

Wellness Matters

Your Wellness ♦ Your Way ♦ Your Community

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

March 2016

Housing Our Clients - *By Judy Davila, Interim Deputy Director, Adult & Older Adult Services*

The Mental Health and Substance Abuse Recovery Commission focused on housing challenges for consumers/clients and families at their February meeting. The Commission heard testimony from these stakeholders that highlighted how important safe and stable affordable housing is to their wellness and recovery.

Why isn't there enough safe affordable housing for consumers and their families?

What are some of the causes of insufficient affordable housing, who is working on the issue and what they are doing now and in the future?¹

What is affordable housing?

Housing is considered af-

fordable when the household pays no more than 30% of its gross income for housing costs. Eligibility for designated affordable rental housing is based on Area Median Income (AMI.) The income levels are established each year by the federal Department of Housing and Urban Development (HUD). In December 2015, the AMI for San Mateo County was \$72,100 for a household of one and \$103,000 for a household of four.

In high cost counties such as San Mateo, many extremely low income (30% AMI) households spend 60% or more of their income on housing. In August 2015 there were 6,101 affordable rental units throughout the county that

range from moderate (80% AMI) to extremely low income (30%) and special needs populations (15%AMI).

The housing authority supports an additional 4,300 households with their **housing vouchers** which enable a household to pay 30% of their income in rent. The program is a federally funded, regulated program and the maximum amount of rent is determined by the federal government. There are many more households requesting vouchers than the county can provide. Currently some households with vouchers are not able to find rentals in San Mateo County due to the

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Lack of Safe and Affordable Housing Impacts Wellness and Recovery

By Diane Tom, Editor

For someone with a mental health and/or substance use disorder, the basic necessity of a stable home can already be difficult to come by. With the current housing crisis in San Mateo County, it's becoming increasingly challenging and for some nearly impossible. The lack of safe and affordable housing is one of the most powerful barriers to recovery. When this basic need isn't met, people cycle in and out of homelessness, jails, shelters and hospitals. Having a safe, appropriate place to live can provide stability to allow people to achieve their goals.

Clients and family members courageously shared their

testimony about the overwhelming challenges they face finding affordable and safe housing in San Mateo County and how it has impacted their health, wellbeing and recovery, at the February Mental Health and Substance Abuse Recovery Commission meeting.

Many painfully expressed their grief, frustrations and fears and how the constant worry, stress, anxiety and sheer emotional and physical exhaustion has been detrimental to their wellness and recovery. Their personal accounts echoed a deep sense of despair and a profound loss of hope for many - "Nearly impossible to keep

hope." "I don't know if it's worth trying." "If I die at least I won't worry about being homeless." "Barely hanging on." "Lowest point in my life and my children's." "When you have to keep moving, it is like having your soul in a box."

Others were clearly exasperated while trying their best to "do the right thing," (get clean and sober, get a job, stay out of jail, make positive contributions to the community, actively participate in treatment and recovery). "I got sober. I changed everything about my life, put my life back together, changed my perspective- but now I

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

External Quality Review

The Centers for Medicare and Medicaid Services (CMS) requires an annual, independent external evaluation by an External Quality Review Organization (EQRO). External Quality Review (EQR) is the analysis and evaluation by an approved EQRO of information on quality, timeliness, and access to health care services furnished by Mental Health Plans. BHRS's prior annual review took place on December 15-16 of last year.

Below are some of the findings of the report (the full report will be available for viewing on the BHRS website, once finalized).

BHRS makes significant progress from their prior report including:

- Increasing communication with organizational providers
- Analyzing and reviewing consumer outcome findings with stakeholders for informed treatment planning
- Providing consistent supervisory oversight to ensure that consumers have uniform understanding of job expectations

BHRS Services

- Percentage of service to Medi-Cal beneficiaries was higher than like size counties and state
- Percentage of services to Hispanic Medi-Cal beneficiaries was better than like size but slightly lower than state
- 7 day and 30 day outpatient follow-up rates after discharge from psychiatric inpatient episodes were very similar to statewide. Seven day re-hospitalization rates rose from the period between 2013 and 2014

Consumer Feedback

A key component of the EQRO is conducting focus groups with consumers. Below are some of the observations and recommendations from the focus group.

