

NEWS & VIEWS

AUGUST



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GET TO KNOW BEATRIZ



Name: Beatriz Marquez

Title: Marketing and Fund Development Coordinator

What did you do before coming to Open Door? I worked for the Illinois School District U-46 for over two years.

How long have you been with Open Door? I have been with the organization for a little less than a month.

What types of things do you do or would like to do with Open Door? I work in the Resource & Development Department and am looking forwards to creating amazing marketing work for the organization.

Describe your family? I am very close to my family, especially to my extended family. I am an only child so growing up I would spend a lot of time with family.

What do you enjoy doing

in your free time? I like to paint! I am not a master painter, but I can do a little more than stick figures.

Where is the farthest place from home you have ever been? Colombia! I was in Bogota for a two week service trip in college. I fell in love and am making plans to hopefully return soon.

What is your favorite food? This is so ordinary, but my favorite food is pizza. No extra ingredients just plain tomato sauce and cheese. Oh, and maybe some ketchup too!

What one thing do you want to do that you haven't done yet? I have a

bucket list in my head of places I would like to visit in the future as well as some personal and professional goals. I checked off two things on my list just this summer, but I should probably write everything down and make sure I do not miss a beat of this beautiful life!

Who is the most impactful person in your life or most impactful person on humanity? The most impactful person in my life would be my grandpa. As a child I spent a lot of time with him and therefore he helped shape the person I am today.

THE CAC IS LOOKING FOR A FEW GOOD CLIENTS

IF YOU ARE INTERESTED IN JOINING PLEASE CONTACT

DEAN B AT deanb.odcac@outlook.com OR CALL EITHER CENTER AND ASK FOR EXT. 375 AND LEAVE YOUR INFORMATION OR CONTACT PERRY M. OR A STAFF MEMBER FOR MORE INFORMATION

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MENTAL HEALTH! I'M NOT CRAZY!....MYTHS AND FACTS

By: Shannon Lane, LCSW, CADC

How many times have you heard someone exclaim, "I don't need mental health services because I'm not crazy!" You might even be one of those critics. This article is for you as we will be dispelling myths and facts regarding mental health.

Myth: *Mental health problems don't affect me.*

Fact: Mental health problems effect everybody. One in five American adults experience a mental health issue. 16 million adults have had at least one major depressive episode in the past year. Anxiety disorders are the most common mental health disorder with 40 million adults or 18% of the population being diagnosed. Even if you are not experiencing a mental health issue, you might know someone close to you who has a diagnosed or undiagnosed mental health problem. These stats alone speak to mental health being something important to discuss.

Myth: *Mental illness means you're a wimp who*

can't handle life. It is a sign of weakness.

Fact: Your personality or ability to handle their feelings does not cause mental illness. Mental illness is not just "in your head" or something that goes away if you try hard. It is not your fault, any more than diabetes or heart disease. It is not a condition that you choose or not choose to have. It takes strength and courage to seek out support.

Myth: *People with mental illness never get better.*

Fact: People diagnosed with mental illnesses can and do get better. Some people feel better when they talk to someone, take medication or a combination of both. This process can start by having a conversation with your doctor about your symptoms or feelings. You can be referred to a therapist for a mental health assessment. This will increase the understanding of what the issues are and to develop a plan for treatment. There is hope and people do get better.

Myth: *You can recover*

by having positive thoughts or using prayer.

Fact: Recovery occurs when one receives the right treatment designed for them. Positive thoughts and spirituality can assist in stress management and the process of healing, but is not enough in the treatment of many mental health conditions. A professional versed in using specialized therapies to address the mental health concern is needed.

Myth: *Personality weakness or character flaws cause mental health problems. People can snap out of it if they try.*

Fact: Mental health problems have nothing to do with being weak or lazy. Many factors contribute to mental health problems such as biological factors, for example our genes, physical illness, injury or brain chemistry; life experiences, such as trauma or a history of abuse; or family history of mental health problems. People with mental health problems can get better and recover completely.

These are just a few myths regarding mental health. Be on the lookout for these myths and the many others out there. I would love to hear any other you know up to keep adding to the list.

The Behavioral Health department at Open Door is equipped to talk with you regarding any questions or concerns you might have regarding your mental health. Services include individual and group therapy to address mental health and substance use concerns. Please call the Aurora office, at (630) 264-1819 or the Elgin office at (847) 695-1093 and ask for Diane Henning or Shannon Lane.

