



## Mental Health Services Act (MHSA) Steering Committee Meeting

Thursday, May 4, 2023 / 3:00 – 5:00 PM

# MINUTES

### 1. Welcome & Introductions

5

*Jean Perry and Leticia Bido, BHC Commissioners & MHSA Steering Committee Co-Chairpersons*

min

- Participants shared name, pronouns and affiliation via chat
- MHSA Steering Committee member intros via slide
- Spanish Interpretation availability was announced
- Acknowledgement of Mental Health Month

### 2. Agenda Review & Logistics – Doris Estremera, MHSA Manager

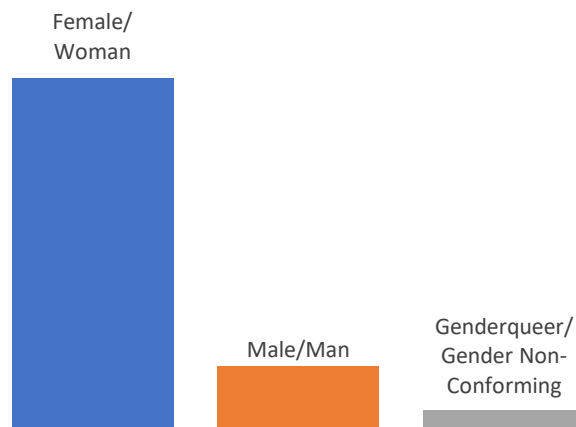
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min

- Agenda reviewed
- Spanish Interpretation availability announced again
- Current agenda, handouts, available on the MHSA website, [www.smchealth.org/MHSA](http://www.smchealth.org/MHSA), under “Announcements” tab
- Previous meeting minutes available on the MHSA website, [www.smchealth.org/MHSA](http://www.smchealth.org/MHSA), under “Previous Steering Committee Materials” tab
- Stipends available to clients and family members participating; information collected via private chat
- Notice that meeting was being recorded
- Participation guidelines – enter questions in chat, will address those first; raise hand button instructions shared, to be used during question/answer; share airtime, practice both/and thinking, be brief and meaningful with opinions
- Quick Poll – participants reported demographics, there was an 85% response rate at the time the poll was launched:

