



*Be the one to help*



# Mental Health Service Act (MHSA) Three-Year Planning Launch

Join behavioral health advocates, providers and clients and provide your input on the next 3 years of MHSA priorities.

- Learn about current MHSA funded programs
- Share and discuss MHSA programs key successes, needs and evaluation findings
- Make recommendations on the MHSA 3-Year Plan development process
- Identify and prioritize future strategies for consideration

All MHSA meetings are open to the public

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

\*please reserve these services by March 6th by contacting Colin Hart at (650) 573-5062 or [chart@smcgov.org](mailto:chart@smcgov.org)

## DATE

Monday, March 13, 2017  
3:00 pm – 5:00 pm

San Mateo County Health System  
225 37<sup>th</sup> Avenue, Room 100  
San Mateo, CA 94403

## Contact

**Doris Estremera, MHSA Manager**  
**(650)573-2889**  
**[mhsa@smcgov.org](mailto:mhsa@smcgov.org)**



**COUNTY OF SAN MATEO**  
**HEALTH SYSTEM**  
BEHAVIORAL HEALTH  
& RECOVERY SERVICES

**[smchealth.org/BHRS/MHSA](http://smchealth.org/BHRS/MHSA)**

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



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



**Mental Health Services Act (MHSA) Three-Year Plan Launch**

Monday, March 13, 2016 / 3:00 - 5:00 PM

Health System Campus, Room 100, 225 37<sup>th</sup> Ave., San Mateo, CA

**AGENDA**

- 1. Welcome & Introductions** 3:10 PM  
*Supervisor Dave Pine, District 1, Board of Supervisors*
  
- 2. MHSA Background** 3:15 PM  
*Doris Estremera, MHSA Manager*
  
- 3. Input** 3:25 PM
  - AB1929 Housing Funds  
*Steve Kaplan, Director BHRS*  
*Janet Stone, Housing Policy & Development Manager*
  
- 4. Strategy Brainstorm Activity** 3:40 PM
  - Review preliminary findings  
*Doris Estremera, MHSA Manager*
  
- 5. Adjourn** 4:45 PM

**MARK YOUR CALENDARS!**

MHSA Three-Year Plan Strategy Prioritization - Community Input Meeting

**April 26, 2017 / 4-7pm**

Health System Main Campus, Room 100,  
225 37<sup>th</sup> Ave. San Mateo, CA 94403



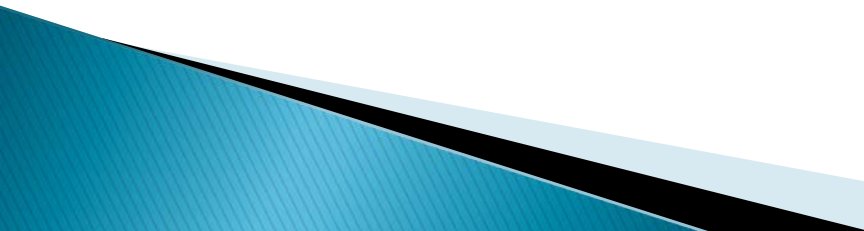
# Mental Health Services Act Three-Year Planning Launch

March 13, 2017



San Mateo County Health System  
Behavioral Health and Recovery Services  
[www.smchealth.org/mhsa](http://www.smchealth.org/mhsa)

# Agenda

- ▶ MHSA Background
  - ▶ Update and Input on AB1929 Housing Funds
  - ▶ Community Program Planning Process
    - Review preliminary findings
  - ▶ Strategy Brainstorm Activity
- 

# Background

- ▶ Proposition 63 (2004)
  - 1% tax on personal income in excess of \$1 mill
  - Fundable activities are grouped into **Components**
  - Guiding principles include community collaboration, health equity, consumer and family driven services, focus on wellness, recovery and resiliency, integrated experience
  - San Mateo County took an integrated approach

Corresponding Handouts:

- MHSAs Info Sheet
- MHSAs Funded Program List by Component

# Planning & Reporting Requirements

- ▶ Community Program Planning (CPP) Process
  - MHSARC and Steering Committee
  - Broader community input for 3- Year Plan
- ▶ Three-Year Plan & Annual Updates
  - Annual Updates - progress, changes, outcomes/data
  - Three-Year Plan - builds on existing programs and prioritizes needs
  - 30 day public review period followed by public hearing
- ▶ Timeline
  - Three-Year Implementation Phase: July 2014 – June 2017
  - Three-Year Planning Phase: January 2017 – June 2017

