



ALAMEDA COUNTY BHCS
ROUND THREE
INNOVATION GRANT PROGRAM



Public Health Institute

SRO Culture of Inclusion
(COI) Project



Public Health Institute

SRO Culture of Inclusion (COI) Project

OUR STORY

The COI Project created a set of high impact programs at the Lakehurst Hotel where 100 people live with serious mental illness and/or substance abuse disorder. Without family support, most people who live on less than \$1000/mo of Supplemental Social Security Income have little disposable income for diversions or the bus fare to reach them.

Consistent welcoming gestures and support from staff, combined with chair yoga, arts/crafts, song circles focused largely on African American music, computer exercises and lunch, lifted morale, created community, and for some, improved ability to self-advocate and to take steps back into life of the larger community. In order to improve wellbeing and reduce isolation, it is vital that culturally responsive programs, designed to engage consumers, be widely available.

For more information, please contact:

Margot Dashiell, Co-Director
margotjulia@yahoo.com

T. Anne Richards, Co-Director
tannerichards@aol.com

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An SRO Culture of Inclusion Project: Program Design

Isolated Adult and Older Adult Consumers
Round Three Innovation Grant
Grantee Desired Outcome

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Grantee Organization: Public Health Institute, Oakland CA

Grantee Contact Information: T. Anne Richards, Co-Director tannerichards@aol.com

Margot Dashiell, Co-Director margotjulia@yahoo.com

Project Contact: Margot Dashiell

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One of the “Lunch Bunch”: A Narrative Account of a Culture of Inclusion Participant

When his case manager introduced, Carl (pseudonym), a new, young resident in the hotel lobby, you said “you’ll be welcome to join us anytime.” Not the program, but the lunch got his attention, and he’d slide in to get a plate just as activities ended. Rules were posted that lunch was for those who’d participated in the program for at least thirty minutes. Twice you served him lunch and said “next time, we’ll expect you to participate.” That “next time” you did draw the boundary line. He gave you a hostile look and walked out the program door.

A week later, when you saw him near the hotel elevator, he cut his eyes and said “I don’t like the way you do business.” You tried to rise above your irritation to show unconditional positive regard and it wasn’t too difficult that day. He had a sharp haircut; his clothes were not only clean but neatly pressed. There was something there to validate. “You look good; you’re taking care of yourself. And hey, do come spend some time in the program; you may find something you like in there,” you said.

In the first six months of Culture of Inclusion (COI), a circle ran involving music and movement called Interplay. The day Carl came, people sang the civil rights anthem, “Keep Your Eyes On the Prize”, and the leader said “its message means to focus on your goal; don’t get sidetracked.”

“So this is what people sang when they wanted their freedom?” he asked.

He was in his early twenties. He had lost both parents. He hadn’t finished high school. He had a case manager so that meant he had a diagnosis of some kind. He had things going against him. You are African American and you’ve seen youth like him before. Intuition tells you he wants to find pride in heritage, something positive he can connect himself to; he wants to get beyond the sea of negatives in his life. You think he knows the homies he hangs out with don’t help. You believe that his below poverty SSI income scares him. He’d like to hook into something hopeful.

Another time in the Interplay circle he told the warm, sixty-year-old leader that his birthday was coming up. He also told her that he lost his mother when he was young. She tells him that he can’t say he doesn’t have a mother anymore, because she is adopting him. They both stood and hugged. You knew that within African American culture informal adoption is a familiar practice, and even if kinship is just suggested casually, the *family* word suggests acceptance, a personal interest in the younger person. Some weeks later you found that he also called you “Mom” sometimes. You took this as a sign of his trust.

One day, on a group excursion, he sat alone on a bench. He was usually gregarious, so you approached him to ask what’s up. He began sobbing. He unloaded about a bad marijuana trip but said he couldn’t seem to quit. He knew it was draining what little extra cash he had. It made him paranoid. Too, it didn’t help that he and the pusher lived on the same floor in the hotel.

You reinforced what you knew his case manager would have told him. That weed doesn’t mix

well with psych. meds and that he needed support from both his mental health clinic and from a substance abuse program. Later you helped him look for a program on-line. In the meantime, you affirmed him for continuing his afternoon GED classes. You reminded him about “Keep Your Eyes On the Prize” and you thought you could go further in making another connection to African American history. You asked:

“Do you know about the North Star?”

“No.”

“It was the North Star that people followed when they were escaping slavery in the south. If they didn’t have a point to guide them north, they could have found themselves deeper in the south.”

“You don’t want to go that way” he laughed. “They’d find themselves in the swamps.”

“What’s in the swamps?” I asked.

“Alligators.”

“Education is your North Star. You’re making progress toward it. Weed is the swamp.”

And that became a metaphor we used to communicate. “How’s the North Star looking?” you’d ask. And he might respond “Well, I’m trying to stay out the south.”

Some weeks he didn’t come to the program; he talked fast and took off in a hurry as the program doors were opening at 9:45. It wasn’t mandatory like school, that everyone needed come every day, but it seemed that he needed its structure and encouragement could help him stay on course. You thought he needed additional psychiatric support. You called his case manager to report that he was distant and revved up. You understood that HIPPA laws prohibited her from saying more than “We’re aware of the situation. We’re trying.” That’s an important role of the program, to signal providers if you see problems brewing.

In a matter of days, another participant rushed into the hotel to say Carl had just gotten into a scrape with a security guard up the street and was being sent by ambulance to John George Pavilion. The hospital transferred him to jail. A week later his mood was down as he revealed in the music circle that he’d just been released from Santa Rita Jail. In court, the public defender did her best, he said, but he didn’t feel he deserved the one year’s probation. In the circle a peer volunteer requested a song of the keyboardist. The lyrics went:

I feel like going on/ Though trials may come/On every hand/I feel like going on

When you thought the song was over, the keyboardist fixed his eyes on Carl and to the same tune matched a phrase to shake Carl’s mood: He said “Carl, sing this”:

I won’t give up my goals/ Though trials may come on every hand/I won’t give up my goals

It was reminiscent of the use of song in the African American church, where the music may run until it reaches deep into emotional places, until the hope to say “I can” is claimed. Carl said he wanted an education; he wanted to get to Laney College and become a carpenter.

