AGENDA

1. Welcome and introductions 3:15 to 3:20
   • Call to order and action to release plan for public comment
     Dave Pine, Supervisor District 1, Co-Chair
     Cameron Johnson, MHSARC Chair, Co-Chair

2. MHSA 101 3:20 to 3:30
   Sandra Santana-Mora, BHRS Manager of Strategic Operations

3. MHSA-funded programs - Presentations 3:30 to 4:15
   • Prevention and Referral in Early Psychosis Kate Hardy, Clinical Psychologist, UCSF
   • Total Wellness Chris Esquerra, BHRS Deputy Medical Director
   • OASIS Diane Dworkin, BHRS Manager for Older Adults

4. MHSA progress report (past year) 4:15 to 4:25
   • Report per component
     Sandra Santana-Mora with
     Kristin Dempsey, BHRS Workforce Development Director,
     Paul Sorbo, BHRS Deputy Director, Children & Youth, and
     Judy Davila, BHRS Deputy Director, Adults

5. FY 13/14 Annual Update 4:25 to 4:40
   Stephen Kaplan, BHRS Director

6. Public Comment 4:40 to 4:55
   Cameron Johnson (Facilitator)

7. Next steps and closing remarks 4:55 to 5:00
   • Public comment period ends May 1st, 2013 with a public hearing to be hosted by the MHSARC
   Supervisor Pine

PUBLIC COMMENT PERIOD: March 6th, 2013 – May 1st, 2013

PUBLIC HEARING: May 1st, 2013 – 3 to 5 p.m.
225 37th Avenue, Room 100, San Mateo, CA 94606
MENTAL HEALTH SERVICES ACT
STEERING COMMITTEE MEETING
March 6, 2013

PROGRESS REPORT and ANNUAL UPDATE FY 13/14

San Mateo County Health System
Behavioral Health and Recovery Services Division
OUR AGENDA FOR TODAY

- MHSA 101
- PROGRAMS PRESENTATIONS
- PROGRESS REPORT (previous year)
- PLAN FOR FY 13/14
MENTAL HEALTH SERVICES ACT 101
PROPOSITION 63

- Passed in November of 2004
- 1% tax on personal income > $1M
- Funds mental health services
  - Co-occurring OK
- No supplant rule
- 3-year reversion cycle for most components
PRI NCIPLES AND FUNDING BOUNDARIES

- Wellness, recovery and resilience
- Cultural competence
- Consumer/family driven services
- Integrated service experience
- Community collaboration

Fundable activities are grouped into ‘components’, each one with its own set of guidelines and rules.
workforce education and training

prevention and early intervention

innovation

HOUSING

IT/CF

community services and supports

information technology and capital facilities

PEI

WET

CSS

INN
PROGRAM PRESENTATION
PREP
PREVENTION & REFERRAL IN EARLY PSYCHOSIS
PROGRAM PRESENTATION
TOTAL WELLNESS
PROGRAM PRESENTATION

