



## Behavioral Health Commission

Unadopted Minutes

Wednesday, January 3, 2024

Hybrid Meeting

**COMMISSION MEMBERS PRESENT:** Chelsea Bonini, Chris Rasmussen, Daniel Keohane, Frieda Edgette, Kristina Bell, Michael Lim, Paul Nichols, Ryan Lopez, Victoria Yu

**STAFF:** Jei Africa, Chantae Rochester, Doris Estremera, Sylvia Tang, Tia Bell, Scott Gruendl

**COMMISSION MEMBERS ABSENT:**

**Excused:** Candice Hawley, Allen Bustos, Supervisor Noelia Corzo, Jean Perry, Leticia Bido, Sheila Brar, Yoko Ng

**Un-excused:**

**OTHERS PRESENT (in-person):** John Butler

**OTHERS PRESENT (online):** Jean Perry, Yoko Ng, Calvin Shelton, Carolyn Shepard, Susan Cortopassi, Johnathon H., Melina Henning, Sydney Hoff

**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**

**APPROVAL OF MINUTES**

Due to the lack of a quorum the minutes will be approved at the February meeting.

The Executive Committee did not meet in January.

**Correspondence, Announcements, and Public Comment**

Jacki Ragoni

On December 5, 2023, the Board of Supervisors (BOS) hosted a study session on mobile mental health emergency response models. I encourage you to go to the BOS website to listen to the session, there's a lot of great information about the models that exist in the county. We invited others to share their models, namely Denver Star. Chairman Rasmussen presented as well as Dr. Africa. The outcome from the meeting was that a subcommittee was formed with Supervisor Corzo and Supervisor Canepa to pursue some of the recommendations. They will meet later this month for the kick-off.

John Butler

First post-pandemic in-person NAMI Support Group will meet on the second and fourth Wednesday of each month at Burlingame Presbyterian Church from 4:00-5:30 p.m. We are working to start a Connections meeting on Saturdays at 1:00 p.m.

We are encouraging members of the Lived Experience Education Workgroup and graduates of the Lived Experience Academy to join our Voice Sessions to spread our speaking engagement involvement inspired by Heart & Soul. I would like to reach out to Psychiatric Emergency Services (PES) and other hospitals to speak to them on reducing stigma. Thanks to all those who support us through fundraising and individual contributions.

Jean Perry

I'd like to invite those of you who are sick to go home and get better. I'm home intentionally because I'm sick and still coughing. Unfortunately, that means that I am not able to fully participate in the meeting today. If I were allowed to participate virtually, you would have a quorum.

## **PRESENTATION**

CalAIM and It's Impact on Behavioral Health

Presented by Jei Africa, Director, Behavioral Health & Recovery Services  
Scott Gruendl, Assistant Director, Behavioral Health & Recovery Services

Data Book

Presented by: Scott Gruendl, Assistant Director  
Behavioral Health & Recovery Services

## **Public Comment on Presentations**

Michael Lim

There's been reports from other counties, in terms of the repercussions of CalAIM, specifically on the billing aspect. One criticism that was raised was that CALAIM is not paying for travel time and documentation time. I don't know how accurate that is, but some service providers in that county is having a challenge meeting their budget and some of the services are going to be withdrawn. How much of that affects us in this county because CalAIM gives us the flexibility of how we reimburse our service providers? Each county has their own say of how they reimburse the Service Providers for their services without travel time and documentation.

Response

The State has asked the County and CBO's (Community Based Organizations) to provide their rates depending on services. That information was input into the database that the State looked at, they had this calculation and equation of what the rates will be that includes traveling and documentation. While it is not called out (documentation and travel)

in the rates they provided, it is included in the equation. It actually includes a percent for vacancy rates because they know it will be difficult for counties and CBO's to hire people. For some counties the rate that was calculated is lower but for San Mateo County the mental health rates are good rates. We have some challenges with our substance use rates. The calculation is based on information submitted by the counties and the service providers, so it is difficult to compare apples to apples.

Michael Lim

You mentioned one of our community members being admitted or in the hospital in a different county and that we would be notified. I didn't realize that before CalAIM that we were not notified. In terms of data sharing, if they were admitted for behavioral health issues and they need access to the data, that the data is portable to them?

Response

Yes, right now that can be done person to person. When we know the person is in the hospital, we can contact the hospital and provide additional information. The goal is to have that become an episode in the electronic health record and then that information would become available between the two systems. We aren't quite there yet, maybe in about 6 months.

