctors and end lifetime limits on the care consumers may receive. These new protections apply to nearly all health insurance plans.<sup>1</sup>

### How These New Rules Will Help You

**Stop insurance companies from limiting the care you need.** For most plans starting on or after September 23, these rules stop insurance companies from imposing pre-existing condition exclusions on your children; prohibit insurers from rescinding or taking away your coverage based on an unintentional mistake on an application; ban insurers from setting lifetime limits on your coverage; and restrict their use of annual limits on coverage.

**Remove insurance company barriers between you and your doctor.** For plans starting on or after September 23, these rules ensure that you can choose the primary care doctor or pediatrician you want from your plan's provider network, and that you can see an OB-GYN without needing a referral. Insurance companies will not be able to require you to get prior approval before seeking emergency care at a hospital outside your plan's network. These protections apply to health plans that are not grandfathered.

### Builds On Other Affordable Care Act Policies

These new protections complement other parts of the Affordable Care Act including:

**Reviewing Insurers' Premium Increases.** HHS recently offered States \$51 million in grant funding to strengthen review of insurance premiums. Annual premium hikes can put insurance out of reach of many working families and small employers. These grants are a down-payment that enable States to act now on reviewing, disclosing, and preventing unreasonable rate hikes. Already, a number of States, including California, New York, Maine, Pennsylvania and others are moving forward to improve their oversight and require more transparency of insurance companies' requests to raise rates.

**Getting the Most from Your Premium Dollars.** Beginning in January, the Affordable Care Act requires individual and small group insurers to spend at least 80% and large group insurers to spend at least 85% of your premium dollars on direct medical care and efforts to improve the quality of care you receive – and rebate you the difference if they fall short. This will limit spending on overhead and salaries and bonuses paid to insurance company executives and provide new transparency into how your dollars are spent. Insurers will be required to publicly disclose their rates on a new national consumer website – HealthCare.gov.

**Keeping Young Adults Covered.** Starting September 23, children under 26 will be allowed to stay on their parent's family policy, or be added to it. Group health plans that are grandfathered plans can limit this option to adult children that don't have another offer of employment-based coverage. Many insurance companies and employers have agreed to implement this program early, to avoid a gap in coverage for new college graduates and other young adults.

**Providing Affordable Coverage to Americans without Insurance due to Pre-existing Conditions:** Starting July 1, Americans locked out of the insurance market because of a pre-existing condition can begin enrolling in the Pre-existing Condition Insurance Plan (PCIP). This program offers insurance without medical underwriting to people who have been unable to get it because of a preexisting condition. It ends in 2014, when the ban on insurers refusing to cover adults with pre-existing conditions goes into effect and individuals will have affordable choices through Exchanges – the same choices as members of Congress.

### New Consumer Protections Starting As Early As This Fall

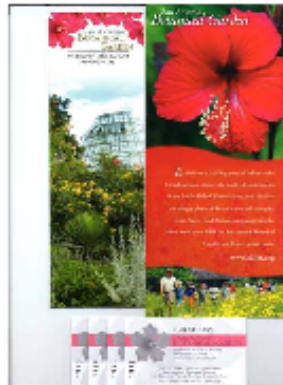
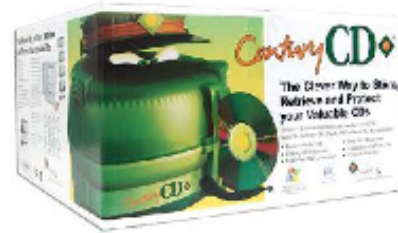
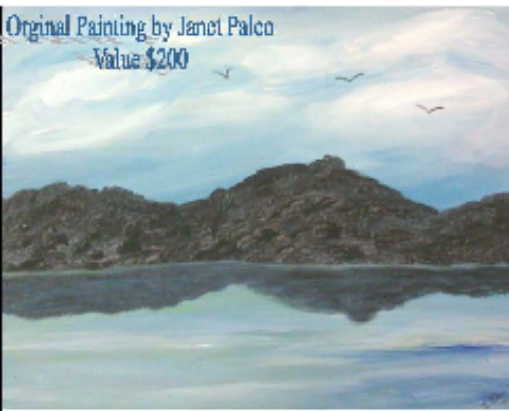
The new Patient's Bill of Rights regulations detail a set of protections that apply to health coverage starting on or after September 23, 2010, six months after the enactment of the Affordable Care Act. They are:

**No Pre-Existing Condition Exclusions for Children Under Age 19.** Each year, thousands of children who were either born with or develop a costly medical condition are denied coverage by insurers. Research has shown that, compared to those with insurance, children who are uninsured are less likely to get critical preventive care including immunizations and well-baby check-ups. That leaves them twice as likely to miss school and at much greater risk of hospitalization for avoidable conditions.

