



Be the one to help



Mental Health Service Act (MHSA) 3-Year Plan Prioritization Session

Open to the public! Join behavioral health advocates, providers and clients to prioritize strategies for the next 3 years of MHSA.

- Provide your input and public comment on the MHSA 3-Year Plan Priorities
- Learn about MHSA programs key successes, needs and evaluation findings

- ❖ Stipends are available for consumers/clients
- ❖ Language interpretation is provided as needed*
- ❖ Childcare is provided as needed*
- ❖ Refreshments will be provided

*please reserve these services by April 12th by contacting Colin Hart at (650) 573-5062 or chart@smcgov.org



COUNTY OF SAN MATEO
HEALTH SYSTEM
BEHAVIORAL HEALTH
& RECOVERY SERVICES

DATE

Wednesday April 26th, 2017
4:00 pm – 7:00 pm

Veterans Memorial Senior Center
Redwood Room
1455 Madison Avenue
Redwood City, CA 94061

Public Transportation:

From Redwood City Station take SamTrans route 274 to Jefferson Ave & Ave Del Ora. Cross Jefferson Ave. and walk 2 minutes on Nevada Street. VMCS will be on your right.

Contact:

Doris Estremera, MHSA Manager
(650)573-2889
mhsa@smcgov.org

www.smchealth.org/MHSA

MHSA provides a dedicated source of funding in California for mental health services by imposing a 1% tax on personal income in excess of \$1 million.



**San Mateo County Health System
Behavioral Health and Recovery Services Division**



Mental Health Services Act (MHSA) Three-Year Plan Prioritization Session

Wednesday, April 26, 2017 / 4-7pm
Veterans Memorial Senior Center, Redwood Room
1455 Madison Ave, Redwood City, CA

AGENDA

- | | |
|---|---|
| 1. Welcome | 4:10 PM |
| | <i>Supervisor Dave Pine, District 1, Board of Supervisors Steve Kaplan, Director BHRS</i> |
| 2. MHSA Overview | 4:15 PM |
| ▪ Community Program Planning Process | <i>Doris Estremera, MHSA Manager</i> |
| 3. Review of Recommended Strategies | 4:30 PM |
| ▪ Prepared Public Comments | |
| 4. Additional Input & Prioritization (All participants) | 6:00 PM |
| ▪ Open Public Comment | |
| 5. Voting & Prioritizing Strategies (MHSA Steering Committee only) | 6:40 PM |
| 6. Adjourn | 7:00 PM |

MARK YOUR CALENDARS!

MHSA Three-Year Plan Presentation
Mental Health and Substance Abuse Recovery Commission
June 7, 2017 / 3-5pm
Health System Campus, Room 100,
225 37th Ave., San Mateo, CA



Mental Health Service Act (MHSA)

Three-Year Plan Prioritization Session

April 26, 2017



San Mateo County Health System
Behavioral Health and Recovery Services
www.smchealth.org/mhsa