Frieda Edgette

Technologically, what's changed to enable us to share data and have this ability, as well as more behaviorally infrastructure needed to have people get us there?

Response

BHRS is moving to Epic our new electronic health record in two years. That's part of it. Our CBO's don't have the infrastructure to join us there. There will also be the health information exchange that is coming. What drove the emergency room data was the fact that there's a quality measure that's been assigned to the counties by the state that we have to report on and we're actually in an incentive program where every time we develop a portion of what need to be done to measure that particular quality item we receive funding, that's been going on for the past year to create these milestones to receive funds. The state is ramping up performance indicators. We are considered a health plan, so our standards are like that of a hospital.

Other public comment

It is complicated and there are so many moving parts.

What are we finding from other counties about what's working for them?

Response

People are trying to figure it out as it goes. There's so much going on in behavioral health right now, it's just keeping up with what we need to do. We have timelines of when things need to be implemented and trying to ensure that we're following that because it cascades.

John Butler

Will there be a system where consumers can give feedback or a committee to track the outcomes?

Response

Not at this time, we will take that into consideration. Once we are producing outcomes from the quality measures, we will be reporting those results.

Jean Perry

I want to congratulate the state for doing something that at least sounds useful. You really do need to take care of the whole person. The reality of what I have seen so far is a little scary. I've attended a couple of different webinars about how the housing support piece of enhanced care management works and it could make you dizzy. They have not worked out all the kinks in terms of this many slots for providing service in a given timeframe and they can't add another person until one of these people leave. There isn't a way to launch when there are spaces and it seems like there's a lot of room to have feedback along the way so that people providing care and people receiving care can let them know if this is working, and adjustments can be made so the whole rollout of this goes through 2027. I really hope what they launched in 2023 is not set in stone already until they see how it is operating on the ground.

One aspect I wanted to ask about is as people connected to providing care think that the thresholds for receiving enhanced care management are defining what a high need member is? Do you think that sounds like a fit or does it sound like something that may need to be adjusted in the future? And the second question is about dental care, the way that they covered it in the slide is that dental coverage is limited to children and to those whose conditions are likely to lead to dental disease. This is 2024, let me tell you how many dental diseases lead to whole person illness. I think it is short sided to couch in that way.

Response

Enhanced case management is administered to the health plan of San Mateo in this county. I will need to do some research on the criteria for high utilizers/high need clients. San Mateo Medical Center (SMMC) did a presentation on the increase in dental benefits and services, I know it is a growing need and a growing service not just in San Mateo County but in many counties in California. I can find out more information for our next meeting about the criteria for high needs and dental services.

Michael

Regarding dental needs for the adult care, they have increased the dental cleaning to once every 6 months as opposed to just once per year (what it was previously) and only twice per year for children. I know that they've increased the benefits, but I don't know what other dental services were added.

You mentioned that all counties are going to be paid per client per month as a flat rate regardless of how much services they incur. In terms of the amount of money that we get from the State, has a study been done in terms of whether we are going to see an increase of funds coming to the county or a decrease?

Response

The shift in making things easier to document and really the focus on services, then your kind of hoping that that would increase because spending time on documentation to just make sure that we comply with the regulation. It means that people will be more engaged in services, and I feel like that that will help.

Many of the services that we provide are not reimbursable. so, it's a constant advocacy with the State on increasing and expanding the things we're doing. I've asked our Fiscal Director to bring in a consultant to do an actuarial study so we can see some finance and rates and what would that look like now and in a few years.

### **Public comment after Data book presentation**

Frieda Edgette

I'm wondering in terms of our pathways sessions, which is a practice of stakeholder engagement, how might we track and transfer information to you to have it captured in next year's data book?

Response

You should connect with Doris; she collects demographics for the MHSA meetings.

Paul Nichols

On the fourth slide you talk about AOD treatments. There wasn't a breakdown of the clients seen or the beds or any of that stuff. Does the county collect that information?

Response

There wasn't a breakdown because the information comes from the California Planning Council which is the Mental Health Planning Council. Yes, we collect this information. Sheryl Uyan in AOD has developed a tool that compares the actual bed availability for every AOD contractor versus what's in their contract in order to determine the level of capacity for bed. In order to do that, she needs to know which beds are occupied and for how long. We can the data breakdown by program, by provider, by service type.

Paul Nichols

Do you have sense of when the data might be available?

