

Wellness Matters

Your Wellness ♦ Your Way ♦ Your Community

An E-Journal of San Mateo County Behavioral Health and Recovery Services

November 2015

Same Day Assistance 2.0: Improving Efficiency

by Scott Gruendl, BHRS Assistant Director

We need to deliver treatment differently. 8 out of 10 emergency room (ER) doctors say behavioral health treatment is inadequate since those needing it account for a third of ER visits according to USA Today. MedLine reports when patients cannot get timely psychiatric treatment, 28% go to the ER, 16% go to primary care, and 27% give up.

Appointment wait time is a barrier and people give up finds Behavioral Healthcare Magazine, and growing demand outstrips traditional service delivery capacity. Their February 2015 "Clinical Trends" column identifies walk-in behavioral health clinics as an emerging trend due to less stigma, greater awareness created by high profile news, an explosion of newly insured, reimbursement practices, and consumerism.

Same Day Assistance (SDA), the BHRS walk-in program, has spurred change for almost two years. The time to a first appointment dramatically shifted from the once common 21 days or greater to less than 14 days including one-third within 7 days and one-fifth within 1 day.

The External Quality Review Organization (EQRO), a federal mandated independent review of our service quality, timeliness, and access, found that "SDA contributes to timely service, at the convenience of consumers, and leads to potential improvements in symptoms and satisfaction... higher engagement with services and earlier improvement in functioning." Their final report states, "SDA eliminates the wait time for consumer care, allowing consumers immediate service to address symptoms at the earliest request...SDA and Community Service Area models exemplify immediate care within the consumer's familiar community, lessening the impact on wait time and addressing improved functioning at the earliest onset."

While the principal goal of SDA has been achieved e.g. increasing timely access to care, there have been unintended consequences related to workload, referral processes, and impact on each clinic's clinical workflows. These experiences led to the decision to improve our approach, called "SDA 2.0" and a workgroup has been formed

to study lessons learned. While SDA provides timely access to services at the onset of symptoms providing consumers with positive outcomes in managing their illness right in their own community, it is resource intensive and therefore we will focus on improving the efficiency of the process and work with our community partners to increase entry points for SDA.

Redesign shifts into high gear this month when Steve Kaplan, as Executive Sponsor, Diane Dworkin and Tim Holechek as Process Owners initiate an improvement effort using LEAP/LEAN processes which will include staff who currently "do the work" of SDA and consumers. The team will look at SDA related data, design and test improvement steps, and standardize practices across all Community Service Areas. Areas of examination will include but not be limited to: best practices for screening, educating community partners on referrals, and expanding SDA resources throughout each CSA. ☞

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Get the latest news, information on events, trainings and more!

Mental Health and Substance Abuse Recovery Commission

**Wednesday,
December 2**

3:00 – 5:00 pm
San Mateo County Health Services Building
225 W. 37th Ave.,
Room 100
San Mateo

Commission meetings are open to the public and are generally held the first Wednesday of the month. For location or more information, call 650.573.2544 or visit: www.smchealth.org/MHSARC

The Power of One

Over the past couple of months I have been presenting to BHRS staff, providers, and members of our Mental Health and Substance Abuse Recovery Commission, on some of the events and trends that are impacting our work now and into the future. Such things as criminal justice and juvenile justice reforms, the Affordable Care Act, foster care reforms, technology, market place competition, federal waivers for delivering both mental health and substance use services and the changing community expectations. Individually all of the above (and others) in and of themselves pose significant challenges but also great opportunities. Collectively it means we are in turbulent times requiring us to be creative, flexible and persistent.

But also while I have been talking about these issues I have also been reminded of the “power of one.”

“One person can change the world. It happened, is happening and will happen in the future.” - Hillary Kellam

San Mateo County is so fortunate to have many, many individuals who have changed the world, is changing it and will in the future. I want to share just a few people who have clearly demonstrated the “power of one.”

- **Tony & Fran Hoffman, and Eve Oliphant, founders of NAMI**

As parents of loved ones living with a serious mental illness Tony and Fran confronted politicians and providers to provide humane and effective treatment and the funding to support these services. What started out as a few loving parents turned into an interna-

tional organization that has had a profound impact on mental health services.

- **Jim Stansberry, founder and Executive Director, Project Ninety**

Jim recognized that recovery from substance use just doesn't happen but when you create a “community” around someone that provides support, accountability, education, and mentoring, then recovery is not only possible but probable. Thirty years later and thousands of lives are the better for it.

- **Carmen Lee, founder of Stamp Out Stigma**

Carmen started speaking out, when few if any would, about living with a serious mental illness so that others would not feel ashamed, would seek help and enjoy a quality life. Carmen has shared her experience with thousands of people locally and across the country, and she has mentored countless people who are now carrying her legacy.

- **Ray Mills, Executive Director Voices of Recovery**

In just a few years, Ray has taken an idea and transformed it into a powerful organization where people can go for support and fellowship regardless of whether they are in recovery or not and that speaks out/advocates for people challenged with substance use and their families. Ray is a pioneer in applying Wellness Recovery Action Planning for people in recovery from substance use.

- **Juliana Fuerbringer, founder of California Clubhouse-San Mateo**

In what seems like a “blink of an eye,” Juliana has a)



Stephen Kaplan

learned about the Clubhouse, b) got trained in how to organize/implement the Clubhouse, c) put together a board, d) raised money, e) advocated to the Board of Supervisors, f) received County funding, g) hired an executive director, and h) opened the doors. Individuals living with a serious mental illness are now becoming Clubhouse members and finding meaningful employment and social experiences.

- **Ian Adamson, Executive Director of Mateo Lodge**
Ian has been selflessly responding to family members with a loved one living with mental illness for over 30 years. Ian only knows what can be done, not what cannot. There is not a challenge that Ian will shun if there is a chance that an individual and/or his/her family may benefit from his help. Ian's positive attitude is contagious for anyone/everyone who comes into contact with him. Ian was (and still is) a Full Service Partnership even before we started using that term to describe a “do whatever it takes” approach.

These are just a few examples, Who's next? ☺

An Organized Delivery System for Substance Use Disorder Services

For years, low income residents struggling with substance use have had few places to turn for help. Since many in need of treatment have historically been uninsured, access to care was limited, waitlists were long, and too often, much needed care was available only after becoming involved in the criminal justice system.

