



# COUNTY OF SAN MATEO MENTAL HEALTH & SUBSTANCE ABUSE RECOVERY COMMISSION

## Unadopted Minutes Wednesday, December 1, 2021 Zoom Meeting

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

**STAFF:** Scott Gilman, Chantae Rochester, Camillo Gonzalez, Mark Ross, Charo Martinez, Claudia Saggese, Diane Tom, Doris Estremera, Marian Rocha, Sylvia Tang

**BOARD MEMBERS ABSENT:**

**Excused:**

**Un-excused:** Jan Wongchuking, Candice Hawley

**OTHERS PRESENT (signed in):** Armaan Arora, Arturo Salazar, Bruce Adams, Carolyn Shepard, Chris, Clara Jaeckel, Kai Orellana, Lanajean, Vecchione, Mark Ross, Martin Fox, Pat Willard, Susan Cortopassi, Suzzane Moore, Sydney Hoff

**CALL TO ORDER**

The meeting was called to order at 3:31 p.m. by Sheila Brar

**INTRODUCTIONS**

Commission members introduced themselves

**APPROVAL OF TODAY'S AGENDA**

Approval of the Agenda

► **M/S/C** Rasmussen/Mattei

**APPROVAL OF MINUTES**

Approval of minutes from the November 3, 2021 Mental Health & Substance Abuse Recovery Commission Meeting with the following changes:

Community Wellness & Crisis Response Committee: The action was taken to change the document to state that it would be a standalone program.

► **M/S/C** Edgette/Nichols

Approval of minutes from the November 17, 2021 Executive Committee Meeting with the following changes:

Attendees: Frieda Edgette attended the meeting, Chelsea Bonini did not attend the meeting

► **M/S/C** Edgette/Nichols

### **Correspondence, Announcements, and Public Comment**

Chris Rasmussen

If attendees want to introduce themselves, please feel free to do so in the chat so everyone can see that you're here.

Don Mattei

This will be my last meeting. I had the opportunity to be selected as a member of this committee a few years ago and you're a wonderful group of people. I thank the staff, the Director and their dedication to the community and those that need our services. I want to thank the Board of Supervisors for allowing me to be a member and thank you all keep up the outstanding work going forward.

Randy Torrijos

I previously mentioned that the Suicide Prevention Roadmap would be presented at the Board of Supervisors (BOS) meeting. It will be presented at the December 14, BOS meeting. The BOS office along with BHRS through Sylvia worked on a resolution emphasizing suicide as a public health concern in San Mateo County.

Pat Willard

I've been reading the crisis response coordination recommendations that was included in last weeks documents. One of the things I found missing in the findings is that there is a need for a mobile crisis mental health crisis response without law enforcement. Had county public been invited to give recommendations, I think that would have become clear in the findings. Some other things of concern: the document indicates that many local organizations who are engaged, however, two well know programs were not consulted. White Bird Clinic and its CAHOOTS (Crisis Assistance Helping Out On the Streets) program was not consulted. Norwest San Francisco which has its mobile health team without law enforcement as well. One would learn from talking with these organizations is that the clinicians coordinate with EMS whether with their own employees or in the case of San Francisco, the San Francisco Fire Department EMS Teams. I suggest that the investigation is not yet done. San Mateo County does not need to reinvent the wheel when the next door neighbor can provide information, as well as the CAHOOTS program.

### **STANDING COMMITTEES**

#### **A. Committee for Children & Youth**

**Reported by Frieda Edgette**

Next meeting will be held on December 15, 2021 at 4:00 p.m.

Via Teams

#### **B. Committee for Adults**

**Reported by Yoko Ng**

Next meeting will be held on December 15, 2021 at 10:30 a.m.

Via Teams

**C. Committee for Older Adults  
Reported by Jean Perry**

The next meeting will be held on January 5, 2022, at 10:30 a.m.  
Via Teams

**D. Mental Health Services Act Steering Committee  
Reported by Leticia Bido and Jean Perry**

The next meeting will be held on December 2, 2021 at 3:00 p.m.  
Via Zoom

Public Comment – Adult Committee

Jean Perry

During Shirley's presentation, we were reminded of the kind of change in their structure that happened. Previously, some of the clients actually received their primary care services in the same location that they received their behavioral health services and that was changed because the primary care providers were actually employed by the medical center and they could not be reimbursed for services unless they provided services at the medical center. That means for clients to receive their services they have to come to the medical center and that has been a barrier. The program really was pretty sweet in terms of having access to both, anytime they had an appointment with one or the other and there was an effort made to bridge that gap with Peer Support Specialists. That was a victim of COVID and other factors.

