



SAN MATEO COUNTY HEALTH

# BEHAVIORAL HEALTH & RECOVERY SERVICES

## Mental Health Services Act (MHSA) Steering Committee Meeting

Thursday, February 2, 2023 / 3:00 – 4:30 PM

### MINUTES

#### 1. Welcome & Introductions

5 min

*Jean Perry and Leticia Bido, BHC Commissioners & MHSA Steering Committee Co-Chairpersons*

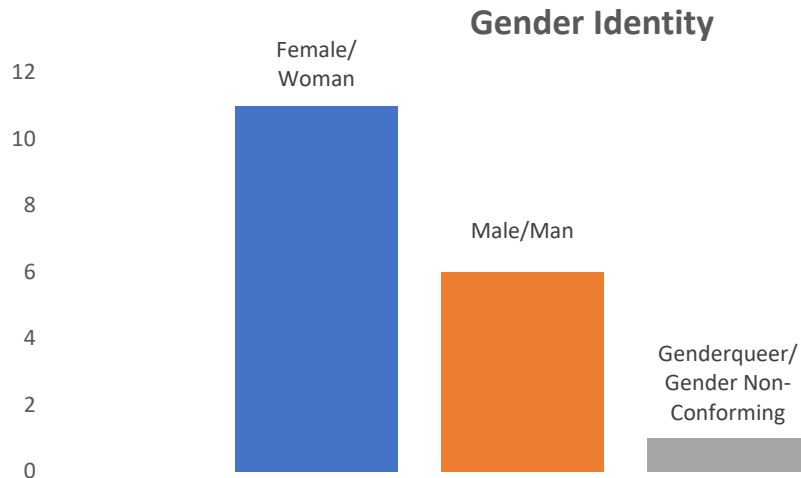
- Public members shared name, pronouns and affiliation via chat
- MHSA Steering Committee member intros via slide

#### 2. Agenda Review & Logistics – *Doris Estremera, MHSA Manager*

5 min

- Current agenda, handouts, available on the MHSA website, [www.smchealth.org/MHSA](http://www.smchealth.org/MHSA), under “Announcements” tab
- Previous meeting minutes available on the MHSA website, [www.smchealth.org/MHSA](http://www.smchealth.org/MHSA), under “Previous Steering Committee Materials” tab
- Stipends available to clients and family members participating; information collected via private chat
- Notice that meeting was being recorded
- Participation guidelines – enter questions in chat, will address those first; raise hand button instructions shared, to be used during question/answer; share airtime, practice both/and thinking, be brief and meaningful with opinions
- Quick Poll – participants reported demographics, there was an 79% response rate at the time the poll was launched:

What is your age range?	
16-25	0%
26-59	29%
60+	10%

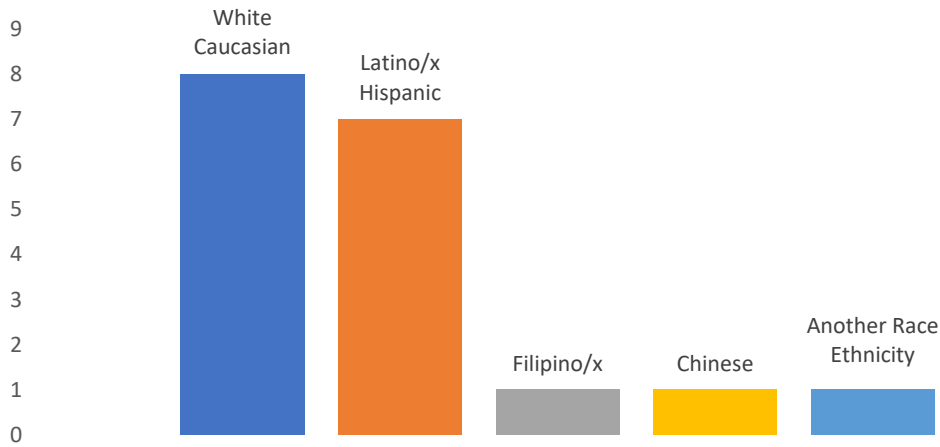




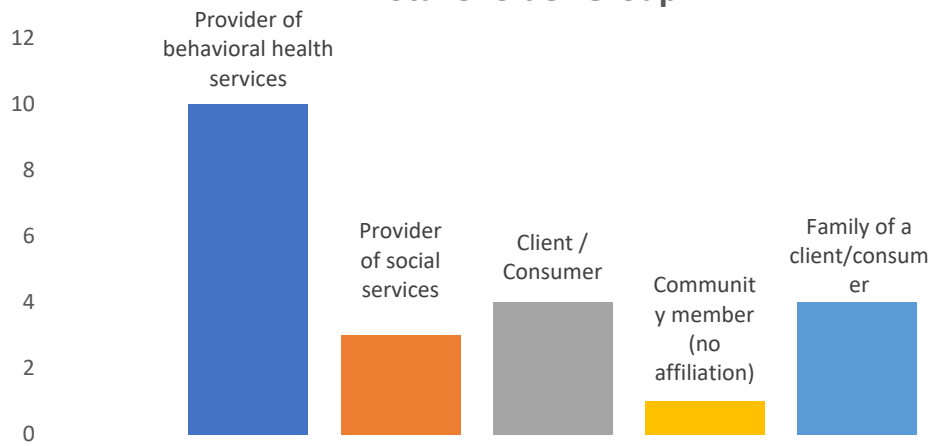
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## Race/Ethnicity



## Stakeholder Group



What part of the county do you live in OR work in?	
Central County	35%
North County	35%
South County	18%
Coast	6%
County-wide	6%
East Palo Alto/Belle Haven	0%
N/A (outside of County)	2%



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### 3. General Public Comment – Commissioner Leticia Bido

10  
min

- For non-agenda items
- Additional public comments can also be submitted via email to [mhsa@smcgov.org](mailto:mhsa@smcgov.org).
  - Leti B. – African American Community Initiative (AACI) 2023 Black History Month Celebration hybrid event is NEXT Saturday, Feb. 11th, 2023 from 10am to 2pm. For more info: <https://www.smchealth.org/african-american-community-initiative>
  - Maria L.F. – The AACI event is part of the Health Equity Initiatives. There will be presentations, cultural food, performances and resource tables. There is another event being planned for 2/24 from 10am-12pm for the first collaboration with SMC and Santa Clara County; there will be a panel of speakers on resiliency, reducing stigma and behavioral health services. Additionally, the Latino Collaborative is supporting Voices of Recovery (VOR), Cesar Chavez day (and Dolores Huerta possibly) is also coming; please keep your eyes out for this.
  - Greg T. - VOR is planning second annual Cesar Chavez event on March 31st; finalizing details and planning committee is meeting every Wed at noon in Belmont Office. The 1<sup>st</sup> Recovery Happens planning committee meeting for 2023 began, this will be on the first Wed of every month at noon and will likely move to more frequently as the event gets closer; looking for volunteers.
  - [From Chat]: Cesar Chavez planning committee flier includes a date in January; however we meet weekly on Wednesdays. With any questions, please reach out to: [info@vorsmc.org](mailto:info@vorsmc.org).
  - [From Chat]: For VORSMC, is the focus of your work on young folks 16 - 25 years old? VOR services those 18+.
  - Pat W. – hadn't heard of the AACI but, know there are ethnicity-based committees within BHRS that are responsible for inclusion work. Is that what this initiative is?
  - [From Chat]: Health Equity Initiatives info: <https://www.smchealth.org/health-equity-initiatives>. All are welcome to join our Health Equity Initiatives. Please see meeting information: [https://www.smchealth.org/sites/main/files/file-attachments/ode\\_complete\\_hei\\_schedule\\_online\\_secured.pdf?1668549451](https://www.smchealth.org/sites/main/files/file-attachments/ode_complete_hei_schedule_online_secured.pdf?1668549451)
  - Erica W. – first meeting, is there a County response to the shooting in HMB and is there communication as to where the public can receive active support and ongoing conversations around mental health as it relates to gun violence? The Chronicle has published articles about the conditions that Farmworkers live it – Is there a County response and how can we support?
  - Maria L.F., Director of the Office of Diversity and Equity – we all have heavy hearts on what has occurred in HMB. BHRS has a substantial role from the moment the shooting occurred with partner agencies; not something we have done on our own. ALAS, Puente, El Centro, HSA, etc. (at least 10 agencies have been involved). Plus, other counties (Santa Clara, San Francisco) have reached out to support. BHRS have provided behavioral health supports, financial supports, food, hotels, connections to the consulate. Meetings happening with many partners to look at long-term supports and the gaps/need that have been elevated due to this event by those



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directly impacted and those who live in the area and may feel unsafe. We have such gratitude for the many folks that have been on the ground over the past weeks.