Seismic shifts brought on by health care reform are now transforming substance use disorder (SUD) treatment services. The first major change was the expansion of Medi-Cal to single adults, effective January 2014. Since then, San Mateo County's Medi-Cal population increased from 75,000 in 2011 to 135,000 in 2015—an 80% increase in low income residents who now qualify for Medi-Cal services. In 2011, only 12% of all SUD treatment admissions in San Mateo County were Medi-Cal beneficiaries; today, 57% of all admissions at contracted SUD treatment provider sites are Medi-Cal beneficiaries. When people have health coverage, they have improved access to treatment services. But even with the coverage expansion, the SUD service benefit available under the Drug Medi-Cal program has been minimal.

Fortunately, in August 2015, a second transformative shift was put into motion with the federal approval of the Department of Health Care Services (DHCS) proposed pilot program to create a Drug Medi-Cal Organized Delivery System (DMC-ODS). This pilot aims to improve health outcomes for beneficiaries and decrease other health care costs by creating dramatic improvements to the Drug Medi-Cal service delivery system. Key ele-

ments of the DMC-ODS pilot include providing a continuum of care modeled after the American Society of Addiction Medicine (ASAM) Criteria for SUD treatment services, increased local control and accountability, greater administrative oversight, added utilization controls to improve care and efficient use of resources, evidence based practices in treatment, and increased coordination with other systems of care.

The continuum of treatment services available to San Mateo County beneficiaries under the ODS pilot are greatly expanded from the "original" Drug Medi-Cal program services and will now include outpatient services, intensive outpatient services, short-term residential services, withdrawal management, narcotic treatment program services, recovery services, case management,

physician consultation, and additional medication assisted treatments. The pilot allows for many services to be provided in-person, by telephone or by telehealth, no longer limiting services to only clinic-based care.

Counties choosing to "opt-in" to the pilot must develop an implementation plan to be reviewed and approved by DHCS and CMS. BHRS has been meeting with stakeholders to develop our county plan and intends to submit it to DHCS in November. We hope to begin delivering pilot services by mid-2016. BHRS is optimistic that this new approach will revitalize the SUD provider network and will provide low income residents with access to quality care and systems integration needed in order to achieve sustained recovery. ~

- Clara Boyden

Drug Medi-Cal Certification Update:

BHRS currently has 13 outpatient facilities who are Drug Medi-Cal certified in partnership with DHCS. We have just a few outpatient facilities left for certification. As we gear up for the DMC ODS waiver, BHRS-AOD recently submitted our first 2-DMC residential applications in partnership with BHRS Quality Management, Our Common Ground and Service League. More to come...

Mental Health Services Act Update – Doris Estremera, Manager of Strategic Operations

MHSA Annual Update

The Annual Update will be presented and open for a 30 day public comment period on November 4th at the Mental Health and Substance Abuse Recovery Commission meeting. Please join us in person to hear all about MHSA outcomes and updates to the MHSA Three-Year Plan and provide your comments. Comments can also be provided by email to Doris Estremera, MHSA Manager at destremera@smcgov.org. The Annual Plan is posted on the MHSA website for reference, www.smchealth.org/bhrs/mhsa.

Innovation Projects

We are excited to announce the next phase of MHSA Innovations. We received ideas through the MHSA Three-Year Plan process, the MHSA Steering Committee prioritized projects for possible funding, and a Letter of Interest process further identified capacity and interest. The following projects are moving forward to a Request for Proposal (RFP):

- Youth Health Ambassador Program
- LGBTQ coordinated services
- Social media for youth in crisis

Additionally, the Neurosequential Model of Therapeutics will be expanded to serve adults in the BHRS system and a client lifestyle data tracking app will be piloted by BHRS before releasing it for RFP. To stay informed when the RFP is released please

sign up to receive notifications at the MHSA Website, www.smchealth.org/bhrs/mhsa. **Prevention and Early Intervention (PEI) – Proposed Regulations**

The State of California Mental Health Services Oversight and Accountability Commission (MHSOAC), is proposing new PEI regulations, which identify new service categories and requirements for programming, new strategy areas to include as part of programming and expanded reporting and evaluation requirements. The full proposal text can be found at the MHSOAC website, www.mhsoac.ca.gov.

New program requirements include:

- At least one Prevention Program
- At least one Early Intervention Program
- At least one Outreach for Increasing Recognition of Early Signs of Mental Illness Program.
- At least one Access and Linkage to Treatment Program
- At least one Stigma and Discrimination Reduction Program
- May include one or more Suicide Prevention Program(s)

New strategy requirements to be included as part of each program:

- Create access and linkage to treatment

- Improve timely access to services
- Services provided in convenient, accessible, acceptable culturally appropriate settings
- Non-stigmatizing and non-discriminatory

The MHSA Steering Committee met on October 28 and provided input on operationalizing some of these regulations; in particular looking at 1) any problems or barriers with implementation; and 2) some ideas or solutions to make the new requirements work. Some general themes emerged including:

- The nature or primary goals of many of our programs do not lend themselves to the proposed requirements so changes to objectives and deliverables will need to happen;
- There will be a need for warm hand-off component and stronger partnerships across organizations to track referrals and treatment received; and
- The need for increased capacity and resources to be able to track individuals from initial point of contact to referral and receipt of service/treatment.

Additional ideas and comments were provided and will be summarized and posted on the MHSA website,

www.smchealth.org/bhrs/mhsa.



Comments on the MHSA Outcomes and Updates to Annual Plan?

The Annual Plan is posted on the MHSA website: www.smchealth.org/bhrs/mhsa. Comments on the MHSA outcomes and updates to the MHSA Three-Year Plan can be provided by email to Doris Estremera, MHSA Manager at destremera@smcgov.org.



Change Agents 8th Annual Housing Hero Awards a Huge Success

On October 22 the BHRS Change Agent Housing Committee held its 8th Annual Housing Hero Awards celebration at the Redwood Shores Library. The event is held each year to recognize programs, property owners/managers, organizations and individuals who help and support people with mental health, substance use and/or co-occurring challenges to find and keep housing. Those who help and support our most underserved populations to have permanent housing make a huge difference enabling people to attain wellness and recovery, maintain hope, and achieve their personal goals.

