



California Association of Local Behavioral Health Boards and Commissions

CALBHB/C Newsletter, March 2022 Rev.1

In this Issue:

[Advocacy](#)

[Grants/Funding](#)

[Issue Briefs](#)

[Meetings](#)

[Reports & Webinars](#)

[Resources](#)

[Hybrid Meeting Guide](#)

Audio difficulties in hybrid meetings (*simultaneously conducted in-person and by teleconference*) are common.

[Review our hybrid meeting guide](#) to ensure that everyone can hear and be heard!

Advocacy

Local Advocacy:

“The Rules”, “The Tools” & “Tips on addressing local leaders”:

www.calbhbc.org/advocacy

Statewide Advocacy:

CALBHB/C's Governing Board supports legislation and budget items in response to issues reported from CA's 59 local mental/behavioral health boards & commissions, providing written and in-person advocacy. Top issues are included in our [Annual Goals](#) document, item C.

Join with us by writing to your legislators after reviewing "[Understanding your Role](#)" (next page).

CALBHB/C Governing Board Legislative Positions

Support - [Sample Letters & Fact Sheets](#)

[AB 32](#) - Telehealth: Healthcare Access

[SB 316](#) - Access: Same Day Visits

[AB 552](#) - Integrated School-Based Behavioral Health Partnership

Support if Amended:

[AB 738](#) - Veterans on MH/BH Boards

Watching:

[AB-988](#) - Mental Health Crisis Hotline

[SB-970](#) - MHSA Accountability & Planning

[SB 964](#) - BH Workforce Revitalization Act

Advocacy continues on the next page.

Advocacy Continued:
Understanding your Role

1. As Individuals:
Individuals can and should write to their state legislators! Legislators especially appreciate hearing from residents within their districts.

2. As Advisory Bodies:
Local mental/behavioral health boards/commissions are in an advisory role. In most counties, legislative advocacy is handled through the Board of Supervisors / Executive Office. Boards/commissions may wish to recommend specific legislation to their Governing Body (in most cases Board of Supervisors) and MH/BH Director (the BH Directors also advocate through their statewide association, County Behavioral Health Directors Association (CBHDA)).

For additions/updates, sample letters and fact sheets, see: calbhbc.org/legislative-advocacy

Grants/Funding

Access

[Federal BH Grant opportunity](#): 26 awards, up to \$500,000 to increase access to prevention, treatment and recovery services. Eligible applicants: public or private, non-profit or for-profit. Due 4/19 8:59 pm PT.

Children & Youth

[Drug-Free Communities Support Program](#) - \$125,000 grants to establish and strengthen community collaboration to prevent and reduce substance abuse among youth (individuals 18 years of age and younger). CDC, Due April 11, 8:59 pm PT

[Community Programs for Outreach and Intervention](#) with Youth and Young Adults at Clinical High Risk for Psychosis, SAMHSA Due April 18.

[BHCIP Round 4](#): DHCS is planning efforts for the Behavioral Health Continuum Infrastructure Program (BHCIP) Round 4: Children and Youth. DHCS will award \$480.5 million for children and youth-focused behavioral health infrastructure projects. [Listening session: March 16](#), 10:30 am – 12 noon. [Registration](#)

Crisis Care & Infrastructure

[Behavioral Health Continuum Infrastructure Program and Community Care Expansion RFA](#) includes BHCIP Round 3 funding for launch ready projects and CCE Capital Expansion. BHCIP Launch Ready grants (\$518.5M) will provide funding to construct, acquire, and rehabilitate real estate assets to expand the behavioral health continuum of treatment and service resources in settings serving Medicaid beneficiaries. Part One applications are due March 31, 2022. Part Two applications are due May 31, 2022.

[BHCIP Round 4](#) DHCS will award \$480.5 million for children and youth-focused behavioral health infrastructure projects. A [listening session will be held Wednesday, March 16](#), from 10:30 am – 12 noon. [Registration](#) is required.

[BH Mobile Crisis Response Services](#) The American Rescue Plan Act authorizes federal Medicaid matching funds for community-based mobile crisis response services. The federal match is 85% starting April 1 for up to three years. [CHCF Article](#)

Grants/Funding continues on next page.

