



Mental Health Services Act (MHSA) Steering Committee Meeting

Thursday, October 6, 2022 / 3:00 – 4:30 PM

MINUTES

1. **Welcome & Introductions** 5 min
Jean Perry and Leti Bido, BHC Commissioners & MHSA Steering Committee Co-Chairpersons

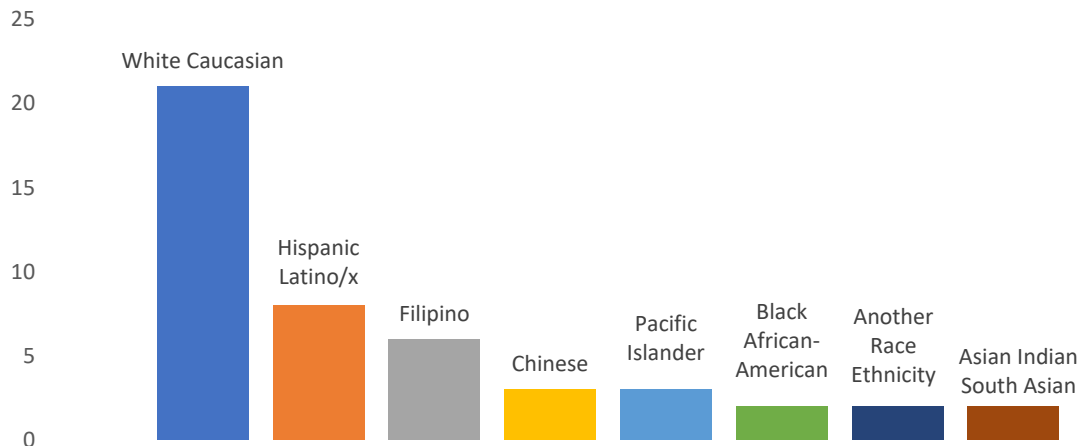
2. **Logistics & Agenda Review – Doris Estremera, MHSA Manager** 5 min
 - Previous meeting minutes available on the MHSA website, www.smchealth.org/MHSA
 - Introductions public members (name, pronouns, affiliation) were shared via chat
 - Steering Committee members introduced on presentation slide
 - Stipends available to clients and family members participating; information collected via private chat
 - Notice that meeting was being recorded
 - For General Public Comments (non-agenda items) – raise hand button
 - 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, there was an 83% response rate at the time the poll was launched:

What is your age range?	
16-25	7%
26-59	76%
60+	17%

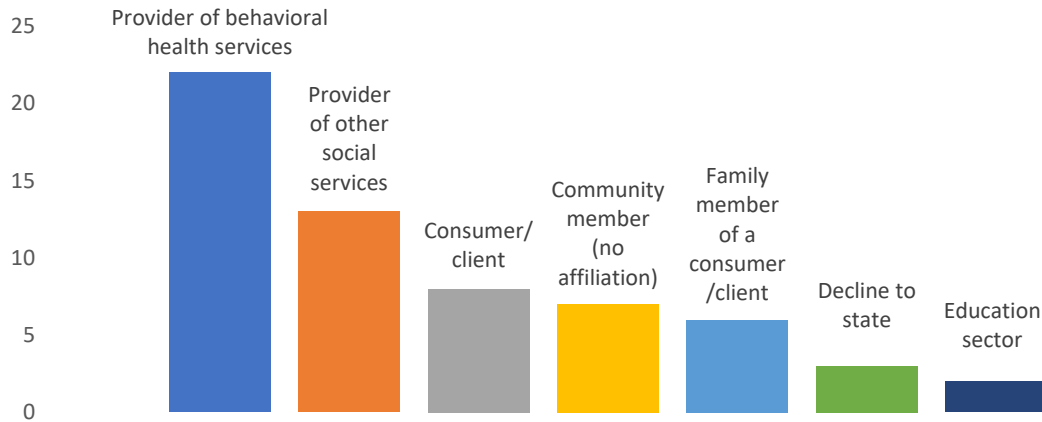
What is your gender identity?	
Female/Woman	71%
Male/Man	24%
Genderqueer/Gender Non-Conforming	2%
Another Gender Identity	2%

Race/Ethnicity





Stakeholder Group



What part of the county do you live in OR work in?	
Central County	19%
Coast	7%
County-wide	19%
East Palo Alto/Belle Haven	5%
North County	29%
South County	21%

3. General Public Comment – *Jean Perry*

10 min

- For non-agenda items
- Additional public comments can also be submitted via email to mhsa@smcgov.org.
 - Donna R. – thank you for the dedication of everyone working with the MHSA Steering Committee and other committees, making sure that we are reaching individuals across that county.