What is your age range?	
16-25	10%
26-59	65%
60+	25%

### Gender Identity

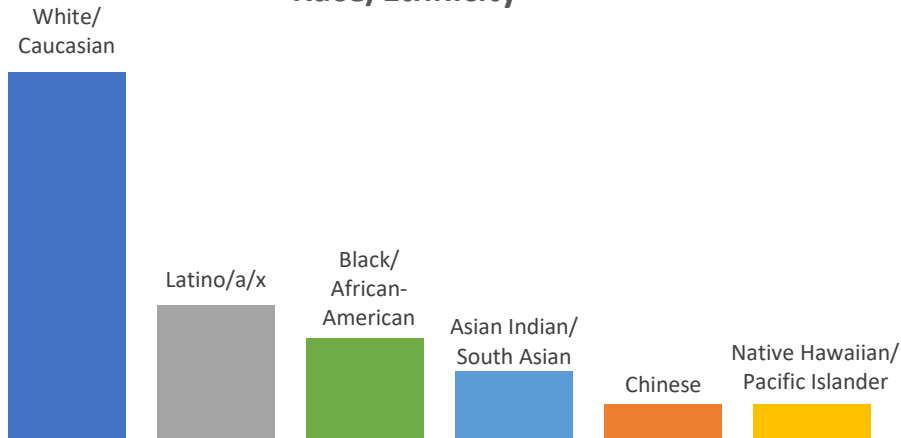




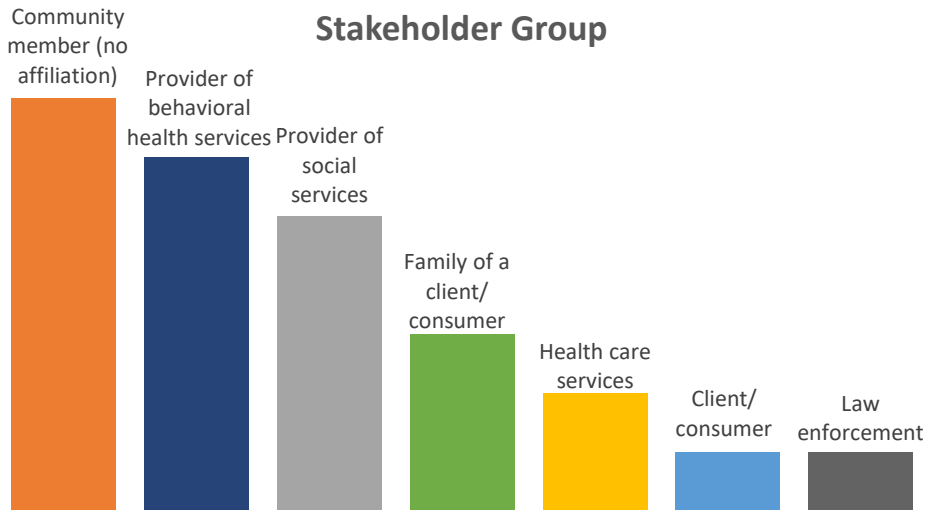
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# BEHAVIORAL HEALTH & RECOVERY SERVICES

## Race/Ethnicity



## Stakeholder Group



What part of the county do you live in OR work in?	
Central County	15%
North County	5%
South County	20%
Coast	5%
County-wide	25%
East Palo Alto/Belle Haven	10%
N/A (outside of County)	20%



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## BEHAVIORAL HEALTH & RECOVERY SERVICES

### 3. General Public Comment – *Commissioner Leticia Bido*

10  
min

- For non-agenda items; 2 minute timer
- Additional public comments can also be submitted via email to [mhsa@smcgov.org](mailto:mhsa@smcgov.org).
  - Kellie H. - Center for Independence of Individuals with Disabilities (CID) a non-profit in San Mateo incorporated in 1979; consumer-driven, community-based services and advocacy organization. Announcement: new program, [Aging & Disability Resource Connection \(ADRC\)](#) - CID is working with the County of San Mateo Aging & Adult Services to provide a coordinated point of entry for older adults and individuals with disabilities to ensure access to services and supports needed to remain independent in the community. ADRC will serve as a no wrong door approach to streamlined access to services and supports.
  - Pat W. – co-founder of Peninsula Anti-Racism Coalition; sole project for past 2 years is advocating for a San Mateo County wide clinician-led mobile mental health crisis response team (certified clinicians, EMS/EMT and certified peers). Current programs are law-enforcement based with the exception of Half Moon Bay. Seeking collaborators for this advocacy effort.

### 4. Announcements – *Commissioner Jean Perry*

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min

- **Governor Newsom’s Proposal** - <https://www.chhs.ca.gov/behavioral-health-reform/>
  - Proposal to reform MHSA; MHSA was a 2004 ballot measure and funding is allocated as per the legislation. The proposal reforms to allocate 35% to Housing; 30% to Full Service Partnerships; 30% Other. As the details unfold, there will be opportunity to provide your input. With CalAIM, early intervention services may be able to bill MediCal. Will improve fiscal accountability and restructure the Mental Health Oversight and Accountability Commission as it stands now.
  - May 18<sup>th</sup> 3-4pm we will host a [public meeting](#) to understand what is being proposed
  - The Governor’s proposal also includes a general obligation bond in the 2024 ballot. Another similar measure includes the Bay Area Housing Finance Authority (BAHFA) measure proposing to raise \$10-20B for affordable housing in all 9 Bay Area counties.
  - [California Association of Local Behavioral Health Boards & Commissions](#) (CALBHB/C) is a great place to find out about information sessions regarding the Governor’s Proposal
- **Mental Health Month** - <https://www.smchealth.org/mental-health-month>
  - Lots of activities, join us; information was shared via chat

- **MHSA Fiscal Projections – *Doris Estremera***

30  
min

- About MHSA – California tax on personal income over \$1M to help behavioral health programs transform the way we do our work. Majority of funding goes to Community Services and Supports (CSS); this is direct treatment and recovery supports for individuals living with serious mental health challenges. 19% allocated to Prevention and Early Intervention and 5% to Innovation. We can also allocate CSS dollars to Workforce Education and Training and Capital Facilities and Technology Needs.
- MHSA Planning Requirements – required to submit a 3-Year Plan, which allows us to rethink our priorities, where we want to go in the next three years. This is why we are here today and the Annual Update allows us to reset, and check-in on our priorities and any environmental factors that may impact priorities



