

Wellness Matters

Your Wellness ♦ Your Way ♦ Your Community

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

March 2015

Mental Health Emergency

Call 9-1-1

WWW.SMCHALTH.ORG/MH911

Be prepared for a mental health emergency. Visit the San Mateo County website to learn:

- What to expect when calling 9-1-1
- What to say when calling 9-1-1
- How to prepare
- Crisis numbers and resources
- Download the brochure: "Mental Health Emergency: Guidelines for Calling 9-1-1" or order printed materials online at:

www.smchealth.org/mh911

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Youth Commission Reports on Health Status of Adolescents

By Brook Costello, Youth Commissioner Program Coordinator, StarVista

The 2014-15 Adolescent Report created by the San Mateo County Youth Commission, with support from partners including StarVista and the San Mateo County Health System, provides a glimpse into the health status of our adolescent population and includes policy recommendations to improve it. This is the third report of its kind for the County, the first was published in 2001 and the second in 2007, which resulted in several major accomplishments, one of which was the creation of the San Mateo County Children and Youth Bill of Rights in 2009. The report is organized into six areas: Demographics, Overall Health, Alcohol, Tobacco, and Other Drugs, Sex and Sexuality, Discrimination, and Violence. The San Mateo County Youth Commission urges youth and adults across the county to advance the recommendations in this Report in any ca-

capacity they are able. Promoting the health and wellbeing of youth in San Mateo County must be front and center across all our work if we are to create a successful future for generations to come.

Among the most staggering findings in the report surround Mental Health, and at the time: 38% of female and 23% of male respondents reported having suicidal thoughts; In the past month, nearly 70% of respondents reported being nervous, depressed or emotionally stressed; Students attending non-traditional schools reported higher rates of depression-related feelings. 70% of respondents reported that school work, projects or finals was the primary cause of depression related feelings. The policy recommendations to address these staggering mental health findings, include providing teachers and administrators with training on



Social and Emotional Learning so that they can better support their students Social Emotional Learning development through role modeling; and, ensuring adequate funding and training for a range of school professionals to recognize the signs of depression, self-injury, and suicidal ideation, and to connect students with appropriate services, including specific training for meeting the needs of gay, lesbian, bisexual, and transgender youth.

The report can be found at the link below. ☞

Report: www.peninsulaworks.org/documents/AdolescentReport-YouthandAdultsWorkingTogetherfora_1.pdf

Chinese Outreach Worker Reaches Underserved Population

By Sunny Choi, BHRS Chinese Outreach Worker

In June 2014, the BHRS Office of Diversity and Equity (ODE) Chinese Health Initiative (CHI) team launched the Pilot Chinese Outreach program to address underutilization of BHRS services among the Chinese community with a coordinated approach of education, outreach, engagement and connection to behavioral health services.

Sunny Choi, a part-time bilingual Outreach Worker, was

hired as part of this pilot program to provide outreach to Chinese immigrants and Chinese Americans living in San Mateo County. He was introduced at the "Cultivating Wellness" event to partners and community members.

Following are highlights of the Chinese Outreach Program activities during the first six months, June-December 2014:

- Created seven targeted lan-

guage and culturally appropriate outreach materials.

- Conducted outreach and education to 23 service organizations throughout San Mateo County
- Created five strategic partnerships such as Chinese Hospital, North East Medical Services (NEMS), and Self-Help for Elderly to better serve and link Chinese

(Continued on page 14)

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

Pam Hyde, director of the Substance Abuse and Mental Health Administration (SAMHSA) and Paolo Del Vecchio, director of the Center for Mental Health Services recently released a 5 point plan to improve the nation's mental health system (see link below):

After a brief description of SAMHSA's points I have provided some but not all of the examples of how we are doing within each of the 5 points. We have been fortunate that funding through the Mental Health Services Act and Measure A has provided the resources for many substantial enhancements to our system of care.

1. Increase Prevention, Treatment and Recovery Services by investing in more prevention efforts including those focused on reducing suicides, integrated treatment and early intervention, and providing supports such as housing and employment, and peer support with a major focus on individuals living with a serious mental illness and their families.

BHRS efforts include early intervention with pre-school children and their families: developing and integrating trauma informed care; early psychosis and bi-polar intervention/remission program; expansion of services to families with young children; community based prevention partnerships; full service partnerships for

children/youth/adults and older adults, supportive housing projects; and community college scholarships for consumers.

2. Expand the Mental Health Workforce- trauma informed, recovery oriented and culturally-competent by investing in the education and training including peer and family support workers.

BHRS efforts include: community psychiatry residency program; loan stipend program; internships; the Lived Experience Academy; and the Health Ambassador Program.

3. Widen the Use of Health Information Technology - expand outreach and engagement through telepsychiatry, self-care applications, on-line therapies and other approaches.

BHRS efforts include: the implementation of Avatar (our electronic health record); implementation of "business intelligence" software. We are currently exploring the use of telepsychiatry and self-care applications.

4. Educate the Public - invest in multiple, evidenced based strategies to educate, create awareness, and outreach to reduce prejudice and discrimination

BHRS efforts include: Stigma Free San Mateo campaign; culturally diverse health initiatives; BHRS blog and Wellness Matters



Stephen Kaplan

5. Invest in Research. We need to continue to learn what works best for different people in varying circumstances.

BHRS efforts include: full service partnership and prevention/early intervention evaluations: consumer and family satisfaction survey, employee engagement survey; MHSA planning focus groups.

I am proud of the work being done in the programs and projects mentioned above as I am with all the services and supports provided by so many individuals and organizations throughout our system. I am thankful for the courage and fortitude of our clients/consumers and their families.

