



ALCOHOL, DRUG & MENTAL HEALTH SERVICES  
 MANUEL JIMENEZ  
 DIRECTOR



WELLNESS • RECOVERY • RESILIENCE

2000 Embarcadero Cove, Suite 400  
 Oakland, California 94606  
 (510-) 567-8100 / TTY (510) 533-5018

## MHSA STAKEHOLDER GROUP

Friday October 28, 2016

2:00-4:00pm

2000 Embarcadero Cove, Oakland – Suite 400  
 Alvarado Niles Conference Room – 5th Floor

To participate by phone, dial-in to this number: (641) 715-3580  
 Participant access code: 346-748

MISSION	VALUE STATEMENT	FUNCTIONS
<p><i>The MHSA Stakeholder Group advances the principles of the Mental Health Services Act and the use of effective practices to assure the transformation of the mental health system in Alameda County. The group reviews funded strategies and provides counsel on current and future funding priorities.</i></p>	<p><i>We maintain a focus on the people served, while working together with openness and mutual respect.</i></p>	<p>The MHSA Stakeholder Group:</p> <ul style="list-style-type: none"> <li>• <i>Reviews</i> the effectiveness of MHSA strategies</li> <li>• <i>Recommends</i> current and future funding priorities</li> <li>• <i>Consults</i> with BHCS and the community on promising approaches that have potential for transforming the mental health systems of care</li> <li>• <i>Communicates</i> with BHCS and relevant mental health constituencies</li> </ul>

### I. 2pm - Staff Reports [Carl Pascual]

- a. Membership Recruitment: Consumer, Family Member
- b. MHSA Housing Updates:

- i. Alameda County was approved by the California Department of Health Care Services to implement its **Whole Person Care Plan**. The plan involves an additional \$28M/year in federal Medicaid match funding over a five-year period. Nearly half of the new funding will support housing-related services including: street outreach to homeless persons, housing transitions services from homelessness and institutions into housing, housing-related legal assistance, landlord relationship building and housing subsidy management, a room and board quality improvement initiative, and providing seed funding for a housing development investment pool.
- ii. **BHCS Housing Proposals (currently under discussion):** expanding subsidies and financial support for licensed board and cares, centralizing FSP housing subsidies and housing search supports, and investing more in housing unit creation for people with serious mental illness.
- iii. **No Place Like Home** - \$2B housing bond at state level will result in an estimated \$3M/year reduction in funds to Alameda County over the next 30 years when bonds get issued. Alameda County goal is to secure at least \$90M for housing projects in Alameda County from the bond proceeds.

II. 2:10pm - **Program Updates**

- a. Workforce, Education & Training:
  - i. High School Career Pathways, Life Academy
- b. Innovations:
  - i. Special Messages, P.E.E.R.S.
  - ii. Provider Training, Pacific Center
  - iii. Rd II-III Community-Based Learning

III. Plan Update FY16-17

- a. Long-term Budget Projection
- b. Planning Timeline:
  - a. November 18 (3<sup>rd</sup> Fri) – Program Reports, Distribute **Plan Update (First Draft)**
  - b. December 16 (3<sup>rd</sup> Fri) – Stakeholder Comment on **Plan Update (First Draft)**
  - c. January – **Plan Update (Public Draft)** released for public comment
  - d. February 13 – Public Hearing hosted by MHB
  - e. End of February – BOS Health Committee presentation

## MHSA Stakeholder Group ROSTER (Non-Staff Only)

	First Name	Last Name	Agency/Affiliation	Gender/Orientation	Consumer?	Family Member?	Provider/Other?	MH Board?	Age Group serving? CY-TAY-A-OA	Area of County serving? NC-S-E	Ethnicities serving?
1	Alane	Friedrich	Mental Health Board	Female				1	All	N	All
4	James	Scott	Reaching Across	Male	1				TAY, A, OA	C,S,E	All
5	Cecilia	Wynn	Pool of Consumer Champions	Female	1				A	C	AfAm
6	Margot	Dashiell	Alameda County Family Coalition	Female		1			A	N	AfAm
8	Yvonne	Rutherford	African American Family Support Group	Female		1			All	N	AfAm
9	Liz	Rebensdorf	NAMI	Female		1			All	N	All
10	Penny	Bernhisel	Telecare	Female			1		OA	N,C,S	AfAm, C
11	Karen	Grimsich	City of Fremont	Female			1		OA	S,C	All
12	Janet	King	Native American Health Center	Female			1		All	N	NA
13	Tracy	Murray	Area Agency on Aging	Female			1		A, OA	All	All
15	Gwen	Wilson	G.O.A.L.S. For Women	Female/Lesbian			1		A	N	AfAm
<b>TOTALS</b>					<b>2</b>	<b>3</b>	<b>5</b>	<b>1</b>			



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# MENTAL HEALTH SERVICE ACT ALAMEDA COUNTY STAKEHOLDER GROUP

## OPEN NOMINATIONS FOR:

### CONSUMERS OF MENTAL HEALTH SERVICES FAMILY MEMBERS

The Mental Health Services Act (MHSA), or Proposition 63, provides Alameda County with a unique opportunity to fund innovative mental health programs for clients with long standing unmet needs.

