



SAN MATEO COUNTY HEALTH

**BEHAVIORAL HEALTH  
& RECOVERY SERVICES**

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

Wednesday, April 29, 2020 / 4:30 – 6:00 PM

Zoom Meeting: <https://zoom.us/j/125761698>

Dial in: +1 669 900 6833 / Meeting ID: 125 761 698

### MEETING MINUTES

#### 1. Welcome

- Doris Estremera, MHSA Manager
- Supervisor Dave Pine, San Mateo County Board of Supervisors
- Scott Gilman, BHRS Director
  
- **Logistics**
  - Offering interpretation in Spanish.
  - Providing stipends for clients and family members of clients that are participating today. To receive a stipend, please remain online after the meeting ends and we will collect your information.
  - The meeting is being recorded. Participants are muted, and your chat and share screen are disabled to prevent background noise and disruptions. You can chat with the hosts only.
  - Participants will “Raise Hand” during the Q&A and Public Comment portions of the meeting and will be unmuted one participant at a time.
  - Questions and public comments can also be submitted via email [mhsa@smcgov.org](mailto:mhsa@smcgov.org). Additionally, there will be a 30-day public comment period once the draft MHSA 3-Year Plan is published likely in June.
  - The Mental Health and Substance Use Recovery Commission will vote to open the 30-day public comment during their June 3rd meeting.
  
- **Interconnectedness**

“Being concerned about other people is especially relevant in today's world. If we consider the complex inter-connected ness of our modern lives, how we depend on others and others depend on us, our outlook will change. We'll begin to see 'others' not as somehow distant from us, but as people we are in touch with, people close to us; we will no longer feel indifferent to them.” - Dalai Lama:

#### 2. MHSA Overview & Community Program Planning (CPP) Process

- **MHSA Overview**
  - Prop 63 (2004) 1% tax on personal income over a million dollars, “millionaire’s tax”



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- 76% to direct treatment and recovery supports for individuals with serious mental illness and children with serious emotional disturbance, system integration work
- 19% to prevention and early intervention prior to onset of mental illness; includes stigma reduction, mental health awareness, suicide prevention and school-based strategies; also early onset of psychosis.
- 5% innovation to test out new approaches
- Can also allocate funding to workforce, education and training and to capital facilities and technology needs
- **Community Program Planning Process**
  - Pandemic has had incredible impact on all BHRS operations
  - Everyone is welcome to contact Scott Gilman's office if they have any questions
  - Working with state to relax on various regulations to allow for more telehealth (e.g. billing regulations and other types of regulations)
  - Recognize need to see people face to face no matter what
  - Doing everything we could do to help our partners (SMMC) and other emergency services to prepare for surge
  - CBOS have been doing a great job to keep in regular contact with consumers
  - Peers helping delivering food
  - New providers don't have access to infectious control and trying to connect them with technology and resources
  - Physical distancing in residential agencies
  - Accessing personal protective equipment has been a huge issue
  - Adjusting evidence-based practices to fit more with virtual modes
  - Learning best practices for telehealth
  - Extended shelter in place through May 31, 2020
  - Mental health, substance use and domestic violence issues – this is our time
  - 100% money we operate on are based on tax dollars
    - Potential reductions
    - Not as many millionaires
    - Hiring freeze
    - Reduced revenue
  - MHSA Funding
    - June 3rd MHSARC – one-time funding proposal for COVID impacts
    - May stay stable this coming fiscal year and potentially an artificial boost due to delayed filing of taxes
    - Expecting a significant decrease beginning fiscal year 2022
- **MHSA Principles & Core Values**
  - Focus on wellness, recovery and resilience
  - Cultural and linguistic responsiveness
  - Consumer/client and family-driven services



