



Mental Health Services Act (MHSA)

Steering Committee Meeting

December 7, 2023



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

Welcome & Introductions

- Share your name, pronouns and affiliation in the chat
- MHSA Steering Committee Members:
 - Jean Perry, BHC (MHSA Co-chair)
 - Leticia Bido, BHC (MHSA Co-chair)
 - Adriana Furuzawa, Felton Institute
 - Chris Rasmussen, BHC
 - Eddie Flores, Peninsula Health Care District
 - Jairo Wilches, BHRS OCFA
 - Jessica Ho/Vivian Liang, North East Medical Services
 - Juliana Fuerbringer, California Clubhouse
 - Kava Tulua, One East Palo Alto
 - Maria Lorente-Foresti, BHRS ODE
 - Mary Bier, North County Outreach Collaborative
 - Melissa Platte, Mental Health Association
 - Michael S. Horgan, Heart & Soul, Inc.
 - Michael Lim, BHC
 - Mason Henricks, SMC Office of Education
 - Paul Nichols, BHC
 - ShaRon Heath, Voices of Recovery
 - Sheila Brar, BHC

Agenda

1. Welcome & Logistics
2. General Public Comments
3. Announcements
4. MHSA Workgroups
5. FSP Client & Provider Feedback
6. MHSA Marketing Campaign



A few logistics...

- Agenda, handouts, slides: www.smchealth.org/MHSA, under “Announcements” tab
 - Past meeting materials/minutes: under “Steering Committee”
- Stipends for clients and family members participating
 - Via chat (private message) - please provide your email





POLL: Demographics

Participation Guidelines

- Question/comment opportunity after each agenda item
 - Enter questions in the chat box as we go
 - “Raise Hand” option
- Share your unique perspective and experience
- Share the airtime
- Practice both/and thinking - consider others’ ideas along with your personal interests
- Be brief and meaningful



General Public Comment



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Announcements



Proposition 1 (March 2024 Ballot) – MHSA Reform

- Includes both the Behavioral Health Services Act (BHSA) and the Behavioral Health Infrastructure Bond Act

Stay informed!

www.chhs.ca.gov/behavioral-health-reform

Looking Ahead - MHSA Workgroups

- Workgroups provide input into the planning of new services and make recommendations for improvements on prioritized topics.
- Limited to 10-12 participants to allow for deeper engagement.
- Two per year in the Spring and Fall, open to both members and the public.
- Topics will be aligned with MHSA planning needs. Past topics have included:
 - Housing Taskforce (Spring 2021)
 - Full Service Partnerships (Fall 2021)
 - Innovation Planning (Spring 2022)
 - MHSA 3-Year Plan Community Program Planning (Fall 2022)
 - MHSA Communications (Fall 2023)

Workgroup Topics Survey: www.surveymonkey.com/r/MHSAWorkgroupTopics



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Full Service Partnerships Client & Provider Feedback

-American Institutes for Research



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San Mateo County BHRS Full-Service Partnership

FY 22-23 Qualitative Evaluation Findings

MHSA Steering Committee Meeting | December 2023

Agenda

1. Full-service partnership (FSP) overview
2. Evaluation objectives
3. Methodology
4. Findings from client interviews
5. Findings from provider interviews
6. Recommendations and future directions

BHRS Full-Service Partnership (FSP) Overview

What is the FSP and how does it work?

The Full-Service Partnership (FSP) is an intensive case management program that serves San Mateo County's most vulnerable individuals living with serious mental illness and their families.

FSPs provide a full spectrum of integrated community services to assist clients in achieving identified goals.

FSP Providers and Populations Served

- FSP provides full spectrum of community services necessary to attain the goals identified in a clients' Individual Services and Supports Plan (ISSP) and other services necessary to address unforeseen circumstances in the client's life.
- Services include comprehensive mental health services to promote wellness, resiliency and stability in the clients' lives, non-mental health services and supports, wraparound services to children.

| Service Provider | Population served |
|--------------------------------|---|
| Edgewood Center | Children, Youth, and Transitional Age Youth (ages 6 – 25) |
| Fred Finch Youth Center | |
| Caminar | Adults and Older Adults (ages 18 – 60+) |
| Telecare | |

Qualitative Evaluation

Objectives and Methodology

Evaluation Objectives

- To understand experiences of FSP clients and wraparound treatment team members with the FSP program
- To understand perceptions of program impact in promoting resiliency and improving health outcomes of clients living with mental illness
- To identify factors affecting the implementation of FSPs in San Mateo County

Evaluation Questions

CLIENTS

1. Client experiences

How do clients perceive their experience with FSPs?

2. Interaction with wraparound treatment team

How is the wraparound treatment team helping clients achieve their goals?

