



Mental Health Services Act (MHSA) Steering Committee Meeting

Thursday, February 8, 2024 / 3:00 – 4:30 PM

Hybrid Meeting

Location: 2000 Alameda de las Pulgas, Room 201, San Mateo

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

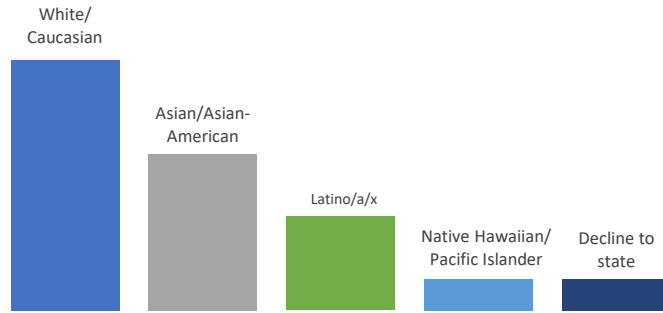
Dial in: +1 669 900 6833/ Meeting ID: 892 2421 4146

AGENDA

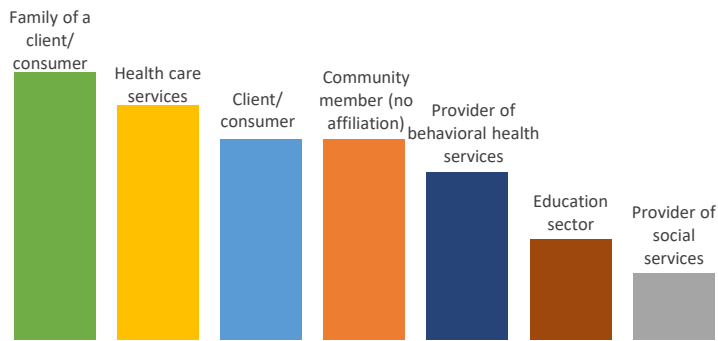
<p>1. Welcome & Introductions <i>Jean Perry and Leticia Bido, BHC Commissioners & MHSA Steering Committee Co-Chairpersons</i></p> <ul style="list-style-type: none"> Participants shared name, pronouns and affiliation via chat. MHSA Steering Committee members introduced via slide. <ul style="list-style-type: none"> Jackie Almes, Peninsula Health Care District, is a new Steering Committee member 	<p>5 min</p>																
<p>2. Agenda Review & Logistics – Doris Estremera, MHSA Manager</p> <ul style="list-style-type: none"> 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 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% (n=18) response rate at the time the poll was launched: <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <table border="1" data-bbox="305 1451 724 1610"> <thead> <tr> <th colspan="2">What is your age range?</th> </tr> </thead> <tbody> <tr> <td>16-25</td> <td>6%</td> </tr> <tr> <td>26-59</td> <td>61%</td> </tr> <tr> <td>60-73</td> <td>33%</td> </tr> </tbody> </table> <div data-bbox="800 1419 1235 1724"> <p>Gender Identity</p> <table border="1"> <thead> <tr> <th>Gender Identity</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Female/Woman</td> <td>61%</td> </tr> <tr> <td>Male/Man</td> <td>33%</td> </tr> <tr> <td>Decline to State</td> <td>6%</td> </tr> </tbody> </table> </div> </div>	What is your age range?		16-25	6%	26-59	61%	60-73	33%	Gender Identity	Percentage	Female/Woman	61%	Male/Man	33%	Decline to State	6%	<p>5 min</p>
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Race/Ethnicity



Stakeholder Group



3. General Public Comment – Commissioner Leticia Bido

- For non-agenda items
- Additional public comments can also be submitted via email to mhsa@smcgov.org.
- Pat Willard – The agenda only includes existing programs. There isn't a roadmap of what's coming next in BHRS. It would be good to know what projects are in the works (such as the state-mandated 988 mobile response program) to get visibility on when it's coming and where it stands and anticipated launch date. Additionally, will there be an opportunity to discuss other Workgroup Topics, like the 3-year plan and MHSA marketing plan?
 - Doris responded that these will be discussed during item 5.
 - Leticia responded that the survey results of future workgroups are forthcoming on the agenda and we will have time to discuss other Workgroup Topics.
- Maria Lorente Foresti – San Mateo County is celebrating Black History Month at the East Palo Alto Eastside Preparatory College on February 17th 10am-3pm. It will be a celebration of African Americans, art and wellness.
- Carolyn Shepard – What will the impact of Prop 1 be on future on MHSA supported units in new housing developments?
 - Prop 1 does support priorities around housing, rent subsidies and supportive services. Doris directed participants to MHSA website (under

