



Promote

Mental Health and Wellness

Lead Partner San Mateo County Behavioral Health and Recovery Services

Support Partners Community-based organizations and nonprofits, schools, foundations, and private insurers

- Implementation Objectives**
- Utilize a variety of communication channels to provide culturally and linguistically appropriate information on mental health resources
 - Provide culturally and linguistically appropriate information to individuals whose conditions have been exacerbated by the pandemic or who have been cut off from their support systems
 - Support community-based organizations providing mental health resources to low-income and underserved communities
 - Develop programs that provide a lifeline for isolated individuals
 - Leverage state and federal resources and legislative opportunities to maintain and expand mental health services for all community members
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It is critical to deliver mental health and substance use support to adults and children. During COVID-19, many individuals have fallen ill, lost a loved one, or struggled to adjust to the uncertain and stressful situation. Essential workers are increasingly stressed and overworked as the pandemic has extended from weeks to months. Issues such as domestic violence, alcohol and other drug abuse, and depression can also be exacerbated by the strain of the pandemic.

Challenges

- Substance abuse and the lack of in-person support
- Stigma in minority communities when seeking treatment and assistance
- Lack of Internet connectivity that limits online support and resources
- Loss of opportunity to reach troubled youths due to closed programs and schools
- Fear of seeking treatment and assistance due to immigration status
- Reduced space for substance abuse treatment due to distancing requirements
- Social isolation issues
- Lack of health insurance and loss of health insurance coverage due to job loss
- Experiences of grief and loss with social distancing and fatalities
- Increased racism, discrimination, and xenophobia
- Added parental stress due to uncertainty of school and child care operations, distance learning facilitation, and remote working

Identified Needs

- Diverse communication methods (languages and formats) for outreach
- Mental health providers who speak threshold languages

- Resources for families and children at-risk including families with younger children (age 0-5) and families with children with special needs
- Support to youth and young adults, especially those with special needs or disabilities, or who are English language learners, low-income, or homeless
- Greater outreach to seniors and older adults, people with disabilities and others with access and functional needs, and other vulnerable individuals who cannot leave home
- Phone calls, postcards, and other types of communication

Relevant Data

- Calls to suicide prevention and other assistance hotlines and warm lines by demographic data such as age, race, ethnicity, gender identity and expression, etc.
- Referrals for substance abuse support through hospital emergency departments
- Requests for mental health support including demographic data
- Reports of domestic violence and child abuse including demographic data

Current Programs

- ✓ [Health Equity Initiatives by the County Office of Diversity and Equity](#)
- ✓ [County Office of Education and County Behavioral Health and Recovery Services \\$6 million grant for mental health pilot project in schools](#)
- ✓ IMPaCT comprehensive data base of mental health providers including private, public funded, and individual therapists

Vulnerable Populations Support Committee

- Hon. Alicia Aguirre, City of Redwood City, Cañada College
- Stephanie Balon, Filipino Mental Health Initiatives
- Tanya Beat, Human Resources
- Laura Bent, Samaritan House
- Pat Bohm, Daly City Partnership
- Nancy Chang Stanford University
- Marci Dragun, San Mateo County Board of Supervisors
- Georgia Farooq, Thrive Alliance
- Will Gibson, San Mateo County Planning and Building
- Scott Gilman, San Mateo County Behavioral Health and Recovery Services
- Stewart Hyland, Housing Leadership Council of San Mateo County
- Jack Johnson, San Mateo County Office of Sustainability
- Connie Juarez-Diroll, San Mateo County Manager's Office
- John Keller, Burlingame Hills Association
- Susan Kokores, Commission on the Status of Women
- Justin Kromelow, Healthcare Professional
- Lisa Mancini, San Mateo County Health Aging and Adult Services
- Mary McGrath, San Mateo County Office of Education
- Alex Melendez, Housing Leadership Council of San Mateo County
- Hon. Mark Nagales, South San Francisco
- Francisco Sapp, San Mateo Pride Center
- Caleb Smith, San Mateo County Office of Sustainability
- Robert Spencer, San Mateo County Correctional Health
- Mike Stancil, Daly City Partnership
- Shawneece Stevenson, The Primary School
- Olga Talamante, Chicana Latina Foundation
- Michele Tate, NOVA
- LaTrice Taylor, Samaritan House
- Lisa Tealer, Bay Area Community Health Advisory Council
- Kava Tulua, One East Palo Alto
- Justin Watkins, Get Healthy San Mateo
- Tracy Weatherby, Second Harvest Food Bank
- Stephanie Weisner, StarVista



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Objectives	Recommendations
1. Utilize a variety of communication channels to provide culturally and linguistically appropriate information on mental health resources	1.1. Centralize information and referrals for crisis hotlines and other virtual mental health resources available to the public 1.2. Use existing client networks to distribute culturally and linguistically appropriate information on available mental health resources from major insurance companies, Medicare, and San Mateo County Behavioral Health and Recovery Services (covering those insured through Medi-Cal) 1.3. Provide non-digital culturally and linguistically appropriate public information and resources related to mental health (e.g., ads in newspapers, printed flyers, mailers) 1.4. Coordinate with faith-based leaders to provide culturally and linguistically appropriate information and outreach to members about mental health support and resources 1.5. Leverage distribution channels like food distribution and other COVID-19 outreach to include mental health messaging and resources 1.6. Ensure local mental health resources are included in 2-1-1 scripts
2. Provide culturally and linguistically appropriate information to individuals whose conditions have been exacerbated by the pandemic or who have been cut off from their support systems	2.1. Provide culturally and linguistically appropriate crisis intervention hotlines and warm lines for emotional support 2.2. Promote the use of employer provided mental health resources by teachers, medical staff, and other essential workers 2.3. Work with employee assistance programs to develop and promote peer counseling programs for teachers, medical staff, and other essential workers with access to employment benefits 2.4. Provide information and referrals to mental health support services for youth and young adults and increase the capacity of community-based organizations and nonprofits who provide those services 2.5. Share information on available behavioral health and wellness support services to younger children (0-5), school-age children, families, and parents of children with special needs
3. Support community- based organizations providing mental health resources to low-income and underserved communities	3.1. Work with community-based organizations and nonprofits providing mental health support to identify unmet needs 3.2. Continue receiving updates from community-based organizations and nonprofits providing mental health support on extent of need and their ability to meet that needs 3.3. Expand capacity of community-based organizations and nonprofits providing mental health support and other local organizations to provide assistance 3.4. Identify opportunities to increase mental health training for law enforcement and explore the potential for “mental health response teams” to accompany law enforcement

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| 4. Develop programs that provide a lifeline for isolated individuals | 4.1. Coordinate postcards (e.g., Dear Neighbor campaign), phone calls (e.g. Friendship Line), and letters to connect with homebound individuals
4.2. Coordinate wellness checks for isolated, elderly, or other homebound residents |
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| 5. Leverage state and federal resources and legislative opportunities to maintain and expand mental health services for all community members | 5.1. Advocate for, monitor and analyze state and federal legislation and policy to expand mental health resources and services
5.2. Continue to seek state and federal support for mental health services for students
5.3. Leverage the state’s Mental Health Services Oversight and Accountability Commission grant to build the capacity of schools to provide mental health supports to students |
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