# Update on AB 1929 – Unspent Housing Dollars

- ▶ Background
  - MHSA Housing dollars funded 4 housing developments, total of 50 units for FSP clients
  - AB 1929 unused funds - rental assistance or subsidies; utility payments; moving cost assistance; and capital funding to build or rehabilitate housing
- ▶ Proposal: 2821 El Camino Real

**Comments, questions?**

# Community Program Planning (CPP)

## Phase 1. Needs Analysis

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

## Phase 2. Strategy Development

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

## Phase 3. Plan Development

- \* Presentation to MHSARC
  - \* Public Comment
  - \* Public Hearing
  - \* BoS adoption
- Today's focus

## Community Input

Dec - Feb

Feb - Apr

May - June

March: Review of Phase 1, Stakeholder Training and Strategy Brainstorm  
April/May: Community Input and Prioritization



# Phase 1. Needs Analysis

- ▶ Sought input from 15 diverse groups, see handout, 9 more to go
  - Overarching theme... follow up needed
  - Crosscutting needs... begin to address today
  - Other needs... follow up needed
  
- ▶ Who's voice is missing?

Corresponding Handout:

- Community Input Sessions

# Phase 1. Needs Analysis

- ▶ Overarching theme:

  - Assess **current MHSA funded programs**

  - 10 years since the inception of MHSA
  - Have made updates to RFPs and contract terms based on contract monitoring, outcome data and regular reporting, evaluations/impact reports
  - Need a concerted effort across all programs

- ▶ Next steps:

  - follow up with funded programs
  - present recommendations at next Steering Cmtee

Corresponding Handout:

- Outcome Reporting and Evaluation

# Phase 1. Needs Analysis

- ▶ What's working well (across the BHRS system)
  - Collaborations - CSA's, Peer Recovery Collaborative, Outreach Collaboratives
  - Peer/Family Partners, California Clubhouse
  - ODE Prevention Programs – MHFA, Parent Project, Digital Storytelling, Stigma Reduction
  - Lived Experience Academy, Vocational Rehabilitation Services for skills building and employment support
  - Senior Peer Counseling Program
  - PREP/BEAM and IMAT “Case Management”

**Additional input?**

# Phase 1. Needs Analysis

- ▶ What needs improvement?
  - **Support services** to enable clients to participate in treatment – childcare, transportation
  - Engagement/integration of **older adults** across services
  - Expanded **culturally relevant outreach** services to link individuals to services
  - Improved **crisis intervention** services (schools/community)
  - Integration of **peer/family support** across services
  - Integration of **co-occurring** alcohol and other drug recovery-based practices across services

## Additional input?

Corresponding Handout:

- Phase 1. Summary of Input

# Phase 2. Community Input

#1 Crisis  
Intervention

#2 Culturally  
Relevant  
Outreach

#3 Integrated  
peer/family  
support

**Select 2 areas of need** to help brainstorm strategies to address them. Answer the following **two questions**:

1. Given the current programs addressing these issues, what are some ways they can be improved?
2. What other best practice or new strategies should be considered to address the issues?

#4 Integrated  
Co-occurring  
practices

#5 Older Adult  
Engagement

#6 Support  
Services for  
Clients

**20 minutes at each table**  
**Facilitator report back of 3 ideas at the end**

# Next Steps

- ▶ Complete Phase 1 – additional input sessions, needs and follow up with MHSA funded programs
- ▶ Recommended strategies and prioritization at next MHSA Community Input meeting:
  - April 26, 2017 / 4-7pm,
  - Health System Campus, Room 100
  - 225 37<sup>th</sup> Ave. San Mateo
- ▶ Final plan development and presentation to the MHSARC and 30 Day Public Comment and Public Hearing
- ▶ Present to the Board of Supervisors for adoption
- ▶ Controller to certify expenditures
- ▶ Submit to the State MHSOAC

