



SAN MATEO COUNTY HEALTH

BEHAVIORAL HEALTH & RECOVERY SERVICES

MAY 2025

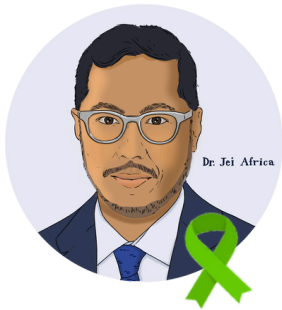
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[BHRS Services](#)

[Past Director's Newsletters](#)

[BHRS Blog](#)

DIRECTOR'S NEWSLETTER



Happy May Mental Health Month! We are excited to share a few initiatives we've been working on for several months to support the San Mateo County community in accessing appropriate behavioral health crisis care. We understand that time is of the essence when preventing or responding to a crisis, so we want to be timely in our response. We are grateful to many of you who have been sharing your experiences and ideas to help us make our efforts successful! If you or a loved one is dealing with or at risk of a behavioral health crisis, just call and we can help.

Behavioral Health Crisis Support Expands with Mobile Response Team

If you or someone you know is facing a mental health or substance use crisis, call the San Mateo County Crisis Line at **650-579-0350** anytime for 24/7 in-person support from a [mobile response team](#) of mental health clinicians. Callers can request help for yourself, family, friends or anyone in need.

(650) 579-0350

San Mateo County Crisis Line

We are here to support
your **mental health.**



Once your call is screened, trained behavioral health professionals will come to you in nondescript vehicles (no lights or sirens) to assess and stabilize the situation or connect you with the right care. For immediate police, fire, or medical emergencies, call 911. You can also call or text 988 for the National Suicide and Crisis Lifeline.

As part of Mental Health Month, we're launching an outreach campaign to spread the word that no matter when or where in the county you are dealing with or at risk of a behavioral health crisis, there is appropriate support available and it can come to you when you need it most. For more information, check out our website at smchealth.org/crisis-services.

May is Mental Health Month!

Celebrate Mental Health Month with BHRS and community partners! The 2025 theme for San Mateo County and California is "Mental Health as a Continuum," promoting acceptance of diverse mental health experiences. Watch the Mental Health Month [Board of Supervisors proclamation](#) and visit SMCHealth.org/MHM to attend events, get involved and find support. Remember to wear your lime green ribbon!



Jei Africa Honored with Health Equity Champion Award

Our very own BHRS Director Dr. Jei Africa has been selected as a recipient of the California Behavioral Health Association's (CBHA) Health Equity Champion Award! The award celebrates exceptional leadership, dedication and impact in advancing behavioral health equity across the state. This recognition is part of CBHA's 40th anniversary celebration, where 40 individuals will be honored for their significant contributions to behavioral health service provision, community empowerment and advocacy efforts. Jei will be formally recognized at CBHA's 40th Anniversary Celebration in Sacramento this November. Congratulations, Jei!



MHEART Expands for Enhanced Collaboration and Training

BHRS is dedicated to advancing equity in all that we do. The Mental Health Equity and Advocacy Roundtable (MHEART) enhanced this commitment by sharing community knowledge and engagement. The MHEART expanded from a single afternoon event at Stanford last year into a two-day conference co-sponsored by psychiatry training programs at BHRS, Stanford, UCSF, UC Davis, and by La Clínica. The event strengthened partnerships between public sectors, academia, and community organizations while promoting leadership and advocacy training. Day one was organized by the BHRS Psychiatry Residency Program, with support from BHRS Alcohol and Other Drugs, and funded from the California Residency Program Collaborative grant and Opioid Settlement Funds. Due to collaboration with the BHRS Workforce, Education and Training Team, Continuing Education Units (CEUs), credit awarded for participation in education and professional development programs, were also available to attendees.

