



Mental Health Service Act (MHSA) MHSA Steering Committee

Open to the public! Join advocates, providers, clients and families and provide your input and recommendations on MHSA programs.

MHSA Steering Committee meetings are open to the public. Meeting objectives include:

- Participate in a discussion about future MHSA Workgroup topics.
- Learn all about the upcoming MHSA Annual Update, which includes MHSA funded program outcomes.
- Hear outcomes and highlights from the Older Adult System of Integrated Services (OASIS) program, which provides in-home behavioral health supports to older adults ages 60+ years old, living with serious mental health and/or substance use challenges.

- ✓ Stipends are available for clients/families
- ✓ Language interpretation is provided as requested**

** To reserve language services, please contact us at mhsa@smcgov.org at least 2 weeks prior to the meeting.

DATE & TIME

Thursday, February 8, 2024

3:00 pm – 4:30 pm

Hybrid Meeting:

Location: 2000 Alameda de las Pulgas, Rm 201
San Mateo, CA 94403

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

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

Contact:

Doris Estremera, MHSA Manager
(650) 573-2889 ♦ mhsa@smcgov.org

www.smchealth.org/MHSA



SAN MATEO COUNTY HEALTH
**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.



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AGENDA

- | | |
|--|---------------|
| <p>1. Welcome & Introductions
 <i>Jean Perry and Leticia Bido, BHC Commissioners & MHSA Steering Committee Co-Chairpersons</i></p> | <p>5 min</p> |
| <p>2. Agenda Review & Logistics – <i>Doris Estremera, MHSA Manager</i></p> <ul style="list-style-type: none"> • Previous meeting minutes available on the MHSA website, www.smchealth.org/MHSA | <p>5 min</p> |
| <p>3. General Public Comment – <i>Commissioner Leticia Bido</i></p> <ul style="list-style-type: none"> • For non-agenda items • Additional public comments can also be submitted via email to mhsa@smcgov.org. | <p>10 min</p> |
| <p>4. Announcements – <i>Commissioner Jean Perry</i></p> <ul style="list-style-type: none"> • | <p>5 min</p> |
| <p>5. MHSA Workgroups Survey Results – <i>Doris Estremera</i></p> <ul style="list-style-type: none"> • Public Input | <p>15 min</p> |
| <p>6. MHSA Annual Update – Program Outcome Highlights</p> <ul style="list-style-type: none"> • Public Input | <p>25 min</p> |
| <p>7. MHSA Program Highlight – Older Adult System of Integrated Services (OASIS) – <i>Aaron Gonzales, Supervising MH Clinician</i></p> <ul style="list-style-type: none"> • Public Input | <p>20 min</p> |
| <p>8. Adjourn</p> | <p>5 min</p> |

*** 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**

https://www.surveymonkey.com/r/MHSA_MtgFeedback_2024





Mental Health Services Act (MHSA) Steering Committee Meeting

February 8, 2024



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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
- Jackie Almes, Peninsula Health Care District
- Jairo Wilches, BHRS OCFA
- Jessica Ho/Vivian Liang, North East Medical Services
- 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 Lim, BHC
- Paul Nichols, BHC
- ShaRon Heath, Voices of Recovery
- Sheila Brar, BHC



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Agenda

1. Welcome & Logistics
2. General Public Comments
3. Announcements
4. MHSA Workgroups
5. MHSA Annual Update
6. OASIS Program Highlight



A few logistics...

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





POLL: Demographics



Participation Guidelines

- Question/comment opportunity after each agenda item
 - Enter questions in the chat box as we go
 - “Raise Hand” option
- Share your unique perspective and experience
- Share the airtime
- Practice both/and thinking - consider others’ ideas along with your personal interests
- Be brief and meaningful



General Public Comment



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Announcements



Proposition 1 (March 2024 Ballot) – MHSA Reform

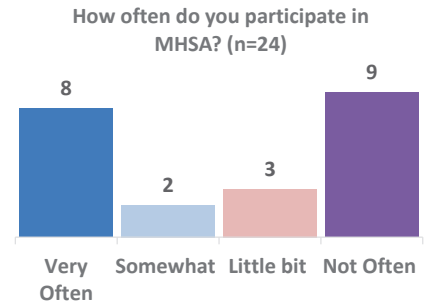
- Includes both the Behavioral Health Services Act (BHSA) and the Behavioral Health Infrastructure Bond Act

Stay informed!

