



SAN MATEO COUNTY BEHAVIORAL HEALTH & RECOVERY SERVICES

Mental Health Services Act (MHSA) - Proposition 63



Your opinion is important to us - join us and provide your recommendations for mental health and substance abuse services funded by MHSA in San Mateo County!

Community Session - MHSA Strategy Development

Wednesday, July 16th / 4-7pm

San Mateo Public Library, Oak Meeting Room
55 West Third Avenue
San Mateo, CA 94402

- *stipends available for consumers/clients and families participating in this meeting.
- *language interpretation and childcare are available, please contact Amina Burrel at (650)372-8511 to reserve these services
- *refreshments will be provided

At this meeting we will:

- Share and discuss the MHSA Needs Analysis findings
- Discuss specific MHSA funding components and program needs
- Identify and prioritize strategies

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



San Mateo County Behavioral Health and Recovery Services
MHSA Three-Year Program and Expenditure Plan for FY 14/15 through FY 16/17



Community Input Session – MHSA Strategy Development

July 16, 2014 / 4:00 - 7:00 PM

San Mateo Public Library, Oak Meeting Room / 55 West Third Ave., San Mateo

AGENDA

1. **Welcome** 4:10 PM
Supervisor Dave Pine, District 1, Board of Supervisors
2. **MHSA 101** 4:15 PM
Doris Estremera, BHRS Manager of Strategic Operations
3. **Current MHSA Programs** 4:30 PM
▪ Evaluations/Outcomes – FSP, PEI
Stephen Kaplan, BHRS Director
4. **Needs Assessment Findings** 4:50 PM
Doris Estremera
5. **Small Group Breakout Instructions** 5:20 PM
6. **Small Group Breakouts (Round 1)** 5:30 PM
▪ Youth Treatment and Services
▪ Adult Treatment and Services
▪ Prevention and Early Intervention
▪ Innovations
▪ WET
Facilitators
7. **Small Group Breakouts (Round 2)** 6:00 PM
8. **Report Out** 6:30 PM
9. **Next Steps** 6:45 PM
Stephen Kaplan
10. **Closing Remarks** 6:50 PM

**MARK YOUR CALENDARS:
MHSA Steering Committee Meeting
August 27, 2014 /3-5pm**

San Mateo Public Library, Oak Meeting Room / 55 West Third Ave., San Mateo



Mental Health Services Act (MHSA)

Community Input Session - MHSA Strategy Development
July 16, 2014

San Mateo County Health System
Behavioral Health and Recovery Services



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

MHSA Principles

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

Funding Components

Component	MHSA Funding Allocation	Reversion Period
Community Services and Supports (CSS)	75–80%	3 years
Prevention and Early Intervention (PEI)	15–20%	3 years
Innovations (INN)	5%	3 years
Workforce Education and Training (WET)	One Time Funding (06/07 and 07/08)	10 years
Capital Facilities and Information Technology (CF /IT)	One Time Funding (07/08 and 08/09)	10 years
Housing	One Time Funding (07/08)	10 years

Current MHSA Programs & Progress To-Date

- Handouts:
 - MHSA One-Pager
 - MHSA Program List by Component

Community Services & Supports (CSS)

Service Category	Description	Clients Served
Full Service Partnerships (FSP)	At least 51% of CSS funding - 24/7 wraparound services to individuals with serious mental illness	556
Outreach & Engagement	Engage individuals in services, with a focus on underserved, unserved and inappropriately served communities	6,235
System Development	Strengthen and expand our internal capacity to respond to service demands	2,765

FY 12/13

FSP Outcomes

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

Based on data through 2013

FSP Qualitative Evaluation

- Four FSP service providers were evaluated:
Edgewood, Fred Finch, Caminar and Telecare.
- Summary of Common Themes
 1. Perceptions of FSP model of service
 - High level of satisfaction with Wraparound model for child/youth FSPs and ACT framework for adult/older adults
 2. Funding
 - Challenges with maintaining consistent staffing and providing an ideal spectrum of services with current funding levels
 3. Capacity Challenges
 - Greater demand than available slots
 4. Linkages
 - Insufficient linkages between FSP systems
 5. Family/caregiver involvement as a vital component
 6. Housing
 - Insufficient availability of safe, accessible, affordable housing

PEI Programs

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

Clients Served:

FY 11-12	332	796	3,107	Began June '12
FY 12-13	420	771	3,786	90

PEI Qualitative Evaluation

- Nine PEI programs are currently being evaluated :
 - North County Outreach Collaborative (NCOC)
 - East Palo Alto Behavioral Health Advisory Group (EPABHAG)
 - 2 Seeking Safety programs
 - Early Childhood Community Team (ECCT)
 - Crisis Hotline
 - Prevention and Recovery in Early Psychosis (PREP)
 - Teaching Pro-Social Skills
 - Project SUCCESS
- First year report expected August 2014

WET, INN, IT/CF

- WET has implemented trainings prioritized in 2011 through a staff and consumer survey. Training topics prioritized include trauma, anxiety treatment, self care, and legal/ethical issues
- Total Wellness help mental health clients connect with medical services, screening and other health and wellness activities
By FY 12-13, Total Wellness had 417 individuals enrolled
- eClinical Care, our electronic health record, 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)

Program Stories

- CSS – Telecare FSP, OASIS, FAST
- PEI – Parent Project, PREP
- INN – Total Wellness

Needs Assessment Findings

- Handout –
 - Quick overview of themes in order of number of times mentioned
 - Comments and source of input
- Reactions, impressions, questions

Small Group Breakouts

- Ground Rules
- Choose up to two groups
- 30 minutes in each group
 - Youth Treatment and Services
 - Adult Treatment and Services
 - Prevention and Early Intervention
 - Innovations
 - WET

Small Group Breakout Instructions

Thinking about what was just presented, what other strategies, programs or enhancement to existing programs, if any, would you want to be considered for MHPA funding (for the next three years)?

