A Year in Review: BHRS 2014 Highlights

As in previous years, we have identified thirteen highlights for 2014. Narrowing the list is never an easy task, however this list provides a snapshot of some of the new and continuing developments for BHRS in the past year. We would like to recognize all of the people—clients, family members, staff and community partners—whose passion, commitment and hard work transform these ideas into action. The following highlights are listed in no specific order:

1. Health Care Reform

As of December, more than 27,000 residents have enrolled in Medi-Cal under the Affordable Care Act (ACA) eligibility expansion that took effect on January 1, 2014 and almost 27,000 residents enrolled in a Covered California health plan. This means a total of 54,000 San Mateo County residents have enrolled in health insurance made available through the healthcare reform law. As a result, many more individuals are now able to seek mental health and substance use services. Since January 2014, the ACCESS Call Center has received more than 4,400 additional calls over the previous year. In addition, the Call Center authorized more clients to the Provider Network in the first seven months of this year than in the previous 18 months!

Health Care Reform has also expanded the care for substance use treatment services. BHRS partnered with contracted substance use disorder (SUD) treatment providers to assist in the Drug Medi-Cal (DMC) certification process to expand our network of outpatient providers. We are also working with the California Department of Health Care Services to pursue an Organized Delivery System Federal waiver to offer a full continuum of SUD service to Medi-Cal beneficiaries in San Mateo County—including residential treatment services. In the first 10 months of 2014, substance use treatment was provided to nearly 1,200 Medicaid beneficiaries, or 54% of all clients served. Prior to health reform only 15% of clients served were Medi-Cal beneficiaries.

2. Measure A Implementation

In 2013, over $14 million in Measure A funding was approved by the Board of Supervisors to support local mental health and substance use services. Funding focused on a variety of prevention and early intervention services for children and youth and on providing new or expanded services to individuals who have or are at risk of developing mental health and/or substance use disorders. A significant amount of work has transpired in 2014 to implement these projects. Look for upcoming articles with updates on specific Measure A funded projects (see the first of these articles on Parent Project and MHFA Training, pg 3).

3. Medicated Assisted Treatment

Based on BHRS’s successful pilot program for individuals with chronic alcohol dependency the Health Plan of San Mateo is funding a major expansion of the pilot. While the pilot served 17 individuals the expansion when fully operational is projected to engage approximately 3,000 individuals with up to 400 receiving a medication intervention for their alcohol dependency. Substance Use Counselors and a Psychiatrist will be embedded at the San Mateo Medical Center’s Emergency Department and at their primary care clinics as part of the BHRS Interface Team. Health Rite360 will open a clinic for those receiving medication supports. Additionally they will offer case management and other support services. Palm Avenue detox will add 3 beds for an extended stay program, and Voices of Recovery will provide peer support.

The primary goal is to increase the number of AOD clients who will benefit from additional clinical options and reduce the harmful impact of alcohol and drug use in San Mateo County. Services are targeted to begin late Spring.

“My treatment team suggested I try Vivitrol. I am glad they did. I started on Vivitrol and it made my alcohol cravings completely tolerable. I have maintained continuous sobriety for the past 20 months, since I started using this medication.” – Pete P.

4. MHSA Proposed Expansion

And Workforce Education & Training Update

(Continued on page 10)
Two Years Since Newtown

It is hard to believe that it has been two years since the Newtown tragedy and with the recent horrific slayings of children in Pakistan, we are reminded of how vulnerable children throughout the world are and that we have an imperative to do what we can to minimize or better yet eliminate that risk. In December I viewed a short video created by a Stanford student on how a school is preparing for the possibility of a “shooter” entering their campus. As I watched, I reflected on how things have changed. I flashed back to the air raid drills and going into the basement of my elementary school preparing for the potential of a nuclear attack. But as I watched how the school in the video was going through their drills, I felt that far more frightening and potentially real than some far away faceless threat. How things have changed!

With the Newtown anniversary there has been numerous articles and television talk on the event and what has transpired since. Governing Magazine published a story, “Post-Newtown Mental Health Movement Loses Momentum.” In its annual report the National Alliance on Mental Illness stated “Despite much talk about the mental health crisis in America since Newtown, little of substance on mental health care has been accomplished in the sharply divided, partisan Congress in the two years that have ensued.” The article went on to cite that between 2009 and 2012, state mental health cuts totaled $4.35 billion.