The mission of the MHSA Stakeholder Group is to advance the principles of the MHSA and the use of effective practices to assure the transformation of the mental health system in Alameda County. The group reviews funded strategies and provides counsel on current and future funding priorities.

Stakeholders strive to maintain a focus on the people served, while working together with openness and mutual respect. The functions of the Stakeholder Group include:

- Reviewing the effectiveness of MHSA strategies
- Recommending current and future funding priorities
- Consulting with Behavioral Healthcare Service Agency and the community on promising approaches that have potential for transforming the mental health systems of care
- Communicates with relevant mental health constituencies

**The Stakeholder Group will meet on the fourth Friday of each month from 2-4pm.** Stipends are available for family members and consumers who are not otherwise compensated for their time during meetings.

HOW TO NOMINATE A STAKEHOLDER: Please consider the attributes and interests of your colleagues and identify a nominee by filling out the online form. Self-nominations are also accepted. Please go to <http://www.acprop63.org/stakeholders/join.htm>

Direct any questions to Carl Pascual, Senior MHSA Planner at [cpascual@acbhcs.org](mailto:cpascual@acbhcs.org)

## We have a Housing Crisis in Alameda County.

Affordable housing is getting harder and harder to find. It's too expensive and out of reach for many seniors, veterans, the disabled, low-income families and others most in need. While many working families now spend 50% or more of their income on housing, state and federal funding for affordable homes has decreased 89%. Experts estimate the current shortfall in Alameda County at over 60,000 affordable homes for very low-income families, with at least 5,000 homeless, and hundreds of thousands of working residents needing help—NOW.

## A Viable Solution has emerged:

Alameda County elected officials, policy makers, and community members have been collaborating to find a solution. The solution has emerged: **An AFFORDABLE HOUSING BOND** on the November ballot. The goal of this bond is to create and protect affordable housing options for people who need it most in Alameda County—seniors, veterans, the disabled, and many in the workforce whom we count on to help deliver essential services, including teachers, electricians, plumbers, EMT workers and others who simply can't find affordable housing close to where they work in Alameda County.

## What's included in the Measure?

### Three BIG GOALS:

- 1 Help people who are struggling with housing costs;
- 2 Help the homeless and other vulnerable populations with long-term affordable housing;
- 3 Help people buy homes.

### HOMEOWNER Programs:

- ✓ **Down Payment Assistance Loan Program** (\$50M) GOAL: to assist middle-income working families to purchase homes and stay in Alameda County.
- ✓ **Homeowner Housing Development Program** (\$25M): GOAL: to assist in the development and long-term affordability of homeownership housing for low-income households to become 1st time homebuyers and stay in the county.
- ✓ **Housing Preservation Loan Program** (\$45M) GOAL: to help seniors, people with disabilities, and other low-income homeowners to remain safely in their homes. Provides small loans to pay for accessibility improvements, such as ramps, widened doorways, and grab bars. Provides rehabilitation loans for deferred maintenance such as roofs, plumbing, and electrical systems to seniors/disabled/low-income households @ 80% of area median income.

### RENTAL HOUSING Programs:

- ✓ **Rental Housing Development Fund** (\$425M) GOAL: to create and preserve affordable rental housing for vulnerable populations, including lower-income workforce housing. Developments will remain affordable over the long-term—estimated to be for at least 55 years.
- ✓ **Innovation and Opportunity Fund** (\$35M) GOAL: to respond quickly to capture opportunities that arise in the market to preserve and expand affordable rental housing and/or prevent tenant displacement—e.g. rapid response, high-opportunity predevelopment and site acquisition loans.

### FUNDING Allocations:

- ✓ Funding will be allocated throughout Alameda County. Homeowner program funds and rental innovation program funds to be allocated countywide. For allocation of Rental Housing Development Program funds, see charts on the back of this sheet.

# 2016 Alameda County Affordable Housing Bond FACTS



This Measure will raise 580 million dollars for affordable housing across Alameda County. **ALL funds from the proposed bond MUST STAY LOCAL**, dedicated to affordable housing needs in Alameda County ONLY.



**This measure includes independent annual audits** to ensure funds are spent as approved by voters.



**The cost to property owners is projected to be \$12-\$14 per \$100,000 of assessed value** (*not to be confused with market value*). The assessed value of a property is often much lower than its market value. The typical Alameda County homeowner would pay \$48-\$56 per year, or less than \$5 per month to support this critical initiative.

## Rental Housing Development Program

Proposed REGIONAL FUNDING ALLOCATION throughout Alameda County

HALF OF FUNDS TO REGIONAL POOLS		
Regional Pools Allocations by:	% of Total	Need-Blend of Poverty and RHNA LI & VLI
North County	44.7%	\$89,325,065
Mid County	24.9%	\$49,803,134
East County	13.7%	\$27,332,372
South County	16.8%	\$33,539,429
<b>ALAMEDA COUNTY TOTAL</b>	<b>100.0%</b>	<b>\$200,000,000</b>

**North County Region:** Albany, Berkeley, Emeryville, Oakland and Piedmont.

**Mid County Region:** Alameda, Hayward, San Leandro, and Unincorporated County.

**South County Region:** Fremont, Newark and Union City.

**East County Region:** Dublin, Livermore, and Pleasanton.

Homeowner Program funds (\$120 Million) and Rental Housing Innovation and Opportunity Program funds (\$35 Million) to be allocated countywide.

