

Wellness Matters

Your Wellness ♦ Your Way ♦ Your Community

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

July 2017

County's First LGBTQ+ Pride Center Officially Opens

By Lisa Putkey, Pride Center Program Director and Jei Africa, Office of Diversity & Equity Manager



July is National Minority Mental Health Awareness Month

With over 55% of the county identifying as people of color, minority mental health is especially important in San Mateo.

See page 3 to learn more about Minority Mental Health and our Health Equity Initiatives' efforts to improve services for these populations.

Nearly 500 LGBTQ+ community members and allies gathered in San Mateo County this past June 1st to celebrate the historic grand opening of the county's very first Pride Center. A sense of community, joy and hope was palpable amongst the crowd, which spanned multiple cultures and generations.

The newly opened Pride Center, located at 1021 S. El Camino and 11th Ave. in San Mateo, combines direct behavioral health services, such as counseling, peer support, and case management, with community support and services. The center is a safe space and welcomes everyone.

During the ceremony, former Assemblymember Rich Gordon shared his heartfelt gratitude and excitement for the Center's opening.

"I never thought the day would come that I would see the gay pride flag flying on El Camino Real," said Gordon. "This is where I was raised, at a time and a place where if you were gay, the only role that you had was in the closet. We've come a long way in 69 years."

The celebration included dynamic speakers including Pride Center staff Andres Loyola, who performed a bilingual spoken word poem. Health System Chief Louise Rogers also took a moment to acknowledge the PRIDE Initiative members who began the advocacy for LGBTQ+ people in San Mateo County a decade

ago.

The Pride Center was made possible through a decade of strategic organizing and advocacy led by the Office of Diversity and Equity (ODE), PRIDE Initiative members and other individuals who recognized the gaps in services and health inequities of LGBTQ+ communities throughout San Mateo County. The opening sent a clear message that the health and wellbeing of the LGBTQ+ population is a priority for San Mateo County.

"Together, we are powerful, and have the ability to overcome hate and oppression as long as we are bold, take risks and stand in solidarity, centering the voices of the most harmed amongst us until each one of us is honored, seen, heard, valued and loved," said Pride Center Program Director, Lisa Putkey.

The Center's first month was busy with their 30 Days of Gay Pride Month celebration. Their calendar was packed with community-based events including the 5th Annual San Mateo County Pride Celebration: Still We Rise, a Pulse Night of Remembrance (in partnership with Skylawn), and the county's first Queer Prom on June 17th.

The Pride Center is a collaboration with Behavioral Health and Recovery Services, funded through the Mental Health Services Act. The Center is operated by five partner organizations: StarVista, Peninsula Family Service, Outlet of Adolescent Counseling Services, Daly City Partnership and Pyramid Alternatives.



WELLNESS • RECOVERY • RESILIENCE

For more info about the Pride Center call 650-591-0133 or info@sanmateopride.org. For more info about the PRIDE Initiative, visit www.smchealth.org/bhrs/ode/pride.

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Ribbon cutting ceremony.

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

A Right or A Privilege?

Since the last edition of Wellness Matters we have celebrated May as Mental Health Month and June as Pride Celebration Month. We've also seen the historic opening of the Pride Center in San Mateo County. While these uplifting celebratory events happened there were also ominous developments in Washington D.C. As much as I would like to write about the former and what they mean to our community I am compelled to write about the latter.

First the bad news: the Senate developed a health "repeal and replace" bill, the Better Care Reconciliation Act, (BCRA), that in the opinion of many health care experts is in fact "meaner" than the House version. The temporary good news is that the July 4th recess came at just the right time causing at least a delay in finalizing the Senate's version.

I want to share some of the key provisions of the BCRA and why for those living with mental health and substance use challenges, providers and advocates should be seriously concerned and motivated to speak up and speak out.

- According to the Congressional Budget Office 21-22 million Americans will lose health coverage under this proposal.
- By 2020 the *entire* Medicaid Expansion will be rolled

back including a 35–40% reduction in federal support for the *traditional* Medicaid program over the next two decades.

- The enhanced federal funding for the Medicaid Expansion would be rapidly reduced. Federal funding would be reduced from 90% starting in 2021, ramping it down to the normal (approximately 50%) federal funding by 2027. The proposed rollback of the enhanced, 90% federal match for the Medicaid Expansion will force expansion states, including California, to choose who among their Medicaid population will remain eligible for a diminished pool of benefits. In the absence of creative thinking and huge new state Medicaid appropriations, millions who obtained benefits through the Medicaid Expansion of 2014 will be pushed out of the system by 2022, according to the National Association of County Behavioral Health and Disability Directors.

- States would be able to easily waive essential health benefits (EHB) that have been required under the Affordable Care Act. A recent Kaiser Family Foundation analysis notes that the EHBs most likely to be eliminated are maternity care, inpatient/outpatient substance abuse treatment and inpatient/outpatient mental health treatment.

Although the ACA is not perfect and requires continued



Stephen Kaplan

examination and improvement, the legislation proposed by the Senate and House would reignite and accelerate the trends that launched health reform a decade ago: continued lack of access to primary care, cost shifting to hospitals and states, expensive and excessive incarceration of treatable individuals, inadequate access and reimbursement to behavioral health treatment, declining life expectancy among lower-income people and much more.

