Be the one to help

Mental Health Services Act (MHSA) Steering Committee Meeting

Join mental health advocates, providers, and clients for an update on MHSA in San Mateo County.

Join us to:

- Hear an update on MHSA including outcomes and services provided
- Learn about MHSA Innovations projects and evalutaion
- Help advance Workforce Education and Training sustainability planning
- Start planning for the upcoming Mental Health Services Act 3 year plan input process

The meeting is open to the public and stipends are available for consumers/clients. Please contact us if language interpretation and/or childcare is needed. Light refreshments will be provided.

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.

COUNTY OF SAN MATEO
HEALTH SYSTEM
BEHAVIORAL HEALTH
& RECOVERY SERVICES

DATE

Wednesday, December 7, 2016
2:00pm – 3:30pm

San Mateo County Health System
225 37th Avenue, Room 100
San Mateo, CA 94403

Stay after for the Mental Health and Substance Abuse Recovery Commission's vote to open a 30-day Public Comment period for the MHSA Annual Update following the Steering Committee meeting starting at 3:30pm.

Contact

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

smchealth.org/BHRS/MHSA

MENTAL HEALTH & SUBSTANCE ABUSE RECOVERY COMMISSION AND MENTAL HEALTH SERVICES ACT STEERING COMMITTEE AGENDA

BEHAVIORAL HEALTH & RECOVERY SERVICES DIVISION
225 37th Avenue, Room 100
San Mateo

December 7, 2016

1. **Call to Order** 2:00PM

2. **Introductions**

3. **Acceptance of agenda**
   - Changes
   - Motion to approve
   - Vote to approve

5. ***Action Item:*** *Vote to open 30 day public comment period for the Mental Health Services Act Annual Update*

6. **MHSA Business:**
   - Steering Committee Membership
   - INN Evaluation and WET Impact Summary
   - Upcoming Three-Year Plan

7. **MHSA Annual Update**
   Presented by Doris Estremera, MHSA Coordinator
   Behavioral Health & Recovery Services, Office of Diversity and Equity

8. **Adjourn MHSA Steering Committee**

9. **Call MHSARC Meeting to order**

10. **Approval of Minutes:**
    - November 2, 2016 Mental Health & Substance Abuse Recovery Commission
    - November 15, 2016 Executive Committee Meeting

11. **Correspondence, Announcements and Public Comment**
    Website: www.smchealth.org/bhrs
    Wellness Matters Link: www.smchealth.org/wm
    BHRS Blog: www.smcbhrsblog.org

12. **Program Presentation**
    Marijuana Initiative

13. **Old Business:**
    - Retreat Planning

14. **New Business:**

15. **Standing Committees:**
    - Committee for Older Adults Services
    - Committee for Adult Services
    - Committee for Children & Youth Services

16. **Director's Report**

17. **Liaison, Task Force and Ad Hoc Committees:** Representatives will report to Mental Health & Substance Abuse Recovery Commission as key activities/issues emerge.

18. **Adjourn Meeting**

NEXT MHSARC MEETING:	**Wednesday, January 4, 2017 at 3:00 p.m.** **225 37th Avenue, Room 100, San Mateo**
NEXT EXECUTIVE COMMITTEE MEETING:	**Tuesday, December 20, 2016 at 3:30 p.m.** **225 37th Avenue, BHRS Conference Room**

PLEASE BE SURE TO CONTACT CHANTAE ROCHESTER AT 650.573.2544 IF YOU ARE UNABLE TO ATTEND EITHER THE MHSARC OR EXECUTIVE COMMITTEE MEETINGS.

In compliance with the American with Disabilities Act (ADA), auxiliary aids and services for this meeting will be provided upon request when given three-day notice. Please call (650) 573-2544.

