

Wellness Matters

Your Wellness ♦ Your Way ♦ Your Community

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

May 2016

“Be The One!” - Join the Movement, by Sylvia Leung, Community Health Planner



Mental Health Awareness Month

BE THE ONE...

“Be The One” to help reduce stigma and discrimination. Start the conversation; encourage friends and family to seek help and support; or attend a community/educational event.

www.smchealth.org/mentalhealthmonth

In collaboration with local community partners, BHRS is promoting National Mental Health Awareness Month throughout the month of May. This year’s *Mental Health Awareness Month: Be the One!* involves a variety of events that raise awareness and reduce stigma around mental health and substance use issues while also emphasizing the importance of mental wellness and recovery.

“Be the One!” can mean many things to many different people. One in four people has a mental health condition yet less than half are getting the help they need—many because they are afraid others will judge or discriminate against them. You, your organization and your community, can *Be the One* to educate yourselves, speak out when you see discrimination and encourage friends, family and colleagues to seek help.

During the month, the County and its local partners are hosting events that will inspire and educate the community on how to join this mental health movement. There are a variety of free public events, including digital story screenings, movie screenings, speaker panels, community psychoeducation trainings, informative meetings, award ceremonies, artistic expression and community gatherings, as well as provider trainings. To learn more about Mental Health Awareness Month events in San Mateo County, visit www.smchealth.org/mentalhealthmonth.

San Mateo County’s *Be the One!* campaign is part of a larger state-wide effort to reduce stigma and discrimination against those with mental health and substance use conditions. Since 2011, the California Mental Health Services Authority has implemented *Each Mind Matters*, a statewide social marketing campaign created to reduce stigma and discrimination.

Working in conjunction with statewide stigma reduction efforts, San Mateo County has been implementing other stigma reduction programs in the local community, including *Be the One* (www.smcbhrrsblog.org/betheone), *Storytelling Series* (digital stories and photovoice), *Lived Experience Academy* (speakers and advocacy training) and *Community*

Psychoeducation (Mental Health First Aid and Parent Project). These programs help reduce stigma by empowering individuals to share their story, encouraging others to learn about mental health and bringing people together to build a welcoming, inclusive community.

Join the Be the One movement by attending a Mental Health Awareness Month event, participate in one of the above stigma reduction programs or wear a lime green ribbon to show support for this cause. In whatever way you choose to join this mental health movement, you can **Be the One** to make a difference. ☺

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Allen Haysbert, Candice Hawley, Alan Cochran, Supervisor Dave Pine and Steve Kaplan (BHRS) at the San Mateo County Board of Supervisors meeting with the proclamation designating May as Mental Health Awareness Month. Allen, Candice and Alan each shared their inspiring stories of hope and recovery.

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

Last week, San Mateo County Board of Supervisors passed a resolution recognizing May as **Mental Health Awareness Month**. As in the past, we had powerful personal testimonies this time from Allen, Candice and Alan who shared their lived experiences. As always these testimonies bring to life both the struggles living with mental health challenges but also the joys of recovery.

We go to our Board of Supervisors every year to recognize May as Mental Health Awareness Month because it is so important we continue to raise awareness about mental health and substance use and how it affects individuals, families and the broader community. And that we communicate a message of hope and recovery.

Mental Health Awareness Month is also an opportunity to recognize all the work that is going on every day by so many people to combat stigma and discrimination against those living with mental health and/or substance use challenges. Why, because according to a recent Rand Corporation study, 90% of Californians living with psychological distress report some measure of discrimination and 69% of Californians would definitely or probably hide a mental

health problem from coworkers or classmates. We do not hear of people being discriminated against because they are diabetic or have some other chronic health condition. Until our consumers/clients and family members can say the same, our work must continue.

The good news is that California counties, including San Mateo, are working individually and also collectively with the California Mental Health Service Authority, to reduce stigma and discrimination. And these efforts are really showing results!

For every \$1 invested in stigma-reduction efforts, State and County governments should receive an estimated \$36 through higher tax collections, according to the Rand Corporation's analysis. Each dollar California invests in this type of effort is projected to return many dollars in dividends through higher personal earnings, improved worker productivity and increased state tax revenue.

Here are some other great results.

- As many as 120,000 people may have received treatment services as a result of exposure to these stigma reduction campaigns
- Up to 22 percent more Cali-



Stephen Kaplan

fornia adults with psychological distress received services for their mental health challenges as a result of their exposure to the stigma reduction social media campaigns

- Nearly 1.5 million more Californians (a 5% increase year-over-year) are willing to socialize with, live next door to or work with people who have mental health challenges
- Approximately 600,000 additional Californians (a 2% increase year-over-year) provided emotional support to someone with a mental health challenge

As encouraging as these results are we must continue our efforts to reduce stigma and discrimination. One great way is by signing on to our "Be The One" campaign and make your voice heard. Please go to www.smcbhbsblog.org/betheone and you can "**BE THE ONE.**"



In memory of
Edward Hoffman,
son of Tony and
Fran Hoffman,

whose struggle with chronic mental illness inspired them to mobilize other parents to advocate for the chronically and seriously mentally ill.

Their efforts led to a nationwide grassroots movement.

2016 Tony Hoffman Award Recipients

The Tony Hoffman Award recognizes individuals, professionals, businesses, or media representatives who have 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.

