Alameda County Behavioral Health Care Services

Change Agent News

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

Spring 2012

HealthPAC: Toward an Integrated System

The Health Program of Alameda County (HealthPAC) serves as a bridge to Health Care Reform and requires us to deal with our clients more holistically. Many of us have been making efforts to address both the mental health and the substance use disorders (SUD) of our clients with COC. Now we will need to consider their physical health too.

HealthPAC is the name for the Alameda County program that includes the State approved Low Income Health Program (LIHP). The LIHP is a Federal, State, County program designed to expand health care coverage for uninsured adults and provide a bridge to national Health Care Reform, which will be more fully implemented in 2014.

Through LIHP, county dollars can be used to leverage federal matching dollars for covered services provided to active enrollees. For every county dollar spent on eligible health services to HPAC participants, the County can receive a fifty cent reimbursement. This funding provides an opportunity to enhance collaboration among local health care providers, expand health care services, and to improve the overall health of Alameda County's residents. County residents are eligible if their household income is below 200% of the Federal Poverty Level (FPL), they have no or inadequate health coverage and are not eligible for other health care plans/programs.

Benefits for clients

Currently, uninsured and inadequately insured individuals only have access to crisis/emergency and other limited services unless they are deemed eligible for BHCS specialty mental health services, such as service teams or other special health care program. HealthPAC will enable Alameda County to serve a larger number of clients

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Co-Occurring Conditions Provider Contract Requirements

BHCS is moving forward to assist contracted providers in becoming more co-occuring capable by asking for an Annual Assessment on co-occurring informed practices. Housing/living situation activities will also be included. The *Annual Assessment Regarding Housing/Living Situation and Co-Occuring Conditions* should be completed on-line by July 10, 2012.

Providers will be asked if they have developed a statement that commits to the implementation of co-occurring informed practice. They'll also be asked what tools and activities they may have used to improve COC informed practices. Identifying one or more Change Agents and having them participate in the Quarterly Change Agent meetings is one of the possible activities listed on the assessment. Implementing strategies from the Welcoming Toolkit, attending Motivational Interviewing or Tobacco Cessation trainings are other ways to show efforts toward becoming more COC capable. Another item on the assessment inquires about methods that the provider may have developed to more accurately identify clients living with co-occurring conditions. COC materi-

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Inside This Issue

Elliott's Story

Elliott first encountered the FACT* team when they outreached to him while he was in jail. Prior to then Elliott struggled with a decades long cycle of brief incarcerations for community offenses such as possession of open containers in public, petty theft, and publicly exposing himself. Elliott, in his late 50s, had been homeless for 20 years. He was diagnosed with schizophrenia, was haunted by voices and struggled with alcohol use. Elliott was often seen to be verbally inappropriate toward people on the street, which led to numerous conflicts with local merchants when he became threatening and violent. In the community Elliott was known as an avid "recycler" and spent his days collecting recyclable items for money. He used a significant portion of his SSI check to rent storage in which to put all the stuff he collected.

The FACT team spent a long time outreaching to Elliott in order to engage with treatment with him. After months of seeking Elliott out wherever he could be found, Elliott agreed to meet with a Personal Service Coordinator once every week or two at a local fast food restaurant. From what had began as a regular relationship Elliott was offered support in the community. Although he initially expressed ambivalence to housing, Elliott eventually agreed to move into the transitional housing run by EBCRP. Soon after that he began participating in the dual disorder day treatment program in Oakland. In his new environments Elliott was challenged socially while working on himself to develop and maintain appropriate personal boundaries to have more healthy relationships.

After some time Elliott agreed to take medication through injection to help him manage his mental health symptoms. Fortunately, Elliott's first medication regiment worked well and he began to feel better. During this time the FACT staff took a harm reduction approach by encouraging him to focus on his health to reduce his drinking. After Elliott had been taking his medication for a while and was drinking less, staff discovered that he had been a certified nursing assistant prior to the onset of his mental illness. Once Elliott was able to manage his symptoms he started to care more about his health and developed social supports so that he did not self medicate with alcohol as much.

After about six months living in FACT Transitional Housing, Elliott got his own apartment. Eventually, Elliott reduced his drinking significantly and stopped recycling altogether.

