



Behavioral Health Commission

Unadopted Minutes

Wednesday, November 1, 2023

Hybrid Meeting

COMMISSION MEMBERS PRESENT: Chris Rasmussen, Sheila Brar, Chelsea Bonini, Daniel Keohane, Kristina Bell, Victoria Yu, Paul Nichols, Frieda Edgette, Yoko Ng, Michael Lim, Leticia Bido, Allen Bustos, Jean Perry (virtual), Jacki Rigoni

STAFF: Chantae Rochester, Jei Africa, Doris Estremera, Maria Lorente-Foresti, Lee Harrison, OCFA, Sylvia Tang

COMMISSION MEMBERS ABSENT:

Excused: Candice Hawley, Ryan Lopez, Supervisor Noelia Corzo,

Un-excused:

OTHERS PRESENT (in-person): Robert Taylor

OTHERS PRESENT (online): Joanne Wu, William E, Sue Cortopassi, Pat Willard, Ammi Rostin, Chris Hoover, Johnathon H.

CALL TO ORDER

The meeting was called to order at 3:38 p.m. by Chris Rasmussen

INTRODUCTIONS

Commissioners introduced themselves.

APPROVAL OF TODAY'S AGENDA

Approval of the Agenda

► **M/S/C** Keohane/ Ng

APPROVAL OF MINUTES

Approval of minutes from the October 4, 2023, Commission meeting

The minutes were not approved due to missing public comment. The minutes will be approved at the January 3, 2024, meeting.

The Executive Committee did not meet in October.

Correspondence, Announcements, and Public Comment

Michael Lim – I will post the links in the chat

1. Department of Rehabilitation (DOR) they work with consumers and other stakeholders to provide services and advocacy resulting in employment, independent living, and equality for individuals with disabilities. They will hold two webinars this month.

- a. DOR Services for Entering or Reentering the Behavioral Health Workforce webinar on Thursday, November 2, 2023, 10:00 a.m.-11:30 a.m.
- b. DOR Services for Upskilling and Advancing Your Career webinar on Thursday, November 16, 2023, 2:00 p.m. – 3:30 p.m.
2. What Happened to You? A conversation on Trauma, Resilience, and Healing.
 - a. November 9, 2023
3. Free film screening of *Angst*
 - a. November 29, 2023 at 6:00 p.m.

Jean Perry

There's a conference for family caregivers taking place on November 11, in Foster City. The conference is for all flavors of caregivers, people who are caring for a person who has a mental or physical challenge. For more information contact Mariana Rocha at mrocha@smcgov.org.

November is Caregiver Month. I want to mention that because so many people in the world are at some time in their lives a caregiver. Caregivers are probably the largest unpaid workforce in the world. Caregivers need the support to be able to do the optimal job of caregiving.

TLC of Caregiving Conference, Sunday, November 12.
Commission on Aging will meet on Monday, November 13.

Frieda Edgette

Sana, Sana, Coita de Rana: Celebrate Ten Years of Healing Together
10th Annual Sana, Sana, Colita de Rana, will take place on Saturday, November 4, from 11:00 a.m. to 3:00 p.m. at South San Francisco High School.

Sheila Brar

San Mateo County Sheriff Christina Corpus in conjunction with the County of San Mateo, the Belmont Police Department, the Redwood City Police Department, East Palo Alto Police Department, Menlo Park Police Department and the Citizens for San Mateo County Gun Buyback will hold an anonymous Gun Buyback event at 400 Harbor Boulevard, in Belmont, CA., Saturday, December 9, 2023, from 10am to 2pm.

Daniel Keohane

Mills Recovery Program will host a workshop with Father Tom to discuss getting through the holidays. The workshop is the first Tuesday in December and will be held in-person at the Foster City Recreation Center and on zoom.

Yoko Ng

I hosted a Youth Mental Health First Aid (YMHFA) and an Adult Mental Health First Aid (AMHFA) with the assistance from our new contractor who oversees the program. This was the first time we've done the co-instructing with the Lived Experience Instructor; it was very meaningful.

