Alameda County
MHSA

Khatera Aslami-Tamplen
BHCS Consumer Empowerment Manager

Rosa Warder
BHCS Family Empowerment Manager

Gigi Crowder
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Wellness • Recovery • Resilience
Breaking Barriers, Transforming the Mental Health System

350 formerly homeless people with mental health issues received housing

The stories included in this supplement come from people who in different ways have been touched by programs provided by Alameda County Behavioral Health Care Services (BHCS) and funded by the Mental Health Services Act (MHSA). These are tales of strength through adversity, determination, and resilience. One of such stories, “The Golden Gift,” was created as part of Alameda County BHCS Stigma Reduction Campaign, in collaboration with the consumer-run organization PEERS.

According to the National Institute for Mental Health, one in four adults in the U.S. live with a mental health diagnosis; however, discrimination prevents many from leading meaningful lives. To break down barriers, change attitudes, and transform current mental health programs, California voters approved Prop 63 in 2004.

The resulting Mental Health Services Act mandated a tax of 1 percent on personal incomes exceeding $1 million to serve people who are at risk of having serious mental health challenges, as well as those who already experience them.

In Alameda County, the response to this mandate was particularly enthusiastic.

“MHSA has radically reshaped how we provide services. It has enabled us to fund programs and positions we knew were important but for which there was no budget. MHSA has allowed us to reinforce the County safety net by broadening access to mental health services in new and creative ways,” says Aaron Chapman, M.D., BHCS Medical Director. “MHSA gave us the opportunity to engage in an extensive community-based planning process, which set priorities and service models for new programs,” Chapman added.

MHSA is a comprehensive law that funds innovative programs, from prevention and early intervention to clinical mental health services in a variety of settings in the community. MHSA also recognizes the importance of addressing the housing, employment, and self-advocacy needs of individuals and their families who have historically faced significant barriers to appropriate treatment in their communities, and makes investments in workforce development and technology and facilities.

The programs funded through MHSA are designed to raise the general level of health and well-being of individuals, families and the community. They emphasize education and support for consumers of mental health services and their families; they promote a workforce “pipeline” filled with capable and diverse professionals; and they provide comprehensive services that focus on each person’s strengths and needs. In turn, these important advances reduce consumers’ hospitalization and involvement with the criminal justice system and improve consumers’, family and community well-being.

“As a result,” says Chapman, “our programs are able to address consumers holistically. That means offering a variety of services in a single site making it easier for consumers.”

As part of this holistic approach, BHCS has developed an initiative to identify community needs. Through the Innovations Grants Program, BHCS has been soliciting ideas from the community on how to enhance services. This collaborative approach a reality. Khatera Aslami-Tamplen, Consumer Empowerment Manager; Rosa Warder, Family Empowerment Manager; and Gigi Crowder, Ethnic Services Manager are tasked with overseeing programs and strategies that are culturally responsive, honor the experience of consumers and family members, and reduce the stigma associated with mental health issues.

To this end, a trio of committed BHCS managers are called upon to make this approach a reality. Khatera Aslami-Tamplen, Consumer Empowerment Manager; Rosa Warder, Family Empowerment Manager; and Gigi Crowder, Ethnic Services Manager are tasked with overseeing programs and strategies that are culturally responsive, honor the experience of consumers and family members, and reduce the stigma associated with mental health issues.

The following stories illustrate how inner strength coupled with the support of a loving relative or a determined clinician can change people’s lives, even when at their most vulnerable.

It reinforces the BHCS belief that the experiences and participation of consumers of mental health services and their family members are not only fundamental, but should also help to shape the system.

429 law enforcement officers received Crisis Intervention Training (CIT)

4,298 Family members of people with mental health issues served by the Family Education and Resource Centers.
Romeo’s Ups and Downs

By Ivan Becerra

Sitting on a black chair that has seen better days, Romeo considers for a moment the question at hand. He fixes his gaze on the wall across the small living room and a smile plays on his young face. “I’m an actor, I’m a funny guy; I’ve been acting since second grade.” Anticipating the next question, he adds, “When I’m acting I feel I just can be anything I want to be; I can do anything. I love the feeling of being in a character and acting with passion. I can let out all my pain.”

