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San Mateo County Health System
Behavioral Health & Recovery Services

**EMPLOYEE
RESOURCE
BOOK**

February 2010

LETTER OF WELCOME

Dear New Staff Member:

Welcome to the San Mateo County Health System, Behavioral Health and Recovery Services Division. We are delighted that you have chosen to join our team, and look forward to working together to help our clients, their families, and communities fulfill their promise and pursue their dreams. The services and supports we provide, in partnership with clients, families, communities, and many other providers and public agencies, build opportunities for people with alcohol and drug addiction and mental health problems to achieve wellness and recovery. We strive to celebrate our clients' potential and achievements and hope that someday stigma and discrimination against those with mental illness and/or alcohol and drug addiction will be remnants of the past.

This packet will help you understand our system of care and the context in which we operate. While these are challenging times, as stewards of precious public resources the imperative and opportunity has never been greater for us to offer the best practices for efficient and effective treatment in our field. The mandate has never been stronger to engage people in treatment who have complex mental health problems and/or alcohol and drug addictions. We have a strong tradition of being both a teaching and a learning organization that positions us well to keep pace with our changing field and environment. We see that understanding, respecting, and listening to our clients' and families' cultures and communities is a part of that continuous learning process. We find that each one of you, the members of our workforce, has a unique contribution to the teaching part of that process through sharing your own culture. Our capacity to welcome and value differences among the members of our workforce and partners strengthens our capacity to provide effective services and supports for San Mateo County's diverse population.

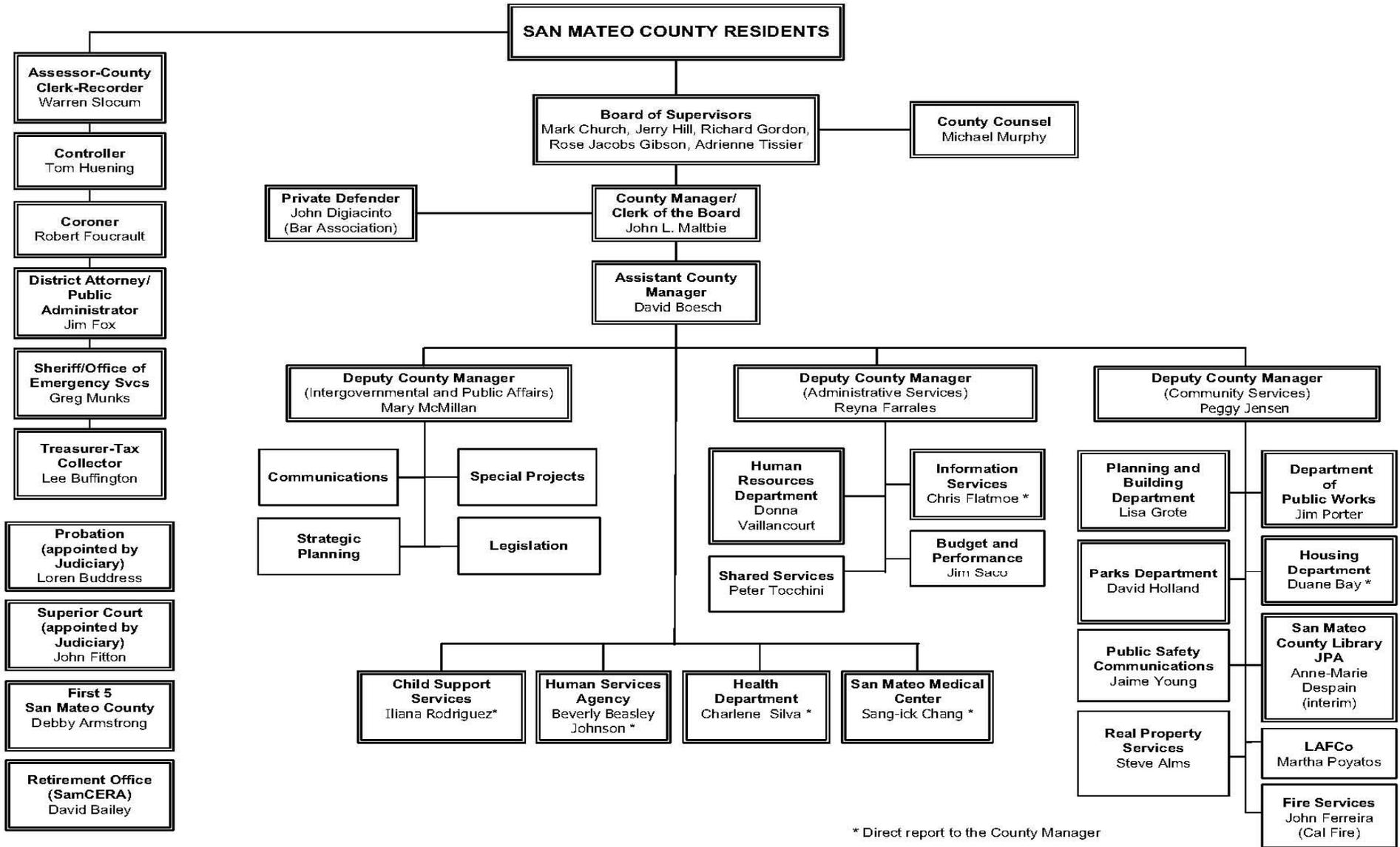
We appreciate your thoughts, suggestions, and participation as we develop our work. Please feel free to engage any member of the leadership group *listed under Section I* in a conversation.

Welcome!

Sincerely,

Louise Rogers, Director
Behavioral Health and Recovery Services

SAN MATEO COUNTY ORGANIZATION CHART



SAN MATEO COUNTY

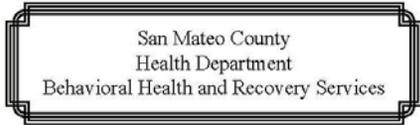
San Mateo County is located on the San Francisco Peninsula, just south of San Francisco County. It is north of Santa Cruz and Santa Clara Counties. It is bounded on the east by the San Francisco Bay and by the Pacific Ocean on the west. Its area is 450 square miles, 6.7 percent of which is farmed and 29.9 percent forested. The 2008 population was about 705,500, comprised of a non-Hispanic white population of 61 percent, Hispanic – 23%, Asian – 23%, Black – 3.2%, and Pacific Islander/Native Hawaiian - 1.3%. For 33% of the population, English is not the primary or preferred language. Daly City is the largest city, population 103,621, while Redwood City is the county seat. More information is also available on the County internet website www.co.sanmateo.ca.us. For updated population and other demographic statistics, the website http://www.threshold2008.org/san_mateo_county_snapshot is a reliable reference.

HEALTH SYSTEM OVERVIEW

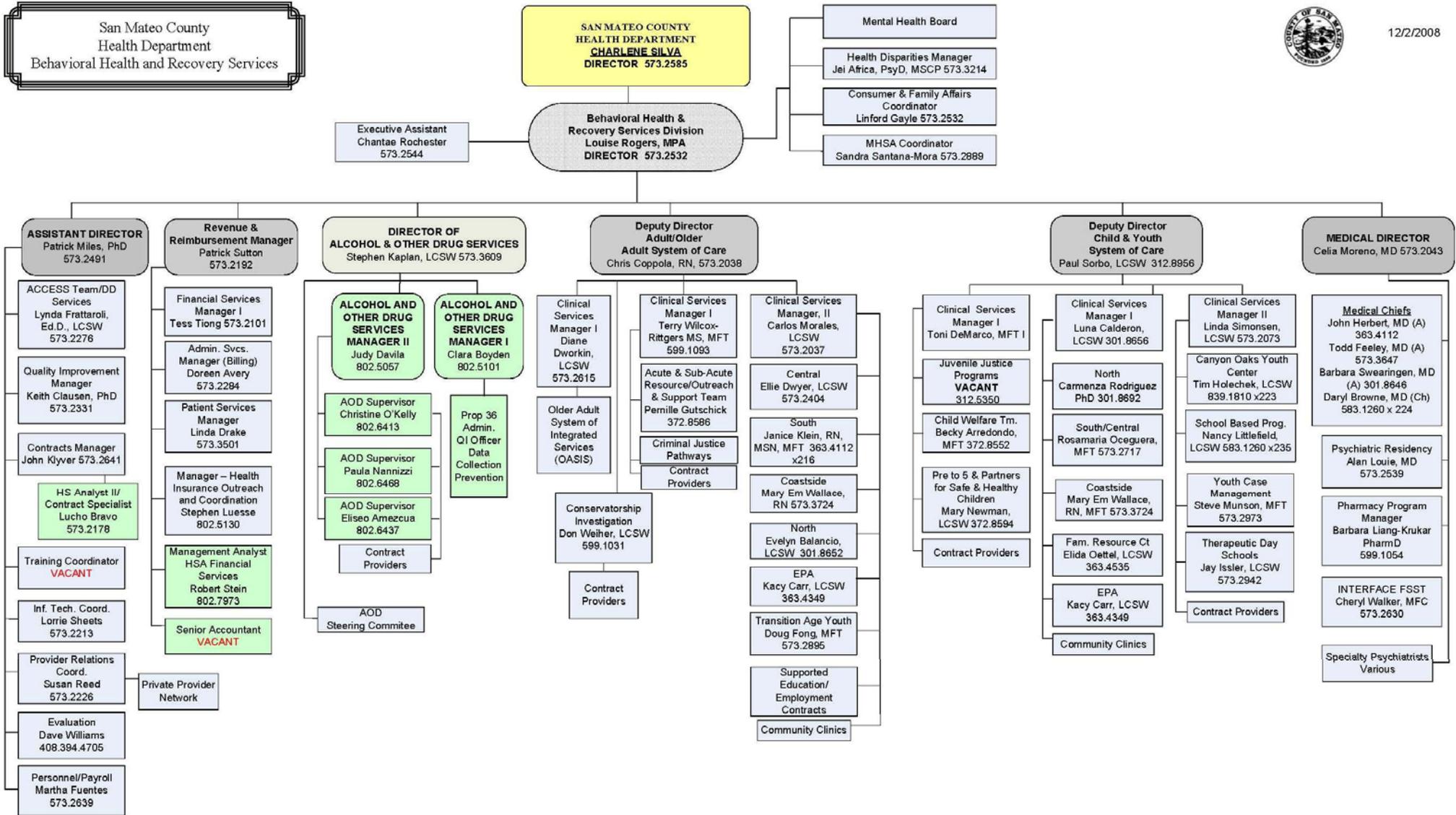
The Behavioral Health and Recovery Services (BHRS) is one component of a larger Health System that has changed significantly over the years. In 2006, the Board of Supervisors initiated an almost two-year planning effort, involving 37 key community leaders, to address access to healthcare services for uninsured adults and an assessment of the County's role in healthcare delivery.

A new organizational structure for Health was implemented in late 2008 as a result of redesign planning. The new structure includes reflects that the County has assumed leadership for a wide range of health issues. These include areas in which the County has a mandated responsibility, as well as areas in which the County is best positioned to direct its considerable assets and expertise in addressing community health issues of concern. The organizational structure enables the Health System Chief and her leadership team to consider both short-and long-term goals in the direction of local health resources. The Community Health System, with its mix of regulatory functions and clinical services aimed at protecting and promoting public health, integrates core population-focused health services (Agricultural Commissioner/Sealer, Disease Control and Prevention, Emergency Medical Services, and Environmental Health). The San Mateo Medical Center, as the hub of the community's medical care safety net, focuses on excellence in healthcare delivery for the uninsured and underserved, leveraging internal and external assets to strengthen health access and outcomes. Behavioral Health and Recovery Services provides prevention, early intervention and treatment of mental illness and/or alcohol and drug addiction and links to the medical care system as a resource in achieving improved health and behavioral health for consumers and family members. Correctional Health Services is focused on the implications of the County's criminal justice system capacity for carrying out its responsibility to ensure appropriate medical care for all clients served within correctional settings. Aging and Adult Services will continue a primary focus on building an integrated long-term care system, in strong partnership with Health Plan of San Mateo (HPSM), as well as other initiatives aimed at maintaining appropriate protection of and services to older adults and persons with disabilities. Family Health Services' areas of focus include access improvement and systems integration to reduce barriers to care for vulnerable, low-income children and families.

BEHAVIORAL HEALTH AND RECOVERY SERVICES ORGANIZATION CHART



12/2/2008



BEHAVIORAL HEALTH and RECOVERY SERVICES

Merging Mental Health with Alcohol & Other Drug Services

In 2007, the County created an integrated Behavioral Health and Recovery Services (BHRS) division that aims to improve health and behavioral health outcomes for consumers and families with substance use and abuse, mental illness, and those with co-occurring disorders. Mental Health Services (MH) and Alcohol and Other Drug Services (AOD) are now organizationally joined as the new Behavioral Health and Recovery Services Division within the Health System. The unique values and strengths of both MH and AOD must be honored while we also create opportunities to bring together the best from both systems, thus the name Behavioral Health and Recovery Services.

Unlike many organizational mergers, the creation of this new Division is driven by the belief that this change will result in improved services to clients. Some administrative functions such as contract development and support are now integrated; other more programmatic changes will progress more slowly over the next several years. San Mateo County has recognized the importance of providing timely access and quality healthcare services to persons with severe mental illness and co-occurring disorders since the mid-1990s with the implementation of the Primary Care Interface Team where persons can access services at the six county medical clinics. We have also partnered with San Mateo Medical Center and Clinics for many years to provide access to health care through nurse practitioners at our North, Central, and South County sites. In partnership with the Health Plan of San Mateo, the San Mateo Medical Center, and other divisions within the Health Department, we are working to reduce health disparities for those with serious mental illnesses and substance abuse.

In addition to learning from each other, we also face shared challenges, such as the increasing demand for our services from criminal justice or child welfare, improving services to those with co-occurring disorders, enhancing our quality improvement efforts, being ever more responsive to cultural and linguistic diversity, recruiting and retaining the most competent and capable workforce, supporting our community-based providers, and incorporating new approaches in the way we work.

As part of the Mental Health Services Act implementation, Mental Health is developing prevention and early intervention strategies. AOD has been in the prevention “business” for many years and can offer technical assistance and support as the new prevention initiatives roll out. This also provides a great opportunity to leverage the prevention efforts of both systems.

