MINUTES

Attendees

General Public

1. Welcome & Introductions
   Presentation by Doris Estremera, MHSA Manager 3:13 PM
   ▪ Meeting was called to order. Introductions were made and the meeting agenda was reviewed.

2. MHSA Background & Updates 3:17 PM
   Presentation by Doris Estremera, MHSA Manager:
   ▪ The background of MHSA components and annual allocated funding was explained. This included reviewing Community Services and Supports (CSS), Prevention and Early Intervention (PEI), Innovations (INN), Workforce Education and Training (WET), Capital Facilities and Information Technology, and Housing.
   ▪ An update was provided regarding Housing. One housing project has not broken ground due to delays. More information will be provided once received.
   ▪ The Innovation plans are open to public comment for 30 days. A public hearing will take place at the next Mental Health Substance Abuse and Recovery Commission (MHSARC) to conclude the 30 day period. The public hearing will take place on:
     Wednesday, April 6, 2016, 3-5pm
     Health System Main Campus, Room 100,
     225 37th Ave. San Mateo, CA 94403
   ▪ If you would like to submit a comment, please refer to the MHSA website at http://smchealth.org/bhrs/mhsa
   ▪ The proposed innovation plans were outlined
1. NMT expansion to adults
2. Youth Health Ambassador Program
3. Coordinated LGBTQ services
   - A FSP outcome evaluation report will be released soon.

*Presentation by Steve Kaplan, Director BHRS:*

- Former Senator Darrell Steinberg has been discussing with California Legislator about a project named “No Place Like Home.” It is hopeful that the project will be written into a bill.
- The project calls for $2 billion bond to build more housing for individuals with mental illness. The debt service for this bond will be setup by using a percentage of MHSA funding each year. Additional information and updates will be provided as they come through.

3. MHSA-Funded Program Presentation

*Digital Storytelling*

*Presentation by Dr. Jei Africa, Director Office of Diversity & Equity (ODE)*

- As part of staff activities at ODE to reduce the stigmatization of mental illness and to create a sense of community of healing, a program was developed to help share the stories of individuals with mental illness. Digital Storytelling is a three day intensive group program that involves learning computer software to create a 3-5 minute video of their story. The two stories shared were of James and his experience in the foster care system and Aisha of her resilience living with a mental illness. If you would like to learn more visit [http://smchealth.org/bhrs/ode/stories](http://smchealth.org/bhrs/ode/stories)

4. Input

*MHSA Grievance and Steering Committee Process*

*Presentation by Doris Estremera, MHSA Manager*

- DHCS has incorporated MHSA questions into Triennial Medi-Cal Review. There is a strong emphasis on Community Planning Process (CPP) requirements that includes an issue resolution process for consumers, clients and family members.
- BHRS and the Office of Family and Consumer Affairs (OFCA) are working closely to develop an issue resolution process for MSHA funded programs. Once the process is finalized it will be brought to the steering committee for input.
- The Steering Committee Membership Selection Process was drafted and provided to the steering committee for review. The proposed changes were outlined:
  - A MHSA Selection Group comprised of MHSA manager, MHSA Steering Committee member(s), and a representative from ODE or OFCA will review member applications and will be appointed by the BHRS Director.
  - At least 50% of all committee members will be clients/consumers of BHRS and family members of clients/consumers of BHRS.
  - A minimum of 1-2 seats will represent several groups as recommended by MHSA legislation, CPP requirements, and BHRS.
  - At least 50% of the representations will include individuals from diverse cultural and ethnic groups.
- The steering committee held a 10 minute small group break-out where discussion about the proposed changes and an opportunity to provide public input that included:
Faith based community should be listed as a represented seat
Steering committee should hold a consistent date/time/location
Healthcare providers and low income should be listed as a represented seat
Clients/consumers/family members should not be exclusive to BHRS but instead open to those receiving care from other entities.

5. Public Comment

Patrick Field, Client/Consumer
I believe our state, and national politicians need to prioritize and publicize the debate for much needed mental health reforms. Serious emotional disturbance needs more attention and more efforts must be made through preventative education in our schools to reach those most at risk. Decent and appropriate housing is needed for those suffering from mental illness. There should be more availability of affordable SRO's for rent with on-site services. The current Board & Care model is too expensive for those living on fixed incomes and not conducive to a healthy environment of support. Our care in hospitals needs to be made more accessible. A person should not be turned away from care if they are not qualifying as having a severe or life threatening mental illness. Finally, the overall quality of life needs to be improved for persons with mental illness by providing opportunities to work and earn a supplemental income so they can also experience the joys of those not living with a mental illness.

6. Announcement

- Subscribe to the BHRS blog to stay informed: http://smcbhrsblog.org
- Subscribe to have the BHRS newsletter, Wellness Matters, delivered to your inbox: http://smchealth.org/bhrs/wm
- Stay up to date with MHSA news with the website subscriber feature: http://smchealth.org/bhrs/mhsa

7. Adjourn

4:52 PM

MARK YOUR CALENDARS!
A Public Hearing to close the 30-day comment period for the MHSA Innovation Plans will take place at the next Mental Health Substance Abuse and Recovery Commission meeting.

MHSARC Meeting, Wednesday, April 6, 2016, 3-5pm
Health System Main Campus, Room 100,
225 37th Ave. San Mateo, CA 94403
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<tr>
<th>Stakeholder Group</th>
<th>Name(s)</th>
<th>Title (if applicable)</th>
<th>Organization (if applicable)</th>
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<tr>
<td>Disability Community</td>
<td>Vincent Meola</td>
<td>Systems Change</td>
<td>CID, Felton Institute</td>
<td>vincentm@<a href="mailto:cid@sanmateo.org">cid@sanmateo.org</a></td>
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<tr>
<td>Providers</td>
<td>Adriana Furuzawa</td>
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<td>Prep/BEAM, Felton Institute</td>
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<td>Heart + Soul</td>
<td>Beverly Lone</td>
<td>Program Coordinator</td>
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<td>Faces/Recs</td>
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<td>Lynx/IDE</td>
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<td>Commission</td>
<td>Joel Corder</td>
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<td>Consumer/Peer Support</td>
<td>Stephanie Morales</td>
<td>Peer Support Specialist</td>
<td>OASIS, SMC Health, <a href="mailto:Smorales@smcgov.org">Smorales@smcgov.org</a>, <a href="mailto:Smor3000@yahoo.com">Smor3000@yahoo.com</a></td>
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*MHSARC member

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