

DIRECTOR'S UPDATE

Lisa Mancini, Interim Director

Peer Support Certification Update



Since the Peer Support Specialist Certification Program (SB 803) was enacted in California on September 25, 2020, BHRS and its contracted providers' peer support workers and family

partners have been working arduously to become a Medi-Cal Peer Support Specialist.

While peers have lended, and will continue to lend, their expertise in a variety of ways to support clients and family members, the Medi-Cal Peer Support Specialist (PSS) will be responsible for adhering to Medi-Cal operational and reimbursement standards and processes, which requires specific training and certification.

The Department of Health Care Services (DHCS), which oversees administration of the Medi-Cal program, established the standards for certification to align with SB 803. County behavioral health plans implement the peer certification programs and deliver peer support services based on the DHCS Behavioral Health Information Notices. County behavioral health plans in California selected CalMHSA to implement a single, standardized Medi-Cal Peer Support Specialist Certification Program across the state.

CalMHSA initiated community listening sessions in October 2021 to gather information from the peer community and other stakeholders to inform the development of an optimal certification program. It also developed the Medi-Cal Peer Support Specialist Stakeholder Advisory Council to ensure that the peer voice remains at the forefront of the program's development.

Following are highlights of the program's progress to date at the state and county levels:

- To help peer support workers and family partners prepare for the certification, BHRS Office and Consumer and Family Affairs (OCFA) provided a 60-hour Provider Training covering the 17 core competencies, a 10-hour Peer Documentation Training, and a six-hour Peer Law & Ethics Training.
- CalMHSA rolled out early scholarship funding (from DHCS), which covered exam/application fees for 28 peer support workers and family partners in San Mateo County who were "grandparented" in. That meant they were not required to go through the training, but must still pass the exam to become a PSS.
- OCFA supported consumers, clients, and family members in applying for the Initial Certification Scholarships. Twenty-eight scholarships were awarded for the initial certification of those who did not meet the grandparenting process requirements. The scholarships help cover fees and the 80-hour training by CalMHSA. Six individuals are currently in the training phase and others are pending approval.
- BHRS's first Medi-Cal Peer Support Specialist - Family Partner Laura Angel, from the Youth Central team, was the only peer support worker/family partner from San Mateo County to take and pass the early CalMHSA Peer Support Certification exam. She is one of the first Medi-Cal Peer Support Specialists in California!
- CalMHSA has completed the peer support specialization development process for parents/caregivers/family members, unhoused, and crisis or justice involved, which will allow peers who have similar lived experiences to focus on specific areas to better serve clients and their families.

32.7%
Revenue Ratio (R3)

8,774
Total Clients

781
Admitted

749
Discharged

- The Medi-Cal Peer Support Specialist exam is now available online and at in-person testing centers throughout California.

Stay tuned for more information as the lived experience workforce expands.

Employee Service Awards



Congratulations to the following BHRIS employees who were recognized last month by the County of San Mateo for their dedicated years of service:

30 Years

- Christine O'Kelly, Alcohol and Other Drug Services

20 Years

- Giovanna Bonds, Alcohol and Other Drug Services

10 years

- Jedediah Hooper, Palos Verdes Youth
- Patti Lee, Transition Age Youth
- Zulma Mayorga, Central County Adult
- Bertha Ortiz-Gallardo, Quality Management
- Myriam Rodriguez Ocampo, Palos Verdes Youth
- Barbara Weissman - Older Adult System of Integrated Services (OASIS)

Congratulations and Farewell



Claudia Saggese, Director of the Office of Consumer and Family Affairs, retired at the end of 2022. She began her career at BHRIS in 2007 as a mental health counselor contractor for the Office of Consumer and Family Affairs

(OCFA). Her work in supporting, empowering, and connecting San Mateo County communities to BHRIS was acknowledged in 2018 when she received the Tony Hoffman Award. Claudia's extraordinary impact on the lives of those whom BHRIS serves and its workforce contributed to her becoming the OCFA director in 2019.

During her time at BHRIS, Claudia supported partnerships and collaborations with numerous agencies, facilitated stigma reduction and prevention and early intervention courses in both English and Spanish, and ensured that

the receipt and overseeing of client grievances were carried out with compassion, respect, and openness. She has been a leader, advocate, and support for peer support workers and family partners and engaged deeply in overseeing the system's transformation in terms of training and certification.

