The Mental Health Services Act (MHSA), was approved by California voters in November 2004 and provided a dedicated source of funding for mental health services by imposing a 1% tax on personal income in excess of $1 million.

The MHSA Steering Committee has the important role of making recommendations to the planning and services funded by MHSA in San Mateo County. As a group, the MHSA Steering Committee assures that MHSA planning reflects local diverse needs and priorities, contains the appropriate balance of services and meets the goals established.

Please join us at the next MHSA Steering Committee meeting!

For more information on MHSA in San Mateo County, please visit www.smhealth.org/bhrs/mhsa

For questions and/or comments, contact Doris Estremera, MHSA Manager (650)573-2889 destremera@smcgov.org
AGENDA

1. Welcome & Introductions 1:05 PM
   Cameron Johnson, MHSARC Chair, Co-Chair

2. MHSA 101 1:15 PM
   Doris Estremera, BHRS Manager of Strategic Operations

3. Steering Committee 1:25 PM
   - Role, meetings, makeup

4. MHSA Progress 1:35 PM
   - Highlights, Expansion Priorities

5. Current Context 1:55 PM
   - Evaluation, Fiscal
     Stephen Kaplan, BHRS Director

6. MHSA Community Program Planning (CPP) Process 2:10 PM
   - Timeline and Framework
   - Strategy Development Plan – input requested
     Doris Estremera

7. Next Steps 2:40 PM
   Stephen Kaplan

8. Closing Remarks 2:50 PM
   Cameron Johnson

MARK YOUR CALENDARS!
MHSA Strategy Development – Community Session
July 16, 2014 (4-7pm)
LOCATION TBD
*flyers available
Mental Health Services Act (MHSA) Steering Committee
June 10, 2014

San Mateo County Health System
Behavioral Health and Recovery Services
Presentation Agenda

- Background - MHSA 101
- Steering Committee Role
- Progress to Date
- Current Context
- Community Program Planning (CPP) – Input requested
- Next Steps
Background – MHSA 101

- Proposition 63 – 1% tax on personal income in excess of $1 million
- Transformation of the mental health system while improving quality of life
- Funding for effective treatment, prevention and early intervention, outreach, client and family involvement and programs to increase access to service and reduce inequities
Principles and Funding Boundaries

- Focus on wellness, recovery and resilience
- Cultural and linguistic competency
- Consumer/client and family-driven services
- Integrated service experience
- Community collaboration

Fundable activities are grouped into components each one with its own set of guidelines and rules.
Funding Components

- **WET**: Workforce Education and Training
- **IT/CF**: Information Technology and Capital Facilities
- **CSS**: Community Services and Supports
- **INN**: Innovation
- **PEI**: Prevention and Early Intervention

These components are interrelated, forming a holistic approach to community support and development.
San Mateo County Approach

VISION

MISSION

VALUES

OC
Build Organizational Capacity

PEI
Advance Prevention & Early Intervention

C&F
Empower Clients & Families

DP
Disaster Preparedness

S&S
Enhance Systems & Supports

TW
Foster Total Wellness

D&E
Promote Diversity & Equity

L&I
Cultivate Learning & Improvement

W&E
Welcome and Engage

BTRS STRATEGIC INITIATIVES
Steering Committee

- **Role**
  - Makes recommendations
  - Represents local, diverse needs
  - Assures plans are balanced and meet goals

- **Frequency of meetings**
  - Twice a year
  - Possible more frequently during a 3 year planning process
  - Set next meeting in August

- **Makeup – consumers/clients stipends**
Progress To-Date
## Community Services & Supports

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>FY 12/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Service Partnerships</td>
<td>At least 51% of CSS funding - 24/7 wraparound services to individuals with serious mental illness</td>
<td>556 clients served</td>
</tr>
<tr>
<td>Outreach &amp; Engagement</td>
<td>Engage individuals in services, with a focus on underserved, unserved and inappropriately served</td>
<td>6,235 clients reached</td>
</tr>
<tr>
<td>System Development</td>
<td>Strengthen and expand our internal capacity to respond to service demands</td>
<td>2,765 clients served</td>
</tr>
</tbody>
</table>
## FSP Outcomes