- 1-2 idea(s)
- Be prepared to discuss your idea(s) and how it meets a gap/need in services.
- Thinking about 1) your ideas and 2) other ideas presented, please choose up to THREE that you think are the MOST IMPORTANT to consider

* Sustainability items for consideration

Next Steps

- MHSAs Steering Committee Meeting - August 27th, 3-5pm
 - Review recommendations from the community meetings
 - Make final recommendations to the MHSARC
- 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
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:

Community Services and Supports (CSS)	Prevention and Early Intervention (PEI)	Innovative Programs (INN)	Workforce Education and Training (WET)	Capital Facilities and Information Technology (CF/IT)	Housing
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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.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 2012 – 2013



MHSA Component	Service Category	Programs
Community and Services Support (CSS)	Full Service Partnerships (FSP)	<p>Children and Youth</p> <ul style="list-style-type: none"> • Edgewood Integrated “ISIS” FSP • Edgewood Comprehensive “Turning Point” FSP • Fred Finch Youth Center FSP <p>Transition Age Youth (TAY)</p> <ul style="list-style-type: none"> • Caminar Enhanced Supportive Education Services FSP • Edgewood Comprehensive “Turning Point” FSP • Mental Health Association Supported Housing <p>Adult /Older Adult</p> <ul style="list-style-type: none"> • Telecare FSP • Caminar FSP and Housing Support • Mateo Lodge South County Mental Health Clinic
	System Development (SD)	<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 <p>System Transformation</p> <ul style="list-style-type: none"> • 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)	<ul style="list-style-type: none"> • 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

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San Mateo County Health System, Behavioral Health and Recovery Services
Mental Health Services Act (MHSA) Components and Programs
FY 2012 – 2013



MHSA Component	Service Category	Programs
Prevention and Early Intervention (PEI)	Ages 0 - 25	<ul style="list-style-type: none"> • Early Childhood Community Team (<i>Prevention</i>) Community Interventions for School Age and TAY (<i>Prevention</i>) <ul style="list-style-type: none"> • Puente de La Costa Sur, Project Success • El Centro, Seeking Safety • Caminar, YES program/Seeking Safety • Middle School Initiative, Project Grow
	Adults and Older Adults	<ul style="list-style-type: none"> • Total Wellness, training of primary care providers • Primary Care Interface (<i>Early Intervention</i>)
	All Age Groups	<ul style="list-style-type: none"> • Stigma Free San Mateo County (<i>Prevention</i>) Community Outreach, Engagement and Capacity Building <ul style="list-style-type: none"> • Crisis Hotline (<i>Prevention and Early Intervention</i>) • Voices of Recovery (<i>Prevention and Early Intervention</i>) • SMART MOU (<i>Early Intervention</i>) • SMMC MOU (<i>Early Intervention</i>) • Ravenswood Family Health Center (40% CSS; 60%PEI) • Senior Peer Counseling (50% CSS; 50%PEI) Office of Diversity and Equity (<i>Prevention</i>) <ul style="list-style-type: none"> • Culturally-relevant provider trainings • Digital Storytelling • Mental Health First Aid • Parent Project • Photovoice • Health Equity Initiatives
	Early Onset of Psychotic Disorders	<ul style="list-style-type: none"> • Prevention and Recovery in Early Psychosis (PREP)
Innovations (INN)	N/A	<ul style="list-style-type: none"> • Total Wellness
Workforce and Education Training (WET)	N/A	<ul style="list-style-type: none"> • Training on priority topics for staff and consumers (trauma, anxiety treatment, self-care, legal and ethical issues)
Capital Facilities and Information Tech (CF/IT)	N/A	<ul style="list-style-type: none"> • eClinical Care (launched in 08-09)
Housing	N/A	<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)

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San Mateo County Behavioral Health & Recovery Services
Mental Health Services Act
Community & Services Supports (CSS)



Jennifer's Story

"It saved my life and it saved my marriage"

Jennifer, a client of Family Assertive Support Team (FAST), hadn't left her home to have a meal with her husband in over five years. FAST helped to change all of that by offering Jennifer and her husband services in the privacy of their own home. Jennifer worked with a team of providers from FAST, one of whom was a peer counselor who had struggled with similar challenges. In three short months, after being enrolled in the program, Jennifer was able to sit in a car, go around her neighborhood block, and visit the shopping center three blocks from her home, she reflected on this experience, "someone actually coming to my home and talking to me, counseling me to go outside – not forcing me to leave my home [...], helped me get comfortable with going outside and that's a huge deal".

Jennifer found the services offered by FAST very helpful, in her words she stated "this is the first program that worked and really helped me". Not only did Jennifer benefit from the services FAST had to offer but her husband, Will, reflected on how FAST helped him too, "what I enjoyed about the program is it gave me some tools to help me deal with my frustration over my wife's condition".

Although Jennifer is no longer with FAST, she believes the new attitude she has towards her life and her hope for getting better is a result of her time with FAST, "I no longer get up dreading life any more, I want to get up. I want to get better".

Family Assertive Support Team (FAST) - Mateo Lodge

FAST provides in-home outreach services that offer engagement, assessments and support services to families and individuals who are experiencing severe emotional distress. FAST offers education, support, and connection to needed services and opportunities. FAST staff promotes a collaborative team of families and consumers in which everyone's thoughts and feelings are understood and valued.



San Mateo County Behavioral Health & Recovery Services
Mental Health Services Act
Community & Services Supports (CSS)



Nadine's Story

"I still don't believe I'm here. It's great; it made that big of a difference..."
[In reference to her new apartment]

Nadine is an older adult who had been homeless for over ten years. At one point, her mental health had declined so much that she was not able to carry on a conversation and experienced trouble making decisions. She stated, "That's why I started to give up, my head just didn't work with me anymore and my mental health was going down". A social worker from OASIS was paired with Nadine to help address her homelessness. Within a month of meeting her social worker, Nadine was placed in an apartment. "I kept praying that something would happen". The services Nadine received through her social worker from OASIS changed her life, "she's the main reason I'm here, and she really put herself out there and was determined to help me get out of my street condition". Since then, Nadine has been in her apartment for over seven months, her mental health has improved. "If it wouldn't have been for the program, I doubt very much that I would have been able to get in; they helped me with a lot of paperwork. My head just wasn't together yet." As a result of the coordinated efforts of OASIS, Nadine is now living in a safe and clean environment. She still meets with her social worker regularly, she stated "I still don't believe I'm here. It's great; it made that big of a difference in my life".

Older Adult System of Integrated Services (OASIS)

OASIS is a field-based mental health clinical team that provides in-home mental health services to homebound seniors with serious mental illness. The team consists of psychiatrists, case managers, and a community mental health nurse, and provides assessment, medication, monitoring, psycho-education, counseling and case management.



Telecare's Story

“Telecare helps give people hope that there’s options for them in the world and in their lives”

Kevin D. Jones, Administrator of Telecare, describes the mission of Telecare as being one that involves taking “[...] clients with serious, persistent mental health issues, co-occurring substance abuse issues, history with law enforcement and medical concerns; clients who have a variety of concurrent complexities with their lives, whether they be medical, psychiatric, drug abuse, financial, behavioral – no matter what – we take these clients and do everything we can within our funding stream to provide them a quality of life and an opportunity to improve their circumstances in a way that is sustainable for themselves”.

A Telecare client was living on the street with his pregnant girlfriend. After years of homelessness, incarceration, and alcohol-use, the client was not only able to be treated for his psychiatric symptoms through Telecare, but they were both housed through Telecare’s subsidized housing. This client has been with Telecare for over two years and he and his family are all living in an apartment Telecare helps to subsidize.

Telecare services have drastically decreased homelessness, incarceration, hospitalization, and a myriad of other challenges among their client population.

