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:

- Review and provide input on the Full Service Partnerships Workgroup Recommendations.

- Update on recent MHSA Housing developments

- Learn all about Innovation Planning and get involved in the new MHSA Workgroup.

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

Please contact us at mhsa@smcgov.org at least 2 weeks in advance to reserve language services.

DATE & TIME

Thursday, December 2, 2021
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

Thursday, December 2, 2021 / 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**   5 min
   Jean Perry, MHSARC Commissioner and Leticia Bido, MHSARC Commissioner

2. **Logistics & Agenda Review –** *Doris Estremera, MHSA Manager*   5 min
   - Previous meeting minutes available on the MHSA website,
     www.smchealth.org/MHSA

3. **Announcements**   10 min
   - MHSA membership **–** *Doris Estremera*
   - Infrastructure funding *– Jean Perry*

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. **Update - Housing Initiative Taskforce Recommendations**   30 min
   - Supportive Housing Units *– Judy Davila*
   - Housing Locator and Field-based Services *– Doris Estremera*
   - Homeless Outreach Teams *– Ally Hoppis*
   - Board & Care Support *– Talisha Racy*
     o Public Input

6. **Full Service Partnerships (FSPs) Workgroup Results** *– Jean Perry*   20 min
     o Public Input

7. **Next MHSA Workgroup: MHSA Innovation (INN) Planning** *– Doris Estremera* 10 min
     o Public Input

8. **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.

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*REMINDER – Please Complete the Steering Committee Feedback Survey

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

Mental Health Services Act (MHSA)
Steering Committee Meeting
December 2, 2021

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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
- 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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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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Agenda

1. MHSA Background + Announcements

2. General Public Comments

3. Update – MHSA Housing Taskforce Recommendations

4. Full Service Partnerships (FSPs) Workgroup Results

5. Next MHSA Workgroup: Innovation (INN) Planning

MHSA Background

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

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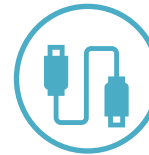Interventions prior to the onset of mental illness and early onset of psychotic disorders

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: $30.7M annual 5-year average through FY 19-20; ~15% of the BHRS budget

Quick Announcements

- MHSA Steering Committee membership
  - Updated Member Roles & Responsibilities: www.smchealth.org/MHSA, under "Steering Committee" tab
    - Includes membership targets to ensure diverse representation
- Infrastructure funding

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2. General Public Comments

(non-agenda items)

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3. Update - Housing Initiative Taskforce Recommendations

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Update - Housing Taskforce Recommendations

	Funding Recommendations (May 2021 - listed in order of priority)	Progress	Notes
1.	Establishment of an ongoing Housing Fund with Department of Housing for the development of Supportive Housing Units for clients	Year 1 Completed	Year 2 – targeted for 2022 *Judy Davila to report out*
2.	Housing locator contract to oversee: a) Maintenance of BHRS Housing website services with real-time housing availability information; b) Linkages to BHRS case managers; c) Landlord engagement; d) Community mental health 101 education to housing agencies; and e) 3 housing locators (mental health counselors) and 3 peer navigators	In Progress	Input sessions + Request for Proposal process (items 2, 6, 7 combined) targeted for Spring 2022
3.	Supportive services for new housing units developed	Not Yet Started	Targeted for new housing units being developed
4.	Mental health workers for Homeless Outreach Teams	In Progress	*Ally Hoppis to report out*
5.	Transitional housing supports and training to adequately serve SMI population, including special populations	Not Yet Started	Target TBD

Update - Housing Taskforce Recommendations

	Funding Recommendations (May 2021)	Progress	Notes
6.	Outreach and field-based services to support ongoing and long-term housing retention; a team of Occupational Therapist and Peer Counselor with co-occurring capacity to support independent living skills development and recovery	In Progress	Input sessions + Request for Proposal process (items 2, 6, 7 combined) targeted for Spring 2022
7.	Development of an online BHRS Housing webpage with comprehensive one-stop housing information (including data dashboard for unmet need) for clients and staff	In Progress	Input sessions + Request for Proposal process (items 2, 6, 7 combined) targeted for Spring 2022
8.	Flexible funds for housing related expenses (moving costs, deposits, first month rent)	Not Yet Started	The revenue for this item is highly inconsistent; will propose for FY 22-23
9.	Increase FSP housing funds	In Progress	Current FSP housing rate increased; Third Sector consultants will support ongoing cost modeling
10.	Incentives and supports for licensed Board and Cares to improve quality of services	In Progress	*Talisha Racy to report out*
11.	Increase Full Service Partnerships (FSP) slots for children/youth and transition-age youth	Completed	10 Children/Youth and 5 TAY FSP slots

