



**COUNTY OF SAN MATEO
MENTAL HEALTH BOARD**

**ANNUAL REPORT TO THE
BOARD OF SUPERVISORS**

2003-2004

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INTRODUCTION & SUMMARY

Alison Mills, Chair

The California Welfare and Institutions Code, Section 5604 requires that each County have a Mental Health Board appointed by the Board of Supervisors. Submission of an Annual Report to the Board of Supervisors is one of the mandated responsibilities of the Mental Health Board.

The 2003-04 Mental Health Board Annual Report includes the following elements:

- Mental Health Board's (Mental Health Board) composition and committee structure
- Accomplishments for FY 2003-04 including the extent to which Mental Health Board goals were achieved
- Goals and priorities for the FY 2004-05
- Committee Reports

The Mental Health Board is committed to advocating for the greatest possible mental health services access and high quality systems of care for children, adults and older adults who are residents of San Mateo County and those who rely on the public mental health system. The Mental Health Board is aware of the challenges that face local and state government as a result of California's continuing fiscal crisis. However, even in these difficult circumstances it is critical, and ultimately cost effective, to sustain core mental health services for disabled and vulnerable populations.

Mental Health Board Membership and Committee Structure

In 1991-92, the Bronzan-McCorquodale (Realignment) Act restructured county mental health financing and program responsibilities and specified the mandated composition of each county's Mental Health Board/Commission. Key requirements of this 10 to 15-member board are that consumers (direct consumers and family members) constitute at least 51% of appointed membership and that the Mental Health Board is a reflection of the ethnic and cultural diversity of the county.

The San Mateo County Mental Health Board consists of slots for 15 regularly appointed members, two Youth Commissioners and a member of the Board of Supervisors. The Mental Health Board appreciates Supervisor Rich Gordon's continued support as the Board liaison as well as the active role participation of his staff, Deborah Hirst.

The Mental Health Board experienced significant turnover in membership in 2003-04 with several long time members reaching their term limit and the appointment of 9 new members. These new members fulfilled State requirements for direct consumer and family member representation and increased the Mental Health Board's ethnic diversity - an area that was noted

for improvement during a State Department of Mental Health program review in June of 2002. The MHB appreciated the efforts of Supervisors Gordon and Nevin in interviewing and recommending appointments of these new members. At the close of fiscal year 2003-04, the Mental Health Board had only one vacancy.

The Mental Health Board meets as a whole on the first Wednesday of each month except August and has an active committee structure that consists of an Executive Committee, Children's Committee, Adult Committee and Older Adult Committee.

This Annual Report includes activity reports from each committee chair. Ad hoc committees are established as required for such purposes as planning an annual public forum. Mental Health Board members also serve as liaisons to other organizations or committees.

The following individuals served as Mental Health Board officers and committee chairs/co-chairs through June of 2004:

Chair	Alison Mills
Vice Chair	Raja Mitry
Past Chair/Executive Committee	Michael Lydon
Children's Committee, Representative to CALMHB-C	Marianne Maneja
Adult Committee	Eunice Kushman
Older Adult Committee	Jim Fields

New officers will be elected and committee chairs will be appointed at the MHB October general meeting.

MENTAL HEALTH BOARD ACCOMPLISHMENTS FOR 2003-04

The Mental Health Board identified goals for 2003-04 including issues as follows:

Community Forum on Wellness & Recovery: The Mental Health Board planned and sponsored a public forum was held at the Human Services Building in Belmont in June of 2004. Alison Mills, Jim Fields and Michael Lydon of the Mental Health Board, Deborah Brasher of Caminar, Linford Gayle, the new Mental Health Consumer Affairs Coordinator and Pamela Machado, staff to the MHB served as the planning committee.

Deborah Brasher of Caminar presented San Mateo perspectives on wellness and recovery, reporting the results of 22 focus groups (that included 95 consumers, 45 providers and 46 family members,) held in the winter/spring of 2004. The forum also featured a panel of three consumers, one family member, and a psychiatrist. Consumer Bill Schumard spoke on consumer/physician collaboration, Consumer Greg Wild spoke on the importance of giving back, and Consumer Theresa Bassett spoke from the perspective of having lived a life with dual diagnosis and involvement with the criminal justice system and how the belief of key providers and her own commitment to wellness and recovery got her to where she is today. Carol Goshu gave a family member perspective on what works and her experience with a daughter's journey to recovery. Psychiatrist Celia Moreno spoke from a clinical perspective and outlined how San Mateo County is trying to promote a broad understanding and commitment to wellness and recovery in all mental health services. Eleven consumers were featured and honored for their personal journeys of recovery and advocacy on behalf of others in the first annual "Hall of Fame of Consumers." Honorees included: Jim Fields, Joe Francisco, Patrick Field, Carol Marble, Jackie Leeper, Greg Wild, Kim Nobles, Calvin Shelton, Carmen Lee, Bill Schumard, and Walter McVeigh. Over 80 individuals attended the forum, including consumers, clinicians, and family members.

Budget Development and Planning for Budget Cuts: The Mental Health Board received regular updates from the Mental Health Director regarding budget planning for 2004-05 including the development of guidelines for budget reduction based on identification of core/mandated populations and core services. MHB members were also active participants in Adult/Older Adult and Children/Youth Services program planning/budget workgroups that mapped out strategic restructuring initiatives for the 2003-05 fiscal years. The Mental Health Board Chair testified at the Board of Supervisors budget hearings to advocate for sustaining essential mental health services.

