



COUNTY OF SAN MATEO MENTAL HEALTH & SUBSTANCE ABUSE RECOVERY COMMISSION

Unadopted Minutes Wednesday, January 6, 2021 Zoom Meeting

BOARD MEMBERS PRESENT: Patricia Way, Sheila Brar, Chris Rasmussen, Cherry Leung, Leticia Bido, Donald Mattei, Mark Duri, Jean Perry, Yoko Ng, Jan Wongchuking, Randy Torrijos, Kristina Bell

STAFF: Scott Gilman, Doris Estremera, Chantae Rochester, Lee Harrison, Maria Lorente-Foresti, Diane Tom, Gina Beltramo, Yolanda Ramirez, Jennifer Basler, Jairo Wilches, Claudia Saggese

BOARD MEMBERS ABSENT:

Excused:

Un-excused:

OTHERS PRESENT (signed in): Erica Horn, Pat Willard, Clara Jaeckel, Suzanne Moore, Martin Fox, Alys Hoppis, Susan Cortopassi, Chris, Jeremy-Anne Yanson, Lana Jean, Michael Lim, Monica, Monroe Labouisse

CALL TO ORDER

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

INTRODUCTIONS

Commissioners introduced themselves.
Captain Kristina Bell was introduced. Kristina will replace Mark Duri as the commission Law Enforcement representative.

APPROVAL OF TODAY'S AGENDA

Approval of the Agenda

► **M/S/C** Pat/Chris

APPROVAL OF MINUTES

Approval of minutes from the December 2, 2020 Mental Health & Substance Abuse Recovery Commission Meeting with the following changes:

Add the two public comments that we sent via email.

► M/S/C

Approval of minutes from the December 16, 2020 Executive Committee Meeting

► M/S/C

Correspondence, Announcements, and Public Comment

Randy Torrijos – Mark Duri and his team will present to the Board of Supervisors (BOS) on Tuesday, January 12, the same presentation he gave to the commission and you are all welcome to join.

Mark Duri – There was an article in the San Mateo Journal about the Enhanced Crisis Intervention Training (ECIT). We will be doing other presentations for various city councils that are interested and the domestic violence council in early spring. The journal did a great job in chronicling what our vision is and where we hope to go with this in our pilot program and organizationally as we move forward.

Stephanie Reyes

I recently learned of the pilot program to have mental health professionals respond along with police officers to mental health emergencies in the county. I want to comment on the substance of the proposal and the process. I am happy to see the county and my city of residence looking into alternative ways to address mental health incidents. However, having an armed officer join a mental health worker on emergency mental health calls, I believe is still problematic. Behavioral health emergencies within the black and brown communities most often result in police intervention that leads to physical confrontation, brutality, and sometimes death because police are not social workers, psychiatrists or trained in the necessary tactics to handle people struggling with behavioral issues. As you are thinking about this pilot, I encourage you to think about when residents call 911, properly trained mental health professionals are dispatched to deescalate crisis when they arise and not involving an armed officer. That will reduce police interaction and ensure that residents get the treatment they need instead of entering the criminal justice system or worse. Process wise, I'm concerned that as a resident of the city of San Mateo who's been active in issues about safe policing, I hadn't heard anything about this pilot program until recently when I found out from a fellow county resident. When I did internet research, I wasn't able to find anything on how and when this pilot program would be discussed and voted on by various governmental bodies. Could the commission provide information about next steps with this pilot and how and where the public can provide feedback, either now or during the ad hoc committee report out? In particular, I'm interested in who I can connect with at the City of San Mateo.

Suzanne Moore

I'm in support of the mental health crisis team that includes mental health professionals. One clinic day I had a diabetic client formally in excellent control walk in with an elevated blood sugar. I soon learned that she had no changes in her meds, diet or exercise routine, the only change that occurred was that she learned the evening prior that she was being evicted from her home of over 15 years. We now have studies that prove that housing stability increases health and prolongs life. Our county, however, is experiencing an increased number of people being displaced, evicted and made homeless. We know board and care beds are decreasing, we know mental health conditions increase the risk of housing instability and homelessness. We can make several hypothesis about stable supportive housing; that aging caregivers and their adult children will benefit from stable

housing. That providing for those with chronic mental health conditions would reduce expenses to other county systems. Communities in general would benefit as residents stably housed would be better able to lead healthy and productive lives. Two Christmas' ago I received an emergency phone call from my niece's roommates. My niece, barefoot and in pajamas, had disappeared from her apartment. After the local police decided that her unusual behavior was induced. Only through long distance calls from family and emergency travel were we able to advocate for her hospitalization in her first psychotic break. I'm in support of a crisis intervention team that includes a mental health professional. I understand that the San Francisco CIT significantly reduced the city's fatal police encounters. There are solutions that will promote better outcomes for those with chronic mental health issues; stable housing and trained professionals who respond in the event of a mental health crisis. Lets do what we can to achieve these goals.

