SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH & RECOVERY SERVICES

Mental Health Services Act (MHSA) Steering Committee Meeting

Thursday, September 7, 2023 / 3:00 – 5:00 PM

MINUTES

1. Welcome & Introductions — 5 min

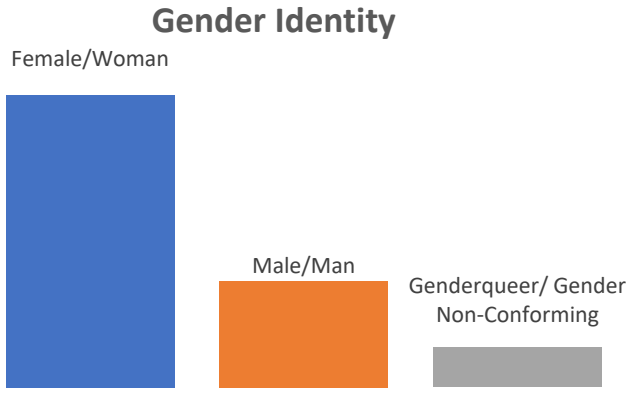
Jean Perry and Leticia Bido, BHC Commissioners & MHSA Steering Committee Co-Chairpersons

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

2. Agenda Review & Logistics – *Doris Estremera, MHSA Manager* — 5 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 85% response rate at the time the poll was launched:

What is your age range?	
16-25	3%
26-59	76%
60+	21%



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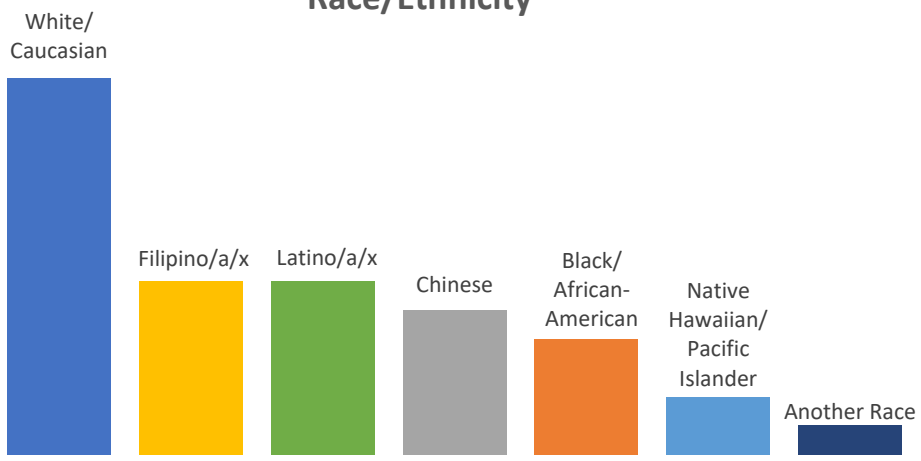
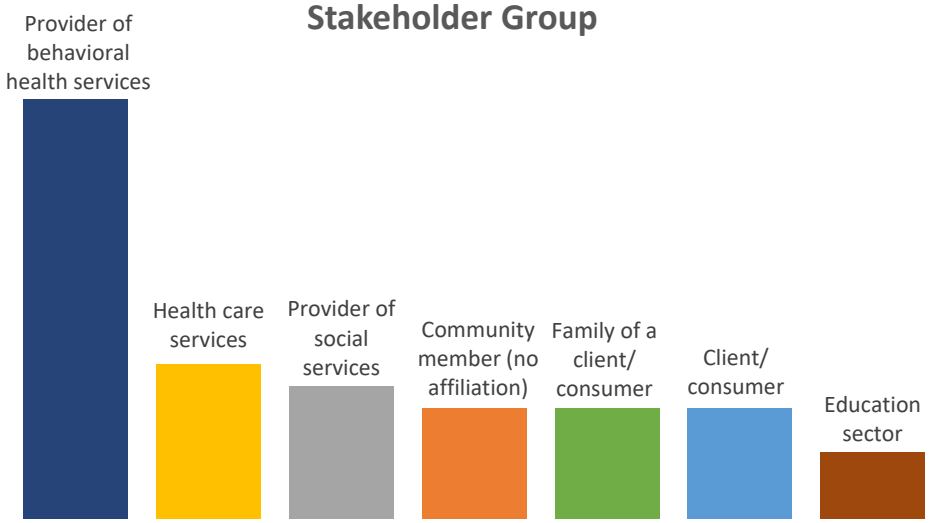
Race/Ethnicity



