



Be the one to help

Mental Health Service Act (MHSA) Steering Committee Meeting



Open to the public! Join advocates, providers, clients and family members to provide input on MHSA funded initiatives.

Meeting objectives include:

- Launch of MHSA Innovation funding cycle
- Learn about upcoming MHSA program expansions
 - ❖ Stipends are available for consumers/clients
 - ❖ Language interpretation is provided as needed*
 - ❖ Childcare is provided as needed*
 - ❖ Refreshments will be provided

*please reserve these services by February 8th by contacting Krstie Lui at (650) 573-5037 or kflui@smcgov.org

DATE

**Friday, February 16, 2018
1:00 pm – 2:30 pm**

**Health System Campus, Room 100
225 37th Ave.
San Mateo, CA 94403**

Contact:

Doris Estremera, MHSA Manager
(650)573-2889
mhsa@smcgov.org

www.smchealth.org/MHSA



COUNTY OF SAN MATEO
HEALTH SYSTEM
BEHAVIORAL HEALTH
& RECOVERY SERVICES

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

Mental Health Services Act (MHSA) Steering Committee

Friday, February 16, 2018 / 1:00 - 3:30 PM

Health System Campus, Room 100, 225 37th Ave. San Mateo, CA 94403

AGENDA

- | | |
|--|---------|
| 1. Welcome & Introductions | 1:10 PM |
| 2. MHSA Background & Program Updates | 1:15 PM |
| <ul style="list-style-type: none">▪ Expansions –Three-Year Plan Priorities, PEI Taskforce▪ WET 10-Year Impact and Sustainability Report | |
| 3. New Innovation Funding Cycle (input) | 2:00 PM |
| <ul style="list-style-type: none">▪ Reversion Funds and Technology Innovations | |
| 4. Administrative Updates | 3:00 PM |
| <ul style="list-style-type: none">▪ Staff transitions▪ MHSA Steering Committee Membership Process | |
| 5. Announcements/Public Comments | 3:15 PM |
| <ul style="list-style-type: none">▪ Recent Reports: Outreach Collaboratives, Innovation Evaluation | |
| 6. Adjourn | 3:30 PM |

Mental Health and Substance Abuse Recovery Commission (MHSARC)

Innovation Technology presentation and opening of a public comment period will occur at an upcoming MHSARC meeting. Meetings are held the first Wednesday of the month from 3-5pm at the Health System Campus, Room 100, 225 37th Ave. San Mateo, CA 94403.

Meetings are open to the public!



Mental Health Services Act (MHSA)

Steering Committee Meeting

February 16, 2018 / 1:00 - 3:30pm



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



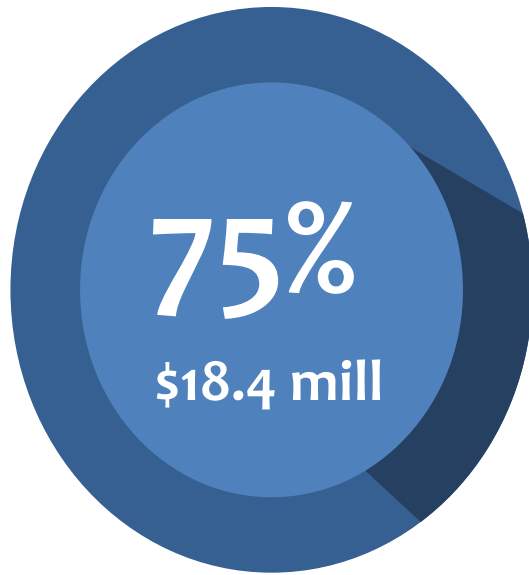
Agenda

1. MHSA Background
2. Program Expansions
3. Program Update: WET 10-Year Impact & Sustainability
4. Innovation Funding Cycle
5. Administrative Updates
6. Announcements/Public Comment



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)