### Based on data through 2013

*less than 10 data points

<table>
<thead>
<tr>
<th>Age Group Served</th>
<th>Adult (260)</th>
<th>Child / Youth (152)</th>
<th>Older Adult (66)</th>
<th>TAY (220)</th>
<th>Weighted Average for All FSP Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decreased Homelessness</td>
<td>73%</td>
<td>67%*</td>
<td>100%*</td>
<td>42%</td>
<td>62%</td>
</tr>
<tr>
<td>Decreased Hospitalization</td>
<td>63%</td>
<td>52%</td>
<td>29%</td>
<td>68%</td>
<td>61%</td>
</tr>
<tr>
<td>Decreased Incarceration</td>
<td>39%</td>
<td>43%</td>
<td>100%*</td>
<td>49%</td>
<td>45%</td>
</tr>
<tr>
<td>Decreased Arrests</td>
<td>80%*</td>
<td>40%*</td>
<td>n/a</td>
<td>71%</td>
<td>67%</td>
</tr>
<tr>
<td>Decreased School Suspensions</td>
<td>83%</td>
<td></td>
<td></td>
<td>80%*</td>
<td>82%</td>
</tr>
<tr>
<td>Increased School Attendance</td>
<td>39%</td>
<td></td>
<td></td>
<td>32%</td>
<td>36%</td>
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<tr>
<td>Decreased Out-Of-Home Placement (Grp Home)</td>
<td>60%</td>
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<td>77%</td>
<td>72%</td>
</tr>
<tr>
<td>Increased School Grades</td>
<td>47%</td>
<td></td>
<td></td>
<td>35%</td>
<td>43%</td>
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</table>
# PEI Programs

<table>
<thead>
<tr>
<th>Ages 0-25</th>
<th>Adults and Older Adults</th>
<th>All Age Groups</th>
<th>Early Onset of Psychotic Disorders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Childhood Community Team <em>(Prevention)</em></td>
<td>Primary Care/Behavioral Health Integration <em>(Early Intervention)</em></td>
<td>Community Outreach Engagement and Capacity Building <em>(Prevention)</em></td>
<td>Prevention and Recovery in Early Psychosis <em>(Early Intervention)</em></td>
</tr>
<tr>
<td>Community Interventions for School and TAY <em>(Prevention)</em></td>
<td>Total Wellness - Training Component <em>(Prevention)</em></td>
<td>Stigma Free San Mateo County <em>(Prevention)</em></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Clients Served</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FY 11-12</strong></td>
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<tr>
<td><strong>FY 12-13</strong></td>
</tr>
</tbody>
</table>
WET, INN, IT/CF

- WET continued to implement the prioritized training topics for staff and consumers, trauma, anxiety treatment, self care, and legal and ethical issues.

- Total Wellness continued to ensure a coordinated and holistic, wellness-based approach for clients. *By the end of FY 12-13, Total Wellness had 417 individuals enrolled.*

- eClinical Care continues to be improved and expanded in order to help BHRS better serve clients and families.
Housing Projects

- Cedar Street Apartments - Approved in 2009 (14 units)
- El Camino Apartments - Approved in 2010 (20 units)
- Delaware Street Apartments - Approved in 2011 (10 units)
## Projected Expansion

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>ITEM</th>
<th># UNITS</th>
<th>COST PER UNIT</th>
<th>TOTAL ANNUAL COST</th>
</tr>
</thead>
<tbody>
<tr>
<td>CSS FSP</td>
<td>Slots for psychiatric emergency services and 3AB (TAY and Adults)</td>
<td>10</td>
<td>$22,193</td>
<td>$221,930</td>
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<tr>
<td>CSS FSP</td>
<td>Slots for TAY, with housing</td>
<td>5</td>
<td>$46,000</td>
<td>$230,000</td>
</tr>
<tr>
<td>CSS FSP</td>
<td>Expansion of integrated FSPs to Central (Adults)</td>
<td>5</td>
<td>$8,733</td>
<td>$43,665</td>
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<tr>
<td>CSS FSP</td>
<td>Expansion of Wraparound services for children and youth</td>
<td>5</td>
<td>$36,000</td>
<td>$180,000</td>
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<tr>
<td>CSS FSP</td>
<td>Additional housing for existing FSP Adults</td>
<td>25</td>
<td>$5,774</td>
<td>$144,350</td>
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</table>