Mental Health Services Act (MHSA) Steering Committee Meeting & FY 2016-17 Annual Update

December 7, 2016

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

Agenda

* **MHSA Background**
* **Steering Committee Business**
  * MHSA Steering Committee Membership
  * MHSA Issue Resolution Process (IRP)
  * INN Evaluation & WET Impact Summary
  * Upcoming Three-Year Planning Process
* **Annual Update**

Background

* Proposition 63 (2004)
  * 1% tax on personal income in excess of $1 mill
  * Fundable activities are grouped into **Components** each one with its own set of guidelines and rules.
  * Principles include community collaboration, health equity, consumer and family driven services, focus on wellness, recovery and resiliency, integrated experience
  * San Mateo County took an integrated approach

Handouts:

- MHSA One-Pager
- MHSA Funded Program List by Component

Funding Components

Component	Annual Funding Allocation	Reversion Period
Community Services and Supports (CSS)	75—80%	3 years
Prevention and Early Intervention (PEI)	15—20%	3 years
Innovations (INN)	5%	3 years
Workforce Education and Training (WET)	One Time Funding FY 06/07 and FY 07/08	10 years
Capital Facilities and Information Technology (CF/IT)	One Time Funding FY 07/08 and FY 08/09	10 years (expended)
Housing	One Time Funding FY 07/08 Unencumbered Funds FY 15/16	3 years*

*new reversion period for AB1929 Housing funds released to Counties

Planning & Reporting Requirements

* Community Program Planning (CPP) Process
  * Steering Committee
  * MHSARC
  * CSA Community Planning Committees
  * BHRS Blog, Wellness Matters e-newsletter, MHSA website and subscriber list
* Three-Year Plan & Annual Updates
  * Current 3-Year Plan: July 1, 2014 - June 30, 2017
  * Next 3-Year Planning Phase: Jan – March 2017
  * 30 day public review period followed by public hearing

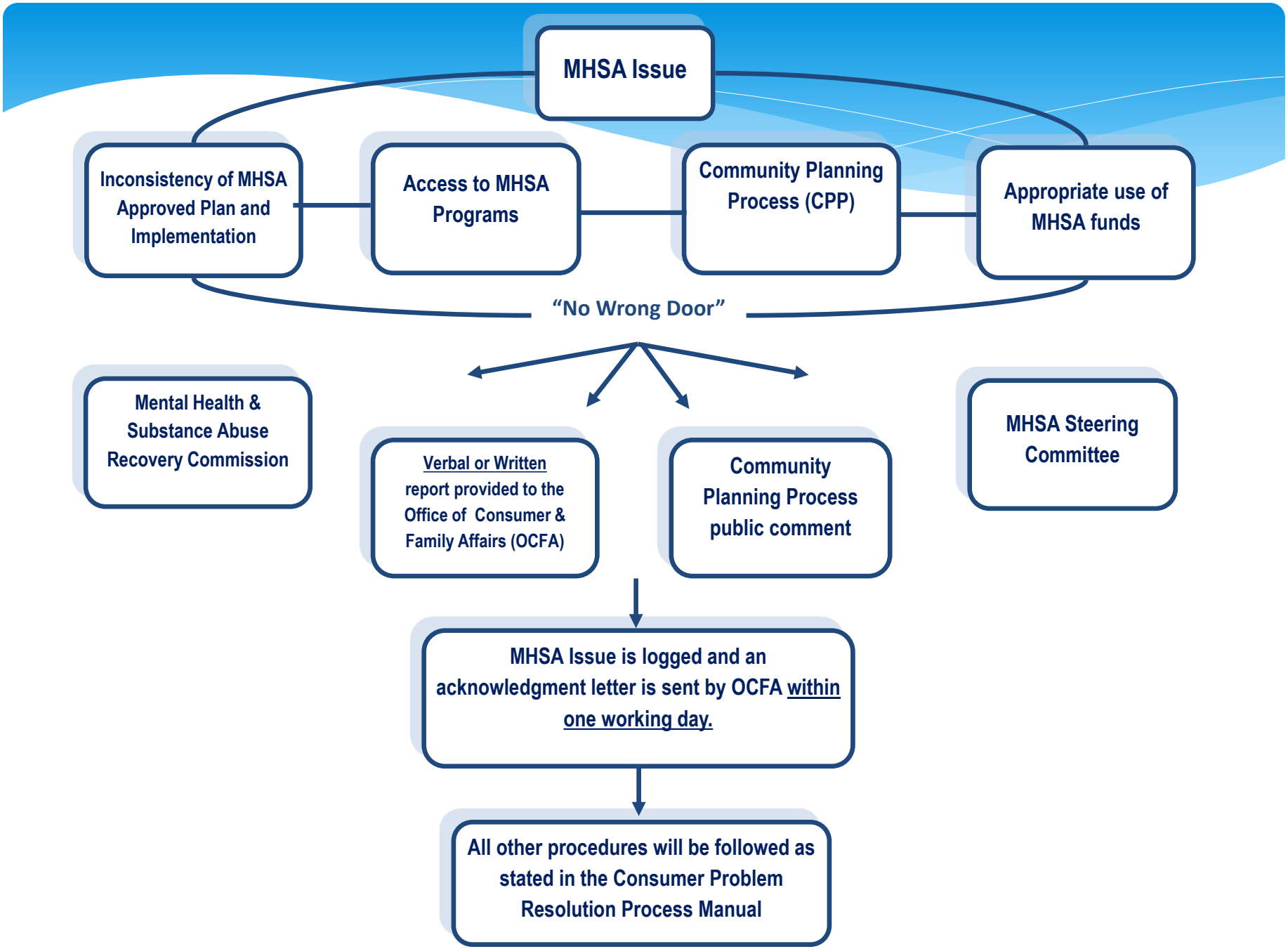
New MHSA Steering Committee Membership Guidelines

