

ACBH NEWSLETTER

Community Connections

ISSUE NO 4 | APRIL 2022 | VOLUME 2



ac  **bh**
Alameda County Behavioral Health Care Services
MENTAL HEALTH & SUBSTANCE USE SERVICES

Mission, Vision, & Values...*We envision a community 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 or drug issues are remnants of the past.*

Health Equity Issue

ACBH Director's Message

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ACBH Director's Message:



Welcome to the Alameda County Behavioral Health Care Services' (ACBH) most recent Departmental Newsletter!

Greetings all!

On behalf of our ACBH Executive Team, I am pleased to bring to you this most recent edition of our departmental newsletter.

This Issue is dedicated to sharing the important work of our Health Equity Division and the collective efforts of many of our colleagues who share in a commitment to combat stigma, disempowerment, and a lack of dignity for those with whom we share this community. My personal hope is that you view its contents from a lens of true system change. Staff and leaders across our system have been working tirelessly throughout this pandemic, to continue focusing on services that support Alameda County and its residents. In that each of you should continue to find pride in your own resilience and most importantly, dedication to this work.

What is unique in this issue is that this will be one of many platforms for you to become more familiar with the expanding purpose and direction of our Health Equity team. You will hopefully learn new concepts or see examples of 'health equity' in your own work. Whether yours is an administrative role, one providing quality services to the clients and families across the system, leading an organization or division, or ensuring that our operations act with integrity – you have an opportunity to make a difference.

I hope that you take the time to read this entire newsletter (my personal preference) or simply allow yourself a moment to select articles that speak to you personally. Each story helps to paint a picture of what this work means to the many individuals who have decided to share their thoughts. I appreciate your willingness to take this first departmental step with the Health Equity team and colleagues across ACBH.

Thank you for all you do.

Karyn L. Tribble, PsyD, LCSW | ACBH Director

In this Issue... ✨

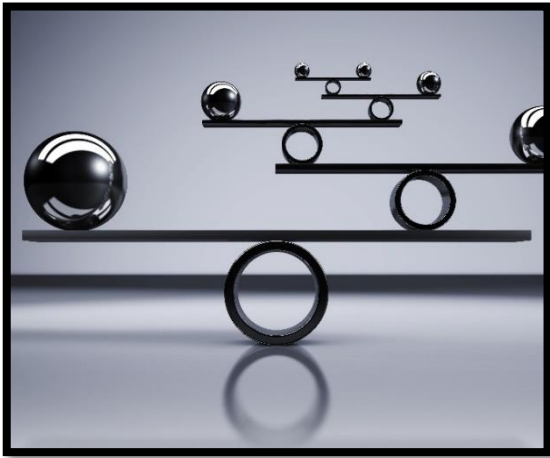
We hope to share more with you about many important topics, including:

- **Health Equity:** *The Good, The Challenging, and the Hopeful.*
- **The African American Wellness Hub:** *A Community-Driven Initiative at the Right Time, for the Right reasons.*
- **Achieving a Trauma-Informed System:** *An Important Investment for Everyone.*
- **Co-Learning, Transforming our System** *through Person-Centered Programs and Behavioral Health Court.*

- *Read On & Learn More!*

Health Equity: *The Good, The Challenging, and The Hopeful*

Our Collective Voice, An ACBH Health Equity Officer's Perspective...



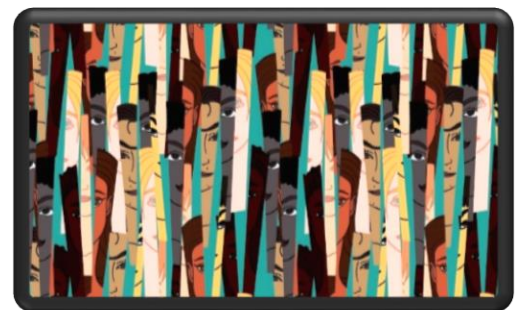
Imagine, all of us just arriving on Earth, our potential boundless, unconditional love and support surrounds us, and all of our physical, spiritual, educational, and psychological needs met. In addition, our whole selves are embraced, no matter our age, gender, sexual orientation, ethnicity, race, class, or place/nationality. Imagine that our arrival, the simple fact that we exist, denotes full acceptance and belonging to each other and humanity.

Unfortunately, we know this imagining is just that. In the world we have been born into age, gender, sexual orientation, ethnicity, race, class, or place/nationality (where one lives down to the zip code) are indicators and predictors of life chances and physical and mental health inequalities and inequities for individuals, communities, and nations. All of us have not been afforded unconditional love and support, economic stability, food security, housing, a good education, a life without racial/ethnic biases, isms/stereotypes, and clean living environments. So much so that the term “social determinates” was coined to help identify the non-clinical factors and conditions that are systemically present (policies, practices, procedures, politics, persons, and places) that promote or impede health equity.

