



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

Thursday, December 5, 2024 / 3:00 – 4:30 PM

### Hybrid Meeting

**Location:** San Mateo Library, Laurel Room, 55 W 3rd Ave, San Mateo

**Zoom:** <https://us02web.zoom.us/j/89224214146>

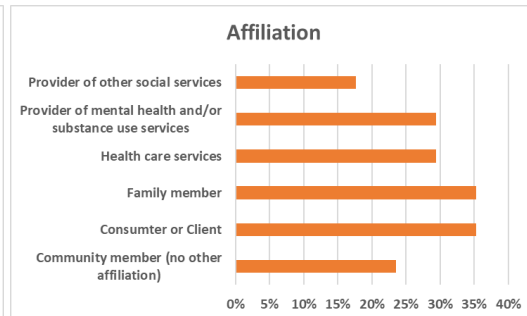
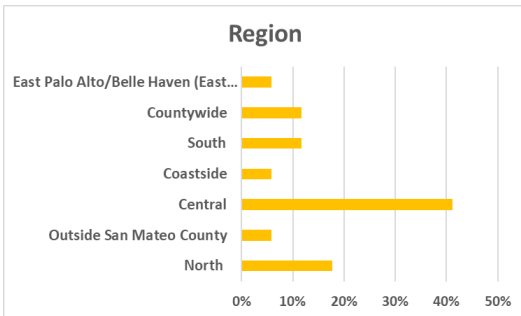
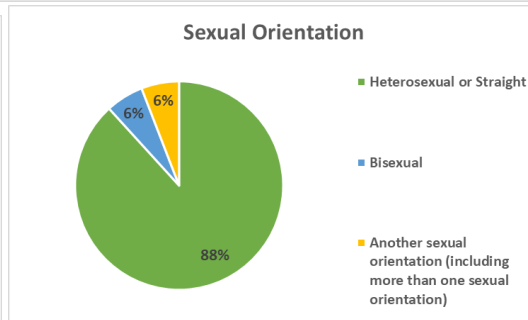
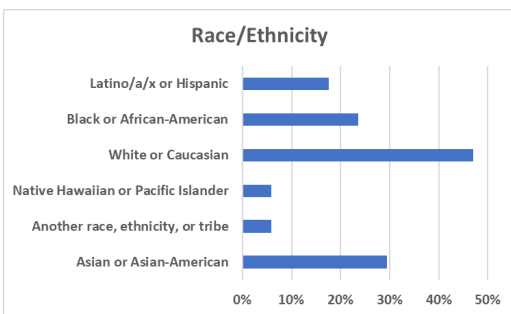
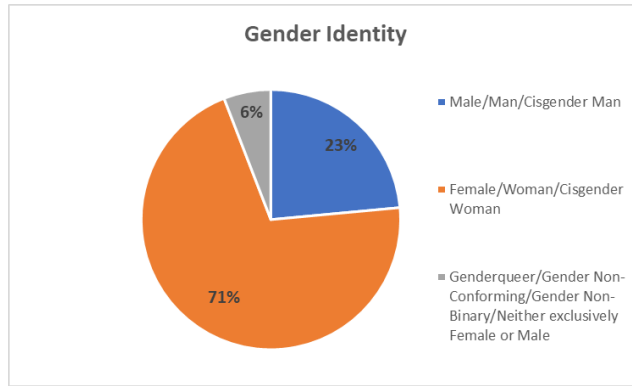
**Dial in:** +1 669 900 6833/ Meeting ID: 892 2421 4146

## MINUTES

<p><b>1. Welcome &amp; Introductions</b>  <i>Jean Perry and Leticia Bido, BHC Commissioners &amp; MHSA Steering Committee Co-Chairpersons</i></p> <ul style="list-style-type: none"> <li>• Participants shared name, pronouns and affiliation via chat.</li> <li>• MHSA Steering Committee members introduced via slide. Commissioners Bido and Perry will be transitioning out of their roles as co-chairs. The Behavioral Health Commission (BHC) will select new MHSA co-chairs at the Commission retreat in January, and the new co-chairs will be present at the next steering committee meeting in 2025.</li> </ul>	<p>5 min</p>
<p><b>2. Agenda Review &amp; Logistics – Doris Estremera, MHSA Manager</b></p> <ul style="list-style-type: none"> <li>• Agenda reviewed.</li> <li>• Current agenda, handouts, available on the MHSA website, <a href="http://www.smchealth.org/MHSA">www.smchealth.org/MHSA</a>, under “Announcements” tab.</li> <li>• Previous meeting minutes available on the MHSA website, <a href="http://www.smchealth.org/MHSA">www.smchealth.org/MHSA</a>, under “Previous Steering Committee Materials” tab.</li> <li>• Stipends available to clients and family members participating; collected via chat.</li> <li>• Notice that meeting was being recorded.</li> <li>• 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.</li> <li>• Quick Poll – 17 participants responded to the poll:</li> </ul>	<p>5 min</p>