Telecare Full Service Partnership (FSP) - Adult and Older Adult/Medically Fragile FSP

Telecare comprehensive FSP serves up to 229 adult and older adult/medically fragile and their families and provides mental health services and supports for our highest risk clients with severe mental illness with 24/7 response capability. Telecare Housing Support Services also provides up to 90 housing units of mixed types including augmented board and care, dormitory, congregate and supervised living, single room occupancy hotels, shelter and independent living.



Pedro's Story

"I have a lot of good people saying 'you can do it!'"

Ten years ago, Pedro, a resident from East Palo Alto, came to the East Palo Alto Clinic looking for help. In his words, "I was lost, real lost... I came by myself; like I said I was out of my mind". He was transferred to San Mateo Medical Center for treatment. Since then Pedro takes advantage of the services and classes offered by Behavioral Health and Recovery Services in San Mateo County. He was recently recognized as the first Health Ambassador and also became a Parent Project® facilitator.

In order to become a Health Ambassador, Pedro completed over the past two years numerous classes, specifically Parent Project®, Mental Health First Aid (youth and adult), several WRAP courses, and the NAMI Family to Family Class. After completing the Parent Project®, Pedro noted, "[It] helped me with the way I talk to my kids, I now listen to them and then I give them advice, they can be comfortable with me.

They can say whatever they want to me." According to Pedro, the pivotal changes he has made are a direct result of his dedication to learning and taking advantage of the courses offered "The things that have been helping me a lot is the classes...I have a lot of good people saying, 'you can do it!' "I take advantage of the programs. I use them to talk better to my kids, to take care of myself, and to help someone". I've made a lot of progress...It wasn't easy, it's still not easy but I'm still working on it".

Office of Diversity and Equity (ODE) - Health Ambassador Program (HAP)

ODE is dedicated to addressing health disparities, health inequities, and stigma in the areas of mental health and substance use, and supporting wellness and recovery among underserved, unserved, and inappropriately served communities in San Mateo County. The Health Ambassador Program is a bridge to build communities that are informed and equipped to address individuals' needs. The program enables providers and the community to work together for more equitable mental health and substance use services.



San Mateo County Behavioral Health & Recovery Services
Mental Health Services Act
Prevention & Early Intervention (PEI)



Michael's Story*

"I'm proud of where I am right now as compared to where I was before"

"I don't really consider myself a success story, just a lucky person I guess. Who had a ton of support thanks to this program, as well as friends. I'm proud of where I am right now as compared to where I was before. Alone, miserable, all of that, but now, I'm in a good place. With tons of new opportunities, such as being in an internship that helps at risk high-school student's graduate. I couldn't have pictured getting this far without my friends. For example, when they stood up for me when I was going to get transferred to another school last year so I couldn't go to prom, still didn't go anyway, but most importantly not being able to graduate on stage with them. Currently I'm devoting my time to this new internship where I help take care of the students such as when they're absent I have to take make sure they have an excused note and stuff like that I'm currently in love with where my life is going right now in this direction. Later on, in a couple of months, I'm going to be a tutor at Skyline College and later on becoming a supplemental instructor where I have my own class and teach English, basically a partner class to a main class such as an ENG 846. Everything seems to be going really well right now so I am thankful for that. What I always tell myself is nothing bad lasts forever; but nothing good lasts forever either there's always has to be a balance in life where they both come back and meet in a circle."

* Directly quoted from client's story; name has been changed to protect their privacy

Prevention and Recovery in Early Psychosis (PREP) - Family Service Agency of San Francisco

PREP identifies and intervenes with transition age youth (14-25 years) experiencing a recent onset episode of psychosis and their families. The PREP Program provides evidence-based treatment and support for youth and families through an intensive outpatient model of care that includes the provision of: algorithm-based medication management, cognitive behavioral therapy for psychosis (CBTp), individual placement and support (IPS), assertive outreach, multi-family groups, cognitive remediation, and strength-based care management services.



San Mateo County Behavioral Health & Recovery Services
Mental Health Services Act
Innovations (INN)



Brian's Story*

A 75 years-old behavioral health client with Schizophrenia and complex multiple medical issues including failure to thrive and Type II Diabetes, was non-compliant with medication regimen and nutritional diets, which in turn resulted in the client developing an infection requiring him to be hospitalized and eventually amputating his left second toe. Due to his complex medical and psychiatric issues as well as non-compliant oppositional behaviors, his board and care home refused to take him back at the time of discharge from hospital. A Total Wellness nurse care manager took the lead role in communicating with his conservator, his placement staff, board and care director and supervisor; developed a care plan which included monitoring of his surgical wounds to prevent further infection and complication; worked with benefits staff to continue supplying the board and care with daily Ensure diet; provided on-going monitoring and one-on-one education & coaching to support client around his eating habits. The client did not only get accepted back to the board and care facility, but he has also been medically stable and gained 7 lbs within 5-6 weeks of his return to the facility!

* Client's name has been changed to protect their privacy

Total Wellness (TW)

Total Wellness integrates healthcare services into community based behavioral health clinics. Persons with serious mental illness are dying 25 years earlier than the general population due to health conditions that can be preventable such as diabetes, high blood pressure and high cholesterol. Total Wellness addresses this inequity by providing behavioral health clients with:

- Timely access to healthcare services and care coordination by a Nurse Care Manager
- Individualized health & wellness education
- Health education groups (nutrition, exercise, smoking cessation, WRAP, among others)
- Peer wellness coaching, wellness follow-up and healthy living celebrations



Stakeholder Input – Quick Overview

What are the consistent and existing barriers to accessing mental health services? What are the gaps in services?

THEMES/NEEDS - (in order by # of times mentioned)	Source of Input	
<ol style="list-style-type: none"> 1. Timely Access <ul style="list-style-type: none"> • Cross-Sector Collaboration and Capacity Building for Service Providers 2. Cultural Competence/ Humility <ul style="list-style-type: none"> • Building Community Relationships/Trust • Language Access 3. Education, Outreach and Engagement <ul style="list-style-type: none"> • Parent and Family Education and Engagement • Media/Social Media 4. Coordination and Integration* 5. Collaboration 6. Housing 7. Consumer Voice 8. Transportation 9. Stigma 10. Meaningful Employment 11. Undocumented 12. Additional Service Needs <ul style="list-style-type: none"> • Parents and Children with Developmental Disabilities • Drop-in Centers/ Self-Help 13. Warm handoff and follow up 14. Childcare 15. Recovery 16. Homeless Population 17. Poverty 18. Staff Wellness 19. Suicide Prevention 	<p>BHRS planning activities</p> <ul style="list-style-type: none"> • Central Community Service Area (CSA) • Coastside CSA • East Palo Alto CSA • South CSA • Health Equity Initiatives <p>Stakeholder Groups</p> <ul style="list-style-type: none"> • East Palo Alto Behavioral Health Adv Group • Family Partners • Heart & Soul, Inc • North County Outreach Collaborative • Office of Consumer and Family Affairs • Peer Support Workers • Spirituality Initiative • Voices of Recovery <p>Key Interviews</p> <ul style="list-style-type: none"> • San Mateo County Office of Education • School Wellness Coordinators 	<p>KEY:</p> <ul style="list-style-type: none"> • C- CSA • CS-CSA • EPA- CSA • S- CSA • HEI • EPABHAG • FP • H&S • NCOC • OCFA • PSW • SI • VR • SMCOE • SWC

