



Mental Health Services Act (MHSA) - Proposition 63

MHSA Steering Committee

You are invited to provide your recommendations for mental health and substance abuse services in San Mateo County!

TUESDAY, JUNE 10TH / 1-3PM

SAN MATEO PUBLIC LIBRARY, OAK MEETING ROOM

55 WEST THIRD AVENUE

SAN MATEO, CA 94402

*stipends available for consumers/clients participating in this meeting, please contact Doris Estremera at (650)573-2889 or destremera@smcgov.org

The Mental Health Services Act (MHSA), was approved by California voters in November 2004 and provided a dedicated source of funding for mental health services by imposing a 1% tax on personal income in excess of \$1 million.

The MHSA Steering Committee has the important role of making recommendations to the planning and services funded by MHSA in San Mateo County. As a group, the MHSA Steering Committee assures that MHSA planning reflects local diverse needs and priorities, contains the appropriate balance of services and meets the goals established.

Please join us at the next MHSA Steering Committee meeting!

For more information on MHSA in San Mateo County, please visit www.smhealth.org/bhrs/mhsa

San Mateo County
Health System,
Behavioral Health &
Recovery Services



For questions and/or
comments, contact
Doris Estremera,
MHSA Manager
(650)573-2889
destremera@smcgov.org





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



Mental Health Services Act (MHSA) Steering Committee

June 10, 2014 / 1:00 - 3:00 PM

San Mateo Public Library, Oak Meeting Room, 55 West Third Ave., San Mateo

AGENDA

- 1. Welcome & Introductions** 1:05 PM
Cameron Johnson, MHSARC Chair, Co-Chair

- 2. MHSA 101** 1:15 PM
Doris Estremera, BHRS Manager of Strategic Operations

- 3. Steering Committee** 1:25 PM
 - Role, meetings, makeup

- 4. MHSA Progress** 1:35 PM
 - Highlights, Expansion Priorities

- 5. Current Context** 1:55 PM
 - Evaluation, Fiscal

Stephen Kaplan, BHRS Director

- 6. MHSA Community Program Planning (CPP) Process** 2:10 PM
 - Timeline and Framework
 - Strategy Development Plan – **input requested**

Doris Estremera

- 7. Next Steps** 2:40 PM

Stephen Kaplan

- 8. Closing Remarks** 2:50 PM

Cameron Johnson

MARK YOUR CALENDARS!
MHSA Strategy Development – Community Session
July 16, 2014 (4-7pm)
LOCATION TBD

**flyers available*



Mental Health Services Act (MHSA) Steering Committee June 10, 2014

San Mateo County Health System
Behavioral Health and Recovery Services



Presentation Agenda

- Background - MHSA 101
- Steering Committee Role
- Progress to Date
- Current Context
- Community Program Planning (CPP) – Input requested
- Next Steps

Background – MHSA 101

- Proposition 63 – 1% tax on personal income in excess of \$1 million
- Transformation of the mental health system while improving quality of life
- Funding for effective treatment, prevention and early intervention, outreach, client and family involvement and programs to increase access to service and reduce inequities

