



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
 - o 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
 - O Question: Are applications available?



- 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
 - o Present the findings and vote on April 29 meeting
 - Includes expenditure projections
 - o How fast?
 - depends on the revenue
 - Revenue: 34 millionProjection: 32 million
 - O 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



- 46% client or family member
 - Individuals identified as a client also prioritized cooccurring 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-ocurring)

- 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 provides, first responders trained by those with lived experience (3)
- CIT training (1)
- More peers! Mental health, outreach, case managers- all providing cores 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)
 - o 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)
 - o 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)
 - o 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 provers to recognize MH issues better, make better referrals for co-occurring
- Create structured trainings for family/peers to respond to crisis (5)

Stakeholder Group	Name(s)	Affiliations (Board Member or Employee)	Title (if applicable)	Email	Signature
Provider of MH/SU Svcs	Adriana Furuzawa	SMC Health System, Aging & Adult Services	Program Services Manager	asawamura@smcgov.org	Julinger
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San Mateo County District 1	David Pine	Board of Supervisors	Supervisor, District 1	DPine@smcgov.org	
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Family Member Yolan	Member Yoko Ng	Client/Consumer Wand	Provider of MH/SU Svcs Steph	Provider of Social Services Sheri	Member Sheila Brar	Client/ Consumer Rodne	Provider of Social Services Rev. V	Other-Peer Support Ray Mills	Client/Consumer Patrisl	
Yolanda Novello	Ng	Wanda Thompson	Stephanie Morales	Sheri Broussard	Brar	Rodney Roddewig	Rev. William Chester McCall		Patrisha Ragins	
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