



SAN MATEO COUNTY HEALTH

BEHAVIORAL HEALTH & RECOVERY SERVICES

Mental Health Services Act (MHSA) Steering Committee Meeting

Thursday, February 6, 2025 / 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

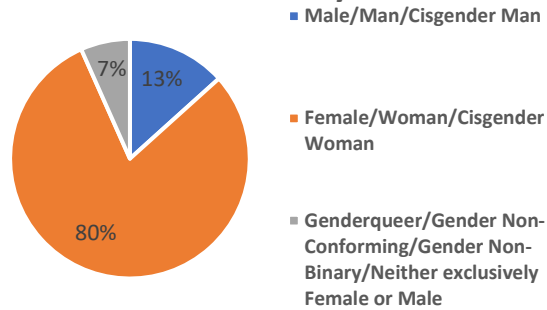
1. Welcome & Introductions <i>Doris Estremera, MHSA Manager</i> <ul style="list-style-type: none">Participants shared name, pronouns and affiliation via chat.MHSA Steering Committee members introduced via slide.	5 min																								
2. Agenda Review & Logistics – Doris Estremera <ul style="list-style-type: none">Agenda reviewed.Current agenda, handouts, available on the MHSA website, www.smchealth.org/MHSA, under “Announcements” tab.Previous meeting minutes available on the MHSA website, www.smchealth.org/MHSA, under “Previous Steering Committee Materials” tab.Stipends available to clients and family members participating; collected via 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 – 30 participants responded to the poll: <div><table><tr><th colspan="2">Age Range</th></tr><tr><td>16-25</td><td>3%</td></tr><tr><td>26-59</td><td>70%</td></tr><tr><td>60-73</td><td>23%</td></tr><tr><td>74+</td><td>3%</td></tr></table><div><p>Race / Ethnicity</p><table><thead><tr><th>Race / Ethnicity</th><th>Percentage</th></tr></thead><tbody><tr><td>White or Caucasian</td><td>50%</td></tr><tr><td>Native Hawaiian or Pacific...</td><td>2%</td></tr><tr><td>Latino/a/x or Hispanic</td><td>23%</td></tr><tr><td>Black or African-American</td><td>5%</td></tr><tr><td>Asian or Asian-American</td><td>15%</td></tr><tr><td>Another race, ethnicity,...</td><td>2%</td></tr></tbody></table></div></div>	Age Range		16-25	3%	26-59	70%	60-73	23%	74+	3%	Race / Ethnicity	Percentage	White or Caucasian	50%	Native Hawaiian or Pacific...	2%	Latino/a/x or Hispanic	23%	Black or African-American	5%	Asian or Asian-American	15%	Another race, ethnicity,...	2%	5 min
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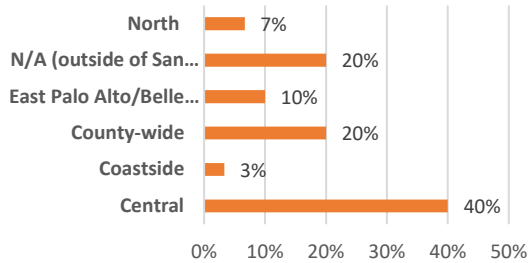
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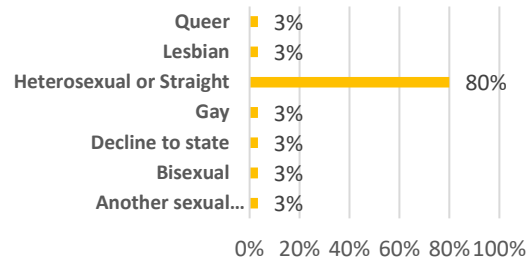
Gender Identity



