



SAN MATEO COUNTY HEALTH

**BEHAVIORAL HEALTH
& RECOVERY SERVICES**



Mental Health Services Act (MHSA) Steering Committee

Wednesday, March 4, 2020 / 4:00 – 5:30 PM

County Health Campus, Room 100, 225 37th Ave. San Mateo, CA 94403

AGENDA/MINUTES

- **Welcome** 5 min
- **Scott Gilman:**
 - Governor speech about MHSA priorities
 - “If you don’t spend it then we’ll spend it for you”
(Prudent Reserve/Risk Reserve)
 - Not at risk of lapsing money back to the state
 - Analysis to make sure that we’re in line where the governor thinks we should be ~22%
 - Assess to see whether to put more money in the prudent reserve
 - Elective officials circuit
 - Bill to reform MHSA dollars
 - Homelessness: making sure that money is used correctly instead of building more apartments to fix the issue
 - Next month: release of a fact sheet and flagging the governor’s priorities with our legislative priorities

- **MHSA Background** 15 min
- **MHSA Steering Committee Restructure**
 - 2 meetings are not enough with jampacked information
 - How can we make this more meaningful?
 - Proposing quarterly meetings
 - MHSA experts
 - 1 or 2 commission liaisons
 - A lot more involved and be a spokesperson to pass to the board
 - Focus-time limited strategy groups
 - Example: Youth Crisis strategy development
 - Bringing this topic back as a proposal in the fall to open it up for comments
 - Question: Are applications available?



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- Applications are on the website through smchealth.org/mhsa or email Doris for further questions
- MHSA Three-Year Plan
 - Will include current program commitments that remains as the status quo
 - Implementation phase
 - Annual evaluations, reporting, adjust, or end a program
 - Identify priorities, gaps, what's working well that could benefit from an enhancement to help address the needs
 - Present the findings and vote on April 29 meeting
 - Includes expenditure projections
 - How fast?
 - depends on the revenue
 - Revenue: 34 million
 - Projection: 32 million
 - How do we get the money?
 - Through RFP
- Community Program Planning
 - Needs assessment phase
 - Assessments and report findings developed into a survey that includes the needs of the communities to help prioritize the themes
 - Includes how important each theme is
 - Survey ends 03/20
 - Question: Can we post this survey on our personal platforms?
 - Yes, you can share it.
 - Preliminary results
 - Survey (sent separately to BHRS employees)
 - 80 BHRS employees
 - Needs
 - Co-occurring and complex cases
 - Can tie with workforce education
 - 96 from broader community



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- 46% client or family member
 - Individuals identified as a client also prioritized co-occurring and complex cases as a need
- 40% provider
- 58% White
- 74% Ages 26 to 59
- Needs of youth and adults (data are the same)
 - Homelessness & housing
 - Mental health crisis supports
 - Suicide/suicide ideation
 - Trauma
- Question: Is language included in the survey?
 - We did not include language. We wanted to keep the survey short. The survey is only available in English, but we will host input sessions that will include different languages
- Question: You mentioned that this survey is new. What was the thinking behind this?
 - We wanted the in-person time to focus on strategy development.
- Populations experiencing mental health/substance use issues that aren't adequately served
 - Immigrant
 - Refugees
 - Homeless
 - Parents and families
 - Age groups
 - School age
 - Transition age
 - Older adults
 - Similar oh both BHRS and community survey data
- What makes it difficult to access services? (Question from survey)



- Healthcare coverage
 - Not really a lack of coverage, but limited coverage especially from private insurances
- Stigma
- Social determinants of health
 - Poverty, employment, education
- Immigration status
- BHRS employees
 - Transportation
- Strategy development phase
 - Use the results from the survey to know the priority populations that we need to address as we think about the topics that are important

1. **Needs Assessment – Preliminary Results** 25 min

2. **Strategy Development Launch - Breakout Activity** 40 min

- Notes attached
- Select 1 area of need you would like to focus on and answer the following questions:
 1. Are there any program/service that are working well to address the need identified and would benefit from either expansion or enhancements?
 2. Is there a new service or program that you would like to see considered to address the need identified?
 3. If you were to select one (1) strategy from those identified in the above two questions, which do you believe would have the biggest impact in San Mateo County. (dots)

3. **Adjourn**

**Next MHSA Three-Year Planning Meeting
Strategy Prioritization**

April 29, 2019 from 4:30pm – 6:30pm

Veterans Memorial Building, Redwood Room
1455 Madison Ave, Redwood City, CA

MHSA Three-Year Plan Community Program Planning (CPP)

MHSA Steering Committee Meeting (3/4/20) Strategy Development Launch - Breakout Activity Notes

1. Are there any program/service that are working well to address the need identified and would benefit from either expansion or enhancements?
2. Is there a new service or program that you would like to see considered to address the need identified?
3. Strategy categories:
 - Prevention
 - Direct service
 - Workforce Education and Training