While Congress has largely been silent on passing any meaningful legislation and funding, San Mateo County has been making significant progress in numerous areas. As was reported in a prior issue of Wellness Matters, after Newtown, Supervisors Tissier and Horsley, along with Congresswoman Jackie Speier, convened a group to plan for a local summit to discuss how we can prevent such tragedies and support our childrens’ mental and emotionally development. I am pleased to report that in contrast to the lack of action at the Federal level, a tremendous amount of work and progress has been made in San Mateo County during the past 18 months. Here are highlights:

- The “Big Five” a protocol for responding to threat situations on school campuses has been adopted countywide by all school districts, law enforcement and fire departments
- Emergency response training has occurred in 11 school districts and 7 private schools
- School Resources Officers from throughout the county are meeting quarterly
- Local “experts” are being trained to provide consultation to schools
- Threat assessment protocols have been developed and used
- County Office of Education has hired a Director of Safe and Supportive Schools who is developing strong relationships between schools and BHRS
- Over 500 school personnel have been trained in Youth Mental Health First Aid
- 322 parents (776 children) have participated in the Parent Project
- Three school-based mental health collaboratives

In addition to the leadership provided by Supervisors Tissier and Horsley, and Congresswoman Jackie Speier, special recognition is in order for Nancy McGee and Cary Catching from the County Office of Education; Claire Cunningham from County Counsel; and Mark Wyss from the Sheriff’s Office.

So while inertia dominates in Congress, San Mateo County is on the move to ensure that all the children have the best chance of growing up safe and healthy.
ODE Graduates Over 1,500 Participants From Three Community Courses

The Office of Diversity and Equity (ODE) is committed to reaching underserved communities through unique partnerships. Three of our most successful and far-reaching partnership programs are The Parent Project®, Adult Mental Health First Aid, and Youth Mental Health First Aid. These programs have grown and strengthened through ODE’s traditional and non-traditional partnerships since their inception in 2010 with over 1,500 participants graduating from our courses.

ODE’s partnerships include but are not limited to: local community based organizations and providers, community colleges, faith-based organizations, private businesses, community colleges, housing agencies, teachers and school personnel, San Mateo County Office of Education (SMCOE) and the recovery community. Our training courses have reached each of San Mateo County’s 26 school districts and all San Mateo County Community Service Areas at no cost to its participants with funding from both Measure A and Mental Health Services Act (Prop. 63).

The Parent Project® course, touted by parents, school professionals and community agencies for its ability to positively transform families, is a 12-week course for parents and caregivers of adolescents who are at risk of or currently display challenging and/or dangerous behaviors. The course empowers parents and community members with practical no-nonsense plans, tools, resources, activities, and opportunities to share and receive support. Participants learn that they are not alone in the challenges of parenting adolescents, and become empowered to make the changes they want in their family. With units that cover everything from how to communicate “I love you” to your children and how to set effective house rules, to information about drugs and gangs, this course helps parents to parent more effectively and build and strengthen the relationships within our families.

One of our Parent Project® graduates, Yolanda Ramirez, was inspired to facilitate this course after seeing the positive effects it had on her family, and said “I believe in this class because it saved my daughter’s life. I learned to listen to her, and thanks to that I made the right decision [...] that needed to be made in the moment.”

Mental Health First Aid (adult) is an 8-hour, evidence-based, public education program that teaches members of the community how to recognize and appropriately respond to an individual experiencing a mental health challenge or crisis. After taking the class, participants say that they are not only more confident in their ability to recognize signs of a mental health challenge or crisis (94%) but also in their ability to respond appropriately including linking the individual in crisis with professional help (93%).

"MHFA is a great tool to raise much-needed mental health awareness. I hope that people will recognize its importance...If everyone takes this class, thousands of lives will be saved" said recent MHFA graduate, Vanessa Valerio, RN, COO, CareIndeed, Inc.

Youth Mental Health First Aid (YMHFA) is also an evidence-based, 8-hour certification training that teaches individuals how to help a person who may be experiencing a mental health challenge or crisis, but is designed for adults who work with or assist young people, ages 12-24.

For local 25-year veteran teacher Elisa Fireman, concepts from the course were crucial. "I attended the training, and the next morning, we had a child...that was suicidal," Fireman said. "Before I went through the YMHFA training, my reaction would have been to call the police for help, but because of the training it was very easy for me to address the issues, and I was able to connect [the youth] with a therapist in an hour and a half." Elisa concluded, "From the janitor to the bus driver...you don't know if you will be the person who will make the difference between them staying present and getting help or checking out."