Health Equity: the Good News....

In January 2020, the Alameda County Behavioral Health Care Services’ (ACBHCS) Executive team began to incubate the idea of creating an Office of Health Equity. This vision included the uniting of four programs: ***Ethnic Services, Peer Support Services, Family Empowerment*** and ***Patients’ Rights*** and ***the Health Equity Director/Officer role***. Each of these units was committed to supporting systemic change and having brave conversations about difficult concepts and realities. The collective vision involved empowering those receiving support through ACBH, creating linguistically, ethnically, and racially responsive services while ensuring that peer and family voices are heard and included – and at a fundamental level – understand their rights.

The new Health Equity Division is committed to supporting systemic change and deepening the ACBH commitment to equity. The team leans on the tenets of the Substance Abuse and Mental Health Services’ six trauma informed principles adapted into Principles of a Trauma Informed System by Trauma Transformed as our foundation.

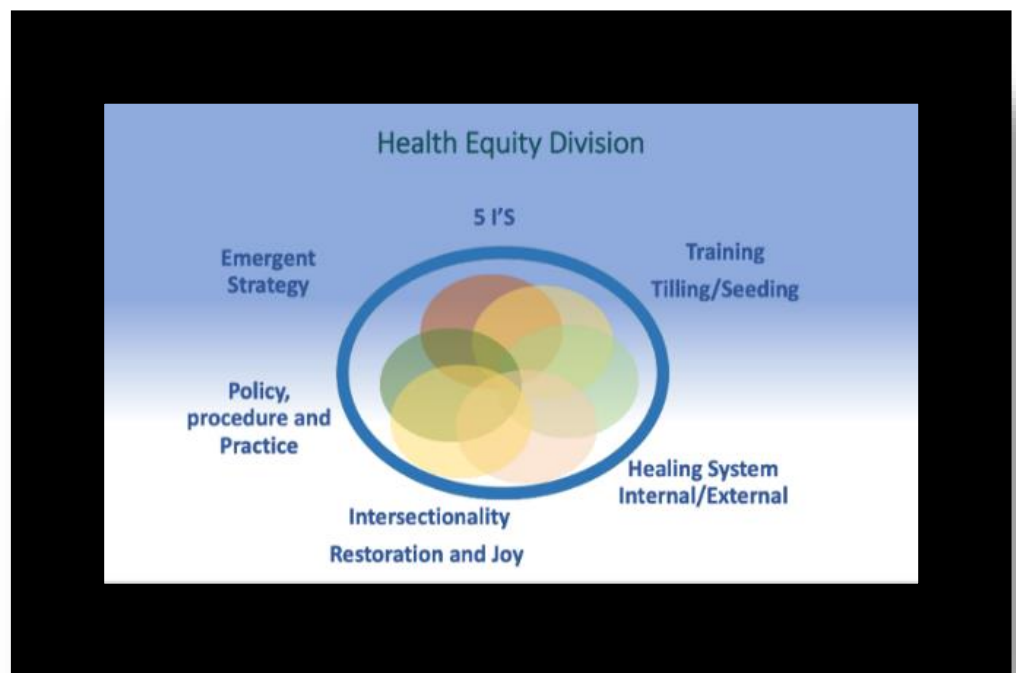


The leaders are reading *Adrienne Maree Brown's "Emergent Strategy: Shaping Change, Changing Worlds"* as a means to better understand how we collectively can effect change while utilizing practices that model "how to work towards equity" while being equitable in our practice. In other words, we want to **walk the talk**. Our work will be informed by the communities we serve, families and advocates, the ACBH workforce and the data we hold within the county about beneficiaries we serve. Currently, the team is holding internal and external listening sessions to help inform our plan and vision to guide our collective work as a new division over the next three years.

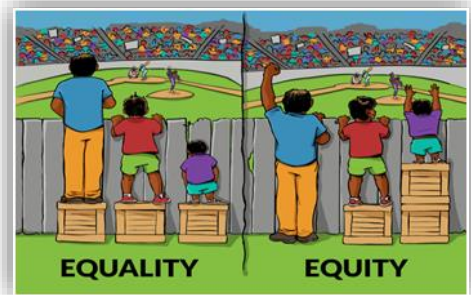
Our current framework for how the Health Equity Division is working together is captured below:

Health Equity: the Challenges...