- [Local Impact Analysis](#)
- California Health & Human Services – [Redesigning California's Behavioral Health System](#)

MHSA Workgroups Survey

- Survey asked about involvement with MHSA, participation goals, improvements, and priorities
- No clear priority BUT, **clear themes!**
 - Increasing awareness of and access to services
 - Mitigating the impact of Prop 1 – MHSA Reform
 - Developing workforce capacity – including peers!
 - Addressing housing gaps
 - Other - sustaining client engagement in services, improving advocacy, recovery-oriented services



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Public Input



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MHSA Annual Update




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MHSA Components

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.

1% tax on personal income over \$1 million

San Mateo County: \$41.2M annual 5-year average through FY 2022-23

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) required

- Diverse stakeholder Input
- 30-Day Public Comment Period and Board of Supervisor approval

Annual Update Timeline

- **March 1st:** Posting of the MHSA Annual Update
 - www.smchealth.org/MHSA, under “Announcements”
- **March 7th:** Vote to open 30-day comment period + public hearing
- **April 6th:** Vote to close public comment period
 - BHC Meetings:
<https://www.smchealth.org/general-information/bhc-public-meetings>

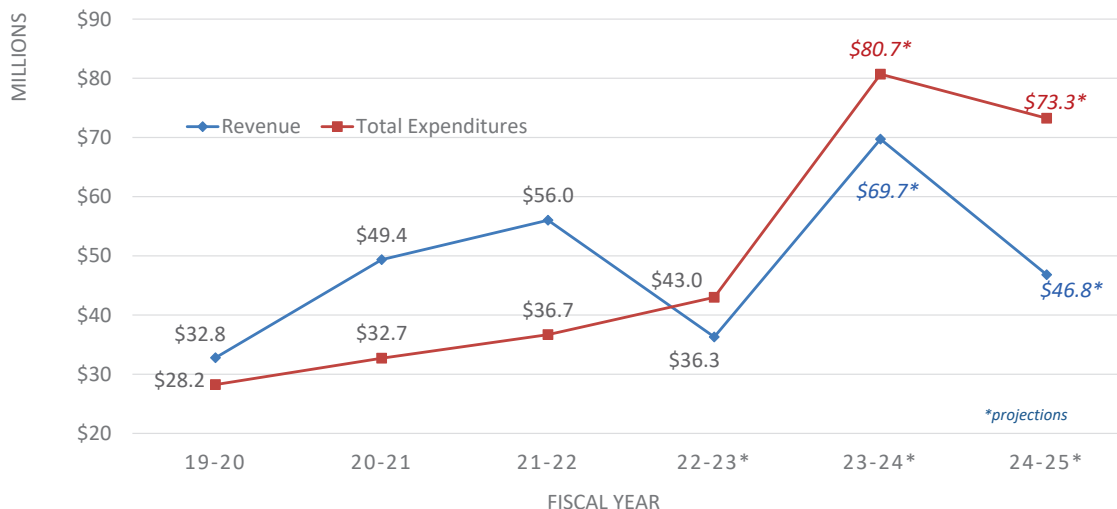


How to Give Public Comment



- Verbally at the BHC meetings:
 - [Quick Tips](#) – How to Give Public Comment at a public meeting
 - www.smchealth.org/general-information/bhc-public-meetings
- Online Form:
 - www.surveymonkey.com/r/MHSAPublicComment
- Email to mhsa@smcgov.org /
 - optional [form](#) can be downloaded from www.smchealth.org/MHSA
- Phone message at (650) 573-2889

MHSA Revenue & Expenditures



Three-Year Plan Priorities to Continue

- \$34.1M One-Time Spend Plan through FY 2025-26
- \$17.5M increase to the MHSA ongoing budget
 - \$6.3M increases to Full Service Partnerships (FSP)
 - \$1.8 M increase to Workforce Education and Training
 - \$1.8M increases to Prevention and Early Intervention
 - \$1.6M increases to Innovation for 5 new Innovation \$6M increases across ongoing programs



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Program Outcomes



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Full Service Partnership (FSP) Client Demographics

(n=646 *)

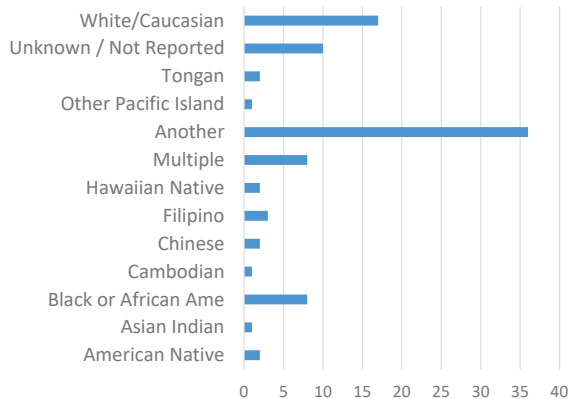
Child/Youth/TAY FSP Clients by Ethnicity

