



# Be the one to help



## Mental Health Service Act (MHSA) MHSA Steering Committee

**Open to the public!** Join advocates, providers, clients and family members to provide input on MHSA planning.

The MHSA Steering Committee meets to provide input, make recommendations, and stay up to date on new MHSA planning activities and program implementation.

### Meeting objectives include:

- Learn about the MHSA Three-Year Plan
- Brainstorm and share your ideas regarding how to address behavioral health needs.
- Provide input on one-time available unspent funds.

- ✓ Stipends are available for clients/family members
- ✓ Language interpretation is provided if needed\*

\* To reserve language services, please contact us at [mhsa@smcgov.org](mailto:mhsa@smcgov.org) at least 2 weeks prior to the meeting.

### DATE & TIME

**Thursday, February 2, 2023**

3:00 pm – 4:30 pm

### Zoom Meeting:

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

Dial in: +1 669 900 6833

Meeting ID: 892 2421 4146

iPhone one-tap: +16694449171,,89224214146#

### Contact:

Doris Estremera, MHSA Manager

(650) 573-2889 ♦ [mhsa@smcgov.org](mailto:mhsa@smcgov.org)

[www.smchealth.org/MHSA](http://www.smchealth.org/MHSA)



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**BEHAVIORAL HEALTH  
& RECOVERY SERVICES**

The Mental Health Services Act (MHSA) provides a dedicated source of funding in California for mental health services by imposing a 1% tax on personal income over \$1 million.



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

Thursday, February 2, 2023 / 3:00 – 4:30 PM

Zoom Meeting: <https://us02web.zoom.us/j/83216209789>

Dial in: +1 669 900 6833 / Meeting ID: 832 1620 9789

### AGENDA

1. **Welcome & Introductions** 5 min  
*Jean Perry and Leticia Bido, BHC Commissioners & MHSA Steering Committee Co-Chairpersons*
2. **Agenda Review & Logistics** – *Doris Estremera, MHSA Manager* 5 min
  - Previous meeting minutes available on the MHSA website, [www.smchealth.org/MHSA](http://www.smchealth.org/MHSA)
3. **General Public Comment** – *Commissioner Leticia Bido* 10 min
  - For non-agenda items
  - Additional public comments can also be submitted via email to [mhsa@smcgov.org](mailto:mhsa@smcgov.org).
4. **Announcements** – *Commissioner Jean Perry* 5 min
5. **MHSA One-Time Spend Plan** – *Doris Estremera* 20 min
  - Big-Ticket Items (property purchases, renovations for both buildings and client housing, technology, consultants)
  - Public Input
6. **MHSA 3-Year Plan Strategy Development** – *Tania Perez, Consultant* 45 min
  - Workgroup Update
  - Breakout Activity
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](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)





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

February 2, 2023



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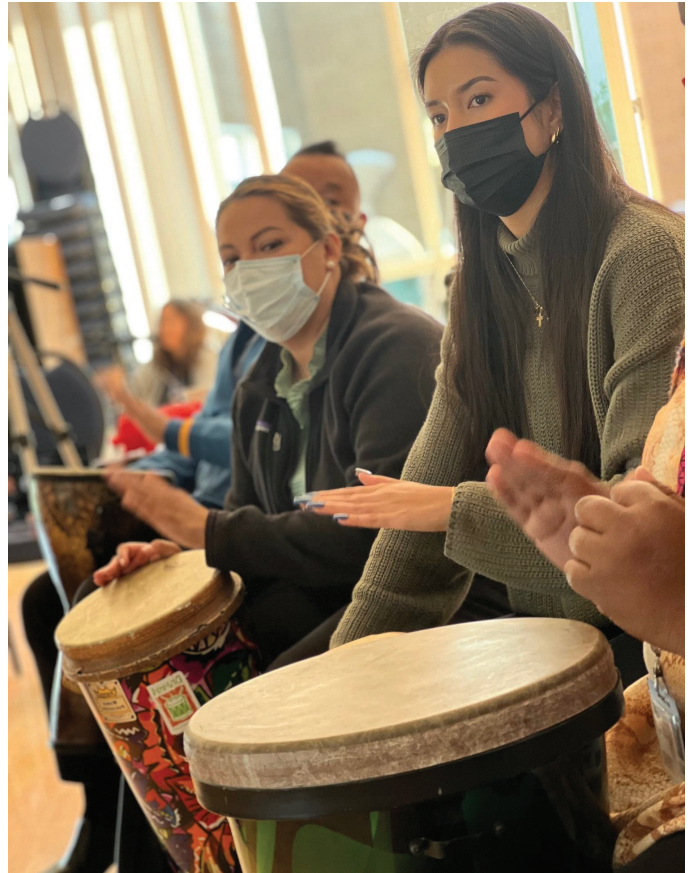
## Welcome & Introductions