Ms. Hyde and Mr. Del Vecchio challenge us to continue to progress and evolve in these areas to provide the highest quality of care for those who seek and need our services. San Mateo County BHRS and its partners are up to this challenge...for that I am certain! ☺

Workday Coming Soon!

Workday is the County's new payroll, personnel and benefits system.

Beginning April 3—all county employees will have access to Workday from work, home, or a mobile device.

Online and in person trainings will be available.

More info at Workday Connect:

<http://intranet.co.sanmateo.ca.us/workday/>

WORKDAY CONNECT
SAN MATEO COUNTY

<http://blog.samhsa.gov/2015/02/18/five-point-plan-to-improve-the-nations-mental-health>

Workday Coming April 3rd!

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

On January 27, the San Mateo County Board of Supervisors reviewed and approved the MHSa Three-Year Program and Expenditure Plan for Fiscal Year (FY) 2014-2015 through FY 2016-2017 & Annual Update for FY 2014-2015. Thank you to all stakeholders, consumers/clients, families, community members, partner organizations and BHRS staff who participated in the planning process. The MHSa Three-Year Plan has also been submitted to the State of California, Mental Health Services Oversight and Accountability Commission (MHSOAC).

The MHSa Three-Year Plan programs and priorities were developed taking specific priorities identified through stakeholder input from previous years, new priorities identified through this year's Community Program Planning process including MHSa Steering Committee recommendations, and the fiscal projections for the next three years. Our multi-year approach facilitates stability and ensures a balanced approach when considering programmatic changes. See the final MHSa Three-Year Plan at:

www.smchealth.org/bhrs/mhsa.

It's time for the MHSa Steer-

ing Committee to meet again (March 30 - see right). The committee meets twice a year during the Implementation Phase of MHSa. The meeting is open to the public so feel free to join us and learn more about MHSa implementation. We have a lot going on; agenda items include the next Annual Update due in May, a current opportunity for funding for a new MHSa Innovation project, the Workforce Education and Training Plan, and PEI Evaluation Findings for Year 1. We are looking forward to seeing you there! Visit the MHSa website for a flyer. ☺

*MHSa Steering Committee Meeting
Monday, March 30.
3:00 pm - 5:00 pm
San Mateo City Library, Oak Room
55 W 3rd Ave, San Mateo, CA 94402*

Giving Thanks on Valentine's Day

I am frequently amazed at the kind and skillful care our clients receive from our many community partners. I am moved by their generosity of spirit, and I see firsthand the positive impact their care has on our clients' lives. Unfortunately, not all providers are aware of how life-changing their interventions can be.

On February 13, several clients and I returned to the San Mateo Medical Center's Psychiatric Emergency Services (PES) to say "thank you." The clients spoke to Dr. Furman and the nursing staff about their experience while at PES. They described in detail how much they appreciated the care they received. They spoke of being treated with respect; how much they were moved to have a nurse come sit at their bedside in the middle of the night and tell them, "things will be ok;" how much it meant to be asked if they were hungry, or if they needed their clothes washed; how they began to feel a sense of hope and dignity.

They spoke of their new

lives. They spoke of going to treatment and staying clean and sober for the last several years. They described the positive contributions they are now making to the community. They stood as examples of the recovery we see every day, and they brought their stories back to a provider who rarely gets to see the value of their efforts. Some tears were shed, some Valentine's Day cake consumed. It was a powerful exchange. Most of all, it was a small way to say "thank you Psychiatric Emergency Services" for the tremendous care you provide to so many of our clients in need.

"Best day of my career ev-

er," exclaimed Dr. John Furman. Lauri Hjelm, PES nurse said "Working in PES, we typically see people who aren't doing well over and over. I was overwhelmed with joy at seeing former patients doing so well. I didn't recognize them at first...they looked so good. My heart was in my throat. I know what we do makes a difference but its amazing to see them in the flesh as proof." Cathy Baron, another nurse shared, "Seeing the client doing so well and speaking of his experience in PES...this was the best day ever in my 25 year career." ☺

- Matt Boyle

The Change Agent CARE Team has known of Matt's awesomeness for quite some time and would like to take this moment to publically "out" him for being such a Rockstar Change Agent! Matt's simple-yet-genius idea, combined with his trademark modesty made, for a "powerful experience" – to quote a PES nurse in attendance. It was an uncomplicated idea – get some former clients, pick up a cake, arrange an afternoon visit – that had a profound and meaningful impact. Matt – you are a treasure!



San Mateo Medical Center Psychiatric Emergency staff and visitors.

Measure A Funds Eliminate Wait List for Pre-To-Three Clients

The Measure A funds added six new therapists to the Pre-to-3 Team, allowing us to reduce our waitlists for both Partners for Safe and Healthy Children and Pre to Three clients from over 100 to 0!

We are now able to see more children and to provide additional Mommy & Me groups. We have also expanded services to children with sensory integration issues; are now identifying mothers early on with the assessments provided by the Women, Infants and Children program (WIC) and Family Health Public Health Nurses; and are addressing early on the infants who are suspected of emotional distress, relationship problems or regulatory problems, or were born medically fragile, preterm or with birth trauma.



New Partners for Safe and Health Children therapists Tracey Chan, Andrea Arroyo, Karla Ramirez and Geeta Devjani.

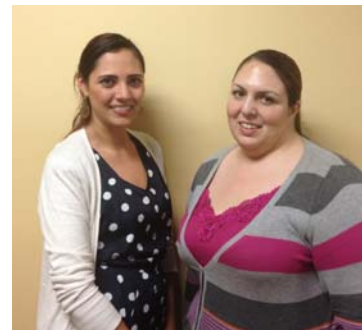
In addition, the new staff have greatly reduced the stress on therapists carrying large case loads and reduced the stress of outside agencies and Child Protective Services (CPS) waiting for their clients to be seen.