On any given day, the Culture of Inclusion multi-tasked, according to what members and staff brought to each other. The many faceted program seemed to help hold people together. One man who, according to the hotel owner, “used to go to John George like it was a spa” stopped doing that. The program offered recreation; it offered support and direction; it offered mental stimulation; it drew from African American cultural forms to encourage people; it provided information and referral and it offered lunch to people whose incomes did not always permit them the luxury of a lunch. It offered community. Participants named it the Lunch Bunch. If you saw one of them begin to decline, you called a case manager to try to head off further de-compensation. Carl could be obstinate and, try as she might, his case manager did not prevent him from spending a week in jail twice, but she stayed behind him and he kept trying to pull himself up, “To feel like going on.”

When you checked with him in early October, almost three months after the close of the program, he was still in school. He said he had stopped smoking. He did casual labor part-time and he was leaving the hotel for a board and care home which he thought would be a less stressful place. Across race and the age span there are many people like Carl for whom a day program can be a place to feel at peace, find encouragement, gather support from a community, to find enjoyment, engage in meaningful activity, to gather strength, or a place to launch into the larger community.

It should be noted that while the program utilized African American musical forms, the uplifting lyrics and the employment of them to undergird people were well accepted by all participants.

LEARNING QUESTIONS

1. Identify the Learning Questions Addressed

Our project addressed the following two learning questions:

- **Question 2:** How do in-reach efforts that connect residents of board and care homes and SRO hotels to social and recreational opportunities reduce social isolation and improve quality of life for isolated adults and older adults with serious mental illness?
- **Question 3:** How do volunteer opportunities with peer or professional coaching decrease social isolation and improve self-esteem and quality of life for isolated adults and older adults with serious mental illness?

2. How Project Addressed Learning Question

To address Learning Question 2 we created the “SRO Culture of Inclusion (COI) Project. Our project was based at The Lakehurst Hotel (Lakehurst). The project site, houses up to 110 residents, all of whom are people living with serious mental illness and/or co-occurring disorders, and for the most part are on SSI and are case managed. Residents are predominately young and middle aged adults with a smaller number of seniors. The hotel population is continuously changing but remains approximately true to this age distribution. Our team offered programming to Lakehurst residents three days a week for 2.5 hours per day over a 14-month period from May 2014 to July 2015. We believe we successfully answered Learning Question 2 based on feedback from residents how communicated to us that the program improved their quality of life.

To address Learning Question 3 we researched and presented volunteer opportunities to individuals who were potential candidates for engaging at this level of community involvement. The effort was made to match opportunities with known interests of the individuals.

PROGRAM DESIGN

Goals of the program

The goal of this program was to engage hotel residents in meaningful activity that increased their sense of well-being, reduced their sense of isolation, and established a sense of belonging to a community.

Program Components

The SRO Culture of Inclusion Project (COI) took place in Oakland, CA from May, 2014 through July, 2015. The Lakehurst Hotel, the project site, houses up to 110 residents, all of whom are people living with serious mental illness and/or co-occurring disorders, and for the most part are on SSI and are case managed. Residents are predominately young and middle aged adults with a smaller number of seniors. The hotel population is continuously changing but remains

approximately true to this age distribution.

The COI Project's aim was to provide a common area where residents could sit, relax, have coffee, read, and participate in an array of programs including art, music and yoga, was a shift away from the isolation of being alone in their rooms. The hotel itself provides only a few small areas where residents can congregate and these areas are not conducive to socialization with the exception of an outdoor smoking area.

The environment of the COI programs was café-like and was a safe space to come and either be with others, or be alone in the presence of others. Holidays and birthdays were celebrated. Conversations were had, privately and openly, about personal difficulties, stressful events, as well as positive and meaningful events in the lives of the individual participants. People listened to each other. They ate meals together at a common table which carried great power in bringing them together.

Outings into the community-at-large were made available and participants welcomed the opportunities to leave the hotel together, seeing new and interesting places and things.

Impact on Population Served

During the course of the year, 69 residents in total participated in the programs. There was a turnover of participants through the year due primarily to relocations of residents. Daily participation varied throughout the year. During the first quarter of the project average attendance was 10 per day. During the holiday season there was a decline in participation with an average of 7 per day. During the last six months of the program, which was then firmly established within the hotel, on average, there were 10-12 participants in the program each day.

The COI design did prove, over the course of a year, to establish a sense of community and belonging among residents who attended the programs, as verified in data collected from participants. Well being was improved as a result of attending the programs. In addition to the external program elements, there were also interpersonal elements that contributed to the successful outcome of the project.

Despite efforts to match participant with volunteer opportunities, there was little interest among COI participants to engage in volunteer work in the larger community. Only one COI program participant was successfully placed in an external volunteer position serving lunches at a local church.

There were other participants who did take up volunteer roles within the COI community, stepping up to participate in set-up and breakdown of program space as well as provide logistical assistance during COI operations. Two individuals also played vital roles in maintaining communication channels between residents and the program. Eventually stipends were provided to the volunteers who committed to consistent work within the COI program.

While it was not anticipated in the COI proposal, the in-program volunteers were of logistical

and organizational value to the project. Informal peer advising and the maintenance of communication channels among residents facilitated the operation of the COI project and should be a part of future program designs. For two people, career ideas occurred as a result of this work.

A participant who moved from the hotel and subsequently returned as a COI peer volunteer said: "Before, I never worked anywhere as an adult where I looked forward to going to work. I wish it could have been five days a week." Ten weeks after the close of the COI Project he was volunteering at a CWC and continuing to pursue opportunities to train as a peer counselor.

A female participant, who joined the month before the program closed, continues as the point person recruiting hotel residents to join the Wednesday crew bound for Towne House for social programs and lunch. An arts professional in the past, she has been so effective in supporting individuals at Towne House, the manager has asked that she lead an art activity and considers training as a peer counselor.

Relationship building takes time. The first month of recruitment efforts took place in the lobby and one by one, residents talked with co-directors about the coming programs, what they were interested in doing, and telling their personal stories to various extents. Some residents came to the programs whole heartedly from the beginning. One of the first men to join reflected that "It was something to do beside look at four walls. It helped me out of depression...Most of all we were treated like everyone else, like normal people." Others took up to 6 months to watch, listen to other residents, and then gradually show up for the programs. Offers to come and join the day's activities were always extended and each response was respected, regardless of the response.