* Key components
  * MHSARC members are steering committee members
  * Minimum 1-2 seats on defined stakeholders
  * At least 50% of Steering Committee members will represent clients/consumers and families
  * At least 50% of ALL positions will include individuals from diverse cultural and ethnic groups
  * Membership Selection Group review applications 2x/yr
  * May reopen filled seats if members miss 2 meetings/year

Guidelines and application available on the MHSA website, smchealth.org/bhrs/mhsa

New Issue Resolution Process

* The Office of Consumer and Family Affairs (OCFA) manages grievances.
* The MHSA IRP adds the following:
  * Any MHSA planning, implementation and stakeholder engagement issues will be reported to OCFA for appropriate logging, acknowledgement and other procedures as appropriate.
  * OCFA will check off any service/treatment grievances related to MHSA-funded programs.

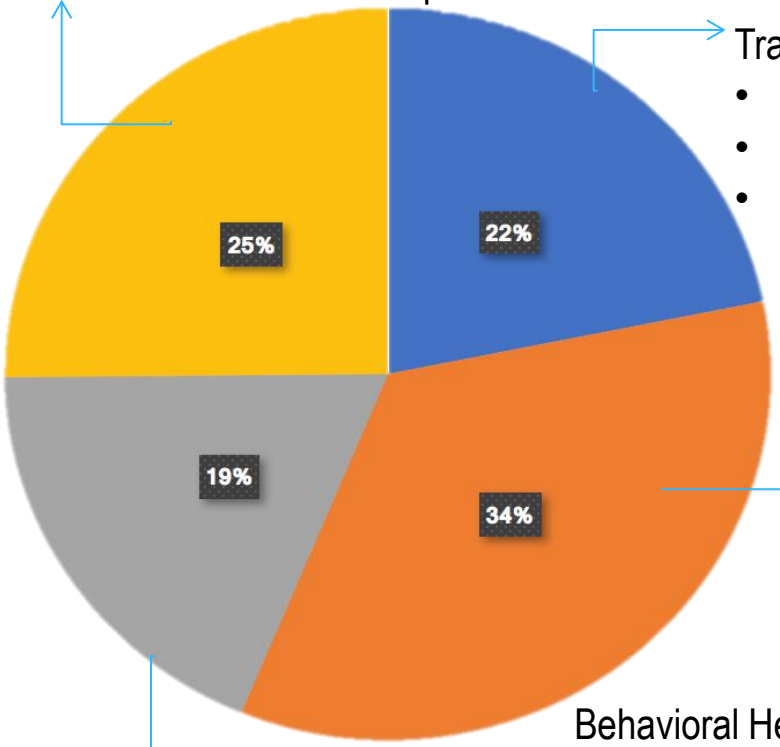

MHSA Issue
Inconsistency of MHSA Approved Plan and Implementation
Access to MHSA Programs
Community Planning Process (CPP)
Appropriate use of MHSA funds
"No Wrong Door"
Mental Health & Substance Abuse Recovery Commission
Verbal or Written report provided to the Office of Consumer & Family Affairs (OCFA)
Community Planning Process public comment
MHSA Steering Committee
MHSA Issue is logged and an acknowledgment letter is sent by OCFA within one working day.
All other procedures will be followed as stated in the Consumer Problem Resolution Process Manual