We must start where we are. Currently, our work is impacted and shaped by the COVID-19 global pandemic, the deepening cultural divides within the United States' "culture wars", environmental and climate crises, mental health crises and uptick in opioid use, folks experiencing homelessness around the globe and immigrant and refugee crises. We know that African Americans, Black, Indigenous and people of color are disproportionately impacted by the circumstances mentioned.



On October 29, 2021, the *American Psychological Association* adopted a resolution apologizing to people of color for the association's role in prolonging racism, its explicit role in the promotion of racist practices, and for the ways it harmed and continues to harm African Americans and communities of color. So, we must conclude that all of us who work in and have studied to practice in the mental health field have sadly learned, and in some cases unintentionally perpetuated or practiced many of the norms, policies, and procedures that are antithetical to the health equity work. We know that we have work to do.



Health Equity Division: Meet Our Leadership Team



Stephanie Montgomery
Health Equity Officer



Rosa Warder
Family Empowerment Manager



Khatera Tamplen
Peer Support Services Manager



Francesca Tenenbaum
Program Director, Patient's Rights
Mental Health Association of
Alameda County

Hope...

The implementation of the Office of Health Equity during these current times in our county is a hopeful and well-timed addition within ACBH. The dedicated professionals in this office will be able to strategize and align their work with the Public Health Department, Environmental Health, and the Office of the Agency Director. We have a lot of space for improvement within our division. The hopeful news is that those inside and outside of our system are ready to take on this improvement and change work.

To date there have been several **promising interventions, practice models, and peer and family voices** that are moving us towards equity all across the county (including, but not limited to):

- *Alameda County Board of Supervisors' approval of \$12.2 million allocated to community-led coalitions specifically to address communities of color impacted by COVID -19.*
- **Ethnic Services Team, Office of Peer Support and Health Equity team's participation in the Hayward Health Fair for Afghan Refugees.**
- *The October 2021 Mental Health External Quality Review that found both our cultural competency plan and our work towards diversifying our workforce and hiring individuals reflected a well-developed vision.*
- **Active work to develop a Latino/X advisory committee to better serve this community.**
- *The department's appropriation of over \$15 million dollars to purchase and construct an African American Wellness Hub within Alameda County.*
- *Joint efforts of the Office of Peer Support and Family Empowerment offices in leading system change involving the certification of Peer Support Specialists.*
- **Renewed commitments and strategies designed to increase community and workforce engagement with the API community.**
- *The Office of Health Equity provision of workforce and technical assistance trainings with contracted providers.*
- **The Health Equity Officer will begin working immediately with the Forensic, Re-Entry and Diversion unit within ACBH.**

The quote from the Apsaalooke/Crow Native community "You already possess everything necessary to become great" helps us to ground our team in this equity work.

We believe that we have everything we need; our staff is here, the time is now, and we are ready to move!

– Stephanie Montgomery, Director, Health Equity Division

The African American Wellness Hub



Janice Adam
Public Information Manager
Behavioral Health Department



A Seed Planted Over A Decade Ago Begins to Bear Fruit...

It was a little more than a decade ago that the concept of an African American Wellness hub was first born in Alameda County. Alameda County data collected in a 2011 ACBH commissioned *African American Utilization Report* confirmed what we knew anecdotally—that the African American population in Alameda County experiences historical behavioral health inequities. It further acknowledged that a culturally-healing approach is warranted. The impacts of COVID-19 have only deepened the need for such an approach.

Over the years, the department worked collaboratively with the community, led by the perspectives of the *African American Steering Committee for Health and Wellness* to determine how best to make this recommendation real. A more comprehensive analysis and community-driven process was commissioned in 2015 with the following result: A set of strategic recommendations for the development of an African American Wellness Hub. The mission of the Hub will be to contribute to the center of Black thought, voice and healing by offering an array of culturally appropriate and affirming services. The focus of the Hub will be to ensure that the African American community has access to mental health services that are culturally affirming and promote wellness in the community.

ACBH has adopted wellness, recovery, and resiliency as important tools for eliminating the stigma and discrimination faced by people with mental health and substance use problems. The planned Hub is a demonstration of these tools at work. How these tools can, and will be used and adapted to tackle the compounding effects that racial discrimination and stigma have on African American consumers, is a challenge that we face. Our hope is that the Hub will help us meet the challenge in ways that promote wellness in a manner that is both culturally responsive, and culturally affirming.

To bring the project to fruition ACBH, in partnership with the Alameda County General Services Agency (GSA), is now working to purchase and construct an African American Wellness Hub Complex. Approximately \$15 million dollars have already been set aside for this effort. Full County Board of Supervisors approval will ultimately be needed in order to initiate purchase and construction on the facility. More information will be available on the progress of the proposed site as it becomes available.

