

# Wellness Matters

Your Wellness ♦ Your Way ♦ Your Community

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

January 2017

## A Year in Review: Behavioral Health & Recovery Services 2016 Highlights

As in previous years, we have identified ten highlights for 2016. 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, partners and community members—whose passion, commitment and hard work every day, transformed these ideas into action. The following highlights are listed in no specific order of priority:

### Affordable Housing Crisis

From 2010 to 2015, rents in San Mateo County increased by almost 70%. As a result, very low income individuals and families find themselves cycling in and out of homelessness, incarceration, shelters, and hospitals. This lack of safe and affordable housing is one of the most powerful barriers to recovery.

The San Mateo County Mental Health and Substance Abuse Recovery Commission heard testimony from clients and families that highlighted the impact this has had on their wellness and recovery. The findings were compiled in a report and presented to the Board of Supervisors to advise them on the importance of making safe and stable affordable housing a priority for clients/consumers and family members living with mental health and substance use challenges. See the report at: [www.smchealth.org/mhsarc](http://www.smchealth.org/mhsarc).

### Assisted Outpatient Treatment (Laura's Law)

Assisted Outpatient Treatment (AOT) launched in July to provide families and the community assistance in getting help for severely mentally ill individuals who have “fallen through the cracks” and are unable to live safely in the community. Individuals with a severe mental illness who have frequent incarcerations and/or hospitalizations or exhibited threats of violence to self or others, may be eligible for this intensive community based full service treatment program (Full Service Partnership—FSP).

Since inception, the program has received 95 referrals and enrolled 21 individuals in FSP. Learn more at about AOT at:

[www.smchealth.org/AOT](http://www.smchealth.org/AOT).

### Collaborative Care Team Launches

The Collaborative Care Team is a multidisciplinary team formed through a collaboration between BHRS, San Mateo Medical Center and Aging and Adult Services. The team focus is on promoting client wellness and recovery by facilitating movement throughout the system to the lowest level of care possible. A comprehensive range of services are provided to support clients moving from locked settings to community based housing and supports.

### Crisis System Collaboration

In 2016 the BHRS Crisis Collaborative started back up after a nine month break during a transition in coordina-

tors. Gaps in services were identified and working groups established based on the Adult Crisis System, Youth Crisis System and Outreach and Engagement. The groups discussed recommendations on how to fill these gaps using current county resources. Some identified areas were: strengthening the communication between providers and Psychiatric Emergency Services (PES) to help decrease overcrowding at PES, looking into the possibility of a youth specific PES for the county, and identifying a way for the Homeless Outreach Team (HOT) and the Psychiatric Emergency Response Team (PERT) to easily secure a bed for clients at the local shelters.

Members of the Crisis Collaborative are comprised of numerous law enforcement agencies, BHRS, hospital personnel, county government, County Counsel, numerous HSA departments, Probation, community based organizations, County Office of Education and many more.

### Organized Delivery System for Substance Use Disorder Treatment

San Mateo County was the first in California to receive approval from the Department of Health Care Services and the Federal Centers for Medicare and Medicaid to implement a plan to create a comprehensive system of care for individuals seeking substance use disorder (SUD) treatment. Known as the Drug

(Continued on page 10)

From the Director's Desk	2
MHSA Update	3
Edgewood Drop In Center Celebrates 10 Years	4
Court Alternatives for the Mentally Ill	4
Recovery In Action (PREP/BEAM)	5
MHSA Highlight: California Clubhouse	5
Whole Person Care Pilot	6
High School Hosts Parent's Night	6
Drug Court Graduation	7
Landlords Recognized for Supporting Wellness	8
2016 Housing Heroes	8
Q-Tip for Quality	9
Employee Spotlight	9

## Mental Health and Substance Abuse Recovery Commission Meeting

Wednesday,  
February 1

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](http://www.smchealth.org/mhsarc)



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

### Reflecting Back and Looking Ahead

For the past several years in our January edition of Wellness Matters we have highlighted some of the achievements from the past year. Each one of these achievements is the result of the hard work of many dedicated people. It starts with a passion for serving others, a vision to improve, a plan for getting it done, and perseverance despite whatever obstacles may arise. These qualities are not just found specific to the achievements detailed in this Wellness Matters, but apply universally to the day to day work exemplified by our BHRS colleagues and providers. So for me, the number one highlight every year is the compassion and the willingness to do whatever it takes to support the men and women, young and old who come to us with one goal: *to live a fuller life.*

Although the achievements are listed as individual accomplishments they are actually part of a greater whole where by each has an impact on the other. And over time, past

achievements pave the way for new challenges and opportunities—for example, in 2015 and 2016: the launching of our Be The One campaign, the expansion of our Parent Project and Youth Mental Health First Aid, the approval to implement “Laura’s Law,” the expansion of Integrated Medication Assisted Treatment, the continuing development of the Community Service Areas, the implementation of the Psychiatric Emergency Response Team, Measure A (now known as Measure K), the Health Ambassador Program, Cordilleras redesign, Service Connect, Chinese Outreach, and our Safe Schools collaboration.