# Thank You!

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



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



**FY 2016 – 2017**

MHSA Component	Service Category	Programs*
Community and Services Support (CSS)	Full Service Partnerships (FSP)	Children and Youth <ul style="list-style-type: none"> <li>• Edgewood - Short-term Adjunctive Youth and Family Engagement (SAYFE) FSP</li> <li>• Edgewood - Comprehensive “Turning Point” FSP</li> <li>• Fred Finch - Out-of-County Foster Care FSP</li> </ul> Transition Age Youth (TAY) <ul style="list-style-type: none"> <li>• Caminar - Enhanced Supportive Education Services FSP</li> <li>• Edgewood - Comprehensive “Turning Point” FSP</li> <li>• Mental Health Association - FSP Supported Housing</li> </ul> Adult /Older Adult <ul style="list-style-type: none"> <li>• Telecare – FSP and Housing Support</li> <li>• Caminar - FSP and Housing Support</li> <li>• Mateo Lodge - South County Integrated FSP</li> </ul>
	General System Development (GSD)	<ul style="list-style-type: none"> <li>• Older Adult System of Integrated Services (OASIS)</li> <li>• Senior Peer Counseling Services (50% CSS; 50%PEI)</li> <li>• Pathways, Court Mental Health</li> <li>• Pathways, Co-Occurring Housing Services</li> </ul> System Transformation & Effectiveness Strategies <ul style="list-style-type: none"> <li>• Peer Consumer and Family Partners</li> <li>• Co-Occurring Contracts with AOD Providers</li> <li>• Juvenile Girls Program</li> <li>• Child Welfare Partners</li> <li>• Puente Clinic for Developmentally Disabled</li> <li>• The California Clubhouse</li> <li>• The Barbara A. Mouton Multicultural Wellness Center</li> <li>• Evidence Based Practices (EBP) and Services</li> </ul>
	Outreach and Engagement (O&E)	<ul style="list-style-type: none"> <li>• Family Assertive Support Team (FAST)</li> <li>• Outreach Collaborative - North County Outreach Collaborative (NCOC) and East Palo Alto Partnership for Mental Health Outreach (EPAPMHO)</li> <li>• Ravenswood Family Health Center (40% CSS; 60%PEI)</li> <li>• BHRS Staff Positions</li> </ul>
Housing	Housing	<ul style="list-style-type: none"> <li>• Cedar Street Apartments in Redwood City (2009)</li> <li>• El Camino Apartments in South San Francisco (2010)</li> <li>• Delaware Pacific Apartments in San Mateo(2011)</li> <li>• Waverly Place Apartments in North Fair Oaks (2016)</li> </ul>

3/13/2017

Visit [www.smchealth.org/bhrs/mhsa](http://www.smchealth.org/bhrs/mhsa) for more information

For questions contact Doris Estremera, MHSA Manager at (650)573-2889 or [destremera@smcgov.org](mailto:destremera@smcgov.org)





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



**FY 2016 – 2017**

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

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

3/13/2017

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# San Mateo County Health System Behavioral Health and Recovery Services (BHRS)



## Mental Health Services Act (MHSA)

### Background

Proposition 63, now known as 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 one million dollars translating to about \$23 million average for San Mateo County annually 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 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. MHSA core values include:

- ◆ Community collaboration
- ◆ Cultural competence
- ◆ Consumer and family driven services

- ◆ Focus on wellness, recovery, resiliency
- ◆ Integrated service experience for clients and family members

MHSA provides funding for Community Program Planning (CPP) activities, which include extensive stakeholder processes in planning, implementation and evaluation. MHSA funded programming and 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 funding is allocated as follows across the components:

- ◆ CSS: 75-80% of funds with at least 51% on the most acute clients through Full Service Partnerships
- ◆ PEI: 15-20% with at least 51% on ages 0-25 and not on individuals who are already known to have a mental illness, with one exception: early onset of psychotic disorders.
- ◆ INN: 5% of the county’s annual PEI and CSS funds
- ◆ 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 the 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.smhealth.org/bhrs/mhsa](http://www.smhealth.org/bhrs/mhsa) for more information

For questions contact Doris Estremera, MHSA Manager at (650)573-2889 or [destremera@smcgov.org](mailto:destremera@smcgov.org)

## Program and Expenditure Planning

Counties are required to prepare for and submit a Three-Year MHSA Plan and Annual Updates.