AOD was recently awarded a Department of Justice grant to enhance drug court services to prevent relapse and recidivism among methamphetamine-dependent consumers. The drug court grant will implement intensive case management including psychiatric services. Case management will be provided by El Centro de Libertad using evidence-based Motivational Interviewing and Cognitive Behavioral Therapy approaches. Case managers will work closely with consumers and their existing treatment providers with an expanded focus on achieving long-term sobriety through linking consumers to medical care, employment and stable housing, family reunification, and building supportive community.

Behavioral Health and Recovery Services

Vision · Mission · Values

Preface: These statements were developed out of a dialogue involving consumers, family members, community members, staff and providers sharing their hopes for the newly formed Behavioral Health and Recovery Services Division. The members of the Behavioral Health and Recovery Services community agree to support the Vision, Mission, and Values, and to strive to demonstrate these concepts within our individual and collective responsibilities.

The Vision:

Individuals, families, and communities fulfill their promise and successfully pursue their dreams in a society where stigma and discrimination against those with mental illness and/or alcohol and drug addiction are remnants of the past.

The Mission:

We build opportunities for people with or at risk of alcohol and drug addiction and mental health challenges to achieve wellness and/or recovery through partnership, innovation, and excellence.

Our Values:

- **Person and Family Centered**

We promote culturally responsive person-and-family centered recovery.

- **Potential**

We are inspired by the individuals and families we serve, their achievements and potential for wellness and recovery.

- **Power**

The people, families, and communities we serve and the members of our workforce guide the care we provide and shape policies and practices.

- **Partnerships**

We can achieve our mission and progress towards our vision only through mutual and respectful partnerships that enhance our capabilities and build our capacity.

- **Performance**

We use proven practices, opportunities, and technologies to prevent and/or reduce the impacts of mental illness and addiction and to promote the health of the individuals, families and communities we serve.

Behavioral Health and Recovery Services

Strategies

Overarching Behavioral Health and Recovery Services Strategies:

- **Prevention and Early Intervention:** Implement prevention and early intervention approaches for mental health and alcohol and drug addiction problems among at-risk populations. Partner with ethnic and linguistic communities to develop culturally competent strategies for community education and outreach that reduce stigma and discrimination about behavioral health problems and promote early identification.
- **Reducing Cultural and Linguistic Disparities:** Improve access to mental health and alcohol and drug treatment for under/unserved populations. Promote organizational and individual cultural competency through education, training, workforce development, hiring strategies, and policy changes.
- **Welcoming and Engagement:** Create processes for entering behavioral health treatment that support a sense for clients and family members that “this is the right place”; are designed to maintain connection with services and supports; and are timely, culturally competent, and integrated with other services people need, for example health care, human services, the justice system, and education.
- **Empowering Clients and Families:** Partner with clients and family members to define recovery and wellness and to direct policy and services accordingly. Expand client and family self-help activities.
- **System of Care Enhancements and Supports:** Develop a full continuum of proven practices and supports (self-help, education, treatment, employment, housing, other) appropriate to individual need that promote life worth living in the community and recovery from mental illness, alcohol and drug addiction, and co-occurring disorders. Improve coordination of care among providers and the match between the level of care provided and the level of care and intensity of services needed by clients at any time.
- **Total Wellness:** Reduce disparities in access to health care for people with mental illness and alcohol and drug addictions. Improve their health outcomes through chronic disease prevention, early intervention, health care, and disease management approaches.

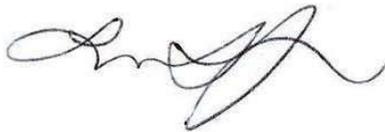
Behavioral Health and Recovery Services

Strategic Initiatives

Behavioral Health and Recovery Services (BHRS) and its partners share a common vision, mission, and values that were developed through a dialogue in which consumers, family members, community members, staff and providers shared their hopes for the newly formed BHRS Division (www.smhealth.org/bhrs). We have organized our efforts to advance that vision and mission into the set of strategic initiatives outlined in this document.

We believe the people, families, and communities we serve and the members of our workforce should guide the care we provide and shape policies and practices. It is challenging for BHRS stakeholders to keep abreast of all the activities that are underway, much less participate in all of them! We hope you will find this summary helpful as you hear about these initiatives or see them mentioned in *Wellness Matters*. It is not a comprehensive list of all our ongoing programs or projects, but does list most of the boundary spanning development work that may impact you. We will keep this document updated at www.smhealth.org/bhrs and we invite you to contact one of the leads for an activity to learn more about it, get involved, or share your thoughts.

Sincerely,



Louise F. Rogers
Director, Behavioral Health and Recovery Services

For more information or to get involved in a specific activity shown on the following pages, please contact the individual(s) listed (by initials) after each activity:

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CM	Carlos Morales	(650) 573-3500	CMorales@co.sanmateo.ca.us
CMo	Celia Moreno	(650) 573-2043	CMoreno@co.sanmateo.ca.us
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KD	Kristin Dempsey	(650) 372-3214	KDempsey@co.sanmateo.ca.us
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SSM	Sandra Santana-Mora	(650) 573-2889	SSantana-Mora@co.sanmateo.ca.us
TWR	Terry Wilcox-Rittgers	(650) 599-1093	TWilcox-rittgers@co.sanmateo.ca.us
TD	Toni DeMarco	(650) 312-5350	TDemarco@co.sanmateo.ca.us

Behavioral Health and Recovery Services Strategic Initiatives

Diversity & Equity: Promote cultural, linguistic and social health equity



Elimination of health inequities, promoting cultural competence as a strategy to improve access and services to under/unserved and inappropriately served communities.

STRATEGIES:

- Embed equity strategies and indicators in all areas of our work.
- Implement education, training, workforce development and hiring initiatives that increase organizational cultural competence and individual cultural humility system-wide.
- Implement ethnically/linguistically focused welcoming and engagement strategies (see below).

ACTIVITIES:

- Diversity and Equity activities (Pride, African American, Chinese, Pacific Islander, Filipino, Latino) including education, workforce development, outreach and welcoming. (Contact JA to learn lead for each)
- Cultural Competence Committee and CC Steering Committee (JA) (RMO) (Abigail Endres)
- Statewide Summit November 2009 (JA)
- Organizational self assessment (JA, RMO, KD)
- Workforce development: planning and implementation of education and training plan (KD, SK, SSM)
- Revise hiring goals and updated state plan based on new data and requirements. (PM, JA, all mgrs)
- Tracking of initiation and engagement of unserved and underserved population. (JA, PM, all mgrs)

Advance Prevention and Early Intervention



Preventing mental illness, substance abuse, and co-occurring disorders and promoting positive well-being for all people in the community.

STRATEGIES:

- Implement Mental Health Service Act (MHSA) Planning and Early Intervention (PEI) activities.
- Partner with ethnic and linguistic communities to develop culturally competent strategies for community education and outreach that reduces stigma and discrimination surrounding behavioral health problems and promotes early identification.

ACTIVITIES:

- Implement MHSA funded Prevention and Early Intervention plan (www.smhealth.org/bhrs). (SK)
- Utilize BHRS Prevention framework to guide prevention and intervention activities (www.smhealth.org/bhrs). (SK)
- Partner within Health to encourage collaboration on prevention/early intervention activities (SK, LR)
- Fully implement AOD community prevention partnerships. (SK, CB)
- Anti-Stigma Initiative Kickoff – Oct 09 and follow –up Stigma Advisory (SK, SSM, Raja Mitry)
- Suicide Prevention Initiative Kickoff – Jan 10 (KD, CMO, TD)

Welcoming and Engagement



Develop a culturally competent and client sensitive entry system that connects clients and family members to appropriate services and supports at the right level and at the right time.

STRATEGIES:

- System-wide entry redesign: establish more integrated, seamless entry process system wide.
- Implement welcoming framework.
- Outreach to client and families through culturally/linguistically focused activities.
- Assure timely access to services and support for clients identified through partner systems.
- Improve engagement of clients and families through integration of peer and family partners into client services and supports.

ACTIVITIES:

- System-wide entry redesign. (CM, SK, PM)
- Promote implementation of welcoming and partnerships between MH and AOD providers. (MTF, KD, SK, all

	<p>mgrs)</p> <ul style="list-style-type: none"> ▪ Client survey to measure welcoming experience. (PM, SK) ▪ East Palo Alto Outreach Collaborative and related community education projects. (LR, JA, LG, CM, LC) ▪ North County Outreach Collaborative – implemented outreach and linkage structure. (LR, SK, JA, CM, LC) ▪ Implementation of Puente Clinic (CMo) and monthly case consultations with GGRC. (LC) ▪ Complex family case consultation (LC, JD) ▪ “Paving the Way,” Inspired at Work. (CC) ▪ Pathways (TWR) ▪ Engagement of administrative staff in training to support their roles in welcoming (KD, LD)
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Empowering Clients and Families



Provide opportunities for consumers and their family members to voice their opinions and thoughts to influence the delivery of services and the development of policies.

STRATEGIES:

- Define and expand recovery vision and expectations.
- Cultivate consumer and family member advocacy, engagement and self help movement in SMC.
- Cultivate consumer and family member directed policy and services.

ACTIVITIES:

- Ongoing dialogue in various partner forums. (LR, SK, RMI, LG, CC, PS)
- Consumer focused conversations (last year North County, Heart and Soul, Heart and Soul picnic, Voices meetings). (LG, SA, RMI)
- Continue to support development of Heart and Soul to 501c3 (LG); support NAMI training; establish lead family role in Office of Consumer and Family Affairs (OCFA) (SA); support family partners and community workers; encourage participation of consumers and family members in BHRS work. (LG and SA)
- Implemented “Voices of Recovery.” (SK, RMI)
- Established One East Palo Alto (OEPA) Multi-Cultural Wellness and Recovery Center. (LG, CM)
- Development of financial Empowerment Project through VRS. (CC)
- “Paving the Way,” Inspired at Work (CC)

Foster Total Wellness: Reduce Health Disparities For BHRS Clients



Increase access to prevention, disease management and health care services. Develop creative client driven wellness and disease prevention/management programs.

STRATEGIES:

- Improve health outcomes through access to chronic disease prevention, early intervention, health care. Self-help and disease management approaches for high risk populations.
- Reduce preventable physical conditions and improve health outcomes.

ACTIVITIES:

- Enroll uninsured BHRS adult clients in ACE coverage initiative (SL, BL)
- MHSA funded small scale consumer training on nutrition/wellness. (SK, SSM)
- Applied for SAMHSA grant in partnership with SMMC and others to increase access to health care services and expand self help/wellness program. (CC, SSM, CMo)
- Linked to Health System Office of Chronic Disease to share training/education. (CMo, JA)
- Partnered with: HPSM to study health outcomes and Health Officer to study mortality rates for BHRS clients. (CMo, SK, PM)
- Engaged medical leadership in dialogue to improve client access to chronic disease management programs. (CMo)
- Support creation of edible gardens and the availability of healthy food choices. (CC)
- Encourage self help consumer driven wellness, prevention, and disease management activities. (CC, LG)
- Development of creative and innovative social programs that involve physical activity. (CC, LG)
- Provide leadership for the statewide process to develop a new 1115 Medi-Cal waiver that promotes improved access to chronic disease prevention for people with mental illness and substance abuse conditions (LR, SK).
- Explore increased access to nurse practitioner services through training partnerships (CC)

System of Care Enhancements and Supports Towards Wellness and Recovery



Enhancements to service capacity, structure, policy, and procedure to support organizational values and desired client outcomes.

STRATEGIES:

- Establish co-occurring capabilities as the expectation, not the exception.
- Improve identification, welcoming/engagement, co-occurring capability, and collective responsibility for complex high need clients.
- Recognize recovery is a lifelong process: Individualized planning (WRAP) for supports, self-help and resources that build a life worth living in the community.
- Provide the most appropriate match of resources to meet client/family need.
- Create appropriate alternatives to crisis care and hospitalization.
- Increase housing options and reduce homelessness.
- Continue implementing Older Adult System of Integrated Services (OASIS).
- Continue to implement evidence based and promising practices identified through AOD Strategic Plan. implementation and MHSA expansion opportunities including Full Service Partnerships.

ACTIVITIES:

- Co-Occurring Disorder/Change agent initiatives on welcoming, screening and partnering. (MTF and partners)
- Link to entry redesign and level one and two resource planning. (CC, PS, CM)
- Primary care based behavioral health services expansions (CMo, SK, LR)
- WRAP master training – Spring 09 (CC)
- Draft person centered resource allocation manual. (KC)
- Pilot of North Adult conceptualized, planning for implementation. (KC)
- Implemented system-wide monthly peer chart review/training model with QI in child/youth services. (PS, KC).
- Draft LOCUS reports for process available. (KC)
- Implementation of Teaching Pro Social Skills. (LC)
- Health Care Redesign LLO Care Group in collaboration with SMMC. (CC, CMo, LR)
- Released MHSA housing RFA. Proposal in pipeline: Cedar St. Apartments. Proposals considered on an ongoing basis. (CC, JD)
- Expanded senior peer counseling through Family Service Agency. (DD)
- Seek partner for primary care based IMPACT model. (DD)
- New integrated FSP model RFP for child/youth/TAY focused on school-based and clinic-based populations 7/09. (PS, LS, LC)
- New integrated FSP model for adult and FSP expansions for adult/older adults (CC, DD, TWR)
- Transition Age Youth planning (LS)
- Convened cross-divisional Forensic Policy Group to target shared policy agenda. (LR, SK)
- Alcohol and Other Drug pilot with Women's Recovery Association to experiment with stronger continuity of care models. (SK, CB)

Cultivate Continuous Learning and Improvement



Incorporate best clinical, administrative and policy practices into developing customized training and education. Support the development of core competencies necessary to promote wellness/recovery and fully integrated treatment within BHRS and contract agencies.

STRATEGIES:

- Plan and implement 3 yr training, education and consultation plan for entire workforce including contractor providers, consumers and families.
- Plan and implement MHSA workforce development plan.
- Promote/learn how to be more effective from community partnerships.
- Promote/learn how to be more effective from Labor/Mgmt partnership process and Contractor Association discussions focused on needs of workforce.
- Integrate skills and values from all strategic initiatives (e.g. Cultural Competence, Co-Occurring Initiative, and Prevention-Early Intervention) into core competency training.