*FACT is a program of East Bay Community Recovery Project. It is a Full Service Partnership for individuals with severe mental illness in the criminal justice system.

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Dear Change Agents,

As much as I'm looking forward to retirement on March 20,2012, I will truly miss my work with the Co-Occurring Conditions Initiative, especially my work with you. I was happy to step in last June when Jennifer Mullane was transferred to a new position. I've been enthused about trying to support providers in becoming more COC capable. And we've made progress!

We're having good turnouts at our Quarterly Change Agent meetings (despite not offering CEUs);

We created and distributed a list of Change Agents to promote relationship building and information sharing;

We've continued a quarterly Change Agent Newsletter to help us stay connected in between meetings and offer hope by highlighting consumer and provider success stories and other COC related news;

We just established a Quality Improvement section on our provider website which describes the COC Initiative and includes many helpful resources; and

BHCS is moving toward operationalizing COC practices by incorporating into all contracts an Annual Assessment on Co-Occurring Conditions. (See article on the front page)

Thank you for your commitment to serving consumers with co-occurring conditions. I know your efforts have made a difference to them!

Maxine

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als are available on the BHCS Providers Website: http://www.acbhcs.org/providers/QI/CoOccurring/index.htm. If you have questions or need more information contact QI_Info@acbhcs.org (there is an underscore between QI & Info).

For this fiscal year, the only requirement is that providers complete the Assessment, regardless of whether or not they did anything toward becoming more co-occurring capable. Next year there will be an expectation that some specific action was taken; some progress was made.

Change Agents are urged to discuss the Assessment with their director and/or staff. Technical Assistance Sessions are scheduled Friday mornings in March. A copy of the *Annual Assessment Regarding Housing/Living Situation and Co-Occurring Conditions* is available at: http://www.acbhcs.org/providers/news/news12/annual_assessment.htm

Spotlight on Chrysalis

Interview with Program Director, Elaine Lopes and Intake Coordinator, Rhonda Marshall

Chrysalis, a program of Horizon Services, has provided residential alcohol and other drug treatment to women for over 30 years. Even before the Co-Occurring Conditions Initiative, staff recognized that a significant percentage of their clients were dually diagnosed with Mental Health and Substance Use Disorders. Because of this the Executive Director of Horizon Services worked to provide regular staff trainings in mental health issues and co-occurring conditions.

Then in January 2011 the funding for Chrysalis (and Cronin House) was changed from the Department of Alcohol and Drug to Mental Health and it officially became a program serving exclusively women with both Mental Health & Substance Use Disorders. Clients must now have both a mental health diagnosis and a Substance Use Disorder (SUD).

Why is Chrysalis involved in the COC Initiative?
Elaine was always concerned about the separation between SUD and mental health programs when so many clients struggle with both issues. She had seen the affect of our bifurcated system on the clients – who were caught in the middle – when told they had to go to one program first to deal with one problem and then go to another program to deal with the other problem. She was delighted to see the Change Agents working toward meeting the client where they are at, making an effort to address both issues. Additionally, she and her staff were glad to have the Change Agent meetings get additional training and build relationships with other providers.

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and offer outpatient services to clients that have not been eligible for care. Benefits include psychiatric medications, up to 10 days per year of acute inpatient hospitalization, and up to 12 outpatient encounters per year -- with extensions if medically necessary.

Benefits for Alameda County BHCS
HealthPAC will allow us to develop a Level II adult service capacity, with wellness centers and targeted case management; expand psychiatric care/medication support and consultation for clients/consumers; increase involvement and collaboration with primary care: promote integrated behavioral health care Primary Care; shift some programs to a Federally Qualified Health Center to eliminate the local/county match requirement and save county dollars; and expand benefits enrollment and health insurance billing capacity.

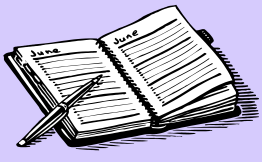
Ultimately HealthPAC, and Health Care Reform in general, will help us address the health discrepancies for people with serious mental illness in Alameda County. This is critically important given that persons living with serious mental illness are likely to die 25 years earlier than those with similar demographic characteristics but who do not have a serious mental illness.