Response

If you provide us with a specific question, you would like answered we can provide you with a report. I would like a global report with granularity. I'm thinking for a presentation to the AOD committee at some point.

Jean perry

A barrier to stakeholder engagement that wasn't listed is the digital divide. That isn't limited to mental health but there definitely is a portion of our population that is not able to access information digitally and that's not the only way that we make efforts to engage them, but I would still call that a barrier. In some populations it might continue to always be a barrier. The OASIS population, people who have serious mental illness, who also have medical illnesses that have rendered them relatively immobile. There have been efforts on top of efforts to bring devices to individuals and help them learn how to use them and that just doesn't seem to something that most of them want to engage with. I think a barrier is all of operations has to consider that there's part of our population that will not be reached by digital methods. The other methods are very variable by population which leads to it being a barrier, in general we can't use just one method to reach everyone.

Response

With our survey on the mental health side that we do every 6 months, we do surveys for those who come into the clinic, we do those in person. For those receiving tele-health we send them a survey via US Postal Service, and they return them to us. The older adults have a tendency to fill out the ones mailed to them; they have a great response rate. We have between 15,000 and 16,000 clients. And we have roughly 3,800 emails for those 15,000 to 16,000 clients. The emails are representative of a certain population which is about 40 to 55 years of age. It really does tell us that technology varies across the generations and geographical locations, as well as type of service. We do try to do different modalities.

## **Director's Report**

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

### **Mobile Crisis Response**

Board session on mobile crisis response was successful.

- There was a lot to learn.
- Great information provided.

### **External Quality Review Organization(EQRO)**

The reviewers will be here to analyze and evaluate information related to quality, timeliness, and access to Specialty Mental Health Services.

- The reviewers will be here for three days, February 6-8

### **Care Court**

We are preparing for the implementation and launch of Care Court.

- Ally Hoppis, Clinical Services Manager II
  - Heading Care Court planning/implementation
  - Will present to the commission in March.

### **BHC Staff**

Kristie Lui, Community Program Specialist, Office of Diversity and Equity

- Kristie will assist with this meeting.
- Provide back-up when/if Chantae is out.

## **Public Comment on the Director's Report**

No public comment on the Director's Report.

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

Suicide Prevention Committee

Reported by Yoko Ng

The Suicide Prevention Committee met on Tuesday, January 2, 2024

Reviewed 2024 priorities:

1. Enhance Visible Leadership and Networked Partnerships
  - a. Formal Partnership
2. Increase Development and Coordination of Suicide Prevention Resources.
  - a. Prioritized Partners
3. Advanced Data Monitoring, and Evaluation.

- a. Data Sources
- b. Data Request
- c. Data Visualization

The next meeting is Tuesday, February 6, 2024, at 1:30-3:00 p.m. via zoom. Questions, please contact Sylvia Tang at [stang@smcgov.org](mailto:stang@smcgov.org).

#### New Member Committee

We conducted 4 interviews.

Per our bylaws we are required to follow the 50/20/20 rule which states that 50% of our commission needs to have lived experience with 20 % clients and 20% family members. We have one special seat for veterans which is still vacant. Currently the only vacancies we have are available for the client community.

#### Old Business

Annual Retreat Update

Reported by Chris Rasmussen

#### Annual Retreat

- We have this room for January 20, if that works for everyone.
- We will find out when this room is available and send a doodle poll to commissioners with possible dates for the retreat.

#### Hall of Fame Nominations

- Nomination forms are posted online.
- Deadline to submit nominations is **Tuesday, January 16, 2024**

#### New Business

No new business.

#### Public Comment for Jei Africa

Jean Perry

I read that San Mateo County is receiving an award for an app that they developed to help the personnel of the county working with housing vacancies to match them with individuals who need housing. Are you aware of that?

Response:

It's under human services agency, they worked with ISD on the app. The goal is that providers can log in real time to see if someone who's unhoused or homeless and alert the homeless outreach team.

Jean Perry

Have you heard if it's been effective or useful at this point?

Response

I hear that it is working well. It's new and they are still testing it out, but it seems to be helping people get linked to the homeless outreach team.

Jean Perry

So, it's not being used with the housing office to help direct applicants?

Response

No, that's not my understanding.

**Meeting Adjourned:**

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

**Next MHSARC Meeting:**

February 7, 2024, from **3:30-5:30 p.m.**  
College of San Mateo, 1700 Hillsdale Blvd.  
Building 18, Room 206

**Next Executive Committee Meeting:**

Wednesday, February 7, at 5:30 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.