Mental Health Services Act (MHSA)

Three-Year Program Plan Fiscal Year (FY) 2017-18 through 2019-20

WELLNESS • RECOVERY • RESILIENCE

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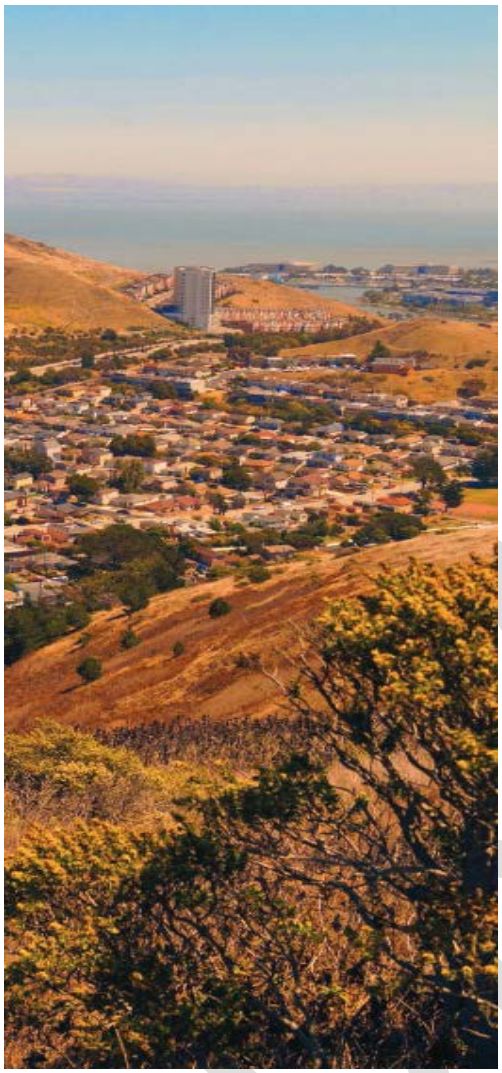


Located on the San Francisco Peninsula, San Mateo County is bordered by the Pacific Ocean to the west and San Francisco Bay to the east. The County was formed in April 1856 out of the southern portion of then-San Francisco County. Within its 455 square miles, the County is known for a mild climate and scenic vistas. It is home to some of the most spectacular and varied geography in the United States that includes redwood forests, rolling hills, farmland, tidal marshes, creeks and beaches.

The County is committed to building a healthy community. In collaboration with community-based partners, the County provides access to health care services, especially to the underserved and unserved as well as creating a safe and convenient opportunities for physical activities. Much of the shoreline along the San Francisco Bay is part of the San Francisco Bay Trail. This trail provides residents and visitors alike with miles of biking and walking in the numerous park and recreation areas, and trails.

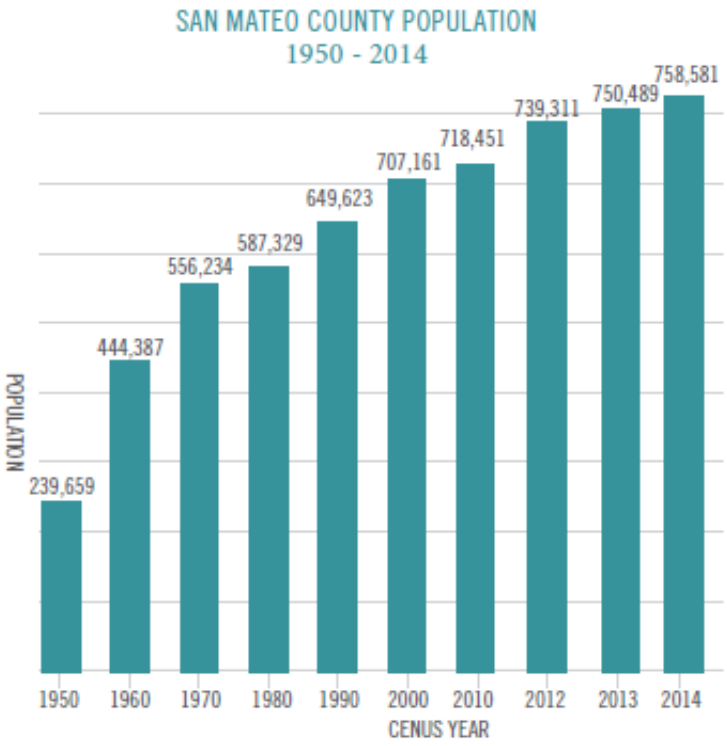
The County has long been a center for innovation. It is home to numerous colleges and research parks and is within the "golden triangle" of three of the top research institutions in the world: Stanford University, the University of California at San Francisco and the University of California at Berkeley. Today, San Mateo County's bioscience, computer software, green technology, hospitality, financial management, health care and transportation companies are industry leaders.

Situated in San Mateo County is San Francisco International Airport, the second largest and busiest airport in California, and the Port of Redwood City, which is the only deep water port in the Southern part of the San Francisco Bay. These economic hubs have added to the rapidly growing vitality of the County.

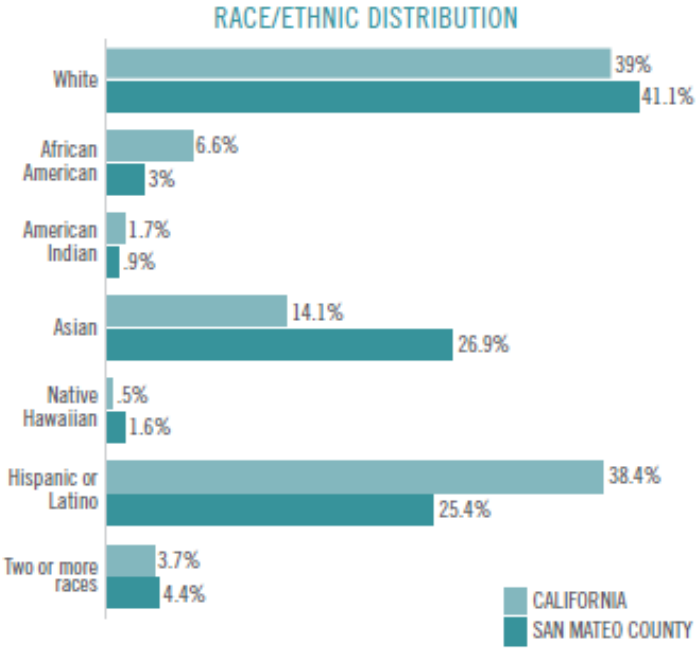
The 2013 population estimated by the U.S. Census Bureau was 750,489 — a 4.5 percent jump over the 2010 Census — and by 2014 that number had climbed by 5.6 percent over the last official count to 758,581.

Within San Mateo County, Daly City remains the most populous city followed by San Mateo and Redwood City.