*Coordination is based on the “good will” of people whereas integration begins with this “good will” and adds system changes to how we do our work and includes resourcing that work. ¹



**San Mateo County Behavioral Health & Recovery Services (BHRS)
MHSa Three-Year Program and Expenditure Plan FY 14/15 through FY 15/16**



Stakeholder Input – Themes, Resources and Comments

THEMES (in order of times mentioned)	What resources are available to address these needs/gaps?	Comments (Stakeholder Group)
1. Timely Access	<ul style="list-style-type: none"> Community Service Areas Adult Resource Management 	<ul style="list-style-type: none"> Services are difficult to access in a timely manner (CSAs, HEI, NCOC, EPABHAG) Medication/services, can't get it in a timely manner (EPABHAG) Improved availability, 24 hours (CS-CSA) We need more "open-door" and easier drop-in policies, same day access (PSW) It was a 4 month process from the time they were assessed to the next interview to the connection with a case manager (VR) Waited 5 months before a referral called her back (VR) Getting that initial/first service is difficult (VR) Waiting list for counseling/mental health services on school sites (SWC) Need more flexible hours of services – clinics are 8-5, security is a big issue... some clinics have a one day late hours or one weekend with childcare but security is not available (FP)
<ul style="list-style-type: none"> Cross-Sector Collaboration and Capacity Building for Service Providers 	<ul style="list-style-type: none"> Mental Health First Aid San Mateo County Mental Health Assessment and Referral Team (SMART) Crisis Intervention Training (CIT) for law enforcement Adult Resource Management (ARM) Family Assertive Support Team (FAST) 	<ul style="list-style-type: none"> Doctors are too overwhelmed, busy and rushed to deal with behavioral health issues, it feels impersonal (VR) Asked for help through their primary care provider and access was difficult, it took a very long time and a lot of asking for help before the doctor finally referred them to an appropriate service/program. It's difficult to know where to turn when need behavioral health services, feel hopeless. (VR) All service providers need to know what resources are available – mental health first aid for primary care providers and emergency response (VR) When on a 5150 hold (emergency response), clients are released and put into institutions (e.g. cordilleras), need options at this access point (VR) Police have a resource list but it's confusing, don't know who to call and when do call, they get transferred. Police need to know how to guide (VR) Education of providers and partner agencies - law enforcement, etc. (CS-CSA)



**San Mateo County Behavioral Health and Recovery Services (BHRS)
MHSa Three-Year Program and Expenditure Plan FY 14/15 through FY 15/16**



THEMES (in order of times mentioned)	What resources are available to address these needs/gaps?	Comments (Stakeholder Group)
		<ul style="list-style-type: none"> • Need a referral system and resources at shelters (VR) • Where to start if need services, if an individual goes to their congregation for help, will there be a connection to services? (SI) • Need to think of non-traditional venues to connecting individuals to help and services- congregations, schools, etc. (SI) • Denied long-term disability based on past work history, assessed that I am well enough to work. Need other support and follow up. There’s a gap between making too much to qualify for services but too little to sustain. (VR) • Services for those in retirement age (50-62) that are not mentally ill enough for SSI but have PTSD, depression, they fall through the cracks (PSW)
2. Cultural Competence/ Humility	<ul style="list-style-type: none"> • Workforce Education and Training Plan, Lived Experience Academy, Internship and Cultural Competency Stipend • Cultural Competence Policy 	<ul style="list-style-type: none"> • Lack of diverse and bilingual staff/providers (HEI) • Increased training to providers on active listening (CS-CSA) • Lack of appropriate tracking of clients ethnicity and LGBTQQI2S (HEI) • Need to incorporate cultural comp and cultural humility at all service levels and community events (HEI, NCOC, EPABHAG) • County-hosted events need to be culturally sensitive to population (NCOC) • Transparent, welcoming in all meetings/events to diverse communities (NCOC) • Sometimes when a Latino parent calls ACE and is asked how things are going, they say “everything’s fine”... they minimize things, it’s a cultural thing. Their situation is then not considered severe enough to get services.(FP) • Tongan client who has mental illness and drinks every day – doesn’t want services, need to approach this in a culturally appropriate manner (FP) • Need more open minded staff at access points, was told “you talk too well to need help” and “you don’t look like you have a disability.” (VR) • Therapist said she was “playing the victim,” need sensitivity and anti-stigma training (VR)



**San Mateo County Behavioral Health and Recovery Services (BHRS)
MHSa Three-Year Program and Expenditure Plan FY 14/15 through FY 15/16**



THEMES (in order of times mentioned)	What resources are available to address these needs/gaps?	Comments (Stakeholder Group)
<ul style="list-style-type: none"> Language Access 	<ul style="list-style-type: none"> Cultural and Linguistic Standards and Policies BHRS Interpretation, translation services Chinese community outreach worker Workforce Education and Training Plan 	<ul style="list-style-type: none"> Lack of materials and info in other languages (HEI, NCOC, EPABHAG) Services for diverse, non-English speakers in North County are still lacking (PSW) Continue to address language barriers (EPA-CSA) Staff at psych emergency hospital use children for language interpretation ... need continuing training and support for language access (FP) At times it takes 5 hours to get ASL interpretation services, need better support for ASL community (FP)
<ul style="list-style-type: none"> Relationships/ Trust 		<ul style="list-style-type: none"> Relationships with the community vary widely (CSA, HEI, NCOC, C-CSA) Inconsistency – things changing frequently leads to distrust (NCOC) Need for capacity building and developing trust in the community (HEI, NCOC, EPABHAG)
<p>3. Education, Outreach and Engagement</p>	<ul style="list-style-type: none"> Office of Diversity and Equity – Health Equity Initiatives NCOC and EPABHAG 	<ul style="list-style-type: none"> Need more outreach for programs like Parent Project or other groups – families don’t know about them unless they are connected to schools or referred by BHRS (FP) Need improved outreach and education for underserved populations (HEI, NCOC, EPABHAG, S-CSA, C-CSA) Information is not getting out, need better way to inform on what’s available (H&S) Need menu of available services and programs (e.g. Parent Project) in the community so students, staff and parents know who/where to go to (SWC)
<ul style="list-style-type: none"> Parent and Family Education and Engagement 	<ul style="list-style-type: none"> NAMI trainings Parent Project Community Interventions for School Age and TAY 	<ul style="list-style-type: none"> Improve family (children, siblings, partners, etc.) support, education and engagement in treatment (all CSAs) There are a lot of services for youth but fall back when their families don’t change, need education for parents on how to deal with a child with a mental illness, e.g. Parent Project, NAMI basics. (FP) Need support for families and parents of TAY with how to deal with the transition to being independent and able to make own choices about meds and other services. AVATAR tracks age, can flag a transition (FP)