Pat Willard

Chief Bell, soon the BHRS will launch an expansion of its clinical led mental health crisis mobile response team adding to the previous one for youth. While they are adding adults, the assumption of that program is that all calls will come to 988. As you know, your police advisory committee has long advocated a cahoots like program where calls go to 911. As

you well know, most times the person calling has no relationship with the person in crisis. For example, the owner of a restaurant has someone in a mental health crisis sitting outside their building scaring off potential customers. The BHRS clinician led program will never know there was a call because those calls will not come into 911 Call Center and your call center will not be able to dispatch a clinician led team. This is an issue that needs to be supported by you, that your 911 center will be able to dispatch clinician led teams when those calls are for people in crisis who are not armed and dangerous.

Robert Taylor, NAMI San Mateo

NAMI Walk was a very successful event that took place on Saturday, October 14. We had 639 registered participants for the event. We had about 550 who made it in person. We had 55 walking teams. Thank you for your support. We had 22 partners; they were able to pass out information and speak to individuals looking for mental support awareness and stopping stigma.

PRESENTATION

Project Guardian

Presented by Jeanine Luna, Community Relations Officer, San Mateo Police Department
Jenna Mcalpin, Records Specialist, San Mateo County Sheriff's Office
Ryan Monaghan, Assistant Sheriff, San Mateo County Sheriff's Office

See attached PowerPoint Presentations.

Public Comment on Presentation

Daniel Keohane

The hiccups item about people not living in your jurisdiction, is there an ongoing effort to begin to work with other areas, like where I live in unincorporated San Mateo? My second question regarding the "Timeline: What does continuation mean with respect to Project Guardian?

A: You live in unincorporated San Mateo, so that's the Sheriff's Office and they have Project Guardian. We've received a lot of interest from other people and calls from outside agencies on how we are doing this. The Sheriff's Office was one of those calls. This is still in the beta testing stages while we try to see how it is going to work.

Your second question. The more people we have entered in the program will lend itself to whether it is a successful thing to have. The more people you have enrolled, there will be that contact that will give us a measurable type of result.

Daniel Keohane

Do you feel you have enough resources with what you are working with now?

A: Yes and no. Obviously, we want to spread the word as much as we can, but we continue to get invitations since we rolled it out. We're doing these presentations pretty regularly with various organizations.

Frieda Edgette

It's encouraging to hear about the levels of trainings and resources that you're being equipped with. You mentioned there's been implementation nationwide, what learnings have surfaced specifically around privacy concerns and both in case of HIPAA (Health

Insurance Portability & Accountability Act) around the awareness of the person that's registered for a dependent person that has dementia, which makes sense, but for others. I haven't seen the kind of categories that the dropdown offers. Also, concerns around abuse. Given the fact that, that persons not notified, and how it could be unintentionally to that individuals detriment. What could be some mitigation strategies?

A: The more we do this presentation it's where we're learning what issues around privacy are. There haven't been a lot of agencies, I've only given you 3 that I'm aware of since then doing the research we found we're learning as we go. At this point because it is a confidential system, we're only going to be accessing this information if there is a need to do so. We're not asking for information to set people up; we're asking how to mitigate a response should it go haywire.

We still have to trust our officers to do their job or not when they're on a call for service. The more we research this, the more we're able to go to do these presentations to different organizations, it is going to tell us really what the issues are. When I get the application, I am looking for specific diagnosis. I'll reach out to people if I don't see a diagnosis or check our calls for service. We aren't being flooded with applications right now, so this allows us the time to get more information.

Sheriff Office – If they don't live in our jurisdiction area that we control but they want to be part of project guardian, there's a way that we can flag in the system so that responding agency knows that there's a project guardian entry.

To your point about HIPAA. It's a voluntary thing so obviously we're somewhat covered in legal terms. We want to make sure that we're respecting it, making sure that we keep things private so there's a little bit of a HIPAA component because they're sharing information. Most of the information they're sharing is more about triggers. It's more indicators for the officers, bright lights cause this person to react negatively, that's more tactical information. This helps officers make decisions around what they should or should not do in that situation.