- [From Chat]: Press release from last week about mental health response for Half Moon Bay shooting victims, loved ones and community:  
<https://www.smcgov.org/ceo/news/county-provides-mental-health-counselors-other-resources-support-coastal-residents>
- [From Chat]: More updated information here on how to support Half Moon Bay and coastal residents: <https://www.smcgov.org/ceo/support-coastal-residents>
- [From Chat]: This was just shared with me and thought it was helpful :  
[https://www.smcgov.org/ceo/news/county-provides-mental-health-counselors-other-resources-support-coastal-residents?fbclid=IwAR0HGVDkkZX-r\\_iYde5DYcc0nv07C9gUoh\\_iniW6re2tubAaE6nSsnLOalk](https://www.smcgov.org/ceo/news/county-provides-mental-health-counselors-other-resources-support-coastal-residents?fbclid=IwAR0HGVDkkZX-r_iYde5DYcc0nv07C9gUoh_iniW6re2tubAaE6nSsnLOalk)

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#### 4. Announcements – Commissioner Jean Perry

5 min

- Dr. Jei Africa is returning to us as the BHRS Director; he was serving as the BHRS Director in Marin County and is currently serving in HSA as the Assistant Director. Lisa Mancini will continue to act as the Interim BHRS Director until he is able to transition. He is coming home and we are excited about the expertise he will bring back to our County.
- Are waiting for the announcement of a BHRS Medical Director.
- [From Chat]: News about new Behavioral Health Director Dr. Jei Africa and more news about San Mateo County Behavioral Health and Recovery Services at <https://www.smchealth.org/post/directors-update>

#### 5. MHSA One-Time Spend Plan – Doris Estremera

20  
min

- Fiscal Strategies
  - Revenue Projections: At the last MHSA Steering Cmttee meeting in December 2020, we shared MHSA revenue projections. We expect to get updated projections this month and will share updated numbers in May when we meet again. Fiscal Year 2022-23 revenue projections are lower than previous years but, it's still a higher revenue than pre-Covid. There were significantly higher revenues during Covid, this is considered an anomaly. We quickly shifted gears and planned for higher expenditures as soon as we found out that Covid was not going to lead to an immediate recession but, we essentially are playing catch-up as our actual expenditures materialize. This led to unspent/unallocated one-time funding.
  - Ongoing Budget: We can increase our ongoing budget. Currently our ongoing budget is about \$46M and can increase this by about \$7M
  - In FY 22-23: Continued implementing One-time Spend Plans and increased the ongoing budget by \$2M (Housing Initiative Recommendations)
  - FY 23-26 (Three-Year Plan): Moving into the next three-years, we will increase the ongoing budget and implement a NEW One-Time Spend Plan focused on “big-ticket items”
  - Big-Ticket Items (develop housing for BHRS clients, property purchases, renovations for County-owned buildings, technology, and system transformation – work with consultant/firm to make big improvements in our services)



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- Development of Supportive Housing Units – allocated \$5M to the Department of Housing in Fiscal Year (FY) 21-22 that led to housing development in East Palo Alto, South San Francisco and North Fair Oaks. This provided 25 units within affordable housing developments dedicated to BHRS clients and they come with supportive services to help clients maintain their housing. Another \$5M was included in a second bidding process for affordable housing developments in July 2022 and is expected to materialize in the next FY 23-24. There is potentially another opportunity that arose for a property purchase (1007 Hemlock): this would be a mix of temporary and permanent housing for behavioral health population.
- Behavioral Health Infrastructure Grant Process facilitated by BHRS Assistant Director, Scott Gruendl. Identified about 12 different opportunities for purchasing property. Included a mix of properties and housing opportunities that include Housing, Board and Cares, Youth Crisis Stabilization and Youth Crisis Residential and others. These projects require a match where MHSA can support and/or may require MHSA to fully support if the timelines/guidelines of the project don't match what is required by the grant. One potential example of this is the Millbrae Project - a three story, eleven unit apartment building with completely refurbished two-bedroom, 1 bath units for two BHRS populations at risk of homelessness. Those graduating from social rehab and those graduating from substance use disorder treatment and both ready to be integrated back into the community but lack housing supports.
- East Palo Alto and South San Francisco Clinic renovations have not been expended, delayed due to the pandemic. These were approved in the previous One-Time Spend Plan so, we will include these in the new plan.
- Public Input
  - Sam A. Investing in housing development is the best option because of value increases. Do we have to use all the money, or can we hold some for a rain day? The prediction for coming years has a possibility of recession.
    - Doris E. We have a hefty reserve that will help us through a recession. It benefits us to spend down these one-time monies because we get into potential risk of reversion. We are analyzing this to make sure we are spending appropriate amounts and can make it through a recession.
  - Jean P. – are any of the one-time funds available for making a crisis stabilization unit a reality? A youth stabilization unit is being proposed, can we have the same for the adult population? We need this to support the continuum of crisis supports.
  - Jean P. – the changes we recommended during the Full Service Partnership (FSP) Workgroup... when is this being implemented and actual expenditures happening? I imagine the costs will increase based on the current contracts... does this mean we will serve less people with FSPs or are we increasing the number of slots?
  - Pat W. – Regarding the crisis stabilization, I imagine that there wouldn't be just one crisis stabilization unit (maybe 3-4) in different geographical areas (north, south, central, coastal County). I would like to see crisis stabilization centers, not just one