Positive staff engagement was essential. Working with people with serious mental illness, co-occurring disorders and substance abuse requires adequate orientation and training in order for staff to engage interpersonally in a respectful manner, and to observe and respond to situations requiring de-escalation. One's humanity was affirmed in the sharing of opinions and desires. Self expression was encouraged in a number of settings.

Participants were involved in the decision making process within several aspects of the COI program. For example, a song book was developed for a singing program and the songs were selected through group dialogue and participant selection. Participants were involved in the selection of which community outings were chosen. They collectively selected menus for meals for special occasions.

Embracing everyone who came to the program was essential in order to develop a sense of belonging and establishing an atmosphere where well being could flourish. All were accepted just as they were. This was a necessary stance and was the basis of modeling good behavior toward others. In this way, the COI program became a learning environment for social skills. It also became an environment that embraced a bi-modal population. People with very limited cognitive functioning participated side by side with others with advanced capacity and social

skills. It was found that programming can be successful when embracing participants with a wide range of cognitive functionality.

Despite efforts to match participant with volunteer opportunities, there was little interest among COI participants to engage in volunteer work in the larger community. Only one COI program participant was successfully placed in an external volunteer position serving lunches at a local church. The COI project was able to locate a stipend for the position which was a key factor in the participant's willingness to engage in the work. The participant was initially escorted to the assignment by a peer mentor, one who was initially, himself a COI participant. Once the connection was established and the participant felt comfortable with the assignment, peer mentor accompaniment was no longer necessary. The stipend also allowed the participant to take public transportation, the cost of which would have prohibited his engagement if it were not for the stipend. Post COI, he continues in the volunteer assignment and his performance has been lauded by his supervisors at the church food program.

While this strategy did not prove to be a success in reducing social isolation and improving well being for a number of participants, as was hoped, it was highly successful in positively impacting the lives of three people by increasing self esteem and overall well being, opening paths to other vocational opportunities. Although the COI Project concluded, the church volunteer continues to serve twice monthly in his volunteer assignment and remains committed to the work. He expresses pride in his work and sees it as a stepping stone to gainful employment. To build on this example of individual motivation, a co-director discussed positive performance feedback with the client's case manager and recommended he obtain the services of a job coach. In July and August, the client had regular sessions with the job coach, who has assisted him with an application for part-time work at the Oakland Coliseum. This member of the COI community is an exemplar of the need for a supportive program which has linkages to community services and the effectiveness of stipends to encourage acceptance of meaningful volunteer work.

The strict financial limitations faced by most participants appear to be a key factor in limiting the scope of their activities outside of the immediate hotel environment. Participants have stated that the cost of transportation and absence of lunch money dissuades them from participating in a number of events or activities. We have noted before that the one hotel resident who took on the external challenge of volunteering at the church lunch program, did so only when a stipend was located for him.

Specific impacts on the population served for each program component:

Music: In creating the opportunity to engage in vocal expression, the music circle was intentionally organized to win participant engagement, provide spiritual inspiration and open opportunities for individual and collective validation. For the staff facilitating this group, the three motivations were consistently intertwined. The circle was formed with the musician at its head and a staff member beside him, permitting a spatial equality and full visibility for leaders to observe individual member's participation levels. When an individual ventured forth vocally,

the musician offered musical support and rewarded efforts with praise and the invitation to solo on a musical phrase. Often, as people warmed up and got into the lyrics, the musician would find a phrase which matched an articulated concern, and then vamp it; that is play it repeatedly, asking for members to sing a phrase individually, as if imbibing it. One sign of engagement was the repeated requests for certain pieces of music. For one song commonly requested, people appreciated the musician's call for each person to sing individually "*I'm moving, moving forward, I'm not going back.*" The investment in certain lyrics suggests that they mirror aspirations "*to not go back; to wade in the water (be healed); I'll need someone to lean on.*" On the part of the musician or staff, a smile, or a word of praise commonly undergirded each singer, whether timid or confident, increasing personal confidence within the circle and within the project community.

Staff observed that trusting relationships developed in a highly participatory activity, with the validation of personal expression through improvisation, choral work and the safety to express personal attitudes. These relationships appeared to develop first with staff members who sought to encourage mutual trust among participants. One day the youngest community member reached out to the peer volunteer in the music circle saying "he's like my uncle." The support this young man gained in that circle allowed him to turn later to the peer volunteer for advice on better management of his co-occurring disorder.

One of the COI musicians wrote to the Program Director of Towne House: "[At the Lakehurst Project) we witnessed residents who displayed despair and isolation, invigorated by the sound of their own voices and the instrument. Singing in the circle, as we do, creates a sense of community and inclusion."

Yoga: Throughout the year there was always a consistent core of participants in yoga, as was true with the other program strategies. The range of participants attending yoga on any given day was 2 – 8. Those who practiced consistently showed the most improvement in the areas noted earlier. At the beginning of the program it was questionable whether the participants could sustain their attention for 45 minutes on the instructions that led them through the yoga poses and the breathing exercises. Initially, attention was sustained for 10-15 minutes. As engagement with yoga continued, participants eventually were able to sustain attention for the full session length (40-45 minutes), following detailed instructions involving up to 6 sequential movements. This was noted 7 months into the program. This core of regular practitioners usually commented at the end of each session as to how much more relaxed they felt. Another observation among the regular core of yoga participants was the change in postures from the time they began a session to the time they finished the session. Participants who would enter the sessions sitting in a "slump" would be upright and open across the chest by the end of the session. Corresponding to this change in posture was a relaxation of the face, showing less tension and more alertness in the eyes. Six to seven months into the program, yoga practitioners were able to stand for longer periods of time during the yoga session and move from one standing pose to another without the need to sit down to rest. At this point in the program, more balancing poses were introduced and because of strength building in the legs and back, balancing became increasingly attainable for the core of participants who

attended regularly.

In addition to the core participants in yoga there was consistently a “fringe” group who either participated occasionally or observed the practice. These participants would either sit inside the yoga circle or at some distance from the circle. Typically, they would drink coffee and watch and listen. Occasionally one of them would be moved to get up and try a pose which was intriguing. Usually this would be one of the more strenuous balance poses. On occasions when the group ended in an uplifted spirit and the core group applauded, the fringe group would join in the recognition of the yoga leader.