For participants who entered services within the past year:

- Several noted access was initially denied due to the access staff misunderstanding what to do if the beneficiary also has Medicare or private insurance.
- The majority indicated they are healthier and manage their psychiatric symptoms more effectively since engaging in services with BHRS.
- All agreed that BHRS continues to improve programs and services as well as increase the number of options for treatment available.
- Transportation is an issue in accessing treatment.
- Participants who were also parents/caregivers reported that they were not informed about services for moderate to mild mental health illness and how changes in services are decided and implemented.
- The parents/caregivers group endorsed a need for better explanation of medications and treatment plans for their family member.

Strengths

- Tele-psychiatry is now offered at Coastside Community Clinic.
- The Psychiatric Emergency Response Team (PERT), a joint partnership between San Mateo County Sheriff's Office and BHRS, provides for high risk consumers in crisis to access mental health interventions and possibly avoid incarceration



Stephen Kaplan

- Same Day Assistance (SDA2) has provided the Mental Health Plan the opportunity to incorporate and focus on timeliness in their meetings with contractors.
- A LEAP (LEAN) quality improvement process based on strategic themes of workforce excellence, financial stewardship, clinical quality, and operational integrity and community partnerships is being implemented.
- BHRS has a robust, multi-faceted cultural competency program which includes outreach and community engagement in the area of stigma reduction. The "Be the One Campaign" has met with success county wide in several languages.

Recommendations:

- Review and analyze High Cost Beneficiaries' service patterns, as both percentages of client counts and billed Medi-Cal services are significantly higher than statewide experience.
- Continue the growth of the consumer/family member employees within the BHRS system.
- Create a system to track consumers in post discharge from inpatient follow up services and placement. After this program is sufficiently implemented, analyze if there are significant decreases in re-hospitalization within 30 days. ☺

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

Next MHSA Steering Committee Meeting

The MHSA Steering Committee meets twice a year during the implementation phase of the MHSA Three-Year Plan and is open to the public. The next meeting is scheduled for Tuesday, March 15, 2016 from 3-5pm at the Redwood Shores Library, Community Room, 399 Marine Pkwy in Redwood City.

Agenda items include updates on MHSA Innovation Projects and the new PEI guidelines, and providing input on a new MHSA grievance process and steering committee membership process. For more details and to view the meeting flyer, visit the MHSA

website: www.smchealth.org/bhrs/mhsa.

If you are interested in joining the Steering Committee please contact me, Doris Estremera at mhsa@smcgov.org or (650) 573-2889.

MHSA Innovation Projects

We received ideas through the MHSA Three-Year Plan process, the Steering Committee prioritized projects for possible funding, a Letter of Interest process further identified capacity and interest and a Request for Proposal (RFP) process is currently in selection phase for the following projects:

- Health Ambassador Program for Youth (HAP-Y) -

released December 15, 2015

- LGBTQ coordinated services - released January 15, 2016

The next steps in the process of funding these and other Innovative projects include; a 30 day public comment period and a public hearing by the Mental Health and Substance Abuse and Recovery Commission (MHSARC); approval by the County of San Mateo Board of Supervisors; and final approval by the State of California, Mental Health Services Outcome and Accountability Commission. Projects are expected to commence in the new fiscal year, July 1, 2016.



Karen Krahn - New Deputy Director of Adult/Older Adult Services

We are pleased to introduce Karen Krahn, the new Deputy Director for Adult and Older Adult Service for BHRS.

Karen joined us at the end of February with an extensive and rich history of experiences in behavioral health services in both the public and private sectors. For the past 9+ years she has worked for the state of Hawaii Department of Health's Behavioral Health Division. Among her responsibilities were directing clinical operations, strategic planning, compliance, perfor-

mance improvement, forensic and multi-cultural service programs, implementation and oversight of supported housing, case management, co-occurring programs, supported employment, expansion of career ladder for peer specialists, crisis services, and contracting.

In addition, Karen also worked for Magellan Health Services as Vice President of Quality Improvement and was responsible for public sector policy, program development and oversight of quality im-



Karen Krahn

provement with 14 Medicaid managed care contracts in 12 states. Welcome Karen! ☺

Family Assertive Support Team

Are you concerned about an adult family member who may be showing signs or symptoms of serious emotional distress and don't know what to do?

Call FAST: (650) 368-3178

We Make a Difference AND We Come to You!

Spanish and Mandarin speaking capacity are available. Other languages are available upon request. This is a free service made possible by the voter-approved Mental Health Services Act (Prop. 63).



