
NAMI EAST BAY NEWSLETTER

A local affiliate of the National Alliance on Mental Illness (NAMI)

January-February 2020

Crisis Support Services in Alameda County Wednesday, January 22

Currently the Division Director, Crisis Services, for Alameda County Behavioral Health, **Stephanie Lewis, LMFT**, provides oversight, direction, planning, and development for the full spectrum of services and a multidisciplinary team within the county's Crisis Division.

She has more than 20 years of experience working in collaboration with law enforcement and emergency medical services, providing crisis mental health services to individuals, as well as more than 15 years of experience providing various trainings to consumers, clinicians, community providers, and law enforcement on topics involving mental health crisis assessment and intervention.

Come hear her on Wednesday, January 22, describe kinds of services available to our family members in times of acute need.

Speaker Meeting starts at 7:30 pm

Albany United Methodist Church

980 Stannage Avenue, Albany

Corner of Stannage and Marin

Meeting is free and open to the public.

Support Meetings

NAMI East Bay offers the following monthly support meetings:

- **Support and Share Group for Families of Adults** is held on the 2nd Wednesday of each month. The next meetings are January 8, February 12, and March 11.
- **Support and Share Group for Families of Children, Adolescents, and Young Adults** is held on the 3rd Tuesday of the month: January 21, February 18, and March 17.

Support Group Meetings are held at the Albany United Methodist Church, 7-9 pm. Enter through the gates to the right of the door on Stannage Avenue,

turn left through the large room, go down the hall, and come up the stairs. Signs will be posted.

All support meetings are free to NAMI members and non-members, offering a chance to talk with others who can share ways they have found to cope.

Research Volunteers Needed

UC Berkeley Psychology Department is looking for study participants age 18 to 55 who have mood or behavior issues. The study involves an eligibility phone call and 3 to 4 visits to the university campus, 2 to 3 hours each visit. There is a stipend of \$30/hour and transportation and parking costs are paid. The study grant funds looking at two core mechanisms, reward sensitivity and executive function, within the range of mental health conditions. Contact calmprogram@gmail.com or call 510-542-8969.

Family to Family Class Seats

There are still a few spots left in our annual 12-week class for family members. The class will be held Thursday evenings from January 16 to April 2. Participants must pre-register by contacting our office.

NAMI.org Crisis Information

If you go to www.nami.org and do a search for "Navigating a Mental Health Crisis," you will find a 33-page comprehensive review of all the factors present in a crisis.

Bay Area Hearing Voices Network

Go to www.bayareahearingvoices.org for more information about this local group, jump-started by our board member Ed Herzog. Three support groups are now being held, all at the same time and place: Mondays, 6-8 pm, at the South Berkeley Senior Center, 2939 Ellis Street, Berkeley. The groups are focused on family members, transition age youth(18-24), and adults.

The NAMI EAST BAY NEWSLETTER is published bi-monthly, beginning in January, by NAMI East Bay, 980 Stannage Ave., Albany, CA 94706.

Telephone: 510-524-1250 - Email: namieastbay@gmail.com - Website <https://namieastbay.org>

Editor: Liz Rebensdorf

Mailing: Carla Wilson

Format: Tom Thomas

Social Media: Michael Godoy, Chris Hunter

SPEAKER NOTES

Panel on Dual Diagnosis

Summarized by Thomas T. Thomas

At our November 20 meeting, we heard three people with organizations that work with both serious mental illness and substance abuse disorder. They described the services offered and approaches used by their various agencies to support people in recovery from co-occurring disorders.

- **Ryan Gardner, LCSW, MBA**, of Bonita House, Inc., is Chief Clinical and Administrative Officer. He previously worked in government settings including the Veterans Administration.
- **Brian Campany, MA, LMFT**, of New Bridge Foundation, is currently the Assistant Program Director for the Helios Program.
- **Maisha Weinstein**, of the East Bay Community Recovery Project (EBCRP), is Assistant Program Manager for the project's homeless and case management programs.

New Bridge Foundation is a nonprofit organization (<https://www.newbridgefoundation.org>, or call 866-772-8075) with 52 years of experience, licensed by the state and accredited by [CARF International](#). Its facility at Hearst and Scenic avenues in North Berkeley offers a range of services from detox programs to satellite housing.

The Helios Program is its short-term residential and intensive outpatient program. Admissions are paid by private insurance (e.g., Kaiser, Blue Cross/Blue Shield). "We follow the biopsychosocial and spiritual model using groups, with both day treatment and outpatient services," Campany said. "Clients are assigned an individual counselor, and we have a diverse staff, including both veteran and active-duty personnel, so we can handle the complex mental health issues of veterans and military people." The Helios Program has a capacity of 35 beds.