OASIS

OLDER ADULTS

SYSTEM OF INTEGRATED SERVICES
### MHSA AT A GLANCE – CLIENTS SERVED

<table>
<thead>
<tr>
<th></th>
<th>Outreach and Engagement</th>
<th>System Development Initiatives</th>
<th>Full Service Partnerships</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>06/07</strong></td>
<td>314</td>
<td>1,846</td>
<td>161</td>
</tr>
<tr>
<td><strong>07/08</strong></td>
<td>1,905</td>
<td>3,896</td>
<td>281</td>
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<tr>
<td><strong>08/09</strong></td>
<td>4,707</td>
<td>3,684</td>
<td>336</td>
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<tr>
<td><strong>09/10</strong></td>
<td>5,471</td>
<td>4,159</td>
<td>350</td>
</tr>
<tr>
<td><strong>10/11</strong></td>
<td>9,996</td>
<td>4,089</td>
<td>428</td>
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<tr>
<td><strong>11/12</strong></td>
<td>9,121</td>
<td>4,585</td>
<td>426</td>
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<tr>
<td>PROGRAM</td>
<td>06/07</td>
<td>07/08</td>
<td>08/09</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>-------</td>
<td>-------</td>
<td>-------</td>
</tr>
<tr>
<td>Full Service Partnership (Adults/Older Adults)</td>
<td>41 A</td>
<td>85 A</td>
<td>125 A</td>
</tr>
<tr>
<td></td>
<td>33 OA</td>
<td>57 OA</td>
<td>103 OA</td>
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<tr>
<td>Full Service Partnership (Children/Youth/TAY)</td>
<td>87</td>
<td>67 C/Y</td>
<td>60 C/Y</td>
</tr>
<tr>
<td></td>
<td>C/Y/TAY</td>
<td>55 TAY</td>
<td>48 TAY</td>
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<tr>
<td>Primary Care-Based Behavioral Health Services</td>
<td>128</td>
<td>665</td>
<td>852</td>
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<tr>
<td>Outreach East Palo Alto</td>
<td>N/A</td>
<td>1,250</td>
<td>2,978</td>
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<tr>
<td>Outreach North County Collaborative</td>
<td>N/A</td>
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<td>430</td>
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<tr>
<td>Older Adults System of Integrated Services</td>
<td>100</td>
<td>187</td>
<td>259</td>
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<tr>
<td>Total Wellness</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>PROGRAM</td>
<td>06/07</td>
<td>07/08</td>
<td>08/09</td>
</tr>
<tr>
<td>-------------------------------</td>
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<td>-------</td>
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<tr>
<td>Crisis Hotline</td>
<td>168</td>
<td>539</td>
<td>677</td>
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<td>Pathways</td>
<td>56</td>
<td>181</td>
<td>185</td>
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<tr>
<td>Consumer / family partners</td>
<td>595</td>
<td>842</td>
<td>764</td>
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<tr>
<td>EBP expansion (youth/adults)</td>
<td>948</td>
<td>2,192</td>
<td>2,125</td>
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<tr>
<td>Puente DD clinic</td>
<td>N/A</td>
<td>N/A</td>
<td>69</td>
</tr>
<tr>
<td>Interns</td>
<td>135</td>
<td>131</td>
<td>224</td>
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</tbody>
</table>
## FULL SERVICE PARTNERSHIPS OUTCOMES

<table>
<thead>
<tr>
<th>OUTCOMES</th>
<th>CHILDREN &amp; YOUTH</th>
<th>TRANSITION AGE YOUTH (TAY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decreased Psychiatric Emergency Services Visit</td>
<td>67%</td>
<td>59%</td>
</tr>
<tr>
<td>Decreased Hospitalization</td>
<td>57%</td>
<td>65%</td>
</tr>
</tbody>
</table>

Percentage of program participants showing decreased rates of hospitalization and visits to Psychiatric Emergency Services and hospitalizations.
FULL SERVICE PARTNERSHIPS
ETHNIC BREAKDOWN (Children and Youth)

- White or Caucasian, 80, 27%
- Hispanic or Latino, 105, 36%
- Black or African American, 45, 15%
- Mixed Race, 31, 10%
- Japanese, 3, 1%
- Other Pacific Islander, 7, 2%
- Unknown / Not Reported, 8, 3%
- Other Race, 7, 2%
- Other Asian, 3, 1%
- Samoan, 1, 0%
- Filipino, 9, 3%
- Chinese, 1, 0%
FULL SERVICE PARTNERSHIPS
ETHNIC BREAKDOWN (Transition Age Youth)

- Hispanic or Latino, 37, 31%
- Black or African American, 22, 19%
- White or Caucasian, 37, 32%
- American Indian or Alaska Native, 2, 2%
- Filipino, 5, 4%
- Other Pacific Islander, 1, 1%
- Mixed Race, 10, 9%
- Other Race, 1, 1%
# FULL SERVICE PARTNERSHIPS OUTCOMES

<table>
<thead>
<tr>
<th>OUTCOMES</th>
<th>ADULTS</th>
<th>OLDER ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decreased Psych Emergency Services Visit</td>
<td>57%</td>
<td>65%</td>
</tr>
<tr>
<td>Decreased Hospitalization</td>
<td>72%</td>
<td>72%</td>
</tr>
</tbody>
</table>

Percentage of program participants showing decreased rates of hospitalization and visits to Psychiatric Emergency Services and hospitalizations.
FULL SERVICE PARTNERSHIPS
ETHNIC BREAKDOWN (Older Adults)

- White or Caucasian: 70, 56%
- Black or African American: 27, 21%
- Hispanic or Latino: 18, 14%
- Filipino: 5, 4%
- Mixed Race: 4, 3%
- Other Race: 3, 2%
Construct or acquire housing units for seriously mentally ill adults, older adults, families with severely emotionally disturbed children and transitional aged youth

