SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH
& RECOVERY SERVICES

Mental Health Services Act (MHSA)
Steering Committee Meeting

Thursday, February 4, 2021 / 3:00 – 4:30 PM

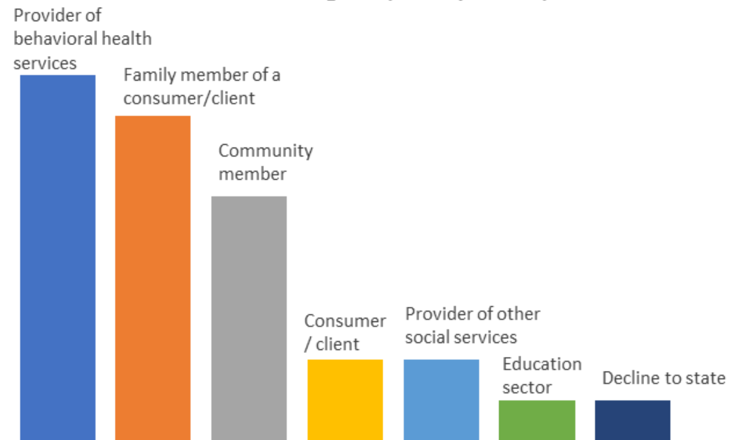
MINUTES

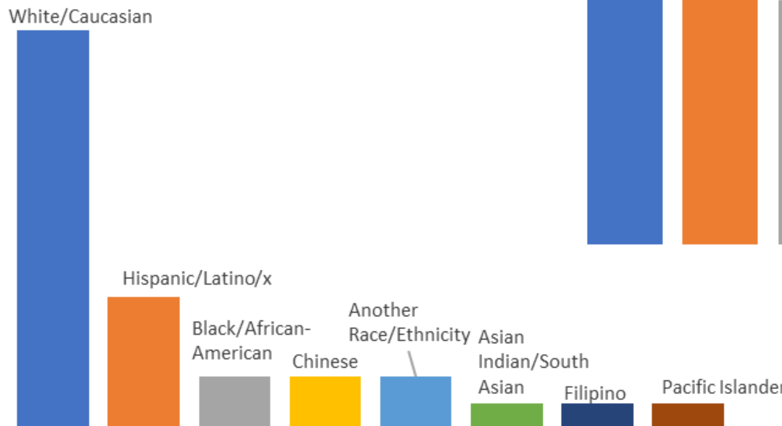
1. Welcome, Logistics & Agenda Review — 15 min
   - Stipends for MHSA portion of the meeting, please stay after so we can collect your information
   - Meeting is being recorded
   - Participation: muted, share screen disabled, we will keep our eyes on the chat, send questions so we can capture them
   - Polls: demographics and MHSA interests (attached)

What is your age range?	
26-59	55%
60+	45%

What is your gender identity?	
Female/Woman	72%
Male/Man	24%
Gender Non-Conforming	0%

What part of the county do you live in OR work in?	
Central County	31%
County-wide	21%
East Palo Alto/Bell Haven	10%
North County	10%
South County	28%





2. MHSA Orientation
   - We will not spend as much time as I typically do on a new-member orientation but, we will do a high-level review of MHSA since this is our first meeting outside of the MHSARC commission.
   - The full orientation packet is available on the MHSA website under materials for this meeting today.
   - What is MHSA?
     - MHSA imposes a 1% tax on personal income over $1M
     - Dedicated source of revenue to transform our system
     - Has averaged $37M in the previous 5 years for SMC
     - Grew out of grassroots efforts to address a statewide issue from closing of state hospitals
     - CSS: 76% to direct treatment and services for SMI/SED (51% to FSP)
     - PEI: 19% for programs prior to the onset of MI, with the exception of early psychosis
     - INN: 5% is our opportunity to try things that we wouldn't otherwise because we don't know if it will work.
     - WET and CFTN do not get automatic allocation but, we can designate CSS monies (up to 20%) to these components. In SMC, we have an ongoing allocation to WET annually.
   - MHSA Planning requirements
     - Community Program Planning Process to develop Three Year Plans and Annual Updates
     - Three-Year Plans build off of existing program priorities, set priorities for expansion, and provides revenue and expenditure projections
     - This past three-year plan we did not include any increased expenditures; we will be including new expenditures in the Annual Update now that we know COVID led to increased revenues due to millionaires increased income
   - MHSA Funding Principles
     - Developed with stakeholders to guide annual funding allocations and expansions and will guide us moving forward with new COVID-related increased revenues
   - Current Three-Year Plan Priorities
     - Each component (CSS, PEI and INN) have required categories per the MHSA legislation and under each category we have local priorities.
     - For example, CSS has required categories of Full Service Partnerships (FSP), General Systems Development (GSD) and Outreach and Engagement (O&E). Our local priorities under GSD include Co-Occurring Integration, Older Adult System of Care, Peer/Family Partners Supports, Crisis Intervention among others.