Stakeholder Group



What part of the county do you live in OR work in?	
Central County	33%
County-wide	30%
North County	24%
South County	9%
Coast	0%
East Palo Alto/Belle Haven	0%
N/A (outside of County)	3%

3. General Public Comment – *Commissioner Leticia Bido* 10 min
   - For non-agenda items; 2 minutes.
   - Additional public comments can also be submitted via email to mhsa@smcgov.org.
     - Leti B. – this is Suicide Prevention and Recovery Month; there are many activities and celebrations; please visit for countywide events happening throughout the month.

4. Announcements – *Commissioner Jean Perry* 5 min
   - Suicide Prevention and Recovery Month - https://www.smchealth.org/spm
     - Invite you all to join and join with others. All members of the community are invited, and information can be found on the website.
   - New MHSA Communications Workgroup - https://www.surveymonkey.com/r/MHSACommsWorkgroup
     - Targeted to MHSA marketing yet, work will inform BHRS communication efforts.
     - Launched survey, active until 9/8/23. Required to join all three meetings, details on the survey monkey link.

5. Governor's Proposal: MHSA Reform SB326 – *Doris Estremera, Jean Perry, Leti Bido* 40 min
   - Doris: March 2023 Governor Newsom released proposal to modernize the California Behavioral Health System.
     - The proposal has impact on entire behavioral health system and we will share briefly but, the focus of the presentation will be on the MHSA reform component
     - We will share what we know about the proposal. SB 326 last day for amendments is 9/8/23 so, we may still see amendments; last day to sign bill into law is 10/14. Majority of the proposal will need to go to the voters and is targeted for the March ballot.
   - Jean: P. Share information about the proposed MHSA reform. Share the anticipated local impacts to date, pending any additional amendments, and initial hearing on the bill. We are not taking a stance on the legislation nor encouraging any position on this proposed bill.
     - Shared Governor's Context for the proposal – 50% increase of individuals living with serious mental illness (SMI); 1/4 of homeless population living with SMI and at higher risk for justice involvement; 1/3 recently incarcerated homeless are living with SMI; marginalized communities are most impacted by homelessness; proposal will allocate $1 billion statewide for housing and care; also, recent State audits recommended a need to overhaul fiscal and outcome reporting requirements. Source: https://www.chhs.ca.gov/behavioral-health-reform/
     - Three components: 1) $4.7 billion general obligation bond AB 531 (sponsored by assemblyman Irwin) – BH Infrastructure Bond Act of 2023; 2) MHSA Reform (focus of today) – SB 326 (sponsored by senator Eggman) – MHSA Modernization; and 3) Statewide accountability and transparency that were previously at the local level only.
     - Currently there is a 1% tax on personal income over $1M; in San Mateo County it is estimated $41.2M annual 5-year average through FY 22-23 (there has been recent spikes due to the pandemic); and MHSA is highly leveraged and makes up ~16% of the BHRS total budget. Majority, 76% goes to Community Services and Supports (CSS) this is direct treatment and recovery services for serious mental illness or serious emotional disturbance; 19% goes to Prevention and Early Intervention (PEI) this is for interventions prior to the onset of mental illness and early onset of psychotic disorders; and 5% to Innovation. Workforce Education and Training (WET) and Capital Facilities and Technology Needs (CFTN) are also important spending categories.

