



Mental Health & Substance Abuse Recovery Commission

Unadopted Minutes

Wednesday, June 1, 2022

Zoom Meeting

BOARD MEMBERS PRESENT: Candice Hawley, Frieda Edgette, Katelyn Chang, Paul Nichols, Chelsea Bonini, Cherry Leung, Hudson Fox, Chris Rasmussen, Jean Perry, Leticia Bido, Michael Lim, Randy Torrijos, Sheila Brar, Yoko Ng

STAFF: Scott Gruendl, Chantae Rochester, Clara Boyden, Claudia Saggese, Diane Tom, Doris Estremera, Dr. Raziya Wang

BOARD MEMBERS ABSENT:

Excused:

Un-excused:

OTHERS PRESENT (signed in): Carolyn Shepard, Clara Jaeckel, John Butler, Martin Fox, Pat Willard, Susan Cortopassi, Twila Dependahl

CALL TO ORDER

The meeting was called to order at 3:32 p.m. by Sheila Brar

INTRODUCTIONS

Commission members introduced themselves

APPROVAL OF TODAY'S AGENDA

Approval of the Agenda with the following changes:

Approval of the Executive Committee Meeting and not the Special MHSARC Meeting

► **M/S/C** Edgette/Hawley

APPROVAL OF MINUTES

Approval of minutes from the May 4, 2022, Mental Health & Substance Abuse Recovery Commission Meeting with the following changes:

1. Move Ziomara Rodriguez to staff
2. Correct the spelling of Katelyn name

► **M/S/C** Edgette/Lim

Approval of minutes from the May 18, 2022, Executive Committee Meeting with the following changes:

- Michael Lim attended the meeting

► **M/S/C** Edgette/Lim

Correspondence, Announcements, and Public Comment

Randy Torrijos

Today the County raised the Pride flag at County Center and on Friday they will raise the Juneteenth flag. Both flags will be raised at the flagpole near the front entrance of the County Center parking lot, which is more visible, and they will fly for the rest of the month.

Chris Rasmussen

Last Thursday a couple of the commissioners and myself attended the Youth Commission Showcase Dinner where the youth commissioners showcased all the wonderful work, they've been doing all year. We were able to watch our own Katelyn and Hudson give their presentation on the Behavioral Health Commission and all the other projects they were doing. We're extremely proud of them and the work they've been doing and we're thankful to have them here with us.

Michael Lim

I have four announcements on things happening.

- There will be a webinar "How to use the LEAP (Listen, Empathize, Agree and Partner) skills taught by Dr. Amador in his bestselling book I'm Not Sick, I Don't Need Help.
- There's an article titled "Mental Health Courts Cuts Costs, Inmates, but Lacks Oversight, Data" it's about them cutting costs, image and their lack of oversight and data. I will put the information in the chat.
- The Chinese Health Initiative with the Office of Diversity and Equity; happens every month on the first Friday of the month. I will put the information in the chat.
- Peer Support Workers who are interested in the grandparenting process and how to become certified as a Peer Support Specialist, I will also put that information in the chat.

Frieda Edgette

I wanted to give a quick expression of thanks and appreciation to all the advocates throughout the county who contributed ideas for mental health month last month and a special extension of gratitude to Sylvia Tang and Kristie Lui for their leadership and for leading the charge within the county.

Sheila Brar

I shared the gun buyback flyer that Captain Bell shared with us. The event is this weekend in South San Francisco.

Martin Fox

Tonight, there is a presentation at 6:00 p.m., I'll put the link in the chat. "Your Legal Rights, Mental Health, and the Law", the reason that it should be of interest to San Mateo County residents is that both attorneys are practitioners here in San Mateo County. One is Deputy County Council, and the other is a Criminal Defense Attorney with some considerable experience in the county and the psychiatrists that's going to be part of the panel discussion practice here in the county for several years before recently retiring.

John Butler

I want to give commendations to Sylvia Tang and Kristie Lui for the excellent work for mental health month. The website developer did a beautiful job of putting together resources, events, and all kinds of things that are helpful beyond mental health month and I will continue to have those flyers. I want to remind everyone that September is Suicide Prevention Month and I know it seems a long way off but it's never too early to begin to promote those events. If you know of events where I can table with county resources to introduce Suicide Prevention Month, please let me know. In person events, outdoors, indoors, anywhere. I have been very successful tabling all through mental health month. I look forward to more opportunities for peers to enter our community and bring awareness to issues of mental health, prevention, and suicide prevention.