  - And, under each local priority we have the programs we are funding. In San Mateo County we fund well over 60 programs.
- Questions/Public Comment
  - Is supportive housing considered a direct services? Yes, it is under the CSS component.
  - With respect to allocation of funds, does steering committee have a voice in not only directing funds to FSP, but to acting on determinations that there are more people needing FSP than can receive FSP, due to budget? Yes, the MHSA Steering Committee votes across various priorities brought forward by stakeholders (including increasing FSP supports). Now, having said that… FSP is required to have at least 51% of the CSS funding so, as we increase housing supports (for example, which is our current priority in the Three-Year Plan) we will have to increase FSP. And of course, PEI.
  - Where is the Steering Committee's role in saying, this core service is an important priority AND also having input into moving money? Programs have ongoing reporting, evaluation and annual outcome data, a BHRS manager monitors these programs throughout the year. At times there are requests to reduce or increase funds to a program based on this ongoing process… we bring those requests to the MHSA planning process. For example, the Seeking Safety program (an evidence-based program) …we were receiving feedback from providers and the youth that this no longer was a good match, based on the strictness of the implementation and the fact that our population wanted something more flexible, based on their current needs. We were able to pilot the Mindfulness-based Substance Abuse Treatment (MBSAT) program with youth and conducted focus groups, which led to the Trauma-Informed Co-Occurring Services for Youth RFP and allowed for more flexibility in proposing other culturally responsive curriculums for youth. It would be great to get to the place where you can hear about the programs because decisions to move monies from one program to another should be more than just a Steering Committee deciding we should do it. It would require looking at the data, outcomes, target community feedback and evaluation.
  - What is defined as "prevention"? Is this about having clients get to where they no longer need to have sessions with a mental health specialist/psychiatrist/psychologist? What is it that we are preventing? Prevention and Early Intervention is prior to onset of mental illness, with the exception of early psychosis. It requires we understand what leads to mental illness or where there are disparities among communities. One key expectations is that prevention leads to linkages for individuals that may need mental health supports.

Prevention also uses a public health model in looking at the social determinants of bad health outcomes (the root causes of bad health outcomes) and focuses on skills building and connecting individuals to resources.

- Do you know when an RFP for Supported Employment will open up? At any point we are moving forward three to four programs and we often have to prioritize due to capacity. Supported Employment will move forward as soon as we can wrap up the Youth S.O.S. project and the Housing Initiative.
- There was nothing on your chart listed in "innovations". Are there innovations projects being funded or considered? Yes, the chart does not include programs. There are many programs under each local priority listed on the chart. We are currently wrapping up the Pride Center and are mid-way through the Help@Hand project. We also have three new Innovation Projects launching, the Social Enterprise Cafe, the PIONEERS program and PEI in low-income housing.
- When selecting plans or programs, it would be useful to know relative costs, how many people served. Can we do that? Yes, let's parking lot this item. A little later we will be discussing the MHSA Steering Committee structure, members' interests and goals. How can we provide this level of data (in what format) so that as a member you feel that you can provide meaningful input.
- There are requests to establish a non-law enforcement option for mental health crises from community members and local city councils. In response to last year's police reform and racial inequity protests, Santa Clara County MHSA added an innovation project to create a non- law enforcement team called community mobile response (like CAHOOTS in Oregon). Is there an opportunity to propose this for San Mateo County? We have been working on the Youth S.O.S. Team via the MHSARC Youth Committee. This was a priority that came through the MHSA planning process and a Taskforce that was brought together in 2017-18. Yes, there is always opportunity to bring priorities like this through the MHSA planning process. In terms of the current non-BHRS initiated efforts to develop law enforcement and clinician teams to respond to crisis, please stay connected to the MHSARC public meetings. Public comments can be provided at those meeting regarding that effort.