Hispanic or Latino 56%
Not Hispanic or Latino 33%
Unknown / Not Reported 11%

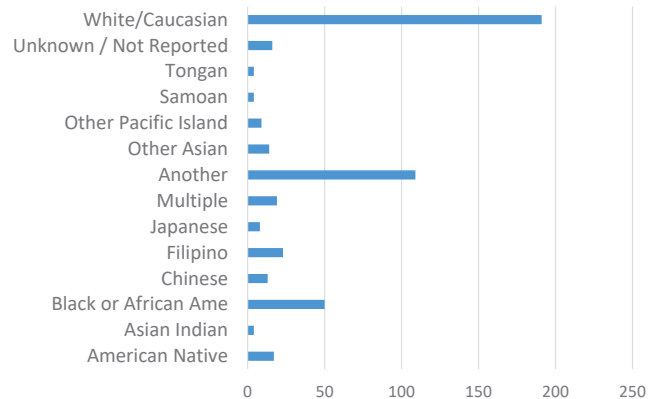
Adult/Older Adult FSP Clients by Ethnicity

Hispanic or Latino 28%
Not Hispanic or Latino 64%
Unknown / Not Reported 8%

Child/Youth/TAY FSP by Race



Adult/Older Adult FSP by Race



General System Development (GSD) Programs

Clients Served

	Substance Use	OASIS	Criminal Justice	Dual Diagnosis	Children/ Youth	Other System Dev	Peer Supports	Outreach to Clients
FY 22-23	800	161	59	264	585	1339	554	201

"Thanks to the Parent Cafe group and the Family Partner Sonia for continuing hosting the Parent Café Groups, I continue to learn how to support my children better and not feel so alone on this path. I also share experiences with my colleagues and don't feel alone dealing with my children's challenges. In this and other groups, I have met other parents who support me and who, together hand in hand, are learning to be better parents."
- Parent Cafe participant

"When I'm with my peers, the staff, and participating in the program at Clubhouse, my mental illness symptoms go away. When I am isolated and not part of the community I am tormented. So I have to take extra medication that cause side effects that are very annoying. In all my mental health programs I have experienced, they see you as your illness first. At California Clubhouse I am treated as an individual and not as my diagnosis. That makes the difference between whether I'm happy or not."
- CA Clubhouse participant



Client Outcomes - Direct Tx Programs



*To be added next FY based on input from client focus groups

Post-Intervention Outcomes

- Homelessness** ↓ **Caminar Adult and Older Adult FSP:** 30% (n=116) of Adults and 17% (n=24) of Older Adults reported an incident of being unhoused (i.e., homeless or emergency shelter) after the first year enrolled in FSP compared to 41% and 21% prior to enrolling, respectively.
- Criminal Justice Involvement** ↓ **Pathways Program:** 14.9% (n=47) of clients were taken into custody after being admitted to the program, compared to 91.5% before admission.
- Employment - Engagement** ↑ **California Clubhouse:** 63% (n=152) of members reported their interest in employment or furthering their education increased since joining the program.
- Education - School Suspensions** ↓ **Edgewood Child and TAY FSP:** 21% (n=232) of Children and 2% (n=287) of TAY reported a school suspension incident after the first year in FSP compared to 47% and 26% after the year prior to enrolling in FSP, respectively.

"I've worked with [my NMT provider] longer than anyone else in the past. Past therapists would try to diagnose me, and then give me some form of medication to 'treat' me. I don't think that actually addressed any of my issues... I've never had a therapist that's like let's do yoga, I'll do it with you. Let's do meditation, or this Qigong video together. Sometimes we do sit down and have a serious conversation. But I think developing a bond through doing activities like yoga made me feel more comfortable. [My NMT provider] is very relatable."

Post-Intervention Outcomes

Substance Use



Telecare FSP: 33% (n=107) of Transition Age Youth, Adults and Older Adults reported active substance use after the first year enrolled in FSP compared to 61% prior to enrolling.

Emergency Service Utilization



Board & Cares: 0% (n=116) of clients had a psychiatric emergency episode three months after program admission compared to 12% three months before enrollment.

