

Wellness Matters

Your Wellness ♦ Your Way ♦ Your Community

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

May 2017

Be The One: Engage Your Head, Hearts and Hands

By Sylvia Tang, Community Health Planner, Office of Diversity and Equity



Mental Health Awareness Month

BE THE ONE...

to help reduce stigma and discrimination.

- Start the conversation
- Encourage friends and family to seek help and support;
- Sign the pledge, or
- Attend a community/educational event.

www.smchealth.org/mentalhealthmonth

May is Mental Health Awareness Month (MHAM) and it is an opportunity to increase awareness and inspire action to reduce stigma against those with mental health and substance use conditions.

San Mateo County is proud to join California and the entire nation in celebrating Mental Health Awareness Month.

This May, we continue the theme **“Be the One.”** Be the One can mean many things to different people. Be the One can mean that one in four people have a mental health condition yet less than half are getting the help they need—many because they are afraid others will judge them. Be the One can also mean that one person or organization can make a difference in supporting wellness and recovery for others. Most importantly, we all can “Be the One” to do something to reduce stigma and build more inclusion in our community.

This month, let’s engage our **heads, hearts and hands** to reduce stigma. We can engage our *heads* by learning about mental health. We can open our *hearts* by building empathy and sharing stories (read inspiring stories of hope throughout this issue). We can use our *hands* by taking action and celebrating May Mental Health Awareness Month.

Be the One to Learn About Mental Health (Head)

Truth is stigma’s worst enemy. The more we **learn mental health facts and real experiences** related to mental

health and substance use, the less power we give to stigma which is based on myths and misconceptions. Many people believe the myths that individuals with mental health conditions are (1) “other people” they don’t know, (2) dangerous and (3) incurable. On the contrary, individuals with mental health conditions are (1) likely to be people we know (1 in 4 people have a mental health condition in their lifetime), (2) more likely to be victims (not perpetrators) of violence and (3) able to recover and live full, productive lives.

In San Mateo County, you can learn what mental health is truly about in a free 8-hour mental health training called **Mental Health First Aid**. You can take a training to learn about adult mental health or youth mental health. During May Mental Health Awareness Month, there will be a Youth

Mental Health First Aid Training on Wednesday, May 24 8:00AM-4:30 PM at San Mateo Medical Center (register by 5/17 at <http://tinyurl.com/YMHFA-5-24-17>). More information about this and other community mental health education programs at www.smchealth.org/community-education.

Be the One to Build Empathy (Heart)

We can open our hearts by building empathy for others and compassion for ourselves. One of the most powerful ways to build empathy is through **storytelling**. Through listening to others’ stories or sharing stories of our own lived experience, we can better connect and understand each other’s life experiences, including mental health and addiction.

Many County staff, partners

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Speakers Christopher Jump, Carmen Lee, Pamela Ward and Lori Mills with Louise Rogers (Health System Chief), and Supervisor Dave Pine as the Board of Supervisors proclaimed May as Mental Health Awareness Month.

From the Director's Desk - Stephen Kaplan, Director, BHRS

ACA, It's Future and Why It Matters

It is safe to say almost everyone (if not everyone) reading this article knows something about the debate in Congress about repealing the Affordable Care Act (ACA). While the first attempt did not move forward there are continuing efforts to dismantle the ACA.

Another safe assumption is that everyone reading this article cares deeply about what happens to and for people living with mental health and/or substance use challenges and their families. So why **does** it matter what Congress decides to do?

Before I share some examples of why it does matter it is important to refresh memories that in 2008 Congress passed the Mental Health Parity and Addiction Equity Act (Parity). This law prohibits health plans that offer coverage for drug and alcohol addiction and mental illness from providing those benefits in a more restrictive way than other medical and surgical procedures covered by the plan. Parity is an important element of the ACA and is part of its 10 essential benefits described in the law. In combination ACA and Parity presented a powerful way to dramatically im-

prove access, affordability, quality and accountability.

IT MATTERS BECAUSE:

- Medi-Cal expansion has made behavioral health care available and affordable to millions of Californians and thousands of San Mateo residents, often for the first time in their lives.
- Untreated behavioral health conditions negatively impacts not only the individual but their family, employer and the broader community
- Untreated behavioral health conditions ends up increasing physical health, social service and criminal justice costs
- Workers with depression lose 5.6 hours per week of productivity (JAMA 2003)
- The World Health Organization in 2010 estimated \$2.5 to \$8.5 trillion (worldwide) in lost output is attributed to mental, neurologic, and substance use disorders in 2010.
- ACA protections are key as services to patients with a mental health conditions were denied for payment 29% of the time compared to physical health at 14% claimed for services for
- A person whose mental and behavioral health needs are



Stephen Kaplan

- met is more able to hold a job and be active in the community. Behavioral health care is a smart investment, just like primary and preventive care, because it keeps people healthy and productive.
- Coverage through the ACA for the previously uninsured not only provides access to behavioral health and physical health care but creates opportunities to coordinate care leading to more effectiveness and efficiency.
- And because we all know the tremendous burden stigma has on individuals (and families) with mental health and substance use challenges, having access to behavioral health and physical healthcare reinforces the premise that these challenges are to be viewed and treated similar to all other health conditions.

I now invite you to fill in the blank below by sending your responses to me (skaplan@smcgov.org).

Preserving and improving on ACA MATTERS TO ME because: _____

Enjoy the various May is Mental Health Awareness Month events! Visit www.smchealth.org/mentalhealthmonth. ☺

We've Moved!

