SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH & RECOVERY SERVICES

Mental Health Services Act (MHSA) Steering Committee Meeting
Three-Year Plan Strategy Prioritization

https://2020victory.zoom.us/j/99517137157?pwd=Vm4yUXVoMHlCNy9Zc24vSkNvSUR4dz09
#success

Wednesday, October 7, 2020 / 4:00 – 5:30 PM
Zoom Meeting: https://us02web.zoom.us/j/81395582235
Dial in: +1 669 900 6833 / Webinar ID: 813 9558 2235
iPhone one-tap: +16699006833,,81395582235#

MINUTES

1. Welcome, Logistics & Agenda Review — 10 min
   - Promoting steering committee members to panelists
   - Stipends for MHSA portion of the meeting, please stay after so we can collect your information
   - Distribution of demographic survey, link dropped in the chat
   - Meeting is being recorded, we will keep our eyes on the chat, write down questions so we can capture them

2. MHSA Overview & Updates — 50 min
   - Mental health services act 1% tax on personal income over one million dollars and it is a dedicated revenue source to transform how we do our work in BHRS
   - $30.7 million averaged in the last 5 years
     - Majority goes to direct treatment, also dedicate a portion of prevention of early intervention and innovation
   - Revenue projections and reserve
     - Scott Gruendl
       - Folks were confusing total BHRS budget with MHSA; MHSA is about 12% of our funding and it has been a consistent revenue source
       - MHSA is categorical and that acts as a protection and there are minimal limits and protect the revenue to protect funds to be spent in a way voters have agreed with
       - Tax revenues are volatile, and have a tendency to have variations
       - In the current year we are expecting a small drop in revenue in the Fiscal Year (FY) 22-23 we are expecting revenue to drop.

- We have a spike in FY 20-21, because tax collection was pushed back to July, including for millionaires. It looks like there is a spike in revenues when it is money that would have been collected in FY 19-20.
- FY 22-23 there is a projected $5 million gap, the difference between projected $27 million revenue and $32 million in expenditures.
- We have about a $9 million increase in the reserve, because of the way revenue has been spent, even with the $5 million expected gap.
- We have not projected out past FY 22-23, more to come and hopefully things begin to recover, the tax is retrospective is back on the year that has occurred. We will live with the impacts of COVID 19 for a while, even as economy improves.

- Questions
  - Stephanie: Is it such a dip because millionaires are making less or out of work, how are they affected by COVID.
  - Answer: We do not know the answer to that immediately. This is revenue on individual tax payers so, the current projection is that millionaires will be impacted.
  - Jean: I don't fully understand the dip in revenues for the FY 22-23, why isn't that in the FY 21-22 year with people being out of work. Why is the revenues almost sustained but then crashes?
  - Answer: Delay in the collection of taxes. There is this false spike then there looks like there is a decline in FY 21-22 which should have looked like a steady source. There are also adjustments made with a 2-year lag. In FY 19-20 there was better economic growth than projected, so the adjustment is seen in FY 21-22.
  - Randall: Mild to moderate will no longer be served, has that been integrated into these calculations and the lowering of cost of providing services. Has that been integrated in what we have looked at and use of prevention and early intervention?
  - Answer: Mild to moderate and de-delegation to the health plan would not affect MHSA revenues. Prevention and Early intervention occur on a community level and to community-based organizations serving mild to moderate patients. No direct line from mild to moderate and MHSA. In our budget, we were spending more on mild to moderate than we were earning, so that loss will no longer be on the books.
  - Questions from chat – for the increased revenue years, why we don't we carry over the surplus?
  - Answer: That is exactly what we are doing with the surplus.

- Lana: Pie chart in the initial slide, what is in the "other" category in the budget?
- Answer: It is a number of things, mostly grants like whole person care. Still funds a number positions today.
- Randall: Wanted to make a comment regarding the idea that was discussed in town meeting about the budget. Some confusion about the entire system and the MHSA. We see that MHSA is about 12%. One of the great things about that funding, not only can it be changed quicky, we have various categories that funding can be directed to and with more flexibility. That's why participation is so important we have more say on how that money is spent as opposed to the entire budget.
- Answer: MHSA was set up to be stakeholder driven. It is intended to transform our mental health system. It is based on input from people and public and they have a lot of say in this part of this part of budget. The overall budget, there is a lot of say but, that primarily happens at the Board of Supervisor's level. MHSA is a steady funding source even while volatile.
- We are one piece of the big picture, sometimes it seems that MHSA should be everything, but it is only a part of the big picture.

- Status on one-time spend plans
  - Doris Estremera
    - Update on the $12.5 million three-year plan for one-time spending. We put it together with your input, we have marked items that are in progress. Some items have been delayed or not started such as capital facility projects due to COVID-19.
    - The other not started are programs that require a planning process and a bidding process, such as the trauma-informed systems and supported employment program.
    - For the $5 million COVID-19 One-time Spend Plan…All in progress and we launched technology supports this month. We are training peer and family partners, so they feel equipped to support clients as distributing the devices, help them navigate through apps, doxy.me for appointments, etc. We hope devices start getting distributed by beginning of November.
    - Two projects have not started, alternative care sites, providing beds for individuals for those who test positive for COVID-19 and the hotel program. At that time unable to place clients in existing sites, for those with mental health conditions or substance use.
- Innovation projects
  - Submitted to the state in February. One approval and are moving forward with a Request for Proposal (RFP) on the social enterprise café, a

