



# Mental Health Services Act (MHSA) Steering Committee Meeting

Thursday, December 8, 2022 / 3:00 – 4:30 PM

## MINUTES

### 1. Welcome & Introductions

5 min

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

- Public members shared name, pronouns and affiliation via chat
- MHSA Steering Committee member intros via slide

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

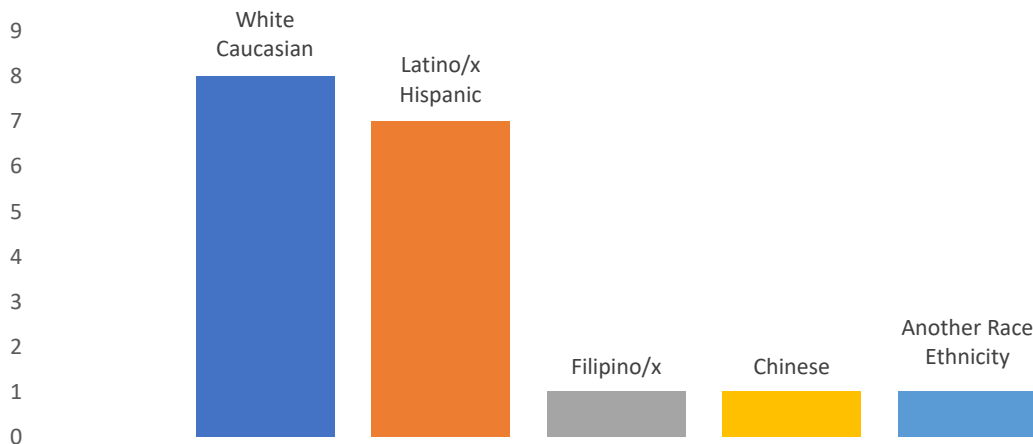
5 min

- 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, can also use raise hand button during question/answer and unmute when called on, share airtime, practice both/and thinking, be brief and meaningful
- Quick Poll – participants reported demographics, there was an 95% response rate at the time the poll was launched:

What is your age range?	
16-25	2%
26-59	29%
60+	10%

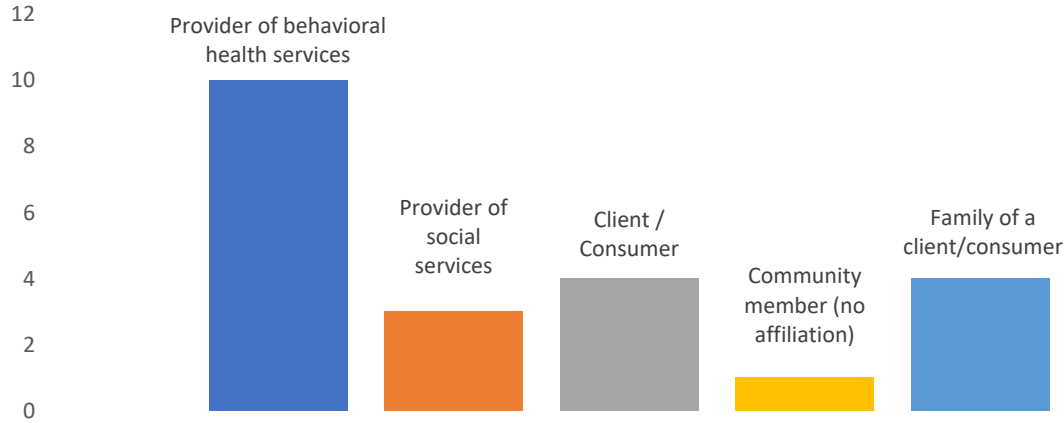
What is your gender identity?	
Female/Woman	21%
Male/Man	19%
Genderqueer/Gender Non-Conforming	0%
Another Gender Identity	0%

### Race/Ethnicity





### Stakeholder Group



What part of the county do you live in OR work in?	
Central County	19%
Coast	5%
County-wide	5%
East Palo Alto/Belle Haven	0%
North County	10%
South County	0%
N/A (outside of County)	2%

10 min

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

- For non-agenda items – raise hand button and via chat
- Additional public comments can also be submitted via email to [mhsa@smcgov.org](mailto:mhsa@smcgov.org).
  - Jean P. – welcome and congratulations to recent graduates of the recent Lived Experience Academy!