Many thanks to our partnerships which help us find the strengths and resources in our community, increase community engagement and partnerships, and link individuals to resources and appropriate levels of care. As we know, the sooner individuals can find help and support, the better the outcome.

For more information about our courses, see right.
Community Service Area Integration for Countywide Services

The long-awaited Planning Workshop to bring together staff from BHRS operated countywide services was held on November 12-14. The goal of this workshop was to begin the process of integrating countywide services into the Community Service Area (CSA) model of service delivery and community engagement. The workshop was led by Keith Clausen, Clinical Services Manager of Quality Improvement and Paul Sorbo, Deputy Director of Child/Youth Services, with the assistance of Selma Mangrum, Clinical Services Manager and the five CSA Managers.

The workshop began with a discussion of the CSA development process to date. The participants then provided an overview of their programs including the eligibility criteria, referral process and services provided. This turned out to be a very rich experience and staff provided very positive feedback about this portion of the program in terms of the new information they learned about the other countywide programs.

The participants also heard from a panel of the five CSA Managers, moderated by Kacy Carr, Deputy Director of Adult and Older Adults, on their experiences with the development of the CSAs and the ongoing process of community and consumer/family engagement.

There were a number of exercises in which the participants looked at their existing and possible future connections with agencies, providers and community based organizations in the CSAs and strategies to enhance the connections to improve services for members of the community. The end product of these exercises was an Action Plan developed by each countywide program detailing the steps the programs would be taking to further their integration into the CSA structure.

Overall, there was a positive response to the workshop and participants were especially appreciative of the opportunity for the countywide programs to come together to share information, develop new relationships and strengthen existing connections. This was only a beginning and the plan is to hold a follow-up meeting in March 2015 to review the progress and next steps on the Action Plans. –

-Linda Simonsen and Diane Dworkin

To learn more about the CSAs, visit www.smchealth.org/goodandmodern

Staff from various BHRS countywide programs participate in the CSA integration workshop.
On November 18, the Board of Supervisors approved the Cordilleras Mental Health Center Replacement (MHRC) Feasibility Study and directed Hammel, Green and Abrahamson, Inc. (architects), the Health System and the Department of Public Works to proceed with obtaining permits and developing detailed plans for the replacement of Cordilleras.

The permitting process is complicated, detailed and can take several months depending on obstacles that may be encountered. The detailed plans include developing specifics for campus layout, building designs and interior considerations. We have already gathered some of this information from our efforts over this past year (meetings, site visits, literature reviews, etc.). Next steps include consulting with those who work with and specialize in the various consumer sub-groups we will serve in each of the 16 bed MHRC’s to detail considerations in program design, floor plan layouts and living environment elements and ensure the new campus addresses the needs of our consumers of today and beyond.

Many thanks and much gratitude to so many of you for helping us develop this feasibility study over the past year and in shaping the Cordilleras Campus of the future!

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**Students Learn About Mental Health and Stigma Through Photovoice**

Photovoice is an approach that uses photography and narratives to raise awareness and create social change. It has been an effective tool for engaging youth and transition-age youth in many important issues. The BHRS Office of Diversity and Equity used Photovoice to teach college students at Skyline College and Notre Dame de Namur University (NDNU) about the stigma of mental health in their communities.

In October, over 40 students from Skyline College participated in a Photovoice project where the framing question was “Where have you experienced stigma or discrimination?” Students took photos and wrote narratives that answered this question. Various themes emerged from the exhibits, including body image, city of residence, employment, religion, and education.

Between November and December, 17 NDNU students also participated in a Photovoice project where they shared their experiences and thoughts on mental illness and substance abuse. The posing question for this group was, “What does mental illness and substance abuse look like to you?” Each exhibit answered the question differently, and it was clear that mental illness and substance abuse cannot be captured in one uniform way. It looks like a lot of different things to different people. The exhibits are on display at the NDNU library for other students and staff to view.

The reactions from those who participated in Photovoice have been astonishing. The students revealed that they never realized how common stigma was within their communities. One student from Skyline College said, “I never really thought of the stigma present in my life. With this assignment I started to see that there was a lot of stigma surrounding me on a daily basis, I was just unaware of it.” A student from NDNU mentioned that she did not know how many things could fall under mental illness and through Photovoice, she was able to learn more about what mental illness actually is and can now share that knowledge with others.