Clarified Mental Health Board Appointment Terms and Updated By-Laws: In FY 2002-03, operational issues were addressed including terms/staggering of appointments and updating of by-laws to comply with new County requirements. In FY 2003-04, the by-laws were rewritten and adopted by the Board of Supervisors.

Participated in program development initiatives:

- Mental Health Evidence Based Practices Initiative—MHB members served on the Evidence Based Practices Steering Committee as well as the Children/Youth and Adult/Older Adult Subcommittees.
- Mental Health/Law Enforcement Collaborative—MHB member served on Collaborative Steering Committee.
- Consumer Operated Services—When Mental Health terminated the contract for consumer operated services due to administrative/fiscal management concerns, two members of the MHB served as co-chairs of a planning process to develop new consumer operated peer support/self-help services.

Annual Tony Hoffman Community Service Awards” Mental Health advocates and volunteers were recognized in celebration of “May is Mental Health Month.” Supervisors Rich Gordon, Supervisor Jerry Hill, and Health Services Agency Director Charlene Silva joined in the awards presentation ceremony.

Award recipients included:

Dr. Lawrence Wolfe for his dedication and commitment to providing primary health care to individuals with psychiatric disabilities.

Russell Cunningham, Jr. for his advocacy and support to mental health consumers.

Ted Backman of Ted’s Village Pharmacy for over 20 years of providing respectful and excellent pharmacy services to mental health clients.

Emily Fancher for her work as a journalist at the San Mateo County Times for her sensitive portrayal of the experience of family members of individuals with mental illness.

Earl Hall for 20 years of vision and advocacy for mental health consumers.

Terry Walker for her years of advocacy and dedication to supporting mental ill consumers and their families.

Suzanne Aubry for her service as a volunteer and advocate for the meaningful involvement of parents of children and youth with mental illness.

Igor Olivine for his dedication in finding housing for people with psychiatric disabilities.

MENTAL HEALTH BOARD PRIORITIES FOR FY 2004-05

- Continue to advocate for adequate funding and resources to serve San Mateo County residents with serious mental illness/emotional disturbance. Participate in planning activities and provide oversight of initiatives related to further program reductions or opportunities for services expansion.
- Continue to monitor program performance and client/staff satisfaction outcomes.
- Partner with Mental Health staff and contract providers in continued program development as outlined in the 2002 Mental Health Strategic Plan to include implementation of “evidence-based practices initiatives for children/youth and adult/older adult services and “performance improvement projects” required for mental health plans under new federal managed care regulations.
- Participate in and monitor initiatives that promote wellness and recovery for all consumers including a Wellness and Recovery Taskforce and the development of new consumer self-help services.
- Sponsor an annual mental health forum on a topic to be determined.

Submitted by:

Alison Mills, Chair
Mental Health Board

Gale Bataille, Director
Mental Health Services

MEMBERSHIP REQUIREMENTS

The Mental Health Board shall include eighteen (18) persons; including fifteen (15) members appointed by the Board of Supervisors, as required by the Welfare & Institutions Code §5604, one (1) member of the Board of Supervisors, and two (2) members of the Youth Commission. All members are voting members. Members appointed by the Board of Supervisors shall serve terms of three (3) years, which begin on October 1 and end on September 30. Upon conclusion of a term, a member may be reappointed to a maximum of twelve (12) years of full terms. The twelve (12) year limit does not include partial terms to which members may be appointed at the beginning of their service, holdover service caused by delay in appointing a replacement at the end of a member's service, or terms that have been adjusted to achieve the staggering referred to in the next paragraph.

The terms of the members appointed by the Board of Supervisors shall be staggered so that approximately one third (1/3) of the appointments expire in each year. To the extent that member's terms are not staggered as of the date this resolution is adopted, the terms of the existing members may be adjusted to achieve staggering and equal distribution of term expiration.

The members of the Mental Health Board who are Youth Commissioners shall be designated by the Youth Commission, and shall serve one term of two years.

The member of the Mental Health Board who is a member of the Board of Supervisors may serve a term as long as that person's service on the Board of Supervisors.

The Board membership should reflect the ethnic diversity of the client population in the County (W&I 5604.a). Fifty (50) percent (or eight) of the appointed members shall be consumers or the parents, spouses, siblings, or adult children of consumers, who are receiving or have received mental health services. At least twenty (20) percent (or three) of the appointed members shall be consumers, and at least twenty (20) percent (or three) of the appointed members shall be families of consumers (W&I 5604.a.1).

The remainder of the appointments shall include individuals who have knowledge and experience of the Mental Health System and may include persons who are outlined in paragraph above.

Consistent with W & I Code §5604(d), no member of the Board or his/her spouse shall be a full-time or part-time County employee of a County mental health service, an employee of the State Department of Mental Health, or an employee of, or a paid member of the governing body of, a mental health contract agency.

"Mental health service" includes any service directed toward early intervention, or alleviation or prevention or, mental disorder, including, but not subject to, diagnosis, evaluation, treatment, personal care, day care, respite care, special living arrangements, community skill training, sheltered employment, socialization, case management, transportation, information, referral, consultation, and community services.

