

DIRECTOR'S UPDATE

Lisa Mancini, Interim Director

San Mateo County - One of the Best Communities for Mental Health



The connection between mental and physical health is well recognized. A person's emotional and psychological well-being have an impact on their likelihood of engaging in risky health behaviors

like smoking or drug use. Also, poor mental health has been associated with a range of physical health outcomes, from chronic illness to lowered life expectancy.

U.S News has ranked San Mateo County #3 in the nation for [best communities for mental health](#). The [2022 Healthiest Communities](#) rankings project assessed the health and well-being of nearly 3,000 U.S. counties and county equivalents across the country, using dozens of metrics that fall into 10 categories, including population health, public safety, community vitality, and infrastructure.

As part of the analysis, communities received a score on a 100-point scale tied to how they performed relative to one another on three mental health metrics that largely predated the COVID-19 pandemic: 1) the rate of deaths from suicide, alcohol-related disease, and drug overdoses – known as “deaths of despair” – per 100,000 population; 2) the percentage of Medicare beneficiaries diagnosed with depression; and 3) the share of adults who reported frequent mental distress, meaning their mental health was not good during 14 or more days in the past month.

[San Mateo County also ranked #36 overall](#) in the 2022 Healthiest Communities.

National 988 Number Launched for Suicide and Mental Health Crises



The StarVista Crisis Intervention and Suicide Prevention Center provides 24/7 telephone crisis response (650-579-0350) for anyone experiencing suicidality or other mental health-related

distress. Over the past year, StarVista's Crisis Center, along with 12 other crisis centers in the state, prepared for a groundbreaking moment in suicide prevention history: the launch of a three-digit number 988 tailored to supporting callers through suicidal and other mental health-related distress, makes it easier for people to remember and access mental health services.

This new three-digit number is part of a federal initiative, as well as state assembly bill AB988 (currently pending a hearing in the Senate Appropriations Committee), which ensures the continuation of this three-digit number and encourages communication and collaboration between telephone crisis response and county emergency services. In full effect, this bill also supports and ensures the expansion of mobile crisis teams across the state, to respond to mental health crises and psychiatric emergencies in the community.

“We are incredibly fortunate to be a part of this historical moment” said Zena Andreani, StarVista Crisis Center's Assistant Director. “This bill is a direct reflection of the hard work that local crisis centers have been managing for years, and 988 will truly change the face of crisis services for the betterment of our communities.”

Individuals experiencing a mental health crisis can now dial or text 988 as an alternative to the current National Suicide & Crisis Lifeline phone number (1-800-273-8255) and be directed to their local crisis call center

N/A

Revenue Ratio (R3)

8,596

Total Clients

808

Admitted

834

Discharged

for support. It is important to note that 988 calls are redirected based on the area code of the device and not by its geolocation. Most 988 calls with the 650 area code will be forwarded to the StarVista Crisis Center (excluding text at this time).

Callers who use 988 to contact the StarVista Crisis Center can expect the same phone de-escalation and non-judgmental support they receive when using the local line, 650-579-0350. The Crisis Center is committed to continuing its policy of using the least invasive interventions and collaborative practices to help callers in crisis. Crisis hotline workers will seek to confirm caller safety in the short-term, while also offering local resources to the caller for longer-term support. See StarVista's [988 FAQ's](#).

StarVista 24/7 Crisis Hotline: 650-579-0350
Teen Crisis Text Line and Chat: www.sanmateocrisis.org
Learn more about StarVista: www.star-vista.org

BHRS Director Transition



Scott Gilman, MSA, CBHE, departed San Mateo County on August 5, 2022. He served as the director of BHRS for the past three years. Scott was instrumental in leading BHRS through navigating the many new challenges encountered by clients, staff, partners and the community during the pandemic. We wish him well in his future endeavors.

Lisa Mancini, Aging and Adult Services director, will serve as the interim director of BHRS while the search to fill the position is underway.

Pride Center Celebrates Five Year Anniversary



Pride Center grand opening

Traditionally, a fifth anniversary is represented by wood, which is said to indicate “strong roots in your relationship.” Since its opening, the Pride Center has worked diligently to create healthy, strong roots with its communities, partners, and clients.

The San Mateo County Pride Center began as a Mental

Health Services Act Innovation project in July 2016. There was no prior model of a coordinated approach across clinical services, psychoeducational and community/social events, and resources for the LGBTQ+ community at the time. The Pride Center's model represents a formal collaboration between community-based organizations, with StarVista as the lead agency.

