Final Jeanne

[00:00:00] Uh, moral judgment all along. Absolutely. I totally believe that because it's, it is a disease and I don't think people recognize that. Or, or want to acknowledge it? I, I just know that in, in sober one day I opened up my refrigerator and I see some beer in it. And that little voice says, I wonder what it tastes like, who would know that you took.

[00:00:29] You know, well, yes, I've never forgotten what it tastes like. And, uh, everybody would know that I took a drink, but what I'm trying to say is that's not in my control. You know, that's, that's part of my disease is. That it pops up and says, why don't you, you know, it's coming baffling and powerful, no doubt about it.

[00:00:57] So it's sort of like, uh, it's not being [00:01:00] aligned with other diseases such as breast cancer, right. It comes back. Yeah, it can come back. And that's why once you get on this path, you need to stay on this path and keep your. And do the things that keep you from having a relapse? No. So as we all know that that persistence is, is key to, to long-term recovery and it's, it's also staying energized to what else keeps you energized about being.

[00:01:37] Uh, people who don't have the disease would work the 12 steps because it gets you through life. You know, it keeps your energy outfit. It, uh, uh, keeps you proud of yourself and, uh, productive and, um, and, uh, Very much [00:02:00] aware. So that, that self-awareness that a health system guard, our steps, watch what we do maintain, maintain a good citizen behavior over the course of, uh, of our lives.

[00:02:15] Um, along with asking what keeps you energized, and it's clear that, uh, your, your, uh, lust for this, this job, for this recovery, for everything that you do to. To manage and help this wide range of people who you assist is, is really something that can help you get up every morning. Pretty, pretty, ready to go.

[00:02:37] Absolutely. Instead of saying good God, it's morning. I say thank you, God. It's more. You know, that's a big difference. How, um, and I just would like to share that, you know, I'm in five weeks in my 90th year and I still got that energy. I never would have known gene. You're kidding me really. [00:03:00] Wow. You were your age.

[00:03:01] Well, in July I turned 89, which means now I'm in my 90th year. Um, and it's a good life and I owe it all to a program of recovery. And you are a tribute to that. The energy that comes from dedication and having a have a life's passion. Um, that said, you know, I kind of on the, on the other side of things, what, what keeps you awake at night as, as head of McAlester instant?

[00:03:34] Pardon? What keeps you awake at night? Is that at McAlester Institute? If anything, does.

[00:03:42] Uh, staffing.

[00:03:47] Robert understands that, uh, basically with the pandemic, um, it's been a struggle. I know, probably has for you as well, Robert [00:04:00] and hiring. Um, as well as protecting staff and protecting your clients and, uh, having to do all of those things, instead of just carrying the message and working with the attic is, and carrying that message that we've had to deal with all these other issues.

[00:04:23] Um, and it's apparently coming back, uh, For a while we had that little respite, but it seems like it's coming back. So you're sitting in rooms talking about COVID policy when you'd rather be out there shaking the hand of a newcomer and saying, welcome, come in and we can help you. Yeah, we can't do that with six feet social distance anymore.

[00:04:47] Can we, Jean, that's a really good point. You brought up, um, there's a lot of people dying out there from. A lot of overdoses, this, uh, [00:05:00] society-wise, uh, alcohol, uh, the purchasing of alcohol, I should say, has gone up hundreds of percentage points over the last year. I think it's 325 was the report I heard this morning.

[00:05:16] Now we were having a real hard time, uh, accommodating those in need prior to COVID. Uh, how, how is it that. You're managing with so much need out there. Uh, uh, and watching people, people fall off the wayside so much. I mean, uh, that's struggling. How are, how are you dealing with that? And in, uh, one of your premier homes, Well, it's been difficult.

[00:05:48] First of all, you've had, we've had to reduce our bed availability, which is difficult. Uh, but I also just really want to say how [00:06:00] proud I am of all the staff that stuck with us in this whole pandemic. And they're still sticking with us and struggling. Uh, we did the tele-health for awhile where we didn't, we people came into the office and called clients and did groups.