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- Integrated service experience
- Community collaboration
- **MHSA Planning Requirements**
  - MHSA manager required to submit 3-year plan and annual updates, which includes any changes to the 3-year plan and program outcomes
  - Required to do a community program planning process, which includes the MHSA Steering Committee, community input (this meeting is an example of this) and 30-day public comment process for updates/changes to the plan.
  - The Steering committee has an application process that is available on the MHSA website, [www.smchealth.org/MHSA](http://www.smchealth.org/MHSA)
- **Community Program Planning – three phases**
  - Needs Assessment – review of local plans/assessments/reports and a survey to prioritize needs
  - Strategy Development – input sessions and MHSA Steering Committee prioritization of strategies
  - Development of the MHSA 3 Year Plan – will be posted for 30-day public comment followed by adoption by the Board of Supervisors
- **Update on CPP Process Plan**
  - 21 local plans, assessments, data reports reviewed to identify behavioral health needs across sectors (criminal justice system, substance use prevention, 0-5 services, cultural competency, aging and adult services, agricultural workers, foster youth, etc.); this informed the development of the survey
  - 329 survey responses - prioritized top behavioral health needs
  - 28 stakeholder group input sessions – focused on strategy development
  - Subject matter experts supported strategy wording
- **New MHSA Strategic Initiatives**
  - During the strategy development phase, as we collected a myriad of recommendations it became clear that there are a lot of opportunities to focus on a system approach and what a continuum of services would look like across these focus areas.
  - Traditionally, we fund services across a spectrum of issues and we have legislation that requires % allocations and even areas of focus. MHSA has been stretched out thinly. There are pros and cons to this. MHSA has been able to be highly leveraged supporting many areas of need. The cons: it is very difficult to measure the overall impact of MHSA and especially on any specific goals and outcomes. Yet, that's the expectation. It's a lot of money and we should be able to impact broad level outcomes.
  - While we can't do anything immediately about the legislative requirements and the continued pull and demands on MHSA funding to focus on various issues. We believe that the framework we are proposing will allow us to



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focus our internal resources in an Initiative area and also provide what is needed for meet the legislative requirements across a spectrum of services.

- We can dedicate resources to do more strategic planning around a specific area; define what a continuum of services would entail; identify gaps; and develop logic models to illustrate expected outcomes and the specific process/activities that will get us there. The initiative areas we are proposing based on the input we received are:
  - Housing
  - Crisis Diversion
  - Culturally Responsive and Trauma-Informed Systems
  - Community Engagement
  - Integrated Treatment and Recovery Supports
- Housing Continuum example (from Washington County, Oregon)
- The Steering Committee will rank the 5 initiatives AND prioritize across all 22 strategies via a survey that will be emailed out after the meeting and due by May 8, 2020.
- The priorities will be included in the 3-year plan, which will be posted for 30-day public comment
- The youth crisis support strategy from the previous plan will remain a priority in the new 3-year plan
- **Question & Answer (Q&A)\***
  - Loyd: Regarding mental health and homeless, many homeless don't go into mental health centers. How do we engage homeless in drop-in center?
  - Response: If we are able to prioritize drop-in center strategies for homeless, we will make sure to engage communities in this level of detail prior to implementation. For example, a Coastside Wellness Program was prioritized last three-year plan. As a next step, we went to the community and engaged them in conversations about what it would take for them to come to a wellness center, what does it need to have, what would outreach look like. This was all prior to releasing an RFP for funding. We would do a similar process for a homeless drop in center.
  - Ellen Darnell: Excited for mental health substance abuse coalition to be formed. I lived in mental health county housing. Many people are returning to their addictions. Will there be any consumers on that commission?
  - Response: A mental health and substance use commission already exists, the Mental Health and Substance Abuse Recovery Commission. It is our local county board. There is an application process to join the commission and it does include consumers/clients and family members seats that are required to be filled.



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- Alan Cochran: What are we going to do about continuing to form relationships with like /minded agencies – NAMI San Mateo County? I don't want to lose that connection with HOPE program. Further that partnerships.
- Response: Collaboration is a core value of MHSA. We will always do what we can to allow agencies to participate in project planning. For agencies to receive funding, we have a bidding process that follows any project planning.
  
- Carol Goshko: Can you explain who decides how you get from 100+ ideas to 22 ideas? Who decides what those 22 are?
- Response: We ran input sessions and engaged community members in strategy development. During the input sessions we asked the question, if you had to select one out of all these great ideas that would have the biggest impact over the next three years, what would it be? This initial prioritization happened during the input sessions We also looked across all the ideas for things that may have come up often but, not necessarily prioritized. All the strategy ideas and prioritization will be posted.
  
- Stephanie Morales: One of the expansion programs you showed was implemented already – supports for older adults, OASIS. Why is the position only 3 years, is it because it is a three-year plan?
- Response: The OASIS expansion included an additional mental health counselor, the decision to make it a limited-term three-year position is a County hiring decision, it is not due to the revenue or three-year plan. The other expansion was for the senior peer counseling program.
  