How do we communicate with outside agencies?

We make it clear that if somebody is registering with the Sheriff's Office, we're the only agency that they can guarantee is going to be able to access that information. It's voluntary and they can opt out at any time. There is a way that other agencies can see that information. Every agency in our county uses the same records management system. There's something called collaborate that could allow another agency to see that information. I personally haven't seen any come in for a registrant that has a different address than the participant. A lot of this is subjective and that's why we're having people manually go through the applications to see if there are red flags that require additional follow up. Unfortunately, a lot of people that we're seeing come into our program are already in our system, so they are people that we've already had contact with. We do make it very clear when the person registering has to sign a bunch of disclaimers saying that it's voluntary. We're not going to release this information unless we are ordered by law to do so.

Sheila Brar

This is a follow up to Frieda's question. Making sure that the registration participant, that they are in the same home where you can establish that family relationship, trying to

understand how you verify their caregiver status? And when you say that you know when you get an application that has a diagnosis, how is that diagnosis verified? It can't be unless a person has allowed for their information to be verified. I know that that's a criteria, but in this space that seems problematic.

Sheriff's Office

I can only speak for our office; we don't require a diagnosis and we don't need a diagnosis. When our Deputies go out to a scene, they triage that call based on what they're faced with. They are just trying to deescalate the situation. We do offer these options but if someone doesn't want to put a diagnosis, but they want to provide calming strategies or places they may wonder where we can easily find them. Having that information ahead of time to prevent somebody from going into a trigger or crisis, that's the way we're using the information.

Police Department

We can't verify if someone has a diagnosis, again that's one of the many dropdowns. Ultimately, the other information they are providing to us is what we're relying on. We are responding to this service, and we have to use our judgment, but we are utilizing the additional information, the photo, calming techniques, etc. I don't see that having that information as a negative or even a violation of privacy if we're trying to find someone who might be lost or missing. It's a tool.

Jean Perry

I want to point out that the only people for whom this program or these programs are voluntary are for the people who report a vulnerable person. That the individual who has behaviors that are of concern to the reporter, are not verified, and I think that is highly dangerous and is a violation of a person's privacy and personhood, even if they are vulnerable. Years ago our State Legislature had the forethought to create AB1434 and loved ones of people with mental health concerns could work with their loved ones in terms of what type of information would go on that form and it could be used for this sort of communication in this same context and these forms are completed in the context of the family members or loved ones giving permission to say what's on the form. What is much more valuable to everyone concerned is a person's behavior rather than a diagnosis and it is totally a HIPAA violation to be conveying without direct permission. I think not being transparent about how you determine if a person is eligible or vulnerable and not being transparent about whether someone is on your list of reported individuals. not having a plan for continuously updating the forms that you receive. I think these are major problems. And the final major problem is that no one from the mental health community has been sitting at the table while it was decided that mental health challenge was a checkbox that could be added to this list of ways in which you could be vulnerable.

A:Sheriff: I appreciate you being straightforward. This is a tool and it's not an official diagnosis where our deputies go well, this person's been officially diagnosed with this based off this information we're going to do our ABC's, that's not what it is. What it is: here's some additional information for you to know about this particular individual that might be missing, they frequently go to this location when they go missing. This person might be suffering from dementia and in some cases, having this information could be the difference between life or death. In a case where officers might encounter someone with mental health challenges, knowing what types of actions to avoid is helpful. This doesn't replace deputies or officers making determinations when they get to the scene, they still

have to take in the information they are getting at the scene. It is just one more helpful tool. We went to great lengths with our County Counsel about this to ensure that we weren't stepping into territory where we were violating people's rights because that's the last thing we want to do with this type of platform. There is probably some work that needs to be done. Right now, our total number of people is about 8, we don't have a lot of people signed up. Part of that is because we've been cautiously entering into this realm to make sure that we have some of those questions that you brought up answered and that we are doing this in a very responsible way.