ACTIVITIES:

- Improved self assessment of organizational supports for learning and development. (KD, SK)

	<ul style="list-style-type: none"> ▪ Hiring and retention of workforce reflective of population. (All mgrs, JA, PM, SK, KD) ▪ Completion and implementation of multi-year Training Plan and MHSA Workforce Education and Training plan. (SK, KD, SSM) ▪ Development of workforce supports for admin and support staff (KD, LD) ▪ Training in large and small groups to improve core clinical, administrative and supervisory practices (KD). ▪ Outreach and collaboration with partner universities, community colleges, schools, as well as other California counties on mental health pathways, and training development and implementation. (KD) ▪ Participation in statewide loan forgiveness program through MHSA (www.healthprofessions.ca.gov). (KD) ▪ Implemented monthly supervisory training seminars with HR for child/youth supervising MH clinicians and program specialists. (PS) ▪ Implementation of electronic Learning Management System (county-wide) (PM).
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Anticipate and Prepare for Disasters

	<p>Provide information, procedures and training to prepare for emergencies and disasters.</p> <p>STRATEGIES:</p> <ul style="list-style-type: none"> ▪ Complete and train to disaster plan and scenarios. <p>ACTIVITIES:</p> <ul style="list-style-type: none"> ▪ Continuing to work towards full preparedness in all sites. (CMo, all managers) ▪ Response to H1N1 (participation in Dept level team by BHRS mgmt)
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Build Organizational Capacity and Support Transformation

	<p>Implement electronic innovations and administrative best practices to increase efficiency, quality, and effectiveness of service delivery, program planning, and accountability of BHRS.</p> <p>STRATEGIES:</p> <ul style="list-style-type: none"> ▪ Implement electronic health record. ▪ Streamline contracts process and improve monitoring. ▪ Data driven, plan, do, study, act cycles for program planning and implementation. ▪ Standards and protocols for integrated MH/AOD charting and billing. Arrangements with payers for integrated paying. ▪ Maximize revenue for service across BHRS. ▪ Maximize eligibility/coverage for clients and follow-up when lapses occur. ▪ Organizational structures and processes support efficient and effective outcomes. <p>ACTIVITIES:</p> <ul style="list-style-type: none"> ▪ Launch eCC pilot for new electronic health record and billing system Nov 2009. (LR, PM, RM, LS) ▪ Increase eligibility for BHRS clients (SL with partners) ▪ Achieve savings in pharmaceutical costs through collaboration with HSPM, access to 340 b pharmacy program (LR, CMO, BL, SL) ▪ Closer, more accurate monitoring of contracts. (PM, SR, all managers) ▪ Achieve smoother replication of projects through PDSA cycles. (PM) ▪ Complete policy on documentation for MH billing. (KD, KC, PM) ▪ Expect HPSM concept for AOD services winter 10. (PM, SK). ▪ Introduced parity agenda to contractors who developed a parity committee to work w/us on advocacy. (LR, SSM, SK) ▪ Mental Health Board adopted parity as one focus for this year. ▪ Expansion of MAA billing in MH and implementation of MAA billing in AOD. (LR, JK) ▪ Restructure of organization to support MH/AOD integration. (LR, SK)
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THE FIRST WEEK

We state the obvious when we observe that your first week will be busy. There are, nonetheless, a few things that should be done quickly, and this list should help you prioritize.

- If the Personnel/Payroll Specialist at the Program Office does not contact you the first week, call her at (650) 573-2639. She will set up a meeting so you can review the employee benefit options, payroll, disaster card, and other issues related to being new to the County.
- Hospital Security (6650-573-2869) provides Health Services I.D. cards. The back of this I.D. card serves as a Civil Defense card and will identify you as a person “on duty” in time of disasters. Contact the Personnel/Payroll Specialist to learn how to contact Hospital Security. You may also need to register for a staff parking permit.
- Speak to your supervisor about introducing you at a Unit Chiefs’ meeting.
- Meet with your supervisor about safety procedures in your building and review the Safety Manual kept in each unit. Learn what to do with dangerous persons and situations or in a disaster such as an earthquake or fire.
- Work with your Supervisor and the Personnel/Payroll Specialist to set up your County GroupWise email address.
- Business cards may be ordered through from your Administrative Assistant.
- If your facility requires parking stickers, see your Administrative Assistant.
- Review the Policies and Procedures portion of the Resources section of this manual.
- Learn how to access the mandatory on-line privacy/confidentiality training module, <http://easyi-web/>. You have thirty days to complete this course. The admin support staff will provide you with your login ID and password during your first week.
- Sign up for the County web-based Learning Management System (LMS) at <https://sanmateocounty.cyberu.com>. When logging in for the first time, your “User Name” is your employee number and the password is “training”. You will be immediately prompted to create your own password.
- Ask your supervisor how to contact Quality Improvement to be scheduled for basic documentation training.

FREQUENTLY ASKED QUESTIONS

- ***What is my job? What do I do now?***

DON'T PANIC!! Read your job description carefully, speak to your supervisor and speak to colleagues.

- ***Who do I contact regarding personnel/payroll questions (vacations, sick leave, etc.?)***

The Payroll/Personnel Specialist, at the BHRS Program Office, 573-2639.

How can I get the most current list of County Holidays and dates we are paid?

Go to either the County Intranet home page or the County Internet website www.co.sanmateo.ca.us.

- Click on “Controller” at the far left column of the County Intranet home page, or on the Departments drop-down list of the County Internet home page,
- From the Table of Contents, click on “Payroll”
- Select “Payroll Calendars”
- Select the file you want to see and/or print.

- ***How do I locate other County employees or other department numbers?***

Consult the online County Telephone Directory linked to the SMC Intranet home page; consult details for the employee in the GroupWise address book; call the County operator by dialing “0” on a County line; or call 573-2222 from an outside phone line. Employees are listed by the name shown on their social security card, not by their nickname.

- ***How do I use a County car?***

In general, speak to the Administrative Assistant or lead staff support person. It is unwise to transport clients in your personal car, as **your insurance will be liable for potential injuries.**

- ***Who is my shop steward?***

Ask your supervisor or Administrative Assistant. A copy of your Union contract should be available in each office.

- ***What do I do in an emergency?***

Preparation is the best –

- Keep the Desktop Emergency Guide posted near your desk/phone.
- Review your Unit’s safety procedures and safety manual.

CONSULTATION RESOURCES

Please collaborate with your supervisor to schedule a case assistance conference or to obtain a consultation.

Criminal Justice: Chris Coppola (Adult), 650-573-2038, or
Toni Demarco (Youth), 650-312-5350.

Cultural Competence: Jei Africa, 650-573-2714.

Eating Disorders: Celia Moreno, 650-573-2043.

Housing & Homelessness: Kristin Dempsey, 650-372-3214, or
Chris Coppola, 650-573-2038.

Special Education (26.5): Nancy Littlefield, 650-583-1260, or
Roxanne Dean, 650-583-1260.

Working with Consumers and Family members: Linford Gayle, 650-573-2534, or
Suzanne Aubry, 650-573-2673.

Other Specialty Consultation: Celia Moreno, 650-573-2043.

Other information can be found by going to: <http://www.smhealth.org/BHRS>
<http://sanmateo.networkofcare.org/mh>

EMPLOYEE CODE OF CONDUCT
San Mateo County Health Department
Behavioral Health and Recovery Services

I am committed to clinical and service excellence in partnership with clients and their families, in order to promote recovery while respecting strengths and choices.

I will communicate with candor and honesty with other staff, clients and the public.

I will comply with all applicable rules and regulations and be knowledgeable about those especially pertaining to my area of responsibility.

I will adhere to the rules concerning the confidentiality of protected health information.

I will assure that all data or documentation I am responsible for, whether for accounting, clinical or general purposes, is true and as accurate as possible.

I will protect and preserve the assets of the County and Mental Health Services from loss, damage or theft.

I will follow the county and departmental ethics codes concerning gratuities, avoiding conflict of interest and political activities.

I will cooperate fully and honestly with internal and external audits and monitoring programs.

If I suspect fraud or abuse or violation of any federal or state law, I have a duty to report this to my supervisor or to the Compliance Officer. Calls to the hotline for the Compliance Officer can be made anonymously.

***To report violations, speak with your supervisor or call the
Compliance Improvement Hotline (650) 573-2695.***

PROTECTING PATIENT PRIVACY FEDERAL HIPAA STANDARDS

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) established new requirements of employees effective April 14, 2003. The requirements specify how health information about individuals may be used and disclosed and what rights individuals have regarding access to this information. To comply with these new requirements the county has modified its policies to assure compliance, and developed new HIPAA policies.

The county is requiring mandatory training for all its employees. To fulfill this requirement, the county has acquired a **computer-based training module**, which you should complete as soon as possible. It is found by typing <http://easyi-web/> in the address line (URL) of your browser. The admin support staff will provide you with your login ID and password during your first week. This program is user-friendly, modular, interactive and self paced. It requires approximately two hours. Completion of the program will be electronically verified.

Individuals who do not have access to a PC with Internet access should work with their supervisor to schedule the computer training room or access to another workstation.

HIPAA Overview

In 1996 Congress passed the Health Information Privacy and Accessibility Act (HIPAA) and spent years working out the details. HIPAA provisions fall into three categories: protection of privacy, administrative simplification and security. HIPAA standards require that a Notice of Privacy Practices be given to every client that addresses the following issues:

- Access to medical records;
- Amendments to medical records;
- Restrictions on the use of protected health information;
- Access to an accounting of disclosures;
- Confidential communications;
- Complaints about violations of privacy;
- Minimum necessary rule;
- Telephone requests for personal health information;
- E-mail and faxes;
- Discarding personal health information; and
- Hallway conversations.

The Notice of Privacy Practices (NPP) of San Mateo County Behavioral Health and Recovery Services describes the HIPAA practices here. Additionally, BHRS has developed policies addressing all the above mandates and client rights. Each clinic site has copies of all the policies.

CRITICAL INCIDENT REPORT

The Critical Incident Report is a CONFIDENTIAL reporting tool used to document occurrences inconsistent with usual client care and facility practice. (See Mental Health Policy 93-11, Critical Incident Reporting, and its Attachment, last revised 8/05.)

The reporting form indicates areas of variability and concern that would trigger a report. The listing is not meant to be all-inclusive and management relies on staff judgment to report all incidents that impact quality of care or service. The incident report provides notification to Behavioral Health Administration of:

- The death of a client, whether cause is known, unknown or is presumed to be due to suicide, homicide or natural causes.
- Unusual events within our system (abuse/assaults, thefts, pharmacy/medication errors, safety problems etc.).
- Accident or other event causing serious injury to a client (fall, self-harm, needlestick, AWOL, etc.).
- A crime or disturbing event involving a client in the community.
- Work-related accident or injury to a staff member, volunteer or visitor. (May also require a Worker's Compensation Report.)
- Breach of confidentiality.

When the incident involves a client:

- Document relevant information about the incident in the client's medical record/chart.
- Complete the Critical Incident Report form and give it to your supervisor.
- **Do not document that you have completed a Critical Incident Report in the medical record/chart.**

DISASTER WORKER

As a Public Employee, you are also a Disaster Worker.

In the event of an emergency that results in conditions of disaster or extreme peril to life, property, and resources, all public employees, city, county, and state are by law declared to be disaster service workers (Calif. Government Code 3100). Under this law, in a disaster, activities may be assigned to public employees.

Therefore, it is important to check with your supervisor to determine your responsibility in the event of a disaster. Many units have established a phone tree for calling in should a disaster occur during non-working hours. It is a good idea to have these numbers in your car (along with your emergency supplies, i.e., flashlight, water, blanket etc.) and at your home. The Behavioral Health and Recovery Services Division recognizes and acknowledges that you must determine your family's safety before reporting in to work as a disaster worker. Most mental health clinic sites have also developed their own disaster plans. Ask your supervisor for a copy.

WELLNESS MATTERS

“Wellness Matters”, an E-Journal of San Mateo County Behavioral Health and Recovery Services.” is the BHRS staff newsletter. You should receive a copy through your GroupWise email; it is usually sent the first Wednesday of the month. Wellness Matters is posted on San Mateo County's Behavioral Health and Recovery Services website at <http://www.smhealth.org/BHRS>. Click on Wellness Matters.

BHRS WEBSITES:

San Mateo County BHRS: <http://www.smhealth.org/BHRS>

Network of Care: <http://sanmateo.networkofcare.org/mh>

The San Mateo County BHRS website is currently migrating to a new Health System look and feel. News and announcements can be found here, as well as calendar of events, request for proposals, Mental Health Board, co-occurring disorders, training and education and more.

The Network of Care is a web portal that provides consumers, families and social service providers with localized resources, a dynamic health library and a secure consumer-centered Personal Health Record. This site is designed to provide “no wrong door” to those looking for information to help them manage their lives and conditions. Over the past seven years the Network of Care has expanded to cover a greater number of topics such as Public Health, Probation Services, Domestic Violence, Developmental Disabilities and, coming soon, Veterans.

The Network of Care, which now includes over 375 individual websites, including San Mateo County, covering 20 states and is now being considered in other countries around the world, has been named as a finalist for the internationally recognized Stockholm Challenge. The Stockholm Challenge is a prestigious international award that has been dubbed the Nobel Prize for technology solutions addressing public need.

COMMUNITY RESPONSE TEAM

The Community Response Team, first established in 1988-89, is comprised of county behavioral health clinicians and volunteers. All team members have received a two-day specialized training to assist people during community disasters and other critical incidents. Team members participate in county disaster planning and exercises, and in the annual San Francisco airport disaster exercises. The team has provided mutual aide to other counties during nationally declared disasters.

The principles of **Critical Incident Stress Debriefing (CISD)** were first developed by the military as an attempt to return soldiers to the front lines after a shocking wartime event. The basic concept is to help individuals vent their emotions and define the situation in the most positive way. Their reaction is viewed as a normal response to a traumatic event rather than as a symptom of a major psychiatric problem. Trauma is seen as a blow to the psyche resulting from any event with the emotional power to overload someone's usual coping abilities. Events that yield the most reaction involve

- Death or injury to a child
- Death in the line of duty
- Prolonged incidents
- Death to known victims
- Threat or fear of injury or death to oneself.

The team has served the general public in times of flood, fire storm, earthquake and air disasters. Members helped county hospital staff deal with a serious assaultive incident and county outpatient staff after an on-site suicide. Members find that this work is moving, painful, and yet very rewarding. San Mateo is very fortunate to have the Community Response Team to enhance our public service and personal security.

If you want more information or you are interested in joining the team, call Don Weiher at 650.363.4117 or email DWeiher@co.sanmateo.ca.us.