BHRS Administration has completed their move out of 225 37th Avenue to **2000 Alameda de las Pulgas, San Mateo, CA 94030**. See our suite numbers below:

- **BHRS Administration**
Suite 235
- **BHRS administration office reception**
Suite 200
- **BHRS IT and Payroll/Personnel**
Suite 200
- **MIS/Billing, Contracts, Accounting, and Communications**
Suite 280

All phone and fax numbers remain the same.



Personal Stories of Hope and Inspiration

A Long Road

It's been a long road. I remember first starting services, and feeling like it was useless. I didn't think it would ever help me in any way. I had tried medication for depression, and it made me feel terrible. I stopped taking them, and my family didn't really believe in medication much anyway. It made me feel even more hopeless. After meeting my first therapist, I still remained hopeless. But slowly things got better. I won't lie, I would fall back down again. And at that time, I didn't really know how to help myself get back up again. I was even hospitalized. It wasn't my therapist's fault, I didn't want to participate in trying to help myself.

After getting out of the hospital, I had some time to think (since I was being transferred to another therapist). Did I really want to spend the rest of my life feeling like this? Feeling hopeless about the future? No, I wanted change. As the depression weakened, I started getting different symptoms. Symptoms that weren't common, or as they call it, "psychosis." It bummed me out, I started feeling hopeless again. All I could think was: *Why am I experiencing this? Why does this have to happen to me? Will I always be like this forever?* Especially since the various medication they had given me wasn't really helping. I was scared I would never have a normal, successful life.

But I didn't let those thoughts consume me. I thought of my future, and how good it could be. I let my therapist teach me these new exercises, and I made myself try them whenever the symptoms came. I can say that I'm living a somewhat normal life. I have a job, I have a significant oth-

er, and I'm going to San Jose State University. And I'm happy. And after so many years of suffering and struggle, I can finally say I'm looking forward to my future.

- Nicole

First Hand Experience

Although there is a stigma surrounding mental health, I have always known the benefits of mental health for others but I never understood the impact it had until I experienced it myself. During my pregnancy with my younger daughter, I suffered from a mood disorder with hallucinations in which I believed that everyone knew about what I was thinking and that complete strangers were talking about me. In addition, I believed that I was being poisoned wherever I ate and in addition I believed I was slowly being poisoned so I became fascinated with natural antioxidants such as clay baths and natural supplements that could help my body and my unborn daughter survive. It was unlike any experience or thought process I have ever experienced to this day.

I ended up going to the hospital in Mills Peninsula during my pregnancy and again immediately after the birth of my daughter due to my symptoms. I was taken away from my family; my son which I was breastfeeding at the time was not allowed to see me, in addition I was only able to see my newborn daughter once a week. I knew though that the hospital treatment was necessary. They were testing what medication was working and they waited for me to stabilize. I was later released from the hospital, but a Child Protective Service (CPS) case was created and I was unable to live with my children. I was left to my vices and became

so depressed that I tried to commit suicide, I also believed that it was attributed to my taking Lithium- a side effect is suicidal thoughts. Because of my suicide attempts, I was brought to the hospital again.

They again changed my regimen to a better set of medication that stabilized me quickly. I was again released from the hospital under the care of my parents. I was able to see my children more often. I currently see a therapist and a psychiatrist on a regular basis to maintain medication and to make sure everything remains stable in my life. I was able to bounce back within a year and I see my children almost 50/50 in unsupervised conditions. In addition the CPS case is on the verge of closing. Without the help of my therapist and the psychiatrists, I would not be here. I currently work with children with autism and I am working on my PhD in Clinical Psychology. I know from first hand experience a mental health crisis in which mental health intervention was necessary. Without the help of my recovery team I wouldn't be a strong person as I am today. I am so thankful for their help, patience and compassion through one of the most difficult experience I have ever experienced in my life.

- Caryl

Is This a Life Worth Living?

As a child growing up in the 70s, I was really into Star Wars, dinosaurs and cowboys and Indians. But there was a dark side. I experienced extreme states of sadness. In my family I was constantly berated and beaten, constantly told by my mother how stupid and worthless I am and that she wished she had killed me. This had a very profound

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Mental Health and Substance Abuse Recovery Commission Meeting

Wednesday,
June 7th

3:00 - 5:00 pm
San Mateo County Health System
225 W. 37th Avenue,
Room 100, San Mateo

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

www.smchealth.org/mhsarc



Stories of Hope

(Continued from page 3)

effect on my mental health.

I spent years, decades, thinking that I'm that stupid and utterly worthless person that everyone hates and I shouldn't be around. I struggled with sadness and thoughts of suicide well into my 30s. Always questioning, "Is this a life worth living?"

In 1994 at the age of 23, I was hospitalized, told that I'm sick and given a drug. I spent the next 15 years taking a vast variety and many different combinations of medications that did not help my sadness and suicide ideation in the least. I spent those years in and out of hospitals, homeless, in and out of shelters, unable to sustain housing, employment and relationships. And still asking, is this a life worth living?

What I really needed, and eventually found, was that safe space to process the trauma that I had experienced. I found what I needed to make my life worth living through different therapies and being able to have conversations with my peers. Through the support of my peers, I saw my worth and my value, and I what my life could become.

I have been completely medication free for over eight years. Today I work as the Program Manager at Heart & Soul, Inc. I have my own apartment, I am able to maintain relationships, I have hope and dreams. I have the opportunity to give back to the community. Now, when I ask, is this a life that is a life worth

living, I can say unequivocally, "Yes."

