



SAN MATEO COUNTY HEALTH

**BEHAVIORAL HEALTH  
& RECOVERY SERVICES**



## Mental Health Services Act (MHSARC) Steering Committee

Wednesday, October 2, 2019 / 4:00 – 5:30 PM

County Health Campus, Room 100, 225 37<sup>th</sup> Ave. San Mateo, CA 94403

### MINUTES

#### 1. Welcome & Background

4:05pm

- Doris Y. Estremera, MHSA Manager
- Welcome and agenda review
  - Linda sitting in for Randy Torrijos, Supervisor Pines
  - First time merging the MHSARC and MHSA meetings – meetings will be held every March and October, first Wednesday of the month
  - Good opportunity to engage Commissioners
  - We will be starting a new 3-year planning process to launch in January 2020
- Agenda Topics – 2 major topics
  - MHSA Plan to Spend One Time Funds
    - Talking about since January
    - How are we doing with revenue and reserves
    - We brought a draft plan in April
  - Innovations
    - Great opportunity to pilot new ways of doing things
    - We will be looking at 5 project proposals today
  - For each Agenda Item:
    - Will provide background
    - Will have a motion to open up a 30-day public comment
    - Will then provide details and capture comments/questions as official public comment
- Background - MHSA 101 (Proposition 63)
  - 1% tax on personal income in excess of \$1M has provided an opportunity to transform system
  - There are guidelines on where monies are spent - 3 Components:
    - Community Services & Support – 76% allocated for support services and direct treatment for SMI/SED clients
    - Prevention & Early Intervention – 19%
      - Includes early psychosis



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- Innovation – 5%
- MHSAs Reserves
  - Prudent reserve was established to allow continued client services in the event of an economic downturn
  - State recently established a maximum of 33% of CSS 5-year average revenue allocation to Prudent Reserve – that’s about \$7 million for San Mateo County
  - There is a comprehensive process required to access the Prudent Reserve
  - Counties across the State are considering an additional operational reserve to support modest declines in revenue or if funding is needed in a timelier manner
  - The recommendation approved by the MHSAs Steering Committee back in January was to reserve 50% of the highest annual revenue. Given this, we have \$12.5 million excess reserve and available to spend as one-time

## 2. MHSAs One-Time Funds - *Public Comments*

4:10pm

### ***MHSARC Motion:***

Vote to open a 30-day public comment period for the MHSAs Plan to Spend Available One-Time Funds

- Yoko opened the motion
- Letitia seconded the motion
- Unanimous vote to open 30-day public comment period
- **Plan to Spend One-Time Funds**
  - Priorities for one-time funds were set back in January
    - System Improvements for core MHSAs services
    - Technology and Capital Facilities – ideas in this category came from BHRS budget stakeholder meetings
    - Workforce Training & Community Education/Awareness – community education was added based on recent input sessions (for example: board and care WRAP, mental health, trauma informed care)
- **County Budget Update – Louise Rogers**
  - BHRS hosted idea sessions to help with budget reduction strategies (done across SMC Health)
  - Even though we have a great local economy for the moment (e.g. unemployment is low), the reality for the services we provide in County Health is that we have a



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- financial problem because of the situation in Washington -  
Encourage everyone to vote in terms of federal legislation
- Medicaid and Medi-Cal are our big revenue
  - Our cost continues to go up because it is expensive to live and work in the County
  - Employing people here are very costly
  - Cost is increasing faster than revenue
- SMC Health implemented first set of ideas in July 2019, will bring update and new ideas to Board in January 2020
  - BHRS gap is \$5 million dollars – BHRS budget is over \$200 million dollars (San Mateo Medical Center gap is \$48 million)
    - Gap across SMC Health \$50+ million (out of \$864 million budget; less than 10%)
  - Why talk about this?
    - Increasing awareness about the budget
    - Consider what new things we create while thinking about keeping existing services solid
    - Reductions in budget will be thoughtful
- **One-time allocation to support BHRS budget impacts**
    - \$1 million for Cordilleras construction – Capital Facilities (Louise Rogers)
      - We own Cordilleras (unincorporated area)
      - Built in 1950s to be TB hospital - has not been renovated and rehabilitated since
      - 117 beds – 63 are in locked medical health rehabilitation center and 54 are residential care
      - Looked for another piece of land to see if they could build something new – people don't want facilities like this in their neighborhood
      - Rebuilding it (on site - 20 acres) best solution
      - 4 residential cottages (16 beds each) and large housing complex (57 housing beds), total 121 beds
      - Common space on the ground floor for non-profit partners to engage, meeting space, kitchen, spiritual space, beautiful outdoors, healing place for people's recovery submerged in nature
      - Project expected to be completed by 2022 and are currently identifying all funding needed
      - Total cost is \$100 million (budget \$120 million for cushion)