Family Assertive Support Team (FAST): 23% (n=73) of clients had psychiatric hospitalizations and/or psychiatric emergency services (PES) admission post contact compared to 49% pre contact with FAST.

Prenatal to Three Initiative: 0% (n=505) of clients had a psychiatric emergency episode three months after program admission compared to 83% three months before enrollment.

Met Goals



Adult Resource Management (ARM): 81% (n=16) of clients discharged from Intensive Case Management completed their goals.

"Before coming into Telecare, I felt like I didn't have an identity. In those moments, I didn't care about my life, I didn't care about the choices I was making and how they were hurting my family. I was in a dark place. I felt like I was just treading through mud and just going through the motions. It seemed as though no one believed in me, no one was able to see my inner struggle, and no one could see the evolution of changes going on within me. My family, especially my mom, has been a huge influence on helping reawaken me to live the best life I can. She believed in me when I didn't believe in myself, and so did Telecare. Working with Telecare has given me that truth serum I needed, in the sense that they pushed me to see that I was better than whatever was going on in my life and conflict internally. They worked with me on goals and more and more doors opened. I was able to change my perspective to be more realistic and more understanding and I began to feel like somebody out there does see my worth, even if I couldn't...I know now I am more than my diagnosis."



"My name is Yazmin and I have struggled with mental health issues since a young age, specifically Bipolar 2 and behavioral disorders. At 13 my mental stability went very downhill, I battled with self-harm, suicidal ideations, and addiction throughout my teenage years. I received improper psychiatric treatment for years and that caused myself harm and suicidal ideations to worsen and worsen. As my mental stability worsened, I was abused in different forms and was at rock bottom. At 18 I began dating a man and very quickly got attached due to my vulnerability stemming from how unstable I was. Very soon into our relationship he became abusive, and the abuse increased until I left. Today I am proud to say that I am actively receiving psychiatric help and am mentally stable, I left an abusive relationship, and now I am working to get my college degree. I am continuing to work and fight for myself, and my support team has helped me get to where I am now. I never thought I would get to where I am today, but I know I am only going to get better and better."

Prevention and Early Intervention (PEI)

Clients Served

	Ages 0-25	Early Intervention	Prevention	Recognition of Early Signs of MI	Access & Linkage to Treatment
FY 22-23	694	365	2,609	124	7250

"It was scary and sad when I first moved into Coast House. Now, I am more relaxed than ever before as I do not have to hustle to make rent. I have a case manager onsite, there are meals, laundry services and access to medical care. I have found ways to be of service with the other clients on site and we have a sense of community. I feel cared for and hopeful for my future."

- North County Outreach Collaborative, Pacifica Collaborative participant

"[I was] speaking to a friend who was depressed, and I recognized signs and offered some therapists to see if she wanted. We spoke about counseling, and she felt comfortable enough to attend the session."

- Adult Mental Health First Aid, Six-Month Follow-Up



Outcomes – PEI Programs

Knowledge, Skills



Empowerment



Mental Health



Emergency Utilization



Connection



Stigma



Cultural Humility/Identity



Access



Community Advocacy



Post-Intervention Outcomes

Knowledge, Skills	↑	Youth S.O.S.: 100% (n=30) who received support from Youth SOS crisis staff reported that they learned a new coping strategy to increase mental, emotional, and relational functioning.
Stigma	↓	Mental Health Month: 88% (n=83) agreed or strongly agreed that they are MORE likely to believe people with mental health and/or substance use conditions contribute much to society.
Empowerment	↑	Health Ambassador Program (HAP): 100% (n=23) are more confident in their ability to advocate for themselves and/or their child/children. HAP-Youth (HAP-Y) : 77% (n=33) reported that their participation led them to consider a career in mental health-related field.
General Mental Health	↑	Pride Center: 88% (n=49) clients assessed post-clinical intervention for depression and 80% (n=49) assessed post-clinical intervention for anxiety, experienced a reduction in symptoms. Primary Care Interface: 68% (n=92) agreed or strongly agreed that they are better able to manage their symptoms and participate in daily life.