Romeo’s life has seen some “ups and downs,” as he puts it. Among his “ups” he counts the love of his family; among his “downs” are his struggles with mental health as a teenager. Thinking of high school brings painful memories of hopelessness and loss. He has suffered from hallucinations on and off since he was seven, but when he was fourteen his symptoms became more serious.

Hit by the intensity of emotions he couldn’t understand, his feeling of isolation increased and his social life collapsed. Cast as an outsider, he became the target of bullying. “I used to be this guy who wanted to fit in. I just wanted to be like everyone else. But in high school everything started to go wrong. Everything flipped.”

When he was a sophomore his father died. “At that moment teenage life was over. All of a sudden it was ‘welcome to all these mental problems’. Welcome to hospitals, welcome to therapy, and welcome to case managers.”

The situation profoundly affected Romeo’s mother. He remembers how she took care of him in a time of uncontrollable sadness. “My mom is a happy person, but she cried a lot because she didn’t want to see me like that. She tried to cheer me up; she pushed me to dress nicely, to hang with friends, and date. She’s one of those cool moms.”

After a year of adjusting her work schedule to attend to the needs of her son, his mother realized that Romeo needed more help than she could provide on her own. Searching the internet for answers, she found Fred Finch Youth Center.

Fred Finch Youth Center is an organization that provides mental health and social services to children, young adults, and their families. One of the programs offered by Fred Finch is called Supportive Housing for Transition Age Youth (STAY), an MHSA-funded program of Alameda County Behavioral Health Care Services (BHCS).

“My mom got an interview for me with a guy named Roger” Romeo recalls. “I was all dressed in black, with long messy hair and I was kind of gloomy. Even though I looked like that, it was as if Roger saw I was really a good person, that I was something special.”

In the words of Roger Daniels, STAY Program Director, “STAY is a multidisciplinary program made up of mental health clinicians, medication management professionals, and other support staff. It addresses the individual needs of each person as well as creating a sense of hope for future success among participants.”

The STAY program includes crisis support and mental health services for youth ages eighteen to twenty-four. The program also assists participants with accomplishing goals in other life domains such as competitive employment specifically designed for people with mental health issues, housing, strengthening relationships, substance usage, independent living skills, and obtaining clothing. “Whatever they bring, we try to meet them there and start providing the support they need,” says Daniels.

Once he was in the program, Romeo was assigned a clinician who teamed up with him to develop an individualized treatment plan. “Some people don’t want the help. For me, I knew I needed the help, and I knew I needed to help myself,” Romeo stressed.

“We took it day by day. In the beginning, we weren’t getting anywhere; I guess I just had to deal with trying to get rid of all the pain. He [the clinician] said: ‘before you get a job, and before you do all your super schooling, you need to work on the pain you are feeling.’”

During a couple of years of work, Romeo’s condition became increasingly stable, and one morning he had one of those moments of clarity that come just a few times in life. He described it like this.

“One morning I woke up and felt different. I said to myself, ‘This is your life; this is your family that loves you.’ The sun was shining and my mom was cooking breakfast. I took a step out the door, and for the first time in a long time I looked up at the sky.” Romeo spoke with the clinician later that day and expressed his desire to “do something different.” It was clear to Romeo that although life was not what he had expected, he now had a sense of purpose and direction. The next step for him was to get a job.

The road to recovery is not a straight line, and Romeo lived that reality in a painful way. At a certain point he began to experience a shift in his mood that led to difficulties with his family. Strong arguments with his sister became common, and his mother “started to get a little itchy and kind of ticked off.” Anger as well as an unpredictable and often explosive mood took over Romeo’s usually friendly disposition. For a four-month period he was put on several involuntary psychiatric placements known as “5150s” at John George, Alameda County’s psychiatric hospital.

Back at home, after an especially strong fight, his mom couldn’t take it anymore — she asked him to move out of the house. “At first I thought she was being unreasonable for kicking me out of the house,” Romeo said, and after a pause he added, “I didn’t realize at the time that she knew it was time for me to go out on my own.”

Always with his STAY clinician by his side, Romeo embarked on a journey he describes as horrible and amazing at the same time; a journey that, in less than a year, would transform his life. He went from living at home with his mother to a shelter for homeless youth, and then to a group home that supports individuals coming from psychiatric crisis, and finally to the Fred Finch campus housing.

“They [the STAY program] wanted to know if I could handle living on my own,” he said. Just a few months after that Romeo got an apartment through STAY and he now lives there by himself.