[00:06:16] And now we're seeing clients in person, uh, which is energizing. It was, uh, not that energizing to do them on tele-health and it wasn't for them either. I think. For me with our detox program, I've seen people who seem to be more of habit, more of a death wish, uh, because they're using Sentinel, you know, knowing that how dangerous it is.

[00:06:46] But they're using it and bringing it in and losing it in, in the program, you know? So, uh, it's sort of like a death wish. And I wonder if that comes [00:07:00] from all of the despair around the pandemic and not being able to socialize. Not being able to be with their families, et cetera. Um, but that's what we're seeing in our detox is people who are so devastated and so much in despair that they're using drugs that they know couldn't tell them.

[00:07:23] Yeah. And it's been, it's been laced everywhere, uh, through marijuana methamphetamine, all, all sorts of. I hate to put it this way, like an MBA's dream of marketing right. Quick high. And then that creates, uh, people wanting to get more of whatever that product might be, you know? Cause it has shortened duration, but it does kill people.

[00:07:47] It's really tough. And you guys are doing a heck of a good job. I do know. Yeah. So, and so this range of substances it's out there, you know, represents just one of the challenges that's probably gotten [00:08:00] bigger over the course of the years or your time. What are the other areas of like major evolution that you've seen in, in, uh, operating recovery?

[00:08:09] I think I kind of touched on it a little, Jim, and I'm sorry to interrupt you, but based on the fact that people use. Start out by wanting to feel good. All right. They take the drug. They want to feel good, but today they're taking it to deal with their mental health issues. They're self-medicating, they're taking it kind of.

[00:08:33] Not to feel good, but to end life alright. And not face lights. There's a big difference. You know, where, uh, I think, well, Jean, it sounds to me like you've been addressing, uh, all of the myths surrounding addiction instead of it being a, uh, moral judgment all along. Absolutely. I [00:09:00] totally believe that because it is a disease and I don't think people recognize that.

[00:09:05] Or, or want to acknowledge it? I just know that with 52 years of being clean and sober, one day I opened up my refrigerator and I see some beer in it. And that little voice says, I wonder what it tastes like, who would know that you took a drink. You know, well, yes, I've never forgotten what it tastes like.

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[00:11:55] In July, I turned 89, which means now I'm in my [00:12:00] 90th year. So, um, and it's a good life and I owe it all to a program of record. And you are a tribute to that. The energy that comes from dedication and having a have a life's passion, um, that said, you know, I of on the, on the other side of things, what, what keeps you awake at night as, as head of McAlester Institute?

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[00:13:16] Um, and it's apparently coming back, um, for awhile, we had that little respite, but it seems like it's coming back. So you're sitting in rooms talking about COVID policy when you'd rather be out there shaking the hand of a newcomer and saying, welcome, come in and we can help you. Yeah, we can't do that with six feet social distance anymore.

[00:13:40] Can we dream? That's a really good point. You brought up. There's a lot of people dying out there from addiction, a lot of overdoses, this, uh, society-wise, uh, alcohol, uh, the purchasing of alcohol, I [00:14:00] should say, has gone up hundreds of percentage points over the last year. I think it's 325 was the report I heard this morning.

[00:14:09] Now we were having a real hard time. Uh, accommodating those need prior to COVID. Uh, how, how is it that you're managing was so much need out there? Uh, uh, and watching people, people fall off the wayside so much, I mean, uh, that's struggling. How are, how are you dealing with that? And in, uh, one of your premier homes, Well, it's been difficult.

[00:14:41] First of all, you've had, we've had to reduce our bed availability, which is difficult. Uh, but I also just really want to say how proud I am of all the staff that stuck with us in this whole pandemic. And they're still sticking [00:15:00] with us and struggling. Uh, we did the tele-health for awhile where we didn't, we people came into the office and called clients and did groups.

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[00:16:16] Yeah. And it's been, it's been laced everywhere, uh, through marijuana methamphetamine, all, all sorts of. I hate to put it this way, like an MBA's dream of marketing, right. Wake high. And then that creates, uh, people wanting to get more of whatever that product might be, you know? Cause it has shortened duration, but it does kill people.