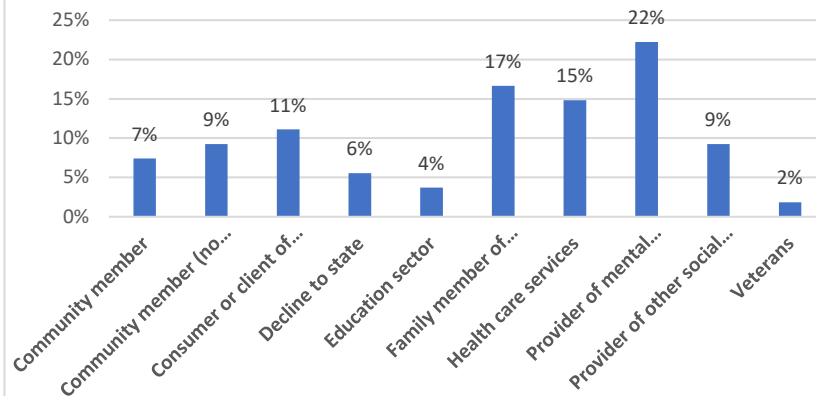
Region



Sexual Orientation



Affiliation



3. General Public Comment – Doris Estremera

- For non-agenda items
- Additional public comments can also be submitted via email to mhsa@smcgov.org.
- Public comment:
 - Laura Palmer-Lohan introduced herself as the new Executive Director at NAMI and she advertised number of programs available to the public.
 - Lucy Latu, Taulama for Tongans, talked about the lack of disaggregated data related to mental health and substance use in the Pacific Islander

10 min



<p>community. The existing data lumps Pacific Islanders in with Asian Americans, despite significant cultural differences, making it challenging for Pacific Islanders to receive the services and resources needed to address the community's specific issues.</p> <ul style="list-style-type: none">○ Jana Spalding, OCFA, announced that there are still a few days for people to take advantage of a free peer support specialist training offered by CalMHSA in San Mateo County.○ Rubi Garcia, Voices of Recovery, gave a reminder of their ongoing weekly support groups that are done in Spanish and English, an upcoming 2-day WRAP training, and a Black History Month event occurring on 2/15 in East Palo Alto in partnership with AACI.	
<p>4. Announcements – Doris Estremera</p> <ul style="list-style-type: none">● Behavioral Health Services Act (BHSA) Transition Taskforce<ul style="list-style-type: none">○ We are collecting interest in participating in the BHSA transition taskforce. Interest survey closes on 2/28/25.○ Meetings will be on 4/3, 6/5, 8/7 and 10/2 3pm-4:30pm. The meetings will be open to the public with no limit on number of participants.○ The taskforce meetings will take the place of the MHSA steering committee during the transition period. Interest survey closes on February 28.○ Jean Perry, BHC Commissioner, asked if publicity about the taskforce is going out in other languages, and if there is going to be the capacity to engage individuals who do not speak English. Doris confirmed that we are able to accommodate other languages at the taskforce meetings.○ Adriana Furuzawa asked if it would be an issue if there are many participants who fit the same category as a provider? Doris responded that it would be ok because the taskforce will serve in an advisory capacity. The taskforce will not be doing formal voting.	10 min
<p>5. BHSA Community Program Planning (Prop 1 Transition) – Doris Estremera</p> <ul style="list-style-type: none">● The BHSA Transition Taskforce is only one (1) of many activities and opportunities to engage in BHSA Transition.● The community program planning (CPP) process goes beyond the taskforce and includes many opportunities to engage: needs assessment survey, topic-specific input sessions, 30-day public comment period.● Doris reviewed the BHSA transition timeline.● Preparation –<ul style="list-style-type: none">○ BHRS has brought on consultants to support BHRS with the transition to BHSA. Ernst & Young will provide BHSA project management, communication and technical assistance.○ RDA Consulting, Aditi Das will support with the CPP process.○ Doris and Lucy Latu serving as co-leads of the mental health workgroup of the County Public Health Community Health Improvement Plan (CHIP). There are other CHIP workgroups (access and social determinants of health) that people can get involved with.	30 min



