Mental Health Services Act (MHSA)
Annual Update for Programs and Expenditures
Fiscal Year 2017-2018

COUNTY OF SAN MATEO
HEALTH SYSTEM
BEHAVIORAL HEALTH
& RECOVERY SERVICES

WELLNESS • RECOVERY • RESILIENCE

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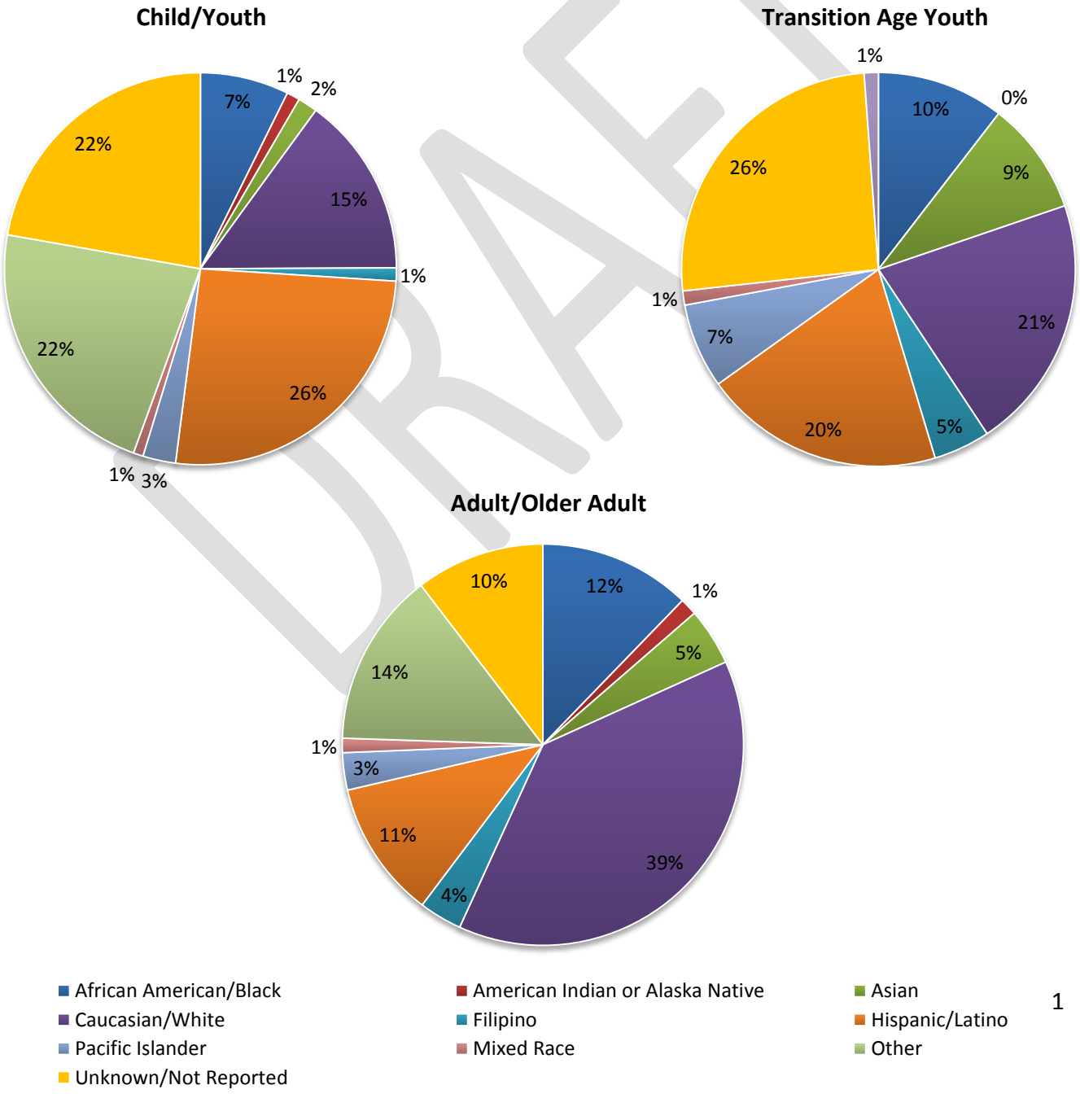
COMMUNITY SERVICE & SUPPORT (CSS)

FULL SERVICE PARTNERSHIPS (FSP)

Within San Mateo County, the initial FSP programs (Edgewood, Fred Finch, and Telecare) have been fully operational since 2006. A fourth site (Caminar's Adult FSP) was added in 2009. FSP programs do "whatever it takes" to help seriously mentally ill adults, children, transition-age youth and their families on their path to recovery and wellness. Edgewood Center and Fred Finch Youth Center serve children, youth and transition age youth (C/Y/TAY) using the Wraparound model and Caminar and Telecare serve offer Assertive Community Treatment (ACT) services to adults, older adults, and their families.

FSP RACE/ETHNICITY DEMOGRAPHICS BY AGE GROUP



FSP COST PER PERSON

Based on currently contracted amounts, the average FSP cost per person was $26,650, based on number of slots, with age breakdowns as shown in the table below. Cost-per-person figures do not speak to the span or quality of services available to clients either through BHRS or through contracted providers and may overlook important local issues such as the cost of housing, supported services provided, etc.

Program	Clients served	FSP slots	Cost per person*
Children/Youth (C/Y) FSP's	**149**	**100**	**$42,388**
C/Y in Out-of-County Foster Care Settings FSP (Fred Finch)	30	20	$27,792
Integrated FSP "SAYFE" (Edgewood)	59	40	$47,052
Comprehensive FSP "Turning Point" (Edgewood)	60	40	$45,022
Transitional Age Youth (TAY) FSP's	**105**	**40**	**$45,022**
Comprehensive FSP "Turning Point" (Edgewood)	50	40	$45,022
Enhanced Supported Education Services (Caminar)	43	40**	$4,236
Supported Housing Services (MHA)	12	20**	$17,166
Adult/Older Adult FSP's	**287**	**252**	**$17,489**
Adult and Older Adult/Medically Fragile FSP (Telecare)	245	207	$16,686
Housing Support (Telecare)	110	90**	$15,723
Comprehensive FSP (Caminar)	34	30	$27,854
Housing Support (Caminar)	__	18**	$9,630
Integrated FSP (Mateo Lodge)	14	15	$7,847

*Calculated based on # of contracted slots; there are reimbursements and other revenues sources associated with FSP's that decrease the final MHSA funding contribution.

** Contracted service goal

FSP PERFORMANCE OUTCOMES

As part of San Mateo County's implementation and evaluation of the FSP programs, American Institutes for Research (AIR) is working with the County to understand how enrollment in the FSP is promoting resiliency and improved health outcomes of County's clients living with a mental illness.

Year-to-year outcomes are tracked for individual clients in FSPs. Information collected for FSPs include data in 10 domains; residential (e.g. homeless, emergency shelter, apartment alone) education (e.g. school enrollment and graduation, completion dates, grades, attendance, special education assistance), employment, financial support, legal issues, emergency interventions, health status, substance abuse, and for older adults, activities of daily living and instrumental activities of daily living.

FSP PERFORMANCE OUTCOMES BY AGE GROUP

The table, below is the percent improvement from the year just prior to participating in the FSP and the first year in FSP, by age group. Percent improvement is the percent change in the percent of partners with any events. For example, the percent of child partners experiencing homelessness changed from 6.6% before FSP to 3.3% in the first year with FSP, a 50% improvement.

Edgewood and Fred Finch served Child clients (aged 6-21) and Transition Age Youth (TAY) clients (aged 17-25). Telecare and Caminar served primarily Adult clients (aged 26-59). Some clients began FSP as TAY, and some clients began FSP as an Older Adult (OA) (aged 60+).

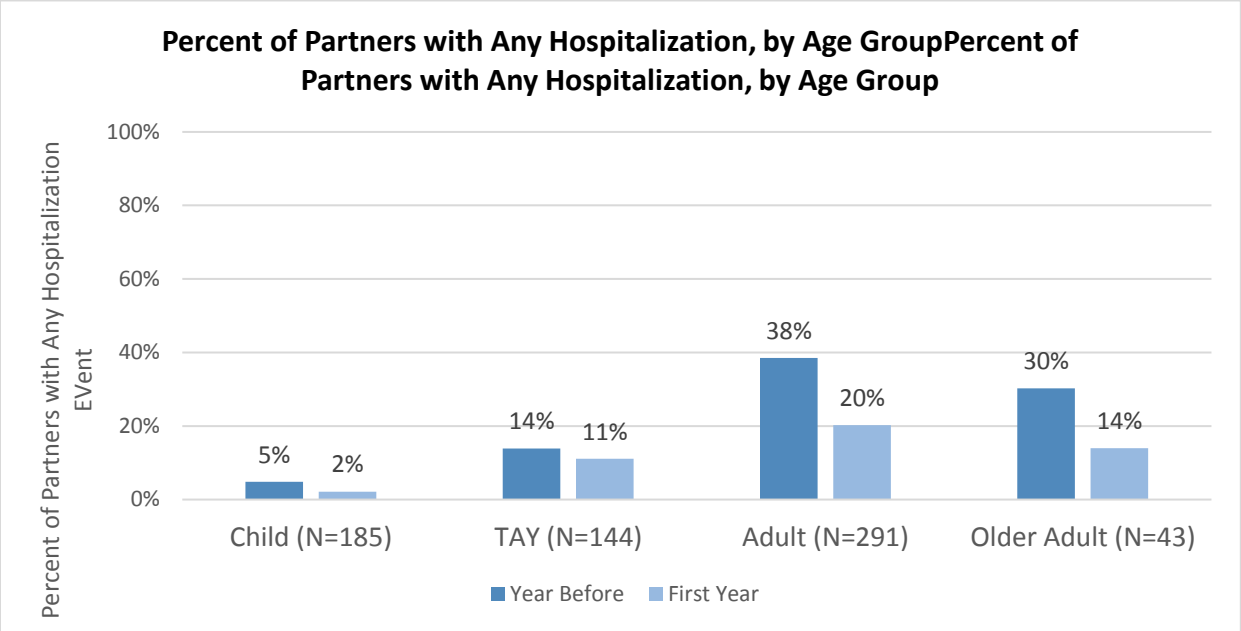
Self-reported Outcomes*	Child (16 years & younger)	TAY (17 to 24 years)	Adult (25 to 59 years)	Older adult (60 years & older)
Homelessness	50%	18.4%	30%	**
Detention or Incarceration	(50%)	23%	27%	**
Arrests	68.1%	76%	86%	**
Mental Health Emergencies	86.1%	74%	57%	41%
Physical Health Emergencies	100%	67%	66%	30%
School Suspensions	41%	76%	**	**
Attendance Ratings	8%	(1)%	**	**
Grade Ratings	11%	6%	**	**
Employment	**	**	37%	**

* With the exception of attendance and grade ratings, the table above indicates the percent change in the percent of partners with any events, comparing the year just prior to FSP with the first year on FSP. Percent change in ratings indicates the change in the average rating for the first year on the program as compared to the year just prior to FSP.

** Not Reported

Consistent from 2015 findings, there was a notable improvement across all ages for two key dimensions for FSPs, Hospitalizations and Psychiatric Emergency Service (PES) visits. The table below shows the percent of clients with any hospitalization decreases after joining FSP for all

age groups. Adults experienced the greatest percentage point reduction from 38% of partners with any hospitalization before FSP decreasing to 20% during FSP.



See Appendix A for the full report of outcomes developed by the American Institute for Research in partnership with BHRS.

CHILDREN AND YOUTH (C/Y) PROGRAM HIGHLIGHTS

EDGEWOOD CENTER FOR CHILDREN AND FAMILIES: "TURNING POINT" AND "SAYFE"

Exclusive of the Transition Age Youth (TAY) services, Edgewood's comprehensive FSP Service has the capacity to serve 85 youths at any given time through our Turning Point – Child and Youth (C/Y, 45 slots) and Short-term Adjunctive Youth and Family Engagement (SAYFE, 40 slots) programs.

Youths are primarily referred to the programs through Human Services Agency (HSA – child welfare), Juvenile Probation, San Mateo County Clinics, and Schools (typically with an IEP for emotional disturbance in place). Our treatment is provided in effort to help stabilize a youth in their home environment and prevent (or transition back from) a higher level of care (e.g., psychiatric hospital, residential facility, juvenile hall, etc.).

The comprehensive FSP provides a variety of services to youths and their families. All treatment is voluntary, individualized, strengths-based, and actively engages the youth and family. These services may include case management, 24/7 crisis support, family conferencing, individual therapy, family therapy, group therapy, family partner services, caregiver support groups, behavior support, Therapeutic Behavioral Services (TBS), access to our After School Intensive

Services (ASIS) program (youths aged 6-14) and access to the Supporting Emerging Adults (SEA) program at Edgewood's Drop In Centers (youths 18-25).

DEMOGRAPHICS

A total of 130 unduplicated youths were served through our programs in FY15-16. The census was slightly higher (70 youths) in C/Y compared to (60 youths in) SAYFE. While there was a range of ages served, 85% of youths were clustered around adolescence (12-18) and it is notable that Edgewood FSP has not seen as many emerging adults under care.

Total Clients Served			
130			
Male	72	Female	58
Race/Ethnicity			
Latino/Other Spanish-American		40%	
White/Caucasian		23%	
Black/African American		17%	
Middle Eastern/North African		4%	
Pacific Islander		2%	
Pilipino/Filipino		2%	
American Indian/Alaskan Native		1%	
Chicano/Mexican-American		1%	
Chinese/Chinese-American		1%	
Other		1%	

PROGRAM IMPACT

During the 2015-2016 Fiscal Year, the FSP services in San Mateo County expanded. When Edgewood began delivering services in 2006, services started out with the Turning Point program for children and youth, Therapeutic Behavioral Services, a Drop-In Center (North), and the After Hours Crisis Line. In 2009, Edgewood added SAYFE and the After School Intensive Services (ASIS) programs. During the FY15-16, Edgewood added a second Drop-In Center (South) as well increased the capacity of the child and youth programs to serve an additional 15 clients.

Nearly all of Edgewood youth are affected by complex trauma at a personal, familial, intergenerational, societal, and cultural level. In order to treat these complex needs, Edgewood utilizes a multifaceted approach to help children, youth, and their families achieve independence, stability, and wellness within the context of their family, community, and

culture. Our services include comprehensive mental health treatment, case coordination, skills training, and 24/7 crisis support.

SUCCESSES/CHALLENGES

A 15 year old female was referred to Turning Point – C/Y services in September 2015 to address her depressive symptoms (e.g., multiple suicide attempts, low frustration tolerance, and anger outbursts) and high risk behaviors (e.g., AWOL gestures, property destruction, and physical aggression). Adequate supervision was a concern as the youth's grandmother, her primary caregiver, was overwhelmed with caring for the youth and the youth's two and three year old nieces. What is more, the youth was nine months pregnant at the time of her referral. C/Y services supported the youth and family by identifying their needs and linking them to resources such as local food banks, clothing closets, and housing opportunities. The family partner supported the grandmother in the development of coping skills, identifying areas of interest, and the emphasized the importance of self-care. The youth received support surrounding the development of coping strategies, self-esteem building, and assertive communication skills. Since the birth of her daughter, the youth has reported a sharp decrease in suicidal ideation. She has constantly utilizes coping strategies when triggered, has ceased her engagement in high risk behaviors, and is adequately caring for her daughter. Most recently, the youth was able to obtain and maintained employment.

The high cost of living continues to present a challenge for Edgewood families and staff who are unable to locate affordable and suitable housing. Staff meet outside of the home, to ensure that youth have the emotional and physical space to engage in treatment. In the scenario that families relocate to other counties, Edgewood staff work with the families to ensure that there are resources in place prior to their move to ensure continuity of care. Staffs are encouraged to use satellite offices to do their paperwork resulting in a reduction of time are commuting and driving between community-based appointments. Finally, in the next fiscal year, Edgewood will increase the mileage reimbursement amount to the IRS rate.

There were struggles to recruit and retain bilingual and bicultural staff who are qualified to adequately treat the population that Edgewood serves. In order to mitigate this challenge, workloads were paired down to be more reasonable and to accommodate predictable short-term increases (due to youth/family crises or vacant positions). In times where Edgewood was unable to meet the language capacity of a family (e.g., ASL) interpretation services were contracted.

There are several caregivers with undiagnosed and untreated mental and physical health issues of their own, which seem to affect their ability to fully engage in their children's treatment. Edgewood provides case management assistance and family partners to support caregivers to

help prevent responsibilities falling to the youths in the home. Additionally, Edgewood makes every effort to connect caregivers to their own adult mental health professionals.

FRED FINCH YOUTH CENTER: EAST BAY WRAP PROGRAM

Fred Finch Youth Center (FFYC) provides a wraparound-services model in the East Bay Wrap Full Service Partnership (EBW-FSP) to promote wellness, self-sufficiency, and self-care/healing to youth who are San Mateo County Court Dependents who now live out of County. When foster youth live out of their court dependent county, they often have difficulty accessing mental health services. The wraparound model helps provide intensive community based care that is rooted in a strengths-based approach. The youth and family receive individualized services to maximize families' capacity to meet their child's needs and thereby reduce the need for residential placement. Many of the youth we serve are also eligible for Katie A subclass membership.

DEMOGRAPHICS

Total Clients Served			
17			
Male	9	Female	8
Race/Ethnicity			
Black/African American		32%	
Mexican-American/Chicano		17%	
Other		15%	
Latino		14%	
White/Caucasian		13%	
Asian		6%	

PROGRAM IMPACT

The program employs 2.5 full time Master's level care coordinators, one full time bilingual Youth Partner, and one full-time Parent Partner. Both peer partner positions require lived experience. All staff utilizes CBT, ACT, Behavior Modification and Motivational Interviewing approaches to treatment. The team also approaches the work from a trauma informed perspective with an understanding that early trauma impacts brain development and an important area of focus must be on sensory integration and self-regulation skill building.

SUCCESSES/CHALLENGES

A central component of the service is the Child and Family Team meetings that all interested parties are invited to attend in order to review strengths and develop treatment plans that have measurable objectives to address needs. According to outcome data, 90% of youth saw a decrease in the severity of their mental health symptoms since intake resulting in a decrease of hospitalization rates.