[00:16:40] It's really tough. And you guys are doing a heck of a good job. I do know. Yeah. So, and so this range of substances it's out there, you know, represents just one of the challenges that's probably gotten bigger over the course of the years or your time. What are the other areas of like major evolution that you've seen in, [00:17:00] in, uh, operating recovery?

[00:17:02] I think I kind of touched on it a little, Jim, and I'm sorry to interrupt you, but based on the fact that people use. Start out by wanting to feel good. All right. They take the drug. They want to feel good, but today they're taking it to deal with their mental health issues. They're self-medicating, they're taking it kind of.

[00:17:26] Not to feel good, but to end life alright, and not face life. There's a big difference. You know, where, uh, I think most of us started out by wanting to get high, you know, and feel good. But today they're just using drugs to ease the pain of life to interrupt that social isolation. Right. Absolutely. And so you're seeing in conjunction with, uh, increased [00:18:00] use in a wider range of substances out there.

[00:18:02] What we refer to as co-occurring disorders on a grander scale. Absolutely. Not only co-occurring, but physical issues as well. They're, they're abusing their physical, mental, and, uh, addictive addiction all combined in one person. And so when bring somebody like into detox, you're going to have to address all three of those issues in some way, shape or form.

[00:18:31] And you have a short period of time to do that in. Saying that what we need is longer term detoxes, so that, and more detox beds so that we can treat more people and treat them longer because with those three issues going on, Do anything with them for in 14 days or 10 days. Uh, and then when you try to move them from [00:19:00] that 10 day or 14 day period into another program, there's no beds available.

[00:19:05] This is usually a wait. So, um, uh, it's a dilemma. To try to find them someplace to go after they detox. Let's talk about the future a little bit. Where do you see the future recovery from McAlester for in, in general terms? What trends do you see in a forthcoming? I see that we're going to have to more and more and move out.

[00:19:33] Um, county funding and into more private funding issues. I think that also that it's going to be, for me, it's going to be in the hands of the younger generation, uh, and the solutions that they come up with. Um, you know, I just was thinking of just a little bit about from where we came from was. With a [00:20:00] residential program with children in it, um, that you have to make different decisions.

[00:20:06] When you have a woman in your program who has children with her, then if you're just dealing with the woman, without her children. In other words, you have to be, you have to think of the fact that if you choose. Discharges woman, because she's not doing the right thing. You're discharging her children with her and putting them out on the street.

[00:20:29] So it's, it's just been a very, it's a very difficult time, especially when you don't have places to place these people after they complete your treatment. So I hope that in the future, I guess talking about the future little that we take. Uh, society takes a look at what more can we provide for people who are wanting to get better and still need help for at [00:21:00] least a year or 18 months, or maybe even two years?

[00:21:03] Because right now it's all short term, is that right? Robert pretty much stabilization and a lower level of care due to, uh, resources. Right? Uh, classic cost, a fee, keeping people and in residential beds is much higher than a, um, a safe living environment and outpatient treatment. As an example. So, you know, I've watched Robert take on the concept of whole person care.

[00:21:32] You know, we've discussed the physical and mental, the pharmacological aspects of, of recovery, but it, uh, clearly listening to you it's it just confirms that it goes well beyond just. That individual, whole person care, that person has a family and their activities, their actions have a ripple effect on, on others.

[00:21:52] They impact those around them. And then there's the idea of the time element and how much time does someone really need in order to [00:22:00] be at that, at that place where they can be a productive member of society with less of a chance of relapse. And so these, these are challenges. Yeah. One thing that's changed is with the drug Medi-Cal system is that you get timelines.

[00:22:20] You know, you keep a person for 90 days. We used to be able to keep them for as long as they needed in order to get stabilized. But now it's 90 days and you got to move them or you got to get special permission to keep them another 90 days. And that may not be enough time for a person. You know, better, uh, order established.

[00:22:42] Um, and then you move them into like sober living and then you got a timeline on that 90 days. All right. And then people just, don't some, these people that we're seeing today don't get well in 90 days and they don't get well in [00:23:00] six months, you know, they need more time and the resources aren't there. In my opinion at this time.