Partnership Enhances School Safety

BHRS has been a long time partner of the San Mateo County Office of Education (SMCOE). With the support of Measure A funds, this partnership was expanded and enhanced in 2014 to bring training and services to educators and parents across all 23 San Mateo County School Districts.

This new partnership phase is helping to ensure that school personnel are able to identify students experiencing a mental health challenge and connect them to appropriate services. Classroom teachers are often the first to notice when a student is struggling behaviorally and this training is helping them learn how to discern when a child may need to receive behavioral or social/emotional supports.

The Office of Diversity and Equity (ODE) has trained and certified more than 1,100 teachers, administrators, counselors and other school personnel. Through the eight hour Youth Mental Health First Aid course, the participants learn about common mental health challenges for youth and develop the skills to assist a young person in both crisis and non-crisis situations. Topics covered include anxiety, depression, substance abuse, disorders in which psychosis may occur, disruptive behavior disorders (including ADHD) and eating disorders.

This unique initiative is

changing the way schools see and understand student behavior and is helping to arm the front line school personnel with the skills, knowledge and confidence to identify students who are exhibiting mental health challenges and refer them to appropriate mental health professionals. Through research and lessons learned from some of the violent school incidents across the nation, we know that mental health supports are key protective factors not only for individual students, but also for the broader school campus environments.

ODE also offers a 12-week parenting skills program called the Parent Project to schools. This program is specifically designed for parents with strong-willed or out-of-control children. Parents walk away from the program with practical tools and no-nonsense solutions for even the most destructive of adolescent behaviors and benefit the support of other parents.

SMCOE recently hired Jeneé Littrell as the new Director of Safe Supportive Schools, Jeneé comes from San Diego where her professional experience has included roles at the school site, district office, and county office of education. For five years, Jeneé concurrently served as the Director of Guidance and Wellness for the Grossmont Union High School District in San Diego County and as Direc-

tor of Project SHIELD, a federally funded, multi-million dollar SafeSchools/Healthy Students grant. She has led numerous trainings for teachers and administrators in Positive Behavior Supports, Restorative Justice, and Trauma-Informed Instruction. Additionally she has held such roles as Crisis Team Coordinator, TUPE (Tobacco Use Prevention Education) Coordinator, Parent-Community Liaison, SARB (Student Attendance Review Board) Liaison, and has served as Director of Camp LEAD, a student-centered leadership program, since its inception in 2009.

Since Jeneé came on board, one significant need that both partners identified was supporting schools with best practice protocols when students experience suicidal ideation. To address that need, more than forty San Mateo educators, mental health professionals, school resource officers and other stakeholders are working to develop a comprehensive Suicide Prevention Toolkit, which incorporates best practices, current research and protocols. This toolkit should be available to all schools in the fall of 2016.



- Jeneé Littrell, SMCOE Director of Safe Supportive Schools



Be In The Know

Visit the BHRS Blog: www.smcbhrsblog.org

Get the latest news, information on events, trainings and more!

Medication Assisted Treatment Services Gaining Momentum

In early 2015, San Mateo County’s Health Plan (HPSM) partnered with BHRS to enhance Medication Assisted Treatment services (MAT) in our county. MAT is a progressive approach to treating substance use disorders that combines behavioral therapies and medications. The target population are individuals with chronic alcohol-related issues who frequent SMMC emergency services, jail/probation, and primary care. These individuals are often disconnected from traditional county behavioral health services and sometimes known as “high utilizers” of emergency services. This collaborative effort recognizes that enhancing outreach and offering MAT is a strong, effective approach towards not only reducing high cost emergency services and incarceration, but in helping this population link to better health, wellness and recovery.

The partnership has brought new programming to BHRS Alcohol & Other Drug Services, Primary Care Interface, Voices of Recovery, Palm Ave Detox and HealthRight 360 to help outreach, engage and link this population. Services include: outreach, education, adjunct case management, benefits enrollment, peer coaching and linkage to MAT with a goal to reduce alcohol cravings and consumption, connect with treatment re-

sources, and increase outpatient utilization.

Parts of this new collaboration began in June 2015 in Primary Care clinics, San Mateo Medical Center Emergency Department (ED) and Psychiatric Emergency Services (PES), and with criminal justice-involved individuals. We are excited to announce that the final piece of this effort opened this past January – the new HealthRight 360 MAT Clinic, located in downtown San Mateo, offering Medication Assisted Treatment and basic primary care to HPSM members. This is an independent clinic and is separate from the HealthRight 360 Pioneer Court site, which offers outpatient mental health & substance use treatment and opened last year. The new HR360 MAT clinic is designed to provide MAT services to those not already connected to behavioral health or primary care services.