For decades a fundamental question of the health care debate has been whether access to affordable quality health care is a right and a societal obligation or a privilege available mostly to those who can afford it? The ACA affirmed the former and the BCRA the latter. As a community of clients, family members, providers and advocates we should affirm that health care is a right and anything less will not suffice. ☺

Mental Health and Substance Abuse Recovery Commission Meeting

Wednesday, September 6th

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

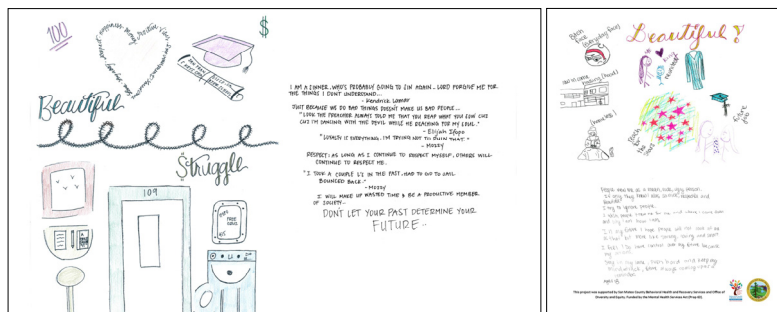
Commission meetings are open to the public and are generally held the first Wednesday of the month. For location or more information, call 650.573.2544 or visit:

www.smchealth.org/mhsarc



Photovoice

Photovoice images (see stories about Photovoice in a number of articles throughout this issue).



Minority Mental Health Awareness Month

While mental illness is a leading cause of disability in the U.S., nearly two-thirds of people with a diagnosable mental illness do not seek treatment—and racial and ethnic groups are even less likely to get help, according to the US Office of Minority Health.

55% of San Mateo County residents identify as people of color. Especially in our majority minority community, challenges faced by minorities are challenges for us all.

In 2008, the US House of Representatives recognized July as Bebe Moore Campbell National Minority Mental Health Awareness Month (NMMHAM). A notable African American author, Campbell

championed mental health education and support for individuals in diverse communities during her daughter's long struggle with bipolar disorder.

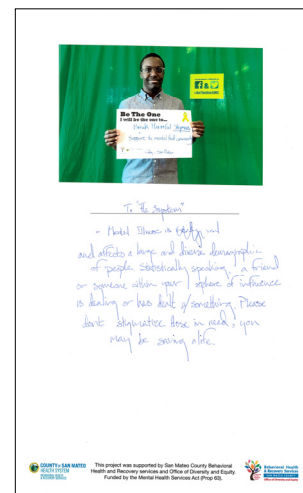
Through our eight Health Equity Initiatives, the Office of Diversity and Equity (ODE) are working towards improving access to behavioral health services for underserved communities. Learn more about the initiatives or check out the Health Equity Initiative's 10 year impact report below.

This month offers us all an opportunity to continue fighting stigma by promoting public awareness of mental illness and to recommit ourselves to ensuring everyone

in our County has equitable access to mental health treatment and services. As part of our NMMHAM celebration this July, the ODE will share images of minority mental health, recovery and resilience in BHRM buildings. These stories are collected from County residents and BHRM clients, reflecting the strength of our community.

Contact Briana Evans at bcevans@smcgov.org to add Photovoices to your space. ☞

– Briana Evans



See the Photovoice gallery at www.smchealth.org/stories.

Health Equity Initiatives: A Ten-Year Review

As we recognize Minority Mental Health Awareness Month this July, the Office of Diversity and Equity is pleased to present our impact report, Health Equity Initiatives: A Ten-Year Review. The report showcases the efforts and accomplishments of the eight Health Equity Initiatives (HEIs) and the Diversity and Equity Council.

Funded by the Mental Health Services Act, these initiatives connect providers, clients and community members who together, work towards improving and expanding culturally sensitive access to and treatment of behavioral health services for underserved communities and building cultural inclusiveness into the BHRM system.

While some of the project's the Initiatives have championed may be familiar, like the recently-opened San Mateo County Pride Center (Pride

Initiative), you may not have heard about all the ways in which the HEIs are improving our services for San Mateo County residents.

For example, the Native American Initiative contributed to the *California Reducing Disparities Project: Native American Strategic Planning Work Group Report*. This report provides health professionals across the state with recommendations on working with Native Americans. Through their work, they have impacted health systems and Native lives even beyond our County boundaries.

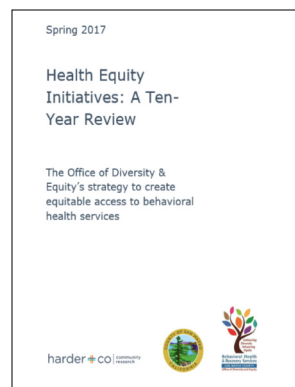
The Pacific Islander (PI) Initiative helped design a PI-specific version of the Parent Project, a 12-week program that offers information and resources on disciplining children, preventing drug use, improving grades and communicating with kids. With over 100 PI parents trained,

their work has had a lasting impact on families and community health.

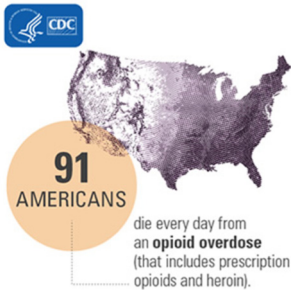
Other Initiatives include: African American Community Initiative, Chinese Health Initiative, Filipino Mental Health Initiative, Latino Collaborative, and Spirituality Initiative. To learn more about the impact of these initiatives and more, check out our impact report.

If you stand in support for minority mental health, join us at an HEI meeting this summer! Come support a community you care about or just get more information. You do not need to identify with the community the HEI supports to participate. For more information about the Health Equity Initiative and to view the Ten-Year Impact Report, visit www.smchealth.org/hei. ☞

– Briana Evans



Integrated Medication Assisted Treatment (IMAT) Update



Medication Assisted Treatment (MAT) is a progressive approach to treating substance use disorders with a combination of behavioral therapy and medication. Obama-era U.S. Surgeon General, Dr. Vivek Murthy, called out MAT as a critical component to addressing what he calls our public health crisis in his 2016 report “Facing Addiction in America.”