[00:23:08] And I would hope that the Fisher would home more resources, some real tough calls you're making there. Gene, when it comes to women and children, I hadn't actually thought about, well, if I discharge this client, I'm discharging, uh, their child is low. Programs in the nation that housed the children with the mothers.

[00:23:32] And I had no idea of the kind of decisions that I would have to be making by doing that. All right. But I actually. I wrote a proposal to emphasize, because when I was a painting contractor, you used to give complimentary bids, you know, just to help. So I thought I was doing that by writing a proposal and saying, you cannot put this program.

[00:23:57] In the midst [00:24:00] of a community that's using, you have to put it out in the country or something. But anyway, I, I got the residential program and I w had a rude awakening because there was no, no one else to follow or get any, um, uh, support from at that time. And women were not coming into treatment because of the issues around children.

[00:24:23] They didn't want to lose their children didn't mean that they were wanting to be bad mothers. They just were making bad choices and their children were victims of that. And I wonder if that's not happening with single fathers and their children, because we're not really paying attention to them either.

[00:24:40] Well, you've been a trailblazer and I certainly have taken your lady. Harland house has, uh, had some discussions and, uh, surrounding exactly that, that subject to emulate mirror, what you're doing, uh, which is absolutely beautiful services when it comes to families, [00:25:00] children, and reunification. Right. And, you know, at one time we didn't have enough hot water or we didn't have, I, uh, he in the part of the building or something and the state closest down.

[00:25:15] And so we had, we got help from the community from other providers and recovering, and we were able to find all our people, places to stay until we. Hot water, heat up or whatever. I forget what the particulars work, but anyway, little kids were leaving the program crying. See, I don't want to leave. I want to stay with my mommy and you know, uh, I want to stay here.

[00:25:43] This, they felt so safe and protected at our Kiva program that they didn't want to leave. And it was a very hard time. Um, fortunately we didn't lose anybody. I think we lost one woman, but everybody was accommodated by other [00:26:00] providers, which I thank them all for. Uh, and that we all got back together. But, um, Nobody recognizes.

[00:26:07] How important is to the children about being in a safe place with their mothers? Yeah. And probably their fathers. Yeah, the true community-based program. Yeah, one of the, what are the things that always touches my heart? You know, we have the Waffer sobriety coming up, which is a fundraiser, but also in my mind, it's, um, it's a way of hoping to remove the stigma of our disease and let the world recognize that recovery does work, but you see a woman.

[00:26:46] Sign on or a t-shirt that says I'm 359 days claim. And then she's got a little kid about eight years old with her and it says I have [00:27:00] 359 days of having my mom back. Yeah, that is so powerful. Gene. You that's coming. What is that coming up? That's coming up September 25th. Am I correct? Liberty station a M B.

[00:27:20] There. Yeah, Liberty station and San Diego, you can, uh, call 6 1 9 4 4 2 0 2 7 7. Um, I encourage people to come and show support. You don't have to be in recovery yourself, just come and support those of us that are please. Fantastic. We're going to be their dream. I guarantee you've got a booth and everything.

[00:27:52] Well, especially events like, like this. And so many other things you do are just there. They show that everyone [00:28:00] in this, in this business needs to be the picture of resourceful. No putting together, uh, everything that it takes to take care of a whole person, whole family, and, and the like, and I salute that, uh, you and, and Robert, and the other examples of this, uh, people who are just out there burning a lot of calories every day, making good things happen on behalf of people with substance use disorder and those who are.

[00:28:29] Well, we have great staff too. Don't we? Robert, we, um, you know, I I'm always talking. About the fact that usually anywhere I go, somebody comes up and says, you saved my life. You gave me back. My daughter, you gave me back. My son, uh, you've helped my friends. I'm 26 years clean. Uh, and I, uh, paid for my house and I got a good job.

[00:28:59] [00:29:00] And I raised my. Stories like that from the community. Always warm your heart, but I always have to say. That I didn't do it alone. I did it with great staff, people who care enough to share their own experience. And I don't have to be in recovery to work with us. I always say it helps a little, but basically all you have to do is love us.