Congratulations to this year's recipients:

- **Ramona Gabriel**
(Probation Officer—law enforcement)
- **Alan Cochran**
(volunteer/client)
- **Dr. Lovella Caluya-Diaz**
(service provider)

Growth is Painful

Look at me. I stopped growing when I was 12 years old.

The first time I saw a therapist, when the session was over, he said, "You've been depressed your whole life."

It was a shocking revelation. Depressed? My entire life?

You see, my notion of depression made that impossible because I thought depression was a choice (to give up, let go, check out, not be responsible.)

I would say to myself, "Girl, you don't have time to be depressed, to give in to your feelings! You've got children to raise. You need to work." I was not going to give myself permission to be depressed!

My mother died when I was 12; my father, when I was 14. I, of course, continued to grow physically, but mentally and

emotionally, I was stuck. Nowadays, someone might ask, "Do you think the kids need to talk to someone? Should we get them some help?" But that wasn't done back then. "Mental health" was not a topic of discussion. Not in the African American community. (And truthfully, it still isn't widely discussed.)

Fast forward to three years ago. I had a stroke and, in conjunction with my physical rehab, I started seeing a therapist. It is that therapy that started me on the path to change; to finally grow up. For the first time in my life, I was talking about me. And now the medication, therapy and relationships that I've been forging, keep me on that path.

My birthday is the day after Christmas. This last birthday, I sent a text to my friends say-

ing, "This has been the happiest birthday ever!" Not because of anything I've received, but because of how much I've learned about me. Things I wouldn't have learned without my medication and therapy.

I was fearful of talking with people about my "stuff" and overwhelmed by thoughts of how much I had to change. But I'd like to leave you with the following words of wisdom, although I have no idea where they came from: growth is painful, change is painful, but nothing is as painful as staying stuck somewhere you don't belong.

F-E-A-R has two meanings: **Forget Everything And Run.** Or **Face Everything And Rise.** I'm rising. ☺

- Candice Hawley

Mental Health Pods to Improve Services for Incarcerated Population

Correctional Health Services (CHS) and the Sheriff's Office have been approved by the Board of Supervisors to open two therapeutic milieu mental health pods. One mental health pod will serve 24 severely mentally ill men at the Maguire Correctional Facility and one pod will serve eight women at the Maple Street Correctional Facility. The pods will be designed to improve mental health functioning of severely mentally ill during their incarceration. The pods will provide a three phased program which includes stabilization and treatment, treatment programming and reentry planning.

The pods will also be used for inmates who are returning from Psychiatric Emergency Services and will step down from the hospital into a therapeutic milieu. The pods will be housing for sub-acute care

in addition to providing treatment to inmates who without this option are at high risk for decompensation and need for hospitalization.

CHS staff will be working closely with specially selected deputies from the Sheriff Office, who will focus on establishing a therapeutic milieu for inmates who will be provided with psychosocial interventions that can be practiced and monitored daily. The mental health pods will allow more flexibility for housing severely mentally ill individuals by reducing the use of administrative segregation for inmates who are not able to be safely housed in the general population.

The mental health pods will allow for more efficient use of reentry planning. The reentry risks and needs for inmates will be monitored and compre-

hensive reentry plans developed. More time can be dedicated to making necessary referrals and connections to the community. CHS is planning on managing continuity of care through assisting inmates' access to mental health services in the community or reestablishing relationships with providers prior to leaving jail. The new mental health pods will also allow for better organization and efficient use of CHS time by housing inmates most in need of psychiatric interventions in one location.

It is well understood that mental health symptoms are best treated in therapeutic milieus. The mental health pods are an important addition to services for mentally ill inmates in the County. ☺

- Carlos Morales

Leading the Way in Creating an Organized Delivery System for Substance Use Services

Earlier this month, San Mateo County became the first county in California to receive approval from the Department of Health Care Services (DHCS) and the Federal Centers for Medicare and Medicaid to implement a plan to create a comprehensive system of care for people seeking substance use disorder (SUD) treatment.

The approval of this plan paves the way for a dramatic expansion of Drug Medi-Cal Services available to eligible county residents. Medi-Cal beneficiaries in need of treatment will be able to access withdrawal management, short term residential treatment, intensive outpatient, medication assisted treatment, narcotic treatment service, physician consultation, and outpatient services, along with case management and recovery supports.

These new services come with new county responsibilities and expectations—essentially creating a managed care plan for SUD services—similar to the one that currently exists for mental health services. So while the County's plan for services has been approved, there are still many steps BHRS must complete before full implementation can begin.

A BHRS team is working to complete the BHRS fiscal plan

for services to propose interim rates to DHCS for services. This effort has been led by Diana Chung with leadership from Glenn Kulm and has involved all SUD providers in developing budgets and projecting costs and utilization for new services.

DHCS requires the use of the American Society of Addiction Medicine's (ASAM) criteria for client level of care placement, continued stay, and transfer/discharge of patients needing treatment. It also requires residential treatment authorization and county care coordination to assure clients are accessing the right service quickly and easily move through our SUD continuum of care. These all represent significant shifts from the current practice of our services delivery system.

BHRS has begun training staff and contracted providers on how to use and apply the ASAM criteria.

BHRS has developed a uniform screening tool using the ASAM at its core. AOD staff Eliseo Amezcua, Mary Taylor Fullerton, and consultants Lea Goldstein and Brian Greenberg led the development of these new tools. BHRS will begin testing this tool over the summer with Call Center staff and selected contracted providers to guide treatment referrals.