This year's celebration had the highest attendance in its history, and had several particularly poignant moments as recipients received their awards and the people who nominated them shared why.

2015 award recipients:

- Georgia Peterson (Spring Street Shelter/MHA)
- Ohevet Fotofini (Private Board and Care Operator)
- Telecare Corporation (Full Service Partnership Provider)
- James Saberi (Property Owner)
- Karen Francone (Hope House/Service League)
- Housing Industry Foundation (Non-profit Housing Industry organization that supports facilities and programs).

There were almost 40 nominations this year and many expressions of gratitude and hope which made the selection process was both daunting and inspiring for the committee.

Supervisor Carole Groom

and Steve Kaplan (BHRS Director) were keynote speakers and offered heartfelt perspectives on why housing is such an essential cornerstone to achieving health, wellness and recovery. Supervisors Warren Slocum and Don Horsley were also in attendance, showing their support and interest in this very important issue on our communities.

Change Agent Housing Committee

This year's Change Agent Housing Committee Members are: Zachary Comtois (BHRS), Lisa Barendrick (Telecare), Lee Harrison (BHRS), Yesenia Cortez (Telecare), Nikki Adams (BHRS), Rhovy Antonio (California Apartment Association Tri-County Division), Diane Dworkin (BHRS), Cassandra Wilson (North County Service Center), Danielle Lacampagne (Conservators Office) and Mary Taylor Fullerton (BHRS). The Committee invites anyone interested to join. Contact Lee Harrison at leharrison@smcgov.org for more information.

New LandLord Appreciation Event

New this year was the Landlord Appreciation event held just prior to the award ceremony, hosted by the Housing Operations and Policy Committee (HOP). The event was to recognize and appreciate the landlords who partner with service providers by housing our clients participating in one of the housing voucher programs. Featured speakers for the event included Supervisors Don Horsley and Warren Slocum; Steve Kaplan; Cindy Chan, Department of Housing; Joshua Howard, California Apartment Association; and our most inspirational speaker, Tom, who shared his own story about how housing changed his life. Over 25 landlords attended the event and their commitment to helping our clients with housing was again apparent when many of them stayed on to be part of the award celebration. For more information about this event or HOP please contact Diane Dworkin at ddworkin@smcgov.org.

- Diane Dworkin and Lee Harrison



Housing Hero recipients: Ohevet Fotofini, Karen Francone, Kevin Jones (Telecare) and Georgia Peterson. Not pictured Housing Industry Foundation and James Saberi.

Going Above and Beyond to Try to Save a Life

It's not often that we hear about clients who go above and beyond and attempt to save a life. We wish to recognize Tim Smith for his heroic efforts and for making a difference in our community and in the lives of others.

It all began one quiet evening as Tim and his friend were talking in front of his apartment. His neighbor, who lives a few doors down from him, suddenly hurled open her door and screamed "Call 9-1-1! My husband is dead!" Without hesitation, Tim and his friend immediately sprang into action. They rushed to her apartment and found her husband slumped over in the bathroom. He was unconscious and blue around his lips.

As his friend called 9-1-1, Tim immediately began to administer CPR, even though he thought it may be too late. "It felt like the right thing to do was to at least try" explained Tim. Fortunately, as a young boy, he was taught how to perform CPR by his father, who was a firefighter. "I remember him teaching me the latest techniques he had just

learned and making me practice them as I was growing up" recalled Tim. His father passed away ten years earlier, yet even with his heart pounding loudly and the adrenaline rushing through him, he said "I could clearly hear my father's voice in my ear, calmly walking me through each step just as he did when I was a young boy." He continued to administer CPR until the paramedics arrived shortly thereafter, but unfortunately, his neighbor was declared deceased at the hospital.

Though he frequently experiences anxiety and panic attacks throughout most of the day, miraculously, during the crisis, he didn't panic at all. "I didn't have time to think about it. My reaction was just to try to help him...I only wish I could have done more" said Tim.

Tim is a client in the Pathways program, which provides an alternate path through the criminal justice system for individuals with a serious mental illness. "The level of success for our clients vary but Tim has been very successful in our program" said his Pathways

case manager Jimi Sosa. "I've got a lot of helpful tools now and the support I've received especially from my case manager and probation officer (Susan Lee) has made a huge difference in my life this time around compared to the past. It's a great program and it has been a good experience for me" shared Tim.

At the age of 46, he is considering going back to school to earn a certificate as an AOD Peer Counselor. When asked how he feels about where he is today, Tim said "What I did in the past was wrong, but I've gone through so much in how to deal with it differently. I'm not proud of it, but I'm not ashamed of my past. It's been a learning experience and I think I'm a better man today." Though I only just met him, it is clear he has come a long way in his journey and his quiet confidence and humble demeanor make me think he would surely be an inspiration to others and could one day be a wonderful Peer Counselor.



- Diane Tom

San Mateo County Mental Health and Substance Abuse Commission

Mental Health Consumer Hall of Fame

Nominate a San Mateo County resident for his/her achievements in one or both of the following categories:

- 1) Contributions to better the lives of other consumers and/or
- 2) leadership in the consumer movement; or Personal journey of recovery that inspires and gives hope to others.

Nomination forms can be found on the BHRS blog at www.smcbhर्सblog.org or contact Chantae Rochester at 650-573-2544.

Nominations due: November 20, 2015



Medication Assisted Treatment Services Expands to Help More People

Recent advances in addiction medicine have brought new treatments for people struggling with chronic substance use. *Medication Assisted Treatment (MAT)* is a research driven model that combines medications with behavioral therapies to provide a holistic, effective approach to treating substance use. One such medication, Vivitrol, has proven to reduce cravings for alcohol.

The Health Plan of San Mateo has funded the expansion of Vivitrol and MAT throughout the San Mateo County Health System in partnership with Palm Avenue Detox, HealthRight 360 and Voices of Recovery. This partnership helps make MAT, including Vivitrol and other types of medicines, accessible to help clients achieve recovery.