Within three years, Romeo has learned to manage his symptoms, and his condition is now stable. At twenty-one, he has found a new sense of empowerment, fueled by his independence. “My life has completely changed, from hopeless to strong and unafraid of the future,” he says. He volunteers for a teen program at a nonprofit; he has a job at a restaurant, and has got a part in a play put on by a local theater company.

“I know it’s not going to be easy, but now I feel that I have control, and I cannot let myself down.”
Crisis Intervention Training Arms Police with Tools for Crisis Calls

By Elizabeth Hanes

Police are often called upon to help people in crisis. When they receive a call, police aren’t always sure what they will be walking into and this heightens their alert for potential safety concerns. The sense of foreboding provoked by these unknowns might cause any officer to arrive on the scene in a suspicious, confrontational mindset. This had been the experience of Officer Alicea Ledbetter of the Alameda Police Department when responding to crisis calls. After all, police officers primarily are trained at the academy to deal with criminal threats, not people in a mental health crisis.

“I think there’s a gap in training regarding how to handle crisis calls at the academy level,” says Officer Ledbetter. “We get very good training at the academy, but we don’t necessarily leave with enough understanding and tools to be as effective as we can be on mental health calls.”

Today, Officer Ledbetter approaches mental health crisis calls more confidently with greater understanding and awareness of the experiences people in crisis are dealing with. She is also better equipped to link individuals to mental health resources in the community.

“CIT helped change the way I respond to mental health crisis calls,” said Officer Ledbetter, who graduated from the program in 2011. “I now approach these situations with a partnership attitude when possible. I’m geared more toward problem-solving and prevention,” Officer Ledbetter said. “Police officers are geared toward responding to threats. CIT has helped me learn to differentiate between a criminal threat and a person in crisis. Once I know what I’m dealing with, I can use de-escalation techniques to hopefully resolve the situation peacefully.”

Thanks to the sponsorship of BHCS and their partnership with the Oakland Police Department, CIT training is available to any police officer or dispatcher in Alameda County who wants to take it. “Communities can encourage their local police department to send more officers and dispatchers to CIT,” Officer Ledbetter says. She wholeheartedly recommends the training to her peers. “It definitely has changed the way I view mental health,” she said. “I think CIT benefits not just law enforcement, but the entire community.”

Find this article online at www.acmhsa.org
Crisis Intervention Training: Reducing One Family’s Fears

By Elizabeth Hanes

One evening several years ago, Mark Rahman’s adolescent child left home — to “follow the moon,” it was later explained. This was not a metaphor. Experiencing mental health symptoms, Mark’s child walked continuously for 48 hours in a straight line toward the moon, scrambling over fences and wandering across busy streets in an effort to reach it. Sick with worry over his missing child, Mark contacted the police for help finding and detaining his child on an involuntary mental health hold (known as a ‘5150’ order). Eventually, the adolescent was found and returned home unharmed, but it wasn’t Mark’s only encounter with law enforcement regarding his now-adult child.

“Over the years, I’ve called the police at least 30 times to help me deal with my child,” Mark said, “and it used to be very scary. Today I feel much less anxious making that call, thanks to CIT.” However, the experience of having to go through a 5150 can be extremely traumatic for both the families and their loved ones. It is often a last resort for families to call the police for help.

The “CIT” Mark refers to is Crisis Intervention Training. This 40-hour continuing education program for police officers teaches them how to better respond to mental health crisis calls. Sponsored by Alameda County Behavioral Health Care Services in partnership with the Oakland Police Department, the training program fosters cooperation and partnership between law enforcement and the community. In fact, Mark tells his story as part of a CIT panel comprised of family members and individuals with lived experiences of mental illness and mental health challenges. These panel members put a human face on mental health for police officers.

In humanizing the subject for police personnel, Mark helps not only his family and his child, but any family that finds themselves needing to call 911 for assistance with a loved one.

“Early on, before CIT, it was difficult to have a 5150 call work out well,” Mark says candidly. “But the last time I had to call police for help with my child, they were able to get [the child] to go voluntarily, which is a huge difference from how things may have been handled before. This time, the responding officers used de-escalation techniques and maintained a calm demeanor in their negotiations. It’s a very positive change over the way things used to go.”