To provide and bill for ser-

vices, all providers must be Drug Medi-Cal certified by the DHCS. A team of AOD and Quality Management staff led by Mark Korwald and Marcy Fraser have worked closely with contracted SUD treatment providers over the past year providing hands on technical assistance to support the completion, submission, and certification of providers by the State's Provider Enrollment Division of DHCS. In the past year, BHRS has seen certified DMC providers increase from two, to fifteen. Great work Mark and Marcy. Over the next six months BHRS will continue to support contracted SUD providers obtaining certification for residential services, and in meeting certification service delivery and documentation requirements.

These items are just a portion of the implementation planning required before BHRS can actually begin implementing and billing for DMC ODS services. Stay tuned for future articles in Wellness Matters about the implementation of the Drug Medi-Cal Organized Delivery System.

To view the implementation plan, click the link below or contact Clara Boyden cboyden@smcgov.org or 650-802-5101. You can also find more information about the DMC ODS at the link below. ☞

- Clara Boyden

San Mateo County DMS ODS Implementation Plan: https://smcbhrs.files.wordpress.com/2016/05/dms_ods_ip.pdf
DMC ODS: www.dhcs.ca.gov/provgovpart/Pages/Drug-Medi-Cal-Organized-Delivery-System.aspx



Be The One - Mental Health Awareness Month

- Attend an event: www.smchealth.org/mentalhealthmonth
- View/post your "Be The One" pledge at: <https://smcbhrsblog.org/betheonesmc/>

Housing Crisis Affects Mental Wellness and Recovery

From 2010 to 2015, rents in San Mateo County increased by almost 70% (Get Healthy San Mateo County). As a result, this has made homes affordable to only about 2 out of 10 very low-income households and 4 out of 10 low-income households. (California Housing Partnership Corporation). Disproportionately represented in this housing crisis are people struggling with mental illness or substance use challenges (NPR). This is a problem, because lack of safe and affordable housing makes recovery extremely difficult for these populations.

When housing is not affordable, people cycle in and out of homelessness, incarceration, shelters, and hospitals (National Alliance on Mental Illness) or their wages are diverted from other needs such as healthy food, transportation, and medical care (Get Healthy San Mateo County). In addition, social support

systems and job stability is disrupted whenever people have to move due to unaffordable housing (Get Healthy San Mateo County). All of these factors represent powerful barriers to recovery from mental illness or substance abuse (Substance Abuse and Mental Health Services Administration).

In order to address this issue, San Mateo County's Mental Health & Substance Abuse Recovery Commission (MHSARC) has been holding Housing Forums that focus on unaffordable housing as a public health problem. The purpose of these forums is to gather and share information that MHSARC will use in order to advise the County Board of Supervisors on an issue that the County has prioritized and that affects clients/consumers and family members with mental health and substance use challenges.

In February of this year, MHSARC had a community

forum where consumers/clients and family members gave their testimonies about the housing crisis and its challenging impacts on mental illness and substance abuse recovery.

In March, San Mateo County's Department of Housing gave a presentation at the Housing Forum and, last month, Human Services Agency shared their Strategic Plan to End Homelessness by 2020.

The MHSARC is finalizing a report that incorporates critical information from those forums, including client/consumer and family member testimonies and recommendations for affordable housing in San Mateo County. The report will be presented to MHSARC during their meeting in May and the goal is to present a final report to the Board of Supervisors in summer 2016. 🌀

- Angelica Delgado



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.smhousingsearch.org

Stigma's Impact on My Recovery

Today I am an employee of BHRS and with that six years in sobriety.

STIGMA from others including myself has played a role in my life. At least I have allowed it to up until now. I used drugs for seven years of my life, I self-medicated and rationalized my use with believing that in order to be okay for those that surrounded me, I needed to use. It wasn't that I didn't care about anyone else or that I was being selfish, not at all. I had come to believe that the only way those I cared about would see the person they believed I was, was to be under the influence.

Though I am now in recovery

and my job allows me to share my perspective from a different lens (lived experience), I felt I needed to be cautious on what I shared and who I shared it with. That brought on a feeling of "holding back." I felt I was not being transparent and at times and held back from sharing my thoughts on how to provide support for clients. The fear of being questioned, judged and not being trusted by my coworkers overpowered my desire to share and support. Overtime, I learned to take personal responsibility for my own feelings of myself and no longer feel this way.

I believe that all things happen for a reason. I recently graduated from the Lived Ex-

perience Academy, a training that enables us to share our lived experience through public sharing. It focuses on the message we want to transmit to the listeners. Finally, it gave me a chance to share what brought me to where I am now, a way to give back, and the opportunity to plant the seed of hope for at least one person. To prove that we all deserve a chance to live in wellness. For a long time I felt that being a drug addict defined who I was. I can only speak for myself when I say, "I was not born with an addiction, I didn't want to live my life addicted nor did I want to die an addict either." 🌀

- Laura Martinez

A Long Road Well Traveled

I've always been on the front line. As a youth I was a gang leader—leading people in the wrong direction; a drug kingpin; a pimp.

Although I passed through a below standard education, my real education came through the School of Hard Knocks and street life. I graduated and mastered in Criminology in the most notorious hands on schools of learning like San Quentin, Folsom, Chino, Soledad, and so on. In writing my master thesis in life I found recovery.