The median age of San Mateo County residents was 39.3 years compared to the state's median age of 35.2 years. Portola Valley had the highest median age of 51.3 years while East Palo Alto had the lowest at 28.1 years. Census projections indicate a significant spike in the county's population 65 years and older.



As the County's population continues to shift, the racial and ethnic composition continues to diversify. According to census data, 45.6% of individuals age five and older served speak a language other than English at home (U.S. Census data, July 2014). On January 1, 2015, San Mateo County's threshold languages will be English, Chinese, Spanish, and Tagalog. The Health System identified Russian and Tongan as priority languages based on a growing number of clients served.



MHSA BACKGROUND

Proposition 63, the Mental Health Services Act (MHSA), was approved by California voters in November 2004 and provided dedicated funding for mental health services by imposing a 1% tax on personal income over $1 million dollars translating to about $23 million annual average for San Mateo County in the last four years through Fiscal Year 2015-16.

Principles and Funding Boundaries

MHSA emphasizes transformation of the mental health system while improving the quality of life for individuals living with mental illness. MHSA provides funding for treatment, prevention and early intervention, outreach, support services, family involvement, and programs to increase access to services for underserved communities. Core values include:

◆ Community collaboration ◆ Cultural competence ◆ Consumer and family driven services ◆ Focus on wellness, recovery, resiliency ◆ Integrated service experience

MHSA provides funding for Community Program Planning activities, which include stakeholder engagement in planning, implementation and evaluation. Other programming is grouped into Components each with funding allocation and reversion guidelines.

Component*	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 FY 06/07 and FY 07/08	10 years
Capital Facilities and Information Technology (CF/IT)	One Time Funding FY 07/08 and FY 08/09	10 years(expended)
Housing	One Time Funding FY 07/08 Unencumbered Funds FY 15/16	10 years(expended) 3 years

**For a description of each component and additional statewide MHSA information , please visit the California Mental Health Oversight and Accountability Commission website, mhsoac.ca.gov/component .*

San Mateo County Approach

In San Mateo County, MHSA dollars are highly leveraged to maximize the resources available to achieve the desired outcomes of our plan. MHSA-funded activities further the Behavioral Health and Recovery Services (BHRS) department's five strategic themes of quality services and supports; using resources wisely; community partnerships; workforce excellence; and authentic and responsive organization. And our enterprise outcomes of improving the quality of life for consumers and family members; improving operational efficiency; staff satisfaction and contribution; and adding value to the community.

STAKEHOLDER INPUT

The San Mateo County Behavioral Health and Recovery Services (BHRS) promotes a vision of collaboration and integration by embedding MHSA programs and services within existing programmatic and administrative structures. San Mateo County does not separate MHSA planning from its other continuous planning processes. Given this, stakeholder input from system-wide planning activities is taken into account in MHSA planning.

One of these system-wide planning and transformation activities is the Community Service Area (CSA) model development that was undertaken in 2012, by BHRS. CSAs provided a perfect opportunity to explore what integration could look like for San Mateo County by bringing together local resources from different fields—education, health care, nonprofits, faith-based organizations, law enforcement and others—together to connect people to mental health or substance use prevention, early intervention, treatment, and recovery supports in designated areas in the county. The following regional CSA's were established; shifting the entire County and MHSA activities to this new service delivery approach:

- South CSA (San Carlos, Redwood City, Woodside, Atherton, W. Menlo Park, Portola Valley)
- Central CSA (Burlingame, Hillsborough, San Mateo, Foster City, Belmont)
- Coastside CSA (Half Moon Bay, La Honda, Pescadero)
- East Palo Alto CSA (East Menlo Park, East Palo Alto)
- Northwest CSA (Daly City, Pacifica, Colma)
- Northeast CSA (Brisbane, South San Francisco, San Bruno, Millbrae)

The Community Advisory Committees (CAC) along with a CSA Manager, guide the work of the CSAs and implementation of their community specific and community-driven action plans. The goal is that the CAC be comprised of 51% clients and family members. These permanent committees have an important role in the local system transformation, its values, activities and directions, including MHSA planning.

To-date, each CSA has hosted multiple days of partnering, at least one community event focused on local priority issues (e.g. strengthening service organizations collaboration, violence prevention, chronic homelessness, etc.), have localized field crisis efforts and CAC's are meeting regularly to implement their action plans.

For more on the CSA model please visit www.smchealth.org/community-service-areas.

Community Program Planning Process (CPP)

In 2005, BHRS devised a local planning process and structure to seek input from the broad San Mateo County stakeholder community. This planning and input structure has remained in place and has since framed all the planning activities related to MHSA. The Mental Health and Substance Abuse Recovery Commission (MHSARC), formerly the Mental Health Board, is involved in all MHSA planning activities providing input and receiving regular updates. The meetings of the MHSARC are open to the public, and attendance is encouraged through various means: notice of meetings (flyers, emails) are sent to a broad, increasing network of contacts including community partners and County agencies, as well as consumer and advocacy organizations, and the general public. There is an MHSA update as a standing item on the MHSARC monthly meeting agenda.

The MHSA Steering Committee was also created in 2005 and continues to play a critical role in the development of MHSA program and expenditure plans. In 2016 the MHSA Steering Committee was restructured to strengthen the representation of diverse stakeholders and now includes membership targets guidelines and an application process, these documents have been included in previous updates and available on the MHSA website, smchealth.org/mhsa. The MHSA Steering Committee makes recommendations to the planning and services development process and as a group, assures that MHSA planning reflects local diverse needs and priorities, contains the appropriate balance of services within available resources and meets the criteria and goals established. The Steering Committee meetings are open to the public and include time for public comment as well as means for submission of written comments.

The Steering Committee is co-chaired by a member of the San Mateo County Board of Supervisors and by the Chair of the MHSARC. Comprised of over 40 community leaders representing the diverse San Mateo community including behavioral health constituencies (clients, advocates, family members, community partners, County and CBO staff), and non-behavioral health constituencies (County leadership, Education, Healthcare, Criminal Justice, Probation, Courts, among others). Additionally, all members of the MHSARC are members of the MHSA Steering Committee.

MHSA implementation is very much a part of BHRS' day-to-day business. Information is made available on the San Mateo County MHSA webpage, smchealth.org/mhsa
The site includes a subscription feature to receive an email notification when the website is updated with MHSA developments, meetings and opportunities for input. This is currently at over 1000 subscribers, increased 200+ in the last year. Hard copies of materials are made available upon request. The BHRS's e-journal, Wellness Matters is published the first Wednesday of every other month and distributed electronically with a standing column written by the County's MHSA Manager. The BHRS Blog, www. smcbhrsblog.org, provides an additional forum for MHSA to discuss policies and issues, make announcements and other communication. In addition, presentations and ongoing progress reports are provided by BHRS, and input is sought on an ongoing basis.