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- BHRS conducted an organizational capacity assessment to understand BHRS's readiness to implement Prop 1 and other statewide initiatives, and results will be available publicly soon.
- **Key message** – this is no longer about just the millionaire's tax. The BHSA CPP process is informing the entire BHRS system and all revenue sources.
- Transition Planning – kicking off taskforce and conducting needs assessment in April 2025. Strategy development in Summer 2025.
- Plan and budget development – October to January. Will present to the MHSA Steering Committee in February 2026 and a 30-day public comment process and public hearing in March-April 2026, with final approval from the BOS in May 2026.
- BHSA Transition Topics – 11 areas where there will be changes as a result of Prop 1. Includes: housing, FSPs, early intervention, substance use integration, prevention, workforce, peer support services, CPP and integrated plan, fiscal strategies and outcome reporting.
 - BHRS is seeking to identify in-house subject matter experts to help lead BHRS through the transition. We should be engaging in spaces and conversations that already exist around these topic areas. We will not create new workgroups, if not necessary.
- BHRS required partners – Prop 1 legislation requires that we engage with 24 partners in developing the integrated plan. Not every partner needs to have a seat in the taskforce, although all are welcome. There are many ways and spaces to interact with those audiences and could include key interviews, input sessions.
- **Key message** - We have a responsibility to serve the most vulnerable individuals living with serious mental illness and/or substance use disorders, and their families. Kaiser and Health Plan of San Mateo, our managed care plan partners, are responsible for those with mild-to-moderate illness. Public health is responsible for prevention.
 - This will be important in how we engage partners for programs that will no longer be funded by MHSA nor provided by BHRS.
- Engagement opportunities – public comment, BHC meetings, BHSA transition CPP (taskforce, needs assessment, input sessions, etc.), BHRS-wide committees will be leveraged for input sessions.
- Questions
 - Pat Willard, Peninsula Anti-Racism Coalition – Likes to see that the MHSA process will not be siloed and that it will be for the entire system.
 - Frankie Sapp, San Mateo Pride Center – Is there a limited capacity in terms of participation, do you have a recommendation about what type of voice would be most helpful? We will be coming up with questions for taskforce, so we will share them in advance of meeting. This could be helpful in deciding who should participate in the different CPP activities.
 - Jean Perry – Are we only serving people who meet SMI or a certain level of AOD complexity, or will we determine who is eligible at the first encounter with a client? Doris answered that we will be able to serve clients who are vulnerable with early intervention and then transfer them to the appropriate agency if their ongoing needs are mild-to-moderate.



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<ul style="list-style-type: none">○ Ann Wasson, Sequoia Healthcare District – How would a youth participate/providing input? Is it school’s responsibility to make a referral?○ Michael Kim, BHC Commission, added that the BHC has a Youth Action Board with close to a dozen youth serving on that board. Currently there is a discussion at BHC to get youth representation on the BHC or MHSA steering committee. Youth Action Board is in its 3rd year, and the Commission typically recruits new cohorts for the following school year in the summer months.○ Nica Kelleher, Office of Diversity & Equity (ODE) – how are high risk individuals measured or identified? Doris said it is still to be determined. We are waiting for policy guidelines to be finalized.○ Lanajean Vecchione asked why there is an asterisk after the word eligible on the BHSA required partners slide. Doris responded that the asterisk relates to specific language in the WIC code that describes eligible individuals as those who are at high risk of homelessness, criminal justice involvements, living with a SMI or substance use disorder, etc.○ Ligia Andrade Zuniga, Center for Independence of Individuals with Disabilities – Things are not always accessible to people living with a disability. Physical, visual and language barriers that make it difficult to engage in a real way. Doris thanks Ligia for comment and will make sure we think about how to ensure accessibility and engagement.○ Aditi Das, RDA, introduced herself to the steering committee and her role as a consultant to support the CPP and integrated plan process.○ Johanna Rasmussen, San Mateo County Juvenile Justice & Delinquency Prevention Commission – Reminding steering committee that there are kids who need mental health, transitional housing and other support. They presented the annual inspection report to the BHC last year. Doris noted that this report will be incorporated into the Needs Assessment.○ Pat Willard – Commend Johanna for attending this meeting. Does Jen Basler’s work in the jail system also impact the juvenile system as well? No because the adult and juvenile/youth systems are different departments.	
<p>6. San Mateo County Mental Health Services Act (MHSA) Annual Update – Doris Estremera</p> <ul style="list-style-type: none">• BHRS is required to provide an annual update every year. The annual update for FY24-25 will be posted to the MHSA website by February 28 for public comment, presented to BHC on March 5th, followed by a 30-day public comment period which closes on April 2nd at the Behavioral Health Commission (BHC) meetings• Doris presented several ways in which the public can provide comment including in-person/virtually at the BHC meeting opening (March 5th) and closing (April 2nd) of the public comment period – https://www.smchealth.org/general-information/bhc-public-meetings; online form – https://www.surveymonkey.com/r/MHSAPublicComment; by email to mhsa@smcgov.org; and phone (650) 573-2889	30 min