The enrollment is consistently below target numbers. Fred Finch continues to take steps to encourage referrals to the FSP. Based on enrollment data, Fred Finch FSP has the capacity to serve 20 youth, during FY15-16, Fred Finch was at 85% of capacity for the year averaging 17 youth enrolled per month.

TRANSITION AGE YOUTH (TAY) PROGRAM HIGHLIGHTS

EDGEWOOD CENTER FOR CHILDREN AND FAMILIES: TAY PROGRAM

The TAY-FSP Program provides intensive community based supports and services to transition age youth identified as having the "highest needs" in San Mateo County. The referral process is restricted to representatives of San Mateo County Behavioral Health & Recovery Services (BHRS) or a contractor of BHRS, the Human Service Agency, and the juvenile/adult justice system.

Transitioning from adolescence to adulthood is challenging for any young adult, those referred to the TAY-FSP program present with an array of risk factors and complex mental/physical health conditions making this transition infinitely more difficult. As the traditional milestones of adulthood continue to be pushed to later years, there is a noticeable extension and slowdown of the transition to adulthood. There is a movement among clinicians, sociologists, researchers, educators, and general practitioners for the acceptance of a new phase of development, 'emerging adulthood.' The TAY-FSP program has embraced this term as it offers a deeper understanding and acceptance of what occurs for anyone between the ages of 17-25. Acknowledging that it is not "just a transition" but in fact a unique period of life when individuals are learning to accept responsibility for themselves, make independent choices, and practice the behaviors and skills needed for managing adulthood, empowers our transition age youth and validates their experience.

The TAY-FSP program relies on a diverse staff and innovative program model to effectively meet the needs of this vulnerable and often marginalized population. Specific supports and services provided by our multi-disciplinary team include: case management, mental health treatment (assessment, therapy, medication management, and psychiatry), family support, crisis prevention and intervention, skill building (independent living, relational, safety, and

emotional/behavioral), socialization and recreational activities, peer and family relationship building, academic support and coordination, employment exploration, and housing support.

DEMOGRAPHICS

During FY15-16 the program had a capacity to serve 40 individuals between the ages of 17-25 at one time; the program served 54 unduplicated TAY clients; 37 individuals who identified as male and 17 who identified as female with an average age of 20 years old. The following number are approximate of total client's served:

Total Clients Served			
54			
Male	37	Female	17
Race/Ethnicity			
Latino/Other Spanish-American		30%	
White/Caucasian		20%	
Black/African American		15%	
Pacific Islander		15%	
Asian		7%	
American Indian/Alaskan Native		4%	
Other		9%	

- 89% of total served have a history of trauma.
- 83% of total served were considered "severely impaired" due to symptoms of Bipolar, Schizophrenia, Schizoaffective, and Major Depressive disorders.
- 66% of total served did not have a primary care doctor at referral, and most of these had not seen a dentist or eye doctor in over a year.
- 33% of total served had a cognitive impairment or delay.
- 27% of total served were using substances (most commonly marijuana) with noticeable negative impact on their daily functioning. Examples of this impact included: hallucinations, disorientation, decreased problem-solving skills, decreased ability to retain information, increased worry, and increased forgetfulness.
- 24% of total served had a physical health condition which impacted their daily functioning and/or their mental health. Examples of these conditions: diabetes, cerebral

palsy, chronic pain, arthritis, hepatitis, hyperthyroidism, polycystic ovarian syndrome, obesity, asthma, and heart conditions.

PROGRAM IMPACT

During FY15-16 TAY-FSP had 16 youth graduate from the program. The term "graduation" is applied when youth have met most or all of their treatment goals and are stepping down to a lower level of care.

Transition age youth living with a mental health condition often find entering the workforce or attending college an overwhelming task, yet they recognize this is what their peers are doing and what is expected during these transitional years. Often their symptoms (of their mental health condition) greatly impact their ability to function day to day. When there is a need for intensive interventions, including psychiatric emergency visits, acute hospitalizations, and daily suicide assessments and treatment team visits, all other endeavors are put aside or on hold. Still, youth are often penalized for the symptoms of their mental health condition or for accessing treatment for these symptoms. In this past year multiple youth faced school failure, homelessness, and loss of employment due to professionals/community members lacking information about the symptoms, or stigma related to mental illness.

Because TAY clients' mental health condition is so severe to limit or even prevent them from engaging in significant employment, 41% of the youth served during this reporting period received disability benefits. Of those, 72% had a family member or provider acting as their representative payee.

In order to aid youth in engaging in daily activities, explore career paths, and increase their peer-social networks each treatment team partners with the youth to identify holistic goals. These include exploring areas of life such as: employment, education, health, housing, finances, spirituality, relationships, recreation, and culture. Additionally treatment teams' work with youth to address basic needs, support them in addressing legal issues, and teach self-advocacy skills. In the instances where youth are involved with other providers, we aim to bring everyone together in order to ensure collaboration, and decrease barriers for the youth as they navigate the adult systems. Examples of other providers that served our transition age youth during this reporting year: adult probation, health clinics, housing programs/entities, high school educational programs, conservators, social workers, and vocational programs.

- This year 7 (of the 54 youth served) were on adult probation.
- This year 3 (of the 54 youth served) were on a mental health (LPS) conservatorship.

To ensure caregivers and family members stay connected to their youth, the TAY-FSP program has a dedicated team serving these individuals. Typically, when a youth turns 18, families lose

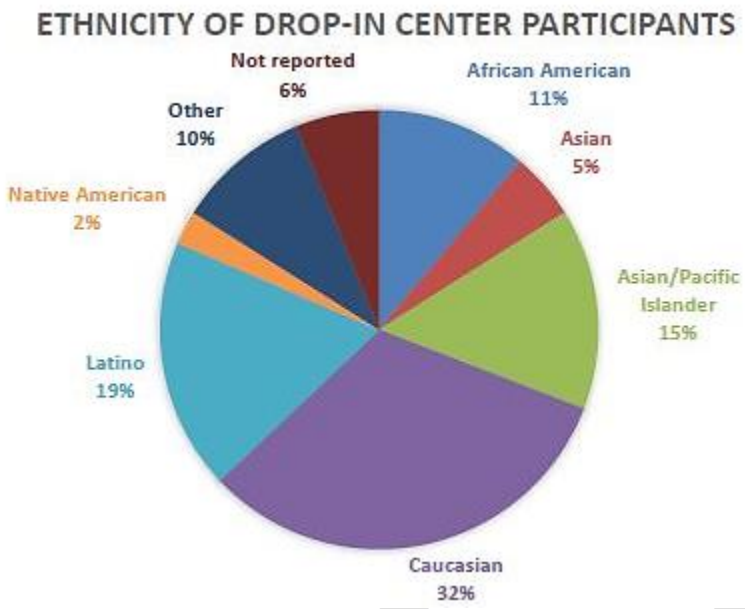
access to services or are denied communication with providers due to their child's legal status as an adult. Our team follows confidentiality standards while offering opportunities for family-peer support, individualized support, personal growth, and professional development. Families of youth with mental health conditions report feeling stigmatized and shamed; in our experience connecting them to a caregivers with lived experience and community groups for support and advocacy reduces isolation and stigma.

- 24 unique individuals participated in our family support activities
- 47 unique individuals participated in one-to-one family support

This year we added two new items to the menu of items offered to family members and caregivers.

- Creation of our Family Survival Skills Workshops. This series was created in response to family/caregiver requests to "learn and practice skills that will help us to manage more effectively the challenging situations that arise when you have a loved one with a serious mental illness." The workshops were held monthly, were available in English and Spanish, included dinner, and were open to caregivers/family members of enrolled youth and those whose youth graduated (or was discharged) from the TAY FSP program.
- The Transition Age Youth Family Connections monthly newsletter. The newsletter was created as a way to share information about topics relevant to caregivers and their adult children, in order to inform them of community activities, and as a way to connect with family members or supporters who were not actively connected to our program. The newsletter is made available in English and Spanish languages.

The Drop-In Center: North, a component of Edgewood FSP, provides basic needs and resources including: hot meals, hygiene supplies, laundry, bus tokens, Internet and phone access, clothes, and educational and peer support services to emerging adults between the ages of 18-25. These youth often have been impacted by substance abuse, homelessness, violence, and/or mental illness. During FY15-16, the Drop-In Center served 81 unduplicated transition age you. Of those, 70% who attended were from the community and unattached to Edgewood programs. Edgewood hopes to lay the groundwork for a trusting relationship through a welcoming approach and unconditional positive regard while serving the basic needs of emerging adults may increase the likelihood of individual engagement and later participation in additional supports and services.



SUCCESSES/CHALLENGES

This next fiscal year Edgewood is looking forward to the opening of a second drop-in center location, this one in the southern part of the county. Edgewood has secured a site near local bus lines, in close proximity to other transition age youth service providers, and in an area familiar to the transition age youth population. Like the Drop-In Center North, this site will be staffed by Peer Partners, provide a range of activities and workshops throughout the month that address the various interests and needs of this population, and will allow for participant voice and feedback at all levels.

EDGEWOOD CENTER FOR CHILDREN AND FAMILIES: TAY SUPPORTIVE HOUSING

Addressing the housing needs of San Mateo County's TAY population is an important aspect of the work of the Edgewood TAY-FSP program. Made possible by a joint partnership with the Mental Health Association (MHA) of San Mateo, Edgewood is able to provide housing subsidies and MHSA housing monies to reduce the risk of homelessness and increase the probability of stable housing as youth transition to adulthood. Teaching daily living skills, medication management, household safety/cleanliness, budgeting, and roommate relationship skills are a part of the treatment and education of the youth accessing housing support and subsidies from the TAY-FSP program.

DEMOGRAPHICS

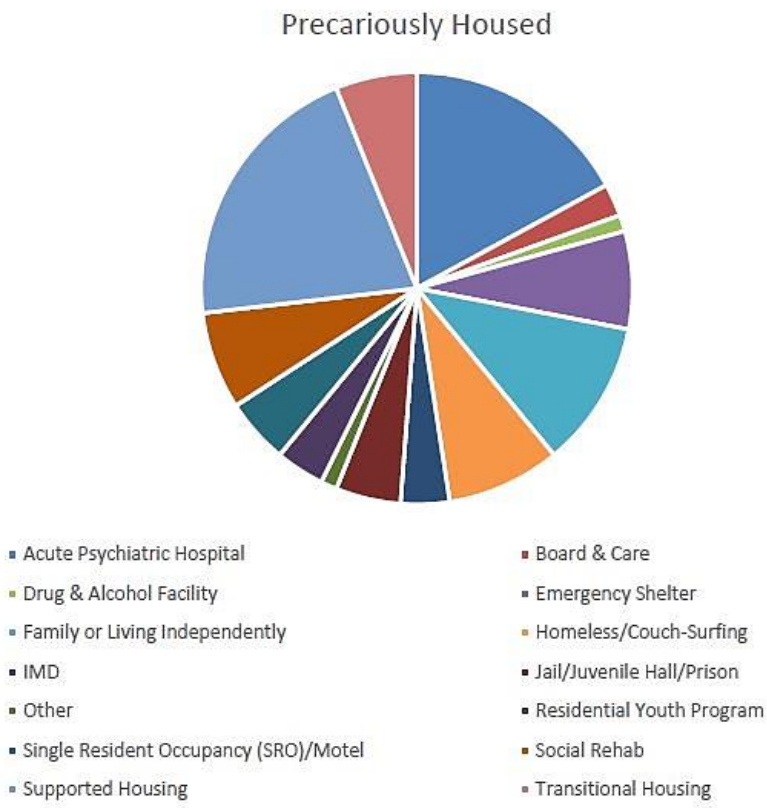
Total Clients Receiving MHSA Housing Funds	
12	
Race/Ethnicity	
White/Caucasian	50%
Latino/Other Spanish-American	17%
Asian	17%
Black/African American	8%
Other	8%

PROGRAM IMPACT

Housing is an ongoing issue in the county of San Mateo, and the transition age youth population continues to struggle to access safe, supportive and appropriate settings. Similarly, families are feeling the pressure regarding housing. Many face tough decisions regarding paying more for rent, taking on additional work, leaving a job in order to make more money elsewhere, moving in with others, relocating to another part of San Mateo County, or leaving the county altogether.

Given the high acuity level and multiple risk factors of the transition age youth Edgewood serves, identifying housing options which are safe, supportive and age appropriate continue to be the primary focus. After 10 years of providing FSP level services to transition age youth, Edgewood have identified two housing cohorts within this TAY-FSP population as *stably housed* and *precariously housed*. *Stably housed* is defined as housing situations that are not time limited or conditional, pose little risk to personal safety, provide for adequate health and wellbeing, and promote recovery and growth. Of the 54 total transition age youth served by the TAY-FSP during FY15-16, 26 youth are considered stably housed. Among the 26 youth, 83% of the time youth were living with family or independently. When the youth were not with family or living independently they were in acute psychiatric settings and/or homeless/couch-surfing.

Precariously housed is defined as housing situations that are limited or conditional, have some form of criteria or evaluation that must be met/maintained in order to access this setting, pose a risk to interpersonal safety or do not offer a locus of control regarding personal safety, and do not consistently promote wellness and recovery. Of the 54 transition age youth served, 28 are considered 'precariously housed.' The graph below shows the settings most commonly used by our transition age youth during FY15-16.



SUCCESSES/CHALLENGES

Stably housed individuals are not time limited or conditional; pose little risk to personal safety; provide for adequate health and wellbeing; and promote recovery and growth. An example would be Jeremiah. He is 19 years old, identifies as male, and is a person of color. He lives with immediate and extended family members. As a child he received school-based mental health services and was in special education classes due to his impaired cognitive functioning and emotional disturbance. His behavioral outbursts stemmed from his depression, low frustration tolerance, and inability to read social cues. Due to his behaviors and lack of social skills, Jeremiah was often taken advantage of by peers who used him to steal items from stores and people; they promised him friendship and camaraderie, and in his mind he was being a good friend. The legal system did not agree and Jeremiah was in and out of the juvenile courts and detention on several occasions. These interruptions negatively impacted his academic performance. During these years his family cared for him and advocated for more treatment and support. Now, as a 19 year old, Jeremiah is on adult probation, and he has been hospitalized twice since turning 19. In each instance where Jeremiah was in jail or at the hospital he returned to his family home. Jeremiah does not want to leave his parents' home, and says he will be ready for a job, "in a few years." Jeremiah's family want him to live with them and state they are committed to supporting him and keeping him safe throughout his life.

For precariously housed individuals, they pose a risk to interpersonal safety or do not offer a locus of control regarding personal safety; and do not consistently promote wellness and recovery. An example would be Yulia. Yulia is 24 years old, identifies as a lesbian female, and is currently single. She immigrated to this country from Eastern Europe with her mother. Her most stable housing experience was between the ages of 5-12 when she lived with her parents and paternal grandparents. Within her first 3 years of being in the United States she had lived in approximately 4 settings with both relatives and non-relatives, witnessed family violence, experienced her own trauma, and struggled to adapt to the culture and academic standards of this country. She began developing symptoms of bipolar disorder during her first semester of college and spent the next 2 years cycling through hospitals and transitional housing programs. At age 24 she attends community college, receives SSI benefits, and is able to work approximately 10-15 hours a week. Her acute psychiatric hospitalizations have decreased to 2-3 times a year, the length of her stay has decreased, and her ability to return to baseline has dramatically improved. Still, with each hospitalization she faces the possibility of losing her subsidized apartment. After her last hospitalization she was told by the on-site manager that her behaviors (when she is in a manic state) are too disruptive to other residents and her housing is now at risk.

CAMINAR: SUPPORTIVE EDUCATION PROGRAM

Caminar's Supported Education program at the College of San Mateo has been highly successful in supporting individuals with mental health/emotional needs in attending college and achieving academic, vocational, and/or personal goals. This program was established in the spring of 1991 from collaboration with the College of San Mateo, Caminar, and the County of San Mateo's BHRS program. The program's unique approach combines special emphasis on instruction, educational accommodations and peer support to assist students to succeed in college. Traditionally, the attrition rate for individuals with psychiatric disabilities has been exceptionally high as a result of anxiety, low stress tolerance, lack of academic and social skills, and low self-esteem. However, this program has become an innovative leader in reversing this trend.

PROGRAM IMPACT

Caminar's Supported Education Program provides students with the opportunity to experience a safe beginning or re-entry to college and to acquire skills to be a successful student. Students can receive classroom accommodations, college counseling, priority registration, and individual support for academic needs. Classes can lead to certificates, degrees, and a life-changing experience.

FY15-16 Caminar's Supportive Education Program served 43 unduplicated clients was served resulting in an average GPA of 3.0.

In FY15-16, two classes were offered at the College of San Mateo Introduction to Peer Counseling and Advanced Peer Counseling. This study track provides training for students interested in working as a peer mentor in the human services field. The Supportive Education Program is actively involved in the community by providing weekly education support at Edgewood's Drop In Center, weekly cooking groups at Caminar's Young Adult Independent Living (YAIL) program, weekly social outings coordinated with Caminar's residential programs, campus visits at Mill's College and College of San Mateo, resource fairs, individualized on and off-campus tutoring, and drop-in support on and off campus.

DEMOGRAPHICS

Total Clients Served
43

SUCCESSES/CHALLENGES

In FY15-16 six TAY were able to maintain their education pursuit throughout the year that was in part due to ongoing quarterly workshops focused on client self-care. This reporting year, Caminar's Supportive Education Program created and implemented "FutureViews", a Skyline College student support and development program focusing on vocational independence and empowerment through workforce and academics.

The program experienced several challenges that has led to deterring a client's success in the program. Housing stability poses a challenge as youth are at risk of homelessness and often lack the resources to ensure a stable environment that the program relies on. Furthermore, foster youth are particularly at risk interrupting potential success due to personal crisis, poor support system, and an increase in symptoms.

ADULT/OLDER ADULT PROGRAM HIGHLIGHTS

TELECARE, INC.: ADULT, OLDER ADULT, AND MEDICALLY FRAGILE FSP

The FSP program, overseen by Telecare, Inc., provides services to the highest risk adults, highest risk older adults/medically fragile adults. Additionally, the Outreach and Support Services portion targets potential FSP enrollees through outreach, engagement and support

services. These programs assist consumers/members to enroll and once enrolled, to achieve independence, stability and wellness within the context of their cultures and communities.