Mental Health Services Act Steering Committee Members

Stakeholder Group	Name(s)	Title (if applicable)	Organization Affiliation (if applicable)
Family Member	Patricia Way**	Chair, MHSARC	
San Mateo County District 1	David Pine**	Supervisor, District 1	Board of Supervisors
Client/Consumer	Aisha Williams		Lived Experience Academy
Client/Consumer Client/Consumer - Adults	Alan Cochran Jairo Wilches	 Liaison and BHRS Wellness Champion	Lived Experience Academy BHRS, Office of Family and Consumer Affairs
Client/Consumer - Adults	Michael Lim		
Client/Consumer - Adults	Michael S. Horgan	Program Coordinator	Heart & Soul, Inc.
Client/Consumer - Adults	Patrick Field		
Client/Consumer – Older Adult	Carmen Lee	Program Director	Stamp Out Stigma
Client/Consumer - SA	Jose Solano		BHRS, Pathways Program
Cultural Competence & Diversity	Jei Africa	Director	Office of Diversity & Equity
Education	Jenee Littrell	Administrator	SMCOE, Safe and Supportive Schools
Family Member	Judith Schutzman		
Family Member	Juliana Fuerbringer		California Clubhouse
Family Member	Yolanda Novello	Family Partner	BHRS
Other - Advocate	Randall Fox	Health, Law and Policy Advocate	Former MHSARC Chairman
Other - Aging and Adult	Michelle Makino	Program Services Mgr	SMC Aging & Adult Services
Other - Domestic Violence	Caitlin Billings		Community Overcoming Relationship Abuse - CORA
Other - Peer Support	Ray Mills	Executive Director	Voices of Recovery
Provider of MH/SU Svcs	Adriana Furuzawa	Division Director	Felton Institute - PREP
Provider of MH/SU Svcs	Cardum Harmon	Executive Director	Heart & Soul, Inc.
Provider of MH/SU Svcs	Clarise Blanchard	Interim Executive Director	Pyramid Alternatives
Provider of MH/SU Svcs	Gloria Gutierrez	MH Counselor	BHRS
Provider of MH/SU Svcs	Joann Watkins	Clinical Director	Puente de la Costa Sur
Provider of MH/SU Svcs	Melissa Platte	Executive Director	Mental Health Association
Provider of Social Services	Kava Tulua		One East Palo Alto and East Palo Alto Partnership for Mental Healt Outreach
Provider of Social Services	Mary Bier		North County Outreach Collaborative
Provider of Social Services	Rev. William Chester McCall		Multicultural Counselling & Educational Services of the Bay Area
Provider of Social Services	Sheri Broussard		HIP Housing

Mental Health and Substance Abuse Recovery Commission (MHSARC).
MHSARC commissioners are members of the Steering Committee.

Stakeholder Group	Name(s)	Title (if applicable)
Family Member	Patricia Way	Chair
SMC District 1	David Pine	Supervisor, District 1
SMC District 1	Randy Torrijos	Staff to David Pine
Client	Rocio Cornejo	Vice Chair
Client	Wanda Thompson	Member at Large
Client	Patrisha Ragins	Member
Client	Rodney Roddewig	Member
Client – SA	Eduardo Tirado	Member
Client – SA	Louise Orellana	Member
Client – SA	Carol Marble	Member
Family Member	Dorothy Christian	Member
Law Enforcement	Eric Wollman	Member
Public	Josephine Thompson	Member
Public	Betty Savin	Member
Public	Cherry Leung	Member

Public Comment and Public Hearing

(This section will be updated after the public comment periods close)

The Three-Year Program & Expenditure Plan Fiscal Year(FY) 2017-18 through 2019-20 and Annual Update FY 2016-2017 (covering data from FY 2015-2016) will be presented in two parts:

1. The **Three-Year Program Plan** will be presented at the monthly MHSARC meeting for June 7, 2017.
2. The **Fiscal Year 2016-2017Annual Update** (covering data from FY 2015-2016) and **Expenditure Plan** will be presented at the monthly MHSARC meeting for July 5, 2017.

At these meetings the MHSARC will vote to release the respective documents, for a 30-day public comment and hold a public hearing at the following monthly meeting and closing of the public comment periods. Please see Appendix 1 for all public comments received during the three-year planning phase and the 30 day public comment period. The final steps before submission of the complete document to the State of California Mental Health Services Oversight and Accountability Commission (MHSOAC) include submission to our local Board of Supervisors for adoption of the plan and to the County of San Mateo Controller's Office to certify expenditures.

OUTREACH STRATEGIES

Outreach strategies used to circulate information about the availability of the plan and request for public comment include:

- Flyers created and sent to/placed at County facilities, as well as other venues like family resource centers and community-based organizations;
- Announcements at numerous internal and external community meetings;
- Announcements at program activities engaging diverse families and communities (Parent Project, Health Ambassador Program, Lived Experience Academy, Mental Health First Aid trainings, etc.);
- E-mails disseminating information to over 1,800 community members and partners;
- Word of mouth on the part of committed staff and active stakeholders,
- Postings on a dedicated MHSA webpage smchealth.org/bhrs/mhsa, the BHRS Wellness Matters bi-monthly e-journal and the BHRS Blog www.smcbhrsblog.org

Community Program Planning (CPP) Process

In December 2016, a comprehensive Community Program Planning (CPP) process to develop the MHSA Three-Year Plan was kicked off by the MHSARC. Planning was led by the MHSA Manager, the Office of Diversity and Equity Manager and the Director of BHRS along with stakeholder engagement through the MHSARC and the MHSA Steering Committee.

A draft CPP process was presented to and vetted by the MHSARC on December 7, 2016. The MHSARC was asked for their input and comments on the process and what other stakeholder groups should we be reaching out to in each of the CPP Phases.

STAKEHOLDERS INVOLVED IN THE CPP PROCESS

Input was sought from twenty nine diverse groups and vulnerable populations to include perspectives of different backgrounds and interests including geographical, ethnic, cultural and social economic, providers and recipients of behavioral health care services and other sectors, clients and their family members. See the full list of input sessions below.

Additionally, a Pre-Launch session was held with clients/consumers hosted by the Peer Recovery Collaborative. At this session information was presented and shared to help prepare clients/consumers for the CPP Launch session where they would be providing input and public comment. Discussion items included, 1) Background on MHSA; 2) What to expect at the CPP Launch session; and 2) How to prepare a public comment.
Extensive outreach was conducted to promote two key public meetings, the CPP Launch Session on March 13, 2017 and the CPP Prioritization Session on April 26, 2017. Flyers were made available in English, Spanish, Chinese, Tagalog, Tongan and Samoan. Stipends to consumers/clients and their family members, language interpretation, child care for families and refreshments were provided at each of these sessions.