Public Input

4. Full Service Partnerships (FSPs) Workgroup Results

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FSP Workgroup Recommendations

- refer to meeting handout for more details

- Set Minimum FSP Service Requirements
- Identify Additional FSP Client/Family Resources
- Support Staff Retention and Appropriate Contractor Rates
- Develop Trauma-Informed FSP Providers
- Prioritize Substance Use Integration
- Strengthen Peer and Family Supports
- Ensure Housing Access and Retention Services
- Incorporate Step Down Services and Guidelines for FSP Programs
- Enhance Ongoing Data Collection and Evaluation

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Public Input

5. Next MHSA Workgroup: Innovation (INN) Planning

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MHSA Innovation (INN) – New Cycle!

- 5% of MHSA funding must be allocated to innovative ideas
  - Average $2.15M available per year for new projects

- INN Projects must be approved by the State prior to implementation

- INN Projects are 3 to 5-year pilot projects to develop new best practices:
  1. Introduce a <u>new</u> practice or approach
  2. Make <u>a change</u> to an existing practice, including application to a different population
  3. Apply a <u>promising community-driven practice</u> that has been successful in non-behavioral health settings
  4. <u>NOT demonstrated effective</u> in behavioral health setting (in literature, research, etc.)

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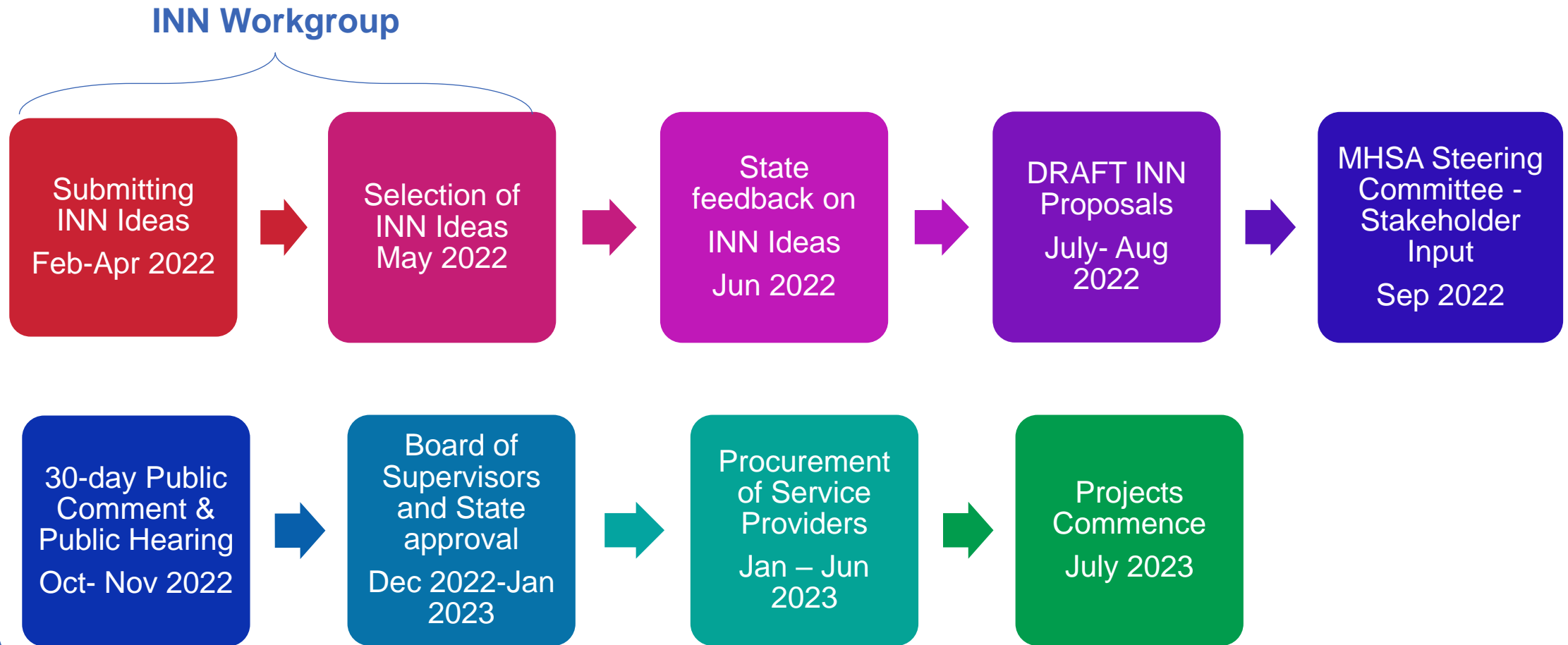**BEHAVIORAL HEALTH & RECOVERY SERVICES**

