



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

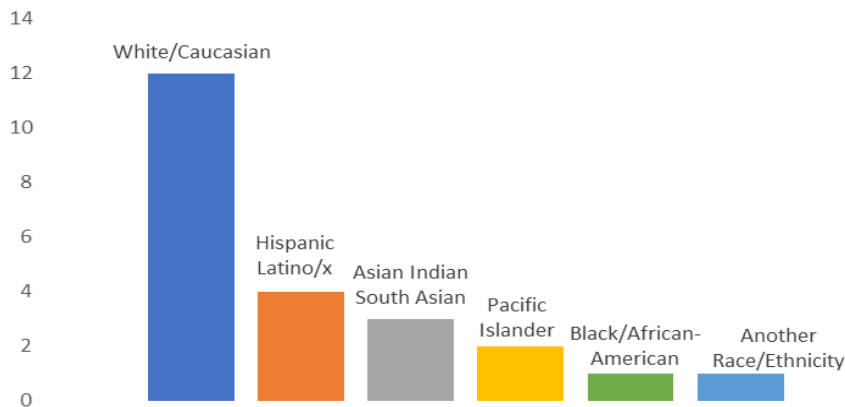
MINUTES

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
 - Introductions public members (name, pronouns, affiliation) were shared via chat
 - Introduced Steering Committee members: Jairo Wilches, Mary Bier, Juliana Fuerbringer, Kava Tulua, Melissa Platte, Yoko Ng
 - Introduced new MHSARC Commissioners: Frieda Edgette, Chelsea Bonini
 - Stipends available to clients and family members participating; information collected via chat
 - Notice that meeting was being recorded
 - For General Public Comments (non-agenda items) requested sign up via chat
 - Participation guidelines – enter questions in chat, will address those first, can also use raise hand button during question/answer and unmute when called on, share airtime, practice both/and thinking, be brief and meaningful
 - Quick Poll – participants reported demographics, 90% response rate:

What is your age range?	
16-25	5%
26-59	60%
60+	35%

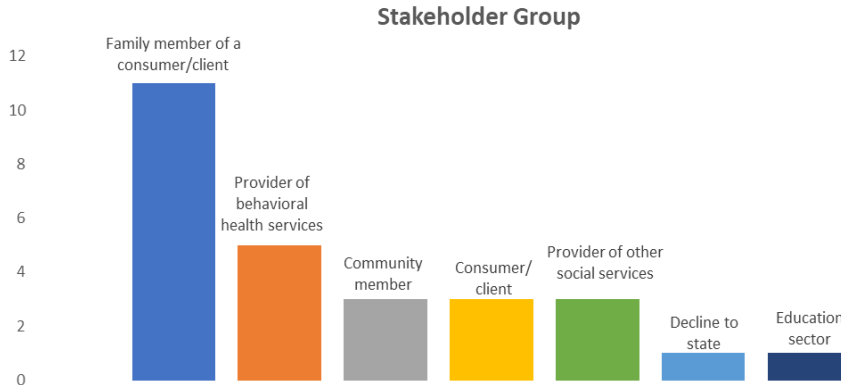
What is your gender identity?	
Female/Woman	75%
Male/Man	20%
Gender Non-Conforming	5%

Race/Ethnicity





What part of the county do you live in OR work in?	
Central County	25%
County-wide	30%
East Palo Alto/Belle Haven	5%
North County	20%



- MHSAs Overview
 - 1% tax imposed on personal income over \$1M to transform public mental health systems; this translates to \$34.3M annual avg in the last five years through fiscal year 2020-21
 - 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 for workforce development program and to CFTN for client devices, telehealth and electronic healthcare record system

3. Announcements

10 min

- MHSAs membership – *Doris Estremera*
 - Steering Committee members will receive a follow-up demographic survey; we will be recruiting new members
 - Steering committee applications and member roles/responsibilities are posted on the MHSAs website, www.smchealth.org/MHSA, under “Steering Committee” tab
- Infrastructure funding – *Jean Perry*
 - \$2.2 billion dollars available in the state of California for mental health infrastructure; applications rolled out recently.
 - SMC submitted an application for the planning grants
 - Please provide BHRS with ideas – for example: upgrade the SSF clinic into a full behavioral health location, add 5th MHRC at Cordilleras, etc.