– Janice Adam, ACBH Public Information Manager

Together We Can Achieve A Trauma Informed System

Trauma-Informed Care

Trauma Informed Care has been a key initiative within ACBH for many years. Launched through the department's Mental Health Services Act (MHSA) division, Trauma Informed Care took root across the department through training and system-wide investment. Hundreds of staff members, peers, providers, and leaders across the county's networks have partnered with the department to help re- envision how to serve the community in a more sensitive and informed way. We are pleased to announce that that work continues, and will now be championed through the Office of Peer Support Services.



The Trauma Informed System (TIS) Initiative embraces six (6) principles. These principles include *Trauma Understanding; Safety & Stability; Cultural Humility & Responsiveness; Compassion and Dependability; Collaboration & Empowerment; and Resilience and Recovery*. TIS Principles are a guide for Systems Change and were created in collaboration with stakeholders including the Peers Organizing Community Change (formally called the Pool of Consumer Champions), a program supported by the ACBH Office of Peer Support Services (OPSS) within the Division of Health Equity. Specifically, the principle of collaboration and empowerment describes trauma as 'involving a loss of power and control that makes us feel helpless.' The principle further states that, 'When we are given real opportunities to make choices for ourselves and others under our care, we feel empowered and can promote our own wellness and the wellness of others.'

Office of Peer Support Services (OPSS): Promoting System Change through a Trauma-Informed Lens



Perseverance and personal transformation happens for people who participate in the POCC. A member may start out quiet and only observing the meetings. In time, with the power of the social connections of the groups, the individual starts to feel a sense of belonging and stigma-free. The light begins to shine and members feel included and many feel they have a purpose. The labels of mental health are no longer labels and become experiences that can be shared to inspire each others' wellness journeys and then becomes a source of expertise and not a deficit as it may previously have felt. To promote systems change through a trauma informed lens, a

main objective of the OPSS team is to empower and support the POCC. The POCC has grown to over 1,600 peer members since its first kick-off meeting in 2007. Through the POCC, peers have many options for getting involved and becoming empowered. With its 15 active committees that each meet twice a month, peers can be involved in system change efforts through planning and conducting trainings about wellness and recovery. Members can participate in a two-day annual conference and in workshops on subjects such as employment, housing, healing, trauma, patient's rights, peer support and cultural humility.

Office of Peer Support Services (OPSS): Promoting System Change through a Trauma-Informed Lens...



Through the POCC, the diverse cultural committees have enabled peers to engage and collaborate on many goals including responding to the trauma impacting Alameda County's culturally diverse communities. The POCC's culturally-specific committees include the *African American Empowerment Committee*; (AAEC); the *Committee of Latinos*; the *Asian American Committee*; the *Sexuality and Gender Alliance Committee (SAGA)*; and the *Transitional Aged Youth and Elders Committees*. The committees have been active in creating opportunities to listen and learn from each other. Most recently, the *African American*

Empowerment Committee and the *Asian American Committee* held several Town Hall meetings for peers to express and support each other following the killing of George Floyd in 2020, as well as more recent hate crimes against the Asian and Asian American and Pacific Islander communities.

The town halls were developed and led by POCC members who experienced and understood the impacts of trauma. Members shared tools for supporting each other during painful times and resources for allies to support the communities impacted. Expressions of solidarity were shared throughout the town halls. As POCC Asian American Committee member Joshua Occasion stated during one of these town halls, "Lifting each other up! Stronger together" highlighting the importance of listening to one another, learning and taking action together.



Gordon Reed, Chair
POCC Steering Committee
Peer Specialist

Gordon Reed was introduced to the POCC in 2010. Today, in 2022 he is introducing others in the community to join and have access to the opportunities that membership offers. He shares his lived experience to provide hope to others who may be dealing with prejudice, stigma or discrimination due to their mental health challenges or culture. Gordon was quiet and reserved at the beginning. As he shared, "The magic of peer support worked", and over the course of 12 years, he became the Chair of the POCC Steering Committee, a peer support specialist, a community expert, and a forensic peer specialist. Gordon is passionate about the work of the POCC and his community knowledge and outreach skills are incredible as he believes in the power of recovery.

As the Community Expert staff of the African American Empowerment, Veterans and Healing Trauma Committees, Gordon uses the approach that everyone of us has a story and it is not our job to judge. His involvement and leadership in the three committees also helps Gordon with the loss of his son who suffered from mental health challenges and passed away due to a tragic accident in 2017. Gordon leaned on his family, faith community and POCC peer supporters during that devastating time. His passion to connect with others who have experienced trauma and give back is felt by many in the community. He continues to reach out to people to engage them and spread the word about the POCC and wellness, resiliency and recovery trainings offered through the program.