- Funds for both construction and operation
- $121,665 per unit not to exceed one third cost of unit; and up to $121,665 per unit for unit operating costs
- BHRS responsible for services through Full Service Partnerships
Cedar Street Apartments - Approved in 2009 (14 units) - Original Sketch

Pictures of the completed project

CEDAR STREET APARTMENTS
104 CEDAR STREET

DEVELOPER: MENTAL HEALTH ASSOCIATION OF SAN MATEO COUNTY
ARCHITECT: KODAMA DESIGN ARCHITECTS AND PLANNERS, SAN FRANCISCO, CALIFORNIA
CONTRACTOR: JOHNSTONE MOWER, INC. SAN MATEO, CALIFORNIA

FUNDERS:
BERNARD A. NEWCOMB FOUNDATION
CALIFORNIA HOUSING FINANCE AGENCY
CITY OF REDWOOD CITY
SAN MATEO COUNTY DEPARTMENT OF HOUSING
SAN MATEO COUNTY DEPARTMENT OF EXHIBITION, HEALTH AND RECOVERY SERVICES
STATE OF CALIFORNIA DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
UNITED STATES DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

CalHFA
HOUSING PROJECTS

El Camino Apartments - Approved in 2010 (20 units) - Original Sketch

Completed project

In progress
Delaware Street Apartment - Approved in 2011 (10 units) – Original Sketch
### HOUSING – FUNDING BREAKDOWN

<table>
<thead>
<tr>
<th>ONE-TIME ALLOCATION:</th>
<th>$ 6,762,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cedar Street</td>
<td>$524,150</td>
</tr>
<tr>
<td>S. El Camino</td>
<td>$2,163,200</td>
</tr>
<tr>
<td>Delaware Street</td>
<td>$1,124,860</td>
</tr>
<tr>
<td><strong>TOTAL COMMITTED</strong></td>
<td><strong>$3,812,210</strong></td>
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<tr>
<td>Remainder:</td>
<td>$2,949,790</td>
</tr>
<tr>
<td>(interest)</td>
<td></td>
</tr>
</tbody>
</table>
Early Childhood Community Team – Targets the 0 to 5 population, parents and child care service providers

- Numbers have increased dramatically with program in full operation in 11/12, currently providing MH consultation services to 130 children and 25 staff, and parent groups in the Coast. Also serving 8 families in Daly City.
Office of Diversity and Equity Highlights:

- Mental Health First Aid – 4 12-hr trainings provided with blended MHSA funding (WET and PEI)
- Parent Project – Trained 4 new facilitators from different ethnicities and held a Latino and a Pacific Islander Parent Project training that reached more than 30 parents.
- Photovoice / Digital Storytelling
- Various trainings hosted by the health equity initiatives
  - African American Community; Chinese Health Initiative; Pacific Islander Initiative; Filipino Mental Health Initiative; Latino Collaborative; PRIDE Initiative; Spirituality Initiative
Community Interventions for School and Transition Age Youth:

- Teaching Pro-social Skills served 40 students in 6 schools (January through June 2011)
- Seeking Safety, served 141 youth in 510 group sessions in FY 11/12 waiting for El Centro numbers
- Project SUCCESS: 15 clients served in 1 quarter of programming
- Middle school initiative served 53 students in FY 10/11
PREVENTION AND EARLY INTERVENTION

- PREP, Prevention and Recovery in Early Psychosis, targets individuals ages 14 to 35 with first onset schizophrenia and other psychotic disorders.

PREP referral line is 650.504.3374
WORKFORCE EDUCATION AND TRAINING

- BHRS Staff Mentoring Pilot (40 mentors and mentees; 50 workshops attendees)
- Mental Health Loan Assumption Awardees (42)
- Lived Experience Academy (34 graduates)
- Ongoing implementation of evidence based practices including Seeking Safety, Motivational interviewing, WRAP, Strength-Based Case Management, trauma-informed care, mindfulness based cognitive therapies (1,100)
- Continued recruitment of interns and distribution of stipends with increased collaboration with ODE (20 stipends, 65 interns)
- High School Career Pathways – Students and East Palo Alto Academy and Terra Nova High School taught about behavioral healthcare and behavioral health care careers – (140 students)
The mission of Total Wellness is to ensure a coordinated and holistic, wellness-based approach for our clients with serious and persistent behavioral health issues.

