



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 the first Thursday at 3pm in February, May, September and December to provide input, make recommendations and stay up-to-date on new MHSA developments and ongoing programming.

Meeting objectives include:

- Present the MHSA Annual Update – learn about implementation highlights, program outcomes and the latest fiscal updates
- Launch a new cycle of Innovation (INN) Projects and get involved in the new MHSA INN Workgroup

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

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

DATE & TIME

Thursday, February 3, 2022

3:00 pm – 4:30 pm

Zoom Meeting:

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

Dial in: +1 669 900 6833

Meeting ID: 832 1620 9789

iPhone one-tap: +16699006833,,83216209789#

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.



Mental Health Services Act (MHSA) Steering Committee Meeting

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AGENDA

1. **Welcome** 5 min
Jean Perry, MHSARC Commissioner and Leticia Bido, MHSARC Commissioner
2. **Logistics & Agenda Review – Leticia Bido** 5 min
 - Previous meeting minutes available on the MHSA website, www.smchealth.org/MHSA
3. **Announcements – Jean Perry** 5 min
 - INN Workgroup
4. **General Public Comment – Leticia Bido** 10 min
 - For non-agenda items
 - Additional public comments can also be submitted via email to mhsa@smcgov.org.
5. **MHSA Annual Update – Doris Estremera, MHSA Manager**
 - Highlights and Fiscal Projections – Doris Estremera 25 min
 - **Cariño Project** - Dr. Belinda Hernandez Arriaga, EdD, LCSW 10 min
Executive Director of ALAS (Ayudando Latinos A Soñar)
 - **BHRS Pathways Program** - Tennille Tucker, LCSW Supervising 10 min
Mental Health Clinician and Angel Nguyen, MFT Mental Health Program Specialist 20 min
 - Public Input
6. **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.

***REMINDER – Please Complete the Steering Committee Feedback Survey**

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





Mental Health Services Act (MHSA) Steering Committee Meeting

February 3, 2022



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BEHAVIORAL HEALTH
& RECOVERY SERVICES

Before we begin...

- Agenda, handouts, slides: www.smchealth.org/MHSA, under “Announcements” tab
 - Past meeting materials/minutes: under “Steering Committee” tab
- Introductions: your name, pronouns and affiliation in the chat
 - Steering Committee members
- Stipends for clients and family members participating
 - You can let us know in the chat (private message) - please provide your email
- Meeting is being recorded
- Quick demographics poll



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& RECOVERY SERVICES

Participation Guidelines

- You can enter questions in the chat box as we go
 - For each agenda topic there will be time for questions/comments – you can also use the “Raise Hand” button during this time.
- If you have a general public comment (non-agenda items), let us know now in the chat.
- Share your unique perspective and experience
- Share the airtime; allow every voice to be heard (step up/step back)
- Practice both/and thinking; consider all ideas along with your personal advocacy
- Be brief and meaningful when voicing your opinion



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& RECOVERY SERVICES

Agenda

1. MHSA Announcements –
INN Workgroup
2. General Public Comments
3. MHSA Annual Update
 - Implementation Highlights,
Outcomes, Fiscal Projections
 - Program presentations
4. Public Input



Announcements & General Public Comment



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**BEHAVIORAL HEALTH
& RECOVERY SERVICES**

MHSA Annual Update



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& RECOVERY SERVICES**

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.