- Doris: Shared MHSA Annual Unspent chart. This is not new information, we share this ongoing to allow for transparency on what revenue we receive, how it is being expended and what is left as unspent each year. We wanted to share this because this is also part of the narrative that has led to the proposal from the Governor's office. It is a statewide issue that there are a lot of funds unspent. We will go briefly through the challenges of allocating and spending down monies.
  - Blue section of the chart provides the revenue per fiscal year, expenditures and what is left in the trust fund balance at the end of each fiscal year.
  - Gray section of the chart is the obligated funds. This doesn't always get the transparency at the state level. The State does have access to individual plans to see what is obligated/committed but, this data is not available in the current State Fiscal Transparency Tools. Obligated includes a target reserve, innovation projects, WET/CFTN, housing interest.
  - Yellow line item is the available one-time monies at the end of the fiscal year if everything is expended as planned. This is not ongoing monies.
  - As we develop our Three-Year plans. It's difficult to know what is actually coming. This fiscal year we will see a large one-time adjustment, difficult to project.
  - Challenges: Statewide many counties facing workforce shortages and other barriers; BHRS capacity to keep up with regulatory processes, new programs take over a year to launch, reporting/evaluation, monitoring and continuous improvement – sometimes 2-3 years before a new program launches after we allocate funding; Contractor capacity and the limited pool of non-profit agencies and existing agency capacity to implement expanded service requirements
  - Local strategies: Three-Year Plan priority and increased allocations to workforce recruitment and retention strategies; Hiring 19 new permanent positions across BHRS; Investments in contractor infrastructure and increasing rates across programs when possible.
- Leti: Proposal includes updates to the current funding categories:
  - 30% Housing Interventions - Rental subsidies, operating subsidies, capital investments, shared and family housing, and nonfederal share of transitional rent; Added housing supports (retention and maintenance); At least 15% for chronically homeless with focus on encampments.
  - 35% Full Service Partnerships - Requires evidence-based interventions "to fidelity" (ACT/FACT, IPS, MAT, Wraparound)
  - 35%* for Behavioral Health Services and Supports - At least 15% Early Intervention (evidence-based practices list to be established by DHCS); added 51% for youth ages 0-25; Requires Workforce Development strategies; The remaining to cover General Systems Development, Outreach & Engagement for SMI/SED, Capital Facilities and Technological Needs, Innovation, and a Prudent Reserve.
  - *Eliminated 5% local prevention allocation.
  - Other updates: Name change to Behavioral Health Services Act (BHSA); Broaden target population to fund services for substance use disorders; Additional 5% (total 10%) allocation to State for admin, workforce and prevention; $20M annually for Innovation; Revenue Stability Workgroup – to recommend reserve and address revenue volatility; Up to 2% for local administration (currently 10%); Broadened planning process to county/regional planning and include managed care plans, private insurance and other sectors; Increased oversight, outcome reporting and fiscal transparency; Some limited flexibility to shift funding between categories; Mental Health Services and Accountability Commission will remain and independent entity.
- Doris: Impact to Local Allocations – took current fiscal year allocations and modeled what the proposal updates would mean for this allocation if it was in place today.

  - Immediately notice the overall decrease to our local allocation (about $3.1M) – statewide allocation increased by 5% to implement statewide strategies in prevention, workforce and administration.
  - Blue tones include Full Service Partnerships and Housing; you see the increase allocation to housing interventions. Will need to increase FSP by $4.8M and housing by $6.8M to meet the new requirements. This will come from General System Development bucket of current MHSA.
  - Prevention and Early Intervention – local prevention dollars are eliminated along with Innovation, and CFTN.
  - Reference to types of programs funded by MHSA under each current bucket can be found here: Current FY 2023-24 MHSA funded programs.
- Doris: Shared anticipated local fiscal impacts to programs.
  - Loss of funding to mental health outpatient treatment, substance use residentials, peer support services, outreach to SMI/SED ($8.1M or 40% reduction), examples: Outpatient treatment - OASIS, Pathways, Pre-to-Three, Puente Clinic, NMT, EBP clinicians, School-Based Mental Health, Primary Care Interface; Peer support services – peer workers, family partners, California Clubhouse, Heart & Soul, Barbara A. Mouton Center; Outreach to SMI/SED clients - FAST, HEAL, ARM programs.
  - $6.0M (100%) reduction to Prevention programs Office of Diversity & Equity, Substance Use Prevention, Outreach Collaboratives + combo programs (Pride Center, Cariño Project, ECCT); $2.1M (100%) reductions to sustainability of new INN and CFTN$1.5M –ARISE, Recovery Connections, PIONEERS, Kapwa, Music Therapy; $630K –client devices and new IMAT app.
  - Limited local flexibility and control; No local operational reserves; Program redesigns, ending programs and limits to new programs; Loss in Federal Financial Participation (FFP) drawn down for; Medi-Cal eligible services; Increased disparities for marginalized groups in treatment and early intervention due to selective evidence-based programming; Limited funds and timelines for new housing developments.
- Doris: What is BHRS doing? Sharing information and encouraging folks to stay informed; Working closely with California Behavioral Health Directors Association (CBHDA) and other counties to analyze, understand impacts and make recommendations; Analyzing the local unique impacts, what will this mean for programs; Listening to community questions and concerns.
- Stay Informed: California Health and Human Services Web Page; Policy Brief; Email for questions: BHReform@dhcs.ca.gov. Subscribe to San Mateo County's MHSA website to stay connected: www.smchealth.org/MHSA.
- Public Input
  - Will the Mental Health Services and Accountability Commission be politically appointed or will it still be controlled by consumer input under the proposed plan?
    - There's been a lot of advocacy around this, the MHSOAC will maintain its independence and added responsibilities around oversight for all behavioral health, also growing to about 27 members and will continue as is in terms of being appointed.
  - Any idea how many anticipated local clients will be impacted by the proposed changes? Are there any transitions available to assist long term clients of those programs who've benefitted from having them before they disappear?
    - We have not crossed that bridge, in terms of planning for the client impact with the proposed changes. The proposal is going to voters in March 2024; implementation by 2026. We have time to plan for changes- we will be engaging communities in the decisions