Program staff are available 24/7 and provide services including: medication support, continuity of care during inpatient episodes and criminal justice contacts, medical treatment support, crisis response, housing and housing supports, vocational and educational services individualized service plans, transportation, peer services, and money management. Services specific to Older Adult/Medically Fragile include maximizing social and daily living skills and facilitating use of in-home supportive agencies.

DEMOGRAPHICS

Total Clients Served	
245	
Race/Ethnicity	
African American/Black	12%
American Indian/Alaskan Native	1%
Asian	5%
Caucasian/White	39%
Filipino	4%
Hispanic/Latino	11%
Pacific Islander	3%
Mixed Race	1%
Other	14%
Unknown/Not Reported	10%

PROGRAM IMPACT

The overall goal of the program is to divert from the criminal justice system and/or acute and long term institutional levels of care (locked facilities) seriously mentally ill and dually diagnosed individuals who can succeed living in the community with sufficient structure and support. The program is grounded in research and evaluation findings that demonstrate that diversion and post incarceration services reduce incarceration, jail time and re-offense rates for offenders whose untreated mental illness has been a factor in their criminal behaviors. The program also follows the model and philosophies of California's AB 2034 Homeless Mentally Ill Adult programs and the assertive community treatment (ACT) approach, aiming to use community-based services and a wide range of supports to enable seriously mentally ill and

dually diagnosed adults to remain in the community and to reduce incarceration, homelessness, and institutionalization.

The program works with board and care facilities and with consumers living in the community to prevent them from being placed in locked or skilled nursing facilities, and with residents of skilled nursing and locked facilities to facilitate their returning to a less restrictive setting. Referrals to the program are received from locked facilities, skilled nursing facilities, acute care facilities, board and care facilities, primary care clinics, Aging and Adult Services Division, community agencies, and from individuals/family members.

A full-time nurse enables the treatment team to more effectively collaborate with primary care providers and assist consumers in both their communications with their primary care doctors and in their follow-up. The licensed clinicians in the team oversee the completion of the multidisciplinary assessment and the development and implementation of a comprehensive service plan that involves all members of the team, the consumer and the family, contingent on the consumer's wishes. Peer Partners provide support, information and practical assistance with routine tasks, and cultivate a system of volunteer support. Similarly, when a family is involved and the consumer is supportive of their involvement, a Family/Caregiver Partner works with the family to build their capacity in supporting their loved one.

SUCCESSES/CHALLENGES

CAMINAR: FSP FOR ADULTS AND OLDER ADULTS/MEDICALLY FRAGILE

Caminar was contracted to provide these services beginning October 2009 for a maximum of 30 enrollees. The FSP provides intensive case management services including psychiatric services, injections (in-home when necessary), daily in-home medication monitoring and weekly medi-sets (medication management system). Nurses provide in-home assistance with teaching skills to manage diabetes, assessment, coordination and communication with medical providers. On occasion psychiatrists see clients in their homes/in the field. The FSP transports clients to appointments, offers after-hours warm-line, and 24/7 emergency response.

DEMOGRAPHICS

Total Clients Served	
34	
Race/Ethnicity	
African American/Black	6%
Asian	3%

Caucasian/White	62%
Filipino	12%
Hispanic/Latino	14%
Pacific Islander	3%

PROGRAM IMPACT

The following are average outcomes for FY15-16 for the FSP Program:

Outcome	# Clients
Homelessness	9%
Hospitalization	35%
Incarceration	6%
Stable Housing	90%

In addition, this year 30% of clients provided their own transportation and 96% of Caminar's FSP clients lived in satisfactory living environments such as apartments, SRO hotels, independent supportive housing, or with family.

SUCCESSES/CHALLENGES

The limited housing options for our clients given the continued increase in housing costs in the Bay Area along with their low incomes continues to be the biggest challenge for the FSP and intensive case management programs. Landlords can rent to higher paying consumers and are choosing to do so. Along with limited resources for adequate housing, more of Caminar's clients are finding themselves utilizing services at hospitals and/or engaging in activities around increased substance use and abuse. In addition, Caminar clients reflect an aging population and as such have an increase in medical needs and their medical issues become a dominant component of their lives.

MATEO LODGE: SOUTH COUNTY INTEGRATED FSP

Mateo Lodge was contracted to provide 50 hours of service per week for 3 different levels of intensity; task oriented case management supplemental case management, and FSP clinical case management.

DEMOGRAPHICS

Total Clients Served
36

Race/Ethnicity	
African American/Black	14%
Asian	2%
Caucasian/White	44%
Filipino	2%
Hispanic/Latino	28%
Other	10%

PROGRAM IMPACT

Mateo Lodge Embedded Case Manangment (ECM) closed 17 cases during FY15-16. Staff provided evening and weekend coverage on an as needed basis from the mobile support team as part of their agency to further support at risk client needs. Below are the reporting year outcomes.

Outcome	# Clients
Stabilized back to team	10
Community Case Management	2
Supported Community Housing	1
Higher Level FSP	1
Refused Case Management	1
Moved out of County	1
Deceased	1

SUCCESSES/CHALLENGES

One client was remarkable as he was poorly engaged with clinical team, a high utilizer of emergency services, and facing deportation. He completed an Alcohol and Other Drug (AOD) program and was successfully engaged by case manager and was stabilized back to his care team.

Due to the level of impairment of the clients referred, it has been challenging to make connection with the client when they do not show for their appointments. There are clients who are homeless, with no social support, who unless they contact the clinic or are in hospital or jail, could not be contacted. The Case Manager makes every attempt to meet clients in the community to ensure they have the basic needs of food, access to mental health services/primary care, and to further support their housing needs. Engagement strategies used are home visits (both scheduled and unscheduled), use of natural family support, case conference with outpatient community partners, hospital, jail, and joint home visits with a member of the treatment team. The best outcomes for ECM clients exist when there is a warm handoff from their clinical treatment team.

GENERAL SYSTEM DEVELOPMENT (GSD)

OLDER ADULT SYSTEM OF INTEGRATED SERVICE (OASIS)

OASIS serves a client population that is aging, increasingly fragile and medically complex. OASIS clients come into the program with multiple co-occurring conditions related to physical health, cognitive impairment, substance use, functional limitations and social isolation in addition to their serious mental health conditions. This requires more hands-on case management support and assistance to enable these clients to remain living in a community based-setting. The case management provided also necessitates greater collaboration among the OASIS psychiatrists and primary care providers due to complex medical conditions and comorbid with their serious mental health conditions.

Total Clients Served	Cost per Client
147	**$2,852.32**

DEMOGRAPHICS

In the FY15-16, OASIS served a total of 297 clients. This included 190 clients carried over from the last fiscal year, 51 new open cases, and 56 clients discharged this year.

14% of the OASIS clients were monolingual Spanish speaking, and 12% of the clients in the program were Chinese speaking.

Total Clients Served	
297	
Case Specifications	
New Cases	51
Discharges	56
Carried Over Cases	197
Language	
English	73%
Spanish	14%
Chinese	12%

PROGRAM IMPACT

Among the 56 discharged cases, 21% discharged to SNF due to higher level of care needs, 7% due to dementia becoming the primary diagnosis and PCP providing the follow-up care, 14% of

the discharged clients died due to medical complications, 13% moved out of county due to the tight housing market and high cost of living, 7% moved back to country of origin, 12% declined the home visiting program services, 7% requested to be transferred back to regional clinic for follow-up care, 5% had no mental health needs, 5% were lost to services despite outreach attempts, and 9% of the clients improved enough to be followed by their PCP.

SUCCESSES/CHALLENGES

Housing the OASIS clients in a community setting with the necessary supportive services is becoming an increasing challenge. There is a very limited supply of licensed board and care providers willing to care for these clients with their multiple health issues and needs and their limited financial resources. In addition there is currently no Intermediate Care Facility level of service in San Mateo County making it more difficult to maintain these clients in the community as their care needs increase.

The support to OASIS clients is enhanced by the strong commitment and dedication of the direct service staff that regularly go the extra mile to ensure that the clients not only get the essential care they need but to provide the emotional and concrete support needed to help their clients have the highest quality of life possible and to remain residing in the community for as long as they safely can in accordance with their wishes.

PATHWAYS COURT MENTAL HEALTH PROGRAM

Pathways Program is a mental health court developed in collaboration with San Mateo County Courts, Probation, District Attorney, Private Defender Program, Sheriff's Office, Correctional Health, NAMI, Behavioral Health and Recovery Services clinics, specialty teams and its contractors. The Pathways program goal is to avoid incarceration of seriously mentally ill individuals and offer an alternative route through the criminal justice system. Eligible clients must be adults 18 and older, living in San Mateo County, diagnosed with a serious mental illness, has a statutory eligibility for probation, and agrees to fulfill Pathways program requirement. Since the inception of the program, Pathways has graduated 91 clients by providing them with an opportunity to remain in the community with increased treatment support and tailored supervision.

Total Clients Served	Cost per Client
132	**$2,568**

DEMOGRAPHICS

Total Clients Served

42			
Male	29	Female	13
Race/Ethnicity			
White/Caucasian		28%	
Hispanic/Latino		28%	
Asian		16%	
Other		17%	
Age			
18-25		19%	
26-59		64%	
60+		17%	

PROGRAM IMPACT

The Pathways Mental Health Court Program had a total of 42 clients this in FY15-16. Among those clients, six clients graduate from trauma informed Seeking Safety classes, one client from a substance abuse program, five clients completed social rehabilitations programs, four clients obtained full-time, part-time employment, or volunteering opportunities, and one client obtained permanent housing. Pathways celebrated 9 clients who successfully completed Probation. Clients who graduated have both their court fines and fees deleted as part of them successfully terminating Probation.

SUCCESSES/CHALLENGES

The Pathways Clubhouse celebrates its 5th year of providing a socialization group for men and women in our program. The Lead Clinician and Senior Peer Support Worker facilitate the Clubhouse and invite Pathways Alumni to serve as role models who give and receive support. It is with great privilege that the Mental Health Court encourages Clubhouse attendance as a source of psycho-education and a space for socialization.

Pathways hired a full-time Lead Clinician who completes assessments and reports while also facilitating therapy and Clubhouse groups; a full time contracted clinical to compete assessments, reports, and treatment plans; and a full-time Senior Peer Support Worker. With Pathways staffing at full capacity has allowed the program to operate at full potential in the years ahead.

STARVISTA: G.I.R.L.S PROGRAM

The initial focus of the GIRLS Program is addressing the trauma and co-occurring issues of the participants of the program by developing a treatment plan and strategies supporting recovery

from both mental health and substance use issues introducing Cognitive Behavioral Treatment (CBT) strategies to promote healthy choices and encouraging a clean and sober lifestyle. Equally important is the understanding the clients emotional situation by initiating a psychological evaluation which helps identifying relevant mental health issues that are impacting a participant and may be creating challenges and impeding a participant's progress. Additionally, the trauma issues impacting this population are significant and substantial and require specialized training and intervention skills

The program consists of three phases:

Phase I – in-custody intervention which may range from 90-180 days. Activities include crisis stabilization, substance abuse and mental health assessment, individual and group treatment, alcohol and other drug treatment groups, multi-family groups, treatment planning, meeting with the probation officer, and pre-release transition planning.

Phase II – consists of out-of-custody interventions, which may range from 90-180 days. Activities include individual and group treatment, completion of multi-family groups, treatment planning, and meeting with the probation officer. GEP (GIRLS Empowerment program) consists of out-of-custody interventions, which may range from 90-180 days for girls who are attending school at Kemp Camp. Activities include individual and group treatment, treatment planning, and meeting with the probation officer.

Phase III – outpatient out-of-custody interventions, which may range from 90-180 days. Clients in this phase of the program attend treatment one day a week and receive one group and one individual counseling session. Treatment has also devised a maintenance phase for girls who are ready to progress from several group sessions a week to solely individual counseling sessions.

It has been observed generally by StarVista staff that the girls entering the Program continue to have more complex issues, including significant substance abuse, mental health issues, sexual trauma/commercial sexual exploitation, histories of running away, attachment issues, and family-of-origin issues that make it challenging for them to complete tasks necessary for release into Phase II. Additionally, there are significant levels of gang involvement and sexual exploitation, which adds an additional layer of complexity to this work.

Total Clients Served	Cost per Client
44	**$4,473**

DEMOGRAPHICS

Total Clients Served	
44	
Race/Ethnicity	
Hispanic/Latino	50%

African-American	9%
Pacific Islander	11%
Filipino	9%
Other	21%
Age	
0-15	45%
16-25	55%

PROGRAM IMPACT

The GIRLS Program is an intensive dual diagnosis (substance abuse and co-occurring mental health diagnosis) treatment program for adolescent females who have significant histories with substance use, trauma, Child Protective Services, and the juvenile court system. The girls are granted this program in lieu of placement such as incarceration at the Youth Services Center or a group home. StarVista is contracted with BHRS to provide services to 10 girls with co-occurring disorders.

The girls are between the ages of 12 – 18 years old. Referrals may be made at the pre-trial and dispositional hearing stages and either the Court or the Probation Department may identify a program candidate. Program referrals may be initially screened by the Inter-Agency Placement Review Committee (IPRC). The purpose of the IPRC is to conduct case evaluations for appropriate placement planning for juveniles in cases before the Department of Children and Families Services and the Department of Probation. IPRC members include representatives from Mental Health, the Department of Human Services Department of Probation, and County Office of Education. The program has the capacity and desire to serve all ethnicities and races.

The primary short-term outcome is a demonstrated increase in engagement for both clients and their families. Additionally, clients are engaged in school and have made academic progress, increase in cooperative family unit, increase in positive peer relationships, and an increase in pro-social activities.)? Outcomes are measured by self-report, family report, probation report, and school report. Pre/post surveys and questionnaires are utilized and outcomes based on girls completing the 6-12 month program indicate:

- 70% increase in positive individual engagement
- 36% increase in positive family unit
- 41% increase in positive academic engagement
- 64% increase in positive peer relationship
- 52% increase in pro-social activities

SUCCESSES/CHALLENGES

StarVista is proud to support youth in the GIRLS program at Camp Kemp. This year, 10 clients graduated and completed GIRLS Program successfully. Throughout the year, StarVista has facilitated groups to encourage active lifestyles, rapport building, mental health, substance use treatment and social events. In addition to the therapy groups, StarVista's GIRLS staff facilitated Zumba groups, which have been something that many of the girls have very much enjoyed and appreciated. In collaboration with BHRS, staff also facilitated groups on human sexuality as well. This is an important and relevant topic for the girls and generally the clients have been highly engaged. Lastly, as an exciting development, a new 8 week group led by a former GIRLS Program client and a classmate of hers from San Jose State. StarVista collaborated with BHRS to assist with the facilitation of this group. Not only does it encourage growth for current and former participants in the GIRLS program, but it also stands as a great model for the current participants on what they can achieve while in the program and beyond.

One of the challenges within the team has been the level of staff turnover and how to train staff to work effectively with very complex clients and within the Camp Kemp system. Three interns were recruited for the next intern year starting in August and reviewed and redesigned the intern training in the hope that interns and new staff can orient more easily to the program requirements. StarVista understands the importance of staff retention, however building and maintaining rapport with staff members within the multi-disciplinary team is challenging with increased turn over. StarVista Management is problem solving staff retention plans as well as providing "self-care days" to support mental health and decrease the chance of burn out with staff. In the last few months there have been a series of clients that are involved with both probation and HSA. The difficulty of finding an appropriate placement for these clients has caused concern for their ongoing well-being and safety and the StarVista team has struggled with how to best support clients in these situations.

PUENTE CLINIC

This specialty clinic sponsored by Behavioral Health and Recovery Services, Golden Gate Regional Center (GGRC) and Health Plan of San Mateo (HPSM) serves the special mental health needs of clients with developmental disabilities. Since the inception of The Puente Clinic in 2008 until June 30, 2016, Puente has received 356 referrals and currently 253 are being served.

MHSA funds a 0.5 FTE Psychiatrist and a 0.5 FTE marriage and family therapist.

Total Clients Served	Cost per Client
43	**$3,386**

DEMOGRAPHICS

Total Clients Served
19

PROGRAM IMPACT

Adults with intellectual disabilities may be referred to the Puente Clinic by a BHRS clinician or GGRC Case Manager. Puente staff will respond to the referring clinician if additional information is needed. In FY15-16, Puente received 23 referrals with 19 accepted for service. Of the four referrals not selected for service, two women were psychotherapy referrals who were not, truly, desirous of receiving therapy so did not enter into a therapeutic relationship. One was determined could benefit from behavioral intervention and was referred to Creating Behavioral and Educational Momentum (CBEM), a behavioral crisis team specializing in serving individuals with intellectual disabilities, a vendor of the Golden Gate Regional Center. The final referral was determined to require specialty AOD treatment and is being helped by BHRS Adult Resource Management (ARM)

Puente offers one-time consultation with a therapist and a psychiatrist if required. For continuing cases, comprehensive mental health treatment including medication management will be provided for clients meeting the following priority criteria:

- Recently returned to the community from Developmental Center
- Recently returned to the community from locked or delayed egress facility.
- At-risk for admission to higher level of care
- Requires in-home services as clinically determined
- Frequent psychiatric Emergency Services contact
- Complex diagnostic issues or polypharmacy

SUCCESSES/CHALLENGES

A success story includes a 47 year-old Asian female client with moderate-severe intellectual deficit who is well-known to the Puente Clinic team practice. The client resides in a group home in San Mateo County with 5 other residents. The client's maladaptive behaviors included yelling, physical aggression to staff and other clients, self-injury behaviors, and property destruction. The client was considered a disruption to other residents because the client routinely attacked housemates when they entered common areas in the house that AL considered "her" space. The client's maladaptive behaviors had always been difficult to manage

through medication; behavioral modifications, as managed by the household behaviorist, rendered only moderate response.

In March 2016, caretakers at the group home notified Puente Clinic staff about intensification of the client's maladaptive behaviors. Fortunately, the client lived in a group home with well trained staff who maintained exceptionally well-documented behavior logs. After studying the logs, it became clear that worsening behavior coincided with client's menstrual cycle. Through careful medication management the client's group home reported a "significant improvement" in behaviors.