A Texas insurance company denied coverage for a baby born with a heart defect that required surgery. Friends and neighbors rallied around the family to raise the thousands of dollars needed to pay for the surgery and put pressure on the insurer to pay for the needed treatment. A week later the insurer backed off and covered the baby.<sup>2</sup>

The new regulations will prohibit insurance plans from denying coverage to children based on a pre-existing condition. This ban includes both benefit limitations (e.g., an insurer or employer health plan refusing to pay for chemotherapy for a child with cancer because the child had the cancer before getting insurance) and outright coverage denials (e.g., when the insurer refuses to offer a policy to the family for the child because of the child's pre-existing medical condition). These protections will apply to all types of insurance except for individual

Continued on page 8



## Prosumer Action Center Updates

Classes continue to be held every day at the Center. We have added classes and continue to add classes. (the schedule can be found on page 4). We also have a fun social every Wednesday.

We are getting closer to having the software for our computer lab.

We have four Deputy Registrars which means you can come to the Action Center and register to vote or update your voting card. Even if you are homeless or marginally homeless and don't have permanent address, we can help you register.

We were honored to speak at the Silver Stars game on Tuesday, August 17 as they dedicated the game to mental health awareness. We and 16 other organizations provided materials and information about mental health services in San Antonio.

**This month we have tickets for a drawing for the purpose of raising money for Prosumers to go to Conferences** We have a Gold and Diamond Pendant from Americus Diamonds (\$500 value); an original painting from Janet Paleo (\$200 value); a CD Automatic Storage Unit (\$120 value); a Dinner for two from Chuy's Mexican Restaurant (\$85 value) and other possible prizes. Tickets are \$2.00 or 10 for \$15.00 and will help us realize our dreams.

Come see what all the excitement is about and join us as we discover and explore what is possible.

**Tickets are \$2.00 or 10 tickets for \$15.00**

**See a Prosumer Journeyman for more information!**

### Announcing "Resume Building Class"

Beginning August 26 @ 10:30 a.m. we will begin our Resume Building Class. Classes will run four weeks for two hours each. In these classes you can expect to build a resume that can open doors to possible employment and in this process discover what an awesome individual you are. You will need to pre-register for the class. Class is limited to six people. Please call Prosumer Action Center 210-212-6472 ext. 201 Michelle Mata or Cheryl Alvarez to register. For questions call 210-519-7400 and ask for Cheryl Alvarez. The dates of the classes are:

- August 26, 2010 at 10:30 a.m.
- September 9, 2010 at 10:30 a.m.
- September 16, 2010 at 10:30 a.m.
- September 22, 2010 at 10:30 a.m.

### Job Readiness Program

Are you thinking that you might like to go back to work, but you aren't sure you are ready? We have the perfect opportunity for you. Prosumers has a Job Readiness Program at the Prosumer Action Center (1921 Burnet). This is a special volunteer training program that will make you job ready to be a Peer Support Specialist for jobs opening up in Bexar County and in Texas.

So if you would like to have fun, grow in your recovery and learn new skills, this might be exactly what you are looking for. Once a month, there is an entry meeting so that you can find out more information, ask your questions, see the Action Center and meet who you will be working with. The dates for the Entry meetings are:

- September 14, 2010 at 1 pm
- October 12, 2010 at 1 pm
- November 15, at 1 pm

Take action today! For more information or to RSVP call Michelle at 210-212 -6472 ext 201.

## Fact Sheet Cont from page 6

policies that are “grandfathered,” and will be extended to Americans of all ages starting in 2014.

**No Arbitrary Rescissions of Insurance Coverage.** Right now, insurance companies are able to retroactively cancel your policy when you become sick, if you or your employer made an unintentional mistake on your paperwork.