– **Khaterra Tamplen, Manager, Office of Peer Support Services**

Co-Learning: An Approach to Build Equitable and Authentic Relationships that foster Belonging and Systems Transformation



A major trust gap exists between family members and behavioral health service providers...

Family members are often left out of the design and implementation of ACBH practices, policies and programs. Instead, family members are often seen as “the problem” and at best relegated to providing “input” at focus groups and listening sessions or “reviewing” project materials designed by providers once they are near completion. Black family members are especially pathologized and their loved ones experience disproportionate negative outcomes due to the systemic, persistent, enduring anti-Blackness and White Supremacy Culture at the root of the

medical model, the field of behavioral health and origins of our country. Aligned with the medical model, the knowledge, expertise and lived experience of family members are marginalized.

“Co-learning is an investment that the system needs to make. It’s important for the Black community and all. It allows us to bring our authentic selves, rebuild trust until we achieve all the greatness in the room coming together for the good of all.” – Paula Stewart, Co-learning Team, Family Member

Core to the values and practices of ACBH’s Office of Family Empowerment, are *centering the voices, knowledge, lived experience and skills of Family Members as co-creators and key decision-makers* in the care, programs and policies that affect them and their loved ones. Co-learning is a key approach the ACBH’s Office of Family Empowerment brings to shifting the culture from transactional relationships that value billing over being, to authentic and transformative partnerships. These genuine partnerships challenge traditional roles and power imbalances and create connection, inclusion and belonging. The Office of Family Empowerment seeks to grow co-learning to support the leadership of Family Members across all ACBH systems of care.

Co-learning is a facilitated process of bringing people together across the divides of power, privilege and rank to co-create equitable relationships, trainings, practices and policies that promote equity, wellness and systems transformation. Through the hands-on process of co-creating and joint decision-making, family members and providers come together monthly in a co-learning team where, supported by a facilitator, they share stories and vulnerabilities, develop a power analysis, take risks, speak truth, ask new questions, and move from learning to action.



“One family member explained that participating in our (co-learning) group created a feeling of both pride and belonging more than in any of the many recovery, mental health and support groups she has attended. She stated she was deeply touched to discover more about “the humanness of providers” through her relationships with the providers in the group. She described the (co-learning) group as a place she loved to come, and that it was helpful to her feelings of self-esteem, confidence as a parent and commitment to recovery.”

– Co-learning Team, Early Childhood Mental Health Provider, Center for the Vulnerable Child, UCSF Benioff Children’s Hospital

Co-Learning...

Over a decade ago, through a Substance Abuse and Mental Health Services Administration (SAMHSA) funded ACBH early childhood systems change initiative, the co-learning approach was born and innovated by facilitating a group of family members and providers. Together they learned how to partner as peers outside of their usual roles, to co-create trainings, events, a website, and other resources to support early childhood wellness. Since the initial launch of co-learning, community based organization partners have created co-learning teams including UCSF Benioff Children's Hospital, Through the Looking Glass, Brighter Beginnings, Our Family Coalition, and more recently in the Child and Young Adult System of Care (CYASOC) where a co-learning team came together to co-create and co-teach a curriculum for CYASOC clinical interns.

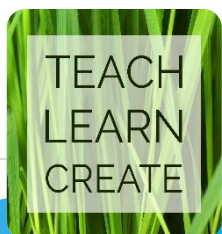
Moving away from transactional family member/provider relationships towards transformational relationships requires new skills and abilities that formal provider education programs do not generally touch on. For example, being a part of co-learning requires a willingness to look at power, privilege, and whiteness with family members, and being open to sharing personal stories, and to center and amplify the voices and knowledge of family Members and engage as "co-experts."

Family members and providers share ownership for facilitating portions of the meeting, completing tasks in and out of meetings, and co-producing co-learning-created products that reflect the voices and expertise of both family members and providers. Family members are compensated for their participation through stipends. Co-learning builds family member leadership and strengthens the workforce capacity to partner with families, building the trust needed to engage the knowledge and lived experience of family members.

Family members report being better able to help other families in times of need, more able to ask for help in times of need, and better cope with stress. They also report feeling prepared to join groups where they can speak up for families, and showed deeper engagement with providers through more confidently asking questions and questioning the answers from providers. Both providers and family members develop skills in curriculum development, training, facilitation at the program level. Providers build supervision practices that encourage clinicians to seek out the perspective of family members in solving problems.