As with years past, 2017 will present a new set of issues, challenges and opportunities alike. We are fortunate to have a Board of Supervisors, County Manager, and Health System Chief who understand the value of our work and are committed to ensuring that the services we provide remain available to those in need. The past often serves as a useful guide to the fu-



Stephen Kaplan

ture. In 2008 there was tremendous uncertainty as the recession was unfolding. In preparation for the likelihood that there would be significant budget cuts we developed plans for 10, 20 or 30% reductions. One might have expected that people would protect their “turf,” forego collaboration, and lose sight of our overall mission. The opposite occurred! And because of our unity of purpose we came through that difficult time as well as anyone could have hoped. So as we carefully follow developments at the Federal and State levels I am certain that the past is predictive of how we will respond no matter what! ☺

## Parent Project Class of 2016

Parent Project 2016 classes have just graduated and we’re opening new classes at the start of the new year!

In the fall semester of 2016, over 70 parents and family members participated in the program across San Mateo County. Among smiles, laughs, and a great sense of accomplishment, parents hosted potlucks across all of our sites to celebrate their hard work. Many parents shared how the 12-week course has improved their family relationships, and more importantly, how it made them

re-evaluate their roles as parents. One mother explained, “...I grew up with a different definition [of parenting], and this class helped me understand the value and importance of giving love to our children...” (Rosalba -Cunha Middle School). Others expressed how they appreciated socializing and building support groups with other parents.

The Parent Project is funded by Measure K, a countywide, voter-approved sales tax to support essential County services and to maintain or re-

place critical facilities. The Parent Project is one of several initiatives approved by the Board of Supervisors to improve prevention and early intervention services for children, youth and young adults.

Learn more about, and sign up for, the Parent Project [www.smchealth.org/parentproject](http://www.smchealth.org/parentproject), or contact Frances Lobos at [flbos@smcgov.org](mailto:flbos@smcgov.org). ☺



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

### MHSA Annual Update

Fifty-three members of the Steering Committee and the public attended the MHSA Annual Update presentation which included program outcomes across all MHSA components, full service partnership, outreach and engagement, system transformation, prevention and early intervention, housing, workforce education and training and innovations and funding. The presentation also included highlights from the Older Adult System of Integrated Service (OASIS) and the Prevention and Recovery for Early Psychosis (PREP) program.

The Mental Health and Substance Abuse Recovery Commission (MHSARC) voted to open the MHSA Annual Update for a 30-day public comment period. To view the presentation, handouts and other materials, visit the MHSA website at

[www.smchealth.org/bhrs/mhsa](http://www.smchealth.org/bhrs/mhsa).

### New MHSA Steering Committee Guidelines

In an effort to be more intentional about recruiting a diverse membership and having consistent meaningful participation, the Steering Committee membership guidelines

have been updated and a new application developed.

Key changes include:

- At least 50% of all committee members will be clients/consumers and family members.
- A minimum of 1-2 seats will represent several groups as recommended by MHSA legislation, CPP requirements and stakeholders.
- At least 50% of the representations will include individuals from diverse cultural and ethnic groups.
- An MHSA selection group will review member applications 2x/year.
- If steering committee members miss two meetings/year they may be replaced by a newly appointed member.

The MHSA Steering Committee makes recommendations about the planning and services development process of MHSA. If you are interested in joining please complete an application, which can be found on the MHSA website, [www.smchealth.org/bhrs/mhsa](http://www.smchealth.org/bhrs/mhsa).

### New MHSA Issue Resolution Process

An Issue Resolution Process (IRP) has been adopted to

resolve specific MHSA issues related to:

1. The Community Program Planning (CPP) process
2. Consistency between approved MHSA plans and program implementation
3. The provision of MHSA-funded programs and services

In San Mateo County, the Office of Consumer and Family Affairs (OCFA) manages service/treatment grievances for BHRS. The MHSA IRP is particularly focused on the planning and implementation processes. The final MHSA IRP document can be viewed on the MHSA website, [www.smchealth.org/bhrs/mhsa](http://www.smchealth.org/bhrs/mhsa).



