



Change Agent News

"You Must Be the Change You Wish to See in the World" ~ Mahatma Gandhi

August 2010

BHCS Co-Occurring Initiative

In April of 2008 Behavioral Health Care Services (BHCS) launched the "Co-Occurring Conditions Initiative" with the goal of transforming our system to become a more fully integrated system of care. BHCS partnered with Ken Minkoff and Chris Cline of Zia Partners, Inc., nationally known experts in the field of co-occurring disorders and systems change, to help make this vision a reality.

One of the major aspects to realizing this vision was to build a cadre of Change Agents; an empowered group of individuals from across our system that represent the voices of front line staff and consumers. The idea is that Change Agents work in partnership with BHCS so that every program within every agency makes step by step progress toward being welcoming, recovery-oriented and co-occurring capable system.

This process is about progress, *not* perfection! We could tell ourselves we need to wait for the "perfect" funding streams, the "perfect" formula to get from point A to point B, or the "perfect" leadership before making changes or we could just get busy making progress.

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"My Awakening"

A Personal Story of Hope and Recovery

By Deandre Rice

Deandre is a Change Agent, member of the Co-Occurring Conditions Initiative Steering Committee, and consumer in the HOST Program. This is his story.



"I was raised in East Oakland, CA with my mother and half sister. My father was murdered at age four and I only remember seeing him twice. I always felt alone, because my mother always worked a lot. However, she did get me involved with Allen Temple Baptist Church. I was attending Sunday school and singing in the choir.

Here are some of the issues that my father's death may have caused: There were no positive male role models present, abandonment, low self esteem, feeling like I was ugly, shy and unable to get a girlfriend, fear of eye contact, loneliness, rejection issues and I was *always* suicidal. I also ran away from home a few times; maybe because I was always angry and sad, because I could not get my way. I also ate a wild mushroom

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Ken and Chris ask us to consider that leadership is about not knowing all the answers, but rather a focus on knowing that if we put our values first and work *together*, we will find solutions we could not imagine alone. Our collective goal as a system and as an empowered group of Change Agents is to work in partnership to organize everything we do at every level, with every dollar we have, to be about the hopes, dreams, and needs of the people and families who need help, and the values that we all share. No matter how few resources we have, no matter how many challenges we face, no matter how familiar the old rules, we do not have to stay in the same old box.

Since 2008 we have seen many changes in our system as a result of our efforts. At the system level BHCS has developed new guidelines for psychiatric practices for individuals with co-occurring conditions that will move psychiatric practices toward more inclusive and integrated care. We have a new Welcoming Policy that will help move our entire system closer toward an integrated system. We have new expectations of co-occurring capability in *all* new mental health and alcohol and other drug program contracts. At the service level, Change Agents are busy making changes in their own domains. Some Change Agents are working on action plans derived from the COMPASS-EZ. Some are making changes in welcoming practices, using stage matched engagement strategies and the integrated, longitudinal strength based assessment approach to care, and many, many other changes specific to their own programs. As we continue moving forward we will begin to more strategically "collect" this information through our new BHCS Quality Improvement process. *Together we can change the world in Alameda County!*



during one of my runaways, hoping that the mushroom would kill me! Maybe I was trying to get attention. I could not see that God had blessed me in other areas of my life. I have a high I.Q. and a photographic memory. I excelled in almost every subject in school, even music and sports. Teachers would always report that I was capable of doing much better. However, I was always pre-occupied with being a people pleaser, wanting people to like and accept me, doing whatever and accepting any cruel treatment, thinking it would cure my loneliness and rejection. I thought that was how I could be happy.

I was introduced to marijuana before the start of the seventh grade. I believe it helped me to numb my depression and anxiety and enhance my curiosity for knowledge. However, on the negative side, I sought acceptance from the wrong crowd and went through the drug gateway to alcohol, crack, acid and whatever I felt would take the depression away. I made a second attempt of suicide at age 16, but a blind date of a friend of a friend gave me some temporary hope and I decided not to go through with it.