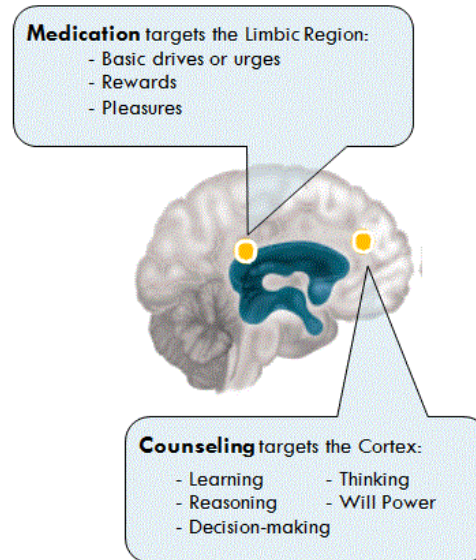
Integrated Medication Assisted Treatment

The Integrated Medication Assisted Treatment Team (IMAT) can help break the cycle of substance abuse, frequent hospitalizations, and criminal justice involvement. IMAT offers a strength-based, risk-reduction approach to treatment and services to help individuals succeed along their recovery path. Case Managers are located at Primary Care Clinics, the SMMC Emergency Department, Psychiatric Emergency Services and work in the field in collaboration

with Probation and Correctional Health. Services are tailored to meet the needs of each individual; and this is a voluntary program, clients must demonstrate a willingness to make changes with their alcohol use.

What We Do

Currently, our Alcohol and Other Drug (AOD) IMAT team is focused on serving individuals with *chronic alcohol use issues* identified as *high utilizers of hospitals and jail*. We receive referrals from the San Mateo Medical Center's Emergency Department and Psychiatric Emergency Services, from providers in the criminal justice field including probation and law enforcement, as well as AOD treatment providers. We provide adjunct/temporary case management, helping clients with chronic alcohol use disorders who are not connected to services get linked with Medication Assisted Treatments (Vivitrol, Naltrexone, etc). Eventually, we will be referring to a new HealthRight 360 clinic (not Pioneer Court, but a new dedicated MAT clinic due to open later this year). For patient referrals at the Emergency Department who are already connected to services at BHRS, we work to engage, educate them about MAT and re-connect them with their regional treatment teams to explore MAT if appropriate.



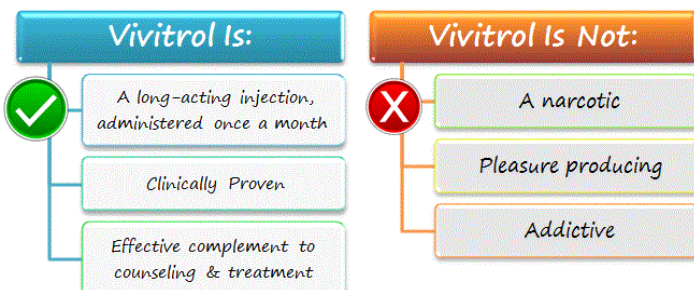
Target Population & Criteria:

IMAT works with individuals who:

- Have a history of chronic and persistent alcohol use
- Are frequently involved in the criminal justice system
- Are frequent users of San Mateo Medical Center Emergency and/or Psychiatric Emergency Services
- Are homeless or at risk of homelessness
- Have multiple detoxification episodes with failure to connect to treatment
- Are HPSM members

Since June 2015, we've had 344 referrals, of which 16 have received injections, 32 are currently awaiting an evaluation (once HR360 MAT opens, this will no longer be an issue) and 78 were engaged and referred to a provider.

For more information about our program and services, contact Mary Taylor Fullerton, BHRS Medication Assisted Treatment Supervisor at: mfullerton@smcgov.org.



- Mary Taylor Fullerton

Behavioral Health Advisory Group Ambassador Team

Children and youth in East Palo Alto (EPA) are exposed to violent events in the community on a regular basis. The impact of resulting accumulative trauma that affects them is taking its toll as evidenced by their behavior problems at school, psychological distress and substance use. The Behavioral Health Advisory Group Ambassador Team (BHAGAT) project is a relatively new initiative that has been established to address this problem.

Operated by One East Palo Alto (OEPA) Neighborhood Initiative, BHAGAT is a school-based mental health crisis response project that was conceived and developed as a priority undertaking through EPABHAG's collaboration with Behavioral Health and Recovery Services, which takes place during joint meetings held throughout the year. The BHAGAT concept was finalized as a project to be implemented by a partnership comprised of OEPA, the East Palo Alto Behavioral Health Advisory Group (EPABHAG) convened by OEPA, Ravenswood City School District (RCSD), East Palo Alto Police Department (EPAPD) and San Mateo County Office of Education. OEPA sought support for the concept by submitting a request for San Mateo County's Measure A funding, which was approved by the Board of Supervisors in 2013 as part of the County's comprehensive, multi-million dollar proposal for Prevention and Early Intervention Services for youth at risk of abuse, trauma, and mental illness.

BHAGAT's overall aim is to provide culturally competent crisis response interventions to middle school students at RCSD's Ronald McNair Academy (RMA) who are experienc-

ing trauma as a result of violent crime in EPA and other life traumatic events, so as to meet their needs as victims and enhance their recovery. The project became fully operational on RMA's campus as of Spring 2014 and has made substantial progress implementing three major goals, as follows: (1) Establish better communication and dissemination of information among EPAPD officers, RCSD personnel and a group of trained EPABHAG parents and community members coordinated by OEPA in order to address crime and violence crises as they occur; (2) Create an on-campus support structure that allows trained community members to serve as ambassadors at school sites who bridge relationships among the schools, police officers and affected students and their families, and (3) Implement longer-term follow up school-based support for students affected by violence crises and their families, including education about trauma reactions to violence in the aftermath of incidents of crime.

Project operations are monitored by implementing partner organizations, who meet throughout the school year to review progress toward achieving planned goals and adjust operations as needed to achieve planned outcomes. These outcomes include the following: (1) Improved communication about incidents of crime and violence residents, RCSD personnel and EPAPD officers; (2) Increased EPA residents awareness of parallel processes affecting victims of crime and violence such as law enforcement response and investigation procedures, and the criminal justice process; (3) Establishment of an

effective support systems for victims of and others impacted by violent crimes, and (4) An EPA community with stronger interconnections and collaborations for maintaining peace. Measurable indicators of the project's success include, but are not limited to, the following: outreach to parents and completed parent consent form; short-term intervention support in the form of hours of crisis intervention and case management provided to students and their families; Youth Mental Health First Aid (YMHFA) and Adult Mental Health First Aid (AMHFA) training provided to and completed by individuals; pre/post assessment of RMA students' school environment attitudes and experiences as measured by the California Healthy Kids Survey; records of RCSD's Positive Behavior Intervention System referrals and student attendance; referrals to BHRS System of Care organizations and long-term intervention support provided to the school in the form of mental health-focused assemblies.