### 4. Announcements – *Jean Perry*

5 min

- MHSa Workgroups
  - MHSa workgroups meet 2x/year in the Spring and Fall and are open to the public
  - Moving forward at least one BHC co-chairperson (Leti or Jean) will always attend the workgroup along with the MHSa Manager (Doris)
  - Due to the 3-Year Planning there will be no workgroup in the Spring but, will begin planning for the Fall 2023 workgroup; we will release a survey to get your input on future workgroup topics
- MHSa Innovation (INN) Projects
  - 4 project that were selected (Adult Residential In-home Support Element (ARISE); Mobile Behavioral Health Services for Farmworkers
  - Music Therapy for Asian/Asian Americans
  - Recovery Connection Drop-In Center) will be concurrently presented in Feb to the BoS for approval and the State MHSOAC
  - After these steps then they will move forward to procurement process and start-up
- MHSa 3-Year Plan Workgroup



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## BEHAVIORAL HEALTH & RECOVERY SERVICES

- Goal is to design and implement a 3-Year planning process that is equitable, inclusive and honors and centers the voices of marginalized communities
- There will be a total of 3 meetings plus an optional meeting that was focused on finalizing a needs assessment
- To stay informed on the Workgroup tasks and get involved, you can visit the MHSA website, [www.smchealth.org/MHSA](http://www.smchealth.org/MHSA), under the “MHSA 3-Year Plan Workgroup” tab and subscribe on the website to receive email notifications
  - First meeting and the optional meeting were dedicated to reviewing data and comprehensive reports
  - Second meeting will be focused on planning for the strategy development phase of the plan and employ best practices
  - Third meeting will be focused on planning for the Input Sessions in February.
- If you have a group that would like to provide input, contact the MHSA Manager at [MHSA@smcgov.org](mailto:MHSA@smcgov.org) to schedule an Input Session
- A survey will launch on 12/19 to provide input on the needs assessment
- Public Comments Received
  - Gratitude to all that submitted public comments for the INN Projects and the purchase of El Camino Real property for California Clubhouse and Voices of Recovery
  - Please continue to provide your input

- **MHSOAC Statewide Collaboration – allcove San Mateo** – *Eddie Flores, Peninsula Health Care District; Steven Adelsheim, Stanford Center for Youth Mental Health, and Wellbeing; Jackie Almes, Peninsula Health Care District*

20 min

- Doris E. provided context for this presentation
  - The State Mental Health Oversight and Accountability Commission (MHSOAC) are appointed commissioners that have oversight of MHSA Innovation (they will approve our projects in Feb) and Prevention Early Intervention components of MHSA.
  - The MHSOAC also receives a 5% allocation of the MHSA tax revenue prior to County allocations and they have used this funding to run statewide initiatives and projects via grants like the Mental Health Student Service Act (MHSSA) that we received and the San Mateo County Office of Education is facilitating. This has allowed a statewide effort to integrate behavioral health and schools and for us it's meant offering social emotional learning curriculum, school wellness counselors in high need school districts, and the referral service by Care Solace.
  - The MHSOAC also spearheads statewide Innovation projects such as the Full Service Partnership restructure with Third Sector consultants.
  - One of these current statewide Innovation projects is the implementation of allcove drop-in center model for youth. MHSA Steering Committee member, Eddie Flores is here and accompanied by Stanford Center for Youth Mental Health and Wellbeing to share all about the allcove model and the San Mateo County launch.
    - This is our opportunity to learn about this model, ask questions and consider joining the effort with local MHSA resources to support and expand this model.
- Eddie F. introduced his team and allcove - what it is and the opportunity in San Mateo County
- Steve A. provide background on the allcove model



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## BEHAVIORAL HEALTH & RECOVERY SERVICES