“Research clearly shows that Medication Assisted Treatment leads to better treatment outcomes compared to behavioral treatments alone,” Murthy tweeted in May.

IMAT case management teams have now been in place for 2 years, working with Health Plan of San Mateo members who have chronic, complex, alcohol-related issues. The teams are based in SMMC Emergency & Psychiatric Emergency Departments, Primary Care Clinics and in the field serving those who have criminal justice involvement.

In the first year of IMAT there was a significant reduction in total service costs and Emergency Department visits. Inpatient hospitalizations, psychiatric emergency services (PES) and costs associated with service utilizations

were all reduced. In contrast, the utilization of lower-cost outpatient services increased after enrolling in IMAT.

IMAT Highlights

We continue to receive the bulk of our referrals from the SMMC Emergency Department (ED), where we’ve seen a wonderful partnership develop with the ED staff. In fact, our referrals overall have increased by about 25% in our second year - over 1,600 individuals and counting.

We are also seeing positive changes in drinking behavior after starting IMAT services, with a decrease of 53% in those reporting the “urge to drink” and the reported number of “days since last drink” more than doubling.

In the first 10 months of Fiscal year 2016-2017 IMAT Case Managers:

- Screened 1,685 individuals, providing outreach and engagement, psycho-education about MAT, and offered linkage to system wide services
- Assisted 878 individuals who accepted support and received any combination of: linkage to primary care, medication assisted treatment, enrollment in or verification of Health Plan coverage, case management,

transportation, and connection to recovery services

We’ve enjoyed increased partnership with Primary Care clinics due in great part to the collaborative efforts of the Interface Co-Occurring Case Managers and the work of Dr. Cynthia Chatterjee. We’ve also partnered with High Utilization groups at Stanford ED, linked in daily with First Chance Sobering Station & Palm Ave Detox to coordinate client care and are working with Whole Person Care Pilot teams.

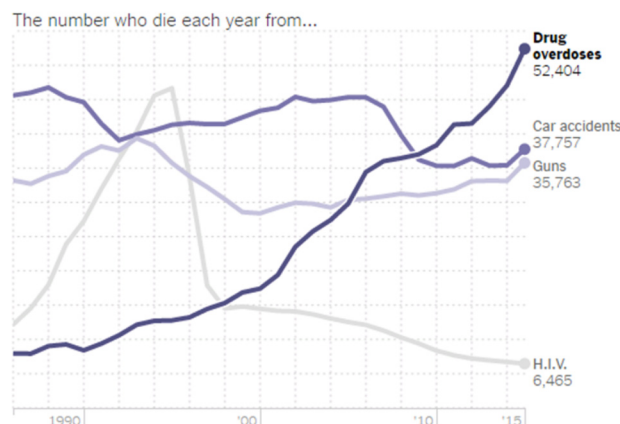
Opioid Disorders

The national opioid epidemic is growing at a startling pace. The number of deaths due to drug overdose has already surpassed those caused by the HIV/AIDS epidemic at its peak.

The IMAT team has a distinct opportunity moving forward to address this national epidemic and expand services to cover opioid use disorders.

While we have many mechanisms in place to start and have done a few test cases, there is still much work to do to increase staffing, specifically, prescribers who have their “x waiver” — a waiver to practice opioid dependency treatment with approved buprenorphine — and recruiting and retaining staff who are eager to serve those with substance use disorders.

The IMAT team is motivated to continue building relationships with county partners to engage those in our community struggling with substance use disorders and link them to the medication support we know can help launch recovery. ☺



Youth Mental Health First Aid Hosts 100th Class

Youth Mental Health First Aid (YMHFA) has been offered by the BHRS Office of Diversity and Equity since 2013. Since inception, we have successfully trained 1,711 individuals in San Mateo County. The 100th class will be held at Puente, located in Pescadero. Puente serves the San Mateo South Coast communities of Pescadero, La Honda, Loma Mar and San Gregorio. They advocate for their communities and promote individual and community health and wellness.

YMHFA is an 8-hour public education program which introduces participants to unique risk factors and warning signs of mental health problems in adolescents. It builds understanding of the importance of early intervention and teaches individuals how to help an adolescent in crisis or experiencing a mental health challenge. YMHFA uses role playing and interactive discussions to demon-

strate how to access, intervene and provide initial help.

YMHFA creates the time, space and safe environment for learning and understanding how to support youth by using empathy and compassion. The outcomes indicate that:

- 79% of individuals who completed the training report feeling more confident to recognize the signs of a mental health challenge or crisis.
- 78% feel more confident to reach out to a young person experiencing a mental health challenge or crisis.
- 84% feel more confident to assist a young person to seek professional help.
- 83% feel more confident to assist a young person to connect with community, peer and personal supports.

Not only do participants feel more confident recognizing signs, reaching out or assisting a young person, they are actually using Youth Mental Health First Aid in their every-

day lives.

“If I see a student acting in a way that might suggest he/she is having some emotional difficulties, I am more confident to approach the student, ask questions and a couple of times I have suggested the availability of help in school and follow up with the students,” said one participant six months after the training.

“I asked a student if they felt suicidal,” stated another participant who discussed the difficult but often crucial task of asking a young person about suicide. “I would have never felt okay to do this before the training.”

100 classes in, Youth Mental Health First Aid is still an invaluable resource for the community. ☺

- Natalie Andrade



New Transportation Benefit for HPSM Medi-Cal Members

As of July 1, 2017, Health Plan of San Mateo (HSPM) now offers a transportation benefit to all Medi-Cal members allowing them to schedule rides to outpatient health-related services, like doctor's visits, lab services, PT/OT and behavioral health appointments.