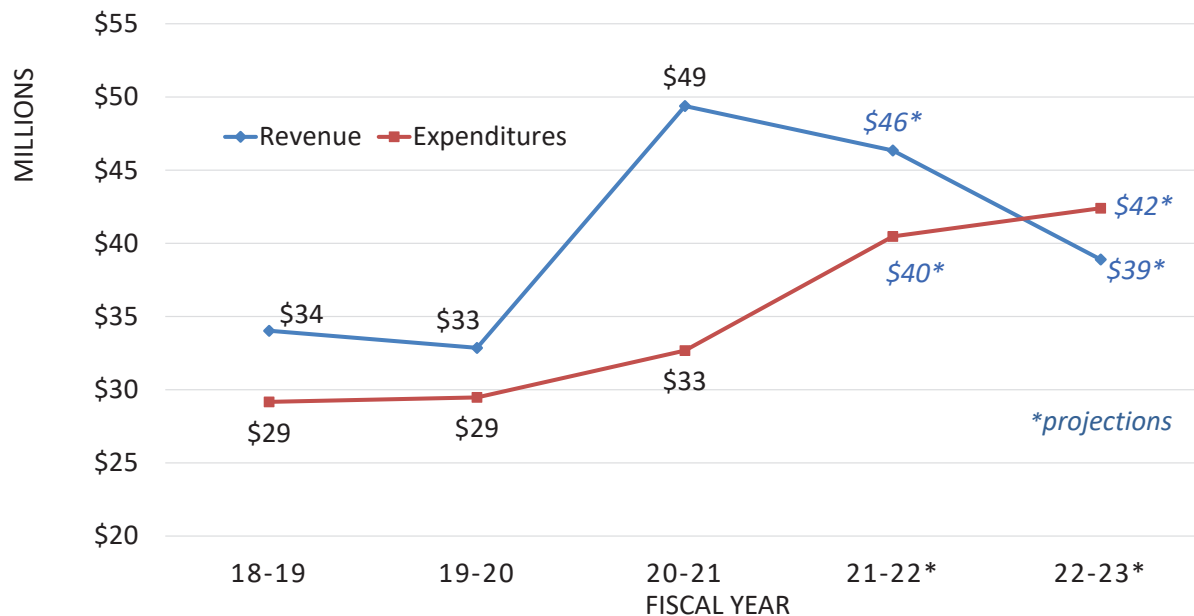
1% tax on personal income over \$1 million

San Mateo County: \$34.3M annual 5-year average through FY 20-21

Annual Update Timeline

- MHSA Annual Update document will be posted Feb 25th
- **30-Day Public Comment @[MHSARC Meetings](#):**
 - March 2nd: Open 30-day comment period + public hearing
 - April 6th: Close public comment and vote to recommend the approval of the MHSA Annual Update
- Public Comments may be provided verbally at the meeting or in writing to: mhsa@smcgov.org

MHSA Revenue & Expenses



Fiscal Strategies

- In FY 21-22:
 - Implemented a One-time Spend Plan for \$11.7M
 - Increased the Ongoing Budget to \$3M Over-Revenue
- For FY 22-23:
 - Proposal to increase FSP funding
 - Based on FSP Workgroup Recommendations and Third Sector consultants cost modeling for upcoming RFP
 - Increase Ongoing Over-Revenue strategy to ~\$5M

\$11.7M One-Time – Status Update

Priority	Item	FY 21/22	FY 21/22 Status	FY 22/23
Housing Initiative Taskforce	BHRS Housing Webpage	\$100,000	Delayed	\$0
	Development of Supportive Housing Units	\$5,000,000	Completed	\$5,000,000
Post-COVID Supports (Prevention and Early Intervention)	Community mental health and substance use education	\$50,000	Delayed	\$50,000
	Community wellness and recovery supports	\$50,000	Delayed	\$50,000
	Field and group supports	\$100,000	Delayed	\$100,000
	Older adult supports	\$50,000	In Progress	\$50,000
	Health Equity Initiative capacity development	\$30,000	Delayed	\$30,000
	School mental health supports	\$46,000	Completed	\$46,000
	Racial Equity and Multicultural Organizational Development	\$125,000	In Progress	\$125,000
Mental Health Surge Needs	Workforce Development	\$200,000	In Progress	\$200,000
	Workforce Wellness	\$100,000	In Progress	\$100,000
	SMI Private Provider Network (SSPN) incentives	\$125,000	In Progress	
Grand Total				\$11,727,000

See Meeting Handout for item descriptions

Questions?