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### 6. MHSA 3-Year Plan Strategy Development – Tania Perez, Consultant

45  
min

- About MHSA – California tax on income over \$1M to help behavioral health programs transform the way we do our work. It is about 15% of the BHRS budget and yet, a significant revenue as it requires the importance of community input into the planning
- MHSA Planning Requirements – the 3-Year Plan allows us to rethink our priorities, where we want to go in the next three years. This is why we are here today and what we will be doing next with Tania as we break up into groups
- Community Program Planning Framework – Three phases: 1) Needs Assessment where we reviewed 45+ local plans/evaluations and a community survey; 2) Strategy Development includes community input sessions and key interviews - today we will be doing a community input session with you all; 3) Plan Development – needs/strategies will be prioritized at the next MHSA Steering Committee in May and then go to 30-day public comment in June.
- 3-Year Plan Workgroup Update – Brought together a workgroup of stakeholders. Goal: Co-design and implement an MHSA 3- Year Plan Community Program Planning (CPP) process that is equitable, inclusive and honors and centers the voices of marginalized communities.
- Workgroup Objectives: Needs Assessment - Reviewed and advised on data needed to support a comprehensive needs assessment (November); Strategy Development - Advised on the community input process and community engagement best practices, to ensure it is inclusive of all vulnerable communities (December); Input Sessions - Support opportunities for all San Mateo County community members to provide input (January – February). This was the first year we launched a Facilitator Training where folks can be trained to conduct input sessions.
- Community Survey Results – 129 responses; while this was lower than the last cycle, the needs assessment effort was significantly larger. We recognize folks are over-surveyed. Demographics were shared in the slides. The community survey data points to the Needs Assessment. The full needs assessment can be found here: [https://www.smchealth.org/sites/main/files/final\\_2023-2026\\_mhsa\\_needs\\_assessment\\_review\\_-\\_updated\\_1.19.23.pdf](https://www.smchealth.org/sites/main/files/final_2023-2026_mhsa_needs_assessment_review_-_updated_1.19.23.pdf)
- 8 Needs Assessment Categories - Behavioral Health Workforce; Access to Services; Housing Continuum; Crisis Continuum; Substance Use Challenges; Quality of Client Care; Youth Needs; Adult/Older Adult Needs.
- The 4 needs that were prioritized via the survey included Behavioral Health Workforce; Access to Services; Housing Continuum; Crisis Continuum which will be discussed in the breakouts today. Data for each of these 4 categories was summarized by Tania and are included in the slides.
- Breakout Activity – notes for each breakout group are enclosed.

### 7. 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](mailto:mhsa@smcgov.org).

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

[https://www.surveymonkey.com/r/MHSA\\_MtgFeedback](https://www.surveymonkey.com/r/MHSA_MtgFeedback)





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### ATTENDANCE

There were up to 39 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

1. Adriana Furuzawa (she/her), Felton Institute
2. Chris Rasmussen (he/him), BHC
3. Eddie Flores (he/him), Director Youth Behavioral Health Programs, Peninsula Health Care District
4. Jessica Ho, North East Medical Services
5. Juliana Fuerbringer, California Clubhouse
6. Maria Lorente-Foresti (she/her) BHRS Office of Diversity and Equity (ODE)
7. Mary Bier (she/her), North County Outreach
8. Melissa Platte (she/her), Mental Health Association
9. Michael Lim (he/him) BHC
10. Paul Nichols (he/his), BHC
11. ShaRon Heath (she/her), Voices of Recovery
12. Sheila Brar (she/her), BHC
13. Vivian Liang (she/her), North East Medical Services

#### BHRS Staff

1. Doris Estremera (she/her) MHSA Manager
2. Sylvia Tang (she/her), BHRS ODE
3. Irene Pham (she/her), BHRS ODE
4. Twila Dependahl (she/her)