SYSTEM OF CARE

San Mateo County's BHRS operates with a System of Care framework and philosophy. In 1993, California instituted the Medicaid Rehabilitation Option that broadened both the scope of mental health services and locations where services might be provided. For the first time, it became possible to literally provide services "where the client was" and to focus on life issues contributing to a client's overall recovery and participation in his/her community. At the same time, there is awareness of the need to actively involve clients and their families in planning their own treatment, planning local Systems of Care design, and in new roles as providers of services.

County behavioral health departments are in a unique position to offer comprehensive custom treatment plans that smaller local agencies or larger statewide agencies cannot. Many consumers have needs that transcend counseling and medication. They may have needs that include housing, medical attention, jobs, education, food, and may have problems with the law, to mention just a few. Most of the agencies that fill these needs will be county or county contract agencies. This basic fact allows county behavioral health workers and case managers the unique ability to coordinate the delivery of these services and interventions as the behavioral health consumer's needs dictate. Those more fortunate consumers whose needs can be met by more limited interventions can be referred to service agencies and outpatient providers who have contracted to provide treatment of a more limited scope.

In San Mateo County, there are differences between the adult and the child and youth systems of care that reflect the different needs of these populations. In the youth system especially close contacts are maintained with Juvenile Probation, Family Health, the school districts, and with Human Services. In the adult system, relationships with housing, education, the courts, probation, the Sheriff and health resources are more critical. In either case the same guiding principles apply to all. These are:

- Services are culturally appropriate and based on consumer needs.
- The consumer is maintained in as home-like an environment as possible.
- Services are community based.
- The various agencies coordinate services into a seamless delivery system.
- Consumers/families are included in planning and treatment.

Through contracts with the State Department of Mental Health and the Health Plan of San Mateo, BHRS provides a full range of behavioral health services for San Mateo County Medi-Cal, Healthy Families, Healthy Kids and Care Advantage beneficiaries. The providers delivering these services include not only more than 400 County employees, but also more than 300 contracted mental health and drug and alcohol treatment providers.

MENTAL HEALTH SERVICES ACT

The passage of Proposition 63 (Mental Health Services Act or MHSA) in November 2004, created the first opportunity in many years for California to provide increased funding, personnel and other resources to support county mental health programs and monitor progress toward statewide goals for mentally ill children, transition age youth, adults, older adults and families. This created a dedicated source of funding aimed at transforming California's mental health delivery system. The MHSA was conceived in several categories that encompass the full scope of community mental health needs, from direct services to technology, from prevention to housing. To see the whole implementation progress report and view the proposed expansion plans, go to http://sanmateo.networkofcare.org/mh/home/ca_prop63.cfm and click on "Information about the Mental Health Services Act."

San Mateo continues to experience optimism about the changes supported through MHSA as more components of the Act are rolled out (housing, prevention and early intervention, education, training and workforce development, information technology and capital facilities). You can find the results of the previous phase by clicking on the following links: http://www.dmh.ca.gov/Prop_63/MHSA/docs/CSSImplementationPhase2.pdf. Please send your comments and ideas about the MHSA, and how San Mateo should respond to the opportunities, to Sandra Santana-Mora, MHSA Coordinator, at ssantana-mora@co.sanmateo.ca.us, or call 650.573.2889.

CULTURAL COMPETENCE

Cultural Competence is a core value in all of our Systems of Care. Cultural Competence has been defined as a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals through the implementation of an effective cultural competence plan. Monitoring of the Cultural Competence Plan occurs through Adult and Youth Policy Committees, the Quality Improvement Committee, and specific Cultural Competence Advisory Committees.

San Mateo County Behavioral Health has a long-standing commitment to advancing cultural competence in all of our systems of care, older adult, adult and children and youth. Since 1989, the Behavioral Health Division has been involved in planning activities and implementing services based on a Cultural Competence Plan. This plan has presented objectives and action steps for administration and policy, programs and services and human resource development. If you have questions or suggestions, call Jei Africa, Health Disparities Manager, (650) 573-2714.

EDUCATION and TRAINING

Learning Management System (LMS) is a web-based application that automates the administration of training, performance management, succession planning, compliance tracking and the storage and delivery of training information within the County. Behavioral Health and

Recovery Services plans to use the LMS to administer our numerous trainings. With this new online system, some of the things you will be able to do are:

- View upcoming courses and self register online.
- Search the entire course catalog.
- View or print your transcript.
- View the number of training hours you have completed.
- Assign training to your staff online (if you are a manager/Supervisor).
- View the training hours taken by staff within your unit (if you are a Manager/Supervisor).
- Track mandatory training due dates, expiration dates, etc.

Your BHRS sponsored trainings will appear on your transcript and reports of your training hours will be available at the push of a button. To sign in, go to <https://sanmateocounty.cyberu.com>. When logging in for the first time, your “User Name” is your employee number and the password is “training”. You will be immediately prompted to create your own password. If you have questions about the LMS, contact the BHRS system administrators at BHRS-LMS@co.sanmateo.ca.us.

TRAINEE & INTERNSHIP PROGRAMS

We offer over 20 field placement sites for training. BHRS provides supervised clinical experience for those enrolled in related baccalaureate, masters and doctoral programs as well as clinical hours for registered/waivered graduates. Some opportunities are with our Regional Outpatient Clinics, which serve adults and/or youth within a specific geographic area. Clinics are located in Daly City, Half Moon Bay, San Mateo, Redwood City and East Palo Alto. Other opportunities are with units that serve specialized populations of senior adults, adults and youth throughout the County. Along with the required supervision hours, trainees have weekly didactic seminars and are included in clinical case consultations and in-service trainings.

Cultural Competency Stipends are available for interns or trainees who help provide services to underserved populations within our system of older adult, adult and youth services. Stipends are based on a 24-hour work week but are pro-rated if the student works fewer hours.

OUTPATIENT PSYCHIATRIC RESIDENCY TRAINING PROGRAM

The goal of the San Mateo County Psychiatry Residency Training Program is to graduate psychiatrists who excel in psychiatric knowledge and clinical skills, and who intuitively grasp the complex and human aspects of modern psychiatry. To this end, we try to create an academic environment that promotes both personal and professional growth.

Although our residents choose a variety of career paths after graduating, many continue to pursue two time-honored San Mateo County Behavioral Health traditions - **innovation and leadership**. These traditions date back to the 1960s, when San Mateo County General Hospital became one of the first model community mental health centers in the country. Our county's

unique dedication to mental health and the diverse patient population it attracts make it an exceptional community in which to train. In 2006, the psychiatry residents from SMC Behavioral Health & Recovery Services ranked number one in the country for the second year in a row on the Columbia University Psychodynamic Psychotherapy Examination.

PLANS FOR ELECTRONIC MEDICAL RECORDS

Planning for implementation of the behavioral health eClinical Care (eCC) system is ramping up now that we reached agreement on a contract with software vendor Netsmart Technologies (www.ntst.com). Now the project team is working hard to configure and test the Netsmart software to work for us. Specifically they will:

- Transfer historical information from the VAX to eClinical Care;
- Gather and enter data to set up the software including
 - o Registration,
 - o Financials,
 - o Billing,
 - o Scheduling,
 - o Authorizations and
 - o The electronic health record (EHR);
 - o Design and test administrative and clinical workflows;
 - o Test and certify billing and reporting with State, Federal and other payers;
 - o Create and test forms and reports;
 - o Customize the Help system;
 - o Create training and support materials;
 - o Set up user support;
 - o Train the first pilot users.

The goal is to have all mental health programs – including our mental health contracted providers - using eCC within 2 years of the first pilot. Netsmart does offer IT support for integrated behavioral health organizations, but AOD will remain on DAISY until the mental health rollout is complete. We are currently evaluating AOD technology requirements to replace DAISY.

There are many opportunities to participate in the project: look for project announcements in your email; read updates in Wellness Matters; ask questions of those who are part of workgroups; let your supervisor know if you need training to improve your computer skills; think about becoming a “super-user.” Send suggestions for eCC via email to the project email: eClinicalCare@co.sanmateo.ca.us. If you have questions, suggestions, comments, or concerns about the eCC project, contact Lorrie Sheets lshheets@co.sanmateo.ca.us (650-573-2213).

MENTAL HEALTH BOARD (MHB)

225 37th Av, Room 320, San Mateo CA 94403; 650-573-2544

San Mateo County's Mental Health Board (MHB) is comprised of 15 members appointed by the Board of Supervisors for three year terms as well as one member of the Board of Supervisors and two members of the Youth Commission. The Mental Health Board serves as an advisor with the following purposes:

- Oversee and monitor the local mental health system.
- Advocate for individuals with serious mental illness.
- Advise the Board of Supervisors and the BHRS/AOD Directors.

The MHB meets at 3:00 PM on the first Wednesday of each month. Public comments are solicited and welcomed. Meetings are usually held at the Health Administration Building, 225 37th Avenue, San Mateo. Occasionally meetings are held at other Behavioral Health sites. Contact the MHB to receive an agenda.

COMMUNITY WORKERS and FAMILY PARTNERS

Community Workers have been mental health clinic employees since January 2007. Later that year we asked both groups: "How have Community Workers made a difference in the clinics?" Here is some of what they had to say.....

Community Workers respond to "How do you think you have made a difference?"

- We bring culturally competent services to the clinic.
- We connect families with resources; we give hope and empowerment.
- We have integrated the spirit of recovery into the clinic and with the clients.
- A client said to me, "You think you are doing nothing or very little, but to us it is a lot!"
- We bring a new dimension to psychiatric care. The client has a lot of trust in us and knows that we will relate information to the clinician in a positive manner.

Unit Chief Responses to "How do you think the community workers have made a difference?"

- They have proved invaluable in reaching out to clients. A community worker found a client in medical crisis while conducting a home visit and called for help.
- Community Workers are helpful in registering and transporting medically fragile and confused clients to clinic appointments.
- Community Workers are helpful in providing reminder calls concerning medical evaluations, and group meetings.
- Community Workers are helpful in encouraging clients to use community resources such as the Senior Center.

SYSTEM PARTNER – HEART & SOUL

Heart & Soul is a consumer-run, self-help program that operates at four locations throughout the County and offers a variety of recreational and wellness and recovery focused activities, like

education and support groups as well as, movies and lunches. Heart & Soul's locations include a center in Daly City, called "The True Hope Center;" a center at the Central County Behavioral Health Clinic called "The Social Center;" a center in Half Moon Bay, and a center in Downtown San Mateo called "The Source."

"The Source" is currently the only one of Heart & Soul's facilities to have a computer lab where consumers can learn to use the computer and do things like look for jobs and write up resumes. They have a volunteer who will be holding computer trainings for consumers so they can learn valuable skills, which will help them on their road to recovery. The Source is a beautiful place to go and hang out, chat with others, watch movies, and learn valuable skills. If you would like more information on Heart & Soul's locations, hours, or scheduled activities, please call 650-343-8760.

OPPORTUNITIES and STRATEGIES

California has transformed its public sector specialty behavioral health services into managed care systems, under the auspices of County Departments of Behavioral Health and their providers. San Mateo County BHRS also contracts with the Health Plan of San Mateo to perform managed care functions for its members: Healthy Families, Healthy Kids and Care Advantage. This managed care structure emphasizes issues of access to available, effective services, partnerships with other agencies, outcomes, and client satisfaction. It requires San Mateo County BHRS to operate certain "Plan" functions such as an Access Team, Provider Relations, Grievance, and Claims Processing, just like any HMO (Health Maintenance Organization).

BHRS identified several Priority Opportunity Focus Areas for the Division to address and Strategies for achieving progress. We welcome your participation in one or more strategy group.

- Develop Prevention and Early Intervention
- Reduce Cultural and Linguistic Health Disparities
- Welcoming and Engagement
- Empowering Clients and Families
- System of Care Enhancements and Supports towards Wellness and Recovery
- Total Wellness: Reduce Health Disparities for BHRS Clients
- Cultivate Continuous Learning and Improvement
- Anticipate and Prepare for Disasters
- Build Organizational Capacity to Support Transformation

ACCESS & PRIMARY CARE

In general, administratively and functionally, Behavioral Health is divided between youth and adult services. Exceptions to this division of services are the ACCESS Team and the Primary Care Interface Team. All adult and many youth Medi-Cal recipients access County Behavioral Health services through these two programs. Anyone may call ACCESS for information and referral to County Behavioral Health services. Basic information and a brief description of ACCESS and the Primary Care clinics follow.

ACCESS/DUAL DIAGNOSIS TEAM

Lynda Frattaroli, EdD, LCSW, Supervising Mental Health Clinician

Elizabeth Lee, MD, Medical Supervisor

1950 Alameda de las Pulgas, San Mateo CA 94403

Phone: 650-573-2302, 1-800-686-0101

TDD: 1-800-943-2833; Fax: 650-349-0771; Pony: MLH327

The ACCESS & Dual Diagnosis Unit is the primary entry point to county outpatient behavioral health services for most adults and for children referred by parents/guardians or through various youth collaborative programs. The unit is also the sole provider referral and authorization resource for all Medi-Cal clients seeking to utilize their behavioral health benefits. Medi-Cal clients, along with individuals who are severely mentally ill and in need of system of care services have clinical assessments arranged through the unit in order to determine the appropriate level of care within the behavioral health system.

Mental Health ACCESS & Dual Diagnosis staff work collaboratively with Substance Abuse Services and Providers in San Mateo County and evaluate the impact alcohol and other drugs may have on mental health, as part of the Behavioral Health clinical assessment. When Behavioral Health services are not the most suitable resource for an individual seeking services, the ACCESS and Dual Diagnosis Unit attempts to provide information and referral to available resources in the larger San Mateo County community of agencies and organizations, along with information on how to best make use of such resources to meet their individual needs.

The Dual Diagnosis Unit provides consultations, evaluations and assessments, and assistance in treatment planning for clients who have concurrent diagnoses of mental illness and substance use/abuse/dependence. The team works closely with the assigned treatment providers (case managers, Cordilleras, hospital staff, alcohol & drug treatment facilities community mental health providers, therapists and M.D.s) as consultants, support staff and providers of direct services. In this capacity, the team may be contacted by any of the above providers to consult, assess and evaluate clients who seem to be dually diagnosed and will assist in making referrals to appropriate treatment. Dual Diagnosis Unit staff currently facilitate the Dual Diagnosis Groups that are operating at:

- Bruce Badilla Board and Care (2 groups)
- Central County Clinic (3 groups)
- Coastside Clinic
- Cordilleras
- East Palo Alto Clinic
- El Centro de Libertad
- South County Clinic

Extended Evaluation Clinics - The Dual Diagnosis unit staff conducts three Extended Evaluation Clinics at North County Behavioral Health Center, Central County Behavioral Health Center, and South County Behavioral Health Center. These clinics provide 6-8 week evaluations for adults who have received an initial assessment through ACCESS and require additional assessment/evaluation to determine a primary diagnosis between mental illness and substance abuse.