Over 270 participated in the sessions, 156 demographic sheets were collected and of these 37% identified as clients/consumers and family members and 36 stipends were provided. See Appendix 2, Community Program Planning Participant Demographics, for additional participant data.

Stakeholder Input Sessions – CPP Process

Date	Stakeholder Group
12/7/16	MHSARC and MHSA Steering Committee (Input on CPP Process)
2/15/17	MHSARC Adult Committee
2/15/17	NAMI Board Meeting
2/16/17	Filipino Mental Health Initiative
2/21/17	Coastside Community Service Area
2/21/17	Northwest Community Service Area
3/1/17	MHSARC Older Adult Committee
3/2/17	Central Community Service Area
3/2/17	Peer Recovery Collaborative
3/3/17	Diversity and Equity Council
3/3/17	Northwest School-Based Mental Health Collaborative
3/7/17	Pacific Islander Initiative
3/7/17	Coastside School-Based Mental Health Collaborative

3/8/17	AOD Change Agents/CARE Committee
3/9/17	Peer Recovery Collaborative Pre-Launch
3/9/17	East Palo Alto Community Service Area
3/9/17	Central School Collaborative
3/13/17	MHSA Steering Committee and CPP Launch
3/14/17	African American Community Initiative
3/16/17	Ravenswood School-Based Mental Health Collaborative
3/17/17	South Community Service Area and Child/Youth Committee
3/23/17	Chinese Health Initiative
3/23/17	Northeast School-Based Mental Health Collaborative
3/28/17	Latino Collaborative
4/10/17	Coastside Youth Advisory Committee
4/11/17	Spirituality Initiative
4/13/17	East Palo Alto Community Prioritization Session
4/18/17	Coastside Community Prioritization Session
4/19/17	MHSARC Child and Youth Committee
4/20/17	Native American Initiative
4/20/17	Contractor's Association
4/21/17	Latino Immigrant Parent Group
4/24/17	Veterans
4/25/17	TAY recipients of services
4/26/17	MHSA Steering Committee and CPP Prioritizations

Phase 1. Needs Analysis

To build off of the previous CPP process in FY 2014/15, stakeholders including consumers/clients, family members, community partners and organizations were asked to think about current services as they're related to the key themes in terms of gaps in services identified in 2014 process and specific service categories and populations served to identify any additional gaps in services:

- Cultural humility and stigma
- Timely access
- Services for peers and families
- Services for adults and older adults
- Early intervention
- Services for children and TAY
- Co-occurring services
- Criminal justice involvement

For Phase I and the initial input sessions, stakeholders where asked the following questions, based on the priority gaps identified in previous years for continuity:

- From your perpective, do these MHSA services effectively [e.g. serve the cultural and linguistc needs of your target communities, address timely access for your target

communities, serve the behavioral healthcare needs of clients and families, etc.]? What's working well? What improvements are needed?

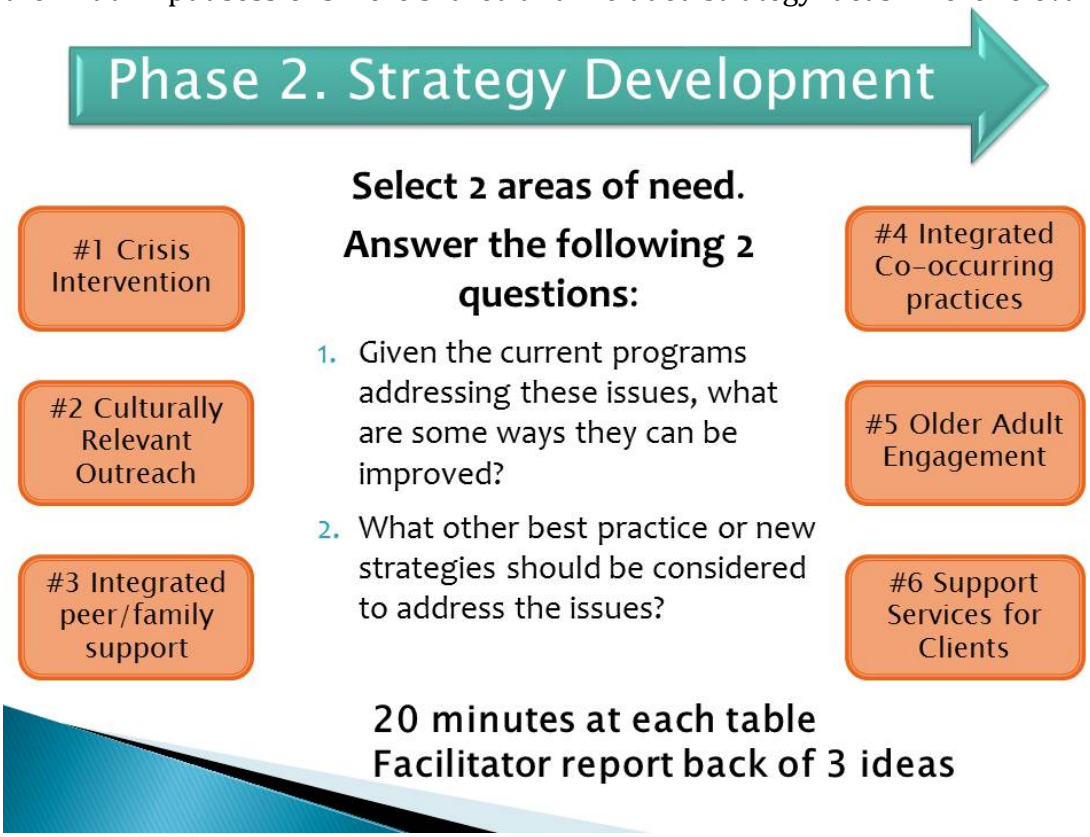
Probes: Do these services address principles of wellness and recovery? What about stigma?

- Are current collaborations effective in reaching and serving target communities? What is working well? What's missing?

All comments received up to the date of the CPP Launch Session on March 13th were grouped into themes and presented and additional input was sought as well regarding both the needs/service gaps and whether there were any voices or communities missing from the Needs Analysis phase. See Appendix 3, Needs Analysis Summary of Input, for the complete list of themes and comments received through all input sessions. The Launch Session was a joint MHSA Steering Committee meeting and facilitated community input. Agenda items included an 1) an MHSA Housing proposal, 2) public comment from clients, families and community members on priority needs and gaps in mental health services, and 3) breakouts to develop strategies on key themes. About 120 clients, families, community members and stakeholders attended the launch. See Appendix 4 for all CPP Launch Session materials, handouts, minutes and attendance.

