

THE MENTAL HEALTH BOARD OF SAN MATEO COUNTY

Annual Report
2004-2005

Presented to the Board of Supervisors
of the County of San Mateo
October 2005

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INTRODUCTION & SUMMARY

Raja Mitry, 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 2004-05 Mental Health Board Annual Report includes the following elements:

- Mental Health Board's (Mental Health Board) composition and committee structure
- Accomplishments for FY 2004-05 including the extent to which Mental Health Board goals were achieved
- Goals and priorities for the FY 2005-06
- 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 quality 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 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, Child & Youth 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 selection of Consumer

Hall of Fame nominees. 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 2005:

Chair	Raja Mitry
Vice Chair	Valerie Gibbs
Child & Youth Committee (Renee Aubuchon, Chair through May 3, 2005)	Andrew Calman
Representative to CALMHB-C	Patrick Field
Adult Committee	Eunice Kushman & Alison Mills (Co-Chairs)
Older Adult Committee (Julie Hoffman, Chair through March 1, 2005)	Jim Fields
Member at Large (Julie Hoffman, Chair through March 1, 2005)	Mike Lydon
Representative to MH Quality Improvement 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 2004-05

- The Mental Health Board has made serious efforts to reflect the ethnic diversity of the client population in the county. Two new members were an African-American family member and one from the Asian community. Of the two Youth Commissioners, one was of Asian ethnicity. We continue recruiting for more diversity, particularly from the Latino and Filipino communities, for inclusion on the Board.
- We held a "team-building" orientation day in September 2004, for new members who came on Board. This included the participation of the Director of Mental Health, the Deputy Director for Adult Services, and the Deputy Director for Child/Youth Services.
- The Board met compliance with the State's criteria that consumers or the parents, spouses, siblings, or adult children of consumers constitute 50% of membership, and that consumers constitute at least 20% of total membership and families of consumers constitute at least 20% of the membership.
- 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. 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.

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.
- In November 2004, California voters approved the Mental Health Services Act (MHSA). The MHSA calls for the transformation of mental health systems. In San Mateo County, the Mental Health Board has been actively involved with Mental Health Services staff and a constituency of consumers, family members, and

community stakeholders to develop a three-year plan for the improvement and expansion of services under the provisions of the MHSA. Over 100 forums and focus groups were held during the months of April and May, 2005, to ensure that the San Mateo plan reflects local voices and needs. A variety of strategies and methods were used to solicit the input of individuals, organizations, providers, staff, and ethnic communities in the development of the plan. San Mateo's Network of Care website contained updated information about the local process, meetings, and how to be involved. The Kick-off meeting was held in March 2005 with almost 400 stakeholders attending.

The Board participated in reviewing and evaluating the community's mental health needs, services, special problems, and ensuring citizen, community and professional involvement at all stages of the planning process. In December, 2004, three Board members attended the first MHSA stakeholders' meeting in Sacramento. In February, 2005, two Board members along with County Mental Health staff attended the California Mental Health Policy Forum in San Diego that presented, among several keynote topics, the MHSA's vision and the President's New Freedom Commission Report that creates a blueprint for system transformation designed from a consumer-oriented perspective. There also has been regular attendance by several members at the California Mental Health Board meetings held locally.

Mental Health Board members have served as co-chairs (with Mental Health staff) of age-focused work groups that analyzed data regarding gaps and needs, focus group & stakeholder input; reviewed effective practices; and developed program services recommendations for the three-year MHSA plan for Community Services and Supports.

- The BOS adopted a proclamation designating May 2005 as "Mental Health Month." At that month's Mental Health Board meeting, the Tony Hoffman Community Service Awards recognized community members representing landlords, clients, the media, law enforcement, businesses, and volunteers. The Youth Commissioners were presented Certificates of Recognition for their work conducting a teen survey on mental health that was distributed to several high schools throughout the County, with a response from almost 1000 subjects.

MENTAL HEALTH BOARD PRIORITIES FOR FY 2005-06

- A wellness/recovery vision for a peer support/self-help organization had been articulated through a series of three consumer meetings, with as many as 70 consumers in attendance. A Request for Interest was issued for the Provision of Peer Support/Self-Help Services and Development of a Consumer-Run Organization that honor consumer culture and diversity. After a Request for Proposal was issued, selection of Caminar was made to retain the provider in the capacity of fiduciary agency. The Board will continue to monitor and support the development of the new Peer Self-Help organization.
- The Board believes strongly in community outreach and has plans for the coming fiscal year to hold the public Board meetings in East Palo Alto and the North County and Coastsides communities.
- We will continue active participation in the three year plan for community services and supports and in planning of other phases of the MHSA as the requirements are released from the State.
- Site visits to various providers and programs serving consumers of all age populations throughout the county will be conducted by the various committees serving those particular populations. We believe it is important to develop a visible presence to the providers as well as consumers and their families, letting them know of our genuine interest in their needs and concerns.
- We are aware of the need and strength derived from ethnic inclusion, especially of consumers, on our Board membership. We will continue to advocate and promote involvement of diverse members of our community.
- The Board is interested in continuing the Consumer Hall of Fame as part of its annual goals. This is one of the hallmarks of our belief in the wellness and recovery vision.