10 min



<p>Announcements) to view the MHSa Prop 1 slide deck announcements for information about what is known about Prop 1.</p>	
<p>4. Announcements – Commissioner Jean Perry</p> <ul style="list-style-type: none">• April 27th – NAMI will be hosting a gala to celebrate their 50th anniversary.• March 5th – U.S. Primary elections• February 20th at 7pm – League of Women Voters is holding a webinar on Prop 1.• Resources to understand local impact of revision of MHSa – California HHS website, https://www.chhs.ca.gov/behavioral-health-reform/	<p>5 min</p>
<p>5. MHSa Workgroups Survey Results – Doris Estremera</p> <ul style="list-style-type: none">• MHSa works groups have been a great way to engage Steering Committee on different topics, including Full-Service Partnerships, housing, innovation, 3-year workplan workgroup, and communications.• Workgroups are limited to 12 participants.• Survey was administered to gauge interest in future topics. Out of the 24 responses, no clear priority/ies emerged, but there were clear themes:• No clear priority, but clear themes:<ul style="list-style-type: none">○ Increasing awareness of and access to services○ Mitigating impact of Prop 1○ Developing workforce capacity○ Addressing housing gaps○ Other topics included sustaining client engagement in services, improving advocacy and recovery-oriented services• Public Input<ul style="list-style-type: none">○ Commissioner Perry – Older Adult Committee discussed how the Board of Supervisors (BOS) voted to declare loneliness a public health crisis in San Mateo County. The Committee also discussed how to know if we are really hearing from the entire community and how to reach people that we don't normally talk to.○ Jessica – Is there funding attached to the BOS ordinance that declared loneliness a public health crisis, or is it just a declaration?<ul style="list-style-type: none">▪ Commissioner Perry – said that it is just a declaration at this time, but we are in a position to advocate for next steps.▪ Jessica – Can we include BOS in this mtg or write them a letter and request that they be involved? What would be the most effective way to let them know what is the plan and next steps? Please involve the community and this committee.○ Pat – What does improving advocacy mean (in the survey results)? There were 2 organizations that made presentations at yesterday's commission mtg and there were 3 things within their surveys that were related directly to services by BHRS. Are there workgroups around that, or does BHRS communicate what we're working on first; going back to my road map suggestion, are we going to work on specific things.<ul style="list-style-type: none">▪ Doris hearing a theme related to how do we share more intentionally what's up and coming and how one can get involved.	<p>15 min</p>



<ul style="list-style-type: none"> ▪ Re: improving advocacy, it seems to be related to getting peers and folks involved in advocating whether it's here, at a commission meeting or BOS meeting. It's not what we said, it was a comment in the survey. ○ Commissioner Perry - I would love for us to have a pathway for us to take the info and learnings (from the presentations at the BHC meeting) and implementing some needs/what they identify as successful methodologies for engaging with their communities. Would love to see that as a workgroup? ▪ Doris provided some background info that at BH Commission meeting last night there was presentation about a local needs assessment led by Substance Use Prevention unit at BHRS. Needs assessment was run by community for the community. When we did our 3-year planning we saw that substance use continues to be an issue, especially amongst youth, and an area of priority for MHSA funding. At that time of our planning, the needs assessment was just beginning. We knew there was going to be a need for funding to support implementation, and that was an allocation we made as a Steering Committee. There is MHSA funding to implement the recommendations that these communities come up with. 	
<p>6. MHSA Annual Update – Program Outcome Highlights</p> <ul style="list-style-type: none"> • The Annual Update will undergo a 30-day public comment process. • MHSA revenue is averaging \$41M per year over the past several years and represents approximately 16% of the BHRS budget. • What's in annual update? <ul style="list-style-type: none"> ○ Program specific data and outcomes ○ Implementation and planning updates ○ Changes to the 3-Year Plan • How to give public comment <ul style="list-style-type: none"> ○ Verbally at BHC meetings ○ Online form ○ Email to mhsa@smcgov.org ○ Phone message • Budget will remain status quo. <ul style="list-style-type: none"> ○ Expenditures and planned expenditures are higher than revenue during 3-year plan on purpose. We got more revenue than what we anticipated during COVID, and now we are going to spend more of the unspent revenue during this 3-year plan. ○ Made big one-time spend plan included supported housing development, big ticket items, hotel purchases for transitional housing, implementation of crisis stabilization. Will continue to drill down spending 34 million one-time spend plan through FY 25-26. ○ \$17.5M increase to MHSA budget, specifically to FSP, workforce education and training, prevention and early intervention, innovation. • Program Outcomes <ul style="list-style-type: none"> ○ Demographics and penetration rates are low for Latino residents system-wide but ok for FSP. Highest for white, Black and Native American ○ General Systems Development – lot of work done across the system, including substance use, older adults, criminal justice, outreach 	<p>25 min</p>