The HR360 MAT clinic accepts referrals directly from IMAT (Integrated MAT) Case Managers, who encounter clients through SMMC Emergency, jail, probation, AOD Treatment Providers, and other community referrals. Individuals already connected to Primary Care in Redwood City, South San Francisco and Daly City in need of MAT benefit from the embedded IMAT Case Managers at those clinics; and clients connected to

BHRS regional care can receive MAT from their regional team providers.

This new HealthRight360 MAT clinic, serving those not already connected to primary care or other behavioral health services, offers basic Primary Care and Case Management with a focus on MAT: medications to support reduction of alcohol cravings. Though very new, the partnership has been wonderfully orchestrated and the HealthRight 360 MAT clinic has already served over 30 individuals and given about a dozen Vivitrol injections.

Overall data for the IMAT teams is very promising; of the referrals from Primary Care clinics, SMMC ED & PES, Criminal Justice, and other community referrals, see chart below for the full breakdown.

For questions about IMAT services in Primary Care clinics, please contact Elizabeth Alvarez ealvarez@smcgov.org or Mariana Rocha MRocha@smcgov.org

For questions about IMAT services in at SMMC ED, PES, criminal justice or in AOD Treatment please contact Mary Taylor Fullerton mfullerton@smcgov.org

Want to learn more about MAT? Check out this recent article in the NY Times: *Medicines to Keep Addictions Away* (see link below). ↪

MAT Totals/Referrals (as of 2/20/16)							
Note: no patients currently on waiting list.	Active Cases		Engaged & Referred		Achieved Treatment	Have Received	# of Injections
	Total Referred	Outreach / Engagement	Not Interested in Services	to Provider	Goals/ Transitioned	Vivitrol IM	
6/01/15 - 2/20/16	780	174	185	113	8	44	127

Medications to Keep Additions Away, New York Times, 2/16/16:
<http://opinionator.blogs.nytimes.com/2016/02/16/medicines-to-keep-addiction-away/?emc=eta1& r=3>

Trans 102 Series Addresses Important BHRS Workforce Need


On January 9th, Julie Graham, MFT, (Gender Specialist and Director of Transgender Health Services for the San Francisco Department of Public Health) started a training series called *Transgender 102: Beyond the Basics*. The first session was an all-day training and is being followed by a series of five 2-hour seminars to enhance the knowledge, expertise, and sensitivity of BHRS and contract provider staff in working with transgender clients.

This training series was developed based on the results of the 2014 MHSA Workforce, Education, and Training (WET) community stakeholder process which involved surveys and focus groups of over 600 community members, clients/consumers, family members, and staff about the train-

ing and workforce needs of our behavioral health are system. The input process identified the LGBTQ community (with a specific emphasis on the transgender community) as being one of the top cultural groups for whom behavioral health staff need more training in order to effectively serve.

Approximately 60 staff attended the all-day training in January, and the seminar consisted of 25 direct service staff who want to further enhance their skill and sensitivity in working with the transgender community. The staff involved in the seminar series represent multiple disciplines, agencies, and regions of San Mateo County. This diverse group of participants will help to ensure that we have transgender-

knowledgeable staff accessible throughout our system. They will play an important role in our system sharing what they learn and consulting with colleagues.

Some of the training's central topics include gender transition, hormones, working with transgender youth, conducting and writing surgery assessments, and cultural considerations when working with transgender clients. Thus far the feedback about the training has been very positive. One participant shared, "This training has greatly increased my ability to be sensitive in my use of language, and it has increased my insight into the concerns, fears, and risk factors that transgender people face." 

- Katy Davis

Chinese Health Initiative Kicks Off Mental Wellness Education Series

The Chinese Health Initiative (CHI) conducted the first in a series of mental wellness parent presentations - "*Achieving Success and Balance in the Modern Day*" at Mills High School on February 26. The purpose of the series is to educate parents of students at high achieving schools where a high level of stress is common, on the importance of mental wellness and how to improve communications with their child.