- Share your name, pronouns and affiliation in the chat
- MHSA Steering Committee Members:
  - Jean Perry, BHC (MHSA Co-chair)
  - Leticia Bido, BHC (MHSA Co-chair)
  - Adriana Furuzawa, Felton Institute
  - Chris Rasmussen, BHC
  - Eddie Flores, Peninsula Health Care District
  - Jairo Wilches, BHRS OCFA
  - Jessica Ho/Vivian Liang, North East Medical Services (NEMS)
  - Juliana Fuerbringer, California Clubhouse
  - Kava Tulua, One East Palo Alto
  - Maria Lorente-Foresti, BHRS ODE
  - Mary Bier, North County Outreach Collaborative
  - Melissa Platte, Mental Health Association
  - Michael S. Horgan, Heart & Soul, Inc.
  - Michael Lim, BHC
  - Mason Henricks, SMC Office of Education
  - Paul Nichols, BHC
  - ShaRon Heath, Voices of Recovery
  - Sheila Brar, BHC



# Agenda

1. Welcome & Introductions
2. Logistics
3. General Public Comments
4. Announcements
5. One-Time Spend
6. 3-Year Plan Strategy Development



## A few logistics...

- Agenda, handouts, slides: [www.smchealth.org/MHSA](http://www.smchealth.org/MHSA), under “Announcements” tab
  - Past meeting materials/minutes: under “Steering Committee” tab
- Stipends for clients and family members participating
  - Via chat (private message) - please provide your email
- Meeting is being recorded
- Quick demographics poll



# Participation Guidelines

- Enter questions in the chat box as we go
- General public comment (non-agenda items)
- Share your unique perspective and experience
- Share the airtime; allow every voice to be heard
- Practice both/and thinking; consider all ideas along with your personal interests
- Be brief and meaningful when voicing your opinion

## How to Raise/Lower Hand



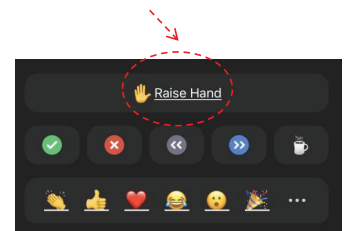
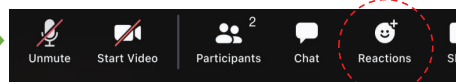
### DIAL-IN PHONE

Dial \*9



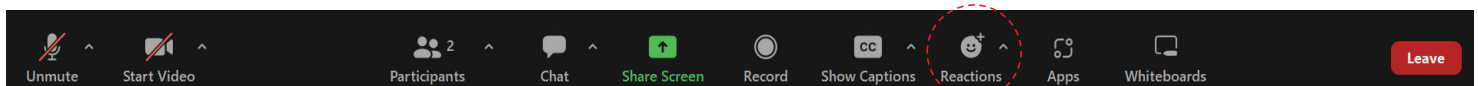
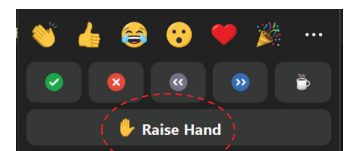
### MOBILE APP - PHONE OR TABLET