CALIFORNIA CLUBHOUSE

The California Clubhouse is a social and vocational rehabilitation program for adults who suffer from mental illness. The Clubhouse is a membership-based service that creates a community of support through collegial relationships committed to the vocational and social recovery. California Clubhouse assists, supports and empowers members (program participants) to achieve their goals of increased socialization, employment, education, independence and self-advocacy.

DEMOGRAPHICS

Total Enrolled Members Served	
75	
Race/Ethnicity	
Caucasian/White	51%
Hispanic/Latino	16%
African-American	9%
Asian	6%
Pacific Islander	1%
Other	7%
Age	
20-25	7%
26-30	9%
31-40	25%
41-50	16%
51-60	25%
61-70	16%

PROGRAM IMPACT

Since the beginning of the fiscal year, membership has increased from 21 members to 75 members, a 260% increase and the number of members served in the Clubhouse increased from 17 members monthly to 75 members, an increase of 160%. During this reporting year, the Clubhouse began recording the number of hours members have spent in the Clubhouse on a monthly basis. During the reporting year, the Clubhouse served a total of 75 clients for a total of 9840.3 hours.

According to one member, "the Clubhouse has blossomed in many respects. All in all, based on the average number of members using the service of our Clubhouse, you can gather what a tremendous impact we make in the lives of our members. Together, we grow our skill set by contributing our strengths to the community, creating a unique character for ourselves, which all together contributes to the thriving of our community."

SUCCESSES/CHALLENGES

The Clubhouse is a peer-run organization that provides meaningful work for all members throughout the work-ordered day. The Work-Ordered Day includes a wide variety of daily tasks and special projects for members including technology projects. All talents and strengths are incorporated throughout this work. Members frequently report benefits from the increased productivity and sense of accomplishment they achieve by participating in the Work Ordered Day. Members and staff conduct two unit meetings daily to coordinate projects and tasks, identify upcoming events, review a daily Standard, and celebrate clubhouse and individual celebrations. Issues and concerns are also addressed at these meetings with larger discussions scheduled for the weekly well attended Community Meeting. Many members have assumed leadership in the planning, operation, documentation.

In addition to the work-ordered day, social programming has grown in popularity. Social programming is held in evenings and/or on weekends. The activities are planned by members and staff during the Community meeting. The programming has included large scale activities such as visiting the Monterey Bay Aquarium, Alcatraz, the Academy of Science, Healing Voices Movie Screening, Pride Celebration, San Mateo County Fair, Downtown San Mateo Festival, picnics, and hikes. Smaller scale events include board games and dinner, bowling, karaoke, and art socials. We have celebrated every holiday on the actual day. Our holiday socials are highly attended averaging 15-20 members in addition to staff, family and board members.

SENIOR PEER COUNSELING

The Senior Peer Counseling Program, provided by Peninsula Family Service, recruits and trains volunteers to serve homebound seniors with support, information, consultation, peer counseling, and practical assistance with routine tasks such as accompanying seniors to

appointments, assisting with transportation, and supporting social activities. The Senior Peer Counseling program has been expanded to include Chinese, Filipino and LGBT volunteers.

Total Clients Served	Cost per Client
474	**$615**

DEMOGRAPHICS

Total Clients Served	
474	
Race/Ethnicity	
Hispanic/Latino	44%
Filipino	24%
Asian	7%
Other	25%
Age	
60+	100%
Language	
English	25%
Spanish	44%
Chinese	7%

PROGRAM IMPACT

In order to serve more people with the current resource of peer counselors the program offers weekly support groups at various community sites. There are currently five groups in senior/community centers or other non-profit agencies throughout San Mateo County. The group sessions have different formats. Some meetings are organized as an open discussion which gives everyone an opportunity to engage and express their sentiments, thoughts, concerns, and feelings. Other meetings are topic based discussions, and/or presentations from outside speakers. This year specific areas explored include:

- How to protect yourself from scams and abuse
- Healthy Aging
- Choosing healthy food to help your body and mood
- Mindfulness
- Film showing and discussion: Being Mortal
- How thoughts hurt or help your life

- Domestic Violence
- Medicare-MediCal
- Taking care of yourself in the winter
- Feelings about holidays
- Memoir writing

During the reporting year, three 36 hour volunteer trainings were conducted, two in English and one in Spanish. During the English Spring training we provided break-out meetings in Mandarin with Chinese volunteers to support their learning. Upon completion of the senior peer counseling training 95% of all new volunteers felt prepared to start working with clients. Training was rated as Excellent or Good by 100% of participants.

Year to date 124 new clients entered the program and 144 clients were closed to services. There are currently 330 active clients in the program and 474 senior peer counseling clients have been served during the fiscal year year, 112% of goal. Of the active clients, 133 clients are seen weekly on an individual basis and 197 clients are participating in a group.

SUCCESSES/CHALLENGES

Successes during the fiscal year included increased outcomes in recruitment and overall participation. The recruitment goal set for this year is to recruit 60 new peer counselors. 82 counselors were recruited, 136 percent of goal. The training goal set for this year is to train 36 new peer counselors. There were 34 counselors that completed the training, 94 percent of goal. Finally, through this year the program had 133 senior peer counselors participating in the program, 148 percent of goal.

Recruitment strategies have also expanded. Staff and volunteers have worked with their media contacts to include information about SPC programs and upcoming volunteer training in the following venues: FilAm Star and The Philippine News, Chinese community newspapers Sing Tao, World Journal, News for Chinese, and The Asian Journal, through a Spanish speaking Univision radio program, El Tecolete. English speaking media include Foster City Islander, Pacifica Tribune, RSVP, Everything South City, Craig's list, SM Pride Initiative, Daly City Partnership, Twitter.com/Volunteer Source, Next Door, and SM County Health Network San Mateo Times and San Mateo Journal, and the Redwood Shores Pilot.

Though recruitment efforts and program awareness have improved, the program continues to be challenged by a growing waiting list for those requesting the service. The continual challenge is to have volunteers who are willing to provide service to some of the participants on our waiting list. Our volunteers want to see clients who live within their communities. It has been increasingly difficult to recruit and retain volunteers who are committed to the program.

CO-OCCURING CONTRACTS WITH ALCOHOL & OTHER DRUG PROVIDERS

BHRS contracts with nine AOD providers for either additional residential treatment bed days, additional non-residential treatment service hours, or to enhance services provided to clients already in residential or non-residential treatment.

UNITS OF SERVICE (UOS) DELIVERED

Total Contracted Providers			
9			
Provider	**UOS Delivered**	**Contracted Amount**	**% Fulfilled**
El Centro de Libertad	266	266	100%
HR360 – Women's Recovery Association)	433	407	108%
Our Common Ground	1768	624	286%
Pyramid Alternatives	912	715	128%
Service League of San Mateo	1260	1260	100%
Free At Last	326	327	100%
Project 90	508	553	92%

PEER SUPPORT WORKERS & FAMILY PARTNERS

San Mateo County BHRS continues to support Peer Support Workers and Family Partners employed throughout the Youth and Adult Systems. These workers provide a very special type of direct service and support to BHRS consumers/clients: they bring the unique support that comes from the perspective of those experiencing recovery, either in their own personal lives, or as relatives of someone personally affected. They know firsthand the challenges of living with and recovering from a behavioral health diagnosis, and work collaboratively with our clients based on that shared experience.

Peer Support Workers Total Clients Served	**Cost per Client**
194	**$2,879.00**
Family Partners Total Clients Served	**Cost per Client**
146	**$3,193.16**

PEER SUPPORT WORKERS

In the adult systems, there are 14 Peer Support Workers who have personal lived experience as a consumer/client. These positions are mostly full time, civil service positions embedded in clinical teams. The Peer Support Workers represent diverse cultural and linguistic experiences, including bicultural and bilingual Spanish, Tagalog and Chinese as well as English speaking African American and Caucasian persons.

Peer Support Workers assist Adult clients in the following ways: Facilitate groups such as WRAP, WRAP for housing, Dual Diagnosis Group, Welcome Registration/Orientation for new clients, Mindfulness, Healthy Eating, Arts and Crafts, Healthy Living, Ash Thinkers, Ash Kickers, Chinese Family Support Group, Cooking with Ease and Stress Management. Peer Support Workers also help clients with some case management activities such as finding housing, connecting to vocational resources, applying for benefits and providing transportation.

Peer Support Workers bring their lived experience to the broader community by participating on community groups and initiatives such as: African American Initiative, Co-Occurring Committee, Lived Experience Speakers Academy and Speakers Bureau, Housing Committee, Mental Health and Education Workforce Collaborative: Integrated Care, Co-Occurring Change Agents, Housing Operations and Policy Committee and Education, and the Community Service Area planning, among others.

FAMILY PARTNERS

In the Youth System, there are 8 Family Partners with lived experience as a family member of someone with behavioral/mental health challenges. All but one position is full time and all are civil service positions. 7 Family Partners are embedded on the youth clinical service teams, 1 Family Partner was recently hired to support the Office of Diversity and Equity, and 1 Family Partner is on the Adult Pathways Mental Health Court team. The Family Partners represent diverse cultural and linguistic experience including bicultural and bilingual Spanish and Tongan, as well as English speaking African American.

BHRS Family Partners can be referred to provide support for families who are not receiving services on the teams that they are embedded on. Cultural and linguistic matches are a key factor in making these assignments.

Family Partners provide individual support to parents of the youth, sharing their lived experience with the families they serve. Some case management is part of their support of the families. They also provide group support to parents/caregivers by providing educational activities around children and their mental health. Groups co-facilitated by Family Partners include: Wellness Recovery Action Planning (WRAP), Parent Project, Equip Educate and Support (EES), Parent support groups, and NAMI Basics.

FPs also bring their lived experience to the broader community by participating on the following community groups and initiatives: African American Initiative, Latino Collaborative, and North County Outreach Committee.

EVIDENCED-BASED PRACTICE (EBP) EXPANSION

System transformation is supported through an ongoing series of trainings that increase utilization of evidence-based treatment practices that better engage consumers and family members as partners in treatment and that contribute to improved consumer quality of life. MHSA funding supports staffing specialized in the provision of evidence-based services throughout the system, for youth and adult clients.

Total Youth Clients Served	Cost per Client
258	**$2,185**
Total Adult Clients Served	**Cost per Client**
686	**$1,190**

CHILD WELFARE PARTNERS

The Prenatal-to-Three program supports families of pregnant women and children to age five who receive Medi-Cal services in San Mateo County. Services include home visits, case management, substance abuse/recovery support, and psychiatric treatment to help women manage their mental wellness during their pregnancy and postpartum period. As part of the 2009-10 MHSA expansion plan, BHRS partially funds clinicians serving high-risk children/youth through the Prenatal-to-Three program. As part of the 2009-10 MHSA expansion plan, BHRS partially funds two clinicians serving high-risk children/youth referred through Child Welfare to Partners program.

Total Clients Served	Cost per Client
105	**$3,901**

OUTREACH AND ENGAGEMENT (O&E)

The Outreach and Engagement strategy increases access and improves linkages to behavioral health services for underserved communities. BHRS has seen a consistent increase in representation of these communities in its system since the strategies were deployed. Strategies include community outreach collaborative, pre-crisis response, and primary care-based efforts.

MATEO LODGE: FAMILY ASSERTIVE SUPPORT TEAM (FAST)

MHSA funding for pre-crisis response began in May 2013. Mateo Lodge was contracted to provide in-home outreach services that offer engagement, assessment, crisis intervention, case management and support services to individuals, family and caretakers. The FAST program was designed to help families with mentally ill members who are residing at home. FAST provides early intervention and assessment and works with the family over a 2-3 month period. Services include behavioral health and community resource education, linkages to outpatient mental health care and rehabilitation and recovery services, and short-term counseling, support, and case management. The FAST team consists of clinical case managers, peer and family partners, and a psychiatrist.

Total Clients Served	Cost per Client
88	**$2,841**

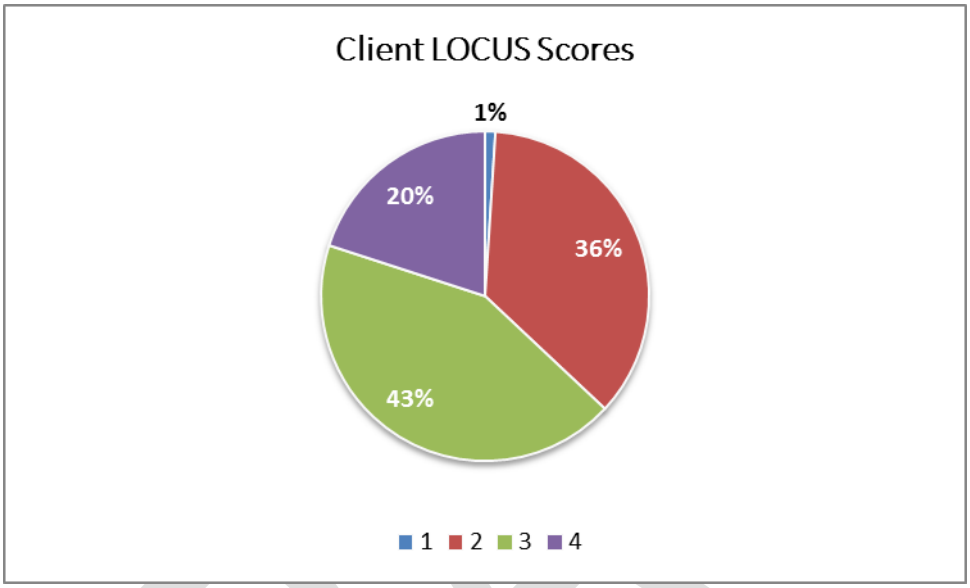
DEMOGRAPHICS

Total Clients Served			
88			
Male	56	Female	32
Race/Ethnicity			
Caucasian/White	37%		
Hispanic/Latino	19%		
Filipino	12%		
Native American	3%		
African-American/Black	4%		
Middle-Eastern	6%		
Pacific Islander	3%		
Asian	11%		
Age			
18-30	37%		
31-45	34%		
46+	29%		

PROGRAM IMPACT

Clients are given a score based on their LOCUS (Level of Care Utilization System) on a scale from 1-4. This tool is used to help determine the resource intensity needs of individuals who receive adult mental health services. A low LOCUS score means a lower level of care while a high score means a higher level of care.

The following represents the level of resource intensity of the total clients served:



Linkage to Services					
BHRS Outpatient	33	Shelter	15	DMV Assistance	3
Motel	19	Supported Housing	3	SSI Assistance	15
Redwood House	13	Vocational/Volunteer	10	Physical Health	13
Transitional Residential	13	Education	5	Board and Care	2
Food Assistance	12	WRA	2	Alcohol & Other Drugs	17
Section 8/Other Housing	6	VA	1	None	29

SUCCESSES/CHALLENGES

Due to the level of impairment of the clients referred, it has been challenging to make connection with the client when they do not show for their appointments. There are clients who are homeless, with no social support, who unless they contact the clinic or are in hospital or jail, could not be contacted. The Case Manager makes every attempt to meet clients in the community to ensure they have the basic needs of food, access to mental health services/primary care, and to further support their housing needs. Engagement strategies used

are home visits, use of natural family support, and case conference with outpatient community partners, hospital, and jail.

COMMUNITY OUTREACH COLLABORATIVES

Community outreach collaboratives are funded by MHSA include the East Palo Alto Partnership for Mental Health Outreach (EPAPMHO) and the North County Outreach Collaborative (NCOC). The collaboratives provide advocacy, systems change, resident engagement, expansion of local resources, education and outreach to decrease stigma related to mental illness and substance abuse and increase awareness of and access and linkages to culturally and linguistically competent behavioral health, entitlement programs, and social services; a referral process to ensure those in need receive appropriate services; and promote and facilitate resident input into the development of MHSA funded services.

During FY 2015-2016, SMC BHRS outreach providers reported a total of 5,556 attendees at outreach events—1,102 attendees reached through individual outreach events and 4,454 attendees reached across 107 group outreach events. Each individual outreach event occurs with a single attendee. Group outreach events include multiple attendees. An attendee is not necessarily a unique individual because a person may have been a part of multiple individual or group outreach events.

See Appendix B: San Mateo County Mental Health Services Act Community Outreach & Engagement
See Appendix C: San Mateo County Behavioral Health and Recovery Services (SMC BHRS) Provider Outreach Efforts FY 2015-2016

NORTH COUNTY OUTREACH COLLABORATIVE (NCOC)

North County Outreach Collaborative outreach is conducted by Asian American Recovery Services (AARS), Daly City Peninsula Partnership Collaborative (DCP), Daly City Youth Health Center (DCYHC), Pacifica Collaborative, and Pyramid Alternatives. The goals of NCOC include: 1) establishing strong collaborations with culturally/ linguistically diverse community members; 2) referring 325 clients to BHRS for mental health and substance abuse services; 3) establishing strong linkages between community and BHRS.

DEMOGRAPHICS

Total Clients Outreached					
4,744					
Male	1,823	Female	2,642	Other	279

Race/Ethnicity	
White	32%
African American/Black	3%
Hispanic/Latino	8%
Filipino	14%
Asian	11%
Pacific Islander	12%
Multi-Racial	9%
Other	2%
Unknown	9%
Age	
0-15	6%
16-25	25%
26-59	59%
60+	5%
Unknown	9%
Underserved Communities	
Risk for Homelessness	49%
Homeless	9%
Visually Impaired	18%
Hearing Impaired	9%
Veterans	16%

PROGRAM IMPACT

NCOC partners are actively involved in the BHRS Health Equity Initiatives: PRIDE, Chinese Health Initiative, Spirituality Initiative, Pacific Islander Initiative, and the Filipino Mental Health Initiative. Through the partnership of this work, there are now sub committees formed to address specific needs such a LQBTQQ Filipino subcommittee, and a LGBTQQ North County subcommittee group, both addressing the needs of those specific groups. The Community Outreach Team (COT) also worked with the Spirituality Initiative and the Daly City Partnership to work directly with a few pastors in both Pacifica and Daly City and have discussions on ways to share information and resources. A few churches opened up their doors to the community resources, however there were some restrictions on some of the information that would be handed out. The staff was understanding and debriefed with the team acknowledging that getting in the door is a huge obstacle so being censored with what information we share is okay for now. Staff expressed the importance of taking it one step at a time, even with faith leaders and their churches. Pyramid Alternatives staff has also been able to go to Chinese churches and do presentations about services provided such as parenting in Cantonese and other support services also offered through the county.

