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

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.
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
   - Expansions – Three-Year Plan Priorities, PEI Taskforce
   - WET 10-Year Impact and Sustainability Report

3. New Innovation Funding Cycle (input) 2:00 PM
   - Reversion Funds and Technology Innovations

4. Administrative Updates 3:00 PM
   - Staff transitions
   - MHSA Steering Committee Membership Process

5. Announcements/Public Comments 3:15 PM
   - 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!
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

75%
$18.4 mill
Community Services & Supports (CSS)
CSS provides direct treatment and recovery services to individuals of all ages living with serious mental illness or emotional disturbance

20%
$4.6 mill
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

5%
$1.2 mill
Innovation (INN)
INN funds projects to introduce new approaches or community-drive best practices that have not been proven to be effective

San Mateo County FY 2015-16 Revenue and Allocations
MHSA imposes a 1% tax on personal income in excess of $1 mill
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.
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
# MHSA Expansions

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

- Trainings for System Transformation: 34%
- Trainings for/by Consumers and Family Members: 30%
- Behavioral Health Career Pathways Programs: 14%
- Financial Incentive Program: 22%

Evolution of MHSA Trainings Offered

- Clinical
- Cultural Competence and Humility
- Co-Occurring-Informed Care
- Trauma-Informed Care
- Crisis Management and Safety
- Self-Care
- Other Trainings
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
  o Cultural Humility
  o Trauma-Informed System
  o Self-Care
  o Lived experience
  o 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

<table>
<thead>
<tr>
<th>WET Recommended Components</th>
<th>Sustainability Amount</th>
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<tbody>
<tr>
<td>Workforce Staffing and Support</td>
<td>$260,000</td>
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<tr>
<td>Trainings for System Transformation</td>
<td>$100,000</td>
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<tr>
<td>Trainings for/by Consumers and Family Members including LEA, LEW and LE stipends</td>
<td>$60,000</td>
</tr>
<tr>
<td>Behavioral Health Career Programs including MHLAP, Internship, BHRS Career Orientation, CCSIP, and MCOD recruitment/ hiring/ retention strategies</td>
<td>$80,000</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$500,000</strong></td>
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What is an Innovation project?

MHSA Three-Year Plan need assessment – focus on technology

Current Opportunities

- AB 114 Reversion and CalMHSA statewide opportunity
  - Presentation to MHSARC and opening of a public comment period on April 4th
- New Innovation cycle
MHSA Innovation Process Timeline – New Projects

Community Input (Three-Year Planning)

BoS Approval of Innovation Projects (Fall 2018)

Request for Proposal (RFP) Process Begins (Winter 2018/19)

Steering Cmtee Innovation Ideas and Prioritization

MHSARC 30-Day Comment Period (Fall 2018)

State MHSOAC Approval (Winter 2018/19)

Request for Interest (RFI) Process (Spring 2018)

Applications to the MHSOAC for final feedback (Summer 2018)

Contracts and Implementation (July 2019)

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
  o Isolated/hard-to-reach adults and older adults
  o Support youth treatment and crisis
  o Housing support services
  o 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
   - 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?

2. Youth in Crisis
   - 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).
   - 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.

MHSA Steering Committee Meeting February 16, 2018