Grants/Funding Continued:

Housing/Homelessness

[Family Homelessness Challenge](#) Grant
Local assistance funds to address and end family homelessness. Due 4/20/22

[HomeKey Round 2](#) applications are due by Monday, May 2 at 11:59 p.m.

[Homeless Housing, Assistance and Prevention \(HHAP\) Grant Program](#) Round 3
Applications due by June 30, 2022.

Substance Use Disorder

[Targeted Capacity Expansion](#) for SUD or co-occurring disorder harm reduction, treatment, and/or recovery support services. 22 awards of up to \$375,000 per year for up to 3 years. SAMHSA Deadline April 4

[Residential Treatment for Pregnant and Postpartum Women](#) 19 awards of up to \$525,000 to domestic public and private nonprofit entities. Applications due April 4.

[First Responders-Comprehensive Addiction and Recovery Support Services Act Grant](#), SAMHSA Deadline: April 5

[Drug-Free Communities Support Program](#) - \$125,000 grants to prevent and reduce substance abuse among youth (individuals 18 years of age and younger). CDC, Due April 11, 8:59 pm PT

[Contingency Management Pilot Phase 2](#) to expand access to evidence-based treatment for stimulant use disorder, DHCS Deadline: April 15.

[For Rural Counties](#): Awards of up to \$500,000 to increase access to prevention, treatment and recovery services. Eligible applicants: public or private, non-profit or for-profit entities. Federal HRSA Deadline Tuesday, April 19, 2022 at 8:59 PM PST.

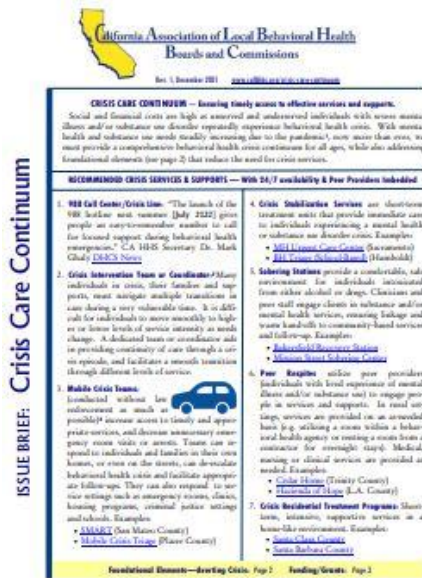
Workforce Grants/Funding

[National Rural Recruitment and Retention Network](#) (3RNet) Recruit and retain health professionals in rural and underserved areas

[Loan Repayments, Scholarships, & Grants](#), HCAI

[SAMHSA Forecasted Grants for 2022](#)

CALBHB/C Issue Briefs



[Board & Care \(ARF or RCFE\)](#)

[Children & Youth:](#)

[Integrated School-Based BH
Transitional Age Youth \(TAY\)](#)

[Crisis Care Continuum](#)

[Criminal Justice](#)

[Disaster Prep/Recovery](#)

[Employment](#)

[LGBTQ+](#)

[Older Adults](#)

[Performance Outcome Data](#)

[Transitional Age Youth](#)

[Suicide Prevention](#)

Full listing of issues (30+) at: www.calbhbc.org/newsissues Questions: cal@calbhbc.com

Meetings (State/National)

CALBHB/C Trainings/Meeting

[Please Register!](#)

Trainings:

[Unconscious Bias](#), 4/8, 11am - 12:30pm
[Community Engagement](#), 4/8, 1 pm- 2 pm
[MH/BH Board/Comm.](#), 5/13, 11 am-12:30pm
[Chair Training](#), 5/13, 1 pm - 2pm

Meeting:

[Quarterly \(Milpitas/Zoom\)](#), 4/19, 9am-12pm

CA Health & Human Services

[Behavioral Health Task Force Meetings](#)

Jun 14, Sep 13, Dec 13

[CalAIM BH Workgroup](#) 5/4, 10am

[CalAIM Population Health Management
Advisory Group](#), March 18, 2 pm - 3:30 pm