<http://www.mentalhealth.gov/basics/myths-facts/>
<http://walkinourshoes.org/img/en/myths-header.png> <http://www.nimh.nih.gov/health/statistics/prevalence/major-depression-among-adults.shtml>



OPEN DOOR AND CAC ANNUAL FAMILY SUMMER PICNIC AUGUST 15, 2015 STARTS AT 3PM



HOSTED AND HELD AT THE
FIRST CONGREGATIONAL CHURCH OF GENEVA
321 Hamilton St Geneva Illinois 60134
THERE WILL BE FOOD, DRINK AND FUN
FOR EVERYONE



REHOME CENTER

By Gail Schlesinger

ReHome Center is an acronym for Round up Excess items to Help Others Maximize their Experience of life. That's a mouthful but it is really what they do. ReHome accepts donations of furniture and other household items from people who don't need them anymore, and then turns around and gives them to people who do. It is a simple concept, but one that takes a bit of planning and coordination in the real world.

ReHome Center is a new non-profit agency founded by Carolyn Fabian, who is a member of the board of directors at Open Door. Carolyn had been working for an Estate Sale company, and she was well aware of all the things people need to sell or give away when they move out of a house. This all started

when she was contacted about an Open Door patient who needed a bed. After finding a bed for that patient, there were more requests, in fact a steady stream of them. She founded this agency in response to the continuing need for home furnishings.

The social workers at Open Door face a level of frustration caused by their patients' poor living conditions. If only each and every patient lived in a comfortable home with beds, tables and chairs, all the typical kitchen and bathroom supplies, etc., then the social workers could concentrate on the physical needs of the people without having to deal with their living conditions. In addition, the mental stress of not being able to afford the basic necessities of life is a major reason why low-income people

tend to have negative health outcomes. It is hard to recover from an illness when you don't have a bed for a good night's sleep.

The types of items ReHome Center collects and then gives away include: beds and bedding, kitchen table sets, sofas, lamps, night stands and dressers. At times they provide everything needed when someone moves into a completely empty apartment, and so they have a 'Startup Kit' in addition to the furniture. This would include pots and pans, dishes, glasses, silverware and utensils, small appliances, fans, waste baskets, cleaning supplies and brooms, towels, shower curtains, and even toothbrushes, toothpaste, and shampoo if needed. Anything that is in the 'Startup Kit' can be requested individually too. They can

even come up with school supplies, toys, books, or artwork for the walls. If you need it, they can probably get it for you. The idea is to help you create a comfortable home so that you can face life more effectively.

Who can use ReHomes services? ReHome helps people identified for them by social workers at a number of local non-profit agencies such as Open Door. If you have a specific need, all you have to do is let your social worker know and they will contact ReHome. They will arrange for a delivery time that is convenient to you.

Check out the ReHome web site at rehomecenter.org for more information. This web site is still a work in progress, so check back from time to time to see what is new.

SHAME ON OUR GOVONOR AND LEGISLATURE

Bryan Gooding- Member
Illinois Alliance for Sound
AIDS Policy

As I am writing this we are in the 3rd week of a state government shut down, with no end in sight. The Illinois state house in shameful disarray and not an inch closer to a viable budget. We have a problem in Illinois that has been festering for years, and it doesn't matter if its a Republican or Democrat they are both guilty in lacking the political will to address any issue in any way. Our problem is and has been revenue! When talking to state politicians over the course of several years I've heard some of the same responses from members of both parties, politicians seem to be more interested in getting re-elected or pandering to corporate or special interests, saving their political and financial butts, while hanging ours out to dry. If my tone sounds angry it's because I am angry! When are politicians going to buck it up and make the hard decisions that benefit all citizens of Illinois not only their political careers and specific constituents or interests? We need to care for and take care of even the least of our citizens.

As I drove to work this morning I was listening to the radio about a law suit forcing the state to make Medicaid payments to Cook

Co. and hoping that the Governor would expand that to include the whole state. Rauner's office replied that there is no evidence that people are being turned away from care because of the shutdown. And I get angrier! Do we have to wait until someone gets turned away or dies from lack of care before we act? It takes a special kind of person (and not the good kind) to come up with a response as insensitive and uncaring to the needs of the most vulnerable in our communities. Letting Hospitals and Clinics even get to the point of turning people away is unacceptable!

I have been living with HIV/AIDS for over 25 years, access to medication and care through state and federally funded programs have enabled me to go from being sick and on disability, to working full time and contributing to the tax base and to my community. Everyday I work with people who are either newly diagnosed, or are struggling due to lost medical programs like the AIDS Drug Assistance Program and Premium Assistance Program, provide essential LIFE SAVING medication and care. These programs need to be designated as essential services, because **medications and care that keep people alive are essential!** My medications cost ap-

proximately \$4000 a month, and I don't know if I am going to get them in August! I and the clients I work with are literally afraid for our lives!

