



Mental Health Services Act (MHSa) Steering Committee Meeting

Thursday, May 6, 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

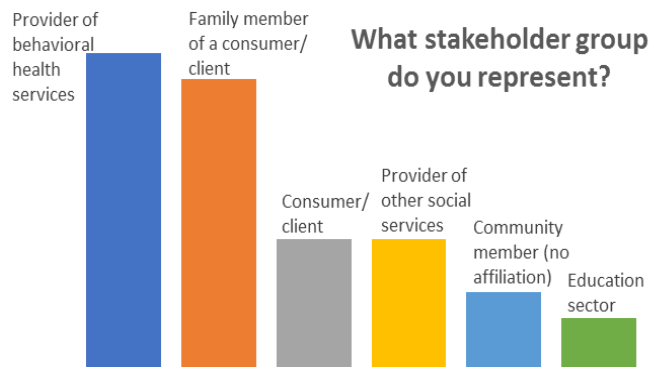
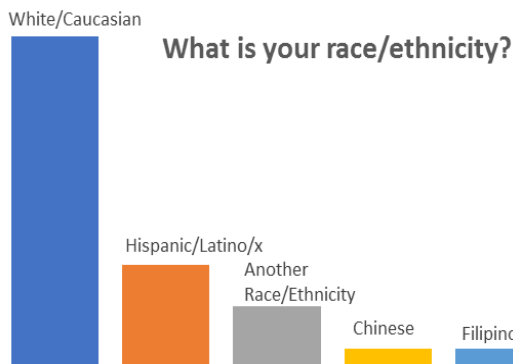
MINUTES

- Welcome** – *Doris Estremera, MHSa Manager and Jean Perry, MHSARC Commissioner* 5 min
 - Doris and Jean welcomed participants to the Steering Committee meeting and shared in the chat Mental Health Awareness month link to activities.
- Logistics & Agenda Review** – *Doris Estremera* 5 min
 - Introductions (name, pronouns, affiliation) were shared via chat
 - Stipends available to clients and family members participating; please let me know via chat or after the meeting if would like a stipend
 - Meeting is being recorded
 - Participation guidelines – enter questions in chat, will address those first, can also use raise hand button during question/answer and unmute when called on
 - Quick Poll – demographics, results below:

What is your age range?	
16-25	4%
26-59	52%
60+	43%

What is your gender identity?	
Female/Woman	61%
Male/Man	30%
Gender Non-Conforming	4%
Another Gender Identity	4%

What part of the county do you live in OR work in?	
Central County	35%
Coast	4%
County-wide	30%
East Palo Alto/Belle Haven	4%
North County	9%
South County	17%





SAN MATEO COUNTY HEALTH

BEHAVIORAL HEALTH & RECOVERY SERVICES

- **MHSA Overview** 20 min
 - 1% tax imposed on personal income over \$1M to transform public mental health systems
 - 76% of revenue allocated to direct services and treatment for individuals living with serious mental illness; 51% of this must go to Full Service Partnerships (FSPs)
 - 19% goes to PEI; 5% to INN
 - Two components WET and CFTN do not have automatic allocations but, counties can allocate up to 20% per year to these components. In SMC, we transfer annually to WET

3. MHSA Steering Committee Structure 10 min

- **Goal Setting Survey Results**
 - Survey to MHSA Steering Committee members to help us structure meaningful participation; we want to bring in voices/input and in order to do that must have some shared goals and learn about each other's motivations, strengths and interests. We will cover goals and interests in the next MHSA Steering Committee meeting
 - Proposing one workgroup at a time, 3-4 months at a time, meet monthly and up to 10 participants.
 - Workgroups will be focused on specific topics, there will be some homework in between and would expect members to attend all meetings. Similar to Housing Initiative Taskforce in structure.
 - Will be timing the topics with what needs to be submitted annually with MHSA; proposing we take on FSP in the fall given that it is currently under study by the State MHSOAC via an independent consultant.
 - INN would be taken on in Feb-April and Community Program Planning process in the fall 2022 in preparation for the next Three-Year Plan.
- **Questions**
 - The Workgroup timeline slide, which are workgroups that you are proposing vs. workgroups that are already happening? Answer: these are all proposed workgroups.
 - Do the workgroups correspond to specific deadlines? Answer: Yes, they are aligned to the MHSA needs and deadlines. For example, it wouldn't make sense to start on a Community Program Planning Process workgroup now since we can wait for when we will be launching the Three-Year Plan. But, it is ideal to start an FSP workgroup given the current collaborative FSP improvement work that is happening across the State.
 - Comment: Members of the Lived Experience Education Workgroup have been expressing interest in joining some of these workgroups.
 - Question: Is it true that these workgroups will be open to the public. Answer: Yes
 - Question: How will that correspond with the idea of having 10 participants in the workgroup? Answer: the intention was to have a small group of folks that could work on a topic in depth. We have experience