Age Range	
16-25	6%
26-59	65%
60-73	29%



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

- For non-agenda items
- Additional public comments can also be submitted via email to [mhsa@smcgov.org](mailto:mhsa@smcgov.org).
- Public comment:
  - Lanajean Vecchione thanked Jana Spalding, OCFA Director, for her presentation on the 10<sup>th</sup> anniversary of the Office of Consumer and Family Affairs at the BHC meeting on 12/4/24.
  - Pat Willard shared that the response rate of the Mobile Crisis Response Teams (MCRT) is a little over half an hour, too long. Response time is 17 minutes in San Francisco. Pat is advocating to the Board of Supervisors to increase MCRT funding so that there can be ten teams, cutting the response time by half throughout the County.

10 min



<p><b>4. Announcements – Commissioner Jean Perry &amp; Doris Estremera</b></p> <ul style="list-style-type: none"><li>● MHSA Program Outcomes Workgroup<ul style="list-style-type: none"><li>○ Commissioner Perry reviewed the workgroup objectives – 1) develop a standardized framework for reporting on the outcomes of direct treatment programs, 2) identify and define key indicators that capture behavioral health outcomes of clients in a meaningful and accessible manner, and 3) discuss strategies for improving both the data collected and reporting of key indicators. The workgroup consists of 12 people, has met twice, and will meet again in January.</li><li>○ Doris Estremera noted that this was driven by MHSA and the transition to Prop 1, which expands the requirement beyond MHSA dollars to include all BHRS revenue sources.</li></ul></li><li>● BHSA (Prop 1) Transition Next Steps<ul style="list-style-type: none"><li>○ Doris Estremera reviewed the BHSA transition timeline.</li><li>○ Since April, BHRS has been participating in statewide workgroups led by the Department of Health Care Services (DHCS) as they are providing secondary guidance in terms of their interpretation of the new legislation. BHRS has contracted with Resource Development Associates (RDA) and Ernst &amp; Young (E&amp;Y) to help with the transition. RDA will support BHRS with the community planning process, and E&amp;Y will assist BHRS in conducting an internal departmental assessment to understand whether BHRS has the appropriate administrative skills and capacity to implement Prop 1. The results of the internal assessment will be shared with this committee. E&amp;Y will also support MHSA with project management and providing technical assistance. In addition, BHRS has participated in the County Health Community Health Improvement Plan mental health workgroup to be involved with the prevention work that is happening at the population level in the county.</li><li>○ The BHSA Taskforce and Community Planning Process (CPP) kick off will in March 2025 and continue through the fall 2025. The Integrated 3-year plan will be developed through December 2025.</li><li>○ Pat Willard asked if the CPP taskforce will be implementing the data gathered in the Program Outcomes Workgroup? Yes. The taskforce will provide guidance on the strategies developed within the parameters of the new BHSA guidelines.</li><li>○ Lucy Latu asked if HEIs are aware of the transition and will they continue to be a part of the process. Doris confirmed that HEIs are engaged and are looking at opportunities under BHSA to continue to do important work.</li><li>○ Commissioner Perry asked how the community planning process will reach the communities that will not receive funds from MHSA? Doris responded that BHRS will continue to be involved in discussions related to prevention and mental health. Dr. Tamarra Jones’s presentation on CHIP will showcase one way in which BHRS is actively engaged in behavioral health prevention conversations led by Public Health.</li></ul></li></ul>	<p>10 min</p>
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<ul style="list-style-type: none"><li>○ Adriana Furuzawa asked if the current MHSA Steering Committee roster will participate in the CPP or will there be a process to select new members? Doris said that the MHSA steering committee does not have term limits. The CPP will require more involvement than the current quarterly meetings because the task force will meet every other month. BSA also requires a broader stakeholder taskforce so there will be a recruitment and selection process for that.</li></ul>	
<p><b>5. San Mateo County Community Health Improvement Plan (CHIP – Dr. Tamarra Jones, Director of Public Health, Policy &amp; Planning (PHPP), &amp; Luci Latu, CHIP Mental Health Workgroup, Associate Director of Taulama for Tongans</b></p> <ul style="list-style-type: none"><li>● Dr. Jones provided an overview of the CHIP work done so far to develop the CHIP. Most CHIPS start with a community health assessment (CHA). A CHA is similar to the CPP to identify the needs and status of the community we are trying to serve. This year, PHPP administered the Health and Quality of Life survey and presented the results and received feedback from the community at seven community health assessment forums held throughout the County. Two forums were done in Spanish. Over 150 community members participated. Nine top health areas emerged, and the CHIP prioritized the top three areas to focus strategic efforts on. The top three areas were mental health, access to health care services and social determinants of health (SDOH).</li><li>● Goal for Access to Health Care is to increase the proportion of community members who could access healthcare services that meet the holistic needs of individuals who have experienced inequities. Strategy 1 is to expand access to successful community-focused programs that improve access to health care services. Strategy 2 is to enhance coordination of delivery of health care services across county and community programs.</li><li>● Goal for SDOH is to coordinate providing essential services across sectors. Strategy 1 is to advocate for policies that improve SDOH. Strategy 2 is to enhance coordination of delivery of essential services across County and community programs.</li><li>● Goal for mental health is to develop a comprehensive and cohesive approach to improve mental health and well being with a focus on decreasing inequities. Strategies are still under discussion.</li><li>● Information provided about the three workgroups for each of the three top priorities. Each workgroup contains one County co-lead and one Community co-lead. Workgroups ideally have a 60-40 community-County representation.</li><li>● Lucy Latu shared her experience as a consumer and community member and the historical challenges of partnering with the County. Lucy advised looking at BSA as a gain for Public Health and that this may be a good thing because Public Health takes an upstream approach to issues, and a different perspective may be good.</li><li>● Lanajean Vecchione asked how many members can be part of the workgroups. Dr. Jones said that the goal is to have 12-15 members. PHPP hopes to implement a way for workgroup members and community members to come together that will be open to more people to contribute and hear about the CHIP work.</li></ul>	50 min