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<ul style="list-style-type: none">• Doris described MHSA annual revenue and expenditures over time and our strategy for program planning. We are in the second year of a 3-year plan that ends June 30, 2026.• One time spend plan highlights include purchasing supportive housing units, clinic purchases and renovations, using MHSA dollars as a match for BHCIP grant and system transformation work.• Program outcomes – shared demographics of clients served in FSP programs, the number of clients served in programs that fall under General System Development and Prevention and Early Intervention• Client outcomes of direct treatment programs include looking at emergency utilization, employment, goals met, social connectedness, etc.• One of the findings of the MHSA Outcomes Workgroup is to be able to paint a picture, set the context and tell a story behind the data points. The data points are not often strength based, and it's important to be able to translate the data points, turn them into strength-based indicators, take a holistic view.• Reviewed the 6 active INN projects and introduced 4 new ones.• Questions<ul style="list-style-type: none">○ Rubi Garcia asked when the new upcoming budget for FY25-26 will be released? It will be included in the annual update that is posted by February 28. This will be specific to the MSHA millionaire's tax.○ Jana Spalding is interested in getting more information about PIVOT, the medi-cal infrastructure INN project. Will it include peer support billing? Doris confirmed that it will include peer support billing. Any funding program or service that receives early intervention BHSA funding moving forward will have to be able to bill in BHSA. We will not be able to allocate to a program that is not billing.○ Tina Dirienzo, SMC Department of Housing, asked how she can connect with the folks doing the pet foster care project? Doris responded that we are still working through, working with Public Health closely.○ Laura Palmer-Lohan asked if billing would be on a reimbursement basis? Doris responded that it's about how we bill for medi-cal so that we get those state dollars and use our local match. There is going to be an emphasis on making sure our dollars are matched.	
7. Adjourn	5 min



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ATTENDANCE

There were 51 attendees; 3 participants in-person, 48 logged in through Zoom. Below is a list of attendee names; call-in numbers are unidentifiable and not included.

MHSA Steering Committee Members

1. Adriana Furuzawa (she/her), Felton Institute
2. Dee Wu (she/her), North East Medical Services
3. Jana Spalding (she/her), BHRS Office of Consumer and Family Affairs (OCFA)
4. Jackie Almes (she/her), Peninsula Health Care District
5. Jean Perry (she/her), BHC Commissioner
6. Leticia Bido (she/her), BHC Commissioner
7. Melissa Platte (she/her), Mental Health Association
8. ShaRon Heath (she/her), Voices of Recovery
9. Michael Lim (he/him), BHC Commissioner

BHRS Staff

10. Andrew Tardiff (he/him), WET Director
11. Chandrika Zager (she/her), MHSA Analyst
12. Doris Estremera (she/her), MHSA Manager
13. Irene Pham (she/her), WET Community Program Specialist
14. Kristie Lui (she/her), Community Program Specialist
15. Maria Martinez (she/her), Health Education Associate
16. Nica Kelleher (she/her), Program Coordinator
17. Sofia Recalde (she/her), MHSA Analyst
18. Sylvia Tang (she/her), Community Health Planner

Consultants

19. Aditi Das, Resource Development Associates (RDA)
20. Jeff Blood, Ernst & Young

Public Participants

21. Alex Rogala, MidPen Housing
22. Angela Buelow, Edgewood
23. Ann Wasson, Sequoia Healthcare District

24. Becca Kieler, In Our Care
25. Beth von Emster
26. Brenda Nunez, StarVista
27. Carolyn Shepard
28. Christina Kim, SMC Department of Housing
29. Colette Bernard, Stanford Healthcare
30. Courtney Sage, Health Plan of San Mateo
31. Delene Rankin, MidPen Housing
32. Frankie Sapp, San Mateo Pride Center
33. Jessica Lwi
34. Johanna Rasmussen, San Mateo County juvenile Justice & Delinquency Prevention Commission
35. John McMahon
36. Juliana Fuerbringer, California Clubhouse
37. Lanajean Vecchione
38. Laura Palmer-Lohan, National Alliance on Mental Illness (NAMI)
39. Lauren Himenez, StarVista
40. Leslie Wambach-Pacalin, NAMI
41. Ligia Andrade Zuniga, Center for Independence of Individuals with Disabilities (CID)
42. Luci Latu, Taulama for Tongans
43. Lynda Kaufmann, Psynergy
44. Mango Martin
45. Pat Willard, Peninsula Anti-Racism Coalition
46. Rod Cooper, Felton Institute
47. Ryan Magcuyao, Acknowledge Alliance
48. Rubi Garcia, Voices of Recovery
49. Shareen Leland, StarVista
50. Suzanne Moore
51. Sydney Hoff, Felton Institute
52. Tina Dirienzo, SMC Department of Housing
53. Victoria Ramirez, Stanford University
54. Waynette Brock, One New Heartbeat