Phase 2. Strategy Development

The Strategy Development Phase was kicked off at the CPP Launch Session. Findings from the initial input sessions were shared and included strategy ideas where relevant.



While the above six themes in terms of "areas of need" were identified, there was also an overarching theme that arose from the input sessions, which brought to surface a common question in MHSA planning do we build upon existing MHSA-funded programs or, do we create new programs? Input session participants identified the need to focus planning efforts on existing programs for a few reasons; it's been 10 years since the inception of MHSA and most programs have not received additional resources to expand services and/or clients served, it makes sense to invest in current programs that are working well.

Three key next steps for the CPP process were identified:

1. Conduct additional input sessions with vulnerable populations identified and a few key stakeholders.
2. Conduct additional strategy development sessions in isolated and higher need communities, in particular East Palo Alto and the Coastside/Pescadero.
3. Conduct follow up meetings with all MHSA-funded programs to identify priority program challenges, needs and strategies to address these.

Phase 3. Plan Development

The final Phase of the CPP Process was kicked off at the CPP Prioritization Session on April 26, 2017. The meeting goals were three-fold:

1. Review strategy recommendations and results from the Community Input Sessions and pre-identified public comments in support of each recommendation.
2. Allow participants to bring forward any additional strategy recommendations and prioritize across the additional recommendations.
3. MHSA Steering Committee to prioritize across all strategies proposed to identify what recommendations will be included in the MHSA Three-Year Plan.

See Appendix 5 Priority Strategies – Summary of Voting Results and See Appendix 6 for all CPP Prioritization Session materials, handouts, minutes and attendance.

The MHSA Three-Year Plan was developed by the MHSA Manager considering priorities identified through stakeholder input from previous years, new priorities identified through this year's CPP process, and the fiscal landscape for the next three years.

THREE-YEAR PROGRAM PLAN
FY 2017-18 THROUGH 2019-20

The San Mateo County MHSA Three-Year Plan aligns with the Behavioral Health and Recovery Services (BHRS) of the San Mateo County Health System's commitment a holistic view to the health and well-being of individuals; placing high value in care coordination, collaboration and integration, prevention and early intervention, data-driven interventions, cost control, quality improvement, and meaningful outcomes.

MHSA-funded activities described in this Three-Year Plan also support and further BHRS' nine strategic initiatives, which represent the main areas of focus of work. These include:

- advance prevention and early intervention;
- build organizational capacity;
- empower consumers and family members;
- be prepared for the unexpected;
- enhance systems and supports;
- foster "total wellness" understood as an approach to health that includes both the behavioral and the physical;
- promote diversity and equity;
- cultivate learning and improvement; and
- be welcoming and engaging to those who seek our services and work with us.

The following pages describe the MHSA Three-Year Plan programs and priorities developed taking specific priorities identified through stakeholder input from previous years, new priorities identified through this year's Community Program Planning process, and the fiscal projections for the next three years. Our multiyear approach facilitates stability, ensures a balanced approach when considering programmatic changes, and utilizes higher revenue years to cushion lower revenue years.

Community Services and Supports (CSS)

CSS provides direct treatment and recovery services to individuals of all ages living with serious mental illness or emotional disturbance with a focus on un-served and underserved populations. CSS is the largest MHSA component, approximately 75-80% of MHSA funding. There are three different service categories; Full Service Partnerships (FSP), System Development (SD), and Outreach and Engagement (O&E). At least 51% of CSS funds must be spent on FSPs and focus on un-served and underserved populations.

FULL SERVICE PARTNERSHIP (FSP)

FSPs include 24 hours a day, 7 days a week services; peer supports; high staff to client ratios for intensive behavioral health treatment including medications; linkage to housing; supported education and employment; treatment for co-occurring disorders; skills based interventions, among others. The target population for FSPs include, high risk children and youth who would otherwise be placed in a group home; seriously mentally ill and dually diagnosed adults including those eligible for diversion from criminal justice incarceration; incarcerated individuals; persons placed in locked facilities who can succeed in the community with intensive supports; and individuals with frequent emergency room visits, hospitalizations, and homelessness; and seriously mentally ill older adults at risk of or currently institutionalized who could live in a community setting with intensive supports.

Current programs under CSS FSP component category will continue. In FY 2017-18 through FY 2019-20, the following FSP services will be provided:

Children and Youth Full Service Partnerships - helps our highest risk children and youth with serious emotional disorders remain in their communities and with their families or caregivers while attending school and reducing involvement in juvenile justice and child welfare. Integrated clinic-based FSP services for the Central/South Youth Clinic (outpatient), as well as the integrated FSP for intensive school-based services, school-based milieu services, and the non-public school setting, will continue. FSPs for children and youth will also serve youth placed in foster care temporarily outside of the County to support and stabilize youth in the foster home, support the foster family, and facilitate the return of the youth to the family of origin in San Mateo County.

Projected number of children and youth to be served through FSPs: 105 (added 5 slots)

Transitional Age Youth (TAY) Full Service Partnerships - provides intensive community based supports and services to youth identified as having the "highest needs" who are between the ages of 16-25. Specialized services to TAY with serious emotional disorders are provided to assist them to remain in or return to their communities, support positive emancipation including transition from foster care and juvenile justice, secure, safe, and stable housing and achieve education and employment goals. TAY FSPs helps reduce involuntary hospitalizations, homelessness, and involvement in the juvenile justice system.

TAY FSPs will continue to provide enhanced supported education services to TAY with emotional and behavioral difficulties and/or substance use issues. Outreach activities engage TAY in educational or vocational activities for educational plans and employment. Housing services for TAY will provide housing subsidies and a small cluster of apartments. Teaching daily living skills, medication management, household safety/cleanliness, budgeting, and roommate negation skills are a part of the treatment and education of the youth accessing housing support.

Projected number of TAY to be served through FSPs: 50 Comprehensive FSPs (added 10 slots), 40 Enhanced Education, 20 Supported Housing

Adult and Older Adult Full Service Partnerships – provides services specific to maximize social and daily living skills and facilitate use of in-home supportive agencies. Services are provided to our highest risk adults, highest risk older adults/medically fragile adults. The overall goal of the adult FSPs is to divert from the criminal justice system and/or acute and long term institutional levels of care (locked facilities) seriously mentally ill and dually diagnosed individuals who can succeed in the community with sufficient structure and support. Similar to the FSP for adults, the goal of the older adult/medically fragile FSP programs is to facilitate or offer "whatever it takes" to ensure that consumers remain in the least restrictive setting possible through the provision of a range of community-based services and supports delivered by a multidisciplinary team.

A housing program provides FSP members stable housing by providing additional oversight and support to enable members who might otherwise be at risk of losing their housing to stay consistently housed. This also includes some supplementing of residential care facilities for clients who require this level of supervision and services.