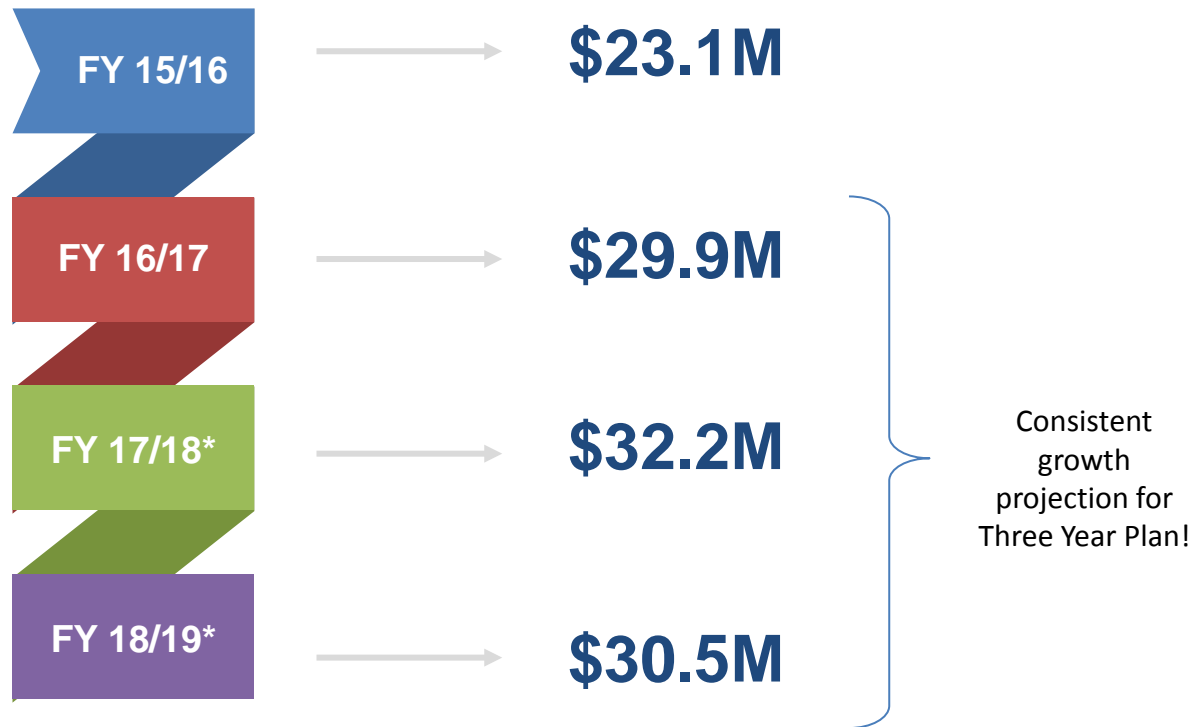
PEI targets individuals of all ages prior to the onset of mental illness, with the exception of early onset of psychotic disorders



Innovation (INN)

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

MHSA Revenue Projections



* 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 Expansions

Component	Three Year Plan Priority Expansions for FY 2017-18 to FY 2019-20	Estimated Cost Per Fiscal Year
CSS General Systems Development	Expansion of supports for older adults *	\$130,000
	Mobile mental health and wellness services to expand access to Coastside behavioral health clients and families	\$400,00
CSS Outreach & Engagement	Expansion of culturally responsive resources and outreach strategies to effectively link high-risk, isolated and emerging cultural and ethnic groups to needed services	\$50,000
	TOTAL	\$580,000
Prevention & Early Intervention	Expansion of Stigma Free San Mateo, Suicide Prevention and Student Mental Health efforts *	\$50,000
	After-care services for early psychosis treatment alumni that includes booster sessions and reengagement, maintenance and family navigator support	\$230,000
	TOTAL PEI	\$280,000

* From previous three-year plan

Expansion Considerations

- Dependent on whether allocations meet revenue growth expectations
- PEI for 0-25 taskforce recommendation will be prioritized - 51% of PEI requirement
- Workforce Education and Training - CSS funding will be prioritized for sustainability of WET
- Previous expansions not implemented will be prioritized

PEI 0-25 Taskforce

- Recommendation:
 - Expansion of mobile mental health crisis support for youth
 - Including evidence-based mental health crisis prevention (e.g. QPR)
- Expected Outcomes:
 - Decreased psychiatric emergency services youth visits
 - Decreased hospitalization for self-inflicted injury/mental health issues
 - Decreased emergency calls to law enforcement for youth in crisis
 - Decreased juvenile detention due to mental health needs
 - Improved individual knowledge/attitude/behavior outcomes (recognizing symptoms, confidence to help/refer youth, etc.)