Services include: nurse care coordination with primary care services; peer wellness coaching; peer led wellness groups such as smoking cessation and well body; health education; nutrition classes and physical activities; TW WRAP group, among others.

A total of 349 individuals have been enrolled and served since the program went live in February 2011.
INNOVATION

- Based on current TW interventions, enrollees are improving in terms of health outcomes
- Between baseline and 6-month reassessment, 50% improvement shown in HgbA1c, 47.60% in Triglycerides, 42.90% in BMI, and 21.50% in blood pressure
- 73.50% of enrollees indicated no serious psychological distress at 6-month versus 61.90% baseline; and 64.20% feeling socially connected versus 51.40% baseline
- Increase in medical outpatient service utilization and a decrease in acute/inpatient service utilization by these enrollees when comparing their utilization rates of 2010-11 and 2011-12
TECHNOLOGY

- Upgraded infrastructure to accommodate more than 600 users including use by San Mateo Medical Center Psychiatric Emergency Services and Psychiatric Inpatient
- Upgraded software to comply with Meaningful Use requirements.
- Employed a person to support contracted Community Based Organizations to enhance their use of Avatar
- Paid 40% of the salary of a trainer to create online Electronic Health Records trainings and keep our training/support documentation up to date
CURRENT CONTEXT
MHSA LANDSCAPE

- More local flexibility
  - Contradictory instructions still in the books
- Monthly influx of tax dollars on an accrual basis
  - Great for cash flow, not so great for planning
  - First disbursement to San Mateo on September 2012, monthly after that.
- Will know allocation for FY 12/13 at the end of FY 12/13.
- Uncertainty in terms of revenue: hard to predict how much money we will have at the end of the year
MHSA LANDSCAPE

- Oversight and Accountability to “receive” plans to support evaluation
  - Ongoing FSP evaluation and PEI evaluation in the works
- County Board of Supervisors to approve plans
- County Controller to certify expenditures
- Increased demands on the dollars, with several emerging legislative proposals that would affect the use of MHSA dollars
  - Two years ago the State “borrowed” more than 800 million two years ago. Last year, 60 million were redirected to the statewide Disparities Reduction project
MHSA LANDSCAPE

• **SB 585 (Steinberg):** Bill would clarify that services provided under Laura’s Law may be provided pursuant to the procedures specified in the Mental Health Services Act.

• **AB 1367 (Mansoor):** Would declare that Laura's Law is consistent with and furthers the intent of the MHSA. Would clarify that services provided under Laura's Law may be provided pursuant to the MHSA. Would provide that outreach under Prevention and Early Intervention programs may include the provision of funds to school districts, county offices of education, and charter schools for the purposes of obtaining and providing training to identify students with mental health issues that may result in a threat to themselves or others.
• **SB 664 (Yee):** Laura’s Law regulates designated assisted outpatient treatment services, which a county may choose to provide for its residents. To implement the program, the county Board of Supervisors is required to, by resolution, authorize the program and make a finding that no voluntary mental health program serving adults, and no children’s mental health program, may be reduced as a result of the program’s implementation. This bill would no longer require a county to authorize the program by resolution and make these findings to implement the program.
## REVENUE EVOLUTION

### Fiscal Year

<table>
<thead>
<tr>
<th></th>
<th>07/08</th>
<th>08/09</th>
<th>09/10</th>
<th>10/11</th>
<th>11/12</th>
<th>12/13</th>
<th>13/14</th>
</tr>
</thead>
<tbody>
<tr>
<td>CSS</td>
<td>518</td>
<td>650</td>
<td>900</td>
<td>784</td>
<td>741</td>
<td>1,005</td>
<td>884</td>
</tr>
<tr>
<td>PEI</td>
<td>115</td>
<td>233</td>
<td>330</td>
<td>216</td>
<td>185</td>
<td>251</td>
<td>221</td>
</tr>
<tr>
<td>INN</td>
<td>-</td>
<td>71</td>
<td>71</td>
<td>120</td>
<td>49</td>
<td>66</td>
<td>58</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>633</strong></td>
<td><strong>954</strong></td>
<td><strong>1,301</strong></td>
<td><strong>1,120</strong></td>
<td><strong>975</strong></td>
<td><strong>1,322</strong></td>
<td><strong>1,163</strong></td>
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## Revenue Evolution