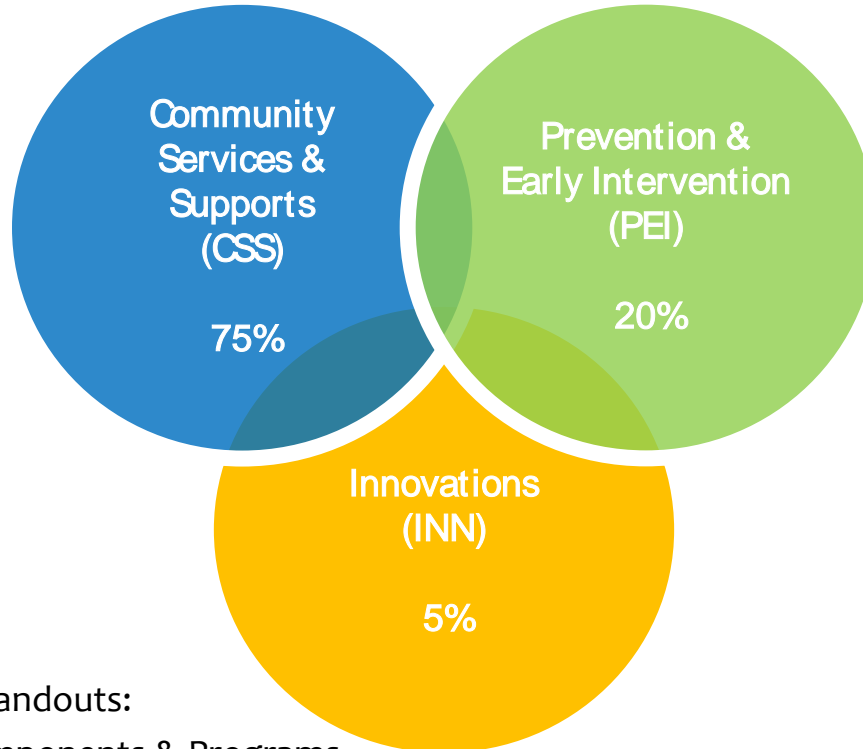
Agenda

- ✓ MHSa Overview & Community Program Planning Findings
- ✓ Review of Recommended Strategies
- ✓ Additional Input
- ✓ Steering Committee Voting/ Prioritizing Across all Strategies



Mental Health Services Act (MHSA) – Prop 63, 2004

1% tax on personal income in excess of \$1 mill



One-time Funding

- Housing Developments
- Capital Facilities & Information Technology
- Workforce Education & Training

Corresponding Handouts:

- MHSA Components & Programs

MHSA Planning Requirements

- Stakeholder Engagement
- Annual Update
- Three- Year Plan

Whats in the 3_-Year Plan

**Current Program
Description and
Goals**

Priority Strategies

**Budget and Fiscal
Considerations**

Community Program Planning Process

Phase 1. Needs Analysis

- * Experiences with MHSA funded programs, behavioral health services (what's working well, improvements needed)
- * Review of evaluation and impact reports
- * Recommendations for next steps

Phase 2. Strategy Development

- * Review Phase 1 findings and recommendations
- * Make further recommendations on programs, strategies and priority needs

Phase 3. Plan Development

- * Presentation to MHSARC
- * Public Comment
- * Public Hearing
- * BoS adoption

Finalizing today!

Community Input

Dec - Feb

Feb -Apr

May - June



Phase 1. Needs Analysis

- 28 groups/collaboratives/committees
- 30 MHSA-funded programs
- 7 add'l vulnerable groups
 - Veterans, transition age youth client, immigrant families, youth

← Community Input →



Phase 2. Strategy Development

- MHSA-funded programs
- Community prioritization sessions (Coast, EPA)
 - Will review strategies today
- Input sessions & 3-Year Plan Launch brainstorm
- Add'l considerations – prioritization session

← Community Input →



Prevention & Early Intervention

Ages 0-25

- Need to strengthen this service category
 - 50% of PEI funding, school-based services
- Special Taskforce to start in July
 - Meet twice between July and September
 - Email your interest to mhsa@smcgov.org
- Themes