Homelessness/Housing

Prevention:

- Permanent supportive housing
- Change restrictions that you cannot live with family in supported housing- enhancement of services (1)
- Cedar St. housing- Support in case of change in status – challenging living with neighbors in crisis, monitoring and intervention- enhancement
- Creating more single-family affordable housing (Tiny Homes)
- Samaritan house- help with rent and deposit- expansion
- Support core agencies that help financially and teach financial health-expansion
- Inclusionary housing with onsite support (developmentally disabled, and paid staff to live in housing)
- Creating community for the recently housed- teach them daily living skills
- RAMP- Re-entry- enhancement
- Barrier removal for those that have been previously incarcerated

Direct Service:

- Mobile MH services (1)
- Safe parking programs linked to core services (1)
- Drop-in centers, programs for those recently released from rehab/correctional facilities
 - Navigation centers- case management but also a place to look for jobs, training on daily living, a place to shower, provide hygiene products
- Intentional Outreach- Education to Police
- St. Vincent De Paul- Drop in center or womens center
- Transitional housing- less restrictive housing, study to see variety of environments/structures (1)
- Rehab housing- Transition them out, health supportive environment (co-occurring)

- Fund a study to understand why we have such high attrition (end services early for substance use)
- 5 year program for housing that includes job training until person is able to support themselves

Workforce and Education:

- Expand workforce mobile van
- Training and Education specific to homeless population for mental health staff, police, homeless service providers, first responders trained by those with lived experience (3)
- CIT training (1)
- More peers! Mental health, outreach, case managers- all providing core services and getting paid
- Train primary care physicians not comfortable asking about homelessness
- Screening for SDOH by primary care providers
- Schools- train teachers on identifying homelessness
- Train students (psych, MSW, MFT) on the issue and how to provide services

Trauma

Prevention:

- Womens group (HEI Structure) (1)
- Generation support (ACES) direct or indirect trauma at early age within school system: school clinicians' partnership with orgs work with both parents and child (0-5) include art therapy (1)
- Helping new parents ex: pre 3 directly to clients into home to establish a healthy routine
- WRAP- 3x a week after residential services and sometimes afterwards to give referrals and pipeline to leadership opportunities (HAP)
- Work closer with human trafficking efforts to support trauma services

Direct Service Strategy:

- Trauma informed therapists (or specialty) listed or info provided by ACCESS
- More support during early stages of recovery services (residential) LMFTs trauma groups at residential treatment
- 24/7 availability of MH services at all residential services
- Male services (CORA) relationships abuse including those in name of support

Workforce Strategy:

- LEA work/Healing process
- Trauma Informed care (SDA process)- workforce that is trained (ACE scores) including front line staff (ACCESS) (2)
 - Trained in trauma
 - Cultural/socio-economic trauma
- Photovoice for broaden pop ex: military transition
- Peer Support

Suicide/Suicidal Ideation

Prevention:

- Outreach to schools Junior high 6-7-8: Public education about suicide (4)
- Peer support
- Community Inclusion (WRAP, cognitive behavioral therapy, trauma informed, psycho emotional training)
- Anti-Bullying Program
- Screenings
- WRAP/Wellness tools/ psycho emotional training
- Using social media responsibly
- Weeklong school event (WRAP, anti bullying, social media)
- Public education for olderr adults and other groups
- SRS screening

Direct Service:

- School: Peer to peer training
- Strategy of case management
- Warmline: Children and Adults
- Wellness center for connectivity; drop-in center (1)
- Starvista language access; more training for crisis hotline
- Pride Center- more wellness programs

Workforce:

- Peer support for clinicians
- Harm reduction training
- Educating on trauma informed language (1)
- Cultural competency/different cultures define suicide differently

Mental Health Crisis

Prevention:

- Existing- WRAP- Expand it, more trainers, more classes to all BHRS clients (1)
 - Include in treatment plan
 - Customize to AOD, MH, Trauma, psychosis
- New: MH relapse prevention: include wellness to recovery in treatment plan
 - Other supports even after exiting treatment
- Increase access to CBT/DBT interventions
- Peer support available after business hours and weekends (3)
- 24/7 crisis warm line (1)

- Duplicate respite homes in other location (1)
- Expanding family access to crisis prevention tools/resources

Direct Service:

- Crisis services by peers at the peer lead programs (5)
 - By trained peers such as NAMI Peer Pal
- 24/7 warm line

Workforce:

- Training peer and family members as crisis responders: EBPs, de-escalation practices (1)
- Community training, expanding training for parents scale as the Parent Project curriculum (2)
- Train AOD providers to recognize MH issues better, make better referrals for co-occurring
- Create structured trainings for family/peers to respond to crisis (5)