Submitted by:



Raja Mitry, 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 of, 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]:

- Review and evaluate the community's mental health needs, services, facilities, and special problems.
- Review any county performance contracts entered into pursuant to W & I Code §5650.
- Advise the Board of Supervisors and the local Mental Health Director as to any aspect of the local mental health program.
- Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process.
- 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.
- 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.
- Review and comment on the County's performance outcome data and communicate its findings to the California Mental Health Planning Council.
- Additional duties or authority as specified by the Board of Supervisors.
- 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	Resigned May 3, 2005
Andrew Calman Public	11/18/03	09/30/07
Patrick Field Consumer	07/23/02	09/30/07
James Fields Consumer	11/18/03	09/30/06
Valerie Gibbs Public	11/18/03	09/30/05
Julie Hoffman Family	11/18/03	Resigned March 1, 2005
Katherine Kerns Consumer	11/18/03	09/30/05
Eunice Kushman Family	12/17/91	9/30/05
Greg Love Public	11/18/03	09/30/06
Mike Lydon Public	06/26/84	9/30/05
Amy Mah Public	11/18/03	09/30/07
Marianne Maneja Public	03/01/01	Resigned November 1, 2004
Alison Mills Consumer	05/11/99	9/30/05

MEMBER	APPOINTMENT DATE	EXPIRATION DATE
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Raja H. Mitry Public	10/02/01	09/30/07
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Sharon Roth Family	03/31/05	09/30/06
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Judith Schutzman Family	03/31/05	09/30/06
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Josephine Thompson Family	11/18/03	09/30/06
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Youth Commissioners

Stacy Clement Youth Commissioner	06/01/04	06/01/05
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Natasia Kawi Youth Commissioner	06/01/04	06/01/05
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Board of Supervisors Representative

Supervisor Rich Gordon
650-363-4569

rgordon@co.sanmateo.ca.us

Representative: Deborah Hirst, Staff to Supervisor Gordon
650-599-1013

dhirst@co.sanmateo.ca.us

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Upon termination from BOS

FISCAL YEAR 2005-06

COMMITTEE ASSIGNMENTS

EXECUTIVE COMMITTEE

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

Raja Mitry, Chair, Mental Health Board
Valerie Gibbs, Vice Chair, Mental Health Board
Eunice Kushman, Co-Chair, Adult Services Committee
Alison Mills, Co-Chair, Adult Services Committee
Vacant, Member at Large
Patrick Field, Representative to State CALMHB-C;
Andrew Calman, Chair, Child & Youth Committee
Jim Fields, Chair, Older Adult Committee
Gale Bataille, Director, Mental Health Services
Pamela Machado, Staff Support

ADULT SERVICES COMMITTEE

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

Eunice Kushman, Co-Chair
Alison Mills, Co-Chair
Patrick Field, Mental Health Board
Bill Kruse, Administrator, Cordilleras (contract)
Terry Walker, Member of NAMI/public
Josephine Thompson, Mental Health Board
Katherine Kerns, Mental Health Board
Sharon Roth, Mental Health Board
Chris Coppola, Staff Support

CHILD & YOUTH COMMITTEE **(Meets 1st Wednesday, 2:00pm, Room 320)**

Andrew Calman, Chair
Valerie Gibbs, Mental Health Board
Natasia Kawi, Youth Commissioner
Stacey Clement, Youth Commissioner
Raja Mitry, Mental Health Board
Renee Aubuchon, prior Mental Health Board and Committee Chair, resigned
Marianne Maneja, prior Mental Health Board, resigned
Debbie Torres, Staff Support

OLDER ADULTS (Meets 1st Wednesday, 1:30pm, La Selva)

Jim Fields, Chair
Judith Schutzman, Mental Health Board
Doris Todd-Brown, MD, Member of the public
Lani Blazer, Aging and Adult Services
Judith Guilfoyle, Ombudsman Program
Julie Hoffman, prior Mental Health Board, resigned
Mike Lydon, Mental Health Board
Howard Lader, Senior Peer Counseling
Amy Mah, Mental Health Board
Alicia Marquez, Public
Raja Mitry, Mental Health Board
May Nichols, Senior Peer Counseling
Eric Shapira, DDS, Senior Peer Counseling
Diane Dworkin, Staff Support

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
Valerie Gibbs
Jim Fields

LIAISON, TASK FORCE AND AD HOC COMMITTEES

Law Enforcement Liaison – Greg Love, Police Chief

Quality Improvement Committee – Jim Fields

Tony Hoffman Mental Health Service Awards – Alison Mills, Eunice Kushman, Valerie Gibbs

Consumer Hall of Fame Committee – Jim Fields, Chair

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

Evidence Based Practice Committee – Jim Fields
(Terry Walker through October 2004)

Note: Officers and committee assignments will change with elections to be held in October 2005.

ADULT SERVICES COMMITTEE REPORT

Eunice Kushman, Co-Chair

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

Eunice Kushman, Co-Chair
Alison Mills, Co-Chair
Patrick Field, Mental Health Board
Bill Kruse, Administrator to Cordilleras
Raja Mitry, Mental Health Board
Terry Walker, Member of NAMI/public
Josephine Thompson, Mental Health Board
Katherine Kerns, Mental Health Board
Sharon Roth, Mental Health Board

Chris Coppola, Deputy Director of Adult/Older Adult Services provided staff support 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:

- Visited the PES and toured the psychiatric Inpatient Dept (3AB) of the San Mateo Medical Center. Discussed our concerns with Lyn Marshall, Director of Nursing. Lyn Marshall now attends our monthly meetings, giving an update report on 3AB.
- We also corresponded with Charlene Silva, Health Department Director, and Nancy Steiger, CEO of San Mateo Medical Center, regarding the arrests of patients in 3AB. We received a PES & 3AB Work Plan to address our concerns. Charlene Silva and Nancy Steiger attended one of our meetings.
- Robert Manchia, Supervisor of Vocational Rehabilitation Services (VRS), spoke to us regarding all the services now being provided by VRS. He is now submitting reports to the committee on an on-going basis.
- Richard Hayward, Ph.D. Manager Mental Health and Recovery Programs at the Maguire Correctional Facility met with us and discussed the problems we were concerned about. The committee would like to have reinstated facilities for acute care for the incarcerated clients when needed instead of being sent to Santa Clara.
- Chris Coppola informed us of the 40 hours Crisis Intervention Training for police officers. Some members of the Adult Committee participated. Also, during the

past year, members of the Adult Committee have been active on the Steering Committee and workgroups for the plan of the Mental Health Services Act.