- Has been meeting with many community partners in the Coastside (resident for past 3 years) around youth mental health issues; first time joining an MHSA meeting
- Has been involved in developing the allcove model with PHCD and colleagues around the state and internationally
- A child psychologist by training; been at Stanford 9.5 years and before that many years in New Mexico at the University and as a Director of School Mental Health programs; involved in early psychosis statewide programming
- The allcove model and the need for early intervention begins with idea that half of all lifetime cases of mental illness start by age 14 but, we don't have the systems in place to support young people with early public mental health care
- Most morbidities of youth ages 10-30 are mental health challenges
- Need for community-based spaces to get early care; developed an integrated model for young people linking public mental health, school mental health programs, early psychosis programming to build a community continuum for early detection and intervention
- allcove vision/mission focused on creating spaces where young people feel comfortable, they get the support they need and chose and have a range of services to support their health and wellness
- Initially connected with headspace program in Australia – a clinical program for young people 12-25, to receive early mental health care in a supportive environment, designed by and for young people; there are now 150 headspace programs in Australia (half the population of California); model has taken off in Canada, Europe and other countries
- Core services are early Mental Health care; integrated Physical Health, Supported Education/Employment; early Substance Use treatment; Peer and Family Support.
- For many years working in school-based health centers we recognize that due to stigma of mental health, young people are more likely to come in to the center for somatic issues (stomach/headache); may be second/third visit before they get to the underlying or additional mental health challenge. Having ability to walk that student down the hall to receive mental health services has been great and there is decreased stigma when the range of available services to walk into.
- allcove model components are focused on youth support, youth engagement, core services and developed off of solid evaluation and data collection, models of financial stability and what is needed, having a core communication design, active learning community across states and the country, follow all confidentiality laws and informed consent; each center has a community collaborative to evaluate, support and guide the services.
- Drop-in center space renditions were shared – it was important for youth to have space where they can be alone or with other youth
- International partners include world economic forum, which put together a framework to support international implementation; worldwide movement to evaluate value of these programs
- San Mateo County and Beach Cities in Los Angeles received early funding from the MHSA to roll out the model; centers have been open in Santa Clara Counties (San Jose and Palo Alto); San Mateo is next. Working with Sacramento, Orange County and other communities interested in the model
- Have received funding for evidence-based practice Governor's Office



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## BEHAVIORAL HEALTH & RECOVERY SERVICES

- Eddie F. – shared all about the local implementation of allcove
  - PHCD, an independent public special healthcare district and publicly elected board has been fully vested in youth behavioral health portfolio. Have worked with SMCOE, Care Solace and other local efforts
  - 2600 El Camino Real in San Mateo (formerly Caminar building) – allcove is leasing 3<sup>rd</sup> floor of the building; guided by youth advisory board
  - Working on branding and soliciting the general contractor to get the space up and running for a potential soft launch in late-April, early-May and a community grand opening in June 2023
  - An RFP process selected Caminar as the coordinating agency bringing together StarVista, One Life Counseling Center and Edgewood to provide all services (clinical, mild-to-moderate mental health, supported employment/education, etc.) in an integrated approach under one roof.
  - Holistic approach to nearby middle schools, high schools, parochial schools, and SMCOE to ask youth (not adults), “if we built this, will you come?” and “what services would you like to see?”
  - Have discussed with Pride Center and Adolescent Counseling Services to coordinate referrals for specialty mental health services
- Jackie A. – discussed the Youth Advisory Group (YAG)
  - Each allcove center has its own local Youth Advisory Group who represent local community’s diverse lived experience and provide insight and input on services, location, space and more; they are involved in broader community education, projects and outreach
  - 17 youth members representing high schools, UCSF and very diverse
  - Photography wall project to give members ownership of space; includes youth quotes
- Eddie F. – wrapped up presentation
  - PHCD Board of Directors invested supplemental funds to the \$2M four year grant received from the MHSOAC; looking for long-term financial planning and potential expansion to other regions of San Mateo County
  - BHRS Director provided letter of support for initial grant request to the MHSOAC
  - Elected and civic officials are supportive; have connected with Supervisor Pine and Supervisor elect, Noelia Corzo
- **Public Input**
- Jean P. – for youth who have insurance other than Medi-Cal, will they need to involve parents for permission for their insurance to cover costs or will services be accessible regardless of insurance status?
- Eddie F. – the latter, no one will be turned away regardless of insurance
- Jean P. – there are two BHC Commissioners that are part of a YAG, is this the same YAG?
- Jackie A. – there are different YAG’s but, one youth commissioner is involved in both
- Jairo W. – there seems to be a mix between Pride Center and California Clubhouse with some differences; how will we measure success?
- Steve A. – will be rolling out a common data center across the State that includes demographics, early screening for anxiety, depression, psychosis and how youth are doing over time but, also satisfaction with services. When young people are asked “if you didn’t come here, where would you go for servies?” often, the answer is nowhere. Early access is key. Sense from young people that their needs are being met and clinical improvement. These are similar data points across the State