The crack and alcohol use started a month before my 12th grade year and gradually got worse and worse. By the end of that year I was using everyday. I had become addicted to both. Despite this, I managed to graduate and I received a conditional scholarship for gymnastics. Before I received the good news about the scholarship, there was an incident where I thought I was overdosing on crack and I confessed this to my mom. She took me to Highland Hospital and the doctor recommended AA. I was 18 when I went to my first 12 step meeting. I managed to stay off crack when I got to college, but I became a severe alcoholic and pot head. My addictions ended my college career. This was the start of the highs and lows of addiction – the beginning of what I thought was the end. The summer of 1988, I attempted suicide for the third time. I took a lot of prescription pills and left a note for my family. They found the note and rushed me to Highland Hospital. They considered me to be 51/50 and shipped me to Herrick Hospital for 72 hours.

For the next seven years, I dealt with my depression, homelessness and addiction alone. At this point I still had not been referred to be diagnosed for a possible mental illness by any of the drug treatment programs I attended. I eventually ended up in prison for almost 7

"The Nameless, Faceless"

A poem by Larry McMurray

(Special thanks to Change Agent Lloyd Wells from CHANGES who submitted this poem on behalf of Larry)

The nameless, faceless ones who live in church shelters eating in soup kitchens and drinking cheap wine to stay warm...

The nameless, faceless ones who live in abandoned house and cars and on the street whom by many people are simply ignored. The nameless, faceless ones, who sing incoherent songs at gas stations, train stations, bus stops, and fast food places, that cause people to quickly move away.

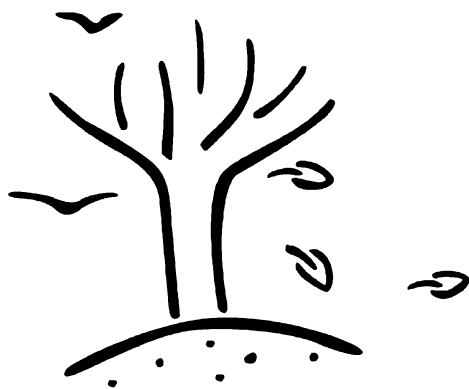
The nameless, faceless ones whose clothes are dirty, ripped and torn and whose hair is not combed, whose nails are dirty with unwashed bodies smelling of body odor and urine.

The nameless, faceless ones who beg for pennies, nickels, dollars and dimes; some to buy something to eat or drink, yet many wanting to slip into another world, through the use of alcohol and themselves living, from dusk to dawn.

The nameless, faceless ones who shun family life, responsibility, and love, always on the run from emotional attachments for fear of being judged or categorized and singled-out as someone who is a screw-up or dumb.

The nameless, faceless ones that society turns a blind eye upon, giving them little notice as if they were lepers or diseased.

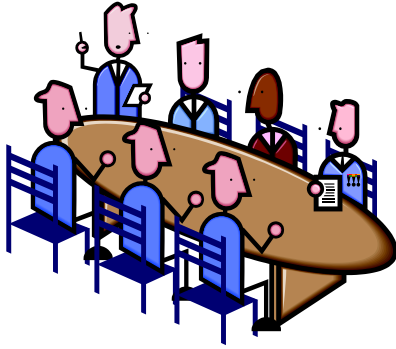
The nameless, faceless ones-unloved and uncared for; the ones that any day any one of us can become!



years. I did very well after I was released from prison, but relapsed 4 years later. I thank God that I was able to admit myself voluntarily into John George a few times before I blacked out and may have done something that would have landed me back in prison or dead.

In January 2007, I successfully completed the 4 month first phase of the Options Outpatient Recovery Program, but relapsed at the start of phase two. Just before I relapsed and left Options they suggested that I go to Sausal Creek. I was then referred to Access. They sent me to another program (I can't remember the name of it) and they explained I had to be drug free for 30 days before I could get medication or to be diagnosed. I was never able to get clean for 30 days while battling homelessness and addiction. At this point I felt like I was living in hell and like I was the walking dead. Even though all the people I encountered along the way were kind to me I was trapped in a cycle in the system. I cycled in and out of John George for another few months and eventually ended up going to Villa Fairmont. After finishing 21 days at Villa Fairmont, I came across a pamphlet that introduced me to the Host Program.