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## BEHAVIORAL HEALTH & RECOVERY SERVICES

<ul style="list-style-type: none"><li>• Doris asked is there a limit to the amount of client and family stipends one can receive? Jana responded that OCFA can provide four stipends per month for attendance at committees.</li><li>• Lanajeau asked if there is still a requirement for lived experience participation in BHSA. Doris confirmed yes, it will still be a requirement.</li><li>• Mary Bier requested a cheat sheet for all the different workgroups that are going on.</li><li>• Pat Willard asked where does alcohol and other drugs (AOD) fall in the CHIP workgroups? Dr. Jones reported that AOD has been considered in the mental health workgroup and SDOH discussions. AOD needs were identified in community needs assessments conducted by ALAS, BACHAC and Taulama for Tongans.</li></ul>	
<b>6. Adjourn</b>	5 min



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## BEHAVIORAL HEALTH & RECOVERY SERVICES

### ATTENDANCE

There were 32 attendees; 4 participants in-person, 28 logged in through Zoom. Below is a list of attendee names; 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. Dee Wu (she/her), North East Medical Services
4. Jana Spalding (she/her), BHRS Office of Consumer and Family Affairs (OCFA)
5. Jackie Almes (she/her), Peninsula Health Care District
6. Mary Bier (she/her), North County Outreach
7. Melissa Platte (she/her), Mental Health Association

#### BHRS Staff

8. Chandrika Zager (she/her), MHSA MA
9. Doris Estremera (she/her), MHSA Manager
10. Sofia Recalde (she/her), MHSA MA
11. Edith Cabuslay (she/her), BHRS Program Services Manager
12. Tasha Souter (she/her), BHRS Medical Director

#### Presenter(s)

13. Dr. Tamarra Jones, Director of Public Health Planning & Policy
14. Luci Latu, Taulama for Tongans

#### Other Participants

16. Adriana Furuzawa (she/her), Felton Institute
17. Amy Shohet, One Life Counseling Services
18. Caroline Leidgen, GF Public Affairs
19. Curtis Chan, SMC Deputy Health Officer
20. Hailey Smith, GF Public Affairs
21. Jordan Anderson, Fixin San Mateo
22. Kristel Nazzal
23. Lanajean Vecchione
24. Lorie Rodriguez
25. Mango Martin
26. Mark Cloutier, Caminar
27. Pat Willard, Peninsula Anti-Racism Coalition
28. Raymond Hodges, Department of Housing
29. Sydney Hoff, Felton Institute
30. Ted Stinson
31. Waynette Brock, One New Heartbeat