**San Mateo County Behavioral Health and Recovery Services (BHRS)
MHSa Three-Year Program and Expenditure Plan FY 14/15 through FY 15/16**



THEMES (in order of times mentioned)	What resources are available to address these needs/gaps?	Comments (Stakeholder Group)
		<ul style="list-style-type: none"> • Need more mental illness basics training – what to do with family with a diagnosis, understanding a diagnosis - e.g. NAMI basics. (FP) • More communication and education for families (e.g. NAMI family to family classes, family partners for adult clients, orientation and welcoming), there are not enough family partners in the adult system (FP)
<ul style="list-style-type: none"> • Media and Social Media 	<ul style="list-style-type: none"> • Wellness Matters 	<ul style="list-style-type: none"> • A lot of negative press that leads to misperceptions yet, positive events don't get as much press... Tony Hoffman Awards, Caminar graduation. (H&S) • For youth, social media is an important venue to learn of services (SI) • Need to use social media and other ways to reach more people (PSW)
<p>4. Coordination and Integration*</p>	<ul style="list-style-type: none"> • Total Wellness 	<ul style="list-style-type: none"> • Improve integration of services within schools (C-CSA, CS-CSA) • Lack of care coordination and integration (HEI) • There is a disconnect between Aging & Adult Services providers and BHRS services, individuals may be referred to the TIES line but no direct connection (SI) • Better integration with alcohol and other drug services, including family member engagement (EPA-CSA) • Better healthcare integration with community services, a primary doctor or nurse to visit places like Heart and Soul and other drop-in centers (H&S) • Need a better connection to VRS – client keeps rescheduling appointments “due to work” and in the meantime is not taking meds and has a severe diagnosis (FP) • For someone that is experiencing a breakdown but still high functioning, there is nothing available, they don't qualify for most services (H&S) • There are students that need psychiatric services but not “seriously mentally ill,” what services are available to them (SWC) • Need to provide core services and health insurance to mental health clients (C-CSA) • Additional supports and integration of core services to assist with transitions – jobs, housing, etc. (C-CSA)



**San Mateo County Behavioral Health and Recovery Services (BHRS)
MHSA Three-Year Program and Expenditure Plan FY 14/15 through FY 15/16**



THEMES (in order of times mentioned)	What resources are available to address these needs/gaps?	Comments (Stakeholder Group)
5. Collaboration		<ul style="list-style-type: none"> • Shift to a more collaborate approach – we’re all in this together (CS-CSA) • Need to strengthen collaboration with community providers (HEI, NCOC, EPABHAG) • Individuals in board and care homes have no support or control over what meals are provided to them -e.g. frozen burritos and coffee (PSW) • Better engagement of faith community (S-CSA, C-CSA) • Clients in room and board, not licensed, not connected to services (PSW) • More partnering between schools and parents (SWC) • Students having access to services when needed (SMCOE) • Schools knowing what services are available (SMCOE) • Psychoeducation for families at shelters– parenting, intervention, domestic violence (FP) • Time is an issue for school staff, with Common Core and other requirements, trainings such as Mental Health First Aid that are 8 hrs long, need stronger collaboration (SWC)
6. Housing	<ul style="list-style-type: none"> • MHSA Housing 	<ul style="list-style-type: none"> • Housing continues to be a challenge (EPA-CSA) • Stable housing – mental health beds, motels, dual-diagnoses housing, shelters for clients that are in and out of addiction (PSW) • Was looking for housing, contacted mid-peninsula and couldn’t get a hold of anybody, HUD was closed, took 2.5 years to get housing (VR) • Criminal history leads to added challenges in accessing housing (EPA-CSA) • Not enough housing options for individuals with varying degrees of mental illness (H&S) • It’s difficult to make ends meet with bills and expensive housing, even cordilleras is expensive. Need vouchers and more housing support (H&S) • Housing, stable place to live is needed first... before anything else (H&S)



**San Mateo County Behavioral Health and Recovery Services (BHRS)
MHSA Three-Year Program and Expenditure Plan FY 14/15 through FY 15/16**



THEMES (in order of times mentioned)	What resources are available to address these needs/gaps?	Comments (Stakeholder Group)
7. Consumer Voice	<ul style="list-style-type: none"> • CSA Planning Committees • Lived Experience Academy • Office of Consumer Affairs • Stigma Free San Mateo County – Faces of Hope 	<ul style="list-style-type: none"> • Consumer/clients and family members have limited presence (HEI, EPABHAG) • Process for individuals to voice their experiences and grievances anonymously (NCOC) • Need improved soliciting of input through non-traditional avenues and those we don't typically hear from or reach (S-CSA, EPA-CSA) • System assessment- how are we doing, better listening of consumer voice (CS-CSA) • Place for people to regularly tell their stories (EPA-CSA) • We are not reaching out to and hearing from marginalized communities - working parents, people struggling economically, in recovery, with mental health illness, or incarceration and also those affected -parents, children, family, etc. (PSW)
8. Transportation		<ul style="list-style-type: none"> • Need a regional approach, all services should be localized, difficult to get to service (VR) • Transportation as a barrier to access (EPABHAG) • Transportation to clinics and services, some (e.g. 1950 Alameda) are not in easy to access and not in friendly neighborhoods (PSW) • Transportation to services (VR) • Lack of transportation and childcare services (NCOC) • Transportation – 80% of families can't get to a particular location for services(FP)
9. Stigma	<ul style="list-style-type: none"> • Stigma Free San Mateo County • Stamp Out Stigma • Health Equity Initiatives 	<ul style="list-style-type: none"> • Need more stigma awareness with low income and diverse communities (VR) • Stigma is still a big issue (PSW) • Need more open minded staff at access points, was told “you talk to well to need help” and “you don't look like you have a disability.” Was told by therapist that she was “playing the victim”, need sensitivity and anti-stigma training (VR) • Stigma is still a big issue – it takes a lot of effort to ask for help, there's fear of leaving your place and when you call law enforcement for help you get shot. (H&S) • Stigma is a big issue for many students including International Baccalaureate students who are under a lot of stress and not dealing with it (SWC)



**San Mateo County Behavioral Health and Recovery Services (BHRS)
MHSA Three-Year Program and Expenditure Plan FY 14/15 through FY 15/16**