New INN Workgroup

- To develop an inclusive and supportive process for submitting and selecting ideas
- Participation survey will open in January
  - 10-12 participants
  - Meet monthly March-May

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INN Planning Timeline

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

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Thank you!

Jean Perry, MHSARC Commissioner

Leticia Bido, MHSARC Commissioner

Doris Estremera, MHSA Manager

Email: mhsa@smchealth.org

Website: www.smchealth.org/MHSA

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Mental Health Services Act (MHSA) Housing Fund 2021

MHSA Funds for Supportive Housing

- MHSA Commission approved 3 year plan. Included funds for housing development.
- 5 million dollars transferred to Dept of Housing for inclusion in AHF 9 NOFA
- BHRS/DOH Review of potential developments
- 3 Projects selected for funding

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Criteria for Selection

- Interest and Experience of Developer
- Project Feasibility
- Location
  - Services near by
  - Transportation
- Design of building
- Population of building
- Amenities in building

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Proposed Projects

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Week St Apartments

- MidPen Housing & EPA CanDo
- 135 Units Affordable Housing
- 8 MHSA Units
- East Palo Alto
- Completion Date

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North Fair Oaks Apartments

- Affirmed Housing
- 84 Units Affordable Housing
- 11 MHSA Units
- North Fair Oaks
- Completion Date 10/2025

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Fire House Square Apartments

- Eden Housing
- 82 Units Senior Affordable Housing
- 6 MHSA Units
- Downtown South San Francisco
- Completion Date 2/2024

4. Additional Projects

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Kiku Apartments

- Mid Pen Housing
- 224 Units Affordable Housing
- 9 MHSA Units
- Downtown San Mateo
- Completion Date 2/2024

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**BEHAVIORAL HEALTH
& RECOVERY SERVICES**

Light Tree Apartments

- Eden Housing
- EPA Can Do
- East Palo Alto
- 198 Affordable Units
- 9 NPLH Units

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4. MHSA Housing Program Funded Projects

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636 ElCamino

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Delaware Pacific

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Cedar Street

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Waverly Place

Fair Oaks Commons

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Arroyo Green

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Questions

- Type in chat or raise hand
- Email Judy Davila: c_jdavila@smcgov.org

MHSA FSP Workgroup – Stakeholder Feedback

Recommendation	Workgroup Feedback	How will this be addressed
Set Minimum FSP Service Requirements	General Feedback: - Therapy services need to be offered by providers - Nutrition, physical activity, evidence-based tx (e.g. EMDR) peer support are low-cost services that can have a big impact C/Y/TAY Breakout: - Young adult peer supports is essential - Need family support groups in multiple languages - Important to build independence of client and natural supports Adult Breakout: - Quality FSP services should include food and life skills training	• At minimum, the following FSP requirements (per MHSA legislation) will be included in FSP Request for Proposal (RFP) process and subsequent contracts: 1. Mental health treatment plans (ISSP) 2. Therapy and psychiatric services 3. Co-occurring assessment and referrals 4. Alternative and culturally specific treatment 5. Wrap-around services to children 6. Peer/family supportive services 7. Supports to assist the clients/family to obtain and maintain employment, housing, and/or education and life skills development 8. Case management – Personal Service Coordinator; available 24/7 9. Crisis intervention/stabilization services 10. Non-mental health services (food, clothing, housing supports, supports with cost of health care and co-occurring treatment, respite care) 11. Language capacity/services