Your help is needed in educating the public and changing the conversation from diagnosis to dialogue - from "what's the matter with you" to "what has happened to you?"; From "what can I do to you" to "what can I do with you"?

- Christopher Jump

A Difficult Journey

I would not be here today if it were not for the mental health treatment and coordinated care I received from San Mateo County staff and their partner Caminar.


I have spent years off and on in hospital settings due to suffering from severe depression. Decades ago, I stopped speaking for months at a time and had serious suicidal tendencies that ended my marriage and left my daughter being raised by my in-laws the first four years of her young life. I didn't really want to die, but I thought this was the only way of getting rid of this all-consuming pain and the inability to move on in life and take care of my child and myself.

It was a difficult journey, one that I still battle from time to time, but I am proud to share that it's been 25 years since I've been hospitalized, and I work now with Caminar in helping other people on their journey towards wellness

I owe so much to the staff and structure of Caminar, the organization the County works with for their severely mentally ill. They have given me invaluable support, with

the opportunity to become more stable several times following a hospitalization in Caminar's Redwood House. I was then assigned a case manager and we worked together to secure a Section 8 Housing Voucher. For many years, while getting a bit stronger, the case manager would assist me, too, with other serious problems and life circumstances that I couldn't handle at that time.

Fortunately, my daughter and I have been exceptionally close through the years. She came back to me when she was nearly five years old. She is blessed with good health and is a professor at Mt. Holyoke College in Massachusetts for the last 29 years.

I want to recognize that it is more than one month of the year that mental illness needs to be considered... mental illness is directly related to homelessness, and addiction and without comprehensive programs like Caminar to give hope to that population, we will only find our communities over-run and overwhelmed by these issues. 

- Carmen Lee

Stigma’s Significant Barrier in Asian American Populations

In 2013, a close cousin of mine, Neil, who struggled with depression since he was in high school, took his own life at the age of 23. It was one day before Mother’s Day, and two weeks before my older brother’s wedding, and it was the worst day of all of our lives.

The experience has certainly affected me immensely as a person, a family member, and an advocate for mental health awareness, and has significantly shaped the way in which I think about these issues. I also watched as our largely South Asian Indian community reacted to his death – how in addition to enormous, unfathomable grief, my family also experienced shame and guilt due to the awful stigma surrounding the very painful and tragic loss.

Asian Americans as a whole are the fastest growing group in the United States. Mental health services, however, are underutilized by the Asian American community and we see this in our own San Mateo County, and stigma is a major barrier to accessing care among this group. There are also unique cultural and social barriers Asian Americans face in accessing mental health services, including but by no means limited to a focus on somatic symptoms, family shame/resistance, guilt, embarrassment, belief in self-help, and a lack of support

from family members.

I am struck by how much stigma – widespread but especially in minority populations – plays such a role in the lack of communication and education about mental illness. Through my psychiatry training program, I hope to better understand the specific barriers the growing South Asian minority community in the bay area face in overcoming stigma of common mental illnesses.

What has been so intriguing to me in an intellectual sense is how I have struggled, too, in ways not unlike many of the patients I see in my office – by trauma, substance abuse, anxiety, depression, social pressures of stigma. These are issues that don’t discriminate on the basis of class, socioeconomic status, gender, race, yet I feel it is much more difficult for my patients – most of whom do not have the financial means or the loving caretakers that I was fortunate to have growing up, to cope with such stressors – if they don’t have role models with whom to share their voice. Having felt silenced for so long, having borne the weight of shame, guilt, fear, has begun to empower me with the passion to be heard, and I feel compelled more than ever to be a voice now for those people who continue to feel silenced.

I found that the more I encountered stigma, the more I

cared about affecting change and sharing my voice. All of the things that once made me different, that isolated me – the trauma I experienced growing up, the hobbies I chose (Indian dance and not ballet like all of my friends), the degree I pursued (becoming a DO instead of an MD, like the rest of my Asian American friends/family) – have shaped me into this person today that cares deeply about each of us embracing our individual differences, and creating a safe space for everyone to do so. We are all individuals with our own differences in experiences, and our stories and efforts in what drive us as individuals is, to me, what unites us as a species, makes humanity unique and psychiatry fascinating.

I am passionate about social stigmas as they pertain to mental health (including substance abuse and the role that trauma plays in many of our lives), and helping those who are having a harder time finding the courage to share their voices because of shame, guilt and fear that society has inflicted. My hope is for a world that is better able to hear ALL of our stories, and my dream job is one where I can be an advocate for mental health, through firsthand experience. ☺

- Siya



Be In The Know

Visit the BHRS Blog: www.smcbhrrsblog.org
Get the latest news, information on events, trainings and more!

New Assisted Outpatient Treatment Team Engages Specific Population

About AOT

The BHRS Assisted Outpatient Treatment (AOT) service launched in August 2016. Since then the AOT team has received referrals from providers, family members, law enforcement officers and others concerned about an adult in our county who they feel meets the criteria for AOT services (see AOT webpage).

The AOT team assesses the needs and qualifications of the individual referred. If they do not meet the AOT criteria, the team may connect them to other helpful resources. If they do meet the criteria, the team works with the referring party to start engaging with the person they are concerned about.

Treatment is provided by Caminar's Full Service Partnership (FSP) consisting of up to 50 slots. The AOT-FSP provides intensive case management services 24/7, psychiatric services, wellness and recovery services, housing support services and connection and support to education and employment opportunities. This team works closely with the AOT team to provide quick engagement, enrollment and warm handoffs. The AOT FSP team is able to enroll the referred party on the same day of referral.