CA Behavioral Health Planning Council

(April Meetings are in Milpitas & by Zoom)

[Performance Outcomes:](#)

March 22, 3 pm - 5 pm

April 19, 2 pm - 5 pm

[Executive:](#) April 20, 8:30 am -10:15 am

[Patients' Rights Committee:](#) 4/20, 10:30 am

[Reducing Disparities:](#) 4/20, 10:30 am

[Children & Youth:](#) 4/20, 10:30 am - 12 pm

[Workforce and Education:](#) 4/20, 1:30pm

[Legislation:](#) 4/20, 1:30 pm - 5 pm

[Housing and Homelessness:](#) 4/21, 8:30 am

[Systems and Medicaid:](#) 4/21, 8:30 am

[General Session:](#) April 21 & April 22

Mental Health America of CA

[Mental Health Matters Day](#), 5/25, 10am - 2pm
at the Capitol in Sacramento

Reports & Webinars - By Topic

Children & Youth

[Medi-Cal's Strategy to Support Health and Opportunity for Children and Families DHCS Report](#) and [3/14, 10 am Webinar](#)

[Children & Youth Behavioral Health Initiative,](#)

[Overview](#)

[Webinar](#) 3/15 10 am - 12 pm

[Think Tank Application](#) Due 3/23

[Youth Villages Intercept Program Model Webinar](#) Catalyst Center, April 21, 10 am

[California Healthy Minds, Thriving Kids Project](#)

[AIM Youth Mental Health Offering MH First Aid Training](#), AIM Youth Mental Health

[L.A. County Multidisciplinary Assessment Team Process Report](#), CA Institute for Behavioral Health Solutions, 2022

[CA Youth Peer Mentor Program](#) 2021 Annual Report

[A Stronger Case for Early Substance Use Prevention](#), American Psychological Association

[Hiding in Plain Sight: Youth Mental Illness](#) will premiere on PBS stations nationwide on June 27 and 28, 2022 at 6:00pm PT.

Continuum of Care

[State and National Initiatives for Transforming Crisis Care Through 988](#), The National Council & SAMHSA, Monday, March 14, 1 - 2 pm PT

COVID-19

[Facing a second pandemic: A helping hand for counties from Mental Health First Aid](#), National Association of Counties

Criminal Justice

["Trauma-Informed Systems for Justice-Involved Populations](#), 3/15, 8 - 9:30 am PT

[Re-Entry Programs and Reducing Recidivism](#) 4/19, 8 - 9:30 am PT

[Housing Access and Environmental Support Systems](#), Tuesday, 5/17, 8 - 9:30 am PT

Culture/Race/Ethnicity

[Exploring Health Literacy and Cultural and Linguistic Literacy for Integrated Care Settings](#), National Council, March 31, 2 pm

[Understanding Black and African American Experiences in MH and SUD Treatment Services](#), National Council for Mental Wellbeing Recorded Webinar

[Addressing Opioid Use Disorder in BIPOC Communities – Part 1: Treatment and Recovery for African American Communities](#), March 29, 1 - 2 pm PT

Housing/Homelessness

[Supportive Housing Models That Work](#) SAMHSA, Events are at 11:30 am

- Housing-focused Engagement and Supporting Staff, 3/23
- Racial Equity in Supportive and/or Recovery Housing Programs, 4/27

[Governor Newsom Launches New Plan to Help Californians Struggling with MH Challenges, Homelessness](#), the Community Assistance, Recovery and Empowerment, [CARE Court proposal](#), to assist people living with untreated mental health and substance abuse challenges that empowers people in crisis to access housing, treatment and care.

Peer Provider Programs

[Establishing Peer Support Services for Overdose Response](#), The National Council [Toolkit](#) March 23, 10-11:30 am, PT [Webinar Registration](#)

Substance Use

[Stanford-Lancet report calls for sweeping reforms to mitigate opioid crisis](#), Stanford Medicine

[Federal Solutions to Overcome the Nation's Overdose Crisis](#), National Council

[Overdose Prevention Initiative](#), CA Department of Public Health

[Overdose Prevention in Community Corrections](#), National Council

[Recovery Capital Video Series](#), The National Council

[Monetary Incentives in SUD Treatment](#) - Favorable advisory opinion by Federal Office of Inspector General regarding contingency management, an evidence-based approach for treating substance use challenges that uses monetary incentives to reward healthy behavior, such as abstinence and treatment retention.