What can you do?
Learn about the program and the eligibility process.
Support your program in enrolling clients in HealthPAC.
Help your clients think about and address their physical health issues, such as smoking, diabetes, heart disease.
Build relationships with the Primary Care providers listed in the HealthPAC brochure. (Available through the link below).

More information is available at: http://www.acbhcs.org/providers/HealthPac/index.htm

Upcoming Change Agent Meeting

May 2, 2012
1:00 pm to 4:30 pm
2000 Embarcadero Cove
Alameda Room, Oakland



The next Change Agent Meeting will feature a special presentation on ***Navigating and Understanding Our System of Care*** by Maryann D'Onofrio, Director of the Crisis Response Program. It will include how individuals are assess for services; what qualifies someone for what level of service; what our priority population is; and how decisions are made about where to assign clients. Please plan to attend.

Making Connections

We recently implemented a tool that can help Change Agents get to know each other and their services.

At the February 1st Change Agent meeting, participants were asked to complete a template with information such as type of service, population served, eligibility requirements, application process, etc.. Then we made copies for everyone and handed them out at the end of the meeting. This has now been converted to an electronic version and sent out. In the future, newcomers at each quarterly meeting will be asked to complete this information also, and the list will be updated and distributed again.

BHCS is in the process of updating the on-line Resource Directory. Until then this can be a way to learn about and utilize other behavioral health services who are involved in the Change Agent process.

New Questions & Answers Regarding Co-Occurring Conditions

What do we do when a client shows up "high" or inebriated? How are confidentiality requirements different for Substance Abuse Programs compared to Mental Health Programs? How can a physician safely prescribe medication for a client who is actively using alcohol or illicit drugs? These and other questions are answered in a list of *Frequently Ask Questions* developed for the new Quality Improvement webpage – under the Co-Occurring Conditions Initiative. Check it out and share it with your co-workers, supervisor and director. Here's the link: http://www.acbhcs.org/providers/QI/docs/CoOccurring/FAQs_COC.pdf

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Even after he moved from Transitional Housing, Elliott continued to attend the day treatment program 3 days a week where he had become a kind of elder to the group while acting as a mentor to newcomers. There, Elliott rediscovered a nurturing side of himself that really enjoyed helping people. He lived successfully on his own paying his rent and utilities on time.

Elliott made huge changes in his life. He not only improved *his* life, he improved the lives of others as he recovered. Sadly, he died suddenly when he was 62. This story demonstrates that it may take a very long time to engage clients; to get them to accept the help we think they need. But patience, persistence and meeting them where they're at can definitely pay off.

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What has changed about your program since joining this Initiative?

Chrysalis has become more welcoming. They've created a more inviting environment. Rhonda was really moved by the videotaped interview that Ken did with "David". She began taking more time during the intake process to just listen to clients; to be friendlier and less business like; to show a genuine interest in their stories. Staff have come to realize that the client has to be the driver of her own recovery, so treatment has become more client centered. Incorporating Motivational Interviewing has been very useful for staff working with clients in this manner. They repeatedly ask clients "What's your happy life look like?" In the past, as an SUD program, they expected everyone to follow the same rules regardless of their diagnosis or unique situation. They're actually more flexible and creative in how they work with each individual now.

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

The more relaxed, open approach of the staff has allowed clients to feel more accepted and understood. The treatment approach is more individualized for each client. This gives a level of freedom for clients to express their mental health issues. They feel less stigma and don't feel as though they have to keep their diagnosis a secret. There is more sharing and more healing. Many come to understand that they were using drugs to self-medicate.

What would you recommend to other programs that are trying to become more Co-Occurring Capable?

Chrysalis started providing regular staff trainings on Co-Occurring Conditions even before the Co-Occurring Conditions Initiative. They feel this has been a key component in their ability to now be designated a COC program. So they'd recommend program directors/administrators provide lots of training and opportunities for staff to learn together. Make time for staff to discuss cases. Celebrate successes; acknowledge progress. Another important factor is having all staff in agreement with the vision of where they're going from the Executive Director to the newly hired staff. The commitment to provide appropriate and effective service can then be consistently supported and reinforced.