#### Presenter(s)

5. Tania Perez (she/her), MHSA Consultant

#### Participants

1. Aimee
2. Carolyn Shepard
3. Eddiewilson Levi, Voices of Recovery (VORSMC)
4. Erica Wong, resident
5. Greg Thompson, VORSMC
6. James
7. Jim Lawrence
8. Julio Garcia
9. Michelle Woo (she/her), StarVista
10. Mr. Anderson
11. Noreena Vannarat
12. Pat Willard
13. Rob Wilkins# Affirmed
14. Sam Aval
15. Sydney, VORSMC
16. Veronica Antonelli (she/her), VORSMC
17. Yoko Ng (she/her), BHC

Name: Doris Estremera

Meeting name: MHSA Steering Committee

Category of focus if any: BH Workforce

Number of participants: 6

The MHSA 3-Year plan is an opportunity to inform what mental health and substance use services are funded by the Mental Health Services Act (MHSA) in San Mateo County over the next 3 years

Workforce strategy: strategies to recruit, increase the capacity of and retain diverse behavioral health staff across the behavioral health network of care including clinicians, contractors, peer workers and case managers.

1. What are possible solutions (services, programs, infrastructure, etc.) to address the need?
  - Recruitment/Behavioral Health Career Pathways:
    - Youth in vulnerable communities to become passionate in behavioral health careers (ex. STEM for science careers, mentoring programs, CuriOdyssey – exploratory/interesting)
    - Their exposure to the workforce should be more than overworked staff, the possibilities, merits and their ability to have their basic needs met while they share their passion/lived experience
    - Start young to get them in the right steps needed to join the workforce
    - Create a pipeline with colleges/universities (Difficult to retain LCSW's at NEMS) – look to community colleges, universities in the local region to partner and follow-up with financial/worksite supports
    - Providers than speak languages other than English even more difficult to recruit/retain
    - Create entry level positions and rethink what this means for BH multi-disciplinary team. A pre-licensed clinician is looked as at entry level but, can think broader.
    - Develop a workforce that have the skills to grow in the workforce (promotores, peer staff, etc.)
  - Retention:
    - Entry level MA encourage them to go back to school to get their degree in BH - financial incentives
    - Consider housing voucher/bonus, anything to help live in the County (look at big healthcare corporations for ideas)
    - For staff that speak languages other than English – they are in a lot of pressure as they carry heavier workload – living wages
      - Career ladders for entry-level staff within the organization (non-profits as well) so that we don't lose staff to other organizations as they are ready to move on



- Training/Education:

2. If you had to select one solution from each strategy to focus on over the next 3 years, which would you prioritize?

Name: Tania

Meeting name: MHSA Steering Committee

Category of focus if any: Access to services

Number of participants: 4

The MHSA 3-Year plan is an opportunity to inform what mental health and substance use services are funded by the Mental Health Services Act (MHSA) in San Mateo County over the next 3 years

1. What are possible solutions (services, programs, infrastructure, etc.) to address the need?
  - Direct Service: strategies to engage, provide treatment and recovery supports for individuals living with serious mental health challenges and substance use challenges
    - Bolstering services on the coast and specifically for our Asian American Community, creating more resources for treatment
    - Gap in service- community not being served, social determinants of health, housing, how are we ensuring that they have input
      - Safety and protection, paid time off, etc
    - Partnering with libraries, co-location of services, creativity in engagement
  - Prevention: strategies to prevent someone developing a serious mental illness and substance use disorder through community supports and resources to reduce inequities and behavioral health stigma
    - Follow how do we bring prevention services to a legitimate place and combination of workshops and working with a community and understanding their gathering places (library, places of worship, clinic)
    - Parents who have children how are we equipping the schools- workshops at schools
    - Peers, the messenger, speaks my language, cultural affiliation
  - Workforce strategy: strategies to recruit, increase the capacity of and retain diverse behavioral health staff across the behavioral health network of care including clinicians, contractors, peer workers and case managers.
    - Workforce members with language capacity, diversity in workforce, are we diversifying workforce for those we serve
    - County needs to do capacity planning for workforce, being culturally responsive and diversified
    - Getting a contractor to come in and speak with folks on the coast are they driving to SF? Learning what is driving them out of the county? Do we need to add language capacity in the partnering organizations, flexible service hours including

weekends, child care, food services, something that doesn't create more obstacles for community

- Keep data in terms of our capacity, language availability, person hours availability, how many hours do they work, tracking and slicing by languages by culture by age group etc.