The Center offers clinical services for individuals with, or at high risk of, moderate to severe mental health challenges. In addition, it offers psychoeducational and community activities to provide support through peer-based models of wellness, recovery, and stigma reduction, and a resource hub for local, county, and national LGBTQ+ services.

In June, the Pride Center celebrated its five-year anniversary. County leaders, community partners, Pride Center staff, and community members shared their perspectives on the impact the center has had in the county. Not only was the event heartfelt, but attendees also laughed and enjoyed performances and participated in FUNraising.

The Center's [Community Advisory Board](#) not only planned the event, they also shared their amazing stories. View and/or add a congratulatory message on their [Kudoboard](#).

Contractors' Association Spotlight



Where Recovery Happens

Voices of Recovery San Mateo County is having an exciting 2022! Not only does it continue to provide vital services to the community in support of lifestyles free from addiction, but it is busily increasing its capacity to support the community thanks to the Peer Workforce Investment grant.

The year started off with several part-time staff becoming permanent, thereby increasing group attendance; implemented a mentorship program to serve clients in recovery with educational, vocational, peer, and housing support; and continued to lead virtual peer-to-peer community support groups on Monday, Tuesday, and Thursday nights. See a complete list of their [events & activities](#)

Voices is also thrilled to be planning in-person events for the 2022 Recovery Happens Month, beginning with a candlelight vigil kickoff on August 26, followed by exciting events throughout the month of September. It eagerly seeks community engagement opportunities and is elated that so many people are involved in planning this year's celebration and in recovery itself. The organization invites you to join the Recovery Month planning happening [every Wednesday in August](#). It is grateful for the many community members and organizations that are supporting events and attend planning meetings.

Voice of Recovery is more dedicated than ever to spreading the word that recovery is possible and that people do get better. For more information about its services, events, and mission visit www.vorsmc.org.

Voices of Recovery Participant Story:



My name is Jessica Britto, and I am a strong-minded woman who has battled addiction for many years. Because of difficult losses in my life, I chose to go down the rabbit hole of using and abusing drugs. I first experienced recovery as a child at the old Alano

House, watching my mother struggle to keep attending her meetings and lean on her support. I had not expected myself to follow in her footsteps, but I did. I have gone in and out of jails and different recovery organizations only to find myself back in the chaos of addiction. Finding WRAP (Wellness Recovery Action Plan) through Voices of Recovery changed the way I look at myself and my actions. In some ways, it feels like the missing piece to the puzzle. I entered a group of peers who had gone through and shared things I can relate to. The tools I have learned have helped me recognize more about my internal and external behaviors and how to replace my negative actions. This is essential to staying in recovery for me. Today I am more hopeful than ever and have found that I can lean on others. I am doing right for myself by discovering who I truly am and what works for me. I owe many thanks to recovery and all who crossed my path along the way.

Learn more about the BHRS Contractors' Association member agencies, programs and services at www.smcontractors.net.



CaAIM Corner



Documentation Reform

The greatest promise of CaAIM is documentation reform, as the State recognizes that treatment providers spend far too much time carrying out administrative work rather than providing treatment. The State further recognizes that much of this work, such as meticulous treatment plans and lengthy progress notes, serves no purpose in improving the delivery of treatment services. This is a watershed moment because the way treatment providers work is dramatically changing, which will ultimately lead to increased capacity to treat.

The Department of Health Care Services (DHCS) created new documentation requirements to improve the beneficiary experience, effectively document treatment goals and outcomes, promote efficiency to focus on delivering person-centered care, promote safe and appropriate as well as effective beneficiary care, address equity and disparities, and ensure quality and program integrity. DHCS is streamlining and standardizing clinical documentation requirements across Specialty Mental Health Services (SMHS) and DMC-ODS that better align with the Centers for Medicare and Medicaid Services (CMS) national coding standards and physical health care documentation practices.