[Mobile Engagement Teams](#) - Promising evidence that mobile engagement units can link hard-to-reach individuals with opioid use disorder to medication treatment, Recovery Research Institute Study

Trauma-Informed Care

[Trauma-Informed Care Podcast](#) regarding the role Adverse Childhood Experiences (ACEs) play in population health, why trauma-informed care is critical and the role positive and adverse childhood experiences have on health outcomes and resilience.

Whole Person Care

[Integrated Care: Charting a Path Forward](#), National Council for Mental Wellbeing Recorded Webinar

Workforce

[Addressing the Children's Mental Health Workforce Crisis Webinar](#), Children Now and CA Alliance, 3/22, 10 am [Registration](#)

[California Health Workforce Education and Training Council](#) is responsible for helping coordinate California's health workforce education and training to develop a health workforce that meets California's health care needs. HCAI will host the first Council meeting on March 30, 2022. More info *will be posted* on the [HCAI website](#).

Resources for Boards/Commissions

[Best Practices Handbook](#)

[Brown Act Guide](#)

[Public Emergency Allowances](#)

[Conduct](#)

[Cultural Relevance](#)

[Hybrid Meetings](#)

[Member Orientation](#)

[Mental Health Services Act](#)

- Role of MHB/C
- Fiscal
- [Community Program Planning](#)

[News/Issues](#)

[Performance Outcome Data](#)

[Templates/Sample Docs](#)

- Annual Reports
- Recommendations
- Recruitment
- Site Visits *And More!*

[Welfare & Institutions Code](#)

- Bylaw Requirements
- Duties
- Expenses
- Membership Criteria
- MHPA Community Planning

[Training: Modules](#)

- Duties
- Ethics Training
- Mental Health Services Act

[Training: Presentations/Recordings](#)

- Chair Training
- Performance Data & Fiscal Info
- Mental Health Board
- MHPA Community Program Planning
- Unconscious Bias

Evaluate Us!

CALBHB/C is here to provide resources, support, training, communication and coordinate advocacy for statewide issues as detailed in our [Annual Report](#). We invite you to evaluate us by taking a few minutes to complete: [Evaluate CALBHB/C](#).

Report to Us!

Let us know your top issues and/or resource needs: [Report to CALBHB/C](#)

Contact Us!

info@calbhbc.com www.calbhbc.org

Follow CALBHB/C: www.twitter.com/CALBHBC www.facebook.com/CALBHBC

For ADA compliant or [printed copies](#) of CALBHB/C documents and resources, contact cal@calbhbc.com

CA Association of Local Behavioral Health Boards & Commissions (CALBHB/C) supports the work of CA's 59 local mental / behavioral health boards & commissions.

CAMHPRO March Newsletter

1 message

CAMHPRO <natalie.camhpro@gmail.com>
Reply-To: natalie.camhpro@gmail.com
To: lavoywagner@gmail.com

Mon, Mar 7, 2022 at 7:58 AM



California Association of Mental Health Peer Run Organizations

March 2022 Issue 5

Monthly Newsletter

Program Events & Advocacy

You will find all meetings here, listed for the next 30 days. Click on the name of the event to access the meeting link.




Monthly Peer Webinar Update Peer Certification	Grow & Sustain: Peer Run Orgs	Public Policy Committee
Mar 10 12 - 1:00pm	Mar 17 12 - 1:00pm	Mar 17 4 - 5:30pm
Get to Know CAMHPRO's Interim Executive Director	Cultural Health Equity	Sacramento County LEAD Summit
Mar 21 12 - 1:00pm	Mar 22 1 - 2:30pm	Mar 23 - 24 10- 2:30pm

Keep on Reading...


more news from CAMHPRO below!

