



Mental Health Services Act (MHSA) Steering Committee Meeting

Thursday, December 7, 2023 / 3:00 – 4:30 PM

Hybrid Meeting

Location: College of San Mateo, College Center – Building 10, Room 468 (fourth floor)

Zoom: <https://us02web.zoom.us/j/89224214146>

Dial in: +1 669 900 6833/ Meeting ID: 892 2421 4146

MINUTES

1. Welcome & Introductions

5
min

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

- Participants shared name, pronouns and affiliation via chat.
- MHSA Steering Committee members introduced via slide.

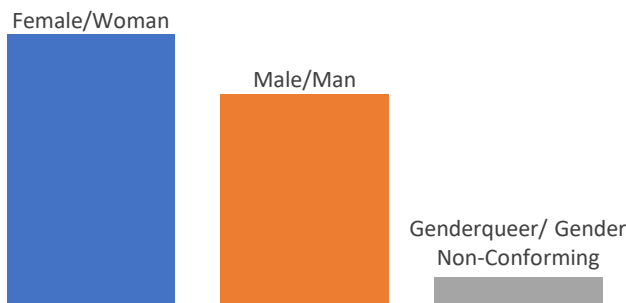
2. Agenda Review & Logistics – Doris Estremera, MHSA Manager

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min

- Agenda reviewed.
- Current agenda, handouts, available on the MHSA website, www.smchealth.org/MHSA, under “Announcements” tab.
- Previous meeting minutes available on the MHSA website, www.smchealth.org/MHSA, under “Previous Steering Committee Materials” tab.
- Stipends available to clients and family members participating; 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 81% (n=21) response rate at the time the poll was launched:

What is your age range?	
16-25	6%
26-59	59%
60-73	35%

Gender Identity

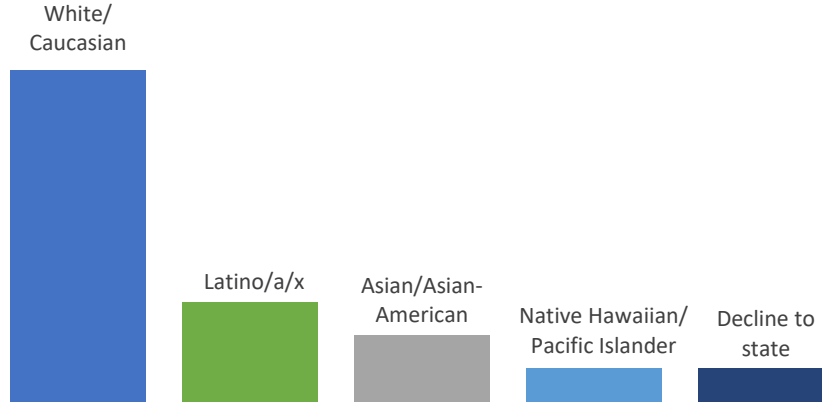




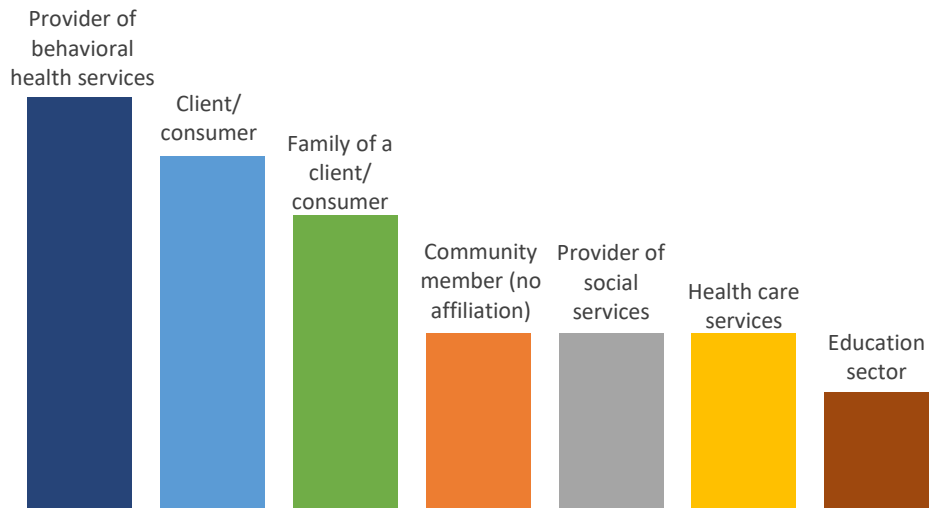
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Race/Ethnicity