**CSS FSP Total**

$819,945

<table>
<thead>
<tr>
<th>CATEGORY</th>
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<th>COST PER UNIT</th>
<th>TOTAL ANNUAL COST</th>
</tr>
</thead>
<tbody>
<tr>
<td>CSS NON-FSP</td>
<td>Pre-crisis response services</td>
<td>80</td>
<td>$3,125</td>
<td>$250,000</td>
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<tr>
<td>CSS NON-FSP</td>
<td>Expansion of supports for youth transitioning to adulthood</td>
<td>1</td>
<td>$135,000</td>
<td>$135,000</td>
</tr>
<tr>
<td>CSS NON-FSP</td>
<td>Expansion of assessment, supported employment, and financial empowerment for clients</td>
<td>1</td>
<td>$100,000</td>
<td>$100,000</td>
</tr>
</tbody>
</table>

**CSS NON-FSP Total**

$485,000

**TOTALS**

$1,304,945

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>ITEM</th>
<th># UNITS</th>
<th>COST PER UNIT</th>
<th>TOTAL ANNUAL COST</th>
</tr>
</thead>
<tbody>
<tr>
<td>PEI 0 TO 25</td>
<td>Expansion of Teaching Pro-social Skills</td>
<td>1</td>
<td>$200,000</td>
<td>$200,000</td>
</tr>
<tr>
<td>PEI OTHER</td>
<td>Expansion of Parent Project</td>
<td>1</td>
<td>$20,000</td>
<td>$20,000</td>
</tr>
</tbody>
</table>

**PEI TOTAL**

$220,000
Current Context
Current Context

- MHSOAC 5 Year Master Plan
  - Statutory requirement to evaluate FSPs, at least one PEI program and INN

- New PEI regulations – likely in effect FY 15/16
  - Programming guidelines (no more 0-25 regulation)
    - At least one Early Intervention, one Prevention, one Stigma Reduction, and one Suicide Prevention strategy

- INN regulations in the works
Three-Year Plan Estimated Funding

<table>
<thead>
<tr>
<th></th>
<th>San Mateo County MHSA Estimated Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CSS</td>
</tr>
<tr>
<td>FY 13/14</td>
<td>$15,499,392</td>
</tr>
<tr>
<td>FY 14/15</td>
<td>$19,882,905</td>
</tr>
<tr>
<td>FY 15/16</td>
<td>$17,161,030</td>
</tr>
<tr>
<td>FY 16/17</td>
<td>$18,195,603</td>
</tr>
</tbody>
</table>

- First priority is expansion obligations
- Maintain at least 51% expenditure levels for FSP from CSS
- PEI has a funding short fall starting in 15/16, will need to decrease overall spending
- INN has 3 year reversion period, need to plan for sustainability starting FY 15/16 and possible new innovative project
Community Program Planning (CPP) Process

For the MHSA Three Year Plan
FY 14-15 through FY 16-17
Proposed MHSA Community Planning Process for the Three-Year Program and Expenditure Plan FY 14/15 through FY 16/17

**Phase 1. Needs Analysis**

**Community input** on experience with mental health services
- What’s working well?
- What are the gaps in service (populations underserved or unserved, barriers)?
- Recommendations for improvement?

**Process:**
1) Review and synthesize various current assessments conducted
   - Community Service Areas planning
   - ODE and Health Equity Initiatives
   - Collaboratives Strategic Plans
2) Seek input on additional service gaps and recommendations; incl process input
   - MHSA Steering Committee
   - Office of Consumer Affairs
   - North County Outreach Collaborative
   - EPA Behavioral Health Advisory Group
   - Follow up with missing voices

**Phase 2. Strategy Development**

**Community input** on MHSA components and programs
- Share and discuss Phase 1 findings - is the interpretation appropriate?
- Discuss specific MHSA component and program needs and prioritize service gaps
- Identify and prioritize strategies

**Process:**
1) Strategy Session with general and large group input/discussion and small group breakouts by component (CSS, PEI, WET, INN), large group prioritization
2) Community Input Sessions to share results of Strategy Day and seek add’l input
   - MHSARC
   - Diversity and Equity Council
   - Change Agents
   - Geographic-based (Coast, Nth, Mid, Sth)
3) Review prioritized strategies, draft proposal

**Phase 3. Plan Development**

**Community input** on Final Plan

**Process:**
1) Presentation to the Mental Health Steering Committee and Public Comment Period opens
2) Public Hearing hosted by the Mental Health and Substance Abuse Recovery Commission
3) BoS adoption of plan
4) Submission of plan to the Mental Health Services Oversight and Accountability Commission