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- Jairo W. – San Mateo County is very diverse, especially geographically, how will we ensure that the center is welcoming to the incredibly diverse community?
- Eddie F. – one of the main components has been communication and outreach that is inclusive and culturally sensitive to all diverse communities; partnering with community-based agencies (like ALAS in the coast; others in East Palo Alto, Redwood City North Fair Oaks, Belle Haven, South San Francisco and Daly City). There will be an emphasis on the community consortium and YAG to ensure collaboration that includes school-age, college-age, transition-age, foster youth, trades and union work youth or considering the military; have had conversations with our local community colleges.
- Ziomara O. – had opportunity to take a tour and meet some of the youth leaders and it was inspiring and emphasized the centering of youth voices to create and build the center. How are you envisioning the structure of the drop-in, how will youth be invited into the space?
- Eddie F. – referral and drop-in; youth will have ability to receive counseling with a therapist within 3 days; peer-to-peer support, tutoring, homework, game nights require no appointment, making the approach very lax in terms of encouraging youth to come and hang out; will have a schedule through 7pm and weekends. Workshops (financial planning, yoga, etc.).
- Michael L. – if youth drop-in without initial consent of parents/family members, how do you anticipate handling that and what are your staffing plans to support diverse communities?
- Eddie F. – we want to be representative and inclusive including staffing (reflecting community, language and bicultural needs)
- Steve A. – services will reflect State laws related to youth confidentiality and consent; want to work with youth to get family members and guardians involved in services as possible. Providers are under HIPPA (not school FERPA laws); so it's been important to create spaces where youth are comfortable coming in and work with them to bring families to the table
- Michael L. – the process of intake, youth drop-in and services are provided in the building; are there plans to do outreach in schools? Had opportunity to fuel next generation of behavioral health workers and creating interest and pathways
- Eddie F. – that is Jackie's job, presentation to schools (assemblies, school wellness coordinators, student clubs) and meeting communities where they are
- Mason H. – outreach will be to the schools but, with transportation barriers and stigma of letting their families know how they are feeling and what's going on with them... are their opportunities to place allcove within a school campus so that students don't have to leave educational settings to obtain counseling?
- Steve A. – we can think of allcove centers as school-linked centers as they are; the issues are how to partner with schools and going on campus to provide additional supports and services. A problem with putting the center on school grounds is that the allcove model serves all youth through age 25; will older youth have access to the center on a school campus or vice versa if allcove is on a college campus. Could the center be close enough to school campuses?
- Chat – what is the gender representation in the YAG?
- Jackie A. – previous YAG cohort was all female; made it a goal to increase diversity and get male representation; currently have 3 males and 1 non-binary... still working on increasing gender diversity
  
- **MHSA Fiscal Projections – Doris Estremera**



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## BEHAVIORAL HEALTH & RECOVERY SERVICES