Stakeholder Group



What part of the county do you represent?	
Central County	59%
South County	18%
Coast	6%
East Palo Alto/Belle Haven	6%
N/A (outside of County)	12%



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3. General Public Comment – Commissioner Jean Perry

10
min

- For non-agenda items; 2 minutes
- Additional public comments can also be submitted via email to mhsa@smcgov.org.
 - John Butler – in respect to current military and those who have served, it is Pearl Harbor Day. Servicemen and servicewomen are among the top category of individuals that end their lives along with transgender community and older adults; especially as we get closer to the holidays.
 - Pat Willard – if you were not able to attend the Board of Supervisor meeting on Tues, presentation by Denver Star on mobile mental health crisis response, that are reached through 9-1-1. Analysis I have done shows there are 6 more services that Denver Star does because they are linked to 988 as is required here.
 - Recording is available on the BOS website

4. Announcements – Commissioner Jean Perry

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min

- Proposition 1 includes the MHSA Reform. SB 326 and AB531 passed the state legislature and signed by the Governor in October. Includes a \$6B bond for permanent housing, for veterans and treatment facilities. In terms of the impact on our local county, there will be a shift of funds from General Systems Development programs (Pathways, OASIS, School-Based Mental Health, Evidence-Based Practice Clinicians) to the tune of \$7.7M and \$4.6M from prevention programs and \$2.6M from innovation.
- Can find the full presentation on the MHSA Impact, you can find it on the MHSA website, www.smchealth.org/MHSA, under the “Announcement” tab.

5. Looking Ahead – MHSA Workgroups – Doris Estremera

10
min

- Please complete the Workgroup Topics Survey: www.surveymonkey.com/r/MHSAWorkgroupTopics to help us identify your interests and priorities for future workgroup topics.
- Workgroups started from direct feedback that folks wanted to get more involved and deeper engagement into different topics related to planning, service and/or process improvements.
- Workgroups provide input into the planning of new services and make recommendations for improvements on prioritized topics.
- Limited to 10-12 participants to allow for deeper engagement.
- Two per year in the Spring and Fall, open to both members and the public.
- Topics will be aligned with MHSA planning needs. Past topics have included:
 - Housing Taskforce (Spring 2021)
 - Full Service Partnerships (Fall 2021)
 - Innovation Planning (Spring 2022)
 - MHSA 3-Year Plan Community Program Planning (Fall 2022)
 - MHSA Communications (Fall 2023)
- Next meeting we will bring the survey results and allow for dialogue
- Public Input
 - Jean – workgroups have been very valuable; we bring in diverse voices and work on solving problems. We have seen RFPs reflect our recommendations.
 - Pat – I wanted to ask if there will be a discussion. Surveys are ok but, I find they come with constraints. I would like a roundtable conversation about this.
 - Doris – We will allow some time at the next meeting

**6. MHSA FSP Program Client and Provider Feedback – *American Institute for Research***25
min

- Three AIR team members joined, Tania Dutta, Christine Walsh, Meera Ragonathan, and Danielle Agraviador.
- During a previous Full Service Partnership (FSP) Workgroup, one of the recommendations was that we incorporate a dialogue with clients and providers of FSP annually to inform evaluations.
- AIR has provided quantitative evaluation of FSPs over many years; for the next FSP report, the qualitative findings will be incorporated to really understand the impact this investment is having on clients.
- The presentation included a Full-service partnership (FSP) overview, Evaluation objectives, Methodology, Findings from client interviews, Findings from provider interviews and Recommendations and future directions.
- The Full-Service Partnership (FSP) is an intensive case management program that serves the most vulnerable individuals living with serious mental illness and their families.
- FSPs provide a full spectrum of integrated community services to assist clients in achieving identified goals. Individualized mental health services, case management, 24 access to care to support the recovery.
- Goals are identified in a clients' Individual Services and Supports Plan (ISSP) and other services necessary to address unforeseen circumstances in the client's life.
- 4 FSP providers: Edgewood and Fred Finch serve Children, Youth, and Transitional Age Youth (ages 6 – 25); Caminar and Telecare serve Adults and Older Adults (ages 18 – 60+)
- Evaluation objectives include; to understand experiences of FSP clients and wraparound treatment team members with the FSP program; to understand perceptions of program impact in promoting resiliency and improving health outcomes of clients living with mental illness, and to identify factors affecting the implementation of FSPs in San Mateo County
- Explored client experiences, interactions with the team, impact of COVID-19 pandemic and improvement recommendations; also, treatment team experiences, service outcomes, impact of COVID-19 and improvement recommendations.
- Completed 23 interviews; 9 clients, 14 treatment team members.
- Client Interview Findings: clients satisfied with support and guidance provided by case managers, positive experience with other FSP staff; almost half shared the pandemic had a negative effect on services (barriers to obtain stable housing and telehealth services not being as effective as in-person); parents felt children were receiving emotional support; adult/older adult clients aimed to become sober, obtain stable housing or alleviate depression; overall client were satisfied, more than half scoring the program 9 or 10; those that scored the program 5-8 cited lack of communication with case managers and other staff
- Treatment Team Member Interview Findings: described a variety of ways that they assess progress and goals, adult/older adults programs do not involve family members without a release of information, children/youth programs regularly engaged families; the pandemic limited services/resources and inability to connect with clients; challenges related to housing clients both finding housing and also clients losing their housing when they graduate from the FSP program; overall satisfied with the work they are doing, cited passionate team members and large multi-disciplinary teams.
- Key challenges: limited funding and resources, staff capacity and turnover, lack of language diversity, and securing/maintaining housing for clients
- Recommendations: overall there is a positive experience with some areas that could be improved:



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- Strengthen communication between clients and treatment team at initial intake and beyond.
- Improve staff retention through additional staff training, mental health and safety resources, and community building.
- Expand workforce and increase diversity
- Expand access to and availability of FSP sessions
- Ensure consistent case manager assignments
- Streamline care coordination and data management
- Consider providing housing coordination during discharge
- Public Input
 - William – do FSPs employ certified peer workers?
 - Doris – it is part of the FSP model to employ peers; the updated FSP requirement is 1 Peer Specialist for team serving 50 clients. We have 7.5 adult teams. Youth FSP require 2 parent partners and 1 peer youth partner per team, we have 3.5 teams.
 - Jean – workgroup recommended this evaluation, how often. In the 22-23 fiscal year the recommendations had not been implemented yet. We are getting a bit of a rosy picture. How many clients and service providers are there? Is 9 clients representative?
 - Doris – this will be an annual report as was recommended. This is a small number of clients to interview.
 - Tania – target was to do 35 interviews (15 clients and 20 providers), had a difficult time recruiting to reach the goal. What I can say is that as we were doing interviews, we were reaching saturation – kept hearing the same thing by interviewees.
 - Jairo – I haven't seen any peer positions from Telecare; when I look at the recommendations, this is valid... I hear these same issues through the grievance process as well regarding the changing of treatment team members and also how stressed staff are.
 - Michael – I understand how difficult it is to get clients to participate but, getting 9 clients makes me question the validity of the experiences of clients. I would encourage that we strive towards a larger number of clients. The term saturation should only come into play when the same comments are coming up in areas of improvement but, when we are talking about clients and trying to understand their experiences... the term saturation does not have validity. Another issue: we are in a time of workforce challenges, are the positive comments from the 14 providers indicative, what is the turnover rate of staff?
 - Tania – there are self-reported outcomes that the FSP providers collect, data that we have analyzed and will be part of the annual evaluation with a much bigger N.
 - Doris – that is a good point and we will share that report with everyone; the quantitative data is for ALL clients.
 - Cristine - We agree that more interview participants would be great. Just to clarify, this kind of qualitative analysis from AIR is distinct from quantitative methods and analysis because the goal is to have a few in-depth interviews to better understand FSP client and team member lived experiences. This often means the findings are not necessarily generalizable to the entire FSP population but rather help highlight overarching themes and patterns across several participants.
 - Pat – glad to hear peers are supporting FSPs. Using peers for case management
 - William (chat) is Fred Finch providing services in County or out of County?
 - Doris – they are BHRS youth clients in temporary out-of-county placements



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7. MHSa Marketing Campaign (Communications Workgroup) – *Social Changery*