Dual Diagnosis staff maintain a high profile in the Behavioral Health System in order to facilitate contact and to interface with other treatment providers. This includes regular attendance at the following meetings:

- Bay Area DX Training Committee
- Case Review (weekly)
- Drug Court (2-3 Courts)
- Residential (bi-weekly)
- SMCGH 3AB (weekly)
- Substance Abuse Policy Group
- Unit Chief (weekly)

PRIMARY CARE INTERFACE TEAM

Cheryl Walker, MFT, Supervising Mental Health Clinician

Cynthia Chatterjee, MD, Adult Psychiatrist

Deval Shah, MD, Child Psychiatrist

1950 Alameda de las Pulgas, San Mateo CA 94403

Phone: 650-573-2630; Fax: 650-349-0771; Pony: MLH327

The Primary Care Interface Team provides behavioral health services to the clients of the Fair Oaks, Belle Haven, Willow, Central and North County Health clinics who are referred by their physicians as having a potential need for mental health services. The team can provide brief therapy, case management, assessment and consultation to the medical staff, and medication monitoring. The Primary Care Interface teams will refer those consumers that have persistent serious mental illnesses to outpatient mental health units for ongoing appropriate treatment.

Belle Haven Clinic

100 Terminal Avenue; Menlo Park CA 94025

Phone: 650-321-0980; Pony: HOS608

Central Clinic

229 39th Avenue; San Mateo CA 94403

Phone: 650-573-3620; Pony: HOS316OC

Fair Oaks Medical Clinic

2710 Middlefield Road; Redwood City CA 94063

Phone: 650-364-6010; Pony: HOS149

North County Health Center

380-90th Street; Daly City CA 94015

Phone: 650-301-8600; Pony: HLT507

Willow Clinic

795 Willow Road, Building 334; Menlo Park CA 94025

Phone: 650-599-3890; Pony: HOS610

PHARMACY & LABORATORY SERVICES

Barbara Liang-Krukar, PharmD, Pharmacy Benefits Manager

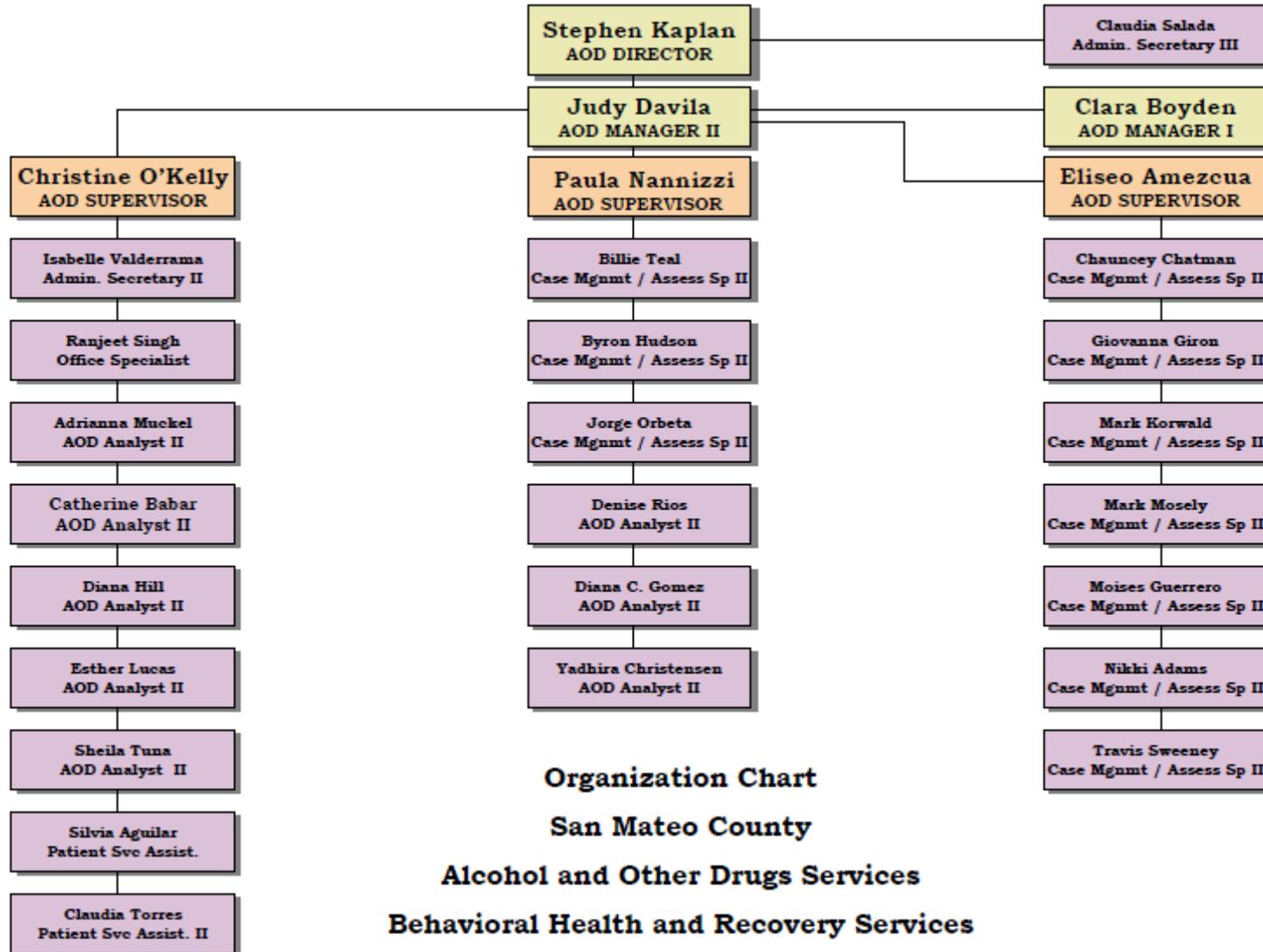
Theresa Murray-Laden, Medical Office Specialist

900 Veterans Blvd., Suite 330, Redwood City CA 94063

Phone: 650-599-1061; Fax: 650-366-5292; Pony: MLH190

Mental Health Pharmacy Services provides psychiatric medications (and medications for any side effects) for Medi-Cal and indigent clients. It contracts with MedImpact Healthcare Inc., to obtain, support and reimburse pharmacy services. MedImpact has a network of over 100 local pharmacies including the major drug chains to fill prescriptions. San Mateo County Behavioral Health contracts with LabCorp to provide laboratory services related to diagnosis and treatment for clients with mental health conditions.

ALCOHOL AND OTHER DRUG SERVICES – ORGANIZATION CHART



ALCOHOL AND OTHER DRUG SERVICES

Our role as regionally based Case Managers for Alcohol and Other Drug (AOD) Services is a colorful and fluctuating one. Case managing parents referred from Children & Family Services, writing court reports, and assessing readiness for change with a psychiatrically hospitalized client in 3AB are among the many services we provide in our scope of work. The three Regional Case Managers were the first AOD staff to begin providing direct services to Human Services Agency (HSA) clients, including CalWorks, General Assistance, Children & Family Services, Family Self Sufficiency Teams (FSST), and Vocational Rehabilitation Services. We also participate in a number of multi-disciplinary teams such as: the Team Decision Making (TDM), FSST, the Coordinating Response Committee (CRC) for the Domestic Violence Council, and other important groups such as the Change Agent Movement meetings that are part of the Co-Occurring Initiative. We have broadened our scope to receive referrals from doctors and health clinics, community centers, homeless shelters, core agencies, and self-referred clients. Our services can range from individual screening and assessment, brief consultations, case management, and psycho-education presentations to various groups on identifying signs and symptoms of AOD use. We typically use the Addiction Severity Index (ASI) assessment and other relevant tools while using motivational interviewing techniques to engage clients into services, identify levels of change, and identify AOD treatment needs. Many times the assessment will yield referrals to ancillary services such as mental health counseling or co-occurring treatment, housing and shelter services, education and employment services, and medical or health services. There are three Case Managers assigned to the three regions in San Mateo County. Nikki Adams covers the Northern Region and is located at 1497 Huntington St. in South San Francisco (650-877-5683). Chauncey Chatman is stationed in the Central Region at 550 Quarry Rd. in San Carlos (650-802-6449). Finally, Moises Guerrero is our Spanish Speaking Case Manager and can be found at 2500 Middlefield Rd. in Redwood City (650-599-5974). Feel free to contact any of these case managers if you have any questions or comments.

CASE MANAGEMENT/ASSESSMENTS

Eliseo Amezcua, LCSW, Health Services Supervisor

400 Harbor Blvd., Bldg. C, Belmont, CA 94002

Phone: 650-802-6400; Fax: 650-802-6440

Pony: HSA202PE - Assessment Services

Our goal is to provide helpful prevention and treatment service information and to support clients in their recovery. The Alcohol and Other Drug Services staff provides assessment services to San Mateo County residents involved in the following programs: Juvenile Dependency Court, Adult Drug Court (North and South County), Juvenile Drug Court, CalWORKs, Child Protective Services, Prop 36, Shelter Network, other county programs. We also provide services to post-incarcerated clients. After assessment, clients are referred to an appropriate substance abuse treatment service based on their needs. We also refer clients to other supportive services such as counseling, job training and placement, housing resources, and childcare. All services provided by Alcohol and Other Drug Services are confidential.

PREVENTION and TREATMENT PROGRAMS

Drug Court

The San Mateo County Drug Court is a specialized court that addresses the needs of nonviolent, drug-dependent defendants. Eligible defendants have the option of participating in the Drug Court instead of serving a County Jail sentence. The defendant is expected to attend all court reviews, enroll and complete a substance abuse treatment program, submit clean drug tests, and abide by any other directives of Drug Court. The Drug Court utilizes a team case management approach to serve the clients. The "team" is comprised of the judge (team leader), probation officers, OR program, prosecutors, defense attorneys, AOD Services Case Managers/Assessment Specialist, and treatment professionals. The team works collaboratively to develop a strategy to address the client's needs in an effort to decrease the likelihood of relapse, re-offense, and re-entry into the criminal justice system.

Deferred Entry of Judgment (DEJ)

DEJ is for people with criminal charges of a first offense with illegal substances. As provided by a community-based treatment provider (see list of providers), the defendant who successfully completes the three-month program will be eligible to have their drug charges removed from their legal record. The defendant will be exposed to education and counseling designed to help them make positive lifestyle changes.

Prop 36

Under Prop 36, first or second time non-violent adult drug offenders who use, possess, or transport illegal drugs for personal use will receive drug treatment rather than incarceration, DEJ or Court Order. Implementation of Prop 36 has required a new model of collaboration between the criminal justice system and public health agencies to promote treatment as a more appropriate and effective alternative for illegal drug use.

Safe and Drug Free Schools and Communities (SDFS)

The overall goal of this funding is to foster a safe and drug-free learning environment that supports student academic achievement for the youth of California. The programs and activities must prevent illegal drug use and violence for at-risk and under-served children and youth who are not normally served by state educational agencies or local educational agencies, or populations that need special services or additional resources. Alcohol and Drug Services worked with community-based service providers and lead Education Agencies in the Daly City/Pacifica and Half Moon Bay/Pescadero areas to design proposed services.

Through the North County Youth Development Partnership, Asian American Recovery Services will work with Special Services Counselors at five high schools in the Jefferson Union High School District and Youth Leadership Institute's Friday Night Live Coordinator to implement school-based services. The Coastside Youth Development Partnership will provide separate services in Half Moon Bay and Pescadero. In both geographical areas, services will focus on high school aged youth and will take place both at the high school site and in the community. Contracted service providers in Half Moon Bay include Cabrillo Unified School District, Youth Leadership Institute, El Centro de Libertad and the Coastside Collaborative for Children Youth and Families. In Pescadero, service providers South Coast Children's Services and El Centro de

Libertad will work collaboratively with the Pescadero High School administration in providing the services. An estimated 300 youth will participate in the grant-funded services each year.

24 HOUR CRISIS & INFORMATION LINES

24-Hour Crisis Line 650-692-6655

Provides telephone contact, assessment, counseling referrals, and follow-up for individuals in crisis and their family/friends, including those individuals at risk of suicide.

24-Hour Alcohol and Drug Help line 650-573-3950

A help line counselor will answer questions about alcohol and other drug prevention and recovery programs. Offers support for persons dealing with their own alcohol and other drug issues or for those whose lives have been affected by alcohol and drug abuse in others by referring these individuals to appropriate services.

SACPA (Prop 36) Assessment, Appointment and Scheduling Line 888-407-7626

Under SACPA, first or second time non-violent adult drug offenders who use, possess, or transport illegal drugs for personal use will receive drug treatment rather than incarceration, DEJ or Court Order. Implementation of SACPA has required a new model of collaboration between the criminal justice system and public health agencies to promote treatment as a more appropriate and effective alternative for illegal drug use.

San Mateo County Alcohol and Drug Clinical Services 650-802-6400

Provides information and referrals about the diverse alcohol, drug treatment, and recovery service programs offered to the community in the County of San Mateo.