Measure A increased our sense of hope and has collectively reduced our anxiety of having so many people on the waitlist.

About Pre-To-Three

The Pre-To-Three Unit is made up of therapists, community workers, and a family partner whose focus is on empowering families with children ages 0-5 and pregnant mothers, supporting women with severe mental illness who are pregnant or lactating, and providing psychotherapy to parents and their children ages 0-5 who have open an Child Protective Services case (Partners for Safe and Healthy Children). All our services support the child/ parent (caregiver) relationship. We provide treatment to children 0-5 years old who are experiencing stress, behavioral/emotional difficulties, or have experienced trauma.

Clinicians work with the child and parent together in order to strengthen the relationship



New Pre-to-Three therapists: Maria Acosta and Maria Cazarez.

with their parent, allowing the child to heal. Therapists work hard to help the parent and child reunify when CPS has removed the child due to safety concerns or to help the child and a new caregiver form a healthy relationship in order to support the child in their development.

Reunification work consists of working with the parent through psychotherapy to help the parent read their baby/child's cues, understand and provide for their child's needs and learn how to have a healthier relationship with their child. Treatment also includes helping the parent stabilize their mental health symptoms due to their own traumatic histories. ☺

- Mary Newman, Noelle Bruton and Vanessa Fabian

On January 27, the Board of Supervisors honored the County Wellness Committee for outstanding program performance by being named a recipient of the San Mateo County STARS Award. The Wellness Committee accepted the \$20,000 STARS Award for program performance. It recognizes County programs that show significant improvement in performance measure results or that sustain a high level of performance over a period of time. Please congratulate your BHRS Wellness Champions: Jairo Wilches, Isabelle Valderrama, Kelly Sheridan, Liz Downard, Yusdivia Lozada, and Chantae Rochester. They are doing great things at many of our sites including nutritional and exercise classes and healthy snacks. ☺



Kelly Sheridan (center) with Supervisor Carole Groom (far right) and Human Resources staff.

33 Local High School Students Certified in Youth Mental Health First Aid

On February 13, Instructors Lauren Getuiza, BHRS Office of Diversity and Equity and Michael Lim, San Mateo County Health Ambassador, certified 33 Daly City Westmoor High School juniors and seniors in Youth Mental Health First Aid (YMHFA), becoming the first cohort of peers in the county to receive the training.

The students received the training during an elective Peer Resource class, where they learn skills and tools to be student leaders and helpful resources to others on campus. Their teacher, Sarmen Kevorkian and Wellness Counselor, Ki Gaines found that the YMHFA curriculum aligned well with the goals of their class and, after hearing of the program at the County Office of Education's annual Respect 24/7 Conference, connected with the Office of Diversity and Equity to coordinate the in-class training.

For five weeks during the

Peer Resource class, students learned about stigma related to mental health, signs and symptoms of common mental health issues for young people, typical stages of adolescence, the differences between non-suicidal self-injury and suicide. Students also learned how to approach and help a friend who may be in crisis.

Training youth in YMHFA can offer numerous benefits, as young people socialize and communicate their challenges more readily to one another than they would with an adult. Students were empowered with tools to be able to be a supportive friend and connect friends with the appropriate level of help.

Students have already begun coming forward with examples of applying the newly learned tools with friends, family members and even strangers. In one incident, a 16 year old student applied

the 5-step action plan he had learned from the YMHFA training just days before. Upon noticing a visibly distraught youth on the BART train, he approached her, initiated a conversation and discovered she was contemplating ending her life. He let her know that thoughts of suicide do not need to be acted upon and even though they were strangers, he cared about her. The student then proceeded to give her resources and emotional regulative tools.

For more information about Youth Mental Health First Aid, contact Lauren Getuiza [c_lgetuiza@smcgov.org](mailto:lgetuiza@smcgov.org) or 650-372-8548. ☺

- Lauren Getuiza

Cordilleras Corner: Redesign Project - Terry Wilcox-Rittgers

Our Cordilleras Campus Redesign Project has moved into its second full year of operation. We are now gathering additional information from key informants to better inform our campus space, operations, design and practices. HGA, our contracted architectural consultant, will gather and use this information to create detailed bridging documents so we end up with a campus designed with all of the important elements.

The information we need will be gathered using specially designed questionnaires that will be distributed electronically to key informants in March, which include representatives from the benchmark facilities

tour we conducted locally and nationally last year; consumers of the facilities; families of consumers; and experts in the field. This information will be reviewed, collated, consolidated and then used for a series of smaller focus groups that will be held in April.

After the bridging documents are completed, our Department of Public Works (DPW) will put out Request for Proposals (RFP's) for contractors who may be interested in building our new campus. The contractor that is ultimately selected will be required to adhere to the details in the bridging documents, thus ensuring that the ultimate design best matches our vision to



Terry Wilcox-Rittgers

create a recovery and healing environment for consumers. ☺

International Stigma Conference “Together Against Stigma”

BHRS’ Office of Diversity and Equity sponsored three individuals to attend the 7th International Conference—*Together Against Stigma: Each Mind Matter*, held in San Francisco last month. Here’s what the participants said about their experience:

Alan Cochran

As a consumer, I was excited to see so many people attend from all over the world—800 people from 17 countries. All were there to talk about ways to fight against the stigma around mental health.

I liked Allison K. Malmon, who founded *Active Minds* after her brother, a 22 year old college student committed suicide. She shared how the age gap influenced how people dealt with being the relative or friend of a person who had committed suicide. After offering their condolences, her mother’s friends just stopped coming around, whereas her own friends wanted to know how something like that could happen and how they could help her cope with such a tragedy.