Canice Hawley

I want to take this opportunity to say in front of the commission what a hard worker John Butler is in the area of mental health. He is everywhere and will talk to anyone. We need more people like him.

STANDING COMMITTEES

A. Committee for Children & Youth

Reported by Katelyn Chang & Hudson Fox

Next meeting will be held on June 15, 2022, at 4:00 p.m.

Via Teams

B. Committee for Adults

Reported by Yoko Ng

Next meeting will be held on June 15, 2022, at 10:30 a.m.

Via Teams

C. Committee for Older Adults

Reported by Jean Perry

The next meeting will be held on July 6, 2022, at 10:30 a.m.

Via Teams

D. Committee for Alcohol and Other Drug Services

Reported by Paul Nichols

The next meeting will be held on June 21, 2022, at 1:00 p.m.

Via Teams

E. Mental Health Services Act Steering Committee

Reported by Leticia Bido and Jean Perry

The next meeting will be held on August 4, 2022, at 3:00 p.m.

Via Zoom

Director's Report

Reported by Scott Gruendl, Assistant Director

Please see the [latest issue](#) of the *Director's Update* from Scott Gilman. Topics include:

- 10th Annual Pride Celebration
- CARE Court
- Health Ambassador Program Honored
- Contractors' Association Spotlight - History of Children's Health Council Ravenswood
- Public Service Loan Forgiveness Program Limited Time Waiver
- CalAIM Corner: Shifting Our Focus - Compliance vs. Quality

Past issues can be found [here](#).

BHRS Infrastructure Program

We have a several projects in the works”

- Redwood City Project with one of our contractors who recently purchased a facility
 - We are looking at a long-term lease of the third floor of the facility
 - It's a board and care, it would add 25 additional beds in our county
 - Beds at boards and cares are used for clients who don't have families to care them
- Methadone Clinic
 - The clinic located at the Veteran's Administration (VA) Campus in Menlo Park is on its last leg
 - The VA would like to shut down the facility to tear down the building
 - We are looking at property to house the clinic
 - Including surplus property owned by the county
 - As well as property that would meet the criteria for a 5,000 square foot methadone clinic
- Community Center Project
 - The center would provide services that would be mostly consumer managed under the auspices of a CEO
 - It would be part of Alcohol and Other Drug Services (AOD)
 - It would provide support for existing clients
 - A safe place for people to go to be involved with activities that maintain sobriety

I would like to provide an update on a question from the chat, which is where are we with the recruitment of African American psychologist and therapist?

A significant amount of work has gone into that thanks to our Health Equity Initiative (HEI) the African American Initiative.

- We've generated a lot of data
 - Which has showed that we dropped the ball on recruitment related to African American providers
 - We are unable to meet the demand of the current community as a result
 - We did find opportunities with some of our active recruitments
 - We were able to shift the recruitment to make it more oriented towards African Americans providers
- Working with Human Resources (HR)
 - We recently had a meeting with HR
 - We received a commitment to improving recruitment in this area
 - Louise Rogers Pulled a group together to address the African American representation in the ranks of all of County Health System

- We listened to testimony from black employees who shared their personal stories of what it's like to work for the County of San Mateo
 - We are convinced that we have a lot of work to do
 - We are committed to doing that work, we have another meeting next week
 - To digest the testimonies
 - Lay out a plan to improve representation of our black providers

I personally apologize to folks we really dropped the ball on this and that should never had happened. I'm glad there's a lot of resources committed to making up for that mistake.

Public Comment

Candice Hawley

Who are the people on this committee?

A: Louie Rogers, Health System Chief; Scott Gruendl, BHRS Asst. Director; Lisa Mancini, Director Aging and Adult Services; Ziomara Ochoa-Rodriguez, Deputy Director Youth Services, BHRS; Kimberlee Kimura, Director of Health Administration; and three African American employees who provided their stories to the group.

Candice Hawley

I was interested in the report. What has already been done? This has been going on for years. Who was responsible for this and who were they reporting to? What got done and what didn't work that it is starting all over again?