NCOC COT has continued to build relationships with Asian owned business in San Mateo County that mentor students in school. From presentations with the students' parents, staff was invited to speak at other venues to share information and resources in Cantonese. This has been very successful in reaching the Chinese community that is often disconnected from services that are available for them.

SUCCESSES/CHALLENGES

COT staff was able to establish a relationship with a young man, who was released from prison, went to culinary school and opened a Hawaiian Restaurant while running a project to help other ex-felons get experience in working for a restaurant while supporting each other through fellowship. Even though the owner is from San Francisco, he has extended his support to all Pacific Islander events and gatherings in San Mateo County and has donated bottles to the COT staff for outreach efforts. Being of Samoan and Latin decent and raised in an abusive environment, he has made it a life time commitment to give back to his people and share awareness while helping provide opportunities for others. An example of this is when a single Pacific Islander mother from Daly City had contacted the COT staff concerned about her transitional age son who was continuously getting in trouble with the law and she was afraid he would end up in the penitentiary if he kept on this path. Staff had a in-depth discussion with the mother about the Parent Project and was able to connect her and her son with the project/business owner. This resulted in the transitional aged youth being offered an opportunity to work at the restaurant.

EAST PALO ALTO PARTNERSHIP FOR MENTAL HEALTH OUTREACH (EPAPMHO)

Outreach and linkage services to gain access to Medi-Cal, other public health services, behavioral health, and other services is conducted by a partnership with El Concilio of San Mateo County, Free at Last, the Multicultural Counseling and Education Services of the Bay Area (MCESBA) and One East Palo Alto. EPA PMHO is committed to bridging the mental health divide through advocacy, systems change, resident engagement and expansion of local resources leading to increased resident awareness and access to culturally and linguistically appropriate services. EPAPMHO provides the following services including:

- Technical assistance to BHRS initiatives to increase community education activities and integration of mental health services with other community organizations.
- Community Outreach and Access (marketing and publicity, including translation).
- Promote increased East Palo Alto resident participation in County-wide mental health functions and decision-making processes.
- Sustain and strengthen education materials for and conduct outreach to residents regarding mental health education and awareness.

DEMOGRAPHICS

Total Clients Outreached					
812					
Male	333	Female	465	Other	14
Race/Ethnicity					
Pacific Islander			27%		
Hispanic/Latino			25%		
African American/Black			24%		
Multi-Racial			10%		
White			9%		
Filipino			2%		
Asian			2%		
Other			1%		
Age					
0-15			1%		
16-25			38%		
26-59			54%		
60+			7%		
Underserved Communities					
Risk for Homelessness			35%		
Homeless			45%		
Visually Impaired			7%		
Hearing Impaired			7%		
Veterans			5%		

PRIMARY CARE - BASED EFFORTS

RAVENSWOOD FAMILY HEALTH CENTER

Ravenswood is a community-based Federally Qualified Health Center (FQHC) that serves East Palo Alto residents. Ravenswood provides outreach and engagement services and identifies individuals presenting for healthcare services that have significant needs for behavioral health services. Ravenswood outreach and engagement services are funded at 40% under CSS and the remaining 60% is funded through Prevention and Early Intervention.

The intent of the collaboration with Ravenswood FHC is to identify patients presenting for healthcare services that have significant needs for mental health services. Many of the diverse populations that are now un-served will more likely appear in a general healthcare setting.

Therefore, Ravenswood FHC provides a means of identification of and referral for the underserved residents of East Palo Alto with SMI and SED to primary care based mental health treatment or to specialty mental health.

Total Clients Served	Cost per Client
497	**$139**

HOUSING

HOUSING

MHSA Housing funds provide permanent supportive housing through a program administered by the California Housing Finance Agency (CalHFA) to individuals who are eligible for MHSA services and meet eligibility criteria as homeless or at-risk of being homeless. BHRS collaborated with the Department of Housing and the Human Services Agency's Shelter Services Division (HOPE Plan staff) to plan and implement the MHSA Housing program in the County.

In September 2014, AB 1929 was passed which allowed counties to request and use unencumbered MHSA Housing Program funds to provide housing assistance. The San Mateo County Board of Supervisors adopted a resolution approving the request to release of these funds; a total of $1,073,038 was received from the Housing Program to be held in trust for housing assistance services.

San Mateo County MHSA funds have supported four housing developments to-date. There were no additional housing projects for FY15-16.

PREVENTION & EARLY INTERVENTION (PEI)

PEI interventions target individuals of all ages prior to the onset of mental illness, with the sole exception of programs focusing on early onset of psychotic disorders such as schizophrenia. PEI programs are designed and implemented to help create access and linkage to treatment, improve timely access to mental health services for individuals and/or families from underserved populations in ways that are non-stigmatizing, non-discriminatory and culturally appropriate. San Mateo has focused its PEI dollars primarily on evidence-based interventions that have a proven track of success. PEI is approximately 15-20% of the MHSA budget and requires 51% of PEI funds be spent on children and youth ages 0 to 25.

PREVENTION & EARLY INTERVENTION PROGRAMS (AGES 0-25)

STARVISTA: EARLY CHILDHOOD COMMUNITY TEAM (ECCT)

ECCT incorporates several major components that build on current models in the community, in order to support healthy social emotional development of young children. The ECCT comprises a community outreach worker, an early childhood mental health consultant, and a licensed clinician and targets a specific geographic community within San Mateo County, in order to build close networking relationships with local community partners also available to support families.

The ECCT delivers three distinct service modalities that serve at risk children and families: 1) Clinical Services, 2) Case management/Parent Education services, and 3) Mental health consultations with childcare and early child development program staff and parents served by these centers. In addition, the ECCT team conducts extensive outreach in the community to build a more collaborative, interdisciplinary system of services for infants, toddlers and families.

The ECCT focuses services on the Coastside community - a low-income, rural, coastal community geographically isolated community - comprised of Half Moon Bay, La Honda, Pescadero, Moss Beach, Montara and the unincorporated coastal communities of El Granada, Miramar and Princeton-By-The-Sea. While comprised of very small cities and unincorporated areas located significant distances from one another, collectively Coastside comprises 60% of the total area of the entire County while having a small fraction of the population. To better serve this disperse community, ECCT has built strong relationships with key community partners and successfully refers families to the local school district, other StarVista services, Coastside Mental Health clinic and Pre-to-Three Program , among others. Additionally, ECCT works with these partners to address gaps and needs in the community and to address the existing system of care for families with young children living in the Coastside areas.

Total Clients Served	Cost per Client
78	**$4,847**

DEMOGRAPHICS

Total Clients Served			
78			
Male	49	Female	29
Race/Ethnicity			
Hispanic/Latino		82%	
Caucasian/White		6%	
African-American/Black		1%	
Multi-Ethnic		8%	
Other		3%	
Age			
0-15		100%	

PROGRAM IMPACT

As a result of mental health consultation services, 13 families have increased their capacity to understand their child's behaviors and to respond effectively to their social-emotional needs. This has been observed through informal conversations with parents over the course of their work with the consultant. Though most parents were given satisfaction surveys to complete this year, none were returned. Parents and teachers also noted differences in children's behaviors: progress towards achieving goals formed at the beginning of case consultation was evidenced in 11 of the 13 more intensive consultation cases. Progress was not achieved in two cases due to parents' decisions to withdraw their children from the program in which the consultant was working. In each of these cases, the consultant offered support during the transition out of the program, though neither parent was interested in this transitional support. Additionally, 8 families have received referrals to additional services in the community.

Parents receiving child-parent psychotherapy services complete pre and posttest assessments using the Child Behavior Checklist (CBCL). Additional measures are available to the clinicians to use with families such as the Parent Relationship Questionnaire (PRQ), the Parenting Stress Index (PSI), and Keys to Interactive Parenting Scale (KIPS). However, these measures are no longer required in an effort to reduce the amount of assessments completed by the family. ECCT aim was to address the concern from previous reports related to whether multiple assessments were beneficial to treatment. When parents complete the CBCL, many children score with either a clinical concern or borderline concern of behaviors such as anxious/depressed, withdrawn, aggressive behaviors, pervasive developmental problems, and internalizing or externalizing problems. In the post data we gathered children decrease from

clinical scores to normal in aggressive behaviors as well as a decrease from borderline scores to normal scores in pervasive developmental problems.

SUCCESSES/CHALLENGES

A success and a challenge has been the ability to manage the caseloads as a result of an increase of referrals within the Half Moon Bay community. Fortunately, due to the expansion of the Early Childhood Community Team from other sources of funding, a part-time clinician has been able to work with the Pescadero and La Honda referrals that have been referred to the Half Moon Bay Community Team. In the next fiscal year, the ECCT focus will be on how to manage the anticipated increased referrals since. We continue to receive feedback from families informally and through a continued increase in referrals that the ability of the ECC team members to meet them in their homes or in a community location is of primary concern, especially in the ways this allows families to access mental health or parent support services without feelings of shame or stigma.

PROJECT SUCCESS

Initiated in 2013, Puente de la Costa Sur (Puente) delivered Project SUCCESS (Schools Using Coordinated Community Efforts to Strengthen Students) services at three San Mateo South Coast schools: La Honda Elementary, Pescadero Middle School and Pescadero High School, and in 2014-15, Puente added a fourth site, Pescadero Elementary School. In addition to Project SUCCESS groups where coping skills, communication, decision-making and other social skills, are introduced, Puente delivers a range of educational and prevention services in large, school wide presentations, particularly at the high school. The SUCCESS groups and the school-wide presentations also serve as a point-of-entry to individual counseling services available at all four schools. Groups are designed to meet once per week for 8 weeks with the exception of the high school group which has met consistently once per week since being launched in Sept 2013.

DEMOGRAPHICS

PROGRAM IMPACT

Project SUCCESS is a SAMHSA model program that prevents and reduces substance use and abuse and associated behavioral issues among high risk, multi-problem adolescents. It works by placing highly trained professionals (Project SUCCESS counselors) in the schools to provide a full range of prevention and early intervention services. Project SUCCESS counselors use the following intervention strategies: information dissemination, normative and prevention

education, problem identification and referral, community-based process and environmental approaches. In addition, resistance and social competency skills, such as communication, decision making, stress and anger management, problem solving, and resisting peer pressure are taught. The contract describes counselors as primarily working with adolescents individually and in small groups; conducting large group prevention/ education discussions and programs, training and consulting on prevention issues with alternative school staff; coordinating the substance abuse services and policies of the school and refer and following-up with students and families needing substance abuse treatment or mental health services in the community.

TEACHING PRO-SOCIAL SKILLS

The Human Services Agency (HSA) delivers Teaching Pro-social Skills (TPS) groups in San Mateo County public elementary schools where HSA Family Resource Centers are located. These schools generally receive referrals from teachers for students with classroom behavioral issues. TPS addresses the social skill needs of students who display aggression, immaturity, withdrawal, or other problem behaviors. Students are at risk due to issues such as growing up in a low-income household and community; peer rejection; low quality child care and preschool experiences; afterschool care with poor supervision; school failure, among others.

Total Clients Served	Cost per Client
96	**$1,356**

DEMOGRAHPICS

Total Clients Served	
96	
Race/Ethnicity	
Hispanic/Latino	60%
African-American/Black	7%
Pacific Islander	3%
Asian	14%
Multi-Ethnic	7%
Other	8%
Age	
0-15	100%
Language	
English	41%

Spanish	49%
Tagalog	6%
Other	4%

PROGRAM IMPACT

During the fiscal year 2015-2016, from October 2015 to June 2016, two 7 to ten week sessions have taken place in 8 Family resource centers. There were 17 total groups facilitated throughout the year. The groups consisted of:

FRC Location	Number of Groups Facilitated	Elementary Grade Level	Total Clients Served
Bayshore	4	K-3rd	24
Belle Haven	2	4th	11
Taft	2	K-1st and 3-4th	14
Hoover	1	1st	4
LEAD	2	2-3rd	11
Woodrow Wilson	2	2nd & 4th	12
JFK Daly City	2	2-3rd	12
Sunset Ridge	1	3rd & 5th	8

The TPS pre and post- test is the primary tool used to evaluate the effectiveness on the behavior changes and skill acquisition of the participants. The teachers are asked to fill out a 60 skill Teacher Skillstreaming Checklist prior to the group starting.

Overall there was significant positive behavior change in the TPS participants as evidenced by the individual and overall improvement in scores. There were 5 sites where the average change surpassed 10%. Having a lead TPS Facilitator throughout the duration of the 2015-2016 academic year helped us serve more children at more sites than our program was able to last year. Those are all possible contributing factors that lead to the improvement in scores. By continuing our efforts to increase parent and teacher communication and parent involvement, we are confident that TPS can be more impactful on the behavior of the students, and provide a foundation of positive social skill-building.

SUCCESSES/CHALLENGES

The lead facilitator observed significant behavior changes among the students in such areas as understanding and coping with their feelings, dealing with their anger, apologizing, showing more empathy, and using self-control. These behavior changes often occurred with minimal guidance from the facilitators. The students were consistently praised for their efforts, which appeared to have had a positive impact on the students by validating their behavior change.

This lead facilitator noticed that the students who were shy and had trouble making friends at the beginning stages of the group had become more outgoing and confident by the end of the group. One particular student who was in 4th grade at Belle Haven was initially shy; she did not speak unless spoken to, and had very few friends in school. She made great efforts to learn and apply the skills to situations. By the end of group, she was playing on the playground with one of her group mates and was observed making the effort to ask to play with others. A lot of the students who had behavior problems in their classrooms did make some changes by the end of group. We were halfway through the session and one of the 1st grade teachers at Woodrow Wilson came up to the CW and PSW to informed them that two of her students that were participating in the group had been listening and thinking before they reacted to certain situations due to the skills that they had been learning in group.

Even with the noted successes of the TPS groups, there were some challenges and areas that will be targeted for improvement for the next school year. Homework was given out to the students at the end of each session but there were a low number of students that completed and turned in their homework even when incentives were offered. Although a letter describing the nature and purpose of the weekly assignments was sent home with the students at the commencement of groups, many parents did not appear to follow through with their children.

EARLY INTERVENTION

SAN MATEO COUNTY BHRS: PRIMARY CARE INTERFACE

Primary Care Interface focuses on identifying persons in need of behavioral health services in the primary care setting, thus connecting people to needed services. BHRS clinicians are embedded in primary care clinics to facilitate referrals, perform assessments, and refer to appropriate behavioral health services if deemed necessary. The model utilizes essential elements of the IMPACT model to identify and treat individuals in primary care who do not have Serious Mental Illness (SMI), and are unlikely to seek services from the formal mental health system.

Total Clients Served	Cost per Client
578	**$711.52**

DEMOGRAPHICS

Total Clients Served
2725

PROGRAM IMPACT

The Interface program is successful in providing behavioral health services to underserved populations such as clients with mild to moderate mental illness. Clients served in one of the county's primary care clinics with ACE coverage would have very limited options for "affordable" behavioral health services elsewhere. The Interface program provides assessment, brief treatment (1-8 counseling sessions), co-occurring case management and psychiatric support to clients referred by primary care.

Providers continue to bring access issues for underserved communities to the attention of direct service providers and leadership. Providing appointments after 5pm is an effort to improve access to an underserved community. Often times clients request an appointment after work as many do not get paid time off. Also, parents/caregivers request an appointment after school to reduce missed classroom time. One additional staff member who provides direct service to both youth and adult moved to a 4/10 schedule this past fiscal year allowing for longer days to accommodate more client appointments after 5pm.

Interface clients continue to be referred to PPN (private provider network) if they are mild to moderate and seeking a therapist for ongoing counseling, need a provider that can accommodate a weekend appointment or speak their native language not available by an Interface therapist such as: Russian, Tagalog or Farsi.

The impact and success of the Primary Care Interface Medication Assisted Treatment (MAT) has been encouraging. Over the past fiscal year 495 clients were referred for co-occurring case management. Some of these clients were anonymously highlighted in success stories shared with BHRS providers and leadership. Clients were successful in reducing or abstaining from use of substances, reconnecting with family members, securing housing or employment and reducing symptoms of depression and/or anxiety.

SUCCESS/CHALLENGES

The collaboration between Interface and the Sequoia Family Resource Center (counseling services provided by HSA at Sequoia High School) is a response to meeting the needs of the community. A gap in services was identified for clients in need of a psychiatric consult due to the Sequoia Family Resource Center not having psychiatric support. Both teams met to develop a protocol that included psychiatric consultation with Interface psychiatrist and/or assistance with linkage to ACCESS or a regional clinic if client was identified as SMI.

One of the challenges over the last few months of the fiscal year was staff turnover. Two licensed Spanish speaking clinicians resigned (one transferred to another position within the county and the other is moving out of the area). Both clinicians serve the same clinic. It has

been a challenge to recruit for these positions due to the language requirement. Also, it is a competitive recruitment process as several other programs are looking to fill Spanish speaking positions.

In an effort to address this challenge Interface staff assigned to other clinics is providing coverage and the program specialist and unit chief have assisted with triaging referrals and providing direct client care. It is less than ideal, but a good work around while we continue to recruit Spanish speaking staff to meet the needs of the clinic/community.

STARVISTA: CRISIS HOTLINE – YOUTH OUTREACH AND INTERVENTION TEAM

StarVista provides a free, confidential 24-hour, seven days a week crisis intervention hotline. Trained volunteers and staff provide referrals for community resources and services for anyone who feels sad, hopeless, or suicidal; family and friends who are concerned about a loved one; anyone interested in mental health treatment and service referrals; and/or anyone who just needs some support through a personal crisis.

The Youth Outreach Team MHSA-funded mental health clinician provides case management, follow-up phone consultation, youth outreach intervention in schools, clinical training and supervision, and outreach presentations in suicide prevention.