## HALF OF FUNDS TO BASE CITY ALLOCATIONS

City Base Allocations by:	Total Population
City of Alameda	\$10,370,727
City of Albany	\$2,588,918
City of Berkeley	\$15,796,369
City of Dublin	\$8,831,465
City of Emeryville	\$2,799,109
City of Fremont	\$33,264,459
City of Hayward	\$20,298,294
City of Livermore	\$12,722,700
City of Newark	\$6,029,275
City of Oakland	\$54,803,565
City of Piedmont	\$2,431,300
City of Pleasanton	\$13,720,684
City of San Leandro	\$11,907,775
Unincorporated County	\$19,671,892
City of Union City	\$9,763,468
<b>ALAMEDA COUNTY TOTAL</b>	<b>\$225,000,000</b>

Allocations based on average of % AV and % Total Population, with minimum no less than original projections.



## Questions? Want more information?

Give us your input. Contact: [alcohousingbond@acgov.org](mailto:alcohousingbond@acgov.org)

For more information go to: [www.acgov.org/board/housingbond.htm](http://www.acgov.org/board/housingbond.htm)

## November Election – Alameda County Housing Ballot Measures

*Register to Vote by October 24, 2016. Vote on Tuesday, November 8, 2016!!!*

<http://www.acgov.org/rov/registration.htm>

### Where To Register To Vote

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Voter registration forms are available at the Registrar of Voters Office located in the Alameda County Courthouse at 1225 Fallon Street, Room G-1, Oakland, California 94612. Forms are also available at all offices of the Department of Motor Vehicles, all city clerks offices, public libraries and post offices. Persons may also call the Registrar of Voters at (510) 267-8683 or the Secretary of State at 1 (800) 345-VOTE and a registration form will be mailed to you.

### Online Voter Registration

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You can apply to register to vote right now by filling in the [online application](#) on Secretary of State's website. If you have any questions, visit [Frequently Asked Questions](#), contact the Secretary of State's Elections Division at (800) 345-8683.

### Qualifications To Register And Vote In California

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A person entitled to register to vote must be:

- A U.S. citizen,
- A resident of California,
- Not in prison or on parole for the conviction of a felony,
- At least 18 years of age on the date of the next election.  
(A person may register to vote at age 16; but will not be eligible to vote until the age of 18)
- California law denies the right to vote to persons who have been determined mentally incompetent.

### The Voter Registration Deadline

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The voter registration deadline is always **15 days** before an election, but please be advised that voters who register after the 29th day before an election may not receive a sample ballot due to the short turn-around time for mailing. However, voters should receive notice of the location of their polling place in the mail.

## ***Housing-Related Measures on the Alameda County Ballot – Summaries***

### **Alameda County – Bond Measure A1**

Alameda County – Bond Measure A1 ALAMEDA COUNTY AFFORDABLE HOUSING BOND. To provide affordable local housing and prevent displacement of vulnerable populations, including low- and moderate-income households, veterans, seniors, and persons with disabilities; provide supportive housing for homeless people countywide; and help low- and middle-income households purchase homes and stay in their communities; shall the County of Alameda issue up to \$580 million in general obligation bonds to acquire or improve real property, subject to independent citizen oversight and regular audits?

Percentage needed to pass: 66.6667%

### **City of Alameda (2) – Measure L1**

City of Alameda (2) – Measure L1 City of Alameda Measure: Shall the voters adopt the City's March 31, 2016 Rent Stabilization Ordinance, which (a) limits residential rent increases to once annually, (b) requires mediation for all residential rent increases above 5%, including binding decisions on rent increases for most rental units, (c) restricts reasons for evictions, (d) requires landlords to pay relocation fees when terminating certain tenancies, and (e) permits the City Council to amend the ordinance to address changing concerns and conditions?

Percentage needed to pass: 50% + 1

### **City of Alameda (3) – Measure M1**

City of Alameda (3) – Measure M1 Shall the City Charter be amended to (a) limit annual residential rent increases for certain units to 65% of the percentage increase in the Consumer Price Index, (b) create an elected Rent Control Board separate from the City with authority to hire staff, impose fees on landlords for program funding and assess penalties, (c) limit the reasons for terminating tenancies and (d) require rental property owners to pay relocation fees to tenants when terminating certain tenancies?

Percentage needed to pass: 50% + 1



### **City of Berkeley (2) – Measure U1**

City of Berkeley (2) – Measure U1 Shall an ordinance permanently increasing the gross receipts tax on owners of five or more residential rental units be increased from 1.081% to 2.880%, prohibiting landlords from passing the tax on to sitting tenants, and directing the Housing Advisory Commission to make recommendations on funding and programs to increase affordable housing and protect Berkeley residents from homelessness, be adopted? Financial Implications: This amendment is estimated to raise approximately \$3,900,000 annually, increasing with rents.

Percentage needed to pass: Majority 50% + 1

### **City of Berkeley (7) – Measure Z1**

City of Berkeley (7) – Measure Z1 Shall any federal, state or local public entity be empowered to develop, construct or acquire an additional 500 units of low-rent housing in the City of Berkeley for persons of low income? Financial Implications: Uncertain, dependent on means of financing used.

