



Behavioral Health Commission

Unadopted Minutes

Wednesday, July 5, 2023

Hybrid Meeting

COMMISSION MEMBERS PRESENT: Yoko Ng, Paul Nichols, Michael Lim, Kristina Bell, Frieda Edgette, Katelyn Chang, Jean Perry, Chelsea Bonini, Chris Rasmussen, Supervisor Noelia Corzo, Jacki Rigoni, Sheila Brar (Virtually)

STAFF: Chantae Rochester, Lisa Mancini, Doris Estremera, Ziomara Ochoa

COMMISSION MEMBERS ABSENT:

Excused: Candice Hawley, Leticia Bido

Un-excused:

OTHERS PRESENT (in-person): John Butler, Victoria Yu, Brook Pollard, Daryl Tilghman

OTHERS PRESENT (online): Brenda, Carolyn Shepard, Maria Lorente-Foresti, Stacy Williams, Susan Cortopassi, Tamara "Tam" Smith Jones

CALL TO ORDER

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

INTRODUCTIONS

Commission members introduced themselves.

APPROVAL OF TODAY'S AGENDA

Approval of the Agenda with the following changes:

Have the presentation before the vote under "Old Business."

▶ **M/S/C** Passed unanimously

APPROVAL OF MINUTES

Approval of minutes from the July 5, 2023,

▶ **M/S/C** passed unanimously

The Executive Committee did not meet in July.

Correspondence, Announcements, and Public Comment

John Butler

September is Suicide Prevention Month. One of the things we are working on with StarVista is an Open Mind/Entertainment Showcase at the Veterans Senior Center in Redwood City the third or fourth week of September. I would like to invite the

commissioners to be present to help reach our communities to bring awareness of the valuable things that San Mateo County has to offer for free to our citizens of San Mateo County.

STANDING COMMITTEES

Committee for Children & Youth

Reported by Frieda Edgette

Next meeting will be held on July 19, 2023, at 4:00 p.m.
In-Person at 2000 Alameda de las Pulgas, Room 201, San Mateo
Or virtual via Zoom

Committee for Adults

Reported by Yoko Ng

Next meeting will be held on July 19, 2023, at 10:30 a.m.
In-Person at 2000 Alameda de las Pulgas, Room 201, San Mateo
Or virtual via Zoom

Committee for Older Adults

Reported by Jean Perry

The next meeting will be held on August 2, 2023, at 11:00 a.m.
In-Person at 2000 Alameda de las Pulgas, Room 201, San Mateo
Virtual via Zoom

Committee for Alcohol and Other Drug Services

Reported by Paul Nichols

The next meeting will be held on July 26, 2023, at 4:00 p.m.
Location TBD

Mental Health Services Act Steering Committee

Reported by Leticia Bido and Jean Perry

The next meeting will be held on September 7, 2023, at 3:00 p.m.
Location TBD

Director's Report

Reported by Lisa Mancini, Interim Deputy Chief, County Health

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

I'm blown away by the work that this commission does, I'm grateful for what you provide for our community.

I just wanted to announce that we're celebrating Black and Indigenous People of Color Month (BIPOC). Really looking at how culture impacts all that we do day in and day out.

Jei wanted to talk about how successful the pride parade was and thank you to all of you who participated and who were able to be there.

We had numerous Juneteenth events in the county, and I was able to go to the film screening, it was amazing. I am grateful for all that is done in our county when we look at diversity, equity, and inclusion.

Jei joined the Behavioral Health Commission Youth Subcommittee. He was very pleased to be a part of meeting and to learn about all the work that you're doing.

We are starting CalAim training for staff, there's new documentation requirements that began July 1, so we just want to be mindful of that. The behavioral health staff are going through kind of re-learning how to do the input into our systems.

PUBLIC COMMENT

Jean Perry

Michael Lim and I have both been on the Quality Improvement Committee (QIC) for years and one of the of the topics last week was about these staff trainings. I asked if we could actually take a look at them, and they said yes. They are online webinars, I can give you the name of the person to request those trainings if you are interested in looking at them. I just would like to have a feel for how things are going to change in terms of what clients encounter, what they're asked, etc.

Liaison, Task Force and Ad Hoc Committees

Suicide Prevention Committee

Reported by Yoko Ng

The suicide Prevention Committee met on the June sixth, 1 30 to 3 Pm. Via zoom. We worked on a group discussion. for Suicide Prevention Month in September, due to the cancellation of the school suicide prevention. We are still working on the planning for September suicide prevention month, and our next meeting will be also via Zoom on July eighteenth, at 1 30 to 3.