Principles and Funding Boundaries

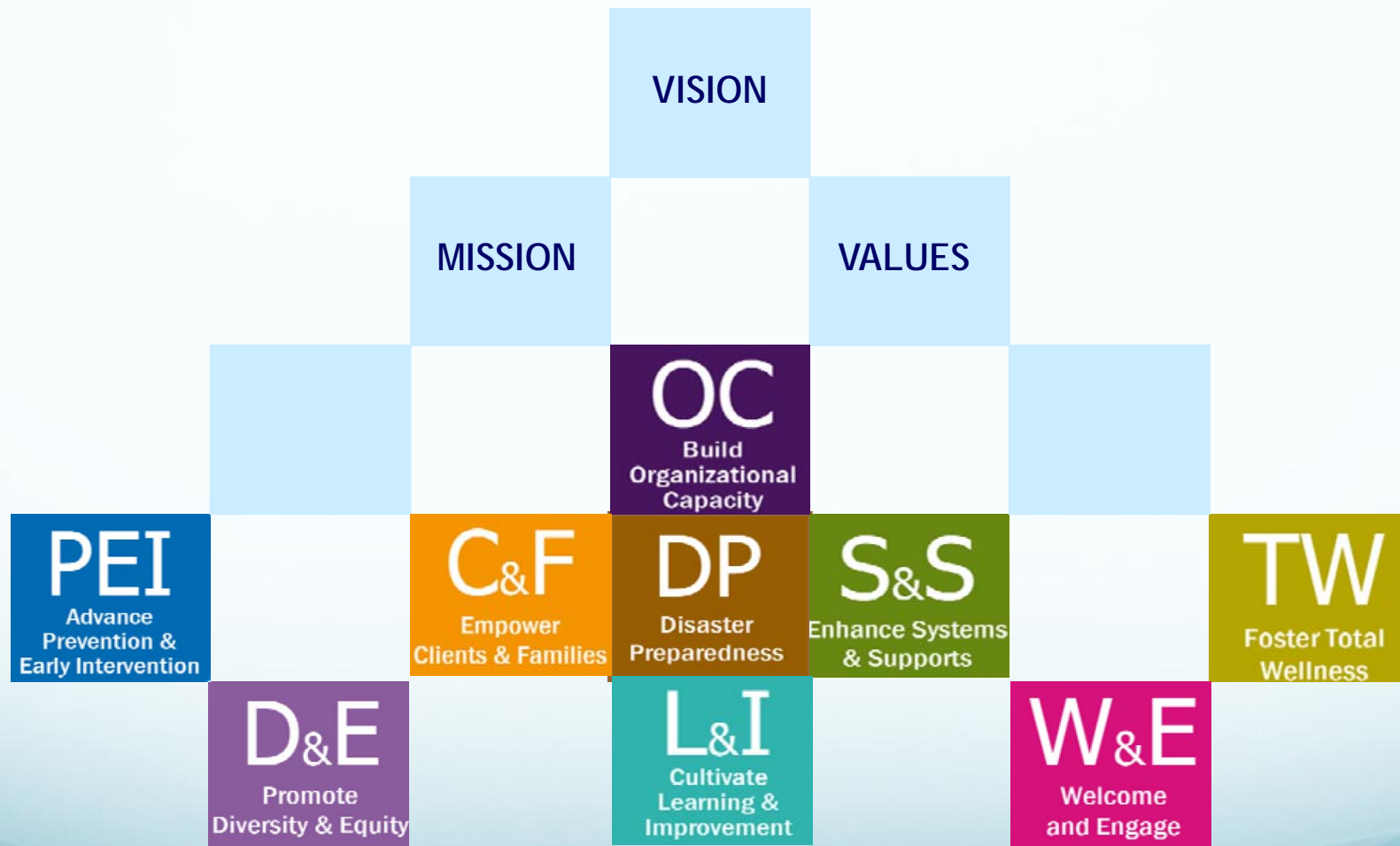
- Focus on wellness, recovery and resilience
- Cultural and linguistic competency
- Consumer/client and family-driven services
- Integrated service experience
- Community collaboration

Fundable activities are grouped into components each one with its own set of guidelines and rules.

Funding Components



San Mateo County Approach



B H R S S T R A T E G I C I N I T I A T I V E S

Steering Committee

- Role
 - Makes recommendations
 - Represents local, diverse needs
 - Assures plans are balanced and meet goals
- Frequency of meetings
 - Twice a year
 - Possible more frequently during a 3 year planning process
 - Set next meeting in August
- Makeup – consumers/clients stipends

Progress To-Date

Community Services & Supports

Full Service Partnerships (Children, TAY and Adults)	At least 51% of CSS funding - 24/7 wraparound services to individuals with serious mental illness	556 clients served
Outreach & Engagement	Engage individuals in services, with a focus on underserved, unserved and inappropriately served	6,235 clients reached
System Development	Strengthen and expand our internal capacity to respond to service demands	2,765 clients served

FY 12/13

FSP Outcomes

Age Group Served	Adult (260)	Child / Youth (152)	Older Adult (66)	TAY (220)	Weighted Average for All FSP Programs
Decreased Homelessness	73%	67%*	100%*	42%	62%
Decreased Hospitalization	63%	52%	29%	68%	61%
Decreased Incarceration	39%	43%	100%*	49%	45%
Decreased Arrests	80%*	40%*	n/a	71%	67%
Decreased School Suspensions		83%		80%*	82%
Increased School Attendance		39%		32%	36%
Decreased Out-Of-Home Placement (Grp Home)		60%		77%	72%
Increased School Grades		47%		35%	43%