Total Clients Served	Cost per Client

Total Clients Served	
67	
Case Management	
New Cases/Follow-Up Consultation	41
Total Session Provided	91
Youth Outreach Intervention at School Sites	
Initial Interventions/New Youth Served	26
Follow-Up Sessions	85
Follow-Up Contact with Collateral Contacts	36
Community Outreach Presentations	
Youth & Adults Served	3392

FELTON INSTITUTE: PREVENTION AND RECOVERY IN EARLY PSYCHOSIS (PREP)

The PREP program braids together five evidence-based practices into one integrated treatment approach, and uses community education and outreach to facilitate early identification of individuals at risk of psychosis. Felton Institute's (formerly Family Service Agency) PREP program identifies and intervenes with transition age youth (14-25 years) experiencing a recent onset episode of psychosis and their families. The PREP Program provides evidence-based treatment and support for youth and families through an intensive outpatient model of care that includes the provision of: algorithm-based medication management, cognitive behavioral therapy for psychosis (CBTp), individual placement and support (IPS), assertive outreach, multi-family groups, cognitive remediation, and strength-based care management services. PREP is administered by Felton Institute.

Total Clients Served	Cost per Client
104	**$7,923**

DEMOGRAPHICS

Total Clients Served	
104	
Race/Ethnicity	
Asian	16%
African-American/Black	5%
Pacific Islander	1%
Hispanic/Latino	37%
Filipino	11%
Native American	2%
White	23%
Multi-Ethnic	2%
Other	3%
Age	
0-15	4%
16-25	84%
26-59	12%
Language	
English	93%
Spanish	4%%
Tagalog	1%%
Other	1%
Underserved Communities	
LGBTQ	6%
Homeless	4%

Vision Impaired	1%
Disability	8%

PROGRAM IMPACT

Hospitalizations Reduction: There were 27 clients enrolled in PREP for at least 12 months in FY 2015-16. Compared to 12 months prior to their admission, 13 (48%) of these clients experienced a reduction in acute hospitalization episodes and 14 (52%) experienced a reduction in days hospitalized. Note that for many clients their period of time in PREP was longer than 12 months, meaning that our comparison was being prior hospitalizations spanning only a 12 month period, but post-entry hospitalization spanning a period of time from 12 to 24 months. Overall, 21 (78%) clients enrolled in PREP for at least 12 months maintained their current or a lower level of care and 17(63%) did not experience any hospitalizations. If we examine hospitalization rates and days for all 27 clients enrolled for at least 12 months, we see an overall reduction in hospitalization from 30 in the 12 months prior to 20 episodes in 12-24 months after entering PREP (a 33% reduction) and 285 hospital days in the 12 months prior to entry compared to 221 in the 12-24 months after entering PREP.

Medication Adherence Increase: Baseline and latest semi-annual MARS scores from clients' evaluations were used to assess change in medication adherence. Out of 16 clients for whom both data points were available, 9 (56%) showed an increase in self-reported medication adherence.

Satisfactory Vocational and Educational Engagement: Out of 27 clients enrolled in PREP for at least 12 months, 21 (77%) maintained their current educational or vocational activities or were engaged in new ones during FY 2015-16. Educational and vocational engagement included part- and full-time employment, part- and full-time school, vocational training, or volunteer activities.

Service Satisfaction: Latest semi-annual SSS score from clients' evaluations was used to assess service satisfaction. Out of 34 clients for whom these scores were available, 31 (91%) indicated that they were highly satisfied with the overall service delivery (average SSS score of 3.5 or greater).

SUCCESSES/CHALLENGES

Important areas to look at in terms of growth are the number participants served by BEAM, the percentage of served clients who were ultimately treated in PREP and BEAM, and the overall number of participants treated by the program in FY 2015-16. A Year-to-Year Comparison of FY 2014-15 and FY 2015-16 shows the growth experienced by PREP/BEAM.

FY	Served	Treated	% Treated
14-15	105	60	57%
15-16	74	55	74%

Participants Served speaks to individuals who receive an Assessment for Eligibility and Participants Treated refers to those who are found to be eligible following the Assessment process and enrolled into full services. Historically, one of the challenges experienced at PREP/BEAM has been the perception that eligibility is too exclusive. This year the program increased the inclusion rate and treated more participants than ever before.

The increased inclusion rate was made possible by adopting new eligibility standards that include psychosis as a symptom domain rather than limiting eligibility to only specific diagnoses, enrolling Ultra High Risk (UHR) participants for the first time, and providing intensive targeted outreach to inform community partners and stakeholders of new criteria. Treating UHR participants has been an expectation and goal of PREP/BEAM. This year the program built the capacity to work with the UHR population and has three UHR participants currently enrolled in treatment. Additionally, through increased and targeted outreach, the program now has better relationships with several schools and district staff as well as the local hospitals resulting in increased referrals and better coordination of care.

In spite of this tremendous growth, the year was not without its challenges and PREP staff worked hard to address two identified primary challenges. The first challenge was maintaining PREP's presence throughout the county as a county-wide provider with a relatively small team. The second of these challenges being that support staff held blended roles reducing the effectiveness of those roles.

The strategy that has been developed to address the first challenge was to utilize San Mateo County's six CSA regions to coordinate and streamline caseloads and community partnerships. Each direct service staff member will be responsible for a region and their caseload will contain the program participants from that region. The staff will attend the CSA meeting and School Based Mental Health meeting for their region and in doing so maintains the presence of PREP/BEAM while also becoming more familiar with our community partners in their region.

Addressing the second challenge has involved growth within PREP leadership with the addition of Amanda Downing, Supported Employment and Education Services Director and Dina Tyler, Peer and Family Services Director. With their leadership in these new positions the restructuring of support staff positions within PREP was made possible and as the program embarks on FY16/17 there are now dedicated positions for Employment and Education Specialist, Peer Support Specialist, and Family Support Specialist that will result in improved outcomes for the participants that are served at PREP.

A memorandum of understanding was developed for the SMART team by by the San Mateo County Health System and the American Medical Response West in which specially trained paramedic responds to law enforcement Code 2EMS requests for individuals having a behavioral health emergency. The SMART paramedic performs a mental health assessment, places a 5150 hold if needed and transports the client to Psychiatric Emergency Services or, in consultation with County staff, arranges for appropriate services. Access to SMART is only available through the County's 911 system.

PREVENTION

OFFICE OF DIVERSITY AND EQUITY (ODE)

The Mental Health Services Act (MHSA) provided dedicated funding to address cultural competence and access to mental health services for underserved communities; in San Mateo County this led to the formal establishment of ODE in 2009.

The Office of Diversity and Equity (ODE), a department within San Mateo County's Behavioral Health and Recovery Services (BHRS) division, is dedicated to supporting the wellness and recovery of under- and inadequately-served communities in San Mateo County. Demonstrating a commitment to understanding and addressing how health disparities, health inequities, and stigma impact an individual's ability to access and receive behavioral health and recovery services, ODE works to promote cultural competence and cultural humility within the County's behavioral health service system through the following MHSA-funded programs:

- Health Equity Initiatives
- Health Ambassador Program
- Parent Project®
- Adult Mental Health First Aid
- Digital Storytelling & Photovoice
- Stigma Free San Mateo – Be the ONE Campaign
- San Mateo County Suicide Prevention Committee (SPC)

HEALTH EQUITY INITIATIVES (HEI)

The HEI strategy was created to address access and quality of care issues among underserved, unserved, and inappropriately served communities. ODE provides oversight to nine Health Equity Initiatives (HEIs) representing specific ethnic and cultural communities that have been historically underserved: African American Community Initiative; Chinese Health Initiative; Filipino Mental Health Initiative; Latino Collaborative; Native American Initiative; Pacific

Islander Initiative; PRIDE Initiative; Spirituality Initiative; and the Diversity and Equity Council. HEIs are comprised of San Mateo BHRS staff, community-based health and social service agencies, clients and their family members, and community members. The HEIs are typically managed by two co-chairs, including BHRS staff and/or a community agency or leader. HEIs implement activities throughout San Mateo County that are intended to:

- Decrease stigma
- Educate and empower community members
- Support wellness and recovery
- Build culturally responsive services

In FY15-16, through presentations, events, and trainings the Health Equity Initiatives reached an estimated 4,672 community members.

DIVERSITY AND EQUITY COUNCIL (DEC)

The Diversity and Equity Council (DEC) works to ensure that topics concerning diversity, health disparities, and health equity are reflected in the work of San Mateo County's mental health and substance use services. The formation of the DEC can be traced back to 1998 when staff members formed the Cultural Competence Committee. This committee later became the Cultural Competence Council in 2009, which played an integral role in the formation of the Office of Diversity and Equity.

Mission, Vision, & Objectives

The Council serves as an advisory board to assure San Mateo BHRS policies are designed and implemented in a manner that strives to decrease health inequalities and increase access to services.

Highlights & Accomplishments

The DEC's enduring commitment to promoting the principles of health equity, cultural competency, and diversity within San Mateo BHRS helps ensure service providers and staff is equipped with the knowledge and skills needed to effectively serve the diverse members of San Mateo County. Since its inception, community participation in the meetings has grown and includes BHRS staff, community partner agencies, leaders, clients, and family members.

AFRICAN-AMERICAN COMMUNITY INITIATIVE (AACI)

African American Community Initiative (AACI) efforts began in 2007 and were led by African American BHRS staff members committed to: increasing the number of African American clinicians working within BHRS; improving the cultural sensitivity of clinicians to better serve the

African American community; and empowering African Americans to advocate for equality and access to mental health services. The AACI works towards these goals by providing support and information about mental health and recovery services to BHRS clients and San Mateo County residents.

Mission, Vision, and Objectives

The AACI has defined its vision as working to improve health outcomes and reduce health disparities for African Americans in San Mateo County and has identified the following objectives as necessary steps towards achieving this vision:

1. Increase awareness and involvement of community members in the African American Community Initiative.
2. Increase knowledge and utilization of BHRS mental health services among African American community members in San Mateo County.
3. Link African American community members to BHRS education and training programs such as Mental Health First Aid, Parent Project, and the Health Ambassador Program.
4. Advocate for the employment of at least one African American clinician in each Community Service Area of San Mateo County BHRS.
5. Provide San Mateo County BHRS with research regarding the African American community as a result of focus groups, community-based research, and surveying through the Office of Consumer Affairs.
6. Conduct at least one annual community-based outreach event to build support for AACI.
7. Partner with other organizations and HEIs to support AACI, African American clients, and professionals.

Highlights & Accomplishments

Since its initial formation in 2007, the AACI has organized and participated in a number of events that help advance the objectives described above. Notable achievements include: establishing a partnership with the African American Community Health Advisory Council (AACHAC) which works with businesses, corporations, CBOs, health educators, and the faith-based community to promote health and wellness; consistent engagement of African American BHRS clients in AACI monthly meetings; and ongoing community outreach and wellness and recovery activities.

In FY15-16, the AACI participated and/or hosted the following events and activities:

- Annual African American Community Health Advisory Committee (AACHAC) Men's Health Symposium

- AACHAC 8th Annual "Celebrating Me: Taking Care of My Own Well-Being Women's Health Conference
- 2016 San Mateo County LGBTQ PRIDE Celebration
- AACHAC Mental Wellness: Mental Health and Well-Being of Today's Youth and Teens

CHINESE HEALTH INITIATIVE (CHI)

The Chinese Health Initiative (CHI) efforts began in 2007 by San Mateo BHRS staff members who were committed to providing and advocating for culturally and linguistically accessible and responsive services within the San Mateo County Health System. By collaborating with partners, conducting community outreach, and providing service referrals, CHI members work to empower Chinese residents to seek services for mental health and substance use issues.

Mission, Vision, and Objectives

The Chinese Health Initiative works to improve engagement and utilization of BHRS mental health and substance abuse services among Chinese community members. In order to ensure the services Chinese clients receive are culturally-sensitive and appropriate, CHI works to increase provider capacity to serve Chinese clients by advocating for the hiring of Chinese staff who are able to reflect the culture and language needs of Chinese clients. Much of CHI's work is focused on reducing the stigma associated with seeking services for mental health issues and accessing care provided through the County Health System. Recognizing a need for targeted community outreach and engagement, CHI advocated and received funding for a Chinese Outreach Worker position. This work is further described in the case study summary on page 13.

Highlights & Accomplishments

Since 2007, the Chinese Health Initiative has worked to ensure that BHRS services are culturally and linguistically appropriate, while also working to increase knowledge and utilization of BHRS services among Chinese community members.

In FY15-16, CHI participated and/or hosted the following events and activities:

- Mills High Schools and CHI: Achieving Success & Balance in the Modern Day, How to Help your Child Survive and Thrive in their High School and College Years.
- Recruited a BHRS Chinese Community Health Worker
- Mental Health Screening and Referral presentation to Chinese Hospital clinicians on how to screen for depression.
- NICOS Chinese Health Initiative Gambling Addiction Provider Training

FILIPINO MENTAL HEALTH INITIATIVE (FMHI)

The Filipino Mental Health Initiative (FMHI) formed as a result of a series of focus groups conducted in 2005 by San Mateo County BHRS. During these focus groups, community members, providers, and staff members discussed issues pertaining to mental health, stigma, and barriers to accessing care among Filipinos living in San Mateo County. Following these focus groups, in 2006 interested members formed a group with funds made available from the Mental Health Services Act to support Filipino families not yet connected to services. In 2010, FMHI was formally established as one of ODE's nine Health Equity Initiatives.

Mission, Vision, & Objectives

The FMHI seeks to improve the well-being of Filipinos in San Mateo County by reducing the stigma associated with mental health issues, increasing access to services, and empowering the community to advocate for their mental health. The FMHI works to connect individuals to appropriate health, mental health, and social services through community outreach and engagement. By collaborating and working with providers, the FMHI also works to ensure that culturally appropriate services are available to Filipino residents. **Highlights & Accomplishments**

FMHI members have worked with community members and community-based agencies to provide opportunities for young adults, parents, and individuals to discuss mental health issues in the context of Filipino cultural values and traditions. FMHI members also serve on one of three subcommittees focused on addressing the various cross-sections of the Filipino community: youth, elders, and LGBTQ individuals.

In FY15-16, FMHI participated and/or hosted the following events and activities:

- Working with Filipino Youth Provider Training
- Filipino Consultation Group at Fred Finch Youth Center
- Understanding the needs of Filipino LGBTQ Community Focus Group
- Westmoor High School Youth Focus Group: Taking Charge of Your Health and Wellness
- South San Francisco High School Parents Night: How to be Successful in High School and Beyond

LATINO COLLABORATIVE

While the Latino Collaborative (LC) efforts began in 2008, its founding members have been committed to giving voice to the Latino community since the late 1980s. During these initial meetings, a small group of Latino providers met informally to address issues pertaining to health disparities and access within the Latino community and San Mateo County mental health

services. These meetings continued and in 2004, a core group of Latino providers requested a Latino-specific training for providers. At the time the County did not have the funds to provide the requested training. As a result, Latino providers organized regular meetings for San Mateo BHRS providers to come together to discuss client cases and strategies for serving the Latino population.

Mission, Vision, & Objectives

The Latino Collaborative's mission includes critically exploring the social, cultural, and historical perspectives of Latino residents within San Mateo County. The Latino Collaborative gives a voice to the Latino community by working together to support mind, body, soul and healthcare practices that are culturally appropriate. The Latino Collaborative has defined its mission as:

1. Creating stronger, safer, and more resilient families through holistic practices.
2. Promoting stigma-free environments.
3. Providing fair access to health and social services, independent of health insurance coverage.
4. Appreciating and respecting traditional practices.
5. Recognizing and incorporating Latino history, culture, and language into BHRS 2017 18

Highlights & Accomplishments

The Latino Collaborative's long-standing commitment to honoring the cultural and historical perspectives of Latinos has resulted in the creation of services, events, and resources that are grounded in the principles of cultural humility.

In FY15-16, FMHI participated and/or hosted the following events and activities:

- San Mateo County's 3rd annual Latino Health Forum: Sana Sana, Colita de Rana.
- Three community presentations on how to obtain mental health services

NATIVE AMERICAN INITIATIVE (NAI)

The Native American Initiative (NAI) is one of the newer Health Equity Initiatives, established in 2012. Inherent to their work is building appreciation and respect for Native American history, culture, and spiritual healing practices.

Mission, Vision, & Objective

The NAI has defined its mission as generating a comprehensive revival of the Native American community in San Mateo County by raising awareness through health education and outreach events which honor culturally appropriate traditional healing practices. The NAI's vision is to provide support and build a safe environment for the Native American community in San

Mateo. Additionally their goal is to appreciate and respect Native American history, culture, spiritual, and healing practices. The NAI strives to reduce stigma, provide assistance in accessing health care, and establish ongoing training opportunities for behavioral health staff and community partners. The NAI has further developed and articulated the following objectives:

1. Increase Awareness: Improve visibility of the challenges faced by Native Americans and provide support for the Native American community in San Mateo.
2. Outreach and Education: Outreach to and educate San Mateo County employees and community partners on how better to serve the Native American community.
3. Welcome and Support: Welcome community members, clients, consumers, and family. Assist individuals in accessing and navigating the San Mateo County health care system.
4. Strengthen our Community: Provide opportunities for Native Americans to strengthen their skills and create collaboration for guidance, education, and celebration of the Native American community.

Highlights & Accomplishments

The NAI has not only provided mental health resources to San Mateo County residents, but has also contributed to the professional development of San Mateo BHRS providers through trainings and workshops Initiative members have organized.

In FY15-16, NAI participated and/or hosted the following events and activities:

- Trust the Wisdom of Your Soul: Native American Mental Health Training
- Mental Health Disparities in Native American

PACIFIC ISLANDER INITIATIVE (PII)

The Pacific Islander Initiative (PII) was initially formed by community members and BHRS staff in 2006 after a needs assessment conducted in 2005 identified particular areas of need among Pacific Islanders living in San Mateo County. The PII focuses on addressing health disparities within the Pacific Islander community by working to make services accessible and culturally-appropriate and by increasing awareness of and connections to existing mental and behavioral health services.

Mission, Vision, & Objectives

The PII's mission is to raise awareness of mental health issues in the Pacific Islander community in order to address the stigma associated with mental illness and substance abuse. The PII envisions a healthy community that feels supported by service providers, is accepting of individuals experiencing mental illness or substance abuse challenges, and is knowledgeable of

the various resources and services that are available to address mental and behavioral health needs. The goals and objectives of the PII are organized into three main categories:

1. Education and Awareness: Increase the visibility of challenges experienced by Pacific Islanders and promotes community resources that support the Pacific Islander community.
2. Prevention: Actively support activities that promote positive behavioral and physical health through community engagement.
3. Capacity Building and Leadership: Provide opportunities for service providers and local Pacific Islander leaders to develop their skills and capacity for providing services to Pacific Islanders that are culturally appropriate.