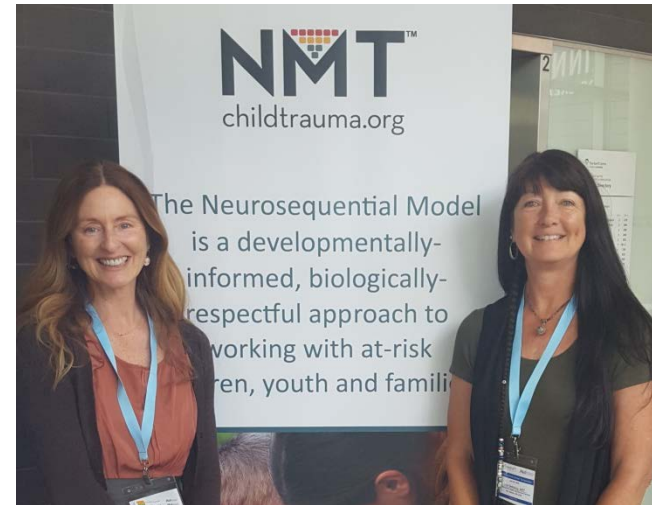


FY 2014-17 Priority Expansions

Remain a priority

| Component | Updated Priority Expansions FY 14-17 | Implemented | FY |
|--------------|--|---|----------------|
| CSS, FSP | Support and assistance program to connect MI with vocational, social and other services | YES Calif. Clubhouse | 14/15 |
| | Drop-in Center (DIC) in South County | YES Edgewood DIC | 15/16 |
| | FSP slots for transition age youth (TAY) with housing | YES Edgewood TAY FSP | 15/16 |
| | Wraparound services for children and youth (C/Y)* | YES Edgewood C/Y FSP | 15/16 |
| | FSP slots for older adults | YES 50 FSP slots through Laura's Law | TBD |
| CSS, Non-FSP | Expansion of supports for transition age youth | YES YTAC Peer Support Worker | 16/17 |
| | Expansion of supports for isolated older adults | NO | TBD |
| PEI | Culturally aligned and community-defined outreach with a focus on emerging communities and outcome-based practices | YES LGBTQ and Pacific Islander Outreach Workers | 16/17 |
| | Expansion of Stigma Free San Mateo, Suicide Prevention and Student Mental Health efforts | IN PROGRESS | Expected 16/17 |

Review of Recommended Strategies



Additional Input & Prioritization

- Top Themes & Strategies
- Other?



Corresponding Handouts:

- Phase 1. Summary of Input


MHSA Steering Committee Voting & Prioritization





Next Steps

- Plan presentation on June 7th MHSARC meeting
 - 30 Day Public Comment and Public Hearing

 - Present to the Board of Supervisors for adoption
 - Controller to certify expenditures
 - Submit to the State MHSOAC
- 



Thank you!

Doris Estremera, MHSA Manager
(650) 573-2889 or mhsa@smcgov.org



San Mateo County Health System, Behavioral Health and Recovery Services
Mental Health Services Act (MHSA) Components and Programs



FY 2016 – 2017

| MHSA Component | Service Category | Programs* |
|---|--|---|
| Community and Services Support (CSS) | Full Service Partnerships (FSP) | Children and Youth <ul style="list-style-type: none"> • Edgewood Short-term Adjunctive Youth and Family Engagement (SAYFE) FSP • Edgewood Comprehensive “Turning Point” FSP • Fred Finch Out-of-County Foster Care FSP Transition Age Youth (TAY) <ul style="list-style-type: none"> • Edgewood Comprehensive “Turning Point” FSP and <ul style="list-style-type: none"> ○ North and South Drop-in Centers ○ Caminar Enhanced Supportive Education Services ○ Mental Health Association Supported Housing Adult /Older Adult <ul style="list-style-type: none"> • Telecare – FSP and Housing Support • Caminar - FSP and Housing Support • Mateo Lodge - South County Integrated FSP |
| | General System Development (GSD) | <ul style="list-style-type: none"> • Older Adult System of Integrated Services (OASIS) • Senior Peer Counseling Services (50% CSS; 50%PEI) • Pathways, Court Mental Health • Pathways, Co-Occurring Housing Services • Juvenile Girls Program • Co-Occurring Contracts with AOD Providers • Child Welfare Partners • Puente Clinic • Peer Consumer and Family Partners • The California Clubhouse • The Barbara A. Mouton Multicultural Wellness Center • Evidence Based Practices (EBP) and Services |
| | Outreach and Engagement (O&E) | <ul style="list-style-type: none"> • Family Assertive Support Team (FAST) • North County Outreach Collaborative (NCOC) • East Palo Alto Partnership for Mental Health Outreach (EPAPMHO) and East Palo Alto Behavioral Health Advisory Group (EPABHAG) • Ravenswood Family Health Center (40% CSS; 60%PEI) • BHRS Staff Positions |
| Housing | Housing | <ul style="list-style-type: none"> • Cedar Street Apartments in Redwood City (2009) • El Camino Apartments in South San Francisco (2010) • Delaware Pacific Apartments in San Mateo(2011) • Waverly Place Apartments in North Fair Oaks (2017) |