Tap "Reactions" icon  
then tap "Raise Hand" →



### WEB OR DESKTOP

Click "Reactions" icon then click "Raise Hand" ↓



# General Public Comment



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# Announcements



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# MHSA Fiscal Updates



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## Fiscal Strategies

- FY 22-23:

- Continued implementing One-time Spend Plans
- Increased the Ongoing Budget by \$2M (Housing Initiative Recommendations)

- FY 23-26 (Three-Year Plan):

- Increase Ongoing Budget by \$7M over revenue
- Implement NEW One-Time Spend Plan focused on “big-ticket items”



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# One-Time Spend Planning

Priority	Item	FY 23/24	FY 24/25	FY 25/26
Housing	Development of Supportive Housing Units	\$5,000,000		
	<i>TBD: Behavioral Health Infrastructure Grant Process</i>			
Capital Facilities	EPA Clinic Renovations	\$700,000		
	SSF Clinic Renovations	\$500,000		
Technology Needs				
System Transformation				
<b>Grand Total</b>				


## MHSA 3-Year Plan



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# About MHSA

**76%**  **Community Services & Supports (CSS)**  
Direct treatment and recovery services for serious mental illness or serious emotional disturbance

**19%**  **Prevention & Early Intervention (PEI)**  
Interventions prior to the onset of mental illness and early onset of psychotic disorders

**5%**  **Innovation (INN)**  
New approaches and community-driven best practices

**Workforce Education and Training (WET)**  
 Education, training and workforce development to increase capacity and diversity of the mental health workforce

**Capital Facilities and Technology Needs (CFTN)**  
 Buildings and technology used for the delivery of MHSA services to individuals and their families.

- Background & Reference Documents:
  - [MHSA Info Sheet](#)
  - [MHSA Budget](#)
  - [MHSA Components and Programs](#)

1% tax on personal income over \$1 million

San Mateo County: \$39.2M annual 5-year average through FY 21-22; ~15% of the BHRS Budget

## MHSA Planning Requirements

- Three-Year Plan & Annual Updates

### What's in a 3-year Plan?

Existing Priorities

New Priorities

Expenditure Projections

### What's in an Annual Update?

Program Specific Data and Outcomes

Implementation and Planning Updates

Changes to the 3-Year Plan

- Community Program Planning (CPP)
  - Diverse stakeholder Input
  - 30-Day Public Comment Period and Board of Supervisor approval

# Community Program Planning Framework



## MHSA 3-Year Plan Workgroup

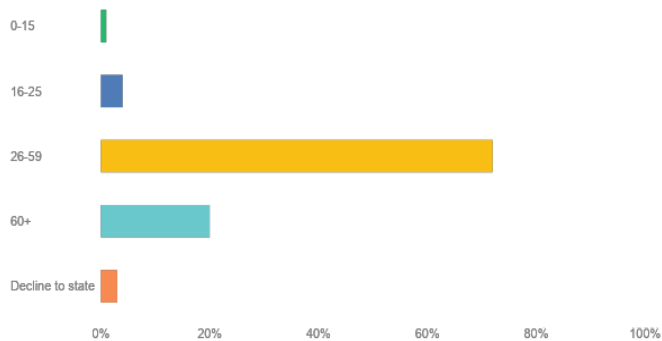
- **Goal:** Co-design and implement an MHSA 3- Year Plan Community Program Planning (CPP) process that is equitable, inclusive and honors and centers the voices of marginalized communities.
- **Objectives:**
  1. Needs Assessment - Review and advise on data needed to support a comprehensive needs (*November*)
  2. Strategy Development - Advise on the community input process and community engagement best practices, to ensure it is inclusive of all vulnerable communities (*December*)
  3. Input Sessions - Support opportunities for all San Mateo County community members to provide input (*January – February*)



