



Mental Health Services Act (MHSA)

Prevention and Early Intervention (PEI) Task Force

Meeting 1 of 3
October 27, 2017



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



Why a Taskforce on PEI

- New PEI Guidelines
- PEI requires evidence-based practices, promising practices and/or community-based evidence
- Last taskforce convened in 2006 prior to the disbursement of funds; learnings and best practices have emerged, context and environment have shifted.
- MHSA guidelines require 20% of funds be allocated to PEI and at least 51% of that allocation to programs for children, youth and transition-age youth.

Meeting Objectives

Participation is key!



OCTOBER

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NOVEMBER

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DECEMBER

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Background &
Information



Strategy
Development



Prioritization and
Implementation Considerations

Today's Agenda

1



Expectations

- Statement of Purpose
- Participant Roles
- Objectives and Process

2



Background

- MHSA and Prevention
- Current State
- Priorities and Gaps

3



Group Discussion

- Additional information needed
- Improving the process

Expectations & Roles

Let's get on the same page

- Ground Rules (at each table)
- Consider all information provided along with your personal experiences and needs
- Provide your best thinking and ideas for programs
- We will follow up with any EBP recommendations as needed and or information you would like to have as part of the process
- Decision points – majority vote
- Recommendations to MHSARC

Statement of Purpose

Provide recommendations for funding and prioritization of prevention and early intervention strategies and programs for children, youth and transition age youth.



MHSA – Prop 63

Transforming our behavioral health care system



Community Services & Supports (CSS)

CSS provides direct treatment and recovery services to individuals of all ages living with serious mental illness or emotional disturbance



Prevention & Early Intervention (PEI)

PEI targets individuals of all ages prior to the onset of mental illness, with the exception of early onset of psychotic disorders



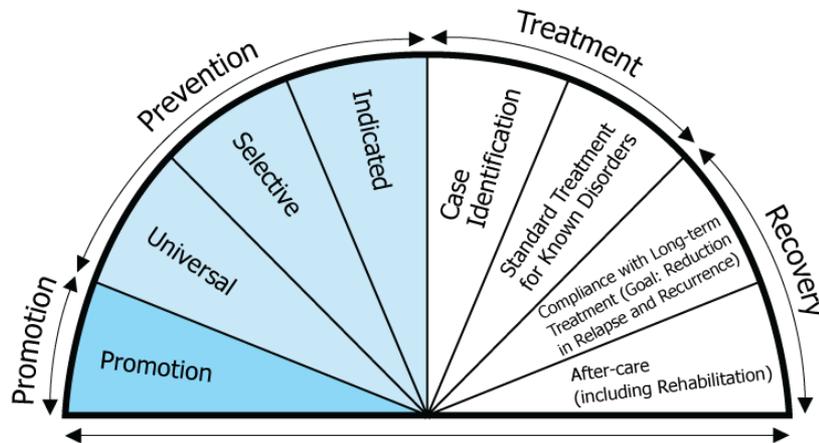
Innovation (INN)

INN funds projects to introduce new approaches or community-drive best practices that have not been proven to be effective