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## Black Lives Matter Photovoice Workshop Starts in February

Photovoice is a four-day (eight hours total) process by which people can identify, represent, and enhance their community through photography. Final projects exhibit a single-page layout of a photo and a short written piece (see previous photovoice projects at [www.smchealth.org/stories](http://www.smchealth.org/stories).)

Participate in the upcoming Photovoice “Black Lives Matter” on February 1, 2, 8, and

9, 1:00-3:00 PM, at South County Mental Health Clinic.

Share this opportunity with your clients! We are interested in hosting a diverse group for the workshop, including clients who identify as African American as well as clients who identify with the Black Lives Matter movement.

Contact Siavash Zohoori ([szohoori@smcgov.org](mailto:szohoori@smcgov.org)) for more information and an

application.

Applications are due by January 13th!

The workshop is hosted by the Office of Diversity and Equity in partnership with the African American Community Initiative. ✨

- Siavash Zohoori

## Edgewood Center Celebrates 10 years of Drop-In Center History



Edgewood Center for Children and Families has been busy celebrating their recent accomplishments. On November 30<sup>th</sup>, Edgewood's celebrated their 10<sup>th</sup> anniversary of the Drop-In Center: North located at 931 San Bruno Ave., Suite 1 in San Bruno. The Drop-In Center provides services and resources including hot meals, hygiene supplies, bus tokens, Internet and phone access, clothes, and peer support to emerging adults between the ages of 18-25. These youth often have been impacted by substance use, homelessness, violence, and/or mental illness.

Mary Therese Tamayo, Education and Enrichment Manager for the Drop-In Center: South shared the following statement, "The Drop-In Center has always been more than just four walls and stuff. It is a home, a family, a haven for each person who walks through that door. Our recent celebrations of our 10<sup>th</sup> year of operation are a testament to the impact this program has had on the community. From former staff, participants, and providers that attended the celebration, it is clear to all who either gave or received support that the success of our emerging adults is accomplished to-

gether and driven by the voice of this population."

In response to the many emerging adults living in cities such as San Mateo, Redwood City, San Carlos, Belmont, and East Palo Alto who are in need of services but cannot access them due to lack of transportation, Edgewood recently opened the Drop-In Center: South located at 605 Price Ave., Suite A in Redwood City. Both locations are open Monday – Friday from 3pm – 8pm, and all services are free. ☺

- Colin T. Hart

## Court Alternatives for the Mentally III

The Court Alternatives for the Mentally III (CAMI) effort began as a pilot to prevent unintentionally long incarcerations detrimental to seriously mentally ill adults booked for non-violent, minor offenses. The original model sought to return individuals to their established housing and mental health providers and facilitate release within 24 hours of booking. This would afford them circumstances conducive to their mental health while they completed their court requirements. In its first 6 months, stakeholders learned they needed more than one day to resolve common barriers to reentry, such as homelessness, legal holds beyond any current charge, and lack of engagement in mental health services. With very few candidates able to participate in CAMI, partners agreed to suspend and redesign the program, which relaunched November 1, 2016.

In its current implementation, CAMI uses 5 days of cus-

tody time to resolve legal barriers and secure housing and treatment for those eligible. Having lifted the requirement of existing mental health services, Correctional Health and Behavioral Health and Recovery Services will work with participants to establish new treatment relationships with appropriate clinics or programs. Probation's Pretrial Unit will closely supervise participants released from custody on their own recognizance. The District Attorney's Office and Private Defender Panel have each identified lead attorneys for CAMI, and they have worked closely with the Presiding Judge to standardize information about the program throughout the Courts. Maple Street Shelter has dedicated two beds for CAMI participants, whom Adult Resource Management will support with case management to stabilize them within this resource.

These adjustments have increased the number of can-

didates considered for CAMI, yet those ultimately cleared to participate remain few due to legal holds, reluctance to engage in services as offered, and limited housing remain barriers. The county continues to track outcomes to inform further development of this program.