Percentage needed to pass: Majority 50% + 1

### **City of Berkeley (8) – Measure AA**

City of Berkeley (8) – Measure AA Shall an ordinance amending the Rent Stabilization Ordinance to: prohibit owner move-in evictions of families with children during the academic year; increase the amount of relocation assistance required for owner move-in evictions to \$15,000 with additional \$5,000 for certain tenants; clarify protections for elderly/disabled tenants; require filing of eviction notices; change the source of interest rates for security deposits; and clarify exemptions and penalties to conform with state law, be adopted?

Percentage needed to pass: Majority 50% + 1

### **City of Berkeley (11) – Measure DD**

City of Berkeley (11) – Measure DD Shall an ordinance permanently increasing the gross receipts tax on owners of three or more residential rental units from 1.081% to 1.5%, prohibiting landlords from passing the tax on to sitting tenants except as allowed by law, and authorizing the Council to create a citizen panel to make recommendations on increasing affordable housing and protecting residents from homelessness be adopted? Financial Implications: This amendment is estimated to raise approximately \$1,400,000 annually, increasing with rents.

Percentage needed to pass: 50% + 1

### **City of Oakland (3) – Measure JJ**

City of Oakland (3) – Measure JJ Shall Oakland’s Just Cause For Eviction and Rent Adjustment Ordinances be amended by: (1) extending just-cause eviction requirements from residential rental units offered for rent on or before October 14, 1980 to those approved for occupancy before December 31, 1995; and (2) requiring landlords to request approval from the City before increasing rents by more than the cost-of-living adjustment allowed by City law?

Percentage needed to pass: 50% + 1

### **City of Oakland (4) – Bond Measure KK**

City of Oakland (4) – Bond Measure KK To improve public safety and invest in neighborhoods throughout Oakland by re-paving streets to remove potholes, rebuilding cracked and deteriorating sidewalks, funding bicycle and pedestrian safety improvements, funding affordable housing for Oaklanders, and providing funds for facility improvements, such as, neighborhood recreation centers, playgrounds, and libraries, shall the City of Oakland issue \$600 million in bonds, subject to independent citizen oversight and regular audits?

Percentage needed to pass: 2/3

# Building a Behavioral Health Pipeline for Students in High School

FACES Behavioral Health Pathway – a partnership between Alameda County, La Clínica de La Raza and FACES for the Future



# FACES for the Future Program History & Model

- Founded in Oakland in 2000 by two pediatricians of color working in Adolescent Health  
Dr. Tomás Magaña and Dr. Barbara Stagers
- Four Core Components
  1. **Health Career Exposure** via work based learning and internships
  2. **Academic Support** through tutoring, college preparation and assistance with accessing financial aid
  3. **Wellness Services** including case management and crisis counseling when needed, connection to community resources and workshops on life skills topics
  4. **Youth Leadership Development** to activate their leadership in the community as health ambassadors, peer health educators and health advocates
- NO MINIMUM GPA – ACADEMIC YEAR PROGRAM – STUDENTS RECEIVE ACADEMIC CREDIT
- New programs developed
  - California: San Diego, San Francisco, Hayward, Sacramento, Alameda, San Leandro, Los Angeles, El Centro
  - National: Detroit, MI – Albuquerque, NM – Denver, CO
- Innovations
  - New pathways: Behavioral Health, Global Health, Public Health
  - New students populations: Native American, BMoC



FACES FOR THE FUTURE  
— COALITION —



## Behavioral Health Pathway – How did we get here?

- Participated in ACBHS pipeline work group
- Partnership with Erik Rice  
Former Principal of Life Academy, Stanford Center for Opportunity Policy in Ed  
Currently Director College/Career Readiness SFUSD
- Co-created curriculum in BH and piloted on FACES students in Oakland
- Applied for MHSA funding through AC



# FACES Behavioral Health Pathway



## Program Overview

- Life Academy of Health & Bioscience – Fruitvale
- Junior year instruction – certification in Mental Health First Aid, embedded in Life Academy courses
- Senior Year – internships, one-on-one mentorship
- Work-based learning throughout – guest speakers, field trips etc.



## Youth Story: Nubia

- Lived experience
- Excelled in FACES BH program
- Blue Shirt Ceremony Speaker
- Currently at SFSU studying Psychology
- Working at Family Paths



## Youth Story: Hilda

- Unexplored family history
- Deeply engaged in her internship placements
- Enrolled at Berkeley City College
- Studying Psychology





## Having an Industry Champion!



- Bonita House
- BACS
- Sausal Creek



# Lessons Learned and Pipeline Growth

## Two Fundamental Factors of FACES for the Future Program Success

1. Never being afraid to confront and talk about failure and challenges in order to hone best practices
2. Never being afraid to innovate and try something new

### **BEHAVIORAL HEALTH UNDERGRADUATE SUMMIT – SUMMER, 2016**

- Partnership with Alameda County and Samuel Merritt University
- 30 underserved undergraduate students
- 2 week professional development and skills building program
- Stipend and expenses paid
- Leverages investments at the HS level to continue deepening cohesive pipeline for AC



## Contact Information

S. Brooke Briggance  
Deputy Director  
FACES for the Future  
Public Health Institute  
[Brooke.briggance@phi.org](mailto:Brooke.briggance@phi.org)  
(510) 285-5653

Eric Waters, LCSW  
Program Coordinator  
FACES for the Future  
La Clínica de La Raza  
[ewaters@laclinica.org](mailto:ewaters@laclinica.org)  
(510) 715-5292





**The ability to go through  
changes with transformation  
and lightness**



# *Special Messages Project*



# Learning Questions

2. How do in-reach efforts that connect residents of board and care homes, single room occupancy (SRO) hotels and unlicensed boarding houses to social and recreational opportunities in and outside of the facility reduce social isolation and improve quality of life for isolated adults and older adults with serious mental illness?