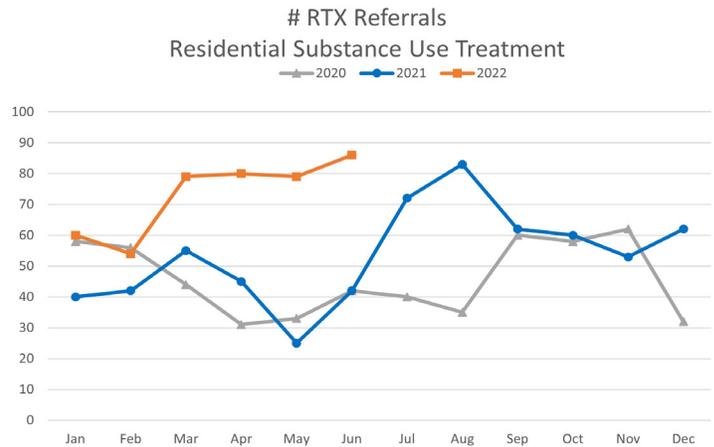
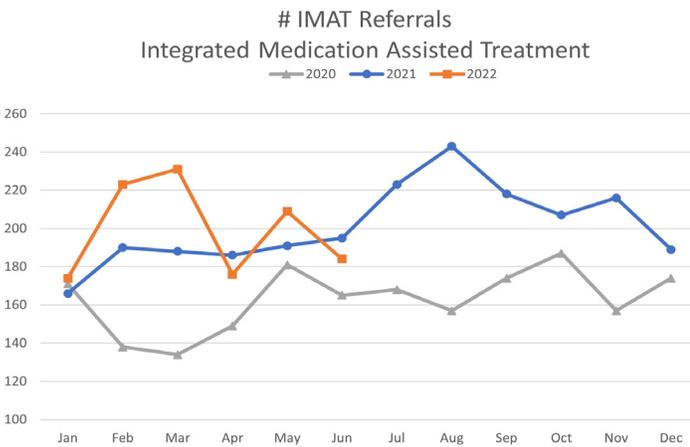
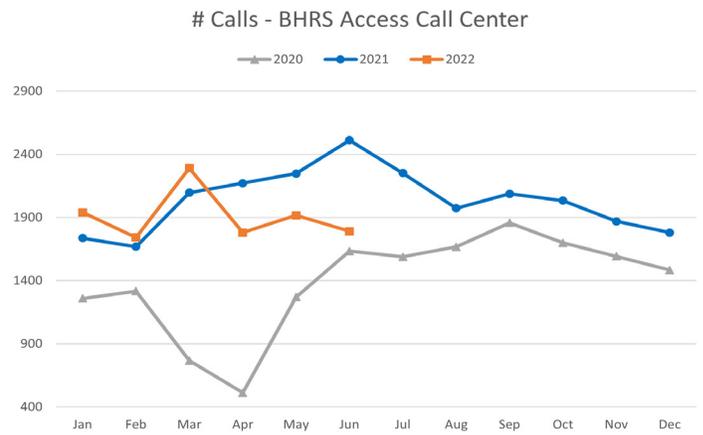
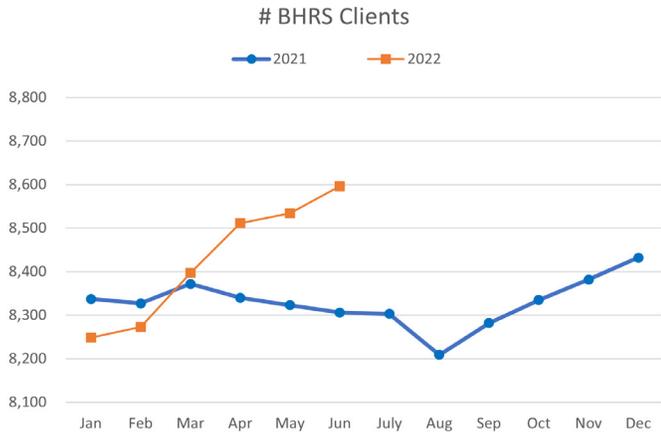
DHCS has removed client plan requirements from specialty mental health services and treatment plan requirements from DMC-ODS (substance use treatment services), with some exceptions, and replaced these with the problem list and new progress notes requirements resulting in less documentation.

The problem list is a list of symptoms, conditions, diagnoses, and/or risk factors identified across time that are addressed either immediately or over several encounters. It is continually updated to reflect the current presentation of the beneficiary.

Progress notes will be limited to specific information that has sufficient detail, but is not extensive, to support the service code selected. The note should include the type of service, a short narrative describing the service and how it addresses a need, the date, duration, location, potential next steps, and the name and signature of the provider.

DHCS also has standardized the assessment requirements across all counties. Learn more about [CaAIM](#).

SNAPSHOT: BHRS Clients - as of June 30, 2022



Service Category	Total Clients	Admitted - June	Discharged - June
Mental Health Services County SMI	5,797	588	660
Mental Health Services Contracted SMI	1,830	69	92
AOD Services County	405	49	10
AOD Services Contracted	564	102	72
Total BHRS Clients	8,596	808	834

Total clients are unduplicated within each service category, however, if a client received services in more than one category during the same period, the client is counted in multiple categories.

R3% - data not currently available for June 2022