LEAD
LIVED EXPERIENCE • ADVOCACY • DIVERSITY

State of the Community Report 2020-2021

Adult Consumer Stakeholders

LEAD THE WAY. SPEAK OUT. MAKE CHANGE.

Compiled by California Association of Mental Health Peer Run Organizations (CAMHPRO) through its Lived Experience, Advocacy, and Diversity (LEAD) Program

October 2020 through August 2021

Camhpro

LEAD is a program of the California Association of Mental Health Peer-Run Organizations (CAMHPRO) and is funded through the Mental Health Services Oversight and Accountability Commission (MHSOAC).

MHSOAC
Mental Health Services
Oversight & Accountability Commission

Executive Summary

LEAD the Way! Speak Out! Make Change!

This annual report describes the behavioral health needs and priorities identified by peers through the activities and advocacy of LEAD (Lived Experience, Advocacy and Diversity) program for Year One of MHSOAC's Stakeholder Education, Advocacy, and Outreach, Clients and Consumers.

The LEAD Program uses a grassroots empowerment model to promote consumer involvement in mental health policy. This model captures input from a community's diverse and under-represented populations. The model begins with small Listening Sessions, focusing on specific demographic and geographic populations in the regions served, in which consumers will gather to explore, discuss, and prioritize the issues they care about. These priorities and potential policy solutions are brought to the county Summits where they are discussed and prioritized, and then to the State Conference. At the State Conference, peers from across California and particularly from the counties targeted in local outreach, prioritize the needs and issues that have risen from the grassroots Listening Sessions to the state level.

LEAD worked with peer-run organizations in five counties in each of the five regions of California (Superior, Central, Southern, Bay Area, and Los Angeles). Between September 2020 and June 2021, LEAD reached 308 people through 17 two-hour Listening Sessions. This resulted in about 1,220 comments about what individuals identified as needs and priorities in their communities for mental health.

These flowed into Summits where 576 attendees participated in five two-day, virtual conferences (in four-hour sessions each day).

A list of seven themes were identified through the Listening Sessions and five county-level Summits, which included more than 1,400 people across the state. Those categories were presented at the LEAD State Conference attended by 100 people in person and 186 online.

In the pages of this report, there are the results of this work. May this record be one more piece of advocacy that allows the consumer voices of California to LEAD the way, speak out, and make change.

Contents

Letter from the Director

It is with excitement, humility, and gratitude that I present to you CAMHPRO's State of the Community Annual Report for Consumers/Clients.

It is exciting to bring to you the needs and priorities as authentically expressed by the diverse consumers across the State. It was humbling to experience and learn from the vastly different cultures and demographic groups throughout five different counties in the five different state regions. From frontier Modoc County with a predominantly white population of less than 9,000 in which many Listening Sessions, by necessity of geography and lack of internet access, were held via mailed written surveys and telephone interviews, to Service Area 7 in Los Angeles County in which 73 percent of the population are Latinx, where the Listening Sessions were conducted in Spanish, to Alameda County whose population is so diverse that each of five Listening Sessions were held for a specific ethnic group: African Americans, Asian/Pacific Islanders, Latinx, and South East Asians/focused on the large Afghan community in the county. I am in awe of the state's geographic, racial, and cultural diversity.

I am grateful for the partnership of the wonderful local consumer-run programs. It is these programs that did the local outreach and much of the work that enabled the events and activities to happen.

Although the needs and priorities presented in this report are primarily resourced from five different counties in California's five regions, they are a good sampling of the needs and priorities of California's consumers. The counties ranged from small to large, rural/frontier to urban, and the racial demographics were representative of the state's demographics.

I look forward to LEAD's Report of the Community in Year Three of the Program. We will then have 15 different geographic, ethnic, and cultural sources from which to glean the needs and priorities of the consumer community. I hope this adds to the policy leaders' understanding of the needs and priorities of consumers and peers around the state. I am looking forward to collaborating with all current and future partners and MHSOAC in the future.

Sally Zinman
Executive Director

LEAD Program Overview

The LEAD Program is a statewide three-year project funded by the Mental Health Services Oversight and Accountability Commission (MHSOAC) for Client/ Consumer Stakeholder Education, Advocacy and Outreach activities. It is a program of the California Association of Mental Health Peer Run Organizations (CAMHPRO).

Program Goal and Mission. The LEAD Program's goal is to generate awareness of the needs of consumers/clients and ensure that they have a major role in the envisioning, development and implementation of local and state mental health policies and programs that will result in accessible, high quality behavioral/community health services and supports. CAMHPRO's overarching premise is that access to and quality of behavioral health services are contingent on meaningful consumer involvement in policy and delivery of services. Consumers taking leadership roles in policy and services, as well as providing consumer run programs and working in county behavioral health services, are change agents for California's behavioral health system.

CAMHPRO uses three basic empowering processes throughout the LEAD Program:

Lived Experience. CAMHPRO includes storytelling, targeted sharing of lived experience, as one of the most effective ways to impart information and to educate others about issues that matter. Stories are more effective in engaging the senses and "activating" numerous parts of the listener's brain than statistics or other statements of fact. Consumers' lived experiences are a motivating factor and catalyst for change when offered in a directed and useful way.

Advocacy. CAMHPRO partners with consumer-run programs throughout the state, which is in alignment with CAMHPRO's and MHSOAC's goal of building local consumer advocacy capacity. By empowering and equipping the leadership of consumer-run groups, LEAD ensures that systems change is driven by consumer priorities and needs. The LEAD Program models: "Nothing about us without us."

Diversity. LEAD uses a grassroots empowerment model to promote diverse consumer involvement in mental health policy. It begins with small listening sessions, focusing on demographic and geographic populations in the regions served, in which consumers will gather to explore, discuss, and prioritize the issues they care about. These priorities and potential policy solutions are encouraged and communicated to local and state level policy makers by those who speak out about them, in their own voices. These are brought to the Summits where they are discussed, and then to the State Conference. At the state event, peers from across the state, and particularly from the counties targeted in local outreach, will prioritize the needs and issues that have risen from the grassroots Listening Sessions to the state level.

Andrea Wagner
Program Manager
LEAD

Natalie Conrad
Administrator
LEAD

Avery Hulog-Vincente
Advocacy Coordinator
LEAD

Hannah Divino
State Conference
Coordinator
LEAD

Anna Lubarov
Social Media &
Website Manager
CAMHPRO

Program Methodology

During the three-year project period, CAMHPRO will hold a total of 15 local community engagement events, called LEAD Summits, throughout California, with one event annually in each of the five regions identified by MHSOAC. These events are held in small, medium, and large counties, and rural, suburban, and urban areas. They focus on Latinx, African American, East Asian, South Asian, Native Americans, LGBTQ+, young adults and older adults, and others. The focus is on underrepresented or underserved and often marginalized consumers and peers throughout the state. For each event, CAMHPRO subcontracts with a local consumer organization to assist in program design, outreach, and engagement, ensuring that consumers are fully involved in the development and conclusions of the Summit.

Each partner organization, or local level advocacy group, and LEAD work together to complete the following activities:

· Listening Sessions · Policy leader presentations
· Summits · State Conference
· Ongoing Advocacy & Support

Listening Sessions: With the leadership of the local advocacy group, CAMHPRO holds three to five small group listening session events in each community during which consumers identify priorities for advocacy. These listening sessions target specific geographic and demographic populations in the region. The goal is to identify needs and priorities among local consumers for the behavioral health system.

Policy leader presentations: The local advocacy group, local consumers, and CAMHPRO engage in at least two presentations to a policy body (i.e. City Council, Board of Supervisors, legislative hearing, Mental Health Commission) or individual effective in policy in the area where the Summit is hosted with the goal of encouraging policymakers to attend the LEAD Summit, and to publicize the Summit to encourage attendance by consumers. These presentations occur after the small listening sessions so that representatives of the listening sessions can describe their identified priorities.

LEAD Summits: The LEAD Summits provide forums for further developing consumer identified goals – policy changes, program enhancements, and priority issues. They also include keynote and panel presentations, opportunities for consumers to engage directly with policy leaders. Also included are workshops for advocacy training, storytelling, evaluation of county services, consumer-run program models, and a resource fair for services and organizations to connect with attendees for employment, job skills training, volunteer opportunities, and services.

Ongoing Advocacy & Support: LEAD conducts follow-up advocacy training in person and/or by webinar, during which consumers will establish an advocacy framework and develop skills to assist them in implementing their identified priorities.

LEAD State Conference: LEAD hosts a statewide annual, two-day conference in Sacramento for each year of the three-year LEAD Program. Half of the conference focuses on consumer education, networking, and advocacy skill-building. During the other half, participants visit legislators to discuss behavioral health policy issues from the consumer perspective and connect with statewide advocacy groups.

These five elements are the source of all the research and resultant advocacy that LEAD supports. In addition to these activities in partnership with community based organizations, LEAD also tracks legislation that impacts consumers' mental health services, including researching, educating legislators, consumers, and the behavioral health community, and advocates when appropriate. This annual report outlines the activities, advocacy, and outcomes of the first of the three-year program.

Photo Credits: LEAD State Conference photographs were provided by Talena Keltner, Anna Lubarov, and Andrea Wagner. Additional screen shot photos were obtained during Zoom videos recorded as part of the the year's LEAD Summits.

Partner Organizations

San Joaquin County—Peer Recovery Services (PRS) is a peer-run organization operating The Wellness Center of San Joaquin County and Manteca Wellness Center. Both sites are non-clinical, peer-run centers for mental health consumers. The PRS mission is to assist consumers in recovery and reduce stigma related to mental illness. They provide an innovative approach to combining peer support and recovery tools through an education-based program. As providers of evidence-based peer support services by and for individuals with mental health conditions, anyone experiencing mental health challenges may receive services. Peer Recovery Services believes in transformation and recovery and is a welcoming place to discover, recover and grow.

http://www.thewellnesscenterprs.org/

Alameda County—The mission of the POCC (Peers Organizing Community Change) is to improve the quality of life for Alameda County residents who have mental health and/or substance use issues, in whatever settings they find themselves, and to provide the consumer perspective in transforming Alameda County Behavioral Health Care Services to a recovery vision that is consumer-driven, culturally responsive, and holistic in its services and supports. The POCC provides an empowered and informed voice: of, by, and for consumers in the behavioral health care system, related systems, and in the community.

https://www.pocc.org/

Modoc County—The Living in Wellness Center promotes activities for Big Valley residents of Modoc county that promote wellness, education, and a deeper sense of community. They provide a safe haven for children, adults and families to heal, self-educate, have fun and explore through the utilization of healing arts and programs. To feel better about oneself; to gain control over feelings and circumstances; to relieve suffering; to feel safe; to fit in and find acceptance; to renew a sense of direction – these are outcomes that The Living in Wellness Center cherishes. Residents choose from a variety of offerings to enhance self-esteem, promote self-care, open new vistas for growth, and receive encouragement.

https://www.facebook.com/twcadin

Los Angeles County— PRPSN creates opportunities for connections that enrich and inspire individuals with mental illness to pursue a life without limits. Project Return Peer Support Network's diverse programs are person-centered, strengths-based and hope-inspired to ensure that people have a blanket of support that assists them in achieving a happier, more peaceful life. Each month over 3,000 individuals benefit from PRPSN's services in every service area of Los Angeles, via phone and online. Project Return Peer Support Network's diverse programs are on the cutting edge of peer-provided services and are designed to support people at various places in their recovery process. https://prpsn.org

San Luis Obispo County—Transitions Mental Health Association (TMHA) is a nonprofit organization dedicated to eliminating stigma and promoting recovery and wellness for people living with a mental illness. TMHA operates 42 programs throughout San Luis Obispo and North Santa Barbara counties. TMHA's Wellness Centers and Recovery Learning Communities offer person-centered, recovery-based supports designed for life enrichment, personal development, peer support, community resources, recovery education, social skill development and various wellness workshops.

https://www.t-mha.org/

Voices Across California

Alameda County

Peers Organizing Community Change (POCC)

Population: 1.7 million

Ethnic Diversity:

- White—31 percent
- Hispanic/Latino—22 percent
- African American—11 percent
- Asian—32 percent
- American Indian/Alaskan—1 percent
- Other ethnicities—5.9 percent

Significant population of Afghan Americans

Listening Session Participants: 151

Summit Participants: 114

Modoc County

Living in Wellness Center

Population: > 9,000

White, Non-Hispanic: 77 percent

People in poverty: 20 percent

Adults older than 40 years: 60 percent

Listening Session Participants: 50

Summit Participants: 89

San Joaquin County

Peer Recovery Services

Population: 762,000

Latino: 39 percent

White: 51 percent

Significant population of Filipino Americans

Communities with >10K people: 20

Listening Session Participants: 43

Summit Participants: 133

San Luis Obispo County

TMHA—Peer Advisory and Advocacy Team

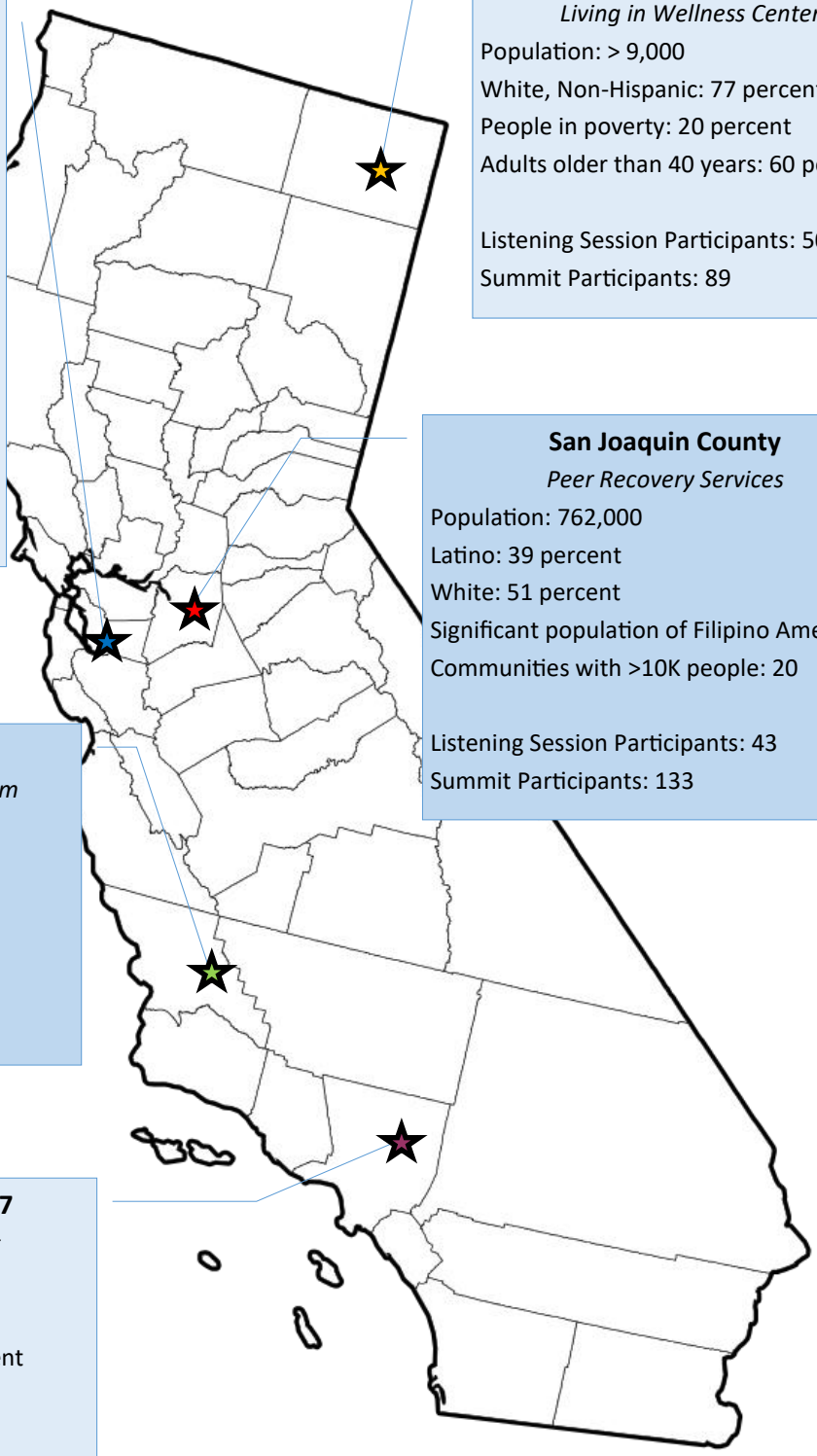
Population: 284,000

White, Non-Hispanic: 69 percent

Largest Age Group in Poverty: Ages 18 to 24

Listening Session Participants: 16

Summit Participants: 114



Los Angeles County, Service Area 7

Project Return Peer Support Network

Population: 1.3 million

Latino: 73 percent

Primarily English Speakers at Home: 52 percent

Listening Session Participants: 40

Summit Participants: 126

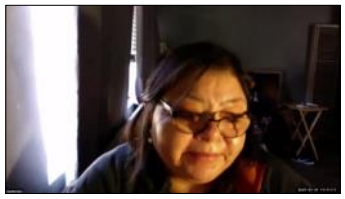
Listening Sessions and Summits

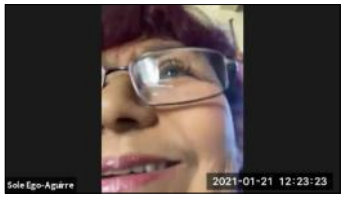
Project Return Peer Support Network

Service Area 7, Los Angeles County

Listening Sessions

Being the first Local Level Advocacy Group partner to collaborate with LEAD, the Project Return planning group was integral to the creation of documents and practices that carried into every other LEAD activity throughout the year. This included being instrumental in the institution of Spanish language translations and interpretation for each activity.





The planning committee consisted of the Associate Director, the Director of Development, and three other peer support staff members from Project Return (pictured here), as well as CAMHPRO's Executive Director and LEAD Program Manager. There were more than 28 online meetings on Zoom between August and December. The Project Return planning meetings created the foundations for all the LEAD partnerships by setting up facilitation questions and procedures for Listening Sessions, giving input and Spanish translation for flyers and outreach, and providing connections to local community members and insight into area demographics.

The Project Return planning committee focused on Service Area 7 in eastern Los Angeles County, and the Latinx population, as planned in the Client-Consumer Stakeholder Advocacy proposal and contract with MHSOAC. Service Area 7 includes Huntington Park, where the Project Return is based, and which the group identified as an underserved and often under-represented population that is predominantly Latinx. Of the 1.3 million people in this area of east Los Angeles County, 73 percent are Latino and only 52 percent primarily speak English at home. For mental health care, in a recent pre-pandemic report only 6 percent of the adults tried to access mental health care and of those, 58 percent who tried to access care said it was difficult, compared to 37 percent in L.A. County as a whole.

Overcoming the difficulties of the pandemic as much as possible, person to person outreach was completed in both Spanish and English by several Project Return peer staff. One planning committee partner personally delivered more than 25 flyers to Sagradas Familias Catholic Church, Centro de Desarrolo Familiar, area schools, a local café, and other community venues. Another 58 flyers were distributed to Latino support groups. The group reported reaching 73 people by text message and distributing the information to parent centers who distributed the flyer to an additional 42 parents in their programs. Another outreached to eight people at Linda Marquez High School, and 39 others in the community. There were also promotions on the Project Return website and emails to staff at city governments, such as the City of Vernon, and to ENKI, an outpatient mental health clinic in Bell Gardens. Project Return sent information and invitations to all the 255 graduates of the Peer Professional Training and Placement Program.

As the pandemic progressed, Service Area 7 also had a significant concentration of the L.A. COVID-19 cases. In Los Angeles County around the time of the Summit, Hispanic/Latino ethnicities represented the highest number of cases, proportionally, with 491,883 cases and 7,885

deaths. In late December, after travelling, one of the planning committee members tested positive, but she recovered and continued participating. Even while this was happening, the staff at Project Return were able to contact and communicate with at least a hundred people. Respecting local and state COVID-19 restrictions, the group organized hybrid events, composed of some in-person and some online participants. The in-person component was orchestrated because the constituents requested to and preferred to meet in person, and many had barriers due to the digital divide – no internet access, not enough data on phones, fear of or disdain for acquiring needed technical skills, or not having necessary devices. Project Return attempted to bridge the digital divide by purchasing a dozen tablet devices for people to use to access Zoom. This was not successful, and the community mostly preferred to come in person to the listening sessions.

One person said, "Create mental health centers that do not look like hospitals."

Participants met during the four Listening Sessions simultaneously on Zoom, at a group rooms of Uno Paso Mas and El Centrito de Apoyo (programs of Project Return) in Huntington Park, and at an outdoor space at St. Rose of Lima Church in Maywood, while practicing social distancing and COVID safety protocols. Demographics were collected by paper handouts to each participant.

Entirely in Spanish, the Listening Sessions were on Sept. 28, and Oct. 12, 19, and 26, 2020, and gathered input from 41 people. These included people who found out about the sessions from their neighborhoods and schools. Outreach was mostly done via phone and in person in the community at salons, schools, community centers, and churches. The facilitators offered opportunities to individuals from the Listening Sessions to participate in a Summit discussion panel and others to share their personal lived experience at the Summit.

Among those who provided input, participants self-identified as four clients, three family members, one caregiver, eight community members, and one "other" designation. Of the 41 participants, 35 identified Spanish as their primary language, and 38 identified as either Latino, Hispanic, South American or Hispanic/ Caucasian. Ages ranged from 18-24 to 65+, with the largest number, 14 people, being between ages 25-54. Participants identified by gender as 30 females, nine males, and one as gender fluid.

Outcomes identified are encompassed in six themes:

· school and family mental health services

· access issues with mental health services

· relationships with public officials and law enforcement

· peer support programs

· community outreach

· stigma reduction and elimination

These categories and outcomes are described in detail in the "Outcomes" section of this report.

Project Return identified several local-level decision makers, including Ricardo Lara, California Insurance Commissioner who resides in Service Area 7; Hilda Solis, First District of Los Angeles County Supervisor who was suggested by a listening session participant; Gilbert Saldate, a manager of homeless services for Gateway Cities Council of Governments; and Mayor Pro Tem Heber Marquez of Maywood. The planning group communicated with all these individuals and set up three opportunities to meet.

Representatives of the planning group met on Dec. 9, 2020, with three assistants to Ricardo Lara. During that virtual meeting, two community members from the listening sessions shared their experiences and needs, and the planning group shared outcomes from the listening sessions with a focus on concerns about access to services, including insurance and costs.

On Dec. 11, 2020, the Project Return Associate Director and LEAD Program

Manager presented the Listening Session outcomes to about 75 people at the Los Angeles Department of Mental Health Service Area 7 Leadership Team meeting. The presentation included a slide presentation and handouts about the LEAD Program and the Summit.

On Dec. 22, representatives from the planning group met virtually with Heber Marquez, the Mayor Pro Tem of Maywood, a city in Service Area 7. LEAD presented the listening session outcomes, emphasizing the call for outreach to schools and families and relationships with public officials, and invited the official to attend and participate in the Summit. Personal invitations were also extended to Jason Robison, Deputy Director of SHARE!; Hector Ramirez, an ACCESS Ambassador from CalVoices; Rayshell Chambers, founding member of Painted Brain; Vera Calloway, Director of BACUP; and Guyton Colantuono, Executive Director of Project Return to participate as speakers at the Summit. In December, LEAD Program Manager was also in communication with Gabriela Gonzalez, Communication & Development Director of Casa De La Familia; Ricardo Pulido, Co-Chair of the Service Area 7 Leadership Team; and Dr. Lori Arnold and Jaime Gomez of L.A. Department of Mental Health Service Area 7 Administration.

Summit

The Summit venue was online, through Zoom, that was linked through the CAMPHRO website. The Summit included several simultaneous Zoom rooms. LEAD upgraded the existing Zoom account to have an expanded capacity for large numbers of attendees and to allow a Spanish language interpretation channel. Painted Brain, a consumer run organization in Los Angeles, was contracted to assist with technical support, along with Rios Translations, to supply live interpreters for the duration of the event.

Parts of this involved simultaneous workshops, on the topics of advocacy, storytelling, and consumer-run programs. There was also a “virtual lobby” open the duration of the Summit. This was staffed by interns from Painted Brain and allowed a space for attendees to step out of the main “auditorium” Zoom room to talk to others or to ask for technical support. The CAMHPRO website venue also acted as a home base with links to the Summit evaluation, a Priority Poll, and the Resource Fair.

A portion of the website was a page devoted solely to the Resource Fair with information, web and social media links, downloadable content, and contact information for a variety of agencies and organizations in the Service Area 7 region. In addition, representatives of those entities in the Resource Fair were given the option to come in person to the live event to introduce their programs and answer questions during a scheduled meet and greet portion each day. The website, in both Spanish and English, also included a downloadable PDF of the Summit program, a description of each of the workshops, and photos from the partner agency to represent the community.

Due to staffing absences and closures due to the holiday break and the intensity of COVID-19 outbreaks

in the area in early January, the planning group struggled with obtaining collaboration and substantial communication with many local leaders, community partners, and consumers. However, the group persevered and were able to garner a respectable amount of support and energy for the Summit. There were 60 participants on Day One and 66 participants on Day Two of the Summit. Attendees and participants included LA County Department of Mental Health Director Jonathan Sherin, MHSOAC Commissioner Khatera Aslami-Tamplen, and Service Area 7 Leadership Team Chair Ricardo Pulido, who connected with community participants of the Listening Sessions to discuss issues and priorities.

Following up with the Listening Session outcomes at the Summit, LEAD conducted a Priority Poll on SurveyMonkey. From that poll, the theme chosen as "most important" by the most participants was increased access to services - including bilingual and culturally sensitive providers, expanded hours, more clinics, affordable or free programs, childcare, choice of providers, and acceptance of holistic and/or other treatment options. Thirty out of 35 people chose "access to services" as the most important priority. Second to access was the elimination of stigma and discrimination, followed by peer programs. (See the "Outcomes" section of the report for further details.)

Pool of Consumer Champions

(now known as Peers Organizing Community Change)

Alameda County

Listening Sessions

LEAD partnered with Pool of Consumer Champions (Peers Organizing Community Change, POCC), a program of Alameda County Behavioral Health Services. LEAD established a planning committee with two peer Community Experts and the POCC Manager, along with the LEAD Program Manager, LEAD Administrator, and CAMHPRO Executive Director, which met more than 20 times from August through December.

The planning group decided to focus five listening sessions on specific ethnicities within Alameda County. Alameda County, encompassing the cities of Oakland, Fremont, Livermore, Berkeley, and many other areas, has a population of nearly 1.7 million people. In this highly dense population, there is an elevated level of ethnic diversity. Specifically, the breakdown is roughly 39 percent White; 10 percent African American; 32 percent Asian; .6 percent American Indian/Alaskan Native; .8 percent Native Hawaiian or Pacific Islander; and 17 percent other races, which includes a statistically significant population of people of Afghan descent.

Listening sessions included:

· African American/Black Voices on Nov. 17, 2020

· Fremont and Afghan Voices on Dec. 1, 2020

· Asian and Pacific Islander Voices on Dec. 3, 2020

· All Voices (general) on Dec. 8, 2020

· Latinx Voices on Dec. 15, 2020 (in Spanish)

LEAD attempted to collect demographic information through pre-registration for the activities but discovered that this was a barrier for many who did not have an email address. Registration was disabled to allow more participation and LEAD proceeded to request demographic information through a SurveyMonkey link during and after the listening sessions.

More than 92 people participated in the Listening sessions. LEAD identified outcomes of needs and priorities for each specified ethnic group and for the county overall. LEAD conducted facilitator training with

"Ill Exotic" was one of two musical performances from local peer volunteers in Alameda County, who started off each day of the LEAD Summit in February.

seven individuals chosen by the POCC planning committee to facilitate each of the listening sessions. One facilitator was enlisted to translate the input transcribed from the Latinx Voices session in Spanish into English.

Because of the large numbers of attendees at the listening sessions, the planning committee developed techniques within the virtual meeting settings to assist in obtaining input from as many participants as possible. This included acquiring written comments from the chat box and email responses, verbal feedback by calling on people who used the "raise hand" feature in the meeting program, and by assigning staff to transcribe comments on screen and off-screen to capture the main ideas and priorities.

POCC and LEAD identified several overarching themes or categories from these listening sessions:

· access to services
· attitudes, stigma, and education/outreach
· crisis response and law enforcement
· basic needs
· employment
· other issues and ideas

Among those, access to services, and specifically Peer Support programs and services, was the most identified.

Some participants also chose to attend more than one listening session, often just to listen. They reported that they found it helpful to hear the concerns of different ethnicities. Although there were some commonalities in the needs and priorities of all the groups, the outcomes differed in priorities when focused on specific ethnicities. (See the "Outcomes" section of this report.)

The POCC planning group completed two policy leader presentations. This included a direct contact with the leadership of the Alameda County Behavioral Health, which was necessary to be authorized to engage with the rest of the county system and community partners because POCC is a consumer-run program within Alameda County Behavioral Health. On Feb. 10, 2021, CAMHPRO Executive Director and POCC Manager met with Dr. Karyn Tribble, the Director of Behavioral Health, in a meeting with four members of the executive leadership team to present the outcomes of the Listening Sessions, and to inform about and invite them to the Summit. Dr. Tribble authorized the LEAD and POCC planning group to

present to the Behavioral Health Advisory Board.

All the members of the LEAD-POCC Summit planning committee attended and spoke at the Alameda County Behavioral Health Advisory Board meeting on Feb. 16, 2021, presenting a slide show of the Listening Session outcomes to the 25 people in attendance. During the meeting, board members and the community were invited to attend and participate in the upcoming Summit. One of the board members, a consumer member, committed during the meeting to participate in the policy leader panel in the Summit.

Summit

Community Experts from the planning committee personally called and communicated with leaders in the peer community to encourage participation. LEAD and the planning group provided targeted outreach to leaders of the Afghan Coalition and Reaching Across, a wellness center in Fremont, an under-served geographic area in Alameda County. The Community Experts on the planning committee outreached to each of several POCC committees, including the Latinx Committee, the African American Empowerment Committee, and the Asian American Committee for them to outreach to their communities. The CAMHPRO Executive Director also provided a presentation on the history of the Consumer Movement during a peer specialist training for BestNow, the peer provider training program in Alameda County, on Oct. 11, 2020, and discussed the upcoming event and activities. A mass email was sent to all POCC members and to administrators, providers, and community-based organizations in Alameda County.

Following the template for the virtual conference set up during the first event for Los Angeles' Service Area 7, the Summit was conducted entirely online with Zoom rooms accessed through the CAMHPRO website. The event included a virtual lobby, speakers, live music, three simultaneous workshops on advocacy, storytelling and peer run programs, and a providers/ policy leaders panel. Attendees were able to navigate the Summit with a downloadable PDF (or see on screen as an image) Program that outlined the agenda, described the workshops, and listed links for the distinct Zoom rooms and evaluations.

Summit attendance included 64 participants on Day One and 50 participants on Day Two. In addition to having the facilitators of the five Listening Sessions be on a panel for the Summit, other participants included the Director of Alameda County Behavioral Health Dr. Karyn Tribble, the CEO of Heart & Soul Inc. Cardum Harmon Penn, Alameda Crisis Services Division Director Stephanie Lewis, Alameda Office of Consumer Empowerment Manager Khatera Aslami-Tamplen, and Alameda Mental Health Advisory Board Member

Ashlee Jemmott. The POCC Summit included the addition of performances by local peer support musicians, the group Ill Exotic (pictured), and Steve Hayes.

A Summit Priority Poll was administered to further narrow down the local priorities that were identified in the Listening Sessions. The top issues from that poll were not definitive. The main needs or priorities identified included ideas that address depression in Afghan communities, help for immigrants, support for post-incarceration, youth programs, neighborhood and street safety, and more. High in the survey was the emphasis on three themes:

- Basic needs - housing and food
- Employment opportunities for Peer Support Specialists
- Crisis response

(See the "Outcomes" section for further detail.)

Peer Recovery Services

(*The Wellness Center of San Joaquin and the Manteca Wellness Center)*
San Joaquin County

Listening Sessions

In San Joaquin County, Peer Recovery Services (PRS), which oversees The Wellness Center of San Joaquin and the Manteca Wellness Center, partnered with LEAD and set up a planning group with the Executive Director of PRS, the Manager of the Manteca Wellness Center, and four peer employees of PRS, along with the LEAD Program Manager and CAMHPRO Executive Director.

San Joaquin County has a significantly smaller population than the previous two counties LEAD worked with. Ethnically, the county is 51 percent White/Caucasian and roughly 39 percent Hispanic or Latino of any race. There is also a considerable concentration of Filipino Americans, more than 46,000, who make up a large portion of the 14 percent Asian population in the county. Stockton, where The Wellness Center of San Joaquin is located, is the highest population center, with about 300,000 people, while most of San Joaquin County remains rural in communities with less than 90,000 people. There are more than 20 communities in the county with less than 10,000 people, some as small as about 200-300.

The Wellness Center of San Joaquin planning committee set preliminary plans for Listening Sessions to take place in January and February, with the Summit date set for March 30-31, 2021. As COVID barriers continued, the group affirmed that all events and activities would be done virtually and remotely. This created considerable barriers due to the sparse population in a spread-out area and limited access to Internet and technology. There was some discussion about meeting in smaller groups of two to three people or perhaps one at a time to attempt social distancing to enable reaching the homeless population. The group also discussed meeting at other sites in the county, such as the Manteca Wellness Center, to reach more rural populations and communities. However, these aspirations were not realized.

The Wellness Center planning committee identified four populations to focus on for the Listening Sessions in January. These are: Latinx, veterans, homeless, and rural. The group began reaching out to partner agencies and community members and identified four individuals to be lead facilitators for each upcoming listening session. There was ample discussion about

At the Central Region Summit, The Wellness Center of San Joaquin introduced 1 Degree of Separation, a comedy team that uses humor to talk about mental health. The comedy team later brought a full show with four comedians to the LEAD State Conference on Aug. 16, 2021.

possible alternative methods to reach each population and to be able to specifically gather input for as many individuals as possible who identified within those parameters.

The three Listening Sessions were:

· Latinx on Feb. 5, 2021

· Veterans on Feb. 3, 2021

· Rural on Feb. 4, 2021

The sessions garnered 52 participants and nearly 160 comments about the needs and priorities of the specific populations and San Joaquin County as a whole. Of the 52 participants, 33 identified as being a consumer/client, 18 identified as veterans, 10 as family members, and 12 as community members. There were also nine mental health service providers and eight caregivers identified. All age groups were represented in the Listening Sessions with the majority (24) being between 25 and 54 years old. Ethnicities represented included people who self-identified as African American/Black (13), White/Caucasian (12), Hispanic/ Latinx (11), Asian (3), Native Hawaiian or Pacific Islander (2), and two who declined to answer. Of those who responded, there were 30 females, 13 males, and three others gender unspecified.

One unique aspect of the San Joaquin County collaboration was the inclusion of area leaders as facilitators for the Listening Sessions, which in turn encouraged attendance from their constituents and community partners. The facilitators were Douglas Montandon, the Executive Director of Love INC of Manteca for the rural voices, Virginia Wimmer, the Deputy Director of the San Joaquin County Veterans Service Office, and Zuleima Houtekamer-Abid, a well-known community organizer and mental health advocate.

Six themes were identified and ranked based on the analysis of the outcomes, determined by the frequency of the comments for each specific issue.