4. How does a place-based outreach program by trained peers to public locations in the community, such as parks, coffee shops, and libraries where otherwise isolated persons may go, be effective in reducing social isolation and increasing participation in mental health services among isolated adults and older adults with serious mental illness?

5. How does a telephone- or telephone- and internet-based program that provides social interaction and individual support reduce isolation among adults and older adults with serious mental illness and lead to greater in-person social interaction over time?



# Outreach Materials

## SPECIAL MESSAGES PROJECT



**For information:** Supporter/Self-referral and The Special Messages Project

Special Messages  
333 Hegenberger Road, 210-D  
Oakland, CA. 94621  
(510) 210-3663  
Fax 888-217-9317  
special.messages7@gmail.com

Special Messages Project is an 18 month Alameda Innovative Grant. The goal is to support individuals who have had experience with the phenomenon commonly defined as "psychosis."

The purpose is to influence positive wellness, healing, and recovery in the culture of individuals who have this experience.

Peer-to-peer outreach services will be provided to isolated individuals who have challenges engaging in community activities. The peer support will be conducted by Peer Outreach Specialist who have lived experience of "psychosis"

Other outreach and collaborations will include community activities/events, peer support groups, family/friends support, peer group facilitator trainings, and working in partnership with service providers.

~Sharing Experiences One Special Message at a Time~

## Special Messages & Bonita House HOST

 Mondays 1:00pm – 2:00pm at HOST

Additional information please call Krystal Carpenter 510-809-1780 ext. 336

August 10<sup>th</sup>, 17<sup>th</sup>, 24<sup>th</sup>, 31<sup>st</sup> & September 14<sup>th</sup>, 21<sup>st</sup>, 28<sup>th</sup>



## Welcome and Join Us!

### All hearing voices and experiencing other special messages

- Speak about and share experiences openly in a safe and confidential space; without judgement.
- A place to discuss your voices and special messages
- We are here to listen and have with similar experiences
- Do you feel alone? This is group to speak and to be heard.
- Share your story and find meaning in your voices and messages
- Learn how to remove fear and isolation through knowledge & support
- Discuss maintaining recovery with messages & voices

# Special Treasured Spaces Contributors of Isolation





*Messages Sharing  
Reducing Social Isolation*





# Program Design

# Special Messages

## Cultural Differences, Strengths and Challenges



### Four Phases



Diverse economic, ethnic, sexual  
Orientation, language,  
nationality, and cultural  
backgrounds

\*\*\*\*\*

Focus healing, growth, self-  
discovery, socialization, dignity  
of overall wellness of being, and  
stability to influence recovery,  
team building, Professional  
development, facilitation, oral  
presentation

\*\*\*\*\*

Isolation, stigma,  
and self-worth/concept,  
boundaries,

\*\*\*\*\*





# Direct Population



Board and Care, SRO, Out/In patient,  
Youth/adult/Senior centers

Young adults – Senior Citizens, social  
service organizations

\*\*\*

Psychosis and Isolation

\*\*\*

Cross cultural, immigrant, sexual identified,  
ethnic, and poverty

\*\*\*\*

History/experiences of homelessness,  
parenting challenges, incarceration,  
violence



# Project Outcome Impact

# Messages of Hope and Recovery

## 370 Persons Served

28 presentations

- 170 service providers
- 165 consumers/family members/supporter

72 participants attended peer-to-peer groups

25 Individualized peer-to-peer support

10 family members



Education

\*

Outreach

\*

Advocacy

\*

Support

\*

Recovery

\*

Anti-Stigma

# Peers

Motivation to participate reduce  
self-stigma

\*\*\*

Normalize experience and symptoms

\*\*\*

Social rehabilitation

\*\*\*

Transform the mind





# New Learning in Service

\_Individualized support

\*

Family members inclusion

\*

Life skills training

\*

Staff wellness foundation

\*

Preventative Services/Care

All available avenues of contact

\*

What is recovery



# Message Receivers Team of wellness



**Peer Specialist placement as liaisons increase success**

\*\*\*\*\*

Position: full time w/benefits

\*\*\*\*\*

**Create safe sharing messages space as a norm without consequences...**

..