There were two simultaneous presentations - one in English and the other in Chinese and with a total number of 50+ participants. This event proved to be a crucial resource to parents as it began conversations about their child's mental well-being and the Q&A session demonstrated the parent's engagement to the material presented. The overall feedback generated from the surveys has shown a well-received and appreciative response to the material and

have expressed interest for more workshops that delve deeper into the material covered. The next event is a Parent-Child Interaction workshop planned for April, to continue this conversation and teach parents practical skills to effectively and compassionately communicate with their child to promote their mental wellness." For more information about CHI, visit www.smchealth.org/CHI.

- Phillip Chen



BHRS Chinese Outreach Worker

Phillip Chen provides engagement services and linkages to mental health and substance use services for the Chinese community of San Mateo county, as well as outreach and education to bridge the cultural and stigma gaps in our system of care.

Refer members of the Chinese community who need assistance, or collaborate and partner to outreach to the Chinese community in San Mateo County.

Phillip Chen: email c_pchen@smcgov.org, ph. 650-573-5037

New Shasta Clinic Focuses on Youth and Young Adult Services

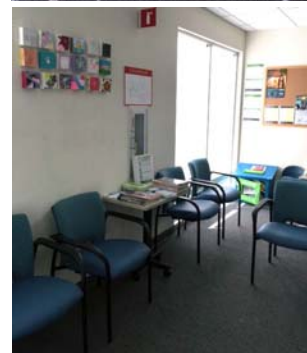
The new Shasta clinic is up and running! On January 8, the South Youth Outpatient Team, Youth to Adult Transition Team, the South County School Based Mental Health Team, and administrative support made the transition from their previous sites to their new home. On January 11th, we were open for business. Just like any other transition, much like moving into a new home, you discover items that need tending to.

All teams have worked tremendously hard to make this transition successful for the youths, young adults, and families we serve. Feedback from youth and families, have been mostly positive, experiencing the building to be more welcoming. Staff have also noticed youth and family members engaging with each other in the waiting room, creating more of a community feeling, which did not exist in the past. We still have more

work to do, in terms of beautifying the building, but the goal of having a more youth and TAY welcoming center has been met. Thank you to everyone's hard work that made this new site possible.

Shasta Center is located at 727 Shasta St. in Redwood City. Ph: 650-599-1033
Fax # 650-368-4001
PONY: MLH 118 ☺

- Ziomara Ochoa



Shasta Clinic waiting area.

WRAP's 19th Birthday - How It's Changed My Life

"Happy Birthday" has taken on a new meaning for me over the years since I was introduced to the Wellness and Recovery Action Plan (WRAP), a self-designed prevention and wellness tool.

In 12 Step Recovery, milestones are called birthdays and celebrated to mark achievements of sobriety. The implication that we are 'reborn' into healthier, happier lifestyles is appropriate, I think.

When I contemplate WRAP's 19th birthday, it is clear to me that my life has changed in many ways as a result of being introduced to and embracing WRAP. I see people differently, largely without judgment, and with unconditional high regard. I communicate with much more awareness of the power and importance of language. I live with the key concepts as the lens that I use to view my personal wellness, my 'presence' in my life and how I interact with others. And the values and ethics seem to bring magic to my relationship with every person in my personal and professional life.

The accumulated effect of WRAP in my life over the past

seven years is nothing less than transformative. My physical, spiritual, emotional and mental wellness have improved steadily (not remaining static, but achieving growth and depth). Most recently that has manifested in my ability to stop using tobacco after many decades and more attempts than I can recall.

How did I do it? WRAP. By being mindful about my wellness, and having and keeping hope that I could; Educating myself about how smoking impacted my life, reduced the quality of my life and impeded my ability to do things that I wanted to do in my life (like resume skiing); Taking personal responsibility to do what I could to make changes in my life and lifestyle; By advocating for myself with my health care providers and insisting that a medication be prescribed that I wanted to try. I used support in every form that I could imagine, and by telling my support system when I quit so that their support could be ongoing and I could be accountable.

Ultimately, I stopped the medication and chose not to use nicotine patches or gum because they had not worked

well for me in the past. On the other hand, my WRAP has helped me to remain nicotine free for almost 60 days and to have the confidence that I will not relapse.

Some say that nicotine is one of the most difficult addictions to overcome. That has been my experience. But having and using multiple WRAPs in different areas of my life has helped me to maintain my wellness and reach my recovery goals for mental and emotional health, relationships, shopping, smoking and various other addictions and challenges ... some long term, many in the moment.