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4. General Public Comment – *Leticia Bido*

10 min

- **Instructions**
 - For non-agenda items; comments limited to 2 minutes
 - Please do not respond to public comments to avoid back and forth, we will respond if we are able to or follow-up after the meeting
 - Requested names of individuals who are interested in providing general public via the chat.
 - Additional public comments can also be submitted via email to mhsa@smcgov.org.

- **Comments**
 - Jairo: application process for second Advocacy Academy is now open- a 6-week course clients/family members to become advocates in their community, their lives, BHRS and MHSA. Copeland center conducts the academy; the first academy earlier this year and will start the second round in February 2022. Last week graduated a cohort of the “Lived Experience Academy”.
From Chat:
 - Jairo: posted Advocacy Academy flyer
 - Lanajeau: Both family members and peers are eligible for Advocacy Academy. correct?
 - Jairo: yes, clients and family members/caretakers can join the Advocacy Academy
 - Kathy: I am a family member and with solutions for affordable housing. We need accountability for Full Service Partnerships and other BHRS settings; “it’s not what you expect, it is what you inspect.” People have to be treated well, it’s been my son’s experience where appointments are cancelled and not communicated.
 - Kathy: San Francisco started a program, Collaborative Caregiving Support Teams (it was on Saturdays’ Chronicle newspaper) – program to help formerly homeless and individuals with serious mental illness can benefit; provides help with daily living (cleaning, shopping) run by dept of disability, dept of aging and dept of homeless and supportive housing. \$600/client/year and keeps individuals from being evicted from their housing.
 - Joan: here with Solutions for Supportive Housing in support for this effort

5. Update - Housing Initiative Taskforce Recommendations

30 min

- Doris provided context – in the Spring of this year, 30+ individuals came together as part of a Housing Taskforce to prioritize and make recommendation related to funding for housing resources and supports; a full spectrum of housing services for individuals living with mental health challenges was developed. All materials are available on the MHSA website, <https://www.smchealth.org/general-information/mhsa-housing>. We will be



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providing the progress we have made since the following 11 Housing Taskforce Recommendations were released:

- 1) Supportive Housing Units – *Judy Davila, Housing Consultant*
 - Judy shared slides (attached below)
 - \$5M of MHPA funds were transferred to Department of Housing for their affordable housing fund, a funding availability notice was released, staff reviewed applications received and selected 3 projects
 - Projects were examined to fit following criteria:
 - interest and experience of developer to make housing for special needs populations and experience developing permanent supportive housing
 - project feasibility- permits, financing, env impact, community outreach, readiness to begin construction
 - location – did it have public transportation, businesses and services nearby
 - building design - safety, accessibility, community rooms, confidential office space, would it encourage interactions,
 - are population of building a good mix
 - amenities such as daycare, laundry, garages, computer labs, accessible units, etc.
 - Three projects were selected and funds committed:
 - Week St. Apartments: EPA, MHPA & EPA CanDo; 135 affordable units, 8 MHPA units, 2024 completion
 - North Fair Oaks Apartments: NFO Redwood City; Affirmed Housing; 84 affordable units, 11 MHPA units, 2025 completion
 - Fire House Square Apartments: South San Francisco; Eden Housing; 82 affordable senior units, 6 MHPA units; 2024 completion
 - Two additional projects that do not have MHPA development funds but will have MHPA units:
 - Kiku Apartments: Downtown San Mateo; Mid Pen; 224 affordable housing; 9 MHPA units, 2024 completion
 - NPLH - Light Tree Apartments: East Palo Alto; 198 affordable units; 9 MHPA units
 - Previously funded MHPA units: in 2007 State created the MHPA Housing Program, San Mateo received \$6.7M allocated to 6 housing projects for a total of 62 units
 - 2012 - 636 El Camino in South San Francisco; 20 MHPA units
 - 2013 - Delaware Pacific in San Mateo; 10 MHPA units
 - 2012 - Cedar Street in Redwood City; 14 MHPA units
 - 2019 - Waverly Place in Redwood City; 15 MHPA units
 - 2020 - Fair Oaks Commons in Redwood City; 6 MHPA units
 - 2020 Arroyo Green senior living; 6 MHPA units
 - 43 new units in development = 150 dedicated MHPA housing units! 55 years with onsite services, for 20 years at a minimum