- It was decided to have a point person for each of our goals to follow through and report back to the committee.

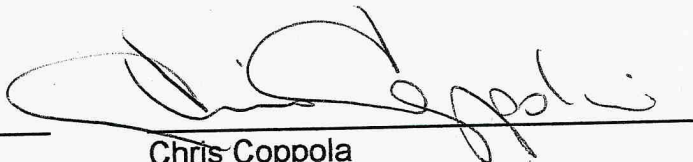
Our objectives and goals for 2005-2006:

- Continue working with VRS in developing employment opportunities for clients in Mental Health – Alison Mills, Point Person
- Work on establishing a Mental Health Court – Sharon Roth, Point Person
- Promote health and wellness programs for clients, especially physical activities – Josephine Thompson, Point Person
- Work with San Mateo Medical Center on psychiatric inpatient services – Katherine Kerns, Point Person

Submitted by:



Eunice Kushman, Co-Chair
Mental Health Board Adult Committee



Chris Coppola
Deputy Director/Adult Services

OLDER ADULT COMMITTEE REPORT

Jim Fields, Chair

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

Jim Fields, Chair
Doris Todd-Brown, MD, Member of the public
Lani Blazer, Aging and Adult Services
Judith Guilfoyle, Ombudsman Program
Julie Hoffman, Mental Health Board
Howard Lader, Senior Peer Counseling
Mike Lydon, Mental Health Board
Amy Mah, Mental Health Board
Alicia Marquez, Member of the Public
Raja Mitry – Mental Health Board
May Nichols, Senior Peer Counseling
Judy Schutzman, Mental Health Board
Eric Shapira, DDS, Senior Peer Counseling

Diane Dworkin and Chris Coppola continued to provide staff support for the committee.

The committee completed its work in identifying and prioritizing areas of unmet need for seriously mentally ill older adults in San Mateo County. The committee underscored the need for an integrated, multi-disciplinary team headed by a Personal Service Coordinator (PSC) focused on treating the whole older adult. The committee developed a more detailed picture of the continuum of housing needs for our targeted older adult population with the goal of these individuals living in the least restrictive setting. The committee also focused on the importance of having transportation services with companions/escorts to accompany the more frail older adults to their medical appointments and other necessary services.

The committee devoted most of its time in recent meetings to issues related to the Mental Health Services Act. Committee members agreed on the importance of providing feedback to the Older Adult Work Group as it went through the MHSA planning process.

A major goal of the committee for this next year is to continue to provide feedback, support, and assistance as the plans for the Mental Health Services Act for older adults begin to be implemented. The committee will also be making site visits to older adult programs and services such as Ron Robinson Senior Care Center, Burlingame Health Care Center, Casa Olga, and county supplemented board and care homes. Committee members also plan on working with acute psychiatric settings regarding the tailoring of these services to the older adult. The Committee will also be advocating to have clients moved out of locked facilities and to establish a receiving home to address crisis situations.

Submitted by:



Jim Fields, Chair
Mental Health Board Older Adult Committee



Diane Dworkin, LCSW
Senior Mental Health Services



CHILD & YOUTH COMMITTEE REPORT

Andrew Calman, Chair

Members of the committee are:

Andrew Calman, Chair
Valerie Gibbs, Mental Health Board
Raja Mitry, Mental Health Board
Natasia Kawi, Youth Commissioner
Stacey Clement, Youth Commissioner

Deborah Torres continued to provide staff support for the committee.

The role of the Child & 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 programs and policies to meet the needs of children and youth.

Specific committee activity included the following:

- Much of the Committee's time and attention during 2004-2005 were devoted to the Mental Health Services Act (MHSA), the result of the passage of Proposition 63. The MHSA provides supplemental funding for mental health services throughout California. Funds are targeted for transformational programs, particularly those benefiting adults with serious mental illness, and children and youth with serious emotional disturbance. The MHSA also provides funds for planning, community outreach and input, early intervention and prevention, and infrastructure improvements.
- Committee members have participated actively in this process, both at the monthly meetings of the Mental Health Board and as members and chairs of the committees and workgroups overseeing the MHSA planning and implementation process. Committee member and MHB Chair Raja Mitry has co-chaired the Steering Committee along with Supervisor Rich Gordon. Committee chair Andrew Calman and Deputy Director for Youth Services Deborah Torres have co-chaired the Children and Youth Workgroup. Other committee members have participated in these groups, and also on the Transition Age Workgroup and in the community outreach process, which included over 100 focus groups and community forums in various settings.
- The MHSA planning process identified several key areas for focus on transformational services. This included "wraparound" as a philosophy throughout mental health services, with a holistic view of the child's home,

school and healthcare issues as they affect his or her sense of well-being and ability to function in daily activities. The planning process also prioritized a renewed emphasis on school-based programs and outreach to the educational system to be sure children's mental health needs are being met. Crisis referral and intervention services were also identified as an area of major unmet need.