HSPM contracts with the American Logistics Company (ALC) to provide transportation. To schedule a ride, members must call ALC two days in advance. ALC arranges curb to curb rides through their strategic partnership with Lyft for members who have access to a mobile phone that can receive messages from a Lyft

driver. For those who require door to door service (assistance getting in/out of vehicle or into the building), ALC can arrange a ride through one of their other contracted transportation providers.

Rides are provided for health related services only. The areas covered by this benefit are San Francisco, San Mateo and Santa Clara counties. Requests for rides to health-related services outside of these counties must be authorized by HPSM.

CareAdvantage members have had a transportation benefit through HPSM since 2008. CareAdvantage mem-

bers who have reached their 30 one way ride limit, can request additional rides through ALC, to be covered through their Medi-Cal benefit.

The Non-Emergency Medical Transportation (NEMT) benefit is still offered to members that need non-emergency ambulance, litter van, wheelchair van and/or air transport. NEMT must be prescribed by a health care provider and approved by HPSM Health Services.

To schedule a ride through ALC, Medi-Cal members should call 1-844-856-4389, and CareAdvantage members should call 1-877-356-1080. ☺

San Mateo County Celebrates Pride

The PRIDE Initiative held the 5th annual LGBTQ+ Pride event at San Mateo Central Park on Saturday, June 10th. This year's theme "Still We Rise," was inspired by Maya Angelou's 1978 poem "Still I Rise." Had it not been for the courage and tenacity of queer and trans Black women activists at Stonewall, such as Marsha P. Johnson and Stormé Delarverie, we would not be able to celebrate as we do today. "Still We Rise" is meant to inspire and remind us of the need for solidarity across all communities. This year, for the very first time, the Pride flag was raised along with the American flag in the center of the park at the commencement of Saturday's celebration.

The PRIDE Initiative, under the Office of Diversity & Equity with Behavioral Health and

Recovery Services, originated in 2008 and was the first county sanctioned LGBTQ+ entity in San Mateo County. The PRIDE Initiative is comprised of a passionate group of people who work towards fostering a welcoming environment for the LGBTQ+ communities living and working in San Mateo.

The event included entertainment by poets, musicians, dancers and martial artists. For the first time, an open mic showcased talent from the community. With each passing year the event has increased in size, including even more community organizations in this collaborative celebration. This year over 45 community organizations and various vendors participated and approximately 700 people attended.

Though there's still work to

be done, the LGBTQ Commis-



sion was formed three years ago in 2014 and we recently celebrated the opening of the San Mateo Pride Center. Our hope and vision is for our LGBTQ+ community to continue to grow stronger and more vibrant... STILL WE RISE! ☺

- Regina Moreno



Jei Africa (left) and Regina Moreno (right).



Musicians play to the crowd.

First Chance Sobering Station and Outpatient Services

Many have heard of Star Vista's First Chance Sobering Station. The 24-hour program is an alternative to jail for those arrested for driving under the influence or public intoxication. First Chance counselors provide assessments, case management and coping strategies for clients while

they recover from intoxication.

Did you know that First Chance also offers outpatient services for clients with substance use or co-occurring mental health and substance use disorders? Referrals to these services are not only provided through law enforcement, but through BHRS, residential treatment

programs, hospitals and more. First Chance Outpatient Services offers assessments, individualized treatment plans, counseling and random drug and alcohol testing.

Last year First Chance helped over 2,700 clients. For more information call (650) 689-5597. ☺

MHSA Program Highlight: OASIS

It was 2009 and Celia, a resident of San Mateo County, was 71 years old when she began experiencing symptoms of a mental health condition.

“I was not feeling well at work, I was throwing up, and I was sent home,” she said. Celia continued experiencing these symptoms until she was referred to the Older Adult System of Integrated Services, better known as OASIS.

OASIS is a program available to San Mateo County residents, age 60 and over, dealing with mental health issues that impact their day to day functioning. Clients come into the program with multiple co-occurring conditions related to physical health, cognitive impairment, substance use, functional limitations and social isolation, in addition to their serious mental health conditions. This requires more hands-on case management, and greater collaboration between psychiatrists and primary care providers to ensure proper medication management and preventative medicine to enable and support the clients to remain in a community based setting. Last year, OASIS served a total of 297 clients, aged 74 on average, who are increasingly fragile and medically complex.

“From the beginning, everyone is very attentive,” said Celia. “They will stay with you. They would meet me at work, at home, anywhere.”

A key component of OASIS treatment is providing in-home evaluation and support, which includes consultation services to empower families and care givers throughout treatment – an overarching strategy of BHRS.

“The program is very friendly and professional,” Celia added.

“They included my family, my daughter and my husband. They are like family to me... no, they are my family.”

The support to OASIS clients is enhanced by the strong commitment and dedication of the direct service staff who regularly go the extra mile to ensure clients not only get the essential care they need, but to provide emotional and concrete support. They help clients to achieve the highest quality of life possible and to remain residing in the community for as long as they wish to and safely can.

Celia couldn't say enough good things about the OASIS team.

“They really care about me and they are my support, physically and emotionally,” she said. My team helped me with reminding me to take my medication, get out of the house and exercise. They even go for walks with me! Without them, I feel like I would be missing something.”

The population of the United States is growing older. In the last six years, there was a three percent increase in older adults – that's 14.2 million adults age 65 and older. According to California Department of Finance Population projections, San Mateo County will see an increase of more than 150,000 residents 65

and older by 2050.