The outreach and engagement in FSP services could take up to several months. At any point, should the client begin to deteriorate further (but short of being gravely disabled), the team's psychologist can initiate a petition to the AOT Court which could potentially court order the client into FSP services.

Outcomes

As of March 1st, 2017, 121 referrals and 20 information calls were received. 23% or

27 individuals have been enrolled in the Caminar AOT-FSP and have shown a significant decrease in: psychiatric hospital admissions from 41% prior to enrollment to 15% since services began with a subsequent reduction in psychiatric hospitalization days (204 days vs 29 days).

Further initial outcomes include a reduction in visits to Psychiatric Emergency Services (63% vs 37%); homelessness (58% vs 23%); and arrests (19% vs 0%).

It is clear that having a team specifically focused on outreach to this target population on a consistent basis, establishing relationships, triaging needs and having resources or access to resources that are needed are key to the success of engagement.

- Terry Wilcox-Rittgers

Case Example

Walt was profoundly depressed and had multiple suicide attempts with a pattern of refusing community services. After a hospital clinician contacted AOT staff about Walt, the team went to the hospital the same day to engage Walt. Once it was clear that Walt met the AOT criteria, he was offered AOT services. Initially, Walt had verbally agreed to accept AOT services, but just prior to discharge, changed his mind and no longer wanted to receive services. Within one week from post-discharge, he was back in the hospital.

When staff met Walt in the hospital, he was experiencing auditory hallucinations and paranoia. With prompting and patience, he was open to discussing how the team could help him achieve his goals and meet his immediate need of housing. Hospital staff,

Walt's family, and the Caminar team worked together to develop a plan so he could safely leave the hospital and re-enter the community.

To help with the transition, Walt went to Redwood House, and then moved to an enhanced board and care for long-term housing. There were some initial road blocks to overcome because of his recent aggressive behavior with staff in other programs and his history of substance use. However, the support team moved forward with the plan. Walt now lives successfully in the board and care, regularly attends his psychiatric appointments, regularly meets with his case manager, and attends substance use support groups in the community. The team supports Walt in getting regular blood work done so that he can remain medication compliant. They are also working with him to obtain employment and increase his independence. (See story on page 7 from a mother whose family members is utilizing AOT services.)

BHRS AOT Services can be reached at (650) 372-6125 and AOT@SMCGOV.ORG

www.smchealth.org/AOT.

- Terry Wilcox-Rittgers

A Mother's Journey for Help

My son was a well-adjusted and confident individual growing up. He was always warm and friendly and active. He enjoyed sports and was a natural leader among his peers. I remember a few years ago, he was so excited to be going off to college. When he came home for winter break during his first year, he seemed different. He had a great deal of anxiety and was often solemn and sad. Intuitively, I knew something wasn't right as his thoughts were overcome with past regrets. I felt he needed help and wanted him to talk to someone, so I suggested he see someone at the colleges' student health center, but he adamantly refused. I contacted the Student Health Center myself to see if they could outreach to him, and they said because he was over 18, he would have to request help on his own.

When he returned home that summer, I noticed he would get hung up on little things that would escalate into a big things. He became paranoid in large crowds. My once funny and witty son no longer laughed at jokes we once shared. Instead, it would just upset him as he took them literally.

I was eventually able to get him to a clinic to be assessed. They found that he was at risk for thought disorders and offered to contact the school counselors to ask that

they begin CBT. But again, he refused to get help. His diagnosis only seemed to upset him further as he didn't want to be "labeled" with any type of disorder nor mental illness.


He return to school where he experienced his first hospitalization and was put on medication. He took some time off from school. The medications seemed to help and he began to take an interest in life once again. He began taking classes online and his interest in sports and music were starting to return. He felt he doing so well that he felt he no longer needed his medication and that he had never needed them in the first place. Soon, his symptoms returned and he had to be re-hospitalized. This cycle of being hospitalized, put on meds, then going off of them repeated itself three times as he didn't believe he had a mental illness and therefore continued to refuse to get help. Once he would stop taking his meds, the doctors would no longer see him unless he was willing to go back on his meds. What was I to do? I had no idea how to help him if he could not see for himself that he needed help and as an adult, needed to consent to getting help which he refused?

Fortunately, I found the BHRS Assisted Outpatient Treatment team. Finally, a program to help and support

families who are at a loss for how to help their adult loved ones, and are understanding of and willing to meet the individual wherever they were at in their condition. It wasn't an all or nothing requirement.

He was eventually court ordered to attend the FSP program but continues to refuse to take his medication and is not utilizing all the services. The case manager doesn't force him to take his meds and continues to meet with him weekly to stay connected and to keep him engaged. She is slowly building a relationship with him, which I believe is helping. He has agreed to see a Psychiatrist again.

Mental illness has a profoundly destabilizing effect on the family and the process of gaining insight into their condition is a long and circuitous one for the person suffering from mental illness. The AOT program offers support in a way most meaningful to the families struggling to help their loved ones.

My son continues to struggle with the stigma and the internalized stigma surrounding mental illnesses, and the various ways the society reflects it back to them. He might also suffer from anosognosia (lack of insight to his illness). However, with the AOT program, it gives me hope that he will finally get the help he needs. 

National Nurses Week May 6-12

We would like to recognize the invaluable work of nurses who work in our system, outpatient clinics and the San Mateo Medical Center during National Nurses week for improving and supporting client/patient health and wellness in San Mateo County.