FUNCTIONS

The functions of this Board shall include, but not be limited to, the following [W&I 5604.2]:

1. Review and evaluate the community's mental health needs, services, facilities, and special problems.
2. Review any county performance contracts entered into pursuant to W & I Code §5650.
3. Advise the Board of Supervisors and the local Mental Health Director as to any aspect of the local mental health program.
4. Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process.
5. Submit an annual report to the Board of Supervisors on the needs and performance of the County's Mental Health System, which report shall satisfy the requirement of preparation of an annual work plan.
6. Review and make recommendations on applicants for the appointment of a local Director of Mental Health Services. The Board shall be included in the selection process prior to the vote of the Board of Supervisors.
7. Review and comment on the County's performance outcome data and communicate its findings to the California Mental Health Planning Council.
8. Additional duties or authority as specified by the Board of Supervisors.
9. Assess the impact of the legislative realignment of services from the State to the County on services delivered to clients and on the local community.

MENTAL HEALTH BOARD MEMBERS

MEMBER	APPOINTMENT DATE	EXPIRATION DATE
Renee Aubuchon Public	11/18/03	09/30/06
Andrew Calman Public	11/18/03	06/30/07
Patrick Field Consumer	07/31/02	06/30/07
James Fields Consumer	11/18/03	09/30/06
Valerie Gibbs Public	11/18/03	09/30/05

MEMBER	APPOINTMENT DATE	EXPIRATION DATE
Julie Hoffman Family member	11/18/03	06/30/07
Katherine Kerns Consumer	11/18/03	09/30/05
Eunice Kushman Family member	12/17/91	12/31/05
Greg Love Public	11/18/03	09/30/06
Mike Lydon Public	06/26/84	12/31/05
Amy Mah Public	11/18/03	06/30/07

MEMBER	APPOINTMENT DATE	EXPIRATION DATE
Marianne Maneja	03/01/01	9/30/06
Public		
Alison Mills	05/11/99	12/31/05
Consumer		
Raja H. Mitry	10/04/01	06/30/07
Public member		
Josephine Thompson	11/18/03	09/30/06
Family member		
<u>Youth Commissioners</u>		
Jennifer Marin	05/19/03	06/01/04
Youth Commissioner		
Stacy Clement	06/01/04	06/01/06
Youth Commissioner		

MEMBER	APPOINTMENT DATE	EXPIRATION DATE
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Natasia Kawi

06/01/04

06/01/06

Youth Commissioner

Board of Supervisors Representative

Supervisor Rich Gordon

1997

Upon termination from BOS

Representative: Deborah Hirst

COMMITTEE ASSIGNMENTS

EXECUTIVE COMMITTEE

(Meets 3rd Friday, 3:15pm, Gale Bataille's office)

Alison Mills, Chair, Mental Health Board
Raja Mitry, Vice Chair, Mental Health Board
Eunice Kushman, Chair, Adult Services Committee
Mike Lydon, Member at Large, Mental Health Board
Marianne Maneja, Representative to State CALMHB-C; Chair, Children & Youth Committee
Jim Fields, Chair, Older Adult Committee
Gale Bataille, Director, Mental Health Services

ADULT SERVICES COMMITTEE

(Meets 1st Wednesday, 1:30pm, Conference Room 132)

Eunice Kushman, Chair
Patrick Field, Mental Health Board
Jim Golfas, Patients Rights staff
Bill Kruse, Member of the public
Alison Mills, Mental Health Board
Lois Turner, Member of the public
Terry Walker, Member of NAMI/public
Mike Oprendeck, Mental Health staff
Josephine Thompson, Mental Health Board
Katherine Kerns, Mental Health Board
Linford Gayle, Consumer Affairs Staff
Julie Hoffman, Mental Health Board

CHILDREN & YOUTH COMMITTEE

(Meets 1st Wednesday, 2:00pm, Room 320)

Marianne Maneja, Co-Chair
Raja Mitry, Co-Chair
Debbie Torres, Mental Health Staff
Valerie Gibbs, Mental Health Board
Andrew Calman, Mental Health Board
Renee Aubuchon, Mental Health Board
Jennifer Marin, Youth Commissioner

OLDER ADULTS

(Meets 1st Wednesday, 1:30pm, La Selva

Jim Fields, Chair
Doris Todd-Brown, MD, Member of the public
Diane Dworkin, Mental Health Staff
Lani Blazer, Aging and Adult Services
Judith Guilfoyle
Julie Hoffman, Mental Health Board
Howard Lader
Amy Mah, Mental Health Board
Alicia Marquez
May Nichols
Eric Shapira, DDS

NOMINATING COMMITTEE (Appoint committee annually at July Mental Health Board meeting. Committee presents slate at September Mental Health Board meeting. Officers elected at October Mental Health Board meeting).