New Member Committee

Reported by Michael Lim

Last month we interviewed 4 outstanding candidates. The letter has been sent out to the candidates. I believe we have 3 more slots for the for the client of mental health community. If anybody was interested in signing up, please let Chantae know.

One of our candidates is here today, Victoria Yu.

Presentation

Youth SOS and FURS Overview

Presented by: Brook Pollard, LCSW and Daryl Tilghman, PhD

Please see attached PowerPoint presentation.

PUBLIC COMMENT

Do you have a social media presence?

A: Yes, @SanMateoCrisis on Instagram.

Chelsea Bonini

I was just curious on the demographic front, but also just the types of focus. What I'm hearing is that most of the focus is on adolescent. There's a lot of focus on the suicide prevention and I saw the demographics for younger kids. I'm wondering if that's consistent with younger kids. Then my second question is, do you have any data that you're gathering around other types of calls, like kids who have diagnoses? For instance, with mental diagnoses of different sorts under the DSM. That isn't necessarily suicide related but might be a crisis for a family.

A: Our services are not just for suicide we respond out to many different calls. Some of our in-person responses have been when the student is really dysregulated, refusing to go into the classroom, throwing chairs, having some type of episode within their diagnosis. While our Crisis Center is very focused on suicide, our team will respond out to any crisis.

We do not necessarily collect that data unless it's told to us. because again, protective health information. We don't want to impose. Families have stigma around sharing that with others we just kind of work with whatever is present in that moment. We do have minimal data on that not enough to present. We could start doing that. If that's something of interest.

Chelsea Bonini

When you're dealing with this in the school environment, no matter what the diagnosis or whatever it might be are you aware of what you're working with? The student has an IEP (Individual Educational Plan) or has a disability of any sort on your flight before even. And do you know how many like percentage of the signatures responding to

A: We don't have that specific data. One of our questions that our family partners ask on a needs assessment is around, does your student have an IEP, do they have a 504 plan and a lot of times we're going in person, in schools or school counselors calling us for that support. They readily get that information.

Frieda Edgette

I was curious about the 100 follow-up cases, and what kind of information and data you can share with us in terms of what's involved in the follow up and what you're able to share in terms of impact or results during that period of time?

A: Our follow up is really whatever the family's needs are. I would say, majority of the time it's used clinically so those follow up sessions would be individual therapy services with our clinician that responded to the initial event. Probably over half, maybe two-thirds of it are used for the clinical and the rest are for case management.

Paul Nichols

What can we, as a commission, do to help with public awareness? And the other question that I have, you know my focus is on the substance use disorder aspect of it, and I know some of your cases have to deal with that. I just wanted to hear more about training and the kinds of responses that StarVista is able to provide.

A: We have youth that have substance challenges. There are in house programs that we can refer to like Insights Program, that works with you ages 11-16. When it comes to training, we have a robust training that they have to go through before they ever start in our services. It's over 40 h of training for our family partners. Everything from case management, we're about to have them all go through the peer specialist program as well. They get diverse trainings from multiple sources. I will say one of the limitations of our services is if somebody is actively on a substance where they are just not able to engage with us. That's what we will call a medical emergency, and we would need that to get them stabilized in a hospital before we could to that follow up with the family to treat with the underlying things going on.

To answer your first question of what you could do to help. I am not a parent, I don't have connections to parent groups known in the communities, school communities. If you have connections like that's an incredible one.

Michael Lim

What type of training do you offer to peers? And what sort of follow up do you offer to the youth that have been 5150'd?

A: I'll answer the second question, and I'll go back to the first one. for that we do follow up with the family. We always follow up with those families typically the caregiver in that situation to see they are connected to a system of care. If they are, then we can provide that service for them once they are released from the hospital.

Our peers go through over 40 hours of training. Training ranging from everything like, domestic violence for our youth, we have trauma services come in and train them about sexual assault. We have folks from our substance use programs come in and train them on working with youth using substances or misusing substances, suicide assessment, homicide assessment, self-interest behaviors, just general mental health training, as well about what are the common disorders that they might see within our services and how to appropriately talk to them, they are peers not doctors. They aren't here to diagnose.

Michael Lim

The PTA Associations of the school.

Yoko Ng

I have a question. I just browse the website. And I that it's primarily in English, will there be like an icon to have switched to a Spanish or Chinese for the county population?