Based on data through 2013

*less than 10 data points

PEI Programs

	Ages 0-25	Adults and Older Adults	All Age Groups	Early Onset of Psychotic Disorders
	Early Childhood Community Team <i>(Prevention)</i>	Primary Care/ Behavioral Health Integration <i>(Early Intervention)</i>	Community Outreach Engagement and Capacity Building <i>(Prevention)</i>	Prevention and Recovery in Early Psychosis <i>(Early Intervention)</i>
	Community Interventions for School and TAY <i>(Prevention)</i>	Total Wellness – Training Component <i>(Prevention)</i>	Stigma Free San Mateo County <i>(Prevention)</i>	
Clients Served				
FY 11-12	332	796	3,107	Began June '12
FY 12-13	420	771	3,786	90

WET, INN, IT/CF

- WET continued to implement the prioritized training topics for staff and consumers, trauma, anxiety treatment, self care, and legal and ethical issues
- Total Wellness continued to ensure a coordinated and holistic, wellness-based approach for clients. *By the end of FY 12-13, Total Wellness had 417 individuals enrolled.*
- eClinical Care continues to be improved and expanded in order to help BHRS better serve clients and families.

Housing Projects



Cedar Street Apartments - Approved in 2009 (14 units)









El Camino Apartments - Approved in 2010 (20 units)



Delaware Street Apartments - Approved in 2011 (10 units)

PROJECTED EXPANSION

CATEGORY	ITEM	# UNITS	COST PER UNIT	TOTAL ANNUAL COST
CSS FSP	Slots for psychiatric emergency services and 3AB (TAY and Adults)	10	\$22,193	\$221,930
CSS FSP	Slots for TAY, with housing	5	\$46,000	\$230,000
CSS FSP	Expansion of integrated FSPs to Central (Adults)	 5	\$8,733	\$43,665
CSS FSP	Expansion of Wraparound services for children and youth	5	\$36,000	\$180,000
CSS FSP	Additional housing for existing FSP Adults	 25	\$5,774	\$144,350
CSS FSP TOTAL				\$819,945
CSS NON-FSP	Pre-crisis response services	 80	\$3,125	\$250,000
CSS NON-FSP	Expansion of supports for youth transitioning to adulthood	1	\$135,000	\$135,000
CSS NON-FSP	Expansion of assessment, supported employment, and financial empowerment for clients	 1	\$100,000	\$100,000
CSS NON-FSP TOTAL				\$485,000
TOTALS				\$1,304,945
PEI 0 TO 25	Expansion of Teaching Pro-social Skills	 1	\$200,000	\$200,000
PEI OTHER	Expansion of Parent Project	 1	\$20,000	\$20,000
PEI TOTAL				\$220,000

Current Context

Current Context

- MHSOAC 5 Year Master Plan
 - Statutory requirement to evaluate FSPs, at least one PEI program and INN
- New PEI regulations – likely in effect FY 15/16
 - Programming guidelines (no more 0-25 regulation)
 - At least one Early Intervention, one Prevention, one Stigma Reduction, and one Suicide Prevention strategy
- INN regulations in the works

Three-Year Plan Estimated Funding

	San Mateo County MHPA Estimated Funding			
	CSS	PEI	INN	TOTAL
FY 13/14	\$15,499,392	\$3,874,848	\$1,019,697	\$20,393,937
FY 14/15	\$19,882,905	\$5,302,108	\$1,325,527	\$26,510,540
FY 15/16	\$17,161,030	\$4,576,275	\$1,144,069	\$22,881,373
FY 16/17	\$18,195,603	\$4,852,161	\$1,213,040	\$23,390,501

- First priority is expansion obligations
- Maintain at least 51% expenditure levels for FSP from CSS
- PEI has a funding short fall starting in 15/16, will need to decrease overall spending
- INN has 3 year reversion period, need to plan for sustainability starting FY 15/16 and possible new innovative project

Community Program Planning (CPP) Process

For the MHSA Three Year Plan
FY 14-15 through FY 16-17

Proposed MHSA Community Planning Process for the Three-Year Program and Expenditure Plan FY 14/15 through FY 16/17

Phase 1. Needs Analysis

Community input on experience with mental health services

What's working well?

What are the gaps in service (populations underserved or unserved, barriers)?

Recommendations for improvement?