Lived Experience Academy Class of Spring 2017

The Office of Diversity and Equity has wrapped up a five-part class called the Lived Experience Academy. The Academy is a course for people to learn how to tell their stories of lived experience for personal empowerment, community building, and local advocacy. For those unfamiliar with the term, “lived experience” refers to having first-hand experience with mental health challenges. We use the word “lived” to differentiate from mental health professionals or others who may have extensive experience of working *with* mental health conditions or systems of care, but have not lived *through* those challenges personally. This distinction is important because for most of history, and still today, people with lived experience have been stigmatized, disempowered, and told that others know what is best for them. Even

after maintaining wellness and being in recovery, people with lived experience are often excluded from the workforce and discriminated against in other ways. One reason for this is because the narratives perpetuated about mental illness are often scary, violent, and overwhelmingly negative.

The Lived Experience Academy turns all of those negative concepts on their head. Here are our core values:

- Lived experience is expertise.
- Integrating people with lived experience into the workforce is a type of workforce diversity, and increasing all forms of workforce diversity is important.
- Storytelling can be empowering, healing, educational, and destigmatizing.

The Lived Experience Academy gives people space to ex-

plore their past, present, and future, and craft a story that genuinely reflects their lived experience. Many of these stories do have sad, frightening, and ugly components to them, but there is also much more. There is hope, strength, and resilience. By bringing those parts to light, we can bring mental health challenges out of the shadows. Our hope at the County is that by training people to share their stories of mental health recovery, we can reduce stigma, and give people with lived experience more opportunities to use their expertise to help others.

To learn more about Lived Experience Academy, please visit: www.smchealth.org/LE.

✍

- Mai Le



Erica Britton, Jairo Wilches, Alan Cochran, Dave Millar, Michael Lim, Stephanie Morales, Mai Le, Rayshon Mills, Ginger Mendola, Candice Hawley, Brian Coates, Ellie Dwyer, Siavash Zohoori, Paul Pamintuan, Bevin Love.

My Journey As a Mental Health First Aider

When I took on the role of mental health coordinator at my university, advocating for more diversity, accessibility, and outreach, I felt I was serving the students at my school. But I had yet to step foot into the space that would, ultimately, transform my understanding of mental health issues. One fall day, I headed across campus to take a mental health first-aid training. Hosted by the National Council for Behavioral Health, the training taught me about mental health issues, the symptoms they present, and how to support someone in crisis until assistance arrives. It was the CPR class of mental health. The class challenged a myth I had believed my whole life. The instructors taught us to ask people seemingly at risk for suicide, "Are you thinking about killing yourself?" I had assumed it would pop the idea into someone's mind if I asked. But I learned that it is always better to ask than to regret not asking this question. I left the class feeling empowered to provide mental health first aid in a crisis. I soon found myself listening in a new way. I was up late that night and

saw a man who appeared to be homeless sitting on the curb. I wanted to help, so I asked him what he wanted to eat. A few tacos later, tears began to roll down his face as he opened up to me about his ex-partner. He told me she had cheated on him, and he felt he didn't deserve love. Most of all, he told me that he had just given away his car and was planning to get rid of the rest of his possessions. I thought back to my training. He's showing the signs of planning to complete suicide, I realized. I got my nerves together to ask him the question, "Are you thinking about killing yourself?" He said that nobody had asked him that before. He told me he felt as if nobody cared about him. I showed him otherwise, simply by listening to him. That night, I felt truly empowered, since I had never had an interaction like that before. He said he goes to church every Wednesday, so I called his pastor and let him know about our conversation. My friend is OK now. I began to have more conversations like this in the following months. Some students told me about friends they were concerned about.

Others told me they were contemplating whether they should jump off a cliff. In those conversations, far too many of my friends told me that I was first person who had listened to them. I'm really happy I knew what to do when these situations came up. You can learn by signing up for mental health first-aid training and by learning the early warning signs of suicide. You may think you will never need these skills, but university studies suggest that one in 10 college students have made a plan for suicide. That is too many, and we must do what we can to decrease that figure. May is Mental Health Awareness Month. It's the month for my friend who shared his tacos and his sorrows with me. It's for my friends who confided in me because they couldn't find anyone else. It's also the month when you can get involved, to learn more about mental health and the resources in our area. It's the month when we can all heal together. 🌀

- Siavash Zohoori

Article first published in the
San Mateo Daily Journal

88 Additional Teachers Trained in Youth Mental Health First Aid

After a series of six sessions, 88 elementary and middle school teachers and 14 parents of the San Mateo Foster City School District (SMFCSD) community were trained in Youth Mental Health First Aid (YMHA). SMFCSD was able to make this possible by receiving a grant from Peninsula Healthcare District. Through this grant, funding was provided to compensate hourly pay and substitute coverage. Among many thoughtful comments, intriguing questions,

and empathy for Youth's experiences, participants left the training feeling empowered to help others struggling. Teachers and parents greatly enjoyed the course and had very positive comments. One teacher stated "This was a good training – I think all teachers and school staff should attend this training." Others expressed feeling confident to recognize warning signs and risk factors, help a young person in need, and connect them to local resources. A special

thanks to Wini McMichael, SMFCSD's Wellness Coordinator, for her continued support in the success of training the SMFCSD community. Youth Mental Health First Aid is funded by Measure K.