The themes identified were:

· access to services

· quality and scope of care

· crisis response

· outreach and education

· cultural competency and stigma reduction

Two policy leader presentations were conducted this quarter. The first was a presentation to the San Joaquin County Behavioral Health Board on Feb. 17, with 27 people in attendance, including the county's MHSA Coordinator, the San Joaquin County District 2 Supervisor, the Behavioral Health Director, the Deputy Director of the Veterans Service Office, the Director of San Joaquin County Health Care Services, and several community members. The LEAD Program Manager supported the PRS Executive Director in describing the

Listening Session outcomes in a presentation that included slides and commentary from one of the participants of the Listening Sessions on her experience and the needs and priorities of the community that emerged.

A second presentation to policy leaders was at the San Joaquin County Veterans Advisory Commission meeting on March 23, 2021, via Zoom. The PRS Executive Director presented the Listening Sessions outcomes, including the one session that was focused on the needs and priorities of veterans. The 11 attendees included the Deputy Director of San Joaquin County Veterans Service Office, a representative for U.S. Representative Josh Harder, and an aide to District 5 Supervisor Robert Rickman.

Summit

There were 74 attendees on Day One and 59 attendees on Day Two for the Peer Recovery Services Summit. This included more than a dozen local decision making officials along with more than 100 stakeholders throughout the two days.

Also unique to this county was the inclusion of *1 Degree of Separation, a stand-up comedy group that performs with the intention to get people talking about mental health and using humor as a healing modality. One comedian did a half hour performance each day of the Summit.*

Attendees and participants included the Director of San Joaquin Behavioral Health Tony Vartan, Retired Mental Health Specialist and local supporter Thurnell Clayton, County District 2 Supervisor Kathy Miller, the Executive Director of the Housing Authority of San Joaquin County Peter W. Ragsdale, Behavioral Health Board President Tasso Kandris, Legislative Advocate Gertie Kandris, County Veterans Service Officer Virginia Wimmer, and San Joaquin County MHSA Coordinator Angelo Balmaceda, as well as many of the participants of the Listening Sessions and peer support community.

A Summit Priority Poll was conducted that showed nearly 32 percent of respondents chose Quality and Scope of Care as the most important priority for them. This was followed very closely by Access to Services at just under 30 percent. Emerging next was an emphasis on culturally competent care and peer support.

(See the "Outcomes" section for further detail.)

Transitions Mental Health Association (TMHA) Peer Advocacy and Advisory Team (PAAT)

San Luis Obispo County

Listening Sessions

Transitions Mental Health Association (TMHA), with the leadership of the Peer Advisory and Advocacy Team (PAAT), a consumer-run program, in San Luis Obispo County, partnered with LEAD to plan Listening Sessions and two policy presentations. The planning group consisted of the Education and Advocacy Director of TMHA, the Behavioral Health Navigation Program Manager of TMHA, and the PAAT Assistant, along with the LEAD Program Manager and CAMHPRO Executive Director.

The TMHA and PAAT planning group hosted three virtual Listening Sessions, attempting to focus on transitional age youth and rural populations within San Luis Obispo County. The sessions, on Feb. 8, Feb. 22, and March 5, 2021, had 16 participants. Ages ranged from one person under 18, three people age 55+, and 11 people ages 18-54. The participants identified 12 out of 16 as a peer/consumer, while several also identified as family members of adult consumers and community supporters/advocates. No parents/caregivers of child consumers were represented. All participants identified English as their primary language and 11 of the 16 identified as White/Caucasian.

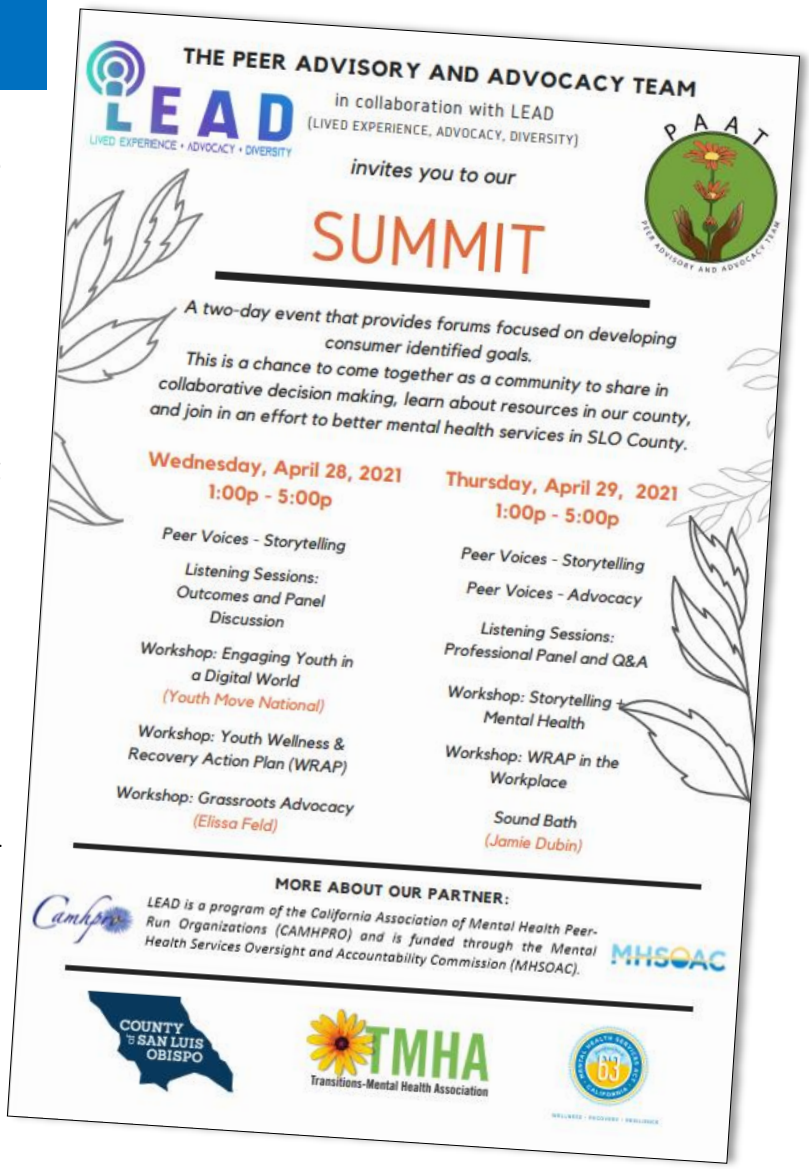
The TMHA/PAAT planning team did extensive pre-planning work for the Listening Sessions, including a pre-event questionnaire and registration with demographics. The team put together a list of ground rules and began the Listening Sessions with the reading of these rules and a breathing or grounding exercise.

After analysis of the outcomes of the Listening Sessions, primary issues identified included:

· increased services (of multiple types)
· culturally competent care,
· insurance barriers
· Harm Reduction, detox centers
· housing and homelessness
· crisis response reform

(See "Outcomes" section for more details)

Following the Listening Sessions, the PAAT Assistant gave presentations on the outcomes to policy leaders. On March 31, 2021, the PAAT Assistant and LEAD Program Manager provided information and a Summit invitation to the San Luis Obispo County MHSA Advisory Committee, a collaborative of stakeholders focused on policy, program planning, and implementation, monitoring, quality improvement, evaluation, and budget allocations for San Luis Obispo County's Mental Health Services Act plans. There were some 30 local officials and leaders at that meeting. The PAAT planning team also put together a pre-recorded public comment presentation for the San Luis Obispo Board of Supervisors meeting on April 6, as this was an accepted method of public comment to the virtual meeting protocol established for COVID safety. The board and public were invited to attend and participate in the Summit.



Summit

The LEAD two-day virtual Summit in San Luis Obispo was on April 28 & 29, 2021. The event was entirely online with Zoom rooms accessed through the CAMHPRO website. This included a virtual lobby, a separate Zoom room, in which peer support and art activities were available for any Summit participant to access separate from the main content of the program.

The Summit was focused on San Luis Obispo County, including communities such as Morro Bay, Atascadero, and Paso Robles, but was also inclusive of attendees from Santa Barbara County who participate in peer support programs from Transitions Mental Health Association.

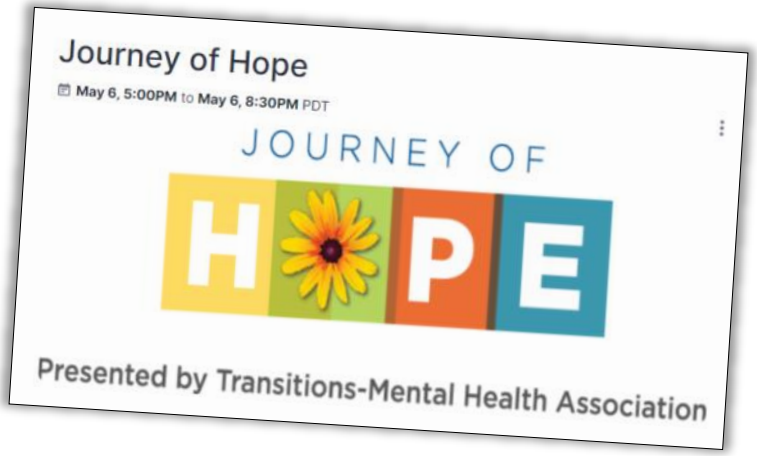
The event was different from the template developed in the first three LEAD Summits due to the needs and unique circumstances of San Luis Obispo County. Discussion from the beginning with this collaborative planning group centered around the combination of the group's established annual conference, Journey of Hope, scheduled for early May, with the

CAMHPRO LEAD Summit, scheduled for the end of April. Since both events had many of the same elements and accessed the same outreach channels and networks, the template for the previous Summits was revised. The Resource Fair remained on the CAMHPRO website, but the live discussion aspect of the resource vendors was moved to the Journey of Hope event on May 6, 2021, in which about a dozen representatives were available during the first half hour of the program in separate chat rooms that participants could access through a site set up by Cuesta College and Transitions Mental Health Association.

Changes to the previously established LEAD Summit template included adding multiple workshops that primarily happened consecutively. Several of the workshops focused on Transitional Age Youth topics, as that was a population focused on in the Listening Sessions as an identified underserved group. Workshop topics included youth engagement (by Youth Move National), navigating relationships for teens (by CAPSLO), WRAP in the workplace, and other topics of advocacy.

Anne Robin, the San Luis Obispo County Behavioral Health Director, was a speaker at the Summit, as part of a professionals panel that also included Pam Zweifel of the National Alliance on Mental Illness, Coraline Robinson of the Balance Treatment Center, and Barry Johnson of Transitions Mental Health. Participants were able to interact with the local level leaders in a question-and-answer session. Elissa Feld, a Senior Policy Analyst of the County Behavioral Health Directors Association, presented at the Summit, in a presentation titled, "Grassroots Advocacy 101."

The Journey of Hope event ensued a week later, attended by more than 160 people virtually. CAMHPRO and LEAD staff attended the event, and the LEAD events were discussed briefly in the opening comments. In addition, representatives from the Resource Fair were able to refer people back to the CAMHPRO website for information and vice versa.



Unique with Transitions Mental Health Assiciation, the Journey of Hope, an annual event in San Luis Obispo and Santa Barbara counties merged resources with the LEAD Summit. The virtual event was a week after the Summit and hosted the interactive part of the Summit Resource Fair, in which participants could talk to agency representatives one-on-one in video chat rooms.

The Summit hosted some 90 attendees throughout the two days. Demographics were limited, but of the 15 who completed the evaluation/demographic survey online, nearly 90 percent identified as peer/consumers, and 78 percent identified as white/Caucasian.

Priority Poll results from the Summit, which sought to narrow down the previously identified needs and priorities, were inconclusive. Further work will be done through ongoing advocacy efforts with LEAD and PAAT to identify specific projects to support.

Living in Wellness Center

Modoc County

Listening Sessions

LEAD partnered with the Living in Wellness Center in Adin, Modoc County. The planning group also included a Board Member from Sun Rays of Hope, a consumer-run Wellness Center in Alturas, as well as the LEAD Program Manager and CAMHPRO Executive Director. The Founding Director of the Living in Wellness Center contracted with a graduate student to work remotely to gather data, transcribe discussion,

and to assist in the planning of the Listening Session activities.

The planned venue for all the Listening Sessions and Summit activities was virtual. However, Modoc County's location and demographics pointed to some barriers to establishing a strictly online venue. Modoc County is the most rural location of the LEAD subcontractors, with an entire county population of less than 9,000, and in the farthest northeast corner of California. Of that population, more than 77 percent are White, non-Hispanic. Other races and ethnicities are represented in smaller numbers, but there are significant numbers of Latinx, nearly 15 percent, and Native American or Alaskan Native, 5.1 percent. What was made evident in these early meetings was that roughly 20 percent of people live in poverty, and among them females, ages 45-54, and males 45-64, are the most impoverished age groups. Older adults represent the largest age demographic in the county, with nearly 60 percent of the population aged 40 and older. The Executive Director of the Living in Wellness Center reported that the area has a higher number of elderly adults older than 65 proportionally than other counties. The digital divide is paramount as well with Modoc County rating second to last in the state for access to broadband or related services, with some 56 percent without such technology.

There was some preliminary discussion about which providers, policy leaders and others in the mental health community in Modoc County to connect with. These included staff at a migrant center in the community of Newell, leadership at Strong Family Health Center (formally Modoc Indian Health Project), board members of Sun Rays of Hope (a consumer-run wellness center), and a Modoc County Behavioral Health Clinical Supervisor. The Modoc County planning group went to great lengths to reach unserved or under-served populations in the rural frontier area. This included an extensive effort to reach populations of older adults, Native Americans, and Latinx in outlying areas and communities. Due to the nature of the county's low population, distribution of people across a large geographic area, and technology barriers, there needed to be adaptations to any outreach and events in Modoc County.

The Modoc team hosted two hybrid Listening Sessions. One was hosted as an in-person event, March 29, 2021, at the Modoc County Behavioral Health facility in Alturas with LEAD staff and student scribe joining in remotely via Zoom. The second event, April 5, 2021, was primarily hosted on Zoom with several individuals joining in from one computer at the Sun Rays of Hope Wellness Center along with several other individuals from around the county.

All the rest of the Listening Session activities were done via phone, email, or traditional mail-in forms. These options were necessary for this rural community

because there are areas in which there is no Internet service available and some of the residents could not be reached another way. The planning group wanted to make a concerted attempt to reach people that do not generally get a voice or ability to give input on policy. The tremendous effort garnered 50 participants in the process, which is significant given the county's total population numbers and geographic disbursement of the residents.

Modoc County hosted the first hybrid LEAD Summit with clusters of attendees at multiple locations joining in simultaneously on shared Zoom screens. Here is the main room of the Sun Rays of Hope wellness center in Alturas on Day One of the Summit in June 2021.

A Listening Session flyer (see image to the left) was designed by a local graphic designer and 3,189 flyers were printed for physical distribution. This included 2,776 flyers, in both Spanish and English, that were distributed through traditional mail to every outlying community resident. In addition, 210 flyers and information were sent out with senior meals through the local distribution program and to the Native American tribes through the work of Strong Family Health Center. Flyers were also posted at the post offices and other locations in the area. Another 170 flyers were delivered to service providers. Advertisements were posted in two editions of the Modoc Record, which has a distribution of roughly 2,700. A special effort was also made to include a community of Latinx people in the area of Newell. All contacts were given the option to join in the virtual Listening Sessions, answer via phone, or to mail in a questionnaire.

The Living in Wellness Director also contacted, by phone and email, community agencies, including Fifty Plus, Modoc County Behavioral Health, Modoc Medical Center, TEACH Inc., and Sun Rays of Hope, to invite participation in the Listening Sessions. This was in addition to personal phone calls and contacts with Living in Wellness membership and community contacts in Adin. All contacts were tracked through a Google system, using a Google phone number and answering system specific to the project and forms created to internally track the information and demographics obtained from participants.

The respondents included 50 individuals and more than 318 comments. Among those, 28 self-identified as peers/consumers, 17 as community members, 14 as parent or family members, 9 as service providers, and

15 that identified with multiple categories. Geographically, respondents were from Canby (1), Newell (1), Surprise Valley (9), Big Valley (11), Alturas (25), and other areas (3). Ethnicities, self-identified, included 21 Native Americans, 3 Hispanic/Latinx, 3 Asian, 24 White/Caucasian, 1 African American, and 6 other/multiple ethnicities. Ages ranged from 18 to 90+. With a focus on older adults, 20 participants were aged 55 or older. Significantly, the word "community" was used more than 70 times, exponentially more than any other word or concept.

Outcomes for these Listening Sessions were analyzed for several factors. Responses were categorized by themes and content initially. Also, the responses were analyzed specifically for outcomes for the Native American community, and for the outlying areas represented in the data. Top overall themes were:

· access to services
· community outreach and education
· youth and children challenges and services
· isolation/transportation/socialization
· older adult challenges and services
· substance use disorder education and services

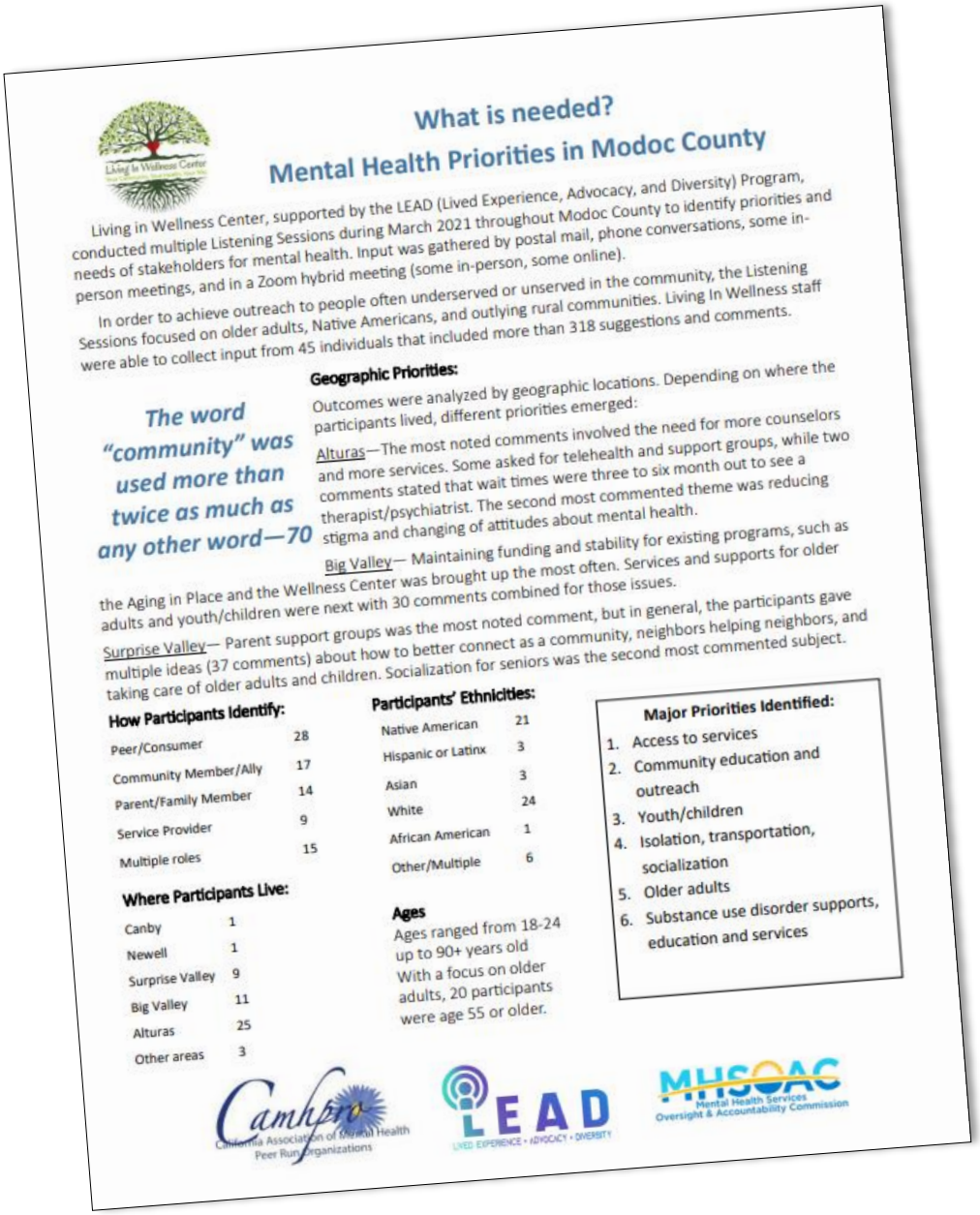
(See "Outcomes" section of this report for further detail of these outcomes.)

Following the Listening Session and initial gathering of comments and data, the Living in Wellness Director, Analuisa Orosco, and the LEAD Program Manager, co-presented via Zoom at the Modoc County Behavioral Health Advisory Board on May 27, 2021, which was conducted mostly in-person, with some participants online. There were approximately 11 attendees, which included the Director of Modoc County Health Services, Stacy Sphar, and a member of the California Behavioral Health Boards & Commissions. The presentation reviewed the outcomes of pre-event outreach, Listening Sessions, and polling, as well as extended an invitation to the board members and community to attend the Summit. Following up on the advisory board presentation, the Living in Wellness Director also presented during public comment to the Board of Supervisors on June 8. She also called and wrote letters to the board to invite participation in the Summit.

The LEAD planning group invited certain Lassen County decision makers to the Summit as well. This was influenced by the outcomes of several outlying communities that fall on the border areas of Modoc and Lassen counties. Some Modoc County Listening Session participants identified needs and priorities for services that are provided in partnership with Lassen County Behavioral Health. Leaders of local native tribal agencies and programs in Modoc County were included in the invitation as well. The process created opportunities for establishing new relationships with the Living in Wellness Center with some of the Indigenous people organizations in Modoc County.

Summit

The Summit was unique as the only LEAD Summit that included in-person and online content simultaneously. The LEAD Program Manager traveled to Modoc County to help facilitate the hybrid event. On the first day of the Summit, staff traveled to a local Reservation to set up sound and video with Rising Nations Youth Leaders, a Native youth group, which offered drumming and songs by indigenous girls. Then, staff traveled to Sun Rays of Hope in Alturas to set up the primary hub for the Summit content. Meanwhile, small groups of consumers and others gathered at three other locations, including Family Resource Centers that



What is needed?

Mental Health Priorities in Modoc County

Living in Wellness Center, supported by the LEAD (Lived Experience, Advocacy, and Diversity) Program, conducted multiple Listening Sessions during March 2021 throughout Modoc County to identify priorities and needs of stakeholders for mental health. Input was gathered by postal mail, phone conversations, some in-person meetings, and in a Zoom hybrid meeting (some in-person, some online).

In order to achieve outreach to people often underserved or unserved in the community, the Listening Sessions focused on older adults, Native Americans, and outlying rural communities. Living In Wellness staff were able to collect input from 45 individuals that included more than 318 suggestions and comments.

The word "community" was used more than twice as much as any other word—70

Geographic Priorities:

Outcomes were analyzed by geographic locations. Depending on where the participants lived, different priorities emerged:

Alturas—The most noted comments involved the need for more counselors and more services. Some asked for telehealth and support groups, while two comments stated that wait times were three to six month out to see a therapist/psychiatrist. The second most commented theme was reducing stigma and changing of attitudes about mental health.

Big Valley— Maintaining funding and stability for existing programs, such as the Aging in Place and the Wellness Center was brought up the most often. Services and supports for older adults and youth/children were next with 30 comments combined for those issues.

Surprise Valley— Parent support groups was the most noted comment, but in general, the participants gave multiple ideas (37 comments) about how to better connect as a community, neighbors helping neighbors, and taking care of older adults and children. Socialization for seniors was the second most commented subject.

How Participants Identify:

Peer/Consumer	28
Community Member/Ally	17
Parent/Family Member	14
Service Provider	9
Multiple roles	15

Participants' Ethnicities:

Native American	21
Hispanic or Latinx	3
Asian	3
White	24
African American	1
Other/Multiple	6

Major Priorities Identified:

1. Access to services
2. Community education and outreach
3. Youth/children
4. Isolation, transportation, socialization
5. Older adults
6. Substance use disorder supports, education and services

Where Participants Live:

Canby	1
Newell	1
Surprise Valley	9
Big Valley	11
Alturas	25
Other areas	3

Ages

Ages ranged from 18-24 up to 90+ years old
With a focus on older adults, 20 participants were age 55 or older.

serve communities that overlap the border of Modoc and Lassen counties.

On the second day of the event, the primary hub was at the Living in Wellness Center about 40 miles away from Alturas in Adin, with presenters coming in virtually from other locations, including other counties, such as Lassen County. However, a power outage interrupted service for some areas of Modoc County due to a wildfire that day and attendance dropped by about half. CAMHPRO's Executive Director and the LEAD Administrator, as well as the Painted Brain support staff all assisted through attending virtually. In addition, due to the nature of the hybrid event and the unique needs of the community, LEAD opted to cancel the use of the Spanish translation channel and the Virtual Lobby for this event. Also, the workshops were shortened and given consecutively instead of simultaneously due to the complications of presenters being in several different locations.

At the Summit, attendees were able to directly speak with local leaders in a question-and-answer session to a panel that included Stacy Sphar, Director of Modoc County Health Services, Michael Traverso, Modoc Behavioral Health Branch Manager, and Tiffany Armstrong, Lassen County Behavioral Health Director. Nicole Lamica, Lassen County Patients' Rights Advocate, was slated as a keynote speaker but was unable to attend and present due to illness. Attendees also heard from Candice Carlson, Executive Director of Strong Family Health Center, and Tanja Ramming, Modoc High School Counselor, who addressed the Listening Session outcomes and community needs.

Topics further defined from the Summit discussions are in the "Outcomes" section. A Priority Poll for Modoc County's Summit attendees got a limited response but the majority of respondents indicated that community education and outreach was the first priority followed by services for youth and children.

Outcomes: Needs & Priorities

LEAD worked with peer-run organizations in five counties in each of the five regions of California. Between September 2020 and June 2021, LEAD reached 308 people through 17 two-hour listening sessions and 576 people at the Summits. This resulted in about 1,220 comments about what individuals identified as needs and priorities in their communities for mental health.

These outcomes were carried into presentations with local policy makers and other leaders. One of the Summits' goals was to try to develop the initial outcomes into tangible, deliverable projects that LEAD could support the county organizers in for further advocacy efforts. To help narrow it down, each Summit had a variation of a Priority Poll online for attendees to participate in as part of the event.

The following is a list of seven themes that were identified during the Listening Sessions and Summits:

· access to services
· stigma/attitudes
· cultural concerns
· outreach and education
· housing and basic needs
· crisis response
· peer support and employment

Each of those categories was broken down more specifically by county and session. However, access to services was identified 284 times, with stigma/attitudes and cultural concerns discussed a combined 313 times.

Those categories were presented at the LEAD State Conference and attendees were asked to rank their top two priorities on that list. Peer Support and Employment got the highest ranking followed closely by housing and basic needs. Tied for third priorities were stigma/attitudes and crisis response.

Some of the needs and priorities under each category can be expanded upon and are slightly different depending on the county or region. Access to services in Los Angeles, Service Area 7, meant equality in services without regard to social status, wealth or the community of residence, having locations closer to home, childcare, evening and weekend hours, lower costs, and access for older adults. However, in other counties, access to services meant peer support and other training in Spanish, bridging the digital divide, insurance problems blocking access, transportation to appointments, harm reduction and detox needs, and having available providers in general without having to wait for weeks or months.

Stigma/attitudes combined with cultural concerns were further described as acceptance of holistic healing options, providers who are bilingual and who reflect the cultures they serve, having a choice in gender of providers, internalized stigma and cultural denial and stigma, fear of labeling, communication barriers in treatment, cultural sensitivity training, and elimination of racism and discrimination.

Peer Support and employment was a hot topic with the excitement and anticipation of SB803 Peer Certification implementation. LEAD coordinated a statewide workgroup of more than 125 consumers that gave input on the process and directly worked with the Department of Health Care Services as a liaison for the peer community in the building of regulations for the counties (See the SB803 Section of this report).

During the Listening Sessions and Summits, as well as the LEAD State Conference, there were many discussions about the growth of the peer workforce and certification implementation and impacts. Primary concerns were certification grandparenting in processes, training, wages, availability of peer support jobs, testing, costs and fees, and ensuring peer involvement in all aspects of behavioral health's peer certification roll-out and program.

Housing and basic needs were identified as the top issues in some of the counties that LEAD worked with. Topics specifically included providing food, showers and supplies to the unhoused populations, street safety

At the LEAD State Conference, attendees voted on which categories of needs were most important to them. These categories were the top needs and priorities identified through all the county-level LEAD events throughout the year across California.

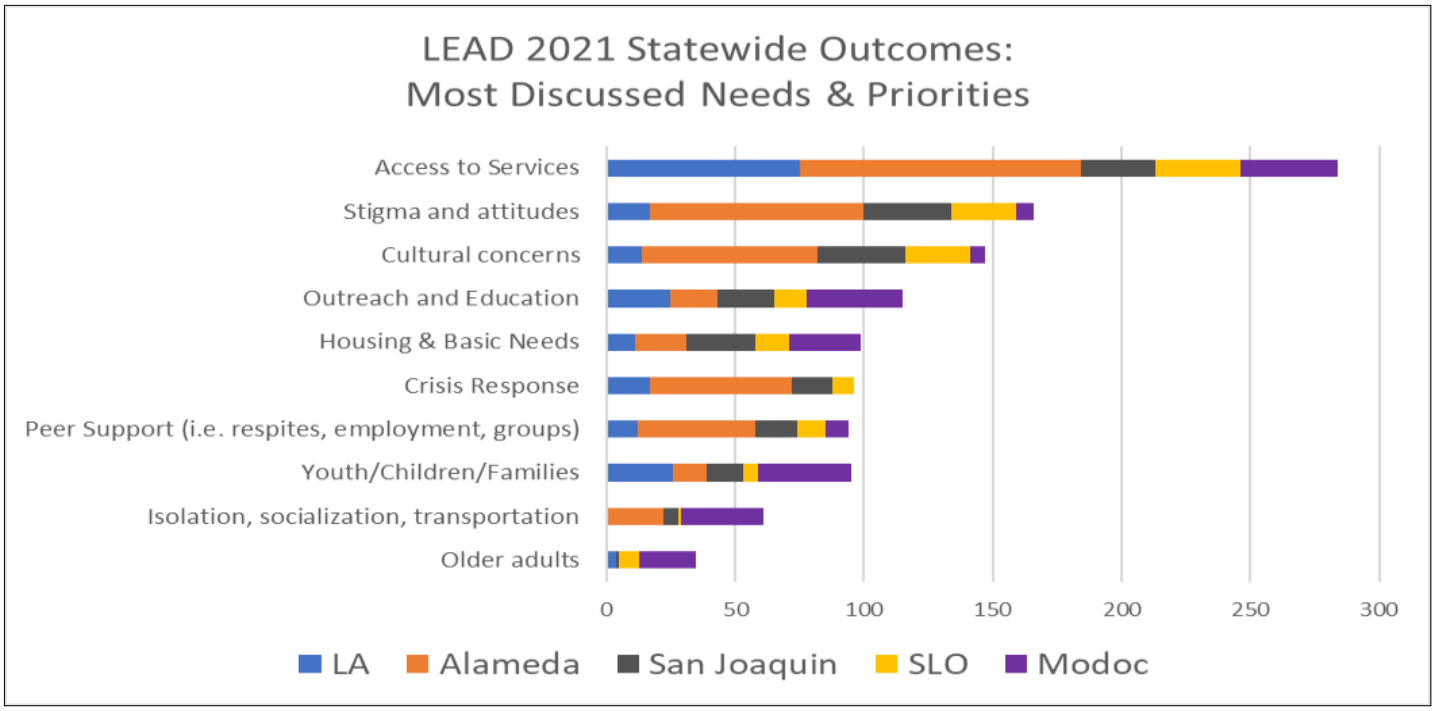
(including potholes, sidewalks, trash, graffiti, etc.), affordable and safe housing, transitional housing, addressing isolation and loneliness, and options for older adults to stay in their homes ("aging in place").

Finally, another important identified need of the adult consumers in mental health is crisis response. Overwhelmingly, especially in the larger cities, consumers asked for improvements to law enforcement response to mental health crises, having mental health providers including peer support specialists to respond instead of police. Others also asked for increased cultural sensitivity training for police and to be able to build relationships with officers and public officials instead of fearing them. Still others expressed fears of deportation, coercion, and being separated from families in connection with law enforcement and mental health crisis response. Rural counties, however, did not identify crisis response as a major issue. The focus was directed toward local communities taking care of individuals and not as heavy a reliance on law enforcement.

Following are the specific details of each county's outcomes to describe needs and priorities for local and statewide mental health services and programs.

However, what is also important to note is what was NOT said. Through all of CAMHPRO's outreach and stakeholder involvement, increasing the number of hospital beds, changing the grave disability criteria to make it easier to use coercive treatment, or using the justice system to force compliance through assisted outpatient treatment were not spoken of. Only once, in all the Listening Sessions and Summits, did someone bring up the need for an inpatient facility. That instance, the individual explained, was because he did not want to continue to see family members sent out of county for hospitalizations.

This fact that people receiving services or having lived experience did not initiate these ideas as needs or priorities is significant. While numerous bills address these topics on the legislative level, people who are the targets of those policies are not asking for them. Instead, adult consumers who LEAD spoke to were asking for solutions that do not require coercion and which increase social and community supports. This omission of topics of hospitalization points to a **disconnect** between policy makers and the communities those policies most affect.