Photovoice gives people the opportunity to share their experiences with their communities through an image. It is said that “a picture is worth a thousand words” and Photovoice has shown that to be true. For more information about Photovoice, please contact Kathy Reyes at ekreyes@smcgov.org or at (650) 573-2174.

- Marisol Solis, ODE Intern

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To most people this just looks like an average necklace. In fact, this is a 1 year clean and sober chip. My grandfather was a heroin addict and alcoholic for 40 years. At the age of 55 he decided to go to treatment. He was clean and sober for 1 year until he passed. Ironically he died because of his addiction. At 56 he passed away from Cirrhosis of the liver. Most people wear necklaces that don’t have any symbolic meaning. To me this necklace symbolizes overcoming addiction.
The Total Wellness Consumer Advisory Committee, consisting of six consumers and three BHRS staff members, has been meeting every month for the past three years. Our goal is to enhance the care experience of all of our Total Wellness clients. The Committee members share their wellness experiences, provide invaluable suggestions and offer critiques on different aspects of the program. They all actively participate, with total trust and respect—trust that no idea would ever be de-valued; respect that each and every member has a unique role in this Committee. It is this unspoken, shared understanding that raises the Committee to another level, one in which they openly share their own personal wellness experiences—milestones and achievements, struggles and vulnerabilities—with each other, and with the larger BHRS community!

In this and upcoming issues of Wellness Matters, we will share personal stories from our Consumer Advisory members. We also want to invite you to read these stories (see the first story - How Do I Practice My Wellness - below) with your heart to feel their pain, their ups and downs, their resilience, and most important of all, their successes!

How Do I Practice My Wellness?
By Steven Burch, Total Wellness Consumer Advisory Committee Member
I practice my wellness by being sociable.
Having a diagnosis of schizophrenia is really an emotional and social disorder for many, especially for me. I have to work hard at being sociable in order to keep a connection with others, friends and family members included.
I practice my wellness by being agreeable.
Having a diagnosis of schizophrenia would have made me be defensive and argumentative frequently. I have to work hard to be agreeable and be acceptable by others!
I practice my wellness by being friendly and happy.
The paranoia that comes with my schizophrenia has made me be defensive and argumentative frequently. I have to work hard every day to get along and not to be perceived as “argumentative, uncooperative, or oppositional.” I work hard to be agreeable and be acceptable by others!

- Shirley Chu, Chair and Linford Gayle, Co-Chair, Total Wellness Consumer Advisory Committee

Congratuations to the Service Connect team, recipient of the County STARS award for customer services. Service Connect is a collaborative effort among various department and agencies in San Mateo County designed to reduce recidivism among recently released prison and jail population under State realignment legislation and County Unified realignment. Service Connect staff are committed to serving the forensic population. The team is extremely passionate about serving this population and many of the staff have lived experience as formerly incarcerated people. (Photo of partial Service Connect Team.)
Change Agent CARE Team: Lee Harrison, Paula Nannizzi, Mary Taylor Fullerton, Dave Clemens, Stephanie Coate, Matt Boyle, (not shown: Katy Davis).

It was a festive event, filled with good food and cheer. And, of course, since we are Change Agents, we got down and did a little work to change the world too... We had an inspiring speaker from the Lived Experience Speaker’s group share her journey into recovery. We viewed the film “Anonymous People” and had an engrossing conversation about Recovery in our community.

A survey is now being distributed to gather further thoughts on Advancing Recovery in San Mateo County - check it out! 🎁

Change Agent CARE Team: Lee Harrison, Paula Nannizzi, Mary Taylor Fullerton, Dave Clemens, Stephanie Coate, Matt Boyle, (not shown: Katy Davis).

Advancing Recovery Survey: https://www.surveymonkey.com/s/smcrecovery

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

Quality Management Team Increases Collaboration with Providers

For the past few months Quality Management staff members have been holding regular monthly meetings with our contracted agency providers. This has been part of our push for greater collaboration with the many fine agencies who serve BHRS clients and as part of our mandated oversight role with our providers. Reactions to these meetings have been very positive and we believe that this greater connection is improving the quality of care and compliance.

Topics covered so far include Critical Incident policies, the Medi-Cal site re/certification process, the importance of comprehensive credentialing, auditing expectations, and several clinical topics, including an adaptable chart review tool, and tips on how to develop excellent assessments and treatment plans.