That prompted her to start *Active Minds* which now has chapters at colleges around the country, to educate young people on mental health issues and the warning signs of suicide.

Another presenter shared treatment percentages for

mental illness around the world. In the U.S., only 30% of the people who need help get treatment. While this seems like a small number, I was surprised to find out we lead the world in this area, with Europe coming in second at 25%. Other countries like Nigeria were as low as 2%.

Each Mind Matters was represented by Asher Hamilton-Killili, who I first met at a conference on spirituality and wellness in Oakland. I was asked to be an area leader for *Each Mind Matters*, responsible for recruiting, training and organizing a group of people to do presentations at their organization. I look forward to working with them to help educate people about mental health issues. I want to thank BHRS for sponsoring me at the conference as I enjoyed this experience very much. ☺

Robert Ortiz

I decided to attend the conference to find out more about how to battle stigma. Mental health professionals, consumers, activists, and non-governmental organizations were all in attendance together. The stage was set for the fight against stigma.

The speakers were amazing—Heather Stuart, PhD, from World Psychiatric Association (WPA) shared how they came to the conclusion that unless they started to fight stigma they could not really help their clients. Recovery is a community affair and that means everybody has a stake in the client getting well. WPA has made great strides towards ending stigma globally.

I was blown away by the young people speaking at this conference. They have recovered and are inspiring others to get into recovery. Mackenzie Ellsworth, 20 years old,

recovered from depression and is a great role model. Deandre Evans is a spoken word artist and a community activist.

The major theme of the conference was hope for a better world. Hope that stigma will someday end and that people all over the world will get the gift of recovery. I left the conference full of hope and gratitude. I have hope that the new generation will have a better world and I am grateful that I have been given the gift of recovery.

Jennifer Jimenez, MFT

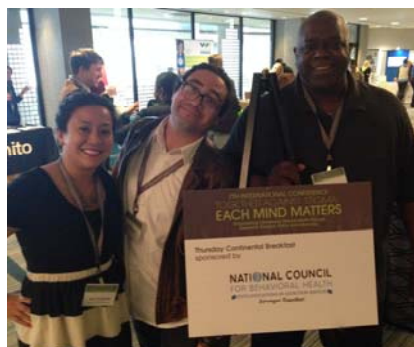
Hundreds of people came from all parts of the world, and a sense of unity that tied both providers and consumers together as we all have the common goal - to end mental health stigma. I was happy to see there are worldwide anti-stigma campaigns. I also liked hearing about the creativity and the powerful tools used to share people’s lived experience with mental illness, such as video, art, Photovoice, music, and media, and social media. I felt great knowing that San Mateo County is “ahead of the game,” since we have our “Stigma Free San Mateo” campaign and already use tools, such as Photovoice and digital storytelling.

I learned about the process of “Coming out Proud,” which uses a tool to help guide someone to determine whether to disclose their mental illness to others. The more people are able to share their stories, and “Come out Proud,” the more we can eliminate stigma.

As a provider, I can encourage people with lived experiences to share their stories to help reduce stigma and give hope to those who are currently struggling. ☺



Congratulations to Carmen Lee, honored at the 7th International Conference, *Together Against Stigma: Each Mind Matter*, with a Lifetime Achievement Award for her work with Stamp Out Stigma.



Jennifer Jimenez, Robert Ortiz and Alan Cochran take a break at the conference.

A Continuous Celebration of Recovery throughout the Community

Voices of Recovery San Mateo County- Quarterly Celebration

"This is a very good celebration. Never been to one, but I'm starting to enjoy this in my recovery!" - participant

What a great way to start a new year than with a PARTY! On January 26, Voices of Recovery San Mateo County (VORSMC) hosted their first quarterly celebration of the new year in East Palo Alto to recognize those who have completed an 8-10 week Wellness Recovery Action Plan (WRAP) workshop and to celebrate those accomplishing goals, starting new journeys in life, and remaining clean and sober while reclaiming their lives and finding a new happiness in recovery.

This event brought together

County officials, VORSMC Board Members, various treatment programs throughout the county such as; Hope House, The Latino Commission and Our Common Ground residents, as well as Voices of Recovery community WRAP groups including Spanish WRAP's first graduation, and members of the community. There were 31 WRAP graduates who were more than proud to have completed this workshop and show their friends, family members, and supporters how far they have come and how far they will continue to go.

Among the celebration of the graduates, VORSMC announced three newly Certified WRAP Facilitators, Aireen DeLa Cruz, CarsJanae Petti-

ford, and Moneisa Carson. The Celebration was a great success. With over 110 attendees amazed by how well people from different walks of life were able to come together and have a good time in the name of Recovery. *"VOR is a beautiful program. I love what you all are doing"* was just one of the positive comments from participants.

Through our strong support, VORSMC is able to convene the Recovery Community. Voices of Recovery San Mateo County would like to thank all who came out to celebrate this event and hope that you are able to join with us in April at the next VORSMC Quarterly Celebration. ☺

- Ray Mills, VORSMC

BHRS Hosts its First Arab Community Training

On January 21, BHRS held its first educational training on Arab and Arab American communities *"Working with Arab American clients: a culturally relevant, sensitive, and competent approach."* The training conducted by Hazem Hajaj, MS, was attended by providers, staff, and community members, and is the beginning of a much-needed educational process organized in response to the growing Arab community in San Mateo County. Data from the BHRS Language Access Program show that Arabic was the 3rd most requested language in San Mateo County from 2010-2013 (after Spanish and American Sign Language), and the 2nd most requested language from 2013-2014 (after Spanish), indicating that this community is a sizable part of our client base.