4. Announcements

15 min

- Next Workgroup: MHSA Three-Year Plan – *Jean Perry*
 - Recruiting for individuals that are interested in working on designing the process for developing the MHSA Three-Year Plan (what questions we ask community, what data we consider, what’s missing, who should we be reaching out to)
 - Will meet three times on Nov.10th, Dec. 8th, Jan. 12th 3 4PM (all virtual)
 - If interested in participating, please complete a short Interest Survey: www.surveymonkey.com/r/3YrPlanWorkgroup
 - Up to 12 participants will be selected based on demographics, stakeholder group, geography to ensure diverse perspective
 - The Interest Survey closes on Friday 10/7/22
- Purchase of El Camino Real Property – *Scott Gruendl, BHRS Assistant Director and Erica Horn, Executive Director, The California Clubhouse*
 - Property is located on 2195 El Camino Real, two story building next to Stone Villa where HSA will be housing clients in December 2022.
 - By-product of County’s functional Zero Homelessness campaign – HSA reached out to BHRS and asked if we would be interested in supporting clients being housed



- The California Clubhouse and Voices of Recovery could provide services to clients; opportunity for these agencies to expand services and support individuals that are in the transitional housing at Stone Villa to be able to walk over next door for services.
 - [from chat] Voices of Recovery and California Clubhouse have been close collaborators for years so to be able to work even closer is a great opportunity to further develop synergy within the County.
- Originally, County wanted to use COVID - ARPA funding ... building was already in escrow and did not qualify for ARPA. Used general funds, now exploring MHSA.
- Public Input
 - [from chat] Judith – how many square feet on each floor? How many staff can it house? Is the second floor disabled accessible?
 - Meets State requirements for accessibility (lift for 2nd floor)
 - 1st floor 2,600 (open space) and 2nd floor is 3,200 sq ft (office space) – haven't spent time with Clubhouse and VoR regarding floor plan
 - Meal plans and Supported Employment is provided by the Clubhouse so, the kitchen is a great opportunity
 - [from chat] Twila – What city is this in? Millbrae?
 - It is in San Mateo, just north of 92
 - Jean – What amount is being proposed and how does it fit in the MHSA budget? When will we see this part of the request? is this not eligible for California Behavioral Health Infrastructure funding? Are we going to be hit up again for the purchase of the building in Millbrae?
 - \$4M estimated purchase price – to be covered with one-time unspent monies transfer to Capital Facilities purchase
 - Yes, it does qualify. We are currently working on the grant proposal and submitting our application on 10/14/22 to add 46 Board and Care beds (first time we have increased board and care beds in the county). With the grant we cannot be reimbursed for purchases. We had an opportunity to close on escrow and owner was not willing to wait on a lease until the grant came through.
 - For the Millbrae building, it is aligned with MHSA. But, we don't have agreement from the owners. Have stalled the community forum because owners have not accepted/responded to the letter of intent.
 - Sam – I heard in the presentation that this building is providing housing for the homeless and I also heard that there will be services provided by VoR and Clubhouse. Is this going to be a multipurpose building?
 - Yes, the purchase won't be used for housing but, right next door there are 46 units for clients.
 - The purchase will be focused on the services of VoR and Clubhouse
 - [from chat] Judith – are we asking MHSA to fund purchase, renovations or both?
 - We will have more details on the request purchase, price.. by the time we open up 30-day public comment on November 2nd.

5. MHSA Innovation (INN) – Alison Hamburg, Consultant

- Alison Hamburg, she/her – has been working closely with the MHSA INN Workgroup to develop an inclusive and participatory process for individuals to submit ideas for innovation
- INN Workgroup was convened in the Spring of 2022 made up of community members, agencies, individuals with lived experience and family members.