THEMES (in order of times mentioned)	What resources are available to address these needs/gaps?	Comments (Stakeholder Group)
10. Meaningful Employment	<ul style="list-style-type: none"> • Family and Peer Partners • Lived Experience Academy • Health Ambassador Program 	<ul style="list-style-type: none"> • Need more opportunities for employment with organizations that give back, meaningful employment - eg. VRS (VR) • Meaningful employment options – for those that don’t want to work as baggers. Peer opportunities, way to give back and get paid (H&S) • Need more peer support, one-on-one support training (e.g. through Cañada or San Mateo College) and paid positions, not just volunteer (VR)
11. Undocumented		<ul style="list-style-type: none"> • Challenges in serving undocumented (EPA-CSA) • Services for the undocumented are not sufficient (PSW) • Undocumented status is a huge barrier – they have access to ACE and emergency medical, but it’s difficult to stay engaged when have minimal core support and resources, they give up, then come back when in crisis... it’s a cycle (FP)
12. Additional Service Needs		<ul style="list-style-type: none"> • More freedom to get a job, go to school or take our meds, more rights - more supportive services to help with this (H&S) • Need a tracking system to track engagement when not getting services (FP) • Need counselors and therapists on campuses. Local Control Funding Formula plans have provided that sustainability for some schools. (SWC) • For borderline personality disorders, need Dialectic Behavior Therapy (DBT), cognitive behavior therapy to teach us how to live (H&S) • Individual therapy in adult system (C-CSA) • Increased individual treatment services (CS-CSA) • Need more one-stop shops to get information and services needed (H&S) • Parent with a mental illness they may not have the cognitive ability to follow through if they don’t first get accepted for services for their children (FP) • Respite/support for caregivers (S-CSA) • There are no trauma and PTSD treatment specialists, this is a big gap (PSW)



**San Mateo County Behavioral Health and Recovery Services (BHRS)
MHSA Three-Year Program and Expenditure Plan FY 14/15 through FY 15/16**



THEMES (in order of times mentioned)	What resources are available to address these needs/gaps?	Comments (Stakeholder Group)
		<ul style="list-style-type: none"> • Youth system clinic in the coastside (OCFA) • Increase support roles (case managers) to free up clinicians for counseling (CS-CSA) • There is a large turnover in case managers, more support is needed (H&S) • Family Partners for adults/families at clinics (OCFA) • “warm line” open to all BHRS clients (VR) • Increased community peer support (CS-CSA) • More peer mentoring – peers know how to identify signs and symptoms, they have been through it (H&S) • A call center or more intensive support where someone can deal with complicated situations is needed (FP), examples: <ul style="list-style-type: none"> – triplegic client or serious brain injury... APS can’t find him services – needs... husband puts his wife under his insurance, has a high deductible (\$3K) because they can’t afford to pay more into it and ACCESS can’t help if they are insured, no way to help them – Adult son doesn’t take meds, calls police, keeps repeating same thing over and over, in and out of PES. Mom has cut hours to support her son, difficult not to help son – there are a lot of clients stories like this
<ul style="list-style-type: none"> • Parents and children with developmental disabilities 		<ul style="list-style-type: none"> • Need better support for parents with a developmental disability or mental illness – parenting classes, staff capacity (FP, OCFA) • Puente-type clinic in GGRC for children with developmental disabilities (FP) • Services for developmental disabilities, autism, mentally retarded (OCFA)
<ul style="list-style-type: none"> • Drop-in Centers/ self-help 		<ul style="list-style-type: none"> • Need more support for self-help centers (e.g. Heart and Soul), drop-in centers, they have a huge potential in providing meaningful access and outreach (VR) • Longer hours, staff for Heart and Soul-type centers (H&S) • Need more groups, staff, open doors in drop-in centers (H&S)



**San Mateo County Behavioral Health and Recovery Services (BHRS)
MHSa Three-Year Program and Expenditure Plan FY 14/15 through FY 15/16**



THEMES (in order of times mentioned)	What resources are available to address these needs/gaps?	Comments (Stakeholder Group)
13. Warm handoff and follow up		<ul style="list-style-type: none"> • We need to make changes to expectations/culture that staff have of individuals and their ability/follow up to complete and apply for services (PSW) • Warm hand off and follow up / communication among staff (EPA-CSA, EPABHAG)
14. Recovery		<ul style="list-style-type: none"> • Need to broaden and deepen focus on whole health and recovery (HEI) • Clarify goal of treatment – keep people on medication, prepare them for life (EPA-CSA)
15. Childcare	Office of Diversity and Equity childcare contracts	<ul style="list-style-type: none"> • Childcare when providing trainings (FP) • Lack of transportation and childcare services (NCOC)
16. Homeless		<ul style="list-style-type: none"> • Improve work with homeless population (CS-CSA)
17. Poverty		<ul style="list-style-type: none"> • Poverty continues to be a barrier to accessing services (S-CSA)
18. Staff Wellness		<ul style="list-style-type: none"> • Self-care and wellness policies for capacity building activities and workforce development (PSW, OCFA)
19. Suicide Prevention	Mental Health First Aid (MHFA) and Youth MHFA	<ul style="list-style-type: none"> • Need evidence-based suicide prevention programs in schools (SWC)



Community Program Planning (CPP) Process

STAKEHOLDER INPUT

Themes, Resources and Comments

**What additional input on the existing barriers and needs in mental health services would you like considered?
Reactions, Questions? Anything Missing?**

NOTES:



Community Program Planning (CPP) Process – Phase 2. Strategy Development

SMALL GROUP BREAKOUTS

Thinking about what was just presented, what other strategies, programs or enhancement to existing programs, if any, would you want to be considered for MHSA funding (for the next three years)?

NOTES:

INSTRUCTIONS:

1. Please write 1-2 idea(s) you have clearly on a sticky note. Please use one sticky note for each idea.
2. Be prepared to discuss your idea(s) and how it meets a gap/need in services.
3. Post the sticky note on the flipchart.
4. Thinking about 1) your ideas and 2) other ideas presented, please choose up to THREE that you think are the MOST IMPORTANT and place a sticky dot next to it



San Mateo County Behavioral Health and Recovery Services
MHSA Three-Year Program and Expenditure Plan FY 14/15 through FY 16/17
Community Planning Process – Phase 2. Strategy Development



Community and Services Support (CSS) Adult Programs and System Development

	Current Programs	Description/Key Goal(s)	Timely Access - Capacity Bldg	CC/Humility	Outreach	Integration	Collaboration	Housing	Consumer Voice	Transportation	Stigma
Full Service Partnerships	Telecare FSP and Housing Support Services	<ul style="list-style-type: none"> Comprehensive services to 229 clients and their families, with 24/7 response. Housing services provides up to 90 housing units of mixed types 	✓		✓	✓		✓			
	Caminar FSP and Housing Support Services	<ul style="list-style-type: none"> Comprehensive services to 30 clients including transportation to appointments, after-hours warm-line, and 24/7 emergency response 	✓		✓	✓		✓		✓	
	Mateo Lodge South County Mental Health Clinic	<ul style="list-style-type: none"> Case management services to up to 15 clients requiring services beyond the level an outpatient team or clinic can provide, but less than is needed for full service partnerships. 	✓		✓	✓					