- As we move into a 3-Year Plan process it's important to understand fiscal projections and where we are
- There have been updates on the fiscal projections for this current fiscal year (FY) 2022-23 since presenting the slides to the Behavioral Health Commission; we are expecting \$47.7M in FY 22-23 vs. \$42M that was presented earlier – revenues are still increasing
- MHSR Revenue & Expenditures slide includes fiscal year (FY) 2019-20 to present projections for FY 2022-23
- Our goal is to spend as close to the revenue received each year; in FY 2019-20 you see that this is indeed the case but, the gap between revenue and expenditure widens in FY 20-21 and FY 21-22
- When COVID began, we anticipated a recession; we kept our budget status quo anticipating our reserve to help us make it through the recession; there is a slight increase in expenditures due to an active one-time spend plan we were implementing
- Instead there was an increase in revenue as millionaires made more monies during COVID; as soon as we knew this was the case, we began planning for new programs and services starting with the Housing Taskforce, which allocated \$10M to the Department of Housing (DoH) to develop units for our clients.
- Things take time to start-up, the DoH has released a bidding process for developers and awarded the first \$5M in funds but the money has not been spent yet due to the planning and actual ground-breaking for the housing developments. The monies are actually getting expended this current FY 22-23. This led to another big gap between revenue and expenditures in FY 21-22.
- We expect FY 23-24 and FY 24-25 to continue to increase but, will receive closer projections in Feb and May
- MHSR Annual Unspent – provides revenue, expenditure and MHSR trust fund balance; also presents obligated funds (reserve, innovation, workforce programs, one-time spend plans); and “available one-time funds” to plan for. In FY 22-23 there is a significant available unallocated funds.
- In February MHSR Steering Committee agenda we will launch planning for one-time spend; the focus will be on big-ticket items (property purchases, renovations, housing, technology, system transformation consultants), small one-time projects are difficult to manage and ensure they are being spent down
- Ongoing Programming – overall the trend is an increase in revenue; ongoing budget (not including one-time) is \$48M, we can potentially increase this by \$7M annually to \$55M and still be in a good position to implement one-time and spend down unallocated monies.
- **Public Input**
- Melissa P. – it's exciting, come February there will be a lot to do and pair down but, I have no doubt we can spend the monies.
- Yes, agree there is a lot to do; we will need to also consider workforce development, recruitment and retention strategies to address the significant workforce shortages as we prepare to implement this large expansion.
- Ziomara O. – line item for training, has that been allocated, is there room for growth.
- Yes, moving into a 3-year plan we can expand on trainings, workforce strategies so that we have the staffing to implement the new programs
- Juliana F. – I'm also excited, to have ongoing funding for programs and workforce development is great



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- Michael L. – our current bottleneck is the workforce; we have all this funding for new programs but, we don't have the infrastructure to build and sustain for generations to come. Getting youth interested in behavioral health careers will take years so immediate options are sign on bonuses and making sure individuals have places to live. There are funds coming down from the State to incentivize the behavioral health workforce; there a lot of work to be done. AOD, youth anxiety, we are behind in services and our bottleneck is workforce.

#### 5. MHSA 3-Year Plan Community Program Planning process

- Survey to prioritize and identify needs will launch Dec. 19, 2022; focused on needs to build the case for areas of investments
- Input Sessions to brainstorm strategies will begin Feb. 2023
- All meeting materials and input opportunities will be posted on the MHSA website, [www.smchealth.org/MHSA](http://www.smchealth.org/MHSA), under the "MHSA Three-Year Plan Workgroup" tab.
- Subscribe on the MHSA website to receive email notifications.

#### 6. Adjourn

- Leti B. – thank you to everyone for joining; next meeting the first Thursday in February 2023; thank you to Doris for keeping us all informed; and thank you to the Steering Committee members and public for getting involved in the workgroups; thank you to Sylvia for the administrative support with the meeting.
- Jean P. – thank you everyone for contribution and participation, look forward to working with you
- Happy Holidays!

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

**\* 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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## ATTENDANCE

There were up to 25 participants logged in to the Zoom meeting. Below is a list of attendee names as recorded from Zoom; 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. Eddie Flores (he/him), Director Youth Behavioral Health Programs, Peninsula Health Care District
4. Jairo Wilches (he/him), Office of Consumer and Family Affairs
5. Juliana Fuerbringer, California Clubhouse
6. Mason Henricks (they/them), San Mateo County Office of Education
7. Maria Lorente-Foresti (she/her) BHRS Office of Diversity and Equity (ODE)
8. Mary Bier (she/her), North County Outreach
9. Melissa Platte (she/her), Mental Health Association
10. Michael Lim (he/him) BHC
11. Paul Nichols (he/his), BHC
12. ShaRon Heath (she/her), Voices of Recovery
13. Vivian Liang (she/her), North East Medical Services

### **BHRS Staff**

14. Doris Estremera (she/her) MHSA Manager
15. Sylvia Tang (she/her), BHRS ODE
16. Ziomara Ochoa (she/her), Deputy Director, BHRS Youth Services

### **Presenter(s)**

17. Jackie Almes (she/her), Peninsula Health Care District
18. Steven Adelsheim (he/him), Stanford Center for Youth Mental Health, and Wellbeing

### **Participants**

19. Adrian Loarca (he/him)
20. Ammi Rostin
21. Brian U.
22. Heather, Affirmed Housing
23. Ngawang Khedrup
24. Sam Aval
25. Willian Elting