MHSA Program Update

Workforce Education and Training (WET) 10 Year Impact & Sustainability Report

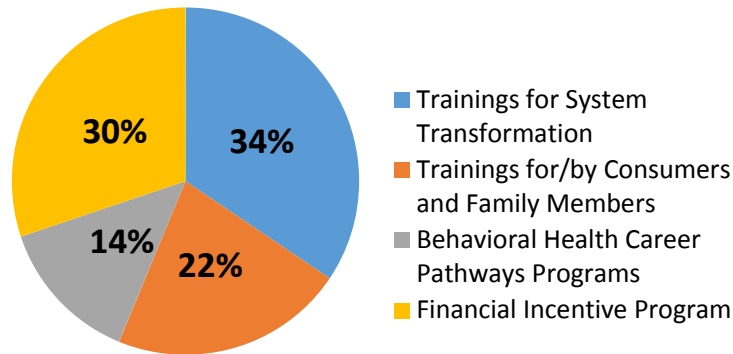


Overview

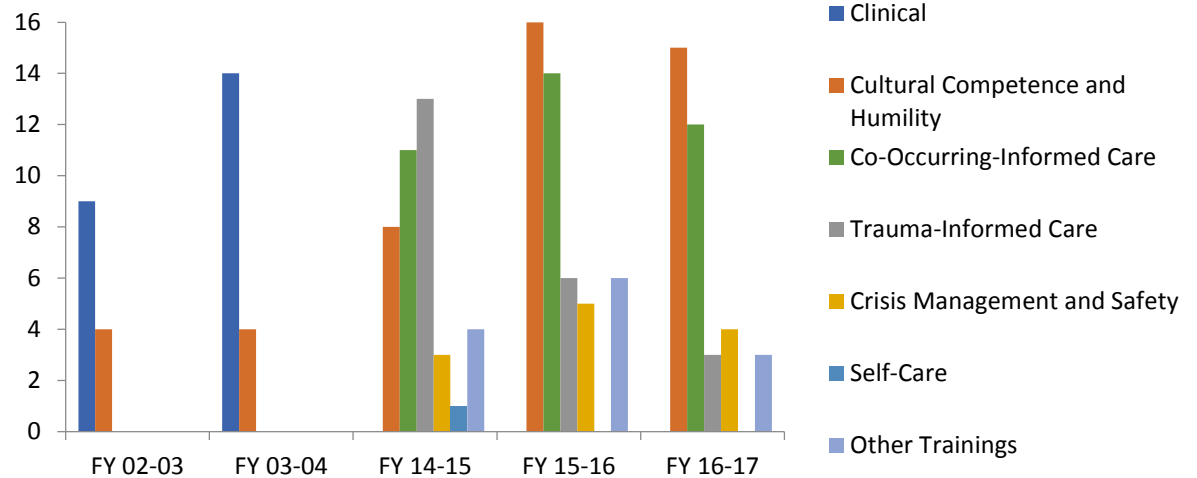
- MHSA WET – funding allocation, components, advisory bodies
- Independent consultant was hired
 - Survey for Staff, Community Partner Agencies and Contractors
 - Listening Session with Lived Experience Education Workgroup
 - Listening Session with Workforce Development and Education Committee
 - Survey/Interviews for Cultural Stipend Intern Program
 - Survey/Interviews for Lived Experience Academy
 - Review of LEEW Enhancement Report, training logs, pre/post tests, evaluations, annual reports

Summary Highlights

WET Investments (non-staffing) FY 2014-17



Evolution of MHA Trainings Offered



WET Impact

- Improving Cultural Humility
- Increasing Focus on Trauma-Informed Care
- Creating a Culture of Learning
- Valuing Lived Experience
- Building Capacity for Co-Occurring Care
- Increasing Awareness of Importance of Self-Care
- Focusing on Client-Centered Services

- *[trainings on cultural humility] "open the door for difficult and important conversations amongst staff."*
- *"[I've] "become very sensitive to the impact trauma has on myself and others. I am aware that there is so much I don't know and need to learn as I interact with others."*
- *"[trainings] helped me see my clients in a new light and really, really show respect to them and support them."*

Stakeholders Vision for WET

- Focus on Systemic Changes
 - Cultural Humility
 - Trauma-Informed System
 - Self-Care
 - Lived experience
 - Integrated Care (AOD, whole person approach)
- Develop a Youth Career Pathway

“The goal should be a systemic transformation that includes everyone, from janitor to judge.”

Lived Experience Academy and Lived Experience Education Workgroup

- Empowerment
- Increased Confidence
- Reduced Shame
- Reduced Isolation
- Increased Empathy
- Improved Communication Skills
- Supported Recovery
- Feeling Valued and Validated
- Eagerness to Advocate for Themselves and Others
- Give Voice to Individuals with Lived Experience
- Building a Grassroots Movement

*“Empowering.
Non-shameful.
A supportive journey.
I felt that I was not just
a consumer, but part of
the team. My mentally
ill children have a
different experience of
me now. We all have
our individual stories.
This helped me with my
children, moving them
from street drugs to
taking their meds, and
they are now open to
seeing the psychiatrist.”*

Cultural Stipend Internship

- Understanding of Marginalized Communities
- Commitment to Serving Own Community
- Professional Connections and Network Development
- Opportunity to Make Broad Community-Level Impact

“I am thinking about issues of privilege and power in the therapy room in deeper ways.”