Since Spring 2014, BHAGAT staff members – EPA community members called "Ambassadors" – have established a daily presence on RMA's campus. Through such presence, they interface with school personnel and students and their families and implement short-term case management-based responses to referrals of students exhibiting behaviors perceived to be indicative of reactions to violence-related trauma or effects of accumulative trauma. BHAGAT Ambassadors work with students by delivering prevention, early intervention and support strategies, including referrals for ongoing assis-

(Continued on page 9)

Over 1,000 People Trained to Assist Youth in San Mateo County

In 2013, the Board of Supervisors unanimously approved a portion of Measure A funding be used to bring Youth Mental Health First Aid to every school in the county. Since then, the Office of Diversity and Equity has partnered with the San Mateo County Office of Education and trained 1,030 individuals, including school staff, peers, law enforcement, parents and many others to identify early signs of mental health challenges in youth and connect them with the appropriate level of support. Individuals representing 94 schools and 20 of 24 local school districts have attended 58 trainings held throughout the county. Those who have completed the training report that they are in fact using the skills learned with students as well as other youth in their lives.

In September, students from Jefferson Union High School District (JUHSD) at Westmoor High School helped to celebrate the program's major milestone by becoming the 2nd

cohort to be trained to help support their peers. Counselors Ki Gaines and Joal Truong-Vargas dedicated two days to training their students, Juniors and Seniors who have shown an interest in helping other students at their school, in becoming Youth Mental Health First Aiders. Through YMHFA, students were able to identify issues that their peers struggle with on a daily basis, such as body image and eating disorders, academic and social pressures and expectations, and the role social media plays in their lives. Students were able to role-play scenarios and practice how they would appropriately approach another student in need and lend a helping hand. "I feel good knowing that I can feel more confident with these mental health topics... it was an overall good course to have in my background" –YMHFAider from Westmoor High School Peer Resource class. Westmoor is the first high school to open YMHFA to students.

JUHSD is also the first district to commit to training all 500 school district staff.

Youth Mental Health First Aid (YMHFA) is an 8-hour public education training program designed for any adult or student peer working with or assisting young people, ages 12-24. For more information about YMHFA, visit www.smchealth.org/bhrs/ode/CommunityEd or contact Natalie Andrade at c_nandrade@smcgov.org or 650-372-8548. ☞

- Kathy Reyes



Peer Resource Students trained in YMHFA at Westmoor High School.

BHAGAT

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tance. More specifically, BHAGAT Ambassadors conduct crisis response interventions largely utilizing evidence-based practices of "compassionate conversations" with RMA students served at as well as YMHFA and AMHFA training to school personnel, parents and other adults who support the students. A plan is created by individual students that guides BHAGAT staff in supporting students' efforts to overcome trauma-related barriers that may interfere with their learning process. The plan also helps students

identify and strengthen their coping and problem-solving skills. Additional support is provided to students and their families addressing areas of need that may also pose barriers to the students' learning as well as act as an additional source of trauma such as domestic violence, immigration crises, employment issues, medical needs and death of a family member (parent) and/or others.

BHAGAT operates a drop-in center for RMA students to utilize during recess and lunch periods which helps the students strengthen their relationship with one another, the BHAGAT staff and providing a safe environment for

the student to practice their coping and problem-solving skills thus lessening the effects of the trauma experienced by the student.

For more information about the BHAGAT program contact:

Mele K. Latu
Behavioral Health Advisory Group
Ambassador Team Coordinator
One East Palo Alto (OEPA)
903 Weeks Street,
East Palo Alto, CA (Mail)
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Menlo Park, CA
(Program Operations)
650.391.9617 (OEPA Main);
650.771.3793 (Direct)
Email: mlatu@1epa.org ☞

- Rev. Chester McCall and
Dr. Faye McNair-Knox

Central Community Service Area's Day of Partnering

On September 2, the Central Community Service Area (CSA) Advisory Committee hosted a Day of Partnering at the San Mateo Public Library. The event was attended by over 100 individuals representing many different departments and organizations. There was amazing energy in the packed room attendees were excited to be together with representatives from a diverse group of community agencies and organizations. The Central CSA Day of Partnering Sub-Committee did a fantastic job in planning and organizing the event. Those who attended were truly engaged and made the day very special by their enthusiasm and commitment to participating for the benefit of those they serve in the Central County Community.

Why a Day of Partnering? In our Central CSA Advisory Committee meetings we discussed how to bring the community closer together—holding a provider event or a broader community event—and decided to start with the providers, to be followed later by a community event. Since we truly want to make those who seek supports in our community have a “no wrong door” experience, we decided that the more providers know

each other and about their services, the more likely they are to provide linkages and warm handoffs when needed. Mary Taylor Fullerton was invited to an Advisory Committee meeting last spring to share her experiences with the Day of Partnering events with the change agents and we want to thank her for her time and consultation. From there, we took it on and formed a sub-committee to plan the event.

It would seem that bringing together individuals from the San Mateo Police Department, Apple Care Dental, the Congregational Church, the Second Harvest Food Bank, and the Boys and Girls Club, to name just a few of the many participants, would be dynamic. We were truly amazed by how eager folks were to connect with others and to be so engaged in the day.

The morning started with Kathy Reyes of the Office of Diversity and Equity showing digital stories illustrating the types of challenges individuals in our community experience. She then gave an overview of Youth Mental Health First Aid and the Parent Project. We then went into speed networking, shown in the photo below, which was loud and

exciting. Then we moved into more unstructured networking, followed by small group discussions.

At the end of the day we received feedback such as, “the activities were really interesting and engaging”, “more minds collaborating are more powerful in solving system problems” and “we need to know how to help people by getting to know the services around our community—building bridges is one of our goals as a community”.

We are now working on plans to follow up on the requests of many participants when we meet again as providers. Next, we will incorporate ideas brought out in the small groups and work on the community event.