The Office of Family Empowerment provides technical assistance to support programs interested in building a co-learning team. To learn more about co-learning including a powerful SAMHSA award-winning 8-minute bilingual video, please visit thecolearningproject.com or/and contact the Office of Family Empowerment at (510) 481-4207.

– Office of Family Empowerment



"I welcomed hearing people's experiences, after I worked through my own defensiveness that the kinds of things family members were talking about wouldn't happen on my watch."

**– Co-learning Team Member,
(Former) Clinical Director,
Early Childhood Mental Health,
UCSF Benioff Children's
Hospital Oakland Oakland**

Transforming Behavioral Health Services for Everyone

New ACBH System of Care Shines Light upon the Behavioral Needs of Incarcerated Persons

It feels like I have known Santa Rita Jail my entire life. I have too many memories of conversations about family members who were locked-up, of collect calls with voices pleading for acceptance, and long waits in line for quick visits to offer words of support like “stay strong”, “it will be ok”, “you will be out soon.”

Given my family’s history with Santa Rita and the justice system, I was excited when the opportunity arose for me to apply for a position to help develop a new system of care for Forensic, Diversion, and Re-entry services. This newly assembled system of care is designed to align and enhance mental health services for individuals involved with the justice system. It is not lost on me that I now work at a place where several of my family members spent some of their worst days.

Like many of the community members we serve at Santa Rita, my relatives who found themselves incarcerated struggled with serious trauma and needed mental health or substance abuse services. The opportunity to help transform our forensic services aligned with my passion to increase access to and improve the quality of health services to a population that is often ignored.

I am now approaching my first year in my new role helping to support the creation of our Forensic, Diversion, and Re-entry system of care. I am proud to be surrounded by amazing teams of dedicated staff who are passionate about their work and committed to our community. Our staff have shown up every day, amid a pandemic, ready to do the hard, good work of serving our community.

Our new system will better serve our justice involved clients by establishing a coordinated continuum of services and supports that will now specifically include diversion. The system will allow for closer partnerships between our juvenile and adult mental health services and establish a care coordination team that can work across age groups. We will also strengthen our re-entry coordination efforts with our community providers to better serve our clients and further reduce recidivism. Finally, our new system is currently deeply focused on enhancing our in-custody services by expanding our staff and work to better serve clients at Santa Rita Jail.

In this first year, our new forensic system has grown tremendously.

We have:

- Hired and retained 53 new team members; the majority dedicated to providing/supporting mental health services at Santa Rita Jail.
- Welcomed new staff and leadership to strengthen our juvenile justice health services.
- Aligned our community forensic mental health services under new leadership and are now planning to strengthen our release and re-entry coordination of care; and
- Initiated a transformation in the delivery of behavioral health services at Santa Rita Jail; and recently launched a pilot program to establish a therapeutic model that will improve treatment for our clients.

Like any change, the work is hard and it will not happen overnight. We have a long road ahead of us and every move will not be perfect. The change we are making is critical. We are adapting for our clients to ensure they have access to quality health care whether they are incarcerated or in their homes. We are changing for our community, so that we offer a continuum of services that include prevention, diversion, and support to break cycles of incarceration. We are changing for families, so that there are fewer childhood memories of collect calls and visiting hours.

– Juan Taizan, Director, Forensic, Diversion, & Re-Entry Services



Assisted Outpatient Treatment: When Cultural Awareness Meets Lived Experience Better Outcomes Happen ...



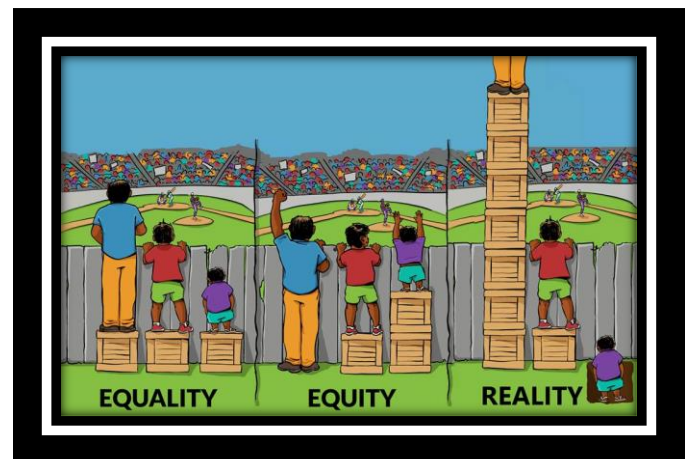
Over the past three years, I've had the honor of working with Alameda County Behavioral Health providing oversight for the Assisted Outpatient Treatment (AOT) Program. The two primary responsibilities of my role in AOT are to provide support and oversight of the AOT contract and to meet with individuals who were referred for possible admission. Meeting with people in this capacity can be difficult, primarily because our referrals are for individuals who have declined voluntary

mental health treatment. In essence, we are tasked with building rapport with an individual while evaluating them for the program within a single meeting that they generally did not want to have.