55
min



SAN MATEO COUNTY HEALTH

BEHAVIORAL HEALTH & RECOVERY SERVICES

- INN Workgroup developed a process that was inclusive, accessible and supportive, removing as many barriers as possible to receive ideas from a broad range of individuals
- Developed FAQ's, Myth Busters, Submission Packet (all translated to Spanish and Chinese as well) and an outreach plan to inform individuals of the process.
- Held online information session and online research tips to support data and research needed for innovation. Sessions were recorded and posted on the MHSA website.
- Submission window was open for 6 weeks June-July. Held support sessions to talk through their idea to ensure their submission would meet the requirements.
- Received 19 ideas, created a selection workgroup of 4 individuals that reviewed the submissions and scored them based on criteria developed by the MHSA INN Workgroup
- Conducted a feasibility review internally, which included preliminary feedback from the State MHOSAC – have 4 ideas that are moving forward to a full proposal development.
- Timeline – design process, submission of ideas, selection of ideas, preliminary feedback from the State, drafting INN Project Briefs.
- We are now in the beginning of the stakeholder input process. Projects are not yet approved by the State. Today we will go into breakouts where you can provide considerations, we have online comment forms for folks to submit their input.
- The feedback will be incorporated into the full project plans that will be posted for the 30-day public comment period. During this period we will get feedback on the full project plans
- We will finalize the project plans in December and this will go through final approval by the Board of Supervisors and the State MHOSAC.
- BHRS will go through a procurement process to contract with the service providers targeted to commence in July 2023
- We invite you to select two ideas that you want to provide considerations for. "Project Briefs" are available on the MHSA website, under the "Announcement" tab.
- Public Input
 - Breakout Activity - Select two projects you want to learn more about (20 min each)
 - INN Comment Forms ([link](#)) - "I would like you to consider..."

1. Adult Residential In-home Support Element (ARISE)

- Facilitators: Melissa Platt, Tiffany Bailey, Mental Health Association (MHA)
- Key aspects of the project:
 - Targeted Clientele: individuals living independently (not in board and care facilities) who are failing housing inspections and who are suffering with health and safety concerns and potentially losing subsidy vouchers
 - Number of current clients is small but the goal is to serve 35. Current clients are majority of men and are over 40 years old. Ethnicity is across the board. MHA have identified 3 individuals already who are eligible.
 - MHA employees will be hiring the ARISE employees at a decent wage who will be independent contractors. These employees have already been approved as a IHSS worker. Contractors would be able to choose the # of weekly hours worked (15 hours or less a week). This flexibility in hours is more attractive to existing IHSS workers and will be a good recruitment feature.
 - MHA will have a staff member overseeing the pilot program and is working to identify additional IHSS providers. There is a need to increase the number of providers as not many exist today.



SAN MATEO COUNTY HEALTH

BEHAVIORAL HEALTH & RECOVERY SERVICES

- In addition to the training that the ARISE IHSS employee has received, MHA will provide an orientation before they begin.
 - Role of ARISE IHSS worker is to assist the client with tasks associated with shopping and house cleaning.
 - Before the ARISE IHSS worker begins, MHA will work with the client to conduct an initial house- cleaning so the client becomes comfortable with allowing the ARISE IHSS worker inside their home.
 - Case Manager’s role is to identify that there is a need for ARISE IHSS support and then coordinate with the IHSS provider and ARISE worker on client’s needs
 - Goal is that this pilot program be assumed by CalAIM in the future to supplement and expand the program
 - [from chat] hi everyone, i can’t talk right now but i wanted to say i’m a part of the community and this cafe would provide me way more support than i have currently
2. Mobile Behavioral Health Services for Farmworkers
- Facilitator: Belinda Arriaga, ALAS (Ayudando Latinos a Soñar)
 - Is this an add-on to the services you’re already providing?
 - Yes - but opp to learn what works with this pop
 - Language capability through tele-health? What about Portuguese speaking community? What about indigenous languages?)
 - All our svcs are in Spanish, Portuguese speakers tend to be the farm owners, not the workers. They are not the target pop.
 - Also have translation line.
 - Schedule of the mobile health clinic:
 - 5 days a week, will roll out with a special driver (Gilead health life sciences helped figure out; Genentech helped figure out - funders of the bus)
 - We have social worker on the bus; 3-8pm every day
 - Will it provide food? Will people want to stay after work? Will they otherwise come during lunch breaks or?
 - Are they leveraging other outreach and partnerships?
 - Library, adult ed, junior college
 - Not good wifi in these areas, so bus will have wifi, will help bridge the gap of isolation
 - Will offer technology classes/assistance
 - Want to bring in collaborations with ppl’s families Mexico on grief healing and practices
 - Recent article: 95% of farmworkers reported having symptoms of MH
 - What does follow-up look like?
 - Farmworker team goes out M-F at all times of day, morning, lunch, food distribution, case management - we visit 23 farms. Farmworker team is active on the ground visiting and making linkages w farmworkers, will be able help set appts, connect them to us on the bus. We’re rolling up and there’s already ppl ready to go. Can help make linkages including to the County as needed.
 - Not Medi-Cal driven for mental health. We do help ppl get enrolled in Medi-Cal but we don’t bill Medi-Cal for MH.