They do have a couple of peer specialist on board now but that directed our attention to a bigger problem, this wonky thing about positions being short term and limited term. If they go empty too bad and it's a county thing but it impacts services being provided for our BHRS clients that are funded by our MHSA dollars. There's actually funding for these positions to have a person in them, and we can't fill them. I don't know how far up in the food chain we need to go to fix this, I know I'm sure it has some basis in unions and protection and employee benefit protections, but it doesn't ultimately serve the clients to be able to receive services.

Public Comment – MSHA Steering Committee

Michael Lim

That is really encouraging to know that we will be working with a contractor. I was wondering, could you speak more about how do we get access to this person or this organization, so that we could facilitate moving our ideas to fruition?

A: We Will announce the beginning steps during the MSHA Steering Committee meeting tomorrow and it will take off in January. The start date for this contractor will be January and we'll have their support through next December. Tune in tomorrow and if you can't, the recording and the notes should be on the website shortly after the meeting.

Chris Rasmussen

I want to remind new Commissioners that we are de facto members of the Mental Health Services Act (MHSA) Steering Committee. Jean and Leticia attend the meetings and report back to the commission but any of us can attend the meetings.

Randy Torrijos

Yes, you are all members of the MHSA Steering Committee but for the Brown Act, if you have any comments you should save that for the general commission meeting. If you get a quorum of MSHARC members attending the MSA Steering Committee meeting then technically you have to post a notice of a meeting. You can attend and listen but you have to save your comments for the MHSARC meeting, then we can discuss it here and that way the public is fully aware of the conversation.

Carolyn Shepard

I work with a group of parents and an organization called Solutions for Supportive Homes and we had a chance to look at your workgroup report and I first want to congratulate the FSP Task Force on a thorough examination of the county's FSP Program. The comments and questions I am bringing from our parents have to do with the second section of the report, which is to identify additional FSP client/family resources that are needed. I thought the suggested contracted services that are listed are very good, I think it would be very helpful and of particular interest to our parents is the support for the life skills development. We really see that as essential to our children success and living independently, especially once we are no longer able to care for them.

Currently, parents that have their children at home or support them in an apartment are assisting them with those skills (shopping, cooking, cleanliness of the unit, their space organization). I know I personally do this on a daily basis, but the question we raised at our Monday night meeting is that if these services are contracted out, what is the system of accountability that these services are in fact carried out? What is the plan for oversight of the county's board and cares to see that these facilities actually promote recovery? I don't know if there are answers to these questions, right now, maybe those implementation issues are still to be worked out.

### **Director's Report**

Reported by Scott Gilman, BHRS Director

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

Topics include:

- State-Funded Housing Units Available Starting January
- MHSA Full-Service Partnership Recommendations
- Student Loan Repayment Opportunity for Behavioral Health Providers
- Making Way for a 3-Digit Crisis Line
- Youth and Transition Age Youth Mobile Crisis Planning Grant
- Employee Service Awards
- Booster Shots Now Available for Everyone 18 and Older

Find past issues [here](#).

CalAim (formerly MediCal)

- Initial wave called Enhanced Care Management
- Will have additional projects through additional waivers and new programs that the state will roll out as they reform MediCal
- You will hear a presentation from our IMAT (Integrated Medication Assisted Treatment) program

- This is an example of new funding from the State along with a new level of care
- It goes through the Health Plan, not BHRS, called Enhanced Care Management
- Designed to bridge the gap between someone needing services and connecting them with where the need to go to receive services
- Short term
  - We were advocating for long term forever case management
- The one program where we don't have enough funding is our IMAT program
  - Our staff go to the emergency room when there is an overdose and they stay with them to get them connected to treatment
  - This service is not funded
  - Originally, it was funded under Whole Person Care
    - Whole Person Care was a state funded initiative that expired
    - For San Mateo County the funding was over \$30 million
    - We're plugging some of that hole with this new service
- We will bring regular updates on this project to the commission
  - We are identifying which staff members will cover different areas of the reform
  - The State realizes the enormity of this and is sending funds to cover infrastructure to make the required changes

### Staff

People are retiring and quitting in order to live their best lives, which is causing significant challenges. Our Deputy Medical Director has announced her retirement the end of February and Jennifer Basler is leaving the end of the year. This is happening throughout all of our positions.

### Strategic Plan

We will begin putting together a strategic plan for BHRS. We will include the commission in this planning process. One of the items we will look at is:

- The need to oversee contracts
  - A better system to support the growth and monitoring of our provider network

### Public Comment

Randy Torrijos

I want to add that it is worse for our county, as you know, housing is always been an issue for many years and because of that many people moving both from the private sector and county employees to places where they take a pay cut and they actually pay more taxes but the housing situation is much better, so the standard of living is better for them, even after taking significant pay cuts and paying more taxes. The fear is that it will lead to an impact on all services but county services is what we are concerned about because we do see employees leaving. This is a big concern coming out of the pandemic.