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min

- Social Changery is supporting the current MHSa Workgroup on developing an MHSa marketing campaign... to share the impact that MHSa has had for us here locally, the stories and sharing in a meaningful way. They conducted some focus groups and are ready to share next steps.
- Social Changery is a consulting group that works in partnerships with community-based organizations, government, CalMHSa, and other partners.
- BHRS engaged Social Changery with the goal of enhancing public awareness and understanding of the impact of MHSa on San Mateo County and behavioral health services.
- Conducted 4 Listening Sessions in English with MHSa Workgroup, Spanish with Health Ambassadors, Chinese with community members and 1 for Youth (Help@Hand and Health Ambassadors). Over 70 total participants ranging from ages 16-60+. To understand their baseline knowledge of MHSa and what they thought about it and if there is a direct correlation between services being utilized and knowledge of the funding.
- Key Findings:
 - Awareness of MHSa varied among communities; youth had no idea of MHSa and that one of their favorite program was funded by MHSa; the Spanish language group had a great understanding of the MHSa and the funding; the Chinese monolingual group did not know about MHSa and that the programs they were participating in was funded by MHSa
 - CBOs and program coordinators play a pivotal role as trusted messengers about MHSa.
 - Participants spoke highly of the programs they were aware of but were unaware of connection with MHSa.
 - MHSa awareness is tentative and associated with the state.
 - Connecting MHSa to local, trusted community programs and existing county brand is preferable to reinforcing value.
 - Another point – youth expressed a strong desire for programs that focused on MH awareness. If we can demonstrate the value and impact of MHSa to bringing this type of programs to the community.
- Recommendations:
 - Generate recognition and understanding of MHSa as partner brand among stakeholders and decision makers. Not Prop 63.
 - Equip CBOs and program coordinators with resources to educate and inform the communities they serve about the importance of MHSa funding for critical programs. Make it easy for them.
 - Develop and promote resources that showcase the impact of MHSa funding on individuals and their families. Needs to be about their lives
- Primary Audiences: Adults aged 55+ (have influence and impact on the community, are parents of TAY), Diverse populations (messaging is culturally responsive), Caregivers of youth;
Secondary Audience: Youth (educating caretakers, parents, educators, trusted adults)
- Goal: Help community members better understand how the MHSa supports local community programs and has a direct, tangible impact on stakeholders and their families.
- Strategies and Next Steps – build a campaign with messaging pillars, trusted partnerships, resource awareness, individuals impact.
- Public Input
 - William – Did the program coordinators know that MHSa was the funder?
 - Yes, they did but they were not necessarily sharing this or putting it on their program fliers.
 - Michael – when we educate the community, how do we instill the value of MHSa



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8. Adjourn

*** 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.

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

www.surveymonkey.com/r/MHSA_MtgFeedback_2024





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ATTENDANCE

There were 52 attendees; 5 participants in-person, 36 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. Eddie Flores (he/him), Director Youth Behavioral Health Programs, Peninsula Health Care District
5. Jairo Wilches (he/him) BHRS Office of Consumer and Family Affairs (OCFA)
6. Kava Tulua (she/her), One East Palo Alto
7. Juliana Fuerbringer, California Clubhouse
8. Maria Lorente-Foresti (she/her) BHRS Office of Diversity and Equity (ODE)
9. Melissa Platte (she/her), Mental Health Association
10. Mary Bier (she/her), North County Outreach
11. Michael Lim (he/him), BHC
12. Michelle Tu (she/her), North East Medical Services

Presenter(s)

13. Jasmin Flores (she/her), Social Changery
14. Lisa Smusz (she/her), Social Changery
15. Riley Casentini(she/her), Social Changery
16. Tania Dutta, American Institute for Research (AIR)
17. Christine Walsh, AIR
18. Meera Raganathan, AIR
19. Danielle Agraviador, AIR

BHRS Staff

20. Doris Estremera (she/her), MHSA Manager
21. Sylvia Tang (she/her), BHRS ODE
22. Chandrika Zager (she/her, BHRS ODE
23. Charo Martinez (she/her), BHRS ODE
24. Peter Dell (he/him), BHRS Deputy Medical Director

Other Participants

25. Alex Rogala
26. Charlene Margot, The Parent Venture
27. Cristina Ugaitafa, Aging & Adult Services
28. Gina Olinger-Giani
29. Helene Zimmerman
30. Kristin Vogel-Campbell, San Mateo Foster City School District, Pride Center Advisory Board
31. John Butler
32. Lanajean Vecchione
33. Michelle Woo, StarVista
34. Patricia Duarte, Peninsula Family Service
35. Pat Willard, Anti-Racism Coalition
36. Paul Nichols, BHC Commissioner
37. Rachel Day, volunteer
38. Rebeca Lopez
39. Susan Cortopassi, Contractors' Association
40. Twila Dependahl, volunteer
41. William Elting, volunteer