“Partnerships with SMC Libraries, such as with Fiona Potter and the Redwood City Library, gave us all an open door to communicating the facts about Suicide and the truths on how the action of choosing to end One’s life can be preventable.”
- Suicide Prevention Month (SPM) Participant

Post-Intervention Outcomes

Cultural Identity	↑	Cariño Project: 89% (n=73) reported that due to their participating in this program, they feel more connected to their culture.
Access	↑	Health Equity Initiatives Latino Collaborative, Cesar Chavez Celebration: 98% (n=66) strongly agreed or agreed that they know where to go to obtain services. African American Community Initiative, Juneteenth: 81% (n=27) strongly agreed or agreed that they know whom to contact for mental health or addiction care.
Emergency Utilization	↓	(re)MIND early psychosis: 70% (n=23) experienced a reduction in hospitalizations; both number of days and number of episodes.
Connection	↑	Older Adult Peer Counseling: 93% (n=41) reported that as a result of participating in the program, they are now connected to community resources and 92% are feeling less lonely.
Community Advocacy	↑	GiraSol: 100% (n=8) youth reported that due to this program, they are more willing to use their voice to prevent discrimination against people with mental health challenges in their community.

“I feel that I am ready to take this step in figuring out my identity, and orientation to alleviate deeper unresolved questions, doubts, fears, and sources of frustration/sadness.”
- Pride Center participant

Implementation Highlights



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“My Journey, My MHSA” – MyMHSA.org

**MHSA:
THE IMPACT
IS REAL.**

Mental health.
Well being.
Life-changing care.

Learn more
at myMHSA.org



**MENTAL
HEALTH
SERVICES
ACT**

Transforming mental health
& substance use services
in San Mateo County.

Learn more
at myMHSA.org



**THE
MHSA
EFFECT**

Accessible
mental health &
substance use
programs that
change lives.

Learn more
at myMHSA.org



**POWERFUL PREVENTION AND
LIFE-CHANGING TREATMENT.
THAT'S THE MHSA EFFECT.**

Learn more at myMHSA.org



“
**THANK YOU FOR
HELPING ME
WHEN NO ONE
ELSE WOULD.
YOU ALL HAVE
SAVED MY LIFE.**

Uncover more mental
health stories at myMHSA.org



“ IT'S EASIER WHEN YOU'RE
NOT DOING THIS ALONE.

Uncover more mental
health stories at myMHSA.org



Learn more
at myMHSA.org



**My Family.
My Mental Health.
My MHSA.**

Learn more
at myMHSA.org



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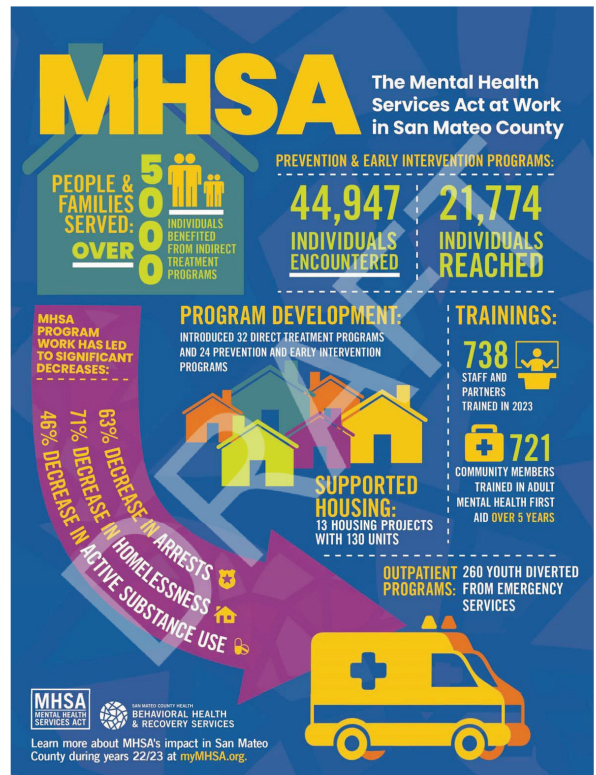
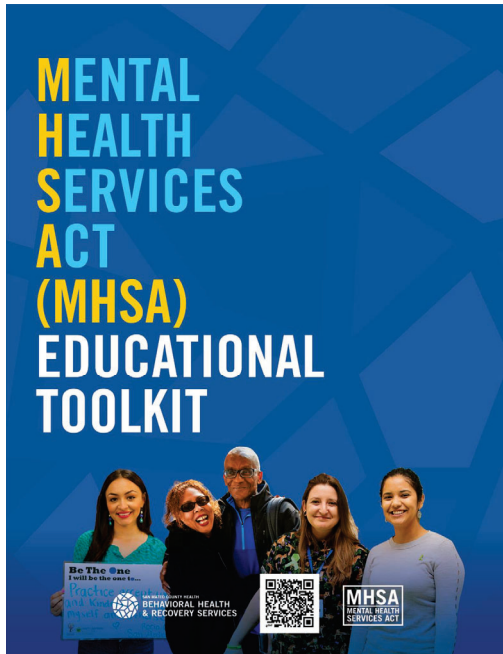


“ TO GIVE MY DAUGHTER AND ME THE SUPPORT,
HOPE AND UNDERSTANDING WE NEED IS
INCREDIBLE.