Erica Horn, Executive Director, California Clubhouse.

We have nightly/evening chat lines open on zoom from 5:00-7:00 p.m. every week night (M-F), that is open to the greater mental health community. I wanted to give a quick update that we made it through the holidays as a clubhouse community and following the fires and extreme heat where we did a lot of delivery of fans and PPE and helped people get out of the house if they needed to evacuate. During the holidays we were able to successfully implement our project "Delivering Cheer". On Christmas Eve, we sent 17 elves (volunteers) into the community to deliver 129 stockings filled with cheer to members of the clubhouse as well as 60 catered hot meals for breakfast or brunch Christmas Day. We held programming on all the major holidays. We held a safe zoom Don't Gather New Year's Eve Party with about 35 participants. We are trying to help mitigate the spread of COVID while also trying to provide as much virtual in-kind support as we can to Clubhouse members. If you would like to be part of any of the upcoming events that we have, email Erica Horn at ericahorn@californiaclubhouse.org or check the website at californiaclubhouse.org.

Martin Fox

Some of the prior speakers have noted that law enforcement is involved in responding to persons who are in crisis that have a serious mental illness that is not the result of an accident that's the result of the Lanterman-Petris-Short Act which gives separate grants of civil and criminal immunity to persons who deny treatment to individuals suffering from serious mental illness. The mechanism that is used is a statute that transfers the responsibility from making that decision initially over to law enforcement. If you're concerned about the threat that a person living with serious mental illness presents to themselves and others, then maybe you understand why U.S. Armed Forces don't have military police respond to people having a meltdown. The problem that the pilot program is going to uncover is a legislative problem that's been created by Sacramento. That's why we need to urge the BOS to make it a top county legislative priority to pass a bill repealing the Lanterman-Petris-Short Act.

Pat Willard

We are aware of the main point of contact for the pilot programs are the city's themselves. However, the city's themselves are not talking. The only city that announced this thing was Redwood City. After their announcement, they are not talking...we've asked. That's why we are here to talk to the Ad Hoc Committee on policing and mental health coordination.

If you would like to email Randy Torrijos at rtorrijos@smcgov.org and he will forward your email to the appropriate city.

Sue Cortopassi, Director for the Contractors Association.

I just wanted to take minute to introduce myself and let you know that I'm joining your meeting for the first time.

A. Committee for Children & Youth

Reported by Chris Rasmussen

Next meeting will be held on January 20, 2021 at 4:00 p.m.

Via Teams

B. Committee for Adults

Reported by Yoko Ng

Next meeting will be held on January 20, 2021 at 10:30 a.m.

Via Teams

C. Committee for Older Adults

Reported by Patricia Way

The next meeting will be held on February 3, 2021 at 11:00 a.m.

Via Teams

Director's Report

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

Surge Planning

Surge is happening at a serious level and our staff have been working with our providers and the hospital to do everything we can do to keep people out of the hospital and out of the psych unit. Over the last couple of weeks before the holidays we had a request to set up an alternative location for people to go to who may be COVID positive and have a mental illness. WE looked at a couple of different locations and talked to our provider network and received bids from folks really to just set up a 24-hour operation, if we need. Fortunately, towards the end of the year and as we went through the holiday our staff was able to continue to work with 3AB and PES to keep the flow of people going through, people weren't getting stuck. AT this point we are sitting on that plan for an alternative location.

We have funds that were written into our three-year plan that was approved earlier this year to pay for housing and emergency supplies and other things we would need. We are ready if necessary.

Vaccination

We are in the planning process with health. We don't have more information than what you are seeing in the new right now. WE are providing information to health for the planning of 1A group, these are locations that are congregate care facilities taht are doing face to face with clients.

Health Alert

I sent a health alert to the commission. Very proud of a lot of work went into that by a lot of different people. SMC is the only county to issue an official health alert regarding the

mental health and substance use issues that people are experiencing as a result of pandemic fatigue. [Health Alert](#)

Presentation

Pilot Project Update

Presented by Scott Gilman, Director, BHRS

Pilot Project Background

- Increasing demand on law enforcement across the country to respond to calls related to persons experiencing a mental health disorder
- Approximately 50% of the San Mateo county jail population has some form of mental illness
- Various models of collaborations between law enforcement and mental health providers focusing on public safety are being deployed nationally
- Important to understand how this pilot fits into the system of care
- Sequential Intercept provides a framework for community discussion and for pilot project planning

I will present to the BOS on the 12th to ask for funding to help us get started with the pilot.