Alison Mills, Chair
Raja Mitry, Vice Chair
Marianne Maneja, Children’s Committee Chair, Representative to State
Mike Lydon, Representative At Large

LIAISON, TASK FORCE AND AD HOC COMMITTEES

By-Law Committee – Mike Lydon, Alison Mills

Rehabilitation Coalition –

Law Enforcement Liaison – Greg Love, Police Chief, Chris Coppola, Mental Health Staff

Quality Improvement Committee – Alison Mills

Public Forum – Jim Fields, Mental Health Board, Alison Mills, Mental Health Board, Linford Gayle, Consumer Affairs Staff, Debbie Brasher, Mike Lydon, Mental Health Board, Katherine Kerns, Mental Health Board

Tony Hoffman Mental Health Service Awards – Alison Mills, Mental Health Board, Eunice Kushman, Mental Health Board, Julie Hoffman, Mental Health Board

Liaison to Mental Health Agencies - (Meets 2nd Thursday, 9:00 a.m. at Caminar)

ADULT SERVICES COMMITTEE REPORT

Eunice Kushman, Chair

For the past year, the Adult Services Committee has continued to meet on a monthly basis except August. Committee members include:

Eunice Kushman, Chairperson
Patrick Field
Julie Hoffman
Katherine Kerns
Terry Walker
Alison Mills
Bill Kruse, Administrator of Cordilleras
Jim Golfas, Patients Rights Advocate
Linford Gayle, Consumer Affairs Coordinator
Josephine Thompson

Mike Opredek, Deputy Director of Adult/Older Adult Services, continued to provide support staff for the committee.

In addition to the usual functions that the Adult Services Committee carries out for the Mental Health Board, the committee focused on the following issues:

1. Followed the development of the Mental Health website being introduced and now joined by San Mateo County.
2. Reviewed and approved final draft of the Family Information Form to be used in emergency rooms and 5150 admittances. The importance of these forms was emphasized to hospitals, police departments and family members.
3. Continued to be concerned regarding the VRS Work Center and their change in philosophy. Met and discussed these issues with them. We are to receive regular outcome reports.
4. Took part in focus groups working on the Recovery Model of Evidence Based Practices theory.
5. Met with the staff of the new Ron Robinson Senior Center in the San Mateo County Medical Center – a one stop services facility for individuals 55 years and older.
6. Concerns were expressed regarding cuts in the County budget for the Mental Health system.

Goals for the upcoming year:

1. Focus on services to obtain employment for the mentally ill.

2. Look into resources for affordable housing.
3. Work in collaboration with the criminal justice system and the mental health system.

Submitted by:

Eunice Kushman, Chair
Mental Health Board Adult Services Committee

OLDER ADULT COMMITTEE REPORT

Jim Fields, Chair

The Older Adult Committee met monthly during this past fiscal year. The committee members are:

Jim Fields – Mental Health Board, Chair Older Adult Committee
Lani Blazer – Aging and Adult Services
Doris Brown, M.D. – Public
Diane Dworkin – Senior Mental Health Services
Judith Guilfoyle – Ombudsman Program
Julie Hoffman – Mental Health Board
Howard Lader – Senior Peer Counseling Program
Amy Mah – Mental Health Board
Alicia Marquez - Public
May Nichols – Senior Peer Counselor

The committee continued to concentrate its attention on new and established service programs in the county for older adults with mental health issues. The committee worked on identifying areas of unmet needs for the targeted senior population and exploring how these needs might be addressed with additional resources. The committee work consisted of discussion, information sharing, advocacy and sites visits. Specific committee activity included the following:

1. Updates were provided on the various county and community programs serving older adults with mental health issues. The programs and services considered and reviewed included Senior Mental Health Services, Senior Peer Counseling Program, Aging and Adult Services, and the Ombudsman Program.
2. Burlingame Health Care Center, as it came under the auspices of the county, was a focus of special attention. Specifically the committee looked at the placement of seniors with complex needs encompassing physical, cognitive, and mental health issues. The committee made a site visit to the facility on November 5, 2003. Committee members had the opportunity to tour the facility and discuss renovation plans and patient care with the staff.
3. The Ron Robinson Senior Care Center (RRSCC) opened this past spring. The committee provided input to the planning process, particularly the interface between this new Senior Center, Mental Health, and Aging and Adult Services. Susan Ehrlich, M.D. and Linda Franco, MSW, the Center's Medical Director and Manager, provided a power point presentation to the Older Adult and Adult Services Committees in May 2004. Committee members also attended the Center's opening celebration.

4. Presently we are in the process of developing a wish list for older adult services. Highlighted needs included housing, transportation, and expanding the older adult program to go beyond the homebound population.
5. In July 2004 committee members toured PES and the inpatient psychiatric unit (3AB) at San Mateo County Medical Center.

During this next fiscal year the committee will monitor older adult programs including Burlingame Health Care Center, the Ron Robinson Senior Care Center and supplemented board and care homes. As a committee we will also examine the unmet needs of older adults with mental health issues and continue to advocate on their behalf.

Submitted by:

Jim Fields, Chair
Mental Health Board Older Adult Committee

Diane Dworkin, LCSW
Senior Mental Health Services

CHILDREN AND YOUTH COMMITTEE REPORT

Marianne Maneja, Chair

Members of the Committee:

Renee Aubuchon
Andrew Calman
Valerie Gibbs
Raja Mitry
Deborah Torres, Deputy Director for Youth Services
Stacy Clement, Youth Commissioner
Natasia Kawi, Youth Commissioner

The role of the Children's/Youth Committee is to address the needs of the youth population with mental health disorders and those who are at risk of significant mental health conditions; and to oversee the quality of San Mateo County's mental health services for youth, encouraging community input, supporting staff, and advocating for needed children's programs.