Prevention Frameworks

Crash Course ☺

Behavioral Health Continuum of Care Model

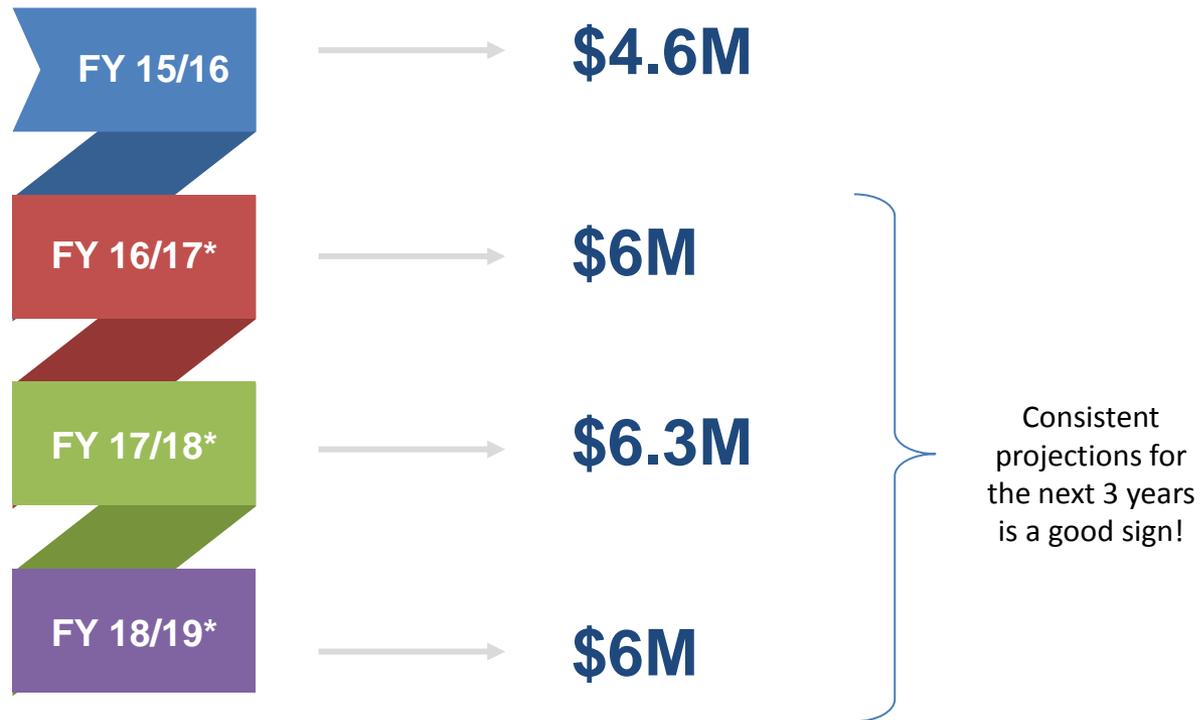


BHRM/MHSA Prevention Framework



PEI Revenue & Expenses

(see expense handout)



* Projections based on information from State Department of Finance, analyses provided by the California Behavioral Health Director's Association and internal analysis. Counties receive monthly MHSA allocations based on actual accrual of tax revenue.

MHSA PEI Programs & Strategies

Prioritizing our values – discussion and decision point

MHSA PEI Programs (ages 0-25)*	Prevention	Early Intervention	Access and Linkage to Tx**	Timely Access**	Stigma and Discrimination**	At-risk Communities**	Impact of Trauma	Juvenile Justice Involvement	Co-occurring MH/SU
Early Childhood Community Team	Universal	Early Childhood	Early Childhood	Early Childhood	Early Childhood	Early Childhood	Early Childhood	Transition Age	Transition Age
Teaching Pro-Social Skills (served ages 6-9)	Universal	School Age	Universal	Universal	School Age	School Age	School Age	Transition Age	Transition Age
Project SUCCESS (served ages 5-18)	School Age	School Age	School Age	School Age	School Age	School Age	School Age	Transition Age	School Age
Seeking Safety (served ages 15-25)	Universal	Transition Age	Universal	Universal	Transition Age	Transition Age	Transition Age	Transition Age	Transition Age
Crisis Hotline and Intervention Team	Universal	Universal	Universal	Universal	Universal	Universal	Universal	Universal	Universal

*see summary handouts

**new requirements for all MHSA PEI programs

Universal	Selective	Indicated
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Early Childhood	Transition Age
School Age	All children and youth

MHSA Three-Year Plan

Gaps in services in order of how often they were mentioned

School Crisis Response Services

“A mobile crisis team for you in schools and for after 3pm at homes to help with triage, counseling on-site, services regardless of insurance and navigate crisis and link families to services”

Peer and Family Integration

“Peer and Family partners as part of mobile crisis teams, honoring lived-experience “

Co-Occurring Integration

“Substance abuse and prevention education and referral services in schools. Schools can't keep suspending kids”

Staff Training Support

“Subsidize substitutes to allow teachers to attend important mental health and stigma reduction trainings”

Support Services for TAY

“College prep, emerging leaders program, career opportunities, mentoring and empowerment”

School-Based MH Education

“Stigma reduction programs, parenting, MHFA and other suicide prevention specifically for students and their families”

Bilingual, Bicultural Capacity

“Bilingual, bicultural school resources workers, peer workers or teams to help prevent burnout to help with language and cultural capacity”

Low to Moderate MH Resources

“For students that don't meet the clinic criteria of SMI and/or insurance”

Mental Health & Substance Abuse Recovery Commission

Identified gaps in MH services for youth

Services in schools, for children ages 5-12

“We do partner well the school districts but we need something after school hours that would include the families. The vision for BHRS is to have an anti-stigma campaign where young kids and the school system can learn more about mental health issues and try to start to address stigma at a very early age.”

Community Crisis Support for Youth

“There are a lot more kids going to Psychiatric Emergency and maybe something like FAST where the situation could be handled in the community would be better for the youth. When people aren’t trained or they aren’t comfortable with the situation they opt to take the youth to Psychiatric Emergency.”



Group Discussion

Today's objective was to provide you with the information needed to make informed recommendations and decisions

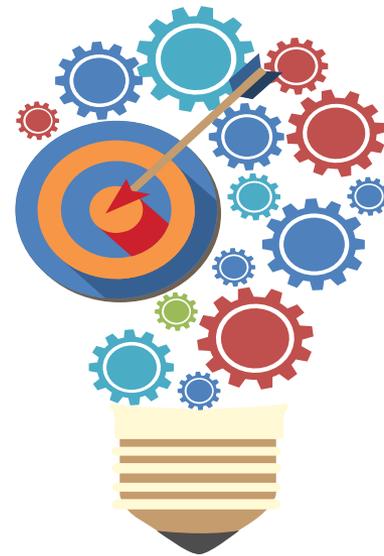


**Background &
Information**

- **What additional information might you need?**
 - Specific data
 - Evidence-based, community best practice strategy background information
 - Map out PEI mental health services beyond MHSA
 - Other needs assessments
 - Missing partners at the table
 - Hear priorities of current funded program providers
 - Other?

Input

- Feedback: Suggestions for improving process, meeting structure, and effectiveness
- Questions
- Public Comments



Thank you!



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