A: Several things have come to a head that have led to this.

- Monetary resources
- There's no data that shows black clinicians for the agency or by classification
- There have been agreements made in the past
 - About how certain positions would be held for specific cultures and populations
 - Due to turn over and different people being involved with the process, both at BHRS and HR
- The last time a concerted effort occurred on this front was 2008-09
 - Not a lot has occurred since that time
 - To improve monitoring, HR is reprogramming the county HR system to reflect race and ethnicity by classification
 - To allow us to track that level of detail
 - To allow special recruitments that outreach to specific populations
 - All underrepresented populations that are not reflected adequately in our ranks

Jean Perry

I have a request for future Directors Report. A few years ago, when we stopped seeing the non-serious mentally ill (SMI) diagnosis clients on our directors' report, we were told they were happily ever after receiving care through Health Plan of San Mateo. It looks like some of those people may possibly make a detour through BHRS on their way to that

place with the No Wrong Door kind of policy that we'll have with CalAim and I would like to hear what capacities are there to care for these people? What's happening to them now and is that going to be ramped up given that more people are going to have access to care by coming through the wrong door but being directed to the right place in the future through CalAim?

A: Yes, we can add that to the report. A lot of work is being done with Health Plan of San Mateo to address the capacity issue. We are being relieved of a lot of the documentation, it creates unto itself capacity because we are being relieved of busy work that we've had to do in order to be compliant and CalAim is focused on enhanced care management which also provides a lot of activities that frees the clinician to focus more on treatment.

Michael Lim

I want to reiterate the importance of the issue brought up Commissioner Hawley in terms of having African American clinicians on board. I want to let her know that she's not the only person who is concerned about that. As you mentioned, the last time we did something towards this effort was back in 2008-09, that is more than a decade ago and we certainly need to revisit. I would like to dovetail on what Commissioner Perry mentioned regarding the non-SMI cases. I would also like to request future updates on the respite centers. Our respite centers have been taking a hiatus because the previous providers bailed. The last update was that they are under contract negotiations, and I want to reiterate the importance of making room for peer support specialist to be part of the staff on board. When I talk about the respite centers, it's not only about Serenity House, but I'm also interested in respite centers for our youth and what level of services they're at because the number of beds in our county is limited and when there is no space they get shipped out of county. Some of them as far as Santa Rosa and for youth who are so reliant on the circle of support, it is crucial to have the family members near-by.

A: Serenity House

- The contractor has been selected
- The contract has been executed
- Staff have been hired
- We are waiting for the state to approve the license
- Hopefully it will be open by the end of June

Youth Respite

- We have a number of things occurring with the County
- The facility at Star Vista
 - I don't have information to report currently
- We are focusing on youth facilities
 - There will be opportunities with grants
 - The grants are for facilities and not staff
 - It gives us an opportunity to hear and listen to what the community wants

John Butler

I want to second the comments Michael just made, I was also concerned about the state of Serenity House and places like Park Avenue. Something is going on with Wally's Place and I hear there's problems with Service Connect. I just want to second that Michael made

some very good comments and I appreciate that has come to the forefront. I appreciate your response.

Liaison, Task Force and Ad Hoc Committees

Suicide Prevention Committee Reported by Yoko Ng

The Suicide Prevention Committee met Tuesday, May 3, at 1:30. Molly Henricks, LMFT, Coordinator School Safety and Risk Prevention from the San Mateo County Office of Education. She gave an update on school suicide prevention.

Our next meeting is Tuesday, June 7, at 1:30 via zoom.

Mental Health/Law Enforcement Committee Reported by Chris Rasmussen

We are bringing back the recommendations that we want to propose for submission to the Board of Supervisors (BOS) for crisis response. We would like the full vote of the commission and support of the recommendations before we move forward.

Public Comment

John Butler

I appreciate the conversation around hiring African American providers, I know that part of the push was from Pamela Ward previously in her work with the Advocacy Council that we established through the Office of Diversity and Equity and the Office of Consumer and Family Affairs. Candice made some very valid remarks, and I am grateful for that, and I am a member of the African American Community Initiative, so I appreciate the efforts of the members of that committee. I am grateful to be part of such a group.