The BHRS Office of Consumer & Family Affairs will present at the January meeting on several topics including how best to handle grievances, along with other client/consumer and family related issues.

In closing, we want to emphasize that we appreciate our partner agencies’ commitment to serving San Mateo BHRS clients and look forward to working to enhance our relationships in the coming year.

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

Next QIC Meeting:
Wednesday
January 14, 2015
10:00 am—Noon
2000 Alameda de las Pulgas, Room 201, San Mateo

Overwhelmed With Too Much Stuff?

The University of California San Francisco and the Mental Health Association of San Francisco are offering treatment groups for people who have difficulty with clutter. Groups are available in San Francisco, Berkeley, and San Mateo starting late January.

The study is funded by the Patient Centered Outcomes Research Institute (PCORI). To participate, please call (415) 763-7489 or e-mail pcorisfstudy@gmail.com.
Celebrating a Victory in Community Based Prevention

The North County Prevention Partnership (NCPP), passed a Social Host Ordinance in Daly City. This ordinance holds adults responsible for underage drinking occurring in their home. The partnership is funded through BHRS, Alcohol and Other Drugs.

At the City Council meeting on November 10th, Daly City passed a Social Host Ordinance (SHO). The SHO expands on the existing Loud and Unruly Party Ordinance, and holds adults responsible for underage drinking occurring in their home. Under the new ordinance, police officers are allowed increased authority to investigate when dispatched to the scene of a loud and unruly party where underage drinking is suspected. If officers determine that underage drinking has occurred, parents/guardians face fines of $1500 for the first offense, $2000 for the second offense, and $2500 for the third offense. The SHO is meant to serve as a deterrent, encouraging parents to have conversations with their children about underage alcohol use and its consequences. All of this comes on the heels of the 2013 Youth Access Survey conducted in the Jefferson Union High School District by Be The Change (BTC) youth coalition of North County Prevention Partnership (NCPP). A total of 1219 students were surveyed, representing approximately a quarter of the entire district population. According to the current survey findings, 44.6% of students used alcohol at parties, compared with 35.8% in 2009, and 14% in 2005. Additionally, Be The Change found that 82.4% of their peers reported that parents and guardians are unaware that youths were drinking in their homes or at their friends’ homes, a significant increase from the 51.5% reported by youth in 2009. Be The Change presented their findings and recommendations report to Daly City Council in June and received support. NCPP worked together to provide resources to Mayor Canepa and the Daly City Police Department, who then worked with the City Manager and City Attorney to develop the language of the policy. After the first reading of the ordinance in October, the policy was revised to include the higher fees and subsequently approved 4 to 1. To promote increased awareness of the new law, NCPP and BTC will be moving forward with conducting a community education campaign in Daly City in the next several months.

Spirituality 102

Tuesday, February 3rd: 8:30 am - 12:00 pm

**Bridging Spirituality in Clinical Care: Emphasizing Clinical Interventions**

- Brief history of spirituality in mental health treatment
- Real life case scenarios for discussion in small groups
- Clinical interventions and how to document for billing
- Digital Stories on spirituality
- Resources for implementing spirituality

Silicon Valley Conference Center, 1300 S. El Camino Real, Suite 114, San Mateo
Seating is limited and pre-registration is required.
Register on LMS or contact Moe Mati at 650-573-2565.
For details, visit: [www.smchealth.org/bhrs/ode/spirituality](http://www.smchealth.org/bhrs/ode/spirituality)
Trainings

Psychiatric Grand Rounds
12:15 -1:30 pm
Health Services Building, 225 37th Avenue, Room 100, San Mateo
“Impact of Early Life Stress and Evidence-Based Treatment of Traumatized Youth”
Tuesday, January 13
Presented by Hilit Kletter, PhD, Clinical Instructor, Stanford University School of Medicine.

“Updates in Emergency Psychiatry”
Tuesday, January 27
Presented by John Furman, MD, Psychiatrist, San Mateo Medical Center.

Working with the Arab and Arab American Community: A culturally relevant, sensitive, and competent approach
Wednesday, January 21
9:00 am—12:30 pm
Shoreway Conference Room, Sobrato Center, 330 Twin Dolphin Drive, Redwood Shores. Register on LMS or contact Moe Mati at mma-ti@smcgov.org.