The training aimed to give staff and providers tools to

better understand the Arab American population, scrutinize stereotypes they and those around them may hold towards Arab American clients, learn culturally sensitive strategies for working with them, and gain confidence in using these strategies in practice. The training started with basic information about Arab societies, values, cultural norms, and religion. It moved on to talk about the stigma of receiving mental health services in the Arab community, the role of both family and religion in mental health, and finally, some recommendations to providers about how to better serve Arab community members.

Feedback from participant evaluations was overwhelmingly positive with an expressed desire for a second training. Three quarters of attendees rated the training as "excellent," citing the train-

er's style (sharing personal experiences and engaging the participants in the training), group activity (including sharing common stereotypes about the Arab community), and informative knowledge about Arab culture, as the most valuable pieces of the training.

The training was coordinated by a group of clinicians, staff, interns, and community members invested in meeting the behavioral health needs of this community. Next steps include organizing a community meeting to provide space for a larger discussion around the emerging needs and gaps in service, and a second educational training. For more information on upcoming events, please contact Hiba Abudamous (habudamous@smcgov.org) or Jei Africa (jafrica@smcgov.org). ☺

- Kim Westrick and
Hiba Abudamous



NMT Film Day

March 13

9:00 am - 4:00 pm

The Neurosequential Model of Therapeutics: Practical applications for traumatized and maltreated children at home, in the school and in clinical settings. Related topic training 2-4 pm.

225 37th Ave, Room 100, San Mateo.

RSVP Toni DeMarco
TDemarco@smcgov.org



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CHI Presents Culturally Sensitive Parent Education Workshop at Mills High School

On February 26, Mills High School and the San Mateo County Chinese Health Initiative (CHI) presented “Achieving Success and Balance in the Modern Day: How to Help your Child Survive and Thrive in their High School and College Years.” The need was originally identified by Chinese students concerned about the high stress from academic pressures; of needing to balance bi-cultural expectations; and the communication barriers with their immigrant parents. The two-hour event was presented in two simultaneous sessions - in English and in Chinese - by six clinicians from BHRS and Stanford Psychiatry. Topics included: Adolescent development, parent and adolescent relationship and communication, and resources and knowing when to ask for help. Mills students also created a short

video voicing their stress to the parents (see video at www.smchealth.org/CHI). The presentation was well attended by approximately 90 parents (24 in the Chinese presentation) learning about the importance of mental wellness for their high stress and high achieving children. The event received a good number of positive responses from parents and faculty. One parent stated, “I learned a lot from the event and we need to have more events like this for Chinese parents.” A teacher stated, “This is a good first step to a much needed effort to address mental health issues for this population.” A parent in the English session said “I commend you for presenting on this mental health topic that is not talked about enough but is a big issue with kids these days especially with

the increased pressures of their generation,” and another said “Thank you for bringing this up...makes it ok...part of growing up. This is an eye opener.” Finally, a group of Mills students thanked CHI for putting on a workshop to help their parents help them. ☺

- Sunny Choi



Sunny Choi, Chinese Outreach Worker.

Wellness Corner

Most of us have probably been lonely, down, rejected, and even struggled without hope and support at one point in our lives. A gentle pat, a smile, a word of encouragement or a gesture of support can be significant, and touch us deeply at times of need. In this second issue of Wellness Corner, please enjoy a genuine sharing from another of our dedicated Consumer Advisory's member.

-Shirley Chu,
Chair, Total Wellness Consumer
Advisory Committee

My Support System and My Wellness

I got very ill at the young age of 15. Since then, I tried doing many things to keep myself well and healthy. One thing I did was I learned many different exercises and practiced these routinely, such as jogging, running, pull-ups, and

push-ups. These exercises created a good amount of “stress” for me, but always in a positive way. When I was done, the endorphins and highs naturally gave me a good feeling about myself. As I worked out in the gym, I saw many others who were there like me. I started talking with a few people and snacking and lunching with some; they started socializing with me too! Still, there were others from whom I learned different ways of relaxation; these included reading and meditating. I started hanging out in the library reading lots of books and I met some more people. All these people I met at the gym, in the library, in the community, were my support system.

When I was younger, my mother always encouraged me but I did not always listen

to her. My stepfather did the same and I also did not listen to him. They were my great support, though I refused to think of it that way back then.

My many close friends gave me encouragement and hope during times in my life. They have been my valuable supports.

I know that many good people do not have the kind of support I have. So, I want to extend my support to others. I hope and pray for the mentally ill to overcome all their difficulties.

Even though sometimes I still feel trapped by mental illness, but if we all have hope and good supports, we can overcome it! ☺

- By Robert Cartagena,
Total Wellness Consumer
Advisory Committee Member

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

Three New BHRS Policies

We recently approved three policies in the Quality Improvement Committee (QIC) that are critically important throughout the BHRS system. Here we highlight the key points and explain how BHRS staff members are distributing and educating teams about them. Links to the policies can be found below.

14-01: Implementation of Cultural Competency Standards. This policy was shepherded by the Office of Diversity and Equity (ODE) and explains BHRS's commitment to providing culturally and linguistically competent services. It emphasizes the importance of honoring client/consumer/family and staff diversity in ethnicity, culture and language. It also contains a list of BHRS resources that are related to

this topic. ODE has been and will continue to educate BHRS teams about this policy.

14-02: Family Inclusion Policy. Suzanne Aubry of the Office of Consumer and Family Affairs (OCFA) and Mary Taylor Fullerton, Co-Occurring Program Specialist, led the development of this policy. The policy reiterates BHRS's strong commitment to including families in clients'/consumers' care whenever possible. Under this policy, "family" is client defined: it may include friends, sponsors or others not typically identified as family. It outlines how clinicians can receive family input and use the information for culturally-competent, recovery-oriented care. Supervisors have been educated about this policy and will be discussing this with their teams.