As you may be aware, Sally Zinman announced a new interim Executive Director last week. In case you missed it....

[Read all about it here!](#)



Get to know
Interim Executive
Director
Andrea Wagner
March 21, 2022
Noon
Zoom Link:
<https://us02web.zoom.us/j/85195931632?pwd=TmpiraWc0QidCamNaVTiveFovNmlKdz09>



After 45 years of advocacy, and 10 years as Executive Director for CAMHPRO, Sally Zinman is transitioning out of the director role.
"It has been an honor and part of my life's work to serve as the founding Executive Director of CAMHPRO. I am leaving this role with full confidence in CAMHPRO's and the peer movement's future, both because of Andrea Wagner's leadership, and because of all of you who will uphold our vision and values and create a future of peer self-determination in the State of California." -Sally

[Download the Flyer](#)



Peer Respite Town Hall

Recently LEAD hosted a Virtual Town Hall; we had a great discussion about peer respites. Thank you to our many presenters

LEAD Summit comes to Sacramento County March 23 & 24!

[SUMMIT Flyer](#)

If you are interested in attending this Summit, please contact Natalie.camhpro@gmail.com.

Advocacy

The specific purpose of CAMHPRO is to promote the work and mission of peer run organizations and individual peers devoted to advocacy and empowerment for mental health consumers. In our work, we provide legislative updates, advocacy trainings, policy forums, and to uplift the peer voice when advocating to policymakers from the local to state level.

Additionally, we provide various platforms for peer advocates to share their voice and advocate for the

incredible work they do. By organizing educational visits with California Senators and Assembly Members, organizing attendance for legislative hearings, and providing regular calls to action, we are committed to uplifting our peers in their mental health advocacy.

CAMHPRO's advocacy message is simple: we believe in self

who provided us their knowledge regarding their work with peer respites and their advocacy:

- Kevin Fitts, *Oregon Mental Health Consumers Association*
- William Couch Jr., *Blackbird Housing*
- Christina Murphy, *Sally's Place*
- Bel Ng, Camille Dennis, Jessica Miller, *SHARE!*
- Angelica Garcia, Jessica Oyerzides, *Hacienda of Hope*

For links to the information discussed during the Virtual Town Hall, access them here:

[LEAD Virtual Town Hall: Peer Respites](#)

During the event, CAMHPRO announced its work in advocating for peer respites to state legislators. If you would like to support us in our advocacy efforts to build more peer respites in California, please scan the QR Code below or submit your contact information here:

[LEAD Task Force: Peer respites \(interest list\)](#)

determination and choice for peers, services that are holistic, culturally competent, and recognize that community health and social justice equals mental health, and that peers must be at the center of all decision making that affects them.

Peer leadership will bring about real transformation of the behavioral health system.



SAVE THE DATE
LEAD STATE CONFERENCE
JUNE 13 & 14, 2022

LEAD Conference is seeking workshop presenters. [Click here to learn more. Apply today!](#)

Upcoming Medi-Cal Peer



Certification Stakeholder Advisory Council Meeting Dates

The below dates are planned upcoming SAC meetings that will be **open to the public**. For Zoom links, please visit [the CalMHSA Peer Certification Website](#) and scroll down. CAMHPRO's Peer Empowerment Partnership is seeking your voice!

Friday, March 11, 2022 1-4PM
Friday, March 25, 2022 11-4PM
Friday, April 8, 2022 1-4PM
Friday, April 22, 2022 1-4PM

Bill Watch

CAMHPRO is actively looking through the bills that have been introduced for 2022. As we continue to build our Bill Watch list, we welcome your comments, concerns, and suggestions.

Please suggest bills for us to review by submitting a comment here: [CAMHPRO: 2022 Legislation](#)



[CAMHPRO](#) | [Contact Us](#)

CAMHPRO | [2000 Embarcadero Cove Ste 400](#), Box 80, Oakland, CA 94606

[Unsubscribe](#) [lavoywagner@gmail.com](#)

[Update Profile](#) | [About Constant Contact](#)

Sent by [natalie.camhpro@gmail.com](#) in collaboration with



Try email marketing for free today!