Spirituality 102: Bridging Spirituality in Clinical Care: Emphasizing Clinical Interventions
Tuesday, February 3
8:30 a.m.—12:00 pm
Silicon Valley Conference Center, 1300 S. El Camino Real, Suite 114, San Mateo
Register on LMS or contact Moe Mati at mma-ti@smcgov.org. (see ad pg. 8)

Applied Suicide Intervention Skills Training (ASIST)
February 5 & 6,
8:30 a.m. - 4:30 pm. Contact Kim Westrick for application c_kwestrick@smcgov.org.

Employee News

Welcome
• Andrea Arroyo, Pre-To-Three
• Jose Cabrera, Service Connect
• Natasha Collins, Therapeutic Day School

• Shanelle Cotton, Canyon Oaks Youth Center
• Kent Halpern, Youth Resource Management
• Robert Hoover, Service Connect
• Sonia Mays, Pre-To-Three

Congratulations
• John Darby, MD, EPA Community Counseling Center, on being recognized as a Distinguished Fellow by the American Psychiatric Association.
• Aurora Pena, promoted to Program Specialist on Community Based Services Team.

Employee Service Awards
10 Years
• Deborah Ballon, South County
• Chauncey Chatman, EPA Community Counseling Center
• Carlos Morales, Administration/Service Connect
• Brian Sharkey, Canyon Oaks Youth Center

Most rewarding/memorable experience:
Successfully launching Avatar and going into maintenance mode. The feeling of achieving something so big that positively affects not only BHRS staff, but also the whole San Mateo County community.

Favorite hobbies/activities:
I have many leisure pursuits in my life, such as spending time with my two granddaughters, reading, listening to music, drawing and painting.

“What if I weren’t in my current role, I’d be...”
A CAD drafter or Graphic Illustrator.
BHRS 2014 Highlights

(Continued from page 1)

The MHSA Three-Year Program and Expenditure Plan for FY 2014/15 - FY 16/17, developed through a comprehensive planning process with nearly 300 stakeholders, including clients, family members, community organizations, and community members was available for public comment in October, and will be presented to the BOS for approval this month. Expansions were proposed under the following components: Community Services and Support; Prevention and Early intervention. More info: www.smchealth.org/mhsa.

The Workforce Education and Training Plan Update was also approved by the Mental Health and Substance Abuse Recovery Commission last November with the input of over 600 community stakeholders. Seven priority areas were identified and will serve as the focus for BHRS trainings for the next three years: 1) trauma-informed care, 2) cultural competence and humility, 3) crisis management and safety, 4) self-care, 5) co-occurring informed care, 6) support and integration of families in treatment and 7) partnering and collaboration with other providers and system. More info: www.smcbhrsblog.org.

5. BHRS Chinese Community Outreach Program

This program initially launched in June as a six-month pilot funded by the Mental Health Services Act (Prop. 63) to address the extremely low utilization of mental health services by this population. Chinese Community Health Worker, Sunny Choi, provides culturally sensitive outreach, education and engagement services to decrease the strong stigma prevalent in this community around mental health issues and assists to bridge the cultural and linguistic gaps. He also provides education and support to providers who serve this population.

“The new Community Health Worker is an invaluable link to the underserved Chinese Community in our county. In my church support group, a young man who stayed in his room for one year was finally able to come out and seek medical attention due to the help of the community worker.” – M. F.

6. Health Ambassador Program

The Health Ambassador program facilitates community empowerment by offering a structured program to individuals who have graduated from the Parent Project Program and wish to continue their education in behavioral health related topics. Participants are required to complete four out of the nine additional courses offered – to increase their mental health literacy, reduce stigma, and better prepare them to help their community. In 2014, three individuals graduated from the Health Ambassador program. Congratulations to Pedro Estrada, Michael Lim and Yolanda Ramirez.

“I wanted to become a Health Ambassador so I can help my community reach the resources they need and don’t know about. I like to teach the classes and teach them [my community] to advocate for themselves, help themselves, and how to educate themselves so they can continue to learn and help others. I also want to encourage more people to become Health Ambassadors so that there are more people helping each other in my community.” – Yolanda Ramirez

7. Family Assertive Support Team (FAST) Implementation

FAST, operated by Mateo Lodge, is a multidisciplinary mobile team providing support to adult clients and their family members. The team launched in November 2013 and consists of a family partner, peer counselor, clinician and a consulting psychiatrist with support from Mateo Lodge’s CEO, Ian Adamson and Support Team Director Matt Sweeney. Since inception, the team has served 80 clients (38 currently active) with a majority in the 18-45 age range. They also provide services to family members without seeing the client (not reflected in total clients served).