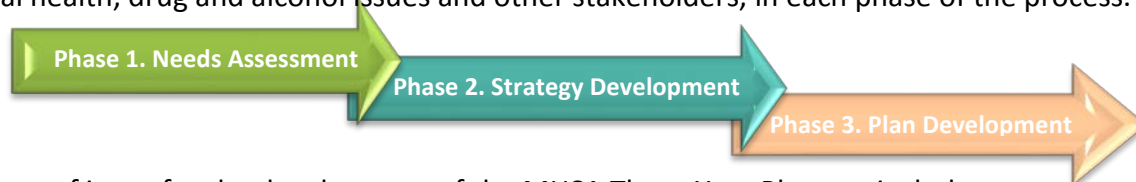
The **MHSA Three-Year Plan** is developed in collaboration with clients and families receiving services, community members, staff, community agencies and other stakeholder to describe programs and services that will be funded by MHSA and prioritizes any new programs, strategies and/or expansions. It includes the following elements:

1. Existing MHSA funded program descriptions and goals for each of the required MHSA components<sup>1</sup>
2. Priority needs or gaps in services as identified by the planning process. These are implemented year round if funding becomes available<sup>2</sup>
3. Expenditure projections based on estimated revenues and unspent funds

Each Three-Year Plan development honors and builds upon existing funded programs and input received through previous planning. MHSA funded programs are evaluated throughout their implementation, adjustments are made as needed and outcomes shared to inform recommendations about continuing and or ending a program. All agencies funded to provide MHSA services go through a formal Request for Proposal (RFP) process to ensure an open and competitive process. To receive notification of BHRS funding opportunities, please subscribe at [www.smchealth.org/rfps](http://www.smchealth.org/rfps).

## Stakeholder and Community Input

MHSA planning uses a Community Program Planning (CPP) process to engage clients and families experiencing mental health, drug and alcohol issues and other stakeholders, in each phase of the process.



The type of input for the development of the MHSA Three-Year Plan can include:

- ◆ Highlighting what's working well (programs, program components, efforts)
- ◆ Identifying what needs improvement, what's missing from both the CPP and services
- ◆ Prioritizing identified needs for potential future funding
- ◆ Developing ideas to address priority needs and potentially serve as the basis for future RFPs

Input is gathered at existing community meetings, specific input sessions, through surveys, and as formal public comment during the required 30-Day Public Comment and Public Hearing for the Annual Updates and Three-Year Plan. To receive notification of input opportunities please subscribe at [www.smhealth.org/mhsa](http://www.smhealth.org/mhsa).

## Current Timeline

- ◆ **Three-Year Plan Implementation:** July 1, 2014 – June 30, 2017
- ◆ **Annual Updates Due:** December 2015, December 2016, December 2017
- ◆ **Next Three-Year Planning Phase:** January 2017 – June 2017
- ◆ **Next Three-Year MHSA Plan Due:** December 2017

<sup>1</sup> See [www.smchealth.org/mhsa](http://www.smchealth.org/mhsa) Plan and Components section for a description of each required component.

<sup>2</sup> Counties receive monthly MHSA allocations based on actual accrual of tax revenue, making it difficult to know exact allocations of funding that will be available for new programs and/or priority strategies or expansions. This means RFP's for new programs can be released at any time within the Three-Year Plan implementation.