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Implementation Highlights

Community Services and Supports

(Clients Served)

Full Service Partnership*

18/19: 520
19/20: 608
20/21: 660

Outreach & Engagement

18/19: 475
19/20: 412
20/21: 1288**

System Development

18/19: 2,739
19/20: 2,053
20/21: 2,031

**There are 422 total available FSP slots across all age groups*

*** The Cariño Project in the coastside region launched July 2020*



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Implementation Highlight: FSP Workgroup

- Full Service Partnership Workgroup
 - Provided recommendations for minimum service requirements, service improvements
 - Request for Proposal to release soon

Bradley was discharged from his last psychiatric hospitalization in May 2021. Upon his discharge, Bradley was faced with many challenges such as living in a group setting and having to start from scratch with his belongings and lifestyle.

Bradley has since signed the lease for his own apartment and continues to engage with FSP multiple times a week and has become medication compliant along with discovering how to live independently at 72 years old. He has engaged with his peer mentor and enjoys outing in the community during his meetings. Bradley continues to draw "doodles" to show his team what his life is like through his eyes. Bradley will tell you "this is all because of Telecare" and constantly reminds his team of his appreciation to turn "a creep into a prince".



Prevention and Early Intervention (Clients Served)

	Ages 0-25	Early Intervention	Prevention	Recognition of Early Signs of MI	Stigma & Discrimination Prevention	Access & Linkage to Treatment
FY 18-19	501	925	4,409	179	152	6,764
FY 19-20	483	878	4,598	69	47	5,858
FY 20-21	1,638*	1,110	2,533	184	160	7,499

* FY 20-21 (Ages 0-25) MBSAT program launched with three agencies, HAP-Y moved into PEI component



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Implementation Highlight: PEI Outcomes

- MHSA Prevention & Early Intervention Outcomes
 - State Required: Access, Stigma Reduction, Protective Factors (Knowledge, Skills, and/or Abilities), General Mental Health
- Office of Diversity and Equity (Theory of Change) Outcomes
 - Local Stakeholder Process: Access, Stigma Reduction, Self-Empowerment, Community Advocacy, Cultural Humility & Responsiveness
- Additional Outcomes
 - Programs: Cultural Identity Formation, Connection & Support



Innovation Highlights

- The Pride Center
 - Final 5-Year Report now available
- Help@Hand
 - Wysa app kick-off + marketing and testing w/BHRS clients
- New Project Kick-off
 - Social Enterprise and Wellness Cafe for Filipino/a/x youth
- New RFPs
 - PIONEERS Program
 - Prevention services in low-income housing



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A photograph of a young man with dark hair, wearing a red patterned jacket and a tan scarf, speaking into a black microphone. He is gesturing with his left hand. In the background, other people are visible but out of focus. The image has a blue overlay.

Questions?



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The Cariño Project

- *Dr. Belinda Hernandez Arriaga, EdD, LCSW*
Executive Director of ALAS (Ayudando Latinos A Soñar)



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BHRS Pathways Program

- *Tennille Tucker, LCSW Supervising Mental Health Clinician*
- *Angel Nguyen, MFT Mental Health Program Specialist*



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Questions & Public Input



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Get Involved!

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



Thank you!

Jean Perry, MHSARC Commissioner
Leticia Bido, MHSARC Commissioner
Doris Estremera, MHSA Manager
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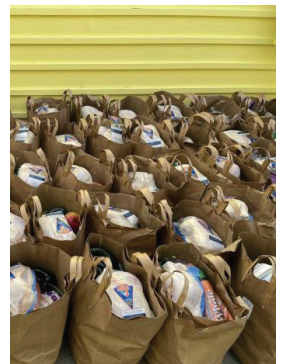
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Cariño Project

Wrap-around Community Support

Social services
Case Management
Cariño During COVID
Safety-net Support



Mental Health Services

Dr. Rafael Padilla, Clinical Supervisor,
Cariño Project



Community Outreach

Cultura & the Arts
Youth Outreach
Mother's Group and Activities
(Hiking, Gardening, Baby & Me)
Culturally Oriented Paint Nights
COVID-19 Information
Emergency Preparedness Workshops
PPE Distribution