Process:

- 1) Review and synthesize various current assessments conducted
 - Community Service Areas planning
 - ODE and Health Equity Initiatives
 - Collaboratives Strategic Plans
- 2) Seek input on additional service gaps and recommendations; incl process input
 - MHSA Steering Committee
 - Office of Consumer Affairs
 - North County Outreach Collaborative
 - EPA Behavioral Health Advisory Group
 - Follow up with missing voices

April

Phase 2. Strategy Development

Community input on MHSA components and programs

Share and discuss Phase 1 findings - is the interpretation appropriate?

Discuss specific MHSA component and program needs and prioritize service gaps

Identify and prioritize strategies

Process:

- 1) Strategy Session with general and large group input/discussion and small group breakouts by component (CSS, PEI, WET, INN), large group prioritization
- 2) Community Input Sessions to share results of Strategy Day and seek add'l input
 - MHSARC
 - Diversity and Equity Council
 - Change Agents
 - Geographic-based (Coast, Nth, Mid, Sth)
- 3) Review prioritized strategies, draft proposal

May- June

Phase 3. Plan Development

Community input on Final Plan

Process:

- 1) Presentation to the Mental Health Steering Committee and Public Comment Period opens
- 2) Public Hearing hosted by the Mental Health and Substance Abuse Recovery Commission
- 3) BoS adoption of plan
- 4) Submission of plan to the Mental Health Services Oversight and Accountability Commission

July - August

Phase 2. Strategy Development



- Strategy Development Session
 - MHSA 101
 - Needs analysis findings – gaps, proposed programs and budget
 - Small group breakout – clarify new ideas and proposed strategies if need to make reductions or reprioritize
 - Large group prioritization
- Additional input meetings – demographics sheet

Next Steps

- Strategy Development – Community Meeting
 - July 16, 2014 / 4:00 – 7:00 PM
- MHSA Steering Committee Meeting in August
 - Review recommendations from the community meetings
- Presentation at the MHSARC September meeting
 - 30 day public comment meeting
- Public Hearing at the MHSARC October meeting
- Presentation to the Board for adoption of the plan
- Controller to certify expenditures
- Submit to the State MHSOAC for approval

Thank you!

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



MENTAL HEALTH SERVICES ACT (MHSA) – Proposition 63

Background

Proposition 63, now known as the Mental Health Services Act (MHSA), was approved by California voters in November 2004 and provided for a dedicated source of funding for mental health services by imposing a 1% tax on personal income in excess of \$1 million. 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.

Principles and Funding Boundaries

MHSA core values are expressed in five guiding principles for planning and implementation:

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

Fundable 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 also provides funding for Community Program Planning (CPP) activities, which include extensive stakeholder processes. MHSA funding is allocated as follows across the above mentioned components:

- ◆ 75-80% of the county’s annual MHSA funds to CSS; at least 51% of CSS funds must be spent on the most acute clients through Full Service Partnerships
- ◆ 15-20% of the county’s annual MHSA funds to PEI; funds cannot be spent on people who are already known to have a mental illness, with one exception: early onset of psychotic disorders
- ◆ 5% of the county’s annual PEI and CSS funds to INN
- ◆ 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 our Behavioral Health and Recovery Services (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 for more information

For questions contact Doris Estremera, MHSA Manager at (650)573-2889 or ordestremera@smcgov.org



San Mateo County Health System, Behavioral Health and Recovery Services
Mental Health Services Act (MHSA) Components and Programs
FY 2012 – 2013



MHSA Component	Service Category	Programs
Community and Services Support (CSS)	Full Service Partnerships (FSP)	<p>Children and Youth</p> <ul style="list-style-type: none"> • Edgewood Integrated “ISIS” FSP • Edgewood Comprehensive “Turning Point” FSP • Fred Finch Youth Center FSP <p>Transition Age Youth (TAY)</p> <ul style="list-style-type: none"> • Caminar Enhanced Supportive Education Services FSP • Edgewood Comprehensive “Turning Point” FSP • Mental Health Association Supported Housing <p>Adult /Older Adult</p> <ul style="list-style-type: none"> • Telecare FSP • Caminar FSP and Housing Support • Mateo Lodge South County Mental Health Clinic
	System Development (SD)	<ul style="list-style-type: none"> • Older Adult System of Integrated Services (OASIS) • Senior Peer Counseling Services (50% CSS; 50%PEI) • Pathways, Court Mental Health • Pathways, Co-occurring Housing Services <p>System Transformation</p> <ul style="list-style-type: none"> • Peer Consumer and Family Partners • Puente Clinic • Co-occurring Contracts with AOD Providers • Evidence Based Practice (EBP) Expansion • Child Welfare Partners
	Outreach and Engagement (O&E)	<ul style="list-style-type: none"> • Family Assertive Support Team (FAST) • North County Outreach Collaborative • East Palo Alto Mental Health Outreach • Ravenswood Family Health Center (40% CSS; 60%PEI) • BHRS staff positions