Projected number of adults, older adults and medically fragile individuals to be served: 252 plus housing supports

OUTREACH AND ENGAGEMENT

San Mateo's MHSA-funded Outreach and Engagement program strategy increase access and improves linkages to behavioral health services for underserved communities. Current programs under this component category will continue. We've seen a consistent increase in representation of underserved communities in our system since these MHSA-funded strategies were deployed. Strategies include:

Community outreach collaboratives that provide advocacy, systems change, resident engagement, expansion of local resources, education and outreach to increase awareness of and access to culturally and linguistically competent behavioral health, Medi-Cal and other public health services, and other social services; a referral process to ensure those in need receive appropriate services; and promote and facilitate resident input into the development of MHSA funder services and other BHRS program initiatives.

Pre-crisis response to provide outreach, engagement, assessment, crisis intervention, case management and support services to individuals who are experiencing severe emotional distress and their families/caretakers.

BHRS outreach and engagement to identify and engage diverse populations in the with behavioral health care needs.

Projected number of people reached under CSS Outreach and Engagement: 5,210

GENERAL SYSTEM DEVELOPMENT (GSD)

System development initiatives strengthen and expand our internal capacity to respond to service demands by funding culturally competent clinical positions trained in cutting edge evidence-based practices; peer support services; and supported education/employment, to name a few. Current programs under this component category will continue and include:

Older adult system of care – to create integrated services for older adults to assure that there are sufficient supports to maintain the older adult population in need in their homes and community, and in optimal health. The intent is to assist seniors to lead dignified and fulfilling lives, and in sustaining and maintaining independence and family/community connections to the greatest extent possible.

Criminal justice system involvement – to provide treatment and support services to seriously mentally ill non-violent offenders with co-occurring disorders and divert from incarceration into community-based services.

Co-occurring disorders services –to support services for clients with co-occurring disorder with additional bed days (for residential providers) or additional hours of service (for non-residential providers), or to enhance/supplement services provided to clients already in residential or non-residential treatment.

Child Welfare programs – to support services for high risk children/youth referred through child welfare programs.

Developmental disabilities services – to serve the special mental health needs of clients with developmental disabilities with comprehensive mental health treatment including medication management.

Peer and family partners – support employment of consumer/client and family partners with lived experience within the county behavioral health system of care, which recognizes the special contributions and perspectives of behavioral health consumers/family members and encourages the valuable role of peer support and case management.

Drop-in centers – to support wellness and recovery of clients and their families in the community. Provide opportunities for increased socialization, employment, education, resource sharing and self-advocacy.

Evidence-based practices – to support provision of evidence-based services throughout BHRS for youth and adult consumers/clients.

Projected number of consumers/clients served by GSD strategies: 2,675

Prevention and Early Intervention (PEI)

PEI interventions target individuals of all ages prior to the onset of mental illness, with the sole exception of programs focusing on early onset of psychotic disorders such as schizophrenia. PEI programs are designed and implemented to help create access and linkage to treatment, improve timely access to mental Health services for individuals and/or families from underserved populations and are non-stigmatizing and non-discriminatory. San Mateo has focused its PEI dollars primarily on evidence-based interventions that have a proven track of success. PEI is approximately 15-20% of the MHSA budget with 51% of PEI funds be spent on children and youth ages 0 to 25. Counties are required to include:

- At least one Prevention program to reduce risk factors for developing a potentially serious mental illness and to build protective factors.
- At least one Early Intervention program to provide treatment and other services and interventions, including relapse prevention, to address and promote recovery and related functional outcomes for a mental illness early in its emergence.
- At least one Outreach program for increasing recognition of early signs of mental illness through engaging, encouraging, educating, and/or training potential responders about ways to recognize and respond effectively to early signs of potentially severe and disabling mental illness.

In addition Counties may include one or more stigma and discrimination reduction programs and suicide prevention programs. Current programs under the PEI will continue.

In FY 2017-18 through FY 20119-20, the following PEI services will be provided:

PEI (AGES 0-25), INCLUDING INTERVETIONS FOR SCHOOL AGE, AND TRANSITION AGE YOUTH (TAY)

Early childhood community program – supports healthy social emotional development of children through community outreach, case management, parent education, mental health consultation, and child-parent psychotherapy services to families with young children.

Projected number of children and families with young children to be served: 80

School-age youth programs – will serve children and youth in grades K-12 either administered by a school or a community-based organization in cooperation with schools. This program provides population and group based interventions to at-risk children and youth, such as substance abuse programs, drop-in centers, youth focused and other organizations operating in communities with a high proportion of underserved populations. There are four interventions under this category: Teaching Pro-social Skills, Project SUCCESS, Seeking Safety, and the Middle School Initiative, Project Grow.

Projected number of school-age youth to be served 380

EARLY INTERVENTION

Integration with primary care –identifies persons in need of behavioral health services in the primary care setting, connecting people to needed services. Strategies include system-wide co-location of BHRS practitioners in primary care environments to facilitate referrals, perform assessments, and refer to appropriate behavioral health services.

Crisis hotline and intervention – a free, confidential 24-hour, seven days a week crisis intervention hotline for San Mateo County residents provided by trained volunteer/staff. Provide peer phone counseling linkages to resources that may help.

911 mental health assessment and referral - specially trained paramedic responds to law enforcement requests for individuals having a behavioral health emergency.

Prevention of early onset of psychotic disorders – to provide a comprehensive program of science-based early diagnosis, treatment, and rehabilitation services for psychotic disorders such as schizophrenia. This program aims to prevent the onset of full psychosis, and, in cases in which full psychosis has already occurred, seeks to remit the disease and to rehabilitate cognitive capacities damaged by the disease.

Projected number of consumer/clients to be served:

PREVENTION

Office of Diversity and Equity (ODE) programs – ODE programs promotes cultural competence and address health inequities through information and data, training, dialogue and collaboration regarding diversity and social justice. The current programs under ODE that will continue in FY 13-14 through 16-17 include culturally-relevant provider trainings, Digital Storytelling, Mental Health First Aid for adults and youth, Parent Project, Photovoice, and the Health Equity Initiatives. In addition, two programs were started this FY 13-14, the Chinese Outreach Worker pilot project and the Health Ambassador Program.

Projected number of people reached through ODE programs: 1,600

STIGMA AND DISCRIMINATION REDUCTION & SUICIDE PREVENTION

Stigma Free San Mateo County – Be the ONE campaign *is* an initiative by San Mateo County's Behavioral Health and Recovery Services (BHRS) to eliminate stigma and end the discrimination against people with mental illness and substance use issues in San Mateo County. It is an extension of stigma reduction work started years ago as part of the Anti-Stigma Initiative.