Further Definition of Most Discussed Needs & Priorities:

Access to Services: Free or low-cost health care; better access to and lower cost to prescription drugs; equality in services "without regard of our social status, wealth, and/or the community we live in"; access during COVID-19 restrictions; locations of services closer to home; childcare; access for older adults; evening and weekend hours; funding for more centers, clinics, services, and providers; access to peer support services; All services, peer trainings, and printed/virtual materials in Spanish; Digital divide and technology barriers ; Insurance barriers (uninsured and Medi-Cal issues); Transportation for appointments; variety and selection of providers; Harm Reduction and detox services; long wait lists to see a provider; telehealth and other virtual services needed

Stigma and Attitudes: Elimination of stigma and discrimination; choices in gender of providers; education about confidentiality; addressing the "silent stigma" within families and cultures and within ourselves; language barriers and communication; care for all without racism, systemic oppression, and discrimination

Cultural Concerns: Holistic options; empathy and understanding for cultures; fear of labeling; acceptance of cultural and historical roots for healing; training for cultural sensitivity; bilingual providers; being "seen"

Outreach and Education: Education about mental health in schools and for parents/families; information about services already available; education about prescription drugs; nutrition training and access to health food; opportunities for advocacy; public events for youth and families; community centers and socialization opportunities; training law enforcement about mental health

Housing and Basic Needs: Food, showers, etc. for unhoused people; street safety (potholes, trash, graffiti, etc.); safe and affordable housing; transitional housing; stopping predatory landlords; wrap-around services for veterans and post-incarcerated people; offering help to seniors who wish to "age in place"

Crisis Response: Building relationships with public officials and law enforcement; having peer support on crisis calls; fear of police; violence or mistreatment by police; cultural sensitivity training for officers, including about military PTSD; fear of family separation or deportation

Statewide Consumers and Peers Proposed Needs:

- Changing attitudes and eliminating stigma
- Building relationships in families, with leaders, and community
- Programs and outreach that include family education, peer support, and social events
- Harm Reduction models, detox facilities
- Safe housing and neighborhoods
- Non-police response to mental health crises
- Going out to meet people where they are
- Bilingual providers
- Culturally sensitive providers
- Acceptance of holistic and traditional options
- Increasing the amount of services available
- Having evening and weekend programs

FY 20/21 Legislation Proposals:

- Expanding state hospital capacity
- Increasing beds in locked community facilities
- Increasing board and care homes
- Loosening grave disability standards
- Increasing the scope of Assisted Outpatient Treatment (Involuntary Outpatient Commitment)

THE DISCONNECT

More Outcomes: Needs & Priorities

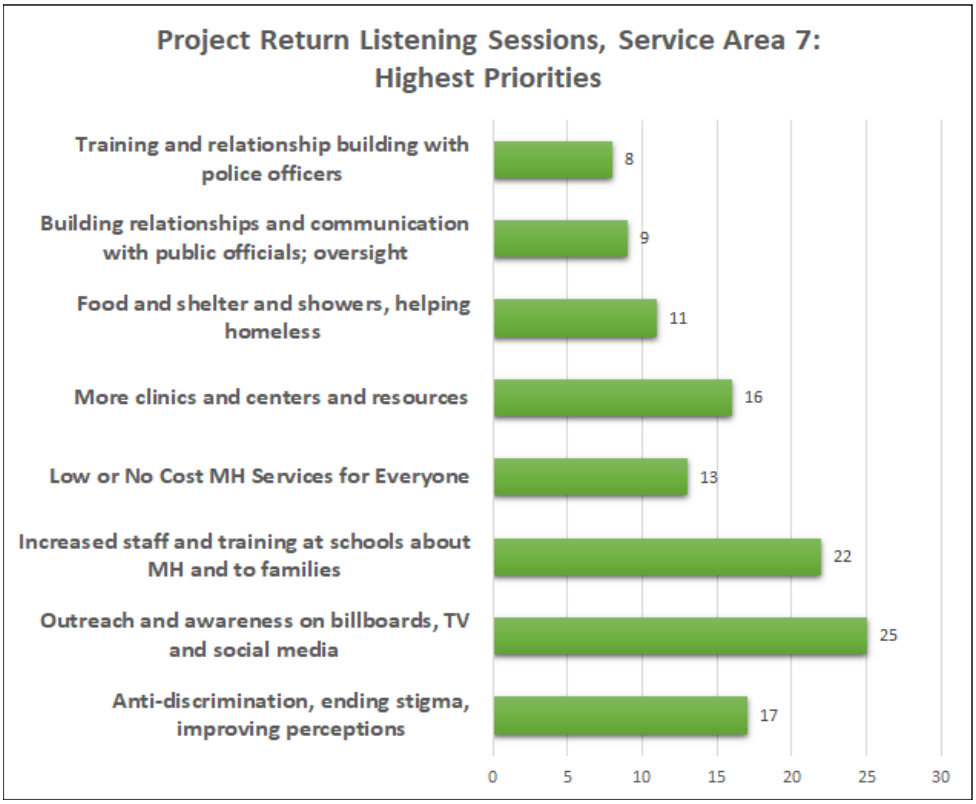
Project Return Peer Support Network

Los Angeles County

Four Listening Session during September and October 2020 were conducted in Spanish and translated by a local contractor. The results identified issues across all four sessions are depicted in the graph below.

Within these themes, participants also spoke about

- Relationships with public officials and law enforcement
- School services – providers, food, family education, early detection
- Arts, crafts, sports, and recreation programs for wellness
- Self-empowerment, role modeling, advocacy
- Peer respite programs
- Going out to the community – senior homes, salons, centers, etc.



PROJECT RETURN PEER SUPPORT NETWORK
Taking charge together!

Some comments included (based on translation):

"The more we talk about mental health the better! Social media and communication services like radio, TV, billboards on buses, trains and even hospitals reaching out to the community providing positive information."

"Continue talks/programs about mental health and not 'pre-judge' people when they are seeking mental health."

"The police and sheriff departments used to have gyms and other sport programs to help the youth stay away from trouble. We need to restore those programs."

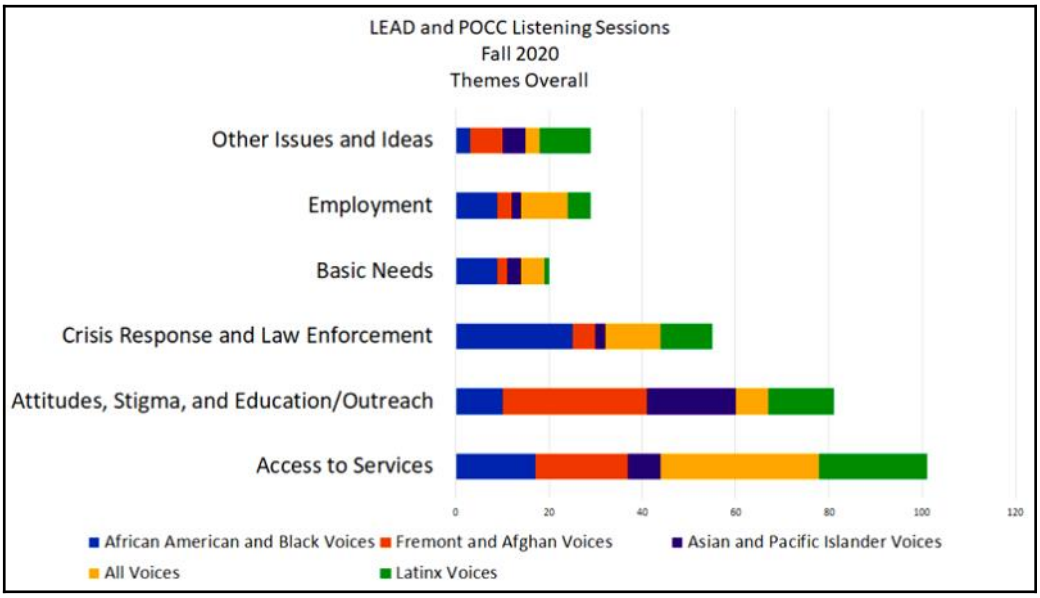
The initial analysis of the Listening Session input indicated that public awareness of mental health, such as in schools and neighborhoods, was very important to Service Area 7.

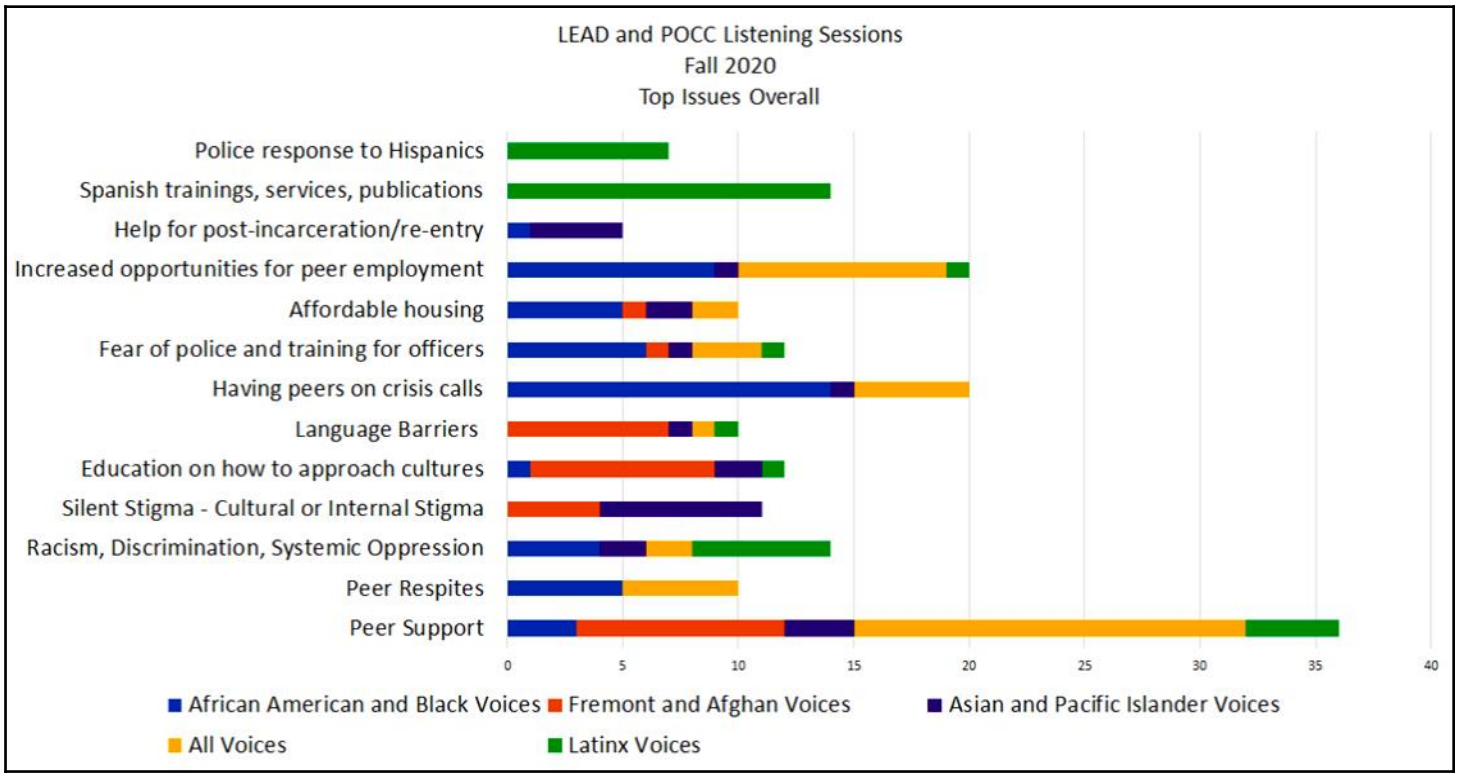
However, when LEAD asked participants at the Summit to identify the top two priorities via an online Priority Poll, the majority of respondents selected "access to services" as the most important and relationships with public officials and law enforcement as important as a second choice.

Pool of Consumer Champions

(now known as Peers Organizing Community Change)
Alameda County

Five Listening Session during November and December 2020 and focused on specific ethnicities. The Latinx Listening Session was conducted in Spanish and the results for that session are based on translation. The following charts and graphs represent the outcomes overall and of each of the Listening Sessions that vary based on ethnicity.





The Sum of the Parts:

Overall, across the POCC's five listening sessions, peer support, including self-help support groups, peer specialist trainings, specific programs, and peer respites, was addressed 46 times. In addition, the issue of having peers on crisis calls and increased opportunities and enhancement of peer employment overall was discussed more than 40 times. This was different than any of the other counties. More research would be useful for understanding and context.

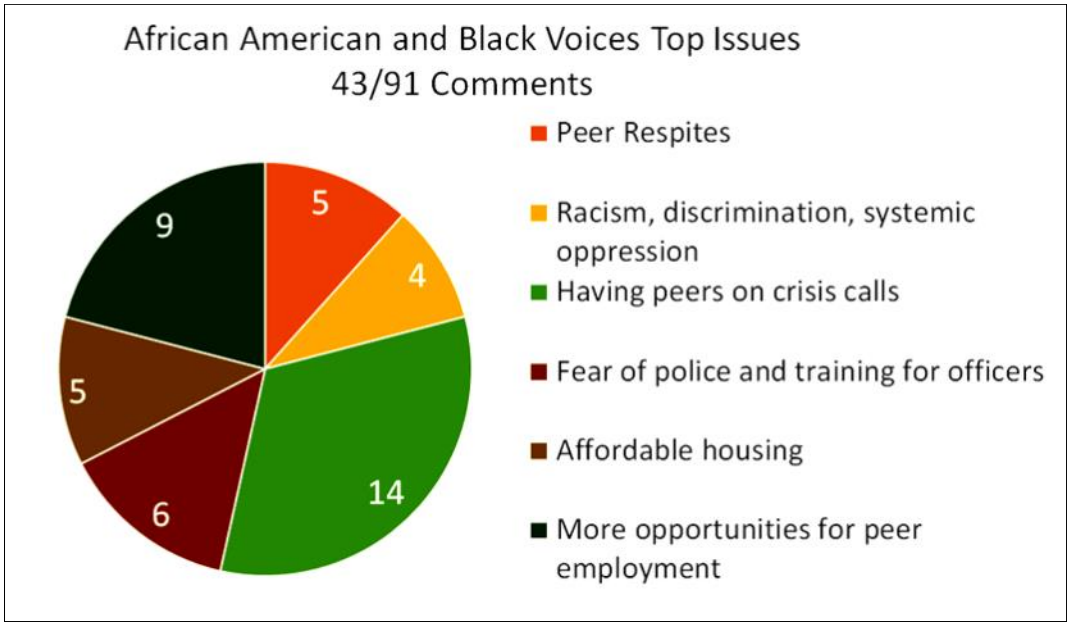
Also, the overall outcomes do not necessarily match the individual populations selected in the Listening Sessions. Priorities differed when looking at the ethnic groups separately. Among the Afghan participants, the emphasis among attendees was related to intergenerational trauma, immigration barriers, feelings of isolation and invisibility, and strong cultural and internal stigma, especially about depression. The group also strongly advocated for education to providers about how to approach the Afghan community regarding mental health.

This "silent stigma" was also the dominant issue for the Asian and Pacific Islander focus group. Participants discussed the expectation in their communities that people do not discuss or have mental health issues, disabilities, or commit crimes. There was an emphasis on needing peer support specifically for helping those who were ostracized from their communities, such as during incarceration or upon re-entry.

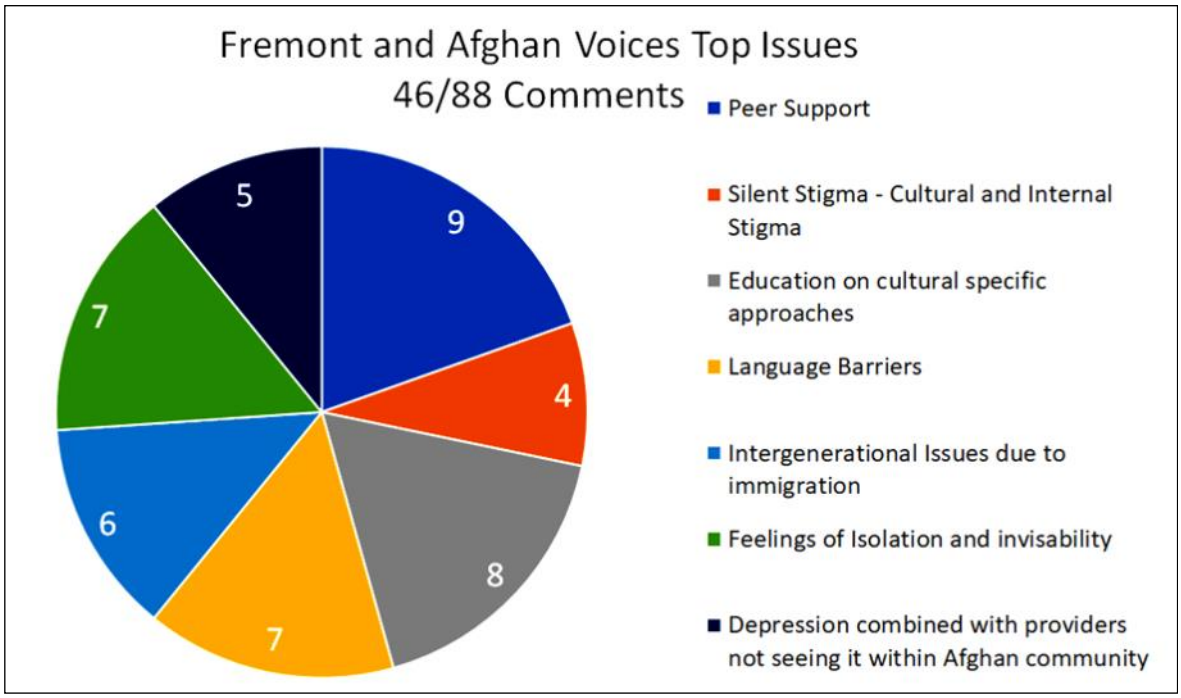
Then, among the Latinx group, the dominant theme was having access to peer trainings, mental health services, support groups, and publications all in Spanish. The participants also spoke extensively about not feeling safe in their neighborhoods from public infrastructure (i.e., potholes, trash, etc.) to gangs and drug abuse. Many also said that they feel discriminated against by law enforcement who disregard their calls when they speak in Spanish and do not show up when called. For the largest representation for the POCC groups, the African American or Black Voices group spoke candidly about stigma and discrimination by law enforcement, systemic oppression, and wanting training for officers. Having peer supporters on crisis calls was the most addressed issue in this ethnic group.

The following graphs show the commented topics that were discussed more than three times by ethnic groups per Listening Session.

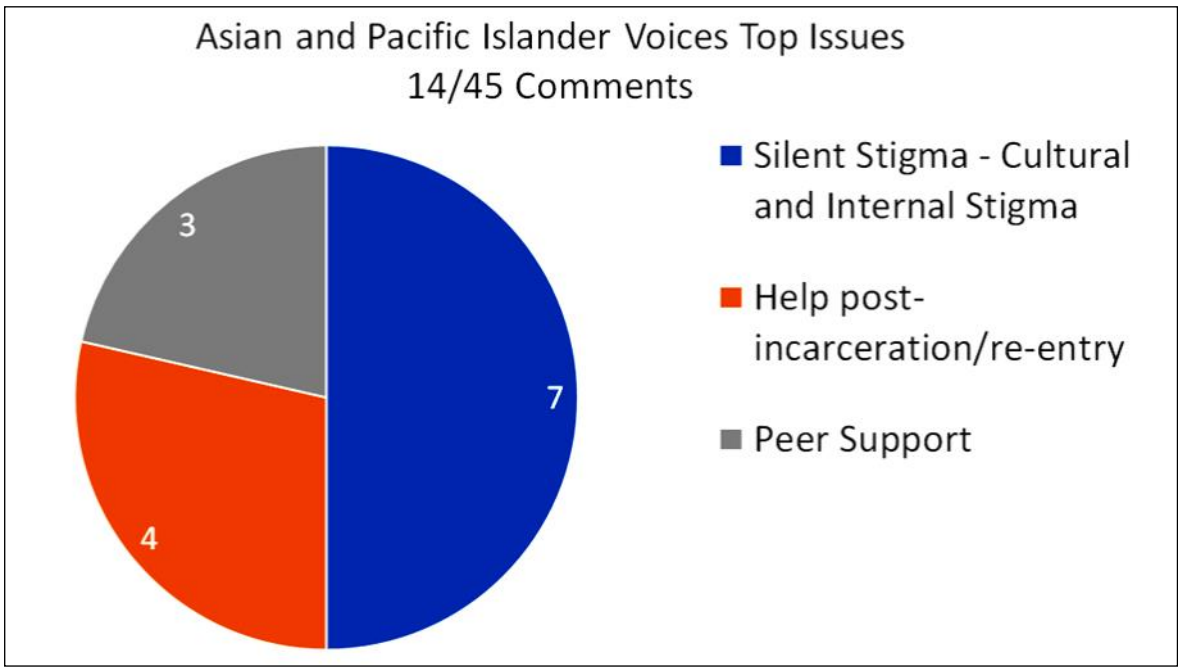
Date: *Nov. 17, 2020* **# Attendees:** *43*



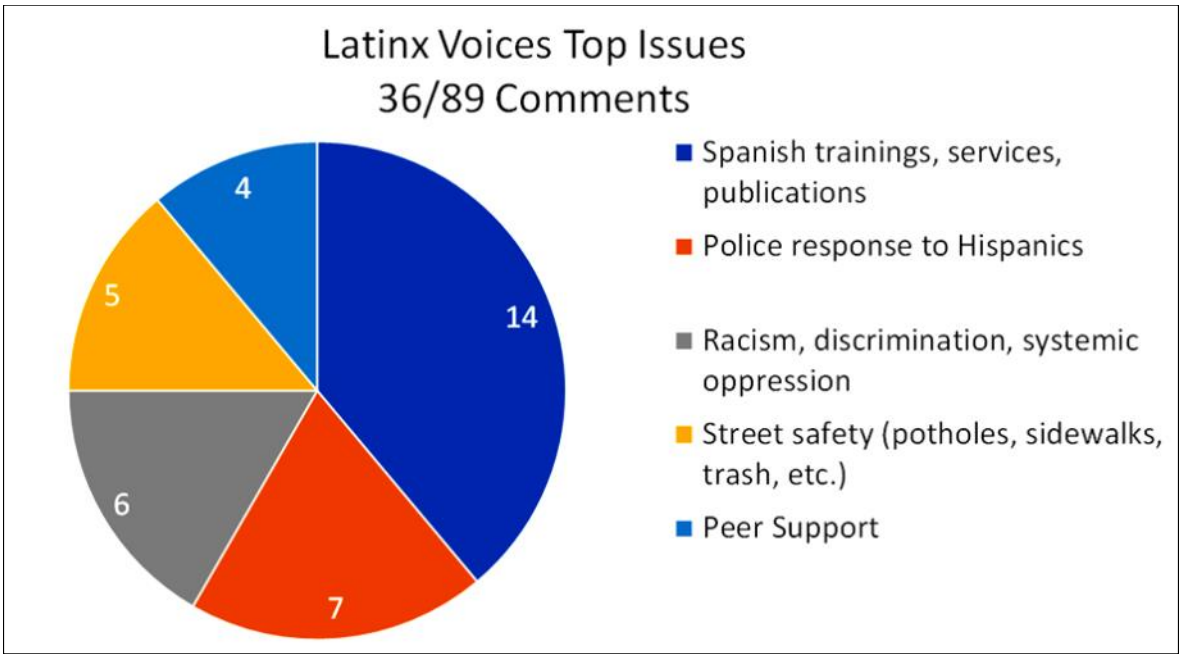
Date: *Dec. 1, 2020* **# Attendees:** *28*



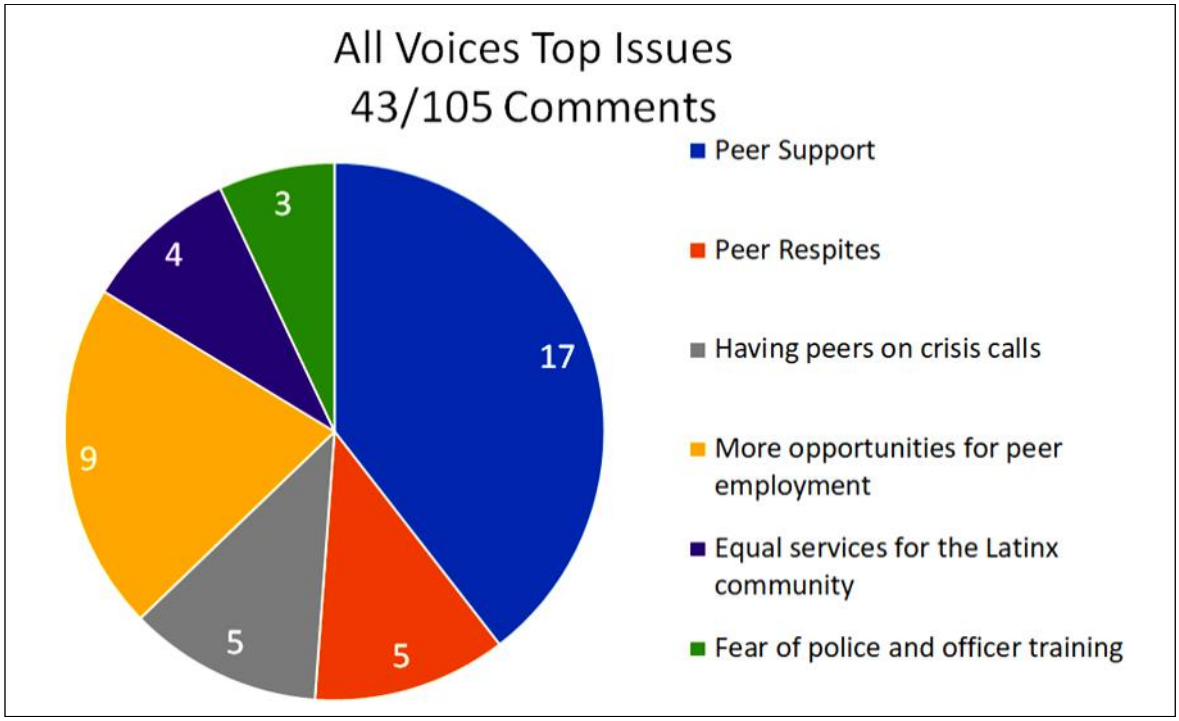
Date: *Dec. 3, 2020* **# Attendees:** *16*



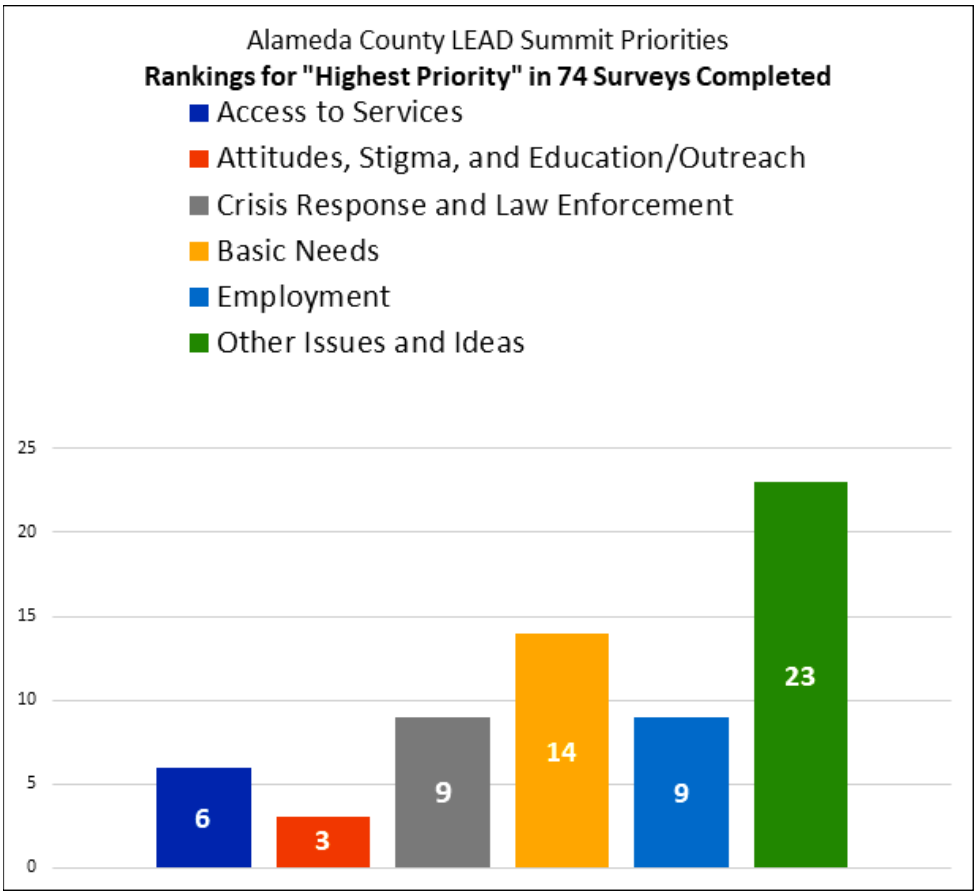
Date: *Dec. 15, 2020* **# Attendees:** *20*



Date: *Dec. 8, 2020* **# Attendees:** *20*



During the POCC LEAD Summit, participants were asked to further narrow down their needs in an online Priority Poll. Here are the highlights of the outcomes:

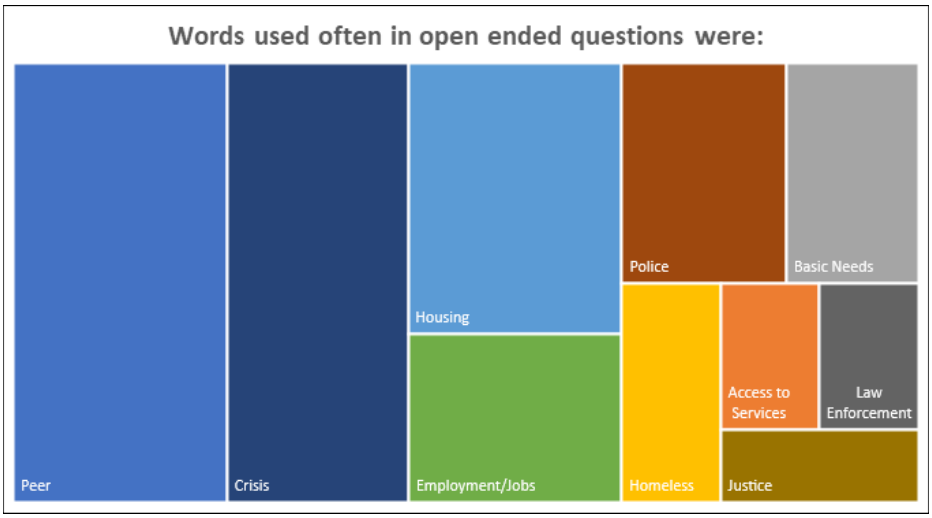


"Other Issues and Ideas" included: helping to identify depression in Afghan communities; helping immigrants; assistance for post-incarceration; youth programs; street safety; training for transit staff on mental health, and scholarships for mental health trainings.

"Basic Needs" included: affordable housing, equal opportunity for housing; and meal/grocery delivery.

"Employment" included: opportunities for Peer Support Specialists; transferring of credentials across nations; managing work and mental health.

"Crisis Response and Law Enforcement" included: having peers on crisis calls; officers response to Latinx community; training of officers about mental health; and fear of police.



Number of times used:

Peer	**13**
Crisis	11
Housing	8
Employment/Jobs	5
Police	5
Basic Needs	4
Homeless	3
Access to Services	2
Law Enforcement	2
Justice	2

Peer Recovery Services

The Wellness Center of San Joaquin

Manteca Wellness Center

San Joaquin County

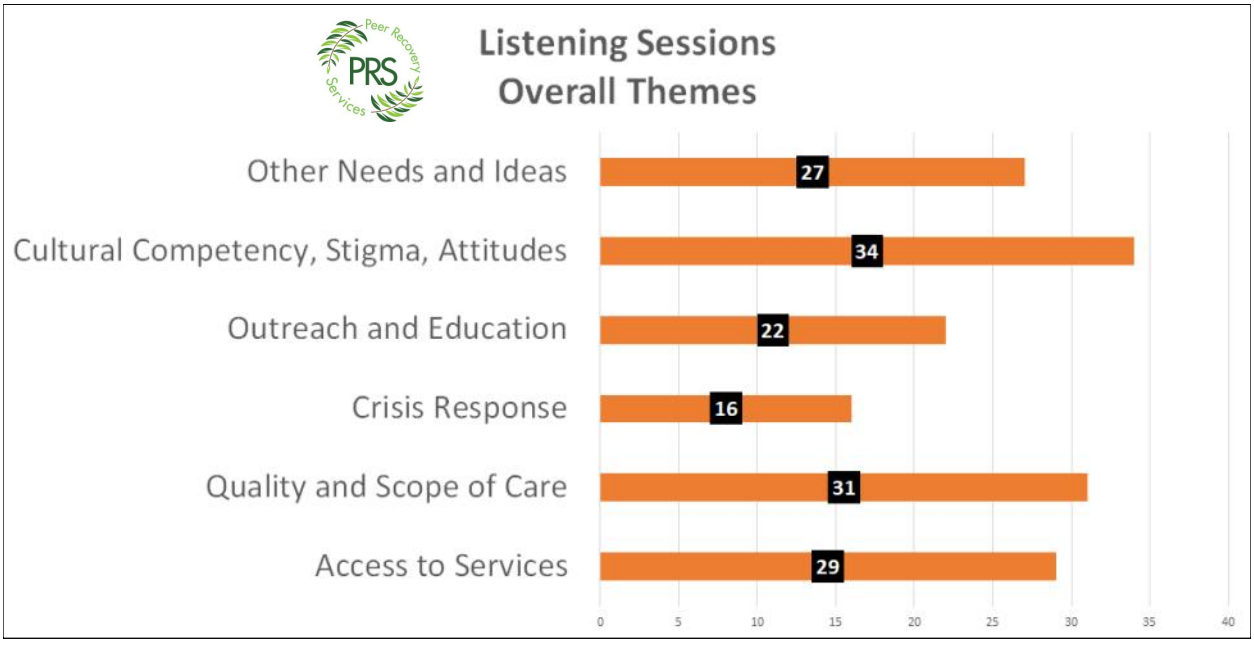
For the third collaboration, in San Joaquin County, although the focus shifted from urban and ethnic populations to focusing on Veterans, Rural, and Latinx populations, some similar themes emerged. This included the top issue from the Listening Sessions: cultural competency, stigma, and attitudes. A close second was access to services, including the quality and scope of care and need for housing.

The most commented theme was cultural competency and stigma, which included addressing issues for PTSD, military sexual trauma, and veterans' mental health, sensitivity training, communication barriers within the Latinx community especially about mental health, fear of labeling, and calls for acceptance of cultural and historical roots and healing practices. Two other related themes came up secondary, access to services and quality and scope of care. This encompassed peer support, insurance barriers, language needs for materials and providers, transportation for appointments, the digital divide, noncoercive crisis care, family resources, and more providers and services overall.

Within the 16 comments about peer support, there were requests for more support groups, peer respite care, veteran peers, crisis homes, and wellness centers for the rural areas. Additionally, 19 participants reported that peer support was "very important" to them.

Another main theme was around the topic of first responders and mental health calls with at least 10 comments about the need for improving the way officers respond (with training and co-responding with mental health professionals), as well as specific calls for police education on how to approach populations in a culturally competent way, such as sensitivity about pulling a gun on a veteran with PTSD.

The top issue for the rural populations was safe and affordable housing. Within the Latinx focus group, the primary need or issue was regarding the stigma within the Latinx culture regarding mental health and the desire to have expanded education opportunities for families to learn about mental health and normalizing the language to discuss it.



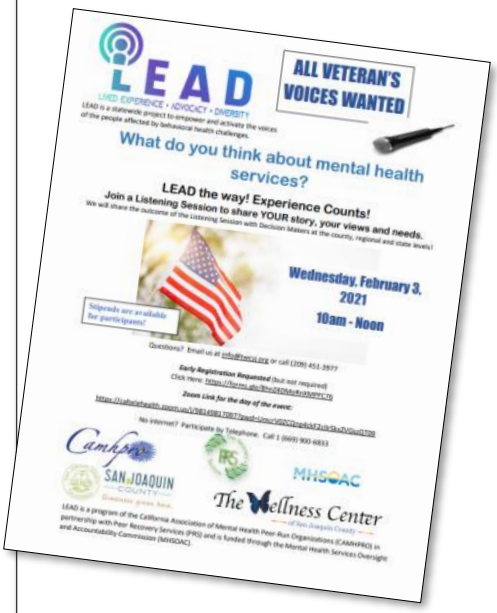
Peer Recovery Services also resulted in some substantial numbers of comments for specific aspects of each theme.