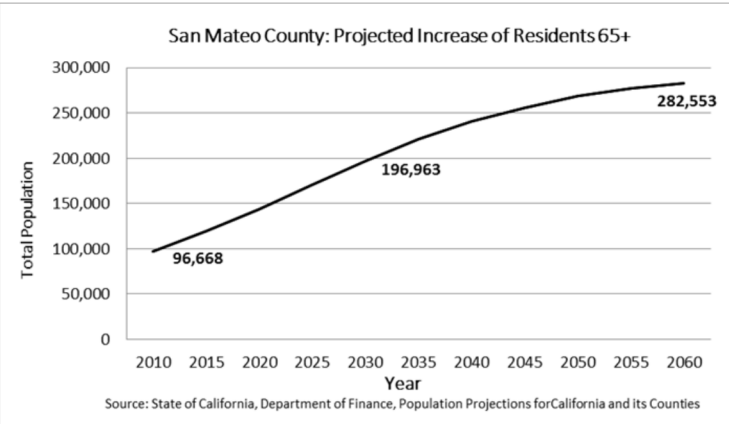
The U.S. Department of Health and Human Services recognizes that older adults pose a greater risk of suffering from certain mental disorders due to a variety of reason such as isolation, stigma, lack of transportation and access to services. Mental health disorders are often overlooked when it comes to healthcare services in general. San Mateo County and the Mental Health Services Act (MHSA) recognize this need and have responded with several programs serving the older adult population. They have prioritized this as a need for the next three years of MHSA program planning.

In the past eight years Celia built her skills on the way to wellness and recovery as she regained her independence.

“Next year I will be 80 years old and in January I will be celebrating 50 years with my husband!” she said with fervor. Celia, on behalf of BHRS and the MHSA, congratulations! Today, we celebrate with you.

For referrals to OASIS community-based mental health services please call (650) 573-3689. ☺

- Colin T. Hart



Waverly Place Apartments Provide Supportive Housing

The Mental Health Association (MHA) along with San Mateo County officials celebrated the long awaited Waverly Place Apartments groundbreaking on May 9th. The housing development at 105 Fifth Ave, in the North Fair Oaks area of Redwood City includes fifteen supported housing units for individuals with severe mental illness.

Escalating Bay Area construction costs caused a two year delay on the summer 2015 expected groundbreaking but, MHSA remained true to its culture of not giving up on projects and continued fundraising.

“In a County with one of the highest costs of living in the country, ensuring that our clients have safe decent housing is so important and we are all very proud of MHA’s role in making this happen,

and we are so very grateful to those who support us in this effort,” wrote Melissa Platte, executive director for MHA. Waverly Place is funded by a variety of sources including the Mental Health Services Act (MHSA) and San Mateo County’s Measure K.

The groundbreaking celebration featured individuals living with mental illness that received housing support as they shared their stories of hope, recovery and gratefulness for the support. Steve Kaplan and Supervisor Warren Slocum also provided remarks.

MHA has built and rehabilitated properties to create homes for people with mental illness since 1946. Supportive housing is community-based housing that is affordable to clients on a permanent basis, provides all the rights



Stephen Kaplan, BHRS Director speaks to the crowd.

and responsibilities of tenancy, and is accompanied by appropriate and voluntary social services. ☺

- Doris Estremera



ODE Storytelling Achievements

Storytelling can be an incredibly powerful tool in bringing attention to mental health and wellness, while reducing stigma and empowering both storytellers and audiences.

During FY 16-17, The Office of Diversity and Equity (ODE) Storytelling developed and published a storytelling framework that defines ODE’s approach and goals, three tenets of powerful storytelling and the theory behind the storytelling program. Parts of this storytelling framework were adapted by the Lived Experience Academy.

Evaluation tools were created to measure the experience of individuals sharing their stories and their growth in terms of empowerment and

stigma. ODE Storytelling also developed and published a facilitator packet, which includes all materials needed to facilitate a Photovoice program, alongside a curriculum and facilitation guide.

The Pop-Up Photovoice booth was also developed to empower community members to create Photovoices in five minutes. Clients left feeling healed, and the stories were shown within BHRS and on social media. ODE storytelling supported and facilitated a total of four Photovoice programs and one Digital Storytelling program.

Presenting final projects at community events, such as the AACI hosted health fair, families and clients learned about

mental health and were inspired to have more conversations about mental health and substance abuse. Mental Health First Aid (MHFA) students reported feeling more competent to work with their clients after relating lessons learned from MHFA to the Photovoice projects shown during their lunch break. Lastly, ODE Storytelling captured stories of youth at the Youth Services Center and shared them with staff to improve services, (see page 9).

More info and a collection of stories can be found at www.smchealth.org/stories. ☺

- Siavash Zohoori

Photovoice at the Youth Services Center

The Office of Diversity and Equity recently partnered with the Youth Services Center (YSC) to facilitate Photovoice projects for youth detained at YSC. This project was created in order to educate others about stigma surrounding mental health for detained youth. Additionally, this project provided youth an opportunity to share their voice.

A curriculum was created that involved providing youth with psychoeducation about stigma and a chance to reflect on times they felt stigmatized. Through our meetings with the youth and through their Photovoice projects, we found youth felt more stigmatized due to their detainment than their mental health needs. The biggest theme we found was youth feeling judged and treated as the “problem child” without people taking the time to get to know them or figure out their needs. All youth stated they wished people knew they are “good kids” and their past

behavior does not define who they are. They expressed they could change their behavior; they just needed a chance to do so.

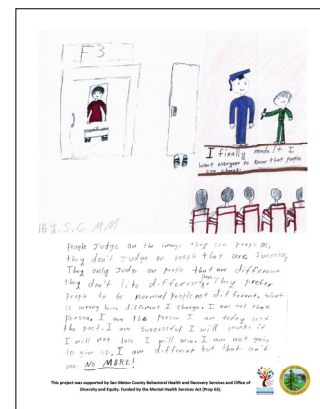
All five youth participants had experienced traumatic events in their past such as sexual abuse, physical abuse, witnessing gang violence, witnessing domestic violence, and/or immigration trauma. Many times, behaviors labeled as “noncompliance” or “aggressive” are in response to trauma triggers.