April  
May - June  
July - August
Phase 2. Strategy Development

- Strategy Development Session
  - MHSA 101
  - Needs analysis findings – gaps, proposed programs and budget
  - Small group breakout – clarify new ideas and proposed strategies if need to make reductions or reprioritize
  - Large group prioritization
- Additional input meetings – demographics sheet
Next Steps

- Strategy Development – Community Meeting
  - July 16, 2014 / 4:00 – 7:00 PM

- MHSA Steering Committee Meeting in August
  - Review recommendations from the community meetings

- Presentation at the MHSARC September meeting
  - 30 day public comment meeting

- Public Hearing at the MHSARC October meeting

- Presentation to the Board for adoption of the plan

- Controller to certify expenditures

- Submit to the State MHSOAC for approval
Thank you!

For questions or comments contact:
Doris Estremera, MHSA Manager at
destremera@smcgov.org or (650) 573-2889
MENTAL HEALTH SERVICES ACT (MHSA) – Proposition 63

Background

Proposition 63, now known as the Mental Health Services Act (MHSA), was approved by California voters in November 2004 and provided for a dedicated source of funding for mental health services by imposing a 1% tax on personal income in excess of $1 million. MHSA emphasizes transformation of the mental health system while improving the quality of life for individuals living with mental illness by providing funding for effective treatment, prevention and early intervention, outreach support services and family involvement, and programs to increase access and reduce inequities for unserved, underserved and inappropriately served populations.

Principles and Funding Boundaries

MHSA core values are expressed in five guiding principles for planning and implementation:

- Community collaboration
- Cultural competence
- Consumer and family driven services
- Focus on wellness, recovery, resiliency
- Integrated service experience for clients and family members

Fundable activities are grouped into “Components” each one with its own set of guidelines and rules:

<table>
<thead>
<tr>
<th>Community Services and Supports (CSS)</th>
<th>Prevention and Early Intervention (PEI)</th>
<th>Innovative Programs (INN)</th>
<th>Workforce Education and Training (WET)</th>
<th>Capital Facilities and Information Technology (CF/IT)</th>
<th>Housing</th>
</tr>
</thead>
</table>

MHSA also provides funding for Community Program Planning (CPP) activities, which include extensive stakeholder processes. MHSA funding is allocated as follows across the above mentioned components:

- 75-80% of the county’s annual MHSA funds to CSS; at least 51% of CSS funds must be spent on the most acute clients through Full Service Partnerships
- 15-20% of the county’s annual MHSA funds to PEI; funds cannot be spent on people who are already known to have a mental illness, with one exception: early onset of psychotic disorders
- 5% of the county’s annual PEI and CSS funds to INN
- One-time funds were allocated to WET, CF/TN, and Housing

San Mateo County Approach

In San Mateo County, MHSA dollars are virtually everywhere in our Behavioral Health and Recovery Services (BHRS) system, which means they are highly leveraged. MHSA-funded activities further BHRS’ nine strategic initiatives to advance Prevention and Early Intervention; build Organizational Capacity; empower Consumers and Family Members; Disaster Preparedness; enhance Systems and Supports; foster Total Wellness; promote Diversity and Equity; cultivate Learning and Improvement; and be Welcoming and Engaging to those who seek our services and work with us.

Visit [www.smhealth.org/bhrs/mhsa](http://www.smhealth.org/bhrs/mhsa) for more information

For questions contact Doris Estremera, MHSA Manager at (650)573-2889 ordestremera@smcgov.org
## Mental Health Services Act (MHSA) Components and Programs
### FY 2012 – 2013