SAN MATEO COUNTY HEALTH

BEHAVIORAL HEALTH & RECOVERY SERVICES

with larger groups and it's very challenging; we've added additional meetings to ensure we hear from all voices.

- Comment: I want to encourage a vetting process that it is a diverse group of folks; not heavily waited to one side.
- Question: An outside consultant was hired to study FSPs, can you send me information on that? Yes, I will add the link to the chat.
https://www.thirdsectorcap.org/wp-content/uploads/2021/03/Multi-County-FSP-INN-Progress-Report_March-2021.pdf. The consultant is Third Sector and is working with a collaborative of 5 counties, interviewing clients and stakeholders.
- Comment: I like this format, I think it's very organized and I can't wait to get to work.

30 min

4. MHSAs Annual Update – Doris Estremera

- The MHSAs Annual Update is a large document, typically 300+ pages full of stories, data, outcomes. Today we will be sharing highlights of our implementation and it's a preliminary presentation. As a reminder, the MHSAs Annual Update will be open to a 30-day public comment period by the commission, the MHSARC, on June 2nd and closing with a public hearing on July 7th during the MHSARC meetings. The full document will be posted on the MHSAs website by May 28th. Public comments can be provided verbally at the MHSARC meetings or in writing to mhsa@smcgov.org.
- One-Time & Ongoing Funding
 - At the last meeting I shared projections that were not accurate. COVID primarily impacted the working class and millionaires were not as impacted. MHSAs is not expecting a recession as was anticipated when COVID first started.
 - We had kept our budget status quo this FY due to the uncertainty. We are now able to move forward with budget increases and that is what our Three-Year Plan is for. We have priorities in the Three-Year Plan that we are able to now move forward.
- Updated One-Time Spend Plan: this is an update.
 - This One-Time Spend Plan was approved already in FY 19/20 for \$12.5M and we added another \$5M when COVID started.
 - The Update I am presenting tells us where we are with spending. We have spent about \$8.2M of the plans.
 - What we are proposing is to extend this plan. These plans were intended to end FY 21/22 but, due to COVID many items were delayed (Supported Employment for example) and we want to push it forward for a FY 21-22 start-up.
 - Some items were removed from the plan because we were sustaining them with one-time monies and are now able to move them into the ongoing budget (e.g. Innovation Projects: Pride Center, HAP-Y, NMT for Adults).
 - The link on the slide is to a larger document with short descriptions for each line item in the event that you want more information.



SAN MATEO COUNTY HEALTH

BEHAVIORAL HEALTH & RECOVERY SERVICES

- MHSA Revenue Projections
 - Blue line is revenue, red line is expenditures; everything to the right of the dotted line are estimates/proposed and projections.
 - In FY 20/21, you see that the revenue is \$44M. We had projected almost \$7M less and a recession, which is why the expenditures did not increase from the previous FY. That gap between the revenue and projections is excess revenue.
 - The excess revenue is one-time spend. We can't count on that excess revenue moving forward. We will be proposing a one-time spend plan.
 - Our goal is to keep our expenditures (red line) as close to the revenue (blue line) as possible. It's a tricky process with a volatile revenue and especially determining how much to push the ongoing budget.
 - We are proposing an over-revenue budget even though we do not know where we will be in FY 23-24 because we have excess revenue and a healthy reserve.
- Strategies will include a one-time plan of \$12M and ongoing budget increase to over-revenue.
 - The Housing Initiative Taskforce is tasked with identifying expenditures for this one-time monies. We may also have additional opportunities for one-time expenditures types such as renovations to county-owned facilities, technology needs or system improvements.
 - Learning from the previous one-time plan; we recommend to stay away from starting new programs. There is limited capacity to start a new program on top of the priority projects that need to be implemented and once the funding runs out, we will need to figure out how to sustain the program.
- Proposed Ongoing Budget Increases
 - Will be focused on adding BHRS systemic needs to the MHSA budget (existing programs that are experiencing reductions across our system).
 - Proposing increase of \$13.1M over two fiscal years because items in Year 2 will be experiencing reductions in FY 22-23.
 - Green items are new allocations (Housing Initiative Taskforce and Infrastructure Supports – MHSA has grown and infrastructure for the oversight, planning, and management has not increased since inception)
 - Black items are BHRS systemic needs that are aligned with MHSA priorities
 - Red items are BHRS systemic needs that are new to the MHSA plans
 - Purple items are items that were being sustained with one-time funds and are proposing to move them to ongoing
- Questions/Comments:
 - Question: Are you proposing that the one time funds go into a reserve fund to cover projected losses? Answer: No, we have a reserve already and that is accounted for. The one-time funding is excess revenue.
 - Questions: Would renovation of the Maple Street shelter fall under capital improvements yet meet the priorities for housing needs? Answer: The one requirement would be that facilities are County-owned.