Art: Some participants were more persistent than others in their participation in the COI programs in general; this was reflected in the art part of the program as well. The participants that were persistent throughout the whole program built a collective knowledge about techniques and they were able to build on their initial skills. Some participants were only able to occasionally create projects and did not experience the full range of activities that were offered.

At the beginning of the COI program, participants were asked “What type of art have you done?” or “What type of art do you like to do?” They responded by saying what they had previously done and what they would like to work with, such as paint, pencils and maybe some clay. After experimenting with different materials, regular participants extended their knowledge and experiences with art and expanded to sewing, painting glass, dying fabric or print making.

Participants cared about the projects they made during art. They were constantly asking about their pieces when a project needed to be finished at the teacher’s studio, such as the clay projects that were enameled by the teacher or when pieces needed to dry. Participants gave special attention to art pieces that had a practical purpose. They identified in the art part of the program an opportunity to make things that were useful and they seemed very proud of those. They would say that they would use something they made at their house, or that they had given something as a gift. This was exciting to them. Participants also brought to the program artifacts in which they wanted to work on, like finishing a lamp they had started, sewing something they had that needed sewing or dying their own clothes. Sometimes participants prepared for the sessions which showed they were really interested in the activity that was planned, like dressing up for a session of photographs at the lake or purchasing something they wanted dyed.

Participants reported appreciating the art program because it entertained them, because they learned new techniques, because there were projects they could do at home with recyclable materials, because they developed ideas for future projects, because it relaxed them and because the quality of the materials used was high.

Congregate Lunch: Serving lunch and coffee was extremely well received by the participants because it fulfilled a basic need that was not being adequately met. Several smaller tables were

pulled together to create a communal table allowing participants the choice of socializing while eating lunch. Some participants chose to sit at single tables skirting the communal table on occasions, very often depending on their mood, psychological state or medicated state on a particular day.

There were participants who were more functional as well as more verbal and outgoing who influenced the level and direction of conversation on any given day. Staff members sat with the participants sharing in lunch and were instrumental in directing or redirecting conversation as needed.

In addition to lunch, coffee was available in the morning, fifteen minutes before the programs began. This contributed to the café atmosphere we were attempting to create and tended to draw participants into the space to read, mingle and be ready for the activity of the day.

Cognitive Training: At program startup the co-directors were very hopeful and optimistic about the potential long-range impact of Cognitive Training (CT) on the residents within the hotel. Participant interest in working on the iPads for CT was inconsistent and never sustained for adequate periods of time. Some efforts were made to incentivize the program including offering Subway gift cards for completing six sessions. The gift card incentive resulted in a few participants sustaining CT practice for a few months but eventually, even with the incentives, the participants became disinterested in the program.

Community Outings/Field Trips: Program participants were empowered to select the outings. Providing choice to adults who frequently do not have choice in their own lives was enlivening. During lunches when potential trips were discussed, conversations were enthusiastic and even the less vocal participants spoke up. Sign-up was done vocally the day before, during lunch, with the project coordinator taking note of who was coming. The following day, participants gathered in the lobby prepared to go on the trip. Sometimes an unexpected person would show up and come along. When on these trips, participants were engaged and “on best behavior.” Problems never occurred on any outings. In the days following each field trip, what occurred on the trip was often the topic of conversation during the congregate lunches. The field trips got the residents out of the hotel and into the community-at-large in a safe and supported way.

PROGRAM STRATEGIES

Program Strategies, Methods of Implementation and Timeframe

The COI program took place over a 14-month period from May, 2014 through July, 2015. Programs were offered 3 days a week from 9:45 through 12:15. The space within the hotel used for programs was the dining hall which contained tables and chairs that were rearranged to accommodate different program offerings.

Initially, recruitment for program participants took place in the lobby of the hotel. For six weeks, Co-directors sat at a table set up in the lobby for one-on-one conversations with hotel

residents. The residents shared personal stories and were asked what kinds of programs they would be interested in being part of. The hotel owner and staff directed residents to us and encouraged them to commit to participating in the coming programs. As we approached program startup, announcements were posted in key places in the lobby and other public areas. Announcements were sent to case managers serving hotel residents. A sign-up sheet for program participant was placed at hotel reception. A 2-hour presentation to residents who signed up for the program was given in the dining hall the week before the programs commenced.

There were 5 key strategies used in this program: yoga, music, art, a Cognitive Training on-line program, and congregate lunch. An additional support strategy was a family engagement component. This did not get off the ground, but should certainly be attempted in other settings.

Music: The Spiritual Engagement/Music Circle was conceived to be the most interactive of the COI activities and was an engine in fostering social interaction, providing opportunities to validate residents, creating a sense of group solidarity and motivation on the part of participants. The Strengths Model which focuses on “amplifying the well part of the individual” was the basis of all COI programs (Rapp, C. 1997, *The Strengths Model: Case Management with People Suffering from Severe and Persistent Mental Illness*, 1st Ed. New York; Oxford University Press). Musical expression, rhythmic activity, and the recollection of lyrics became a springboard for validating self expression. Musical participation was consciously used by leaders as a basis for validating strengths. One young man on the margins of the program, wanted lunch only and was initially testy with staff. He was drawn into a higher level of participation after staff encouraged him to read a spoken word piece during a holiday program. When his “strength” in selecting good material and delivering it well, was pointed out, his relationship to the program became more firm.

The solidarity of the music circle expressed itself in collective action on several occasions when ACBHCS managers visited and participants engaged in dialogue about issues of community concern (food insecurity and housing deficiencies). This highlighted the potential of the program to leverage collective action, sense of self-efficacy and empowerment among residents.

In the beginning, the opening theme in the song circle was the African American spiritual "Somebody's Calling My Name." This lyric was a metaphor for the significance of recognition by another, for being called out of isolation to interact with others as equals. In the spirit of the metaphor, the cultivation of a validating social and physical environment guided the approaches of the activity leaders and staff who facilitated this activity; this intention was infused throughout the project. As the program closed, almost every member of the group expressed appreciation for the singing experience and the opportunity for self-expression.

Yoga: Studies of the effects of yoga on mood in psychiatric patients have provided evidence of improvement in negative emotional factors of tension-anxiety, anger-hostility, fatigue-inertia and confusion-bewilderment (Lavey, R. et al., *The effects of yoga on mood in psychiatric*

inpatients, *Psychiatric Rehabilitation Journal*, 28(4), 2005, 399-402). Yoga is physically engaging and awakens the breath. Bringing practitioners to deeper breathing is an established method of calming the nervous system. Yoga is also a spiritual practice and the idea of honoring the divinity within self and others was brought to attention throughout the course of the COI yoga program.