What American Mental Health Care Is Missing

Scientific research alone cannot address the challenges that Americans with mental illness face.

from The Atlantic
by Thomas Insel

During my last year as director of the National Institute of Mental Health (NIMH), I was in Oregon, giving a presentation to a roomful of mental-health advocates, mostly family members of young people with a serious mental illness. During my tenure as the “nation’s psychiatrist,” the nickname for my role, I oversaw more than \$20 billion for mental-health research, and I was eager to share evidence of the agency’s scientific success.

I clicked through my standard PowerPoint deck featuring high-resolution scans of brain changes in people with depression, stem cells from children with schizophrenia showing abnormal branching of neurons, and epigenetic changes as markers of stress in laboratory mice. We had learned so much! We were making so much progress!

While I could see heads nodding in the front row, a tall, bearded man in the back of the room wearing a flannel shirt appeared more and more agitated. When the Q&A period began, he jumped to the microphone. “You really don’t get it,” he said. “My 23-year-old son has schizophrenia. He has been hospitalized five times, made three suicide attempts, and now he is homeless. Our house is on fire and you are talking about the chemistry of the paint.” As I stood there somewhat dumbstruck, he asked, “What are you doing to put out this fire?”

My immediate responses were defensive: “Science is a marathon, not a sprint.” “We need to know more before we can do better.” “Be patient; revolutions take time.” But I knew he was right. There was a disconnect between the work that I was doing supporting brilliant scientists and dedicated clinicians and the challenges that faced more than 14 million Americans living, and dying, with serious mental illness.

The scientific progress in our field *was* stunning, but while we studied the risk factors for suicide, the death rate had climbed 33 percent. While we identified the neuroanatomy of addiction, overdose deaths had increased threefold. While we mapped the genes for schizophrenia, people with the disease were still chronically unemployed and dying 20 years early. Our science was looking for causes while the effects of these disorders were playing out with more death and disability, incarceration, and homelessness, and increasing frustration and despair for both patients and families. Indeed, many of the most refractory social issues of the decade—homelessness, incarceration, poverty—could be tracked, in part, to our nation’s failure to care for people with mental illness.

In 2015, I left the NIMH. Although I had trained as a psychiatrist and neuroscientist, I wanted to explore this gap between scientific progress and public-health impact as a journalist in search of solutions. Over the past five years, I’ve met health-care innovators, social entrepreneurs, and technology experts in the United States and abroad who shared ideas and projects that can make a difference for people with mental illness. I heard this refrain throughout: We are indeed in a crisis—a crisis of care. Mental illnesses are different from other illnesses, and our current approach is a disaster on many fronts. Mental-health care is not only delivered ineffectively but also accessed during a crisis and strategically focused only on relieving symptoms and not on helping people recover.

During my travels, I also heard a recurring narrative of healing: Current treatments work; mental illness is not a life sentence; people can recover. I witnessed programs, practitioners, and individuals working toward

recovery, which is more than just a reduction in symptoms; it's a return to a full and meaningful life. Or, as a very wise psychiatrist working in Los Angeles's Skid Row defined recovery for me, "people, place, and purpose." In other words, finding people for support, having a place or sanctuary to heal, and discovering a purpose or mission.

Recovery was most apparent to me when comparing the trajectories of two young men: Roger and Brandon. Roger, a coding prodigy, struggled with paranoia and conspiracy theories, which consumed his tight-knit, caring family. Roger's parents ran into a nightmare scenario that too often describes the arc of schizophrenia: days in the local emergency room, multiple tours in the local jail, and long stretches of homelessness. Like the frustrated father in Oregon, Roger's parents wondered why, with so many advances in the science of mental health, their brilliant son was talking to voices and eating out of garbage cans.

Brandon, like Roger, struggled with psychosis. But after multiple medications and hospitalizations for schizophrenia, Brandon embarked on an expansive, long-term plan that provided support in every area of vulnerability: medication for his delusions, an experimental computer-based training program for his disorganized thinking, coaching for social skills, support for work, playing guitar, and meditation.