Bridge One is the foundation's program for MediCal and federal pretrial clients. It features long-term residency and is based on behavior modification techniques. This program has 50 beds and 40 more in satellite housing.

New Bridge takes referrals, self-referrals, and walk-ins, with no waiting list. The only criteria are a substance abuse problem coupled with serious mental illness. New clients must be willing to undergo detox

and, depending on the severity of the condition, may be sent to a hospital for treatment. The program can handle four to six detox patients at a time. The foundation is part of the new [Drug MediCal Organized Delivery System](#) (DMC-ODS), modeled after the American Society of Addiction Medicine's criteria for substance use. All of the programs are based on abstinence rather than on "harm reduction."

Mental health diagnoses that New Bridge typically handles include depression, anxiety, post-traumatic stress disorder (PTSD), and bipolar, although sometimes clients present with schizophrenia. "If mental health issues become primary over substance abuse," he said, "we can refer clients to other organizations, like Bonita House."

East Bay Community Recovery Project is a behavioral health component of LifeLong Medical Care (<https://www.lifelongmedical.org>, or call 510-446-7180), which in turn is funded by Alameda County Behavioral Health Care. The program is located at 2577 San Pablo Avenue at 27th Street in Oakland. This is a day-support program operating 9 am to 1 pm, Monday to Friday, and serves a cold breakfast and hot lunch.

"We treat substance abuse with a harm reduction approach," Weinstein said, "but we primarily address mental health issues. We offer different group programs based on the client's needs." Clients may have either condition, which do not have to be co-occurring for a person to enter the program. Each client is assigned a counselor, and the program has a LifeLong psychiatrist who is available once a week for medication and referrals to other treatment programs.

Services include Wellness Recovery Action Planning (WRAP), drug testing, counseling on substance use, on-site medical screening, life skills development, and connection to other community resources.

The project has the capacity to take up to twenty participants at once, although the active number is usually six to nine. "Clients come and go," Weinstein said. EBCRP would like to see clients attend all five days a week, "but the program is flexible," she said.

The project also provides homeless services, for whom it offers intake, case management, and short-term counseling. "We can give you a place to shower, charge your cell phone, and obtain an ID," she said.

EBCRP takes clients with MediCal funding for as long as the person needs, although he or she is re-

evaluated every six months, and the mental health condition must persist for a long time. However, the program cannot take clients in a [Full Service Partnership](#), because that would represent double-billing.

Bonita House, Inc. (<https://bonitahouse.org>, or call 510-923-1099) “has been a pillar of the East Bay since 1971,” Gardner said. It started in a Victorian on Bonita Street in North Berkeley, where the organization still maintains 15 beds in a co-ed facility for clients age 18 and up. But the program has expanded over the years. The main offices are now at 6333 Telegraph Avenue, Suite 102, in Oakland.

The organization runs a subsidized housing partnership with the City of Berkeley at five different sites. It will soon be participating in the [CalWORKS Welfare-to-Work](#) program, in partnership with the Social Security Administration, for those whose welfare benefits would otherwise be reduced or cut off.

Bonita House has two wellness centers: Casa Ubuntu (“House of Human Kindness”) at Eastmont Town Center, 7200 Bancroft Avenue, Suite 267, in Oakland; and the Berkeley Creative Wellness Center, at South Berkeley Community Church, 1802 Fairview Street, Berkeley. The Berkeley center offers day programs with support and self-esteem groups, art therapy, recovery, life skills, and pre-vocational training, and currently serves about 130 people each year. The Oakland center offers Mental Health Services Act (MHSA) outreach, engagement, and transitioning services, peer-driven support, individual placement and support (IPS) referrals, and outpatient services, including WRAP, cognitive behavioral therapy (CBT), case management, and medication management. Services are available Monday to Friday at both locations and on Saturday in Oakland.

The organization fields an In Home Outreach Team (IHOT), accessible through Alameda County’s [ACCESS Program](#) (800-491-9099), for short-term outreach, engagement, and linkage to community services for individuals with severe mental illness. This service offers peer-based engagement for up to 90 days, aimed at consumers who are just coming out of the hospital.

A new program for Bonita House, which will start after the first of the year, is the Community Assessment and Transportation Team (CATT). The team consists of an emergency medical technician (EMT) and a psychiatrist who come to the client’s or family

member’s home in a non-ambulance-type vehicle. This service will only be available in Oakland and nearby cities—generally from San Leandro to Fremont—because Berkeley/Albany already has its own Mobile Crisis Team. CATT will also be routed through the 911 phone tree as appropriate.