These findings imply that BHRS staff and other adults working with detained youth or youth on probation should be mindful of the fact that most youth in the juvenile justice system have experienced trauma. Interacting with youth in a more trauma informed way is critical to their success. Looking past their charges and connecting with youth on a personal, human level is important. All youth expressed feeling mis-

understood by the adults around them. Focusing on the strengths they have to offer and building on these strengths is essential to helping them overcome difficulties.

It would be helpful for BHRS to continue to conduct Photovoice projects with youth in the justice system as a way for them to feel heard and understood. Photovoice projects can be presented to community members in San Mateo County as an effort to reduce the “problem child” label that society places on youth. Additionally, presenting these projects to judges and law makers may help change the system to be more trauma informed as a whole. ~

- Anjalee Greenwood



See the Photovoice gallery at www.smchealth.org/stories.

California Mental Health Advocates for Children and Youth Conference

In May, four members of our BHRS Family Partner team attended the California Mental Health Advocates for Children and Youth (CMHACY) conference at the Asilomar conference grounds in Pacific Grove. It was an opportunity for a diverse group of individuals to come together in the interest of advancing children’s mental health services in California. The conference energized our Family Partners while they learned tools for improving the services they provide to our clients and families. They share their experiences below:

Yolanda Ramirez

I found Paul Baker’s (a de-

velopmental Neuropsychologist who developed *The Person Brain Model*, a comprehensive approach that promotes hope and opportunity to individuals who have faced negative experiences and trauma since early childhood) presentation to be interesting. He shared his personal experience as a foster and adoptive parent of youth with severely negative experiences and trauma. These children were kicked-out of previous foster homes and were living within a system which had extremely low expectations for them. He practiced the strength-based neuro-relational approach with these children and their suc-

cesses motivated him to develop *The Person Brain Model*.

I also learned more about the importance of engaging families, caregivers and youth receiving mental health services to work towards recovery and overcome stigma. These tools will allow me to help families achieve wellness and success.

Yolanda N

I met folks working at the state level to change laws that penalize neglected children for their behavioral issues. They are working to provide healing opportunities to youth and their families.

(Continued on page 15)

Mental Health Matters to Our Community!

During this past May, Mental Health Awareness Month (MHAM), San Mateo County celebrated mental wellness and recovery with community partnerships, voices and action. Through my role in planning MHAM events and other stigma reduction efforts, I am excited to see that, more than ever, *mental health matters to our community!*

I am impressed by the level and diversity of involvement with local community partners, including elected officials, government agencies, schools, libraries and community-based organizations. We kicked off the month with a Board of Supervisors Proclamation and Mental Health Resource and Art Fair, followed by at least 20 events hosted by a variety of community partners and organizations. Many community leaders also participated in the County's inaugural MHAM Mini Grant Program which awarded \$1,000 to four collaboratives in the north, central and southern county regions.

Over 150 people attended the Mental Health Resource and Art Fair, co-hosted by the College of San Mateo, which

was held for the first time at the College. We were excited that many students participated in the event which featured resource tables, art displays and activities, food, raffle prizes and more. Attendees participated in activities such as shared behavioral health stories and learned about valuable county resources. Fifty participants made a personal pledge to help end stigma at the Be the One photo booth (see photo gallery at link below) and another 28 shared their story at the Pop Up Photovoice booth. 87% of the attendees reported that they learned where to find more information or resources on mental health, while 84% reported they are likely to use or share the information they received with others.

Despite the stigma around mental health and addiction, many community members shared their voices and lived experience with mental health challenges and addiction through speaker panels, photo voices and film screenings during the month. MHAM featured voices from a variety of perspectives including clients, family members, clinical providers, non-clinical providers and community members.

Regardless of the storytelling medium or perspective, the act of speaking up and sharing our voices benefits everyone.

Inspired by community voices and stories, many people who work or live in San Mateo County were ready and eager to do something to eliminate the stigma and discrimination against those facing mental health and substance use conditions. One small, but influential way to show support is to wear a lime green ribbon, which represents mental health awareness. Our County distributed over 1,000 ribbons during MHAM. Another opportunity to take action is to take a photo with our Be the One Photo Booth and pledge to help fight stigma surrounding mental illness. This May we hosted the photo booth at 7 events.

This year's Mental Health Awareness Month was filled with creativity, resilience and unity around the cause of ending stigma. I hope we continue to build on the momentum that *mental health matters to our community* every May and every day. ☺

- Sylvia Tang

View the Be the One photo gallery at www.smcbhrsblog.org/photo-gallery/betheonesmc/

Be Prepared during a Mental Health Emergency

Visit the San Mateo County website to learn:

- What to expect when calling 9-1-1
- What to say when calling 9-1-1
- How to prepare
- Local crisis numbers and resources

Mental Health Emergency

Call
9-1-1

WWW.SMCEALTH.ORG/MH911



Print the "Mental Health Emergency: Guidelines for Calling 9-1-1" online at: www.smchealth.org/mh911, available in multiple languages at no cost.

Phoenix Garden Plan

When the Youth Services Center opened in the late fall of 2006, a plan was conceptualized to develop and enhance the land where the maze of old Probation Department buildings sat. Behavioral Health and Recovery Services (BHRS) and the Health System supported this original plan, and have continued to be an ever-present force as the garden project has moved forward.

During initial planning, the name, "Phoenix Garden" was chosen to refer to the rebirth of the land as well as the people that the garden will help. Creation of the garden is a collective effort, with youth and community members playing a major role in visioning and building the space. Through the incorporation of specific design concepts, the garden will be home to various learning labs, educational and treatment programs, open nature areas and public

meeting spaces.