To take into account various physical conditions of the residents of the Lakehurst hotel, chair yoga was selected as a form of physical activity since it did not require standing the entire time. Chair yoga is a gentle form of stretching and opening the body, and like traditional yoga practices, it also is known as a practice that develops more awareness and presence in the body.

Yoga was offered once a week in a 45-minute session. A few gentle stretches and breathing exercises were also used as a way to begin the singing/music programs. There were four observable impacts on those who participated in yoga. The participants were able to focus their attention for longer periods of time and eventually could sustain attention without distraction up to 45 minutes. There was an increase in physical balance and stability. By the seventh month of the program the main core of yoga participants could accomplish relatively advanced balancing poses. Improvement in posture was accomplished through chest opening exercises and breathing exercises. Finally, a sense of calm and relaxation was established, which the yoga participants gave voice to regularly. When asked at the end of each session how each participant felt, the most common responses were “calmer” or “more relaxed.”

Art: Art was selected as an activity some participants could do daily while other participants were working in the cognitive training program. The cognitive training program and art were scheduled at the same time in order to give participants the possibility of making a choice, having alternatives in case all the equipment for cognitive training was in use. The art program was developed in an area of four tables joined together. The area was carpeted and there was access to water in a bathroom sink that was close by. These two factors were of great influence when deciding on the nature of the art projects the participants would be engaged in. Art projects that didn't need a long cleaning process were mainly selected. Still, not to limit the experiences with art, some materials for messy projects were accommodated in buckets or bottles.

There was an average of 5 participants in the art area daily; sometimes they did not work all together, but came to work at different times during the session, sometimes the art area was very crowded and extra tables were added. Sometimes participants choose to work individually and that opportunity was provided for them.

Participants had different levels of skill in art techniques; some had taken art classes or workshops and some had not worked with any art supplies since grammar school. Encountering diverse art materials was exciting for all participants. One primary objective of the design of the art lessons was to give the students the possibility of experimenting with different techniques and materials. During the course of the program the participants used acrylic paints, water

colors, oil pastels, chalk, dyes, glass enamels, ceramic, wire, paper mache, fabric, beads and different kinds of paper. The diversity of the projects ranged from mixed media sculptures to hand dyed and sewed pillowcases, going from projects that focused merely in artistic expression to the creation of very practical things.

More than one art project was always available to work on at the same time, in order to give the participants different alternatives and accommodate to their needs. For example, some participants did not like to work on projects that got their hands dirty, such as paper mache, mosaic or ceramics, so there was another option for them. There were also participants who had a lot of energy and needed to be challenged with more than one project per session, so there was always an extra project ready to get them started. Personal projects that participants wanted to work on were also included in the program.

Exhibits of the finished projects were done at the end of every 12 weeks or on special occasions, such as holidays or presentations. Work was selected by participants for the exhibits and participants prepared the pieces for display. After the exhibits came down, participants were encouraged to take their art home. Some did, but others didn't because of living space limitations. The creation of some practical objects, such as the pillow cases, coasters, ashtrays or vases were celebrated by the participants, because these helped them serve practical needs. Participant also created projects to give as holiday gifts.

The art class gave the participants an opportunity to engage in conversation, so this time became very important in building community, especially at the beginning of the program. It also gave an opportunity to the participants to share materials and supplies, which motivated personal development and social skills. The art component of the program gave importance to the process of creation as much as the products created, encouraging participants to stretch their imagination and challenge themselves to finish their pieces to the best of their ability.

Congregate Lunch: Each day of the COI program concluded with a healthy lunch served to any resident who participated in at least 30 minutes of programming that day. Given that only breakfasts and dinners are served Monday through Friday within the SRO, lunch service drew residents into the program as lunch aided in meeting a basic need. In addition to the lunch, coffee was available every morning at the start of the program. This aided in bringing residents into the room at the start of the day to participate in the programs and engage in conversation with each other.

Cognitive Training: The delivery of Cognitive Training (CT) to the residents of the Lakehurst Hotel posed a number of challenges. While the effectiveness of CT has been widely demonstrated through a number of research studies, the COI project was one of the first attempts to deliver this evidence-based treatment for cognitive deficits in a real-world setting, i.e. not a clinical or research setting.

CT is an intensive behavioral treatment that requires frequent and consistent participation in order to be effective. Lakehurst Hotel residents who participated or wanted to participate in the CT program struggled with clinical instability and some with substance use throughout the

intervention. Participants randomly attended CT sessions. When participants did attend a CT session, the lengths of the sessions weren't long enough or frequent enough to demonstrate actual impact on cognitive capacity. Many Lakehurst Hotel residents not only struggle with inadequate access to behavioral interventions in the course of their daily lives, but also experience the detrimental consequences of social isolation, marginalization, and stigmatization on a daily basis. Their level of functioning is not only impaired by the devastating nature of their illness, but also by the lack of access to basic needs, and by the impoverished environment they live in.

If the goal of offering CT is to yield significant improvements in quality of life and social functioning for people with severe mental illness, more resources are needed to implement CT in SRO environments. These resources include clinical staffing, longer and more frequent access to CT programs, and a personal support system to motivate residents to participate. However, CT is not likely to induce cognitive gains if basic needs for food, shelter, and safety are not adequately secured.

Community Outings/Field Trips: Originally not part of the program design, trips into the community proved to be a successful addition and were well received by a number of COI participants. Initially a trip to the Oakland Museum was proposed as the art instructor was having an exhibit at the museum. This was met with enthusiasm, particularly because of the participants' direct relationship with an artist exhibiting at the museum. Because it was so well received participants were asked for suggestions of other places they would like to visit. This typically was discussed over lunch at the communal table. Outings included art galleries, Laney College, the Berkeley Botanical Garden, a classic car gallery and the Oakland Zoo. These outings provided positive mental, physical, emotional and social stimulation. For many participants the outings extended the degree to which they could engage in the community-at-large since they were traveling together in their own social group.

Family Engagement: This program component received minimal acceptance by the program participants for several reasons. Some participants indicated they did not have any family. Others had close relationships with family members but did not want those members to be contacted by the program staff. Some had relatives living at a distance who they maintained contact with. Others had difficult relationships with family and did not want them contacted by staff members. A holiday event for participants was held and participants were encouraged to invite friends, family or case managers. No family members attended though several case managers did.