Sheila Brar

I wanted to add that given the nature of this topic and the time that we've spent we felt it was important for Commissioners to have this space and time, before we move forward and voting to send to the BOS, for any comments.

Jean Perry,

The recommendation for the BOS was thoroughly put together. A lot of what we are proposing doesn't exist in San Mateo County and I totally agree with aiming for the highest level of capacity that we can have for the people of San Mateo County in crisis. Thank you for those who contributed to constructing the statement and I am happy to back it.

Pat Willard

I've been reading through the document, and it is contradictory to other cases. There are three recommendations here we're reviewing 911 protocol that embedded a trained licensed professional in the Call Center that is very vague. Talking about a crisis response team that is under the auspices of BHRS, however, paragraph four of page 8 goes through a rather complicated discussion, the research and so on. Winds up saying that is a law enforcement lead response, the call first sends an officer to secure the scene and then the standalone team responds. The Half Moon Bay Program, City of San Francisco, and soon to be launched city or County of Santa Clara Program that is without law enforcement until

the clinician calls law enforcement as backup. No matter how this is written it's the same old same old.

Clara Jaeckel

I think it's good to have ambition to have a standalone team, but I also found that the conditions were a little confusing as to whether and how much police and law enforcement are still involved in the two examples that were cited. I want to add the macro program in Oakland which is run by the Oakland Fire Department and their triage is dispatched by 911 but then they have a clinician and it's done with a Fire Fighter and not the police department. I would like to recommend that as another model that San Mateo County could have a response that's totally disconnected from law enforcement.

Susan Cortopassi

The EI Central Program doesn't use clinicians but they use staff that are trained in working with the population if that's helpful. If someone wants to do some homework check in with EI Centro in Redwood City.

Martin Fox

I'm a veteran and you're dealing with people that are coming back from places like Afghanistan, where they were left to die at the airport. I've got a unique population, if there's a population that doesn't need a law enforcement lead response it's the veteran's population. Any response must address the needs of the estimated 33,000 veterans in San Mateo County. Veterans are already split between San Francisco's healthcare system and Palo Alto's healthcare system there's must be a unified emergency response for veterans, just like the one in Long Beach. The VA program that works with the Los Angeles Sheriff's Department that dispatches the people like me who know how to talk to people who are holding weapons because we work there, we are their peers, we can talk to them. If the Los Angeles Sheriff's Department is willing to pass off the responses involving veterans, especially armed veterans, to people like me, I would be offended if San Mateo County couldn't come closer than it does right now.

Chelsea Bonini

When we talked about this at the initial meeting, we had an extensive discussion around modifying certain portions of the recommendation to favor a non-police initial response. Listening to Pat, I don't know that it was reflected throughout or that it was consistent. I didn't receive the document with the other meeting materials, but I want to make sure that the change was made in the current version and that it be consistent throughout the document.

Michael Lim

I would like to request an updated document because I thought the changes were there, but Pat brought up a good point and so did Martin. Please send me an updated copy, I would love to look and understand a little bit better.

Chris Rasmussen

I did ask for input or changes, and I have not received input in the condition on any inputs of changes that we have added should read that there's no law enforcement involvement. In fact, it should read that it's more of an opt out program which when you call 911 you ask for police, fire ambulance or mental health. Dispatch will automatically send police when they don't know what the problem is so that's the key point here is that we don't want that

to happen, we want it to be more service tailored dispatch. It should reflect that we did take that out of the document.

Old Business

Action Item: Vote to submit the Mental Health/Law Enforcement Ad/Hoc Committee recommendations to the Board of Supervisors.

Sheila Brar

We will push this item to the July agenda. We will make sure the correct copy of the recommendations is sent to everyone. Please read the document beforehand so we can move forward with a vote.

Chris Rasmussen

Thank you, Clara, Martin, and Pat, I hear you and I'm trying to make the best document to send forward. I hear your criticisms, but I need help. We want to have this program; we've seen it everywhere, but we don't have it here and we're trying to come up with something that is going to work here in San Mateo County, but I need your help. If you want to send me ideas, language, whatever you want to see included in the document. I'm happy to look it over and I'm happy to work with anyone, everyone. We need a good proposal. We need something that's going to work here, and we need to work together.