Sharing his story as part of the CIT curriculum has not only given police officers insight into the human side of mental health, it has helped Mark himself. “I now understand the officers’ point of view, and I’ve learned how to better initiate a phone call to the police department, starting with the dispatcher,” he said. “By conveying accurate information to describe the situation, I’ve noticed the officers arrive less stressed and more calm. I have a higher level of confidence the situation will work out now when I have to call.”

The program benefits even officers who haven’t gone through it, as trained CIT officers pass along strategies to their colleagues. This sharing of knowledge has had a positive effect on the community.

“I certainly believe the police are taking a partnership approach toward mental health crisis calls,” Mark said, “and that’s huge. By working together as a team, we can help these individuals get the treatment they need.” That’s certainly a benefit to any community.

Find this article online at www.acmhsa.org
Texting to Reach Alameda County Teens

By Karen Oberdorfer

Teens often text with each other about difficult life experiences, but this time the teen was texting with someone uniquely equipped to handle the situation: a counselor at Crisis Support Services of Alameda County (CSS) through a an MHS-A-funded program of Alameda County BHCS.

CSS has been offering crisis support and suicide prevention services for almost 50 years. Engaging teens has always been challenging, so counselors recently started texting. Below is an example of a typical text session of a teen reaching out to a counselor for help. To protect privacy all identifying information was removed. This conversation is based on a composite of many sessions.

The teen initiates the conversation by texting “safe” to 839863

Counselor (C): Hi, I’m a counselor. How’re you today? You’re welcome to talk about anything here.

Texter (T): I’m ok. I’ve never done this before. I don’t know where to start...

C: Did something happen today?

T: Well, my sister and I had a fight and I guess I hate life right now.

C: Fights can be stressful, especially when you have a fight with your sister. Want to tell me more about hating life?

T: I just don’t want to wake up. I’ve been this way for a year, but after the fight I feel worse.

C: Those are tough feelings to have. You’re brave to share them with us. Are you feeling so bad that you feel like killing yourself?

T: No, but I think about it constantly.

C: When you think about killing yourself, do you think about how you would do it?

T: Last year my friend jumped in front of a train and died. I think about her constantly but I don’t think I’d do it that way. I have a rope. But I don’t think I’d actually do it.

C: Wow. Having a friend die is really traumatic. Also, I hear you think about using a rope. I wonder if you don’t really want to die, but you’re feeling a lot of pain and wish that would stop. This is always a safe place to talk about your feelings.

T: Sometimes I do actually want to die. And I feel bad because I saw how sad my friend’s family was. I thought about her today. Then my sister told me to stop crying. My parents don’t understand either, they tell me to get over it.

C: You were thinking about her and you wished your family understood how you’re feeling. What would you want your family to understand?

T: It feels like kind of... my fault. It’s hard to talk about. We used to say to each other how good it would be to die and forget this life. I want my family to know I’m sad.. And it’s my fault she died.

C: It would be so good to have your family understand what a hard time you’re having. Feeling like it’s your fault is so painful. It makes sense this is really difficult. It’s great you’re sharing this with me.

T: Thanks.

C: I also want to talk about the guilt feeling. It’s common for people who are left alive to feel guilty. Even responsible, I don’t want to tell you that your feelings are wrong, but as responsible as you feel, you’re not responsible for her jumping in front of the train. Sometimes it takes a while to understand it’s not your fault.

T: I feel better — it helps to talk about even if you cant make her come back to life.. I’m Chloe.

C: Nice to meet you, Chloe. What do you usually do when you’re feeling such tough feelings?

T: I usually talk to my sister, but today, that wasn’t very helpful. I also listen to music... Music makes me feel better.

C: It’s hard not being able to talk with your sister. Sometimes music helps so you don’t think all the sad thoughts. Are you able to tell when you’re about to think the sad thoughts?

T: Ya usually. Unfortunately it happens a lot.

C: You’ve been through a big loss and makes sense you’re hurting. Maybe we could come up with a plan together to help you be prepared for those hard times.

T: Sometimes I kind of want to feel bad too. It keeps my friends memory with me.

C: I can understand that. It’s hard to let go. Earlier you said you feel suicidal sometimes. Will you consider us a place you can text (or call if the text line is closed) if you feel like killing yourself or hurting yourself in any way? Are you feeling suicidal now?