<ul style="list-style-type: none"> ○ Direct treatment programs – measures we want to look into – emergency utilization, employment, education and housing goals, connection, etc. We are not there yet in terms of measuring all of these outcomes, but we have engaged Americans Institute on Research in taking a look at these indicators and exploring how to collect each. ○ Emergency services utilization was collected across programs. ○ Prevention and early intervention (PEI) – already engaged consultant to think through outcomes related to PEI programs ○ DO have data across PEI programs – knowledge, skills, cultural humility, empowerment, connection ● Implementation highlights <ul style="list-style-type: none"> ○ My Journey, My MHSA campaign – workgroup developed messaging and communication plan. Website: MyMHSA.org. Billboard on Hwy 101 in San Carlos. Infographics, toolkit ● Public Input <ul style="list-style-type: none"> ○ William – what ever happened to \$10M that was given to DOH. Doris said that it is slow to move money when you’re talking about construction of new housing. We have to wait for ground to break before we can see the expenditure. Why? Bc some of them are dedicated to BHRS clients, but it’s happened. Two NOFAs went out. We will get a total of 50 units. But it is encumbered. ○ Pat – suggestion or food for thought. The graph you showed with revenue and expenditures that looks like we are spending more money than we are getting. Carryover – the years that you spent less, somewhere in that chart should show that are carrying over money so that it doesn’t look like you are spending more money than you have. You already have that money, it’s already in the bank. <ul style="list-style-type: none"> ▪ We do have reserves set aside for rainy days. Don’t touch that, save for rainy days. ○ Jane – Can a list of those 50 supported housing units local be sent to me? Do any of these belong to parcels of land bought by the Board of Supervisor on Walnut Street in San Carlos. <ul style="list-style-type: none"> ▪ Doris said yes that can be shared because it is public information. Last she heard is that ground is breaking earliest is FY25-26. We can provide details after the meeting. ▪ Mariana said that she does have list of housing projects, the funding went in with the DOH, we were able to leverage those funds. DOH will also be allocating vouchers to those units. 	
<p>7. MHSA Program Highlight – Older Adult System of Integrated Services (OASIS) – Aaron Gonzales, Supervising MH Clinician</p> <ul style="list-style-type: none"> ● Aaron Gonzales is a licensed MFT, supervising MH at OASIS, funded by MHSA. ● Formed 20 years ago to provide home-based senior peer counseling program, individual counseling by trained volunteers to seniors. ● Expanded with MHSA to develop older adult system of integrated care when it was noted that there were challenges for older adults with regards to case 	<p>20 min</p>



SAN MATEO COUNTY HEALTH

BEHAVIORAL HEALTH & RECOVERY SERVICES

management hard to get case management, transportation, access to care, education.

- Program components – specialty team within BHRS, multi-disciplinary team working with older adults. Many have medical fragility. FSP, so they will receive case management and psychiatric care. We do have psych nurse on team. Hiring new one. Drivers to take clients to appointments. Also have a peer counselor that does peer to peer counselor. Collaborate well with medical providers throughout the health system, mainly Ron Robinson at SMMC. We have medically frail clients, many diagnosis outside of SMI. We try to get them care at SMMC, but someones outside like Seton.
- Demographics – up and down SMC. As far as EPA to Daly City and Coastside. One maybe 2 in Pescadero. Large base to cover.
- Criteria
 - 60 and over. Case to case, tho, some are in mid-late 50s bc they have severe medical severity.
 - Health insurance must be either Medi-Cal or Medicare.
 - SMI diagnosis required. Mild-to-moderate not eligible.
 - Need in-home supportive services
 - CO-occurring medical illnesses, cognitive impairments. If clients had full on dementia would relinquish services to their primary care providers to do medications.
 - Try to work with neuro-psych evals.
 - Functional limitations or severe mobility issues that prevent them from receiving care at medical facility
- Multi-disciplinary teams – 3 Psychiatrists, 1 floating resident who stays in program for 3 months, clinical case managers who are LCSWs and LMFT (hiring), 1 community mental health nurse (hiring) – they can provide injections to clients, 1 peer support worker, 2 Vocational Rehabilitation Services (VRS) escorts who can drive clients to appointments (these are folks who have gone through job coaching, might have been a client before and now able to work)
- Services – psychiatric evaluation, medication, monitoring, clinical case management, counseling and therapy, transportation services.
- Cultural humility to clients, serve underserved population including Spanish speaking psychiatry and case management staff. Hiring a Mandarin speaking capacity. African American case manager. LGBTQ consideration.
- Multiple referrals – Aging and Adult Services, Institute on Aging in tandem with clients. Majority of referrals come from BHRS regional clinics, especially during post-pandemic due to added mobility difficulty, Primary Care Providers (PCPs) especially Ron Robinson and the San Mateo Medical Center (SMMC), senior day programs (especially in the coastside), hospital discharge planners (not common), community agencies, caregivers and clients themselves (from ACCESS).
- Program capacity – 200 active clients. Typically, OASIS is their last stop so hold on to clients for a long time.
- Strictly home visits – go into Residential Care Facilities for the Elderly and Adult (RCFEs), board and cares (B&Cs) and Skilled Nursing Facilities (SNFs) as well
- Ability to see unstable clients weekly if needed.