3. MHSA Fiscal Updates

- Fall 2020 projections showed an estimated decrease in revenue. As of this morning, we have received updated fiscal projections for MHSA. I don't have an updated chart yet, with the San Mateo County specific revenue numbers because our fiscal team will be doing this analysis. The impact of

COVID was primarily to working class and millionaires made more money. In March, we will have a better idea of adjustments and we will have an updated chart by then.

- Questions/Public Comments
    - My understanding is that our oversight is beyond SMI; obviously PEI is prior to onset. But, now that mild-to-moderate clients are being served out of BHRS; we shouldn't lose sight. Our focus shouldn't just be clients with SMI diagnosis, our focus should be mental health wellness of our County. The whole three-year plan is focused on SMI, what do we do about mild-to-moderate. What are we going to do about these clients? Within the structure of MHSA are we losing sight of the whole population and the mental health challenge? Within MHSA we have been able to serve mild-to-moderate in culturally responsive projects such as the Cariño Project, Pride Center, Ravenswood, within the PEI regulations of short-term treatment and the understanding that if a client needs longer, more intensive supports then they should be linked to these services through BHRS.
    - Comment: The degree of MI and Substance Use is a moving target. It is difficult for families to know when/where to access these services. This is very relevant during COVID as it has led to
    - Comment: MHSA doesn't break down funding for mild-to-moderate, it is for a public mental health system. Mild-to-moderate and severe MI is a diagnosis and a moving target; MHSA does not eliminate this.
    - Comment: In the past few weeks, I have not encountered culturally responsive message related to COVID. FSPs are at greater risk for hospitalization, morbidity, mortality and more likely to live in congregate settings (all risk factors that intersect with COVID-19 pandemic). Individuals living with serious mental illness are less like to receive preventative or guideline appropriate care nationwide. And this is reflected in low uptake of recommended immunization among adults with serious mental illness. For example, estimated flu vaccine uptake in 2019 for adults was 48% vs. 25% for adults with SMI in the same year. I would like to recommend that the MHSA Steering Committee leverage the existing Health Equity Initiatives and partnerships within the community to support and collaborate on either the distribution of and/or the creation of linguistically and culturally-relevant vaccine education materials so that they can be accessed by providers and

members of the community as part of their outreach and capacity building activities.
- Chat Question: When you say "co-occuring" does that mean mental health + alcoholism + addictive substances? or alcoholosm + drug addiction? or mental health + alcoholsm or drugs seperately?? Answer: Co-Occurring is mental health and substance use challenges.
- Chat Question: Is MHSA funds used to fund MHSSA activities? Response: State managed MHSA funds but, not local.

- Goal Setting
- The Steering Committee makes recommendations to the planning of services and programs. How do we accomplish this role? What information (topics) and structures/venues (subcommittees) would you like to see to feel that you can participate as an active member of the MHSA Steering Committee.
- Michael: Are we closed to 4 meetings per year or can we expand this? We can explore this as we move forward; there. I'd like to advocate for more meetings (every other month) because MHSA is so complicated and there is so much information.
- Jean: propose separate subcommittees that then report back to the larger MHSA Steering Committee. For example, having #'s – how many people are served and gaps in order to transition to a more independent level vs. number of slots. Critical piece to advancing and have appropriate service… we don't know how many people have the need/demand. I would like to have QIC show us numbers and with a smaller group.
- Melissa: having too many people (meetings are too large) that having intense dialogues. Gather smaller groups to feed into the larger groups. I'm open to more meeting but want them more narrow.
- Mary (chat comment): We also need to consider the capacity of staff. Holding extra meetings is alot of extra work. I would love to gather outside of this body and not create more work for staff.
- Lanajean (chat comment): Public comment should be limited to two minutes only I agree.
- Melissa (chat comment): Completely agree, and yes, it would be helpful if we can do some of the work that the staff are currently tasked with.
- Randall: Commission (not just MHSA) should form adhoc committees on topics that they are interested in.
- Chris (chat comment): task force would be the right term, not ad hoc. Task forces would be great for smaller break out groups. The

Basics of Board Committee Structure; A task force can be formed if there is an objective that can be achieved in a relatively short period of time. Planning a special event or analyzing a merger proposal are examples of work that can be handled by a task force.