Uncover more mental
health stories at myMHSA.org



MHSA Toolkit



Innovation Projects



*Year 3 Report

Now Available

- 5 New INN Projects - August 2023
 - Adult Residential In-home Support Element (ARISE)
 - Mobile Behavioral Health Services for Farmworkers
 - Music Therapy
 - PIONEERS Program





Questions?



Program Highlight

-Older Adult System of Integrated Services (OASIS)



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Questions?

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Get Involved!

- **Subscribe** to stay up-to-date and receive opportunities to get involved in MHSA planning: www.smchealth.org/MHSA
- **Check out** these BHRS-wide opportunities: <https://www.smchealth.org/get-involved>

Thank you!

Jean Perry, BHC Commissioner
Leticia Bido, BHC Commissioner
Doris Estremera, MHSA Manager

Email: mhsa@smchealth.org

Website: www.smchealth.org/MHSA

Let us know how we can
improve:

[www.surveymonkey.com/r/MHSA
A_MtgFeedback_2024](http://www.surveymonkey.com/r/MHSA_MtgFeedback_2024)



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OASIS

OLDER ADULT SYSTEM OF INTEGRATED SERVICES

**Presented by:
Aaron Gonzales, LMFT**

8/17/23

HISTORICAL BACKGROUND

- Older adult specialty team established over 20 years ago to provide home-based services
- Senior Peer Counseling program started 20+ years ago to provide individual counseling by trained volunteers
- Expansion under Mental Health Services Act (MHSA) to develop an Older Adult System of Care.

OASIS PROGRAM COMPONENTS

- Specialty field-based multi-disciplinary outpatient treatment team
- Older Adult/Medically Fragile Full-Service Partnership
- Collaborative Partnership with Health System Providers.

FIELD-BASED SPECIALTY TEAM

Target Population:

- San Mateo County residents
- Age 60 and over
- Priority: Medi-Cal and/or Medicare
- Seriously mentally ill
- Co-occurring medical illnesses, cognitive impairment, and functional limitations, i.e. home bond with mobility problems.

FIELD-BASED SPECIALTY TEAM

Multi-disciplinary treatment team:

- Psychiatrists (3 and resident)
- Clinical Case Managers (LCSW and LMFT) (4)
- Community Mental Health Nurse (1)
- Peer Support Worker (1)
- VRS Worker Medical Appointment Escort. (2)

FIELD-BASED SPECIALTY TEAM

Services Provided:

- Psychiatric medication evaluation/monitoring
- Clinical case management
- Counseling/therapy
- With limited resources of transportation, VRS escorting, and assistance with medical appointments and follow-up.

FIELD-BASED SPECIALTY TEAM

Cultural and Linguistically Competent Services with staff representation from the county's underserved population:

- Spanish-speaking psychiatry and case management staff
- Chinese case manager with language capacity in Mandarin & Cantonese
- African-American case manager
- LGBTQ+ cultural considerations/allies.

FIELD-BASED SPECIALTY TEAM

Multiple referral sources:

- Aging and Adult Services
- BHRS Regional Care
- Primary care providers
- Senior day care programs
- Hospital discharge planners
- Community agencies
- Family/caregivers
- Self

FIELD-BASED SERVICES

Program Capacity

- Around 200 active clients any time in the year.
- Home visits
- Ability to see unstable clients weekly if needed
- Direct access point for new referrals.
- Call OD LINE (650)573-3689 for referrals or email to Unit Supervisor/AVATAR transfer.

COLLABORATIVE PARTNERS

Aging and Adult Services:

- Adult Protective Services
- Public Guardian
- In Home Support Services (IHSS)

Ron Robinson Senior Care Center:

- Primary Care Providers
- Neuropsychological testing
- Psychiatry.

UPWARD Health (HPSM HomeAdvantage)
(previous with LandMark Medical Group)

2023 Success/ MHSAs Report

- Referrals to:
 - California Clubhouse
 - Social and Vocational Rehab programs
 - Coast side Adult Daycare Program
- Success Story
 - 88-year-old client Hx of severe medical issues and now able to keep apt because of case management and has support in making it to

QUESTIONS?