“I have yet to have felt such indescribable heartache, but thanks to the FAST team and their tremendous support, I find coping skills that I never knew existed in me. Your support will forever teach me to give back.” – Family Member

8. Coalition for Safe Schools and Communities

Established to improve school safety and collaboration, the coalition consists of three work groups: Emergency Response, Mental Health and Information Sharing. Key developments in the past year include:

- The County Office of Education hired a Director of Safe and Supportive Schools who is leading the work in connecting schools and mental health providers.
- Youth Mental Health First Aid classes have been offered throughout the county and have trained 533 educators from all 24 school districts.
- The Parent Project has seen 322 parents complete the
BHRS 2014 Highlights
(Continued from page 10)

13 week-long class - impacting over 750 children and teens in our county.
• Establishment of School Based Mental Health Collaboratives in three Community Service Area (Central, Coast and North West) who meet monthly. Participants include school and district personnel, providers, probation, school resource officers, BHRS staff and the Director of Safe and Supportive Schools.

9. Community Service Area Implementation Continues

The implementation of the Community Service Area (CSA) continued with week-long planning workshops to launch the East Palo Alto CSA in February and the Northwest CSA in June. A three day workshop was held in November to focus on further integrating the BHRS Countywide Programs into the CSAs. The planning workshop for the sixth and last CSA – Northeast - will take place later this year.

10. Cordilleras Redesign

The San Mateo County Board of Supervisor’s request for a feasibility study to replace our aging Cordilleras Mental Health Center moved from a concept to a reality. With the help of a broad range of stakeholder input, the feasibility study was completed and presented to the Board of Supervisors in November, who unanimously agreed to move the project forward and obtain permits and develop detailed plans (see story pg. 5).

“The 21st century mental health needs of our clients demand the type of facility proposed....it offers the best opportunity for those clients to reach their full potential and lead as full of a life as possible.” - John Maltbie, San Mateo County Manager

11. Service Connect

In May, Service Connect moved from a small space at 400 County Center, to 550 Quarry Road in San Carlos where staff provide same day assistance in a welcoming environment to an adult forensic population leaving custody settings. The new location is spacious and is co-located with Employment Warehouse services, the Culinary Academy and other Human Service Agency services.

In October, Service Connect expanded by partnering with the City of East Palo Alto creating a satellite Service Connect office at the David Lewis Service Connect Reentry Center.

Service Connect received the STARS award from San Mateo County for customer service and continues to evolve by adding and enhancing services and looking forward to next year.

“Service Connect has helped me with food, shelter, and recovery. People here are nothing but open-hearted and will give you a shoulder to cry on and an ear to talk to. They care about people and go above and beyond the call of duty.” - Michael Shoening

12. MHSA Funded Supportive Housing

BHRS consumers and their families moved into ten MHSA funded housing units at 1990 S. Delaware in San Mateo with the help of community-based intensive services who supported the transition process and helped get them established in their new homes. Over 200 applications were received for these units. Fortunately, in November 2014, the Board of Supervisors approved the necessary zoning changes on our third MHSA housing development - the Waverly Place Apartment pro-

ject, located in the North Fair Oaks community in Redwood City, which will provide an additional 10 MHSA funded units.

13. Improving SMC’s Crisis Services Spectrum

A look at the crisis and pre-crisis services in the county in early 2014 highlighted the need for easier identification of and collaboration among the numerous crisis and pre-crisis services. In July, BHRS brought together providers from across the county’s crisis services spectrum to identify system improvements. Representatives from law enforcement, hospitals, mobile teams, clinics, crisis lines and schools came together to address concerns, identify gaps and create action items to strengthen crisis services in San Mateo County. Below are the focus areas and priorities identified:

• Crisis Prevention and Client & Family Supports (CIT trainings, Respite Center and PERT Team developments, and student service collaboration)
• Crisis Response & Post-Crisis Response (awareness/sharing of resources, networking and strengthening provider collaboration)
• Data Evaluation & Collection (explore existing data pools (e.g. around 5150’s) and information sharing protocols, connect with CSA Managers for regional priorities.)