

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:

Services and Each Supports Interv	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

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Improvement; and be Welcoming and Engaging to those who seek our services and work with us.

Visit <u>www.smchealth.org/bhrs/mhsa</u> for more information For questions contact Doris Estremera, MHSA Manager at (650)573-2889 or <u>destremera@smcgov.org</u>

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 components¹
- 2. Priority needs or gaps in services as identified by the planning process. These are implemented year round if funding becomes available²
- 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.

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.

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

¹ See www.smchealt<u>h.org/mhsa</u> Plan and Components section for a description of each required component.

MHSA Info Sheet Updated 3/2017

² 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.



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 Edgewood Short-term Adjunctive Youth and Family Engagement (SAYFE) FSP Edgewood Comprehensive "Turning Point" FSP Fred Finch Out-of-County Foster Care FSP Transition Age Youth (TAY) Edgewood Comprehensive "Turning Point" FSP and North and South Drop-in Centers Caminar Enhanced Supportive Education Services Mental Health Association Supported Housing Adult /Older Adult Telecare — FSP and Housing Support Caminar - FSP and Housing Support Mateo Lodge - South County Integrated FSP
	General System Development (GSD)	 Older Adult System of Integrated Services (OASIS) Senior Peer Counseling Services (50% CSS; 50%PEI) Pathways, Court Mental Health Pathways, Co-Occurring Housing Services Juvenile Girls Program Co-Occurring Contracts with AOD Providers Child Welfare Partners Puente Clinic Peer Consumer and Family Partners The California Clubhouse The Barbara A. Mouton Multicultural Wellness Center Evidence Based Practices (EBP) and Services
	Outreach and Engagement (O&E)	 Family Assertive Support Team (FAST) North County Outreach Collaborative (NCOC) East Palo Alto Partnership for Mental Health Outreach (EPAPMHO) and East Palo Alto Behavioral Health Advisory Group (EPABHAG) Ravenswood Family Health Center (40% CSS; 60%PEI) BHRS Staff Positions
Housing	Housing	 Cedar Street Apartments in Redwood City (2009) El Camino Apartments in South San Francisco (2010) Delaware Pacific Apartments in San Mateo(2011) Waverly Place Apartments in North Fair Oaks (2017)



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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)	 Early Childhood Community Team (ECCT) Community Interventions for School Age and TAY Project SUCCESS Seeking Safety Teaching Pro-Social Skills
	Early Intervention	 Primary Care Interface Prevention and Recovery in Early Psychosis (PREP) Crisis Hotline, Youth Outreach and Intervention Team SMC Mental Assessment and Referral Team (SMART)
	Prevention	Office of Diversity and Equity (ODE) • Health Equity Initiatives (HEI) • Health Ambassador Program
	Recognition of Early Signs of MI	Adult Mental Health First Aid
	Stigma Discrimination and Suicide Prevention	 Digital Storytelling and Photovoice Stigma Free San Mateo County – Be the ONE Campaign San Mateo County Suicide Prevention Committee (SPC)
	Access and Linkage to Treatment	 Ravenswood Family Health Center (40% CSS; 60%PEI) Senior Peer Counseling (50% CSS; 50%PEI) HEI Outreach Worker Program
Innovations (INN)	N/A	 Health Ambassador Program – Youth LGBTQ Behavioral Health Coordinated Services Center Neurosequential Model of Therapeutics (NMT) – Adults
Workforce and Education Training (WET)	N/A	 Training by/for Consumers and Family Members – Lived Experience Academy, Wellness Recovery Action Plan System Transformation and Workforce Development Behavioral Health Career Pathways Program Financial Incentives – Cultural Stipends, Loan Assumption
Capital Facilities and Information Tech (CF/IT)	N/A	eClinical Care (launched in 2008-09)

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