Most of us working in the field of recovery chose this profession by what's known as by stick or carrot. I myself arrived by the stick! I was a hard one to break, my spirit wild, my head stubborn, and my heart shattered. The disease and the pain were my daily companion. I was willing to do anything to silence the voices in my head. I used drugs to numb my mental pain, only to find drugs caused a deeper depression. In some ways I believe I was hoping to die, to end my mental suffering, be-

cause to the outside world, I had it all. I was large and in charge. No worries I couldn't handle—or so it seemed. I ran from the nightmares that haunted me from my chosen profession. I was willing to do anything to silence the voices in my head. So to get to the point of accepting the idea of recovery was a long road well-traveled. When I came to my crossroad, my choice was recovery and lose what I thought was my best friend or choose the comfort of my pain and keep my companion and live the rest of my time in 4½' by 9½' cell. When the final hand was dealt, I was offered 22 years in prison for a habitual criminal. Reality was setting in and the drugs could no longer numb the pain or feed my denial from what lay ahead. Now I could feel the inflicted pain of the stick. I had fleeting thoughts of suicide as my back was against the wall. God reached out his hand to save me. ME someone whom I felt was beyond redemption. This is the point many facing recovery must face when entering recovery. Lady luck had

left me, my companion had given me his Judas kiss then I realized I had something to live for with a new baby on the way, the family I already had, and the fact that I wanted to live. Facing 22 years of prison, I realized I had already spent 30 plus years in my drug induced prison and no longer wanted to reside there. Then the warrior in me resurfaced and I chose recovery and that is what saved me! I knew that my life mission was to give to others the chance, the hope, serenity, and life that was returned and delivered to me. I reached and touched the people on the front-line. It isn't the money because you don't go from making \$10,000 a day like I did, to what we make a year—definitely not for the money. The riches come from the things you receive that you can't buy with money, that I count. If you count that and the lives I have helped transform, I am the richest man alive and my legacy is finally one I am happy to leave. ☺

- Allen Haybert

Expanding Consumer Involvement in Our System



Laura Moore, Consumer Leader; Michael Lim, Consumer Leader; Sally Zinman, CAMHPRO Executive Director; Jairo Wilches, BHRS; and Franz Lippincott, Consumer Leader.

A group of ten BHRS consumer leaders and staff with lived experience attended the California Association of Mental Health Peer Run Organizations (CAMHPRO) Consumer Conference in Sacramento. CAMHPRO is dedicated to increasing the involvement of consumers in behavioral health systems planning, policy and programming as well as protecting the rights of consumers, particularly related to self-determination. The goals of the conference were to engage consumer leaders and energize the California con-

sumer movement around advocacy. "The overall tone of promoting hope, personal empowerment, respect, social connections, self-responsibility and truly embracing the whole human being really inspired me. I was moved by all the different ethnicities, cultures and people from different economical levels talking to each other with such a sense of community", said one of the BHRS participants about his experience at the conference. ☺

- Jairo Wilches

Parallel Paths

As so many of us know, the journey of recovery often starts from a bleak place; a place of wounding and darkness, pain and despair. Whether it's our own journey or that of those we serve, it is always darkest before the dawn. "Long, checkered past," "damaged," "disreputable" and "seedy" are just some of the adjectives used to describe the bottoms that many hit before their recovery journey takes root. And, when that journey does begin, almost never is it without the involvement and support of others. Indeed the poet John Donne wrote that "No man is an island entire of itself" precisely to capture the same interdependence that is so vital to the journey of recovery. Over this past year, I've reflected often on this process, not as it pertains to an individual but to a community or, more accurately, to communities.

A little over eight years ago, Telecare began to rent rooms for those we serve at a local Single Room Occupancy Hotel in South San Francisco called "The Industrial Hotel." The building, at that time fit every bit those adjectives above. It was run down, dingy and had a smell that assaulted the

senses the minute you walked in the door and, while it was significantly less than an ideal environment, it did afford the opportunity to do a Housing First model for those individuals who were simply not welcome anywhere else in the county...and it was affordable.

With onsite 24/7 staffing and nearly daily visits from case management staff, the crime and death rate began to drop markedly. Many of those individuals that Telecare served were able to begin their personal journey of recovery and move on to nicer opportunities. But the building itself was still run-down and damaged and, because of its "long and checkered past" its place in the community of South San Francisco was no better.

Over time, Telecare was able to take over more and more rooms and continue to positively influence much of what transpired in the building and, as this happened, the owner at the time made some significant improvements...but it still wasn't enough. The building had a fresh coat of paint, remodeled bathrooms and new floors in the rooms but the community itself was not yet involved in the recovery process. And then something happened.

As with all journey's of recovery, what may seem like an "event" was really a process over time and that time, just about a year ago and after several years of dialogue and community building, the leadership of San Mateo County Behavioral Health and Recovery Services and the City of South San Francisco filed a joint application for the use of Measure A funds to give The Industrial Hotel a serious shot at its own recov-



ery. The County Board of Supervisors approved this collaborative application and \$375,000 was made available to renovate, rehab and recover The Industrial Hotel. All rooms have been repainted, all hallways have been repainted, the lighting throughout the building has been upgraded, and new floors have been laid in the rooms and new carpet in the halls and on the stairs. The kitchen is in the process of being completely remodeled and new appliances are on the way. But, far more than all these wonderful improvements and the creation of a happier, brighter home for these clients, the communities (in the building and within area) have continued to heal and recover and to demonstrate the power of "We" ...that we can do so much more together than we can apart and *that* is the power of recovery. So long as there is "we," there is hope...☺

- Kevin Jones, Telecare



Laura's Law Rolls Out in San Mateo County

The Board of Supervisors voted unanimously to implement Laura's Law on June 16, 2015. This came out of Assembly Bill 1421, Assisted Outpatient Treatment Demonstration Project Act of 2002. AB1421 was the result of the death of a young social worker in Nevada County by the name of Laura Wilcox. She was killed by a person with a serious mental illness who had not been on medication or treatment compliant, had been refusing services and had decompensated in the community. The State of California left it up to each county to decide whether or not to implement Assisted Outpatient Treatment (AOT).