Creating Comunidad

- 1221 unduplicated Clients across all MCWP Programs, from 700 Unique families
- 147 Unique clients at Paint Nights alone
- 300 Clients engaged with multiple programs
- Offered 3 different groups: mother's group, baby and me, youth group
- Provide ongoing financial support to 130 individual clients for their basic needs as part of our case management program



Cariño Consumers

Avg Household size **4**

Most clients are **Latino (87%)**, or **Asian (4%)**

66% Female, 28% Male

90% Spanish speakers

Clients range from **Half Moon Bay**

**El Granada | La Honda | Montara | Moss Beach,
Pacifica | Pescadero | San Gregorio**

We provide ongoing case management support to
newcomer families recently arrived
from **Central and South America**

— — —

**Thank You
San Mateo County
& BHRS
For Providing Care To
The Community**



Estamos agradecido con Liz Camarena -
West por el desarrollo del nombre del
Proyecto Cariño.

¡Gracias Liz!



**COUNTY OF
SAN MATEO**



SAN MATEO COUNTY HEALTH

**BEHAVIORAL HEALTH
& RECOVERY SERVICES**





SAN MATEO COUNTY PATHWAYS MENTAL HEALTH COURT PROGRAM

HISTORY AND BACKGROUND

Formed in 2006 as a joint collaboration of San Mateo County Courts, Probation Department, District Attorney Office, Sheriff's Office, Correctional Mental Health, NAMI and Behavioral Health and Recovery Services

Goals

- reduce recidivism and incarceration of the seriously mentally ill
- stabilize housing
- reduce acute care utilization
- engage and maintain participation in personal recovery

ELIGIBILITY CRITERIA

- San Mateo County Residency
- age 18 or older
- have a diagnosis of a serious mental illness (formerly Axis I) with a functional impairment
- statutory eligibility for probation
- voluntarily agree to participate in Pathways

REFERRAL PROCESS

- Anyone can refer (attorneys, family, friends, providers, self-referral)
- Complete and submit referral form
- The form is routed to the client's attorney, who will bring the case to the Pathways court calendar
- Once assigned in court, Pathways BHRS staff will complete a clinical assessment and present a recommendation to the court at a future court date

PATHWAYS STAFF

- 1 Family Partner
- 1 Senior Community Worker
- 1 Mental Health Counselor
- 1 Case Management/Assessment Specialist (AOD)
- 2 Clinicians
- 1 Mental Health Program Specialist

TREATMENT RESOURCES AND OPTIONS

- Evaluations by Pathways clinicians
- Intensive case management by Pathways BHRS Staff, including field-based support
- Intensive supervision by Probation staff
- Individual and group therapy and skills building
- Ongoing psychiatric consultation (with regional BHRS clinic or private provider)
- Residential AOD services
- Intensive AOD Outpatient Services
- Supportive temporary housing at shelter slots (Maple Street) or SRO (Industrial Hotel)

PROGRAM SUMMARY

- Program length is usually 1-2 years (the length of the probation)
- Pathways clients must be treatment compliant
- Pathways clients remain in Pathways after graduation as Pathways Alumni. They can then continue in Pathways activities and maintain their sense of community
- Probation drug screening when court ordered
- Incentives (reduction of fines; criminal charges may be dismissed or reduced; financial assistance in reaching goals)
- Sanctions (jail time; reinstatement of criminal proceedings)
- Pathways picnics and group outings
- Pathways groups: Clubhouse, women/men's process groups, cognitive behavioral skills
- Pathways is staffed 6 days a week
- Graduation ceremony

PATHWAYS DATA

- As of June 2021, 142 clients have graduated and become Pathways Alumni
- Annual Report 2020-2021 Pathways served 65 clients
 - 11 clients obtained employment
 - 8 clients newly obtain stable housing (1 obtained permanent housing vouchers, 5 are in sober living environments homes and 2 are in social rehabilitation or board and care settings)
 - 2 clients enrolled in school
 - 1 clients were able to maintain children in their homes