T: I feel better — it helps to talk to someone who understands and doesn’t say to just get over it /

C: I’m glad you’re feeling better :) Anytime you feel suicidal or just want to talk about anything that’s bothering you please reach out again! We’re here for you.

T: Thank you for your help tonight! I have to go to dinner. G’night Sarita :-)

C: Goodnight Chloe! Text back any time between 4 – 11 pm or you can call us 24/7 at 800-309-2131! I’m glad we texted :)

To learn more about Crisis Support Services of Alameda County go to: www.crisissupport.org

Find an expanded version of this article at www.acmhsa.org
The Golden Gift

By Jeneé Darden

Everyone at the table in the retirement community’s quaint library gazed in wonder at the vintage photo of Helen Parker. Rachel Love begged her mother to bring the photo down from her room and show the guests. It was worth her pleas. The black-and-white photo was of a 21-year-old Parker adorned in an evening gown. Her hands gliding across the grand piano keys, as the orchestra played on and thousands in the theater listened.

“I was the top player in my class,” said Parker.

Parker, who is over 65 years old, began playing piano at the age of five in her Asian country. There she studied music in high school and college. She performed in venues that seated thousands.

After finishing school, she moved to the United States and became a professional piano instructor. She taught piano for more than 20 years. Today she resides in an assisted living facility for seniors.

Life for Parker hasn’t always been filled with high notes and smooth melodies. A few years ago, she spent 10 months in a mental facility.

“I attempted suicide,” said Parker, who was struggling with personal issues at the time.

During her hospitalization, Parker was assigned a GART case manager to further help with her mental wellness and transition to independent living. GART or Geriatric Assessment Response Team is a program of Alameda County Behavioral Health Care Services (BHCS). GART assists older adults, age 60 and up, with serious mental health conditions. Their mobile team provides short-term case management, medication services, family support and brief therapy.

“Suicidal assessment and intervention is very important,” said Yin Siu, a GART behavioral health clinician and Parker’s case manager.

“She played two songs for me. One of the best gifts I ever received was from Helen,” said Love. “God knew what he was doing and sent you.”

While Siu’s help was a blessing to Parker and her daughter, Siu got something special in return.

“One of the best gifts I ever received was from Helen,” Siu recounted as she placed her hand over her heart and looked at Parker. “She played two songs for me. It was so touching.”
**ACCESS Line**

1 800 491-9099

BHCS multilingual call center that provides crisis response, information, and referral for anyone in Alameda County.

**Crisis Support**

**Crisis Support Services**

Suicide Prevention

1 800 309-2131

Text keyword “safe” to 839863

**Crisis Support Services**

Text Line

**John George Psychiatric Pavilion - Psychiatric Emergency Services**

510 481-4141

**Sausal Creek**

510 437-2363

Outpatient stabilization program for adults who cannot wait for routine mental health outpatient care. Walk-ins accepted.

**Berkeley Mental Health Mobile Crisis Team**

510 981-5254

Berkeley and Albany only.

**City of Berkeley Adult and Crisis Services**

510 981-5290

Berkeley and Albany only.

**Willow Rock Center - Psychiatric Health Facility**

510 895-5502

Acute Inpatient Psychiatric care for teens ages 12 to 17.

**Willow Rock Center - Crisis Response Service**

510 483-3030

Voluntary crisis services for teens ages 12 to 17 who do not meet criteria for inpatient hospitalization.

**Cherry Hill**

1 866 866-7496

24 hour, 7 day per week Detoxification Services Program.

**Children’s Hospital - Behavioral Emergency Response Team**

510-428-3240

Crisis services for children 0 to 11 years old.

**FREC**

1 888 869-3372

www.askferc.org

The Family Education and Resource Center (FERC) provides linguistically appropriate information, education, advocacy and support services to family/caregivers of individuals with serious mental health issues.

**PEERS**

510 832-7337

www.peersnet.org

PEERS is a consumer run organization that provides education, empowerment and advocacy services for Alameda County mental health consumers.

**SAMHSA Substance Abuse Treatment Referral Helpline**

1 800 662-HELP (4357)

SAMHSA (Substance Abuse and Mental Health Services Administration) provides 24-hour toll-free information about substance abuse services.

**This list includes services provided by BHCS and other organizations. Not all the services listed here receive MHSA funds.**