AA (Alcoholics Anonymous) 650-577-1310

1941 O'Farrell Street, Suite 7
San Mateo, CA 94403

ALANON and ALATEEN

P. O. Box 614
Redwood City, CA 94063
South and Central Count **650-592-7935**
North County **650-873-2356**

NA (Narcotics Anonymous) 650-802-5950

24-Hour California Smokers' Help line 1 800-NO-BUTTS (800-662-8887)

Spanish **1-800-NO-FUME (800-456-6386)**

Mandarin & Cantonese **1-800-400-0866**

Vietnamese **1-800-778-8440**

Korean **1-800-556-5564**

TDD/TTY **1-800-933-4TDD (800-933-4833)**

Chewing Tobacco Help line 1-800-844-CHEW (800-844-2439)

**MENTAL HEALTH SERVICES
CHILD & YOUTH
SYSTEM OF CARE
(CYSOC)**

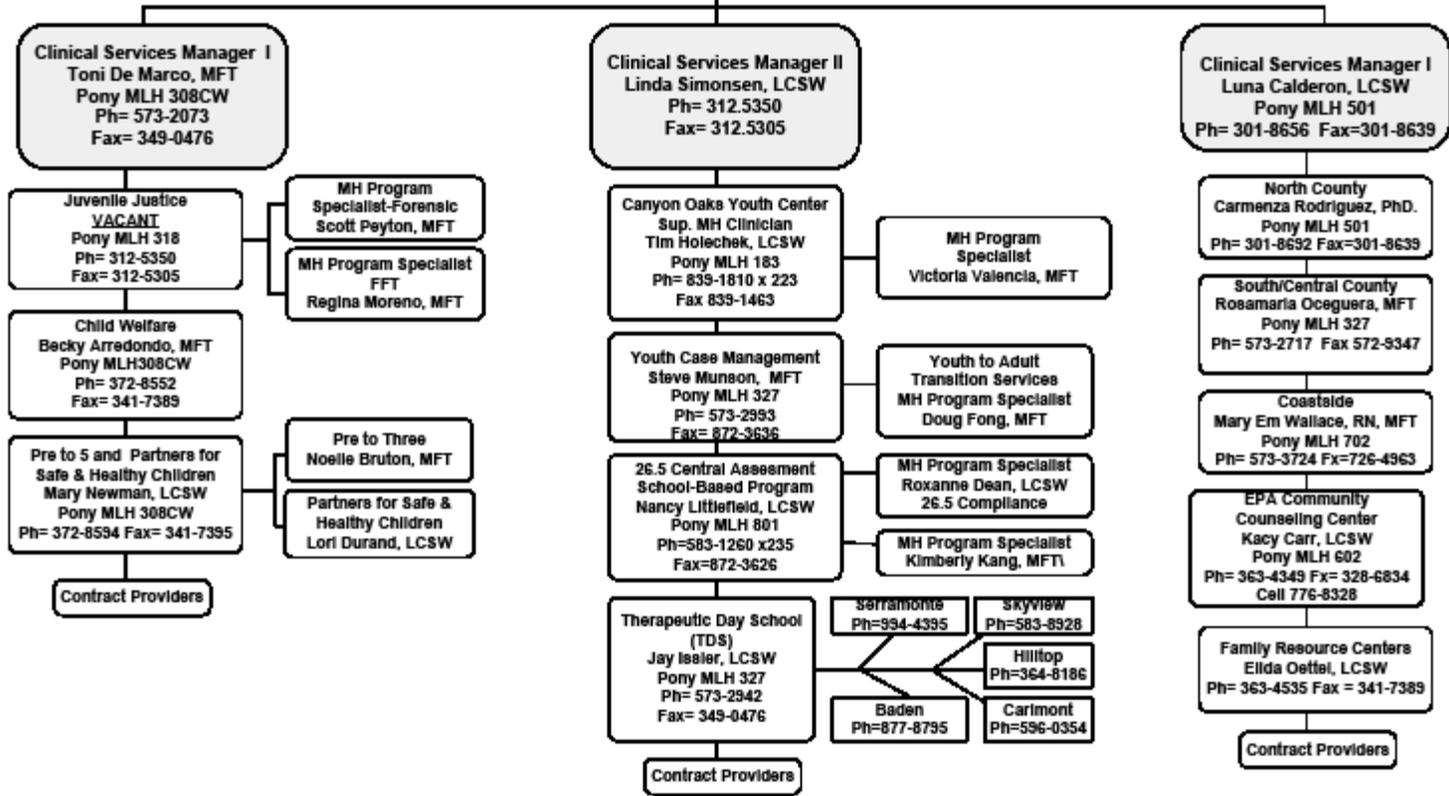
Behavioral Health & Recovery Services
Director
Louise Rogers, MPA
Pony MLH 322
Ph= 573-2544/2532 Fax= 573-2841

Chief Child Psychiatrist
Daryl Browne, MD
Pony MLH 801
Ph= 583-1260 x224
Fax= 872-3626

Child & Youth System of Care
Deputy Director
PAUL SORBO, LCSW
Pony MLH 318
Ph= 312.8956- Fax= 573.2841
Cell =650.224.4851

Office of Consumer &
Family Affairs
Suzanne Aubry
650.573.2673

Contract Partners



COUNTY REGIONAL YOUTH TEAMS

Luna Calderon, LCSW, Clinical Services Manager

375 89th Street, Daly City CA 94015

Phone: 650-301-8656; Fax: 650-301-8639; Pony: MLH501

There are four County Youth Teams separated into five locations: North County, Coastside, East Palo Alto, and South-Central Youth Team (San Mateo and Redwood City locations).

The Youth Teams are multi-disciplinary groups of professionals responsible for covering the needs of specifically targeted youth and families within their designated geographic areas. Targeted youth include those covered by AB26.5 and AB377. These terms are defined later in the glossary.

The Teams coordinate a network of services to help clients remain in the community and achieve their highest level of functioning. The goal is to provide individualized care for the child and family by involving the child and parents as partners in treatment and by working collaboratively with various agencies that are also involved with clients.

NORTH COUNTY YOUTH TEAM

Geographic areas are: Millbrae, San Bruno, Pacifica, Daly City, South San Francisco, Brisbane and Bayshore.

Carmenza Rodriguez, PhD., Supervising MH Clinician

Dan Vermillion, MD, Child Psychiatrist

Eufemia (Fem) Lake, Patient Services Supervisor

375 89th Street, Daly City CA 94015

Phone: 650-301-8650; Fax: 650-301-8639; Pony: MLH501

SOUTH-CENTRAL MENTAL HEALTH TEAM (two locations)

Geographic areas are: Hillsborough, Burlingame, Foster City, San Mateo, Belmont, San Carlos, Woodside, La Honda, Menlo Park, Atherton, Portola Valley.

Rosamaria Ocegueda, MFT, Supervising MH Clinician

Rashmi Garg, MD, Central; Lisa Nelson, MD, South

South

802 Brewster Avenue; Redwood City CA 94063

Phone: 650-363-4112; Fax: 650-364-6927; Pony: MLH146

Central

1950 Alameda de las Pulgas; San Mateo CA 94403

Phone: 650-573-2717; Fax: 650-572-9347; Pony: MLH327

COASTSIDE YOUTH TEAM

Geographic areas are: Montara, Moss Beach, El Granada,
Half Moon Bay, Pescadero and La Honda.

Mary Em Wallace, RN, NP, MFT, Supervising MH Clinician

William Cohen, MD, Child Psychiatrist

Yvonne Heath, Medical Office Specialist

225 S. Cabrillo Highway, Half Moon Bay CA 94019

Phone: 650-726-6369; Fax: 650-726-4963; Pony: MLH702

EAST PALO ALTO YOUTH TEAM

Geographic areas are: East Palo Alto, East Menlo Park

Kacy Carr, LCSW, Supervising MH Clinician

Lisa Nelson, MD, Child Psychiatrist

Leticia Prado, Medical Office Specialist

2415 University Avenue, East Palo Alto CA 94303

Phone: 650-363-4030; Fax: 650-328-6834; Pony: MLH602

FAMILY RESOURCE CENTER

Elida Oettel, LCSW, Supervising MH Clinician

2500 Middlefield Road, Redwood City CA 94063

Phone: 650-363-4535; Fax: 650-726-4963; Pony: HSA147

NEW RESOURCE FOR DEVELOPMENTALLY DISABLED

As part of an effort to improve treatment & access for developmentally disabled (DD) BHRS clients, Golden Gate Regional Center (GGRC) and BHRS have been conducting youth focused joint case conferences. The case conference is open to all and is a good place to learn how to better serve our DD/BHRS clients. If you would like to present at case or for more information, please email Luna Calderon, lcalderon@co.sanmateo.ca.us.

COYC – YCM – YTAC – SBMH – TDS

Linda Simonsen, LCSW, Clinical Services Manager

2000 Alameda de las Pulgas, San Mateo CA 94403

Phone: 650-573-2073; Fax: 650-341-7389; Pony: MLH308CW

CANYON OAKS YOUTH CENTER

Tim Holechek, LCSW, Supervising MH Clinician

Lena Osher, MD, Child Psychiatrist

Victoria Valencia, MFT, Program Specialist

Maria Cornejo, Medical Office Specialist

400 Edmonds Road; Redwood City CA 94062

Phone: 650-839-1810; Fax: 650-839-1463; Pony: MLH183

The Canyon Oaks Youth Center is a residential treatment program (level 13/14) serving San Mateo County co-ed adolescents 12-17 years of age. Its primary goal is to stabilize the youth and return each to the community or a lower level of care within the shortest possible time period. This center is a twelve-bed, highly structured, intensive, twenty-four-hour treatment program that provides comprehensive services within a stable therapeutic milieu. The program includes multidisciplinary services such as psychiatric assessment, medication evaluation, special education services and academic support, individualized social skills development, family therapy, substance abuse services, art therapy, occupational therapy, collaborative case planning, and disposition planning.

County operation of the Canyon Oaks Youth Center maximizes the collaboration of public child serving agencies to serve our most at-risk adolescents, many of whom have experienced multiple placements and rejections from facilities unable to meet their intensive care and supervision needs. This program focuses on community/school re-integration in the shortest time possible through active collaboration with our interagency partners and the youth's parents/caregivers.

YOUTH CASE MANAGEMENT

Steve Munson, MFT, Supervising MH Clinician

Tamar Meidav, MD, Child Psychiatrist

Ana Quiñonez, Medical Office Specialist

1950 Alameda de las Pulgas, San Mateo CA 94403

Phone: 650-573-2993; Fax: 650-349-0476; Pony: MLH327

Youth Case Managers are generally involved with youths that have been to Psychiatric Emergency Services (PES), admitted to an acute psychiatric hospital, are at risk of out-of-home placement, or are at risk of residential treatment. Youth Case Managers assess youths at PES and implement disposition, including inpatient hospitalization or outpatient services. (They may refer youth, at this point, to Bridges, a contract agency, for brief intensive in-home service.) They help direct all aspects of treatment for these at risk youths to help maintain them at home or in the least restrictive environment. When necessary, Youth Case Managers work with the school

districts to implement residential placement through Chapter 26.5. Case managers consult and collaborate with Youth and Family Services and with Juvenile Probation about youths involved in those systems that have behavioral health needs.

YOUTH/ADULT TRANSITION CASE MANAGEMENT

Doug Fong, MFT, Program Specialist

Tamar Meidav, MD, Child Psychiatrist

Ana Quiñonez, Medical Office Specialist

1950 Alameda de las Pulgas, San Mateo CA 94403

Phone: 650-573-2895; Fax: 650-349-0476; Pony: MLH327

This unit is funded by both the Youth and Adult teams and is described in both sections because of this dualism. The transitional case manager provides services to assist young adults (ages 16-25) in transitioning from youth to adult services. The primary referral source is the monthly Youth Transition Assessment Committee meeting (YTAC), though referrals and also come from hospitals, the ACCESS Team and community agencies. For those youth who do not meet traditional adult services criteria, but may be high risk, (e.g., for hospitalization, homelessness, residential placement), case management support and monitoring may be provided. The case manager is available for consultation regarding youth requiring alternative services.

SCHOOL-BASED MENTAL HEALTH (26.5 Central Assessment at Palos Verdes)

Nancy Littlefield, LCSW, Supervising MH Clinician

Daryl Browne, MD; Lena Osher, MD

Roxanne Dean, LCSW, Program Specialist

Kimberly Kang, MFT, Program Specialist

Laura Padilla, Medical Office Specialist

1290 Commodore Drive West, San Bruno CA 94066

Phone: 650-737-8455; Fax: 650-872-3626; Pony: MLH801

This program provides collaborative education/mental health services to Special Education children in self-contained special day classes operated by the County Office of Education located on both integrated and non-integrated sites throughout San Mateo County. Children are referred for mental health services when it is determined that a serious emotional disability interferes with their ability to be educated. There are currently classes in the Early Childhood Education Program, at the Elementary Level (1st-6th grades) and the Secondary Level (7th-8th grades). A special education teacher and at least one instructional assistant staff each classroom; the average class size is seven students. The Palos Verdes School-Based Mental Health Unit provides a full-range of behavioral health services with the primary treatment goal being to stabilize the student so that they can benefit from their current educational placement.

AB 599 Project

The AB599 Project is a collaborative effort of the San Mateo County Office of Education and the San Mateo County Behavioral Health and Recovery Services Division. This project operates on

an individual service plan model to address the educational and behavioral needs of students who are assessed to be “at risk” for Non-Public Schools (NPS) placement out of the County Office of Education. AB599 clinicians work with the student at school and at home offering both therapy and specific behavioral interventions.

Centralized Intake

This unit provides a centralized intake function for youth referred through special education for mental health services through AB 3632 (Chapter 26.5).

THERAPEUTIC DAY SCHOOLS (TDS)

Jay Issler, LCSW, PPSC, Supervising MH Clinician
Rashmi Garg, MD; Lena Osher, MD; Dan Vermillion, MD
Amelia Latu Leveni, Patient Services Specialist
1950 Alameda de las Pulgas, San Mateo CA 94403
Phone: 650-573-2942; Fax: 650-349-0476; Pony: MLH327

San Mateo County Behavioral Health Therapeutic Day School Programs provide integrated special education and behavioral health services for adolescents who are at risk of school failure due to social, emotional, and learning difficulties. Professional staff from both the school district and San Mateo County Behavioral Health Services work collaboratively to provide for day treatment programs on two comprehensive high school campuses and three continuation high school sites.

Prerequisites for placement in the Therapeutic Day Schools include eligibility for special education and eligibility for behavioral health services under AB 3632 (Chapter 26.5) and who have exhibited extreme difficulty in participating in less restrictive special education placements.