- The Committee was fortunate to have two outstanding Youth Commissioners in 2004-2005, Stacey Clement and Natasha Kawi. With the assistance of Youth and Family Enrichment Services coordinator Anne Hipkind, MSW, they created a sophisticated and comprehensive survey of youth awareness and attitudes about mental health. This survey was distributed to students at several local high schools, and the results were tabulated in time to be included in the community outreach materials presented to the MHSA Child and Youth Workgroup. These data were invaluable in identifying needs for further services in this age group.
- Raja Mitry attended community forums in Daly City, Redwood City and East Palo Alto, and Committee member Valerie Gibbs attended a children and youth focus group. Raja was on the interview panel for the new Youth Commissioners, and Valerie served on the interview committee for our two new Mental Health Board members.
- Members of the Committee visited the Psychiatric Emergency service at San Mateo County General Hospital. This tour was informative and helpful in our planning for emergency and crisis services.
- At another Committee meeting, members heard a presentation by Kim Lasky on support and advocacy for young adults in transition. This information was very helpful for the work of the MHSA Transition Age Youth Committee.

Plans for 2005-2006

- During 2005-2006, the MHSA planning process will continue with further meetings of the Workgroups, Mental Health Board and Steering Committee, finalization of the county implementation plan, a formal public hearing and presentation to the Board of Supervisors. Committee members will also participate in the Early Intervention and Prevention Committee later this year.
- The Committee plans to have at least two and preferably three or four site visits during the year to county and contractor facilities in a variety of settings, in order to better understand the range of services provided to county youth, and to better perform our oversight function.
- The Committee will also closely monitor the provision of mental health services to special education youth under the AB3632/26.5 program. Funding mechanisms are currently being finalized for this vulnerable group.

- Committee members have suggested additional areas for further study during 2005-2006. These include the Family Law courts, where children are often traumatized and displaced without adequate attention to their mental health needs. Another area worthy of further study is the provision of mental health services in the county's schools, perhaps with addition to the Committee of a representative of the San Mateo County Office of Education or a school-based practitioner.
- The Committee will continue its oversight role of programs serving children and youth in San Mateo County, with a continued emphasis on accountability and evidence-based practices. We will also continue advocacy efforts for adequate funding of mental health programs for children and youth, including those benefiting children and youth in special education programs.

Submitted by:

Andy Calman
 Andrew Calman, Chair
 Mental Health Board

Deborah Torres
 Deborah Torres
 Deputy Director/Youth Services

HIGHLIGHTS OF MEETINGS

MENTAL HEALTH BOARD PRESENTATIONS

July 7, 2004

Resource Management

Presented by: Outreach & Support Team

This program works to engage people throughout the county from Daly City to East Palo Alto into wanting to participate in treatment. The staff works to find patients that won't seek out treatment on their own either because they don't know where to go or they don't know how get the services. The staff works to build trust and support with the consumer (their motto is 'engagement, engagement, engagement') and then assist them in developing a plan of treatment. The staff is constantly mobile throughout the community reaching out for those in need. Referrals come from all sources including shelters, probation and parole officers, PES and 3AB, and family members. The staff works seven days a week, with one day up at PES, working closely with the doctors. Their most difficult challenge is linking services through the consumers' primary care physicians.

There are approximately 40-45 open cases at any one time and the staff opens between 8-28 cases each month.

August 2004

No meeting.

September 1, 2004 ISSP Program

Presented by: Vocational Rehabilitation Services

Joe Hennon, Nancie Broman, Judith Downing, & Greg Wild

The California's Individual Self-Sufficiency Planning (ISSP) Project runs using a grant that began in July, 1999 and is ending in March 2005.

This program works with people with psychiatric disabilities who are on or applying for SSI or SSDI to provide benefits and budget education; counseling regarding the impact of work income on SSI benefits; assists with service and benefits acquisition; assists with income reporting; mitigates overpayment and eligibility problems; assists with employment and career counseling; coordinates with community service providers, including SSA; and provides consultation/training to colleagues.

The ISSP Program currently has 150 active participants; with a total of 286 individuals receiving services since this Social Security pilot program began in 1999.

Based on State Department of Rehabilitation data, 72% mentally ill clients involved in ISSP were able to obtain employment versus 36% of success rate for those not involved in an ISSP Program.

During the course of the grant, it was proven that benefits planning and assistance services are needed and do make a difference.

October 6, 2004

Supported Education

Presented by: Tim Stringari, College of San Mateo; Debra Brasher, Caminar; Walter McVeigh, College of San Mateo Peer Counselor

Debra Brasher reviewed the history of Supported Education in San Mateo County. The program began with the development of peer counseling classes at Caminar and then expanded to the community college campuses.

In 1991, there was significant advocacy to expand Title 5—requirement for services to disabled students to include services for people with psychological disabilities. Tim Stringari at the College of San Mateo applied for and received one of several demonstration grants for services to students with psychological disabilities. This grant set the foundation of the Supported Education Program as it stands today.

With resource assistance of the Community Rehabilitation Coalition (CRC) and the financial assistance of the San Mateo County Mental Health Services and the San Mateo Community College district, this county has proven to have one of the best supported education programs in the country. A goal of the program is to create a "hope filled environment", offering peer support and hope to people that are striving to obtain their AA or moving onto a four-year university. The

The supported education program has an 87% retention rate, an average 2.5 gpa, and a same or better graduation rate compared to the general population of the colleges.