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- Community Program Planning – this is what we have been doing to get to today, hearing from diverse perspectives and what are strategies to focus on. The MHSAs Steering Committee plays an important role in prioritization and helping us narrow down strategies. Anyone can apply to be a member of the MHSAs Steering Committee, you can find the application on the MHSAs website, [www.smchealth.org/MHSA](http://www.smchealth.org/MHSA), under the “Steering Committee” tab. We are intentional about having a diverse membership (50% clients/family members, 50% of diverse ethnic/racial backgrounds). The Behavioral Health Commission will vote to open a 30-day public comment and the Board of Supervisors provides the final approval
- Community Program Planning Framework – Three phases: 1) Needs Assessment where we reviewed local plans/evaluations/reports and a community survey; 2) Strategy Development includes community input sessions and key interviews; 3) Plan Development – needs/strategies will be prioritized today at the MHSAs Steering Committee and then go to 30-day public comment in June. This time around we worked with an MHSAs Three-Year Plan Workgroup of diverse stakeholders to help guide the process.
  - Needs Assessment - 44 local plans/reports, assessments, data sets reviewed; 129 survey responses
  - Strategy Development - 31 Community Input Sessions (400+ participants); 14 collaboratives; 14 committees/workgroups; 3 key interview groups (transition-age youth, immigrant families, veterans)
  - 8 Categories of Need Identified - Access to Services, Behavioral Health Workforce, Crisis Continuum, Housing Continuum, Substance Use Challenges, Quality of Client Care, Youth Needs, Adult/Older Adult Needs. The survey prioritized top 3-4 areas of need, Access, Workforce, Crisis and Housing. This time around the Workgroup wanted to move forward with all 8 categories to gather community feedback and this led to an additional priority of Youth Needs.
- **TODAY:** Rank the 8 categories of needs to prioritize the areas of investments (funding and planning) over the next three years. **Due May 5<sup>th</sup>**. Last 3-Year Plan we prioritized Housing and were able to allocate significant funding to housing priorities, which will continue.
  - **SURVEY:** Prioritize across the Recommended Strategies within the top selected areas of investment. **Due May 12<sup>th</sup>**
- **Revenue Projection Updates** – MHSAs Revenue & Expenditure Chart displays revenue in blue and expenditures in red. In this current FY 22-23 you see is a decrease in revenue but this is due to some tax delays, it all makes up for in the next year.
- FY 23-24, not only has the delayed taxes from the previous year but, it also includes a HUGE unprecedented adjustment; these always come in 2 years later, which means that millionaires made even more than what was anticipated in 21-22 and this is the catch up year.
- Large adjustments mean we need to focus on one-time spending; we can’t dedicate \$87M in ongoing projects because it will reduce in future years
- The chart on the right give you information on what we have available for one-time. The “Balance” is the amount projected at the end of the fiscal year, after all ongoing expenditures are met. The chart also shows obligated/allocated funds in gray – reserve for economic downturns and innovation project funds. We currently have 6 innovation projects running with, 5 of these launching July 1<sup>st</sup>. In yellow is what we have to plan for in one-time projects.
- One-Time Spend Plan – the goal is “big-ticket items”: Housing, Capital Facilities (renovation of county-owned properties and purchasing/acquisition, Technology, System Transformation (consultants to support system-wide efforts). Focused on leveraging current initiatives/efforts;



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for example, the Behavioral Health Infrastructure Grant program that identified with stakeholder input needs around property and housing purchases. The grant requires match funds, we can use MHSAs dollars to leverage the bigger funds for infrastructure (e.g., Board & Care Buy-out, Methadone Clinic, etc.). We identified things that we knew were being implemented; for example, County effort to identify hotels that may be available for transitional housing and/or supportive housing.