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- There will be one more round of funding going into development next year!
- 2) Housing Locator and Field-based Services – *Doris Estremera*
 - Recommendations 2, 6 and 7 are related to improve how we organize and manage available housing, how we support clients in finding housing, maintain their housing, receive ongoing living skills development, and peer navigators supports.
 - This is a new project and will require developing a new scope of work and putting it out for a bidding process. A Request for Proposal process will be released for agencies to apply to provide the services.
 - The project will include Housing Locator services including a webpage with up-to-date information on available housing resources, peer supports, outreach and field-based services involving an Occupational Therapist and a Peer Support Specialist.
 - Will launch the RFP hopefully in the Spring of 2022. Judy Davila will help us scope out the project based on input we received from the Taskforce and then we will open it up for input from community stakeholders.
 - 3) Supportive services for new housing units developed – Doris reported that these will be made available in the future when the new supportive housing units open for service
 - 4) Homeless Outreach Teams – *Ally Hoppis, Supervising Mental Health Clinician for BHRS Crisis and Outreach Team*
 - new and improved team coming, HEAL – Homeless Engagement, Assessment and Linkages; it was a very successful program that we are bringing back
 - are in the hiring phase three new clinicians to go out into the community and meet clients where they are in their various stages of homeless either at-risk, recently or chronically homeless
 - will get referrals, go into shelters, provide workshops, assessments, treatment plans, case management and linkages
 - 5) Transitional housing support and training – Doris reported that the target date is TBD and likely will be started after getting through recommendations 2, 6, and 7
 - 6) Outreach and field-based housing services –addressed above with item #2
 - 7) Housing webpage – addressed above with item #2
 - 8) Flexible funds for housing related expenses (moving costs, deposits, first month's rent, etc.) – Doris reported that the original revenue source identified for this item turned out to be very inconsistent; will propose this for the upcoming MHSA Annual Update ongoing budget starting FY 22-23
 - 9) Increased FSP housing funds – current housing rate was increased but, will continue work with FSP consultants at Third Sector to ensure appropriate cost modeling for housing
 - 10) Board & Care (B&C) Support – *Talisha Racy*



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- MHSA funding has been supporting virtual groups during the pandemic and included tablets; the groups will continue
 - Working on creating more incentives for B&C operators to show B&C appreciation including funding for enhancing living environments that are trauma-informed, culturally responsive and inclusive spaces.
 - Giving incentives for B&C that are able to maintain 95% occupancy.
 - Trainings on creating trauma informed spaces.
 - Over the years B&C's are closing. 2-3 have closed in the past two years
→ recruitment efforts to open new B&C's and replace some lost beds
 - Appreciation efforts to honor B&C operators
 - Will return to share stories/pictures of spaces that have been transformed
- 11) Increase FSP slots for children/youth (C/Y) and transition-age youth (TAY) –**
Doris reported that funding for 10 C/Y and 5 TAY slots were added Edgewood's contract
- Public Input
 - From Chat:**
 - Jean: How do MHSA supportive services relate to FSP services?
 - These are distinct but related services. When the Housing Program was developed the FSP services were used as the model to develop supportive services. Not all MHSA housing unit tenants are FSP clients, they may be ineligible for FSP but receiving intensive case management and some have a choice to move into FSP and yet, are guaranteed full spectrum and on-site services if receiving Supportive Services only. The MHSA resident service coordinator works with the tenants and with FSP teams and assigned case managers
 - Jean: What were the topics of client board and care groups?
 - Talisha: it included a combination of Seeking Safety, Illness Management and Recovery and Co-occurring support groups. These are ongoing groups.
 - Linder: Board and Care. How often are properties inspected? Do you require that wi-fi must be provided to clients in the house?
 - Talisha: we don't require Wi-Fi, some do have it. In terms of inspecting, we are not the licensing body but, BHRS has a B&C liaison staff that regularly visits the B&C and can bring up issues. The liaison may go once a week or a couple of times a week depending on needs.
 - Jean: What are the changes in B&C that are targeted? Did residents have input/recommendations?
 - Talisha: we are in the beginning stages; nothing has been decided. BHRS will seek B&C operator input and request that they seek client input as well. We want to be able to help B&C with maintenance costs as an incentive to remain open.



