

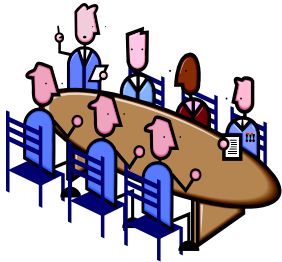
Change Agent News

“You Must Be the Change You Wish to See in the World” - Mahatma Gandhi

Fall 2011

High Energy at August Change Agent Meeting

On August 19th, 44 people squeezed into the Alvarado-Niles room to show their commitment for the continuation of the Co-Occurring Conditions Initiative. (We were unable to reserve the big Alameda Room). Both new and old



members expressed enthusiasm for maintaining and growing our efforts to better serve those with co-occurring disorders. New-comer, Lorraine Allen, from Family Paths, commented, “I was impressed with the level of excitement everyone seemed to have.

Eva McRae from the Mental Health Association said, “I had truly been scared that the momentum would be lost and it would just fade away. Not! The number of returning committed Change Agents as well as the new Change Agents that attended makes me realize that this isn’t going away. With all of that dedication...we will get nothing but better.”

New Co-Occurring Conditions Email Information Exchange Group

In September we launched a new way for Change Agents to learn more from each other. The idea is that (once you sign up to participate) you can ask a question and anyone who has an answer, replies to “all” so everyone can see the response and continue the “discussion”. This effort is in response to the Change Agents asking for a way to communicate easily with each other – especially now that we’re only meeting quarterly. If you’d like to get on the list, please email Maxine Heiliger at mheiliger@acbhcs.org. The first question asked was:

What’s one thing that you’ve done at your program to be more welcoming to consumers with COC that has worked best or made the biggest difference? See some of the answers on the next page, under Welcoming Strategies.

Transition Time

Many thanks to Jen Mullane, our fearless leader during the first three years of the Co-Occurring Conditions Initiative. We appreciate all of her hard work and dedication. Jen has now been reassigned to other projects and Maxine Heiliger will be the Change Agent Coordinator and the Liaison for COC activities.

Maxine has been with BHCS since 1997 and has primarily served as the coordinator of services for CalWORKs recipients. Prior to coming to BHCS, she worked many years in the AOD field. She also provided Training and Human Resource Development at AC Dept. of Public Health. In 1998 & 1999, she was involved in the development of the BEST NOW curriculum, a training designed to prepare consumers to be Peer Specialists. She has also coordinated the Speaker’s Bureau of the Public Awareness Committee of the Mental Health Board. She trained and organized consumers, providers and family members to give the “Stepping Beyond Stigma” presentation to various groups in the community.

As a person who wants to promote positive change in the world, Maxine has always thought of herself as a Change Agent, so she is excited and grateful to have the opportunity to help with the next phase of the COC initiative.

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Welcoming Strategies

Compiled from

Email Information Exchange Group

Gretchen Blais LMFT, St. Mary's Center

•We did agency training at our all staff meeting on the importance of welcoming and what that really means in terms of implementation. In addition to welcoming, we included staff training on the Stages of Change and talked about behavioral expectations for each change level. A key ingredient in welcoming is acknowledging people's presence and taking them seriously no matter what they present. We have worked with the various people at the reception desks and people who work part time or volunteer for the agency. Everyone who has contact with our members deserves to understand what to do when the unexpected occurs.

•We presented and use the Stages of Change in our Recovery 55 group to help people realize where they are at in their recovery process and the stage that others are at. This understanding promotes more compassion among the members for themselves and for others in the recovery process.

•Another issue that St Mary's Center manages very well is the aesthetic of our surroundings. A clean pleasing visual presence is a statement about member's value to us. Some of our community members live in dire circumstances and coming to SMC gives them a sense of peace.

Brian Gilbane, Telecare, Villa Fairmont.

•Introduced Motivational Interviewing concepts to our staff, and in some cases to client families.

Kaki Marshall, BOSS, Casa Maria

•We have established a process where the participants are able to contribute to the agenda for a community meeting that takes place weekly with a majority of staff and residents participating.