Also, Claudia has dedicated her career to those whom BHRIS serves by supporting warm handoffs, engaging in system and policy change, providing culturally and linguistically appropriate resources, informing leadership about the voices of BHRIS's consumers and workforce, and so much more.

Claudia has been pivotal in reinforcing the resiliency of families, clients, and communities, working over the years to strengthen BHRIS's work in supporting the advancement and wellness of those with lived experience and their loved ones. Her work at BHRIS will have a long-lasting impact on everyone.

Contractors' Association Spotlight



Heart and Soul

Established in 2005, Heart and Soul Inc. is a peer-founded, operated, and governed organization that hosts over 7,000 program visits annually. Its self-help centers and anti-stigma programming offer a variety of mental health recovery-oriented and wellness support opportunities for adults within San Mateo County. Its vision is "acceptance, inclusion, and dignity for those striving toward self-defined mental wellness." The organization achieves this by creating connection, hope, and healing through evidence-based peer support for mental health.

With one-on-one, peer-to-peer counseling, self-help groups, mindfulness classes, art for wellness, and a highly respected *Seeing Through Stigma* campaign, Heart and Soul is changing the conversation from diagnosis to dialogue and shifting the focus from mental illness to mental resilience. Its dedicated and passionate staff encourages individuals with mental health challenges to be engaged in their recovery efforts.

Heart and Soul is now offering drop-in hours on Mondays and an open house on the fourth Wednesday of every month at its new location (1633 Bayshore Hwy, #258, Burlingame).

For more information, schedules, events and programs,

please visit www.heartandsoulinc.org, email info@heartandsoulinc.org, or call 650-232-7426.

Learn more about about the [BHRS Contractors' Association](#) member agencies, programs, and services.



Intergenerational Trauma in the Latinx Community



BHRS psychiatric resident trainee, Anna Madrigal, MD, spotlighted San Mateo County at the Northern California Psychiatric Society conference with her presentation “*Intergenerational Trauma in the Latinx Community: A Focus on Immigration Patterns Secondary to Climate Change.*”

The goal was to introduce the concept of intergenerational trauma endured by the Latinx community by highlighting the immigration patterns that climate change impacts.

Intergenerational trauma refers to emotional and psychological wounding transmitted across generations. Essentially, this term highlights the fact that trauma can spread through time and that subsequent generations can experience symptoms of emotional wounding even though they are not the ones who experienced the original trauma.

Often, there is a triple trauma paradigm in the Latinx community, whereby these community groups endure trauma in their home countries, on the immigrant journey, and in the US secondary to assimilation pressures, racism, and xenophobia.

Given this complex and intergenerational trauma, it is important to conceptualize how a person's family history of trauma can impact their presentation to mental health professionals.

Additionally, due to generations of trauma, many immigrants from Latin America view this trauma as their family story or family tradition and may not present to a mental health provider with the vocabulary or words necessary to describe their experiences as trauma. One way to combat this is to amplify the immigrant's narrative and allow them to share their story through scrapbooking.

Dr. Madrigal plans to explore intergenerational trauma

within the Latinx community in San Mateo County and hopes to work with families – ideally multiple generations – to put together their family stories in a shared scrapbook of photographs, mementos, and drawings for her APA SAMHSA Minority Fellowship project. This will help amplify their stories, bind their family history, and build a shared resilience to heal from generational trauma.

CalAIM Corner



Implementation Glitches

Sometimes, it's debatable whether one hand knows what the other is doing. Case in point: the implementation of CalAIM recently hit a snag. BHRS is not being paid for the promised easy access to services without an assessment or “no wrong door.”

Recently, BHRS submitted a claim to the state for these early services. The claim was rejected and BHRS was not paid. The state's claiming system currently does not recognize the codes for these new service types and won't recognize the codes until payment reform starts, which will not happen until July 1, 2023.

BHRS had adopted new policies around these services in July, as the state required BHRS to declare it would provide early access services in order to serve people who need treatment right away.