Here are the highlights:

Top Needs or Priorities Overall	# comments
Peer Support Services & Programs • Groups • Peer Respite homes • Veteran peers • Crisis homes • Wellness centers in rural areas	16
More mental health providers	4
Public transportation • Bus routes spread too far apart • Extend bus lines to smaller communities like Thornton	4
First responders and mental health calls • Improving police response (includes training and mental health responders) • Police response to veterans, stigma, fear, pulling a gun	10
Education about services already available • Outreach to people experiencing homelessness • Increasing 2-1-1 information about veterans' services	9
Culturally competent care	5
Communication barrier in the Latinx community • Acceptance of mental health in families • Stigma within culture	6
Housing • Safe and affordable housing • Transitional housing • Stopping predatory landlords who take advantage of people with mental health challenges	9

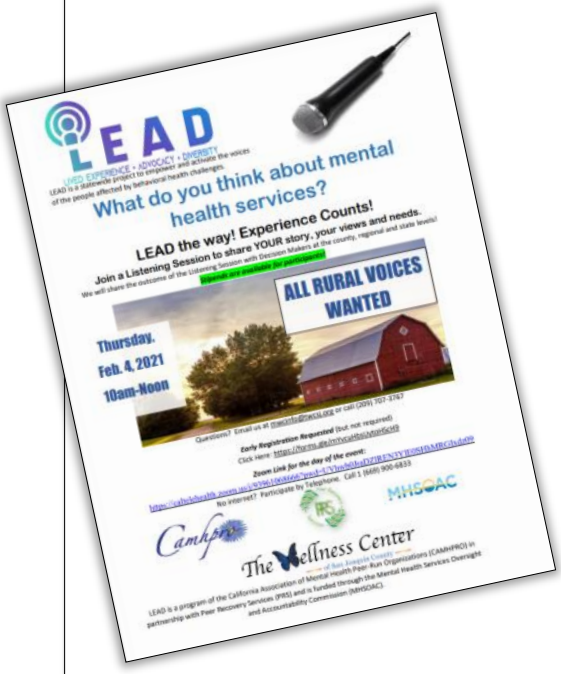
Veteran Voices Top Issues
23/61 Comments

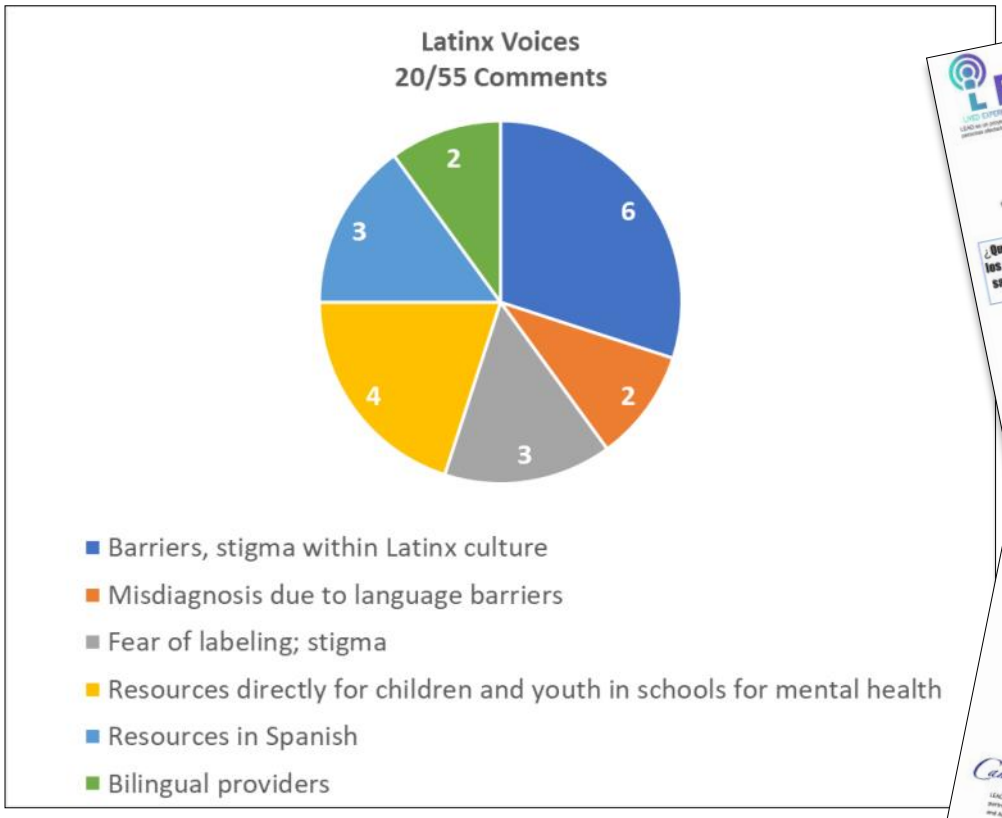
- Military Sexual Trauma (MST) – Males ignored and stigmatized for it; not enough treatment for MST for either men or women
- First responders and mental health calls – improving police response (includes training and mental health responders)
- Police response to veterans – stigma, fear, pulling a gun
- Education about services already available – also outreach to people experiencing homelessness
- 2-1-1 needs information about veterans' services



Rural Voices Top Issues
28/43 Comments

- Peer support in recovery, including groups
- Peer respite houses and "crisis homes"
- Wellness centers in rural communities
- Safe and affordable housing
- Transitional housing
- Stopping predatory landlords
- Public transportation
- Digital divide
- COVID-19 barriers



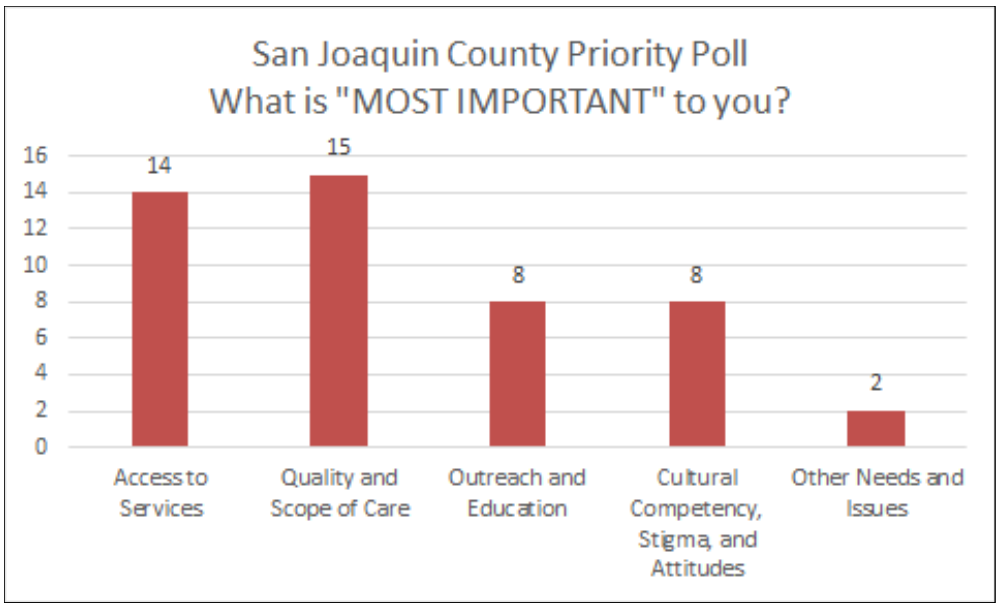


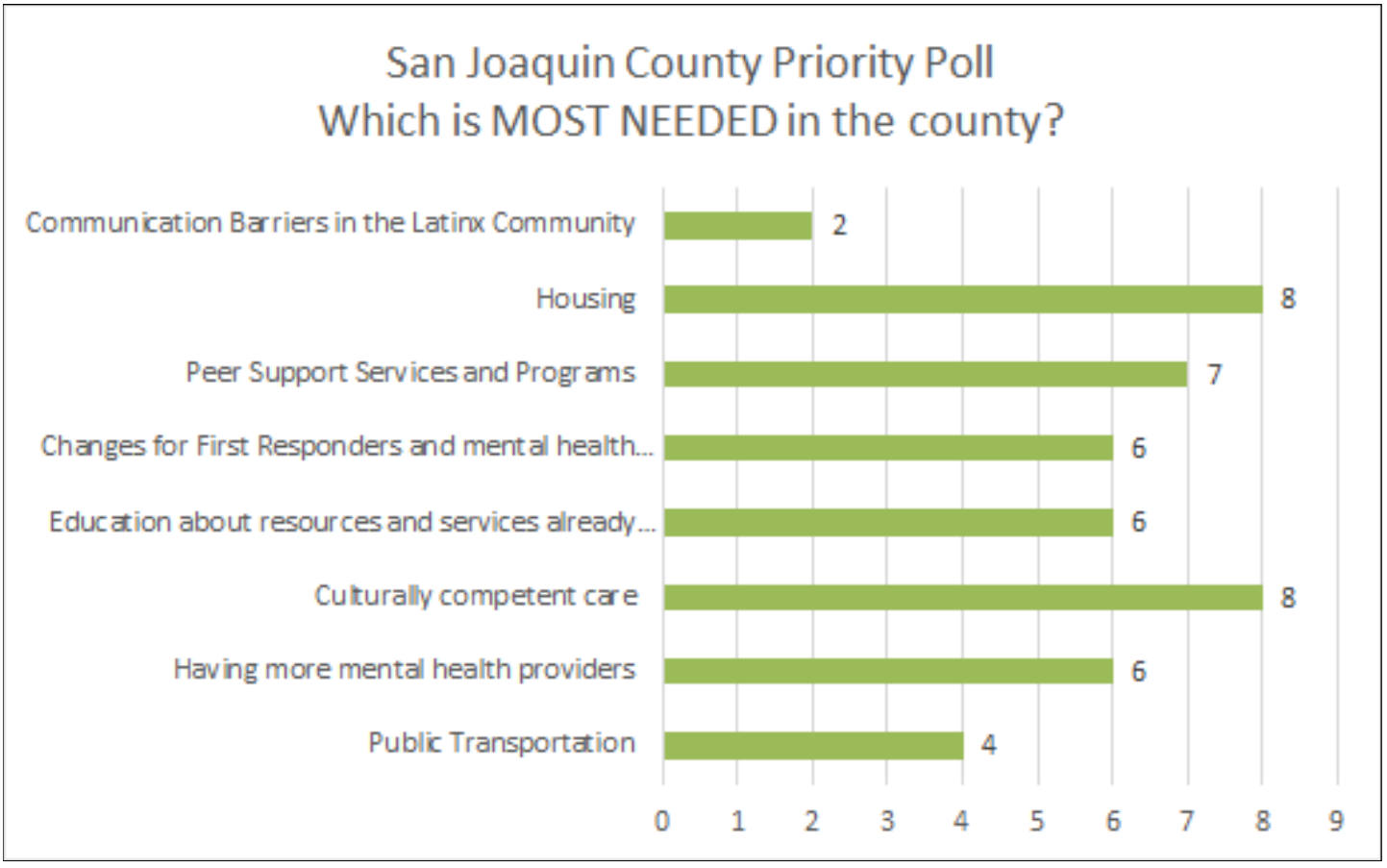
See Sample of this program in the Appendix. The format was the starting template for all the LEAD Summits this year.

Summit Priority Polls

During the San Joaquin County Summit, a Priority Poll online attempted to further define what the consumers needs and priorities are asking what is MOST IMPORTANT (priority) and what is MOST NEEDED (needs).

Following are the highlights of those polls:





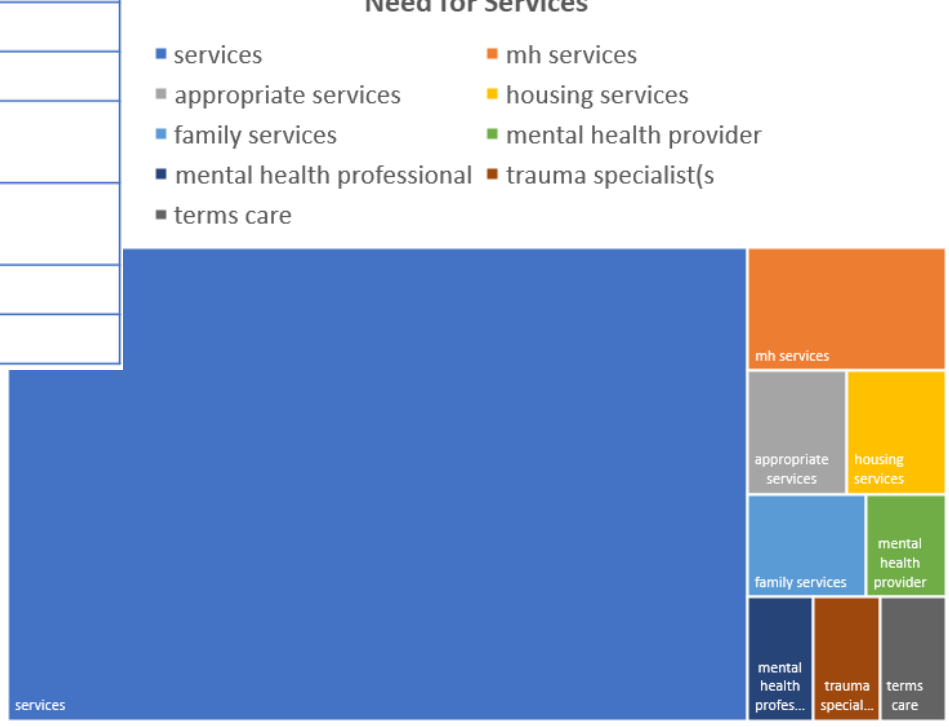
Transitions Mental Health Association (TMHA)
Peer Advocacy and Advisory Team (PAAT)

San Luis Obispo County

In San Luis Obispo County, although a partly coastal community like Los Angeles and Alameda counties, it is highly rural. The Listening Sessions emerged with one top issue – more services of many types.

Although the Listening Session attendance was less than the other counties, the word "services" was mentioned nearly 90 times, and included family services, culturally appropriate services, housing services, trauma specialists, a variety/selection of types, and mental health professionals/providers. This area was unique in that it was not just about access to services but about not currently having the services at all. There was discussion about there being little or no access to providers who are people of ethnicities other than White or to providers who are safe for people in the LGBTQ+ populations. Participants talked about barriers of insurance with very few clinics servicing Medi-Cal consumers and problems with college students accessing services outside of the campuses. Culturally competent care was addressed for several specific populations, including older adults, homeless, family members, LGBTQ+, young adults, and monolingual Spanish speakers. Many of the comments also included calls for outreach, advocacy, and overcoming barriers.

Word	Count
services	86
mh services	6
appropriate services	3
housing services	3
family services	3
mental health provider	2
mental health professional	2
trauma specialist(s)	2
terms care	2



Types of Services and Supports:	
	Support Groups
	Harm Reduction
	Detox Centers
	Task Force
	Peer Work
	Variety of Therapies
	Improving Vulnerability Index (VI-SPDAT)
	Expanding Continuum of Care

Culturally Competent Care for Specific Populations:	
	Older Adults
	Homeless, Unsheltered
	Family Members
	LGBTQ+
	Young Adults, Transition Age Youth
	Monolingual Spanish Speakers

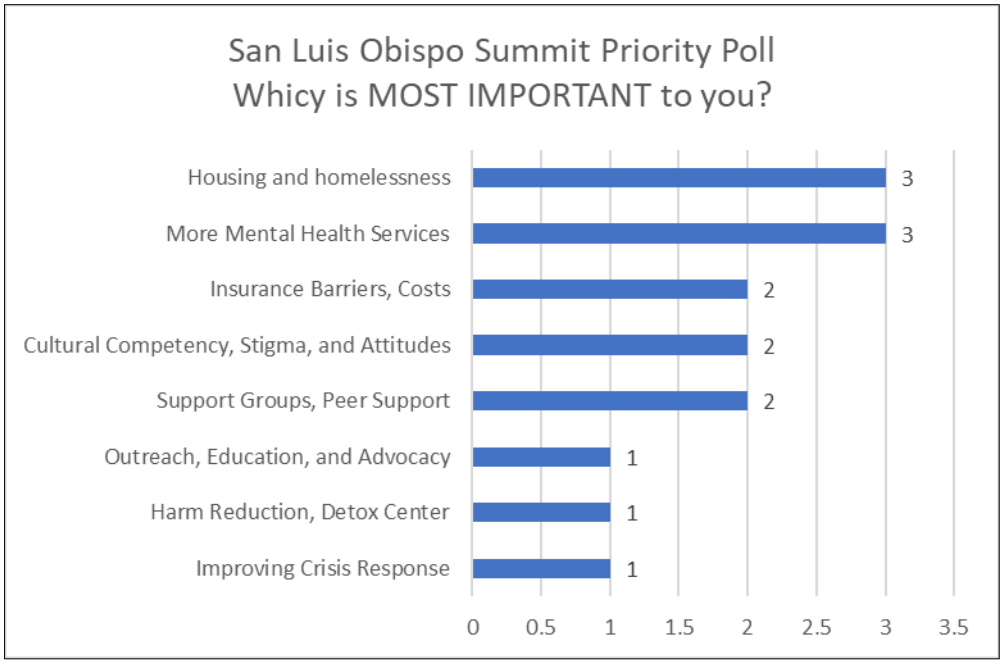
Participants in the San Luis Obispo County Listening Sessions identified many types of services and cultural sensitivities that are a need and a priority for the consumers and peers.

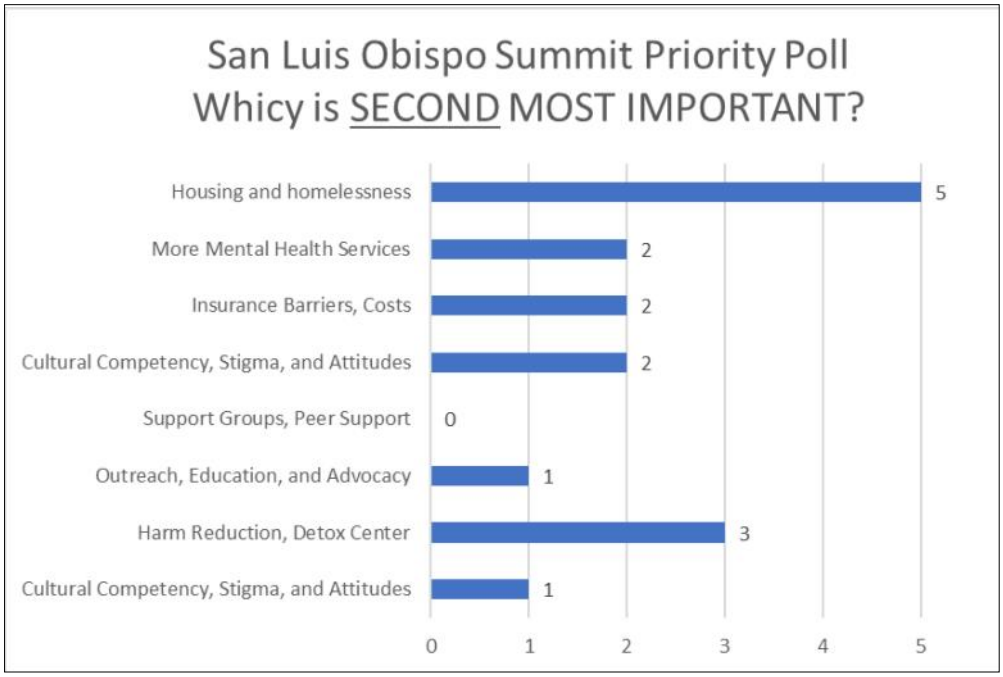
Many of the comments included discussion of:

- Barriers (14)
- Outreach (13)
- Resources (13)
- Advocacy (11)

For San Luis Obispo County, in a LEAD Summit poll to attempt to prioritize the outcomes of the Listening Sessions further, 47 percent of participants identified housing services as to what they felt was “most needed” in the county. Individually, the topics identified as “most important” to people were housing and homelessness issues and equally people want or need more mental health services in general.

Closely following those priorities were requests for Harm Reduction and detox services; improvements to cultural competency, stigma, and attitudes; and addressing insurance barriers, cost and access to services. Crisis supports and interventions was a top secondary concern for the county as a whole, according to this poll.





Living in Wellness Center

Modoc County

The particular infrastructure and culture of Modoc County created an interesting mix and required adjustments to adapt the LEAD events to the best suitable accommodations for the Listening Sessions and the Summit. The Modoc Summit was a hybrid event, with most attendees participating in groups simultaneously at five different locations in both Modoc and Lassen counties.

This in-person component allowed for a small group discussion on the first day between some individuals and organizations who had ongoing tensions in the local community. The off-camera, round-table discussion addressed the conflict and allowed the leaders of the two wellness centers and other participants in the community to come to an understanding of the issues between them. They were able to agree to work more on coming together to understand the needs and preferences that each of them brings to the table.

The second day posed a challenge for attendance as a fire and Internet disruptions made it impossible for some to participate in the Summit. However, there was a robust conversation with the decision makers and the community as well as teamwork to overcome the technology issues.

There was a sense and a discussion on how to approach such a rural community: People coming from outside the community need to approach the community with cultural sensitivity and a willingness to learn the existing culture and people before suggesting improvement projects or other changes. LEAD staff were told directly by individuals that many people like things just as they are and object heartily to anyone suggesting that things need to change. There were also many comments about what was positive and appreciated in the county.

Modoc County addressed the concept of mental health from a community-building perspective, indirectly using whole person recovery concepts. Numerous discussions, both in pre-event activities and during the Summit, discussed the need for improving the lives of children and the families that support them. This included numerous mentions of installing a public pool in the county. When questioned whether this was a mental health need, members of the community insisted that it was. A community pool was touted as a need to improve the whole health of the area creating a central hub for community, a place to provide groups and exercise, a solution to overcome isolation and loneliness, and a relief from the unrelenting heat waves.

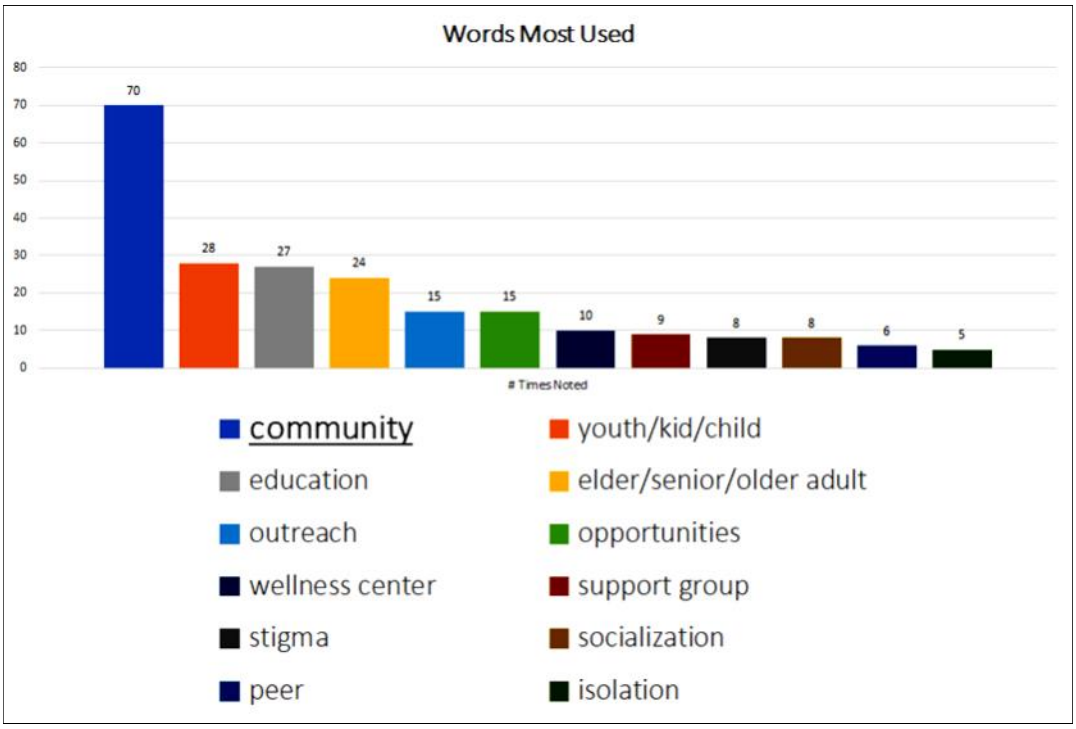
Data was the most extensive for Modoc County for any of the LEAD events this year. The gathering of Listening Session input was done through written, phone, online and in-person and combined into one collection of outcomes. Then, the information was broken down by overall themes and categories, and then by geographic regions of the county. After that, a separate report was compiled with only the information gathered from the Native American respondents.

Following are the highlights of the outcomes of the extensive outreach in the frontier rural area:

Major Priorities Identified:

1. Access to services
2. Community education and outreach
3. Youth/children
4. Isolation, transportation, socialization
5. Older adults
6. Substance use disorder supports, education and services

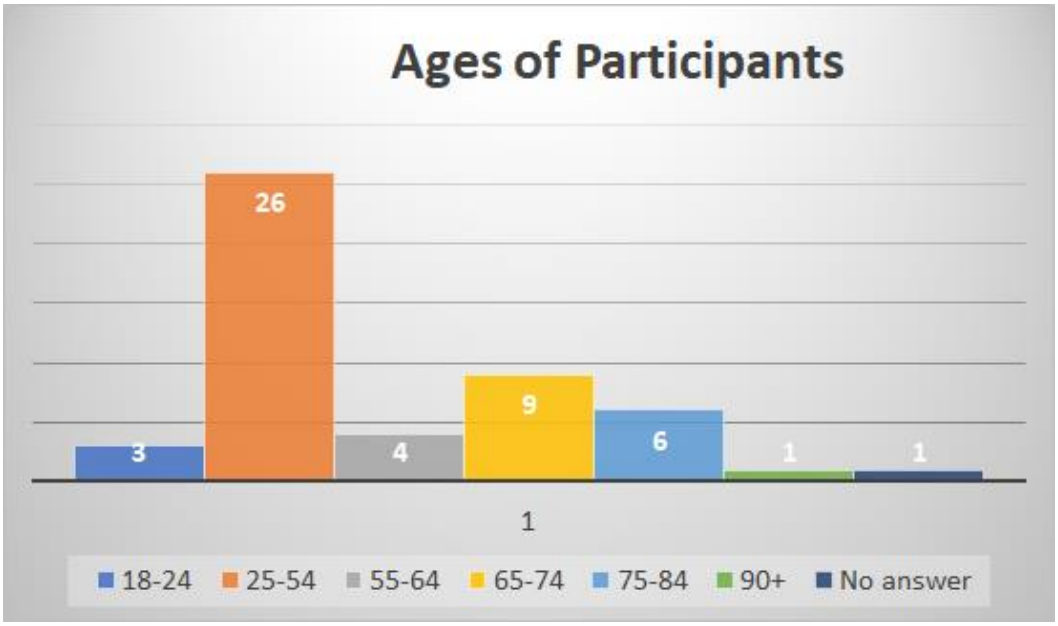
The word "community" was used more than twice as much as any other word—70 times.



Ages

Ages ranged from 18-24 up to 90+ years old

With a focus on older adults, 20 participants were age 55 or older.



Geographic Priorities:

Outcomes were analyzed by geographic locations. Depending on where the participants lived, different priorities emerged:

Alturas—The most noted comments involved the need for more counselors and more services. Some asked for telehealth and support groups, while two comments stated that wait times were three to six month out to see a therapist/psychiatrist. The second most commented theme was reducing stigma and changing of attitudes about mental health.

Big Valley— Maintaining funding and stability for existing programs, such as the Aging in Place and the Wellness Center was brought up the most often. Services and supports for older adults and youth/ children were next with 30 comments combined for those issues.

Surprise Valley— Parent support groups was the most noted comment, but in general, the participants gave multiple ideas (37 comments) about how to better connect as a community, neighbors helping neighbors, and taking care of older adults and children. Socialization for seniors was the second most commented subject.

Priorities by geographic area:

Alturas	Big Valley	Surprise Valley
• Increased services and providers • Reducing stigma	• Funding existing programs, especially Home Health Aides for Seniors Aging in Place • Daycare & housing	• Support for parents • Socialization for older adults • Community connections

Native American Priorities:

Highest Priorities Identified:

1. Community-building, outreach, and education (16 comments)
2. Increased services (16 comments)
3. Youth/teen supports (10 comments)
4. Substance abuse services (5 comments)

Ideas suggested:

- support groups
- more education about resources
- transportation for community events
- gatherings and community events like BBQs
- indoor pool
- bowling alley
- community garden
- more volunteers and advocates
- supports for families and children

LEAD State Conference 2021

Over the course of four months, the CAMHPRO team and five peer-run organizations across the state dedicated their time and energy towards building a successful hybrid LEAD Peer Statewide Conference, Aug. 16 to 17, 2021, at the Holiday Inn Sacramento Arena with the theme “Lead the Way. Speak Out. Make Change.”

Given the COVID-19 resurgence, the planning team was pleased with the conference and participant turnout with more than 18 counties represented across the state. In total, LEAD hosted more than 100 in attendance in person and 186 online. Evaluations indicated positive responses from both online and in-person attendees, gathered based on provided evaluation forms (see Appendices). Many expressed satisfaction in being able to participate, even only online. In person, many commented on how much joy it gave them to be meeting in person. The sense of community was palpable in person at the conference due to the socialization with other consumers and in general after being isolated for so long due to COVID-19 restrictions.

The major highlights of the events included the keynote speakers, workshops, a video montage from local Summits all year, and entertainment. The LEAD team is deeply appreciative of the partners and volunteers who supported in making the vision into a reality.

During the planning meetings, the committee discussed various aspects of the conference including:

developing the agenda, identifying workshops, coordinating external communication and building an outreach strategy. Committee members were divided into separate groups and tasked with various roles such as: securing entertainment, planning icebreaker activities, designing the table centerpieces, and ordering signage. For decision making processes, the committee made final decisions based on majority vote through verbal discussions or online polls. The planning group consisted of representatives from each of the five local level advocacy organizations of the local activities and Summits who were instrumental in the design and implementation of the conference.

Workshops

The planning committee played a critical role in conducting outreach to interested participants with lived experience, potential Resource Fair vendors, and workshop facilitators. The shared goal was to organize an inclusive conference that represents the top priorities shared in the local Listening Sessions. CAMHPRO released a formal call for presentations through social media platforms, newsletter, and through community partners individually. In screening the prospective applicants, the committee intentionally selected 16 workshop proposals that align with the identified top priorities (e.g., Access to Services, Diversity, Equity & Inclusion, Crisis Support, and Housing). A few presentations included: Combating Stigma in Peer Run Organizations, Harm Reduction 101, Housing Advocacy, TGNB/LGB Peer Support & Suicide Prevention, The Power of Peer Support, and 1000 Cranes for Recovery. All workshops facilitated their workshops through a recovery, peer-led and trauma-informed lens. Each of the Workshop Blocks included four, one-hour workshops.

Keynote Speakers

The planning team also strategically selected keynote speakers that could speak on their lived experiences and the importance of peer-run advocacy in transforming the behavioral health system. After brainstorming potential speakers, the team decided on inviting Kelechi Ubozoh, Nigerian-American writer, mental health advocate, and facilitator with nearly a decade of experience working in the California mental health system in the areas of peer support, research

and advocacy, community engagement and stigma reduction. LEAD also invited Stephanie Welsh as the lunchtime keynote speaker. Stephanie is the Deputy Secretary of Behavioral Health for the California Health and Human Services (CHHS) Agency, and she emphasized the importance of community-driven policies and advocacy.

Hybrid technology allowed for some in-person and online interaction through projected screens.

The combination of the two keynote speakers represented a combination of outside and inside advocates, which is necessary in system change. Kelechi Ubozoh, as an advocate unaffiliated with a government group or funding, and Stephanie Welch, a consumer champion at a pinnacle of the behavioral health system. This demonstrates CAMHPRO's commitment to collaboration and relationship building for the betterment of consumer involvement in behavioral health policies.

Resource Fair

Various organizations were invited to participate in a Resource Fair to share their respective services for peers, which included La Familia Counseling, Peer Action 4 Change, Project Return Peer Support Network, 1000 Cranes for Recovery, United Consumer Movement, Mental Health Association of San Francisco, Ill Exotic, CAMHPRO, and Black Men Speak. An ongoing and future goal is to include even more representation from partners who reflect the diverse communities we serve such as: the Veterans Center, Pride Center, Afghan Coalition, Community College Association and National Alliance of Mental Illness.

Most of the participating agencies donated items as door prizes that were given throughout the conference transitions to increase engagement and build energy. Some door prizes included organizational t-shirts, cooking appliances, handmade pottery, and restaurant gift cards.

Technology

LEAD's planning team found it extremely challenging to navigate all of the technological requirements of a hybrid conference with a short time frame, limited budget, and finite staff capacity. In response, CAMHPRO contracted with Painted Brain, a peer-run arts-based agency in Los Angeles, to support the online aspect of the conference and to ensure the technology would function properly. They were ultimately responsible for leading the technical aspects of the conference such as setting up Zoom registration, coordinating video recordings, operating presentations, and supporting the workshop presenters as chat/tech moderators.

LEAD also contracted with Metro Media (through Holiday Inn Downtown Sacramento) who was responsible for the technology logistics and equipment on site at the conference. Members of the Metro Media staff also oriented Painted Brain technicians to the vast equipment that allowed for online streaming, switching between cameras and microphones, and mixing sound as needed.

Separate Zoom rooms were created for each of the physical rooms in the hotel conference space, and both an online and in-person agenda/program were created. Cameras were set up in each location to allow online viewers to see the in-person attendees alongside views of the speakers and presenters. The

set-up also allowed for the in-person attendees to view some of the online attendees when a gallery view of Zoom online screens was cast onto the ballroom projector screens during the conference. The intention was to bring people together as much as possible from both online and in person.

Registration

Through Eventbrite, more than 300 individuals reserved their spots either online or in-person. On Aug. 9 (one week before the conference), the internal team decided to close the registration form for in-person attendance to ensure that the attendance was limited to be able to follow COVID-19 protocols. At the conference, attendees could complete registration forms in person with staff and via a kiosk that provided a code to send a link to any device providing the registration form.

COVID Safety Protocols

CAMHPRO's LEAD Administrator sent out regular updates to participants regarding conference logistics leading up to the event, which was especially important due to regular changes in the COVID-19 situation. The planning team remained aware of local public health requirements and hotel policies regarding safety regulations. LEAD also issued a COVID Safety Notice with guidance for all conference attendees. Everyone at the conference was asked to wear a mask at all times, without regard to vaccine status. Masks could be removed only for eating meals or speaking at the podiums. People were also encouraged to keep safe distances from each other using their judgment. The number of seats available at each of the ballroom tables and within the workshops was decreased to accommodate social distancing.

Activities

During the conference, LEAD invited the

At the LEAD State Conference, legislative visits for Advocacy Day were done via Zoom in small groups.

Consumers Self Help Center in Sacramento to coordinate a Wellness Room, to allow participants to take a break, decompress and self-care. The mission of Consumers Self Help Center is to develop and implement consumer-driven programs and services based on the self-help philosophy to empower individuals with psychiatric disabilities. Volunteers from the partner organization provided snacks and wellness activities for in-person attendees.

Entertainment

For entertainment, participants had the option of joining a Comedy Show by 1 Degree of Separation - a comedy show aiming to end the stigma of mental illness. The show, led by comedian Brad Bonar and three others, was supported by a grant from NAMI California.