INN Evaluation & WET Impact
Upcoming Opportunities for Input

* All INN projects will involve an extensive participatory evaluation process
  * Steering Committee will be a venue for vetting next steps and decisions related to continuation of INN projects
* WET Impact report
  * Survey to determine priorities, needs, gaps
  * Qualitative follow up with Lived Experience Academy members, cultural stipend interns, trainers and other stakeholders

WET Investment 2014-17

Financial Incentives Program
- Cultural stipend internship program
- Mental health loan assumption



Training by/for Consumers and Family Members
- Lived Experience Academy (LEA) and Training
- Wellness Recovery Action Plan
- Recovery 101, Peer Support 101 , Peer and Family Partners

Training for System Transformation
- Cultural Humility, HEI trainings for specific populations
- Evidence-based, community and promising practices

Behavioral Health Career Pathways Program
- Intern/Trainee Program
- LEA Speaker's Bureau, support for Commissions and Committees
- Jefferson Union High School District Behavioral Health Career Pathways

Upcoming 3-Year CPP Process

Phase 1. Needs Analysis

- Experiences with MHSA funded programs (what's working well, gaps, improvements needed)
- Review of evaluation and impact reports
- Recommendation developed for Phase2

Phase 2. Strategy Development

- Review Phase 1 findings and recommendations
- Make further recommendations on programs to continue, discontinue, expansion priorities, etc.

Phase 3. Plan Development

- Presentation to MHSARC
- Public Comment
- Public Hearing
- BoS adoption

Dec - Feb | Feb -Apr | May - June

- February: Steering Committee review of phase 1 findings
- March: Stakeholder CPP training and Strategy Development Input Session

Key Considerations

(from 2014 evaluation of MHSA CPP processes statewide)

* Outreach – use of social media, announcements at community meetings
* Incentives – stipends, childcare
* Use of surveys/questionnaires
* Use less jargon, provide language services
* Training pre CPP activities
  * Provide materials, expectations, background information beforehand

Annual Update

F/Y 14-15

Annual Update Agenda

* Program Outcomes (FY 14/15)
* Program Highlights
  * Prevention and Recovery in Early Psychosis (PREP)
  * Older Adult System of Integrated Services (OASIS)
* Fiscal Report
* New Program Updates
* Next Steps

Program Outcomes

Community Service and Supports

F/Y 14-15

CSS - Clients Served

Full Service Partnerships*		Outreach and Engagement		System Development	
06/07:	161	06/07:	314	06/07:	1,846
07/08:	281	07/08:	1,905	07/08:	3,896
08/09:	336	08/09:	4,707	08/09:	3,684
09/10:	350	09/10:	5,471	09/10:	4,159
10/11:	428	10/11:	9,996	10/11:	4,089
11/12:	426	11/12:	9,121	11/12:	4,585
12/13:	**491**	**12/13:**	**6,235**	**12/13:**	**2,765**
13/14:	**482**	**13/14:**	**7,751**	**13/14:**	**2,571**
14/15:	**477**	**14/15:**	**6,328**	**14/15:**	**2,523**

** there are 392 available FSP slots across all age groups*

FSP Outcomes

* **Hospitalizations** improved significantly after first year of FSP enrollment, ranging from a 100% improvement for children to 29% for older adults.

* **Psychiatric Emergency Services (PES) visits** improved significantly for all age groups ranging from 93% for child clients to 42% for older adults.