- Erica Horn: Will the meeting be recorded, and will it be shared?
- Response: Yes, and yes. The meeting will be posted on the MHSA website, [www.scmhealth.org](http://www.scmhealth.org)
  
- Michael Lim: The new slide on the slide deck referred to one-time funding. How big is the funding? Is it from revertible funds or back up funds? COVID-19 funding.
- Answer: Yes, the updated slide deck is on the website now. At the end of fiscal year 2018-2019, we had unspent dollars of about \$5.7 million. The proposal is to dedicate these unspent funds to support with the impact of COVID-19. We will bring a proposal to the commission during the June 3<sup>rd</sup> meeting for input and 30-day public comment process.

### 3. Proposed Strategies

- 22 strategies across the 5 proposed MHSA Initiatives were reviewed including prepared public comments to provide a voice to the area of focus being proposed. All strategies and recorded public comments have been included in the presentation



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slide deck and will be made available on the MHSARC website,  
[www.smchealth.org/MHSARC](http://www.smchealth.org/MHSARC).

#### 4. Public Comment\*

- Public comments were recorded and will be posted on the MHSARC website, [www.smchealth.org/MHSARC](http://www.smchealth.org/MHSARC). The transcriptions will be included in the Three-Year Plan.

#### 5. Next Steps

- Online survey for MHSARC Steering Committee to prioritize Initiatives and Strategies
- Phase 3 – Three Year Plan Development
  - Three-Year Plan draft to the MHSARC in June 3rd for opening of 30-day public comment period

#### 6. Adjourn

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### Mark Your Calendars!

MHSARC Three-Year Plan – Opening of 30-day public comment period  
Mental Health and Substance Use Recovery Commission (MHSARC)  
June 3, 2019 from 3:30pm – 5:00pm





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## ATTENDANCE

There were up to 88 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. Alan Cochran
3. Cardum Harmon - Heart & Soul
4. Chris Kernes
5. Chris Rasmussen
6. Clarise Blanchard
7. Supervisor Dave Pine (MHSARC)/  
Randy Torrijos (Staff to Dave Pine)
8. Jairo Wilches
9. Jan Wongchuking (MHSARC)
10. Jean Perry (MHSARC)
11. Judy Schutztman
12. Juliana Fuerbringer
13. Kava Tulua
14. Leti Bido (MHSARC)
15. Maria Lorente-Foresti
16. Mark Duri (MHSARC)
17. Mary Bier
18. Michael Lim
19. Mike Krechevsky
20. Pat Way (MHSARC)
21. Sheila Brar (MHSARC)
22. Stephanie Morales
23. William Chester McCall

### **Staff & Supports**

- Doris Estremera (MHSA Manager, Host)
- Scott Gilman, BHRS Director
- Chantae Rochester, Executive Assistant
- Tania Perez (MHSA Support, Co-Host)
- Frances Lobos (Co-Host)
- Leon Quintero (Spanish Interpreter #2)
- Michelle Blanchard (Spanish Interpreter #1)

### **Other BHRS Staff**

1. Angela Quiroz
2. Camille Hicale
3. Charo Martinez
4. Claudia Saggese
5. Edith Cabuslay
6. Erica Britton
7. Jessica Tieu
8. Lee Harrison
9. Matt Boyle
10. Yolanda Ramirez

### **Community Participants**

1. Adriana Romo
2. Amaal
3. Angelica Za...
4. Aurora Pena
5. Azzam Shahzad
6. Brenda Nunez
7. Carol Gosho
8. Carolyn Shepperd
9. Carson Cook



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10. ccardenas
11. Chelsea Bonini
12. Christian
13. Christopher Hoover
14. Don -VRS
15. Donna Rutherford
16. Ellen Darnell
17. Erica Horn
18. Gloria Flores-Garcia
19. Haelee
20. Helene
21. Jan Cohen
22. John Butler
23. Jose Nunez
24. Lanjean Vecchione
25. Liana Garza
26. Linder Allen
27. Lloyd
28. Lourdes Briseno
29. Luiz Vizcardo
30. Lupita
31. Maria Cuellar
32. Marina Kravtsova
33. Mark
34. Marlenne
35. Melinda Henning
36. Mike D
37. Priscilla Hurt
38. Rev Mary Frazier
39. Stephanie Weisner
40. Valerie Abea-Bor
41. Westley