“Being able to present on mental health was amazing, a lot of people shared their fears, experiences of being discriminated against, fears of seeking services. Being able to offer a space to do that was very impactful. It has given me more of a drive to work with this population... without CCSIP, I would not have had as strong a feeling about wanting to work with my community.”

Recommendations

- **Three Strategies:**

1. Systemic Approach to WET
2. Creating Pathways for Individuals with Lived Experience in Behavioral Health Careers and Meaningful Participation
3. Promotion of Behavioral Health Careers to Recruit, Hire and Retain Diverse Staff

WET Recommended Components	Sustainability Amount
Workforce Staffing and Support	\$260,000
Trainings for System Transformation	\$100,000
Trainings for/by Consumers and Family Members including LEA, LEW and LE stipends	\$60,000
Behavioral Health Career Programs including MHLAP, Internship, BHRS Career Orientation, CCSIP, and MCOD recruitment/ hiring/ retention strategies	\$80,000
TOTAL	\$500,000

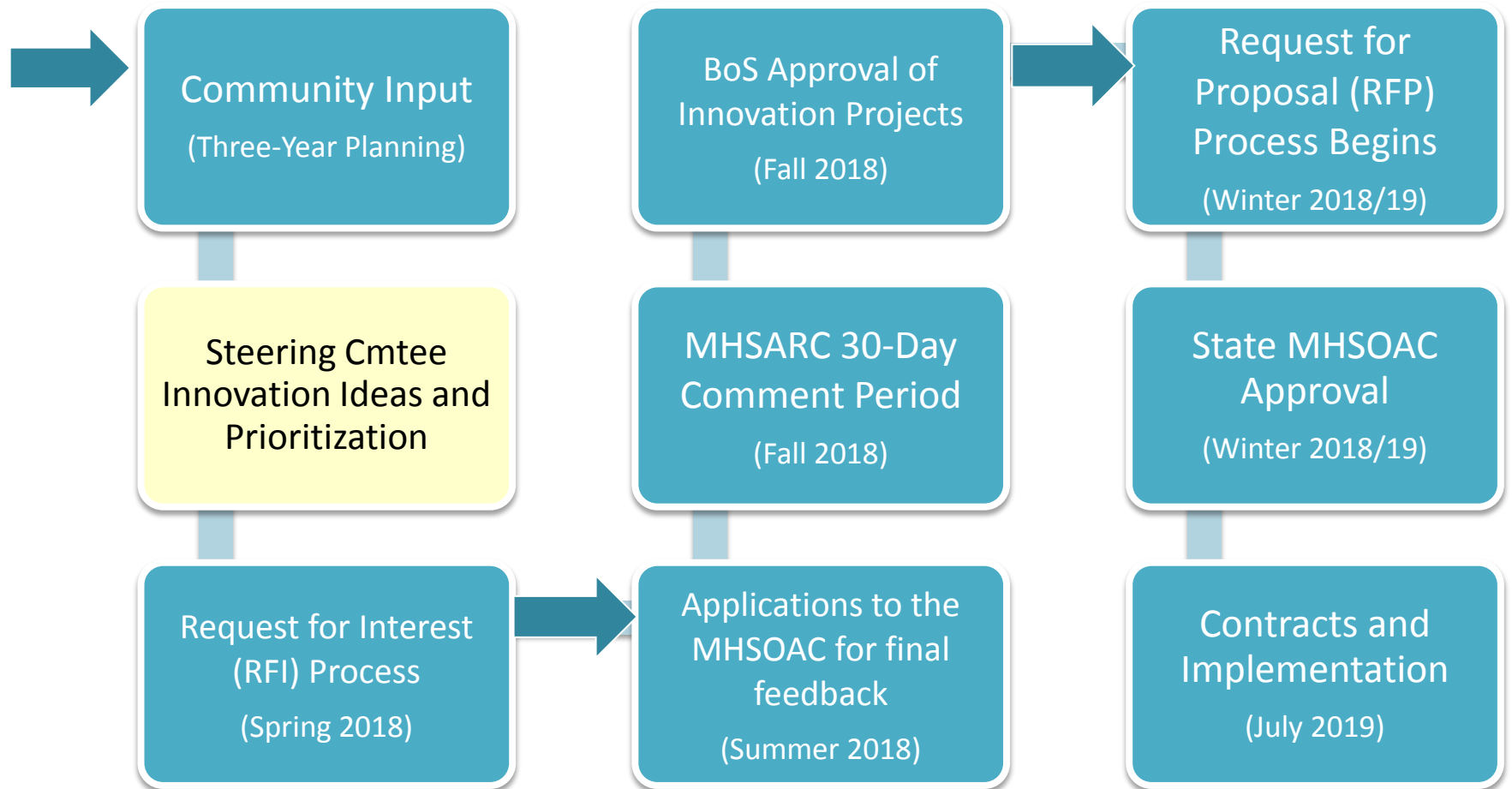
MHSA Innovation Funding

- What is an Innovation project?
- MHSA Three-Year Plan need assessment – focus on technology
- Current Opportunities
 - Reversion and CalMHSA statewide opportunity
 - ✓ Presentation to MHSARC and opening of a public comment period on April 4th
 - New Innovation cycle

Innovation Project Cycle



MHSA Innovation Process Timeline – New Projects



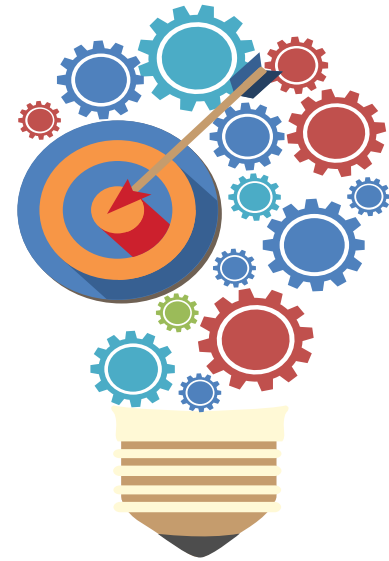
BoS – Board of Supervisors

MHSOAC – Mental Health Services Oversight and Accountability Commission

MHSARC – Mental Health Substance Abuse and Recovery Commission

Technology Innovation Priorities

- Priority communities and needs
 - Isolated/hard-to-reach adults and older adults
 - Support youth treatment and crisis
 - Housing support services
 - Additional high priority needs identified in recent Three-year Plan process
 - ✓ Transportation
 - ✓ Culturally relevant services (will be a value across tech innovation)



Input Activity

Pick two topics and answer these questions:

1. Isolated adults

2. Youth in Crisis

- Keeping in mind what is considered innovative and a focus on technology innovations, is there any strategy, program or enhancement to an existing program that you recommend we explore further?