Bonita House offers Level 1 case management to about 220 people. With this service, they get medication management (but not methadone for heroin users) and case management with practitioners at the bachelor’s and master’s degree level.

The 15-bed residential facility located at the original Bonita Street site offers various programs, including CBT and WRAP. Treatment is through private insurance or Medicare/MediCal. Clients need to be ambulatory and receive a TB test and health test. The facility also takes referrals from centers like John George Psychiatric Hospital in San Leandro.

Bonita House has signed on to Alameda County’s new community health record program, called [AC Care Connect](#). This program unifies a patient’s records—for example, the signed release form for families to access patient information. To qualify, a client must be enrolled in MediCal and be in a comprehensive case management program, have experienced homelessness in the past 24 months, and been a frequent user of at least two crisis systems.

Q. Do your dual-diagnosis programs address “process disorders” like gambling, videogaming, and eating addictions?

New Bridge will treat them to some extent but refers eating disorders to other providers, but its main focus is still substance abuse. EBCRP’s focus is on mental illness and is not licensed to treat substance abuse. And Bonita House will treat such disorders as tertiary conditions. Because MediCal does not recognize these disorders, the programs it supports cannot bill for them.

Q. How many of the homeless have some a mental illness?

The consensus view was that 90% of homeless people have some form of mental illness, and at the very least suffer from depression and anxiety.

Past articles in the Speaker Notes series are available online at www.thomasthomas.com/ under “NAMI East Bay.” Also available is a copy of the brochure “Medications for Mental Illness.”

Musings

The public image of those with mental illness is too often one of erratic, sometimes violent behavior in the persona of a scruffy individual who is noisy and unpredictable. My guess is that this individual is either not taking prescribed medication or is a person dealing with serious substance abuse issues—or both.

Untreated, people living with serious mental illness (SMI) experience distortions in thinking and perception, and they are often unable to engage in logical thinking, self-insight, and the ability to differentiate reality and fantasy. This is an illness, not a life choice nor a byproduct of character flaws or upbringing. We don't know how to cure it, but we do know how to stabilize the symptoms.

It is important to know that there is a large community of persons with SMI who are able to hold jobs, raise families, have social interactions ... essentially live a stable life. They take their medications, perhaps engage in therapy, and take care of themselves. Among this group are activist individuals, also with a diagnosis (current jargon identifies them as “consumers,” “peers,” or “individuals with lived experience”), who are actively engaged in self-care, group activities, and advocacy for services. Often, their efforts are geared towards supporting others by modeling coping skills. Housing choice is most often to live independently.

There is yet another community of people with SMI, the ones I hear about most often. These are the quiet individuals “in the back bedroom.” Carrying a diagnosis of SMI, they are the sufferers having an internal struggle with their own brain function. Sometimes they live with family members and sometimes they reside in a board-and-care facility. Medication compliance may be high but lifestyle engagement is low. At the risk of over-generalizing, I'd describe these sons/daughters as passive, isolated, lonely, and unengaged socially and vocationally. They are often preoccupied with internal machinations. And, their realization that other people their age are moving on is a poignant one, sometime resulting in irritability and upset, more often sadness. These are not the lives they anticipated when they were young and wondering what life would hold for them. Caring

families suffer in the loss of the essential child they raised and for whom they had dreams.

As we face the crisis of homelessness, we need to understand that an estimated 40% of people living on the street have an SMI. Stable, permanent, supportive housing is the crucial thing they need to achieve stability. Traditional housing without long-term support will not work for them.

One of the main types of housing that can work for people with SMI are licensed board-and-care homes, where housing, meals, and medication support are provided. Yet the number of those homes is drastically declining. Inadequate government reimbursement has simply made many of them financially unsustainable in the Bay Area. Skyrocketing housing prices mean that as operators “age out,” they can sell or rent their property for multiple times more money.

We must stem this current rush to closure and ensure reimbursement adequate to feed and support individuals who can live stable lives in permanent supportive housing. Operators need a professional network and support. This is a statewide problem and calls for a state solution and state funding.

Without urgent action, there will be more seriously mentally ill persons “living” on our streets. As an aging mother, I am fearful of what will happen to my son if the housing options that have helped stabilize his life keep closing down. I am not alone. Families across California live with the same anxiety. We know what can be done. The question is whether there is a will to do it.

—Liz Rebensdorf, *President, NAMI East Bay*

Educational Materials Available

We have just ordered new NAMI brochures entitled “Mental Illness—What You Need to Know,” “Bipolar Disorder,” “Schizophrenia,” “Depression,” “Borderline Personality Disorder,” “Mental Health Matters,” “What Families Need to Know about Adolescent Depression,” and “NAMI on Campus.” We always have these available at speaker and support meetings. Let us know if you'd like one, and we'll put it in the mail.