Serramonte Therapeutic Day School

699 Serramonte Blvd., #100; Daly City CA 94015
650-994-4395

Baden Therapeutic Day School

825 Southwood Drive, #20; South San Francisco CA 94080
650-877-8795

Skyview Therapeutic Day School

Peninsula High School; 300 Piedmont Avenue, Room 306; San Bruno CA 94066
650-583-8928

Woodside Therapeutic Day School

199 Churchill Avenue; Woodside CA 94062
650-364-8186

Carlmont Therapeutic Day School

1400 Alameda de las Pulgas; Belmont CA 94002
650-369-1411

YOUTH SERVICES CENTER– CHILD WELFARE – PRE to THREE

Toni De Marco, MFT, Clinical Services Manager
222 Paul Scannell Drive, San Mateo CA 94402
Phone: 650-312-5350; Fax: 650-312-5305; Pony: MLH318

YOUTH SERVICES CENTER
Scott Peyton, MFT, Supervising MH Clinician
Dan Vermilion, MD, Child Psychiatrist
Tricia Romine, Office Specialist
222 Paul Scannell Drive, San Mateo CA 94402
Phone: 650-312-5350; Fax: 650-312-5305; Pony: MLH318

The county decision to build a new juvenile hall with an emphasis on treatment, not incarceration, resulted in clustering multiple program and service options at the Youth Services Center (YSC). This new campus approach created an opportunity to expand the level of behavioral health services, as well as to develop additional services never before offered. We moved into the new YSC in December 2006 and these are some of the innovative changes:

Assessment Center (AC)

The AC expands into the full original concept of a multi-departmental collaborative site. Youth may be self-referred, or currently involved in county services. AC team members include Probation Officers, mental health clinicians, HSA Social Worker/s, community workers, a Special Education liaison, AOD staff, and staff from Public Health. In addition to an individualized assessment, youth who come to the AC are provided with a case plan, linkages to other needed services and when appropriate, short term therapeutic interventions provided by our behavioral health team.

10-bed MH unit

This unit is the only coed unit in the new facility. It maintains a slightly higher staff to minor ratio, has classrooms within the unit, one of the three “safety rooms” in the facility, a kitchenette for programming, and a treatment program which mirrors aspects of COYC and other residential programs. This unit utilizes a strong REBT/DBT treatment model.

30-bed Girls Camp

This program houses youth for 3 to 6 months in a highly structured gender-specific therapeutic environment. The primary treatment modality is ‘Seeking Safety’. The young women will also benefit from alcohol and drug services, “Cog(native)” skills, The Art of Yoga Project, a horticultural therapy program (which may eventually be expanded into a larger community sustainable HT gardening program), and aftercare services.

Other Buildings at the new Youth Services Center

- Three 60-bed secure housing units, with a design that provides for protected indoor and outdoor program activity space.

- Two 12-bed group homes: one focuses on youth with co-occurring AOD/MH and, the second replaces the current 8-bed receiving home (Tower House) and will serve transitioning youth who are dependents or wards.
- An education building where the county Office of Education provides educational support for youth in all of the facility-based programs at the youth campus.
- A community school where youth on community based probation can complete their education when they are not able to participate in traditional schools.
- A new juvenile court, probation administration building and a juvenile probation department facility.
- A cafeteria/laundry building and a central plant to provide support to the entire campus.
- A health clinic on the campus allows the county's Health System to provide medical screening and treatment of young people housed at the various campus facilities.

The Behavioral Health Unit at the Youth Services Center provides services in collaboration with the Department of Probation to various sub-populations of Juvenile Court wards. In addition, the team provides clinical and consultative services to a pre-delinquent population of youth referred by the San Mateo County Sheriff's Department. All programs are intended to reduce or help prevent criminal recidivism and unnecessary out-of-home placements.

Behavioral Health staff at the Youth Services Center work in the following areas:

- | | |
|---|---|
| • Assessment Center | • Functional Family Therapy |
| • Camp Glenwood | • Glenwood Aftercare |
| • Collaboration with County Office of Education | • Placement Intervention Program |
| • Crossroads Program | • Preventing Repeat Offender Program (PROP) |
| • Field Services | • Probation Placement Aftercare |
| • Forensics Team | • Sheriff's Diversion Program |

CHILD WELFARE

Becky Arredondo, MFT, Supervising MH Clinician

Maggie Tapia, Office Specialist

2000 Alameda de las Pulgas, San Mateo CA 94403

Phone: 650-372-8540; Fax: 650-341-7389; Pony: MLH308CW

The Child Welfare Unit provides service in collaboration with the Human Services Agency to youth and families identified at risk of domestic violence/abuse and increasing HSA and Court involvement. In addition, Child Welfare clinicians provides clinical and consultative services to youth removed from home and to Foster Parents; they also provide linkages for treatment services to contracted Community-Based Organizations. Child Welfare staff work in these areas:

- | | |
|--------------------------|-----------------------------------|
| • 933 MH Assessment Team | • Shelter Care Program |
| • Intensive In-Home | • Therapeutic Foster Home Program |
| • Receiving Home | |

PRENATAL to THREE and PARTNERS for SAFE & HEALTHY CHILDREN

Mary Newman, LCSW, Supervising MH Clinician

Noelle Bruton, MFT, Program Specialist

Maggie Tapia, Medical Office Specialist

2000 Alameda de las Pulgas, San Mateo CA 94403

Phone: 650-372-8540; Fax: 650-341-7389; Pony: MLH308CW

“Pre-to-Three” is an early intervention program through Public Health Services for high risk, prenatal-to-three year old Medi-Cal clients and their parents. “Pre-to-Three” focuses on the attachment and developmental process of high-risk infants and their parents. The behavioral health team is a multi-disciplinary team of social workers, MFT’s, an infant developmental specialist, a psychiatrist and community workers.

Medi-Cal consumers whose children may be premature or drug exposed are followed by the “Pre to Three” multi-disciplinary team. The team offers several levels of service to minimize the negative impact of early trauma on the infant. Referrals are made from Pre-to-Three, as necessary, to area agencies to augment and continue services as these children grow.

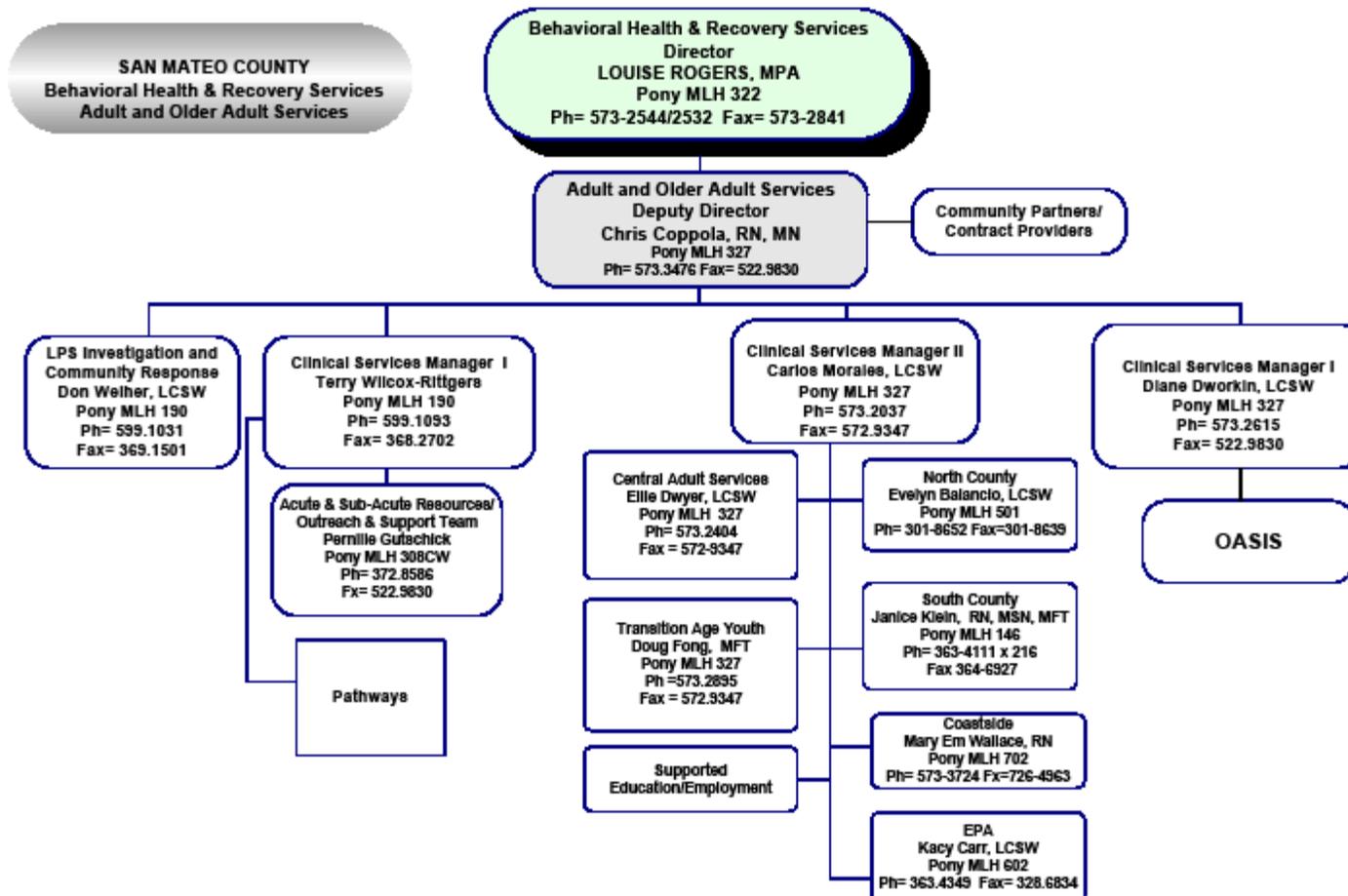
Child and Youth Behavioral Health also provides services to the Early Childhood Education program for those special needs preschool children with mental health needs. The mental health component provides or contracts for services such as infant and care-giver assessments, therapy, drug and alcohol counseling, parenting groups, and mental health case management.

After assessment and/or therapy, referrals may be made to appropriate agencies including Golden Gate Regional Center (GGRC), and the County Office of Education (COE).

Partners for Safe and Healthy Children is a collaborative program with Family Health Nursing and Alcohol and Drug Services for children aged 0-5 who are referred through Child Protective Services. This is a systematic, coordinated and integrated approach to providing high risk and vulnerable young children and their families with evidence based public health and behavioral health assessment, case management and treatment services.

CONTRACTED CHILD and YOUTH SERVICES

BHRS contracts with acute inpatient hospitals, subacute residential treatment facilities, non-public schools and outpatient service agencies to provide needed services for youth clients.



COUNTY REGIONAL ADULT TEAMS

Carlos Morales, LSCW, Clinical Services Manager
1950 Alameda de las Pulgas, San Mateo CA 94403
Phone: 650-573-3571; Fax: 650-572-9347; Pony: MLH327

YOUTH/ADULT TRANSITION CASE MANAGEMENT

Doug Fong, MFT, Program Specialist
Tamar Meidav, MD, Child Psychiatrist
Ana Quiñonez, Medical Office Specialist
1950 Alameda de las Pulgas, San Mateo CA 94403
Phone: 650-573-3504; Fax: 650-573-9347; Pony: MLH327

Youths between 16 and 25 face bewildering and profound changes in services and providers as they move from the youth mental health system to the adult mental health system. To make this transition as seamless to the consumer as possible, San Mateo County set up a Youth to Adult Transition Committee (YTAC) to assess need and coordinate services and planning.

NORTH COUNTY ADULT TEAM

Geographic areas are: San Bruno, Pacifica, Daly City,
South San Francisco, Brisbane and Bayshore
Evelyn Balancio, LCSW, Supervising MH Clinician
Barbara Swearingen, MD, Medical Chief
Eufemia (Fem) Lake, Patient Services Supervisor
375 89th Street, Daly City CA 94015
Phone: 650-301-8650; Fax: 650-301-8639; Pony: MLH501

CENTRAL COUNTY MENTAL HEALTH TEAM

Geographic areas are: Millbrae, Burlingame, San Mateo, Foster City, Belmont, San Carlos
Eleanor Dwyer, LCSW, Supervising MH Clinician
Todd Feeley, MD, Medical Chief
Luisa Lemus, Acting Patient Services Supervisor
1950 Alameda de las Pulgas, San Mateo CA 94403
Phone: 650-573-3571; Fax: 650-572-9347; Pony: MLH327

SOUTH COUNTY MENTAL HEALTH TEAM

Geographic areas are: Redwood City, Menlo Park,
Redwood Shores, Atherton, Woodside, Portola Valley.
Janice Klein, RN, MSN, MFT, Supervising MH Clinician
John Herbert, MD, Medical Chief
Rene Vargas, Patient Services Supervisor
802 Brewster Avenue, Redwood City CA 94063
Phone: 650-363-4111; Fax: 650-572-9347; Pony: MLH146

COASTSIDE ADULT TEAM

Geographic areas are: Montara, Moss Beach, El Granada,
Half Moon Bay, Pescadero and La Honda.
Mary Em Wallace, RN, NP, MFT, Supervising MH Clinician
Todd Feeley, MD, Medical Chief
Yvonne Heath, Medical Office Specialist
225 S. Cabrillo Highway, Half Moon Bay CA 94019
Phone: 650-726-6369; Fax: 650-726-4963; Pony: MLH702

EAST PALO ALTO ADULT TEAM

Kacy Carr, MFT, Supervising MH Clinician
John Herbert, MD, Medical Chief
Letitia Prado, Medical Office Specialist
2415 University Avenue, East Palo Alto CA 94303
Phone: 650-363-4030; Fax: 650-368-6834; Pony: MLH602

OLDER ADULT SYSTEM of INTEGRATED SERVICES (OASIS)

Diane Dworkin, LCSW, Clinical Services Manager

2000 Alameda de las Pulgas, San Mateo CA 94403

Phone: 650-573-3571; Fax: 6502-9347; Pony: MLH327

Older adult programs deliver and coordinate the services needed to help individuals maintain independence, and use existing support systems such as spouses, families and care givers. The Behavioral Health and Recovery Services (BHRS) Division works closely with the Aging and Adult Services Division of the Health Department. (The mission of the Aging and Adult Services Division is to address the needs of older persons and persons with disabilities through systems of care that provide services which support independence.)

The BHRS established the Older Adult System of Integrated Services (OASIS) to address the behavioral health needs of certain clients sixty years old and older. This is a specialty team that provides community-based services to older adults who cannot access services at the regional clinics or need specialized attention at behavioral health clinics. The team, consisting of licensed clinical staff (social workers, psychologists, psychiatric nurse and psychiatrist) serves over 150 adults in their homes or other facilities. A peer-counseling program provides additional support to many older adults.

The goal of the team is to provide services to clients in order to prevent hospitalization. Referrals are taken from a range of community resources that have timely knowledge of the client's status. The team performs in-home evaluation and treatment for a wide range of emotional disorders. The program provides consultation services to families, care givers, board and care operators and anyone concerned with the welfare of this population. The team also provides case management services and functions as liaison between the client and community agencies. Additionally, the program provides aftercare following acute hospitalization while ongoing support programs are being established.