ADDITIONAL PARTNERSHIPS

- Veterans Treatment Court & Military diversion (27 enrolled and 133 graduates)
- 1370 Misdemeanor Court
- Mental Health Diversion (Intensive Mental Health Diversion)

SUCCESS STORY



NEW \$11.7* One-Time Plan
For Housing Initiative + Post-COVID Supports and MH Surge
*up to \$1,080,000 must be spent in prevention and early intervention efforts

Priority	Item	FY 21/22	FY 22/23	Total	Item Description
Housing Initiative Taskforce	BHRS Housing Webpage	\$100,000	\$0		Development of an online BHRS Housing webpage with comprehensive one-stop housing information (including data dashboard for unmet need) for clients and staff use. Will be supported w/ongoing management, housing locator services and peer supports contract.
	Development of Supportive Housing Units	\$5,000,000	\$5,000,000		Establishment of an ongoing Housing Fund with Department of Housing (DoH) for the development of supportive housing units for BHRS clients. Transfer of funds to DoH to include in their application process for affordable housing developers.
	Total Housing	\$5,100,000	\$5,000,000	\$10,100,000	
Post-COVID Supports (Prevention and Early Intervention)	Community mental health and substance use education	\$50,000	\$50,000		Behavioral health 101 campaign for communities who are in need of linkages to behavioral health services - in threshold languages and focused on special populations (i.e. TAY, cultural groups, essential workers). For substance use - a focus on opioid overdose prevention strategies.
	Community wellness and recovery supports	\$50,000	\$50,000		Partner with libraries and other community spaces to provide PTSD training, WRAP, healthy eating, self-care and other wellness topics with linkages to behavioral health services.
	Field and group supports	\$100,000	\$100,000		Increase field and group supports for grief and hoarding (eviction prevention), eating disorders, cultural/spiritual coaching.
	Older adult supports	\$50,000	\$50,000		Partner with Aging & Adult Services and other Older Adult service providers in the community to support older adult identified COVID-related needs (awareness campaign, support groups, peer lead support, resource sharing, digital literacy support, etc.)
	Health Equity Initiative capacity development	\$30,000	\$30,000		Strategic planning facilitation/consultation focused on post-COVID response, strengthening collaboration and improving HEI outcome reporting.
	School mental health supports	\$46,000	\$46,000		Suicide Prevention (Kognito) training for school districts not covered by a Healthcare District and Early Alert text-based system that parents and school staff can access and be connected to resources as needed.
	Racial Equity and Multicultural Organizational Development	\$125,000	\$125,000		Training and consultant to support advancement of racial equity work including implicit bias training, developing culture of trust, inclusive communication and CBO technical assistance. (\$30K for consultant + \$25K for translations + \$20-30K trainer fees)
	Total Prevention	\$451,000	\$451,000	\$902,000	Total Available for Prevention Efforts: \$1,080,000
Mental Health Surge Needs	Workforce Development	\$200,000	\$200,000		Workforce training for BHRS and contractors in eating disorders and other treatments (PTSD, EMDR, trauma-focused CBT, MBSAT/Seeking Safety to support co-occurring SMI/SUD, 3P and other EBP for justice involved) that are expected to surge as we transition out of shelter-in-place.
	Workforce Wellness	\$100,000	\$100,000		Workforce post-COVID infrastructure consultation and re-entry supports; self-care, provider wellness month continuation, work-life integration, emotional wellness.
	SMI Private Provider Network (SSPN) incentives	\$125,000			The SSPN provides therapy to clients at regional clinics. Incentives can engage providers to SSPN quickly (current waitlist of 38 clients is projected to increase to ~80 clients). This would provide \$5,000 sign-on incentive for a one year contract for 10 slots, for 25 providers.
	Total MH Surge	\$425,000	\$300,000	\$725,000	Total Available for MH Surge Needs: \$820,000
			Grand Total	\$11,727,000	