Allen Bustos

Because it is a new program, was there prior research done before implementation? If so, is there current research being done for program evaluation? If so, who's conducting the research, and will it be made accessible to the public?

A: My partners reached out to the three agencies I listed for you in the presentation to figure out what were some of their hurdles. How were they running their programs? How could we do it? We trusted that these other agencies did their homework first. As far as us getting data back, it's too early. It's going to take some time for us to see if it's working. There's benefit from the law enforcement side to mitigate issues when there's contact or we're looking for people. Is this sustainable? We need to start figuring out is it going to grow too big? How we can change it and make it better. Do we need to involve more people? I think that is to come. Because it isn't growing as fast as we thought it might, is this something we continue to have? I think time will tell.

Michael Lim

Moving forward do you have a vehicle for the community in terms of individually being able to ask any questions or address any concerns they have?

A: That's one of the things we alluded to is that we continue to get invited to these types of meetings and this is where we're kind of flushing out some of this stuff. When we feel like we're hearing the same concern, that's when you're going to feel that this is where you need to concentrate your efforts. We do these presentations, you guys are the experts, we're not. When you say it's not all thought out, it's an existing program, it's not like we're starting from scratch. We do also have the assistance of our mental health clinician and Star Vista. We work a lot with NAMI, we have input from other organizations while we don't sit down at a table. If we did need to flush things out, we have these organizations and people available to us.

Yoko Ng

Will there be a choice for the person or the caregiver to say what their language preference? Sometimes the natural language is a tool of the escalation.

A: It's on the application.

Chris Rasmussen

Do you guys want feedback from us? There's a lot of things, marketing wise.

I heard the words:

- Record
- Registry
- Diagnosis

The words that we use are very powerful. When trying to pitch this program and you're talking about diagnosis, this is a registry, and there's a record. I think that turns a lot of people in the mental health world off. We used to have the little old man file, it was just a little tag that was on the residence saying that old man Johnson lives here, if you get a call of an old man wandering down the street this is where he belongs. This is the same kind of thing, but I think some of the language that you use is off putting. I see the Sheriff's office uses the autism puzzle pieces and your website (City of San Mateo) it only says those kinds of things. You have mental illness and all kinds of stuff, and I don't think that's what people think of this program as being is a mental health thing. I don't agree with you putting all the mental health language out there, I understand you may want that, but I don't think people are going to sign up for that. I would be okay to sign up my dad if I knew he has Alzheimer's because he might get out and we'll lose him. I'd be less willing to sign up my daughter, who is bipolar schizophrenic, in this program in case something happens. Does that resonate?

There's a lot of capable people sitting at this table right now with a ton of mental health history. If you need to lean on us for any questions, feel free because there's a lot of experience here.

Chelsea Bonini

The language is important also the community of persons with disabilities. I do a lot of disabilities advocacy, I'm also on the Commission on Disabilities with the county. There are a lot of silos of groups of persons with disabilities. I also serve on this commission because I have a son who has a psychiatric diagnosis and it's his disability. Not everybody who has a mental health condition puts themselves in that category. Some of the feedback I would give is there are different categories, not that I think they should categorize but there might be certain people who are more amendable. For example, if you are talking about Alzheimer's that's medical, if you're talking about autism, that's developmental disability. You have cognitive disability to all of these and then they could be co-occurring. Many of my friends with autism identify with having a mental health issue as well. It might be helpful to investigate that more and maybe start with certain communities. There's a lot of the training that's focused for autism and developmental disability. There was also a presentation at the Commission on Disabilities and there were different comments that you received there. This is a place where we have to be a little more intentional about how we think.