Suicide Prevention - For over three years, San Mateo County has convened a Suicide Prevention Committee that has examined ways to improve policies and systems to prevent suicide. The Committee is comprised of both BHRS staff and community members, and address issues such as community mental health education and awareness, gatekeeper trainings, and provider trainings on suicide ideation and intervention. Activities have included suicide prevention presentations at agencies and community meetings, partner meetings with the County Office of Education, and data updates.

Projected number of participants served: 800

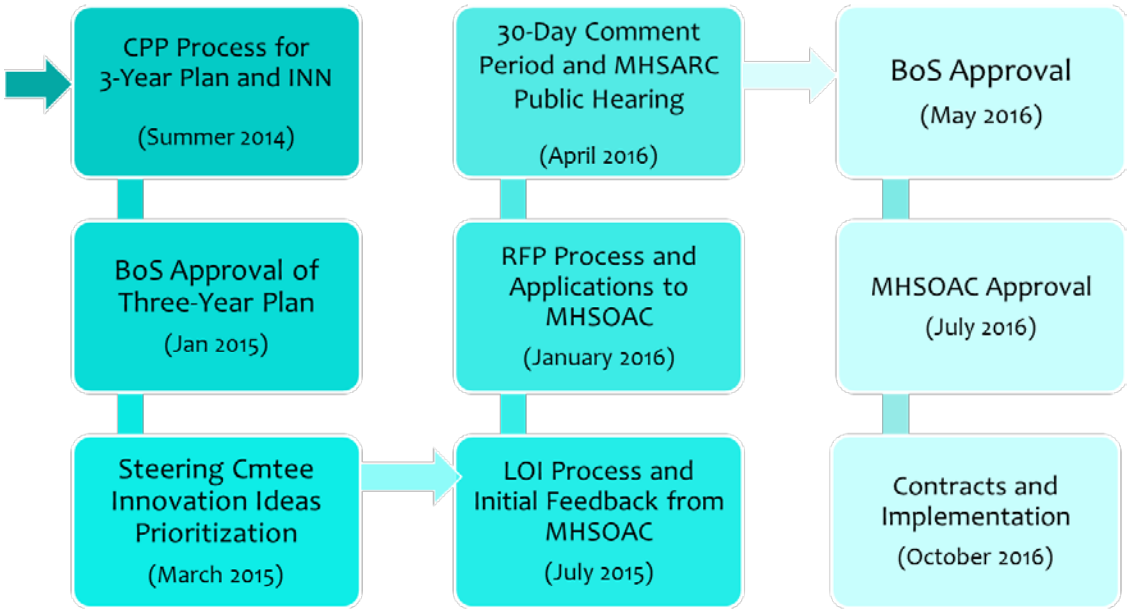
PEI STATEWIDE PROJECTS

California Behavioral Health Services Authority (CalBHSA) implements PEI Statewide Projects including Suicide Prevention, Stigma and Discrimination Reduction, and the Student Mental Health Initiative. CalBHSA is a Joint Powers Authority (JPA), formed July 2009 as solution to providing fiscal and administrative support in the delivery of mental health services. San Mateo County will continue to contribute 2% of PEI funding for sustainability of these projects.

Innovation (INN)

On July 28, 2016, three MHSA INN project plans were presented to the State of California, Mental Health Services Oversight and Accountability Commission (MHSOAC). All three projects were approved and are moving forward to implementation. The first Annual Update is expected next fiscal year, 2017-18. See Appendix 7 for the final Project Briefs. The development of the Innovation Projects began as part of the comprehensive Community Program Planning (CPP) process in the previous MHSA Three-Year Plan.

INNOVATION PROJECTS COMMUNITY PROGRAM PLANNING (CPP) PROCESS



The MHSA Steering Committee made recommendations and prioritized 5 Innovation Projects for possible funding through the CPP process, see table below.

Category*	Project / Next Step	Estimated cost/yr
Alternative Healing Practices	Neurosequential Model of Therapeutics within an Adult System of Care (BHRS Program Expansion)	$100,000
Client Advocacy	Health Ambassador Program – Youth (Contracted)	$250,000
LGBTQQI	The LGBTQ Coordinated Behavioral Health Services Center (Contracted)	$740,000
Housing	TBD (no LOI's received)	TBD
Technology Innovations	Social media and texting for youth in crisis (Contracted Expansion**)	$100,000
	Client lifestyle data tracking app (BHRS Pilot)	$200,000

*listed in order of Steering Committee prioritization
**StarVista currently runs the youth crisis line for San Mateo County

Workforce Education & Training (WET)

Workforce Education and Training (WET) is an MHSA funding component that is designated one-time allocation with a 10 year reversion. WET funds, totaling $3,437,600, were budgeted for 10 years through FY 17-18. A sustainability plan for WET is currently being developed, which could include allocation of CSS and/or PEI funds for programs that have proven effective and further the component goals. A WET Impact Report is expected to release fall of 2017.

WET categories for funding currently remain as follows:

Training, technical assistance, and capacity building – Training opportunities have greatly increased the capacity of community members and providers to respond to behavioral health issues; use evidence-based practices to help address an array of mental illness identification strategies including suicidality; and address public perception on behavioral health issues (stigma, suicide, etc.).

Workforce staffing support – The plan and all BHRS training activities are overseen by a Workforce Development Director and a 0.5 FTE Community Resource Specialist. This team has system wide responsibility for managing implementation, reporting and evaluation of the MHSA Education and Training Plan.

Training and technical assistance for and by consumers and family members – This program aims at providing a range of trainings activities, as follows:

- Trainings delivered by and for consumers and family members;
- Trainings provided by consumers and family members to providers and the general public to increase understanding of mental health issues and to reduce stigma;
- Trainings provided by consumers and family members to increase understanding of mental health issues and substance use/abuse issues, recovery and resilience, and available treatments and supports;

In addition, this program also provides for selected consumers and family members to attend leadership trainings to support increased involvement of consumers and family members in various committee, commission, and planning roles.

Trainings to support wellness and recovery – San Mateo County BHRS engages in training to extend and support consumer wellness and recovery. An example of an activity to this end is the implementation of Wellness Recovery Action Plan Trainings (WRAP). WRAP is a self-help approach to achieve and maintain wellness that has been used successfully with mental health consumers and consumers with co-occurring disorders. With a train-the-trainer approach, consumers, family members, and selected staff (County and contracted providers) are trained as Master Trainers. The “Master Trainers” then

provide training and support in developing WRAP plans for consumers and staff throughout our system.

Cultural competence training – Training in the area of cultural competence is designed to reduce health disparities in our community, to provide instruction in culturally and linguistically competent services, and to increase access, capacity, and understanding by partnering with community groups and resources. Educational and training activities are made available to consumers, family members, providers, and those working and living in the community. Trainings are also used to help support key Health Equity Initiatives (HEI).