Committee Accomplishments and Tasks for 2003-2004:

Canyon Oaks Youth Center, the County's youth crisis residential facility serving youth aged 12-17, opened for operation in August, 2003. All staff positions had been filled and more than half of the available twelve openings for youth had been filled as of October, 2003. The facility was awarded state certification from the Department of Social Services. Placement at Canyon Oaks is generally not the youth's first entry in residential programs, and the three basic programs are tailored to the youth's treatment, based on a "no reject, no eject" policy:

- (1) Crisis stabilization and step-down from psychiatric hospitalization
- (2) 30-day diagnostic assessment and stabilization
- (3) Long-term treatment, up to one year

Several of the residents graduated and moved into the community or lower-level care. It is the hope to bring back several youth from out-of-state placement and to divert out-of-state placements in the future.

Various members of the Committee made on-site visits to the East Palo Alto and Coastsides clinics to familiarize themselves with the programs, as they provide necessary and beneficial services for the youth and their families. The Coastsides mental health clinic in Half Moon Bay also houses "RotoCare," a healthcare service under the sponsorship of the Rotary Club that provides medical care free of charge to the community.

A visit was also made to the Receiving Home, the County's shelter licensed to serve youth up to 19 youth who have been victims of abuse or molest and referred to the facility by a social worker. The Receiving Home, located in a residential neighborhood near the Medical Center, has a psychologist and part-time child psychiatrist. There are three levels of placement, depending on

severity, with a reward system for appropriate behavior. Crisis intervention and individual therapy are offered to the youth, whose average length of stay is about three months. The facility will re-locate to the new Youth Campus scheduled to open in 2006, where it will have its own separate building next to Juvenile Hall.

Members of the Youth Committee participated in planning sessions for the Children's System of Care and AB3632 (Special Ed) services – the sessions were a multi-agency collaboration among Mental Health, Juvenile Probation, Child Welfare, and the Office of Education. As budget cuts were foreseen, several important areas were addressed with the intent to better serve youth efficiently, including but not limited to -

- (a) consolidation of resources,
- (b) assurance of services to MediCal and Healthy Families/Kids, and
- (c) developing a central assessment team for providing appropriate levels of care.

Two members of the Youth Committee also served on the Evidence-Based Practice Youth Sub-Committee where staff explored models of evidence-based success that County Mental health can implement to serve more families with greater influence and positive outcomes. We strongly advocate for implementation of best practices and accountability to ensure the highest level of mental healthcare within the community.

The Youth Committee is keenly interested in continuing to explore various ways of making more visible the available mental health services to families with children, and specifically, what gaps to address for kids who may possibly “fall through the cracks” if mental health needs are not identified early enough. The Committee would like to continue community forums of different topics in an effort to educate the public about mental health issues.

With the new Network of Care website that County Mental Health launched in December, 2003, the Youth Committee will encourage ways to promote youth services within the community and advocate for mental health education to a large population with access to the internet.

As new members came on board effective November, 2003, three newcomers joined the Youth Committee as well as two new Youth Commissioners, who will begin in September, 2004. The Youth Commissioners are a vital part of the Board, and their insight about the youth population and their participation has been greatly appreciated.

Committee Goals for 2004-2005:

We will support and monitor the progress of Canyon Oaks and ongoing Youth Services such as the Therapeutic Behavioral Schools, Wraparound, Juvenile Hall clinical program, and School-based Mental health Services. We support the utilization of evidence-based practices at all levels of care and will continue site visits to County youth programs. We will advocate for funding under AB 3632 and encourage a working alliance between the County Office of Education and

County Mental Health, as well as other relevant agencies, and offer participation where the opportunity arises.

Submitted by:

Raja Mitry
Mental Health Board

Deborah Torres
Deputy Director/Youth Services

ORIENTATION NOTES

February 8, 2004

Attendees:

Renee Aubuchon, Gale Bataille, Andrew Calman, Jim Fields, Julie Hoffman, Greg Love, Mike Lydon, Amy Mah, Alison Mills, Raja Mitry, Josephine Thompson, and Pam Machado (Admin)

Facilitator:

Ed Diksa, California Institute for Mental Health

Focus:

1. What is the 'quality' of the Mental Health Board's program
2. Client Empowerment
3. Where are our passions and how can we get them done
4. Understand the resources of the community
5. Keep Board alive, moving, and active
6. Go from a 'listening' to a 'doing' culture
7. Respect the clients in a real way; they are the reason for our services

MHB is to review the Performance Outcome Data.

Action: A report card is being designed to distribute to MHB for review

We ask 'satisfaction', however, we don't ask 'expectations'

Action: We are presently doing focus group work on Latino Access and Wellness & Recovery

Action: Gale states we're looking at retention and who's dropping out, contacting people that did not get ACCESS because they didn't meet criteria, etc.