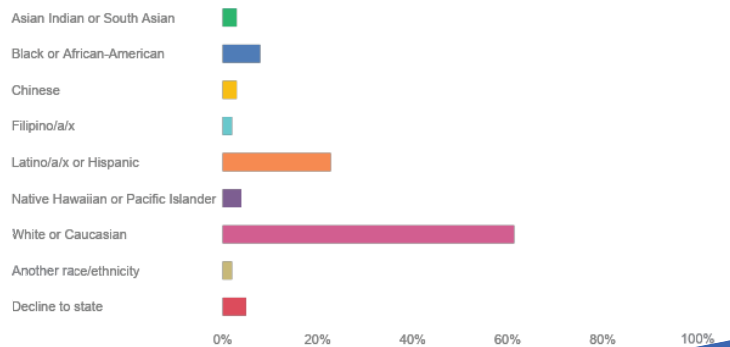
# Survey Results - Demographics

• Total Responses: 129

**Q14: What is your age group:**



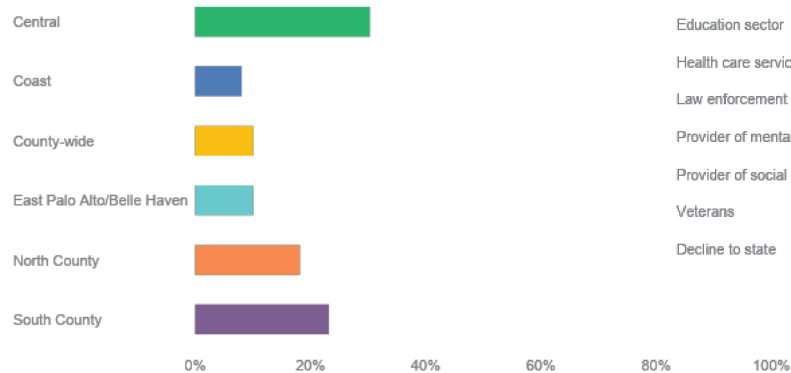
**Q15: What race/ethnicity do you identify with?**



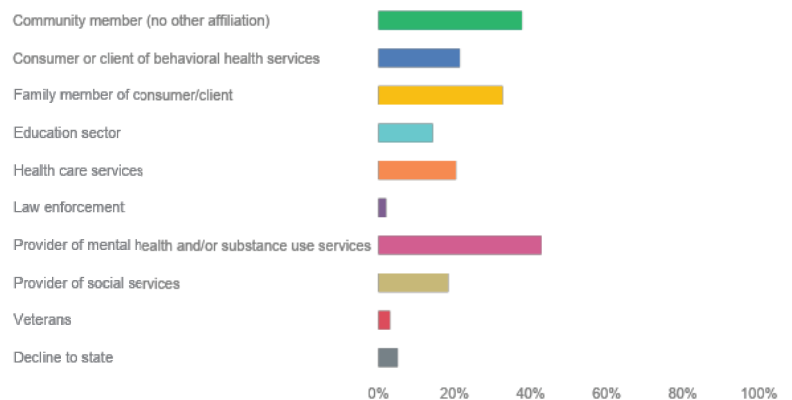
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## Demographics

**Q17: What part of the county do you live OR work in San Mateo County?**



**Q18: Do you represent any of the following groups?**



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# Needs Assessment Categories

1. Behavioral Health Workforce
2. Access to Services
3. Housing Continuum
4. Crisis Continuum
5. Substance Use Challenges
6. Quality of Client Care
7. Youth Needs
8. Adult/Older Adult Needs

Reference: [Needs Assessment Summary](#)



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## 1) Behavioral Health Workforce