<table>
<thead>
<tr>
<th></th>
<th>Fiscal Year</th>
<th>Actual (millions)</th>
<th>Estimated</th>
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<tr>
<td></td>
<td>07/08</td>
<td>08/09</td>
<td>09/10</td>
</tr>
<tr>
<td>CSS</td>
<td>518</td>
<td>650</td>
<td>900</td>
</tr>
<tr>
<td>PEI</td>
<td>115</td>
<td>233</td>
<td>330</td>
</tr>
<tr>
<td>INN</td>
<td>-</td>
<td>71</td>
<td>71</td>
</tr>
<tr>
<td>Total</td>
<td>633</td>
<td>954</td>
<td>1,301</td>
</tr>
</tbody>
</table>

**Growth Rates:**

- CSS: +36.4
- PEI: -16.2
- INN: -14.9
- Total: +35.6
- Total: -13.7
FISCAL YEAR 13/14

PLAN
San Mateo’s strategy of using higher revenue years to carry us through lower revenue years has paid off, allowing us to maintain the expenditure level using previous years unspent, encumbered dollars.
<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>ITEM</th>
<th># UNITS</th>
<th>COST PER UNIT</th>
<th>TOTAL ANNUAL COST</th>
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</thead>
<tbody>
<tr>
<td>CSS FSP</td>
<td>Slots for psychiatric emergency services and 3AB (TAY and Adults)</td>
<td>10</td>
<td>$22,193</td>
<td>$221,930</td>
</tr>
<tr>
<td>CSS FSP</td>
<td>Slots for TAY, with housing</td>
<td>5</td>
<td>$46,000</td>
<td>$230,000</td>
</tr>
<tr>
<td>CSS FSP</td>
<td>Expansion of integrated FSPs to Central (Adults)</td>
<td>5</td>
<td>$8,733</td>
<td>$43,665</td>
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<tr>
<td>CSS FSP</td>
<td>Expansion of Wraparound services for children and youth</td>
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<td>$36,000</td>
<td>$180,000</td>
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<td>CSS FSP</td>
<td>Additional housing for existing FSP Adults</td>
<td>25</td>
<td>$5,774</td>
<td>$144,350</td>
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<td><strong>CSS FSP TOTAL</strong></td>
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<td><strong>$819,945</strong></td>
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<tr>
<td>CSS NON-FSP</td>
<td>Pre-crisis response services</td>
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<td>$3,125</td>
<td>$250,000</td>
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<td>CSS NON-FSP</td>
<td>Expansion of supports for youth transitioning to adulthood</td>
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<td>$135,000</td>
<td>$135,000</td>
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<tr>
<td>CSS NON-FSP</td>
<td>Expansion of assessment, supported employment, and financial empowerment for clients</td>
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<td>$100,000</td>
<td>$100,000</td>
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<td><strong>CSS NON-FSP TOTAL</strong></td>
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<td><strong>$485,000</strong></td>
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<tr>
<td><strong>TOTALS</strong></td>
<td></td>
<td></td>
<td></td>
<td><strong>$1,304,945</strong></td>
</tr>
</tbody>
</table>
Our known unspent dollars (previous year) are already committed for ongoing programming.

Our expansion dollars are committed for agreed upon funding priorities in process of being implemented up to $1.3M for CSS and 220K for PEI.

We expect a revenue decline in the following year.

Pressures on MHSA dollars continue to mount at the State level.

<table>
<thead>
<tr>
<th>Projected Expansion</th>
<th>Description</th>
<th>1 $200,000</th>
<th>2 $20,000</th>
<th>3 $200,000</th>
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<tbody>
<tr>
<td>PEI 0 TO 25</td>
<td>Expansion of Teaching Pro-social Skills</td>
<td>1</td>
<td>$200,000</td>
<td>$200,000</td>
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<tr>
<td>PEI OTHER</td>
<td>Expansion of Parent Project</td>
<td>1</td>
<td>$20,000</td>
<td>$20,000</td>
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<tr>
<td>PEI TOTAL</td>
<td></td>
<td></td>
<td></td>
<td>$220,000</td>
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</table>
OUR RECOMMENDATION FOR MOVING FORWARD

- Flat plan (no additional expansions until revenue for FY 12/13 is known – July 2013)
- Continue implementing identified priorities, which have not changed
- Revisit plan if needed once new revenue projection for FY 13/14 is known
- Continue monitoring State developments
**NEXT STEPS**