WRAP has helped me to develop the ability to assess my wellness and the wellness tools that work for me on an ongoing basis. Perhaps, even more important, WRAP has helped me to develop insights about myself and the ability to be self-aware and honest (such as – an occasional cigarette won't hurt me. The reality is that one is too many ...) and my reality is that when I practice and apply the values and ethics on a personal level, it's a game-changer. ☺

- Lee Harrison

Mental Health and Substance Abuse Recovery Commission Meeting

Wednesday, April 6

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



Trainings

March 3: Native American Mental Health Training

March 11: Trans 102 Seminar #2

March 16: Harm-Reduction Coaching Session #4

March 17 & 18: Applied Suicide Intervention Skills Training (ASIST)

For details, see the training calendar or the BHRS blog (linked below).

Grand Rounds

March 22, 12:15-1:30
Methamphetamine, Bath Salts and Excited Delirium
225 37th Ave., Room 100, San Mateo

Congratulations

- **Carlos Morales**, working out of class as Director of Correctional Health.
- **Doug Fong** - new CSA manager for the Northeast Community Service Area.
- **Tim Holechek** - assuming additional responsibilities for special education, school based mental health and youth case management.
- **Mark Mosely** - working out of class AOD Analyst II
- **Ziomara Ochoa** - new CSA manager for the Coastside Community Service Area.
- **Katherine Reyes** - the new AOD Analyst

Employee Service Awards

20 Years

- **Dwight Fox**, Youth Service Center

10 Years

- **Laurie Bell**, School Based Mental Health
- **Linda Johnson**, Youth Ser-

vice Center

- **Suzi Reed**, Contracts
- **Xavier Sales**, BHRS Pharmacy

Welcome

- **Valerie Abea-Angulo**, Youth Service Center
- **Pauline Castellanos**, East Palo Alto
- **Chelsi Cheng**, School Based Mental Health
- **Liliana Cortes**, School Based Mental Health
- **Colin Hart**, Office of Diversity and Equity
- **Karen Krahn**, Deputy Director Adult/Older Adult Services
- **Rosario Lopez**, North County
- **Gloria Romero**, Pathways
- **Kristin Venning**, School Based Mental Health

See Training Calendar for more info : www.smcbhersblog.org/bhrs-calendar-staff-and-provider-trainings/
BHRS Blog: www.smcbhersblog.org.
Questions about Trainings? Contact Kimberly Westrick at c_kwestrick@smcgv.org or 650-573-2565.

Employee Spotlight



Marcos Chacon Jr.
Mental Health Clinician

Hometown: San Francisco, CA

Years at BHRS/SMC: 2 years, 10 months

What do you do?

I provide individual and family therapy to youth detained at the Youth Services Center and Camp Glenwood.

What do you enjoy most about your job?

Providing treatment to youth that have experienced trauma and other difficult circumstances and have been able to use therapy to make positive changes in their lives.

Most rewarding/memorable experience:

What has been rewarding is being able to see youth and

families that through therapeutic work can experience greater hope and improvement in their lives.

Favorite hobbies/activities:

Running and high intensity exercise. Playing music and attending Latin Jazz concerts in the Bay Area.

I play piano/keyboards, bass, and Latin Percussion. Trying out new foods, wines and restaurants.

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

Q-Tip for Quality - Holly Severson, RN MSN

Updated Change of Provider Policy and Forms Now Available

The Quality Improvement Committee (QIC) recently revised the Behavioral Health & Recovery Services (BHRS) Change of Provider policy (#98-01) renamed as the *Change of Clinician/Provider Request, including Charitable Choice*. This policy applies to all of BHRS, including Alcohol & Other Drug teams and contracted providers, Private Providers in our managed care network and all mental health programs.

The English and Spanish change request forms are available at the policy website below as Attachments A & B and at every site where consumers receive services. BHRS is now going through the process to have the revised form translated into Tagalog and Chinese, which will be available on the website soon. The Tagalog version of the old form is still on the website until the new translation is available.

Highlights of the policy and changes:

- Lays out the process by which clients/family of youth may request a new clinician/provider—including that clients/families can request a change form from anyone at the program/site where they receive services
- Details the process for BHRS staff and contractors to follow
- Reiterates that changes may be requested for any reason, including those based on the religious nature of a program, if applicable
- Notes that the decision is made and given to the requestor two weeks from the day the request is made
- Explains that program supervisors/managers make the decision and grant the change request whenever possible
- Reminds that clients/consumers and families may file a grievance if they are not satisfied with the decision and/or that they can ask for

help with making the request from staff where they receive services or from the Office of Consumer & Family Affairs

- Made the form easier to use
- States that forms will be forwarded to Quality Management after the decision and do not become part of the medical record

We anticipate that this revised policy and form will make it easier for clients who want to request a change to do so.