Annual Report to Board of Supervisors

Suggestion: Use clear copy with bullets

Suggestion: Attempt to get as many of the Board present at meetings as possible

Hold Board meetings at our major sites

Suggestion: Keep this goal achievable; maybe go out as a committee (4-6 people) twice a year

Suggestion: Set up a yearly calendar well in advance

Suggestion: Set up a format for site visits outlining intent and expectations of the visit

Go out into the community

Suggestion: Bring members up to speed first

Suggestion: Divide year into segments – Youth, Adult, Older Adult, Misc

Suggestion: Talk to community clients, Chamber of Commerce, ministers, store owners, school counselors, people that have day-to-day contact with the segment you are learning about, complete a study and present to the Board. Get on the Board of Supervisors calendar and present findings, invite contacted parties to assist in presentation (minister, store owners, etc.)

Suggestion: Outreach and educate the community – Be clear on what is available and what is not. Inform them of both public and private resources in the community (ie. Healthy Kids and Healthy Families)

Outline expectations of Board members:

Suggestion: 10-15 hours a month (preparation, reading, etc.)

Suggestion: Outline expectations of each Board member (Julie understands the expectation of the Board is 'intelligence gathering from the community')

Transition of Board Members:

Suggestion: Have a Chair-Elect position rather than a Vice Chair position OR

President – President Elect – Immediate Past President (would have to change the by-laws)

Recruitment of Board Members:

Suggestion: Get more youth involved, recruit professionals and clients

Compose a booklet – what services are; where they are; what they do

Suggestion: Ensure that Network of Care has this information in easy to follow format

Suggestion: One page map showing all facilities with a star, including two sentences on how many staff, what services, etc. Include limits of services; how to access services; requirement to go through ACCESS

Public Forum

Suggestion: Allow time for attendees to speak.

MH Board Monthly Meetings

Suggestion: All enough time on agenda to discuss the presentation and what action is being taken from this point forward

Cost Savings

Suggestion: Have clients attend conferences and report back to Board, rather than having professionals attend

Effective Committee

Each committee has two Board members and one staff person.

Suggestion: Should be inviting the people you need to get information from

Suggestion: Should be recruiting community stakeholders to be part of the committee (ministers, professionals, counselors, NAMI person, network person, Contractors' Association representative)

- Use Rules for effective boards
- Clear understanding of resources
- Sub-level of expertise in each area
- Who in their community they need to talk too to get something done
- Needs of the community
 - Understanding programs so that when budget cuts come, know what actions to save them
- Pressing issues in their community
- Issues, options, and present recommendations to full Board
- Goals are set based on issues

Committee Process

- ID concern
- Bring to full Board/Executive Committee
- Vote to follow-up concern
- Committee clarifies issue
 - ID options
 - Make recommendations
- Take to full Board
- Strategy to implement recommendation

HIGHLIGHTS OF MEETINGS & OTHER ACTIVITIES

MENTAL HEALTH BOARD PRESENTATIONS

July 2, 2003 **Senior Peer Counseling Program**
Presented by: Howard Lader, LCSW

The roots of the program go back to 1977 in Southern California. San Mateo County implemented its own program in 1985-86 and now has the largest Senior Peer Counseling Program in the state. Peer Counseling often deals with the issues of loneliness, isolation, depression, coping with illness, and loss of a significant partner, offering emotional support, encouraging older adults/clients to set goals to help decrease isolation.

We offer language capabilities in Spanish, Mandarin, Cantonese, and German. Currently, there are 52 Senior Peer Counselors, and 20 are Spanish speaking. The program serves clients 60 years and older, and the current age range is 60-98 years old. There is no charge for the services provided by this program. The most important factor for eligibility is that the individual wants the services offered. Clients are seen at their residence. Referrals come from family members, clients, community agencies, Senior Mental Health, and Aging and Adult Services.

August 2003 **No meeting.**

September 3, 2003 **Conservatorship Program**
Presented by: Lani Blazer, Manager

The LPS Conservatorship is governed by two bodies of state law:

- 1. Welfare & Institute Code (addressing personal care and treatment)*
- 2. Probate (addressing financial affairs)*

San Mateo County has a system of care that allows the conservator (or public guardian) to work as a valued team member with members of the Mental Health staff. Conservatorship is a restricted method of providing social services, and the courts only place a client in this program when absolutely necessary. Referrals come from a treating psychiatrist. The client needs to have a mental disorder or be in a state where he/she is not able to provide food, clothing, shelter, or to manage their own financial affairs. In addition, the treating psychiatrist must make a recommendation that the client continue treatment in either a locked or highly supervised setting. Older adults may also be placed under a Probate Conservatorship, thus allowing a more comprehensive medical treatment to be administered without having to obtain a court order.

Currently, there are 330 adults participating in the program. This number has decreased from 450 over the past three years for a variety of reasons, including better medications offering more freedom to the client and the fact that LPS investigators have worked with clients under temporary conservatorship to

pursue voluntary treatment options. Forty percent of the LPS conservatees are placed in locked facilities including Mental Health Rehabilitation Centers and psychiatric skilled nursing facilities. Conservatees retain their right to marry, make a will, manage their own allowance, and if they are working, manage their income. Aging & Adult Services (AAS) has their own accounting department that handles the income and expenses for over 750 LPS and Probate conservatees.