The Central CSA Day of Partnering was inspiring and again thank you to all who participated and to those on the CSA Advisory Committee who helped plan the event. A very special thanks to Bobbie Cervantes, the Administrative Secretary for the CSA Managers, for all her efforts coordinating the day. ☺

- Linda Simonsen



Community Members Show Up, and Speak Up to Save a Life

In recognition of September Suicide Prevention Month, Behavioral Health and Recovery Services partnered with the local 24/7 crisis hotline StarVista and Caltrain to host *Speak Up, Save a Life: Suicide Prevention Forum* on September 25 at the San Mateo Main Library.

Over 130 San Mateo County community members showed up to the Suicide Prevention Forum to show they care and to learn about suicide prevention from survivors. This event raised awareness about the warning signs of suicide and the help available for those who are experiencing thoughts of suicide.

The *Speak up, Save a Life: Suicide Prevention Forum* featured a panel discussion with Alan Cochran, who fought back tears as he shared how his close friend died by suicide and about the warning signs that meant his friend had been thinking about taking his own life. Suicide survivor Rocio Cornejo shared how she started having thoughts of suicide as a young teenager, and how her culture and the stigma sur-

rounding mental health continue to be a challenge during her recovery. Cornejo also shared what it is like to go through a suicide crisis, how she got help, and her journey to recovery.

The resounding message from the forum was if you see something, you can do or say something that could save a life. Sometimes all it takes is one person to check in and show they care. Other panelists included Salvador Zuno, Caltrain Transit Police and Narges Zohoury Dillon, StarVista Crisis Hotline, who urged the public to call StarVista's 24/7 crisis line at 650-579-0350 if they are ever concerned about someone or think someone may harm himself or herself.

"Suicide is preventable and more and more people are showing they care and asking how they can help others or help themselves recover," said Stephen Kaplan, Director of Behavioral Health and Recovery Services. "Having people join together as a community of support to speak up and save a life is a great step towards suicide prevention.



Alan Cochran shares his experience as a family member.

"We are all in this together."

The more we talk about mental health and how to best help someone, the more likely a loved one will feel empowered to reach out and recover. For more information on suicide prevention in San Mateo County, visit www.smchealth.org/SuicidePrevention. To join the Suicide Prevention Committee, please contact Sylvia Leung at sleung@smcgov.org or 650-578-7165. ☺

- Allie Herson and
Sylvia Leung

3rd Annual Latino Health Forum

The 3rd Annual Latino Health Forum "¡Sana, Sana! Colita de Rana! Cuidate Hoy Para Un Mejor Mañana" (*Take Care of Yourself Today for a Better Tomorrow*) and Annual Parade for Peace and Justice, hosted by the San Mateo County Latino Collaborative, San Mateo County Healthy Weight Collaborative, and Catholic Workers, was held in Half Moon Bay on September 26.

It was a beautiful event featuring key note speaker

Rigo Chacon and presentations on healthy eating and immigration resources. There were arts and crafts sponsored by BHRS and Home Depot, a bouncy house for children and about 30 agencies from both the county and the community set-up resource tables. Highlights included Mexican Folk Dancing (Baile Folklorico) by the Tonantzin Group and free, delicious and healthy food, sponsored by the Sheriff's Office, and prepared by a health edu-

cator at the Stanford Prevention Resource Center. Catholic Workers of Half Moon Bay received the donated vegetables from a local farm and joined the forum at the end of their Peace and Justice Parade. All in all, over 100 children and 120+ adults participated in the event. See photos page 14 & 15. ☺

- Latino Collaborative

Family Assertive Support Team in Action

FAST, the Family Assertive Support Team, is a free service funded by the Mental Health Services Act for people in San Mateo County who are concerned about a family member who may be showing signs or symptoms of serious behavioral health challenges. The team, which consists of a peer counselor, family partner and a licensed therapist, saw 104 adult clients and their families during their second year, many of whom were not receiving mental health services at the time. Below is a brief recap of the clients we assisted during FY 15/16:

- 104 clients and their families served
- 65% were not receiving outpatient mental health services at the time of contact
- Diagnoses: psychosis-60, co-occurring substance use-43, depression-16, bipolar-11
- 43 clients referred to outpatient services
- 19 clients accepted substance use treatment

Client Story

Twenty-five year old “Frank” had been treated for schizophrenia for a couple of years before his mother, with whom he was living and his current provider contacted FAST. Frank was adamant that he didn’t have psychosis and did not need medication. He had a medical marijuana card for a minor injury and was smoking

daily.

Frank was college graduate and extremely warm and engaging. From the first day we began working with him, he knew he wanted a full time job and a girlfriend. His parents were energetically invested in his recovery and attended family meetings with FAST.

The team worked with Frank over the next 15 months. During his second month, he had his first hospitalization. He called 9-1-1 because he believed there was going to be a home invasion. When police arrived he was in the driveway holding a kitchen knife. Fortunately he dropped the knife when requested and was then placed on an involuntary psychiatric hold (5150). Besides the paranoia, he heard voices and was not productive on a daily basis.

We continued our family/FAST support across the continuum of care, going from inpatient services to Redwood House, where our Peer Counselor engaged Frank. The counselor, who sensed he was having trouble conversing, suggested they “chill.” They sat comfortably in silence together for a long while until Frank spoke first to ask what had made a difference in her recovery. She responded, “exercise.” Little did she know how on target she was, as he had previously worked at a gym. Immediately after their meeting, he walked straight to the nearby gym where he was

already a member.

The team linked Frank to outpatient services and Hawthorne House, a psychosocial rehabilitation residence and referred him to Jobs Plus and Job Train to assist with his desire to work. We encouraged him to continue working out at the gym and to volunteer or work.

Frank ended up on a 5150 again when he stopped taking his medication because he felt it was no longer needed. He was discharged to Cordilleras, a locked facility where he recovered. His parents and the FAST team decided that Frank needed to emancipate from his mom. He was discharged to Eucalyptus House, a psychosocial rehabilitation residence and referred to Vocational Rehabilitation Services (VRS) who placed him in a full time job. Frank got up every morning while living at Eucalyptus House and commuted to work. He completed the Eucalyptus House program and has returned to live with his mom. He continues working full time, going to the gym and has begun dating a woman. By taking his medication and “staying focused” per Frank, he no longer experiences symptoms of paranoia or voices. He has plans to enroll in the culinary training program at Job Train as his next career goal. ☺

- Ned Brasher, FAST Team

Family Assertive Support Team

Are you concerned about an adult family member who may be showing signs or symptoms of serious emotional distress and don't know what to do?