•We have removed the idea of punishment for "breaking rules". We have instead created a system of accountability. There are agreements around standards and structure. Keeping agreements creates access to privileges outside of the structure. Breaking agreements is linked to having conversations about gap between ones actions and ones stated desire to keep agreements and earn privileges.

•We eliminated the "hot seat" from the group process instead of focusing on confronting individuals with observations of destructive behavior. We have

Responses to Change Agent Survey

Last Spring, as we were preparing for the end of the contract with Ken Minkoff and Chris Cline, the Change Agent Transitional Leadership Group initiated a brief survey to solicit input from the Change Agents that would help guide our efforts in the future.

One of the questions on the survey asked where we need to focus our efforts as we move forward in this process.



The majority of responses had to do with the importance of communication/information sharing, connection/relationship building, training, and keeping the momentum going.

People definitely wanted to

continue meeting at least quarterly.

The Interim Leadership Group reviewed and discussed all the ideas and came up with two goals for the Change Agents:

1. To building better communication between AOD and Mental Health providers.
2. To improve competencies/skills among AOD and Mental Health staff regarding serving consumers with co-occurring conditions.

They also want to increase the participation of AOD providers at the Change Agent meetings.

Upcoming Change Agent Meeting



November 2, 2011
1:00 pm to 4:30 pm
2000 Embarcadero Cove
Alameda Room, Oakland

created a conflict resolution process that focuses the participants on the development of reflective listening skills.

Wendy Fox-Rankin

•One of the things we did at a past workplace was to send an invitation to a client who had been missing group. It would be a We Miss You note with an invitation to join us at group. Or we would just give a call to let them know they matter.

Spotlight on Bonita House HOST Program

Interview with Mark Shotwell, Program Director

The HOST program was funded through MHSA as a Full Service Partnership about four and a half years ago. HOST serves 90 individuals (whom they call partners) who have been unserved in our system and have histories of chronic mental illness and homelessness. 85 % of the partners have co-occurring conditions. HOST uses a housing first model. They provide permanent independent housing and then wrap around supportive services. 80% of the services take place in the field.

Why is Bonita House HOST involved in the Co-Occurring Conditions Initiative?

Serving our COC partners well is an issue that is near and dear to our hearts. Although Bonita House has been designated as co-occurring program for many years, we want to continue to hone our skills. We also wanted to share our knowledge and expertise and be actively involved in an initiative that would benefit the behavioral health system overall.

Who are the Bonita House Change Agents?

Terry Rubin-Ortiz, Dianne Stanton, Melkamu Yirgu, Barbara Staten, Leslie Taylor, Sarah Mitchel, and Page Brockwell. (Thirty-eight Bonita House staff have come to at least one Change Agent meeting.)

What has changed about your program since joining this initiative?

We utilized the COMPASS* with our whole team, looking for what we could do to improve. We re-examined our policies and procedures and realized not everyone had the same understanding and not everyone was practicing the policies and procedures.

We began using the Stages of Change more. We sent staff to training in Motivational Interviewing and encouraged a regular dialogue with all staff so new information and skills could be shared by those who went to the trainings. We actually put into practice what we learned!

We also implemented a COC Relapse Prevention group that included those who were abstaining *and* those who were using a harm reduction approach. We found that the group was still useful even for those who were actively using.

Cynthia's Story

Cynthia is a woman with Paranoid Schizophrenia and long term use of methamphetamines. She had completed the Cronin House program (Horizon Services) once before, but had relapsed about a year later.

When her Case Manager suggested she return to Cronin House, they welcomed her back. Although she felt shame for having "failed", the staff didn't judge her and assured her that relapse was a part of recovery.

Her counselor started by asking her what she wanted; i.e. what was her idea of a happy life? Cynthia said she wanted to be able to manage her own money, cook for herself and do her own laundry – none of which she was able to do in the board and care home she had been living in.

Her counselor promised to help Cynthia achieve that goal and gradually built a rapport with her so Cynthia felt comfortable confiding in her when she was having trouble.

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How have these changes/this initiative been helpful to the people you serve?

We've done a better job of treatment matching; using the stages of change to guide the recovery process. Partners are more likely to succeed when we accurately determine what stage of change they are at.