2. If you had to select one solution from each strategy to focus on over the next 3 years, which would you prioritize?

Name: Sylvia Tang

Meeting name: MHSA Steering Committee Meeting

Category of focus if any: Housing Continuum

Number of participants: 4

The MHSA 3-Year plan is an opportunity to inform what mental health and substance use services are funded by the Mental Health Services Act (MHSA) in San Mateo County over the next 3 years

What are possible solutions (services, programs, infrastructure, etc.) to address the need?

Direct Service: strategies to engage, provide treatment and recovery supports for individuals living with serious mental health challenges and substance use challenges

- Building where all residents got housing authority vouchers/federal money to pay rent
  - Example: Fair Oaks Common started a couple years ago; only spend 30% or less of income; good model
- Help people access the housing authority voucher
- Additional services on site at the interim housing facilities
  - Example: Coast House
  - Gap on their need and the information they are getting
- Create housing that does not have all those eligibility requirements; supportive housing for those who are not homeless or have developmental disabilities
  - Example: San Francisco Housing Choices.org, Golden Gate has counselors with housing choices
  - Less support for people who are not homeless and do not have developmental disability; still live with parents
  - Solutions for Supportive Homes started project that is gathering data – invisible population; need for those with mental health conditions; bring light to this population
  - Not acceptable criteria to only limit to those without housing, developmental disabilities and physical disabilities
  - Supported to live independently
  - If those with mental health conditions become homeless, they become much more ill and they don't need to be that disabled
- Create

Prevention: strategies to prevent someone developing a serious mental illness and substance use disorder through community supports and resources to reduce inequities and behavioral health stigma

- Housing 101 Education +1
  - Help determine and define what is still missing
  - People may not know eligibility criteria is and access path is
  - Local, state and federal

Workforce Strategy: strategies to recruit, increase the capacity of and retain diverse behavioral health staff across the behavioral health network of care including clinicians, contractors, peer workers and case managers.

- Resource to help residents get work
  - Despite disabilities or age

2. If you had to select one solution from each strategy to focus on over the next 3 years, which would you prioritize?

Name: Irene Pham

Meeting name: MHSA Steering Committee Meeting

Category of focus if any: Crisis Continuum

Number of participants: 7

The MHSA 3-Year plan is an opportunity to inform what mental health and substance use services are funded by the Mental Health Services Act (MHSA) in San Mateo County over the next 3 years

1. What are possible solutions (services, programs, infrastructure, etc.) to address the need?
  - Direct Service: strategies to engage, provide treatment and recovery supports for individuals living with serious mental health challenges and substance use challenges
    1. Increase Detox supports: low availability of support in the county (Palm Ave); local hospitals are not providing detox services
    2. Availability of narcan – in all community centers, high schools, etc.
    3. Respite care: teenage (Serenity House is 18+ and has limited space), short term care needed
    4. Decrease in time in programs – 90 day programs for rehab centers instead of short 30 days; extensions available but to increase time in general and have tx available. People in community having
    5. LGBTQ sensitive and culturally responsive emergency unit – for all ages
    6. Increase of re-entry programs for youth under the age of 18 coming from hospitalization or incarceration. Adult communities may have more support. Possible barrier: assumption that youth may return to families (have to consider situation of youth), substance use may require more support
    7. Community based crisis stabilization centers
    8. non-armed stand alone 24/7 mobile mental health crisis response unit designed to independently serve the entire community; BHC has made recommendations to the BOS – use MHSA to fund those recommendations (chat to reference \*\*letter from BHC to supervisor office- includes models, needs)

- Prevention: strategies to prevent someone developing a serious mental illness and substance use disorder through community supports and resources to reduce inequities and behavioral health stigma
    1. Drop in centers – places with those that struggle with mental health or substance abuse – allow for fellowship and support; something geared toward addiction/those with dual dx; provide support and resources
    2. Harm reduction for other non-English speakers/other cultures; being more culturally responsive
  - Workforce strategy: strategies to recruit, increase the capacity of and retain diverse behavioral health staff across the behavioral health network of care including clinicians, contractors, peer workers and case managers.
    1. Concern that we need more African American clinicians/case workers. Currently limited at this time  
Bilingual and bicultural staff – county should continue to support (5)
    2. Home visit clinicians are in shortage – in link with direct service; serving immigrants. High demand (2)
2. If you had to select one solution from each strategy to focus on over the next 3 years, which would you prioritize?