This marks our residency's first conference in our 60-year history, made possible by Jacob Johnson, fourth year BHRS psychiatry resident and UCSF public psychiatry fellow who took this on as one of his primary projects for the year. Day one was held March 26 at the Regional Operations Center in Redwood City; day two was at Stanford University. Keynote speakers included author, podcaster, and advocate Marlon Peterson, and Dr. Sarah Vinson, MD, child/adolescent and forensic psychiatrist who is the author of *Social (In)justice and Mental Health*. The conference featured panels on addiction treatment in the carceral system, youth mental health and substance use, peer support, and leadership in public psychiatry. Workshops on advocacy, mental health systems research, and trainee projects featured diverse attendees and panelists. We are already eager for MHEART 2026—we learned a lot of lessons this year and are excited to expand this going forward. We already have too many ideas.



By Brendan Scherer, Program Director, Psychiatry Residency Training Program.

CWCRT Pilot Successfully Explores Mental Health Support for 911 Calls

In December 2021, San Mateo County Chief Executive Office (CEO), BHRS, and the police departments of Daly City, Redwood City, San Mateo and South San Francisco partnered to launch the Community Wellness and Crisis Response Team (CWCRT) Pilot Program.

Based on a co-responder model, the pilot paired sworn law enforcement officers with mental health clinicians as a team to respond to service calls involving a mental health-related crisis.



The pilot embedded four full-time mental health clinicians from StarVista, a BHRS contracted service provider, in the four police stations. Clinicians, positioned initially near crisis scenes, join police once safety is confirmed to assess individuals and interview significant others on site. Together, they collaborate to decide on the resolution of the crisis call, such as a 5150 hold, voluntary transport, or safety planning.

The goals of the CWCRT Pilot Program include: (1) ensure callers to 911 for crises involving mental health experience positive outcomes including but not limited to low rate of involvement with the criminal justice system, (2) increase access to relevant and appropriate behavioral health resources, services, and treatment, (3) increase knowledge and awareness of mental health conditions and effective engagement and intervention strategies among law enforcement, and (4) improve public safety and public health.

The CWCRT Pilot Program came to an end in June 2024 after two-and-a-half-years. The Stanford Gardner Center research team collected quantitative and qualitative data over the pilot implementation. Key impact findings from this research are as follows:

- The presence of the CWCRT Pilot Program reduces the frequency of reported involuntary psychiatric detentions (i.e., 5150 holds) by 16% in participating communities.
- The presence of this pilot in the participating communities reduces the number of calls for service recorded as “mental health incidents” by 17%.
- The types of calls prompting dispatchers to request a co-responder team rarely result in an arrest, use of force, police case, or criminal complaint — so the presence of the program did not have any detectable impact on these outcomes at the community level.

The pilot’s success has encouraged other regions countywide and beyond to replicate this program. The four pilot cities are continuing, with variations tailored to their needs, while Foster City, San Bruno, Menlo Park, East Palo Alto, North Fair Oaks, and Pacifica are also adopting this model for their communities.

By Shirley Chu, Clinical Services Manager of Crisis & Outreach.

What's Up With Prop 1? Behavioral Health Services Act Update

The Behavioral Health Services Act (BHSA) Transition Taskforce held its first meeting on April 3rd! This meeting was the first of four, aimed at informing priorities as BHRS transitions its behavioral health system from the Mental Health Services Act (MHSA) to new requirements under Proposition 1. During this initial meeting, key topics included an introduction to a broader Behavioral Health Transformation being uplifted by Proposition 1, the role of the BHSA Taskforce and the overall Community Program Planning (CPP) framework for the transition to BHSA.

Through October 2025, the BHSA Transition Taskforce will serve an advisory role to inform priorities for Proposition 1 requirements, provide meaningful input on the CPP process, and represent diverse voices of clients, family members, providers, and the community. The BHSA transition focuses on supportive housing, integrated mental health and substance use services, serving vulnerable individuals with serious mental illness and/or substance use disorders, and creating robust accountability and enhanced service delivery.

To learn more about the CPP process and specific changes required by Proposition 1, attend the next meeting on June 5 2025, from 3 to 4:30 PM at the Redwood Shores Library, Meeting Rooms A/B, or join via Zoom using the link [here](#). You can also visit smchealth.org/MHSA for the latest information and announcements.

Community Program Planning (CPP) Framework

Community engagement at every stage