This policy and the Change of Clinician/Provider Request forms are available at

www.smchealth.org/bhrs-documents

The forms are also available at every BHRS site, including every Alcohol & Other Drug contract agencies, and from Private Providers in our managed care network.

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

Think  Quality

Next QIC Meeting:

Wednesday

March 9, 2016

10:00 am–Noon

2000 Alameda de las

Pulgas, Suite 200, Room

201, San Mateo

Wellness Dividends: Enhanced County Employee Wellness Program

Being in the business of promoting the recovery and wellness of our clients, we at BHRS have special wellness needs and must pay extra attention to nurturing our own health and well being. Fortunately, San Mateo County recognizes the importance of a healthy workforce and offers staff opportunities to help us be our healthy best.

Wellness Dividends, formerly know as the Employee Wellness Rewards program, has been greatly improved through collaboration with the Labor-Management Benefits Committee, is one of these opportunities.

Improvements:

- You can now complete the Wellness Screening in a location near you or have it done by your regular doctor.
- Whether you are a new or returning participants, the financial incentive will go up to \$250.
- All benefits-eligible staff who belong to Kaiser or Blue Shield including dependents who are benefit eligible County/Court employees.

The screening will provide you with valuable information you can use to take good care of your health. As always, the screening and assessment

results are confidential.

For more information, including a super informative six minute video that explains the program go to:

<http://hr.smccgov.org/wellness-dividends> or visit the BHRS intranet for more info or for a list of the BHRS Wellness Champions.

Wellness starts with an understanding of where you stand and the areas you may improve. Sign up for the Wellness Screening program today and encourage your coworkers to participate! ☺

- Jairo Wilches

Housing Our Clients

(Continued from page 1)

rents exceeding the federal maximum allowed.

Supportive housing is affordable housing with services connected to help individuals who need additional support in order to succeed in and maintain their housing. Currently, 500 BHRS consumers benefit from some level of supportive housing. Through Mental Health Services Act funding, BHRS was able to fund 45 units dedicated to affordable supportive housing for consumers. The Housing Authority also supports these units through project based subsidies.

Research shows that supportive housing has positive outcomes for individuals with mental illness and/or substance use disorders. Individuals are able to maintain housing, reduce their utilization of high medical and psychiatric services and are able to function independently in the community.²

Barriers to creating affordable housing

The financing of affordable housing is complicated and cumbersome. There is not a single source of funding, and what does exist has decreased over the years. Special financing is necessary for builders to be able to charge under market rents. It can take years to assemble all the required funding.

San Mateo is primarily a built out county. There is little land suitable and available for building residential housing. New development is often an in-fill project meaning that it is taking the place of an existing building or repurposing its use.

There has been tremendous job growth in the county, however, housing creation has

not kept pace with this growth. The cost of housing and rents continue to rise as the demand for housing remains higher. There currently is a 5% rental vacancy rate in some communities.

The housing authority has a limited supply of funds for vouchers. The needs greatly exceeds the availability of vouchers.

Most affordable rental housing is available to households with income between 30% and 60% area median income. Those units available at 30% AMI and below require additional subsidy for successful operation of the unit.

Strategies to address affordable housing needs

Creating new affordable housing is a complex collaborative process. The Board of Supervisors has interest in and committed to the creation of Affordable Housing. The Department of Housing and the Board of Supervisors have begun several strategies working with cities and other partners to increase funding, opportunities for development and guarantees for inclusion of affordable housing units.

In 2013 the Board of Supervisors established an Affordable Housing Fund (AHF) utilizing former redevelopment housing dollars and county funds to pay for construction of new affordable housing, shelter beds and renovation of existing housing that will become or be maintained as affordable. Since its creation the AHF has committed funds for the creation of 603 new units and 330 new shelter beds.

The Housing Authority was approved as a "moving to work" agency, allowing them to offer shorter term vouchers to households whose needs are not lifelong. This enables more households to partici-

pate in the program. The Housing Authority has also created an affordable housing locator website (www.smchousingsearch.org) and an incentive service for supporting landlords. They also have project based subsidies for affordable rental housing developers who have units with special needs populations with incomes below 30% AMI.