4/24/2017

Visit www.smchealth.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 2016 – 2017

| MHSA Component | Service Category | Programs* |
|---|---|---|
| Prevention and Early Intervention (PEI) | Prevention & Early Intervention (Ages 0 – 25) | <ul style="list-style-type: none"> • Early Childhood Community Team (ECCT) • Community Interventions for School Age and TAY • Project SUCCESS • Seeking Safety • Teaching Pro-Social Skills |
| | Early Intervention | <ul style="list-style-type: none"> • Primary Care Interface • Prevention and Recovery in Early Psychosis (PREP) • Crisis Hotline, Youth Outreach and Intervention Team • SMC Mental Assessment and Referral Team (SMART) |
| | Prevention | Office of Diversity and Equity (ODE) <ul style="list-style-type: none"> • Health Equity Initiatives (HEI) • Health Ambassador Program • Digital Storytelling and Photovoice |
| | Recognition of Early Signs of MI | <ul style="list-style-type: none"> • Adult Mental Health First Aid |
| | Stigma Discrimination and Suicide Prevention | <ul style="list-style-type: none"> • Stigma Free San Mateo County – Be the ONE Campaign • San Mateo County Suicide Prevention Committee (SPC) |
| | Access and Linkage to Treatment | <ul style="list-style-type: none"> • Ravenswood Family Health Center (40% CSS; 60%PEI) • Senior Peer Counseling (50% CSS; 50%PEI) • HEI Outreach Worker Program |
| Innovations (INN) | N/A | <ul style="list-style-type: none"> • Health Ambassador Program – Youth • LGBTQ Behavioral Health Coordinated Services Center • Neurosequential Model of Therapeutics (NMT) – Adults |
| Workforce and Education Training (WET) | N/A | <ul style="list-style-type: none"> • Training by/for Consumers and Family Members – Lived Experience Academy, Wellness Recovery Action Plan • System Transformation and Workforce Development • Behavioral Health Career Pathways Program • Financial Incentives – Cultural Stipends, Loan Assumption |
| Capital Facilities and Information Tech (CF/IT) | N/A | <ul style="list-style-type: none"> • eClinical Care (launched in 2008-09) |

*In San Mateo County, MHSA funds are integrated throughout the system, which means the funding is highly leveraged and many of these programs are funded by other sources.

4/24/2017

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**San Mateo County Behavioral Health & Recovery Services (BHRS)
MHSA 3-Year Plan FY 16/17 to FY 19/20 - Community Program Planning Process**

Phase II. Strategy Development – Community Services & Supports

| | MHSA Service Category | MHSA Funded Program Outcomes (FY 2015-16) | Service Gap | Priority Recommendation | NOTES |
|----------|--------------------------------|--|---|---|--------------|
| 1 | Children and Youth (C/Y) FSP | Turning Point & SAYFE (Edgewood) <ul style="list-style-type: none"> • 130 unduplicated C/Y served • Outcomes for C/Y completing at least 1 year of FSP <ul style="list-style-type: none"> ○ 93% decrease in mental health emergencies ○ 100% decrease in physical health emergencies | Youth that require residential placement are often referred to or maintained at FSP (lower level of care) because of the lack of funding and resources | Expansion of residential treatment services for C/Y with serious emotional and behavioral problems | |
| 2 | Transition Age Youth (TAY) FSP | Turning Point & Drop-in Centers (Edgewood) <ul style="list-style-type: none"> • 54 unduplicated TAY served • Outcomes for TAY completing at least 1 year of FSP <ul style="list-style-type: none"> ○ 70% decrease in arrests ○ 68% decrease in mental health emergencies ○ 85% decrease in physical health emergencies • 121 unduplicated TAY served YTD at Drop-in Centers | TAY are among the fastest-growing segments of the homeless population. For TAY with traumatic histories, mental illness or mental health symptoms, supported and specialized housing during the important transition from adolescence to adulthood is especially critical | Emergency housing that is designed for and specializes in the needs of TAY (17-25years) with serious mental health challenges | |
| 3 | Adult and Older Adult FSP | Telecare, Caminar and Mateo Lodge <ul style="list-style-type: none"> • Outcomes for adults completing at least 1 year of FSP <ul style="list-style-type: none"> ○ 21% decrease in homelessness ○ 86% decrease in arrests ○ 53% decrease in mental health emergencies | There are insufficient resources help FSP participants stay housed and live independent, stable and productive lives in the community, including housing subsidies and being able to keep clients engaged and safe in the community when homeless | Expansion of supportive housing services for adults and older adults with serious mental health challenges | |
| 4 | Criminal Justice Involvement | Pathways (BHRS) <ul style="list-style-type: none"> • 14 admissions • 9 obtained employment, 3 enrolled in higher ed • 10 graduated from a treatment program Juvenile Girls Program (StarVista) <ul style="list-style-type: none"> • 44 clients served • 70% increase in positive individual engagement • 41% increase in positive academic engagement | Follow up care and services for clients to help with stabilization, maintenance, and support with employment, education, substance use treatment and other goals | Assertive case management to follow up with and provide recovery oriented support to clients in their communities | |
| | | | | | |