SAN MATEO COUNTY HEALTH

BEHAVIORAL HEALTH & RECOVERY SERVICES

- They are part of the healthcare for the homeless and farmworker program - the main goal is to get farmworkers enrolled in Medi-Cal.
 - Geography - we are the North Coast - we have about 1500 farmworkers that have been registered. Tenitas Creek to Montera. That area has been overlooked with the farmworker community bc of all the other distractions of the beaches, housing...they're tucked into all kinds of spaces, in hills, homes.
 - Will they just be serving North Coast, what about South Coast?
 - For now, just North Coast. But hoping this becomes a model.
 - Medical services
 - Will include prenatal care
 - We have a specialist in 0-5 child development
 - ALAS has a Mommy and Me program
 - Bus is funded by Life Science Cares, Genentech, and Gilead
3. Music Therapy for Asian/Asian Americans
- Facilitators: Sylvia Tang, BHRS Office of Diversity and Equity; Mai Abe, Creative Vibe Therapy
 - Would you please summarize and share more about this idea?
 - Asians tend to have low utilization
 - Gateway into using behavioral health services
 - Music therapy as a way to reach hard to reach population
 - Mentioned key goals and services of the idea
 - One project idea in the music therapy class would be creating a video, song writing or performance together
 - Mai has worked with Parks and Recreation and noticed it was easiest to recruit younger kiddos and their parents
 - Would you please give an overview of the project components:
 - Mai Abe's approach - resource oriented and liberation approach
 - 6-8 week work on project
 - Recreating song
 - Improvisation – drum circle
 - Composition – writing a new song or re-writing
 - Relaxation – music to calm down or reach a desirable mood
 - Want everyone to have a voice
 - Will be broad
 - Group therapy
 - Rapping
 - Educational piece
 - Doing what the participants want but also educating music outside of Asian culture – maybe in group therapy and music classes
 - Having guest musicians to come into the
 - Empathy, Connectedness
 - Inspiration for Creative Vibe Therapy - Beats Rhymes for Life
 - What kind of instruments would be involved?
 - Tabla, Taiko
 - Learn different cultures
 - Would there be dance with music?
 - Yes, music and movement are very intertwined



SAN MATEO COUNTY HEALTH

BEHAVIORAL HEALTH & RECOVERY SERVICES

- Would this program be standalone or integrated into existing services?
 - Standalone initially
 - Can consider partnerships to see how it can be integrated Input from Participants
- Considerations, comments:
 - Appreciation this idea
 - A lot of stigma, great way to introduce idea of behavioral health
 - Focus of addressing some of the stressors
 - Concern for the initial pull and can be a challenge to get participation
 - Another avenue to connecting to mind wellness
 - Find music uplifting and makes them happy
 - Network with other Asians that do music in the other area
 - Appreciate this culturally responsive program
 - Concerned that we are creating programs that are specific to certain races when we should be more unified as a human race
 - Bridge gaps through music
 - Would want this program to build empathy among Asian and Asian Americans for people of other racial/ethnic groups
- 4. Recovery Connection Drop-In Center
 - Facilitator: ShaRon Heath, Voices of Recovery
 - Key aspects of the project:
 - Drop-in center where individuals can hang out with peers
 - Mentoring, Wellness Recovery Action Plan (WRAP) training, AA/NA, job readiness, cleaning up background, linkages/referrals to services, health/wellness.
 - Wholistic approach to support individuals needs and move to recovery – don't have to be clean to drop-in
 - Peers within VoR will assist with services
 - It will be a clean/sober place to hang out, it's a safe environment for individuals in recovery.
 - Individuals don't have to be in active recovery to drop-in; the journey can begin here
 - We are trying to create a place "a one-stop shop" where we can create an ecosystem of wellness and recovery, a place that is accepting of all, don't have to be in recovery...maybe just curious and peers can walk you through the process
 - Will work with other organizations that offer other services to provide linkages
 - Do you have a place, city, building identified? Thinking that Redwood City is hub in terms of location and agree that between East Palo Alto and Belmont makes sense.
 - Excited about the purchase of the property in San Mateo that was announced earlier in this meeting
 - We want the location to be between East Palo Alto and Belmont
 - We want a place that is accessible by public transportation, especially after-hours. Off of El Camino Real would be ideal.
 - What is the criteria for selection of a location?
 - We want the location to be between East Palo Alto and Belmont