## Phase I. Needs Analysis – Summary of Input

THEMES/NEEDS	Stakeholder Groups
<p><b>Top cross-cutting themes:</b></p> <ol style="list-style-type: none"> <li>1. Support services to enable clients to participate in treatment – childcare, transportation</li> <li>2. Engagement/integration of older adults across services</li> <li>3. Expanded culturally relevant outreach services to link individuals</li> <li>4. Improved crisis intervention services (schools/community)</li> <li>5. Integration of peer/family support across services</li> <li>6. Integration of co-occurring alcohol and other drug recovery-based practices across services</li> </ol> <p><b>Follow-up needed:</b></p> <ul style="list-style-type: none"> <li>• Housing</li> <li>• School staff training</li> <li>• Cultural Humility/Competence in Service Delivery               <ul style="list-style-type: none"> <li>○ Bilingual, Bicultural Capacity</li> </ul> </li> <li>• Homeless mental health clients</li> <li>• Other prevention service needs</li> </ul> <p><b>The following were mentioned 1- 2 times</b></p> <ul style="list-style-type: none"> <li>• Services for SMI individuals with private insurance</li> <li>• Services for low to moderate clients</li> <li>• Suicide Prevention</li> <li>• Staff self-care</li> <li>• Non-profit Infrastructure</li> <li>• After school services</li> <li>• Foster care placement</li> <li>• Technology</li> <li>• Supported employment</li> <li>• Re-certification of peer run services</li> </ul>	<ul style="list-style-type: none"> <li>• Central Community Service Area (C-CSA)</li> <li>• Coastside CSA (CS-CSA)</li> <li>• East Palo Alto CSA (EPA-CSA)</li> <li>• Northwest CSA (NW-CSA)</li> <li>• South CSA (S-CSA)</li> <li>• Diversity and Equity Council (DEC)</li> <li>• Health Equity Initiatives (HEI)               <ul style="list-style-type: none"> <li>○ African American Community Initiative</li> <li>○ Chinese Health Initiative</li> <li>○ Filipino Mental Health Initiative</li> <li>○ Latino Collaborative</li> <li>○ Native American Initiative</li> <li>○ Pacific Islander Initiative</li> <li>○ PRIDE Initiative</li> <li>○ Spirituality Initiative</li> </ul> </li> <li>• Change Agents/CARE Committee (AOD)</li> <li>• National Alliance on Mental Illness (NAMI)</li> <li>• Peer Recovery Collaborative (PRC)</li> <li>• MHSARC Older Adult Committee (MHSARC-OA)</li> <li>• MHSARC Adult Committee (MHSARC-A)</li> <li>• MHSARC Child and Youth Committee (MHSARC-C)</li> <li>• Coastside School Based Mental Health Collaborative (CS-SBMHC)</li> <li>• Central School Based Mental Health Collaborative (C-SBMHC)</li> <li>• Northwest School Based Mental Health Collaborative (NW-SBMHC)</li> <li>• Northeast School Based Mental Health Collaborative (NE-SBMHC)</li> <li>• Ravenswood School Collaborative (R-SBMHC)</li> </ul>



**San Mateo County Health System  
Behavioral Health and Recovery Services (BHRS)**



**Mental Health Services Act (MHSA)  
Summary of Outcome Reporting and Evaluation Activities**

MHSA Component	Service Category	Outcome Reporting	Formal Eval/ Impact Analysis
Community Services & Supports (75%)	<b>Full Service Partnerships (51%)</b>		
	o Children, Youth and Transition Age Youth FSPs	✓	✓
	o Adult and Older Adult FSPs	✓	✓
	<b>General System Development</b>		
	o Older Adult System of Integrated Services	✓	
	o Senior Peer Counseling Services	✓	
	o Pathways Program	✓	
	o Peer and Family Partners	✓	
	o Co-occurring Alcohol and Other Drugs Providers	✓	
	o Juvenile Girls Program	✓	
	o Child Welfare Partners	✓	
	o Puente Clinic for Developmentally Disabled	✓	
	o The California Clubhouse	✓	
	o The Mouton Multicultural Wellness Center	✓	
	o Evidence-based Practice Providers		
	<b>Outreach and Engagement</b>		
	o Family Assertive Support Team	✓	
o Outreach Collaboratives (EPAPMHO, NCOC)	✓	✓	
o Ravenswood Family Health Center	✓		
Prevention & Early Intervention (20%)	<b>Ages 0-25 Programs (50%)</b>		
	o Early Childhood Community Team	✓	✓
	o Project SUCCESS	✓	✓
	o Seeking Safety	✓	✓
	o Project Grow	✓	✓
	o Teaching Pro-social Skills	✓	✓
	<b>Early Intervention Programs</b>		
	o Crisis Hotline	✓	✓
	o Prevention and Recovery in Early Psychosis (PREP)	✓	✓
	o SMART & SMMC		
	<b>All Ages - Office of Diversity and Equity</b>		
	o Diversity & Equity Council /Health Equity Initiatives	✓	✓
	o Digital Storytelling and Photovoice	✓	
o Adult Mental Health First Aid	✓	✓	
o Health Ambassador Program	✓		
o Be the One Campaign	✓		
o Suicide Prevention Initiative	✓		
Workforce Education	o Workforce Dev (Lived Experience Academy, Cultural Stipends)	✓	✓*
	o Workforce Education and Training	✓	✓*
Innovations (5%)	<b>Current Innovative Projects (2017-2020)</b>		
	o Health Ambassador Program – Youth	✓	✓*
	o LGBTQ Coordinated Center	✓	✓*
	o NMT – Adult System of Care	✓	✓*

\*in progress