# The Project's lessons



**It is a Culture**



## Improvements/Changes

**Create realistic transitional  
timeline for Specialist;  
From consumer to provider**

\*\*\*\*\*

**Provide on going external  
educational opportunities to  
staff/peers to increase  
socialization**

\*\*\*\*\*

**The opportunity for service to  
increase visibility and self-  
discovery**



# INN 3 Project Innovation

# The Innovation

Resiliency

\*\*\*\*\*



Strength base and recovery model

\*\*\*\*\*

Power of individual story

\*\*\*\*\*

Self-worth and concept through  
service

\*\*\*\*\*

Sharing and understanding the  
education of one's messages

\*\*\*\*\*

The culture of Special Messages  
and its worth to society



# Successful MH strategies



- Peer facilitated group
- Individual Peer-to-peer
- Activities to influence socialization
- Guided curriculum access to education
- Provide access and support to health services
- Share stories as crisis intervention and increase wellness
- Stimulate increased self worth/concept with inspiration and role modeling coping tools/skills.
- Assist in creating wellness teams

# Implementation

Possible for any size  
Organization

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Training

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Funding

\*\*\*

Staff and population



Transformative success was evident in Peer  
specialist and peers





**Sharing our Experiences  
one special message at a time**



# Parent Caregivers

## Parent 1

My experience so far with Special Messages has been one of the most positive experiences in education to date surrounding the issues of caring for a loved one who lives with extreme states of consciousness. For me as a parent it has broadened my understanding of this piece of the puzzle in my sons mental health experience and given me tools for coping.

My anxiety and fear has been reduced immensely as I watched my son gain an understanding of this phenomenon. The Special Messages model of being able to sit with a group of peers in a meeting being facilitated by a person with lived experience without judgement is invaluable. No ones story leaves the room and nobody is trying to change it or prescribe something to suppress their feelings, stories and belief systems.

For many this is the first time they could explore their feelings and experiences without feeling the need to sanitize the facts for their psychiatrist, psychologists and parents. These are intelligent, sensitive individuals and they can feel the fear and are acutely aware of every nuance of your body language. Being with people of like minds that have come along way in their recovery bring hope to people struggling and to their caregivers. It is important to know you are not alone and to be able to meet with your community.

Sincerely  
Janice Wilkes  
Son 27

## Parent 2

Testimonial for funding for "Special Messages" through PEERS  
January 8, 2016

"As the mother of a 37-year-old son who is struggling to transcend the weighty burden of mental illness, I have tried unsuccessfully for years to help him. He is in a very "stuck" place, unable to get beyond the thoughts that constantly spin in his head, and he has become increasingly isolated from others. My son has completely lost confidence in Western medicine after ten years of failed psychotherapy, weeks and months at inpatient and outpatient facilities, and trying what seemed like an entire formulary of medications for mental illness that were prescribed by psychopharmacologists at some of the top teaching institutions.

I had nearly given up hope of finding anyone who would talk to my son--and more importantly listen to him as he struggles to find a way out of his mental "trap." The East Bay NAMI chapter suggested that I contact PEERS and its "Special Messages" program where I learned about peer counselor. Avonelle was the first person who was willing to reach out to my son and meet with him at home one-on-one. The process of making a connection and building trust does not happen quickly, but it seems that Avonelle has been able to initiate a meaningful dialogue with my son. I have been very encouraged by their meetings, and I believe that these meetings have the potential to help my son regain the necessary self-confidence that would enable him to once again become an independent, productive member of society.

I am now extremely disappointed to learn that a lack of continued funding will curtail the program and preclude Avonelle's ability to continue to work with my son. Without this continued help, I do not know where else to turn. Every member of our family has been profoundly affected, and we all feel helpless as we watch my son suffer from mental illness. The "Special Messages" program gives hope to us and so many other families like ours, and I urge you to help provide critical funds that will help ensure the program's ongoing services to those who so desperately need them.

-- Lynn P., Berkeley, CA"

# IOP treatment

## Clinician 1

Avonelle Hanley-Mills, project manager at the “ Special Messages Project,” came to one of our “Special Messages” groups on Friday January 16, 2016. She shared some of her own experience with the group members. She was very engaging and invited the group to share too. Soon each of our group members opened up, telling their specific experience with voices and visions, and doing so, sometimes in more details than they ever had done before in the group.

After, some of the group participants expressed their admiration, as Avonelle can function in the world AND deal with voices. They shared they were inspired and humbled to meet a peer who can achieve this.

I think it was a great experience for our patients who had a unique opportunity to look at their dis-ease from a different perspective, and see their diagnosis as not necessarily depriving them from the hope of living their life in a more empowered manner.

I am very grateful and honored that we had the opportunity to have Avonelle Hanley-Mills share her experience and expertise, and I think it was very helpful for our patients. Thanks.

Dominique Lambert-Blum, PsyD  
Postdoctoral Resident, Outpatient Psychiatric Services  
Department of Psychiatry and Behavioral Health  
Alameda Health System, Fairmont Hospital Campus  
Psychological Assistant PSB#9402156  
Supervised by Gale Lipsyte, PhD PSY 15315

## Clinician 2

Special Messages, Fairmont's clients really enjoyed your visits! They've expressed feeling inspired in their recovery through meeting you, hearing your story of recovery, experiencing your courage and compassion, and, ultimately beginning to reconsider their own relationship with their experiences of voices/ visions/ messages and their own expectations for themselves and their lives. You model that they may be capable of more than they have previously thought and that has been quite impactful. Additionally, you are quite skilled in drawing others out about their experiences with voices/ visions/ messages in a manner that is deeply respectful, and therefore, de-stigmatizing and uplifting. I sincerely hope the Special Messages project is able to continue it's meaningful, beneficial and much needed work reaching out to some of our most marginalized community members--distressed, isolated individuals experiencing voices, visions and/or messages.