- Public comment period opens today, closes on May 1\(^{st}\), 2013
- Public hearing to be held on May 1\(^{st}\), 2013, at 225 37\(^{th}\) Avenue, San Mateo, from 3 to 5 pm
- Board of Supervisors to hear plan in early May
- Controller to certify expenditures before the end of the current fiscal year
- Plan sent to the Oversight and Accountability Commission as soon as all previous steps are finalized
- Continue the work!
THANK YOU
Summary of Laura’s Law Legislation for CMDHA Review - (As of March 4, 2013)

**AB 1265 (Conway) Mental health: Assisted outpatient treatment.**

- **SUMMARY:** This bill would extend the initial period of court-ordered treatment under “Laura’s Law” from six months to up to one year. This bill would provide that, upon the release of a person from intensive treatment or postcertification treatment under WIC 5150, the professional staff of the agency or facility that provided the treatment shall evaluate whether the person meets the criteria for assisted outpatient treatment. This bill would authorize the professional staff to request the county mental health director to file a petition in the superior court for assisted outpatient treatment if that person meets the criteria. This bill would provide that these provisions apply only in a county that elects to implement Laura’s Law.
- **Vote:** majority. **Appropriation:** no. **Fiscal committee:** no. **State-mandated local program:** no.

**AB 1367 (Mansoor) Mental health: Mental Health Services Fund.**

- **SUMMARY:** This bill would clarify that services provided under Laura's Law may be provided pursuant to the Mental Health Services Act. This bill would provide that outreach under prevention and early intervention programs may include the provision of funds to school districts, county offices of education, and charter schools for the purposes of obtaining and providing training to identify students with mental health issues that may result in a threat to themselves or others. By allocating moneys in the Mental Health Services Fund for new purposes, this bill would make an appropriation.
- **Because the bill would amend Proposition 63, it would require a 2/3 vote of the Legislature.**
- **Vote:** 2/3. **Appropriation:** yes. **Fiscal committee:** yes. **State-mandated local program:** no.

**SB 664 (Yee) Mental health: Laura's Law: Mental Health Services Fund.**

- **SUMMARY:** This bill would remove two provisions in current law: the requirement a county to authorize the Assisted Outpatient Treatment (AOT) program through Board of Supervisors resolution, and to make findings that no voluntary mental health program serving adults and not children’s mental health program would be reduced as a result of implementing AOT. The bill authorizes a county to limit the number of persons to whom it provides AOT services. This bill would make an appropriation by clarifying that mental health services provided under Laura's Law may be provided pursuant to the procedures established by the Mental Health Services Act. This bill would make other conforming changes and delete obsolete provisions.
- **Vote:** majority. **Appropriation:** yes. **Fiscal committee:** yes. **State-mandated local program:** no.

**SB 585 (Steinberg) Mental health: Mental Health Services Fund.**

- **SUMMARY:** This bill would amend the Mental Health Services Act’s requirement that counties be provided funding sufficient to provide supportive services set for in treatment plans, by including treatment plans that are developed pursuant to Laura’s Law. This bill would clarify that services provided under Laura's Law may be provided pursuant to the procedures specified in the Mental Health Services Act, thereby making an appropriation.
- **Because the bill would clarify the procedures and terms of Proposition 63, it would require a majority vote of the Legislature.**
- **Vote:** majority. **Appropriation:** yes. **Fiscal committee:** yes. **State-mandated local program:** no.
San Mateo County Health System  
Behavioral Health and Recovery Services  
Mental Health Services Act  

Public Comment Form

<table>
<thead>
<tr>
<th>Personal information (OPTIONAL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: _____________________________ Agency/Organization: _________________________</td>
</tr>
<tr>
<td>Phone Number: __________________ Email address:__________________________________</td>
</tr>
<tr>
<td>Mailing address: ________________________________________________________________</td>
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<thead>
<tr>
<th>Stakeholder group you identify with:</th>
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</thead>
<tbody>
<tr>
<td>__ MH Client/Consumer              ___ AOD Client/Consumer       __ Family Member</td>
</tr>
<tr>
<td>__ Education                       __ Law Enforcement/Criminal Justice __ Probation</td>
</tr>
<tr>
<td>__ Social Services                 __ Service Provider           __ Other (specify) ________________</td>
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</tbody>
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Your comments here (please use as many pages as you need):