The program was launched with funding from Measure K, a voter-approved countywide sales tax to support essential County services and to maintain or replace critical facilities. The Board of Supervisors approved a number of initiatives with local sales tax funds to create a Mental Health System of Care for adults that aims to reduce incarceration while providing needed mental health care services. ☺

- Carol Clancy, MD,



Correctional Health

## Recovery in Action

In September, the staff of Felton Institute's Prevention and Recovery in Early Psychosis (PREP) and Bipolar Disorder Early Assessment and Management (BEAM) Programs had the honor and privilege of celebrating the graduation of 10 program participants. The graduates and staff were joined by family members of the graduates as well as those of current program participants who experienced renewed hope of recovery as they listened to the graduates describe their journeys. It was an exciting evening filled with hope for the future! We look forward to our next graduation scheduled for January 19, 2017, when nine more program participants will be recognized for their accomplishments during treatment and will be celebrated into their next phase of their journey of recovery.

Felton PREP is a Mental

Health Services Act (MHSA) funded Early Intervention Program that works with residents of San Mateo County, between the ages of 14 and 35 who are experiencing the onset of psychosis and Schizophrenia Spectrum Disorders for the first time within the last two years. Additionally, PREP works with boys and girls as young as 12 years old who are identified as being at risk for developing psychosis.

Felton BEAM is an Early Intervention Program for San Mateo County residents between the ages of 14 and 35 who are diagnosed with Bipolar Disorder and have had fewer than three manic episodes or who have experienced affective psychoses such as Major Depression with Psychotic Features for the first time within the past two years. The program is funded by Measure K, a half-cent, voter-approved countywide sales tax

to support essential County services and to maintain or replace critical facilities.

All Felton Institute PREP and BEAM program participants receive a thorough diagnostic assessment and specialized individual therapy. They have access to medication management, case management, occupational and educational support, peer support, and family support, as desired, for up to two years. The goal is to achieve lasting recovery and to foster skills to manage potential residual symptoms.

For more information, to make a referral, or to schedule a presentation, contact Bruce Adams at (650) 458-0026 or [badams@felton.org](mailto:badams@felton.org) or visit [www.prepwellness.org](http://www.prepwellness.org).

- Bruce Adams,  
Felton Institute



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## MHSA Highlight: California Clubhouse

Since May of 2015, the Clubhouse has provided a free and voluntary social/vocational program for adults 18 and older living in San Mateo County who suffer from severe mental illness.

The Clubhouse is a peer-run organization that provides meaningful work for all members throughout the work-ordered day. During business hours, members and staff work in harmony as colleagues to run several programs. Members volunteer as they feel ready and according to their interests. Clubhouse work includes cooking, cleaning, maintenance, gardening, outreach, marketing, fundraising, research, new member and staff orientation, program

evaluation, administering Clubhouse programs, and planning social activities.

Members Shannon and Gilbert provided me with a guided tour. The new Clubhouse boasts an open floor plan and exposed industrial ceilings. Since the Clubhouse has opened its doors, it has doubled its active members and tripled its square footage after it outgrew its previous location on Palm Avenue in San Mateo. The Clubhouse, now located at 210 Industrial Rd., Ste. 102 in San Carlos, has 82 members, averaging 17 members per day while serving over 238 lunches to members and visitors. Clubhouse members are active in the community, participating in

the Office of Diversity & Equity Health Equity Initiatives, BHRS Community Service Area meetings, nationwide peer-support conferences, and various after-hours social and outreach events.

Following our tour, Shannon and Gilbert were eager to sit down to talk more about their journeys of how they arrived to the clubhouse:

Shannon came to California Clubhouse in February of 2016. In no time, Shannon quickly immersed herself into the day-to-day programming finding her niche with the Young Adult Program that helps young adults transitioning from adolescence to adult-

(Continued on page 11)



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## Whole Person Care Pilot

The Whole Person Care (WPC) pilot which begins this month, is aimed at improving the quality of care, access, and efficiency, within five years for the WPC target population. WPC pilot funds will be used to establish the culturally competent patient engagement, activation, care management, and support strategies necessary for complex Health System “High Utilizers” (someone who uses the emergency room more than four times per year) facing substantial barriers to connect with needed medical, behavioral health, social, and housing services. Ultimately, WPC will improve patients’ health and well-being through more efficient and effective use of resources that are not covered by Medi-Cal. Consistent with the Health System’s mission, the WPC pilot will improve health outcomes and reduce costs by providing the right services, at the right time, at the right place.

### Metrics

WPC aims to improve 10 metrics as required by Department of Health Care Services to demonstrate the effectiveness of the pilot in improving the outcomes of the WPC enrollees. The metrics measure client health, whether they are getting the services they need, and utilization of services. Each metric will be monitored throughout the pilot and reported on regularly. Baseline data will be submitted at the beginning of program year 2. It is anticipated that annual enrollment will ramp up to 2,000 clients per year and that 5,000 clients will be served over the entire term of the agreement.