A: I don't know is the real answer. Our coordinator team crisis services are also in charge all of our marketing and outreach. It would be wonderful.

Yoko Ng

I'm a medical interpreter at Stanford, and last week I have a family if I have known this I may have told them about this Hotline. Clients may ask if I tell them about the service, what insurance, or what is the cost of their service?

A: Our services are free of charge, and we try to work with whatever insurance they have to provide appropriate referrals, so they won't be turned away in those instances. But our services, including our follow up services, are free of charge.

Supervisor Corzo

Thank you. I have a couple of questions. can you tell me how long has Youth S.O.S been active? How many staff are dedicated to this work?

A: Since March 21, 2022. 11 staff if you include me. 10 are the actual people who go out on the call. We have 5 clinicians and 5 family partners, and one of our family partners has a specialization.

Okay? And so, there were only 21 in person responses and, can you talk a little bit about that. Why, you think that is?

A: I think, again, we are consent-based service. A lot of the times when we are saying, you know, we could come out and meet you where you are. Families are like. No, I don't want to come into my home. A lot of the time because of other people within the home system whether it's younger siblings or aunties, uncles, and grandparents they don't want. you know folks to know about what's going on with their child or the level of severity. It's going on. A lot of the calls we've gotten folks are really good at knowing, engaging their youth in crisis. We don't have the ability to transport safely, which would be really wonderful. That's like my big ask always is like if we can get funding so that we could have a way to transport safely. I think the in-person response would skyrocket because that is like the number one reason why those in person in my mind are lower than our phone consultations. But even in those instances we walk the family through the entire process. We'll call law enforcement on behalf of the family. if they do want us to come out in person while they're waiting for law enforcement response. We've done that as well.

Supervisor Corzo

Can you tell me a little bit more about the call response time? you said it's about an hour. Why would it be that long?

A: In some case because our county is really big. From that first call that they make into our crisis line, it takes about 5 to 10 min for that to connect with our clinician. Our clinician will do some over the phone work with them to kind of assess what's going on. We have a limit of 15 min, if something is not resolved on the phone within 15 minutes then our clinician says, You know, this is going to be something that's better handled in person, do we have your permission to come out to your home? Then we would drive wherever they are in the community. That phone part is probably like a half hour, and then we say half hour for driving to wherever they are.

Supervisor Corzo

Can you talk a little bit about what you think the extension of this program will look like?

A" I think, especially if we're talking about expanding to all ages. The folks that we have hired right now are all really trained and have their specialization in youth. I would love to just double our program and have another response team that is specialized with working with adults and working with the adult system of care. I would like to see two highly specialized teams, one that's highly specialized to working with youth the one that's specialized in working with adults.

Sheila Brar

I just wanted to let you know I have a I wanted to follow up on Michael's comment. I have a contact for you for the 17 district PTA, which is the umbrella of all the PTA's in San Mateo County.

Chris

You said there were 117 referrals but on the demographics page it looks like there's only 54. When we put this program together one of the main goals of the program was to limit law enforcement going out to schools to handle the crisis. I don't know if this is possible to get the data through the Chief's Association to see the data from last year on how many calls for service have been reduced going out to the schools for these types of situations.

A: One of the things that I would like for this next year is to have better demographics collection, because I think that's one area we did not do so great in this year.

Kristina Bell

We can get the data but as far as comparison goes it might be challenging because we are looking at fiscal year vs. calendar year. We would have to ask every agency in the county to manually pull the data to say whether it was service at the school or not.

Old Business

Action Item: *Vote to close the 30-Day Public Comment Period on July 7, 2023m for the Mental Health Services Act (MHSA) FY 2023-24 To FY 2025-26 Three-Year Program and Expenditure Plan & The FY 2023-24 MHSA Annual Update*

► **M/S/C** Edgette/Bell

[Public Comment](#)

New Business

Action Item: *Vote to submit the Mental Health Services Act (MHSA) FY 2023-24 to FY 2025-26 Three-Year*

► **M/S/C** Perry/Nichols

Meeting Adjourned:

The meeting adjourned at 5:30 p.m.
by Chris Rasmussen

Next MHSARC Meeting:

September 6, 2023, from **3:30-5:00 p.m.**
College of San Mateo
College Center- Building 10, Room 468

Next Executive Committee Meeting:

Monday, September 18, 2023, at 5:00 p.m.
2000 Alameda de las Pulgas, Ste 200, room 201
San Mateo

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