SAN MATEO COUNTY HEALTH
**BEHAVIORAL HEALTH
 & RECOVERY SERVICES**

- Question: Going back to the Revenue Projections graphs. My request would be to see reserve funds on this graph to get a better idea of what our build-up of reserve looks like. Answer: yes, I've shared this in the past and can share again in the meeting notes. We have obligated funds in MHSA (reserve, INN, WET, housing). These are monies that are set aside.

Fiscal Year End	19/20	20/21(estimates)
Annual Cash Revenue Received	\$31,834,340	\$42,844,054
Interest Revenue Received - Cash	\$1,025,056	\$1,225,056
Ongoing Budget Expenditures	\$26,974,045	\$30,011,791
One-Time Fund Expenditures	\$83,996	\$8,140,457
Trust Fund Balance	\$43,198,965	\$49,115,827
Obligated Funds:	\$42,420,958	\$36,651,103
Reserve	\$17,013,720	\$22,034,555
5% INN	\$1,642,970	\$2,203,456
INN Ongoing	\$5,707,736	\$4,860,139
WET Ongoing*	\$535,490	\$500,000
Housing Funds	\$105,039	\$105,039
\$12.5M One-Time Spend Plan	\$12,416,004	\$6,947,915
One-Time Spend COVID	\$5,000,000	\$0
Available One-Time	\$778,007	\$12,464,724

- Comment: If you could, when you share dollar amounts can you right-align instead of center aligned? Answer: Sure, if that helps to read them.
- Question: Are the school-based clinicians being proposed for the ongoing budget, funded by MHSSA? Answer: No, they are not part of the MHSSA grant; they were primarily Measure K.
- Question: where do the MHSA projections come from and why do we see the increase for next year? Answer: the projections come from the State; it starts with the Governor's budget and a State consultant provides us our MHSA projections. In FY 22/23, you see what looks like a drop but, you see that it is still higher than FY 19/20. In FY 20/21-21/22, you see a spike in revenues because of delayed tax filing due to COVID and adjustments made from previous years' favorable economic growth. There is always a two-year delay on adjustments.
- Comment: these are just projections. It may be helpful to have an actual and a projection, change the color of the projections so that it is easier to understand.
- Question: what does NMT stand for? Answer: Neurosequential Model of Therapeutics (NMT)
- Question: where is the Total Wellness program, where are the monies coming for that? Answer: The Total Wellness program was an MHSA Innovation project that received monies from Health Plan of San Mateo and now is being reduced. We are proposing to use MHSA monies in FY 22/23 for Total Wellness.