### Program Expansion

In order for the pilot to successfully provide services to the target population, the WPC pilot will expand the following programs: 1) Integrated Medication Assisted Treatment (IMAT), which assists

clients with substance use disorders; (2) the Health Plan of San Mateo’s (HPSM) Community Care Settings Pilot, which assists clients within complex care and housing needs; 3) Collaborative Care Team, which assists clients in locked facilities to move back into community settings; 4) Homeless Outreach Team, which assists homeless clients; and 5) Bridges to Wellness Team (formerly the Street and Field Medicine Team), which assists clients who over-utilize emergency departments and are living on the streets and in shelters. Partners in the WPC pilot include HPSM, San Mateo Medical Center, BHRS, the Human Services Agency, and many community-based organizations. ☺

- Peter Shih,  
Health System

## High School Hosts Parent’s Night

The Central Community Service Area teamed up with the San Mateo Union High School District in November to host a Resource Night for parents of high schoolers. The event was held at Hillsdale High School and featured almost 20 different community providers at the resource fair, including agencies that offer mental health and substance use treatment for youth, faith based organizations, peer provider agencies and many more.

Rocio Cornejo, a Lived Experience Academy speaker, and vice chair of the Mental Health and Substance Abuse Recovery Commission gave an in-

credibly heartwarming presentation about her experience as a student at Hillsdale High School struggling with depression and how she came to access services. StarVista spoke to the audience of about 50 parents about risk factors and warning signs of suicide, how to have a meaningful conversation with your teen about it and how to get them help if they need it. Lastly, we had a panel presentation of local mental health and substance use providers discuss what services they offered and how to access their services. The panelists included the BHRS ACCESS Call Center; StarVista; Youth Services Bureau; Edgewood;

HealthRIGHT 360; Mills-Peninsula Hospital and mental health services; and Mary McGrath, manager of San Mateo Union High School District’s new Mental Health and Wellness Program.

The event was a wonderful opportunity of parents to expand their knowledge of mental health and substance use issues that their children may be experiencing and provide them the resources to help. ☺

- Molly Hendricks

## Drug Court Graduation

Founded in 1995, the San Mateo County Drug Court is one of the 2,734 currently operating in every U.S. state and territory to address the problem of drug abuse and recidivism. The program recognizes substance use is an illness and recovery is a process with set-backs as well as successes. The program gives participants the opportunity to receive substance use treatment rather than jail time. The Drug Court Program requires offenders to participate in the level of treatment identified during an assessment with a case manager while being monitored and supervised by the Drug Court Team. This team consists of judges, district attorneys, public defenders, probation, treatment professionals and case managers from Behavioral Health and Recovery Services. The team offers a higher level of case management, services, oversight, randomized alcohol and drug testing and frequent court appearances.

“San Mateo County is truly fortunate to have a team of dedicated professionals who collaborate in helping defendants facing criminal charges to achieve health and crime-free behaviors. An individual who successfully completes the Drug Court program vastly

improves his/her prospects for success and wellness, which in turn positively impacts their families and communities,” said Honorable Judge Richard Livermore, San Mateo County Superior Court.

The November graduation ceremony honored four graduates. They were among the one thousand graduates since 1996 in San Mateo County. This ceremony was also Judge Livermore’s last official Drug Court Graduation, as he embarks on his retirement. The entire Drug Court Team would like to express their gratitude for the continuous innovation, dedication, and commitment Judge Livermore demonstrat-

ed over the years in the Drug Court Program.

Effective October 31, 2016, Honorable Judge Mark Forcum has been designated as the Drug Court Judge. We look forward to his thoughtful guidance and a seamless transition. The Drug Court Team is committed to continue to increase the balance between public safety and serve those in need of a higher level of care.

For additional information about San Mateo County Drug Court program, please contact Sheryl Uyan at (650) 802-6463. ✍

- Sheryl Uyan



At the Drug Court graduation ceremony: Billie Teall, BHRS-AOD Case Management Specialist; Sheryl Uyan, BHRS Analyst; Honorable Judge Richard Livermore, San Mateo County Superior Court; and Terrell Fortune, BHRS-AOD Case Management Specialist.

## Lived Experience Academy Starts in February

The Lived Experience Academy (LEA) is designed for individuals who identify as having experience with mental health and/or substance use challenges, and/or their family members.