14-03: Selection of Evidence-Based and Community Defined Practices. This policy clarifies BHRS's process for using therapeutic modalities that are identified as best practices, evidence-based practices, community-based or defined evidence practices, or promising practices. It details the process for adding new practice techniques and helps staff understand the decision-making process that either allows or denies the request. ODE is also educating BHRS teams about this policy, so stay tuned!

For all BHRS QM policies, see the link below.

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

14-01: www.smchealth.org/sites/default/files/14.01CulturalCompetencyStandards.pdf

14-02: www.smchealth.org/sites/default/files/14.02FamilyInclusionPolicy_0.pdf

14-03: www.smchealth.org/sites/default/files/14.03EvidenceBasePractices.pdf

Main BHRS QM policies: www.smchealth.org/bhrs-documents

Coastside Community Services Resource Awareness Event

On January 26 our Coastside CSA, in partnership with Supervisor Don Horsley, Half Moon Bay Mayor Marina Fraser and many community partners put on a resource awareness event. This event was designed to better inform the community about resources that are available to get assistance with mental health and substance use challenges, medical needs, benefits, housing, educational needs, parenting, and more.

We held the event on a Monday evening in the auditorium of Cunha Intermediate School. The event was comprised of a panel that provided infor-

mation especially focused on behavioral health resources (i.e. Family Assertive Support Team, Adult Resource Management, Mental Health First Aid) available in the communities and in schools. The information was provided in Spanish and in English. The panel presentation was followed with time for participants to visit the resource tables from many of the providers in the community (Sonrisas, Coastside Hope, El Centro de Libertad, etc.).

This informative event has now been held in Pacifica and in Half Moon Bay. There are plans to hold similar events in



other parts of our county to educate the community about resources and how to access them. This helps make us more effective collaborative partners and better able to inform and guide the rest of our communities. ☺

- Terry Wilcox-Rittgers

Next QIC Meeting:

Wednesday

March 11, 2015

10:00 am—Noon

2000 Alameda de las

Pulgas, Room 201,

San Mateo

Three New BHRS Health Ambassadors Supporting our Communities

BHRS Office of Diversity and Equity (ODE) is proud to introduce our three newest Health Ambassadors. Over the past year and a half, Michael Lim, Yolanda Ramirez and Mylene Rodriguez have worked diligently to complete the course requirement to represent our County and to continue their goals of further serving their communities.

Michael Lim

After completing the Health Ambassador requirements, Michael became involved in the Spirituality Initiative and



Yolanda Ramirez, Steve Kaplan, Michael Lim and Mylene Rodriguez.

Chinese Health Initiative. In this work he has volunteered to support events and also spoke on a panel at the first Chinese Outreach event, aimed at improving access to mental health and substance

use services in the Chinese community. Additionally, Mr. Lim became a Youth Mental Health First Aid (YMHFA) instructor in May 2014 and is currently co-facilitating the first peer YMHFA course in San Mateo County.

Yolanda Ramirez

Yolanda consistently worked towards her goal of becoming a Health Ambassador and obtaining more tools to support her community. During her work, Yolanda became a facilitator for the ODE Parent Project® and also for the Familia a Familia courses. She has always been a supporter of the Latino Collaborative, volunteering her time and skills to support this community. While strengthening her skills to assist individuals in the community, Yolanda recognized her passion for helping others. We are proud of her recent hiring at Edgewood Center for Children and Families, where she will be a Family Partner which she states is dream come true.

Mylene Rodriguez

Mylene dedicated her time and energy to becoming a BHRS Health Ambassador, following her passion to strengthen her own skills and to be a support to other parents and community members. Over the past year, she

has inspired other parents by volunteering and speaking at Parent Project® and Health Ambassador courses, and our yearly Parent Project® Reunion (see story “3rd Annual Parent Project Reunion” linked below). Through this work she has become an example to other parents of how continued learning and engagement can benefit themselves and others. This led to her supporting and applauding parents in current classes and those who are working towards becoming Health Ambassadors themselves.

We are proud of these individuals who have given their time and energy to increasing their knowledge and working towards supporting our common goal of helping those with mental health and substance use issues.

For further information on BHRS ODE Parent Project classes, contact Maggie Furey at c_mfurey@smcgov.org

For information the Health Ambassador Program, contact Maria Lorente-Foresti:

MLorente-Foresti@smcgov.org



- Maria Lorente-Foresti and Maggie Furey

Read about the 3rd Annual Parent Project Reunion at: www.smcbhrrsblog.org

Tony Hoffman Community Mental Health Service Awards—Nominees Due April 7th

Nominate an individual, professional, business, or media representative who has made an extraordinary difference in the lives of people with mental illness and the San Mateo County community. Recognition is given for public education or advocacy to promote mental health awareness and needs or to address stigma; services to persons with mental illness; creation of new and innovative programs or community support activities; recognition of fundraising for mental health activities or long-term financial support to mental health programs; working for new mental health legislation; compassionate treatment of persons with mental illness.



Nomination forms can be found at: www.smcbhrrsblog.org

Trainings

Psychiatric Grand Rounds

12:15 -1:30 pm
Health Services Building, 225
37th Avenue, Room 100, San
Mateo

“Evidence Based Psychosocial Rehabilitation Models to Re- duce ER Visits”

Tuesday, March 10

Presented by Christina Man-
gurian, MD, Associate Profes-
sor of Clinical Psychology,
UCSF.