Percent IMPROVEMENT in Outcomes by Age Group

Year before FSP Compared with First Year with FSP

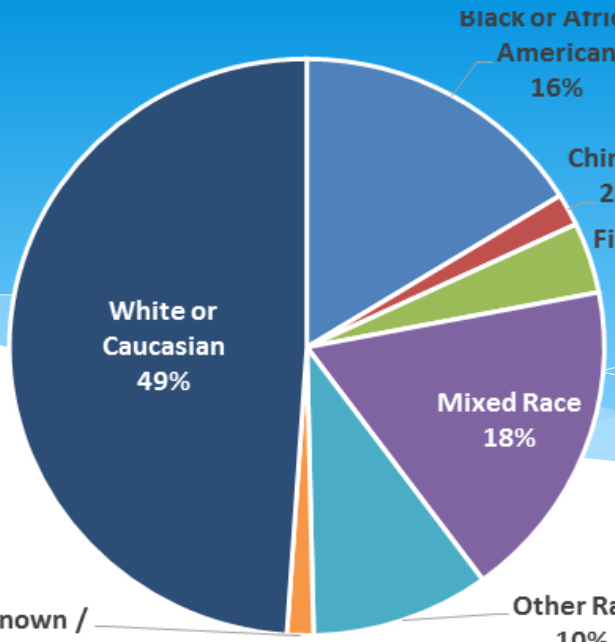
Self-reported Outcomes*	Child (n = 136)	TAY (n = 182)	Adult (n = 298)	Older adult (n = 53)
Homelessness	44%	0%	21%	*
Detention or Incarceration	-16%	17%	21%	*
Arrests	64%	70%	86%	*
Mental Health Emergencies	93%	68%	53%	42%
Physical Health Emergencies	100%	85%	64%	29%
School Suspensions	5%	-1%	*	*
Attendance Ratings	41%	76%	*	*
Grade Ratings	6%	6%	*	*
Employment	*	*	38%	*