Sheila Brar

The scope of the commission is to hear public comment to feed through that and then make the recommendations. Our recommendations can't be extremely detailed because we're looking at this from a higher up point of view.

Randall Torrijos

This is always a complicated process with all commissions but this one is even more complex because it involves other agencies, other government agencies that do not fall directly under the BOS authority. How we communicate this even more important because we must get people to agree that don't necessarily have to with the BOS.

New Business

No New Business to report.

Presentation

Psychiatry Residency Program

Presented by Raziya S. Wang, MD

San Mateo County Behavioral Health & Recovery Services

4-Year ACGME Accredited Training Program

- Training physicians to practice psychiatry in the public mental health system
- 4 psychiatry residents per year for a total of 16 in the program
- The program was established in 1967
 - Celebrated 50th graduation in 2020

Mission

The mission of the Graduate Medical Education Program at San Mateo County BHRS is to provide a structured training environment committed to outstanding comprehensive medical education with a rigorous focus in the public health sector including clinical care, scholarly activities and advocacy informed by the values of social justice and health equity. While maintaining alignment and compliance with the Accreditation Council for Graduate Medical Education, we support the graduate medical education program at San Mateo County BHRS with a dedication to training physicians with expertise in improving the overall health of all community members, particularly those who are underserved or marginalized.

10-year Self-Study of the Program

- Opportunity to reconnect with stakeholders including the public to identify areas of emphasis for training going forward.
- What do you want our psychiatry residents to learn in their training to better serve consumers and families?

Public Comment

Yoko Ng

I think it is very important for the psychiatry residents to learn how to work with interpreters or advocates, not use family members to interpret because it is not fair. Using an interpreter will give a great channel for the patient and family members to share about their role in the therapeutic process and that is very important. Secondly, it is an advocacy role for the residents to learn about being impartial, having an interpreter on the team to better serve the family with language barriers and systemic barriers.

Candice Hawley

I want them to understand that racism is trauma and that every black person on this planet experiences it, some to a greater degree than others but they need to understand that is trauma and they need to understand the various kinds of racism as well.

Michael Lim

Have the residents learn to work more with peer support workers. I have been doing peer support work for several years and I've come across clinicians making statements like "what has worked for you the last time you were in this similar situation?" Sometimes it isn't helpful to hear things like what worked for you last week isn't necessarily going to be working for you this week because what worked last week isn't necessarily going to work this week. Listen more to people with lived experience. Sometimes the client doesn't have the ability to advocate for themselves clearly for the clinicians to give them the help and sometimes the peer support worker is much more adequate in voicing some of the things that the client does not have the ability to voice.

Jean Perry

It would serve the residents well to understand the dynamics of the public system in terms of the power in the conservators over the clients, they really have no one to answer to and I think the residents need to open to different sources of information and not only rely on what one person who has power over the client says about them even over what other people in the patient sphere. I think it's similar to how information gets filtered when you don't use a professional interpreter, it leaves the patient without a voice, so I think a resident should learn how to continually seek the voice of the client.

Yoko Ng

Residents should practice cultural humility and not to assume because there's different cultures and certain cultures rely so much on what the doctor say. Besides medical intervention there's other pathways to recovery.

Claudia Saggese

The residents need to be trained in trauma informed practices because everybody comes with their own trauma and going back to not assuming. They need learn to work within the family dynamics because many of our clients live with their family members or their family members are involved, and we do this back and forth between the consent and other things but there are ways to get the family input and for families to feel respected by the doctors. Understanding the cultural humility piece, with so many cultures that we have here. I know about the Latino culture; the family part is very important, and they're usually involved with the care of the client so having their perspective is important.

Meeting Adjourned: The meeting was adjourned at 4:45 p.m. by Sheila Brar

Next MHSARC Meeting: July 6, 2022, from **3:30-5:00 p.m.**
Virtual Meeting

Next Executive Committee Meeting: Wednesday, June 15, 2022, at 3:00 p.m.
Virtual Meeting

PLEASE BE SURE TO CONTACT CHANTAE ROCHESTER AT 650.573.2544 IF YOU ARE UNABLE TO ATTEND EITHER THE MHSARC OR EXECUTIVE COMMITTEE MEETING.

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