San Mateo County's Laura's Law services will consist of a BHRS and Aging and Adult Services AOT Team and contracted Full Service Partnership services. The AOT Team will consist of a Clinical Services Manager (Terry Wilcox-Rittgers), a Deputy Public Guardian (Sharon Langtree), a Psychiatric Social Worker (Nick Zwerdling), Administrative Support (Carmen Gueridos), a Peer Support Worker (yet to be hired) and a Psychologist (yet to be hired).

The FSP contractor is in the process of being selected and should be under contract in early June 2016. This FSP will start with 50 member slots and is scheduled to start enrolling members at some point during July. An FSP provides intensive case management services to each member 24 hours a day, seven days a week.

The criteria for eligibility to AOT services is as follows:

- Is 18 years or older
- Has a serious mental illness
- Unable to survive safely in

the community without supervision

- Has a history of lack of compliance with treatment as evidenced by at least one of the following:
 - Hospitalized/incarcerated two or more times in the last 36 months due to a mental illness, or
 - Violent behavior towards self or others in the last 48 months
- Previously offered treatment on a voluntary basis and refused and is deteriorating

We anticipate having the AOT Team fully staffed and trained by mid-May and will be providing county wide presentations on the services and the referral process during the month of June. In July our referral line will open and we will screen each call, provide resource and referral information and assistance to those calls that do not meet the criteria for AOT services. For those referrals that appear to meet the criteria, we will gather additional information and arrange to engage the individual being referred.

Referrals for consideration can be made by:

- An adult who lives with the person
- A parent, spouse, sibling or significant other who is 18 years or older
- A director or designee of a treatment facility currently serving the person
- A licensed behavioral health professional who is working with the person
- A law enforcement officer, parole officer or probation officer

We will provide ongoing outreach and engagement with the individual and significant

others. This outreach will be provided for at least 30 days and can be extended much longer. Should the person continue to refuse the AOT FSP services, we will let him or her know that the treatment can be court ordered. At that point, we would then petition the court to order treatment.

The court process is a civil one similar to the process for conservatorship hearings. This is important to remember since a crime has not been committed and there are no misdemeanor or felony charges. The individual will have a Private Defender assisting them. At any point prior to being court ordered, he or she can change their minds and accept the treatment offered on a voluntary basis. Ultimately, the person could still refuse the treatment even after being ordered by the court to accept it. However, what we have learned from other counties who have already started their AOT services, only a handful of people ever make it to the court process each year. Most people end up accepting the services voluntarily. And, of that handful that are court ordered, the majority comply with the services. ☺

- Terry Wilcox-Rittgers

15 New LEA Speakers and New Mentorship Program

On March 8, fifteen participants of the Winter 2016 Lived Experience Academy (LEA) graduated the program with a Certificate of Completion. Participants included clients/consumers and family members of those with mental health and substance use-related lived experience. The program took place in collaboration with Edgewood. The five week course was facilitated by Edgewood staff, BHRS staff, and previous graduates of LEA, and utilized multiple methods of learning such as lecture, large group discussion, small group discussion, and ongoing practice. Sessions included topics such as stigma, the 7 Elements of a Presentation, disclosure, storytelling, and public speaking, and aimed to provide theoretical framework, step-by-step guides, and a strong sense of community to current and former clients as they harnessed their passion and expertise for healing. Graduates reporting the following in their evaluations of the program:

“I feel so empowered and can live my life with a sense of purpose and dignity again! I will share my story with everyone I can and encourage others to join LEA to!”

“The facilitators were very patient, kind and informative”

“Meeting all the participants and hearing their stories...was very powerful”

“I’ll continue to address/speak to discrimination and stigmatization of mental health and substance use disorders when I hear people using stigmatizing language. I’ll carry everyone’s stories with me and remember when I need strength.”

After completing the Academy, graduates are eligible to join the Speakers’ Bureau, and go on to further hone their speaking skills as they present all over San Mateo County at BHRS trainings, community events, Mental Health Month panels, and partner agency trainings and events. The LEA Mentorship Program is a new program which matches recent LEA graduates with seasoned LEA speakers to support new speakers’ transition into the Speakers’ Bureau. Mentors help mentees by practicing different versions of their stories, anticipating and talking

through stage fright, answering any and all questions, and exploring what opportunities are available in the LEA program.

Beyond the Mentorship Program, graduates of LEA are eligible to be trained in Event Support (summer), and the Advocacy Academy (fall) where they can continue to learn and grow in their involvement in BHRS.

To request a LEA speaker, please fill out this form: <http://goo.gl/forms/dZkl2lwWEP>

For more information, please contact Kim Westrick (kwestrick@smcgov.org). ☺

- Kim Westrick



Winter 2016 Lived Experience Academy Graduates
 Back: Matthew McNanny, Christina Barajas, Cassandra Forbes, Brenda Nicholson, Laura Martinez, Steve Kaplan, Allen Haysbert
 Front: Laura Moore, Yolanda Ramirez, Caroline Kersten, San Ong, Lori Mills, Candice Hawley, Julio Rodarte, Joe Ellis.