● Why is supported education needed:

- Stigma & prejudice
- Inadequate (Disabled Student Program) DSPS funding
- Fluctuation in the student needs for accommodations and services
- Service coordination
- Psychosocial effects of mental illness

● Transition to College Program's basic components are:

- Comprehensive recruiting
- Transition to college classes
- Peer counseling services
- Interface with on-campus and community system of care
- Special psychological disabilities academic counselor
- Education case manager
- Reasonable accommodations
- Peer counselor training and certification

- Human services training and certification
- Common Education Accommodations:
 - Assistance with registration and financial aid application
 - Extended time on exams
 - Change of locations for exams
 - Accessible parking
 - Tape recorders
 - Seating arrangement modifications
 - Beverages allowed in class
 - Peer support groups and peer counseling

Walter McVeigh has spent four years in the classroom. He spoke on how students with psychological disabilities transition to the student role. He described the variety of classes offered to help in this transition.

- Transition Class – probably the most important class for a student that hasn't attended school in a long time, teaching the basic steps to transition back into the school setting.
- Skills Class – teaches ASA (Awareness, Support, and Action) to build self confidence.
- Peer Mentoring Class – teaches the basic background of empowerment to get the student through what they want to master.

The Supported Education Program has two new classes to assist young adults called Psychology in Practice and College and Career Success. These two practical courses focus on youth to adult transitional issues. Next semester they hope to offer a course in Career and Life Planning.

November 3, 2004 Mental Health Services Act – Proposition 63
Presented by: Gale Bataille

The Mental Health Initiative—the Mental Health Services Act, was passed by the voters 53%-47%. Thanks were extended to Julie Hoffman for her advocacy for Prop 63 with the Board of Supervisors. The San Mateo County Board of Supervisors was the second in the state to adopt a support position on the MH Initiative.

The purpose of the Mental Health Services Act (Proposition 63) is to expand mental health services in California.

There are five areas of funding:

- Prevention & Early Intervention
- Community Services & Supports
- Capital (housing) & Technology
- Education & Training (Human Resource Development)
- Innovative Programs

The act will become effective on January 1, 2005. The funding source is a 1% increase in taxes for individuals earning over \$1 million. The money will be deposited into a MH Services Fund in the State Treasury and administered by State DMH. Funds can be used to expand, but not supplant services.

The funds will be distributed by stated percentages to the five areas of funding through June 2008. At that point, services will no be provided according to these a prescribed percentages.

Each county MH program must submit to DMH for approval a 3-year expenditure plan, to be updated annually. The County must assure plan development with the input of local stakeholders. DMH will establish requirements for the content of the county plans, including reports on the achievement of performance outcomes.

There will be a 16 member statewide Oversight & Accountability Commission. This Commission will review county plans and approve county proposals for Prevention and Innovative services.

Opportunities for counties:

- *Develop a mental health service delivery system that supports recovery/resiliency.*
- *Implement evidenced-based/best practices in services as well as effective prevention/early intervention strategies– including innovative programs.*
- *Come closer to meeting the unmet mental health needs of SED youth and SMI Adults/Older Adults and address issues such as the criminalization of people with mental illness and the lack of effective services for diverse populations.*

The three year plan is to be made available to the public and stakeholders for comments and the Mental Health Board is required to hold a public hearing 30 days after the plan is made public.

Gale estimates that the County could receive somewhere under \$10 million annually, however the allocation will be based on a consistent statewide needs assessment that addresses prevalence and unmet need.

December 1, 2004 Child/Youth SOC Initiatives
Presented by: Deborah Torres

The mission of the Children & Youth Services System of Care is:

- *Families as Partners*
- *Service maintains normal developmental pathways to keep youth at home, in school and out of trouble*
- *Respect for Diversity*
- *Collaboration*
- *Linkage to early intervention*

We are implementing the mission by developing the staff within our organization. We are working on definitions to the eligible population, clear pathways of access to our services, collaborating with families, partners, and other agencies, and communicating clear and measurable goals and objectives with continuing evaluation.

Our eligible populations include:

- *Youth with a mental health diagnosis and who are eligible for:*
 - *Medi-Cal*
 - *Healthy Kids*

- **Healthy Families**
- Youth with eligibility under Chapter 26.5
- Wards/Dependents of the Court who are:
 - Unable to access their own insurance and have a mental health diagnosis

We now have clear and written criteria defining who is eligible for services and we have streamlined the access path. We have also developed and enacted a plan for information to reach all eligible consumers/consumer families and our partners.

Suzanne Aubry, San Mateo County Mental Health's Family Liaison, spoke on family involvement. She is working with the Child and Youth System of Care to promote participation of family members from our diverse communities, fostering communication between families and staff, addressing concerns raised by family members, providing active support to family members, supporting staff with issues regarding family members, and acting as an advocate for families at all policy levels.

The following changes are being implemented into the School-based Chapter 26.5 Services Act:

Collaborative Consultation – eliminate the confusion

Assessment – to implement a standard and uniform process that is simpler to navigate

Utilization Review – to integrate in-progress work in assessing the level of service, reviewing utilization, outcome and titration of services.

We are continuing to work in collaboration with Juvenile Probation and the Superior Court system. The comprehensive youth services campus is opening in the Spring of 2006 with juvenile hall housing up to 183 youth, including a 10-bed mental health unit, a receiving home, a girl's camp that will house 30 youth, an assessment center, dual diagnosis group home facilities, and court, probation and mental health offices.