that will need to be made. We can do an analysis on the number of clients impacted, don't have that numbers as of now.

- What is the timing on this legislation process?
  - Last day to amend the bill is 9/8; sign to bill on 10/14; some items from the bill will go to voters in March and implementation June 2025/June 2026.
- Would the 40% reduction be done evenly across programs or globally as a whole?
  - None of those decisions have been made. If we have to do reductions, we will engage the community – there will have to be a process, an informed process and learning from other counties who have had to make reductions
- Will the reductions to sustainability of new INN and CFTN affect the current amounts committed to the projects.
  - This is monies that is encumbered; I would anticipated we would be allowed to finish the projects but, sustainability would be impacted.
- Explain the relationship between the MHSA Trust Fund and the Obligated Funds. Contracts have been signed and we are obligated to them. I want to make everyone aware of the complexity of what's coming and what it takes to stay on top of the work.
  - I don't have an exact answer in what will be allowed in terms of "obligated" funds. If this goes through, it might change the obligation to our three-year plan and we would be required to reallocate funds. In terms of the current funding, the MHSA trust fund balance is at the end of the FY after expenditures. Obligated funds are from the trust fund balance.
- At the Commission meeting, Supervisor Corzo invited the commission to help form a position on this that we could take to the Board of Supervisors. Given the timeline with amendments due tomorrow, what kind of impact can this have? If the board takes a position it will not impact the legislation but, it could affect the message to the public when it goes to the vote.
  - It will go to the voters, CBHDA is still advocating based on our local impacts; Supervisor Corzo is the liaison to CSAC, which is also a statewide association providing input based on the local impacts. Our intention is for you to learn about this and be informed.
  - If it clears the assembly, it won't take effect until 10/14 when it goes to the Governor.
- Monies for infrastructure – CFTN and WET; with the changes of CalAim put pressure on the MHSA funds or general funds. CalAim requires IT infrastructure.
  - The state is considering how CalAim integrates with this; there is the expectation that we can re-direct some expenditures. CalAim does not cover upstream prevention work. There may be opportunities to redirect programs to other revenue sources.

6. MHSA Program Highlight: Kapwa Kultural Center (KKC) & Cafe – *Stephanie Balon, Christi Morales* 20 min

- The Kapwa Cafe is an Innovation project that launched 2 years ago.
- Stephanie Balon is co-founder of KKC and co-chair of the Filipino Mental Health Initiative (FMHI); Christi Morales is co-founder and co-chair of FMHI; Alaina is KKC outreach coordinator.
  - KKC funded as of 8/2020; 5-year project; $2.6M seed monies to develop a social enterprise. Non-threatening, non-traditional natural entry point to access mental health and wellness.
  - First annual report for more details: https://www.smchealth.org/sites/main/files/file-attachments/smc-bhrs_sec_fy1-annual-report_final_stc_20221223.pdf?1674881872
  - Key highlights – infrastructure development, recruitment, training, establishing roles, strategic planning, key partners/consultants, and implementation. Community informed "for us, by us" – Kapwa Youth Advisory (KAYA) and strategic plan for the youth programming. Implementation team and oversight by Daly City Partnership and the Daly City Youth Health Center. RDA

consultants doing evaluation. Partnerships with SMCOE and YEEE! For summer 2023 internship placements. Community offerings/core programming is on youth development and social determinants of health (mental health, physical health, financial health, ethnic component) developed by a Community Branch Development taskforce; piloted 5 offerings to youth this past summer with 15-20 participants per activity.