SAN MATEO COUNTY HEALTH

BEHAVIORAL HEALTH & RECOVERY SERVICES

- We want a place that is accessible by public transportation, especially after-hours. Off of El Camino Real would be ideal.
- A large population of users are in these locations
- North County, South San Francisco.. would be another consideration. North and South part of the county have a need.
- The peer involvement and counseling – can we hear more about that and providing detox services? Are peer services sponsorship or something more?
 - Counselling and detox is not a service at this drop-in center
 - Peer mentoring services (not counseling) will be part of this service; a peer that can walk besides them, assistance and guidance through needs and supports and their process. Peers have gone through substance use in their lived experience and are in recovery. Peers understand the issues and can provide services in appropriate languages too (Spanish-speaking peers).
 - Detox requires residential-level treatment, drug Medi-Cal certification, round-the-clock staffing. Tall order for a drop-in center.
- Substance use program is voluntary and largely abstinence-based... if an individual is not ready. Having a place that is welcoming and anyone can show up wherever they are in their journey and learn... this will be an asset in the community. Recovery is not linear.
- Love the concept – suggest that often there is no organization to the concepts proposed. Can we have a brainstorming session to flesh out the details of the program. What are the pillars to meeting individuals where they are in their recovery? Are they a community supporter that is curious, trying to push through recovery, lost in your recovery and just need to be around positive people. Understanding each pathway and navigating an individual through this. Peers need lived experience and professional training.
 - VoR offers training for peers with lived experience (non-judgmental process)
 - The drop-in center provides an immediate support; sometimes when on hold for a residential program, continue to use
- Is this idea something that could be brought to the BHC AOD committee to flesh out the details and help put the project together? Or is this independent process that VoR will be left to figure out on their own?
 - With Innovation projects, we require an advisory group/committee... this could be an existing committee or a brand new committee that is brought together by VoR. This group will be advising along the way as the innovation is being developed, it will support the evaluation and ongoing improvements needed.
- I would like to suggest we bring this to the BHC AOD committee, under commissioner Paul Nichols. Wonderful idea, I am in full support of it.
- Regarding AA/NA – I’ve learned as a volunteer that many come into detox and then say “AA didn’t work for me” ... is the plan to be agnostic as to recovery programs or is it 12-step focused.
 - Not 12-step focused. It is Wellness Recovery Action Plan (WRAP).



SAN MATEO COUNTY HEALTH

BEHAVIORAL HEALTH & RECOVERY SERVICES

- VoR is focused on WRAP and as part of that is finding what works for you and having a place where there is community and opportunity for growth including offering other service philosophies.
- Many individuals that go through AA/NA find that it is a good grounding or a step into the basics. WRAP opens individuals up to choices and decision of where individual want to go next.
- We do have AA/NA in the community. This group will be a supplementary support to these programs.
- I have been in recovery and received services from VoR. WRAP helped me identify the commitment I wanted to make in my life. Right now, AOD programs are 30 days, not even 90 days... this is little to nothing for a life to change. The drop-in center availability and open to the community is going to provide the space that I needed, and others need to get back on track. Where you don't feel judged and are supported.
- [from chat]: I think the more different types of recovery groups we can have their for people the better. That gives people a chance to find what works for them and learn different tools and meet different people.
- Will this be 9am-5pm, Mon-Fri?
 - Hopefully it will be 10am-7pm. Most people need help after hours.
- From my experience in active addiction... I hung out with users and addicts. I hung out with hustlers, people trying to make a quick buck. Now in recovery, I know that you are who you surround yourself with. I want to hangout with peers and others in recovery seeking long-term recovery.
 - This is a place where we can hangout, receive supports and form community
- Regarding not having to be clean to participate, I think this is important. For clarification, can a person be under influence when drop-in?
 - VoR have learned from our members. There are individuals that want to quit but haven't figured out what program worked for them. I allowed them to join the program as long as they did not interrupt or cause a scene. This is a testament to being willing to step out of the box... can they function and listen and want to be there? We will meet them where they are and help them through the process
 - [from chat] Unfortunately, the trend has been to go with an easy fix and a medication focus. The hesitancy to embrace abstinence as a foundation for recovery has made recovery difficult and the solution to treatment something that tries to check off all of the boxes du jour. I would hope SMC would attempt to do what is now happening in SF, and build recovery eco-systems which lead to autonomy, sobriety and independence.
 - [from chat] I hope you will all consider focusing on recovery and abstinence. The experiment with allowing all things to all people is failing miserably, and when there is a safe, supportive, clean and sober space, folks learn to raise up to the level of support and expectations which is high.
 - [from chat] I completely agree, abstinence from drugs and alcohol is key to recovery as it's the primary step towards the transformation



SAN MATEO COUNTY HEALTH

**BEHAVIORAL HEALTH
& RECOVERY SERVICES**

we all seek as we experienced substance abuse. Being the expert of ourselves is provide by the awareness and realizations we come up with while being taught the Wellness Recovery Action Plan such as identifying triggers and what leads to our crises, how do we develop a plan when in crisis where we name resources, treatment centers, and our support network.