Our Functional Family Therapy (FFT) is a nationally recognized evidence-based model program offered in conjunction with CIMH. Family-focused and strength-based, FFT targets clinical problems associated with conduct disorder, oppositional defiant disorder, alcohol and/or substance abuse. There are three phases of treatment: 1 – Engage and motivate; 2 – Change behavior; 3 – Generalize change.

Scheduled to begin in February, 2005 and working in collaboration with Pre-3, Mental Health Services, Health Services, and Human Services, 0-5 Child Abuse Treatment Services is an evidence-based model in development by 0-5 Child Abuse Treatment Task Force. The model promotes safety and ensures that children are protected from abuse and neglect.

January 5, 2005

Mental Health Services Act – Proposition 63

Presented by: Gale Bataille and Louise Rogers

The Mental Health Services Act is an opportunity to dramatically improve public mental health.

The County is responsible for a 3-year plan that is dependent on a strong foundation of a local planning process that has the broadest possible input from consumers, family members, providers, County Mental Health, and other County agency staff, community agencies, the

public, and other stakeholders. The planning challenge is to develop specific strategies for obtaining input from un-served and underserved and ethnically and linguistically diverse populations and others who are not likely to participate.

The state will use a phased approach to releasing requirements. The requirements for Prevention/Early Intervention and Innovative Services will be released after July 2005. The draft Plan to Plan template was released and will be finalized in January. The dollars are reimbursable from January 1 and are contingent on the approved Plan to Plan.

The draft Plan to Plan has three sections, overview of the MHSA, proposed SMC Planning Process, and a response to State DMH Plan to Plan questions.

The planning process foundations will be:

- County Shared Vision 2010 – helping vulnerable people—the aged, disabled, mentally ill, at-risk youth and others—achieve a better quality of life.
- MH Services' Vision, Mission & Values – developed with the Mental Health Board, consumers, family members, providers, and other stakeholders.
- MH Strategic Plan – 2002 & follow-up
- Proposed Principles for the Planning Process

The proposed structure and governance are:

- New MHSA Steering Committee which includes full Mental Health Board
- New MHSA Workgroups: Adult, Children and Youth, Early Intervention/Prevention and sub-workgroups for Older Adult and Transition Age Youth
- Board of Supervisors would be requested to approve submission to State DMH after MHB Public Hearing and MHB recommendation for approval.

To enable effective communication, core membership of the Workgroups must be willing and able to participate consistently. Workgroups will solicit and receive input and ideas and receive feedback from broad groups of stakeholders including individuals/communities that are underserved.

The State requires clear description of organizational responsibility for the planning process and allocation of the time spent from specific individuals so that the planning process is adequately supported. Mental Health is in the process of contracting for planning support to the MHSA Steering Committee and Workgroups. The State also requires that there is adequate training for stakeholders to support full and effective participation in planning. Specific funds will be allocated to each county for planning activities.

The tentative timeline was outlined as follows:

- Late January: Submit Plan to Plan
- Late Jan/Early February: Convene MHSA Steering Committee and Workgroups
- May 2-31: Produce recommended Plan for the Mental Health Board to release for public review and comment.
- June 1: Hold Mental Health Board public hearing
- July: MHSA Steering Committee and Workgroups produce revised recommended Plan after reviewing feedback and submit to Health Department Director for submission to Board of Supervisors
- July/August: Board of Supervisors reviews and approves recommended Plan for submission to State.

February 2, 2005 Mental Health Services Act – Proposition 63 - UPDATE
Presented by: Gale Bataille and Louise Rogers

- *MHSA Planning Proposal to State Department of Mental Health*
Earliest date for submittal – February 15, 2005
- *MHB Co-chairs for MHSA Work Groups*
- *Focus on Work Groups:*
 - *Learn, discuss, and draw conclusions.*
 - *To Steering Committee – feedback to Work Groups*
 - *End result of four Work Groups*
 - *Then priority setting session with both Work Groups & Steering Committee*
- *Steering Committee:*
 - *Will consist of MHB, community members, & stakeholders*
 - *Co-chaired by MHB member and Rich Gordon*
- *Training & Outreach Plan*
Meeting to discuss community outreach to focus groups especially underserved population's different geographic areas of the County
Volunteers requested to attend outreach brainstorming session
Jim Fields suggests reaching out to the unserved and linguistically challenged in the jails, VA hospitals, homeless, etc.
- *Processes for public information and input*
Communication is critically important. The draft documents are on the Network of Care website, along with the email link.

March 2, 2005 Mental Health Services Act – Proposition 63 - UPDATE
Presented by: Gale Bataille and Louise Rogers

Five values of our plan to be addressed in our proposal throughout:

- *Community Collaboration*
- *Cultural Competence*
- *Client & Family Driven Mental Health Services*
- *Wellness Focus (Recovery & Resilience)*
- *Integrated Services Experiences for Client & Families*

The State is planning have two types of funding available:

- *Enrollee-Based Programs: A certain amount of money per member (enrollee) per month to cover all necessary services. Based on the Village Integrated Services Agency model and the homeless mentally ill program models. The majority of*

Systems and Supports funding is expected by the State to go to enrollee based programs.

- *System Enhancement/Transformation Funds: more flexible funding could fund client run services, family education services, etc...*

The guidelines outline specific strategies for each age population group—more detailed and “prescriptive” than anticipated. There are many, many pages of checklists of strategies that might be used with different populations. During our process in the workgroups we will be examining these strategies and determining whether they are currently provided and/or recommended.