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- \$7.8 million contributed by Health, \$2.3 million from State, requesting \$1 million one-time from MHSA
- \$4 Million for FSP/Clinic budget gap and restructuring – System Improvement (Scott Gilman)
  - Will use \$4 million (\$2.4 million first year, \$1.5 million second year) as a stop gap (vs. cutting positions) – and will focus on restructuring to increase billable services and bring in revenue.
    - For example, traveling to a client’s home for an appt can be reimbursable vs. waiting on a client who ends up being a no-show
  - Will improve coordination with FSPs- moving people to community
- **Public Comment**
  - Client/California Clubhouse
    - We should conduct a fundraiser for Mental Health Awareness Month activities
  - OASIS Peer Support Worker/Steering Committee Member
    - We’ve already spent monies on restructuring into Community Services Areas – why will we be spending another \$4 million on this?
  - California Clubhouse Board Member
    - Thrilled to see money in supportive employment
    - California Clubhouse is effective model for supportive employment
  - OASIS Peer Support Worker
    - How are we restructuring, what is the money actually being spent on?
    - Response: in order to avoid cuts, the monies will be used to fund current positions. Restructure may have not been the best word but, rather than make \$2.5 million dollar of cuts, let’s give people time to get billable services up.
  - MHSA Steering Committee Member
    - Is the funding for only those in FSP?
    - Response: No, it will impact all clients
    - Is funding used for transportation and lost productivity for travel time?
    - Response: No, infrastructure funding is already in place. It’s for positions that would be otherwise



cut to conduct activities that would be billable and support client engagement

- California Clubhouse Member
  - Supported Employment is a well worthy cause, helpful in helping people find jobs, good to have funding for it
  - We will be able to pull California Department of Rehabilitation federal dollars

### 3. MHSARC Innovations (INN) Breakout Activity

4:40pm

- Innovation funding allows for pilot projects that:
  - Introduce a new practice
  - Make changes to existing practices
  - Apply promising non-behavioral health practices
- A new cycle of funding was launched in January, received 35 ideas, 20 were reviewed by a Selection Committee and 5 ideas moved forward, we will hear about these ideas today.

#### ***MHSARC Motion:***

Vote to open a 30-day public comment period for the MHSARC Innovation Project Proposals

- Isabelle opened the motion
- Chris seconded the motion
- Unanimous vote to open 30-day public comment period
- Innovation Project Proposals - Input Activity
  - Hear from folks who proposed the ideas – they will share about the project
  - Ask questions, what do you believe is important to consider in the project
  - We have to figure some things out as we go
  - At each presentation you will receive a Theory of Change as a reference that identifies key considerations from the literature that supports the interventions
  - Pick two presentations you would like to learn more about
- Select 2 projects you want to learn about (20 min each)
  1. PIONEERS program for Pacific Islander college-age youth
    - DannyBoy and Sue - out on the patio
  2. Addiction Medicine Fellowship
    - Cynthia - at the tables in the front of the room
  3. Co-location of prevention and early intervention services for young adults in low-income housing



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- o Doug Fong – tables in the middle of the room
- 4. Preventing homelessness to economic and emotionally stressed older adults
  - o Chris – tables in back of the room
- 5. Cultural arts and wellness-focused social enterprise café for Filipino/a/x youth
  - o Steph and Christi – Room 132 across the hall
- **Public Comments**
  - o Full proposals are posted on [MHSA website](#) for review
  - o Public Comments provided during for the Innovation Project Proposals during breakout activity is being gathered and will be posted prior to closing of the public comment period on November 6, 2019

**Please continue to provide public comments through November 6, 2019**

- Email: [mhsa@smcgov.org](mailto:mhsa@smcgov.org)
- Phone: Doris Estremera, MHSA Manager (650) 573-2889
- Mail: 310 Harbor Blvd, Bldg E, Belmont CA 94002
- Optional Public Comment Form available on line at [www.smcgov.org/mhsa](http://www.smcgov.org/mhsa)

**4. Adjourn**

5:30pm

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**Next Mental Health and Substance Abuse Recovery Commission (MHSARC) Meeting**  
Closing of 30-day public comment period for MHSA Innovation Projects and Plan to Spend Available One-Time Funds:

November 6, 2019 from 3:30-5:00pm  
County Health Campus, Room 100, 225 37th Ave. San Mateo

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