In Los Angeles, a woman undergoing chemotherapy had her coverage cancelled by an insurer who insisted her cancer existed before she bought coverage. She faced more than \$129,000 in medical bills and was forced to stop chemotherapy for several months after her insurance was rescinded.<sup>3</sup>

Under the regulations, insurers and plans will be prohibited from rescinding coverage – for individuals or groups of people – except in cases involving fraud or an intentional misrepresentation of material facts. Insurers and plans seeking to rescind coverage must provide at least 30 days advance notice to give people time to appeal. There are no exceptions to this policy.

**No Lifetime Limits on Coverage.** Millions of Americans who suffer from costly medical conditions are in danger of having their health insurance coverage vanish when the costs of their treatment hit lifetime limits set by their insurers and plans. These limits can cause the loss of coverage at the very moment when patients need it most. Over 100 million Americans have health coverage that imposes such lifetime limits.

A teenager was diagnosed with an aggressive form of leukemia requiring chemotherapy and a stay in the intensive care unit. He reached his family’s plan’s \$1 million lifetime limit in less than a year. His parents had to turn to the public for help when the hospital informed them it needed either \$600,000 in certified insurance or a \$500,000 deposit to perform the bone marrow transplant he needed.<sup>4</sup>

The regulation released today prohibits the use of lifetime limits in all health plans and insurance policies issued or renewed on or after September 23, 2010.

### **Restricted Annual Dollar Limits on Coverage.**

Even more aggressive than lifetime limits are annual dollar limits on what an insurance company will pay for health care. Annual dollar limits are less common than lifetime limits, involving 8 percent of large employer plans, 14 percent of small employer plans, and 19 percent of individual market plans. But for people with medical costs that hit these limits, the consequences can be devastating.

One study found that 10 percent of cancer patients reached a limit of what insurance would pay for treatment – and a quarter of families of cancer patients used up all or most of their savings on treatment.<sup>5</sup>

The rules will phase out the use of annual dollar limits over the next three years until 2014 when the Affordable Care Act bans them for most plans.

Plans issued or renewed beginning September 23, 2010, will be allowed to set annual limits no lower than \$750,000. This minimum limit will be raised to \$1.25 million beginning September 23, 2011, and to \$2 million beginning on September 23, 2012. These limits apply to all employer plans and all new individual market plans. For plans issued or renewed beginning January 1, 2014, all annual dollar limits on coverage of essential health benefits will be prohibited

Employers and insurers that want to delay

complying with these rules will have to win permission from the Federal government by demonstrating that their current annual limits are necessary to prevent a significant loss of coverage or increase in premiums. Limited benefit insurance plans – which are often used by employers to provide benefits to part-time workers – are examples of insurers that might seek this kind of delay. These restricted annual dollar limits apply to all insurance plans except for individual market plans that are grandfathered.

**Protecting Your Choice of Doctors.** Being able to choose and keep your doctor is a key principle of the Affordable Care Act, and one that is highly valued by Americans. People who have a regular primary care provider are more than twice as likely to receive recommended preventive care; are less likely to be hospitalized; are more satisfied with the health care system, and have lower costs. Yet, insurance companies don’t always make it easy to see the provider you choose. One survey found that three-fourths of OB-GYNs reported that patients needed to return to their primary care physicians for permission to get follow-up care.

The new rules make clear that health plan members are free to designate any available participating primary care provider as their provider. The rules allow parents to choose any available participating pediatrician to be their children’s primary care provider. And, they prohibit insurers and employer plans from requiring a referral for obstetrical or gynecological (OB-GYN) care. All of these provisions will improve people’s access to needed preventive and routine care, which has been shown to improve the health of those treated and avoid unnecessary health care costs. These policies apply to all individual market and group health insurance plans except those that are grandfathered.

**Removing Insurance Company Barriers to Emergency Department Services.** Some insurers will only pay for health care provided by a limited number or network of providers – including emergency health care. Others require prior approval before receiving emergency care at hospitals outside of their networks. This could mean financial hardship if you get sick or injured when you are away from home or not near a network hospital.

The new rules make emergency services more accessible to consumers. Health plans and insurers will not be able to charge higher cost-sharing (copayments or coinsurance) for emergency services that are obtained out of a plan’s network. The rules also set requirements on how health plans should reimburse out-of-network providers. This policy applies to all individual market and group health plans except those that are grandfathered.