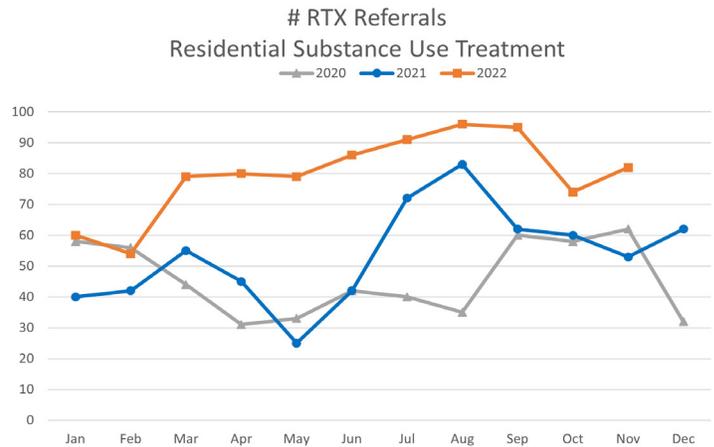
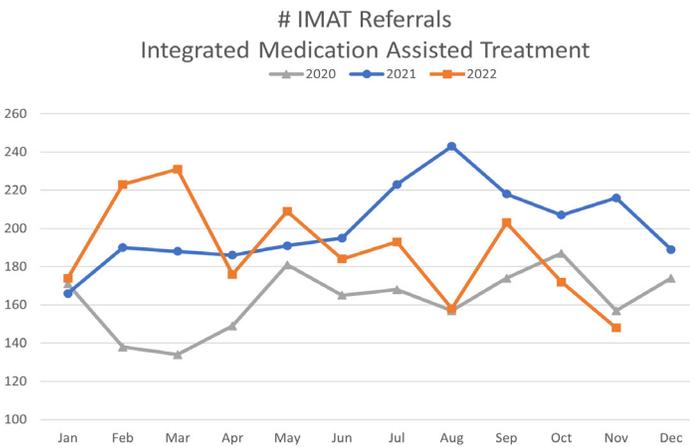
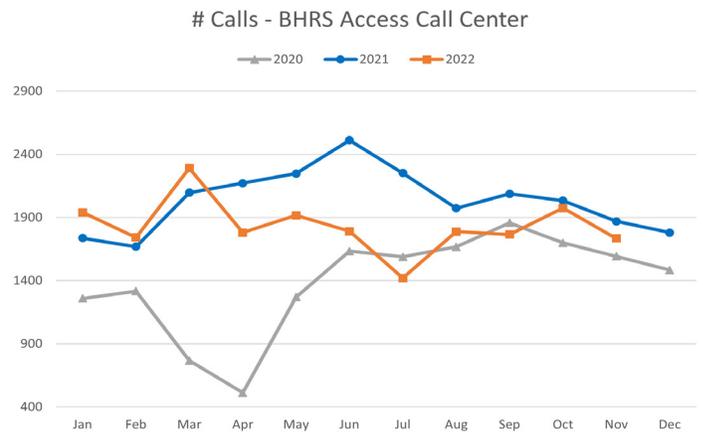
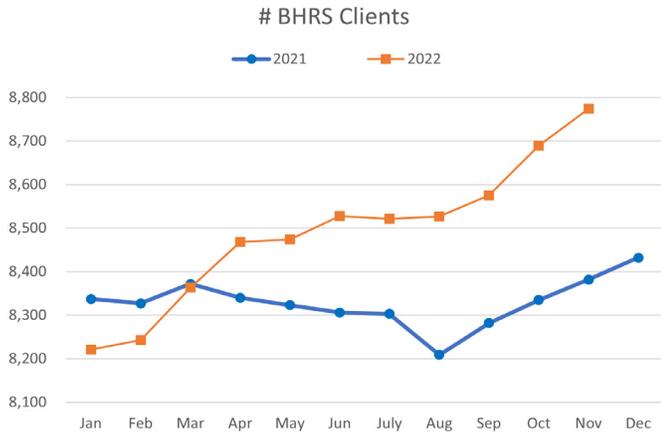
If BHRS continues to provide these early services, it will carry these costs for the entire year for both its staff and contracted providers. Costs from the current fiscal year will not be paid until the next fiscal year – a problematic and labor intensive situation.

Also, BHRS is counting on the state's claiming system, Short-Doyle Medi-Cal II, to work properly when the new codes are uploaded to the state's system. However, history indicates that, often, major changes to the state's claiming system do not go well.

To end on a positive note, many people would like to start using Epic. The good news is that CalAIM puts BHRS on a path to do just that...however, patience will be necessary.

Learn more about [CalAIM](#).

SNAPSHOT: BHRS Clients - as of November 30, 2022



Service Category	Total Clients	Admitted - November	Discharged - November
Mental Health Services County SMI	5,788	548	564
Mental Health Services Contracted SMI	1,870	101	83
AOD Services County	487	48	42
AOD Services Contracted	629	84	60
Total BHRS Clients	8,774	781	749

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% - 32.7% (revenue ratio of billed services as of 11/30/22).