- Knute Anderson, Psy.D.
- Staff Therapist
- Psychology Training Coordinator
- Outpatient Psychiatric Services
- Alameda Health System
- Fairmont Hospital Campus
- 15400 Foothill Blvd, C3
- San Leandro, CA 94578
- 510-895-4378 - Direct
- 510-895-4369 - Main
- 510-895-4383 - Fax

# Day and In-Patient treatment Programs

## Program Manager

Special Messages has come into our program to lead Special Messages for a total of three rounds of instruction. She provides a safe, warm space without any stigma for clients to talk about their experiences of mental illness, and their thoughts about managing their lives given that challenge. She is also open to helping them think about sobriety, with a great deal of support. The program both encourages our clients to come up with concrete methods of moving forward and provides them with a sense of acceptance and care. I have seen some of our clients come only on the days when her group is offered, because they value the space and the openness, and some clients who are difficult to engage become very engaged and responsive in her group. Special Messages focuses on our clients achievements and helps them to see things in a more positive light, and she assists them in feeling special and respected. She is a skilled group leader, and has provided trainings to our staff that they found enlightening and useful. Overall, we have felt very lucky to have access to this positive resource.

Thank you,  
Genica Robbins  
Day Support Program Manager  
East Bay Community Recovery Project

## Clinician

I believe that the impact of special messages has been an effective support for clients at Gladman in three main areas: 1. lowers stigma of mental illness, 2. creates a safe space for authentic sharing and connection, and 3. helps staff learn how to be more therapeutic in interactions for the future. Many clients consistently look forward to and show up for this group on a weekly basis. Special Messages group appears to be a place where clients seem to feel more comfortable sharing vulnerable thoughts and feelings because this is demonstrated to be a group where understanding, empathy, and unconditional positive regard come first. I am very glad to continue being a part of this group and would support programs such as Gladman starting their own group of this nature.

Daniel Main, MFTi  
Rehab Therapist  
Gladman MHRC  
2633 East 27th St.  
Oakland, CA 94601



**WELCOMING LGBTQI2-S  
CHILDREN, TAY, ADULTS,  
AND OLDER ADULTS**



# STARTING WITH YOU



**“The starting point would be careful consideration by healthcare providers of the assumptions and beliefs that are embedded in their own understandings and goals in the clinical encounter.”**

*Hunt, Linda (2005) Beyond Cultural Competence: Applying humility to clinical settings*

# WHY ARE WE HERE?

**GOAL:** To improve culturally responsive practices with LGBTQI2S consumers and their families.

**We'll talk about how to:**

- Increase our knowledge and understanding of the needs of the many LGBTQI2-S communities
- Connect stigma of LGBTQI2S identities with other mental health issues experienced in these communities
- Take action to better serve LGBTQI2-S people

# MYTH OR FACT?

MYTH or FACT

It is easy to tell if someone is LGBTQI2-S by their mannerisms, dress and interests.

MYTH or FACT

Asexual people who don't experience sexual attraction can have positive romantic relationships.

MYTH or FACT

There is one unified LGBTQI2-S community.

MYTH or FACT

Bisexuals are people confused about being heterosexual or homosexual.

MYTH or FACT

Someone's sexual orientation and gender identity can change over a lifetime.

MYTH or FACT

Being LGBTQI2-S is a conscious decision to be that way; it is not natural.

MYTH or FACT

In order for someone to be transgender they have to have gender alignment surgery and take hormones.

MYTH or FACT

LGBTQI2-S people have higher rates of depression and anxiety compared to heterosexual counterparts.

MYTH or FACT

Children as young, as young as 3 or 4, can identify as transgender.

MYTH or FACT

In order for a LGBTQI2-S person to be healthy they must "come out".



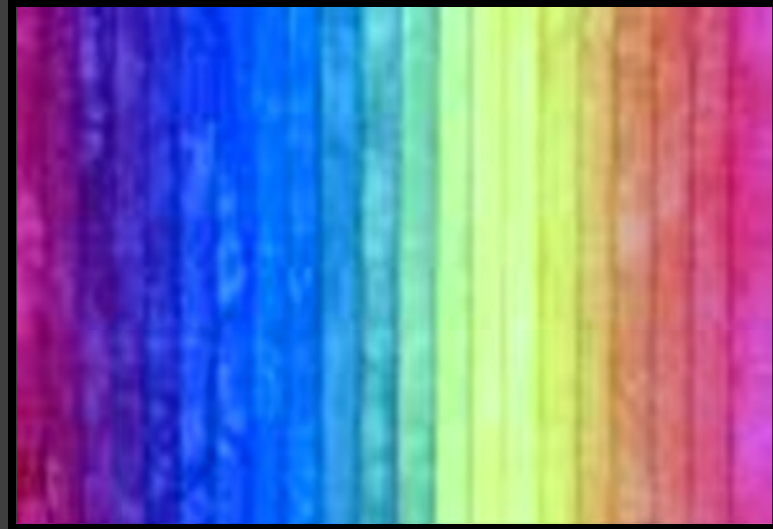
# LGBTQI2-S PEOPLE



- Make up at least 10% of the population
- Have existed across cultures and generations
- Frequently do not fit stereotypes
- Experience their sexual orientation and gender identity as natural, not a choice