- This category captures the needs related to recruiting, developing, supporting and maintaining a sufficient workforce to address the needs and the diversity of the community. This includes supporting individuals with lived experience as clients and/or family members of clients of mental health and substance use services to join the workforce and support all services and programming.
- Data:
  - Lack of sufficient staff led to negative impacts to clients and families
  - Hiring Spanish bilingual mental health clinicians and Transition Age Youth Family Partners is challenging
  - Not enough therapists to meet the high demand of incoming clients
  - High staff turnover led to staff doing whatever it takes to fill the need at the cost of burnout and impacting staff wellness
  - Need a more diverse workforce, BHRS clinicians to share identities of clients for better care



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## 2) Access to Services

- This category captures the needs of diverse cultures and identities such as race/ethnicity, LGBTQIA+, veteran status and age related to accessing mental health and substance use services, including community knowledge and education and culturally responsive approaches to engaging communities.
- Data:
  - **Race/ethnicity**
    - Depression related feelings for AA/Black youth (25.4%) suicide/self-inflicted injury (17.4%)
    - Asian/Asian Americans have less access to mental health and substance use knowledge, behavior and beliefs to support stigma reduction
    - Reports of trauma exposure are extremely high among Latina migrant women, with prevalence rates of around 75%
  - **LGBTQ+**
    - LGBTQ population most affected by suicidal ideation in age group (24-44), and has a lack of access to services and understanding by providers
  - **Children/youth and families**
    - Referrals for mental health services through primary care increased 100% for youth
  - **Social Determinants of Health**
    - Low-income parents have higher frequency of depressive symptoms compared to middle- and high-income parents, continued impact of COVID-19 pandemic on families in areas of housing, financial, and food instabilities
  - **Veterans**
    - Need support with access, younger veterans include more women that would like more services targeted towards sexual assault
  - **Older Adults**
    - 35% of older adults identified an areas of concern as depressed mood



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## 3) Housing Continuum

- This category captures the housing needs for individuals living with mental health challenges ranging from assisted living facilities, to having access to permanent supportive housing, to early assessment of risk of homelessness and culturally responsive approaches and support with locating and maintaining housing.
- Data:
  - **Culturally Responsive Early Intervention Strategies**
    - Black, Indigenous, People of Color are over-represented amongst unsheltered
    - Largest number of unsheltered folks are located in East Palo Alto and Redwood City
  - **Navigation and Maintenance**
    - Supporting families with housing, both maintenance and housing vouchers
  - **Older Adults with Complex Needs**
    - Very limited supply of licensed board and care providers willing to care for clients with complex health needs and limited financial resources, also continuing closure of B & C facilities
    - Housing in a community setting with necessary supportive services for older adults has continually become an increasing challenge
  - **Risk of homelessness**
    - Housing crisis magnified for people living with mental illness
    - Aging parents struggle to find homes for their adult children with mental health challenges
    - Correctional health services reported need for continued warm hand offs into temporary housing



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## 4) Crisis Continuum

- This category captures needs related to mental health and substance use crisis response, as well as appropriate community-based supports and stabilization during and after a crisis.
- Data:
  - Stabilization and supports
    - Premature discharge from inpatient hospitalization (5150) while client is seriously impaired, leading to clients repeatedly getting 5150d
    - Need for mental urgent care facilities and stabilization units
  - Response
    - Police officers, behavioral health providers and community stakeholders face challenges in determining and implementing the proper ways to intervene during a behavioral health crisis
    - In 2016 a quarter of all fatal police shootings nationwide involved people with behavioral health or substance use conditions
    - Need for non-law enforcement mobile mental health crisis programs and emergency response



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## Input Session Questions

1. What are possible solutions (services, programs, infrastructure, etc.) to address the need?
  - Direct Service, Prevention and Workforce strategy
2. If you had to select one solution from each strategy to focus on over the next 3 years, which would you prioritize?

# Community Input Session Launch Breakout Activity



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Get Involved!

- **Subscribe to receive opportunities to get involved in MHSA planning:**  
[www.smchealth.org/MHSA](http://www.smchealth.org/MHSA)
- **BHRS-wide opportunities:**  
<https://www.smchealth.org/get-involved>



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# Thank you!

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

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