* Not Reported

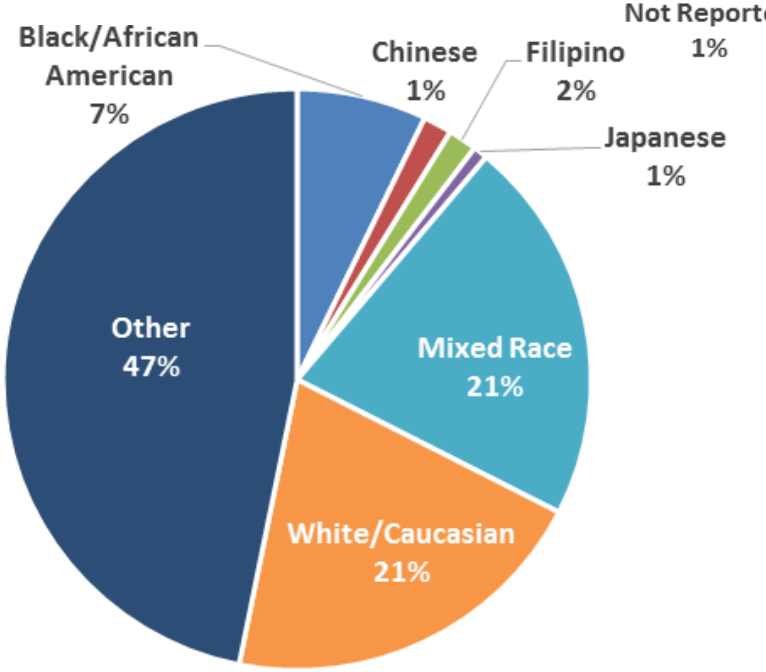
Data is through December 30, 2015

Ethnicity of FSP clients

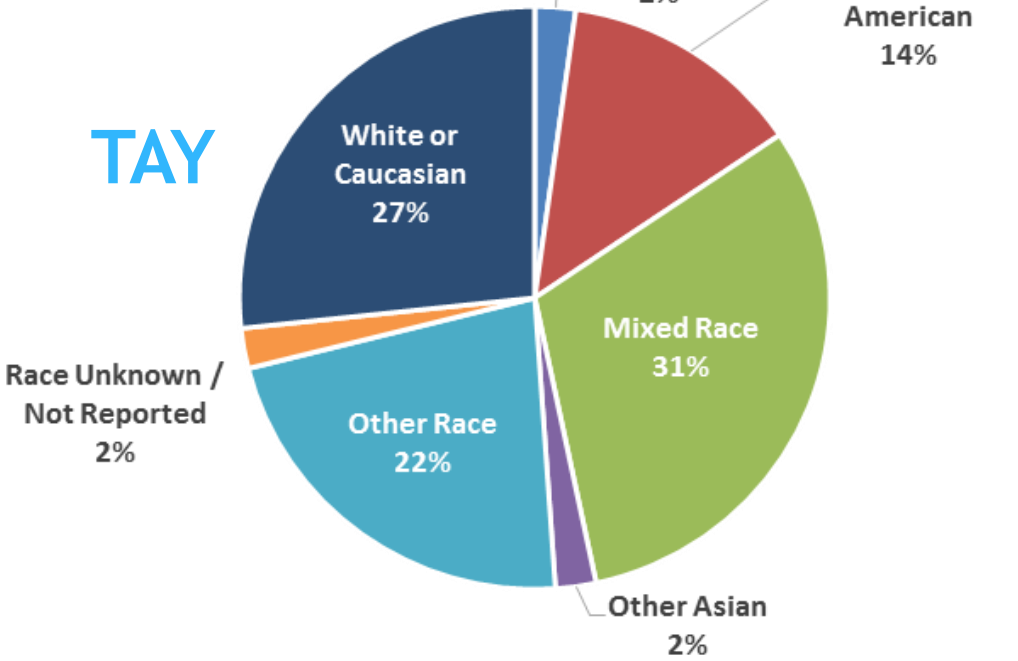
Adult



C/Y



TAY



Program Highlight

Older Adult System of Integrated Services (OASIS)

TARGET POPULATION

* Age 60+
* San Mateo County Resident
* Serious Mental Illness
* Insured by Health Plan of San Mateo

OASIS CLIENT PROFILE

* Serious mental illness
* Multiple, complex medical conditions
* Cognitive impairment
* Functional limitations
* Co-occurring Substance Use

OASIS FIELD-BASED SERVICES

* Psychiatric medication evaluation/monitoring
* Intensive case management
* Counseling/therapy
* Escort and transport to medical appointments (this only to client under psychiatric care)
* All services are voluntary

OASIS DEMOGRAHICS

- Average age is 74
- 1 under 50
- 2.7% of clients are in 50s
- 29.7% of clients are in 60s
- 45.4% of clients are in 70s
- 17.3% of clients are in 80s
- 3.8% of clients are in 90s
- 1 is over 100 (102)

OASIS DEMOGRAPHICS

* In FY 2015-2016(06/10/16) total served 301 clients (50 new open & 48 discharged)
* In FY 2015-2016 total served 36 Spanish speaking clients (19%), and served 31 Cantonese/ Mandarin speaking clients (17%)
* Other languages clients speaks: Tagalog, Farsi, Hmong, Korean and Russian.
* In FY 2016-2017 (12/07/16) total served 227 clients (23 new open & 19 discharged)

REFERRAL PROCESS

* CALL OD LINE (573-3689) & LEAVE MESSAGE.
* OD Return call to gather client's information & screen for OASIS eligibility.(will discuss in staff meeting)
* If eligible for OASIS then a psychiatrist and case manager will be assigned within a week. (Unless case is urgent.)

BOARD AND CARE

* 17 supplemented board and care homes, housing 153 clients
* 8 older adult supplemented homes, housing 81 older adult clients
* 40 supplemented beds providing enhanced level services for more medically complex and functionally impaired adults/older adults

Program Outcomes

Prevention & Early Intervention

F/Y 14-15

PEI Programs

	Ages 0-25	Adults and Older Adults	All Age Groups	Early Onset of Psychotic Disorders
FY 12-13	420	771	3,786	35
FY 13-14	414	1,245	3,601	46
FY 14-15	299	2,090	3,445	60