# WHAT DO THESE MEAN?

- **L**esbian
- **G**ay
- **B**isexual
- **T**ransgender
- **Q**ueer/  
**Q**uestioning
- **I**ntersex
- **2-S**pirit
- **G**ender Identity  
and **E**xpression
- **S**exual Orientation
- **SOGIE**

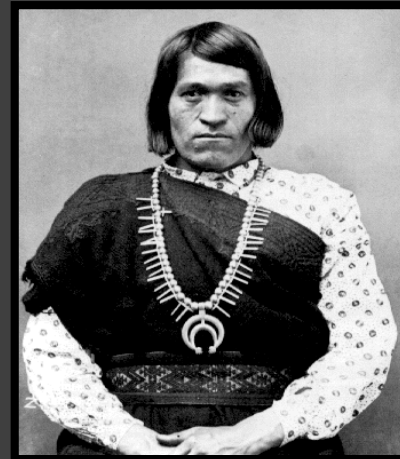


# ONE COMMUNITY: 2-Spirit

Native/Indigenous cultures throughout the world, prior to colonization, believed in the existence of cross-gender roles, the male-female, the female-male, what we now call the two-spirited person.

*“Our Elders tell us of people who were gifted among all beings because they carried two spirits, that of male and female. It is told that women engaged in tribal warfare and married other women, as there were men who married other men.”*

*Roscoe, W. 1988. Living the Spirit: A gay American Indian Anthology*



# ONE COMMUNITY: Intersex

*Intersex* is a relatively common anatomical variation from the “standard” male and female types; just as skin and hair color vary along a wide spectrum, so does sexual and reproductive anatomy.

Intersex is neither a medical nor a social pathology. It might be stressful to the family to make decisions and accept that their child is intersex.

<http://www.apa.org/topics/lgbt/intersex.aspx>

<http://www.isna.org/>



# BEYOND THE BINARY LANGUAGE

Gender non-conformity is a natural expression  
of human development and experience



# BEYOND THE BINARY LANGUAGE



TRANSGENDER

FEMME

BINDING

BUTCH

MONES

BEAR

TWINK

PASSING

STUD

MTF

BOI

FTM

IDENTITY

AGENDER

TRANSITION

CIS

“T”

TWO-SPIRIT

KINK

ANDRODGYNOUS

DRAG



# STRESSORS

- Jobs
- Housing
- Children
- Immigration
- Mis-gendering
- Family of origin
- Being “closeted”
- Media stereotypes
- Heteronormativity
- Religious conformity
- Violence
- Others?





# CREATING A WELCOMING ENVIRONMENT FOR ALL

- Never assume that ANY client is *not* LGBTQI2-S
- Never assume that being LGBTQI2-S is a problem



# WELCOMING ENVIRONMENT

## SERVICES AND PROVIDERS

Does your agency have self-identified LGBTQI2S providers?

What is your greatest challenge or discomfort in working with LGBTQI2S clients?

How will you address this?

What support do you need?

What can you do right now to advocate for a more welcoming environment?



How can your agency reach this population?

What is the feasibility of starting special services for this population?

# WELCOMING ENVIRONMENT

## SERVICES AND PROVIDERS



### First impressions count...

- Signage
- Community flyers
- Magazines
- Gender neutral single use restrooms
- Mission statement with inclusionary language posted
- Staff/volunteer nametags with pronoun options added
- Other ideas????

# WELCOMING ENVIRONMENT INTAKES

## *INFORMATION YOU NEED:*

- “What is your preferred gender pronoun?”
- “What name do you prefer to be called?”
- “What is your sexual orientation?”



## GENERAL GUIDELINES:

- Start with gender-neutral terms  
e.g. “partner”
- Notice client’s hints
- Ask permission:  
“Would you be okay with telling me ...?”
- Use good timing and good judgment

# WELCOMING ENVIRONMENT

## TREATMENT GOALS

- Increased self-acceptance
- Reduction of isolation
- Resilience from challenges
- Fewer unhealthy behaviors
- Increased family acceptance
- Connection to community resources



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In order for a LGBTQI2-S person to be healthy they must "come out".

# Pacific Center Training/Support

## Trainings include

- Site visit/key staff interview to identify needs
- Pre/Post training surveys
- Customized trainings by age, other identifiers
- Large and small groups
- Other consultation available





**QUESTIONS?**





**MHSA Stakeholder Group  
CONTACT LIST**

<b>Name</b>		<b>Committee</b>	<b>Affiliation / Role</b>	<b>Phone</b>	<b>Email</b>
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**MHSA Stakeholder Group  
CONTACT LIST**

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**BHCS Long Range MHA Funding Estimates for CSS , PEI & INN only**  
**Based on actual allocations from 2004/05 to 2015/16 and State Estimates from 2016/17 to 2018/19**  
**Based on Final MHA Expenses thru FY 12/13 & Projected MHA Expenses FY 13/14 to FY 18/19**  
 (in millions)