After the comedy show, the Bay Area "electro-hip-pop" group called Ill Exotic performed. They are a duo consisting of Xicana singer/ flutist Corinita, and Pinoy/ French rapper/pianist Josh. Love, positivity & empowerment is the focus of their self-produced music which blends electronic with acoustic. The group was invited to the state conference after performing during the Alameda County Summit. Ill Exotic went on to host an evening with karaoke which was a highlight activity for many conference attendees.

Policy Priorities Activity

Following the overarching goal and intention of elevating the needs and priorities of statewide consumers in mental health policy, CAMHPRO implemented an interactive activity at the conference that asked participants to indicate their top two policy priorities from among the list of six identified themes that were most important in each of the five participating counties throughout the year. Participants demonstrated their preferences by placing a sticker next to the policies they believed were most important. Based on the chart, the top priorities were:

1. Peer Support and Employment
2. Housing and Basic Needs
3. Stigma/Attitudes & Crisis Response (tied)

The outcomes of this activity will help shape the ongoing advocacy events and training in the next year of LEAD.

Advocacy Day

Advocacy Day was day two of the LEAD State Conference, Aug. 17, 2021. LEAD organized a morning of legislative visits and scheduled meetings with California Senators and Assembly Members. The day kicked off with an advocacy training to prepare attendees for the events ahead, and included an Advocacy Networking Fair.

All the legislative visits, that were initially intended to be in-person at the Sacramento capitol building, were converted to online visits through Zoom links. The California lawmakers invited to meet with LEAD conference attendees represented some of the five counties LEAD partnered with throughout the year. Additionally, LEAD tried to meet with state legislators who authored 2021 bills which CAMHPRO support and oppose: AB 118 (Kamlager-Dove); AB 988 (Bauer-Kahan); AB 1542 (McCarty); and SB 507 (Eggman & Stern).

LEAD built an advocacy training to help attendees to review and consider CAMHPRO's positions on 2021 bills; organize and lead their own meetings; and maximize a 30-minute legislative visit. For attendees

who did not intend to meet with state legislators that morning, the advocacy training provided ways for mental health advocates to plan, organize, and lead meetings with policymakers at both the state and local level.

After the training, in-person attendees transitioned to their legislative meetings which were held over Zoom in different conference rooms. In groups of up to six individuals, mental health advocates completed seven legislative visits. There were some difficulties in conducting the meetings over Zoom including sound issues and connectivity issues. Initially, nine meetings were scheduled, but two of the offices were unable to meet with the advocates. One meeting lost the connection shortly into the session and were not able to re-connect. In the completed visits, consumers were able to speak directly to the legislators through Zoom.

Attempts were also made to create an Advocacy Networking Fair, in which at least a dozen statewide consumer and other stakeholder advisory groups were invited to come and share with conference attendees. However, just four agencies were able to attend in person due to complications with COVID and scheduling.

For the online attendees, there was a streaming live interview of one of the statewide advocacy groups just for virtual conference viewing. In-person attendees were invited to submit a completed Advocacy Networking Passport. Each organization they met with would provide a signature on their passport, and each completed passport was used for the drawing that took place at the end of the event.

Finally, in-person attendees were provided lunch after the final legislative visits. During the lunch hour, giveaways were provided to those individuals who submitted completed Advocacy Networking Passports, and LEAD finished out the day with closing remarks, inviting consumers to continue partnering with LEAD in ongoing advocacy and future events.

SB803: Peer Support Specialist Certification Program Act of 2020 & Peer Workforce Expansion

An Achievement for the Peer Community

A major and singular achievement for the peer community was the signing of Senate Bill 803, the Peer Support Specialist Certification Program Act of 2020, especially given the prominence of Peer Support and Employment in the expressed needs of consumers. This marked the culmination of a 10-year effort by peers and other advocates. In addition, DHCS enthusiastically promoted the expansion of the peer workforce and the funding of peer-run organizations and programs throughout California.

Following the signing of SB803 by Governor Gavin Newsom in 2020, CAMHPRO hosted an introductory meeting to inform the peer/consumer community about what is in and what is not in the statute. The "What Now?" Web meeting included a panel of representatives, one from each of the co-sponsors of the bill, the California Behavioral Health Directors Association, the Steinberg Institute, and Los Angeles Department of Mental Health. The meeting had an overwhelming response with more than 450 people registering for the event. Executive Director of CAMHPRO, Sally Zinman, spoke about the requirements for the Department of Health Care Services (DHCS) and the work ahead for the consumer advocates. This event prompted the creation of a 125-plus member work group that met 17 times within the next seven months to build a set of recommendations from the consumer/peer perspective. Nine subcommittees formed and met separately and independently to consolidate recommendations for the topics/tasks named in the bill.

Gov. Newsom's virtual bill signing event on Sept. 25, 2020.

CAMHPRO and DHCS staff also arranged 10 or more meetings, at many of which peers and leaders within consumer-run organizations spoke directly with DHCS about their lived experience and work in peer services in addition to the recommendations for the certification process. By the end of May 2021, CAMHPRO had successfully submitted the recommendations created from the work groups and subcommittees. Many of the ideas submitted by the peer groups were incorporated into the Behavioral Health Information Notice (21-041), which gave guidelines on implementation to the counties in July 2021. Soon after those guidelines, and following the collaboration built with LEAD and individuals representing consumer-run organizations all across California, DHCS initiated the Peer Workforce Expansion project offering a series of grants to consumer/peer-run organizations and encouraging the adoption of Peer Support Specialists in the mental health community. Since then, 59 peer-run programs have been awarded grants by DHCS in its large-scale effort to build up the peer workforce.

Pivots and Changes

When CAMHPRO designed the structure of what would become LEAD, pre-COVID, there was every intention of having in-person events with each county partner organization. Who knew a new verb, "Zooming" would become a daily fixture in people's lives. Not only would the new program have a delayed start, but the CAMHPRO, along with the world, had to pivot. All the in-person Summits and activities had to be converted to virtual. Although CAMHPRO has primarily operated mostly through remote work for years, this was an altogether different feat. Learning Zoom techniques and etiquette was sometimes frustrating and often fun, allowing for connection in an innovative and safe manner.

That is where Painted Brain came in. Adding a sixth consumer-run agency to the LEAD first year partnerships, CAMHPRO contracted with Painted Brain to be the muscle and brains behind the shift in technology. Peer staff from the Los Angeles-based agency became the Zoom experts and moderators for all LEAD and CAMHPRO events for the year. They set up meeting links, managed the language line, and moderated between the electronic raised hands, chat box, and mute features to keep meetings and events running smoothly.

Language

It was clear from the first planning meetings that translation and interpretation were going to be an important part of incorporating diverse voices into LEAD activities and advocacy. With the help of local staff and volunteers in Los Angeles and later contracting with Rios Translators, LEAD was able to coordinate Spanish translation and interpretation to four of the Summits and the LEAD State Conference, as well as some Listening Sessions. Some handouts were also translated, such as the SAMHSA 10 Guiding Principles that were provided to all Listening Session participants.

With Zoom's language line, participants could switch to hear all the speakers in Spanish in real time. The addition proved fruitful at the Los Angeles area Summit when a member of the planning group with Project Return spoke up during a comment period. She was moved to tears as she spoke in Spanish and the interpreters translated her into English. She said it was the first time she really felt like part of the group. She had been working with the planning team to outreach and co-facilitate

Listening Sessions, but it was not until the Summit, when she could communicate in Spanish, that she felt equal and accepted. During the event, the Behavioral Health Director also commented that he had not seen a language line in use before and he said he intended to take the experience back to the county department to use. LEAD made a commitment to continue use of this interpretation for every Summit and to add languages as needed.

Relying on Local Expertise

Originally, CAMHPRO planned to seek guidance from a statewide advocacy group on ways to be more inclusive and culturally sensitive. However, as the project was underway, LEAD explored the reality that local people know their populations. LEAD followed the direction and knowledge of the local level peers and consumers to find the underserved or unserved members of their communities and to introduce culturally sensitive practices. It became apparent through the year how different people from diverse ethnicities and populations within counties and people geographically separated can hold similar needs and priorities in other ways. LEAD grew and expanded in understanding by relying on local knowledge and cultural awareness and listening as people from all over the state shared different views and then came together to advocate for the same issues.

Legislation

Major Legislation Tracked by CAMHPRO 2020/21:

Expand Outpatient Commitment

SB 507 – (Eggman)

OPPOSE

This bill would:

1) Broaden criteria to permit Assisted Outpatient Treatment (AOT) in order to prevent a relapse or deterioration that would result in a person becoming gravely disabled or a serious harm to self or others, as specified, without also requiring the person's condition to be substantially deteriorating.

2) Permit the subject of the petition for AOT services or an examining mental health professional to appear before the court for testimony by videoconferencing means.

3) Require an examining mental health professional's affidavit to the court to address the issue of whether the subject of the petition has the capacity to give informed consent regarding psychotropic medication.

4) The bill would allow a court to order an individual exiting conservatorship to obtain assisted outpatient treatment if the court finds that the individual would benefit from assisted outpatient treatment ***to reduce the risk of deteriorating mental health while living independently.***

STATUS: *Signed by Governor—Chaptered*

In-Patient/Locked Facilities

AB 1542—(McCarty)

Yolo County locked "treatment" facility

OPPOSE

This bill would authorize Yolo County to create a program allowing judges to sentence people convicted of "drug-motivated crimes" to a locked facility, described as a "Secured Residential Treatment Program." Studies suggest that forced treatment makes individuals less trustful of substance use disorder (SUD) treatment, and therefore less likely to engage SUD treatment or other medical services in the future.

STATUS: *In Committee*

Police Reform –

diversion of mental health calls from the police

AB 988 – (Bauer-Kahan)

SUPPORT

This bill would establish the Miles Hall Lifeline Act to establish a 988 Crisis Hotline Center, using the digits "988" in compliance with existing federal law and standards governing the National Suicide Prevention Lifeline (NSPL) Network. It would further designate the provision of crisis intervention services and crisis care coordination to individuals accessing the 988 number. It would establish a phone tax to pay for expanding call centers and for the development of more mobile crisis teams to expand responses to the 988 calls.

STATUS: *Made into a two-year bill*

AB 118 (Kamlager)

SUPPORT

This bill would, until January 1, 2026, enact the Community Response Initiative to Strengthen Emergency Systems Act or the C.R.I.S.E.S. Act for the purpose of creating, implementing, and evaluating the 3-year C.R.I.S.E.S. Grant Pilot Program, which the act would establish. The bill would require the office to establish rules and regulations for the program with the goal of making grants to community organizations, over three years, for the purpose of expanding the participation of community organizations in emergency response for specified vulnerable populations. The bill would require that grantees receive a minimum award of $250,000 per year. The bill would require a community organization receiving funds pursuant to the program to use the grant to stimulate and support involvement in emergency response activities that do not require a law enforcement officer, as specified.

STATUS: *Signed by Governor—Chaptered*

Summary & Next Steps

The faces and expressions in the photos, the graphics, charts, and data, and the words that try to describe a year, will never adequately account for this first year of LEAD completely, nor will it fully explain or illustrate the hundreds of voices and opinions that were lifted up through this program. Yet somehow this report carries the energy and momentum forward a little more. LEAD is left with a sense of honor, gratitude and respect for the state programs that have created funding opportunities for consumer voices to be heard and listened to, for the local level partner organizations that join CAMHPRO in this program, and for the individuals who participated in each step of this trek. It is those people, on every level that are what this is all about.

LEAD learned from each person by what was said and what was not said. By still showing up in the middle of a global pandemic to be able to connect and be heard, speaks volumes about the power and importance of the peer support and consumer/client community. Within the small groups of people putting the LEAD events and activities together alone, there were countless instances that proved that our connections to one another matter and heal us.

At one Summit, a planning group member's wife was undergoing a kidney transplant while he still showed up in Zoom to be part of the program. Others showed up while healing from COVID, after being hospitalized, after close family members died, and while their pets were injured or sick. People showed up without homes, without knowing anyone, with no food in their bellies, to be part of something bigger than themselves, to be heard, and to give their ideas about how to make the wellness community even better.

After analyzing the myriad of comments and hearing the conversations from Adin to Huntington Park, Oakland to Stockton, and in San Luis Obispo, it became clear that people want to be in connection with each other. People in Modoc County asked for ways to build a community swimming pool and how to get people out to events like barbecues and bingo, all to improve their wellness together. People in the Bay area wanted people with lived experience to show up when they call in a mental health crisis and to feel safe to walk in their neighborhoods. In Stockton, people talked about wanting ways to use existing public buildings in rural areas to host peer support groups. In San Luis Obispo, people talked about the need to listen to each other and meet people where they are with Harm Reduction programs and other supports. In Los Angeles' Service Area 7, people wanted to risk illness just to be near others because the need for human connection was so high. When they arrived, they asked, "how can we build relationships with cops?"

The most used word statewide was "community." That means something. As LEAD moves into the next two years of this program, these insights will come with us all. This is only the beginning.

Years Two and Three will pull in even more knowledge and insight and ideas with five more groups each year. Already in 2021, the new programs are meeting with LEAD to plan for more ways to encourage

people to be part of the change they want to see happen. Populations LEAD will focus on this year include the unhoused people of Los Angeles and Nevada counties, the LGBTQIA+ communities in San Francisco county, Latinx voices in Riverside County, and more urban and rural perspectives from Sacramento and Nevada counties, among others. Local level partners will include the Mental Health Association of San Francisco, SHARE!, Consumer Self Help Center, Riverside University Healthcare, and Spirit Empowerment Center. With Listening Sessions starting this December and Summits beginning in February 2022, there will be many opportunities for more consumer voices to find power and influence in the local and state behavioral health system. Meanwhile the five agencies highlighted in this 2021 report will continue with LEAD in ongoing advocacy activities. All will culminate in a LEAD State Conference 2022, June 13-14, in Sacramento. The journey continues where consumers/clients and peers can follow the theme of the Summits and State Conference, LEAD the way, speak out, and make change!

Looking Ahead...

LEAD Year Two Local Level Advocacy Groups:

Self Help And Recovery Exchange (SHARE!)

Los Angeles County

Mental Health Association of San Francisco—

San Francisco County

Riverside University Health Care—

Riverside County

Consumers Self Help Center—

Sacramento County

Spirit Empowerment Center—

Nevada County

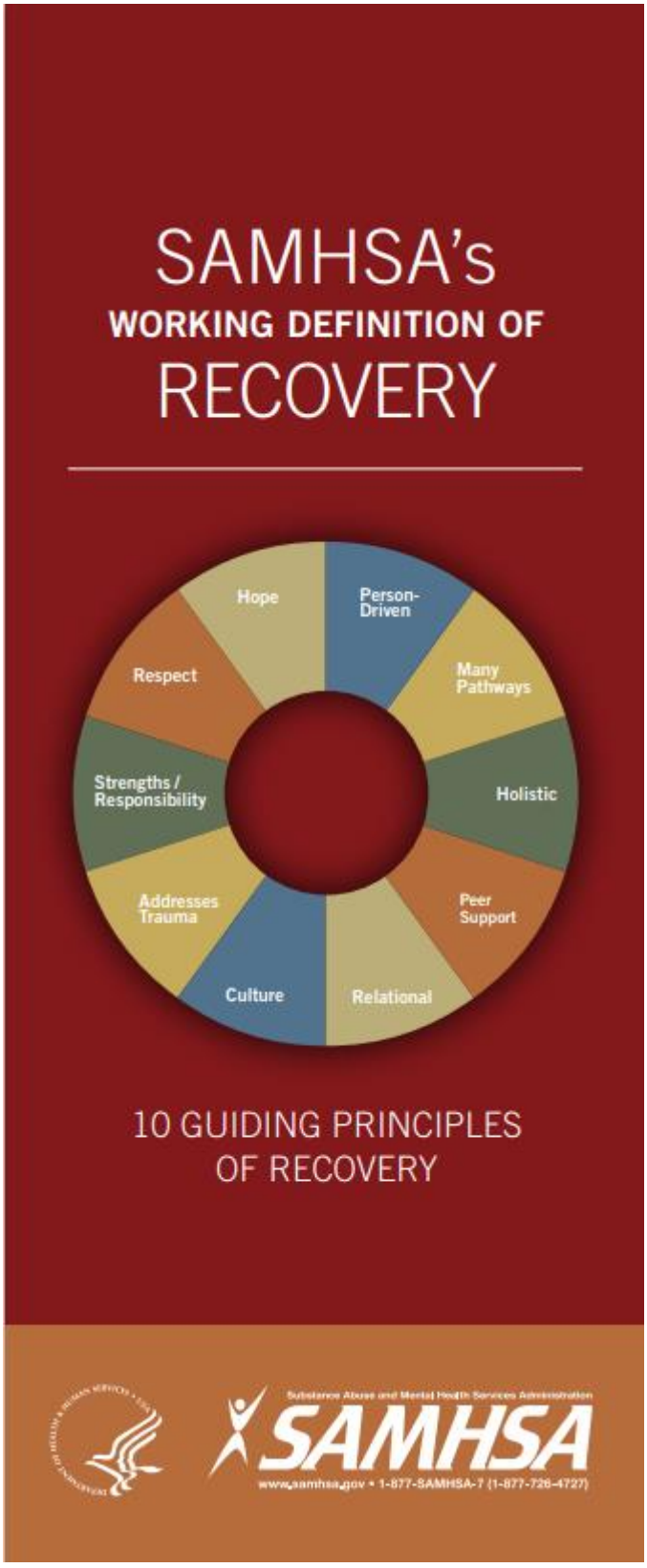
Public Policy Committee

A pillar at CAMHPRO, the Public Policy Committee, meets monthly online. Participants are encouraged to discuss local and statewide mental health and social justice topics that affect consumers and peers. The group also collaborates on letters and policy positions for CAMHPRO, as well as other forms of advocacy for public policy. The group also assisted in the Advocacy Day at the LEAD state conference where members facilitated legislative visits in Sacramento.

Membership forms are available on the CAMHPRO website (camhpro.org) and participants are encouraged to apply.

Appendices

SAMHSA 10 Guiding Principles



BACKGROUND

Recovery has been identified as a primary goal for behavioral health care. In August 2010, leaders in the behavioral health field, consisting of people in recovery from mental health and substance use problems and SAMHSA, met to explore the development of a common, unified working definition of recovery. Prior to this, SAMHSA had separate definitions for recovery from mental disorders and substance use disorders. These different definitions, along with other government agency definitions, complicate the discussion as we work to expand health insurance coverage for treatment and recovery support services.

Building on these efforts and in consultation with many stakeholders, SAMHSA has developed a working definition and set of principles for recovery. A standard, unified working definition will help advance recovery opportunities for all Americans, and help to clarify these concepts for peers, families, funders, providers, and others.

ANTECEDENTES

La recuperación se ha identificado como un objetivo principal para la atención de la salud del comportamiento. En agosto de 2010, los líderes en el campo de la salud del comportamiento, compuestos por personas en recuperación de problemas de salud mental y uso de sustancias y SAMHSA, se reunieron para explorar el desarrollo de una definición de trabajo común y unificada de recuperación. Antes de esto, SAMHSA tenía definiciones separadas para la recuperación de trastornos mentales y trastornos por uso de sustancias. Estas diferentes definiciones, junto con otras definiciones de agencias gubernamentales, complican la discusión mientras trabajamos para expandir la cobertura del seguro médico para los servicios de apoyo para el tratamiento y la recuperación.

Basándose en estos esfuerzos y en consulta con muchas partes interesadas, SAMHSA ha desarrollado una definición de trabajo y un conjunto de principios para la recuperación. Una definición de trabajo estándar y unificada ayudará a promover las oportunidades de recuperación para todos los estadounidenses y ayudará a aclarar estos conceptos para sus compañeros, familias, patrocinadores, proveedores y otros.

DEFINITION

Working definition of recovery from mental disorders and/or substance use disorders

A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

Through the Recovery Support Strategic Initiative, SAMHSA has delineated four major dimensions that support a life in recovery:

Health

Overcoming or managing one's disease(s) or symptoms—for example, abstaining from use of alcohol, illicit drugs, and non-prescribed medications if one has an addiction problem—and for everyone in recovery, making informed, healthy choices that support physical and emotional wellbeing.

Home

A stable and safe place to live

Purpose

Meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society

Community

Relationships and social networks that provide support, friendship, love, and hope

DEFINICIÓN

Definición obrero de recuperación de trastornos mentales y/o trastornos por uso de sustancias

Un proceso de cambio a través del cual las personas mejoran su salud y bienestar, viven una vida autodirigida y se esfuerzan por alcanzar su máximo potencial.

A través de la Iniciativa Estratégica de Apoyo a la Recuperación, SAMHSA ha delineado cuatro dimensiones principales que apoyan una vida en recuperación:

Salud

Superar o controlar la(s) enfermedad(es) o los síntomas de uno (por ejemplo, abstenerse del consumo de alcohol, drogas ilícitas y medicamentos no recetados si uno tiene un problema de adicción) y para todos en recuperación, tomando decisiones informadas y saludables que apoyen el bienestar emocional.

Hogar

Un lugar estable y seguro para vivir.

Propósito

Actividades diarias significativas, como trabajo, escuela, voluntariado, cuidado familiar o esfuerzos creativos, y la independencia, los ingresos y los recursos para participar en la sociedad.

Comunidad

Relaciones y redes sociales que brindan apoyo, amistad, amor y esperanza.

10 GUIDING PRINCIPLES OF RECOVERY

Hope	Relational
Person-Driven	Culture
Many Pathways	Addresses Trauma
Holistic	Strengths/Responsibility
Peer Support	Respect

Recovery emerges from hope

The belief that recovery is real provides the essential and motivating message of a better future—that people can and do overcome the internal and external challenges, barriers, and obstacles that confront them. Hope is internalized and can be fostered by peers, families, providers, allies, and others. Hope is the catalyst of the recovery process.

Recovery is person-driven

Self-determination and self-direction are the foundations for recovery as individuals define their own life goals and design their unique path(s) towards those goals. Individuals optimize their autonomy and independence to the greatest extent possible by leading, controlling, and exercising choice over the services and supports that assist their recovery and resilience. In so doing, they are empowered and provided the resources to make informed decisions, initiate recovery, build on their strengths, and gain or regain control over their lives.

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10 PRINCIPIOS DE GUIA DE RECUPERACIÓN

Esperanza	Relacional
Autónoma	Cultura
Muchos Caminos	Aborde de Trauma
Holistico	Fortalezas/ Responsabilidad
Apoyo de los Compañeros	Respecto

La recuperación surge de la esperanza

La creencia de que la recuperación es real proporciona el mensaje esencial y motivador de un futuro mejor: que las personas pueden superar y superar los desafíos, barreras y obstáculos internos y externos que enfrentan. La esperanza se internaliza y puede ser fomentada por compañeros, familias, proveedores, aliados y otros. La esperanza es el catalizador del proceso de recuperación.

La Recuperación es Autónoma

La autodeterminación y la autodirección son las bases para la recuperación, ya que las personas definen sus propias metas de vida y diseñan su (s) camino (s) único (s) hacia esas metas. Las personas optimizan su autonomía e independencia en la mayor medida posible al liderar, controlar y ejercer la elección sobre los servicios y apoyos que ayudan a su recuperación y resiliencia. Al hacerlo, se les empodera y se les proporcionan los recursos para tomar decisiones informadas, iniciar la recuperación, desarrollar sus fortalezas y ganar o recuperar el control de sus vidas.

Recovery occurs via many pathways

Individuals are unique with distinct needs, strengths, preferences, goals, culture, and backgrounds — including trauma experience — that affect and determine their pathway(s) to recovery. Recovery is built on the multiple capacities, strengths, talents, coping abilities, resources, and inherent value of each individual. Recovery pathways are highly personalized. They may include professional clinical treatment; use of medications; support from families and in schools; faith-based approaches; peer support; and other approaches. Recovery is non-linear, characterized by continual growth and improved functioning that may involve setbacks. Because setbacks are a natural, though not inevitable, part of the recovery process, it is essential to foster resilience for all individuals and families. Abstinence from the use of alcohol, illicit drugs, and non-prescribed medications is the goal for those with addictions. Use of tobacco and non-prescribed or illicit drugs is not safe for anyone. In some cases, recovery pathways can be enabled by creating a supportive environment. This is especially true for children, who may not have the legal or developmental capacity to set their own course.

Recovery is holistic

Recovery encompasses an individual's whole life, including mind, body, spirit, and community. This includes addressing: self-care practices, family, housing, employment, transportation, education, clinical treatment for mental disorders and substance use disorders, services and supports, primary healthcare, dental care, complementary and alternative services, faith, spirituality, creativity, social networks, and community participation. The array of services and supports available should be integrated and coordinated.

La Recuperación Ocurre en Muchas Vías

Los individuos son únicos con necesidades, fortalezas, preferencias, metas, cultura y antecedentes distintos, incluida la experiencia del trauma, que afectan y determinan su (s) camino (s) hacia la recuperación. La recuperación se basa en las múltiples capacidades, fortalezas, talentos, habilidades de afrontamiento, recursos y valor inherente de cada individuo. Las vías de recuperación son muy personalizadas. Pueden incluir tratamiento clínico profesional; uso de medicamentos; apoyo de familias y escuelas; enfoques basados en la fe; apoyo de los compañeros; y otros enfoques. La recuperación no es lineal, se caracteriza por un crecimiento continuo y un mejor funcionamiento que puede implicar contratiempos. Dado que los contratiempos son una parte natural, aunque no inevitable, del proceso de recuperación, es fundamental fomentar la resiliencia de todas las personas y familias. La abstinencia del consumo de alcohol, drogas ilícitas y medicamentos no recetados es el objetivo de las personas con adicciones. El uso de tabaco y drogas no recetadas o ilícitas no es saludable para nadie. En algunos casos, las vías de recuperación se pueden habilitar creando un entorno de apoyo. Esto es especialmente cierto para los niños, que pueden no tener la capacidad legal o de desarrollo para establecer su propio rumbo.

La Recuperación es Holística

La recuperación abarca toda la vida de una persona, incluida la mente, el cuerpo, el espíritu y la comunidad. Esto incluye abordar: prácticas de autocuidado, familia, vivienda, empleo, transporte, educación, tratamiento clínico para trastornos mentales y trastornos por uso de sustancias, servicios y apoyos, atención médica primaria, atención dental, servicios complementarios y alternativos, fe, espiritualidad, creatividad, redes sociales y participación comunitaria. La variedad de servicios y apoyos disponibles debe estar integrada y coordinada.

Recovery is supported by peers and allies

Mutual support and mutual aid groups, including the sharing of experiential knowledge and skills, as well as social learning, play an invaluable role in recovery. Peers encourage and engage other peers and provide each other with a vital sense of belonging, supportive relationships, valued roles, and community. Through helping others and giving back to the community, one helps one's self. Peer-operated supports and services provide important resources to assist people along their journeys of recovery and wellness. Professionals can also play an important role in the recovery process by providing clinical treatment and other services that support individuals in their chosen recovery paths. While peers and allies play an important role for many in recovery, their role for children and youth may be slightly different. Peer supports for families are very important for children with behavioral health problems and can also play a supportive role for youth in recovery.

Recovery is supported through relationship and social networks

An important factor in the recovery process is the presence and involvement of people who believe in the person's ability to recover; who offer hope, support, and encouragement; and who also suggest strategies and resources for change. Family members, peers, providers, faith groups, community members, and other allies form vital support networks. Through these relationships, people leave unhealthy and/or unfulfilling life roles behind and engage in new roles (e.g., partner, caregiver, friend, student, employee) that lead to a greater sense of belonging, personhood, empowerment, autonomy, social inclusion, and community participation.

Recovery is culturally-based and influenced

Culture and cultural background in all of its diverse representations—including values, traditions, and beliefs—are keys in determining a person's journey and unique pathway to recovery. Services should be culturally grounded, attuned, sensitive, congruent, and competent, as well as personalized to meet each individual's unique needs.

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La Recuperación es Soportado por Compañeros y Aliados

Los grupos de apoyo mutuo y ayuda mutua, incluido el intercambio de conocimientos y habilidades experimentales, así como el aprendizaje social, desempeñan un papel invaluable en la recuperación. Los compañeros animan e involucran a otros compañeros y se proporcionan mutuamente un sentido vital de pertenencia, relaciones de apoyo, roles valiosos y comunidad. Al ayudar a los demás y retribuir a la comunidad, uno se ayuda a sí mismo. Los servicios y apoyos operados por pares brindan recursos importantes para ayudar a las personas en sus viajes de recuperación y bienestar. Los profesionales también pueden desempeñar un papel importante en el proceso de recuperación al proporcionar tratamiento clínico y otros servicios que apoyan a las personas en sus caminos de recuperación elegidos. Si bien los compañeros y aliados desempeñan un papel importante para muchos en la recuperación, su papel para los niños y los jóvenes puede ser ligeramente diferente. El apoyo de los compañeros para las familias es muy importante para los niños con problemas de salud conductual y también puede desempeñar un papel de apoyo para los jóvenes en recuperación.

La Recuperación se Apoya a Través de Relaciones y Redes Sociales

Un factor importante en el proceso de recuperación es la presencia y participación de personas que creen en la capacidad de la persona para recuperarse; que ofrecen esperanza, apoyo y ánimo; y que también sugieren estrategias y recursos para cambiar. Los miembros de la familia, los compañeros, los proveedores, los grupos religiosos, los miembros de la comunidad y otros aliados forman redes de apoyo vitales. A través de estas relaciones, las personas dejan atrás roles de vida insalubres y/o insatisfactorios y se involucran en nuevos roles (por ejemplo, pareja, cuidador, amigo, estudiante, empleado) que conducen a un mayor sentido de pertenencia, personalidad, empoderamiento, autonomía, inclusión social, y participación comunitaria.

La Recuperación Tiene una Base y Influencia Cultural

La cultura y los antecedentes culturales en todas sus diversas representaciones, incluidos los valores, las tradiciones y las creencias, son claves para determinar el viaje de una persona y el camino único hacia la recuperación. Los servicios deben tener una base cultural, estar en sintonía, ser sensibles, congruentes y competentes, así como personalizados para satisfacer las necesidades únicas de cada individuo.

Recovery is supported by addressing trauma

The experience of trauma (such as physical or sexual abuse, domestic violence, war, disaster, and others) is often a precursor to or associated with alcohol and drug use, mental health problems, and related issues. Services and supports should be trauma-informed to foster safety (physical and emotional) and trust, as well as promote choice, empowerment, and collaboration.

Recovery involves individual, family, and community strengths and responsibility

Individuals, families, and communities have strengths and resources that serve as a foundation for recovery. In addition, individuals have a personal responsibility for their own self-care and journeys of recovery. Individuals should be supported in speaking for themselves. Families and significant others have responsibilities to support their loved ones, especially for children and youth in recovery. Communities have responsibilities to provide opportunities and resources to address discrimination and to foster social inclusion and recovery. Individuals in recovery also have a social responsibility and should have the ability to join with peers to speak collectively about their strengths, needs, wants, desires, and aspirations.

Recovery is based on respect

Community, systems, and societal acceptance and appreciation for people affected by mental health and substance use problems—including protecting their rights and eliminating discrimination—are crucial in achieving recovery. There is a need to acknowledge that taking steps towards recovery may require great courage. Self-acceptance, developing a positive and meaningful sense of identity, and regaining belief in one's self are particularly important.

La Recuperación se Apoya por Abordar el Trauma

La experiencia del trauma (como abuso físico o sexual, violencia doméstica, guerra, desastre y otros) casi siempre es un precursor o es asociado con el uso de alcohol y drogas, problemas de salud mental y problemas relacionados. Los servicios y apoyos deben estar informados sobre el trauma para fomentar la seguridad (física y emocional) y la confianza, así como promover la elección, el empoderamiento y la colaboración.

La Recuperación Involucra Fortalezas y Responsabilidades Individuales, Familiares y Comunitarias

Las personas, las familias y las comunidades tienen fortalezas y recursos que sirven como base para la recuperación. Además, las personas tienen la responsabilidad personal de su propio cuidado personal y sus caminos de recuperación. Los individuos deben recibir apoyo en hablar por sí mismos. Las familias y otras personas importantes tienen la responsabilidad de apoyar a sus seres queridos, especialmente a los niños y jóvenes en recuperación. Las comunidades tienen la responsabilidad de brindar oportunidades y recursos para abordar la discriminación y fomentar la inclusión social y la recuperación. Las personas en recuperación también tienen una responsabilidad social y deben tener la capacidad de unirse a sus compañeros para hablar colectivamente sobre sus fortalezas, necesidades, deseos, anhelos y aspiraciones.

La Recuperación se Basa en el Respeto

La comunidad, los sistemas y la aceptación social y el aprecio por las personas afectadas por problemas de salud mental y el uso de sustancias-- incluyendo proteger sus derechos y eliminar la discriminacion--son cruciales para lograr la recuperación. Es necesario reconocer que dar pasos hacia la recuperación puede requerir un gran valor. La autoaceptación, desarrollar un sentido de identidad positivo y significante, y la recuperación de la fe en uno mismo son particularmente importantes.

Drawing on research, practice, and personal experience of recovering individuals, within the context of health reform, SAMHSA will lead efforts to advance the understanding of recovery and ensure that vital recovery supports and services are available and accessible to all who need and want them.

Please see SAMHSA's Recovery Support Initiative (http://www.samhsa.gov/recovery) for more information on recovery.

SAMHSA

Basándose en la investigación, la práctica y la experiencia personal de las personas en recuperación, dentro del contexto de la reforma de salud, SAMHSA liderará los esfuerzos para avanzar en la comprensión de la recuperación y garantizar que los apoyos y servicios de recuperación vitales estén disponibles y accesibles para todos los que los necesitan y los desean.

Por favor miren la Iniciativa de Apoyo a la Recuperación de SAMHSA (http://www.samhsa.gov/recovery) para más información en la recuperación.

SAMHSA

Sample Summit Program: San Joaquin County

LEAD the Way: Speak Out and Make Change

Resource Fair
Check out community organizations and services available in San Joaquin County. Informative handouts and web links available for each agency on the Resource Fair page at www.camhpro.org/resource-fair.

Virtual Lobby
Meet with peer staff and other attendees to ask questions, get to know each other, or to just take a break with others during the conference. This is an open chat Zoom room. Click on link on Summit webpage, or use Zoom link: https://us02web.zoom.us/j/85804603637, Zoom ID 858 0460 3637

Technical Support
For questions about how to access the online Zoom rooms or to navigate the website, reach out to our partners from Painted Brain at 818-930-6621, Rashawn.morris@paintedbrain.org.

Workshops

Your Advocacy Makes a Difference
https://us02web.zoom.us/j/82796663415 (Main Auditorium Zoom Room)
- ***Sally Zinman**, Executive Director of CAMHPRO*
- ***Robyn Gantsweg**, Disability Rights California*

Information, tools, and strategies on effectively impacting behavioral health policy, planning, and services. Explore methods for self-advocacy and being an effective advocate and meaningfully participating in systems change.

Storytelling Changes Minds
https://us02web.zoom.us/j/85264325700
- ***Michael Fields**, Executive Director of Peer Recovery Services*

Storytelling, targeted sharing of lived experiences, is a strong advocacy tool. Stories are one of the most effective ways to impart information and to educate others about issues that matter. This workshop will demonstrate the art of storytelling and show its effectiveness.