proposal for Filipinx community around culture and wellness as a protective factor for mental wellness.
  - The Addiction Medicine Fellowship did not get approved, the reason cited was that it was not innovative enough. It's a tough one to take, and we are working to give feedback to State. It meets the legislation requirements as reviewed by the OAC staff but, not approved by the commissioners.
  - Prevention early intervention services in low income housing and PIONEERS project we will find out soon if they are approved.
  - Older adult prevention and economic stress project withdrew.
- Coastside Multi-Cultural Wellness Program
  - This project is from our last 3- year plan. It was delayed yet, a great example of a delay that led to something beautiful and amazing. We went back to the community and heard from folks themselves. Office of Diversity and Equity (ODE) staff, family partners and interns went into the community and asked what the need is, what are the barriers, the strengths. What would make this project meaningful?
  - ALAS is the organization that received the award and started the Cariño project providing mental health wellness and culture to the coastside region, you can see the ribbon cutting linked on the MHSA website.
- Youth Crisis Intervention Strategy
  - This project was also delayed, and it gave us time to integrate the project better and we brought it to the MHSARC Youth Committee to work through it.
  - It is about intervening before a crisis becomes life threatening and law enforcement is involved to minimize trauma. The response team involves a clinician and family partner (no law enforcement).
  - This flowchart shows all that we had to consider, County Office of Education participated and connected what happens at the schools
  - Ziomara Ochoa- Deputy Director: for the youth crisis response program another initiative that has come though the state is FURS, that was passed in July and it requires emergency response program for foster youth or former foster youth. It is a collaboration with child welfare, juvenile detention, and behavioral health. The State mandate is part of a continuum of care reform, looking to sustain foster care in placement. Help bring response and support to foster care families in that moment to prevent them from going to another foster home or residential program
  - We will merge these two efforts together the crisis response and FURS requirement
  - Questions:

- Do MHSA funds, pay for peer and family worker positions and salary? Will peer workers be provided tablets to use?
- Answer: MHSA funds 19-20 peer workers across the BHRS system. The tablets will be at sites if Peer Staff need tablets that's something that can go to IT. We can follow up on this, if its for the clients we will make it happen.
- How many tablets have been given to clients? How are they distributed?
- Answer: Will be distributing in November. Tablets are prioritized for onsite locations, they go to residential places like board and cares. The phones will go to clients so it's the clinicians and family partners that will let us know. If client cannot access a phone or data plan to participate in services, they qualify.
- What happens to the funds for the addiction medicine fellowship?
- Answer: It needs to be allocated or we will lose the funding in 3 years. The money will roll into the next project that gets approved. If we are at risk for reversion, we will plan again for new projects.
- Can you tell me how much focus was on young children in the youth crisis strategy development? For exampled 5-11?
- Answer: Cover all the age ranges 0-18. Whoever is in these rolls will have the knowledge to serve youth with the various age ranges. One of the goals is to respond to the school needs which include young children.
- Is there any movement in creating ER beds for children 12 years old?
- Answer: Not in the budget currently. If we had to, we would contract at that time
- When is the older adult project delayed until? Why are there no youth peer support workers in the youth crisis?
- Answer: There are youth peer support workers in the youth crisis strategy. Older adult services not ready to take on the project and will keep you all posted.
- With COVID increasing mild to moderate mental health in just about everybody, I wonder if not focusing on this population is a good idea? Where do they go now?
- Answer: Our prevention and early intervention is generally population focused, especially individuals that may not engage in mental health treatment. We rely on community-based organizations so you may be outreached to our services and not know it. Capture folks not identified as mild to moderate or SMI.

- Randall: Could you go back to the flow chart slide? Having had some good experience with mental health, child protective services. I would like leadership and everyone else involved to look at the idea for the part of this chart that says life threatening? As far as children are concerned everything is life threatening. Please expand the definition of life threatening. Reduce symptomologies that will require an action.
- Answer: We appreciate that feedback. One thing to highlight, but part of the action is the response to the crisis line worker that would then escalate the situation. Every concern should be considered as urgent. There will be a flow chart of how it will be addressed. We will continue to work on it as far as what the flow would be.

3. MHSA Steering Committee Restructure 15 min

- Motion to implement new structure
  - The MHSA legislation requires that commissioners review the MHSA three-year plan, annual update and any changes made to program and expenditures as part of the plan and provide input.
  - What is not in the legislation how we structure the community input, even this steering committee.
  - We need more time; MHSA meetings feel very rushed and we've heard from stakeholders that things are going over their head and we cover too much information.
  - We would want to do a motion to not require all MHSARC commissioners to be on the steering committee.
  - Separate out the MHSA steering committee from the commission, the commission would send liaisons to participate in the MHSA steering committee. That commissioner will report on MHSA to the rest of the Commission.
  - The MHSA Steering Committee would vet and spend more time with issues/recommendations, make a motion to the commission then the liaison bring it to the commission for a vote
  - We could hold more than 2 meetings per year where we could do quarterly basis
  - Questions/comments:
  - Full support for meeting 4 times per year, 2 meetings per year is not enough
  - Increase minimum to 2 MHSARC liaisons instead of a minimum of 1
  - All commissioners need to be at the Steering Committee, having 2 or 3 commissioners is a disservice to the people of San Mateo County, minimally a quorum should be met at steering committee meetings

- As many commissioners can go if they wish
- We will not make a motion now; the commission will vote at the next meeting

4. MHSA Planning - How to Get Involved 10 min
   - Moving forward when MHSA needs more of a planning process, we are going to leverage our planning committees
   - Subscribe to the MHSA website
   - Attend standing committees that take on a project
   - MHSA steering committee feedback survey

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. The host(s) will unmute one participant at a time during the Q&A and Public Comment portions of the meeting. 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 unmute you in the order in which the hand raise notification is received. 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.

*REMINDER – Please Complete the Steering Committee Feedback Survey

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

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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