**October 1, 2003 Health Plan of San Mateo (HPSM)
Presented by: Louise Rogers, Deputy Director of Operations**

The Health Plan of San Mateo is a "managed health care plan" for all Medi-Cal recipients in the county. It is also the plan used for children participating in Healthy Kids, Healthy Families' beneficiaries, and Health Works' (In home Supportive Services staff). At the time of this presentation, HPSM was in jeopardy of folding due to the fact that the contract with the state for the Medi-Cal program has not been financially viable. Louise stressed the importance for community advocacy.

**November 5, 2003 Evidence Based Practices
Presented by: Pat Miles, Ph.D., Quality Improvement Manager**

Evidence based practices are those interventions and treatments marked by consistent scientific evidence showing improved client outcomes that have been replicated in multiple sites. Our local effort is taking place in the context of a national movement to Evidence Based Practices (EBP) that has developed over the past decade and received prominent attention in the US Surgeon General's Report on Mental Health (1999) and the recently released President's New Freedom Commission Report on Mental Health (August 2003).

San Mateo County has an EBP Steering Committee, with an Adult/Older Adult and a Children/Youth subcommittee all working to identify and implement EBP's that are cost effective and consistent with our values of recovery/resilience and cultural competence.

**December 3, 2003 Launch of San Mateo Network of Care Website
Presented by: Bruce Bronzan, President of Trilogy, Inc.**

Trilogy created Networkofcare.org with funding from the CA State Department of Mental Health. San Mateo County is the third county to implement this on-line website. The site has access to information specific to resources available in our county, including news articles, access to a national on-line health library, legislation information, and much more.

January 7, 2004 Cultural Competence and Mental Health Services

Presented By: Roberto Gurza, Cultural Competence Coordinator and Pat Miles, Ph.D., Quality Improvement Manager

Each county in California is required to develop a Cultural Competence Plan that provides analysis of demographics at the county level, for the Medi-Cal population, and for the entire client population; analysis of staff demographics and language capacity; and assesses compliance with state mental health standards for cultural competence of the Medi-Cal program and specifies goals and objectives for system improvement. As part of the state's quality improvement program, each county is also required to design and implement a Latino Access Study.

The Mental Health Services Division is committed to advancing cultural competence in all its systems of care by embracing values of partnership with clients and their families to promote recovery, and a commitment to honor diversity and to ensure culturally and linguistically competent services are available. Our goals include a) continue identification and reduction of barriers to access to mental health services; b) advance initiatives to ensure full partnership of consumers in our systems of care; c) develop and advance collaborations with CBO's and community institutions that serve diverse populations; d) increase proportion of Hispanic/Latino language competent direct service staff; e) increase proportion of Asian/PI, language competent direct service staff; f) increase regional proportion of Filipino and Tagalog speaking direct service staff; g) increase proportion of African-American direct service staff; h) develop evidence-based practice initiative with high cultural competence and recovery/resilience value; and i) develop and advance delivery of culturally competent services that increase access, engagement and retention of diverse populations.

February 4, 2004

Budget Workshop

**Presented by: Gale Bataille, Director, Mental Health Services
Janet Crist-Whitzel, Financial Services Manager**

Janet presented an overview of the Mental Health Division budget for FY 2003-04 including major revenue sources and expenditures. Budget planning spreadsheets that arrayed County and contracted services by costs, revenues and criteria such as mandated population served, access, were also reviewed. These spreadsheets were used to help determine budget reductions strategies for 2003-04 and have been updated with current year information for FY 2004-05 budget process. Gale discussed budget planning for 2004-05 and reviewed a summary of budget reduction risk areas related to the Governor's proposed budget for FY 2004-05. Mental Health Board members were invited to join program supervisors, contract representatives and other stakeholders in budget planning workshops regarding Child/Youth and Adult/Older Adult Systems of Care on February 5th and 6th.

March 3, 2004

**Mental Health Services to Youth Involved in the Juvenile Justice System
and Plans for the New Youth Services Campus**

**Presented by: Deborah Torres, Deputy Director Children & Youth
Toni DeMarco, Supervisor, Probation/Child Welfare MH
Team**

San Mateo County Mental Health's goal is to provide youth with the services they need when they first get involved in the Juvenile Justice System thus reducing the rate of out of home placement and incarceration at Hillcrest Juvenile Hall. Juvenile Justice Mental Health services are focused on early intervention and rehabilitation. 20-25 part and full-time staff provide a range of community based and institutional services.

The Assessment and Referral Center, located on the Hillcrest campus, is a collaborative program with Probation Social Services and Mental Health. Staff complete assessments and develop case plans for youth that have no prior arrest records. Case plans are presented to the judge when the youth goes into court. This program has handled approximately 550 cases in their first year, and has proven to be very successful.

The Forensic Team provides assessment, case management, and crisis intervention to youth at Hillcrest Juvenile Hall. Hillcrest houses approximately 100-150 youth.

The X Unit at Hillcrest is a designated high security area with six camera-monitored cells and is used to provide greater monitoring of youth who need to be in single rooms or their own or other's safety. Use of the X Unit has noticeably decreased with the opening of Canyon Oaks.

The Crossroads and Placement Aftercare Program provides community/family based services. Crossroads provides intensive in-home treatment for up to six weeks for youth at risk of group home/foster care placement.

Glenwood is a boys' camp facility in La Honda that houses approximately 55 males and is the facility used as a last step for the youth before being placed at CYA.