<table>
<thead>
<tr>
<th>MHSA Component</th>
<th>Service Category</th>
<th>Programs</th>
</tr>
</thead>
</table>
| **Community and Services Support (CSS)** | Full Service Partnerships (FSP) | **Children and Youth**  
- Edgewood Integrated “ISIS” FSP  
- Edgewood Comprehensive “Turning Point” FSP  
- Fred Finch Youth Center FSP  
**Transition Age Youth (TAY)**  
- Caminar Enhanced Supportive Education Services FSP  
- Edgewood Comprehensive “Turning Point” FSP  
- Mental Health Association Supported Housing  
**Adult /Older Adult**  
- Telecare FSP  
- Caminar FSP and Housing Support  
- Mateo Lodge South County Mental Health Clinic |
| **System Development (SD)**     |                           | **Older Adult System of Integrated Services (OASIS)**  
- Senior Peer Counseling Services (50% CSS; 50%PEI)  
- Pathways, Court Mental Health  
- Pathways, Co-occurring Housing Services  
**System Transformation**  
- Peer Consumer and Family Partners  
- Puente Clinic  
- Co-occurring Contracts with AOD Providers  
- Evidence Based Practice (EBP) Expansion  
- Child Welfare Partners |
| **Outreach and Engagement (O&E)** |                           | **Family Assertive Support Team (FAST)**  
- North County Outreach Collaborative  
- East Palo Alto Mental Health Outreach  
- Ravenswood Family Health Center (40% CSS; 60%PEI)  
- BHRS staff positions |

Visit [www.smhealth.org/bhrs/mhsa](http://www.smhealth.org/bhrs/mhsa) for more information

For questions contact Doris Estremera, MHSA Manager at (650)573-2889 or destremera@smcgov.org
**San Mateo County Health System, Behavioral Health and Recovery Services**

**Mental Health Services Act (MHSA) Components and Programs**

FY 2012 – 2013

<table>
<thead>
<tr>
<th>MHSA Component</th>
<th>Service Category</th>
<th>Programs</th>
</tr>
</thead>
</table>
| Prevention and Early Intervention (PEI) | Ages 0 - 25      | • Early Childhood Community Team (*Prevention*)  
Community Interventions for School Age and TAY (*Prevention*)  
• Puente de La Costa Sur, Project Success  
• El Centro, Seeking Safety  
• Caminar, YES program/Seeking Safety  
• Middle School Initiative, Project Grow |
|                                       | Adults and Older | • Total Wellness, training of primary care providers  
Adults                                             | • Primary Care Interface (*Early Intervention*) |
|                                       | All Age Groups   | • Stigma Free San Mateo County (*Prevention*)  
Community Outreach, Engagement and Capacity Building  
• Crisis Hotline (*Prevention and Early Intervention*)  
• Voices of Recovery (*Prevention and Early Intervention*)  
• SMART MOU (*Early Intervention*)  
• SMMC MOU (*Early Intervention*)  
• Ravenswood Family Health Center (40% CSS; 60%PEI)  
• Senior Peer Counseling (50% CSS; 50%PEI) |
|                                       | Early Onset of   | • Prevention and Recovery in Early Psychosis (PREP) |
|                                       | Psychotic Disorders |                                                                                                                                 |
| Innovations (INN)                     | N/A              | • Total Wellness |
| Workforce and Education Training (WET) | N/A              | • Training on priority topics for staff and consumers (trauma, anxiety treatment, self-care, legal and ethical issues) |
| Capital Facilities and Information    | N/A              | • eClinical Care (launched in 08-09) |
| Tech (CF/IT)                          | N/A              |                                                                                                                                 |
| Housing                               | N/A              | • Cedar Street Apartments in Redwood City (2009)  
• El Camino Apartments in South San Francisco (2010)  
• Delaware Pacific Apartments in San Mateo (2011) |

Visit [www.smhealth.org/bhrs/mhsa](http://www.smhealth.org/bhrs/mhsa) for more information

For questions contact Doris Estremera, MHSA Manager at (650)573-2889 or destremera@smcgov.org
WIC § 5848 states: Each three-year program and expenditure plan and update shall be developed with local stakeholders including adults and seniors with severe mental illness, families of children, adults and seniors with severe mental illness, providers of services, law enforcement agencies, education, social services agencies, veterans, representatives from veterans organizations, providers of alcohol and drug services, health care organizations, and other important interests.