- Linder: As a family member and interest in developing new opportunities for housing w/quality support…I would appreciate organizing the committee to maximize talents because we can't wait for the rest of our lives for things to change. Make committees of small groups, bringing that information back and making recommendations quickly.
- Jairo: list of actions that the Steering Committee can participate in; do we have a priority of what we want to accomplish – yes, we will do that and this is part of why we are having this conversation.
- How can we bring the MHSA information in a much more digestible way, approachable, easy to process – I'd like to bring more of the voices of our clients. Advocacy training will be provided (6 class academy) to encourage participation, how decision-making bodies work, getting engaged and participate more actively to transform the BHRS system and beyond.
- Carol (chat comment): I would like to know what programs are ongoing so we don't overlap. And how are they doing.

- Next Steps
  - Will be synthesizing all input received and work with Jeans to propose an MHSA structure.
  - At the next meeting, I will be presenting an MHSA Annual Update as this is required by the legislation. It will be a high-level presentation on program outcomes and implementation highlights. We will be discussing funding and a proposed budget. And, we will be presenting on the Housing Initiative outcomes.

4. Announcements

- Post meeting feedback survey sent through the chat, results attached.
- If you are a client and/or a family member of a client and would like a stipend, please stick around and we will get your information
- This is Tania's last MHSA meeting as she is transitioning to a permanent position in Public Health Policy & Planning. Thank you, Tania, for all you have done for MHSA and especially PEI evaluation work.
- There will be a flyer coming out for the new MHSA Housing Initiative Taskforce, be on the lookout for that

- Please go to the MHSA website and subscribe to get the latest information on MHSA

5. Adjourn

*** Public Participation:** All members of the public can offer comment at this public meeting. During the meeting, participants will be muted and share screen and chat will be disabled to prevent background noise and disruptions. 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 to unmute yourself. Please limit your question/comments to 1-2 minutes, the host(s) will be monitoring the time.

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

ATTENDANCE

There were up to 47 participants (at 5:38pm) logged in to the Zoom app; below is a list of attendee names as recorded from Zoom, some call-in numbers and names were unidentifiable.

MHSA Steering Committee

1. Adriana Furuzawa
2. Carolyn Herron
3. Cherry Leung (MHSARC)
4. Chris Rasmussen
5. Supervisor Dave Pine (MHSARC)/ Randy Torrijos (Staff to Dave Pine)
6. Don Mattei
7. Jean Perry (MHSARC)
8. Juliana Fuerbringer
9. Kava Tulua
10. Leti Bido (MHSARC)
11. Maria Lorente-Foresti
12. Mark Duri (MHSARC)
13. Michael Lim
14. Mike Krechevsky
15. Pat Way (MHSARC)
16. Sheila Brar (MHSARC)
17. Stephanie Morales
18. Michelle Platte
19. Yoko Ng

Staff & Supports

Doris Estremera (MHSA Manager, Host)
Scott Gruendl, BHRS Director
Chantae Rochester, Executive Assistant
Tania Perez (MHSA Support, Co-Host)

Other BHRS Staff

1. Claudia Saggese
2. Ziomara Rodriguez

Community Participants

1. Greg Thompson
2. Vincent Osar
3. Bendan VORSM
4. Gina Beltramo
5. Tiana Wilson
6. #1 NAMI
7. Julie Marquez
8. Shannon Stockwell
9. Martin Fox
10. Evan Milburn
11. Lanajean Vecchione
12. Anna Marie VORSMC
13. Shaziana Ali
14. Ronald VORSMC
15. Veronica
16. Randall Fox
17. Carolyn Shepard
18. Voices of Recovery San Mateo County
19. Dominic DiMenna
20. Yraes VORSMC
21. Patricia Pepa
22. Chelsea Bonini
23. Jackie
24. John Butler