We are also in the process of reviewing books and may be receiving a donation from New

Harbinger Press. These titles will be posted in our next newsletter and will be available to check out.

More Volunteer Opportunities

Folks often ask how they can help us out. Our office is small and volunteer opportunities there are limited, since the task is to keep on top of phone and email correspondence. Training is periodically available for Family to Family Class teachers, limited to people who have taken the class, and for co-facilitating support groups. Let us know your interest.

- **Peer Review Accountability Team (PRAT):** The Independent Living Association (www.alameda-county-ila.org) sets up review teams for the ILA homes. Purpose is to make home visits and check on quality and safety issues as part of a small team. Training is provided and the commitment is for approximately 90 minutes a month. Stipend is available. Contact Crystal Warren at 510-365-5508.
 - **Training and Wellness Committees:** These county Behavioral Health Care committees want to hear the family voice at their monthly meetings. Commitment is for one meeting a month. We will bring you up to speed about the Training (regarding training of staff) and Wellness (quality/function of Wellness Centers) committee and ask for some minor feedback about discussions.
-

Opportunity for Feedback

The updated plan for Alameda County's Mental Health Services Act spending has been posted for review and public comment. The public comment period ends on Monday, January 13, after the presentation and hearing at the Mental Health Board in San Leandro. This is a chance for families to see the county's funding choices and to weigh in, electronically or in public, with your impressions.

The plan can be accessed on the ACMHSA website: <https://acmhsa.org/reports-data/#mhsa-plans> and selecting the link "FY 2019-2020 MHSa Plan Update."

State NAMI Report

NAMI California's Year 2 (2018-19) Annual State of the Community Reports (ASOCR) with diverse communities and families are now available for your review through the website <https://namica.org/annual-reports/>. Summaries are available and final reports on website are coming soon!

Diverse Community-Informed Recommendations: To reach underrepresented individuals affected by mental illness, we need more stigma reduction, promotion of education on mental illness, efforts to incorporate prevention and early intervention programs and models, funding for culturally appropriate outreach and services, and efforts to engage diverse communities in advocacy efforts for structural change.

Family-Informed Recommendations: To address the needs of family members and loved ones supporting individuals with mental illness, we need to enhance access to treatment in a timely manner, advocate and promote availability of housing options, support the progress of crisis services, improve the criminal justice and forensic system during the treatment of all people with mental illnesses, advocate for family involvement in treatment, and promote complete and comprehensive services for all ages.

It all sounds familiar, doesn't it? These are all recommendations that our families support.

Advocacy Resources

Behavioral Health Action (BHA) (www.behavioralhealthaction.org) is a NAMI California-supported group that follows mental health-related legislation in Sacramento and brings readers up to date on current issues.

Family Alliance for Serious Mental Illness (FASMI) (acfasmi@gmail.com) is a local group of family members which advocates for needed services through Alameda County's Behavioral Health Care System.



East Bay

NON-PROFIT ORG.
U.S. POSTAGE PAID
OAKLAND, CALIFORNIA
PERMIT NO. 8242

980 Stannage Avenue
Albany, California, 94706
Time Value

Return Service Requested

Are your dues paid
for 2020?
(Check Mailing Label)
Your Support Matters
Renew Now!

NAMI EAST BAY 2020 MEMBERSHIP

Please check your mailing label. If the code "20" is over your name on the right side of the label, your dues are current through 2020. If your mailing label indicates a previous year, or nothing at all, your dues are not current.

We urge you to mail your 2020 dues now. And if you can afford to add a bit more, please do so. Your \$40 NAMI East Bay membership gives you our newsletter six times a year, the quarterly "Connection" from NAMI-California, and the NAMI-National "Advocate." NAMI East Bay is nonprofit [501(c)3] and your dues and contributions are tax deductible.

Family Membership, \$60 per year Open Door Membership, \$5 per year

Make checks payable to "NAMI EAST BAY" and mail to NAMI East Bay, 980 Stannage Avenue, Albany, California 94706

Contact me for Family to Family Education Class

Name: _____ Phone No.: _____

Address: _____

Email: _____

I'd like to volunteer:	<input type="checkbox"/> In the Office	<input type="checkbox"/> Grant Writing	<input type="checkbox"/> Membership Committee
	<input type="checkbox"/> Hospitality Committee	<input type="checkbox"/> Labeling Newsletters	<input type="checkbox"/> Computer Committee