Highlights & Accomplishments

The PII's commitment to actively supporting and engaging with community members has allowed members to become trusted and valued resources within the community. This is particularly evident in the support they have provided family members and caregivers, as detailed below.

PRIDE INITIATIVE

The PRIDE Initiative was founded in April 2007, and was one of the first LGBTQ focused efforts in San Mateo County. The Initiative is comprised of individuals concerned about the well-being of lesbian, gay, bisexual, transgender, queer, questioning, and intersex individuals (LGBTQQI) in San Mateo County.

Mission, Vision, & Objectives

The PRIDE Initiative has defined its mission as being committed to fostering a welcoming environment for the lesbian, gay, bisexual, transgender, queer, questioning, and intersex (LGBTQQI) communities living and working in San Mateo County through an interdisciplinary and inclusive approach. The Initiative collaborates with individuals, organizations, and providers working to ensure services are sensitive and respectful of LGBTQQI issues. PRIDE envisions an inclusive future in San Mateo County grounded in equality and parity for LGBTQQI communities across the County. PRIDE objectives have been defined as:

1. Engage LGBTQQI communities.
2. Increase networking opportunities among providers.
3. Provide workshops, educational events, and materials that improve care of LGBTQQI individuals.
4. Assess and address gaps in care.

Highlights & Accomplishments

While the PRIDE Initiative organizes a number of community-based events, one of their most notable accomplishments has been the establishment of an annual county-wide LGBTQQI pride celebration. Following the inaugural Pride Parade and celebration in June 2013, the Board of Supervisors formally recognized June as LGBTQ Pride Month in San Mateo County.

In FY15-16, PRIDE participated and/or hosted the following events and activities:

- San Mateo County 4th Annual PRIDE celebration
- Capuchino High School Safe and Inclusive Schools presentation
- Daly City Partnership's Health Aging Response Team LGBTQ Seniors presentation
- Transgender 102 Seminar
- LGBTQ 101 for Mental Health Association Board & Care Operators
- Candlelight Vigil for Victims in Orlando

SPIRITUALITY INITIATIVE (SI)

The Spirituality Initiative (SI) began in 2009, and works to foster opportunities for clients, providers, and community members to explore the relationship that spirituality has with mental health, substance use, and treatment.

Mission, Vision, & Objectives

The SI envisions a health system that embraces and integrates spirituality when working with clients, families, and communities. They have defined three core principles that guide their work:

1. Hope. The Spirituality Initiative recognizes that hope is the simplest yet most powerful tool in fostering healing.
2. Inclusiveness. The Spirituality Initiative acknowledges that spirituality is a personal journey and that individuals should not be excluded from services based on their spiritual beliefs and practices.
3. Cultural humility. The Spirituality Initiative encourages an attitude of respect and openness in order to create a welcoming and inclusive space for everyone.

Highlights & Accomplishments

The SI has demonstrated how an HEI can work to impact both individual and system-level change. By developing a Spirituality Policy (further described in the case study on the following pages) that shapes the practice of San Mateo BHRS providers system-wide, and offering

trainings that work to change individual practices, the Spirituality Initiative is fostering change at multiple levels.

In FY15-16, SI participated and/or hosted the following events and activities:

- San Mateo Medical Center Grand Rounds: Bridging Spirituality within Clinical Practice
- Spirituality and Substance Use Treatment

HEALTH AMBASSADOR PROGRAM

ODE launched the Health Ambassador Program in 2013 as a response to feedback from the graduates of the Parent Project (PP) who wanted to continue learning about how to appropriately respond behavioral health issues. Many of these graduates wanted to further what they learned from the PP classes but also wanted to remain connected to the ODE. Community members are encouraged to participate in a series of workshops and trainings hosted by ODE. HAP graduates gained vital tools and knowledge to become an informed community participant (and leader). All Health Ambassadors begin by graduating from the Parent Project - a 12-week course that teaches parents the skills to improve their relationship with their children as well as effective prevention and intervention strategies. After completion of the Parent Project, individuals continue to increase their skills and knowledge in behavioral health and substance use related topics by completing four of the eight public education programs offered by ODE.

Individuals interested in broadening their skills on how to help people who have a mental illness or may be experiencing a mental health crisis are encouraged to attend an 8-hour Mental Health First Aid (MHFA) certification training, the 12-week NAMI Family to Family program, the Applied Suicide Intervention Skills Training (ASIST), and/or a Wellness Recovery Action Plan (WRAP) workshop. All programs increase an individual's mental health literacy and reduces stigma.

Community members with lived experience who are interested in sharing their story can participate in an 8-hour BHRS Lived Experience Educational Workgroup, Photo Voice Project and/or Digital Story Telling workshop. All three opportunities provide individuals an opportunity to use their voice and share their unique story related to health, mental health and substance abuse issues. Health Ambassadors are also encouraged to become advocates in Stigma-Free San Mateo and be part of the BHRS Health Equity Initiatives. In this work, individuals engage in outreach, education and dialogue with members of our communities to reach our goal of a stigma free County.

Becoming a Health Ambassador can potentially lead to opportunities to work and volunteer amongst other dedicated individuals; teach both youth and adult courses in their community; assist in identifying unmet needs in their community and help create change; or become a Community worker/Family Partner.

RECOGNITION OF EARLY SIGNS OF MENTAL ILLNESS

ADULT MENTAL HEALTH FIRST AID (MHFA)

Mental Health First Aid (MHFA) is a public education program that helps the public identify, understand, and respond to signs of mental illnesses and substance use disorders. MHFA is offered in the form of an interactive 8-hour course that presents an overview of mental illness and substance use disorders in the U.S. and introduces participants to risk factors and warning signs of mental health problems, builds understanding of their impact, and reviews common treatments. Those who take the 8-hour course to become certified as Mental Health First Aiders learn a 5-step action plan encompassing the skills, resources and knowledge to help an individual in crisis connect with appropriate professional, peer, social, and self-help care.

The 8-hour MHFA USA course has benefited a variety of audiences and professions, including: primary care professionals, employers and business leaders, faith communities, school personnel and educators, state police and corrections officers, nursing home staff, mental health authorities, state policymakers, volunteers, young people, families and the general public.

DEMOGRAPHICS

Total Clients Served			
255			
Male	64	Female	191
Race/Ethnicity			
African American	7%		
Chinese	5%		
Filipino	9%		
Latino	43%		
Native American	0%		
Pacific Islander	4%		
White	18%		
More than one race	5%		
Age			
18-25	22%		
26-29	8%		
30-39	16%		

40-49	23%
50-59	17%
60+	12%

PROGRAM IMPACT

In FY 15-16, there were 12 MHFA class sessions, where out of 255 attendees, 240 graduated the course. Five of the twelves sessions were focused on community colleges in San Mateo County, including Skyline and Canada College. Other sessions included three caregiver focused audiences, one probation, and one for Community Legal Services of East Palo Alto. Two of the twelve sessions were in Spanish, which was possible through ODE's partnership with Aging and Older Adult Services, In Home Supportive Services.

STIGMA DISCRIMINATION AND SUICIDE PREVENTION

STIGMA FREE SAN MATEO COUNTY – BE THE ONE CAMPAIGN

Be the One is San Mateo County's anti-stigma campaign that aims to eliminate stigma around mental and substance use conditions by raising awareness, building empathy and inspiring action. *Be the One* can mean many things to different people. Be the One can mean that ONE in four people have a mental health condition yet less than half are getting the help they need—many because they are afraid others will judge them. Be the One can also mean that ONE person or organization can make a difference in supporting wellness and recovery for others.

Throughout the 2015-2016 fiscal year, the *Be the One* campaign included educational and community events, including presentations, photo exhibits, speaker panels, interactive photo booth, annual proclamation and kickoff event.

Our stigma discrimination reduction efforts aim to improve system of care by building partnerships with public and non-profit providers and reducing barriers for the community, including language access and childcare. *Be the One* hosted community outreach events that shared resources (public and non-profit providers) of where people can learn more about behavioral health and where people can get appropriate health they need. Providers we refer to include San Mateo Medical Center, StarVista, Caminar, Heart and Soul, Inc. and many more. All public outreach events were offered the option of interpreter services if requested.

FY15-16 activities included:

- 9/1/15 Be the One Photo Booth at Recovery Month Resource Fair
- 9/14/15 Be the One Photo Booth at Heart & Soul Open House
- 9/15/15 Be the One Photo Booth at Recovery Month Picnic
- 9/25/15 Be the One Photo Booth at Suicide Prevention Forum
- 9/26/15 Be the One Photo Booth at Latino Health Forum
- 9/30/15 Images of Stigma Presentation at Skyline College

- 10/22/15 Be the One Photo Booth at Housing Hero Awards
- 10/26/15 Images of Stigma Presentation at Skyline College
- 11/16/15 Images of Stigma Photovoice Exhibit at Skyline College
- 2/23/16 Images of Stigma Presentation at Skyline College
- 2/25/16 Be the One Photo Booth at School Wellness Alliance Meeting
- 3/15/16 Images of Stigma Presentation at Skyline College
- 3/19/16 Be the One Photo Booth at San Mateo County Youth Conference
- 4/26/15 Board of Supervisors Mental Health Awareness Month Proclamation
- 5/4/16 Mental Health Awareness Month Kickoff
- 5/24/16: Lived Experience Academy Speakers Panel

See Appendix D: CalMHSA Statewide PEI Project 2015-2016 County Impact Report.

SAN MATEO COUNTY SUICIDE PREVENTION COMMITTEE (SPC)

In the fall of 2014, the San Mateo County Prevention Committee completed a strategic planning session to identify existing interventions and which additional interventions are still needed to prevent suicide in San Mateo County. This committee is comprised of behavioral health staff, community partners (e.g. Caltrain, County Office of Education, etc.), and concerned community members. The results of this strategic planning session were used to create this Suicide Prevention Report. The report outlines four suicide prevention strategies, the desired outcome of each strategy, descriptions of the organizations and programs that are addressing each strategy, and potential future activities to better implement each strategy.

The overall goal is to provide a roadmap of what suicide prevention efforts and services are available and what still needs to be developed to reduce suicide in San Mateo County. There are three overarching strategies for suicide prevention in San Mateo County.

Strategy 1: Create a System of Suicide Prevention

- Enhance links between systems and programs and identify gaps in services.
- Deliver integrated services and establish formal partnerships that foster communication and coordination.
- Integrate suicide prevention programs into K-12 and higher education institutions.
- Develop programs that reduce gaps for underserved populations.
- Ensure that San Mateo County has at least one accredited suicide prevention hotline.

Strategy 2: Implement Training and Workforce Enhancements to Prevent Suicide

- Increase the priority of suicide prevention training through outreach.
- Establish annual targets for suicide prevention training that identify individuals and occupations that will receive the training as well as training models used.

Strategy 3: Educate Communities to Take Action

- Build grassroots outreach and engagement efforts to meet local needs for suicide prevention.

- Engage and educate local media about their role in promoting suicide prevention.
- Educate communities to identify, respond to, and refer people demonstrating acute potential suicide warning signs.
- Promote and provide suicide prevention education.
- Develop and disseminate directory on local suicide prevention/ intervention services.
- Incorporate and build capacity for peer support and peer operated service models.

Strategy 4: Improve Suicide Prevention Program Effectiveness and System Accountability

- Increase local capacity for data collection, reporting, surveillance and dissemination regarding suicide.
- Build local capacity to evaluate suicide prevention programs.
- Establish and enhance capacity of forensic and clinical reviews of suicide deaths.
- Work with Coroner's Office to enhance reporting systems to improve consistency and accuracy of suicide deaths.

In addition to developing the Suicide Prevention Roadmap, the Suicide Prevention Committee was also worked with the San Mateo County Office of Education to develop a Suicide Prevention School Protocol that will serve as a model protocol to be used in all 23 school districts.

FY15-16 activities included:

- 6/24/15 Suicide Prevention Committee Meeting
- 8/26/15 Suicide Prevention Committee Meeting
- 9/25/15 Speak Up, Save a Life: Suicide Prevention Forum
- 10/28/15 Suicide Prevention Committee Meeting
- 12/9/15 Suicide Prevention Committee Meeting
- 12/14/15 Suicide Prevention School Protocol Workgroup (First Session)
- 1/28/16 Suicide Prevention School Protocol Workgroup (Second Session)
- 12/17/16 Suicide Prevention School Protocol Workgroup (Third Session)
- 2/24/16 Suicide Prevention Committee Meeting
- 3/23/16 Suicide Prevention School Protocol Workgroup (Fourth Session)
- 4/15/16 Suicide Prevention School Protocol Workgroup (Fifth Session)
- 4/27/16 Suicide Prevention Committee Meeting
- 6/13/16 Suicide Prevention School Protocol Workgroup (Sixth Session)
- 6/22/16 Suicide Prevention Committee Meeting

DIGITAL STORYTELLING & PHOTOVOICE

In 2011, Behavioral Health and Recovery Services (BHRS), Office of Diversity and Equity (ODE) embarked on a "Storytelling Project" that emphasizes the use of personal stories as a means to draw communal attention to mental health and wellness. While reducing stigma and broadening the definition of recovery, workshops consider social factors such as racism, discrimination, and poverty. Participants are asked to share their stories through words,

photos, drawings, personal mementos, and even music. The stories shared have been both personal and powerful. For some, they've created a sense of connection, and for others, they've been transforming.

Today, ODE continues this powerful storytelling work with Digital Storytelling and Photovoice. ODE partners with community-based organizations, schools, faith-based organizations, correctional institutions and other sectors of the community to offer these storytelling opportunities to the community. These stories help shed light on important social issues including stigma around mental health and substance abuse and empower others with lived experience to share their stories.

In FY15-16 Digital Storytelling and Photovoice workshops took place serving 15 clients/consumers and family members:

- Digital Storytelling Workshop: Health Ambassador Program. Theme: Overcoming Challenges.
- Photovoice Workshop: Health Ambassador Program – Spanish
- Photovoice Workshop: Older Adults

ACCESS AND LINKAGE TO TREATMENT

RAVENSWOOD FAMILY HEALTH CENTER

Ravenswood is a community-based Federally Qualified Health Center (FQHC) that serves East Palo Alto residents. Ravenswood provides outreach and engagement services and identifies individuals presenting for healthcare services that have significant needs for behavioral health services. Ravenswood Family Health Center services are funded at 40% under CSS and the remaining 60% is funded through Prevention and Early Intervention.

The intent of the collaboration with Ravenswood FHC is to identify patients presenting for healthcare services that have significant needs for mental health services. Many of the diverse populations that are now un-served will more likely appear in a general healthcare setting. Therefore, Ravenswood FHC provides a means of identification of and referral for the underserved residents of East Palo Alto with SMI and SED to primary care based mental health treatment or to specialty mental health.

Total Clients Served	Cost per Client
497	**$139**

SENIOR PEER COUNSELING

The Senior Peer Counseling Program, provided by Peninsula Family Service, recruits and trains volunteers to serve homebound seniors with support, information, consultation, peer counseling, and practical assistance with routine tasks such as accompanying seniors to appointments, assisting with transportation, and supporting social activities. The Senior Peer Counseling program has been expanded to include Chinese, Filipino and LGBT volunteers. Senior Peer Counseling services are funded at 50% CSS and 50% PEI.

Total Clients Served	Cost per Client
474	**$615**

DEMOGRAPHICS

Total Clients Served	
474	
Race/Ethnicity	
Hispanic/Latino	44%
Filipino	24%
Asian	7%
Other	25%
Age	
60+	100%
Language	
English	25%
Spanish	44%
Chinese	7%

PROGRAM IMPACT

In order to serve more people with the current resource of peer counselors the program offers weekly support groups at various community sites. There are currently five groups in senior/community centers or other non-profit agencies throughout San Mateo County. The group sessions have different formats. Some meetings are organized as an open discussion which gives everyone an opportunity to engage and express their sentiments, thoughts, concerns, and feelings. Other meetings are topic based discussions, and/or presentations from outside speakers. This year specific areas explored include:

- How to protect yourself from scams and abuse
- Healthy Aging
- Choosing healthy food to help your body and mood
- Mindfulness
- Film showing and discussion: Being Mortal
- How thoughts hurt or help your life
- Domestic Violence
- Medicare-MediCal
- Taking care of yourself in the winter
- Feelings about holidays
- Memoir writing

During the reporting year, three 36 hour volunteer trainings were conducted, two in English and one in Spanish. During the English Spring training we provided break-out meetings in Mandarin with Chinese volunteers to support their learning. Upon completion of the senior peer counseling training 95% of all new volunteers felt prepared to start working with clients. Training was rated as Excellent or Good by 100% of participants.

Year to date 124 new clients entered the program and 144 clients were closed to services. There are currently 330 active clients in the program and 474 senior peer counseling clients have been served during the fiscal year year, 112% of goal. Of the active clients, 133 clients are seen weekly on an individual basis and 197 clients are participating in a group.

SUCCESSES/CHALLENGES

Successes during the fiscal year included increased outcomes in recruitment and overall participation. The recruitment goal set for this year is to recruit 60 new peer counselors. 82 counselors were recruited, 136 percent of goal. The training goal set for this year is to train 36 new peer counselors. There were 34 counselors that completed the training, 94 percent of goal. Finally, through this year the program had 133 senior peer counselors participating in the program, 148 percent of goal.

Recruitment strategies have also expanded. Staff and volunteers have worked with their media contacts to include information about SPC programs and upcoming volunteer training in the following venues: FilAm Star and The Philippine News, Chinese community newspapers Sing Tao, World Journal, News for Chinese, and The Asian Journal, through a Spanish speaking Univision radio program, El Tecolete. English speaking media include Foster City Islander, Pacifica Tribune, RSVP, Everything South City, Craig's list, SM Pride Initiative, Daly City Partnership, Twitter.com/Volunteer Source, Next Door, and SM County Health Network San Mateo Times and San Mateo Journal, and the Redwood Shores Pilot.