Jean Perry

Law Enforcement doesn't have a tradition of asking the people they serve did you like how we did? But I will forever request that of you. You might get some great feedback if you ask, and you might also get some constructive information from the community you serve. That begins in the planning stages of a proposal that continues in the implementation and the reworking and the feedback loops in a project that the community be involved in what you're doing because we are who you are serving. As in the originally intended focus of this project, vulnerable people typically have very little voice. We as the Behavioral Health Commission, San Mateo County, we do serve as the voice for many people who have little voice. Our community, those vulnerable people who also have mental health challenges do not want another reason to fear. They want to know that they have an ally. You can do this in a way that you can have appropriate information. Next month, whoever receives the contract to provide 24/7 adult crisis services in our county, they would like to have information that you are suggesting of people that can willingly share what their situation is

that could willingly provide their psychiatric advanced directive. Whose family members could share their AB1434. I suggest you not reinvent the wheel. Work with your community.

A: Sheriff. Thank you for being the voice. We need that voice. I have members of my family that fall into this scope, it's near and dear to me and to a lot of members in our office who have family members who suffer from mental illness or have other types of developmental and/or diagnosed health issues. It is important to have that voice to inform us, to help us think about some of these things as we are trying to do things to make us more effective in dealing with the community and to have safer outcomes. To that end, safer outcomes is what we're looking for. In terms of feedback, we always need to do a better job of seeking feedback from our customers. Timing wise, we purposely timed this at the same time as we launched the new technology called Officer Survey. This allows community members to provide feedback about interactions with our deputies. On the back of their business cards, the person who had contact with the deputy can snap a QR code, if they have a smartphone, or other means, if they don't have a smartphone, to provide feedback on their interaction with the deputy. This is just another way for us to proactively reach out to the community for feedback because we want to hear how we are doing.

Pat Willard

I was told the reason that Project Guardian came about is because the mental health services does not respond to Alzheimer's. I guess because Alzheimer's is an issue with the brain, not how well someone deals with life. She would prefer that non-officers embedded teams would respond. I feel that rather that \$500,000 be given to City of San Mateo for another embedded clinician, they should give that money to behavioral health services to have a non-clinical led team. Finally, it seems to me the Sheriff can respond to any location in the county, San Mateo should give its database to the Sheriff's Department and let them handle all of it instead of going city to city asking each to do like San Mateo police are doing.

Director's Report

Reported by Jei Africa, Director

Supervisor Corzo has initiated a Board Study on mobile crisis. It will take place in December. Request our team together with our partners like Sheriff's Office will be presenting on mobile crisis response to the community.

See attached PowerPoint for Director's Report.

Past issues of the Directors Update can be found [here](#)

Public Comment

Jean Perry

Is there an update about awarding the contract for Adult Crisis Response?

A: It's still an active RFP at this point.

Liaison, Task Force and Ad Hoc Committees

Frieda Edgette

Youth Commission Liaison

We received one expression of interest; however, our meeting time conflicts with an existing commitment. There were no other expressions of interest.

We need talk about how to proceed at the Executive committee meeting.

The November Youth Committee meeting will be a state of the State related to funding covering MHSA specific to youth Center School based funding and how it may be changing and specific legislation that impacts school mental health programs. Please come in December we will visit the new Allcove, San Mateo. The third Wednesday of December.

Old Business

Slate of Officers

Reported by Leticia Bido/Paul Nichols

Chair – Chris Rasmussen

Vice Chair – Sheila Brar

Member at Large – Michael Lim

CALBHB/C – Candice Hawley

► **M/S/C** Bonini – passed unanimously

Retreat – nothing to report

New Business

Not reported at this meeting.

Meeting Adjourned:

The meeting adjourned at 5:20 p.m.
by Chris Rasmussen

Next MHSARC Meeting:

January 3, 2024, from 3:30-5:00 p.m.
College of San Mateo
College Center- Building 10, Room 468

The Commission will not meet in December.

Next Executive Committee Meeting:

Wednesday, February 7, at 5:00 p.m.
College of San Mateo
Building 18, Room 206, San Mateo

PLEASE BE SURE TO CONTACT CHANTAE ROCHESTER AT 650.573.2544 IF YOU ARE UNABLE TO ATTEND EITHER THE BHC 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.