Host is a new program of Bonita House. It is a full service partnership with the emphasis on housing first, and then they give you valuable tools to help with mental health and substance abuse issues. They suggested that anti-depressants would help me. However, I was always afraid of side effects. They said, "keep them with you and take them when you decide that you are ready." Host made me feel as though someone really cared about me and helped me to see that I was a really good person with much to offer society. Even when I had gotten too out of control with my depression and addiction, Host did not just kick me out of their program, they supported me in getting back on track with my recovery. I was still suffering badly from my disorders and was evicted from the first studio apartment that Host had set me up with. To keep my housing with Host and my connection to the Host program I agreed to go to Cherry Hill Detox Center. From there I went to West Oakland Health Counsel (WOHC) 60 day men's recovery facility. I did not want to lose my housing and I also wanted to overcome the addiction. What I



Meet the Co-Occurring Steering Committee!

The Co-Occurring Steering Committee represents key stakeholders across the system to steer the activity of the Co-Occurring Conditions Initiative. Thank you to each member for your dedication and all your hard work!

Gretchen Blais, Clinical Coordinator, St. Mary's Center

CO-CHAIR: Floyd Brown, MD, Bonita House

Michelle Burns, Director of Transitional Age Youth, BHCS

Gigi Crowder, Senior Program Specialist, Cultural Competency, BHCS

Adrienne DeSantis, Consumer Relations Team, Pool of Consumer Champions, BHCS

Cynthia Greif-Neill, Clinical Review Specialist, ACCESS

Bryan Jewell, PEERS/POCC

Kyree Klimist, Quality Assurance Manager, BHCS

C Keith Lewis, Horizon Services, Inc., Executive Director

Michael Lisman, Director of Adult Community Support Centers, BHCS

Eva Mc Rae, Consumer Assistance Desk, MHAAC

Scott Madover, Administrator, Telecare Changes

Jennifer Mullane, Project Coordinator, Co-Occurring Conditions Initiative, BHCS

Clint Nix, Director of Older Adult Services, BHCS

B.J. Phillips, TAY Youth Consumer Representative

Leslie Preston, Clinical Director, La Clinica

CHAIR: Jeff Rackmil, Assistant Director of Child and Youth Services, BHCS

Deandre Rice, HOST Consumer Representative

Terry Rubin-Ortiz, Clinical Director, Bonita House

Paul Takayanagi, Training Officer, BHCS

Anna Talamo, Program Manager, EBCRP

Michael Yamagata, Clinical Team Leader, BOSS

Joan Zweben, Executive Director, EBCRP

Each Steering Committee member was asked to report their reason for being a member of the Steering Committee, some of the responses were as follows:

learned at WOHC was very useful for my recovery. I was finally able to become **honest** with myself. Finally I was now willing and ready to use all the tools and wisdom I had learned in life. I accumulated over 8 months of sobriety this time but had another relapse. One of the tools I learned was to honestly look at the reason I relapsed. This time I learned how not to sabotage myself when my expectations are not met, and how to let things go, and how to be patient. My active addiction lasted for about 4 months. At this point, I was now ready to try the anti-depressant. One night, March 23rd 2009, after finishing the last of my drugs and alcohol, I started on an anti-depressant. I haven't used any drugs or alcohol since then. I was finally working on the whole person using coping skills and tools from many methods of wellness and recovery. One thing I learned was to stay busy doing positive things and to share my experience with others in recovery - especially during rough times.

I am still with the Host Program and I'm a leading employee of their supported employment program. I have been a resident house manager at one of the supported independent living facilities of Bonita House where I now live. I'm a member of the BHCS Co-Occurring Steering Committee and I'm a Change Agent. I also accepted an opportunity to help reform the Consumer Representative Committee. This is a committee that Bonita House would like to use for all of their clients to have a voice in their recovery by telling Bonita House providers what is working, what's not working and how we can better work together and come up with social events.

One of my future goals is to decide upon a career path. Either I will go back to one of the construction trades or back to college to major in Engineering, drug counseling, psychology or sociology. Now, I know who I am and I do my best to do the will of God. I can see a future for myself. It is said that, "you will reap what you sow." The seeds that I sow today reap patience, happiness, and love for mankind. My hope is that this true story will help someone in their recovery not to give up hope and help mental health and drug & alcohol programs learn how important it is to understand how to serve people with co-occurring issues. *Thank you Heavenly Father for awakening me!* ✨

Spotlight on Cherry Hill Detox

By Jennifer Mullane

What is your reason for participation on the Steering Committee?