- Public Input - we have until July to continue providing feedback on the One-Time Spend Plan. 30-day public comment will be open on June 7<sup>th</sup>.
  - What is a continuum, what does that mean? Can be based on the severity of individuals illness; the housing continuum would support individuals in all phases of needs from congregate support to independent living; in a crisis continuum there's a spectrum of need – prevention, response, early intervention, and stabilization.
  - Funding for IHSS workers – what is this additional funding? We have an innovation project with Mental Health Association. Clients were not passing their housing inspections and receiving lease violations and eviction because they could not maintain their housing. It's challenging if individuals are suffering from mental health challenges makes it difficult to keep units clean. The program matches clients who are at-risk of losing their housing with an in-home support worker to help support them.

### 5. MHSAs 3-Year Plan Recommendations – *Doris Estremera & Tania Perez, Consultant*

60  
min

- Process Update - lots of input sessions were conducted in the community and we asked: if you had to prioritize one strategy to focus on over the next three years, what would that be?
  - Held a training for folks that were interested in hosting their own sessions – a few folks facilitated input sessions; these “MHSAs Ambassadors” can support a broader reach
  - Three Key Themes – three things were brought up in virtually all input session: 1) Increase community awareness and education about behavioral health topics, resources and services; 2) Embed peer and family supports into all behavioral health services; 3) Implement culturally responsive approaches that are data-driven to address existing inequities. The idea is to incorporate these components into EVERY prioritized strategy moving forward.
  - There were over 1,000 strategy ideas shared; if the community prioritized an item, it was pulled in; if an idea was repeated it was pulled into today's presentation; if there were few input sessions on a particular topic, all prioritized ideas were pulled in.
- Recommendations – the 70 strategy recommendations across the 8 categories of need were presented along with a stakeholder testimonial for each category.
  - Access to Services includes strategies prior to individuals entering our system; what can we do to make services more welcoming. The data that we looked at during the needs assessment is feeding into this, which is why you will see some nuances with cultural/ethnic communities being prioritized. The data will continue to be looked at for implementation as well since these are higher level strategies at this point.
    - Andrew provided a testimonial on the importance of peers and specifically having bicultural peers to support access to behavioral health services
    - Peter provided testimonial related to veteran supports needed for promoting access to behavioral health services



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- Behavioral Health Workforce was most prioritized via survey; this area is about staff recruitment and retention; strategies to address workforce shortages. Carmen provided a testimonial in support of peer leadership training and mentoring
- Crisis Continuum area of need covers the full spectrum from early intervention to response to stabilization. Pat provided a testimonial in support of non-law enforcement crisis response
- Housing Continuum area of need include the full spectrum of housing supports; this was prioritized during the last 3-year plan and continues to be an area of need. William provided testimonial to the importance of housing to support clients in recovery
- Substance Use Challenges strategies discussed the continued need for integration and expansion of supports. Sydney provided testimonial in support of detox facility expansion for long-term recovery from substance use
- Quality of Client Care strategies offered improvements in timely access to care, intake processes and other service provision. Dr. Leticia provided testimonial in support of streamlined intake processes and navigation support
- Adult/Older Adult Needs strategies included expansion of capacity to serve complex cases. Dong provided testimonial in support of hoarding resources
- Youth Needs were prioritized during the community input sessions; strategies focused on school-based supports, substance use education, crisis continuum and other wraparound services starting in middle school. Nicholas provided testimonial in support of school-based services
- Public Input
  - The intention today was to introduce these strategies. We will go to the Behavioral Health Commission on June 7<sup>th</sup> to open up public comment.
  - Erica, co-founder of Peninsula Anti-Racism Coalition – speak to clinician-led mental health crisis response. Working to address BIPOC and disability community trauma experience by re-imagining public safety. 25% of California counties provide clinician-led mobile mental health crisis response teams. 6 of 9 bay area counties are part of this, San Mateo County is not. On October 22, the Behavioral Health Commission made a recommendation to the San Mateo County Board of Supervisors and the recommendations included updated dispatch protocols for 9-1-1 to include mental health, trained licensed clinicians at dispatch to triage mental health calls, standalone non-armed 24/7 units that are clinician-led, and community-based crisis stabilization centers.
  - Clara, resident – urge to prioritize recommendation to expand non-armed mobile mental health crisis response to serve the entire San Mateo County community; the Redwood City co-response model has had some success yet, concerned there is an intimidation factor having an armed officer respond (undocumented, cultural stigma, or fear of use of force by law-enforcement). Cost savings to sending officers. Benefit to have a consistent service across the County.
  - Chat
    - Melissa P.: The personal stories/videos are such an excellent and powerful way to bring these ideas to life. Thanks so much, I know it takes a lot to get these done.
    - Yoko N.: [Behavioral Health Workforce] 1, 5, 10 are significant for considerations. 2, 3, 7 are so in high demand in our county