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San Mateo County Health System, Behavioral Health and Recovery Services
Mental Health Services Act (MHSA) Components and Programs
FY 2012 – 2013



MHSA Component	Service Category	Programs
Prevention and Early Intervention (PEI)	Ages 0 - 25	<ul style="list-style-type: none"> • Early Childhood Community Team (<i>Prevention</i>) Community Interventions for School Age and TAY (<i>Prevention</i>) <ul style="list-style-type: none"> • Puente de La Costa Sur, Project Success • El Centro, Seeking Safety • Caminar, YES program/Seeking Safety • Middle School Initiative, Project Grow
	Adults and Older Adults	<ul style="list-style-type: none"> • Total Wellness, training of primary care providers • Primary Care Interface (<i>Early Intervention</i>)
	All Age Groups	<ul style="list-style-type: none"> • Stigma Free San Mateo County (<i>Prevention</i>) Community Outreach, Engagement and Capacity Building <ul style="list-style-type: none"> • Crisis Hotline (<i>Prevention and Early Intervention</i>) • Voices of Recovery (<i>Prevention and Early Intervention</i>) • SMART MOU (<i>Early Intervention</i>) • SMMC MOU (<i>Early Intervention</i>) • Ravenswood Family Health Center (40% CSS; 60%PEI) • Senior Peer Counseling (50% CSS; 50%PEI) Office of Diversity and Equity (<i>Prevention</i>) <ul style="list-style-type: none"> • Culturally-relevant provider trainings • Digital Storytelling • Mental Health First Aid • Parent Project • Photovoice • Health Equity Initiatives
	Early Onset of Psychotic Disorders	<ul style="list-style-type: none"> • Prevention and Recovery in Early Psychosis (PREP)
Innovations (INN)	N/A	<ul style="list-style-type: none"> • Total Wellness
Workforce and Education Training (WET)	N/A	<ul style="list-style-type: none"> • Training on priority topics for staff and consumers (trauma, anxiety treatment, self-care, legal and ethical issues)
Capital Facilities and Information Tech (CF/IT)	N/A	<ul style="list-style-type: none"> • eClinical Care (launched in 08-09)
Housing	N/A	<ul style="list-style-type: none"> • Cedar Street Apartments in Redwood City (2009) • El Camino Apartments in South San Francisco (2010) • Delaware Pacific Apartments in San Mateo(2011)

Visit www.smhealth.org/bhrs/mhsa for more information

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San Mateo County Health System, Behavioral Health and Recovery Services Mental Health Services Act (MHSA) Steering Committee – Current Roster



WIC § 5848 states: Each three-year program and expenditure plan and update shall be developed with local stakeholders including adults and seniors with severe mental illness, families of children, adults and seniors with severe mental illness, providers of services, law enforcement agencies, education, social services agencies, veterans, representatives from veterans organizations, providers of alcohol and drug services, health care organizations, and other important interests.

Stakeholder Group	Name(s)	Title (if applicable)	Organization (if applicable)	Email
MHSARC Members *Co-chairs	Cameron Johnson*	Chair, MHSARC	San Mateo County	CJohnson@cityofsancarlos.org
	David Pine*	Supervisor, District 1	Board of Supervisors	DPine@smcgov.org
	Randy Torrijos	Staff to David Pine	Board of Supervisors	RTorrijos@smcgov.org
Consumer/Client – TAY				
Consumer /Client– Adult				
Consumer/Client – Older Adult	Carmen Lee	Program Director	Stamp Out Stigma	carmensos@aol.com
Consumer/Client	Patrick Field			Patrickfield91@yahoo.com
Family Member/ Caregiver of Adult				
Family Member / Caregiver of Older Adult				
Family Member/Caregiver of TAY				
Family Member/Caregiver of Child				
Service Provider – Adults	Patricia Way		NAMI	patcway@hotmail.com
Service Provider – Older Adults				
Service Provider – Children				
Law Enforcement				
Education	Joan Rosas	Associate Superintendent	SMC Office of Education	jrosas@smcoe.org
Social Service Provider	Melissa Platte	Executive Director	Mental Health Association	melissap@mhasmc.org
Courts	Rodina Catalano	Deputy Court Exec Officer	Superior Court	RCatalano@sanmateocourt.org
Advocate	Randall Fox	Health Policy Advocate		randallfox@sbcglobal.net