In 2010, the old buildings were demolished, moving the now open land one step closer to becoming the Phoenix Garden. The semi-public spaces will be open to the visiting public but are intended for activities like outdoor learning and other coordinated special events. The private spaces include educational garden areas and will be reserved for adults and youth from county programs and approved visitors.

Recent additions to the garden in the fall include numerous trees and early winter has seen many truckloads of ground cover, known as wood chip mulch, delivered by the Davey Tree Company and others, who have been very supportive of the Phoenix Garden project.

If you are interested in being part of the Phoenix Garden project, would like notification of planned activities or would



like to have a team building event or client activity at the site, please contact Toni DeMarco directly at TDeMarco@smcgov.org.

A monthly volunteer day is held the third Saturday of the month from 9:00 a.m. - 1:00 p.m., a monthly volunteering day is held where volunteers can join in community building at the Phoenix Garden Project. These days focus on sign installation, fencing, sheet mulching and companion planting around the orchard areas, as well as other special projects. ☺

- Toni DeMarco



Volunteers, including Health System Chief, Louise Rogers, came together in February to plant Oak, Maple and various fruit trees purchased through grant funds from the Health System.



Be In The Know

Visit the Behavioral Health and Recovery Services Blog:
www.smcbhrrblog.org

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



Serramonte Therapeutic Day School Garden

The flourishing garden at Serramonte Therapeutic Day School (TDS) is an important aspect of our therapeutic program. Students enjoy visiting during breaks and lunch, hanging out, feeding the chickens, visiting with our cats or just wandering around to see, smell and touch the plants and flowers. The space provides the opportunity for students to learn about the physical aspects of gardening, but also allows them to experience firsthand the subtle but

deep metaphors for psychological and emotional growth and healing that nature provides.

Having started small, the garden has evolved over fifteen years into an area larger than a football field. It's blessed with frequent fog in the mornings, keeping things lush and green. One of the unique aspects of this garden is the large percentage of plants and trees that are natives, requiring little to no water even during the dry

months. The garden is also home to five chickens (raised from day-old chicks in our day-room), two very sweet cats, about eight bee-hives and an abundance of bugs and birds that thrive in our oasis in the midst of Daly City.

Nurturing the garden is a real learning experience for our students. Most of the flowers and veggies are grown from seed, either propagated in our greenhouse or planted directly in the soil. Students have the opportunity to seek out and find plants that they like and enjoy the task of finding a home for their plants to take root and grow.

The TDS Garden is located at 840 Campus Drive in Daly City, right next to the Serramonte High School site at 699 Serramonte Blvd. ☺



Charlie the cat and a chicken.

- Lawrence Selbach



Employee Spotlight



Eugene Canotal

Clinical Social Worker, North County Youth Team

Hometown: San Francisco, CA

Years at BHRS/SMC: 5½

What do you do?

I conduct counseling, therapy

sessions with children and teens who have a variety of mental health-related issues, such as depression, anxiety, and suicidality. I also collaborate with parents/caregivers, schools, and other involved agencies.

What do you enjoy most about your job?

Having genuinely fun moments of laughter with my clients, co-workers, and supervisor. Being humbled and honored every day to see firsthand how resilient the human spirit is in the face of, what can be, a tough world.

Most rewarding/memorable

experience:

Bearing witness to my clients' journeys in developing a sense of self-worth, hope, and purpose – from baby steps to having breakthrough moments in therapy. Connecting with my clients face-to-face in the midst of an increasingly disconnected, "plugged-in" world.

Favorite hobbies/activities:

Practicing 10th Planet Jiu-Jitsu, playing the drums, spending time with loved ones "in real life."

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

Sociological documentary filmmaker. ☺

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

Annual Mandatory BHRS Confidentiality/HIPAA Training Due in July

As we announced in May's Q-Tip, Quality Management (QM) Trainings that are assigned to Behavioral Health and Recovery Services (BHRS) staff will now appear automatically in the Learning Management System (LMS). BHRS staff will receive an email from the LMS administrator stating that a training is due soon and requesting that the recipient go into LMS to take the training. After logging into LMS Career site through the OKTA portal, you may click on the "Transcript" icon and launch the training.

The first training to be announced this way is the 2017

Annual Update – BHRS Confidentiality and HIPAA for MH & AOD. Client privacy and confidentiality are of utmost importance in healthcare and we all have a responsibility to stay up to date on these topics. Please complete all trainings by the due dates.

All BHRS staff are required to take the Confidentiality and HIPAA training annually. LMS will send out a request in early July for BHRS staff to complete this training by July 31, 2017. QM will also send an email reinforcing the assignment and giving additional information, if needed.

After you complete the training in LMS and do the evaluation survey, your credit will show up as hours in LMS that

go toward your 20 hour annual requirement. You will also receive an email confirming that you successfully completed the training and you may print out a certificate of completion from your LMS transcript.

To access other trainings and for non-San Mateo County employees, you may still access the QM trainings as before. QM has significantly improved the homepage for QM trainings (see link below), but if you need help with the site contact M staff, Amber Ortiz at alortiz@smcgov.org. QM always appreciates any feedback or ideas you'd like to share with us. ☺

Think Quality

Next QIC Meeting

Wednesday

July 12, 2017

10 am–Noon

2000 Alameda de las

Pulgas, Suite 200, Room

201, San Mateo.

QM Trainings: www.smchealth.org/bhrs/providers/ontrain

Healing Historical Trauma

The Native American Initiative (NAI) recently hosted a training titled Native American Health: Historical Trauma and Healing Practices. The training focused on intergenerational trauma—the lasting impact trauma can have on individuals and their descendants.