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- Donna R.: I appreciated the comments made by the individuals. Especially the diverse backgrounds and life experiences. I support many of the priorities and looking forward to the survey.
- Chris R.: Thank you all for your advocacy around non-armed crisis response. Our Commission took great pride with regards to our recommendations.

### 6. Adjourn

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min

**\* Public Participation:** All members of the public can offer comment at this public meeting; there will be set opportunities in the agenda to provide input. You can also submit questions and comments in the chat. If you would like to speak, please click on the icon labeled “Participants” at the bottom center of the Zoom screen then click on “Raise Hand.” The host(s) will call on you and you will unmute yourself. Please limit your questions and comments to 1-2 minutes. The meeting will be recorded. Questions and public comments can also be submitted via email to [mhsa@smcgov.org](mailto:mhsa@smcgov.org).

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**\*REMINDER – Please Complete the Steering Committee Feedback Survey**

[https://www.surveymonkey.com/r/MHSA\\_MtgFeedback](https://www.surveymonkey.com/r/MHSA_MtgFeedback)





## ATTENDANCE

There were 51 attendees; 18 participants in-person, 33 logged in to through Zoom. Below is a list of attendee names; call-in numbers are unidentifiable and not included.

### MHSA Steering Committee Co-Chairpersons

1. Jean Perry (she/her), BHC Commissioner
2. Leticia Bido (she/her), BHC Commissioner

### MHSA Steering Committee Members

3. Adriana Furuzawa (she/her), Felton Institute
4. Chris Rasmussen (he/him), BHC
5. Eddie Flores (he/him), Director Youth Behavioral Health Programs, Peninsula Health Care District
6. Jessica Ho, North East Medical Services
7. Juliana Fuerbringer, California Clubhouse
8. Kava Tulua (she/her), One East Palto Alto
9. Maria Lorente-Foresti (she/her) BHRS Office of Diversity and Equity (ODE)
10. Mary Bier (she/her), North County Outreach
11. Melissa Platte (she/her), Mental Health Association
12. ShaRon Heath (she/her), Voices of Recovery San Mateo County (VORSMC)
13. Vivian Liang (she/her), North East Medical Services

### Presenter(s)

1. Tania Perez (she/her), MHSA Consultant

### Spanish Interpreter(s)

2. Laura Ruiz
3. Maria Robles

### BHRS Staff

1. Doris Estremera (she/her) MHSA Manager
2. Sylvia Tang (she/her), BHRS ODE
3. Frances Lobos (she/her), BHRS ODE
4. Twila Dependahl (she/her), BHRS ODE

### Other Participants

1. Bren Winans, VORSMC
2. California Clubhouse
3. Candice Muntz-Cain
4. Carlos Cuevas-Vallejo, San Francisco State University (SFSU)
5. Carolyn Shepard, Solutions for Supportive Homes
6. Chandrika Michelle
7. Chelsea Hargreaves, CID
8. Clara Jaeckel
9. Donna Rutherford
10. Erica Wong
11. Grace Ogunfunmi
12. Greg Thompson, VORSMC
13. Heather Cleary, Peninsula Family Service
14. Heather Henry, VORSMC
15. James Pratt Young, VORSMC
16. Jessica A
17. Kellie Hanson, CID
18. Mahesh Natrajan
19. Marjorie Bridges
20. Nicholas Rackard-Hilt, SFSU
21. Pat Willard
22. Rayshon Mills, VORSMC
23. Rizelle Jugarap, SFSU
24. Sam Aval
25. Stacie Thrower, VORSMC
26. Sydney Reynolds, VORSMC
27. Veronica Antonelli (she/her), VORSMC
28. Victor Gutierrez, SFSU
29. Yoko Ng (she/her), BHC