We also recreated our assessment tool and process which was helpful for both the staff and the partners. It's now faster and easier to complete while still assessing for both mental health and substance use issues.

What would you recommend to other programs that are trying to become more co-occurring capable?

Use the COMPASS to assess your program and pick something to work on. Get a conversation going with everyone. Don't try to work on everything at once. Even if you only work on one thing, like stage match interventions, it will improve your practice and that will improve your outcomes. Remember that it will take time and patience, but stick with it.

* The COMPASS and COMPASS-EZ are self-assessment tools developed by Dr. Ken Minkoff and Dr. Chris Cline to help behavioral health programs create welcoming recovery-oriented COC capable services.

Coming Soon!

The BHCS website will soon have a Quality Improvement page!

Within that will be information about the co-occurring conditions initiative, including links to useful materials and resources.

Stay tuned...

More Changes

The Change Agent Steering Committee and the Change Agent Transitional Leadership Group have combined to form the Co-Occurring Conditions (COC) Committee, a subcommittee of the Quality Improvement (QI) Committee, lead by Toni Tullys. The COC Committee will serve as the COC “connection” to and with the BHCS larger system. The Quality Improvement Committee has been working on welcoming strategies that integrate co-occurring informed practices with the principles of wellness, recovery and cultural competency. Identified Change Agents and QI staff will act as technical advisors to share this new Welcoming Toolkit.

The committee’s efforts will be focused on:

- ▶ Ensuring that there is client/consumer/family participation in all COC activities.
- ▶ Assisting providers and programs in becoming COC capable from client/consumer admission to discharge.
- ▶ Identifying system barriers to the integration of COC principles and practices and making recommendation for change.
- ▶ Recommending COC practices and policies designed to support service integration and quality of care, and to improve client/consumer outcomes.
- ▶ Partnering with the COC Change Agent Group to provide system-wide, “bottom-up” communication and ongoing opportunities for individual, organizational and system learning and quality improvement.

New Change Agent Directory

A list of contact information for an official Change Agent from each program has been developed. This is another tool to help Change Agents find information and appropriate resources as they attempt to better serve consumers with Co-Occurring Conditions. Directories were emailed to everyone on our Change Agent list on August 12th. If you’d like a copy, please call or email Maxine at 510-567-8102 – mheiliger@acbhcs.org. If your program has not yet designated a “point person”, please contact Maxine with that information. If you did not receive a copy, contact Maxine.

Who are we?

Everyone who has ever come to a Change Agent (CA) meeting or training has been put on the CA email list.

Although some people have since changed jobs, retired or asked to be removed from the list, we currently have nearly 450 people representing 189 programs in our system of care.

- 133 are County BHCS staff
- 192 are from MH programs
- 74 are from AOD programs
- 204 people have come to Change Agent meetings in the last year



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For example, initially Cynthia felt discouraged when she discovered that the program was much more strenuous than when she had been through it before. The 3 groups every morning felt too hard for her, but her counselor kept encouraging her to share these difficulties with her and continued to support Cynthia to attend.

When the doctor put Cynthia on a different medication, she struggled with sleepiness during groups. Her counselor repeatedly acknowledged where she was at and gently insisted that she at least go to groups even if she couldn’t focus as well as she wanted to. She kept assuring Cynthia, “we’ll work with you”. After about 3 weeks, Cynthia adjusted to the medication, the sleepiness dissipated, and she was able to participate more fully in groups. Ultimately, she had a great sense of completion and accomplishment because she had stuck with it.

Other times, when her symptoms seemed worse (like the negative voices), her counselor helped her find ways to manage the symptoms, like listening to music and meditating.

Ultimately what worked, her counselor believes, was patience and meeting Cynthia where she was at. Cronin House staff was more flexible and accommodating instead of being rigid around the rules. And ultimately they helped her get what she really wanted. Her counselor found a transitional living situation specifically for people with COC. Cynthia has been living in transitional housing on her own now for over five months, cooking, doing her laundry and managing her money. She participates in the Cronin House Alumni group and goes to their social activities.