State DMH also expects an analysis of un-served/under-served populations in terms of their ethnic, linguistic, and demographic characteristics; a comparison to the numbers of people that are actually receiving services; project where the unmet need in our County and do that by ethnic group, by region, and by language group.

The DMH Planning Requirements document will be available to all workgroup members at each workgroup meeting. The sections that pertain to each workgroup will be distributed.

Under the MHSA accountability and performance is critical – we will have to show we are really making a difference.

DMH proposal re: levels of performance to be measured:

- *Individual member level*
- *System accountability level*
- *Community level*

April 6, 2005

Mental Health Services Act – Proposition 63 - UPDATE

Presented by: Gale Bataille and Louise Rogers

- *Louise Rogers spoke on the outreach efforts now in full swing. Many flyers are being distributed for both focus groups and public forums that are being held throughout the County. We are attempting to get local officials involved in their city forums. It is recommended that Mental Health Board members attend the forums in their regions.*
- *Gale discussed the letter from the County Manager's Office to the San Mateo legislative delegation regarding proposed funding distribution. Legislators are being asked to advocate with the State's Health and Human Services Agency and the Mental Health Department to ensure we get our fair share.*

May 4, 2005

Mental Health Services Act – Proposition 63 - UPDATE

Presented by: Gale Bataille and Louise Rogers

Outreach Activities

- *60-70 focus groups have been completed; remaining should be completed by the end of next week. Between 90-100 forums and focus groups will be held for MHSA. The*

two events on Saturday, April 30 for parents of minor children and consumers, were well attended. There are between 25-30 people who have volunteered their time to assist with the focus groups. Josephine Thompson was commended for her involvement with the faith-based group.

● **Powerful themes:**

- Services need to be more accessible, culturally competent, and available in clients' primary language.
- Transportation is a significant barrier and transportation support a critical need.
- Stigma associated with mental illness is a major barrier especially for youth, older adults and ethnic populations. Services should be co-located with other resources to de-stigmatize—example: school sites, health clinics...
- Prevention and early intervention

● Gale stated her appreciation for the participation of Mental Health Board members at community meetings and forums.

● Katie Kerns has been working with Barbara DeBord to develop posters/fliers to get and keep the word out in the community. There was discussion of a flyer that will be distributed throughout the county. It was decided to print the flyer in Spanish and Tagalog. Raja would like to have case managers, providers, and workers to assist with distribution. Barbara was commended on her design of the flyers and her involvement in the focus groups.

Updates from State DMH

- The next version of requirements for the community services and support section of the MHSA will be available on May 15 (may not be final, but will be close). Upon receipt, we will distribute to the MHB. The funding distribution information is still pending—perhaps by late May.
- MHSA Outcomes – the State will be tracking outcomes on three levels:
 - Community
 - System level outcomes
 - Individual client level.
- 50% of funding for services has to go to enrollee-based programs.

June 1, 2005

Mental Health Services Act – Proposition 63 - UPDATE

Presented by: Gale Bataille and Louise Rogers

New Draft from DMH – Key Changes

- Gale reported that the state released the funding distribution formula on May 31st. San Mateo County is eligible to receive \$4,972,600 contingent on a successful application for Community Services and Supports. DMH has posted a final schedule of all counties funding distributions. (In addition to this funding, staff anticipates that about \$2 million dollars in additional revenue will be leveraged by MHSA funds.)

→In the first 3 years, 50% of the statewide dollars must go to Community Services and Supports.” Basis of distribution formula: 50% of dollars are based on county population; 30% of dollars is based on the population most likely to apply for services in the county; 20% of dollars is based on the population most likely to access services in the county→100% or **Total Need**.

→After the calculation for Total Need is made, a major adjustment for self sufficiency is made based on what it takes for a single adult to survive in the county and what it takes for a single adult with two children to survive in the county. There is also an adjustment for each county's level of resources.

→10% of the Community Services and Supports dollars are proposed to be 'set aside' by State Department of Mental Health for contingency reserves and undesignated "special projects."

→The requirements and proposed funding for Prevention and Early Intervention; Capital and Technology; Education and Training and Innovative Programs has not been released yet and is not part of the \$4,972,600.

Louise gave an MHSA planning update. All three series of age focused workgroups have been completed. During the third series, workgroups discussed the results of the outreach process, and then developed priorities taking DMH requirements, gaps, and effective practices into consideration. This will be the subject of the joint Steering Committee/Workgroups session on June 10th.

- Louise also provided a brief overview of results of community and stakeholder outreach acknowledged all the volunteers who helped with the outreach process as well as Gibson & Associates for their compilation of the data.

Highlights included:

- Family and consumer empowerment and involvement
- Bi-lingual/bi-cultural education
- Access to services integrated with other organizations
- Geographical access & transportation
- There are many barriers to accessing services including unnecessarily complicated and unwelcoming processes
- Variety of services and continuum of care is inadequate.

Andy Calman stated that while he initially had questions and concerns about how the planning process would be conducted, he now believes that the process to date is a model for public planning processes. Participation in the MHSA process has also strengthened the MHB.

June 1, 2005

Latino Access Study

Presented by: Pat Miles & Roberto Gurza

The State Department of Mental Health required all counties to study Latino access. Phase I of the study focused on what we can do to assist Latinos to enter the mental health system. Phase II of the study will focus on how we can provide better services to Latinos once they enter our system.

Research Questions for Phase I of the Study

1. What are primary barriers to Latino access in SM County?
2. What images, issues affecting stigma are evident in Latino communities in SM County?
3. What do Latino consumers expect when they seek services?