Participants will 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. Graduates can go on to be part of the Speakers Bureau, the Lived Experience Education Workgroup, and other activities that will allow them to share their stories with behavioral health providers and community members while receiving a stipend.

The Lived Experience Academy is a five week workshop held on Tuesdays, from 4:00-6:00 PM in San Mateo, beginning February 14<sup>th</sup>.

For more information on LEA, or to receive an application, please email Mai Le at [BHRS-WorkforceDev@smcgov.org](mailto:BHRS-WorkforceDev@smcgov.org).

✍

## Landlords Recognized for Supporting Wellness

The San Mateo County Housing Operations and Policy (HOP) Committee held its 2<sup>nd</sup> Annual Property Owner and Manager Appreciation event in October in recognition of the critical contribution these individuals make to our community in helping people obtain and maintain housing. Permanent and stable place to live is integral to our clients in achieving wellness and recovery. About 40 property owners/

managers, their families and colleagues attended the event to network, learn more about supports available to property owners and managers and to receive well-deserved recognition for the great work they do every day.

Supervisor Don Horsley and BHRS Director, Steve Kaplan co-hosted the event and Department of Housing Rental Programs Manager, Cindy Chan presented information about their programs and services.

San Mateo County Mental Health Association (MHA) staff presented an award to property owner, Jack Ram and his family, for their outstanding willingness to house at-risk clients and families. The entire room was moved by a heartfelt story of a client (and tenant of the Ram family) who shared his story of moving from homelessness to stable,

affordable housing and what a difference the opportunity has made in his life. He described feeling like a partner with his landlord in being a good tenant and a member of the community he lives in. The Ram family has made providing opportunities for at-risk clients and families a priority for their rental units.

The Housing Operations and Policy Committee is a collaboration of agencies and service providers who meet regularly to develop strategies for collaboration, new programs and improvement of supportive housing programs and opportunities in San Mateo County. Members include numerous partners from various housing, human services and community based organizations.

The event was followed by the Housing Heroes Awards below. ☺

- Diane Dworkin



Jack Ram and family with Supervisor Don Horsley (center) and Georgia Peterson (seated) from Mental Health Association.

## 2016 Housing Heroes

In October, the SMC BHRS Change Agent Housing Committee held its 9<sup>th</sup> Annual Housing Heroes Event to celebrate individuals and organizations for their spirit of community and caring. More than 50 clients, service providers, county leaders and community members gathered to recognize this year's honorees.

Each year, clients nominate

people and organizations who have gone above and beyond in supporting them in finding and keeping housing.

This year's Honorees were: Abode Housing Services San Mateo County, Kelsey Fuller (Caminar), Rosemary Henson (property owner), Kevin Bond and Shirleen McDougal (Whitley Property Management), Miguel Hernandez

(property owner) and Mary Taylor Fullerton (BHRS Change Agent Housing Committee founding member).

Honorees also received Commendations from the San Mateo County Board of Supervisors and Congresswoman Jackie Speier.

There were many heartwarming moments as clients and others who nominated the honorees shared why they felt that the recipients were Heroes deserving of recognition for their compassion and extraordinary efforts to support people and families most in need of safe, stable and affordable housing opportunities. Some said that having housing opportunities not only changed lives, but in some cases saved them too. ☺

- Lee Harrison



BHRS Staff, Change Agent Housing Committee members and Housing Heroes.

## Q-Tip for Quality

### Recent BHRS Policy Improvements

Quality Management (QM) staff have been working on many policies this year, new and old. Notification about these was sent out by email to BHRS and is highlighted here, due to the importance of these policies. You may click on hyperlinks below to go to QM's site where these are posted.

#### Policy 93-11: Critical Incident Reporting for Mental Health and AOD Providers

Changes made greatly improve the incident reporting form and clarify what a critical incident is. This policy applies to BHRS programs, private providers and contract agencies.

Changes from the old form:

- The form is now a fillable PDF Incident Report form, available at the hyperlink above; recycle all old versions, whether electronic or hard copy.
- The new form organizes

categories and incidents differently from the old form.

- County programs may now email completed incident report forms to their supervisor/manager and then to QM for review. Senders should delete the form and the email after sending, only QM keeps a copy.
- Contractor agencies will continue to fax their reports.
- A Decision Tree for Breaches has been added as an attachment. It will help those who suspect a breach to determine if it is one. Please contact QM if needed for help with this determination.

The process of incident reporting now includes an enhanced management review and a Root Cause Analysis, as needed. The purpose of this process is to uncover system and/or process problems, find ways to address them, and inform the broader system with the ultimate goal of preventing similar incidents. This

process is a Lean Process and is important for the review of our services, quality, and system improvements.