SAN MATEO COUNTY HEALTH

BEHAVIORAL HEALTH & RECOVERY SERVICES

- Question: What youth have the ability to use NMT through MHSA? who will be training on YMHFA, which type of training? The less hour one? Answer: these programs are currently Measure K funded, we are proposing to change the revenue stream but not the program management. Question: Can it be expanded now that it is MHSA to non-MediCal students? With the decreasing size of MediCal recipients in this County it may be a wise use of funds to expand it. We have a lot of at-poverty line youth that have Kaiser or other insurance. NMT is such a great resource that I am hoping it gets expanded.
- Question: YMHFA used to be under the Office of Diversity and Equity (ODE) and for a while there was no YMHFA. Is that coming back, are we offering it to schools? How will that roll out. Answer: ODE has contracted out the work but, oversight remains with the office.
- Question: those School Based Mental Health Clinicians are those for your School Based Program or for General Education Students? Answer: these are only for special ed students and not the general population.
- **Implementation Highlights**
- **Housing Initiative Taskforce** – *Pat Way and Jean Perry, MHSARC Commissioners*
 - Have met three times under leadership of Judy Davila, housing consultant and Doris Estremera, MHSA manager.
 - There were two presentations prior to the launch of the Taskforce and this was homework prior to launch. The recordings are on the MHSA Housing webpage, <https://www.smchealth.org/general-information/mhsa-housing> along with presentation decks, question and answers and other documents.
 - The first meeting was a lot of information and identifying missing data and gaps in services. The second meeting was discussing expected outcomes and how we want clients to be supported so that they can progress. Guiding principles were developed and the 8 outcomes were prioritized. The third session was focused on brainstorming best practices to address the top three outcomes.
 - Next, we will be prioritizing Funding Recommendations to present to the Board of Supervisors.
 - Comment: #1 and #3 outcomes, that should be “keeping” it’s not just securing housing but, keeping it.
- **Mental Health Student Services Act (MHSSA)** – *Molly Henricks, Coordinator, School Safety & Risk Prevention Coordinator, San Mateo County Office of Education*
 - \$6M grant over four years; 12 school districts participating that started in October 2020.
 - Phase one is for all districts and includes Social Emotional Learning (SEL) curriculum, Community Resilience Model training for staff and data collection
 - Phase two is for the high need districts and includes more targeted SEL curriculum, universal screeners, wellness counselors and care coordination from Care Solace to link (warm hand-off) families to services regardless of insurance.



- Three districts are receiving Care Solace, other revenues covered the rest of the school districts funded by the healthcare districts and the TUPE grant. Molly shared utilization data from Care Solace. Anxiety and Depression are most frequent reasons to access mental health resources; marital issues is also showing up. Common referrals for the 12 districts include group telehealth, BHRS, Kaiser, One Life and Women’s Therapy Institute.
- Question: How is high needs determined for a school? Answer: this was based on data (demographics, low and reduced lunch, CHKS mental health data)
- Question: Any break down for use by gender identity? Answer: Yes, female, male and non-binary are data collected.
- **Youth S.O.S. Team – Zena Andreani, Program Manager, StarVista Crisis Intervention and Suicide Prevention Center**
 - Shared new website, www.sanmateocrisis.org. Has links to teen chat services, teen text line, and 24/7 Crisis Hotline.
 - Hard at work recruiting for Youth S.O.S. clinicians and family partners. FURS, foster-care component has launched since March 2021. Hired a program coordinator who is focused on recruitment.
 - Comment: Texting is cool but, as program progresses, we need to find out and follow-up to see how effective texting actually is. Youth are always in front of their phones but, this is not healthy.
 - The texting services are intended to be there in the moment, not a replacement for long-term therapy.
 - Comment: Substance use is a non-descriptive term, the proper use term is Substance Use Disorders or problematic Addiction
 - Comment: Marijuana is a problematic category due to its legality what about prescription drug abuse, street drugs and so on

5. **Program Outcomes** 15 min
 ● Due to time limitations, these were not presented

6. **General Public Comments** 5 min

*** Public Participation:** All members of the public can offer comment at this public meeting. There will be opportunity to provide Public Comment after each agenda item. You can also submit questions and comments in the chat; these will be addressed first. 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 question/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





SAN MATEO COUNTY HEALTH

**BEHAVIORAL HEALTH
& RECOVERY SERVICES**

ATTENDANCE

There were up to 26 participants 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 Members

1. Adriana Furuzawa
2. Chris Rasmussen (MHSARC)
3. Clarise Blanchard
4. Jairo Wilches
5. Jean Perry (MHSARC)
6. Juliana Fuerbringer
7. Kava Tulua
8. Maria Lorente-Foresti
9. Mary Bier
10. Melissa Platte
11. Michael Krechevsky
12. Michael Lim
13. Patricia Way (MHSARC)

BHRS Staff Supports

Doris Estremera (MHSA Manager)

Other BHRS Staff

25. Alen Yaghoubi
26. Terry Wilcox-Ritgers

Community Participants

14. Rebecca Kieler
15. Erica Wang
16. Junior Flores
17. Lanajean Vecchione
18. Lena Silberman
19. Molly Henricks
20. Randall Fox
21. Susan Houston
22. Tania Perez
23. Verna Barrientos
24. Zena Andreani