“Vicarious Trauma/Secondary PTSD”

Tuesday, March 24

Presented by Toni DeMarco,
LMFT, Supervising Mental
Health Clinician, BHRS

Transgender Training 101

Tuesday, March 31

2:00-5:00 pm

Sponsored by the San Mateo
County LGBTQ Commission
and the Pride Initiative in hon-
or of International Trans-
gender Day at Visibility
(March 31). Watch of details
to come.

Employee News

Welcome

- **Winnie Chen**, Insurance
Outreach Services
- **Anthony Halcon**, Coastside
Clinic
- **Nadia Perez**, Youth Clini-
cian, South County
- **Demetra Stamm**, Psychiatric
Resident

Congratulations

- **Ingall Bull**, new Supervising
Mental Health Clinician at

Therapeutic Day School.

- **Keith Clausen**, Quality Man-
agement Manager who
retired after seven years at
BHRS.
- **Jay Issler**, Therapeutic Day
School, on his retirement
after 32 years of service!
- **Jeannine Mealy**, promoted
to Quality Management
Manager.
- **Rene Vargas**, South County
Clinic on his retirement.

Employee Service Awards

10 Years

- **Ziomara Ochoa**, South
County Clinic

20 Years

- **Andrei Ostrea**, MIS

30 Years

- **Norma Aguilar-Terraza**,
North County Clinic

Mental Health and Substance Abuse Recovery Commission

**Wednesday,
April 1st**

3:00 – 5:00 pm
Health Services Building
225 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

Training Questions?

Contact Katy Davis
KDavis@smcgov.org

Employee Spotlight



Rosa Maria Ocegueda
Supervising Mental Health
Clinician, ACCESS Call Center

Years at BHRS/SMC:

23 Years

Hometown:

Foster City, CA

What do you do?

I supervise a team of three
clinicians who help link clients
to Private Providers in the Net-
work or with regional clinic
care. We triage complex crisis
calls from severe mental ill-

ness and mild to moderate
callers, collaborate and con-
sult with partner agencies re-
garding services for clients,
and authorize services to pro-
viders.

What do you enjoy most about your job?

I work with a team of very dedi-
cated, professional, and hard-
working people. I enjoy being
able to quickly triage clients to
the appropriate level of care in
order to provide quick and
efficient linkage to same day
assistance.

Most rewarding/memorable experience:

My most rewarding experience
has been to help de-escalate
suicidal clients while on the
phone and connect them with
services. It is nice to hear
weeks/months later that the
person is doing well and get-
ting the necessary support

from providers/regional care
in any of our five CSAs.

Favorite hobbies/activities:

Reading, writing, walking and
baking.

“If I weren’t in my current role, I’d be...”

A book editor or doctor. ☺



Congratulations to the new Question Persuade Refer (QPR) trainers: Stephanie Weisner (StarVista), Gloria Gutierrez, Jei Africa, Kathy Reyes and Maria Lorente-Foresti. QPR is an evidenced-based suicide intervention tool being used all over the country to help individuals respond in a crisis.

Announcing “Healing Hero” Award

The Change Agent Trauma Learning Collaborative Announce the very first “Healing Hero Awards.”

The conversation on trauma and trauma-informed care in behavioral health has grown immensely over the last decade. We know that trauma deeply impacts individuals and can intensify health and wellness issues. The numbers can feel overwhelming, as highlighted by the ACE Study completed in the late 1990’s:

- Adverse Childhood Experiences [ACEs] are common...nearly 2/3 (64%) of adults have at least one. People have an ACE score of 0 to 10. Each type of trauma [e.g.: verbal abuse, poverty, divorce, neglect] counts as one, no matter how many times it occurs. You can think of an ACE score as a cholesterol score for childhood trauma;
- For example, people with an ACE score of 4, (4 or more categories of adversity):
 - are twice as likely to be smokers, and 7x’s more likely to be alcoholic.
 - have increased risk of emphysema or chronic bronchitis by nearly 400%, and suicide by 1200%.
- ACEs cause adult onset of



Tiffany Totah (TLC member) with Healing Hero recipient, Linda Johnson; and Toni DeMarco (TLC member).

chronic disease, such as cancer and heart disease, as well as mental illness, violence and being a victim of violence

- ACEs don’t occur alone....if you have one, there’s an 87% chance that you have two or more.
- People with high ACE scores are more likely to be violent, to have more marriages, more broken bones, more drug prescriptions, more depression, and more autoimmune diseases.
- ACEs are linked to workplace absenteeism, and for costs in health care, emergency response, mental health and criminal justice. So, the fifth finding from the ACE Study is that childhood adversity contributes to most of our major chronic health, mental health, economic health and social health issues. (<http://acestoolhigh.com/aces-101/>)

Working in the behavioral health field, we know clients have high ACE scores; with many individuals continuing to live in and endure trauma while navigating treatment. It is common that we feel the impact, as a collective workforce doing our best to serve these individuals. That is why it is especially important for behavioral health teams to not only recognize and respond to trauma in our clients but, at times, to recognize and respond to the heaviness of this work. The Substance Abuse Mental Health Service Administration (SAMHSA) recently published, “*Concept of Trauma and Guidance for a Trauma-Informed Approach*” (linked below) where researchers explain, “it is important to know how communities can support or impede the healing process,” and that this is another area of study



Healing Hero recipient Charlotte Ormond with TLC members Mary Taylor Fullerton and Shanthy Karamcheti.

in trauma work: understanding the community where the trauma and the healing occurs:

“Trauma does not occur in a vacuum. Individual trauma occurs in a context of community, whether the community is defined geographically ... or organizationally. How a community responds to individual trauma sets the foundation for the impact of the traumatic event, experience, and effect. Communities that provide a context of understanding and self-determination may facilitate the healing and recovery process for the individual. Alternatively, communities that avoid, overlook, or misunderstand the impact of trauma may often be re-traumatizing and interfere with the healing process.”