Sheila Brar

Ad Hoc Committee Update

- We have a draft charter that has not been finalized
- Trying to loop in with the BOS
 - Our role is to provide advice and recommendations to the bos
 - How can we do this effectively

Our goal

- Look at other models
- Have town halls/surveys
- Get data on what worked and what didn't with clients who have interacted with this type of program

Randy Torrijos - What is the request to the BOS on Tuesday?

4 Full Time Employees (FTE's) the county would fund 50% and each city would fund 12.5% and the evaluation costs.

Jean Perry - It feels like the model has already been determined. I'm not sure if funding is going to sought to make this model in a certain way. It makes me feel like all of these discussions of community input are going to happen after the fact. I'm confused about the order of asking for funding before we really settle on the community and professional basis of how this is going to operate?

As the pilot program goes and more input is sought to help shape what the pilot is, at this point I don't have the staff to do it. We need to start with staff recruitment, and I think the reason we wanted to get moving on that is that we believe that is going to take months to find someone who will want to do this work. While we're getting the money and the foundation in place BHRS wants to start facilitating some of the input process. This commissions role is to give input to the BOS. This is the time to do that.

Randy - Tuesdays request is for the number of FTE's? That doesn't finalize the actual model? Correct.

Chris Rasmussen

As a commission we decided over a year ago that we wanted to take on this role about right sizing law enforcements role in mental health issues. Then this pilot program came along. As the ad hoc committee we were hoping to put together what we think is the best recommendation that we can bring forward and then propose that to the BOS. Then what the BOS and cities want to do is totally up to them. Our goal is to take all the input, take all public comment, take what other places are doing (right and wrong) and put together a recommendation or several recommendations of good programs we think may work here.

Pat Willard

What is the criteria by which the assessment will be made? My own query to the Redwood City pd chief, I asked him what data would be collected during the pilot program and he had not thought of it nor was he able to state the objective of the pilot program. Without an objective and without data being collected by which to assess whether the results of the experiment, those things not being in place yet or whether somebody has to do some database development work to prepare for this assessment. Could you speak to those things?

A: You are right. The reason why we are not hearing exactly what is going to be measured is that it hasn't been decided yet. There is a lot of different opinions about what should be measured, and we'll give input once the researcher is fully on board and that some of things, we can get public comment. It needs to be in a transparent way so that we can see the whole picture as we go.

Clara Jaeckel

I'm a resident of Redwood City. I want to reinforce previous comments about the pilot program and the advantage of having a response team that is made of solely mental health professionals without law enforcement involved. What stuck out to me in presentations that I've heard about training to law enforcement on de-escalation is that it doesn't come naturally to them, to disengage and de-escalate, that is something that is counter to the mindset that they train in for their other preparations. Mental health providers are by their nature trained to help people in crisis and better suited to de-escalate the situation for the safest outcome for that person. I urge you to recommend the type of program that would not have law enforcement involved.

Martin Fox

Thank you for your work here. It is appreciated and long overdue and it's very welcome. I'm the former Chief Legal Officer of the special court martial convening authority at Fort Ord. We were responsible for AWOL and deserter apprehension for dept of the army in the western United States as the Vietnam was winding down. We tried to get people honorable discharges. We were up against the same kinds of issues for guys coming back and I think the military model should be seriously looked at because your sequential intercept model is based on a criminal justice system approach that's modeled on the Lanterman-Petris-Short Act. If you don't look at it from a systems point of view you won't notice the incentives that are created to put people in jail quickly. They've always been there, you're talking about changing the direction, not just of a ship, but of a fleet of ships and it's not going to be quick or easy, but it can be done. But only if we can get the members of groups like yours to go to your city councils and explain to them that they have to join with

the county and start lobbying their state assemblymen and senators, if not to repeal the Lanterman-Petris-Short Act, at least remove the grants of criminal and civil immunity from the decision makers who deny treatment to the person living with mental illness. We need to have a Dorothea Dix oriented system.

Question from Chat:

Are the services that I'm talking about for adults only or youth? Are there any other programs specific for youth?

We do have another initiative that Chris is chairing in the Children's committee that is similar where we are looking at having a mobile crisis response for kids. That is non-law enforcement response. Most of the programs I referred to in the presentation are adult programs.

Public comment received via email

Holly Lim

I'm a Daly City resident and an ally with Daly City 4 Black Lives (DC4BL).

The current mental health pilot program is a step in the right direction, but having an armed officer join a mental health worker on emergency mental health calls is still part of the problem. We must ensure that the proper community-based resources and supports are able to respond immediately to mental health and substance use crises when they occur. Behavioral health emergencies within the Black and Brown community most often result in police intervention that lead to physical confrontations, brutality, and often death because police are not social workers, psychiatrists, or trained in the necessary tactics to handle people struggling with behavioral health issues. Therefore, when residents call 911, we must ensure that properly trained professionals (eg, LCSWs, psychiatrists, and others) are dispatched to de-escalate crises when they arise, and can shepherd people into the proper treatment facilities and services available. This will reduce police interactions with the rising number of people struggling with addiction and mental health challenges, and will help ensure that residents get the proper treatment that is needed - instead of entering the criminal justice system, or worse.