4. *How familiar are Latinos with ways to access MH services?*

Method

Policy & Procedure review

System data analysis

Self study

Consultation

Focus Groups of Stakeholders

Clinicians; support staff; consumers; family members; community

Interviews with Key Contacts

Education; social services; law enforcement; primary medical care; faith community; business leaders

Findings – System Data

Penetration Rate – some improvement over last few years, but well below other groups (7%)

Penetration Rate lower still for Spanish speaking consumers (4%)

Regional disparities in penetration greatest in areas affected by poverty, geographical isolation, or limited availability of MH resources

Latinos are more likely to receive services from teams offering less intense services (ACCESS Team)

Utilization highest at teams:

Connected to health services (Primary Care Interface)

Services close to home or in home (Pre-To-Three)

Only 7% of complaint calls to Consumer Affairs were from Latino consumers

Findings – Staff Survey

19% of staff are Latino; 23% speak Spanish

Most staff have attended trainings on serving Latinos, but 40% reported no such training

85% of staff, including Latino staff, feel services by their teams are culturally competent.

Most staff, including Latino staff, do not think typical barriers are, in fact, barriers at SM County Mental Health.

Findings – Focus Groups; Key Contacts

Stigma has a major influence in Latino community

SMCMH needs to do more education concerning the nature of mental illness.

SMCMH must find a way to listen to the 'voice' of the community.

SMCMH alienates the Latino community and potential MH consumers.

Service providers must:

Speak Spanish or understand the emotional significance when Latinos express themselves.

Develop trusting, empathic relationships with their clients.

Nearly ½ of participants did not know there was an 800 number to access services, including key contacts.

Focus groups comprised by community members or staff were more critical of MH services than focus group of consumers.

Key contacts that had seen our facilities did not feel they were welcoming enough.

Findings – Internal Group Process

Discussion of findings led to awareness that effective access required a change in the orientation or stance of our system to the Latino community.

Recommendations

Initiate community educational campaign.

Create a 'client navigator'.

Improve initial contact by improving the physical appearance of clinics, using Spanish language videos re: Mental Health.

Appoint community advisory committee to advise us re: our success entering the Latino community.

Share results of study in community meeting & meet annually with community to report on our progress increasing access.

Provide additional training to all staff in Latino cultures and how to work effectively with them.

Taking Action – Community Meeting

Held May 19, 2005

Conducted in Spanish with translation for non-Spanish speakers.

Introduced community to ways of becoming involved in MH system and decision making, including Mental Health Board.

What the community told us:

Stigma is a real problem

Family members need to be involved in treatment

It is critical that information be available in all sites frequented by the community

It is critical for presentations to include accounts of individual's experience with mental illness

Many fear the cost will be prohibitive

Taking Action – Client Navigator Project

Plan to enlist agencies in a single SM community in working with us to establish a client navigator.

Client navigator will work with our system to shepherd referrals to the appropriate resource.

Taking Action – Future Projects

Improve the initial, 'first impression' of our clinics

Develop educational project in the community focusing on stigma, mental illness, and wellness & recovery

Develop more training and support for staff in special issues associated with the Latino community

Develop an advisory board

Measuring our Success

Increase penetration rate for Latinos

Increase on measure of engagement and retention

Improve community's understanding of our eagerness, willingness to provide service to them

Improve Latinos' knowledge of mental illness, stigma, and ways to seek services

Feedback from the annual community meeting and Advisory Committee

Following the presentation, there was discussion about holding a Mental Health Board meeting in Spanish and holding a meeting in East Palo Alto.

SPECIAL HIGHLIGHTS

In observance of 2005 May is Mental Health Month, the San Mateo County Mental Health Board recognized and honored individuals, professionals, businesses, and the media that have made an extraordinary contribution to improving the lives of people with mental illness at the annual Tony Hoffman Community Mental Health Service Awards.

The following individuals and organizations were honored:

- Domenic (Mickey) Russo of Redwood City for providing respectful and excellent pharmacy services to mental health clients
- Suzanne Moore, a nurse practitioner at the Mike Nevin Health Center in Daly City, for services as a health provider—educating and supporting mental health consumers
- Menlo Park Presbyterian Church for conducting programs to help those coping with mental illness
- Greg Wild of San Bruno for his tireless work assisting clients in improving their self-sufficiency and self-esteem
- Ruan Frenette of Hayward for her work as editor of the NAMI San Mateo County newsletter and keeping the public current on mental health issues
- James Shum of San Bruno for his advocacy and support to mental health consumers with their housing needs
- Mike and Kevin Kelly of Redwood City for their awareness and support in assisting mentally ill consumers to live independently
- Officer Bob Bates of the Redwood City Police Department for his respect and skill when dealing with young adults involved in the criminal justice system
- Detective William Pickens of the Sheriff's Department for his understanding of the mentally ill and leadership in promoting the education of law enforcement personnel about mental illness

The community service awards are in memory of Tony Hoffman. He and his wife Fran were known throughout California and the nation as leading advocates in the successful organizing of families to demand compassionate and appropriate services for their family members with serious mental illness. In the early 1970s, the Hoffman's founded Parents of Adult Schizophrenics, an organization which spread across California and the nation to become the National Alliance for the Mentally Ill (NAMI). For over 20 years, Tony Hoffman served on the San Mateo County Mental Health Board. Controversial, tough, persistent, Hoffman pushed the mental health system to make needed changes. Today our mental health system is a reflection of the influence

and leadership of Tony and Fran Hoffman and the advocates that they "trained" and inspired.