In the final quarter of the program two COI participants did provide their mothers' names and invited staff to call them. Both were called and a co-director had a conversation with one mother who said she would call back when her daughter arrived. A second call was made to follow-up, and the same response was received. At the conclusion of the COI Project, the hotel management did make contact with a co-director, asking for resources for a mother of a new resident in the hotel. COI staff and hotel management connected around the importance of support for families and the hotel accepted a supply of brochures from The Family Education

and Resource Center.

It appeared that the meaning of the program for the participants was personal social engagement and they did not want, or see the need or value in having family members contacted to support their social engagements. This might be attributed to the fact that most of the participants were adults and not youth. However, when asked in the exit surveys if they had more frequent contact with family members since they had been involved with the program, five out of eleven said 'yes.'

Post Program Transition: As the COI Project was drawing to a close, a connection was established with the CWC Towne House which provides social programs with lunches served on Wednesdays. During the last month of the COI Project, participants had the opportunity to go to Towne House on Wednesdays as a way of transitioning from the COI Project into another program. A huge challenge for staff was how to responsibly conclude the COI Project without leaving people with a feeling of abandonment. A fair amount of time was invested in offsetting the potential feelings of sadness and loss for residents. Since the closure of the COI Project, between six and ten former COI participants travel weekly to Towne House where a co-director and a music activity leader volunteered through mid-September to create a bridge to an alternate program for hotel residents.

As program staff members become acquainted with the needs in the life of a participant community, opportunities can and should be provided to assist people in problem solving. Openings to assist participants in locating appropriate forums for the discussion of their needs, and for learning to develop a sense of agency is important for both personal growth and for community development. Before COI closed, a group of participants discussed the financial barriers (transportation and lunch needs) preventing them from frequent attendance at Towne House. As a result, Towne House now provides once weekly van transportation to and from the hotel and has also increased lunch service from one to three days a week. Where appropriate, experiences of this nature demonstrate to individuals the impact of the well placed individual and community voice, a voice when used well can improve quality of life.

TARGET SUBPOPULATION / CULTURAL RESPONSIVENESS

Demographics of Participants

A total of 69 residents participated in the program over a 12-month period. The gender breakdown for participants over the entire course of the program was 56 males and 13 females. The racial/ethnic breakdown was African American 41; Caucasian 18; Asian 5; Hispanic 3; Other 2.

BHCS Stakeholder Involvement

It would be advantageous to establish a Community Advisory Board which is comprised of family members, consumers and service providers. Periodic meetings with the CAB can provide insight and direction for those immediately involved on the front lines of the program.

Cultural Responsiveness and African Americans

Sixty percent of COI participants were African American. The musical activities were structured to utilize call and response features, a fundamental element of African American traditional, secular, religious and popular music culture. Since the majority of participants in the program were African American, this segment of the program, implicitly, through its content and form, spoke to and affirmed African American struggles and experience. While the form may have originated among African Americans, and has strong appeal for many of them, it has also demonstrated general crossover appeal. Because this form lends itself to group participation, it is useful in breaking down social isolation. The musical content was chosen because it was expected to appeal to African Americans as well as a wide range of other residents at the hotel.

The song book included soul and R & B music, contemporary pop and a selection of African American Spirituals, the lyrics of which are overwhelmingly hopeful. In an essay in the *Journal 16 of Religious Thought, (Memory and Hope: Toward A Hermeneutic of African American Consciousness; Summer/Fall, 90, vol 47, Issue 1)* Noel James writes: "What we discover in a study of the spirituals is that through hope African Americans have addressed the horror of the present and projected the consciousness beyond the oppressive immediacy of the "now" toward that "great getting'-up mornin'. Thus, the barefoot slave is able to sing 'I've got shoes, you've got shoes, all God's children got shoes...' not because he is denying reality but, ...rather hope is the basis of value in the African American experience...This imperative establishes the legitimacy of black existence...before the other's attempt at devaluing the black self."

Historically and in the very present of 2015 when media focused on so many African Americans who lost their lives to police violence, the devalued 'black self' is a part of African American consciousness. People are keenly aware of social injustice and programs will be called upon to respond as these issues arise. The spiritual lyrics and others were introduced to provide positive messages, messages that affirmed both group and individual value. In the context of a multi-ethnic program the advantage of this musical messaging is that it transcends race so that other participants could benefit from it as well. As incidents of violence against African Americans across the country occurred, discussions were had in small groups and at congregated lunch as to the senselessness of the incidents and the need to recognize one's own value.

Cultural Responsiveness and Serious Mental Illness

There was sensitivity in designing the programs for people living with serious mental illness. There was an array of art projects to engage people; there were two active musical groups bringing people to collaborate and smile at each other; there was congregated lunch, where topics might be kicked around. Participants with all levels of physical and mental capacities participated fully in yoga. Art was a medium of expression at any level of artistic ability and all were recognized for their unique talents. People had choices and nothing was forced. People were there to enjoy themselves in the company of others. The program did not operate in a manner that focused on diagnoses or discussion of mental illness, something people living with mental illness often say they want to avoid.

For a period of time, one participant's behavior became offensive, especially to two of the

female activity leaders. In staff meetings it was important to discuss the need for boundary setting and to frame the behavior as symptomatic and a result of his withdrawal from treatment. When the case manager was notified and his treatment resumed, the participant displayed unusual dedication to volunteer tasks within the program. The question arose as to whether he should be entrusted to handle volunteer responsibilities given his earlier behavior. Knowledge and sensitivity to the changing conditions of those living with serious mental illness dictated that individuals are not their illness; that, as they improve, and seek to participate or contribute, they should be validated for instances of growth.

Responding to Income Constraints

In an SRO setting, a middle-class worker might not recognize the considerable constraints faced by those living entirely on SSI. Staff was sensitized when individuals did not participate because their clothes were not clean or when they failed to keep a medical appointment. Laundry soap and transportation require money, which individuals have very little of after they pay in the neighborhood of \$800/mo. rent and cover lunch and weekend meals. Certainly, awareness of food insecurity played a role in deciding to provide lunch during program hours. Knowledge of financial limitations also motivated staff to locate free excursion sites, generally accessible to participants beyond the program.