The new Youth Services Campus is under construction and will include Juvenile Hall, Juvenile Courts, Probation, three dual diagnosis group homes, a girls' camp, a girl's dorm that can house up to 15 youth, offices for Mental Health teams, and a school.

April 7, 2004

VRS and Description of Ticket to Work

**Presented by: Michael Oprendeck, Deputy Director, Adult/Older Adult
Chris Coppola, Clinical Services Manager
Robert Manchia, Program Manager, Vocational
Rehabilitation Services**

San Mateo County Mental Health's goal is to move toward system wide opportunities for all mental health consumers to access supportive education and employment services as part of their treatment and rehabilitation. Support in education and employment are important components of a recovery oriented system of care.

The Department of Rehabilitation, SMC Mental Health, the Human Services Agency's Vocational Rehabilitation Services (VRS), Telecare Transitions and Caminar work together to maximize consumer employment services.

VRS services approximately 500-700 consumers per year and provides these services through counselors, job coaches, and job developers. Approximately 60% of the consumers involved in this program have mental health or other disabilities, 20% are welfare recipients and others served include people who are homeless, jail diversion participants, etc. The VRS program has four levels: Counseling, job development, Work Center/catering, and benefits planning. Mental Health contributes funding for the VRS Program which also draws down the Department of Rehabilitation funds including federal dollars for supported employment. The Work Center and Catering Center pays their employees through their own revenues.

May 5, 2004

Tony Hoffman Community Mental Health Service Awards

In celebration of "May Is Mental Health Month", the Board awarded certificates of appreciation to the following:

- *Dr. Lawrence Wolfe for his dedication and commitment to providing primary health care to individuals with psychiatric disabilities.*
- *Russell Cunningham, Jr. for his advocacy and support to mental health consumers.*
- *Ted Backman of Ted's Village Pharmacy for over 20 years of providing respectful and excellent pharmacy services to mental health clients.*
- *Emily Fancher for her work as a journalist at the San Mateo County Times and her sensitive portrayal of the experience of family members of individuals with mental illness.*
- *Earl Hall for 20 years of vision and advocacy for mental health consumers.*
- *Terry Walker for her years of advocacy and dedication to supporting mentally ill consumers and their families.*
- *Suzanne Aubry for her service as a volunteer and advocate for the meaningful involvement of parents of children & youth with mental illness.*
- *Igor Olivine for his dedication in finding housing for people with psychiatric disabilities.*

June 2, 2004

Public Forum – Wellness & Recovery

Community Forum on Wellness & Recovery: The Mental Health Board planned and sponsored a public forum was held at the Human Services Building in Belmont in June of 2004.

Alison Mills, Jim Fields and Michael Lydon of the Mental Health Board, Deborah Brasher of Caminar, Linford Gayle, the new Mental Health Consumer Affairs Coordinator and Pamela Machado, staff to the MHB served as the planning committee.

Deborah Brasher of Caminar presented San Mateo perspectives on wellness and recovery, reporting the results of 22 focus groups (that included 95 consumers, 45 providers and 46 family members,) held in the winter/spring of 2004. The forum also featured a panel of three consumers, one family member, and a psychiatrist. Consumer Bill Schumard spoke on consumer/physician collaboration, Consumer Greg Wild spoke on the importance of giving back, and Consumer Theresa Bassett spoke from the perspective of having lived a life with dual diagnosis and involvement with the criminal justice system and how the belief of key providers and her own commitment to wellness and recovery got her to where she is today. Carol Gosho gave a family member perspective on what works and her experience with a daughter's journey to recovery. Psychiatrist Celia Moreno spoke from a clinical perspective and outlined how San Mateo County is trying to promote a broad understanding and commitment to wellness and recovery in all mental health services. Eleven consumers were featured and honored for their personal journeys of recovery and advocacy on behalf of others in the first annual "Hall of Fame of Consumers." Honorees included: Jim Fields, Joe Francisco, Patrick Field, Carol Marble, Jackie Leeper, Greg Wild, Kim Nobles, Calvin Shelton, Carmen Lee, Bill Schumard, and Walter McVeigh. Over 80 individuals attended the forum, including consumers, clinicians, and family members.

A forum was held at the Human Services Building in Belmont in March of 2004. The Mental Health Board and the new Consumer Affairs Coordinator were active in the design of the program. The forum featured a panel of three consumers, one family member, and a psychiatrist. Consumer Bill Schumard spoke on consumer/physician collaboration, Consumer Greg Wild spoke on the importance of giving back, and Consumer Theresa Bassett spoke from the perspective of having lived a life with dual diagnosis and involvement with the criminal justice system and how wellness and recovery got her to where she is today. Family member Carol Gosho gave an overview of what works and what she had seen that supported her belief in recovery. Psychiatrist Celia Moreno spoke from a clinical perspective and outlined how San Mateo County is trying to incorporate Wellness and recovery into the mental health plan. Eleven consumers were featured and honored on a Hall of Fame as consumers that are active advocates for the mentally ill as they travel their path of wellness and recovery. Honorees included: Jim Fields, Joe Francisco, Patrick Field, Carol Marble, Jackie Leeper, Greg Wild, Kim Nobles, Calvin Shelton, Carmen Lee, Bill Schumard, and Walter McVeigh. Over 70 individuals were in attendance, including consumers, clinicians, and family members.