| | MHSA Service Category | MHSA Funded Program Outcomes (FY 2015-16) | Service Gap | Priority Recommendation | NOTES |
|---|--|---|--|---|--------------|
| 5 | Outreach Collaboratives | <p>EPAPMHO (OEPA) and NCOC (HR360)</p> <ul style="list-style-type: none"> 5,556 individuals engaged in meaningful outreach 51% represented underserved ethnic communities including African American, Chinese, Filipino, Mexican, Samoan, Tongan and multiracial Referrals made to mental health, substance use, social services, medical, housing, legal, finance, food | Outreach and engagement data shows an increase in high risk populations (at-risk for homelessness and older adults) and emerging cultural groups (Arab-American, LGBTQ) and need to reach geographically isolated communities | Expansion of culturally responsive resources and outreach strategies to effectively link high-risk, isolated and emerging cultural and ethnic groups to needed behavioral health services | |
| 6 | Pre-Crisis Outreach & Response | <p>FAST (Mateo Lodge)</p> <ul style="list-style-type: none"> 88 clients served, 69% referrals received from families 213 linkages made (27% BHRS, 11% benefits, 10% food assistance, 6% AOD) | Pre-crisis outreach support services for monolingual families who are not engaged or connected with behavioral health services | Bilingual, bicultural family/peer support workers to respond and connect with families in the community | |
| 7 | Intellectually Disabled Dual Diagnosis | <p>Puente Clinic (BHRS)</p> <ul style="list-style-type: none"> Avg 50 new clients, 20 discharged, total caseload 250 Of 20 high service utilizing clients, use of psychiatric emergency service decreased and there was no acute inpatient service | Intellectually disabled adults with mental health challenges often require long-term case management including linking to community resources and medical care, coordinating and monitoring services, etc. With the current caseload and expected increase in the next few years, it is imperative that clients receive specialized supports | Specialty case management services for intellectually disabled clients with psychiatric service needs | |
| 8 | Child Welfare Involvement | <p>Partners for Safe and Healthy Children (BHRS)</p> <ul style="list-style-type: none"> 151 children served High risk children are reunited with families | Resources for caregivers who suffer from mental health challenges but may not qualify for SMI services | Specialized, intensive case management for caregivers with mental health challenges with children who are high risk for abuse and neglect | |
| 9 | Co-Occurring AOD/MH Integration | <p>Co-occurring treatment contracts (7 providers)</p> <ul style="list-style-type: none"> 5,396 units of service provided for clients with mental health issues (additional bed days or hours of service) 30% of all AOD clients had mental health issues 35% decrease in outpatient emergency services 50% decrease in 24-hour hospital stays at discharge | Sustaining and supporting co-occurring competency among providers (integrated care, cross-training and coordinated systems for mental health clients with alcohol and other drug disorders) | Countywide co-occurring coordination entity | |