<ul style="list-style-type: none"> • Direct access point for new referrals is through the Officer of the Day (OD) line. In-house BHRS clients can be transferred via Avatar. Assessed and assigned within 3 days is goal. • Collaborative care partners – Aging and adult protective services, Public Guardian system through LPS Conservatorship, hospitals from probate. (50% of clients are conserved), IHSS for supportive services (cook, clean, etc.), Ron Robinson senior care center for primary care for senior specialty care, Backups for neuropsych tests up to 8-10 months. Upward Health (HPSM home advantage care system), previously done by Landmark medical group, provides extra case management, more therapy, in home health nurse. • MHSA report – increase in referrals to community resources (like CA Clubhouse), Coastside Adult Day Care program. • Public Input <ul style="list-style-type: none"> ○ Commissioner Michael Lim: Thanks for presentation. You mentioned you have 200 clients in program. Is that the maximum capacity you have? Is there a waiting list? How do you get your referrals. <ul style="list-style-type: none"> ▪ Aaron responded that there is no maximum, 200 is the average. Hold onto clients for a very long time, 10-15 years often. Never turn anyone away. ○ Commissioner Jean: Could you let us know how the team is able to respond to crises versus the inability of the patient to access things like serenity house. Where does your team take over in terms of crisis response? <ul style="list-style-type: none"> ▪ We are not a crisis response team. We function as an outpatient clinic. If we have to help them in a crisis, OASIS can step in to take them to emergency care service. ○ Kathleen – What is the orientation? How will prop 1 affect MHSA funding? <ul style="list-style-type: none"> ▪ Doris will invite her to the next one. We will set up time to discuss. Or you can review slide deck on the website. 	
<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/keynotes/MHSA_MtgFeedback_2024

ATTENDANCE

There were 35 attendees; 3 participants in-person, 32 logged in to through Zoom. Below is a list of attendee names; call-in numbers are unidentifiable and not included.





SAN MATEO COUNTY HEALTH

BEHAVIORAL HEALTH & RECOVERY SERVICES

MHSA Steering Committee Co-Chairpersons

1. Jean Perry (she/her), BHC Commissioner
2. Leticia Bido (she/her), BHC Commissioner

MHSA Steering Committee Members

3. Jackie Almes (she/her), Youth Behavioral Health Programs, Peninsula Health Care District
4. Jessica Ho (she/her), North East Medical Services
5. Juliana Fuerbringer, California Clubhouse
6. Maria Lorente-Foresti (she/her) BHRS Office of Diversity and Equity (ODE)
7. Mary Bier (she/her), North County Outreach
8. Michael Lim (he/him), BHC

Presenter(s)

9. Aaron Gonzales (he/him), Supervising Mental Health Clinician, BHRS OASIS Program

BHRS Staff

10. Doris Estremera (she/her), MHSA Manager
11. Jei Africa (he/him), BHRS Director
12. Mariana Rocha (she/her), BHRS Clinical Services Manager
13. Sylvia Tang (she/her), BHRS ODE
14. Tia Bell (she/her), BHRS ODE

Other Participants

15. Audrey Klein
16. Cara Galvis
17. Carolyn Shepard
18. Charles Hansen
19. Charo Martinez
20. Dave Hanson
21. Gina Olinger-Giani
22. Jane Cummings
23. Jo
24. Jonathan H
25. Kate Phillips
26. Kathleen Holt
27. Lanajean Vecchione
28. Mark Cloutier
29. Melinda Henning
30. Pat Willard, Anti-Racism Coalition
31. Paul Nichols, BHC Commissioner
32. Sonali Suratkar
33. Twila Dependahl, Volunteer
34. Vivian Liang, North East Medical Services
35. William Elting, Volunteer