

Philosophy: *Collaboration with healthcare is essential for creating a healthy community*

| County | Name | Phone | Past TAY Programs/Projects |
|-------------|--------------------------|--|--|
| Alameda | Crickett Mitchell (CIMH) | (858) 220-6355 | |
| Butte | Ron Cavanaugh | (530) 891-2784 | |
| Fresno | Lawrence E. Levy, MD | (559) 453-6599 or llevy@co.fresno.ca.us | |
| Glenn | Maureen Hernandez | (530) 934-6582 | |
| Lake | Kristy Kelly | (707) 263-4338 x 260 | |
| Los Angeles | Sandra Thomas | stthomas@lacdmh.org | |
| Madera | Janice Melton | (559) 675-7926 and jmelton@madera-county.com | |
| Mendocino | Dina Ortiz | (707) 463-4303 | The county mental health department uses the local health clinics, and there is a strong |
| Placer | Connie Arney | (530) 889-7115 or carney@placer.ca.gov | |
| Plumas | John Sebold | (530) 283-6307 and jsebold@kingsview.org | We have attempted a model associated with a Rancheria and with a local hospital utilizing a fee for service Medi-Cal model. The hospital |

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| San Bernardino | Ron Smith | rsmith@dbh.sbcounty.gov | |
| San Francisco | Robert Cabaj, MD | (415) 255-3447 or bob.cabaj@sfdph.org | |
| San Joaquin | Kim Suderman | (209) 468-2392 and ksuderman@sjcbhs.org | |
| San Mateo | Cheryl Walker M.F.T. | cwalker@co.sanmateo.ca.us | In 1994, San Mateo County Mental Health services and San Mateo County Primary Care began a collaboration. The collaboration had two |
| Santa Clara | Nancy Pena | (408) 885-5783 | |
| Solano | J. Rodney Kennedy, MFT | 707-784-2233 or jrkennedy@solanocounty.com | |
| Stanislaus | Marshall Lewis, MD and Madelyn Schlaepfer Ph.D. | (209) 525-6222 (MS) and MSCHLAEP.SBHC.DMH@mail.co.stanislaus.ca.us ; (209) 558-4639 (ML) and mlewis@mail.co.stanislaus.ca.us | From 1987 – 2006, psychologists and/or clinicians stationed at major Family Practice Clinics, full to part time status, to provide consultation regarding |
| Tulare | Anna Schaefer | (559) 737-4660 ext. 2436 | |

and for sustaining a System of Care of all ages.

| Present TAY Programs/Projects | Future TAY Programs/Projects | Additional Information/Comments |
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| | | Please see http://www.nashp.org/_catdisp_page.cfm?LID=2A78988D-5310-11D6-BCF000A0CC558925 for more information. |
| | | The problems in implementation attempts in Chico (the main office for Butte County), revolve around the few doctors |
| | <p>Transition Age Youth Mental Health Services and Supports (TAY) – MHSAs: Intensive case management and housing services will use a strength-based approach with TAY, their families, and other informal and formal key players,</p> | |
| | As we move into implementing/developing our MHSAs program, we are looking to include the services of a nurse to assist with nutritional and medicine issues. | Glenn County does not have a collaboration between primary care and mental health services for any age group of consumers. However, we |
| | Lake County Mental Health is implementing an integrated program through MHSAs funding as a general | More information is available in a separate document |
| Inclusion of access to primary physical health care is embedded in the MHSAs TAY FSP programs; | DHS Nurse Family Partnership: Collaboration/partnership to work with first time pregnant women and their | More information is available in a separate document |
| | | Madera does not have any primary care/mh integration. I've discussed it with 2 FQHCs, and one |
| The county mental health department uses the local health clinics, and there is a strong relationship between the health | | |
| 1) Monthly meeting with SOC representatives and Placer County community clinic (PCCC). 2) Recently developed and approved Policy and | | |
| We have considerable integration with health care via crisis contacts at hospitals and with our nursing, psych tech staff and primary care providers. | | |

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| San Bernardino County has recently initiated a collaborative project with the Department of Behavioral Health (DBH), Department of Public Health (DPH), and the Arrowhead Regional Medical Center (ARMC). This initiative includes: | San Bernardino County has recently initiated a collaborative project with the Department of Behavioral Health (DBH), Department of Public Health (DPH) and the Arrowhead Regional Medical Center (ARMC). This initiative includes: | |
| 1) Primary care consultation service - San Francisco Community Behavioral Health employs two psychiatrists (1.5 FTE total) to consult to various | | |
| 1) We have a Pager that is specifically for the PCP's only. We give the number out, and the PCP's know that they can page and get an immediate response from our Nurse or Child Psychiatrist, while their patient is | | |
| In 1994, San Mateo County Mental Health services and San Mateo County Primary Care began a collaboration. The collaboration had two components: mental health | | More information available in a PowerPoint presentation. |
| 1) Valley Homeless Healthcare Program: DHHS Health Resources and Services Admin (HSRA) three-year (FY04-FY06) grant for homeless healthcare services, \$500K-\$650K per year. Administered through VMC Ambulatory Care Health Services. Integrated medical, substance | 1) Standardized behavioral health screening & referral 2) "Embedded" primary care psychiatric consultants 3) Warm line consultation 4) Primary care behavioral health guidelines 5) Information campaign 6) Peer and paraprofessional "navigators" | More information is available in separate documents and in a Powerpoint presentation. |
| The behavioral health primary care project is a strategy of the Health Access Committee which is an advisory wing of the Coalition for better health in Solano County. The committee funded this project about 3 years | | Behavioral Health Integration in the Primary Care Setting is an evidenced based practice. Two websites are excellent for information about the integration model. These |
| As part of managing specialty mental health services, our Department provides a consultation service for physicians who are serving Medical clients. Prior to this fiscal year, physicians serving | Use of the automated communication between psychiatrists and PCPs to identify practice groups that are treating a significant number of our clients. Further outreach, consultation, and perhaps training could be offered to these groups. | |
| Primary Care provider refers person to mental health and mental health provider can refer back to primary care. | | More information is available in a mental health and primary care provider manual |