San Mateo County Health System, Behavioral Health and Recovery Services Mental Health Services Act (MHSA) Steering Committee – Current Roster



WIC § 5848 states: Each three-year program and expenditure plan and update shall be developed with local stakeholders including adults and seniors with severe mental illness, families of children, adults and seniors with severe mental illness, providers of services, law enforcement agencies, education, social services agencies, veterans, representatives from veterans organizations, providers of alcohol and drug services, health care organizations, and other important interests.

Stakeholder Group	Name(s) *Co-chairs	Title (if applicable)	Organization (if applicable)	Email
Veteran or Representative				
AOD Service Provider	Clarise Blanchard	Director of Substance Abuse and Co-occurring Disorders	Star Vista and BHRS Contractors Association	cblanchard@star-vista.org
	Ray Mills	Executive Director	Voices of Recovery	raymills71@gmail.com
Health Care Organization	Maya Altman	Executive Director	Health Plan of San Mateo	Maya.Altman@hpsm.org
	Dan Becker	Medical Director	Mills Peninsula Health Svcs	beckerdf@sutterhealth.org
	Louise Rogers	Deputy Chief	San Mateo Co Health System	LRogers@smcgov.org
	Gina Wilson	Financial Services Mngr	San Mateo Co Health System	GWilson@smcgov.org



**San Mateo County Behavioral Health & Recovery Services (BHRS)
Mental Health Services Act (MHSA)
Three-Year Program and Expenditure Plan for FY 14/15 through FY 15/16**



Community Program Planning (CPP) Process - Stakeholder Engagement

Since the inception of MHSA, San Mateo County promoted a vision of collaboration and integration by embedding MHSA programs and services within existing BHRS systems. San Mateo County does not separate MHSA planning from its other continuous planning processes. Given this, stakeholder input from the following BHRS planning activities will be taken into account in the current MHSA planning:

- **Community Service Areas planning (Central, Coast, South and East Palo Alto)**
- **ODE and Health Equity Initiatives assessments**
- **North County Outreach Collaborative and East Palo Alto Behavioral Health Advisory Group plans**

In addition, the following groups were engaged in the current MHSA planning. All groups were provided MHSA background information, CPP process overview and opportunities for input either at the time of the meeting through a facilitated structured dialogue and/or at a future planning meeting.

Date	Stakeholder Group	Level of engagement
4/2/14	Mental Health and Substance Abuse Recovery Commission (MHSARC)	Input on CPP process
4/18/14	North County Outreach Collaborative	Input on needs and CPP process
4/29/14	East Palo Alto Behavioral Health Advisory Group	Input on needs and CPP process
5/6/14	Office of Consumer and Family Affairs (OCFA)	Input on needs and CPP process
5/14/14	School Wellness Alliance	Presentation and invitation
5/15/14	Countywide School Nurses meeting	Presentation and invitation
5/19/14	Peer Support Workers, OCFA	Input on needs
5/21/14	Sequoia Union HSD, Mental Health Advisory Committee	Input on needs
5/21/14	Chinese Health Initiative	Presentation and invitation
5/27/14	Spirituality Initiative	Limited input on needs
5/27/14	Latino Collaborative	Presentation and invitation
5/27/14	Voices of Recovery	Input on needs
6/9/14	Heart & Soul, Inc.	Input on needs
6/10/14	African American Community Initiative	Presentation and invitation
6/10/14	MHSA Steering Committee	Input on needs and process
6/16/14	Family Partners, OCFA	Input on needs
6/26/14	Filipino Mental Health Initiative	Presentation and invitation
7/1/14	Pacific Islander Initiative	Presentation and invitation
7/9/14	PRIDE Initiative	Presentation and invitation
TBD	Strategy Development Session – various stakeholders	Input on strategy development
7/23/14	NAMI San Mateo	Input on strategy development
July - August	<i>Additional Stakeholder Groups TBD</i>	Input on strategy development