Though recruitment efforts and program awareness have improved, the program continues to be challenged by a growing waiting list for those requesting the service. The continual challenge

is to have volunteers who are willing to provide service to some of the participants on our waiting list. Our volunteers want to see clients who live within their communities. It has been increasingly difficult to recruit and retain volunteers who are committed to the program.

INNOVATIONS (INN)

INNOVATION

In FY15-16 there were no MHSA INN project plans were presented to the State of California, Mental Health Services Oversight and Accountability Commission (MHSOAC).

The development MHSA Innovation Projects are part of the comprehensive Community Program Planning (CPP) process. Please refer to the Three-Year program Plan FY 2017-18 through 2019-20.

WORKFORCE EDUCATION & TRAINING (WET)

WORKFORCE EDUCATION & TRAINING (WET)

TRAINING BY/FOR CONSUMERS AND FAMILY MEMBERS

LIVED EXPERIENCE ACADEMY (LEA)

The Lived Experience Academy is a program designed for individuals living with mental health and/or substance use challenges and/or their family members. Participants are selected to participate in a 5-session training which prepares them to share their stories to empower themselves, reduce stigma, and educate clinicians, professionals, and community members about behavioral health conditions. The program upholds the core value that lived experience is its own form of expertise, and that integrating people with lived experience into the workforce is a vital type of workforce diversity.

FY 2015-2016 Lived Experience Academy training facts:

- Annual training
- Five 2-hour sessions
- 15/15 participants graduated
- Five previous LEA graduates co-facilitated the LEA training

Graduates of the LEA are eligible to go on to be a part of the Speakers' Bureau and receive a stipend to present their stories with behavioral health staff and community members at trainings and community events. This includes the opportunity to participate in Digital Storytelling workshops, and create a video which narrates an individual's' personal history. Participants are paid for participating in the training and when they speak for a speakers' bureau event.

LIVED EXPERIENCE ADVOCACY ACADEMY (LEAA)

The Lived Experience *Advocacy* Academy is a training program designed for individuals living with mental health and/or substance use challenges and/or their family members, who have graduated the Lived Experience Academy and want to get involved in advocacy work. It is considered a second tier training which builds on the skills developed in the LEA. Its goal is to prepare graduates for joining and participating on BHRS committees and commissions.

FY 2015-2016 LEAA training facts:

- Annual training
- Six 2-hour sessions
- 10/10 participants graduated

Graduation from the *Advocacy* Academy results in the opportunity to participate on county commissions, committees, and other decision-making bodies. Participants improve on their skills in advocating for themselves and their communities and in bringing the voices of those with lived experience to the decision-making table. Participants are paid for participating in the training and are offered a stipend for attending committee and commission meetings.

LIVED EXPERIENCE EVENT SUPPORT TRAINING

The Lived Experience Event Support Training was piloted during fiscal year 2015-2016. It is a 3-hour training designed to teach LEA graduates how to provide technical and logistical support for BHRS training, events, and the anti-stigma campaign "Be the One" photo booth. Five LEA graduates participated in this training in 2015-2016 and then went on provide paid event support throughout the year (see Behavioral Health Career Pathways sections for more details).

WELLNESS RECOVERY ACTION PLAN (WRAP)

WRAP has served as an excellent way to promote wellness and recovery for clients/consumers and staff in the behavioral health system. In 2015-2016, Voices of Recovery coordinated San Mateo County's WRAP efforts. This included a 2-day "Create Your Own WRAP" training in November 2015 that 41 people attended, followed by a 5-day WRAP facilitator training in April 2016 in which 19 new facilitators were certified. In fiscal year 2015-2015, BHRS also supported CBO staff to become Advanced Level Facilitators to offer WRAP groups throughout San Mateo County.

SYSTEM TRANSFORMATION AND WORKFORCE DEVELOPMENT

During 2015-2016, the BHRS WET program was staffed by 1 FTE WET Coordinator, 1 FTE WET project support specialist, and .6 FTE Office Specialist/CEU Coordinator. The Workforce Development and Education Committee (WDEC) and the Lived Experience Education Workgroup (LEEW) continued to serve as advisory committees/workgroups for the WET program during this fiscal year. During 2015-2016, the WDEC met bimonthly for a total of 6 times and the LEEW met monthly for a total of 10 times.

Each WDEC meeting focused on one of four identified workforce development priorities—1) Peers and Family Members in the Workforce, 2) Diversity in the Workforce, 3) Behavioral Health Career Pathways and 4) Hard-To-Fill Positions.

WDEC Meeting Focus:

Meeting Date	Meeting Focus

August 2015	Establishing Structure of WDEC Meetings
October 2015	Peers and Family Members in the Workforce
December 2015	Diversity in the Workforce
February 2016	Peers and Family Members in the Workforce
April 2016	Behavioral Health Career Pathways
June 2016	WET Priorities for the future

The LEEW meetings are focused on building workforce development, training, and advocacy opportunities within BHRS for clients/consumers and family members and on planning and supporting our Lived Experience Academy Trainings. During this fiscal year, the meetings have focused on supporting members' participation in speaking engagements, BHRS-related committees and commissions, other peer-led organizations and activities, and peer-focused conferences.

WISE RECOVERY 101 AND PEER SUPPORT 101

In 2015-2016, the Workforce Integration Support and Education (WISE) program of NorCal MHA provided two trainings on Recovery 101 and Peer Support 101. They held two separate sessions – one designed specifically for supervisors and the other for peer workers and peer volunteers. In FY15-16, 34 participants attended these trainings. WISE has offered a series of ongoing trainings to support peers in the workforce that will be offered in 2016-2017.

TRAININGS FOR PEER SUPPORT WORKERS/FAMILY PARTNERS

Inspired at Work provided a series of four 2-hours trainings and one 7-hour retreat for BHRS and contract agency peer workers in 2015-2016 to support them in their positions. A fifth 2-hour training on countertransference was presented by the BHRS Training Coordinator. The training topics included:

1. "What's Happiness Got to Do with it?" (21 attended)
2. "Boundaries and Ethics" (19 attended)
3. "Strength Based Practice"(19 attended)
4. "Risk and Safety in the Field" (11 attended)
5. "Responding Effectively to Countertransference" (15 attended)
6. "BHRS Peer Support Worker/Family Partner Retreat" (18 attended)

EVIDENCED-BASED, COMMUNITY-BASED, AND PROMISING PRACTICE TRAININGS FOR SYSTEM TRANSFORMATION

The Practice Evaluation Committee was formed to carry out the Selection of Evidence Based and Community-Defined Practice Policy. The committee consists of 12 BHRS staff from different disciplines, divisions, and areas of focus and one client/consumer. The committee met to set up guidelines for its processes. It reviewed and approved one proposal this year for the use of EMDR as a clinical intervention and submitted its recommendation to executive management and youth policy to make implementation decisions. The list of BHRS already-approved clinical and non-clinical interventions is still in process in efforts to make it as specific and comprehensive as possible.

CULTURAL COMPETENCE TRAINING

CULTURAL HUMILITY

Dr. Melanie Tervalon presented a system-wide three-hour training on Cultural Humility: Working in Partnership with Family and Communities in October 2015 for BHRS and contract staff to improve the cultural responsiveness of our system of care. This training reached a total of 96 attendees. This training was followed by a second in-depth six-week Training of Trainers (TOT) from January to April 2016. The second TOT cohort included nine BHRS and contract agency staff who applied for the training to become able to provide the training throughout our system of care for other staff. The first cohort of trainers continued to have bimonthly community of dialogue meetings. For 2015-2016, the TOT trainers conducted nine trainings.

CULTURALLY RESPONSIVE CLINICAL SUPERVISION

Leanna Lewis, LCSW conducted a culturally responsive clinical supervision training that was offered twice in June of 2016. This training focused on teaching supervisors how to use cultural humility and critical self-reflection to improve their supervision of their colleagues and to create a more collaborative and supportive work environment. In total, 71 participants attended this training.

WORKING EFFECTIVELY WITH INTERPRETERS IN A BEHAVIORAL HEALTH SETTING

This mandatory direct-service staff training aims to enhance the cultural competency and humility of BHRS staff as well as to help providers learn to effectively communicate with clients when they don't speak the client's language. The training was offered twice in 2015-2016 in the Fall (October 2015) and Spring (May 2016). In total, 80 attended the Fall training and 41 attended the Spring training. Providers are required to retake this training every 5 years.

SPIRITUALITY TRAINING

The Spirituality Initiative presented a panel presentation and discussion at the BHRS Psychiatric Grand Rounds in 2015-2016 to talk about the integration of spirituality in treatment from multiple perspectives. In total, 56 participants attended.

CULTURAL COMPETENCE TRAININGS ADDRESSING SPECIFIC POPULATIONS

The Health Equity Initiatives and workgroups took the lead in creating and/or sponsoring trainings on specific marginalized populations in San Mateo County.

- Filipino Youth
- LGBTQ Youth UNIQUE Training
- LGBTQ 102: Clinical Practice, Theory, and Intersectionality
- Native American Mental Health
- Arab Community Workgroup: Health and Well-Being

BHRS New-Hire Orientation

The BHRS New-Hire Orientation was provided to new BHRS staff in fiscal year 2015-2016. The Orientation was adapted from the feedback and recommendations of the first cohort in 2014-2015. It consisted of a series of three 3-hour sessions (and one make-up session) that took place over the course of 4 months. The goal was to help new staff understand how BHRS works and connects to other agencies and departments, to meet and learn from BHRS managers, to explore the possibilities for career advancement, and to feel invested in and supported by BHRS as an organization. This training series was made mandatory during this fiscal year and will continue to be so in future years. The new employees who had been hired within the last year were invited to participate in the Orientation. The average number of attendees per session was 38. The session topics were as follows:

1. Orientation to What We Do at BHRS and BHRS Programs and Partnerships
2. Who We Serve
3. Career Path and Professional Development Opportunities in BHRS and Keys to Success at BHRS

BHRS COLLEGE

The BHRS Leadership College provides an opportunity for BHRS staff to learn about facets critical to the successful operation of BHRS. The College supports staff in considering their career development goals and is part of a succession planning strategy. The information and experiences received from participation gives staff an understanding of key policy, fiscal, operational and planning responsibilities that BHRS executes as part of its business practices. In 2015-2016, 24 employees applied and participated in the college cohort. The BHRS College

consists of 9-sessions. Staff need to attend 7 of 9 sessions to graduate the College. They are eligible to make up missed sessions the next time the College is offered. In 2015-2016, 18 completed the college. The nine session topics were as follows:

1. Behavioral Health: History and Policy
2. Strategic Planning
3. Health System and Health Policy
4. County Governance and Administration
5. Quality Improvement, Performance Measurement, and Customer Service
6. Finance and Budgeting
7. Community Partnerships, Requests for Proposals, and Contracting
8. LEAP Servant Leadership
9. BHRS Moves Toward the Future

BEHAVIORAL HEALTH CAREER PATHWAYS PROGRAM

The following three objectives were established from the MHSA guidelines and the 2014 stakeholder process for the WET Plan Update in San Mateo County to promote behavioral health career pathways:

ATTRACT PROSPECTIVE CANDIDATES TO HARD-TO-FILL POSITIONS AND INCREASE STAFF DIVERSITY

The state-funded Mental Health Loan Assumption Program (MHLAP) continued to be implemented in San Mateo County BHRS to address 1) attracting, hiring, and retaining staff in hard-to-fill positions and 2) increasing diversity of staff and retaining diverse staff. The MHLAP program provides student loan forgiveness for BHRS and contract staff who work in hard-to-fill positions and exhibit cultural and linguistic competence and/or have experience working in underserved areas. Applicants receive up to $10,000 to repay educational loans in exchange for a 12-month service obligation.

The Workforce Development and Education Committee (WDEC) addressed the issue of staff diversity through data gathering and analysis of the current diversity of the BHRS workforce and of the county workforce as a whole. From that data and through discussion, the WDEC developed a series of recommendations to the Director of the Office of Diversity and Equity and the Director of BHRS.

Since February 2016, the Director of the Office of Diversity and Equity and the Director of BHRS have dedicated the monthly BHRS Leadership meetings to focusing on how to make BHRS a truly multicultural organization that supports and encourages diversity. These meetings have allowed leadership staff the opportunity to process their own personal and professional experiences as well as identify steps and changes that BHRS needs make in this area.

Workgroups are being made to address recruiting practices, the structure of health equity initiatives, and the mission and vision of BHRS. Needed trainings have been identified and planned through this process and a BHRS leadership retreat is being planned for Fall 2016.

In 2015-2016, the Office of Diversity and Equity participated in the quarterly Equal Employment Opportunity Committee (EEOC) meetings to discuss and address issues of equity and diversity throughout the county system.

PROMOTE THE BEHAVIORAL HEALTH FIELD

Intern/Trainee Programs **(Clinical and ODE)**

The BHRS clinical intern/trainee program provides clinical training opportunities each year at BHRS worksites throughout the county. BHRS partners and contracts with multiple graduate schools in the Bay Area and from other regions of the country to provide education, training, and clinical practice experiences for students. In 2015-2016, there were 41 BHRS interns and trainees placed at 15 different worksites throughout San Mateo County BHRS. The interns and trainees represented multiple professional disciplines including Alcohol and Other Drug certificate, doctoral psychology, MSW, MFT, and nurse practitioner students and interns. They received multiple training opportunities including a 2-day orientation that included sessions on crisis management, trauma-informed care, wellness and recovery, self-care, and health equity and a mid-year training on cultural humility. They each attended a weekly or biweekly regional didactic seminar at one of 4 sites. They were also invited to attend all of the system-wide trainings (listed earlier in this document). Fifteen of these trainees/interns received a $5,000 stipend as part of our Cultural Stipend Internship Program for their contributions to improving the cultural competence and cultural humility of our system of care (see full description below under Financial Incentives Programs).

The Office of Diversity and Equity (ODE) intern training program consists of undergraduate, graduate and recent graduate students who want experience in behavioral health careers through focusing on health equity and social justice work. In 2015-2016, ODE had 3 interns whose work focused on our Suicide Prevention initiative, Parent Project program, and Mental Health First Aid and Digital Storytelling programs. ODE interns receive a $5,000 stipend for their work. The 2015-2016 ODE internship program included a training series of 5 workshops introducing interns on the following topics: Organization, Trauma, Cultural Humility, Political Astuteness and Recovery.

CAREER PATHWAYS AND ONGOING DEVELOPMENT FOR CLIENTS/CONSUMERS AND FAMILY MEMBERS

The Lived Experience Academy

By way of the Lived Experience Academy, clients/consumers and family members were offered various paid opportunities during the 2015-2016 fiscal year. Opportunities included participating in up to 3 annual trainings, speaking in front of an audience, and providing support to BHRS events and trainings. An "event" was classified as one organized program which could have included multiple clients/consumers and family members. An "opportunity" captured each client/consumer and family member paid to work an "event".

FY 2015-2016 Paid Opportunities for Clients/Consumers and Family Members:

- Number of Paid Opportunities (includes trainings, speaking opportunities and event support opportunities): 217
- Number of Paid Events (includes total number of speaking and event support events): 76
- Number of Paid Speaking Opportunities: 25
- Number of Paid Speaking Events: 13
- Number of Event Support Opportunities: 24

Opportunities outside BHRS:

- Number of weekly groups conducted by Lived Experience Speakers on the inpatient psychiatric unit 3AB as San Mateo Medical Center: 80
- Number of attendees at Unit 3AB Lived Experience groups: Total number of attendees: 228
- Number of Star Vista Volunteer Training Suicide Presentations conducted by a Lived Experience Academy Speaker: 2

LIVED EXPERIENCE SCHOLARSHIP PROGRAM

The Lived Experience Scholarship program provides up to $500 in scholarship to individual behavioral health clients/consumers and/or family members to pursue their academic goals toward a behavioral health profession.

FINANCIAL INCENTIVES

CULTURAL STIPEND INTERNSHIP PROGRAM

The Cultural Stipend Internship Program awarded a $5,000 annual stipend to 15 BHRS clinical interns for the 2015-2016 fiscal year. Fifteen out of fifteen completed the program. Interns were selected based on their identifying and having experience with a marginalized community. First priority was given to those from communities of color and those with fluency in a language

spoken by communities of color. Secondary priority was put on identifying as Lesbian Gay Bisexual Transgender Queer (LGBTQ), someone living with a disability, from a rural area, or another marginalized group.

Intern Demographics

- White: 40%
- Mixed Race (any race): 26%
- People of Color (POC): 60%
- LGBTQ: 26%
- Non-POC, non-LGBT: 13%

In exchange for the stipend award of $5,000, interns were asked to complete a year-long project and participate in one of nine community-led Health Equity Initiatives.

Projects for FY 2015-2016:

- Workshop about mental health services for Latino Community
- Presentation about Native American Health Disparities
- Monthly Newsletter for Latino Community
- Research Paper on Racism in Psychological Assessment
- Communications Plan for LGBTQ Community
- Presentation on how to access Mental Health services for Arab Community
- Qualitative research with community of color health equity groups on the topic of collaboration with LGBTQ communities
- Workshop for Filipino High School Students
- Survey on Spirituality with clients and clinicians (conducted by two interns)
- Presentation on Intersectional LGBTQ Approaches for clinicians
- Presentation for Arab Community (conducted by two interns)
- Focus groups on barriers for the African American community in accessing mental health services
- Photo Voice With Older Adults
- Presentation for Chinese parents

CAPITAL FACILITIES & INFORMATION TECHNOLOGY (CF/IT)

CAPITAL FACILITIES & INFORMATION TECH (CF/IT)

ECLINICAL CARE

San Mateo County has had no viable opportunities under the Capital Facilities section of this component due to the fact that the guidelines limit use of these funds only to County owned and operated facilities. Virtually all of San Mateo's behavioral health facilities are not owned but leased by the County, and a considerable portion of our services are delivered in partnership with community-based organizations.

Through a robust stakeholder process it was decided to focus all resources of this component to fund eClinical Care, an integrated business and clinical information system (electronic health record) as well as ongoing technical support. The system continues to be improved and expanded in order to help BHRS better serve the clients and families of the San Mateo County behavioral health stakeholder community.

There are no additional programs planned or projected funding available for this component

APPENDICES

APPENDIX A