[00:29:29] And then you work with us. So beautiful Jean. That is so beautiful today. Jean, we'd also love to hear about your programs for adolescent youth. Uh, well, we have two programs once were, um, two residential programs for adolescents, one for female, one for male there's six beds. Um, and some of the things that we do with them is the journaling.

[00:29:56] Um, one, I was asked to [00:30:00] run these programs by the county and I had my tongue and cheek because I didn't know that we would be able to do anything with adolescent. Th to my great surprise. We've had a lot of impact and influence on adolescents and there's a lot of them that have gotten the message and I've made better choices for themselves and gone on to do really, really well.

[00:30:22] So adolescents aren't hopeless. And at one time I really thought they were because they're so invincible, but they're not hopeless. We do have a it's a 30 day program. One for girls, one for boys, they're both in a home, a residential home there's staff there 24 7. Uh, we shouldn't do outings. Um, with them, we do journals.

[00:30:49] We do groups with them. We've provide structure for them. They have chores to do and they kick and scream. Um, um, [00:31:00] but they do them, um, I'm very surprised at some of their depth and some of their thoughts about their own future and what they want to do. And, um, I think that one of the things that I believe happens is.

[00:31:20] The adults, aren't listening to these kids in their own life. And at least when they come to our program, we have adults that are sitting there listening to their, every word. Uh, and so they open up and talk about their feelings. But I think a lot of times we get so busy in our lives as parents. It gets so busy doing this and that, that we don't sit down and listen to the kids.

[00:31:47] And what they're saying, or in, it takes a little bit, because some of them don't want to open up that fast. But, um, and then we of course have our outpatient programs where the same [00:32:00] staff or different staff, but. Staff that sits and listen to the kids. And I think that that's one of the things that we lack in our society and days that we don't listen to the teenagers, but they're very deep thinkers and, um, Feelings, uh, that of, um, hope and despair that I don't think that, um, that is recognized.

[00:32:29] I think that we look at them as kids, you know, just adolescents and, and perhaps we need to pay more attention to these young people. What happens in our programs is we pay more attention to. A lot of times parents say, well, what can I do? I said, well, why don't you do what we do in our programs? We eat breakfast with them.

[00:32:53] Okay. We pay attention to them. We listen to them. We take them [00:33:00] out and show them that they can have a good time without drugs or alcohol. Involved. We spent we dinner with them at the table. Uh, we make them do their chores and yes, they kick and scream and holler. Uh, but they'll do them. And, uh, if you do those things with your kids are going to be okay.

[00:33:23] Get them interested in hobbies and, and, uh, those kinds of things that will keep their minds active. They want to do good. They really do so. It's, it's a structured environment. It's a bacteria environment, respectful with attention from, from us. Yeah. Jean, if I was, uh, uh, getting a, a phone call from. And someone's listening to our podcast right now and they're going well, I'd really like to help my, my child.

[00:33:55] Um, they would expect what a going into, they give you a [00:34:00] call and go through some assessment process. I'm sure. But they could expect like, uh, I'm sort of hearing like a home-like setting. Right. And, and, and then after they would leave their. Well go back to the parents and attend outpatient program outpatient programs, and we'll be offering family therapy this year.

[00:34:22] That's part of our outpatient programs that we'll be working with the families as much as we work with the, with the adolescents. And I'm gonna give you my phone number, please. Make sure that it's on the on notice somehow that people can sit at (619) 987-6393. Please call me because I'll set you up with the right people that will get your child in and or anybody else that needs hope, help, and hope.

[00:34:54] Um, that's fantastic gene, and to our listeners, we'll have all of that information at the [00:35:00] drop. Uh, on our, on our website@recoverybuzz.com. Yeah. At this point, Jean. It's been an education and just an super enjoyable experience. Listening to you, your experience, all of the, all of the things that you've been able to accomplish with McAlister Institute, with the help of, uh, the wonderful type of staff that we have at Heartland house.

[00:35:30] And thank you so much for, for resonating.