The Change Agent Trauma Learning Collaborative has worked to promote Trauma-Informed Care (TIC) awareness and education since 2008. With a growing landscape of TIC efforts juxtaposed by the overwhelming pervasive nature of trauma; our group decided we needed to create an even bigger TIC Community by recognizing and honoring those who not only exemplify what it means to be Trauma Informed, but those who help promote TIC

Healing Hero Award

(Continued from page 12)

in our system. Three well-deserving recipients were chosen to be among the first to receive a Healing Hero Award.

Healing Hero Awardees:

Leticia Smiell, BHRS Pre-3

“Leticia is always a breath of fresh air! She embodies the idea of nurturance to both colleagues and clients alike. As a trauma-informed provider, Leticia is always considering the whole individual and emphasizing their strengths and goals! Leticia always strives to create an atmosphere that respects and accepts clients, is collaborative and integrates all providers involved.”

Linda Johnson, BHRS, Girls Camp Kemp

“Linda was nominated to be a Healing Hero because of her passion and dedication in working with high at-risk adolescent girls. For 9 years, Linda has provided trauma-focused and gender responsive treatment with expertise in substance use and addiction recovery. She was also instrumental in creating trauma-informed services within the GIRLS program.”

Charlotte Ormond StarVista, GIRLS Program

“When TLC members went to surprise recipient Charlotte Ormond at her staff meeting, she was hosting a Trauma-Informed training by Kaiser! Dr. Ormond is the epitome of a Healing Hero having spent over fifteen years dedicating her life and work to oversee-



Healing Hero recipient Leticia Smiell and Vanessa Fabien (TLC member).

ing the provision of intensive day treatment program services for clients diagnosed with complex disorders, including severe trauma, mental health disorders, and addiction.

How can you promote a Trauma Informed Care System?

Here are some ideas:

- 1) Congratulate Linda, Leticia or Charlotte next time you see them!
- 2) Nominate a Healing Hero of your own for the next round of awardees. Send nominee name, brief bio, and your full endorsement to: mfullerton@smcgov.org. Next round expected summer 2015
- 3) Get your free copy of SAMHSA’s comprehensive TIP 57: Trauma-Informed Care in Behavioral Health Services
- 4) Check out these resources:
 - a. “Developing a Trauma Informed Agency” – from Alameda County BHCS
 - b. Trauma Informed Organizational Toolkit” – focus on

homelessness

c. “Models for Developing Trauma-Informed Behavioral Health Services”

There are many examples throughout our system of ways we conduct trauma-informed work every day. Below is one team’s story of addressing the trauma of client loss.

Client Memorial:

BHRS Central County Adult Clinic has experienced a number of client deaths over the past year. The deaths have occurred for multiple reasons including suicide, medical conditions, and accidents. In an effort to honor our clients and acknowledge the impact that these losses have had on the clinical team, Tiffany Schindler, and Veronica Ochoa organized a memorial in which they invited the clinical staff to talk about clients strengths and share stories of relationships formed during the duration of their treatment at the clinic. Each client had a unique story and impacted the clinicians that worked with them on a human level.

The gathering gave members of the team who needed it a chance to express some feelings and support one another in a positive way. Other members of the team chose to visit the memorial alone; all individual choices were respected. The hope is that we can continue to have an outlet for clinicians to process, share and support one another in the event of a client’s death and other potentially traumatic experiences at the workplace.

- Mary Taylor Fullerton



Healing Basket for Healing Heroes.

SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach:

<http://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf>

Developing a Trauma Informed Agency

<http://alamedacountytraumainformedcare.org/trauma-informed-agencies/developing-a-trauma-informed-agency/>

Trauma Informed Organizational Toolkit

http://www.air.org/sites/default/files/downloads/report/Trauma-Informed_Organizational_Toolkit_0.pdf

Models for Developing Trauma-Informed Behavioral Health Services

http://www.theannainstitute.org/Models%20for%20Developing%20Trauma-Report%201-09-09%20_FINAL_.pdf

Chinese Outreach Worker

(Continued from page 1)

clients to behavioral, health and social services.

- Conducted eight formal seminars or presentations to the community.
- Linked 24 Chinese clients and their families to behavioral health services.
- Conducted outreach and awareness activities at three local community health fairs.

Overall, the pilot program has received a good number of supportive responses from clients and other community members. For example, one client's father stated, "I would like for the Chinese outreach/engagement program

to be continued because it has provided my family with wonderful help, and I know that they are also a big support for the Chinese community." Another community member stated, "In our church run support group for caregivers, 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. The parents were extremely grateful and could not say enough about the merits of this program. The family has been encouraging people to use the service."

In the next six months, the Outreach Worker will spend additional resources on reaching out to Chinese parents through schools. For example,

working with a Mills high school to educate Chinese parents of high achieving and high stress children (see article, pg. 8). He will also outreach to local Chinese churches and educate their communities on mental wellness. Finally, the Outreach Worker, along with the Chinese Health Initiative will continue to collect data to support the need to facilitate access for mental health and substance use services for the community.

See the entire 6-month progress report from the Chinese Outreach Worker pilot program at the link below. ↪

6 Month Progress Report: www.smchealth.org/sites/default/files/docs/BHS/HEI/CHI_OW_6mthRpt.pdf

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Forward comments, suggestions or contributions for *Wellness Matters* to Diane Tom, Editor: DiTom@smcgov.org



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