<table>
<thead>
<tr>
<th>Stakeholder Group</th>
<th>Name(s)</th>
<th>Title (if applicable)</th>
<th>Organization (if applicable)</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>MHSARC Members</td>
<td>Cameron Johnson*</td>
<td>Chair, MHSARC</td>
<td>San Mateo County</td>
<td><a href="mailto:CJohnson@cityofsancarlos.org">CJohnson@cityofsancarlos.org</a></td>
</tr>
<tr>
<td>*Co-chairs</td>
<td>David Pine*</td>
<td>Supervisor, District 1</td>
<td>Board of Supervisors</td>
<td><a href="mailto:DPine@smcgov.org">DPine@smcgov.org</a></td>
</tr>
<tr>
<td></td>
<td>Randy Torrijos</td>
<td>Staff to David Pine</td>
<td>Board of Supervisors</td>
<td><a href="mailto:RTorrijos@smcgov.org">RTorrijos@smcgov.org</a></td>
</tr>
<tr>
<td>Consumer/Client – TAY</td>
<td>Carmen Lee</td>
<td>Program Director</td>
<td>Stamp Out Stigma</td>
<td><a href="mailto:carmensos@aol.com">carmensos@aol.com</a></td>
</tr>
<tr>
<td>Consumer /Client– Adult</td>
<td>Patrick Field</td>
<td></td>
<td></td>
<td><a href="mailto:Patrickfield91@yahoo.com">Patrickfield91@yahoo.com</a></td>
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<tr>
<td>Family Member/ Caregiver of Adult</td>
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<tr>
<td>Family Member / Caregiver of Older Adult</td>
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<tr>
<td>Family Member/ Caregiver of TAY</td>
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<tr>
<td>Family Member/ Caregiver of Child</td>
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</tr>
<tr>
<td>Service Provider – Adults</td>
<td>Patricia Way</td>
<td></td>
<td>NAMI</td>
<td><a href="mailto:patcway@hotmail.com">patcway@hotmail.com</a></td>
</tr>
<tr>
<td>Service Provider – Older Adults</td>
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<tr>
<td>Service Provider – Children</td>
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</tr>
<tr>
<td>Law Enforcement</td>
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<tr>
<td>Education</td>
<td>Joan Rosas</td>
<td>Associate Superintendent</td>
<td>SMC Office of Education</td>
<td><a href="mailto:jrosas@smcoe.org">jrosas@smcoe.org</a></td>
</tr>
<tr>
<td>Social Service Provider</td>
<td>Melissa Platte</td>
<td>Executive Director</td>
<td>Mental Health Association</td>
<td><a href="mailto:melissap@mhasmc.org">melissap@mhasmc.org</a></td>
</tr>
<tr>
<td>Courts</td>
<td>Rodina Catalano</td>
<td>Deputy Court Exec Officer</td>
<td>Superior Court</td>
<td><a href="mailto:RCatalano@sanmateocourt.org">RCatalano@sanmateocourt.org</a></td>
</tr>
<tr>
<td>Advocate</td>
<td>Randall Fox</td>
<td>Health Policy Advocate</td>
<td></td>
<td><a href="mailto:randallfox@sbcglobal.net">randallfox@sbcglobal.net</a></td>
</tr>
</tbody>
</table>

Updated April 2014
WIC § 5848 states: Each three-year program and expenditure plan and update shall be developed with local stakeholders including adults and seniors with severe mental illness, families of children, adults and seniors with severe mental illness, providers of services, law enforcement agencies, education, social services agencies, veterans, representatives from veterans organizations, providers of alcohol and drug services, health care organizations, and other important interests.

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<th>Stakeholder Group</th>
<th>Name(s)</th>
<th>Title (if applicable)</th>
<th>Organization (if applicable)</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Veteran or Representative</td>
<td>Clarise Blanchard</td>
<td>Director of Substance Abuse and Co-occurring Disorders</td>
<td>Star Vista and BHRS Contractors Association</td>
<td><a href="mailto:cblanchard@star-vista.org">cblanchard@star-vista.org</a></td>
</tr>
<tr>
<td></td>
<td>Ray Mills</td>
<td>Executive Director</td>
<td>Voices of Recovery</td>
<td><a href="mailto:raymills71@gmail.com">raymills71@gmail.com</a></td>
</tr>
<tr>
<td>AOD Service Provider</td>
<td>Maya Altman</td>
<td>Executive Director</td>
<td>Health Plan of San Mateo</td>
<td><a href="mailto:Maya.Altman@hpsm.org">Maya.Altman@hpsm.org</a></td>
</tr>
<tr>
<td></td>
<td>Dan Becker</td>
<td>Medical Director</td>
<td>Mills Peninsula Health Svcs</td>
<td><a href="mailto:beckerdf@sutterhealth.org">beckerdf@sutterhealth.org</a></td>
</tr>
<tr>
<td></td>
<td>Louise Rogers</td>
<td>Deputy Chief</td>
<td>San Mateo Co Health System</td>
<td><a href="mailto:LRogers@smcgov.org">LRogers@smcgov.org</a></td>
</tr>
<tr>
<td></td>
<td>Gina Wilson</td>
<td>Financial Services Mngr</td>
<td>San Mateo Co Health System</td>
<td><a href="mailto:GWilson@smcgov.org">GWilson@smcgov.org</a></td>
</tr>
</tbody>
</table>
Community Program Planning (CPP) Process - Stakeholder Engagement