	Current Programs	Description/Key Goal(s)	Timely Access - Capacity Bldg	CC/Humility	Outreach	Integration	Collaboration	Housing	Consumer Voice	Transportation	Stigma
Outreach & Engagement	Family Assertive Support Team (FAST)	<ul style="list-style-type: none"> In-home outreach services to families and individuals who are experiencing severe emotional distress. 	✓	✓	✓						
	Ravenswood Family Health Center (40% CSS; 60%PEI)	<ul style="list-style-type: none"> Outreach and engagement to identify individuals that have significant needs for behavioral health services 		✓	✓	✓	✓				
	BHRS staff positions	<ul style="list-style-type: none"> Older Adult System of Care staff, a Family Partner, an Insurance Enrollment staff, staff at ACCESS, and a Mental Health Clinician at SMART 	✓	✓	✓	✓					
System Development	Older Adult System of Integrated Services (OASIS)	<ul style="list-style-type: none"> In-home services to homebound seniors with serious mental illness 	✓			✓					
	Senior Peer Counseling Services (50% CSS; 50%PEI)	<ul style="list-style-type: none"> Volunteers provide peer counseling to older adults in their homes 	✓	✓	✓	✓					
	Pathways, Court Mental Health and Housing Services	<ul style="list-style-type: none"> Serves individuals with co-occurring disorders to avoid incarceration and live successfully in the community. Provides transitional beds and supported housing 	✓			✓	✓	✓			

	Current Programs	Description/Key Goal(s)	Timely Access - Capacity Bldg	CC/Humility	Outreach	Integration	Collaboration	Housing	Consumer Voice	Transportation	Stigma
System Transformation	Peer Consumer and Family Partners	<ul style="list-style-type: none"> Community workers with lived experience provide services and support to consumers/clients 	✓	✓	✓				✓		
	Puente Clinic	<ul style="list-style-type: none"> Serves the mental health needs of clients with developmental disabilities 	✓	✓		✓					
	Co-occurring Contracts with AOD Providers and Girls Program	<ul style="list-style-type: none"> Contracts with AOD providers for additional bed days or additional hours of service to clients in residential or non-residential treatment The Girls Program serves 10 adolescent girls with co-occurring disorders in the juvenile justice system 				✓	✓				
	Evidence Based Practice (EBP) Expansion	<ul style="list-style-type: none"> Staffing specialized in evidence-based services throughout our system, for youth and adults 									
	Child Welfare Partners	<ul style="list-style-type: none"> Have knowledge of the network of resources to support families with co-occurring disorders 	✓			✓	✓				



San Mateo County Behavioral Health and Recovery Services
MHSA Three-Year Program and Expenditure Plan FY 14/15 through FY 16/17
Community Planning Process – Phase 2. Strategy Development



Community and Services Support (CSS) Youth and Transition Age Youth (TAY) Programs

	Current Programs	Description/Key Goal(s)	Timely Access - Capacity Bldg	CC/Humility	Outreach	Integration	Collaboration	Housing	Consumer Voice	Transportation	Stigma
Full Service Partnerships – Children & Youth	Edgewood Integrated “ISIS” FSP	<ul style="list-style-type: none"> Integrated FSP provides 20 slots for clinic-based services for youth 6 to 21 years at the Central/South Youth Clinic as well as intensive school-based services 	✓		✓	✓		✓			
	Edgewood Comprehensive “Turning Point” FSP	<ul style="list-style-type: none"> Intensive community based supports and services to up to 40 clients either returning from or at risk for out-of-home placements 	✓		✓	✓		✓		✓	
	Fred Finch Youth Center FSP	<ul style="list-style-type: none"> Wraparound services to 20 foster care youth placed out of county and their caregivers to help stabilize the placement. Services are typically conducted at the youth’s home or school. 	✓		✓	✓					

	Current Programs	Description/Key Goal(s)	Timely Access - Capacity Bldg	CC/Humility	Outreach	Integration	Collaboration	Housing	Consumer Voice	Transportation	Stigma
Full Service Partnerships – TAY	Caminar Enhanced Supportive Education Services FSP	<ul style="list-style-type: none"> Educational or vocational activities for up to 40 TAY ages 18 to 25 with emotional and behavioral difficulties and/or alcohol or substance use issues 	✓		✓	✓					
	Edgewood Comprehensive “Turning Point” FSP and Supported Housing	<ul style="list-style-type: none"> Intensive community based supports and services to up to 40 TAY either returning from or at risk for out-of-home placements 	✓		✓	✓					
	Mental Health Association Supported Housing	<ul style="list-style-type: none"> 20 units of high quality housing for Edgewood TAY clients; includes daily living skills, medication management, and other skills 	✓		✓	✓		✓			



**San Mateo County Behavioral Health and Recovery Services
MHSa Three-Year Program and Expenditure Plan FY 14/15 through FY 16/17
Community Planning Process – Phase 2. Strategy Development**



Prevention & Early Intervention (PEI) Programs

	Current Programs	Description/Key Goal(s)	Timely Access - Capacity Bldg	CC/Humility	Outreach	Integration	Collaboration	Housing	Consumer Voice	Transportation	Stigma
Ages 0-25	Early Childhood Community Team	<ul style="list-style-type: none"> Support trauma exposed parent and child through a focus on parent-child relationship 	✓	✓		✓	✓				
	Project SUCCESS	<ul style="list-style-type: none"> Counselors in schools provide services to reduce substance abuse/risk factors among high risk TAY 	✓	✓		✓	✓				
	Seeking Safety	<ul style="list-style-type: none"> Individual/ group intervention to TAY with trauma/PTSD and substance abuse 	✓	✓		✓	✓				
	Middle School Initiative, Project Grow	<ul style="list-style-type: none"> Individual/ family therapy, advocacy case mngmt to students experiencing grief or/and trauma 	✓	✓		✓	✓				
	Teaching Pro-social Skills	<ul style="list-style-type: none"> Social skills, anger control and support to youth displaying aggression, withdrawal or other problem behaviors 	✓	✓		✓	✓				

	Current Programs	Description/Key Goal(s)	Timely Access - Capacity Bldg	CC/Humility	Outreach	Integration	Collaboration	Housing	Consumer Voice	Transportation	Stigma
Adults and Older Adults	Total Wellness, training of primary care providers	<ul style="list-style-type: none"> • Training on co-morbidity to help understand the interconnectedness of mental and physical health 	✓			✓					
	Primary Care Interface	<ul style="list-style-type: none"> • BHRS practitioners in Primary Care settings to facilitate referrals, assessments for those who do not have SMI, and are unlikely to seek services 	✓			✓					
All Age Groups	Crisis Hotline	<ul style="list-style-type: none"> • Respond to requests from school staff and provide crisis intervention to youth • Make referrals to BHRS 	✓								
	Voices of Recovery	<ul style="list-style-type: none"> • Peer support/recovery activities and outreach to referral agencies 			✓		✓				
	SMART MOU	<ul style="list-style-type: none"> • Paramedic responds to law enforcement requests for individuals having a behavioral emergency 	✓			✓	✓				
	SMMC MOU	<ul style="list-style-type: none"> • Backup/after hour to BHRS Call Center and psychiatric backup through PES • Provide psychiatric services to Cordilleras 	✓			✓	✓				