3. Impact of COVID-19 pandemic

In what ways did the COVID-19 pandemic affect FSP services and client experiences?

4. Future of FSP

What changes do clients recommend for improving their FSP experience?

TREATMENT TEAM

1. Wraparound treatment team experiences

How does the wraparound treatment team perceive their experience with FSP?

2. Client services and outcomes

How are wraparound treatment team members using the FSP program to address the behavioral health needs of clients they serve? How is success measured?

3. Impact of COVID-19 pandemic

How did the pandemic affect ways in which services were provided for the FSP program?

4. Future of FSP

What changes do team members recommend for improving the FSP program?

Methodology for FSP Interviews

- **Completed 30-minute virtual interviews with 9 clients and 14 treatment team members**
- Transcribed and analyzed interviews using deductive coding, including thematic analysis of overarching concepts

| FSP Service Provider(s) | Clients | Wraparound Treatment Team |
|---|---|--|
| Edgewood Center Fred Finch Youth Center* | 3 parents of youth program clients who have accessed services through FSP in the last year or are currently accessing services through FSP | <ul style="list-style-type: none">• Program manager (1)• Emerging adult partner/Peer partner (1)• Family partner (1)• Behavior coach (1) |
| Caminar Telecare | 3 older adult clients and 3 adult clients who accessed FSP in the last year or are currently accessing services through FSP | <ul style="list-style-type: none">• Program manager (2)• Case managers (4)• Behavioral Health Clinician(s)/Substance Use Specialist(s) (1)• Crisis response workers (1)• Housing specialists (2) |
| Total Interviewees | 9 | 14 |

*Fred Finch Youth Center was not able to identify any participants.

Findings

Clients and Providers

Findings: Client Interviews

- Clients are satisfied with the **valuable support and guidance** provided by case managers, and appreciated that they are **empathetic, responsive, and efficient**. Clients also reported **positive experiences with other FSP staff**, such as psychiatrists and therapists.
- **Almost half of clients** shared that the COVID-19 pandemic had a negative effect on their services.
 - Cited barriers to obtaining stable housing and telehealth services not being as effective as in-person services.
- Parents of youth clients talked about their **children receiving emotional support and improving their mental health**.
- Adult and older adult clients aimed to become sober, obtain stable housing, or alleviate depression symptoms.

Findings:

Client Interviews

- Overall, clients were **very satisfied** with FSP program services and referenced **personal growth** or **improvements in mental health** as reasons for their satisfaction.
- **More than half of clients gave the program a score of 9 or 10** on a scale from 0 to 10.
- Remaining clients gave a score between 5 and 8.
 - Cited a lack of communication with case managers and other staff as reasons for relatively lower levels of satisfaction.

"I'm doing better than I've ever done, really, in my life. My mental health's doing much better than it's ever done and it's a prime example of people watching over me...and getting the support I need and the love from my family." - Adult client

"And [my case manager] is pretty good when she's around, but she's not always around 'cause she's got a lot of clients, and sometimes I can't get ahold of her and sometimes things don't work out."
- Older adult client

Findings: Treatment Team Member Interviews

- **Assessing client progress:**

- Treatment team members from **adult and youth programs** described working on a treatment plan with the client and meeting regularly to assess progress and goals.

- **Protocols for client confidentiality:**

- Programs that serve **adults and older adults** do not involve the client's family members without a release of information (ROI) form. Programs that serve **youth clients** meet with their clients with their parents or caregivers present.

- **Impact of COVID-19:**

- Treatment team members from **adult and youth programs** said services were negatively impacted by the COVID-19 pandemic. This included limits to services and resources, pivoting to meeting clients outside or virtually, and inability to connect or contact clients easily.

- **Housing and housing stability:**

- Treatment team members from **adult programs** described challenges of not only finding housing for their clients, but also ensuring they remain housed.

“What I enjoy about [my job] is that it provides me with constant challenges to work on and to try and overcome, so it's not boring. We are, I think, pretty good at selecting from people who are passionate about working with very difficult, often some of the most difficult clients in the county, and [FSP staff] require a great deal of moral support as it relates to really supporting them in doing, number one, a good job from a clinical perspective; number two, making sure that safety is provided for and so forth. Again, I really love doing mental health and challenging situations, so I enjoy it.”