Call FAST: (650) 368-3178

We Make a Difference AND We Come to You!

Spanish and Mandarin speaking capacity are available. Other languages are available upon request. This is a free service made possible by the voter-approved Mental Health Services Act (Prop. 63).



BHRS Staff Moderates “Using WRAP® for Housing Goals” Webinar

On October 22, the Copeland Center for Wellness and Recovery hosted a “Using WRAP® for Housing Goals” webinar. BHRS staff Lee Harrison (Senior Community Worker and Advanced Level WRAP Facilitator) moderated the webinar with support from Copeland Center Executive Director Matthew Frederici.

In August, Lee presented a workshop on the subject at the WRAP® Around the World Conference in Washington, D.C. Several Advanced Level WRAP facilitators who live and facilitate WRAP® in our county also presented workshops on topics such as “Working with Incarcerated and Formerly Incarcerated Populations” and WRAP for people with chronic and life-threatening diseases.

Feedback from participants prompted Mr. Frederici to ask Lee to present the material at a webinar as a part of the

Copeland Center’s ongoing education and training support resources for its membership community, certified WRAP Facilitators and Advanced Level Facilitators. Seventy-nine registrants participated in the webinar. The co-facilitated Wellness Recovery Action Plan (WRAP) © group model is an evidence based practice that has proven to be effective in supporting people to attain and maintain wellness in many areas of their lives. The focus of this webinar was sharing strategies that have been helpful in our county’s “WRAP for Housing Groups,” which have been ongoing for more than four years and facilitated by Lee Harrison and Robert Dei Rossi at our BHRS South County Clinic.

WRAP® promotes strategies for maintaining wellness and utilizing WRAP Key Concepts

of hope, education, personal responsibility, self advocacy and support. “Using WRAP® for Housing Goals” supports individuals in developing personal wellness tools to maintain wellness and support recovery in current housing situations and while working towards housing goals have provided support and facilitated improved outcomes for participants.

San Mateo County has gained a reputation for supporting the development of WRAP® as a wellness practice that is easy for anyone to use and strives to make it accessible to as many communities and programs as possible. We are fortunate to have a talented pool of committed WRAP® facilitators supporting our efforts to promote wellness and recovery in our county! ☺

- Lee Harrison

Covered CA Opened its Doors for its 3rd General Enrollment Period

As of November 1, San Mateo County residents with a combined annual family income between 138% and 400% of the Federal Poverty Level (or \$33,468 - \$97,008 for a household of 4) can choose again between five private insurance carriers (Anthem Blue Cross, Blue Shield of California Kaiser Permanente, Health Net and the Chinese Community Health Plan) for a federal subsidized insurance plan under Covered CA.

This season the individual marketplace will compete with Covered CA for small businesses as they expand their coverage for employer-based insurance products from businesses with up to 25 employees to those who

have up to 100 people on their payroll.

The general enrollment period ends a full month earlier this season than in 2014/15 and will officially close on January 31st, 2016, which will leave many uninsured only a small window during the holiday season to decide on the right plan for them and their families. However, for the first time consumers can select a Family Dental plan at the same time they select their medical plan.

Also for the first time, Covered CA will enforce the tax rules under the Affordable Care Act that allow consumers to tap into tax credits when filing their 2015 tax return. Those who renew an existing Covered CA – issued

health insurance plan, but failed to file their 2014 return and cannot provide proof of a valid filing extension will no longer be given a tax credit for their 2016 insurance plan. The difference in premium pricing can cause some sticker shock as it can be as much as \$400/month for each individual Covered CA-enrolled household member. A family of four could lose up to \$48,000/year in otherwise available tax credits. To avoid the rule enforcement, consumers who have not yet filed their 2014 tax return should consult with a professional tax preparer and/or the IRS by December 30th. ☺

- Stefan Luesse

Wellness Corner

In this last issue of Wellness Corner, our Consumer Advisory Committee members would like to share different wellness practices each of them engages in throughout their wellness recovery journey. These wellness practices do not include any fancy recipe, nor magic. What they do have in common are consistency and motivation to engage in these simple wellness practices, commitment and determination to stay well in recovery, and most importantly, all these members have a strong sense of responsibility for exactly the kind of life they want to live!

- Shirley Chu, Unit Chief,
Chair of Total Wellness Consumer Advisory Committee

Living a Responsible Wellness Life

Every month when we meet for the Total Wellness Consumer Advisory Committee meeting, we all share with each other various “wellness tips.” There were times we felt discouraged and stagnant with no progress; yet there will always be someone on the Committee sharing whatever small success they made, which will then inspire others. We would like to share some of these “wellness tips”:

“Get out and walk! Walking

regularly has kept me active and well. I create opportunities for myself to walk more everyday, and take advantage of every opportunity I have to walk more. For example, I will park my car a little farther even if I have to drive so that I get to walk more every day.”

- Steven Burch

“It is very important to be open-minded and be willing to try new things that will help us stay well. Recently, becoming an active member of the California Clubhouse has enhanced my wellness life more – not only I am able to learn how to cook healthy-eating whenever I go to the Clubhouse, but I have also made many more friends and am able to hang out and connect with others who have had similar experiences as I do. My participations in the Clubhouse and in the Total Wellness Consumer Advisory Committee have been fun and enjoyable. I want to extend an invitation to all to come join us at the Clubhouse, and to join us here in Total Wellness Consumer Advisory Committee!”

- Robert Cartagena

“Don’t go for fast food when you can prepare better food faster! There are lots of healthy cooking resources available, even with using just

a microwave to cook. Only if you are willing to take the first step to try it out, will see the many benefits of preparing food ourselves—indeed it is easy, fast, healthy, fresh, and nutritious.”

- George Steven Culores

“Keep your wellness practice simple, easy to do and hard to give up. However, it is important to think thoroughly and decide on a simple action step before you actually put it in a routine action. To make sure you can carry it out, do not overly exert yourself!”