Learn more about or sign up for YMHA at:
www.smchealth.org/community-education, or email Natalie Andrade at:

nandrade@smcgov.org. 🌀

- Natalie Andrade



Mind, Body and Spirit Matters: Black History Month Health Fair

On February 25, the BHRS African American Community Initiative (AACI) hosted a health fair. The purpose of the *Mind, Body and Spirit Matters* event was to educate and motivate the community around issues concerning their physical, emotional and spiritual health. The event also served to celebrate Black History month; a month set aside to celebrate the accomplishments and achievements of African Americans. The event was held at the East Palo Alto community Church and attracted a group of over 100 people consisting of community members/partners, Health System staff, and consumers. The 20+ community agencies present distributed informational materials and invited participants to take advantage of their services.

After the welcoming Tennille Tucker, AACI co-chair and AACI member Theresa McConnell lead attendees in harmonizing verses of the National Black Anthem which set the tone for the day. Larry Moody, Mayor of East Palo Alto, and Louise Rogers, San Mateo County Health System Chief provided opening remarks. The keynote address, delivered by Dr. Mary Bains, MFT, PhD, focused on the mind, body and spirit connection.

One of the highlights of the event was the Black Lives Matter (BLM) Photo Voice Project presentation lead by Siavash Zohoori of the Office



of Diversity and Equity. Jan Allen, a staff of Voices of Recovery and member of AACI gave a historical presentation of the BLM movement. The photo voice panelists Jan Allen, Renesha Westerfield, Deborah Wright shared moving accounts of their experiences and encounters with law enforcement personnel. Vickie Bell also completed a photo voice project that was displayed at the event.

Attendees engaged in a Mindfulness and Compassion Exercise facilitated by Corinne Collins RN/FNP & Mindfulness Teacher. The drumming of Gerald Joseph welcomed attendees to the church's courtyard for the blessing of the meal lead by Pastor Mary Frazier. Joanne Wright of East Palo Alto catered a scrumptious soul food lunch which was a perfect end to the day's activities.

AACI thanks Mateo Lodge for supporting the event and

bringing consumers to enjoy the day's events; Gloria Brown (AACI member) and her husband for donating 49ers tickets as one of the many raffle prizes given out at the event; our photo voice participants; consumers, community partners, Dr. Jei Africa/ Office of Diversity and Equity staff, and AACI members for their support with making the event successful. We look forward to hosting another Black History Month Event next year! 🌟

- Yolanda Booker, AACI member and Talisha Racy, AACI Co-Chair.



Widespread Availability of Tobacco Products Continues

New research in the *Healthy Stores for a Healthy Community* shows that in San Mateo County, 74% of stores that sell tobacco carry a popular brand of “little cigars” individually for under a dollar, less than the cost of a candy bar. This finding is part of new research that was released on March 8, 2017 on the availability and marketing of tobacco products, alcohol, condoms, and healthy and unhealthy food options in California stores that sell tobacco.

A Bay Area regional press conference that included San Mateo County was held to release results of the scientific survey, which is the largest of its kind in the state. Data was collected during the summer of 2016 from more than 7,100 stores in all 58 California counties including pharmacies, supermarkets, delis, convenience stores, liquor stores, and tobacco-only stores; of those 512 were surveyed in San Mateo Coun-

ty.

Survey findings include the following:

- 37% of stores sold non- or low-fat milk, but nearly 60% sell alcohol.
- E-cigarettes saw a significant increase in San Mateo County in stores from the last time this survey was conducted, growing from 31% in 2013 to 54% in 2016. The expanded availability of e-cigarettes is of particular concern and reflects the spike in use by teens and young adults in the last three years.
- 74% of stores sell flavored non-cigarette tobacco products, which often have kid-appealing flavors, such as grape, watermelon, chocolate, gummy candies, and even breakfast cereals. Similarly, 76% of stores near schools also sell flavored tobacco products.
- Alcopops are sold at 59% of stores.



Edith Cabuslay, Program Services Manager with BHRSA AOD, emceeding the Healthy Stores for a Healthy Community Bay Area Regional Press Conference on March 8, 2017.

For more information on *Healthy Stores for a Healthy Community*, please visit www.healthystoreshealthycommunity.com or contact the San Mateo County Tobacco Prevention Program at (650) 573-3777 or tobaccoprevention@smcgov.org.

- Francesa Lomotan

Historical Trauma and Healing Practices in Native American Community

The Native American Initiative held a training on April 5 on Historical Trauma and Healing Practices which was well received by the audience.

The BHRSA Native American Initiative is working to raise awareness about mental health and ensures that those at-risk for mental illnesses and related disorders receive proper, timely and effective treatment in San Mateo County. Specifically, our Health Equity Initiative is dedicated to assisting Native Americans and clinicians in San Mateo to incorporate culturally competent strategies to ensure that it is effectively addressing the treatment and psychosocial needs

of consumers and families with diverse values, beliefs, sexual orientations, and backgrounds that vary by race, ethnicity and/or language.

The opening ceremony was led by Teresa Iniguez-Flores who shared her own personal experiences as a healer and her journey in doing this work. Annelise Batten, MS, an intern at BHRSA presented on historical trauma in the Native American Community. Additional presentations were given by Linda Lopez who identifies as Tongva and is a descent of Toyupurina, a native woman who led the first revolt against the Span-

ish Mission; Michael Duran and Michael Andrews presented on Trauma informed care and traditional healing; lastly Silvia Zihuantlaocuiatl honored the Ohlone land paying respect to the original inhabitants of the San Francisco/Bay Area and led us in the closing ceremony.

Please take moment to watch a short video *We Shall Remain* (linked below) shared by presenter Michael Duran, MA, from the Indian Health Center in San Jose.