EFFECTIVENESS OF STRATEGIES

An ethnographic method of program evaluation was used for the COI Project. Ethnography is an anthropological strategy for systems analysis with triangulation, or cross comparison of multiple data sources as the basis of analysis and evaluation of a system. Data collection methods were as follows:

1. Field notes taken through the entire year of programming by 5 staff members. These field notes were transcribed and are in a data book, as a chronological account of observations of the program.
2. Focus groups with program participants were conducted in September and October, 2014.
3. Three surveys were conducted with program participants: October, 2014, January, 2015 and an exit survey was conducted in July, 2015.
4. Semi structured exit interviews were conducted during June and July, 2015 as the program was coming to a close.
5. Cognitive Training: A series of interviews and tests were administered to assess cognitive functioning, social engagement, loneliness and relationships. These were administered when a participant first began the CT program and again at the end of the program cycle. These assessments were not analyzed due to limited and irregular participation.

Overall Effectiveness of the Program - Quantitative Data:

Exit surveys were completed and returned by 11 participants. The following are responses to

key questions within the survey.

Has being part of the Lunch Bunch lifted your spirits?

A Lot: 9

Somewhat: 1

A little: 1

Not at all: 0

Have you made new friends in the Lunch Bunch?

Yes: 10

No: 1 (this participant marked he/she had only been attending a few weeks)

Do you feel less lonely since you have been in the Lunch Bunch?

A lot less: 5

Somewhat less: 1

A little less: 1

Not at all: 2 (one of the two had only been attending a few weeks)

Do you talk with more hotel residents since you have been in the Lunch Bunch?

A lot more: 7

Some more: 2

No I don't talk with more residents: 2 (one of the two had only been attending for a few weeks)

Have you visited, talked with or corresponded with family members more since you have been in the program?

Yes: 5

No: 4

I don't have family: 2

How do you rate this program:

Excellent: 7

Very good: 3

Good: 1

Poor: 0

Overall Effectiveness of the Program - Qualitative Data

The following are quotes from participants drawn from exit interviews, exit surveys, staff field notes, and focus groups. These statements are thematic exemplars representing the general views and experiences of the program.

"I enjoyed learning everybody's names and getting to know them. It really warmed up the environment of the hotel."

"I see the programs bringing us together. I met people I've never met in the lobby before and have been able to interact. I've seen people lighten up. A better attitude during the week."

"I'm less lonely, less isolated. Less of the self defeating behaviors. The feeling of sadness, fear coming around people. I don't feel those things as much."

"At peace."

"It's a family in communication. If you choose to know someone, it's an opportunity to do so."

"I have gained better understanding about the importance of taking good care of my body, eating right, practicing exercises to have good health."

"I have found that the Lunch Bunch has given me meaningful, purposeful activity. It has lifted my spirits and given me a forum to socialize. Thank you staff! You're the best. All of you!!!"

"Before I felt like I was discriminated against as a person with mental illness."

Yoga:

"I liked yoga – learning the movements, how to breathe, wellness, being more focused."

"Yoga was very difficult. Yoga provides unity."

"Yoga was physically challenging. Stretching made me feel better. I don't stretch on my own."

Music:

"The camaraderie – getting something, getting excited, getting our blood running. It was like gospel – everyone was blessed. The music gets you happy."

"I liked learning about African American spirituals because I wasn't raised singing in the church."

"Singing – I liked the togetherness. We could compare notes and sing together as one people."

Art:

"I liked learning new kinds of art like paper mache and weaving. The art table was a communal table where I got to know people. It made life in the hotel easier to come to get to know people."

"The art teacher for one, she's something else. If you don't know what you're doing, she'll guide you to it. And that helps you express yourself in what you're doing."

"I love doing art work even though I'm not an artist per se – I do stuff I never thought I could do."

CT:

Although participation in the CT program was sparse and did not provide evidence of cognitive improvement, participants did enjoy some of the stimulating aspects of the program and appreciated access to the iPads.

“[The program] made me feel smarter. I was so good at the computer and art. I discovered skills.”

“The iPad has been good for me. Working on memory, learning, writing, reading.”

“Some of the computer, I couldn’t get used to. There was stuff I wanted to have on the computer that wasn’t on it. More music.”

Congregate Lunch:

“For people who are on a fixed income, it’s great to get a lunch, because lunch helps with learning. It helps us stay healthy. And it’s really good. Generally, without you guys we wouldn’t be having lunch, because we can’t afford Subway or McDonald’s every day.”

“This is the best food we get. In the neighborhood here, there aren’t any stores, any places to buy fresh food. Everything is out of cans and the prices are sky high.”

“Big eat thing food it full good for me.”

“The coffee too! Free coffee!”

EVIDENCE BASED MODELS

The essential structure of this program is based on the clubhouse model in which settings are provided to nurture social connections and aid in establishing community integration (Beard, M.L.,1992. Social networks. Psychosocial Rehabilitation Journal, 16(2), 11-116). It is suggested that through building social networks, overall functioning can be impacted. In the course of our one-year program there was evidence of improvement in functioning in a number of participants. There was evidence of change in the overall functioning of the participant who is now on the verge moving into the workforce. Evidence of the program’s impact on the former participant who returned to volunteer also indicates the power of milieu to build confidence and nurture career aspirations. It is possible that over a longer period of social engagement, overall functioning may improve in a larger number of participants. For this reason, it is recommended that programs are established for longer than a 12-month period and where possible, programs are a permanent part of residential housing for those with serious mental illness.

Additionally, The Strengths Model which focuses on “amplifying the well part of the individual” was the basis of all COI programs (Rapp, C. 1997, *The Strengths Model: Case Management with People Suffering from Severe and Persistent Mental Illness*, 1st Ed. New York; Oxford University Press).

PROGRAM REPLICATION: A RECIPE FOR SUCCESSFUL PROGRAMMING

Recommendations for program replication are based on the lessons learned in the COI Project. The following are some guidelines for establishing similar programs for people with serious mental illness. This recipe is more like making soup than baking a cake in that you can adapt along the way, adding this and taking away that, as programming unfolds. This allows you to meet the changing needs of a specific group.