There was not a single key to Brandon's recovery. It depended heavily on the three P's. More than two decades later, Brandon has had no further bouts of psychosis. Distracting intrusive thoughts, which he attributes to schizophrenia, still nag at him, but they do not take over. He is married, serves as the president of a nonprofit that advocates for brain-health research, and travels the country as a spokesperson for people with serious mental illness.

Both Roger and Brandon were diagnosed with a brain disorder and received standard medical care: antipsychotic medication. But Roger's outcome is the too-common example of what happens when treatment

is only medical. For a serious mental illness such as schizophrenia, medication is almost always necessary but rarely sufficient. Without people, place, and purpose in the treatment plan, Brandon may have ended up with a life similar to Roger's.

The U.S. does not currently have a system that can help Americans heal and recover. More than half of U.S. counties have no psychiatrist. Nearly half of psychiatrists do not accept either public or private insurance. If you have a child who needs psychiatric hospitalization, you may need to look out of state. As a former Massachusetts mental-health commissioner told me, "It's easier to get your kid into Harvard Medical School than find a psychiatric bed in a state hospital." Compounding problems of access are powerful forces of discrimination, which have criminalized mental illness. As a result, our jails and prisons have become de facto mental hospitals and our few remaining public mental hospitals are essentially used as prisons for forensic patients.

Hidden in this dystopian picture is an extraordinary and overlooked bright spot. For virtually all mental disorders, we have effective treatments. Medications, psychological treatments, and rehabilitative interventions (for example, supportive employment) are unequivocally helpful, on par with or better than treatments for other chronic medical conditions. Yet for treatments to be effective, they must be combined with the kind of comprehensive and continuous care that most people don't receive. Patients must also be matched with the right treatment, which can take time and experimentation. And negative attitudes toward treatment prevent many people who would benefit from seeking help—or from doing so outside of a crisis.

If I were to re-create that same PowerPoint deck I once showed in my role at NIMH, I would still focus on the promise of science and innovation. Research is our best hope for better care. But I would also have to temper this enthusiasm with an insight from epidemiology: Health care itself explains only a small fraction of health outcomes.

Much of what we need for better outcomes is fundamental, but it is not part of health care. Social factors (your zip code, not your genetic code), lifestyle (how you live, not how many medications you take), and livelihood (your work, not just your wealth) are much more important for health outcomes than your specific diagnosis or health-care plan. Recovery depends on the three P's. But these factors, crucial for recovery, are often not paid for by health insurance and are usually not offered as part of care. To close that gap between scientific progress and public-health impact, we need to reframe what we mean by *care*.

People with mental illness are easy to ignore until “they” become a loved one, a neighbor, a co-worker. But I use the pronoun *they* conditionally, for there are only two kinds of families in America: those who are struggling with mental illness and those who are not struggling with mental illness *yet*. To ensure that we serve all families well, we don't necessarily need to know more to do better. We simply need to find the will and way to deliver people, place, and purpose.



ILRC Presents Dementia, Disability, and Diversity: A Discussion

**Wednesday, March 23, 2022
2 to 3 PM**

Zoom Link:

[https://us02web.zoom.us/j/89734235802?
pwd=YWJqZE9vRGg3L2R6TWVvcIE5WHZ3Zz09](https://us02web.zoom.us/j/89734235802?pwd=YWJqZE9vRGg3L2R6TWVvcIE5WHZ3Zz09)

To learn more and/or
request accommodations,
contact Emily Bridges:
ebridges@ilrc-trico.org
805-650-5993, ext. 203



ILRC Presents
Dementia, Disability,
and Diversity:
A Discussion

Wednesday, March 23, 2022
2 to 3 PM

Zoom Link:

[https://us02web.zoom.us/j/89734235802?
pwd=YWJqZE9vRGg3L2R6TWVvcIE5WHZ3Zz09](https://us02web.zoom.us/j/89734235802?pwd=YWJqZE9vRGg3L2R6TWVvcIE5WHZ3Zz09)

To learn more and/or
request accommodations,
contact Emily Bridges:
ebridges@ilrc-trico.org
805-650-5993, ext. 203