- Gloria Gutierrez and
Sonia Mays

Living Well with Pride

The first session of north county's Living Well with Pride wellness and recovery group wrapped up last week and group members are already waiting the next session begin. The group created a space for LGBTQ individuals to discuss gender identity, gender expression, and sexual orientation. As wellness and recovery become mainstream goals in mental health services, it is critical to provide space for individuals with 'minority' identity statuses to openly discuss the challenges they face and connect to people with similar identities. This group explored the different forms recovery can take, while offering support for and understanding of the unique needs of San Mateo

County's diverse LGBTQ population.

Members stated that they had no other space like Living Well with Pride. More than one client stated that they did not feel comfortable sharing what they do in our group in other supportive therapy or group spaces at the clinic.

The group set the pace of the facilitated discussions in each of our 6 sessions. Discussion of resources, social and emotional challenges of embracing one's identities, and the process of change were frequent. The group built a supportive network that extended outside of the clinic: members attended another's band performance, someone offered to take another

member to an outside resource, and other members planned lunches together. Group members supported each other as peers and educated me, the facilitator. As the PRIDE Initiative Intern for the Cultural Stipend Internship Program, I will take this experience forward into my clinical practice. Most importantly, I learned there is a need for groups like this in youth and adult clinics. We had four times as many applicants as spots for the group; clients are clamoring for a safe space to explore LGBTQ experiences of recovery. ☺

-Sierra Pax



Employee Spotlight



Maria Tan

Occupational Therapist

Hometown: South San Francisco, CA

Years at BHRS/SMC: 18+ years

What do you do?

I provide OT services to teens and young adults who have a mental disorder by helping them develop the skills and supports necessary for independent, interdependent, and

productive living by engaging in meaningful and productive life roles such as obtaining and maintaining employment, going to school, etc.

What do you enjoy most about your job?

There are many things I love about my job, one of which is that I get the privilege to work with amazing individuals who allow me to be a part of their journey through their struggles, challenges, and successes. I love that I get to be a partner in their lives as they try and achieve the goals they set out for themselves. I am grateful that I have a job where I believe in the work and love the work.

Most rewarding/memorable experience:

When one of the teens I worked with achieved his goal of catching up on credits to obtain his high school diplo-

ma. He didn't attend school due to his struggle with depression and anxiety. It was so gratifying to help him develop organization skills, time management, stress management, coping skills, etc. It was amazing to bear witness to his transformation and achievements.

Favorite hobbies/activities:

Traveling, photography, spending time outdoors (hiking, camping, playing sports, etc.), yoga, crocheting/knitting, arts and crafts, concerts/shows, jewelry making, spending time with family, etc.

"If I weren't in my current role, I'd be ...":

A traveling photographer. ☺

MHSA Program Highlight: Pathways Program

Established in 2006 and funded by MHSA, the Pathways Program is a mental health court developed in collaboration with San Mateo County Courts, Probation, District Attorney, Private Defender Program, Sheriff's Office, Correctional Health, NAMI, Behavioral Health and Recovery Services clinics, specialty teams and its contractors. The Pathways program goal is to avoid incarceration of seriously mentally ill individuals and offer an alternative route through the criminal justice system. Eligible clients must be adults 18 and older, living in San Mateo County, diagnosed with a serious mental illness, has statutory eligibility for probation, and agrees to fulfill Pathways program requirements. Since the inception of the program, Pathways has graduated 91 clients by providing them with an opportunity to remain in the community with increased treatment support and tailored supervision.

The success of the clients in the program would not be possible

without the committed interdisciplinary behavioral health team consisting of a pre-trial psychiatric social worker, family support specialist, senior peer support worker, mental health counselor II, program specialist, a clinician, consulting psychiatrist, and clinical interns. The team supports clients by working with the mental health court to evaluate prospective clients, submitting recommendations and proposing treatment plans in accordance with their probation, and supporting clients' personal and professional goals through effective

relationship. After successful completion of the program with full compliance during the term of their probation, Pathways clients participate in a graduation where the accomplishments of the clients are celebrated among family, friends, and program partners. In addition, all successful graduates have their court costs deleted in recognition of their work with a possibility of expungement of their legal charges on a case by case basis. ☞

- Colin T. Hart



WELLNESS • RECOVERY • RESILIENCE



4th Annual Parent Project® Reunion

On Sunday, May 21st the Office of Diversity and Equity will be hosting a celebration for Parent Project® graduates and their families. To date, our program has graduated over 550 parents in San Mateo County. The Parent Project is a nationally recognized program for parents with youth or adolescents experiencing high risk behaviors. ODE began providing the Parent Project in 2010 in partnership with the Latino Collaborative and the Pacific Islander Initiative. In 2013, ODE was awarded Measure A funds to expand the program in collab-

oration with the San Mateo County Office of Education. We continue to be funded through Measure K and provided 12 classes per year.

From inception, 73% of parents reported satisfaction in their parent/child relationship and more than twice as many parents indicated being very satisfied with their parenting skills after taking the Parent Project.

The reunion will bring together graduates, children, class facilitators, and community stakeholders that make this program possible to celebrate their continued accomplish-

ments and encourage continued community involvement.

Join us for an afternoon of fun, food, and festivities on May 21, 11 am—2 pm at the Beresford Community Center, 2720 Alameda de las Pulgas in San Mateo.