| | MHSA Service Category | MHSA Funded Program Outcomes (FY 2015-16) | Service Gap | Priority Recommendation | NOTES |
|-----------|--|---|--|--|--------------|
| 10 | Older Adults System of Care | <p>OASIS (BHRS)</p> <ul style="list-style-type: none"> • 286 clients served • 20% monolingual Spanish and Chinese / 0% pre-MHSA • Clients maintain in the community vs. assisted living <p>Senior Peer Counseling (Peninsula Family Services)</p> <ul style="list-style-type: none"> • 474 clients served, 112% of goal • 34 counselors completed the training, 94% of goal • Support groups offered in Mandarin and Spanish, and for Filipino clients | Monolingual older adults with mental health challenges are especially vulnerable to isolation, are often housed with no language support services and require much more intensive case management to help them with system navigation | Expansion of bilingual peer support workers to help with transportation, system and service navigation and support to isolated monolingual seniors | |
| 11 | Supported Services for Clients in Recovery | <p>Caminar Supported Education (SE) Program</p> <ul style="list-style-type: none"> • 113 unduplicated clients received SE services • 86% retention in courses • 43 TAY clients received SE services <p>California Clubhouse</p> <ul style="list-style-type: none"> • 82 members received 16,000 hours of prevocational training, education and social supports • 15 members were supported in employment • Successfully piloted first Transitional Employment | Supported education services and comprehensive employment options with ongoing support by peers and staff are needed for people with serious mental illness who 1) have yet to join the workforce 2) are held back by poor work histories, and/or (3) need build/renew confidence | Expansion of supported education and employment programs based on recovery-oriented, evidence-based practices | |
| 12 | Wellness Services for Migrant Populations | No current program | Low income isolated migrant clients and their families living on the Coastsides have limited options to receive support, information, skills building and mental health and wellness services, including multiple forms of targeted therapies such as music, dance, yoga, drumming, etc. | Mobile mental health and wellness services to expand access to Coastsides isolated low income migrant families | |
| 13 | Homeless Mental Health | No current program | As much as one-third of homeless suffers from severe mental illness. In East Palo Alto homeless with mental health challenges do not have a place to go during the daytime to receive social and support services | Drop-in center in East Palo Alto that targets homeless adults with behavioral health challenges | |



**San Mateo County Behavioral Health & Recovery Services (BHRS)
MHSA 3-Year Plan FY 16/17 to FY 19/20 - Community Program Planning Process**

Phase II. Strategy Development – Prevention & Early Intervention

| | MHSA Service Category | MHSA Funded Program Outcomes (FY 2015-16) | Service Gap | Priority Recommendation | NOTES |
|----------|--------------------------------------|---|---|--|--------------|
| 1 | Primary Care Integration | Primary Care Interface (BHRS) <ul style="list-style-type: none"> Over 2,000 clients served annually, 27 SMI referred Approx 170 referrals per month from primary care In co-occurring case management, 73 clients received Vivitrol injection, 61% decrease of ED/PES admissions | High volume of referrals has led to clients lost in follow-up, decreased response rate, linkages made and effective response | Expansion of service for timely triaging of high volume referrals, crisis response and warm hand off support | |
| 2 | Prevention of Early Psychosis | PREP (Felton Institute) <ul style="list-style-type: none"> 74 clients served, 74% treated 48% reduction in acute hospitalization episodes 78% maintained current or lower level of care 77% maintained current education or vocational | There is no long-term specialized follow up care or maintenance support once graduated from early psychosis treatment for clients to maintain gains made in the course of treatment. | After-care services for early psychosis treatment alumni that includes booster sessions and reengagement, maintenance and family navigator support | |
| 3 | Crisis Response | Hotline, school crisis intervention and outreach (StarVista) <ul style="list-style-type: none"> 9,000 calls and 99 received 147 follow up calls 100 youth sessions to 33 youth 4,012 youth served through suicide prevention ed SMART (American Medical Response West) <ul style="list-style-type: none"> 2 SMART vehicles respond 12hrs/day, 7 days/week 4,254 residents served since inception | Suicide ideation and behavioral health crisis is increasing and showing up at a younger age in youth. The StarVista Youth Intervention Team is the only available assessment and follow up service for crisis intervention at school sites. | Expansion of school and community crisis response services (e.g. mobile crisis response team, 24/7 response, etc.) | |
| 4 | Community Engagement and Empowerment | Health Ambassador Program <ul style="list-style-type: none"> 23 Health Ambassadors have graduated 21 courses were offered, 395 participants Lived Experience Academy <ul style="list-style-type: none"> 15 LEA Speaking graduates, 10 Advocacy graduates 13 speaking engagements, 11 LEEW meetings | Training and support to further integrate lived experience and community voices and expertise in decision-making bodies to help advance stigma and discrimination prevention efforts that are community-identified | Empower and build the capacity of community leaders to meaningfully engage in decision making boards, commissions, and committees, and advocate for themselves and their communities | |