Pat Willard

I am writing in regard to the Mental Health/Law Enforcement Partnership Ad Hoc Committee that is a subgroup of the Mental Health and Substance Abuse Recovery Commission.

At the December 2, 2020 meeting of the Mental Health & Substance Abuse Recovery Commission, the aforementioned Ad Hoc Committee reported that its Charter had been written. I had expected or hoped the Charter would be posted in the Ad Hoc Committee minutes. However, that Committee's Minutes have not been published separately on the MSHARC web page.

Is the charter exactly as follows?

- Our purpose is to provide recommendations to the BHRS Director and BOS on programs to improve mental health and law enforcement response to individuals experiencing a mental health issue in the community.
- Our committee will provide recommendations to the MHSARC on models or outcome measures and report back for approval. We will provide the BOS, stakeholders and first responders with our recommendations once approved.

Or is there an update?

I propose that the Ad Hoc Committee would begin its work by reviewing San Mateo County's version of PERT. In particular, from my research, San Mateo County's version of PERT is a post-crisis response, as opposed to an in-crisis response, program. In other words, rather than respond to the immediate crisis to which Sheriffs have responded in real-time, San Mateo County PERT does later follow-up. To be blunt, if the County resident physically survives the initial encounter with armed officers, our County's PERT will follow-up with the now-client of the Behavioral Health Service some time later. PERT does not insert itself between the armed officers and the person experiencing crisis at the time the crisis is taking place. PERT is also constrained by not operating 24/7, which may be a precondition of the aforementioned issue.

The Ad Hoc Committees researching and reviewing what works and what doesn't work implies that current data is available, and addition data is to be collected. I question whether there is data about SMC PERT immediately available upon asking. Such data could be considered a baseline for assessing SMC PERT, and a baseline for the incorporated cities pilot program. The Chief of Police of Redwood City has told me that he doesn't know what data he will be using to assess the pilot program that the incorporated cities will be soon be launching.

Third, the Committee should look outside San Mateo County for additional information by which to make an assessment. For example, San Diego County recently concluded that its PERT program is in need additional funding so that it can operate 24/7.

Russell Lee

Regarding the pilot program pairing police officers with mental health clinicians, I believe the program should be launched centering mental health professionals as first responders. In many cases, officers' mere presence have been known to escalate situations while mental health professionals are involved. Because officers are a sign of our society's punitive capacity, those undergoing a crisis may be convinced they are in trouble and are on the verge of being arrested. In order for clinicians to work their magic, there should not be police officers in this pilot program.

CAHOOTS is a model which this program can follow and, as a life-long San Mateo County resident, I insist the county try this out for the sake of all our community members suffering from their mental health in the midst of an eviction crisis while the pandemic still rages on.

Thank you for your time. I hope we can create a program that helps those in dire mental health need for the whole county but especially my generation.

MHSA Update

Reported by Doris Estremera, MHSA Manager, BHRS

Helping Hands

This is an innovative project that is currently in place to help digital solutions to help mental health outcome. It's been a great resource for our device procurement (devices for our clients) so they can participate in telehealth. It's been a critical program for digital mental health literacy training for our peer workforce and we are expanding that to our communities. And we will expand it our CBO's because we have been hearing that there is a need for digital resources. We have some great organizations we are working like Painted Brain is going to help with some these.

Headspace

We have access to Headspace, please share broadly. It is available to anyone who works and lives in San Mateo County. You have to enroll, and you will get free access to the app.

MHSA Innovations Projects

Pioneers Program was just approved. The Pioneers Program is working with our Pacific Islander community and working with our community colleges targeting college aged youth. You can learn more at the MHSA website at www.smchealth.org/mhsa.

Liaison, Task Force and Ad Hoc Committees

Suicide Prevention Committee

Presented by Yoko Ng

Ms. Ann French, Mental Health Director of San Bruno Veterans Association Community Based Outpatient Clinic. We discussed:

- Impact of COVID-19 on the veteran community
- Services available to veterans

Our next meeting is Tuesday, February 2, 2021 from 1:30-3:00 p.m.

Old Business

Hall of Fame Award nominations are being accepted. The awards will be presented at the February 2, commission meeting.

New Business

No new business to report.

Meeting Adjourned:

The meeting was adjourned at 5:06 p.m. by Sheila Brar

Next MHSARC Meeting:

February 3, 2021 from **3:30-5:00 p.m.**
Virtual Meeting

Next Executive Committee Meeting:

Wednesday, February 17, 2021 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.