Wellness & Recovery Action Plan (WRAP)
https://us02web.zoom.us/j/85491801927
- ***Karen Walker**, Certified Peer Recovery Coach, Manager at Manteca Wellness Ctr.*

Join a discussion on The Wellness Recovery Action Plan (WRAP®) - a personalized wellness and recovery system born out of and rooted in the principle of self-determination.

Evaluations
Please take a few minutes to complete the evaluation survey to help us with our reporting on the event. Gift card given upon completion of survey. Click on Evaluation Survey Link on the Summit webpage or
https://www.surveymonkey.com/r/HDNC9BF

LEAD
LIVED EXPERIENCE • ADVOCACY • DIVERSITY

SUMMIT
San Joaquin County

WELCOME TO SAN JOAQUIN COUNTY

LEAD the Way!
Speak Out and Make Change!
Click on link at
www.camhpro.org/lead-summit

Free
Virtual Conference
10 a.m. to 2:30 p.m.
TUESDAY AND WEDNESDAY
March 30-31
2021

Peer Recovery PRS Services

The Wellness Center of San Joaquin County
Funded by San Joaquin County Behavioral Health Services
Manteca Wellness Center
Funded by Dignity Health Community Foundation

LEAD is a program of the California Association of Mental Health Peer-Run Organizations (CAMHPRO) and is funded through the Mental Health Services Oversight and Accountability Commission (MHSOAC).

MHSOAC

Back Cover **Front Cover**

Day One: Tuesday, March 30, 2021

Speak Out: Peer community express their needs

10 a.m. **Summit Adventure Begins**
Explore: Resource Fair, Virtual Lobby, Technical Support
Icebreaker with Painted Brain

10:30 a.m. **Welcome Message**
Sally Zinman, Executive Director of CAMHPRO
Michael Fields, Executive Director of Peer Recovery Services

10:45 a.m. **Speak Out:** A Personal Story — *Troia Cephas*

10:55 a.m. **Special Address:**
-Tony Vartan, Director of San Joaquin Behavioral Health
Keynote Speaker: The Importance of Speaking Out
Zuleima Houtekamer-Abid, Mental Health Advocate & Community Organizer

San Joaquin County Behavioral Health leaders will stress the major roles peers must have in the envisioning, development and implementation of local and state mental health policies and programs. Peers "speaking out" are change agents who lead the way to quality health services and supports.

11:20 a.m. **Panel Presentation: Identify and Prioritize Community Needs**

Virginia Wimmer, Troia Cephas, Anita Perez, Isabel Sandoval

Explore the results and issues from five Listening Sessions hosted in San Joaquin County during which peers gathered to explore, discuss, and prioritize their needs and ideas.

12:30 p.m. **Break/Entertainment**— 1 Degree of Separation—*Brad Bonar Jr.*

1 p.m. **Discuss Community Needs— Breakout Rooms**
Expand on the needs and topics expressed by the Listening Session panelists. There will be an online survey on the Summit webpage, camhpro.org, that will be open throughout the Summit for participants to vote on their highest priorities among these identified needs.

2 p.m. **Preview of Day #2**
Meet and Greet: Local Resources and Organizations
Resource Fair service providers answer questions and describe their services to participants.

2:30 p.m. **End of Day #1**

Day Two: Wednesday, March 31, 2021

Make Change: Advocacy and collaboration, tools and resources

10 a.m. Explore: Resource Fair, Virtual Lobby, Technical Support
Icebreaker with Painted Brain

10:30 a.m. **Welcome Message**
Andrea Wagner, Program Manager of LEAD
Michael Fields, Executive Director of Peer Recovery Services

10:45 p.m. **Make Change:** A Personal Story — *Karen Walker*

10:55 a.m. **Special Address:**
-Tony Vartan, Director of San Joaquin Behavioral Health
Keynote Speaker: Realizing Your Goals Through Advocating
-Thurnell Clayton, Retired Mental Health Specialist III

The next step, after identifying your goals, is advocacy to make them happen. The presenter will review evidence that advocacy makes a difference and describe components of advocacy that are effective. Advocacy has changed the landscape and has the potential to transform the mental health system more.

11:20 a.m. **Panel Presentation and Q & A: Collaboration Gets Things Done**
Peter W. Ragsdale, Executive Director, Housing Authority of SJC
Supervisor Kathy Miller, District 2
Tasso Kandris, Behavioral Health Board President
Gertie Kandris, Legislative Advocate
Angelo Balmaceda, San Joaquin County MHSA Coordinator

This is an opportunity for leaders to hear from and collaborate with their peer constituents to improve mental health services.

12:30 p.m. **Break/Entertainment**— 1 Degree of Separation –*Ellis Rodriguez*

1 p.m. **Workshops** *(See descriptions on back of program.)*
- Your Advocacy Makes a Difference
- Storytelling Changes Minds
- WRAP

2 p.m. **Review Priority Poll**
Meet and Greet: Local Resources and Organizations
Resource Fair service providers answer questions and describe their services to participants.

2:30 p.m. **End of Summit**

Go to camhpro.org/lead-summit, OR go to Zoom Room Link: https://us02web.zoom.us/j/82796663415

Listening Session Data

Project Return:

Goal	Oct. 12	Oct. 19	Oct. 26	Pilot/Sept. 28	Totals
Low or No Cost MH Services for Everyone	IIII i 5	III 3	IIII i 5		13
More clinics and centers and resources	IIII 4	IIII i 5	II 2	IIII i 5	16
Less wait time for appointments AND less time for intake process	I 1	II 2	III 3	II 2	8
Expanding hours to evenings and weekends	II 2	I 1	II 2		5
Empathy, respect to Hispanic people by providers	II 2	II 2	III 3		7
Bilingual providers	II 2	I 1	I 1		5
Self-empowerment, taking ownership, advocacy, self-care/education	IIII 4	IIII i 5	II 2	I 1	12
Increased staff and training at schools about MH and to families	III 3	0	IIII iiii IIII iiii II 18	I 1	22
Increased funding from local, state, and federal sources	IIII 4	II 2	II 2	I 1	9
Male and Female providers	I 1	0	I 1		2
Daycare/childcare for parents in services	I 1	II 2	I 1		4
Education and controls about prescription drugs	I 1	0	I 1		2
Services for the elderly	II 2	I 1	I 1		4
Going out into the communities	I 1	I 1	I 1	I 1	4
Phone counseling	0	II 2	0		2
Building relationships and communication with public officials; oversight	II 2	II 2	IIII i 5		9
Training and relationship building with police officers	II 2	I 1	IIII i 5		8
Food and shelter and showers, helping homeless	III 3	IIII i 5	III 3		11
Art, crafts, recreational and sports activities, beauty salons, walk-in/ community centers	I 1	I 1	III 3	IIII i 5	10

Listening Session Data

Project Return (continued):

Goal	Oct. 12	Oct. 19	Oct. 26	Pilot/Sept. 28	Totals
Outreach and awareness on billboards, TV and social media	I 1	IIII iiii I 9	IIII 4	IIII iiii III 11	25
Annual MH checkups, just like physical	0	I 1	0		1
Nutrition education and availability of nutritious foods	0	0	IIII 4		4
Anti-discrimination, ending stigma, improving perceptions	II 2	II 2	III 3	IIII iiii II 10	17
Services closer to home	0	I 1	0	I 1	2
Less talk, more action	0	II 2	III 3		5
Services looking the same in every community, regardless of income/area				IIII 4	4
More peer respite homes				II 2	2
Access and financial assistance for MH medications				II 2	2
Financial assistance for non-traditional or holistic services				II 2	2
CPR training for anyone in communities				I 1	1

POCC:

Topic	African American and Black Voices Nov. 17	Fremont and Afghan Voices Dec. 1	Asian and Pacific Islander Voices Dec. 3	All Voices Dec. 8	Latinx Voices Dec. 15	Totals
Access to Services						
Expanding services – across counties, infrastructure	II 2	III 3				5
Services for families		III 3				3
More community centers				I 1		1
Going to people's homes, community outreach	III 3	II 2		I 1		6
Address COVID challenges for wellness		I 1		I 1	I 1	3
Less pharmaceuticals				I 1		1

Listening Session Data

Topic	African American and Black Voices Nov. 17	Fremont and Afghan Voices Dec. 1	Asian and Pacific Islander Voices Dec. 3	All Voices Dec. 8	Latinx Voices Dec. 15	Totals
Access to Services						
Staying connected with technology – digital divide (includes training and providing computers and wifi)	I 1		I 1	II 2	I 1	5
Peer Support; self-help; Support groups (Mentions: Best Now, POCC, WRAP/WELLNESS PROGRAM, Lake Merritt, Crossroads shelter, Reach Out, support for elderly, STEP, Hearing Voices groups, 10X10 Wellness Program, Casa Ubuntu Bonita House, PEERS, NAMI, church groups)	III 3	IIII iiii I 9	III 3	IIII iiii IIII iiii I 17	IIII 4	36
Peer Respites (Including ones for Substance Use and LGBTQ)	IIII i 5			IIII i 5		10
Depression unseen or believed in Afghan community by health care providers		III 2				2
Commitment to provide services for Black/Latinx/Asian communities	I 1					1
Equal services for the Latinx community – More training on culture, translators, hearing voices group/support, LGBTQ				IIII 4	I 1	5
Services and materials in Spanish - peer support (including peer training – PEERS, BESTNOW, POCC, support groups, webinars, providers, pamphlets, crisis line) language barriers					IIII iiii IIII ii 14	14
Substance use disorder programs in housing or community	II 2			I 1		3

Listening Session Data

POCC (continued):

Topic	African American and Black Voices Nov. 17	Fremont and Afghan Voices Dec. 1	Asian and Pacific Islander Voices Dec. 3	All Voices Dec. 8	Latinx Voices Dec. 15	Totals
Ways to stay sober while homeless			II 2			2
Trouble finding therapist, more therapists (more organizations like "La Clinic de la Rasa")			I 1	I 1	II 2	4
Attitudes, Stigma, and Education/Outreach						
Racism, systemic oppression, discrimination (including against Asians about COVID and police violence and BLM and LGBTQI)	IIII 4		II 2	II 2	IIII ii 6	14
"Silent stigma" - Cultural denial of problems with each other; shame/blame; Cultural or internal stigma and not wanting to share		IIII 4	IIII iii 7			11
Community or agency stigma – for services and employment			II 2	I 1	II 2	5
Education on how to best approach certain cultures to help; no force; Education about confidentiality	I 1	IIII iiii 8	II 2		I 1	12
Education about gun violence and mental health	I 1					1
Language barriers; including on media, TV		IIII iii 7	I 1	I 1	I 1	11
Communication between adults and children; conflict of immigrant culture and children raised in U.S. culture		IIII i 5				5
Intergenerational trauma, displacement		I 1				1
Feelings of isolation and invisibility (youth and older adults)		IIII iii 7				7

Listening Session Data

POCC (continued):

Topic	African American and Black Voices Nov. 17	Fremont and Afghan Voices Dec. 1	Asian and Pacific Islander Voices Dec. 3	All Voices Dec. 8	Latinx Voices Dec. 15	Totals
Training to prevent bullying in shelters with staff	I 1					1
Peer education for children and youth	I 1					1
Emotional intelligence training for adolescents	I 1					1
Education about existing services	I 1				I 1	2
Acceptance of other forms of traditional or alternative therapies, non-corporate medications and treatment			II 2	I 1		3
Policy makers speaking for consumers and not listening to personal stories			I 1			1
Suicide awareness program for homeless			II 2			2
Cultural awareness about autism, especially in the Black community				I 1		1
LGBTQ representation – among employed peers, in housing; more education on issues; financial opportunities				I 1		1
Conflicts between African American and Latinx; priorities depending on ethnicity					I 1	1
Outreach and education on radio, TV, or in libraries about MH					I 1	1
Education about Latinx and acceptance					I 1	1
						83
Crisis Response and Law Enforcement						
Crisis Response not appropriate help		III 3 Fremont		II Oakland 2	I 1	6
Crisis help needs more hours after hours or weekends	I 1	I 1		I 1		3

Listening Session Data

POCC (continued):

Topic	African American and Black Voices Nov. 17	Fremont and Afghan Voices Dec. 1	Asian and Pacific Islander Voices Dec. 3	All Voices Dec. 8	Latinx Voices Dec. 15	Totals
Fear of police; training of police (including cultural)	IIII ii 6	I 1	I 1	III 3	I 1	12
Having peers on crisis calls; also for mothers/parents in crisis	IIII iiii IIII ii 14		I 1	IIII i 5		20
Rights during crisis – using own hygiene items like hand sanitizer; WRAP plan; no restraints; autonomy	IIII 4					4
Police who listen and respond, elimination of prejudice in responding to people who speak Spanish; building trust					IIII iii 7	7
More training to investigate abuse in mental hospitals, and gangs				I 1	II 2	3
						55
Basic Needs						
High rent costs; affordable housing or housing for financial hardships; safe housing	IIII i 5	I 1	II 2	II 2		10
Housing for refugees; equal opportunity housing	I 1	I 1				2
Meal/grocery delivery (includes North Oakland Missionary Baptist Church)	II 2			II 2		4
Transportation issues	I 1					1
Financial Assistance			I 1			1
Helping people with MH issues to get support with basic needs, haircuts, clothing, etc.					I 1	1
Telecare – housing homeless and helping people get SSI				I 1		1
						20

Listening Session Data

POCC (continued):

Topic	African American and Black Voices Nov. 17	Fremont and Afghan Voices Dec. 1	Asian and Pacific Islander Voices Dec. 3	All Voices Dec. 8	Latinx Voices Dec. 15	Totals
Employment						
Transferring of credentials and education across nations for immigrants so they don't have to start over		III 3			I 1	4
More opportunities for living wages or volunteer jobs for Peer Support Specialists with SB803; Consumer Run Programs; creativity and entrepreneurship	IIII iiii 9		I 1	IIII iiii I 9	I 1	20
Financial literacy needed to help managing work and mental health			I 1	I 1	I 1	3
Low wages					I 1	1
Business license information only provided in English					I 1	1
						29
Other Issues and Ideas						
Help for Visas and people who just arrived as immigrants		I 1	I 1			2
Domestic Violence		I 1				1
Depression		III 3				3
African American holistic center in Berkeley	I 1					1
Help for people after coming out of incarceration (of any kind) – Re-entry assistance	I 1		IIII 4			5
Pronoun awareness				I 1		1
Afghan Youth spaces/programs to learn about culture in a positive light		I 1				1

Listening Session Data

POCC (continued):

Topic	African American and Black Voices Nov. 17	Fremont and Afghan Voices Dec. 1	Asian and Pacific Islander Voices Dec. 3	All Voices Dec. 8	Latinx Voices Dec. 15	Totals
Hip hop programs for youth in schools (including Today's Future Sound, Hip Hop for Change, Beats Rhymes Life)				I 1		1
Opportunities to speak out and advocate	I 1			I 1	I 1	3
Investigating and controlling pharmaceutical companies who make drugs that affect mental health					II 2	2
More stop signs in the community; fixing potholes; trash cleanup; sidewalks - safety	I 1				IIII i 5	6
Training for AC transit drivers about how to treat people with disabilities and empathy for Latinx and other cultures					II 2	2
Scholarships for mental health training for low-income (Latinx)					I 1	1
Equality for youth in schools and language accessibility					I 1	1
						30

Listening Session Data

Peer Recovery Services:

Topic	Veterans Feb. 3	Rural Feb. 4	Latinx Feb. 5	Totals
Access to Services				
Need for more mental health providers	**1**	**1**	**2**	**4**
Resources for uninsured; insurance issues			2	2
Improving Medi-Cal			1	1
Services available after hours	1			1
Resources in Spanish			3	3
Bilingual providers			2	2
Less wait time for appointments			3	3
Affordable rehab			1	1
Hispanics, low or underinsured, likely due to immigration or citizenship status			1	1
Having virtual providers	2			2
Public transportation – bus routes spread too far apart; needs extended to smaller communities like Thornton		**4**		**4**
Digital divide - no internet; people do not use internet; need devices provided; need education on using devices and online services; Public Wi-fi		3		3
COVID-19 barriers		2		2
				29
Quality and Scope of Care				
Military Sexual Trauma (MST) – Males ignored and stigmatized for it; not enough treatment for MST for either men or women	5			5
Inpatient treatment that does not feel like prison; isolated	3			3
Hospice care community partnerships	2			2
Resources for families	1			1
Peer support for veterans	**2**			**2**
Peer support in recovery, including groups		**5**	**3**	**8**
Peer respite houses and "crisis homes"		**3**	**1**	**4**
Wellness centers in rural communities		**2**		**2**
Minimize veterans' suicide	2			2
"Higher functioning" slipping through the cracks			1	1
Confidentiality	1			1
				31

Listening Session Data

Peer Recovery Services (continued):

Topic	Veterans	Rural	Latinx	Totals
	Feb. 3	Feb. 4	Feb. 5	
Crisis Response				
First responders and mental health calls – improving police response (includes training and mental health responders)	**8**			**8**
Police response to veterans – stigma, fear, pulling a gun	2			2
Fear of Child Protective Services being involved if a person reports mental health issues; law enforcement and losing or separating from children	2		1	3
Noncoercive care		1		1
Informed consent		1		1
Fear of deportation if disclosing mental health issues			1	1
				16
Outreach and Education				
Opportunities to include law enforcement for public discussion and listening sessions	1			1
Strategic partnership between mental health system, law enforcement, and the Latinx community			2	2
Education about services already available – also outreach to people experiencing homelessness	**4**	**1**		**5**
2-1-1 needs information about veterans' services	**4**			**4**
Opportunities to advocate	1		1	2
Education on medications and treatment			1	1
Education on nutrition in the Latinx community			1	1
Education in the home about mental health			1	1
Outreach to the Hispanic population			1	1
Resources directly for children and youth in schools for mental health			4	4
				22
Cultural Competency, Stigma, Attitudes				
Stigma about PTSD	3			3
"Red, White, Blue" ally training for teachers, administrators, and community to support veterans; Inform, provide, educate, and understand (IPEU)	3			3
Intersectionality of race, gender, and veteran PTSD	1			1
Culturally competent care		**3**	**2**	**5**

Listening Session Data

Peer Recovery Services:

Topic	Veterans	Rural	Latinx	Totals
	Feb. 3	Feb. 4	Feb. 5	
Sensitivity training for clinicians and providers	1			1
Culturally rooted healing practices instead of punitive ones			2	2
Mandatory training on cultural competency and cultural humility, including LGBTQ+ and anti-racism		1		1
Communication barrier in the Latinx community – need acceptance of mental health in families; stigma within culture			**6**	**6**
Misdiagnosis due to language barriers			2	2
Fear of labeling; stigma			3	3
Stigma about homelessness		2		2
Public, open events for youth and families to break down stigma			2	2
Zoom meetings to educate and reduce stigma			1	1
Collaboration with local churches			2	2
				34
Other Needs and Ideas				
Housing and wrap-around services for veterans who face homelessness	4			4
Veteran Collaboratives (Mary Ellen Salzano)	2			2
Employment support for veterans with PTSD/TBI	3			3
School/Education support for veterans with PTSD/TBI	2			2
Safe and affordable housing		**6**		**6**
Transitional housing		**1**		**1**
Stopping predatory landlords who take advantage of people with mental health challenges		**2**		**2**
Universal income		1		1
Youth in leadership roles			1	1
Thornton Housing Department – weekly Zoom meetings/workshops and resources		1		1
South Stockton infrastructure		1		1
Food banks giving substandard food		1		1
Using public buildings for support groups		1		1
More physical activity for mental health			1	1
				27
	61	43	55	159

Listening Session Data

Transitions Mental Health Association/PAAT:

LEAD + PAAT Listening Session Notes
March 5, 2021
3:00pm – 4:30pm
Question 1: *What is being done or do you see that is right, good, or positive in your community?*

****from pre-event survey**

-an effort to combat the negative stigma of mental health/mental illness by education and outreach
-people are continuing to be hopeful and supportive of each other
-peer-to-peer work
-strong, potential to develop and progress à opportunities to engage peers in our community; Telehealth has transformed inter-agency collaboration and opportunities for peers to get connected to appropriate services/advocacy efforts/etc.
-collaboration is building momentum between agencies
-helping people in homelessness
-dialogues between people in the community
-peer support, advocacy, crisis support for adults
-Increase in: advocacy, de-stigmatization efforts, prevention, early intervention, self-driven wellness and recovery
-There are some mental health providers, such as staff at TMHA, that show obvious signs of wanting to make a positive impact in our community
-I see that people are trying to become more accepting and aware about mental health and illnesses
-Community living situations and the way it works
-Groups, learning at work (growing grounds), all communication with friends, etc.
-Wellness Centers: more accessible groups; slowly transitioning to in-person
-provide support for folks who may be experiencing isolation, increase in mental health struggles, etc.
-Suicide Prevention: increase in advocacy efforts and PEI activities/engagement in our community; destigmatization; seems to be more of a broad community awareness of/sensitivity to mental health and suicide prevention and needs of those who may be struggling à on individual, family (for folks who have loved ones who struggle with mental illness), and community-levels
-Prado (at end of July) will have their detox up and running
-Morro Bay has put out permit for detox/ treatment center, county will approve?

Question 2: *What are your needs regarding mental health and related areas of interest? What is missing?*

-NAACP chapter in SLO – piece that's missing is Health Committee (Health Chair?) (working with Public Health but lacking in mental health representation/advocacy à further develop and design committees, task forces for minority populations & target mental health issues/ struggles in populations à more accessible services
Great opportunities for growth and representation and advocacy
-mental health must be at forefront of social justice & efforts in SLO county as awareness increases
-education; PEI resources; emergency and crisis services; training; trauma-informed services; reform
-included in individuals/communities that are marginalized in our society must be recent immigrants, those who have been affected by traumas by racism and systemic oppression à must be more proactive and intentional about ameliorating community stressors and eliminating barriers in accessing services/resources
-form positive relationship with Cadet Academy in Santa Maria to implement training (on MH, crisis intervention, MI, etc.) in the beginning of training; mandatory trainings each quarter, year,… normalize that training/those conversations in the beginning & throughout training/employment
-in Atascadero (law enforcement), increase staff (peer advocates, mental health professionals, crisis counselors, social workers) to respond to crisis calls rather than police officers being first responders; need male and female to respond; already engaging in advocacy efforts to create this MH team in Atascadero – expand into rest of SLO county (look at pilot program in Denver, CO)
-stigma eradication

Listening Session Data

Transitions Mental Health Association/PAAT:

-have more frequent discussion about the LGBTQ+ community and how it related to mental health à too often I see they are treated as different things but we know they actively affect each other

-missing: more concentrated way of addressing loneliness and isolation that lessens social supports during this pandemic (even more so than before); particularly with regard to older adults (Wilshire, SLO Hospice)

-high-need clients that don't have the skillset to navigate systems on their own are difficult to connect to services à VI-SPDAT (vulnerability index survey used to determine most vulnerable folks in community to get connected to housing services) sometimes challenging to get completed due to limited providers completing

-groups on CBT; variety of therapy severely lacking; hard to find providers that are accepting new clients, have a variety of modalities they offer;

-crisis intervention and trauma specialist(s)

-onsite COVID-safe support for those w/o access to technology. Housing support for clients w/ moderate to severe mental illness who have funds (non-MediCAL) and don't qualify for County BH

-More awareness and promotion of de-stimatization and wellness by those who may influence public policy, employers or are in mass media

-I wish there was **more attention to mental health in areas of medical services that don't necessarily focus on it**. For example, nurses being better trained to deal with patients who may be coming in that have extreme anxiety. Or maybe there is a designated area set up in clinics/ cover vaccination sites for people who are experiencing sensory overload/anxiety/ to calm down and be assisted during their medical visit

-We are missing more **culturally competent therapists, psychiatrists, and support groups that meet the needs of our younger population**

-AND many do not take clients/have any openings – don't take insurance, too expensive, etc.

-I think we need to advocate and give more resources, along with attending those who are struggling and not truly seeking out help on their own. I think that more resources, and attention is missing, they always just put it out there, but never truly follow-up or check up on how you are doing [ISOLATION]

-particularly relevant in older adult populations; technological barriers/limitations; (need: increase tech literacy/accessibility?)

-Peers to go to school with is important though the main fraction is getting along

-Loved ones/family members: services have fallen short, not very many therapists (particularly through CBH) that are available à gaining access to mental health professionals (therapists, group therapy) is hard (both w/ private insurance and MediCal/CenCal for CBH)

-Limited resources for folks

-usually family members are the primary supporters in getting their loved ones to connect with services à how are family services in our community?

-current services = only for adults with young children, or only option is to talk with the parents; **we need services for older adults and their families** … lacking in: collaborative education experiences, competence, à include older adults and their families (both adult children and young children)

-if adult, there exists a barrier in talking about/accessing/connecting with services (more stigmatized? Don't know services are available? Need to be a part of that treatment)

-Difficult to navigate / know what kinds of services are available

-Neurological issues + mental health concern

-Chronic Illnesses

-Co-occuring disorders (substance use disorder, physical health concerns)

-Folks who experience the above, get passed around to different providers / services, aren't getting accurate/appropriate services that assist individual

-missing: Continuity of care à continuum of care (lack of communication + collaboration between agencies and providers)

-Cross training between mental health providers and medical providers

Listening Session Data

Transitions Mental Health Association/PAAT:

would help improve continuity and continuum of care à collaborate enhances services

-currently, therapists don't understand magnitude of co-occurring dx (how medical condition physically impacts mental and emotional health)

-create / support / sustain wrap around services

-Only ~5% of crisis calls are from non-English speaking folks à prioritize outreach to non-English speaking communities; more diverse services and eliminating the barriers for monolingual Spanish speakers in our community!

Question 3: *If you had a magic wand, what would you like to see happen or change to meet these needs?*

-need: **HARM REDUCTION**: detox centers/ treatment centers/drying center(saving peoples' lives! Not a punishment! Voluntary admission) – solution: **low-barrier to no-barrier access to treatment** (harm reduction!) rather than forcing folks into detox – the more barriers you put in place, the less folks will access;

-we talk about harm reduction/have trainings on harm reduction, but those ideas and strategies are not actualized in our county! Get community partners and CBH on board

-NEED: Harm Reduction Advisory or Task Force in County – led by CBH included in working hours; collaborating with partnering agencies in community (TMHA, CAPSLO, RISE, etc.) à necessary to include loved ones, stakeholders, peers, family members at the table!

-Getting involved in NAACP and RaceMatters SLO: partnering with them in future; furthering initiatives for mental health reform and support and services in communities

-PEI Programs? CSS Programs?

-Transportation: to be able to make MH appointments, maintain consistent support; bus passes? Safe transit?; also works to **eliminate barriers** to accessing services/resources/ support

-often, only independent mode of transportation for folks; very limiting in options for services (sometimes too far away, how far do I have to walk/what if I have a physical disability?)

-Ice Breaker Group (once a month?) – Q&A, open, casual discussion to help parents/children to feel more comfortable accessing services, getting information; create a safe space to explore resources in community à sometimes it can be scary/frustrating/ overwhelming to start looking for services for children, especially with apathetic or unmotivated teens/ adolescents who are not necessarily interested in getting support and/or treatment

-Teen Task Force

-ELIMINATE STIGMA! J

-Teens and youth experiencing mental healthy struggles: create "mentorship program": connect with one mentor to support them through school, achieve educational/professional/personal goals, offer support and guidance to youth/adolescents to assuage any anxiety or worry in beginning recovery/connecting with someone who can help (peer mentor)

-Many traumatized children (stemming from pandemic, isolation, mourning loss of school experiences, lack of connection, etc.) coming into the MH system – create programs/offer services that can act as PEI

-People communicating needs and openness to addressing those needs

LEAD + PAAT Listening Session Notes

February 22, 2021

(TAY Population)

3:00p-4:30pm

Question 1: *What is being done or do you see that is right, good, or positive in your community?*

****from pre-event survey**

-an effort to combat the negative stigma of mental health/mental illness by education and outreach

-people are continuing to be hopeful and supportive of each other

-peer-to-peer work

-collaboration is building momentum between agencies

Listening Session Data

Transitions Mental Health Association/PAAT:

-helping people in homelessness

-dialogues between people in the community

-peer support, advocacy, crisis support for youth -

-Cuesta MH services/counseling services: positive environment; welcoming; help to assuage feelings of discomfort & hesitancy;

-attentive staff; readily refer out as needed by students

-follow up = super helpful! (phone calls, check-ins)

Question 2: *What are your needs regarding mental health and related areas of interest? What is missing?*

-Cal Poly = more reluctant to engage in outside services/referrals; a lot of students fall through cracks

-high demand, not enough services

-Lack of services/providers (therapist, psychiatrists, case managers, etc.); not affirming of LGBTQ+ communities; need: adequate and thorough training

-Difficult to find resources related to my needs that are easily accessible à challenging to find resource/ services that attend to specific needs (support groups, MH treatment, family services;

-High school: only one therapist! Most resources distributed aren't very practical (?) (phone numbers, pamphlets, etc.); puts burden of responsibility on student/they have to do the work as opposed to assisting students in accessing/navigating those resources;

-Be better about giving people initial push – perhaps a program that helps students navigate the first steps/initial connection to services (be guided in that process with support + empathy)

-Warm handoff! à helping people first engage in services + stay connected with services

-How do we get that info out there?

-**social media** & physical signs/flyers/ pamphlets around campus

-simplify process & make info accessible for ppl who are just starting out & don't really have knowledge of insurance, how to connect with people, who to talk to, etc.

-Peer liaison in social media world (Insta, Snapchat, etc.)

-Have peer club or support groups that brings that info to the campus/other students; a place to go when you have questions or want more information or want to get connected to MH services; normalize MH services/seeking services

-build community

LEAD + PAAT Listening Session Notes

February 8, 2021

11:00am-12:30pm

Question 1: *What is being done or do you see that is right, good, or positive in your community?*

****from pre-event survey**

-an effort to combat the negative stigma of mental health/mental illness by education and outreach

-people are continuing to be hopeful and supportive of each other

-peer-to-peer work

-collaboration is building momentum between agencies

-helping people in homelessness

-dialogues between people in the community

-peer support, advocacy, crisis support for adults

-T-MHA is stepping up to fill the void à wellness centers doing more things; trying to actively get people into groups; helps with loneliness (groups on weekends/ evenings); folks OUTSIDE area are participating (bigger reach!)

-folks experiencing homelessness weren't getting services before – in Atascadero, service providers going out where the folks experiencing homelessness are; getting to KNOW individuals and connect them with appropriate/ supportive services à better use of TMHA services

-JOBS/T-MHA Employment Services (training): more people are being told about Growing Grounds Farm; kind of

Listening Session Data

Transitions Mental Health Association/PAAT:

like group therapy; great outside project; job club, groups; help connect with; *community & therapeutic environment*

-TMHA housing: TMHA staff from wellness center brought gifts for holidays to housing residents à community outreach and connection; "filling the void" in isolation/loneliness

-Hotline: attends to need (isolation), brief therapy for folks experiencing mild to moderate mental health concerns; limited scope, but poignant and very needed

-BALANCE TREATMENT: clinical piece for folks who have private insurance; try to make it very approachable/accessible; serve ppl experiencing mild to moderate mental health; been very successful with on-site services, though Telehealth is available as well (COVID …; case management AND clinical services, but emphasis on clinical services; "sister" organization to TMHA, with focus on clinical, direct services for folks with private insurance; NO referral needed – client must call; *serve adults and adolescents

-Nami: increase outreach (direct services for those in need); lots of progress in relationship between NAMI and TMHA (primarily family services/helping loved ones); one representative = on hotline team; increased communication and inter-agency collaboration; enhance response time to better serve individuals in need;

-Law Enforcement + NAMI

-Lot more ppl willing to partner in MH issues/ initiatives; in past, not as responsive/open for collaboration; lot more ppl who realize this work is integrative (public/private/nonprofit sectors); although taken bit of time, beginning to see positive shift!

Question 2: *What are your needs regarding mental health and related areas of interest? What is missing?*

-stigma eradication

-have more frequent discussion about the LGBTQ+ community and how it related to mental health à too often I see they are treated as different things but we know they actively affect each other

-missing: more concentrated way of addressing loneliness and isolation that lessens social supports during this pandemic (even more so than before); particularly with regard to older adults (Wilshire, SLO Hospice)

-high-need clients that don't have the skillset to navigate systems on their own are difficult to connect to services à VI-SPDAT (vulnerability index survey used to determine most vulnerable folks in community to get connected to housing services) sometimes challenging to get completed due to limited providers completing

-groups on CBT; variety of therapy severely lacking; hard to find providers that are accepting new clients, have a variety of modalities they offer;

-crisis intervention and trauma specialist(s)

-onsite COVID-safe support for those w/o access to technology. Housing support for clients w/ moderate to severe mental illness who have funds (non-MediCAL) and don't qualify for County BH

-severely missing: addressing issues of systemic racism; how to better reach folks from variety of different cultures who've inevitable had difficulties with MH system; looking at more creative ways of being supportive to folks; how are BIPOC being oppressed in MH system? What can we do better?; not everyone wants to seek therapeutic/MH services for obvious reasons; surveying community (explore experiences of microaggressions, ensuring safety and respect; targeting issues, much more..)

-Cal Poly students and other young ppl (who may be on their parents' insurance) may have coverage in other areas, but this area may not offer therapists/ providers under their insurance (in-network providers); counseling center at Cuesta and Cal Poly are not suited for long-term care; lacking in availability of services; Balance Treatment been trying to meet that need, but has been quite difficult to meet need; many students have Kaiser, but Kaiser doesn't partner with/contract with BT (because market isn't big enough); difficulties exaggerated with COVID;

-not enough outreach for young adults (TAY); experience as young adult, wasn't aware of services available; education and outreach severely

Listening Session Data

Transitions Mental Health Association/PAAT:

lacking à restricts students from accessing necessary/ appropriate services; PEI is key program in MHSA (underfunded); PEI reduced the amount of

-no drug detox for folks with a dual diagnosis: double-standard – must be sober to get therapeutic/ psychiatric services, but need support in getting sober; we need a detox center!!! We need more tools!

-someone who've received services, know what it looks like/is like… loved ones don't quite understand/it is difficult to understand à must have understanding of what services are for folks who've not actively sought services/been thought mental health services

-if problems arise, must be able to recognize whether the problems/issues are "normal"/"common", or more dire that warrant intervention (early)

-peer advocates/loved ones/others to explain the structure/inner workings/

-environments of treatment are strange (sometimes normal), but some are bad à self-advocacy needn't be practiced when there is a crisis/ decompensating, must be practiced early/before severe need;

- (example) Individual: needs higher level of care, but doesn't qualify for CMH, doesn't qualify for TMHA (too much $), doesn't qualify for MediCal (?), doesn't qualify for housing services… some folks experiencing homelessness due to barriers/hurdles, even though they do have $$ à emphasize need in older adult population

-must travel distances for friends/family members who are in hospital; we all need social support and to stay connected; No news on Templeton Facility… another area for advocacy!!