#### Policy 04-02: Employee and On-site Contractor Screening and Orientation and Policy 98-05: Credentialing for Independent Contracted Providers

These policy changes update the process for credentialing prior to and during employment/contracting. More rigorous monthly checks have been added, as have training requirements. Please review both of these updated policies to understand the monthly credentialing checks that are conducted for staff, onsite-contractors, and the Private Provider Network. (Note that the latter is for Private Providers in the community and the former is for BHRS employees and others who work directly within BHRS.)

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

**Think Quality**

#### Next QIC Meeting:

Wednesday

January 11, 2017

10:00 am—Noon

2000 Alameda de las

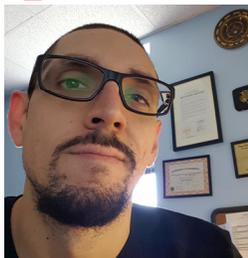
Pulgas, Room 201, Suite

200, San Mateo

- Policy 93-11: [www.smchealth.org/bhrs-doc/critical-incident-reporting-93-11](http://www.smchealth.org/bhrs-doc/critical-incident-reporting-93-11)
- Policy 04-02: [www.smchealth.org/bhrs-doc/new-employees-screening-and-orientation-04-02](http://www.smchealth.org/bhrs-doc/new-employees-screening-and-orientation-04-02)
- Policy 98-05: [www.smchealth.org/bhrs-doc/credentialing-independent-contracted-providers-98-05](http://www.smchealth.org/bhrs-doc/credentialing-independent-contracted-providers-98-05)



## Employee Spotlight



### Daniel Lanzarin

AOD Case Manager/Assessment Specialist II, Service Connect

**Hometown:** Daly City, CA

**Years at BHRS/SMC:** 4 years (+ 6 months as an intern)

#### What do you do?

I provide screenings, brief interventions, referrals to AOD treatment/mental health and short term case management.

#### What do you enjoy most about your job?

I truly enjoy when clients recover from substance use and are able to overcome their life challenges.

#### Most rewarding/memorable experience:

I feel rewarded when Service Connect holds client graduation celebrations and the cli-

ents who are scheduled to graduate are not able to be there because they are gainfully employed.

#### Favorite hobbies/activities:

I play slow-pitch softball four nights per week and also travel around California for tournaments. I have also coached girls 6U softball in the 2016 season.

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

An adolescent counselor ☺

## **BHRS 2016 Highlights**

*(Continued from page 1)*

Medi-Cal Organized Delivery System (DMC ODS), the pilot program dramatically expands services available to Medi-Cal beneficiaries. Now, county residents with Medi-Cal will have access to new SUD treatment services, including case management, short term residential treatment, medication assisted treatments, and recovery supports, which were previously not covered by Medi-Cal. Services are expected to launch in early 2017.

Throughout 2016, BHRS worked towards developing the foundation needed to implement our “organized delivery system.” Milestones include the following: DHCS approval of county specific ODS fiscal plan and rates; creation of a managed care MOU with the Health Plan of San Mateo (HPSM); expansion of the DMC network from 2 to 17 providers; establishing processes for - comprehensive screening of client needs in alignment with the American Society of Addiction Medication criteria, evaluation and authorization for residential services and standards to ensure timely access to care, and use of evidence based practices.

BHRS is partnering with HPSM to ensure high need beneficiaries receive care coordination and navigation support. Finally, AOD is working on developing DMC ODS assessment measures related to quality, effective, timely and client centered services.

### **Mental Health Pods in the Jails**

BHRS partnered with Correctional Health to open two therapeutic milieu mental health pods to better serve the severely mentally ill population.

One pod serves 24 severely mentally ill men at the Maguire Correctional Facility and the other serves eight women at the Maple Street Correctional Facility. The pods provide a three-phased program which includes stabilization and treatment, treatment programming and reentry planning and for inmates returning from Psychiatric Emergency Services.

### **Multicultural Organizational Development**

Since early 2016, BHRS Leadership has been engaging in monthly dialogue on how BHRS can move forward towards fully implementing the Multicultural Organizational Development (MCOD) model. MCOD is a philosophy and practical approach that can help organizations realize the potential of diversity through strategies aimed at personal, interpersonal, and organizational levels. We are shifting our views and practices towards recognizing that our diversity is a tremendous asset that has not been fully appreciated or developed. BHRS Leadership learned more about implicit bias, power and privilege, and why it is so difficult to talk about race and culture. We have identified several priority areas that need addressing, including recruitment and hiring practices, leadership development and training, and the assurance of safety when discussing conflicts and challenging topics. There is more learning, conversation, and strategizing needed; this is only the beginning.