Facility Selection

- In-reach efforts taking place in SROs, Board and Cares and other residential facilities for those with serious mental illness are effective venues for reducing social isolation and establishing a sense of belonging within a living community. It is recommended that, where possible, programming become a permanent part of residential living at these locations.
- If it is necessary to transition a program out of a residential facility, the new location should be within walking distance of the residential facility or transportation will need to be made available to residents who participate in the programs. The cost of public transport can be a deterrent to consistent participation.
- A large communal space is needed within a residential facility which can accommodate multiple programs as well as both congregate and private spaces for collective and one-on-one meetings and discussions. A café like environment can be established in this kind of space that accommodates programs, lunches, reading, listening to music, personal conversations.
- It is possible that rent will need to be paid for facility use which will need to be included in a project budget. It is also possible that facility staff may provide logistical support to the program and facility support would then also be included in a budget.

Population Selection and Recruitment

- People with SMI or SUD at all points on the wellness spectrum are recommended.
- Recruitment plan should include personal outreach within a residential living site. Outreach should involve inquiry into residents’ interests.
- A welcome mat—a gracious welcome conveyed repetitively, both verbally and in signage, whether individuals attend program or not. Comfort levels sometimes take a

while to develop.

Programming

- Art, music, chair yoga, field trips allowed participation by all regardless of their cognitive functioning capacity. Alternatively, arts programming most likely would also work well featuring drumming circles, poetry slams or dramatic recitations. Individual programs in COI were approximately 45 minutes in length.
- Programs that offer physical activity. Chair yoga worked as did walking groups on photography field trips. Stretching and breathing exercises can be incorporated into the beginning of other programs such as singing, music, art.
- Spiritual inspiration and personal motivation can be intertwined in groups involving personal sharing/check-in with music, singing or interplay.
- Individual validation of participants is essential in all program activities whether they be music, art, yoga or some other form of personal expression such as reading out loud in groups or personal sharing of difficulties or meaningful events. Modeling appreciation of each individual is important to the development of community cohesion.
- Opportunities should be built-in to assist individuals as well as small or large groups in developing advocacy skills to interface with agency or housing personnel.
- If program is in a residential site, community meetings addressing maintenance of common and individual space can be important to assist residents in maintaining their housing and to prevent insect infestations and complaints from management.
- Congregate meal that promote healthy eating and support communal dining and conversation.
- Abundant opportunities for participants to contribute efforts in support of program maintenance; one wants to encourage participant investment.
- Support for those who seek horizons beyond the program, help for integrating people into the larger community—i.e. school, volunteer or work opportunities.

Project Infrastructure

- A fiscal agent or non-profit organization is necessary for grant and financial administration
- A fully equipped office is needed for project administration: computer(s), printer/copier, phones, internet access, files etc. If the facility where the programming takes place does

not or cannot provide this, one-time equipment costs will need to be included in a budget.

- Computers or computer tablets might be made available within the project space for participants to listen to music, check emails, play games or conduct internet research.

Staffing

If the population demographics are consistent with those of Alameda County service teams where African Americans are over represented, it is highly recommended that staffing include African Americans familiar with African American culture and social realities.

In addition, COI project directors accept the hiring philosophy of one of our field testers, Millie Alvarez, a former director of a club house model Creative Living Center. She wrote: "Hire for personality, train for skills. In other words, choose people who have genuine respect for others, are positive, flexible, have good listening skills, work ethic and are motivated to do this kind of work...We often hired people right out of college and trained them in the club house model... We supplemented our staff with adult school teachers and interns." If there are enough participants in a program, the cost of an adult school teacher would be covered by the school system. Millie also advocates utilizing Occupational Therapy interns, to help prepare people for the work world.

For programs offered 3 days per week, 2.5-3 hours per day including lunch:

1 Program Director: 50% effort – provides oversight to the entire project including program selection and management; managing relations with SRO; selecting staff interns and training of staff (in collaboration with the clinical director); budget oversight.

1 Clinical Director: 25% effort – collaborates with Program Director on staff and intern selection and training; supervision of interns; meets with staff weekly to discuss interface with participants, psychiatric challenges, managing escalations; attends at least one program session per week to meet with participants.

1 Program coordinator: 50% effort – provides logistical and administrative support for the program

An Activity leader for each activity: estimate paying between \$50 and \$75 for activity leaders for a 45 minute – 1-hour program.

- Staff will be oriented to strength based and culturally responsive approaches to interpersonal work.
- A staff member will be familiar with the range of county support services so as to offer Information and Referral services to clients.
- Collaboration should be established with site manager at the earliest possible date and

periodic meetings should be scheduled for information sharing and problem solving.

Budget

The following is a sample budget for an 18-month project which includes start-up, hiring, training, participant recruitment, and 12 months of direct program administration.

Budget Items	Budget
Project Director 50% with benefits	\$48,000
Clinical Director 25%	\$30,000
Project Coordinator 50% with benefits	\$40,000
Peer mentor staff	\$10,000
Interns for clinical support	\$5,800
Personnel Subtotal	\$133,800
Staff trainings (at start-up and throughout the program as needed)	\$2,000
Rent (Residential Facility and office space)	\$5,500
Office Supplies	\$2,000
Office Equipment	\$4,000
Communications (internet & phone)	\$2,000
Reproduction	\$300
Postage	\$200
Participant Incentives (includes lunches, coffee, stipends for volunteer activities – based on 15 participants per program day)	\$19,000
Physical Activity Leader (2 program a week)	\$5,000
Music Activity Leader (2 programs per week)	\$5,000
Art Activities leader (2 programs per week)	\$5,000
Art Supplies	\$800
Field Trips (2 per month)	\$2,400
Facilities Support (If residence staff provides logistical support)	\$2,200
Indirect costs (15% for fiscal management)	\$8,310
Non personnel Subtotal	\$63,710
Total Budget	\$197,510



MISSION: Our mission is to maximize the recovery, resilience and wellness of all eligible Alameda County residents who are developing or experiencing serious mental health, alcohol or drug concerns.

VISION: We envision communities where all individuals and their families can successfully realize their potential and pursue their dreams, and where stigma and discrimination against those with mental health and/or alcohol and drug issues are remnants of the past.

VALUES: Access, Consumer & Family Empowerment, Best Practices, Health & Wellness, Culturally Responsive, Socially Inclusive.

Alameda County Behavioral Health Care Services

2000 Embarcadero Cove, Suite 400

Oakland, CA 94606

Tel: 510.567.8100, Fax: 510.567.8180

www.acbhcs.org