Evidence-based practices training for system transformation – System transformation is supported through an ongoing series of trainings that increase utilization of evidence-based treatment practices that better engage consumers and family members as partners in treatment and that contribute to improved consumer quality of life. Recommendations for training on evidence-based practices (EBPs) to incorporate into the different series may come from consumers, family members, or public and private agency staff by submitting a form to the Workforce Development Director, who then submits the request to the Training Committee for consideration. Suggested trainings shall be consistent with the values of the MHSA and shall contribute to the creation of a more culturally competent system.

Mental health career pathway programs – Multiple workgroup discussions concluded that strategies are necessary to address ongoing vacancies in positions which are difficult to fill. Strategies include:

- Attract prospective candidates to hard to fill positions via addressing barriers in the application process
- Attract prospective candidates to hard to fill positions through incentives
- Promote mental health field in academic institutions where potential employees are training in order to attract individuals to the public mental health system in general, and to hard to fill positions in particular
- Promote interest among and provide opportunities for youth/Transition Age Youth (TAY) in pursuing careers in behavioral health.
- Increase diversity of staff to better reflect diversity of client population
- Retain diverse staff
- Expand existing efforts and create new career pathways for consumers and family members in the workforce to allow for advancement within BHRS and in other parts of the County system
- Ongoing engagement and development of client and family workers

Financial incentive programs/Stipended Internships – to create a more culturally competent system**,** this program provides stipends to trainees from local universities who contribute to expand the diversity as well as the linguistic and cultural competence of our workforce. Our stipend program for interns offers a fixed amount to students in our system

to assist in covering their expenses in hopes they will pursue careers in public mental health.

Housing

MHSA Housing funds provide permanent supportive housing through a program administered by the California Housing Finance Agency (CalHFA) to individuals who are eligible for MHSA services and meet eligibility criteria as homeless or at-risk of being homeless. BHRS collaborated with the Department of Housing and the Human Services Agency's Shelter Services Division (HOPE Plan staff) to plan and implement the MHSA Housing program in the County.

In September 2014, AB 1929 was passed which allowed counties to request and use unencumbered MHSA Housing Program funds to provide housing assistance. The San Mateo County Board of Supervisors adopted a resolution approving the request to release of these funds; a total of $1,073,038 was received from the Housing Program to be held in trust for housing assistance services.

San Mateo County MHSA funds have supported four housing developments to-date. Within this upcoming Three-Year Plan time frame, BHRS will seek to support a fifth development with the unencumbered Housing component funds returned to San Mateo County. The Housing Department submitted a proposal, which was reviewed and opened to public comment at the joint MHSARC and MHSA Steering Committee meeting on April 13, 2017..

Capital Facilities and Information Technology (CF/IT)

eClinical Care – San Mateo County has had no viable opportunities under the Capital Facilities section of this component due to the fact that the guidelines limit use of these funds only to County owned and operated facilities. Virtually all of San Mateo's behavioral health facilities are not owned but leased by the County, and a considerable portion of our services are delivered in partnership with community-based organizations.

Through a robust stakeholder process it was decided to focus all resources of this component to fund eClinical Care, an integrated business and clinical information system (electronic health record) as well as ongoing technical support. The system continues to be improved and expanded in order to help BHRS better serve the clients and families of the San Mateo County behavioral health stakeholder community.

There are no additional programs planned or projected funding available for this component.

PRIORITY EXPANSIONS AND PROGRAMS

MHSA-specific priorities identified by stakeholders in previous planning years, that have not been implemented, will remain top priorities moving forward:

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

PRIORITY EXPANSIONS FOR FY 2017-18 THROUGH FY 2019-20

Component	Updated Priority Expansions	Estimated Cost Per Fiscal Year
CSS General Systems Development	Expansion of supports for older adults *	$130,000
	Mobile mental health and wellness services to expand access to Coastside behavioral health clients and families	$400,00
CSS Outreach & Engagement	Expansion of culturally responsive resources and outreach strategies to effectively link high-risk, isolated and emerging cultural and ethnic groups to needed services	$50,000
	TOTAL CSS	**$580,000**

Component	Updated Priority Expansions	Estimated Cost Per Fiscal Year
Prevention & Early Intervention	Expansion of Stigma Free San Mateo, Suicide Prevention and Student Mental Health efforts*	$50,000
	After-care services for early psychosis treatment alumni that includes booster sessions and reengagement, maintenance and family navigator support	$230,000
	TOTAL PEI	**$280, 000**

* Reprioritized from Previous Expansion Plan

EXPANSION FISCAL CONSIDERATIONS

Commencing July 1, 2012, the County began receiving monthly MHSA allocations based on actual accrual of tax revenue (AB100). Given this allocation, it is difficult to know what expansion dollars will be available each year. MHSA planning is based on various projections that take into account information produced by the State Department of Finance, analyses provided by the California Behavioral Health Director's Association (CBHDA), and ongoing internal analyses of the local fiscal situation.

2014-17 Priority Expansions

Estimated unspent funds from previous years, increased projections for FY 2016-17and savings from the Total Wellness (now funded by the Health Plan of San Mateo) program components that were covered under PEI, allowed for implementation of six of the MHSA priority expansions identified in the previous Three-Year Plan.

Looking ahead: 2018-20 Priority Expansions

Workforce Education and Training (WET) is an MHSA funding component that is designated one-time allocation with a 10 year reversion. WET funds, totaling $3,437,600, were budgeted for 10 years through FY 17-18. A sustainability plan for WET is currently in the works, which could include allocation of CSS and/or PEI funds for programs that have proven effective and further the component goals, and impacting priority expansinos. A WET Impact Report is expected to release fall of 2017.

Prevention and Early Intervention (PEI) regulations require that at least 51% of PEI funds be dedicated to programs serving individuals ages 0-25 years, including programs that serve parents, caregivers, or family members with the goal of addressing outcomes for children and youth at risk of or with early onset of mental illness. Recently, one of the programs serving this population was unsuccessful in meeting its goals and the program ended. Beginning in July 2017, a PEI 0-25 Taskforce will be developing a strategic plan and recommendations to ensure San Mateo County is meeting this 51% guideline and to identify best practices, including evidence-based practices for school-based programming. Funding may need to be adjusted and potentially impact PEI priority expansions

The Senate's "No Place Like Home" housing proposal relies on MHSA funds to securitize a $2 billion bond for chronically homeless individuals with serious mental illness. In order to help inform local analysis of the impacts, the County Behavioral Health Director's Association (CBHDA) developed estimates of statewide and county-by-county impacts. San Mateo County cost would be $2 million in FY 16-17 funding, taken "off the top" of MHSA revenues each month, which means decreased expansion monies for MHSA programming.

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ANNUAL UPDATE FY 2017-2018

(covering highlights and data from FY 2014-2015 services)

PENDING

APPENDICES