### **Benefits of Consumer Protections**

The new rules will bring immediate relief to many Americans and provide peace of mind to millions more who are only one illness or accident away from medical and financial chaos.

The new ban on lifetime limits would affect group premiums by 0.5% or less and individual market premiums by 0.75% or less. The restricted annual limit policy would affect group and individual markets by roughly 0.1% or less (grandfathered individual market plans are exempt). And, the prohibition of preexisting conditions exclusions for children would affect group health plans by just a few hundredths of a percent. For new plans in the individual market, this impact would be roughly 0.5% in many states. In states with community rating, (roughly twenty states), the impact could be up to

1.0%. These costs are before taking into account benefits.

In addition, the rules will achieve greater cost savings by:

**Reducing the “hidden tax” on insured Americans:** By making sure insurance covers people who are most at risk, there will be less uncompensated care and the amount of cost shifting among those who have coverage today will be reduced by up to \$1 billion in 2013.

**Improving Americans’ health:** By making sure that high-risk individuals have insurance, the rules will reduce premature deaths.<sup>6</sup> Insured children are less likely to experience avoidable hospital stays than uninsured children<sup>7</sup> and, when hospitalized, insured children are at less risk of dying.<sup>8</sup>

**Protecting Americans’ savings:** High medical costs contribute to some degree to about half of the more than 500,000 personal bankruptcies in the U.S. in 2007.<sup>9</sup> These costs borne by individuals might be assumed by insurance companies once rescissions are banned, annual limits are restricted, lifetime limits are prohibited, and most children have access to health insurance without pre-existing condition exclusions.

**Enhancing workers’ productivity:** Making sure that kids with health problems have coverage will reduce the number of days parents have to take off from work to care for family members. Parents will also be freed from “job lock,” which occurs when people are afraid to take a better job because they might lose coverage for themselves or their families.<sup>10</sup>

<sup>1</sup> Limits on pre-existing conditions and annual limits will not apply to existing “grandfathered” plans offering individual coverage. For details, see the Fact Sheet and interim final regulations released on the topic on June 14.

<sup>2</sup> Jarvis, Jan, “Under Fire, Blue Cross Blue Shield of Texas Offers to Cover Medical Expenses for Crowley Baby,” *Houston Star-Telegram*, (March 31, 2010).

<sup>3</sup> Girion, Lisa “Health Net Ordered to Pay \$9 million after Cancelling Cancer Patient’s Policy,” *Los Angeles Times* (2008), available at: [http://www.latimes.com/business/la-fi-insure23feb23.1.5039339\\_story](http://www.latimes.com/business/la-fi-insure23feb23.1.5039339_story).

<sup>4</sup> Murphy, Tom. “Patients struggle with lifetime health insurance benefit caps,” *Los Angeles Times*, July 2008.

<sup>5</sup> See “National Survey of Households Affected by Cancer.” (2006) accessed at <http://www.kff.org/kaiserpolls/upload/7591.pdf>

<sup>6</sup> See, for example, Almond, Doyle, Kowalski, Williams (2010), Doyle (2005), and Currie and Gruber (1996).

<sup>7</sup> Keane, Christopher et al. “The Impact of Children’s Health Insurance Program by Age.” *Pediatrics* 104:5 (1999), available at: <http://pediatrics.aappublications.org/cgi/reprint/104/5/1051>.

<sup>8</sup> Bernstein, Jill et al. “How Does Insurance Coverage Improve Health Outcomes?” *Mathematica Policy Research* (2010), available: [http://www.mathematica-mpr.com/publications/PDFs/Health/Reformhealthcare\\_IB1.pdf](http://www.mathematica-mpr.com/publications/PDFs/Health/Reformhealthcare_IB1.pdf)

<sup>9</sup> David Himmelstein et al. 2009.

<sup>10</sup> Gruber, J. and B. Madrian. “Health Insurance, Labor Supply, and Job Mobility: A Critical Review of the Literature.” (2001).

## Dual Recovery Anonymous (DRA) Meetings Wednesdays 2:30-3:30p.m.

This is a 12 step program for “dual diagnosis” - mental illness/addiction. Meets at Solara Behavioral Health, 1927 N. St. Mary’s, San Antonio, TX 78212. For more info, please call 210-299-1152