New Collaborative Care Team

Collaborative Care Team (CCT) is a new multidisciplinary mobile team formed through a collaboration between BHRS, SMMC and Aging and Adult Services. Our focus is on promoting patient wellness & recovery by facilitating movement throughout the system to the lowest level of care possible. We do this by:

- building strong relationships with our partner providers
- offering out of county

treatment facilities a liaison to the county health system

- providing a comprehensive range of services (advocacy, case conferencing, assessment and facilitation of referrals) to help facilitate patient flow
- providing the right level of care at the right time & place for clients living with serious mental illness and complex medical & co-occurring conditions

CCT is located at 2000 Alameda, San Mateo, but we are a field based team working primarily with out of county facilities, Cordilleras and the San Mateo Medical Center.

For more information, please contact Jennifer Bruggeman, LMFT (650) 573-3612 or Cliff Reis, LMFT (650) 573-2913. ☺

- Jennifer Bruggeman

Providing Wellness in the Arab Community

On April 14, the Arab Community Workgroup, under the direction of the BHRS Office of Diversity and Equity, held the outreach event “*Health, Mood, and Well-being: Services for you and your family*” for the Arab/Arab-American community in collaboration with Westmoor High school in Daly City. The presentation was conducted by Arab-American practicum students, Sarah Tabbarah and Islam Hassanein, both practicing at BHRS clinics.

About 20 members of the community were in attendance, along with non-Arab attendees. The event commenced with providing a light Middle Eastern dinner and then proceeded to the presentations. The first segment presented the barriers and myths members of the Arab Community face when considering services. Psycho-education

was offered around two common emotional disorders, anxiety and depression, and skills and techniques were presented to combat those emotional difficulties. The presentation continued by introducing both mental health and community resources offered through the county. There was a step-by-step explanation of how to access services in the county, specifically accessing clinic-based and school-based therapeutic services. There was also discussion on ways to receive support from community and spiritual centers. The final segment was dedicated to a lively discussion regarding the material discussed in the presentation. This was an imperative aspect of the event, as it brought to light the different obstacles and concerns that community members face when discussing mental health and ways to access services.

The attendees welcomed the event, expressed their appreciation and inquired about future events. They shared their experiences and brought up difficulties they currently face, such as immigration and housing difficulties, cost of living, and Islamophobia in the United States. This is particularly useful information for providers as the population of Arab consumers in the county is rapidly increasing, with many attendees having immigrated or relocated to the Bay Area less than a year ago. Knowing and learning some of the barriers and struggles that the Arab Community faces allows providers to educate themselves on how to give quality care as well as the best possible treatment. ☺

- Sarah Tabbarah and
Islam Hassanein

Bridging Spirituality within Clinical Practice

On February 23, members of the Spirituality Initiative presented the training, “Bridging Spirituality within Clinical Practice” at the SMMC Grand Rounds.

Dr. Paul Yang, Dr. Farah Zaidi, Dr. Barbara Weissman, Renee Prior-Johnson, Eduardo Tirado and William Kruse presented how spirituality assists clients in their recovery. Dr.

Zaidi and Dr. Yang shared two vignettes on how their clients used spirituality and the meaning it had for each of them. Both psychiatrists had encouraged them to explore the impact of spirituality in their lives. Dr. Yang urged those in attendance to be open to their own personal spirituality as he believes that it assists providers in being more caring and loving, thus enables them to be more present with each client they encounter.

Renee from Adult Resource Management, shared two vignettes of clients who she had assisted with exploring their spirituality. This is something she’s done for years and has found it to be an effective way of encouraging and supporting

a strength in each person.

Eduardo shared his personal story of his continuing recovery from his addictions. One attendee shared that he/she “learned more about hope.”

Several of the attendees stated in their evaluation that they needed to listen more carefully to their clients and allow spirituality to be a part of the recovery process. When asked what changes they might make in their practice, several said they now felt more comfortable in talking with their clients about spirituality.

For more information about the Spirituality Initiative, visit their website. ☺

- William Kruse



Newly Certified WRAP Facilitators

In April, San Mateo County showed its ongoing commitment to wellness and recovery throughout the County. Voices of Recovery San Mateo County, BHRS and the Office of Diversity and Equity partnered to do a five day Wellness Recovery Action Plan (WRAP) Certification Training.

WRAP is a structured system to monitor uncomfortable and distressing feelings and behaviors and through strategies, planned responses and action plans; to modify, reduce or eliminate them. WRAP has the stamp of approval from the Substance Abuse and Mental Health Services Administration. WRAP is also being used across California, the U.S. and in countries abroad. There are several WRAP workshops continuously happening within San Mateo County already.

Eighteen individuals from various government agencies and community partners within the county participated. The training was facilitated by Advanced Level WRAP Facilitators: Lee Harrison, Eduardo Tirado, and Jan Allen who were being mentored by Master WRAP facilitator BJ North and Advanced Level WRAP Facilitator Waynette Brock.