### **New BHRS Youth/Young Adults Clinic**

The new Shasta Youth Clinic opened in January to serve the mental health needs of youth and young adults. The South County Youth Outpatient Team, Youth to Adult

Transition Team, and the South County School Based Mental Health Team are now located at this clinic. The clinic provides a welcoming space for youth/young adults and their families in an inviting community atmosphere. Shasta Clinic is located at 727 Shasta St. in Redwood City and can be reached at (650) 599-1033.

### **School Partnership Improves Safety**

BHRS partners with the San Mateo County Office of Education (SMCOE) on many important initiatives. One of these initiatives includes the School Based Mental Health Collaboratives (SBMHC). These collaboratives meet monthly and serve as convening bodies for school personnel, local service providers, human service staff, probation, BHRS personnel and other community partners to support schools in their efforts to meet the behavioral and social/emotional needs of students.

In 2016, the SBMHC and BHRS continued to provide Youth Mental Health First Aid trainings to school personnel as well as Parent Project courses to families across the county, and launched new efforts in the area of suicide prevention. Molly Henricks, BHRS Crisis Coordinator partnered with the SBMHCs to develop a School Based Suicide Prevention Protocol and a Suicide Awareness poster for school personnel across all twenty-three San Mateo County School Districts.

### **Youth Drop-In Center: Second Location Opens**

The Edgewood Drop-In Center provides services and resources including hot meals, hygiene supplies, bus tokens, Internet and phone access,

*(Continued on page 11)*

**California Clubhouse**

(Continued from page 5)

hood prepare to attend school, enter the workforce, integrate into a cohort of peer support networks, and become more independent. “There are always structured tasks during the day,” she said. “I do a lot for the Young Adult Program. I like that.”

Shannon has worked hard on the road to recovery and mental wellness. “Because of my depression, I wanted to commit suicide, but I haven’t because of the Clubhouse,” she said. “There is support whenever I need it. When I am not at the Clubhouse, the friends I made here still call me and check-in with me.”

Gilbert was one of the first Clubhouse members. He was a member of the Central Community Service Area Advisory Committee. He wanted a place where he could socialize with others that have experienced mental illness. Gilbert was referred to the Clubhouse where he immediately took charge of organizing the Clubhouse social events. “We went to Alcatraz, Monterey Bay, camping, California Academy of Science, and I’ve never been to any of those places,” he said.

Gilbert took leadership in the Transition Employment program where he brings over 30 years of experience to support other members gain valuable experience developing resumes and applying for jobs,



Gilbert (left) and Shannon.

and eventually working towards independent employment. “With all the tasks here, I don’t have any anxiety and depression,” he said. “The Clubhouse takes that all away. With all the tasks, I am very busy. Members can come here, socialize, and not feel any depression or anxiety.”

Shannon and Gilbert are just two examples that complement the vision of California Clubhouse; a community of recovery, hope, and dignity, empowering people who live with mental illness through work, friendship, resources, support, and an overarching ethic that focuses on building strengths rather than managing illness. Read about more of the members of California Clubhouse by subscribing to their newsletter *Crane Connection*:

[www.californiaclubhouse.org/newsletters.html](http://www.californiaclubhouse.org/newsletters.html).

The California Clubhouse was initially funded by a \$115,000 “start-up” grant from a countywide half-cent sales tax. Voters in November 2016 extended the sales, listed as Measure K on the ballot, for an additional 20 years.

Learn more about California Clubhouse at:

[www.californiaclubhouse.org](http://www.californiaclubhouse.org).



- Colin T. Hart



**BHRS 2016 Highlights**

(Continued from page 10)

clothes, and peer support to emerging adults between the ages of 18-25. These youths often have been impacted by substance abuse, homelessness, violence, and/or mental

illness.

In response to the many emerging adults living in cities such as San Mateo, Redwood City, San Carlos, Belmont, and East Palo Alto who are in need of services but cannot access them due to lack of transportation, Edgewood recently

opened a second Drop-In Center (South) located at 605 Price Ave., Suite A in Redwood City. Both locations (North: 931 San Bruno Ave, Suite 1, San Bruno) are open Monday – Friday from 3pm – 8pm, and all services are free. ☺

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