Repeated trauma can lead to an accumulation of symptoms that affect the collective unconscious of an entire group of people, known as historical or intergenerational trauma. As the trauma continues, the meaning associated with the event or events will change as the affected person's identity develops across their lifespan. This identity can be understood as a foundation of how an individual views themselves and their interactions with the world around them, and the meaning associated with experiences such as surviving trauma.

We understand how development of self is influenced by interactions with caretakers who exhibit dysfunctional behaviors such as substance abuse and mental illness. In this way we can see how healing our direct clients may potentially be helping to heal future generations. We can help break the cycle and empower our clients by tapping into the coping skills they have or that their culture has had in the past. We can build on the resiliency and strength in each one of our clients to help them move forward.

Understanding intergenerational trauma and culturally appropriate models of care can make mental health issues and our work in general feel more relevant to clients. With this understanding, we can begin clearer discussions about the implications of therapeutic work for many

"minority" populations.

While NAI's presentation was focused on Native Americans, the concept of historical trauma, along with awareness of historical events that have affected other populations, can provide a foundation for understanding how multiple generations of trauma impact our clients. Understanding historical or intergenerational trauma helps us as clinicians see patterns more clearly and shift our work to fit the needs of individual clients in a culturally respectful way. For more information about the NAI, visit their website, www.smchealth.org/bhrs/ode/na ☺

- Annelise Batten

Mental Health Services Act Update – Doris Estremera, MHSA Manager

Elevating Marginalized Voices – Reflections from the MHSA Three-Year Plan Development

On June 7th the Mental Health and Substance Abuse Recovery Commission (MHSARC) voted to open a 30-day public comment period on the MHSA Three-Year Plan FY 2017-2020, which identifies priorities for future MHSA funding. The plan is a culmination of five months and numerous staff hours of facilitation, engaging and empowering well over 500 clients and family members, diverse groups, untraditional partners and communities to participate in the planning process.

This is my second time facilitating the development of the MHSA Three-Year Plan, which has allowed for some important reflections. First, throughout the planning process I asked myself if we really were doing all that we possibly could to ensure the most marginalized voices were heard. While this helped me improve the process, tough decisions had to be made about what gets prioritized for funding, and ALL the options for consideration represent voices, lives and communities that have been historically marginalized and stigmatized. Secondly, there are groups that face additional layers of marginalization, low income, undocumented status, geographical isolation, discrimination, physical disabilities, etc. that hinder their participation. Elevating these particularly marginalized voices became my goal for the development of the Three-Year Plan.

“I feel honored that today we will be able to hear directly from often missing voices,” I proudly stated at the final Prioritization Session for the Three-Year Plan. I was refer-

ring to the fact that some clients would be sharing their personal stories in support of priority needs being considered for funding. There were two clients in particular I had in mind, a transition age youth receiving full service partnership services and a young woman with a dual mental health and physical disability diagnosis.

Neither showed up as planned. The transition age youth felt overwhelmed with the large number of attendees, and the young woman goes to bed early and decided this meeting was too late for her. I will continue to find ways to ensure their voices are heard.

Following are some of the efforts made to elevate marginalized voices like these, as well as recommendations for the next three year planning process that will hopefully help individuals like these have a meaningful voice at the table.

Highlights:


- Created MHSA Steering Committee guidelines and conducted targeted recruitment to ensure diverse and equitable representation of voting members
- Facilitated input sessions with 26 diverse community collaboratives, committees, councils, etc.
- Held a pre-planning session with about 30 clients, hosted by the Peer Recovery Collaborative covering what to expect from the planning process and how to provide public comment
- Hosted a launch session with over 120 participants and a prioritization session with over 150 partici-

pants (about a third were clients and family members), which included stories and public comments for many of the priority needs being considered for funding

- Facilitated three strategy development session with higher need communities (Coastside, East Palo Alto, veterans community)
- Conducted over 30 key interviews with client, community and provider representatives of MHSA-funded programs

Recommendations:

- Build on developed priorities, especially those not prioritized for funding
- Facilitate focused strategy sessions with all community service areas and other high need communities
- Prioritize a Digital Storytelling process to support individuals in sharing their stories

The MHSA Three Year Plan and a Public Comment Form is available on the MHSA website smchealth.org/mhsa. You are welcome to submit public comment by July 7, 2017 to mhsa@smcgov.org. 



2017 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:

- **Nicole Carter** (service provider) is a health teacher at Burlingame High School

and is being recognized for educating her students on mental health disorders and stigma reduction.

- **David "Tad" Randall** (volunteer/client and family member) works to educate others on mental wellness for NAMI San Mateo County. ☺

Child and Youth Conference

(Continued from page 9)

With the right tools and a safe environment, we can help children overcome adversity, while staying mindful of their trauma.

Learning that there are already programs being implemented in some school settings to decrease suspensions, re-enforce positive behavior and keep children in school gives me hope. Implementing programs in San Mateo County that address children's trauma can positively impact the children in our county.

Norma Naser

I was impressed by the keynote speaker, Frankie Guzman, a juvenile justice attorney at the National Center Of Youth law. He spoke about his own journey through the juvenile justice system and his work to eliminate the practice of prosecuting and incarcerating children in California's adult justice system, instead offering them treatment and rehabilitation. I was happy to meet one of the first families I supported and to see my once shy client engaging in activities and even dancing! Those are the stories that keep me alive and give meaning to the job that we do.

Sonia Dham

The conference provided me with support, information and resources that will allow me to help other families and I learned about engagement, trauma and mental illness. It was also a wonderful opportunity to meet professionals and family partners, and hear their stories.

It's been difficult for me to take care of myself, emotionally and physically, so it was a treat to rest and forget about real life for a few days. I started walking and focusing more closely on my health - I began to understand the power of caring for ourselves. ☺

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



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