Since the inception of MHSA, San Mateo County promoted a vision of collaboration and integration by embedding MHSA programs and services within existing BHRS systems. San Mateo County does not separate MHSA planning from its other continuous planning processes. Given this, stakeholder input from the following BHRS planning activities will be taken into account in the current MHSA planning:

- **Community Service Areas planning (Central, Coast, South and East Palo Alto)**
- **ODE and Health Equity Initiatives assessments**
- **North County Outreach Collaborative and East Palo Alto Behavioral Health Advisory Group plans**

In addition, the following groups were engaged in the current MHSA planning. All groups were provided MHSA background information, CPP process overview and opportunities for input either at the time of the meeting through a facilitated structured dialogue and/or at a future planning meeting.

<table>
<thead>
<tr>
<th>Date</th>
<th>Stakeholder Group</th>
<th>Level of engagement</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/2/14</td>
<td>Mental Health and Substance Abuse Recovery Commission (MHSARC)</td>
<td>Input on CPP process</td>
</tr>
<tr>
<td>4/18/14</td>
<td>North County Outreach Collaborative</td>
<td>Input on needs and CPP process</td>
</tr>
<tr>
<td>4/29/14</td>
<td>East Palo Alto Behavioral Health Advisory Group</td>
<td>Input on needs and CPP process</td>
</tr>
<tr>
<td>5/6/14</td>
<td>Office of Consumer and Family Affairs (OCFA)</td>
<td>Input on needs and CPP process</td>
</tr>
<tr>
<td>5/14/14</td>
<td>School Wellness Alliance</td>
<td>Presentation and invitation</td>
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<tr>
<td>5/15/14</td>
<td>Countywide School Nurses meeting</td>
<td>Presentation and invitation</td>
</tr>
<tr>
<td>5/19/14</td>
<td>Peer Support Workers, OCFA</td>
<td>Input on needs</td>
</tr>
<tr>
<td>5/21/14</td>
<td>Sequoia Union HSD, Mental Health Advisory Committee</td>
<td>Input on needs</td>
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<tr>
<td>5/21/14</td>
<td>Chinese Health Initiative</td>
<td>Presentation and invitation</td>
</tr>
<tr>
<td>5/27/14</td>
<td>Spirituality Initiative</td>
<td>Limited input on needs</td>
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<tr>
<td>5/27/14</td>
<td>Latino Collaborative</td>
<td>Presentation and invitation</td>
</tr>
<tr>
<td>5/27/14</td>
<td>Voices of Recovery</td>
<td>Input on needs</td>
</tr>
<tr>
<td>6/9/14</td>
<td>Heart &amp; Soul, Inc.</td>
<td>Input on needs</td>
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<tr>
<td>6/10/14</td>
<td>African American Community Initiative</td>
<td>Presentation and invitation</td>
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<tr>
<td>6/10/14</td>
<td>MHSA Steering Committee</td>
<td>Input on needs and process</td>
</tr>
<tr>
<td>6/16/14</td>
<td>Family Partners, OCFA</td>
<td>Input on needs</td>
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<tr>
<td>6/26/14</td>
<td>Filipino Mental Health Initiative</td>
<td>Presentation and invitation</td>
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<tr>
<td>7/1/14</td>
<td>Pacific Islander Initiative</td>
<td>Presentation and invitation</td>
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<tr>
<td>7/9/14</td>
<td>PRIDE Initiative</td>
<td>Presentation and invitation</td>
</tr>
<tr>
<td>TBD</td>
<td>Strategy Development Session – various stakeholders</td>
<td>Input on strategy development</td>
</tr>
<tr>
<td>7/23/14</td>
<td>NAMI San Mateo</td>
<td>Input on strategy development</td>
</tr>
<tr>
<td>July - August</td>
<td>Additional Stakeholder Groups TBD</td>
<td>Input on strategy development</td>
</tr>
</tbody>
</table>