By evaluation and treatment of clients within their living situations, OASIS is able to successfully provide accessible services to individuals who would not have received needed services/treatment and are at risk of being hospitalized.

ADULT RESOURCE MANAGEMENT

Terry Wilcox-Rittgers, MFT, Clinical Services Manager
900 Veterans Blvd, Redwood City CA 94063
Phone: 650-599-1093; Fax: 650-368-2702; Pony: MLH190

ACUTE & SUB-ACUTE RESOURCES/OUTREACH & SUPPORT TEAM

Pernille Gutschick, MFT, Supervising MH Clinician
Armie Teopaco, Patient Services Assistant
2000 Alameda de las Pulgas, San Mateo CA 94403
Phone: 650-372-8540; Fax: 650-341-7389; Pony: MLH308

This team provides case-management services for adults who are hospitalized in private facilities, and for adults who are placed in residential settings or long-term treatment out of county. It has the responsibility of managing residential and other support services funded by Behavioral Health, in order to reduce both clinical and financial risk.

The team also provides assertive outreach and support to homeless adults and works closely with Telecare's Transitions program. The purpose is to engage and to provide temporary linkage case management for folks who are seriously mentally ill and homeless, at risk of being homeless, or who might otherwise fall through the cracks. Staff encourage individuals to accept services and try to offer them hope and the opportunity of recovery... to reach their greatest potential.

The team also provides intensive linkage case management services for clients before, during and after an ACCESS referral, with a focus on clients at PES and 3AB.

SMART TEAM

The San Mateo County Mental Assessment and Referral Team (SMART) is an innovative way to assess and support people having behavioral emergencies in our community. SMART, a joint venture of the County's Health System and American Medical Response (AMR), is an alternative to a regular ambulance response when "911" is called because someone is having a behavioral problem in the community. If the person is not violent, the police officer will call for a "Code 2" response and the SMART unit will respond. The SMART vehicle goes out on the call with a specially trained SMART medic on board. The SMART Medic will assess the patient and attempt to calm them and the paramedic will determine the best course of action for this person. The idea here is to provide more therapeutic assessments of people in non-medical distress in the community, provide more immediate access to needed resources, avoid unnecessary trips to PES, and smooth the way into PES for those folks who need to go.

PATHWAYS

Pathways is a collaborative initiative with the Superior Court, the Probation Department, the District Attorney, the Private (Public) Defender, the Sheriff's Department and Behavioral Health and Recovery Services. The goal of Pathways is to divert or provide post-incarceration

supervision and behavioral services and supports to seriously mentally ill and dually diagnosed nonviolent justice system involved individuals so that they can succeed in the community.

LPS CONSERVATORSHIP INVESTIGATION

Don Weiher, LCSW, Supervising MH Clinician

Barbara Medina, Legal Secretary

802 Brewster Avenue, Redwood City CA 94063

Phone: 650-363-4117; Fax: 650-369-1501; Pony: MLH146

The Conservatorship Investigation Unit processes referrals for LPS (Lanterman, Petris, Short) Conservatorship that have been made by individuals in court. This type of conservatorship is established for adult individuals who are gravely disabled because of a mental disorder and are also unable or unwilling to accept treatment voluntarily. In San Mateo County LPS Conservatorships are also set up for young adults as young as 14 provided they are being sent to an involuntary, locked psychiatric treatment program. This type of conservatorship is also utilized for placing the elderly, who have diagnoses of Dementia, OBS or Alzheimer's in locked skilled nursing facilities. The purpose of conservatorship is to provide individualized treatment, supervision and placement.

Following the receipt of a referral for LPS Conservatorship the investigation unit petitions the court to establish temporary conservatorship (on person only). During the 30-day period of temporary conservatorship an investigation is conducted, the proposed conservatee and his/her family are interviewed and records are reviewed. The investigator who is assigned to the case then summarizes in a comprehensive report the month long investigation for the court and recommends that a permanent (or one year) conservatorship be established or that the conservatorship be dismissed. The investigating officer's legislative mandate is to investigate all available alternatives to conservatorship and to recommend conservatorship to the Court only if no suitable alternatives are available. If concurring with the establishment of conservatorship, the investigator nominates the "most suitable" person to serve as conservator (either family or Public Guardian).

The investigation unit annually reviews all private LPS Conservatorships (where someone other than the Public Guardian has been appointed) and provides the court with a summary of the current placement, and identifies any problems or issues that may require the courts attention.

CONTRACTED ADULT RESOURCES

BHRS spends over fifty percent of its adult/older adult budget for contracts with private non-profit agencies and other county programs that provide acute inpatient, crisis stabilization, and residential, shelter, supported employment, supported education, rehabilitation and/or socialization services to our clients.

BHRS ADMINISTRATIVE SERVICES

Louise Rogers, MPA, Director
Patrick Miles, PhD, Deputy Director
Stephen Kaplan, LCSW, Director of Alcohol & Other Drugs
Chantae Rochester, Executive Assistant
225 37th Avenue, Suite 320, San Mateo CA 94403
Phone 650-573-2541; Fax 650-573-2841; Pony MLH322

Under the direction of the Behavioral Health Director and her management team, this unit plans the budget for Behavioral Health and Recovery Services, and then administers the budget during the fiscal year. The unit is also responsible for support and training for the behavioral health computer system, contract preparation and administration, financial services, and billing. The unit includes the Medical Director and provides psychiatric residency training, staff training and education, as well as quality improvement and utilization management.

Billing and Collections

Rita Geller, Patient Services Supervisor, 650-573-2324

Electronic Medical Records Implementation

Lorrie Sheets, Information Technology Coordinator, 650-573-2213

Financial Services

Tess Tiong, Financial Services Manager, 650-573- 2541
Includes Accounts Receivable and Payable and Rep Payee Services

Management Information Systems (MIS)

Doreen Avery, Business Systems Manager, 650-573-2284

Payroll/Personnel

Martha Fuentes, Payroll/Personnel Specialist, 650-573-2639, Fax 650-358-3918

Provider Relations

Susann Reed, Provider Relations Coordinator, 650-573-2226

MEDICAL DIRECTOR and PSYCHIATRIC RESIDENCY

Celia Moreno, MD, Medical Director
225 37th Avenue, Suite 320, San Mateo CA 94403
Phone 650-573-2043; Fax 650-573-2841; Pony MLH322

Alan Louie, MD, Director of Psychiatric Residency
222 39th Avenue, San Mateo CA 94403
Phone 650-573-2539; Fax 650-573-2527; Pony HOS316

QUALITY MANAGEMENT

Keith Clausen, PhD, Quality Manager

Jeannine Mealey, MFT, Supervising Mental Health Clinician

225 37th Avenue, Suite 320, San Mateo CA 94403

Phone 650-573-2331 & 650-573-3659; Fax 650-573-2841; Pony MLH322

Quality Management (QM) is a central administrative function that supports behavioral health management and staff. It focuses on assuring that we provide access to services that are desired and satisfying to our consumers and their families, and that those services are provided efficiently and with good results. To this end, QM provides training for documentation, assists with audits, coordinates policy development, verifies clinician credentialing, and assures clinic & agency site certifications.

- Quality Assurance (QA) asks questions about how well behavioral health is doing in providing services based on defined standards such as regulations, policies, and practice decisions. It collects data from such sources such as chart compliance reviews, credentialing procedures and critical incident reports.
- Quality Improvement (QI) looks at these findings, and adds information from such additional sources as outcome assessment data, research studies, satisfaction surveys, and complaint and grievance information. QI may then suggest changes, implement changes, or contribute to changes identified and implemented by other parts of the organization. In key areas, QM will monitor and report back on the results of efforts to improve clinical or administrative services so that a continuous feedback loop to management occurs.

The Quality Improvement Committee is mandated by state regulation to oversee the functions described above. The committee meets bi-monthly, and has representation from consumers, family members, line and management staff, contracted providers and many other representatives of the larger behavioral health service delivery system.

DOCUMENTATION

Consistent, timely, accurate documentation is an absolute expectation for Behavioral Health staff providing direct services. The client's Behavioral Health chart is a medical/legal document and is basic to good client care; your documentation is a statement of services provided, accounts for your own productivity, and is the **ONLY** way funding sources can be billed for your work. You will receive regular reports telling you when plans are due (or overdue) and other documentation reminders. Please remember the old dictum: "If it isn't written, it didn't happen" - also known as "The job's not over until the paperwork is done."

TRAINING

Kristen Dempsey, MFT, Supervising Mental Health Clinician, 650-573-2612

PATIENTS' RIGHTS ADVOCATES FOR SAN MATEO COUNTY

Francesca Tenenbaum, Director

900 Veterans Blvd., Suite 330, Redwood City CA 94063

Phone 650-341-1889; 1-800-497-1889

Fax 650-341-1889; Pony MLH190

Mental Health Association of Alameda County has a contract to provide Patients' Rights Advocacy for the County of San Mateo. Duties include investigating complaints, monitoring mental health facilities for compliance with patients' rights laws, and representing patients who are being treated on an involuntary basis. This is the program responsible for providing patients' rights advocacy pursuant to Welfare and Institutions Code Section 5520 et seq. All individuals receiving mental health care in our county have the right to see and receive the services of a patient advocate. Advocates are mandated to engage in two levels of advocacy:

Individual Advocacy

Advocates' primary responsibilities are the investigation and resolution of individual complaints regarding the denial of statutory rights or the delivery of mental health services, and the representation of clients at certification review and capacity hearings.

And

Systems Advocacy

Advocates are involved in improving the mental health system by monitoring mental health facilities and services, assisting in the development of policies and procedures, providing analysis and recommendations on mental health legislation, and education and outreach to consumers, their family members, and staff.

OFFICE OF CONSUMER AND FAMILY AFFAIRS

Linford Gayle, Consumer Affairs Coordinator

1950 Alameda de las Pulgas, Suite 155, San Mateo CA 94403

Phone 650-573-2534; Fax 650-573-2934; Pony MLH327

This freestanding office, supervised by Consumer Affairs Coordinator Linford Gayle, provides problem resolution and facilitates the involvement of consumers in all BHRS activities. The office also deals with complaints or concerns and grievances about Managed Care issues. Staff members include a Family Representative and multi-lingual peer assistants. The toll-free phone number is 1-800-388-5189.

Suzanne Aubry, Director of Family Services and Supports

1950 Alameda de las Pulgas, San Mateo CA 94403

Phone 650-573-2673; Fax 650-573-2934; Pony MLH327

This office works to increase consumer and family member participation at every level of service planning, delivery and evaluation. Part of the effort will be to identify, train and develop more consumer and family leaders for work on teams and committees; another part will be to develop information for family members, both online at the County and Network of Care websites and in printed brochures and booklets.

AUTOMATED TIME KEEPING SYSTEM (ATKS)

ATKS is an automated time keeping system that collects time and attendance data that is used to calculate payroll.

To Access ATKS

- Login at <http://timecard.co.sanmateo.ca.us>.
- If you don't know your login or password, please contact your Payroll Coordinator.

Learn More about ATKS through LMS

ATKS training is available through the County's Learning Management System (LMS). To take ATKS training:

- Login to LMS at <https://sanmateocounty.cyberu.com/>. *If you don't know how to login to LMS, please contact your department's training coordinator.*
- When you log in, your personalized Home Page will appear on the screen. In the center of the page is **Your Assigned Training**. Click on **Launch** for the Automated Time Keeping System (ATKS) All-Employee Core Training. *If you don't see the Launch link, please contact your Payroll Coordinator.*

ATKS Reference Materials

- Employees
 - [Employee Quick Reference Guide](#)
 - [Employee Manual](#)
 - [Employee Guide to ATKS Self Service Password Reset](#)
- Supervisors
 - [Supervisor Quick Reference Guide](#)
 - [Supervisor Manual](#)
- Help Desk
 - [Help Desk Guide to Reset ATKS Password](#)

2010

January							February							March							
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31																					
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31																					

January 1, 2010 New Year's Day
 January 18, 2010 Martin Luther King, Jr's Birthday
 February 12, 2010 Lincoln's Birthday (Floating)
 February 15, 2010 Washington's Birthday
 May 31, 2010 Memorial Day
 July 5, 2010 Independence Day

September 6, 2010 Labor Day
 October 11, 2010 Columbus Day
 November 11, 2010 Veteran's Day
 November 25, 2010 Thanksgiving Day
 November 26, 2010 Day After Thanksgiving
 December 25, 2010 Christmas

Holiday
Payday
 pay period end

(a) A floating holiday may be taken within the time limit set by the various Memorandums of Understanding. Attorney, and Superior Courtroom Clerks employed by the County Clerk will observe all Saturday holidays on the Friday preceding said holiday instead of being credited with a floating holiday.

SAN MATEO COUNTY HOLIDAYS 2009-2010

2009

January 1, 2009	Thursday	New Year's Day
January 19, 2009	Monday	Martin Luther King, Jr's Birthday
February 12, 2009	Thursday (a)	Lincoln's Birthday (Floating)
February 16, 2009	Monday	President's Day
May 25, 2009	Monday	Memorial Day
July 4, 2009	Saturday	Independence Day
September 7, 2009	Monday	Labor Day
October 12, 2009	Monday	Columbus Day
November 11, 2009	Wednesday	Veterans' Day
November 26, 2009	Thursday	Thanksgiving Day
November 27, 2009	Friday	Day After Thanksgiving
December 25, 2009	Friday	Christmas

2010

January 1, 2010	Friday	New Year's Day
January 18, 2010	Monday	Martin Luther King, Jr's Birthday
February 12, 2010	Friday (a)	Lincoln's Birthday
February 15, 2010	Monday	Washington's Birthday
May 31, 2010	Monday	Memorial Day
July 5, 2010	Monday	Independence Day
September 6, 2010	Monday	Labor Day
October 11, 2010	Monday	Columbus Day
November 11, 2010	Thursday	Veterans' Day
November 25, 2010	Thursday	Thanksgiving Day
November 26, 2010	Friday	Day After Thanksgiving
December 25, 2010	Saturday	Christmas

(a) A floating holiday may be taken within the time limit set by the various Memorandums of Understanding. Municipal Court workers, workers of the Office of the District Attorney, and Superior Courtroom Clerks employed by the County Clerk will observe all Saturday holidays on the Friday preceding said holiday instead of being credited with a floating holiday. Workers of the Recorder Division and Registration-Election Division of the County Clerk are not covered by this provision.