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- Karen: Good Afternoon - for life skills development. My name is Karen Shea and with Solutions for Supportive Homes - our former foster son after he aged out had a terrible time - he has sickle cell disease and FASD. He really needs section 8 and supportive housing. He was homeless and sick with sickle cell pain all the time and now we are helping again -- but he needs long term housing and truly supportive services. He can't be homeless or he will die from sickle cell disease.
 - Karen: San Mateo County let him become homeless; he got super sick and I had to come back from Los Angeles to pick him up and help him, I am over 60 years old. He needs a place to live that is safe, he is understood and gets daily living supports. FSP service has to be comprehensive, not just a case manager that checks in once a month. Why would San Mateo County let him roll off of their radar to on the street, he was always in the E.R. We tried to bring him to the mental health hospital and there was no bed. How are we one of the most affluent counties and have an African-American kid that was born here, why can't he have section 8 and a place to live. I will never be a foster parent again and will not recommend it. He is on SSI and doesn't have section 8. If he is homeless again, he will be dead. He's 27 years old and I need help.
- Franz: B&C: New/novice-are B&C's in private residential facilities or multi-unit facilities?
 - Talisha (by email, post meeting): The BHRS contracted board and care are primarily private homes licensed as an Adult Residential Facility (ARF) or Residential Facility for the Elderly(RCFE). We also have some beds in larger facilities.

Other Comments:

- Lanajeau: Wi-Fi is so important nowadays with telehealth and online services and seems more urgent than beautifying spaces.
- Lanajeau: who is the licensing body in-charge of B&C inspections and what is required to be compliant?
 - Talisha: this falls under Community Care Licensing; they go out at least once per year. If out of compliance, then there will be a Plan of Correction. Talisha shared this website:
<https://www.cdss.ca.gov/inforesources/community-care-licensing>.



6. Full Service Partnerships (FSPs) Workgroup Results – Jean Perry

20 min

- A workgroup was selected from an application process – we made an effort to include diverse stakeholders (culturally, experience, geographic location)
- Third Sector consultants has been working with San Mateo County for a year to understand FSPs and improving quality of services and evaluation outcomes
- The original recommendations from Third Sector were minimal, not too many clients and providers had participated in interviews.
- The FSP workgroup added to the input by providing recommendations related to minimum FSP service expectation, identifying additional services needed, supporting staff retention and appropriate contractor rates, need to provide trauma informed, substance use and peer and family supports, ensuring housing and retention services (support with daily living skills), incorporating step-down services and guidelines. We shared stories of how FSP graduation is occurring. And, we provide input on enhancing ongoing data collection and evaluation including accountability – monitoring of deliverables.
- The full document with details on the recommendation is available on the MHPA website, www.smchealth.org/MHPA, under the “Announcements” tab. It includes the input
- The recommendations will be incorporated into the RFP ... we discovered that therapy was not provided for everyone.

Public Input

- Jairo: are wages stipulated in the contracts with FSPs.
 - Doris: No wages are not stipulated in contracts but, cost modeling for the service do incorporate wages. We are working with the consultant Third Sector to look at the minimum positions that are expected, what that would cost and that will determine the RFP award amount
 - Jean: Third Sector has been retained to continue to work with us during the RFP development phase and includes the budget development.
- Suzanne: the FSP Workgroup Recommendations are excellent.
 - Doris: it was a great workgroup with lots of experience and input to share.