	Current Programs	Description/Key Goal(s)	Timely Access - Capacity Bldg	CC/Humility	Outreach	Integration	Collaboration	Housing	Consumer Voice	Transportation	Stigma
All Age Groups	Ravenswood Family Health Center (40% CSS; 60%PEI)	<ul style="list-style-type: none"> Outreach and engagement to identify individuals that have significant needs for behavioral health services 		✓	✓	✓	✓				
	Senior Peer Counseling (50% CSS; 50%PEI)	<ul style="list-style-type: none"> Trains volunteers to provide peer counseling to older adults in their homes 		✓	✓	✓	✓				
	Office of Diversity and Equity <ul style="list-style-type: none"> Stigma Free SMC Culturally-relevant trainings Digital Storytelling Mental Health First Aid Parent Project Photovoice Health Equity Initiatives 	<ul style="list-style-type: none"> Oversees the cultural competence efforts of BHRS and provides evidence based prevention trainings and programs 	✓	✓	✓		✓		✓		✓
	North County Outreach Collaborative East Palo Alto Behavioral Health Advisory Group	<ul style="list-style-type: none"> Increase access to mental health services by providing culturally competent Medical outreach, linkage and case mngmt to emotionally disturbed youth and others. 	✓	✓	✓		✓				
Onset of Psychotic	Prevention and Recovery in Early Psychosis (PREP)	<ul style="list-style-type: none"> Identifies and intervenes with transition age youth/families experiencing recent onset of psychosis 									



TOTAL WELLNESS

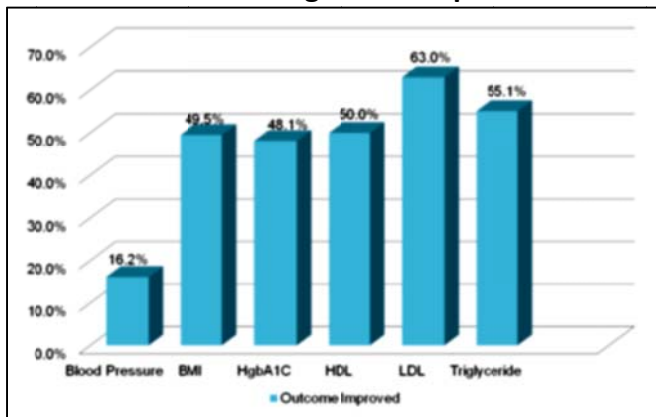
Total Wellness integrates healthcare services into community based behavioral health clinics. Persons with serious mental illness are dying 25 years earlier than the general population due to health conditions that can be preventable such as diabetes, high blood pressure and high cholesterol. Total Wellness addresses this inequity by providing behavioral health clients with:

- Timely access to healthcare services and care coordination by a Nurse Care Manager
- Individualized health & wellness education
- Health education groups (nutrition, exercise, smoking cessation, WRAP, among others)
- Peer wellness coaching, wellness follow-up and healthy living celebrations

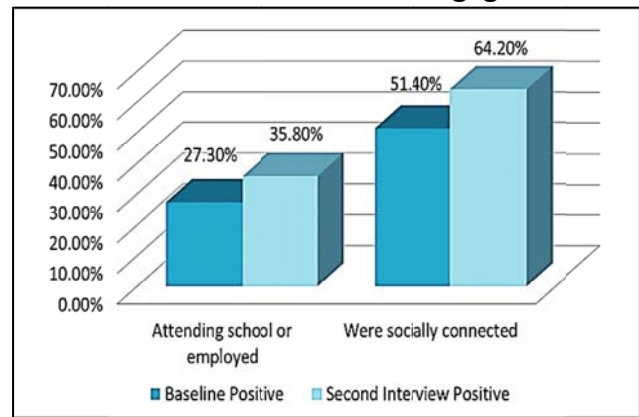
Total Wellness has provided services to over 500 clients at Central and South Clinics in San Mateo County since its inception in April 2011. It has also expanded primary care capacity to serve behavioral health clients at North, Central and South BHRS Clinics to a total of 2,200 clients.

The positive outcomes of clients receiving Total Wellness services are notable!

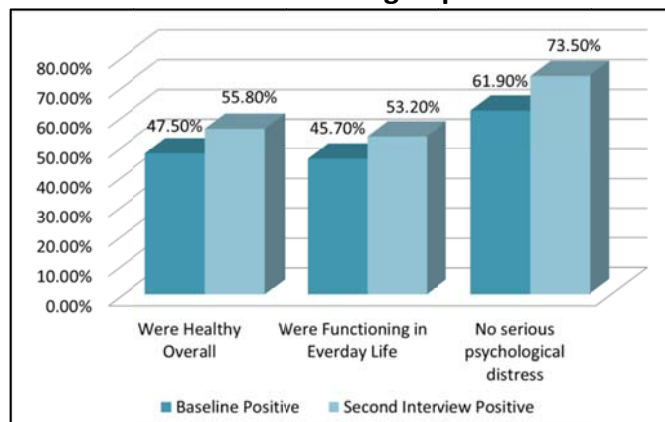
Clients are showing health improvements



Clients are more engaged



Clients functioning improved





INNOVATIONS

What types of programs are considered “innovative”?

Innovative Projects for MHSa are implemented and evaluated for a period of up to 4 years to develop a new best practice in behavioral health; it provides an opportunity to ‘try out’ new approaches. Innovative projects contribute to learning rather than a primary focus on providing a service:

1. It introduces a behavioral health **practice or approach that is new** to the overall behavioral health system; it has not demonstrated its effectiveness
2. Makes a **change to an existing practice** including application and adaptation to a different population
3. Applies a **promising community-driven practice** or approach that has been successful in non-behavioral health settings, to the behavioral health system

Primary Purpose and Focus of an Innovative Project

The primary purpose for developing the new or changed behavioral health practice must be one of the following:

1. Increase access to behavioral health services for underserved groups
2. Increase the quality of behavioral health services
3. Promote interagency and community collaboration
4. Increase access to behavioral health services.

Innovative Projects may focus on virtually any aspect, including but not limited to, administrative, governance, and organizational practices, processes, or procedures; advocacy; education and training for services providers, including nontraditional behavioral health practitioners; outreach, capacity building, and community development; system development; public education efforts; research; services and interventions, including prevention, early intervention, and treatment.