A recent data poll showed that about 20% of individuals served by AOT in the last two fiscal years have identified as Asian/Pacific Islander. This percentage of service to the Asian/Pacific Islander population is higher than typically seen in our mental health care system. Personally, this data came as a pleasant surprise.

As a person who identifies as first generation American-born Chinese, I have witnessed firsthand the litany of barriers preventing access to mental health services despite a desperate need for them. My family was afraid of the stigma. They could not communicate well in English, and they didn't feel services were culturally reflective. This is one of many systemic problems that made mental health services difficult to access in the 1990's. Suffice to say, there was violence, abuse and police interventions. But there were never any mental health services offered. Through it all, I remember distinctly being told by my parents that all this trauma (I didn't know it was trauma then) is just how "we" were, with "we" meaning Chinese. I took those words to heart and resolved to distance myself from the culture.

Many years later, be it by twist of fate or the guiding hand of a universe that loves irony, I find myself interviewing families and individuals, approximately one in five being of Asian descent. I also find myself speaking more Mandarin than I have in decades. For the families we serve, to see the glimmer of hope wash over their faces when I offer to hear their stories in Mandarin, has been a reparative experience I would never have expected. It never seems to matter that I stutter over words, have such limited vocabulary, and mispronounce a whole bunch of words. All that seems to matter is that we have this one connecting point, that I can and am willing to listen.



My hope is the interactions with families and individuals continue to foster positive cultural experiences and awareness in programs such as AOT.

- Daniel Ku, Program Specialist, Forensic, Diversion, and Re-Entry Services

Behavioral Health Court Improves Participant Engagement

Alameda County established a Behavioral Health Court in 2009...

Behavioral Health Court is a special collaborative designed to meet the needs of individuals diagnosed with severe mental illness and to allow for community treatment options instead of incarceration. The team consists of representatives from Alameda County Behavioral Health, Alameda County Superior Court, the Office of the Public Defender, the District Attorney's Office, and community treatment providers.

Individuals in the justice system often face stigma that they are "poor" or "bad" and that their behavior is "poverty driven" or "criminally driven." As health care providers, we are keenly aware of the impact of this stigma and how it can perpetuate oppression and violence. In Behavioral Health Court, we value the individual uniqueness of each person, their life circumstances, and ensure that their experience moving forward is supportive for success and safety in the community. The court team is non-adversarial and shares a common mission to promote public safety and assist severely mentally ill offenders by diverting them away from the criminal justice system and into community treatment with judicial oversight.

Individuals must meet eligibility criteria for the Behavioral Health Court and, once admitted, participants are connected to an intensive case management team or full-service partnership. In the community, participants engage in a variety of outpatient services at the right matched treatment. This may include psychosocial rehabilitation, psychiatry and medication services, peer coaching, substance use treatment, housing or vocational support, and crisis services.

Equity is emphasized in the unique way that each person is treated and acknowledged. Conversations may begin with feedback from the treatment provider, acknowledgment of recent challenges or successes. The court team often uses open ended questions to help the participant self-reflect: "How are you doing today?" or "Is there anything you want to tell me?" The judge and court team know that the journey is not linear, they accept individuals where they are, and validate the concept of sticking with the process. You might hear, "Keep showing up," "Come back next week and we'll talk again," or "Keep taking care of yourself and tell me about how it's going when we meet next." The team holds hope for change even when the participant doesn't say it out loud or see it for themselves.

Perhaps the best thing to witness in Behavioral Health Court is our graduation. Through graduations, the court team acknowledges that the participant has made progress and, although their recovery journey is not over, they no longer need the court team's involvement. While that is a different time for each person, the program typically lasts 1-2 years depending on the individual's unique needs, challenges, and successes. Upon graduation, motions are made for charges to be reduced or dismissed, and for records to be sealed.

On the day of graduation each member of the team including the participant can share their reflections on the journey. Family members and community members often comment, "I'm so grateful for this program," "you really helped change my life," and "with my records sealed I can get a better job and live a better life."

The Alameda County Behavioral Health Court is an amazing collaborative approach to supporting our community. It is designed to meet the unique needs of each participant. It creates a multidisciplinary support team and a road map that offers participants hope throughout their recovery journey.