"To be part of the change needed to increase the well being of our clients, ourselves and the larger community." ~ Gretchen Blais

"I became a member to try to help bring mental health and AOD treatment together. The best way I can think of to do that is by bringing the voice of consumers to the folks who have the power to incorporate ideas and initiative changes." ~ Eva Mc Rae

"I have worked for many years to promote identification and treatment for people with co-occurring disorders and am pleased that Alameda County has undertaken this initiative. I am delighted to see so many people participating." ~ Joan Zweben

"It's important to provide the best services and highest quality of care to all consumers. Developing specialized skills, knowledge and resources to address co-occurring conditions will improve the quality of care within the BHCS system of care." ~Leslie Preston

"I serve on the Steering Committee because I have always been a strong advocate for serving person's with a co-occurring disorders. I want to be a voice in this meeting for Telecare and for the BHCS on the importance of welcoming all who need services as well as to help with having a more collaborative working relationship between AOD and mental health providers." ~ Scott Madover

"I believe it is important to live up to our name of Behavioral Health Care Services. This means creating and sustaining a co-occurring informed system of care for all of the children and adults we provide services to." ~Jeff Rackmil

"I believe we have a responsibility to those that are the most vulnerable to ensure the services we provide are of the highest quality. I believe we can work much smarter when we partner with one another and practice the serenity prayer in our personal lives and in our work." ~Jennifer Mullane



Members of the Cherry Hill Detox Staff

In February, 2008 Cherry Hill Detox opened to the public. Cherry Hill is a thirty-two bed residential social model detoxification program on the Fairmont Hospital Campus in San Leandro, California. The program is designed to serve men and women who are withdrawing from alcohol and other drug (AOD) use, and those who are also experiencing co-occurring mental disorders (COD). It is staffed 24 hours a day, 7 days a week, 365 days per year by state-certified AOD counselors, or those who are becoming certified. The main number is **1-866-866-7496**.

Cherry Hill has been an active participant in the Co-Occurring Conditions Initiative and has several active Change Agents, including Program Director, Linda Blaine. I interviewed Linda recently and asked her to comment on the following questions:

Why is Cherry Hill involved in the Co-Occurring Conditions Initiative? "Philosophically as well as programmatically we at Cherry Hill believe integrating and collaborating with Mental Health is critical for case management and quality care for our clients."

Who are the Cherry Hill Change Agents? Annette Parker, James Douglas, Makesha Anderson, Justin Phillips

What has changed about your organization since joining this initiative? "One important piece that has shifted is we are now integrating our services at John George with one of our change agents, Justin Phillips will begin doing groups and educating their clients on recovery models. We are now operating with the approach of a "No wrong door" with our clients and working on any need they have whether it be Mental Health or AOD. Cherry Hill received TA visit with Ken

and Chris and found it to be most helpful with verbiage on our client files."



Upcoming Events

September 8, 2010

Monthly Change Agent Meeting

1:00 pm to 3:00 pm

2000 Embarcadero Cove, Alameda Room,
Oakland

October 13, 2010

Monthly Change Agent Meeting

1:00 pm to 3:00 pm

2000 Embarcadero Cove, Alameda Room,
Oakland

November 10, 2010

Quarterly Change Agent Meeting with *Minkoff and Cline*

8:30 am to 4:00 pm

Jack London Aquatic Center, 115
Embarcadero, Oakland, CA www.jlac.org
RSVP required to Vickie Peoples,
vpeoples@acbhcs.org

December 8, 2010

Monthly Change Agent Meeting

1:00 pm to 3:00 pm

2000 Embarcadero Cove, Alameda Room,
Oakland

How have these changes/this initiative been helpful to the people you serve? "Clients are routinely met with stage matched interventions and engagement strategies. The importance of staged matched engagement results in our clients feeling comfortable with us enough to come back sometimes multiple times, during the month, allowing us the opportunity to continue working with them and helping them move into the next level of care. Cherry Hill's approach to collaboration and partnership is consistent with the approach of building relationships and partnerships within the co-occurring initiative. As an example, we have created a Risk Assessment; with ACCESS mental health and CRP which helps us work smarter together within leveraging the resources we have. This ultimately helps our clients get the care they so desperately need and deserve and often don't."

What advice would you have for other agencies wanting to get more involved? "COLLABORATE, COLLABORATE, COLLABORATE! This will ultimately create a smoother relationship and better continuity of care for our clients."

Cherry Hill Detox is located at 2035 Fairmont
Drive, San Leandro, CA 94578

1-866-866-7496

www.horizonservices.org