- Cafe Development – creating a business as part of sustainability plan; found home based on rigorous search and consultant support (11B San Pedro Rd. in Daly City). Finale drinks – boba supplier… youth identified this as a business they would be interested in. Developed logo and marketing assets with graphic designer, architect and design team conceptualizing and creating an intergenerational, culturally affirming gathering space; prototype furnishings, and electrical/plumbing plan, tax advising, business owners and consultant teams (Stanford and Harvard). Elements of Filipino-inspired spaces and arts as a vehicle.
- Challenges – 6 month delay to start, pandemic slowdown, fiscal challenges, health inspections, delays in design, pest control, storming season led to flooding and electrical damage.
- What's ahead: kitchen installation, hiring/onboarding, product/menu development, identifying vendors, social media launch strategy, sustainability plan, community installation event, soft opening in March 2024.

- Public Input
  - How can I learn more about decolonization?
    - Welcome to join activities, we have decolonizing parenting (caretaking, educator, therapist working with children) plus monthly FMHI core meetings.
  - Contact information to stay informed
    - Stephanie@dcpartnership.org, Christi@dcpartnership.or, Alaina@dcpartnership.org
    - Facebook/Instagram: @kapwakulturalcenter

7. 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.

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ATTENDANCE

There were 52 attendees; 6 participants in-person, 46 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. Chris Rasmussen (he/him), BHC
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. Juliana Fuerbringer, California Clubhouse
7. Maria Lorente-Foresti (she/her) BHRS Office of Diversity and Equity (ODE)
8. Mary Bier (she/her), North County Outreach
9. Michael Lim (he/him, BHC
10. ShaRon Heath (she/her), Voices of Recovery San Mateo County (VORSMC)
11. Vivian Liang (she/her), North East Medical Services

Presenter(s)

12. Stephanie Balon (she/her), Kapwa Center Founder and FMHI Co-Chair
13. Christi Morales-Kumasawa (she/her), Kapwa Center Founder and FMHI Co-Chair
14. Alaina Moguel (she/her), Kapwa Center Outreach and Engagement Coordinator

BHRS Staff

15. Doris Estremera (she/her), MHSA Manager
16. Jei Africa (he/him), BHRS Director
17. Sylvia Tang (she/her), BHRS ODE
18. Chandrika Zager (she/her, BHRS ODE
19. Peter Dell (he/him), BHRS Deputy Medical Director
20. Stacy Williams (she/her), BHRS ODE
21. Frances Lobos (she/her), BHRS ODE
22. Twila Dependahl (she/her), BHRS ODE
23. Andrew Tardiff (he/him), BHRS ODE
24. Kayla Tolentino (she/her), BHRS ODE
25. Kai Thornton, BHRS ODE
26. Maria Martinez (she/her), BHRS ODE
27. Nicoletta Kelleher (she/her), BHRS ODE
28. Charo Martinez (she/her), BHRS ODE
29. CamilleHicale (she/her), BHRS ODE
30. Lee Harrison (he/him), BHRS OCFA

Other Participants

31. Carolyn Shepard, Solutions for Supportive Homes
32. Dan Keohane
33. Gail Sulser
34. Georgia Peterson, Mental Health Association
35. Heather Cleary, Peninsula Family Service
36. Irene Alvarenga
37. Jacki Rigoni, Senior Legislative Aide to Supervisor Noelia Corzo
38. John Butler
39. Jon iiyama
40. Jordan Anderson
41. Lanajean Vecchione
42. Marlen A, community member
43. Maya Escudero, The Hinabi Project
44. Michelle Woo, StarVista
45. Mike Stancil, Daly City Partnership
46. Paul Nichols, BHC Commissioner
47. Shareen Leland, StarVista
48. Susan Cortopassi, Contractors' Association
49. Sydney Hoff, Felton Institute
50. Victoria Yu, BHC Commissioner
51. William Kruse, Spirituality Initiative
52. Xuan Zhao, Stanford / Flourish Science