- Denise Cole

“I believe it is important to break bad habits and take control of your behaviors. We all have bad habits, one way or the other, such as smoking, drinking, binge eating, sticking to the TV couch for hours, staying in ‘daily non-active’ mode, and many others. We have to take control of our body and break these habits, re-learn new good habits, because we are responsible for living our life healthy and well.”

- Gilbert Cavallini



3rd Annual Latino Health Forum: The Mexican Folk Dancing (Baile Folklorico) by the Tonantzin Group performs. See story page 11.

Cordilleras Corner: Redesign Project - Terry Wilcox-Rittgers

Designing and building a new campus is far more involved than I ever could have imagined. There are numerous elements to be taken into consideration that many of us in the helping profession don't typically have on our radar. This has become even clearer to me during the California Environmental Quality Act (CEQA) phase of our project. It can take up to 18 months to assess the future building site, looking at such things as water flow, soil quality, plant life, wildlife habitat, etc.

We are fortunate that some of the most challenging en-

dangered and protected creatures and plants are not on our Cordilleras Campus. However, we do have lots of dusky-footed woodrats. They are generally nocturnal and commonly known as "packrats" or "trade rats." They are similar to common rats but with larger ears and eyes, softer coats and furred tails. They get to be about 16 inches in length including their tails.

The good news is that we have a well thought out plan for the dusky-footed woodrats and their homes. There is a well-established system for relocating our furry friends.

Replacement homes are created using some of the same materials from their current homes. They are captured and then placed in their new homes in a safe location. As their relocation date draws closer, our plan is to involve as many Cordilleras Campus residents in learning more about the dusky-footed woodrats and how their homes will be relocated.

Why are they sometimes called "trade rats"? When they come across a new treasure, they'll drop whatever they're carrying in order to pick up the new item. ☺



Terry Wilcox-Rittgers

Q-Tip for Quality Don't Lose It! - Holly Severson, RN MSN

How to handle clients' Protected Health Information (PHI) when you are offsite:

Laptop/Smart Phone Safety:

- Laptops and smart phones must be encrypted (password protected).
- Do not save any files with client information/PHI on your desktop. (Save to your H Drive or Shared Drive).
- Shut down your laptop before you take it from your office/BHRS site.
- Never leave your laptop/computer in your car or in your car's trunk.

All Client Information:

- Do not carry a calendar/planner with client PHI

offsite.

- Do not take hard copy client PHI offsite unless absolutely necessary. If you do, keep it safe: lock it up at home.
- Do not send any client information to/from your home email account, or any unencrypted email account.
- Do not put client PHI on your personal computer/phone.

Most Important Takeaways:

- Only use approved, **password protected** electronic devices.
- Keep client information/PHI taken offsite with you at all times. Do not leave it in your vehicle, **even for a few**

minutes.

You must **immediately** report to your supervisor/manager and to Quality Management if:

- You lose any of your electronic devices (phone, tablet, computer) containing PHI
- You lose any PHI, whether electronic or paper

By following these practices, you can be sure you are doing your part to safeguard our clients' privacy and keep their protected health information secure.

QM always appreciates any feedback or ideas you'd like to share with us. ☺

Next QIC Meeting:

Wednesday
November 18 2015
10:00 am—Noon
2000 Alameda de las Pulgas, Suite 200,
San Mateo



3rd Annual Latino Health Forum: Planning Committee members; keynote speaker Rigo Chacon; and a healthy lunch being prepared. See story page 11.

Trainings

November 10: Grand Rounds
 “Medicated Assisted Treatment of Alcohol Use Disorder”

November 10: Working Effectively with Interpreters in a Behavioral Health Setting.
 Contact Kimberly Westrick at c_kwestrick@smcgov.org

Nov. 17 & 18: Wellness Recovery Action Plan (WRAP) for BHRS and contract staff. Register via LMS.

Dec. 9 or 15: Moving to the DSM 5. Register via LMS.

Employee Service Awards

Employee Service Awards

20 Years

- Elizabeth Lee, ACCESS Team

10 Years

- Cecilia Carrillo, Youth Case Management
- Jan-Michael Galvin, Canyon Oaks Youth Center

- Kimberly Kang, School Based Mental Health
- Martha Madrigal, Pre to Three
- James Matter, Coastside Clinic
- Yunetta Yeargin, Canyon Oaks Youth Center

Questions about Trainings? See the training calendar linked below or contact Kimberly Westrick at c_kwestrick@smcgov.org or 650-573-2565.

See Training Calendar for more info : www.smcbhrsblog.org/bhrs-calendar-staff-and-provider-trainings/



Employee Spotlight



Martha Ugarte-Ortiz
 Contract Administrator II

Hometown:
 Nicaragua

Years at BHRS/SMC:

4 years/14 years

What do you do?

I coordinate the contract development and amendment process with BHRS program managers, and other County departments, including securing appropriate signatures, distributing executed copies, and maintaining comprehensive contract files.

What do you enjoy most about your job?

The complexity of the job I do.

Everyday I learn something new.

Most rewarding/memorable experience:

Being able to work with organization that help our communities.

Favorite hobbies/activities:

Reading, listening to music, and dancing.

“If I weren’t in my current role, I’d be a...”

Doctor. ☺

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 (To subscribe, click the red envelope at the top of the page.)

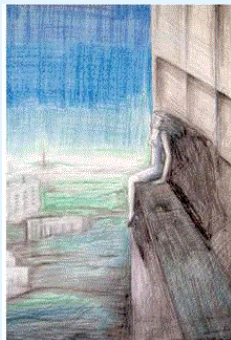
Forward comments, suggestions or contributions for *Wellness Matters* to Diane Tom, Editor: DiTom@smcgov.org



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 San Mateo County Health System

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 Blog: www.smcbhrsblog.org
www.sanmateo.networkofcare.org/mh

Adolescent Depression: What We All Should Know



Monday, November 16, 6:30 p.m. – 9:00 p.m.

UCSF Parnassus Campus, Cole Hall Auditorium, 513 Parnassus Avenue, SF
 Register (not required but appreciated) to attend at depressioncenter.ucsf.edu/2015

Keynote Speaker: Stephen Hinshaw, PhD.

Presentations:

- Adolescent depression and anxiety: Who is at risk and why?
- What does depression look like in the brain?
- Current treatment strategies and future directions

This event is free and open to the public.