For more information, contact Frances Lobos at flobos@smcgov.org or (650) 372-3272. ☞

- Frances Lobos





Mental Health Services Act Update – Doris Estremera, MHSA Manager

MHSA Three-Year Plan FY 2017-2020

About 150 behavioral health advocates, providers and clients came together on Wednesday, April 26th to provide final input and listen in on the top priorities identified for the next 3 years of MHSA implementation. There were public comment by service providers, community leaders and clients on behalf of 17 priority recommendations, input and voting by participants on additional priority recommendations to consider and MHSA Steering Committee voting to prioritize across all recommendations. Materials, videos and results of the prioritization are posted on the MHSA website, www.smchealth.org/MHSA.

The MHSA Three-Year Plan will be presented at the next Mental Health & Substance Abuse Recovery Commission (MHSARC) meeting and voted on to open a 30 day public comment period:

Wednesday, June 7, 2017
3-5pm, Health System,
Room 100, 225 37th Ave.
San Mateo CA 94403

MHSA Outreach Collaboratives

In an effort to understand

the impact MHSA funded outreach and engagement efforts are having in terms of increasing access and improving linkages to behavioral health services for underserved communities, and independent consultant, Harder+Company Community Research, was contracted to evaluate the MHSA Outreach Collaboratives, the East Palo Alto Partnership for Mental Health Outreach (EPAPMHO) and the North County Outreach Collaborative (NCOC). A report on the impact of these collaboratives, including both qualitative and quantitative data, is now available on the MHSA website

www.smchealth.org/MHSA

A few highlights of the reports include:

- Activities and events organized by each collaborative are driven by and responsive to community needs in terms of the resources provided and the alignment of cultural, social and linguistic supports.
- The strong collaborations have facilitated warm hand-offs between agencies and have provided a gateway to a range of services to support wellness, recovery and

access.

- In FY 2015-16, between the two collaboratives, 5,556 individuals were engaged through meaningful outreach. Of these, 51% represented underserved ethnic communities including African American, Mexican, Filipino, Chinese, Tongan, Samoan and multiracial communities.

The MHSA Outreach Collaboratives are intended to facilitate a number of activities, including education aimed at decreasing stigma; increasing awareness of and access to services; advocating for the expansion of local resources; and linking individuals to culturally and linguistically appropriate services. EPAPMHO focuses their outreach efforts on at-risk youth, transitional-aged youth (TAY), and underserved adults, with a specific focus on Latino, African American, Pacific Islander, and LGBTQ communities. NCOC focuses on rural and/or ethnic communities, including Chinese, Filipino, Latino, Pacific Islander, and LGBTQ populations in the North County region of San Mateo. ☺

EPA Behavioral Health Advisory Group Presents

10th Annual Family Awareness Night

“10 Years of Combatting Trauma!”

Healthy Minds, Choices, Families & Community

Thursday, May 18, 5:30– 8:00 pm

East Palo Alto Academy

1050 Myrtle Street

East Palo Alto, CA 94303

RSVP by 5/11/17



Q-Tip for Quality, by Holly Severson, RN MSN

Quality Management Trainings Will be Credited as Required County Training Hours

I am happy to announce that Quality Management (QM) trainings will count towards the 20 hours of annual training that County employees must take each fiscal year. This change will be implemented soon, so that completed future trainings will automatically be entered into the LMS as completed training hours. QM staff will enter all training hours taken in the past fiscal year (July 1, 2016 through June 30, 2017) so that they show toward each employee's 20 hour target.

QM trainings include the initial and the annual mandated Compliance training; Fraud, Waste and Abuse; Confidentiality-HIPAA for MH & AOD; the New Staff Documentation series and the Current Staff Documentation series. QM sends out email announcements to employees when the trainings are coming due. Please complete your trainings by the due dates indicated in these emails; doing so will satisfy both the mandated BHRS trainings and count toward your 20 hour annual training requirement.

The annual HIPAA/Confidentiality training for existing staff is coming up in July, so stay tuned for that.

QM has significantly improved the homepage for QM trainings (see link below). We have made the information easier to find, but if you need any help with the site contact QM staff Amber Ortiz at:

alortiz@smcgov.org

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



Think Quality

Next QIC Meeting By webinar only

Wednesday

May 10, 2017

10-11 am

Contact QM at:

hseverson@smcgov.org

QM Trainings: www.smchealth.org/bhrs/providers/ontrain

Mental Health Month

(Continued from page 1)

and community members have been moved by our storytelling program, including **stories shared by video (digital stories) and photos (photo voice)**. To learn more about this storytelling program, visit www.smchealth.org/stories.

The **Lived Experience Academy (LEA)** is another county program that has touched the hearts of many. Participants of LEA learn how to share their stories for the purpose of empowering themselves, furthering the healing process, reducing stigma, and

educating others about behavioral health conditions. During May Mental Health Awareness Month, there will be a LEA speaker panel at Sharing Our Lived Experience event on Wednesday, May 17 5:30-7:00PM at Project 90 Friendship Hall. To learn more about LEA, visit www.smchealth.org/LEA.

Be the One to Take Action (Hands)

With an enlightened mind and full heart, we are often inspired to engage our hands to do something. During **May Mental Health Awareness Month**, you can do something to reduce stigma

by attending one of the previously mentioned events or other events detailed at www.smchealth.org/mentalhealthmonth. Be sure to bring a friend, family member or colleague as well!

Through our head, heart, hands or all of the above, we all have a role to play in reducing stigma and Be the One to Celebrate Mental Health Awareness in May and year round.

To subscribe to *Wellness Matters* or to view previous issues, visit: www.smchealth.org/wm (To subscribe, click the red envelope at the top of the page.)
Forward comments, suggestions or contributions for *Wellness Matters* to Diane Tom, Editor: DiTom@smcgov.org



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