- What are important things to consider for successful implementation? Key partnerships, stakeholders to engage, other similar efforts, related initiatives, etc.

3. Housing Support Services

4. Transportation

Two 15 minutes rounds + larger group report back

Announcements & Public Comment

- Outreach Collaboratives Report and RFP
- Innovation Evaluation First Year Reports
- Other? Public Comment



Thank you!



For more information: smchealth.org/MHSA
Doris Estremera, MHSA Manager
(650) 573-2889 or mhsa@smcgov.org





MHSA Innovation (INN) Component Summary of Guidelines

Innovative Project Definition:

A project designed and implemented for a defined time period (not more than 5 years) and evaluated to develop new best practices in behavioral health services and supports.

What types of projects are considered “innovative”?

1. Introduces a behavioral health **practice or approach that is new**.
2. Makes a **change to an existing practice**, including application to a different population.
3. Applies a **promising community-driven practice or approach** that has been successful in non-behavioral health contexts or settings.
4. It has **not demonstrated its effectiveness** (in the literature).
 - o A practice that has been demonstrated effective can be adapted to respond to a unique characteristic of the County for example.

Primary Purpose & Focus of an INN Project

County must select one of the following as its primary purpose for an INN project(s)*:

1. Increase access to behavioral health services to underserved groups,
2. Increase the quality of behavioral health services, including measureable outcomes,
3. Promote interagency and community collaboration,
4. Increase access to behavioral health services.

Innovative Projects may focus impact virtually any aspect, including but not limited to, administrative, governance, and organizational practices, processes, or procedures; advocacy; education and training for services providers, including nontraditional behavioral health practitioners; outreach, capacity building, and community development; system development; public education efforts; research; services and interventions, including prevention, early intervention, and treatment.