The training kicked off with a bang on day one and ended with tears of joy and hugs on day five. The tone for the training was set by the model-

ing of the values and ethics of WRAP. The participants were held in unconditional high regard, presented with hope, treated as equals, given opportunities for personal responsibility, allowed to be the expert on themselves, found the voice of self advocacy, witnessed peers working together and learning from each other to increase mutual understanding, knowledge and promote wellness and were supported by trainers, and supported each other and themselves throughout the entire training. These are all core beliefs of the values and ethics of WRAP and tenets of the five key concepts. Every day of the training brought empowerment, self-determination, personal sharing, and gave the participants and trainers options and choices for their own wellbeing. What started as a week to train people on the process of WRAP, quickly turned into a week of working the process of WRAP for ourselves. Congratulations again to all the newly certified WRAP facilitators.

For a list of WRAP groups in San Mateo County visit www.vorsmc.org.

- Jan Allen,
Voice of Recovery, SMC

I attended the 5 day WRAP Facilitator Training. WRAP is truly a life changing experi-



Facilitators/Mentors: Jan Allen, Waynette Brock, Eduardo Tirado, BJ North, Lee Harrison.

ence, offering positive and empowering ways to view recovery and live a healthy and meaningful lifestyle. WRAP has given me another level of awareness to my daily experiences—it's given me more patience and greater appreciation of life. WRAP itself is straightforward and practical, but I got the chance first hand to learn about the depth of knowledge, intricacies, and level of awareness needed to become a Certified WRAP facilitator. The values and ethics of WRAP are deeply embedded in every single choice a facilitator makes in promoting and sharing wellness to others. The knowledge and support of the facilitators were both impressive and reassuring. They clearly modeled the values and ethics of WRAP and what it means to share the life changing and empowering message and methods of WRAP to others. I am grateful to be part of this experience. Along with my colleagues, Rith and Selina, we will be starting our first weekly WRAP group on Unit 3AB/ Psychiatry at San Mateo Medical Center on May 5. Lee has provided us with additional support and resources, and we can't wait to share WRAP with everyone!

~

- Frances Becker



Mental Health and Substance Abuse Recovery Commission Meeting

**Wednesday,
June 1**

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

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



SMC Psychiatry Residency Program Third Annual Community Project Poster Day

May 10

12:15–1:30 pm

Health System Administration
225 37th Ave., Room 100, San Mateo

Trainings

May 12: LGBTQ 102 for Clinicians

May 13: Transgender Behavioral Health Seminar #4

May 17: Working Effectively with Interpreters

May 19: Harm Reduction Coaching Series

May 20: Problem Gambling Training Workshop - Build Your Clinical Awareness of Problem Gambling

May 24: Pain Management at a Specialty Pain Clinic (CME)

June 10: Transgender Behavioral Health Seminar #5

June 14: Social Determinants of Health (CME)

Congratulations

- **Bob Cabaj**, BHRS Medical Director, was honored at the Northern California Psychiatric Society's (NCPS) Annual Meeting with the Outstanding Achievement Award in honor of his significant and exceptional contributions to psychiatry, earning the respect and admiration of the greater community, and making a significant impact upon colleagues.



- **Stefan Luesse**, Manager for Health Insurance Outreach and Coordination, on being selected as the San Mateo

County Health Coverage Coalition Toby J. Douglas Leadership and Community Advocacy Award Recipient.

Employee Service Awards

10 Years

- **Gabriela Breton**, Youth Services, South County
- **Ana Garcia**, Canyon Oaks Youth Center
- **Yvonne Heath**, Coastside Clinic

Welcome

- **Wing Ho**, Collaborative Care Team
- **Grace Lim**, Total Wellness
- **Nicholas Zwerdling**, Assisted Outpatient Treatment
- **Victor Gaitan**, Pathways

See the BHRS Training Calendar for details and a current list of trainings available:

www.smcbhrrsblog.org/bhrs-calendar-staff-and-provider-trainings/

Questions about Trainings? Contact Kimberly Westrick at c_kwestrick@smcgov.org or 650-573-2565.

Employee Spotlight



Arlette Molina, LMFT

Psychiatric Social Worker,
Central Clinic

Hometown: San Francisco, CA

Years at BHRS/SMC: 8 years,
3 months

What do you do?

I provide group and individual

therapy, case management and crisis intervention to SMI clients connected to BHRS.

What do you enjoy most about your job?

I enjoy making a difference in someone's life and being able to be a support person for those in need.

Most rewarding/memorable experience:

I worked with a client, as her individual therapist, who was a survivor of incest and was seeking services for depression and PTSD symptoms. With treatment, she was able to enroll in school full time, get engaged and stand up to her

perpetrator. She shared with me that she felt liberated from her trauma and felt whole again.

Favorite hobbies/activities:

I enjoy spending time with my family. I have three boys and a girl with my husband of 20 years who keep me busy and enjoying life. I also enjoy painting with acrylics in my spare time.

"If I weren't in my current role, I'd be a..." Family Law Lawyer.

☺

Q-Tip for Quality - Holly Severson, RN MSN

Critical Documentation Updates for Regional Clinics and Contracted Mental Health Agencies

Quality Management (QM) has updated the Behavioral Health & Recovery Services (BHRS) Mental Health Documentation Manual and corresponding policy. These resources are foundational documents. They describe how services are provided to clients/consumers and how they are documented throughout San Mateo's System of Care. They contain mandated practices for how clinical staff at all BHRS Clinics and Mental Health Contracted Agencies document care in each client's health record.

QM gathered input and carefully crafted these changes to meet all federal and state regulatory requirements and county contracts. This was done to make documentation more clinically meaningful and less onerous for clinicians to write and manage.