Identify Additional FSP Client/Family Resources Needed	General Feedback:
	- Early Psychosis resources are provided by Felton Institute, how can we ensure that providers know?
	- Broaden definition of family to communities of support, providing them with education and supports.
	
	C/Y/TAY Breakout:
	• Community education about SMI and reducing stigma
	• Education for parents on how to advocate for their kids, how to help and connect to resources
		• The following services are contracted out, include separate funding, and provide additional supports for FSP clients, families/communities of support and providers:
		   ○ Supported education/employment
		   ○ Early psychosis
		   ○ Housing units for SMI/SED, peer supports and maintenance
		   ○ Life skills development
		   ○ Wellness Centers, Drop-in Centers
		   ○ Education and outreach for clients, families, and community
		• Interagency collaboration will be an expectation of all contracted providers, to ensure awareness and access to additional supports available to FSP clients; via consults, education and outreach, and other standing committees (e.g. Youth Transition Assessment Committee)

Recommendation	Workgroup Feedback	How will this be addressed
Support Staff Retention & Appropriate Contractor Rates	General Feedback and Breakouts: - Staffing and contractor rates need to be updated to support all activities - Pay rates and benefits of staff impact whether people feel valued - Need ongoing sustainable plan to renew rates to retain staff - Need recruitment/retention of staff of color and bilingual; including monetary hiring incentives - Improve compensation and benefits for peer supports to increase Peer Staff retention - Need supports for peer staff	• Third Sector's contract will be extended for another 6 months to support appropriate cost modeling for FSPs that considers all existing and any new service expectations including retention needs of clinical and peer staff • BHRS' goal is to conduct RFP processes every three years if possible, for FSP services. Three-year FSP contract terms allow for level-setting FSP rates via the RFP process and aligning FSP cost increases with MHSA budgeting. • Upcoming BHRS workforce strategies will include Student Loan Repayment, Undergraduate Scholarship, Graduate Stipends and Pipeline programs, available to both BHRS staff and contracted providers' staff
Develop Trauma-Informed FSP Providers	General Feedback: - Trauma informed capacity across services provided, data collected and staff supports C/Y/TAY Breakout: - More robust assessment of intergenerational trauma, ACEs, etc. in order to match services to family needs from the start	• BHRS Trauma-Informed Systems training will be expanded beyond BHRS to include (and required of) contracted providers

Prioritize Substance Use Integration	General Feedback:
	- Substance se capacity needs to be strengthened and include education on harm reduction
		• The following will be expectations of FSP providers, per California Institute for Behavioral Health Solutions (CIBHS) recommendations:
		  ○ Service philosophy - trauma-informed, SU/MH integrated care
		  ○ Trainings and EBPs - baseline knowledge of co-occurring for all staff, Motivational Interviewing, CBT/DBT, strength-based case management, peer supports, harm reduction, etc.
		  ○ Assessment tools - to support understanding of SUD and impact on MH (coping vs. causal) and appropriate treatment and referrals (e.g. methadone, harm-reduction, residential tx, etc.)