7. Next MHPA Workgroup: MHPA Innovation (INN) Planning – Doris Estremera

10 min

- Doris – we are required to use 5% of MHPA revenue on innovative projects. For San Mateo County this translates to about \$2M per year for new innovative projects with projects running for 3-5 years max
- INN projects have to be approved by the State, we anticipate a year-long process to plan for approval then an additional 6-8 months to go to bidding for projects that require a contracted provider
- The last INN planning cycle started in 2019 and one project just launched this past fall – the Social Enterprise Café for Filipino/a/x Youth. Two additional project RFPs are releasing this month.
- INN has to introduce a new practice or approach that has not been done anywhere else, including out-of-state.



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- INN projects can include a change to an existing practice... for example, applying something to a specific target population or changing something about the model. The Pride Center was innovative because a comprehensive, one-stop shop for mental health and social service for the LGBTQ community did not exist anywhere else. Pride Centers do exist in other states and counties but, not providing comprehensive mental health services.
- INN projects can apply a promising practice that has been successful in other settings. For example, the Social Enterprise Café project is applying a leadership and skills development for youth in running a café... this has been proven effective in public health settings. We are applying this model to behavioral health spaces and addressing a behavioral health need for Filipino/a/x youth (linkages, cultural identify formation and prevention)
- If a project has been demonstrated effective in the literature or google searches, and other research... then it is not considered innovative.
- The new INN workgroup will develop an inclusive and supportive process for individuals to submit INN ideas. A consultant will be brought on board to support this process. The workgroup will be involved in selecting the ideas that move forward to full scope proposal.
 - 10-12 participants will be selected via a Participant Survey that will be released in January
 - We will kick-off the work at the February MHA Steering Committee meeting then the workgroup will meet monthly between March-May
- The INN Planning timeline was shared
- Public Input
 - Jairo: for those that want to participate in the INN Workgroup, do we need to complete a survey to get selected?
 - Doris: yes, the Participation Survey will release in January.

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.

***REMINDER – Please Complete the Steering Committee Feedback Survey**

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





ATTENDANCE

There were up to 25 participants logged in to the Zoom app. Below is a list of attendee names as recorded from Zoom; call-in numbers are typically unidentifiable.

MHSA Steering Committee Co-Chairpersons

1. Jean Perry (she/her), MHSARC Commissioner
2. Leticia Bido (she/her), MHSARC Commissioner

MHSA Steering Committee Members

3. Yoko Ng (she/her), MHSARC Commissioner
4. Jairo Wilches, BHRS Office of Consumer and Family Affairs - OCFA
5. Juliana Fuerbringer, Family Member, California Clubhouse Board President
6. Mary Bier (she/her), North County Outreach Collaborative
7. Melissa Platte (she/her), Executive Director, Mental Health Association
8. Kava Tulua (she/her), One East Palo Alto
9. Maria Lorente-Foresti (she/her), Director BHRS Office of Diversity and Equity - ODE

BHRS Staff Supports

- Doris Estremera (she/her) MHSA Manager, BHRS ODE
- Sylvia Tang (she/her), BHRS ODE
- Ankitha Neelavar (she/her), Intern, BHRS ODE

Presenter(s)

- Judy Davila, BHRS consultant
- Ally Hoppis (she/her), BHRS Crisis and Outreach
- Talisha Racy, BHRS Clinical Services Manager

Participants

1. Frieda K. Edgette (she/her), MHSARC Commissioner
2. Chelsea Bonini, MHSARC
3. Suzanne Moore, Family Member, Solutions for Supportive Housing, Healthcare for the Homeless Board Member
4. Eddie Flores (he/him), Director Youth Behavioral Health Programs, Peninsula Health Care District
5. Lanajean Vecchione (she/her), Lived Experience Academy
6. Kathy Gilbert (she/her), Solutions for Supportive Housing
7. Claudia Saggese (she/her), Director Office of Consumer and Family Affairs
8. Sydney Hoff (she/her), Felton Institute
9. Franzmarie Lippincott (she/her), Chinese Health Initiative
10. Linder Allen
11. Pat Willard
12. Kms - Karen
13. Minet Azucena
14. Carol Gosho
15. Unidentifiable (moto g power)
16. Unidentifiable (phone number)