Meetings with the court team and participants, including graduations, are open to the public and the community is invited to attend. If you would like details of how to join the hearing remotely, please contact Penny Bernhisel at penny.bernhisel@acgov.org for more information.

- Penny Bernhisel, Clinical Supervisor, Forensic, Diversion, Re-Entry Services



KEY ACBH UPDATES & INITIATIVES

Transformational MHSA Programs Coming Soon...



Consumer Empowerment Using DBT (Dialectical Behavioral Therapy)

The DBT project will develop an online Dialectical Behavioral Therapy (DBT) Peer to Peer training program designed to provide peers with the skills necessary to teach DBT. This program will enhance their skillset as peer counselors when practicing within peer to peer groups. ACBH wishes to provide a learning environment that is removed from restrictive time and space. An online training program is able to provide an avenue that is a self-paced, recovery-oriented mode of learning for peers to cultivate relationships with others committed to learning, practicing, educating, and building mastery of the four DBT skill sets: core mindfulness, distress tolerance, emotion regulation, and interpersonal effectiveness.

Peer-led Continuum of Forensic Services The Peer-led Continuum of Forensic Services is a collection of four (4) components, three of which are peer-led and one that is family focused: Re-entry Coaches, WRAP for Re-entry, Forensic Peer Respite, and Family Navigation and Support. This project specifically seeks to support justice involved mental health consumers, transitioning back into the community following arrest or incarceration, by connecting them with mental health services. This project also seeks to build the capacity of Family Members to advocate for loved ones with a serious mental illness who have become justice involved.

Alternatives to Confinement Continuum of Forensic Services The Alternatives to Incarceration Continuum of Forensic Services is a collection of three (3) services that work together and are intended to prevent incarceration and divert individuals from criminal justice system into mental health services. These services include Forensic Crisis Residential Treatment, Arrest Diversion/Triage Center, and Reducing Probation/Parole Violations. Diversion is sought when early signs of crisis occur causing police contact which may lead to arrest, probation, or parole non-compliance.

Other New 2022 Initiatives:



ACBH Strategic Planning Opportunities to provide input, feedback, and insights to the department are already underway. Coming soon: Surveys, Listening Sessions, and other ways in which you might share your voice with ACBH. We look forward to your engagement!

ACCESS Division Stakeholder Engagement & Planning -The ACCESS Unit is in the process of completing several key milestones which have included internal staff and external stakeholder engagement to help lead efforts to continually improve our county operations. We look forward to sharing more with you and spotlighting the accomplishments of this team!

MORE to COME!



Wellness TIPS!



Health Equity Division Opportunities!!!

The Health Equity Division is currently or will soon be recruiting for a number of important positions, including (but not limited to) the following roles:

Program Specialist
(Office of Family Empowerment)

Program Specialist
(Office of Peer Support Services)

Program Specialist
(Office of Ethnic Services)

Program Specialist
(Office of the Health Equity Officer)

Ethnic Services Manager
(Office of Ethnic Services)

&

Health Equity Policy & System Manager
Supervising Program Specialist
(Office of the Health Equity Officer)

If you are interested in learning more about these, or other positions within the Health Equity Division, please contact: Stephanie Montgomery at Stephanie.Montgomery@acgov.org and you will be connected with the appropriate team member.

- ✘ **Self-Care.** *During challenging times self-care may feel like a luxury or an indulgence, but it is essential for managing stress.*
- ✘ **Remember.** *Healthy Eating, Adequate Sleep, Attention to Hygiene, Regular Exercise, Spending time Outdoors...even if socially distanced, Incorporate mindfulness into your daily routine, and keeping in mind that SOCIAL DISTANCING does NOT mean social isolation! We still need and rely upon one another!*
- ✘ **Maintain Routines.** *To the extent possible, maintaining routines can help to foster a sense of normalcy during challenging times.*
- ✘ **Stress.** *Stress can quickly turn into "Distress" if we are not careful. Consider thinking whether a situation that is beyond your control is even worth becoming more anxious over, concerned, or depressed. Reach out to a trusted confidant or professional for feedback or simply to help sort through things. You might find that what seemed to be an overwhelming issue – no longer means as much to you over time.*
- ✘ **Strengthen your own Coping Resources.** *Avoid too much exposure to media that sensationalizes emotions. Recognize when it is time to limit your consumption of news or social media. Lean on your personal beliefs and faith for support. Altruism can be like medicine for the spirit: Caring for others is a form of self-care.*

We all deserve a little joy now and again! Remember to find yours daily.

One smile at a time – even beneath your mask!