It's not only medication and care that is important, but outreach and prevention services that target our most at risk communities are essential in preventing new infections. Each new infection can cost up to a million dollars in life time care. The communities of my brothers and sisters of color are being devastated by this epidemic. **THEIR LIVES MATTER!!**

I keep hearing over and over, fight the governor's budget, be a soldier in the fight against HIV/AIDS, and fight this fight that, I am tired of fighting! I challenge readers to stop fighting and become a responder instead. Soldiers in an army typically wait for orders from institutions or governments that are slow, reluctant or refuse to change. We need to stop fighting and respond to a public health crisis in our communities, our state and indeed our nation. We need to be first responders in this crisis by continuing to pressure our local, state, and federal government to support policies and programs that will end this epidemic for all peoples. HIV/AIDS is not a political issue it's a public health issue! We have

the tools to address and end this epidemic and realize the vision of an AIDS free generation. Zero new infections, Zero deaths, and Zero discrimination. Now is not the time for cuts and pulling back, it's the time for pushing forward at full force until we achieve our goal.

You can become a first responder today by contacting your state legislators and our Governor and demanding that they pass a responsible budget that includes long term revenue solutions to support the health and welfare of all Illinoisans. Tell your friends, family, everyone you know to join us in this response, call, email, write letters and keep doing it every day! Let Springfield know that this shut down is unacceptable, it's time to do your job! Our legislators sure can find money to pay themselves and to keep their healthcare while denying us ours. When theirs should be the first to go when they refuse to work together and do the job we sent them there to do. For more information or help in contacting you elected officials you can contact me, Bryan Gooding at bryang@opendoorclinic.org Office of the Governor

207 State House
Springfield, IL 62706
Phone: 217-782-0244

TOTAL COMPREHENSIVE HIV PREVENTION SERVICE DELIVERY IN THE UNITED STATES AN ACTION PLAN

An objective of the National HIV/AIDS Strategy (NHAS), released by the White House in July 2010, is to lower the annual number of new infections in the United States by 25 percent by the end of 2015. Yet it is unclear if we will succeed in meeting this arguably unambitious target: 36,400 estimated new infections in 2015, compared with the 48,600 new infections estimated for the baseline year of 2006.

Our collective national prevention efforts have been unable to rein in an epidemic among gay and bisexual men and transgender women that, according to many indicators, is out of control. Available statistics are testaments not only to the severe shortcomings of U.S. prevention efforts, but also to the experience of individuals in vulnerable communities who live with the knowledge that many of their peers have a stigmatized and potentially lethal disease that is entirely preventable.

At the same time, there has never been greater potential for preventing new infections. The advent of biomedical tools to sharply curtail new HIV infection rates, along with emerging possibilities to

more fully integrate HIV prevention services into systems of comprehensive primary care through provisions of the Affordable Care Act (ACA), presents tremendous opportunities to curtail new HIV infections, both generally and in vulnerable populations. The simultaneous arrival of new prevention science and a generally more favorable policy climate brings us to a long-awaited watershed -- a time of unprecedented progress in national HIV prevention efforts.

There is, however, a great deal of work to be done. After nearly three decades of antiretroviral therapy (ART) development and refinement -- including the emergence of data demonstrating that ART can nearly eliminate the risk of secondary transmission of the virus -- less than half of all U.S. residents with the virus are fully engaged in clinical care, and only one-third have suppressed viral loads.

While an effective HIV care continuum has been developed to help identify gaps in the HIV response for people living with HIV, there are no similar population-based metrics or best practices in place to ensure that people

who are HIV-negative -- particularly those most vulnerable to the infection -- remain so. Despite scientific evidence and expert opinion that pre-exposure prophylaxis (PrEP) can substantially reduce the risk of primary infection among vulnerable HIV-negative individuals, PrEP remains underpromoted and underused. Wraparound health strategies to minimize health disparities among key U.S. populations have developed as a result of the ACA; however, PrEP continues to be largely disconnected from these efforts. In states that continue to oppose Medicaid expansion, the challenges of receiving comprehensive preventive care are even more significant.

Treatment Action Group (TAG) and amfAR, The Foundation for AIDS Research, convened two consultations in 2014 to explore research and implementation priorities to expand comprehensive HIV prevention service delivery for vulnerable HIV-negative individuals and populations. In May, nearly 40 representatives from government, academia, service agencies, and affected communities gathered to review the current

prevention tools for HIV-negative people and to identify priorities for successful access, uptake, and use under the ACA. A larger consultation of 60 leaders, nearly half representing vulnerable populations and subpopulations, focused on specific challenges and opportunities and worked to more clearly define a community-based research and implementation agenda.