Jean Perry,

My question is regarding the brick and mortar aspect of infrastructure, we had talked to Scott Gruendl at the Executive Committee meeting about plans to apply for some of the \$2.2 billion in California mental health infrastructure funds and I'd like to hear, as of today, what is the game plan?

A: Scott Gruendl has locked himself in his office until the grant is completed. He's received a lot of input from housing and the commission, then that will fund the planning process for applying for the money.

Chris Rasmussen

I listened in on the Juvenile Justice and Delinquency Prevention Commission meeting and they did their annual inspection of Juvenile Hall, and one of their recommendations under mental health was to provide dedicated mental health space for therapeutic counseling rooms. They recognize the need for a space for trauma informed counseling rooms can be therapeutically designed equipped and utilized by staff. Are you familiar with that and is there any way we can help get that rolling?

A: I have to check on that, is it our own counsel that made the recommendations?

Chris Rasmussen

Yes they have group and therapeutic day rooms but they don't have individual counseling rooms for one on one counseling, the commission identified this as a big need so I was hoping we could help facilitate realizing that space for them.

Martin Fox

Thank you for the report. I appreciate the fact that you're conscious of the environment within which we operate here in California. I would ask you to understand that people are also moving out of State as a matter of fact, adult parents of children with serious mental illness, who don't understand they're sick, are regularly going to places like Arizona and Utah to get treatment. I've seen this for a number of years, and I think if you're really going to make a difference, you have to get the California Lanterman-Petris-Short Act out of the bottom 10 of the health treatment laws. In the United States it's an abomination, it's been an abomination for 50 years and it needs to be fixed so when you start looking at surroundings let's look at California, in relationship to the other 40 states that have better systems that take care of people better.

Carolyn Shepard

I have a question about the infrastructure funding. I understand how difficult it is to build a building, is there any possibility of expanding the site at Cordilleras to include an MRC building with 15 units that would service step down for those people in our county that are either leaving the hospital or incarceration so that they're not having to be shipped out of county? That would be something to build on that we already have and would address the continuing gap.

A: There are four pods and one large building, a community building that's designed to do exactly what you're talking about, I believe the number is over 70 units in the larger building. Some of the units are for permanent supportive housing and some will be transitional beds.

Suzanne Moore

Recognizing that housing stability prolongs life and contributes to mental physical health, is the county planning any private/public projects with MHSA for supportive housing? I know it will take a lot of collaboration.

A: We get involved with projects with a commercial builder and we provide some of the funding and then we provide the supportive services for the length of the project, which is usually 20 years.

**Old Business**

## **New Business**

### **Liaison, Task Force and Ad Hoc Committees**

#### **Suicide Prevention Committee**

##### **Reported by Yoko Ng**

The Suicide Prevention Committee will meet on Tuesday, December 7, 1:30-3:30 p.m.  
Topic: Mental Health Emergency Response Update

The Communication Workgroup will focus on safe messaging goals in the Suicide Prevention Roadmap.

The Data Workgroup will have a special presentation on suicide data by the county health office of epidemiology and evaluation.

#### **Community Wellness & Crisis Response Committee**

##### **Reported by Chris Rasmussen**

We are in the process of meeting with the Board of Supervisors (BOS) and County Manager. There isn't anything to report at this time but we are in the background working and meeting.

### **Presentation**

IMAT (Integrated Medication Assisted Treatment)

Presented by Camillo Gonzalez

Mark Ross

Current State: National Picture

- Overdose deaths during the pandemic rose to highest levels ever recorded in a single year
- Deaths attributed to synthetic opioids (mainly fentanyl) increased 53% nationwide
- The early years of the opioid epidemic were worst among white Americans in rural and suburban areas, black Americans are now suffering disproportionately

Fentanyl

- Manufactured opioid drug used for pain management
- Extremely strong and addictive
- Most street fentanyl is tasteless, odorless, and colorless
- According the CDC, synthetic opioids (like fentanyl) are primary driver of overdose deaths in the U.S. 2020-2021

Why Medicated Assisted Treatment (MAT)?

- Relapse rate for opioid use disorders without MAT is 85%
- MAT quiets the limbic system (emotion/reward) so the prefrontal cortex (thinking) part of the brain can be in charge
- Allows client to take advantage of behavioral treatment programs
- Recommend course of MAT treatment is at least 6-12 months

IMAT Criteria

- Chronic, harmful alcohol & opioid use
- Health Plan of San Mateo (HPSM) member

- Motivated to reduce/shop alcohol or opioids
- Not already connected to a MAT provider

**Meeting Adjourned:** The meeting was adjourned at 5:10 p.m. by Sheila Brar

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

**Next Executive Committee Meeting:** Wednesday, January 19, 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.**

In compliance with the American with Disabilities Act (ADA), auxiliary aids and services for this meeting will be provided upon request when given three-day notice. Please call 650.573.2544.