- Question re: WRAP – will you be teaching peers how to do WRAP so that they can teach others?

6. Adjourn

- Reminder – there are opportunities to keep thinking through these ideas, we will go to 30-day public comment, which will be voted on and opened by the Behavioral Health Commission meeting on November 2nd and close during the BHC meeting on December 7th. You can provide considerations during the BHC meetings or by completing the INN Comment Form, <https://www.surveymonkey.com/r/INNPUBLICCOMMENT>.
- You can always go to the MHSa website, www.smchealth.org/MHSA and look under “Announcements” for the latest information.

*** 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



SAN MATEO COUNTY HEALTH

**BEHAVIORAL HEALTH
& RECOVERY SERVICES**

ATTENDANCE

There were up to 66 participants logged in to the Zoom meeting. Below is a list of attendee names as recorded from Zoom; call-in numbers are unidentifiable and not included.

MHSA Steering Committee Co-Chairpersons

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

MHSA Steering Committee Members

3. Chris Rasmussen, BHC Vice-Chair
4. Eddie Flores (he/him), Director Youth Behavioral Health Programs, Peninsula Health Care District
5. Juliana Fuerbringer, California Clubhouse
6. Melissa Platte (she/her), Mental Health Association
7. Mary Bier (she/her), North County Outreach
8. Paul Nichols (he/his), BHC
9. ShaRon Heath (she/her), Voices of Recovery
10. Sheila Brar (she/her), BHC Chair

BHRS Staff

11. Doris Estremera (she/her) MHSA Manager
12. Frances Lobos (she/her), BHRS ODE
13. Sylvia Tang (she/her), BHRS ODE
14. Twila Dependahl (she/her), BHRS ODE
15. Irene Pham (she/her), BHRS ODE
16. Nicoletta Kelleher (she/her), BHRS ODE
17. Dolly Shah (she/her), BHRS Fiscal
18. Mary Fullerton, BHRS AOD
19. Lee Harrison, BHRS OCFA
20. Angelina Gianfermo, BHRS Pathways

Presenter(s)

21. Scott Gruendl (he/him) BHRS Assistant Director
22. Alison Hamburg (she/her), consultant
23. Tania Perez (she/her), consultant

Participants

24. Aaron (he/him), California Clubhouse
25. Adrian Maldonado
26. Amy Cancilla
27. Belinda Hernandez Arriaga (she/her)
28. Beverly Parayno, VORSMC

29. Brendan Winans (he/they), VORSMC
30. Candice Cain
31. Carolyn Shepard
32. Cheryl Horney (she/her)
33. Colette, California Clubhouse
34. Deborah Higgins
35. Dena VORSMC
36. Donna Rutherford
37. Eddiewilson Levi (he/him)
38. Erica Horn, California Clubhouse
39. Greg Thompson (he/him), VORSMC
40. Helene Zimmerman
41. Jason
42. Jeffrey Chen, California Clubhouse
43. Joanne Caritan, California Clubhouse
44. Judith Schutzman
45. Julio Garcia, VORSMC
46. Lili Rodriguez (she/her), VORSMC
47. Mai Abe (she/her), Creative Vibe Therapy
48. Martin Lopez (he/him)
49. Mary Loggia, California Clubhouse
50. Maurice Fiera, VORSMC
51. Monika Lee
52. Nicole Bronson (she/her), VORSMC supporter
53. Oscar Soriano (he/him), VORSMC
54. Pat Willard
55. Sam aval, California Clubhouse
56. Steve Adami
57. Steven Clark
58. Steven DeSilva, California Clubhouse
59. Sydney Hoff (she/her) - Felton Institute (re)MIND and BEAM programs
60. Sydney r
61. Tiffany Bailey (she/her), MHA
62. Venezia Vargas, California Clubhouse
63. Veronica Antonelli (she/her), VORSMC
64. Vivian Liang
65. Yazmin
66. Yraes Guerrero, VORSMC