This action plan, based primarily on the proceedings of the two consultations, seeks to define a community-focused national strategy for integrating historically separate HIV prevention interventions and services -- many with established positive effects on individual health outcomes -- into needs-driven components of population-based care and support programs. Central to this effort has been the ongoing development of a comprehensive HIV prevention service delivery continuum to help galvanize stakeholders in much the same way that the continuum of care has done. Additionally, numerous research and implementation priorities of this plan were identified and discussed by consultation participants and are reviewed here.

**THE CAC HAS A NEW SOCIAL ACTIVITIES PROGRAM IN PROGRESS.
WHEN YOU ATTEND AN CAC EVENTS YOU COULD WIN A CHANCE
TO BE A VIP WINNER FOR A VERY SPECIAL VIP ONLY EVENT.
JUST TO REMIND YOU THAT THE CAC NEEDS THE CARDS THAT ARE
FILLED OUT WITH YOUR INFORMATION AND THE EVENTS THAT YOU
ATTENDED HANDED IN BY *NOVEMBER 30 2015*.**

Would You Like to Win a \$50 Visa Gift Card?

Sign up and use the portal once to either refill your medication or send a non-emergency message to the Open Door medical staff and you will be entered to win. Contest ends on September 21 and winner will be announced on September 28.

If you are interested ask the receptionist for more information on how to activate your account.

Please RSVP For CAC Events

Here's How

There are three ways to RSVP :

Call Aurora Center at **630-264-1819 Ext 375**

OR Elgin Center at **847-695-1093 Ext. 375**

(All you need to do is leave a message)

OR

You can email your RSVP to **rsvp.odcac@outlook.com**

OR

Drop your RSVP in the

Communication & Suggestion Box

at either center

When your RSVP, we can ensure there is enough food for everyone

ELGIN CENTER

1665 LARKIN AVE
ELGIN, IL 60123

PHONE (847) 695-1093

FAX (847) 695-0501

AURORA CENTER

157 S. LINCOLN AVE.
ROOM K
AURORA, IL 60505

PHONE (630) 264-1819

FAX (630) 229-0182

www.opendoorclinic.org

IF YOU ARE INTERESTED IN RECEIVING OPEN DOOR'S MONTHLY NEWSLETTER VIA E-MAIL OR HAVE ANY SUGGESTIONS YOU WOULD LIKE TO SEE IN THE NEWSLETTER. PLEASE EMAIL DEAN B AT deanb.odcac@outlook.com

A U G U S T E V E N T S

03 - Latino Support Group (E) 3p - 4p	11 - Positive Support Group (A) 4p - 5p	19 - Positive Support Group (E) 12p - 1p	28 - Support Group (A) 4p - 6p
03 - Health & Wellness Group (A) 10a - 12p	12 - Positive Support Group (E) 12p - 1p	20 - Recovery Support Group (E) 12p - 1p	31 - Health & Wellness Group (A) 10a - 12p
04 - Positive Support Group (A) 4p - 5p	13 - Recovery Support Group (E) 12p - 1p	21 - Support Group (A) 4p - 6p	31 - Latino Support Group (E) 3p - 4p
05 - Positive Support Group (E) 12p - 1p	14 - Support Group (A) 4p - 6p	24 - Health & Wellness Group (A) 10a - 12p	31 - Pain Management Group (E) 12p
06 - Recovery Support Group (E) 12p - 1p	15 - Annual Family Picnic (G) Starts at 3pm	24 - Latino Support Group (E) 3p - 4p	
07 - Support Group (A) 4p - 6p	17 - CAC Meeting 5:30p - 7p	24 - Pain Management Group (E) 12p	
10 - Health & Wellness Group (A) 10a - 12p	17 - Health & Wellness Group (A) 10a - 12p	25 - Positive Support Group (A) 4p - 5p	
10 - Pain Management Group (E) 12p	17 - Latino Support Group (E) 3p - 4p	26 - Positive Support Group (E) 12p - 1p	
10 - Latino Support Group (E) 3p - 4p	18 - Positive Support Group (A) 4p - 5p	27 - Recovery Support Group (E) 12p - 1p	

(A) Aurora Center
157 S. Lincoln Ave STE K
Aurora, IL 60505

(E) Elgin Center
1665 Larkin Ave. Elgin, IL 60123

(G) First Congregational Church
321 Hamilton Geneva IL 60134