BHRS recognizes that having permanent, affordable and supportive housing is essential for clients to achieve their goals of wellness and recovery. Increasing the access to affordable supportive housing units is a complex challenge that cannot be solved by one agency alone. There are many county and community partners working together to help consumers find and maintain affordable housing with the appropriate level of support. The efforts focus on both increasing collaboration with new and existing landlords participating in our voucher programs and working with our eligible clients and families to be successful in meeting the federally mandated requirements to obtain a voucher.

Partners and Collaborations

Many landlords are supportive of BHRS consumers. They maintain affordable rents, work with the housing authority, case managers and help consumers be good tenants. Each year, BHRS Change Agents sponsor a Housing Heroes award ceremony to honor such individuals. This past year we initiated a landlord networking and appreciation event attended by 25 landlords committed to meeting the housing needs our clients.

BHRS works closely with the Housing Authority, Human

(Continued on page 11)



SMCHousingSearch.org is a FREE resource to help you find a home in San Mateo County that fits your needs and budget. Property owners and managers throughout the county can post apartments or homes for rent any time which means the list is always current.

www.smchousingsearch.org

Housing Our Clients

(Continued from page 10)

Service Agency, Mental Health Association, Caminar, Mateo Lodge, Telecare, LifeMoves

(formerly InnVision Shelter Network) and other core agencies and community providers to meet the immediate housing needs of our clients and families as well as partici-

pate in longer term planning at a higher level. ☺

1. SMC Housing.org White Paper 2013
<http://housing.smcgov.org/affordable-housing-white-paper>
2. New York/ New York Agreement Cost Study, Corporation for Supportive Housing 2001; Effectiveness of Integrated Services for Homeless Adults with Serious Mental Illness, Stephen Mayberg, Phd, Report to Calif. State legislature 2003; NY/NY III
<http://www1.nyc.gov/assets/doh/downloads/pdf/mental/housing-interim-report.pdf>

Lack of Safe and Affordable Housing

(Continued from page 1)

am homeless on the streets. No tools, no resources, no avenues or approach for bettering my life, I'm thinking—ok, why did I do this?"

Many explained that even though they have a job, their paycheck either isn't enough to pay for housing, or that a majority of their paycheck goes to pay for housing with very little left for much else. "Section 8 needs to be equalized for what rents are going for now. I can't find anything for \$1,500."

One client, a single mother of two who was able to maintain stable housing for eight years, thanks to Section 8, suddenly found herself and her two kids out on the streets in 2013 when her landlord filed for bankruptcy. From that moment on, they were homeless. "Trying to find an affordable place to live in a housing crisis, on top of dealing with mental health issues was overwhelming. I couldn't help but to fall into a deep depression, and feel anxiety and stress. From that day on, I just spiraled and it was all downhill from there."

Unable to find a home, she began working part time. Though it was for low wages, it was enough to push her over the Section 8 guidelines, making her ineligible for the

housing subsidy. She moved from one couch to another until she landed in a family shelter where she resided for three months. "That was the lowest point in my life." She is now separated from her older son who lives with her father so that he could remain in the same school, in order to provide him some stability.

Eventually in May 2015, she found housing in Daly City through HIP housing however, struggled to pay the \$1,800 rent on her part time salary. Come this May, she will need to find yet another place to live as HIP housing assistance is limited to one year.

"Without consistency in my life, I can't focus on getting proper care or trying to be my best because there are so many stressors and the mental strain, stress and depression that follows me when I cannot provide for my children. I am their provider. I am their source of stability, and there is none."

If one is even fortunate enough to find an affordable place to rent, often times, the total move in costs, which can exceed \$5,000 (for security deposit, and first and last month's rent) is out of reach for many clients who live paycheck to paycheck or have exhausted what little savings they've accumulated.

Another client, Helena, has been homeless along with her husband and two young

daughters for the past five months, since the rent on their studio apartment increased from \$850 to \$2,100/month. Fortunately, they were able to move into a family shelter for four months (maximum stay), however, as of February 26 of this year, she will be asked to leave

"I was doing good, but now I'm more emotional and just can't seem to hold it together." Medication has not been part of her treatment, however, she is planning to request medications at her next appointment to help with the anxiety she's experiencing due to her housing situation. "I'm having a tough time. I can't sleep at night. My mind is always racing. It gets very emotional just thinking about it all." [update: their move out date was extended another month at the last minute].

BHRS remains committed to supporting and addressing these issues. ☺

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



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