Recommendation	Workgroup Feedback	How will this be addressed
Strengthen Peer & Family Supports	General Feedback - Peers are an essential service and evidence-based but, there are not enough peer specialists available. - Peer supports for family members of both youth and adults - Provide a wider menu of supports for clients and families/community of support (e.g. motivational interviewing, DBT group, etc.).	• FSP providers will be expected to include an increased role of peers (both for clients and family members of youth and adults) to support care coordination and linkages to additional supports and services. • The MHSA Housing Initiative Taskforce prioritized "peer-led housing locator services" and "outreach and field-based services," to support ongoing and long-term housing retention. The planning for this RFP will begin in 2022 and include input sessions with stakeholders. • Training for peers will be expanded via SB 803 Peer Programs, requires continuing education for certified peers. Separate funding has been identified and can include clients, families/communities of support.
Ensure Housing Access & Retention Services	Adult Breakout: • Housing is a bedrock to recovery, as much as therapy or other clinical svc. • SMC should ensure housing is not impacted by graduation • When in housing; need supports (hoarding, meals, managing budget, weekly cleaning routines, etc.) General Feedback: • Need to identify those at risk for homelessness during transition from foster care, incarceration, armed services, in-patient, family caregivers, or other personal circumstances, etc. • It is difficult to adopt a "housing first" model due to cost of living • Individuals at times are not eligible for vouchers (e.g., due to criminal history); U.S. Dept HUD requirement • FSP housing supports are often the only places available to for clients with complex housing histories.	• Housing transition supports and/or linkages (e.g. to new Housing Locator services) will be an expectation of FSP providers. FSP providers will support clients stepping down to lower levels of care with applying for independent living opportunities (mainstream vouchers or MHSA units); client will be stepped down from FSP and connected to ongoing outpatient treatment. • There will be additional support to FSP providers and clients via the MHSA Housing Initiative Taskforce prioritization of "outreach and field-based services" to support ongoing and long-term housing retention via an occupational therapist and peer team. • FSP clients who are at risk of homeless are identified by the FSP provider and are supported to apply for housing opportunities including linkages to the Human Agency Core Service Agencies once they are closer to becoming homeless or are homeless to see if they qualify for any other housing opportunities (i.e. Emergency Housing Vouchers). ○ For non-FSP clients, there are programs that help link eligible clients to FSP, including Adult Resource Management, Pathways and Service Connect teams for individuals transitioning out of incarceration. • Explore developing a housing continuum that moves from a Housing First model through Supported Housing training resulting in prioritization of voucher eligibility, through No Place Like Home, HSA Continuum of Care work, new MHSA supported housing (potentially more flexible eligibility requirements), etc.

San Mateo County Health
BEHAVIORAL HEALTH & RECOVERY SERVICES

Recommendation	Workgroup Feedback	How will this be addressed
Incorporate Step Down Services & Guidelines for FSP Programs	General Feedback: - Having a tiered system or step-down services within the FSP program so that client can stay with same provider - Step-down conversations should be wellness-focused and include client defined goals at intake and ongoing (e.g. wellness and recovery-oriented model of providing services) - There needs to be transparency re: goals, goal achievement, timelines in step-down and timely evaluation (life changes too fast, opportunities missed for readiness for next steps, or no recognition that relapse or increased symptoms) - There could be a more formal use of intake and treatment planning assessments (i.e. KET, CANS, ANSA) and discharge planning - Coordination of the entire system for step-down process - hospitals, school system, transitional supports for TAY, etc. need to work together and be fluid, be communicating - Should include benefits (SSI) counseling	• FSP step down options within the FSP programs will be included in FSP RFP's and subsequent contracts; this will require a review of indicators and guidelines for step down. • Step-down guidelines will be developed and include feedback (e.g. wellness, recovery-oriented, timely evaluation, etc.) provided via key interviews, focus groups and the FSP workgroup. • Third Sector consultants will continue to support both step-down requirements and cost-modeling to support this tier of work.
Enhance Ongoing Data Collection and Evaluation	General Feedback - Measuring whole person and whole organization (i.e. FSP providers) wellness is important to know if FSP is working and sustainable - The client and provider interviews were a small sample size; how can we continue conversations? - What if outcomes are not being met, what is the plan for accountability? Need timely evaluation of whether services meet the need	• Annual client/provider interviews will be added as a deliverable of the FSP Annual Report developed by an external evaluation consultant. ○ This annual evaluation will also integrate continuous improvement findings to ensure timely service adjustments and course corrections are implemented • Third Sector's contract will be extended to support the development of a local data collection plan, which will include program-level, individual-level outcomes, and continuous improvement indicators. This could include exploring how to measure provider wellness. • As part of the Statewide collaborative, San Mateo will continue to work with Third Sector on FSP Program continuous improvement and advocacy to DHCS for data collection improvements