-ppl who were funding it couldn't fund it, looking for another party to take over project, haven't yet found anyone

-Crisis Intervention: room to have peer support folks collaborate with law enforcement; CAT/forensic team do engage in some crisis intervention, but lot more room for peer support/services;

-at one time, CBH and TMHA (collab) were doing a great job with support groups, have since stopped (due to Zoom?); support groups were not well-attended; would like to see those support groups revived and promoted so folks realize there is support for them in all areas we've been describing

Question 3: *If you had a magic wand, what would you like to see happen or change to meet these needs?*

-MORE FUNDING! Esp. for PEI programs! à develop funding source for ppl who don't meet County BH criteria or have private insurance à expand access to necessary services in our community;

-Long-term ATP (adult transitional program) à long-term care and support in order to thrive in our community; some folks need more services

-programs starting in elementary schools!; education! Work toward eliminating stigma à kids learn early on that if you are struggling, it is OK to get help!; there is shame involved in getting therapy (for yourself or kids); we're going to have so many mental health crises due to COVID (and trauma to little kids alone); get qualified professionals that understand providing services/education to both kids and families

-having detox center & treatment hospital!! Eliminate barriers in services

-criminal justice: "drying out center" à safety precautions put in place to keep physically safe, mitigate risks; reduces instances of going to hospital/ jail; introduce into services, not mandated but voluntary;

-similar to CSU, but lower-level service

-lot more focus on having everyone be trained in dealing with/treating dual diagnosis; training/edu for clients, professionals, loved ones as well, don't see oneself as better or worse than any other person; stigma reduction on substance use is lacking in MH services/professional entities;

-work with CA to figure out way to do "back-door entry system" to incorporate someone into services after age limit to qualify Tri-County Services

-folks have developmental disability + mental health struggle: CA has strict line for when they can qualify for

Listening Session Data

Transitions Mental Health Association/PAAT:

services (18 years old); finding that co-occurring dx with mental health … takes huge toll on mental health (usually end up in Full Service Partnership), but really need Tri-Counties worker to learn cognitive skills to help them succeed

-housing (!!) / group home can address need;

-services for TAY (?) + adults to learn skills to be successful à learn independence/ live independently

-adolescent inpatient programming à adolescents are going WAY out of county for in-patient services

-Strong emphasis on MORE HOUSING!! So we can keep folks here (and in services) who are strong advocates for mental health – increase capacity to do good in our community

**We help build community where lots of these programs result in community that values ppl where they're at and provides understanding and services to them

Words Most Used:

word	count
community	39
barriers	14
outreach	13
resources	13
advocacy	11
support group	8
isolation	7
older adult	6
homelessness	6
harm reduction	5
crisis intervention	5
private insurance	4
family member	4
detox center	4
area of interest	3
task force	3
mh system	3
peer work	3
lgbtq+ community	3
related area	3
advocacy effort	3
negative stigma	3
crisis support	3
mental health concerns	2
variety of therapy	2
monolingual spanish speaker	2
mental health struggle	2
vulnerability index survey	2
older adult population	2
mental awareness gallery	2
continuum of care	2
variety of modality	2
young adult	2

By Categories:

word	count
community	39
barriers	14
outreach	13
resources	13
advocacy	11
advocacy effort	3
	93
Specific Populations	
older adult	8
homelessness	6
family member	4
lgbtq+ community	3
young adult	2
monolingual spanish speaker	2
	25
Crisis Response	
crisis support	3
crisis intervention	5
	8
Types of Services and Supports	
support group	8
harm reduction	5
detox center	4
task force	3
peer work	3
variety of therapy	2
vulnerability index survey	2
mental awareness gallery	2
continuum of care	2
variety of modality	2
	33

Listening Session Data

Living in Wellness Center:

Goal	Written/ Phone In-put	3/29/21 In person	4/5/21 Hybrid Zoom	Totals
Number of Individuals:	30	7	8	45
Positives:				
Teaching older adults technology/cell phones		1		1
Sun Rays of Hope groups - Wellness Recovery, anger management, socialization and activities, training for disaster prep from public health		4		1
Transportation	1	2		3
Modoc County outreach	1	1		2
Promotores in Newell and Tulelake		1		1
MCBH remaining open during COVID, face to face, 24/7		2		2
Sun Rays of Hope warmline		1		1
TEACH		1		1
Tribe in Fort Bidwell			1	1
Surprise Valley socialization and activities	1		1	2
Restaurant with social and family activities, community supports			1	1
Bieber Family Resources - food assistance and community building and computer access			2	2
Medication management	1		1	2
Strong Families in Alturas center	6		1	7
RISE - films, newsletters and work in schools			1	1
Job training for youth - government programs and college classes			3	3
Neighbors helping each other	4			4
Caregiver group	2			2
Modoc Harvest	1			1
Community Center involved	1			1
Grassroots effort for families, nonprofits supporting kids	2			2
Art classes	1			1
Meals on Wheels	1			1
New hospital and volunteers there	2			2
Sidewalk improvements	1			1
Bidwell Native American office	1			1
Communication between Eagleville, Cedarville, Fort Bidwell	1			1
Food assistance, co-op and local produce	4			4
Positive in the community	1			1
Programs to help families	1			1
50 Plus meals to seniors	4			4
Living in Wellness Center helping seniors	5			5

Listening Session Data

Living in Wellness Center:

Goal	Written/ Phone In-put	3/29/21 In person	4/5/21 Hybrid Zoom	Totals
Number of Individuals:	30	7	8	45
Positives:				
Hospice Care at Mayers Memorial Hospital	1			1
Interaction with law enforcement	1			1
Trails with panels/signs reflecting local tribal history	1			1
Massage therapists	1			1
Big Valley Facebook page	1			1
Community items - post office info exchange, apple trees, flags and flower pots along Main Street	1			1
Adin Community Center and park	1			1
Library with computers and internet available	1			1
New owners of Adin Supply and Durans Produce	1			1
Counseling offered	1			1
				73
Needs/Goals:				
Stigma	4	2	1	7
Community Education, Outreach	4	7	2	9
Language & Use of terms		1		1
Access to help, resources	3	2	1	6
Isolation	3	1		4
Addressing Co-occurring SUD (worse with COVID)	2	1		3
Recovery and person-focused treatment		1		1
More AA, NA, and 12 step programs, sponsors	1	3	1	5
Programs for other populations		1		1
Training for law enforcement		3		3
Basic Needs - soup kitchen, meals, place to rest, homeless shelter	1	4		5
Community education on narcissism		1		1
Education on higher consciousness, self-care, understanding the mind		1	1	2
Working together as a community; community building and care	1	2	2	5
Mental health services on campus	1		3	4
Collaboration between health clinics and other providers	2		1	3
Services for older adults	4		1	5
MH support and social services in schools (including Big Valley or Surprise Valley - isolated communities)	2		2	4
Internet access in Fort Bidwell; high speed internet everywhere	2		2	4

Listening Session Data

Living in Wellness Center:

Goal	Written/ Phone Input	3/29/21 In person	4/5/21 Hybrid Zoom	Totals
Suicide prevention among young people	1		1	2
Peer Support Groups and programs	2		1	3
Youth services - for socialization, mental health, connection	3		1	4
Family connections through schools			1	1
SUD awareness, education, prevention	2		2	4
Creating a referral process for community resources			1	1
Collaboration between community organizations			1	1
Bieber pool covered and year-round as health club			1	1
Funding for peers program for kids and adults			1	1
Peer-model for outreach			1	1
Peer Support education for peers and for mental health community	1		1	2
More conflict resolution model use			1	1
Parent support for kids with anger issues/mood disorders, SUD	3			3
More help/programs	3			3
Employment, living wage - addressing poverty, stress and barriers to address mental health	4			4
Counseling	6			6
Transportation to doctor appointments, socialization	3			3
Newsletter with community information	1			1
Parenting support	2			2
Positive reinforcement for absent parents	1			1
More mental health providers	5			5
More providers that see children	1			1
Help for children coping with visitation, hard times	1			1
More advocates for marginalized community members	2			2
Telehealth	2			2
Opportunities for connection, socialization, belonging, "to be seen"	3			3
Home health aides for seniors	3			3
Exercise/dance classes in the evenings after work	1			1
Sustaining the BV Wellness Center	1			1
Caregiver respite care	2			2
Hospice, Palliative and End of Life Care in all county, and northern county	1			1
Summer enrichment programs for children	1			1

Listening Session Data

Living in Wellness Center:

Goal	Written/ Phone Input	3/29/21 In person	4/5/21 Hybrid Zoom	Totals
Daycare for children and elder adults	4			4
Education, outreach on diet, exercise, prevention activities	4			4
Support groups for older adults	1			1
Home visits for older adults	1			1
Help for Elders Aging in Place	6			6
Senior Peer Counseling	1			1
Music and art opportunities in schools	1			1
More frequent diabetes classes for clients	1			1
Freedom to gather	1			1
Cultural sensitivity	2			2
Competent advocacy	1			1
Respect and dignity	1			1
Visitation	1			1
Sustainable environment, climate change adaptation, etc.	2			2
Rental housing	1			1
Better information exchange	1			1
DV Counseling	1			1
Having to go out of the area to get services	1			1
Properly trained social worker at county and state levels	1			1
More things to do, gatherings	1			1
Housing	3			3
Regular hours at BV Wellness Center for computer access	1			1
Scholarships for families to enjoy fishing	1			1
Education on bipolar issues	1			1
Virtual support group	2			2
Funding	7			7
To see people a little more friendly	1			1
Wipe away debt at the hospital and hire local nurses	1			1
Open the forestry a little bit	1			1
Socialization for senior citizens	2			2
Meals on Wheels and congregate meals	1			1
Help for parents with SUD issues	1			1
Help for grandparents raising grandchildren	1			1
Virtual education	2			2

Listening Session Data

Living in Wellness Center:

Teen wellness/support to successfully go on their own	1			1
Group for community work	1			1
Community BBQs and volunteers	1			1
MCBH seeing people other than just Medi-Cal	1			1
All providers abiding by HIPPA	2			2
Community MH care	2			2
Availability of counselors sooner than 3-6 months out (current wait list time)	1			1
"A lovely social/community hall" - inviting, not institutional	1			1
Help for family members struggling with co-occuring MH/SUD	1			1
Education on medical, MH and vaccinations re: COVID	1			1
Christmas Gift Tree for Elders	2			2
Community pool open year round	2			2
classes on computer knowledge, insurance options, legal trust/end of life planning	1			1
Volunteer help from clients	2			2
Youth Community care	1			1
Bowling alley	1			1
Community garden	2			2
Fire-safe landscaping on public and private land	1			1
Local resoration council with local Native American tribes involvement	1			1
Contractor and repair skills exchange	1			1
More coverage of Big Valley in Modoc Co. Record	1			1
County zoning more realistic	1			1
Separate the "drunks" from the "bipolar people"	2			2
Government systems that work for the people	1			1
Change in attitude of leadership - people and health focus	1			1
Youth as priority	2			2
Raises for Strong Family employees	1			1
Family support, children's needs	1			1
Training for helping children with trauma	1			1
In home visits	1			1
Help for veterans	1			1
	234	43	41	318

Priority Polls

Project Return:

Category **(Could pick more than one)**	**Number voted MOST**	**Number voted IMPORTANT**
Access to Services	30	4
Elimination of stigma and discrimination	26	8
Peer programs	24	8
Community outreach	23	9
School services	22	10
Relationships with public officials and law	18	14

POCC:

Category	**Number voted Highest Priority**	**Number voted Very Important**
Access to Services	6	6
Attitudes, Stigma, and Education/Outreach	3	8
Crisis Response and Law Enforcement	9	5
Basic Needs	14	7
Employment	9	7
Other Issues and Ideas	23	19

Priority Polls

POCC **Priorities Poll Open-Ended Answers** **For my highest priority, what I want to advocate the most for is**:
Crisis intervention
Crisis intervention
Peer employment and housing
Basic needs
full mental health services. Meaning for the facilities to not discharge clients to the streets.
working on TAY mental health issues
Peers as crisis responders
Access to services.
Mental health professionals work with police on Mental Health calls
A special interest in caring for those with disabilities and to those that can't care for themselves, the homeless the disabled and the physically and mentally challenged.
Crisis services
Homelessness in and around my community
Housing
We see a lot of our love ones and friends and people who have challenges it real and what do one have if not us nothing with out us
Access to Services.
Housing and crisis training along with jobs.
Basic needs column and
For me now is more important housing
to remove police from being first responders in mental health crisis and replace with behavioral health care team consisting of a peer, mental health provider and social worker
Peer respites and Peer employment
More Peer Respite in every city
Basic needs=wifi and shelter and food plus P.S.S on the scene of mental crisis to avoid sending people to hospital from un-necessary police brutality and unnecessarily being diagnosed as a 5150 case and be held at John George with no one helping the individuals responsibilities be met and connected to the community still.
same 2nd opportunity for everyone , less discrimination more hope better union.
Crises Response and Law Enforcement
everything
a community where everyone has their basic needs met, including the basic human need for connection with one another. I feel that many wellness challenges are created by (or at least made worse by) people's needs not being met.
housing, non violent intervention
Crisis response and law enforcement
peer specialist.

Priority Polls

POCC (continued):

POCC Priorities Poll Open-Ended Answers
For my highest priority, what I want to advocate the most for is:
necessities like free wifi for free public education especially, but overall, want free wifi access and support basic needs for shelter and food to help prevent the need for crisis calls and prevent unnecessary police brutality and taking away people's self directed lives with out care or concern for the individuals welfare or of the communities wellness. Preventing Trauma is a main concern for us right now, especially during covid and heighten domestic violence issues, especially since the streets are domesticated living areas. We must prevent as much trauma as we can in our communities. Peace officers and community helpers need to form bridges for us to be a part of human development and holding hope for everyone to find ways to develop and grow with the community and society making mental health and wellness a priority for all 100% of us.
Housing.
re-entry of the formerly incarcerated
Is a supportive learning environment
pre-employment/employment opportunities
Justice for all
Making high-quality peer support services more easily available to more mental health consumers.
Peer Employment/Crisis services
Peers as crisis responders
Affordable housing, homeless assistance, peer services
Justice For All
Peer Support
More peer services
Peers on board with the police

Peer Recovery Services:

Category	Number voted Most Important	Number voted Second Most Important
Access to Services	14	12
Quality and Scope of Care	15	10
Outreach and Education	8	13
Cultural Competency, Stigma, and Attitudes	8	8
Other Needs and Issues	2	4

Priority Polls

Peer Recovery Services (continued):

Goal	Number voted Most Needed	Number voted Second Most Needed
Public transportation	4	5
More mental health providers	6	3
Culturally competent care	8	7
Education about available resources	6	5
Crisis response	6	6
Peer support services and programs	7	12
Housing	8	7
Communication barriers in the Latinx Community	2	2

Transitions Mental Health Association/PAAT:

Category	Number voted Most Important	Number voted Second Most Important
More Mental Health Services	3	2
Improving Crisis Response	1	1
Support Groups and/or Peer Support	2	0
Cultural Competency, Stigma, and Attitudes	2	2
Harm Reduction, Detox Center	1	3
Outreach, Education, and Advocacy	1	1
Housing and homelessness	3	5
Insurance Barriers, Costs, and Access to Mental Health Care	2	2

Goal	Number voted Most Needed	Number voted Second Most Needed
Having more mental health providers	1	1
Culturally competent care	2	0
Education about resources and services already available	1	1
Crisis supports and interventions	1	5
Peer Support Services and Programs	2	2
Housing Services	8	5
Addressing the costs for mental health care	0	1
Having places for Harm Reduction and detox facilities	2	2

Priority Polls

What is needed?
Mental Health Priorities in Modoc County

Living in Wellness Center, supported by the LEAD (Lived Experience, Advocacy, and Diversity) Program, conducted multiple Listening Sessions during March 2021 throughout Modoc County to identify priorities and needs of stakeholders for mental health. Input was gathered by postal mail, phone conversations, some in-person meetings, and in a Zoom hybrid meeting (some in-person, some online).

In order to achieve outreach to people often underserved or unserved in the community, the Listening Sessions focused on older adults, Native Americans, and outlying rural communities. Living In Wellness staff were able to collect input from 45 individuals that included more than 318 suggestions and comments.

The word "community" was used more than twice as much as any other word—70

Geographic Priorities:

Outcomes were analyzed by geographic locations. Depending on where the participants lived, different priorities emerged:

Alturas—The most noted comments involved the need for more counselors and more services. Some asked for telehealth and support groups, while two comments stated that wait times were three to six month out to see a therapist/psychiatrist. The second most commented theme was reducing stigma and changing of attitudes about mental health.

Big Valley— Maintaining funding and stability for existing programs, such as the Aging in Place and the Wellness Center was brought up the most often. Services and supports for older adults and youth/children were next with 30 comments combined for those issues.

Surprise Valley— Parent support groups was the most noted comment, but in general, the participants gave multiple ideas (37 comments) about how to better connect as a community, neighbors helping neighbors, and taking care of older adults and children. Socialization for seniors was the second most commented subject.

How Participants Identify:

Peer/Consumer	28
Community Member/Ally	17
Parent/Family Member	14
Service Provider	9
Multiple roles	15

Where Participants Live:

Canby	1
Newell	1
Surprise Valley	9
Big Valley	11
Alturas	25
Other areas	3

Participants' Ethnicities:

Native American	21
Hispanic or Latinx	3
Asian	3
White	24
African American	1
Other/Multiple	6

Ages

Ages ranged from 18-24 up to 90+ years old
With a focus on older adults, 20 participants were age 55 or older.

Major Priorities Identified:

1. Access to services
2. Community education and outreach
3. Youth/children
4. Isolation, transportation, socialization
5. Older adults
6. Substance use disorder supports, education and services

Priority Polls

What is needed?
Mental Health Priorities in Modoc County

Highest Priorities Identified:

1. Community-building, outreach, and education (16 comments)
2. Increased services (16 comments)
3. Youth/teen supports (10 comments)
4. Substance abuse services (5 comments)

Total Participants: 17

Total Comments: 68

Positives Comments: 20

How Participants Identify:

Peer/Consumer	7
Community Member/Ally	3
Service Provider	1
No answer/other response	6

Participants' Genders:

Female	11
Male	6

Ages

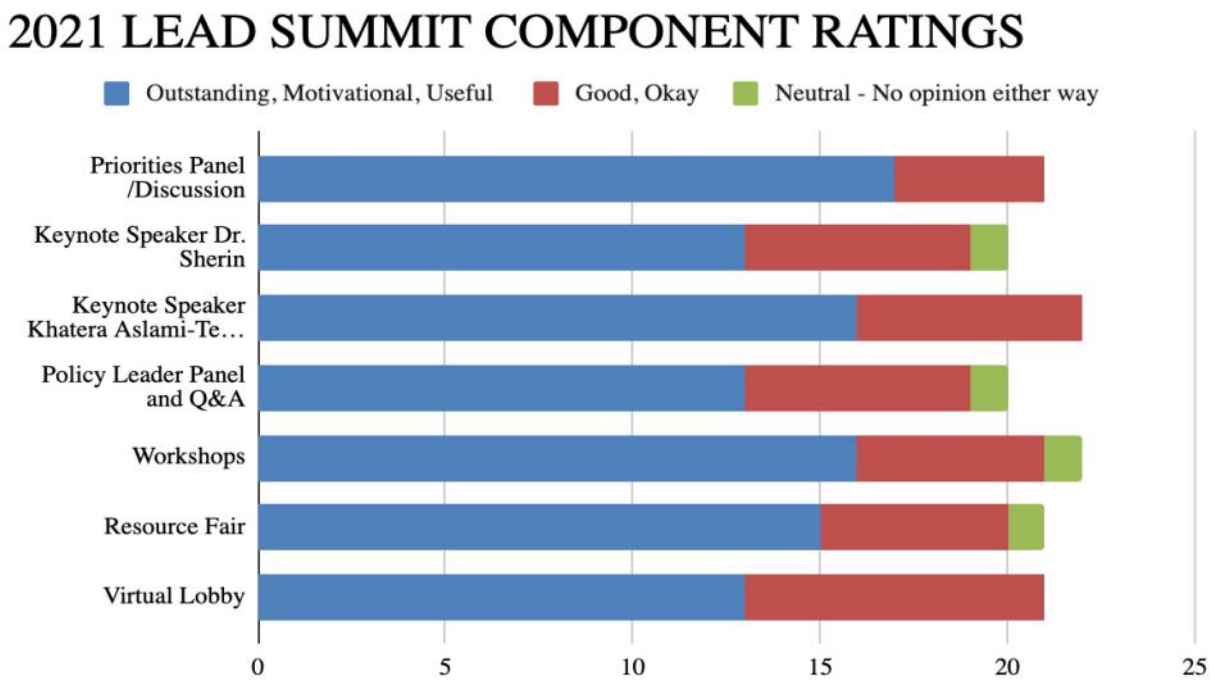
22-54	9
55-64	1
65-74	2
75-84	4
90+	1

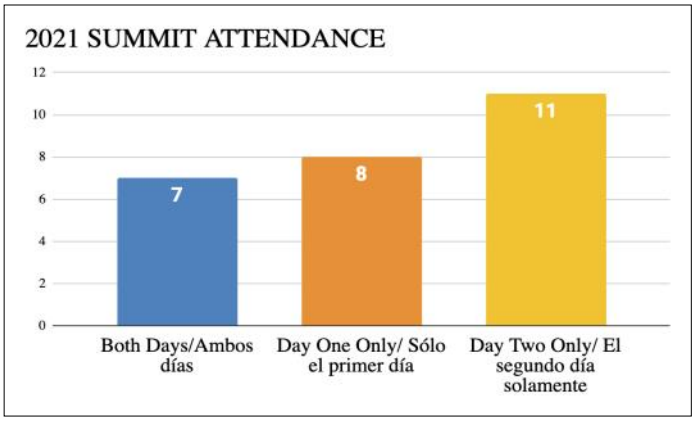
Ideas suggested:

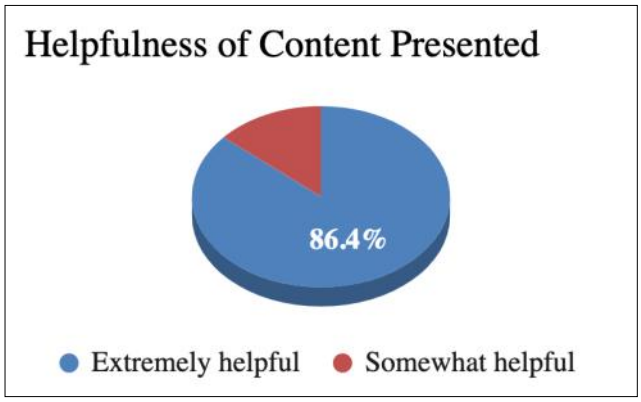
- support groups
- more education about resources
- transportation for community events
- gatherings and community events like BBQs
- indoor pool
- bowling alley
- community garden
- more volunteers and advocates
- supports for families and children

Summit Evaluations

Project Return:

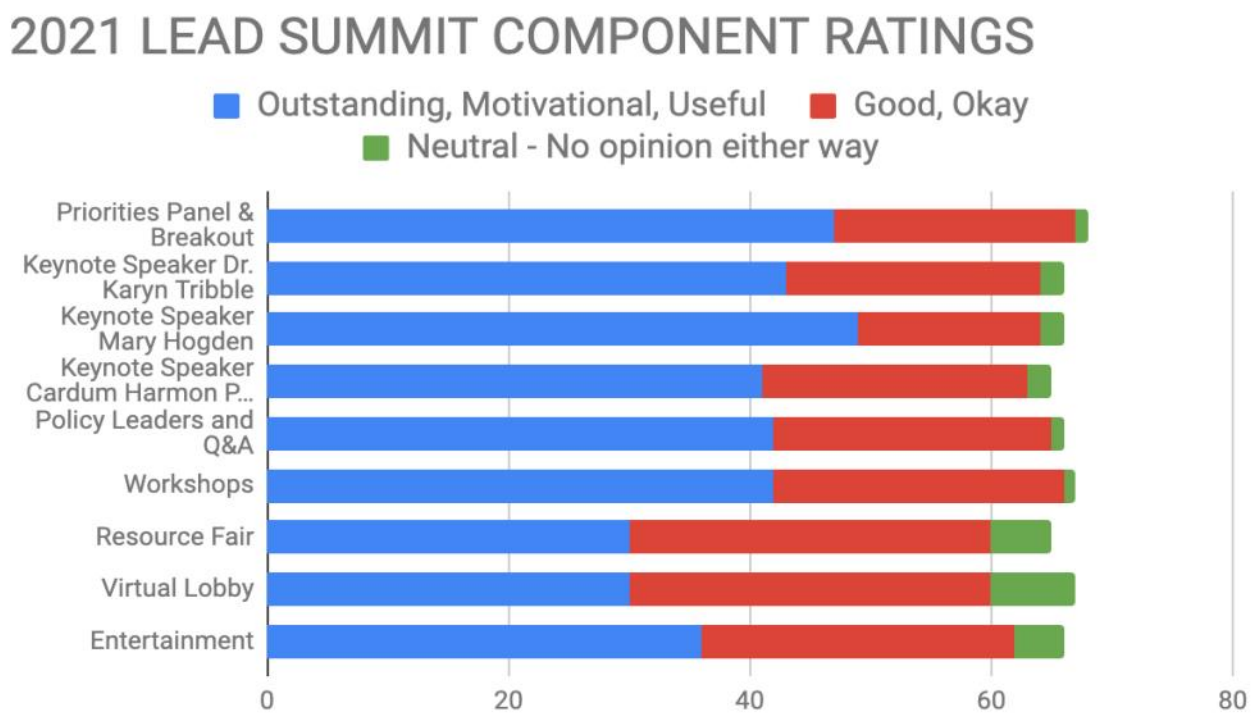


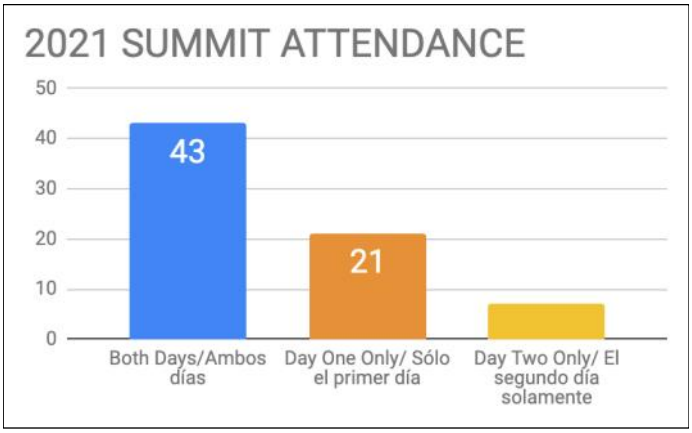


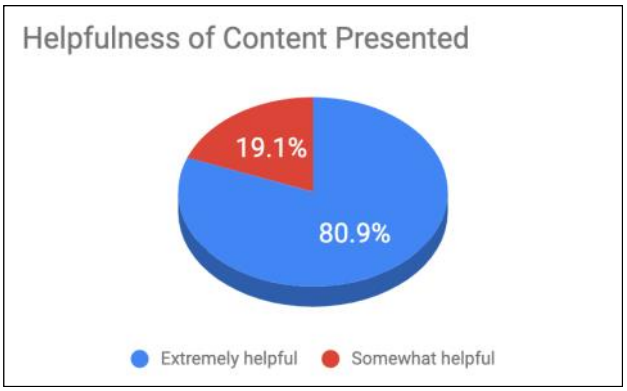


Summit Evaluations

POCC:

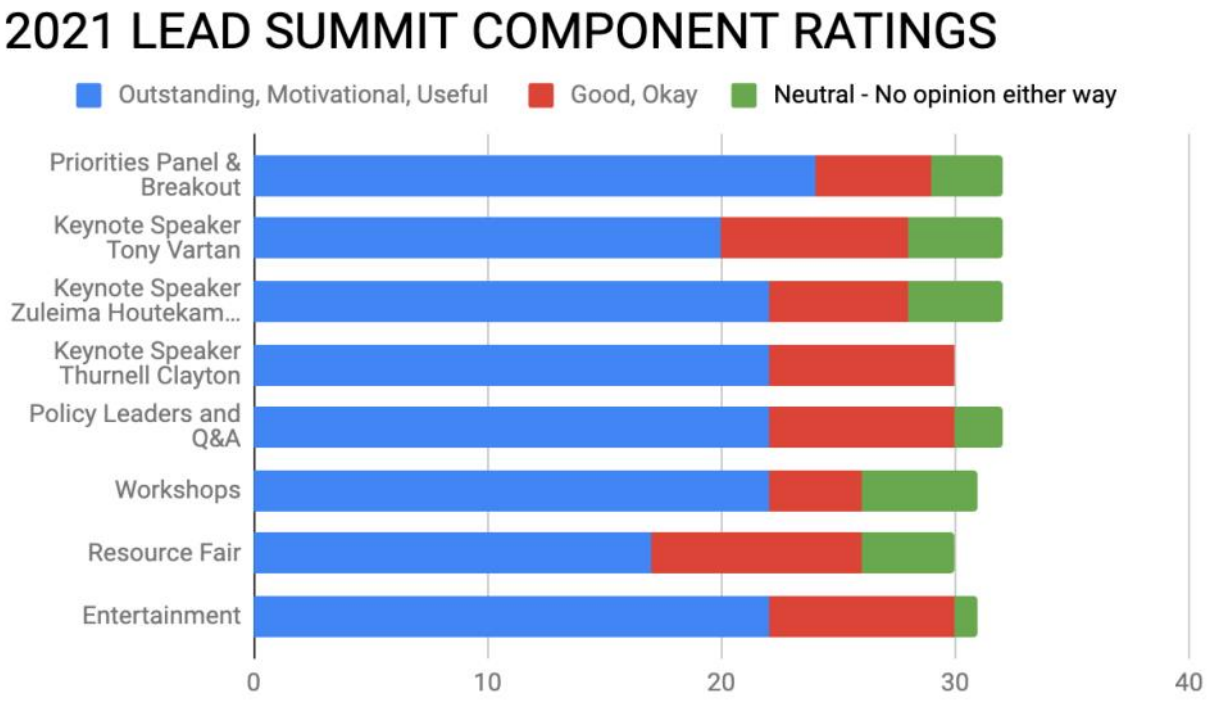


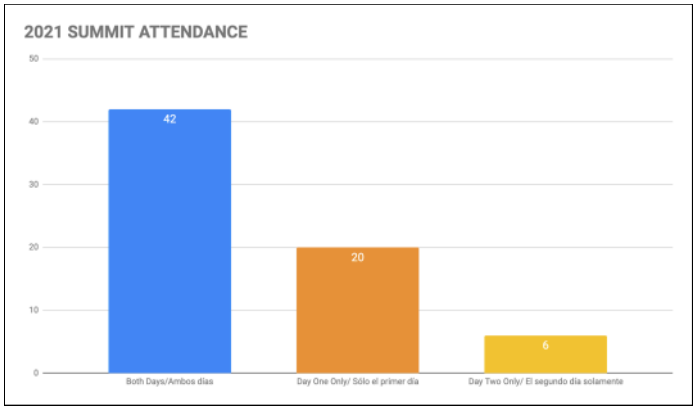


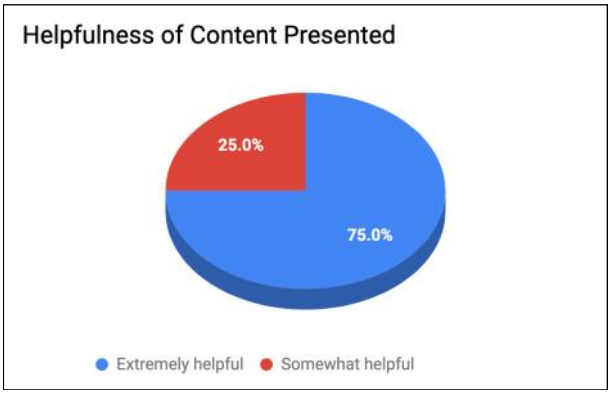


Summit Evaluations

Peer Recovery Services:

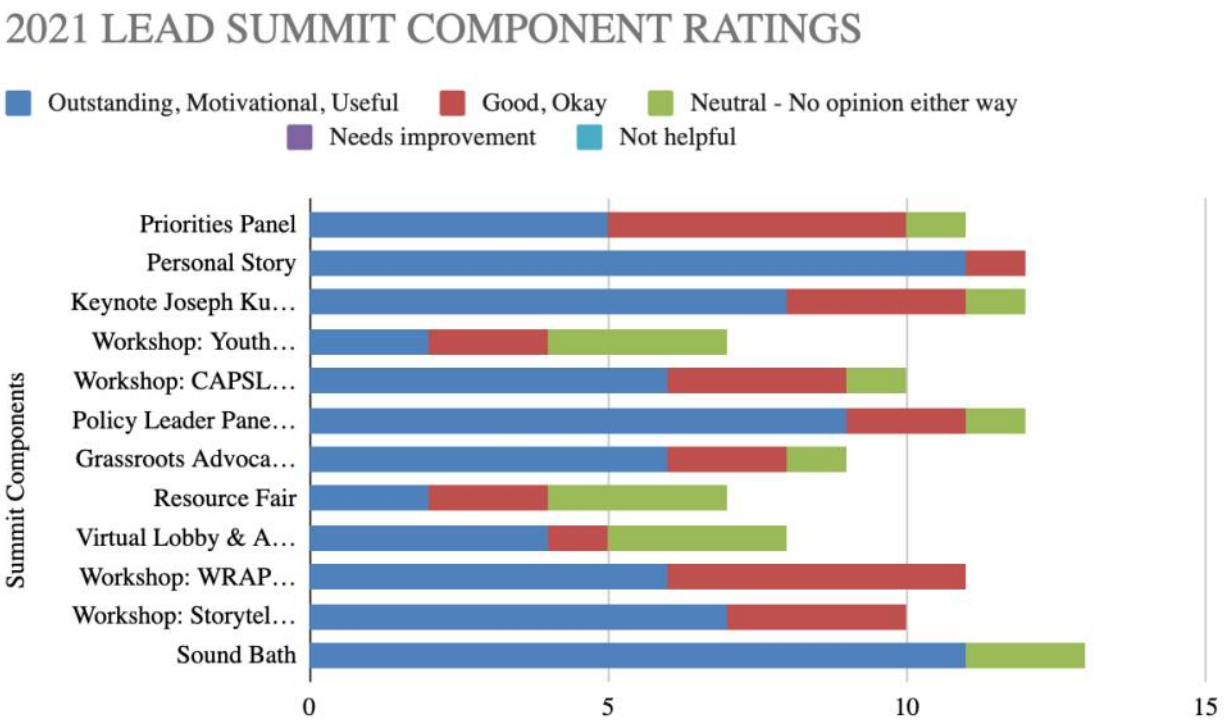


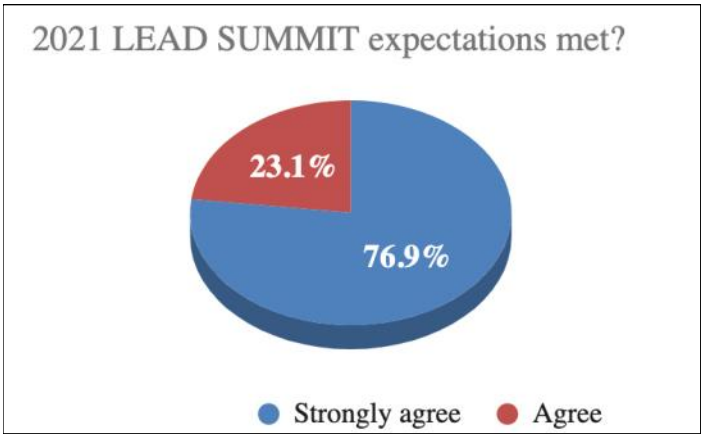


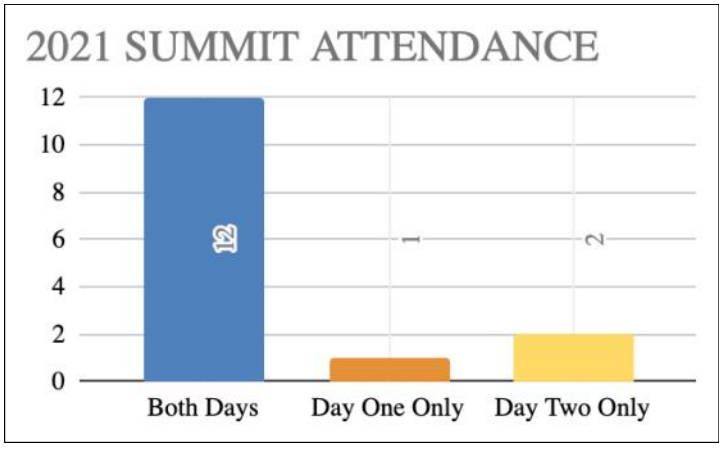


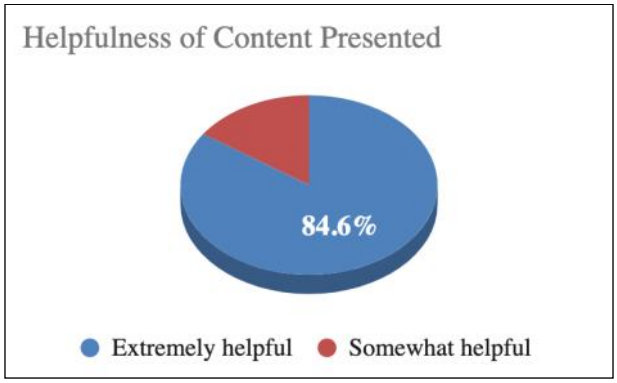
Summit Evaluations

Transitions Mental Health Association/PAAT:



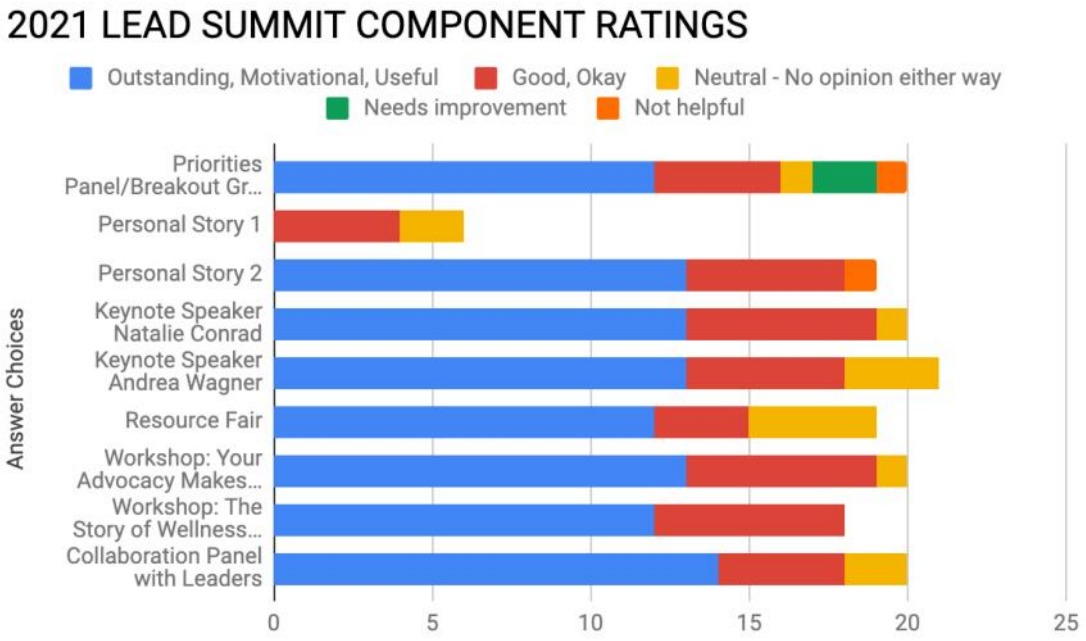


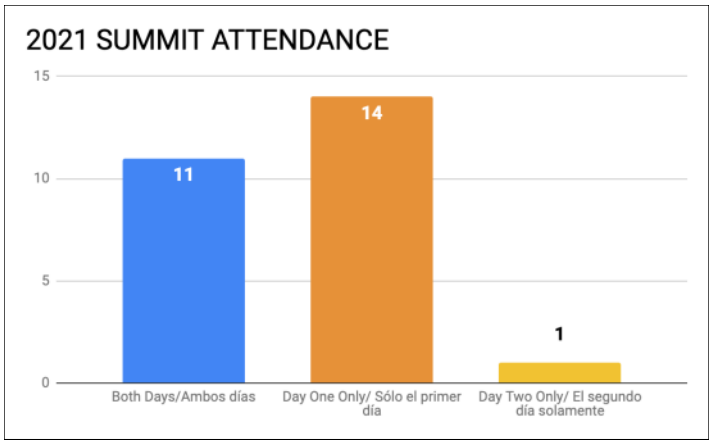


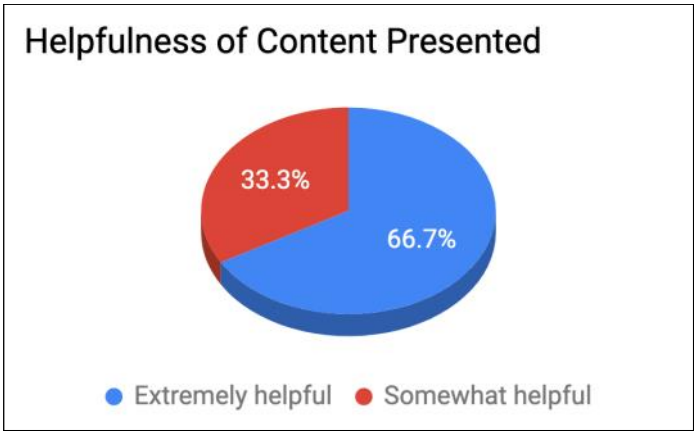


Summit Evaluations

Living in Wellness Center:

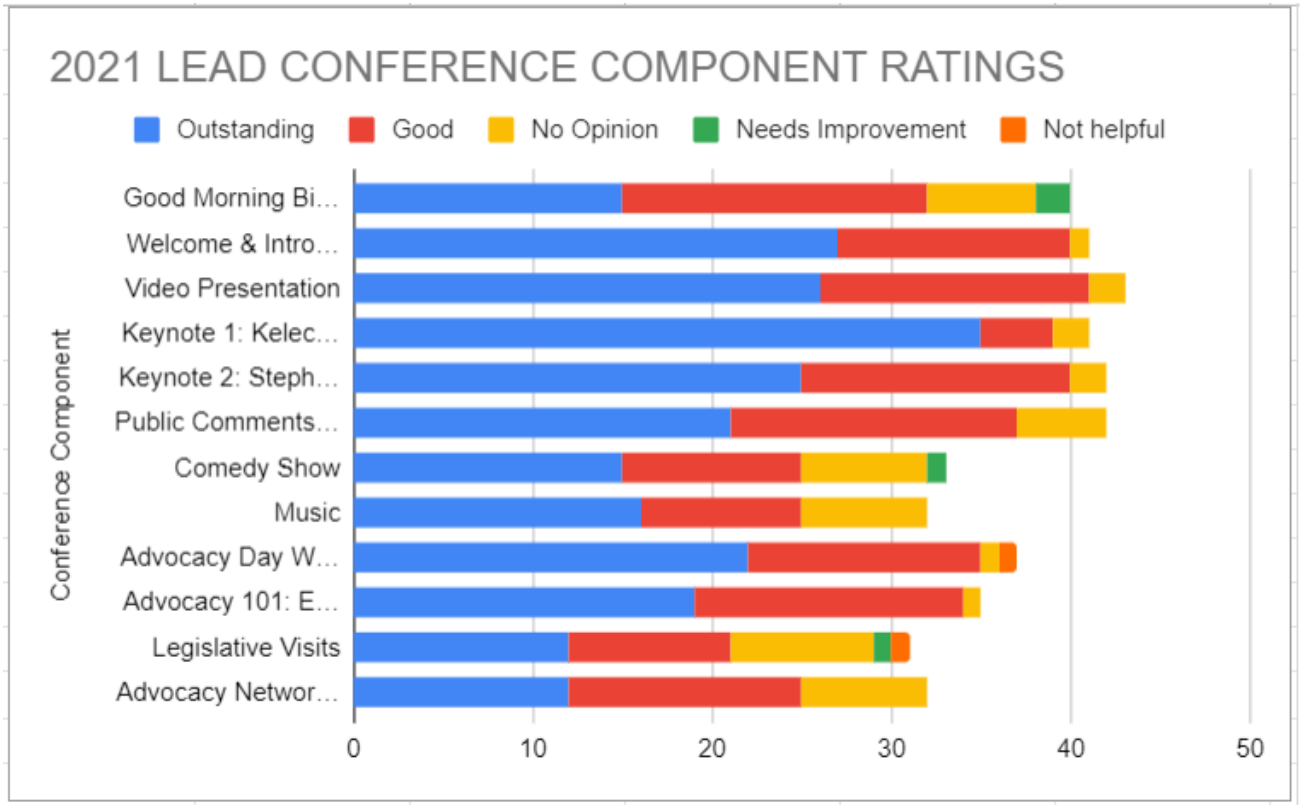


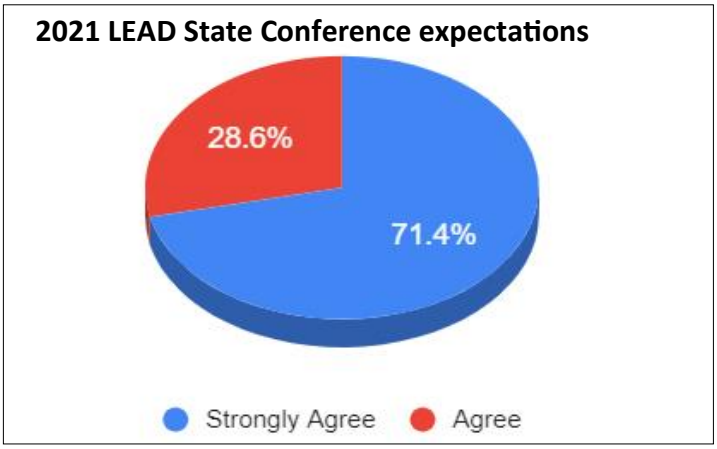


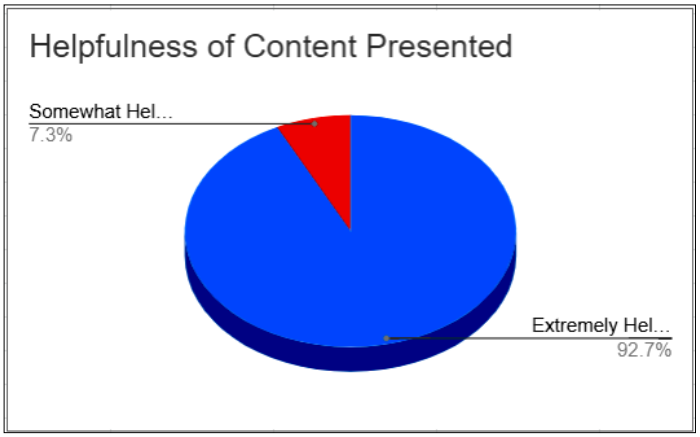


Conference Evaluations

In-Person Conference Evaluations:



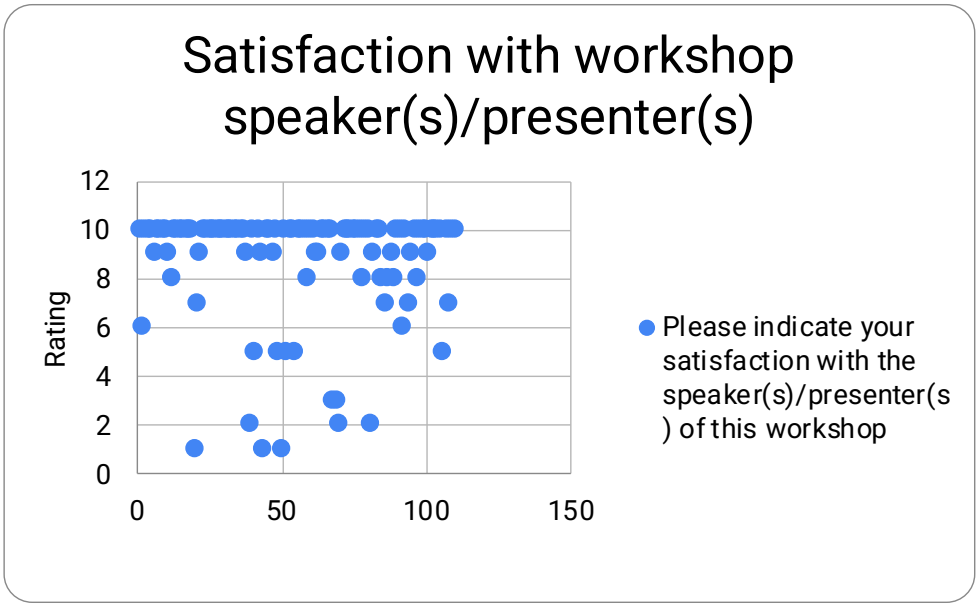


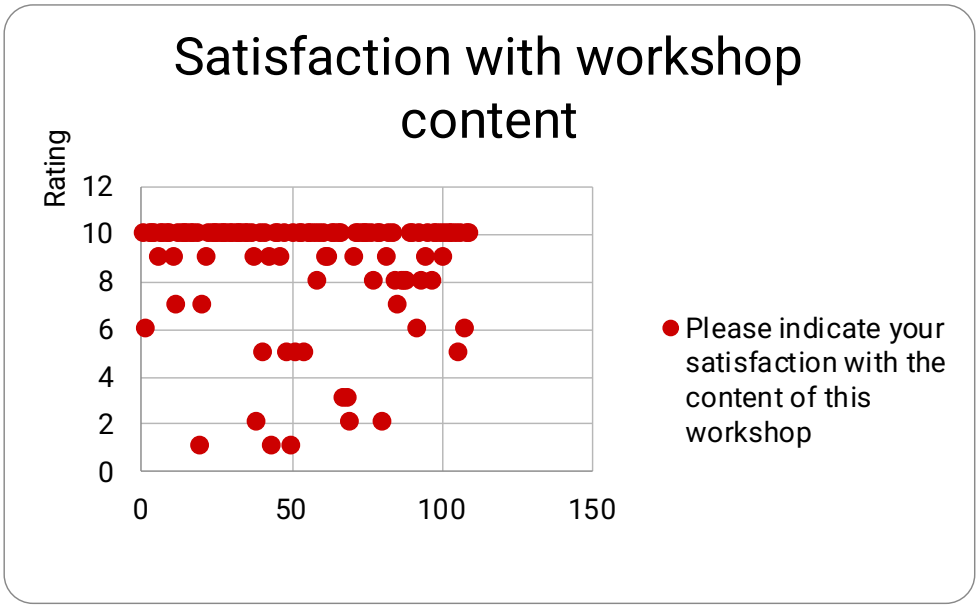


Conference Evaluations

Online Conference Evaluations:

Ballroom Zoom Room:





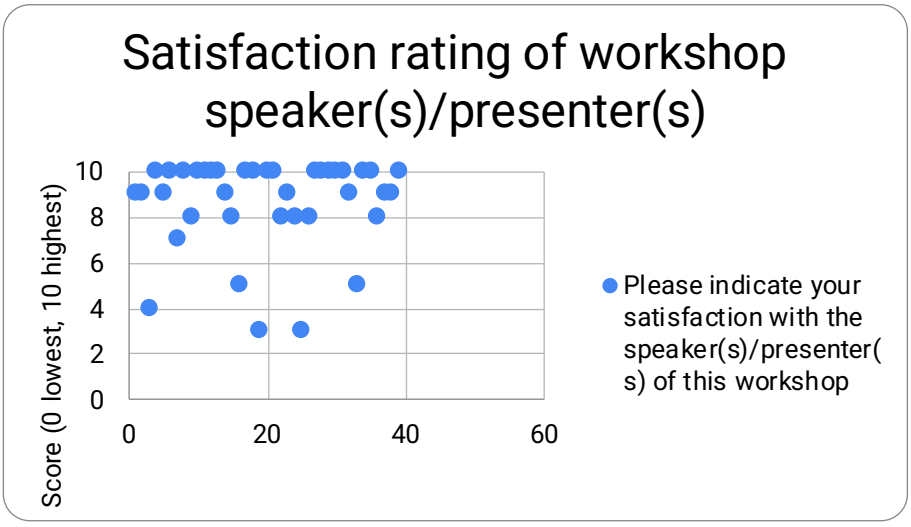
Ballroom Content Included:

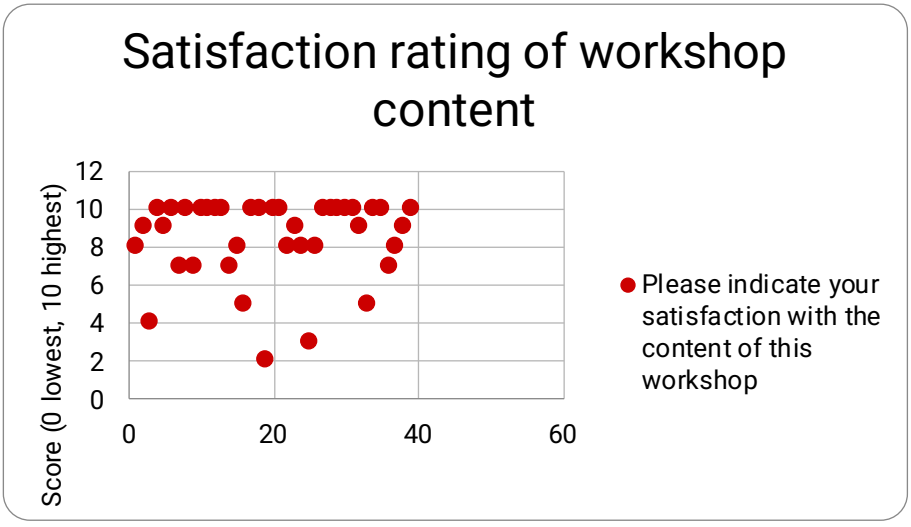
- Keynote Speakers:
  Kelechi Ubozoh
  Stephanie Welch
- Staff Introductions and LEAD Program Year Overview
- LS Feedback and Its Effects in the Community SPANISH
  Marielena Rubio
  Claudia Razo
- Implementing Evidence-Based Practices in Peer Support
  Jason Robison
- Out of the Box: Peer Support and Employment
  Rayshell Chambers
- The Peer Support Practice: Legitimacy Under the Law
  Shannon McCleerey-Hooper

Conference Evaluations

Online Conference Evaluations:

Balboa/Calaveras Zoom Room:





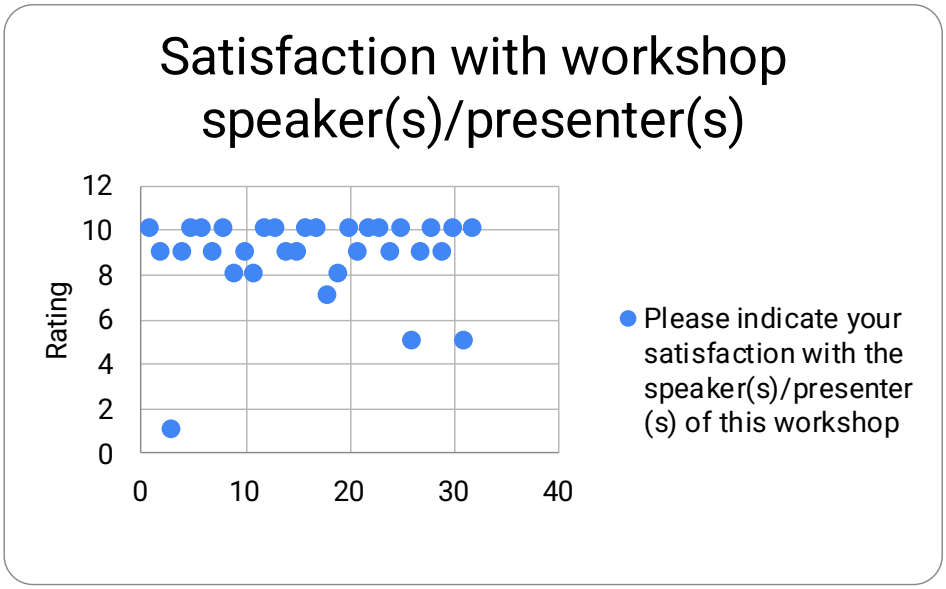
Balboa/Calaveras Content Included:

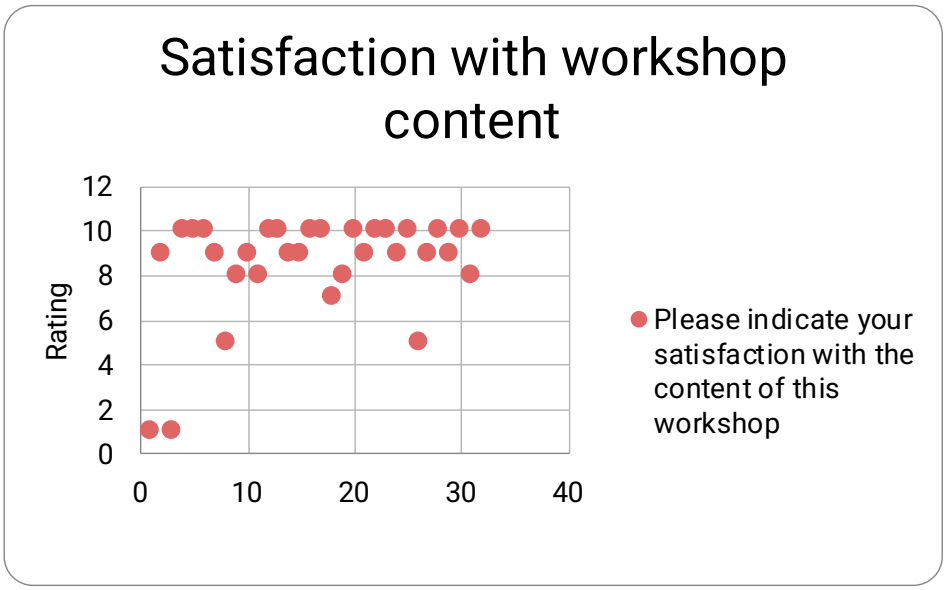
- The Power of Peer Support: How a Peer Run Organization Became Empowered
  Mary Hogden
  Tanya Lear
  Gordon Reed
  Veronica Alder
  LaMar Mitchell
- Reducing Service Disparities Beginning with Awareness
  Dr. April GoForth
  Lisa Craig
  Magdalena Steele
- Transitions to Housing: A New Way Home (virtual)
  Michael Reynolds
- Living with Mental Illness and Other Discriminatory Factors (virtual)
  Chelsea Crabill

Conference Evaluations

Online Conference Evaluations:

Hermosa Zoom Room:





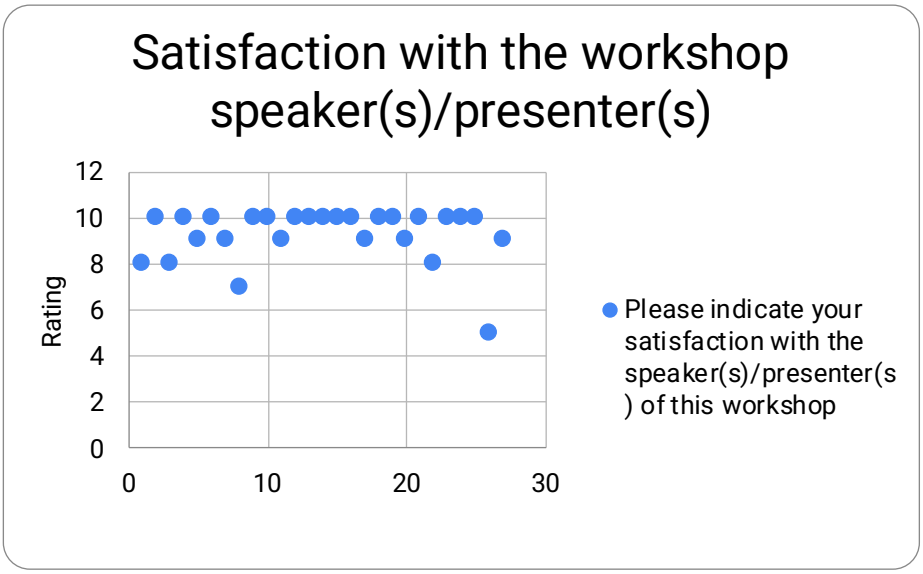
Hermosa Content Included:

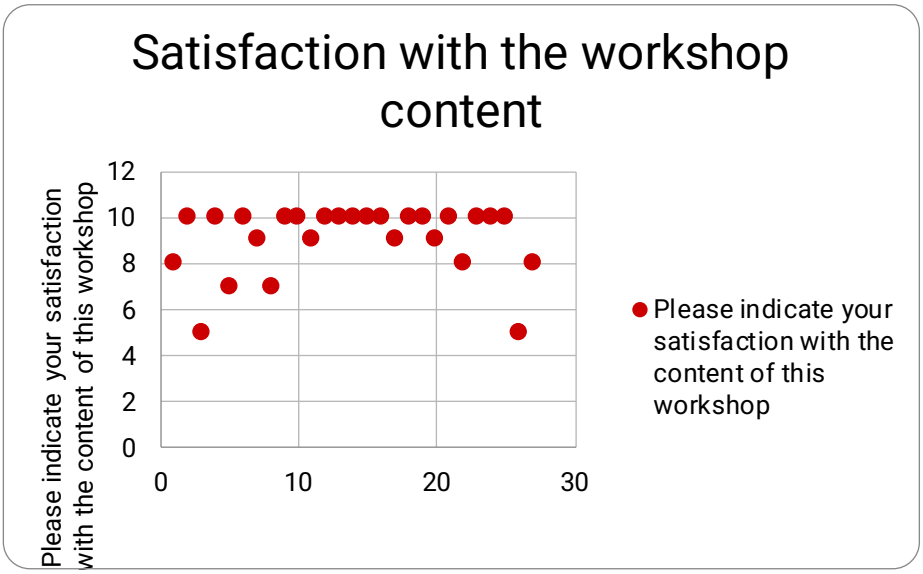
- The Peer Run Warmline
  Peter Murphy
- Changing Hearts, Changing Minds (virtual)
  Robyn Gantsweg
- 1000 Cranes for Recovery
  Naomi Mizushima
  Jason Garcia
- Harm Reduction 101—Meeting People Where They Are
  John Travers

Conference Evaluations

Online Conference Evaluations:

Granada Zoom Room:





Granada Content Included:

- TGNB/LGB Peer Support & Suicide Prevention (Virtual)
  Isabella Garcia
  Emmett Marsh
- San Joaquin Housing for People in the Mental Health Community
  Peter Ragsdale
  Crisanne Santini
- Certified Peer Specialists: Lessons from Across the U.S
  Morgan Pelot
- Combating Stigma in Peer Run Organizations (virtual)
  Lasara Firefox Allen

Conference Evaluations

In-Person Written Comments:

Loved what you had; would love to see more - NAMI CA, CALHOPE, etc
In person connection is empowering like no other and I'm just glad this could be in person for us to share together.
I would hope there would be more intentional networking opportunities with other attendees.
I liked the in-person experience it is very empowering. The amenities was awesome. Together we can get something done.
Assemblymember was late.
Enjoyed participating in karaoke. Breakfast and lunch were quite good. Appreciated seeing footage of Jay Mahler in the video montage. Also was greagtly appreciative of the personal sharing and moment of silence that took place before Kelechi's presentation. Thanks to Hannah for that.
Shannon McCleerey-Hooper's presentation during Block #4 was phenomenal. Her sharing of her lived experience and insight into peer support practice was encouraging anf enlightening, especially with the content's context of pending SB803 implementation. I was extremely discouraged that in-person attendance for this workshop was relatively low from my perspective. I believe this may be due to it being scheduled so late in the day. Also wanted to comment that time management was somewhat challenging during the first half of Day One. During the policy review [Day Two], I experienced some distress during conversation around forced treatment, crisis response , and police killings. Even so, I am grateful for space being made for challenging conversations. Thank you so very much for the opportunity to participate in this conference. I look forward to future collaborations. - Roberto Roman, Contra Costa County
Great opportunity to network! Thank you!
1. Enjoyed being able to have in person events. 2. Degree of Separation was GREAT!
All workshops I attended was presented well and the information was informative. Thank you so much!

For those doing/participating in the legislative visit, it would have been helpful if we had a paper outline and info given to us for the visit (same info form PowerPoint). The presentation was excellent, but paper handout & more time to get organized in the room prior to Zoom visit would have helped a lot. :)
We are Peer Action 4 Change - Our table was truly busy, all two days of the Conference.
I enjoyed the Advocacy Day welcome & 101. I wish the open conversation would have waited until the end so that we could get thru the 101 first. Then entire conference was very informative and her motivated me to continue sharing research work and reignited the flame to advocate. Also loved the extracurricular activities like 1 Degree of Separation - they were am amazing.
Thank you for all the hard work. Would have liked to see more advocate networkers and organizations (in person fears) Next year will be great
Great job on organizing the team for pulling off hybrid conference. Also translation service was a nice touch. Scored the first workshop as good only because it could have been improved if all participants had head sets as the speaker went back and forth between Spanish and English and Spanish speakers didn't have head sets. Workshop #4 could have been improved as the hybrid (with speaker virtual) was difficult to engage with as much of the engagement happened through Zoom. Would recommend hybrid presenters have practice round/ run through and maybe are better informed on how to engage with both the virtual and in person crowd when they themselves are virtual.
I had a eye opening time
Thank y'all for allowing me to play a part in making our conference into a reality. I was so happy to finally meet everyone in person. And I, re PRS look forward to working with you in the near future. Crisanne Santini
Lack of moderator
I loved everything about this conference -Annette Davis Jackson

Conference Evaluations

Online Written Comments:

great job
I loved the stories but they didn't really mention anything about the warm lines.
Itinerary said this was supposed to speak about the NAMI Warmline and presenters said nothing about the Warmline. I'm a little confused
Peer connection is so important in moving forward.
This was a wonderful presentation given by an organization that's invested in the people. DON'T EVER ASK THE HOUSING AUTHORITY TO SEND REPS THAT AREN'T WILLING TO ANSWER VERY SPECIFIC QUESTIONS IN A CONCISE MANNER-PEOPLE STRUGGLING DESERVE BETTER!
kept my attention the whole time and I learned a lot - thanks!
The links are incorrect is the pdf sent to online attendees
I'm furious that the Block#1 meeting ID's don't match the subject/topics listed in the conference program schedule
Thank you!
I would rather be there in person so I can be included in the
Can we use your slide for PVOC
Speaker had good information. Is it possible to include some
Great Job
Description of the presentation was not very accurate, so I
I really enjoyed this training.
Awesome presenter with a story to tell. He gave a very
I have a good outcome with all presenters thank you!
Not enough time. Some presenters had to rush due to limited time.
Sometimes it would kick me off and wouldn't let me back on. One time it was in Spanish and I didn't choose that training so there were a few of us that didn't know how we got in the wrong training and couldn't find the English one.

Once the audio problems were solved it was very informative plus hopeful a wonderful presentation
I could be better if we were able to hear the question from the in person attendees
Inspiring presentation
Need MORE VOICE S
thanks for fixing the technical glitches so quickly!
great job
Everything is outstanding!
Steve Fields used to have Crisis Respite in SF years, ago. The hospitals have a huge lobby
Personal stories are powerful.
I would love it if this would have been recorded so I could share it. The keynote speakers were just awesome! I found each speaker very relatable, motivating and inspirational. I'm so glad I chose to attend this conference!
I really appreciate the ENERGY AND ENCOURAGEMENT that the presenters have shared with us!
Lots of tech issues using the link to sign on and sound going in and out :(Would love to get the slides (particularly of Kelechi Ubozoh's presentation) - thanks!
Is there a way for online people to place their "sticky note" on the papers in the room?
This group was supposed to be in English but was not. Should have said Spanish so I picked a group I could understand
It didn't fit the programming description at all, I didn't see any of the presenters listed either. Very disappointed because I spent most of my time logging in/out trying to find the presenters I wanted to hear in block#1
wonderful presenters and presentation
Spent the last hour trying to find the corresponding ID for the
We needed her contact info but it was never put in chat

Conference Evaluations

Online Written Comments:

We got the global picture. The book Transforming Madness is still a valuable and underutilized book. Published by University of California Press. This book defines the transformation and roles very well. I would suggest that we be more engaged with her over the next years. I will be, also From Moe Armstrong doing Peer Support Work since 1985. PS There does need to be more of a conversation with and about Veterans. Veterans are in the Medical system, also.
Zoom keeps collapsing and not letting me in on Peer Experience I am now with learning about native services and not class
I came into this meeting on another platform. This speaker Jason is a valuable resource
I had to leave...I have a peer support meeting at Five o Clock with NYC....I would like to contact Jason. How can I do that.
All the Speakers was on Point
Jason is wonderful should be state model for system change!!!!! I will come to LA and learn from him. moe armstrong
Presenter was amazing!
thumbs up
bravo!!!!!
It was perfect. Thank you.
Wonderful and outspoken presenter. Uplifting!
Good ideas about what folks are trying.
Love the information it was nice to hear all of it.
Great speaker motivation presentation
shannon is inspiring.
I was able to receive information on matters that I really did not know. Thank you!!
I just enjoyed the presentation
Thank you for creating such a fun and fantastic workshop! I look forward to spending more time learning with you.

Conference COVID-19 Guidelines

COVID-19 Prevention Protocol

Vaccination Documentation:

CAMHPRO does not plan to request proof of COVID-19 vaccination from attendees of the CAMHPRO Peer Statewide Conference. We will post notifications throughout the Conference advising everyone that they must wear a face covering and use provided hand-sanitizer. We recommend that you bring a few masks with you to the Conference. Masks will be provided to those who do not have a mask.

Registration at Conference:

In order to identify who needs to be notified in the event of exposure or outbreak, CAMHPRO will require Conference attendees to provide current contact information and designate an emergency contact.

Social Distancing:

Physical social distancing requirements have been lifted, however we are planning to space things according to the prior social distancing guidelines. We encourage you to do what is comfortable for you. Please do not attend this event if you are feeling sick.

While at the Conference, use your own judgement when approaching others at the Conference. Ask the person you approach before hugging or shaking hands if they are comfortable with that. When attending workshops, if you would like the chair beside you to remain empty, please place a card (provided) on the chair.

Face Coverings:

- ALL attendees/volunteers must wear a face covering indoors except when they are alone in a room or eating.
- Please bring several face masks with you to the Conference. Disposable masks will be provided to those who do not have a mask. Please see a CAMHPRO staff member if you need a mask.

This protocol is subject to change due to any change in the local, state and federal regulations at the time of the Conference. Effective July 31, 2021

LEAD

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Oversight & Accountability Commission

LEAD is a program of the California Association of Mental Health Peer-Run Organizations (CAMHPRO) and is funded through the Mental Health Services Oversight and Accountability Commission (MHSOAC).