- Treatment team member from an adult program

Findings: Treatment Team Member Interviews

- **Both adult and youth program team members reported being satisfied with the work they are doing**
 - referenced having **dedicated and passionate team members who are helping clients solve their challenges**
- Key successes included **large interdisciplinary treatment teams, integration into community and social networks, and having a strong rapport and relationship with clients.**
- Key challenges included **limited funding and resources, staff capacity and turnover, lack of language diversity, and securing/maintaining housing for clients**

Recommendations

Recommendations

1. **Strengthen communication between clients and treatment team at initial intake and beyond.**
 - Develop standardized introductory text for treatment team members to follow during the initial intake
 - Provide guidelines to case managers for responding in a timely manner to client inquiries and messages

2. **Improve staff retention through additional staff training, mental health and safety resources, and community building.**
 - Implement a comprehensive staff training program
 - Provide mental health resources like counseling services and stress management workshops for staff to alleviate their stress
 - Incorporate team building activities
 - Offer incentives to boost longer-term retention

Recommendations

3. Expand workforce and increase diversity

- Expand the number of case managers, and redistribute some tasks to other staff (e.g. administrative assistants)
- Increase the number of bilingual staff to cater to the needs of clients
- Conduct diversity and inclusion training sessions

4. Expand access to and availability of FSP sessions

- Offer emergency or urgent sessions
- Provide options for virtual visits

5. Ensure consistent case manager assignments

Recommendations

6. Streamline care coordination and data management

- Establish a standardized client progress assessment form to facilitate information gathering, management and sharing
- Consider implementing a HIPAA-compliant document management system or use EHRs to facilitate information gathering, management and sharing across team members

7. Consider providing housing coordination during discharge

- Provide housing assistance like vouchers and coordination to clients during discharge

Q&A

MHSA Communications Campaign

-Social Changery



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Enhancing Community Awareness of MHSA Impacts: A Comprehensive Report & Recommendations



**SAN MATEO
COUNTY HEALTH**
All together better.





THE SOCIAL CHANGERY

The Social Changery strives to ensure that all people, regardless of circumstance or background, have equitable opportunities for educational, health and economic success.

We are 100%, unapologetically here to advance the health, dignity and rights of all people.

Project Overview

San Mateo Behavioral Health & Recovery Services (BHRS) engaged The Social Changery with the goal of enhancing public awareness and understanding of the transformative impact of the San Mateo County Mental Health Services Act (MHSA) on behavioral health services.



Discovery

A series of focus groups were held to meaningfully engage the community to ensure recommendations would resonate with diverse audiences. Priority was placed on gathering insights from BHRS youth, adult clients, family members, and stakeholders.

Facilitation prioritized a culturally sensitive and inclusive environment and included language-appropriate groups.

Focus Groups Conducted: 4

Languages:

English, Spanish, Chinese

Participants:

Over 70 total

Ages:

16 – 60+

Key Findings

1. Awareness of MHSA Varies among communities.
2. CBOs play a pivotal role as trusted messengers about MHSA.
3. Participants spoke highly of the programs they were aware of but were unaware of connection with MHSA.
4. MHSA awareness is tentative and associated with the state.
5. Connecting MHSA to local, trusted community programs and existing county brand is preferable to reinforcing value.



Recommendations

1. Generate recognition and understanding of MHSA as partner brand among stakeholders & decision makers.
2. Equip CBOs with resources to educate & inform the communities they serve about the importance of MHSA funding for critical programs.
3. Develop & promote resources that showcase the impact of MHSA funding on individuals and their families.

Audiences

Primary Audiences:

- Adults aged 55+
- Diverse populations
- Caregivers of youth

Secondary Audience:

- Youth

Goal:

Help community members better understand how the MHSA supports local community programs and has a direct, tangible impact on stakeholders and their families.

Message Pillars



| Trusted Partnership | Resource Awareness | Individual Impact |
|---|--|--|
| <ul style="list-style-type: none">• Emphasize the role of MHSA in supporting community programs that stakeholders know & trust.• Showcase stories illustrating how the MHSA made specific programs | <ul style="list-style-type: none">• Raise awareness of resources available to stakeholders & their families funded by MHSA• Collaborate with educational institutions, community centers, & local organizations to distribute | <ul style="list-style-type: none">• Shift the focus to the direct, tangible effects on lives of stakeholders & their families.• Communicate individual success stories & testimonials |

Strategies:

1. Build brand recognition through logo and branding
2. Develop a single-page microsite
3. Launch an advertising campaign to promote the microsite
4. Engage in media relations to highlight stories of local MHSA impact.
5. Provide CBOs with materials & guidelines for promoting MHSA-funded programs & services.

Questions and Discussion

Get Involved!

- **Subscribe to MHSA to stay up-to-date and receive opportunities to get involved in MHSA planning:**
www.smchealth.org/MHSA
- **BHRS-wide opportunities:**
<https://www.smchealth.org/get-involved>

Thank you!

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Leticia Bido, BHC Commissioner
Doris Estremera, MHSA Manager

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Website: www.smchealth.org/MHSA

www.surveymonkey.com/r/MHSA_MtgFeedback_2023-12-07



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