The changes went into effect as of May 1st. Please see the link below where you can locate all of these resources.

Some of the most important changes and clarifications are:

- Anniversary dates will no longer be used to trigger due

dates for any system of care program providing mental health services for Assessments starting January 1, 2016 and Treatment Plans starting May 1, 2016.

- Initial Assessments are due within 60 days of admission (no change) and Re-assessments for continuous clients are due within three years rather than one. Addendums can now be added at any time to assessments in order to document clinical information updates, however, addendums do not change documentation timelines.
- If there is a change to a client's diagnosis or other significant updates use the Re-Assessments form.
- All programs serving a client must verify that a valid assessment is in place. If not, that team must create a full assessment or coordinate with the primary program/team to create one.
- Client Treatment & Recovery Plans can also have addendums that allow clinicians to add or modify goals, objectives and interventions and which can add the client's signature to the plan on the rare occasion when it could not be obtained when the

plan was created. Client Treatment and Recovery plans can be authorized for a maximum of one year.

- Rules that dictate Progress Note timeliness and consequences when these are not completed in a timely way were clarified. Progress notes should be filed within 3 working days of the service or are considered late. Progress notes are unbillable in the very rare case when a progress note is written 30 days or more after the service was provided, regardless of the type of service.

There are many other important updates and all affected staff and agencies should carefully review the memo at the site below and the revised policy and documentation manual at the main QM website and attend a webinar to familiarize yourself with these changes.

Visit the BHRS website where you can search for all resources listed above:

www.smchealth.org/bhrs

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

Think Quality

Next QIC Meeting:

Wednesday

May 11, 2016

10:00 am–Noon

2000 Alameda de las

Pulgas, Suite 200, Room

201, San Mateo

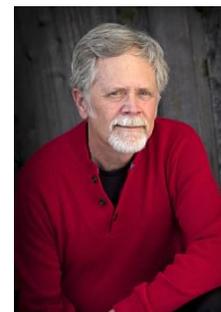
Cordilleras Redesign Update by Terry Wilcox Rittgers

The Cordilleras Campus Redesign Project is now in its third year with a target completion date of summer 2020. The past few months focused on obtaining environmental clearances and preparing for next steps in the project — including the type of project construction delivery method to use. This brings us to another major milestone in the project selecting a contractor to complete the design and

build the new campus.

Through our design-build project delivery method, we have issued Requests for Qualifications and held a conference to answer questions from 16 potential contractors. The group will be narrowed to 3-5 contractors and asked to provide specific design-build proposals. We hope to select the winning design-build contractor by the end of this summer.

Once construction begins, the first phase is targeted to be completed in Fall 2018. At the end of this phase, a majority of the MHRC's and the Campus Center will be built, including the residential units. We will then move the clients out of the old existing building and into the new buildings, after which, the old building will be removed and the remaining MHRC's and campus will be constructed. ☺



Terry Wilcox-Rittgers

Parent Project® Facilitator Graduates 10th Class

The Office of Diversity and Equity began providing Parent Project® courses to the community in 2010. It started as a collaboration with two of our Health Equity Initiatives: Latino Collaborative and Pacific Islander Initiative. Nani Wilson began teaching The Parent Project® in 2011 through her work with HealthRight 360 (formerly Asian American Recovery Services) with Pacific Islander focused classes. Fast forward to 2016, Nani just graduated her 10th class.

Nani is a tremendous facilitator; bringing her spirit, advocacy, and passion to every class. Anyone who has taken a class from Nani knows she is all about “keeping it real.” Her attitude, energy, and dedication helps parents to feel supported and understood as they learn all of the tools and techniques in The Parent Project®. It is not uncommon for parents who have graduated from her class to stay involved by volunteering in future classes to continue learning and give

back to a class and facilitator that provided them with so much. One such parent, May S. said “I was lucky enough to take my Parent Project class with Nani last year and to volunteer in one of her classes this spring. Her down-to-earth attitude and no-nonsense suggestions on how to handle extremely strong-willed children helped me to cope with my strong-willed child – life is a little more peaceful at home. She had me bring my children during my volunteer time so that she would be able to spend more time helping me with them. She is a wonderful and caring person with a gigantic heart and I’m happy and proud to call her a friend and sister.”

It is difficult to summarize the tremendous impact Nani has had on the nearly 200 parents who have graduated from her classes, or 500+ children living with parents who have graduated from her classes. However, one parent who graduated from Nani’s



Nani Wilson

class in 2013 and continued on to become a Health Ambassador states the impact Nani had on her beautifully “Parent Project and Nani gave me the hope and strength I needed to regain my self-confidence as a mother and as a woman with value. From the bottom of my heart, thank you so much and please keep doing what you’re doing for our community.” – Mylene R.

Thank you Nani for your continued work and impact with the community. ☺

- Maggie Furey



To subscribe to *Wellness Matters* or to view previous issues, visit: www.smchealth.org/wm (To subscribe, click the red envelope at the top of the page.)

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

Student Loan Relief for Disabled Individuals

Since 2012, people certified by the Social Security Administration at “totally and permanently disabled” may qualify for discharge of their federal student loans. Even though 387,000 disable people qualified, many continue to struggle

with their student loans—often because they don’t know they could have their debt discharged.

Fortunately, the Department of Education recently announced they will begin notify-

ing disabled student loan borrowers who qualify that they can have their loan discharged. For more info: <https://disabilitydischarge.com/faqs>. ☺



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