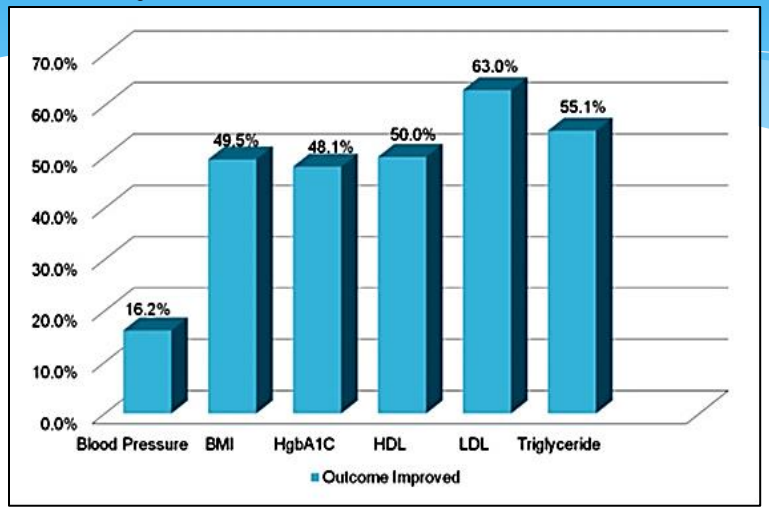
INN - Total Wellness Update

* In FY 14-15 Total Wellness completed its final year as an MHSA Innovation project and has since secured funding for continuation through the Health Plan of San Mateo
* 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

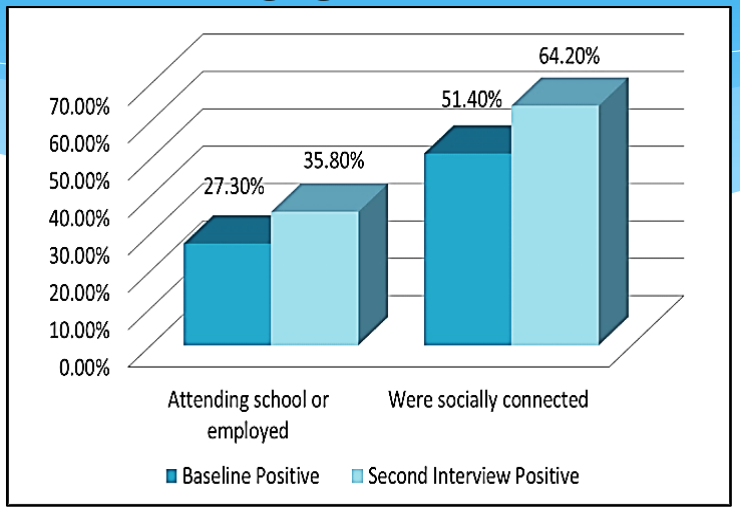
By the end of FY 14-15, Total Wellness served 601 clients since it's inception in 2011

Positive Outcomes of Total Wellness Clients

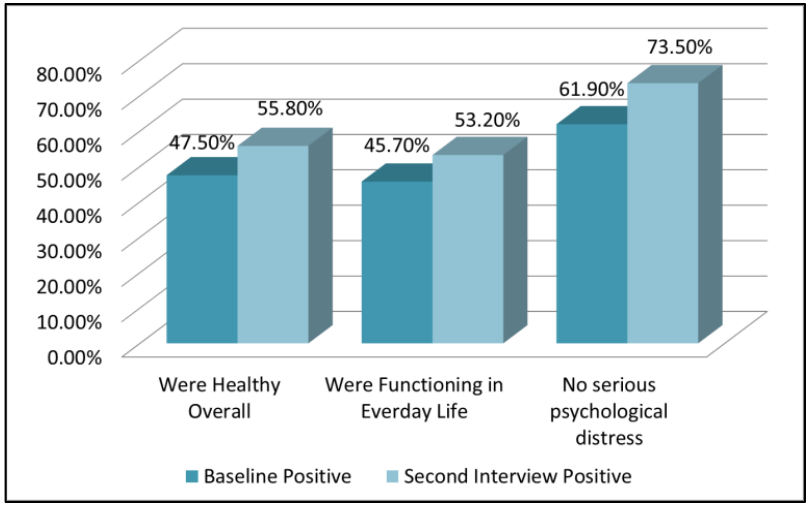
Physical Health Indicators



Positive Engagement Indicators



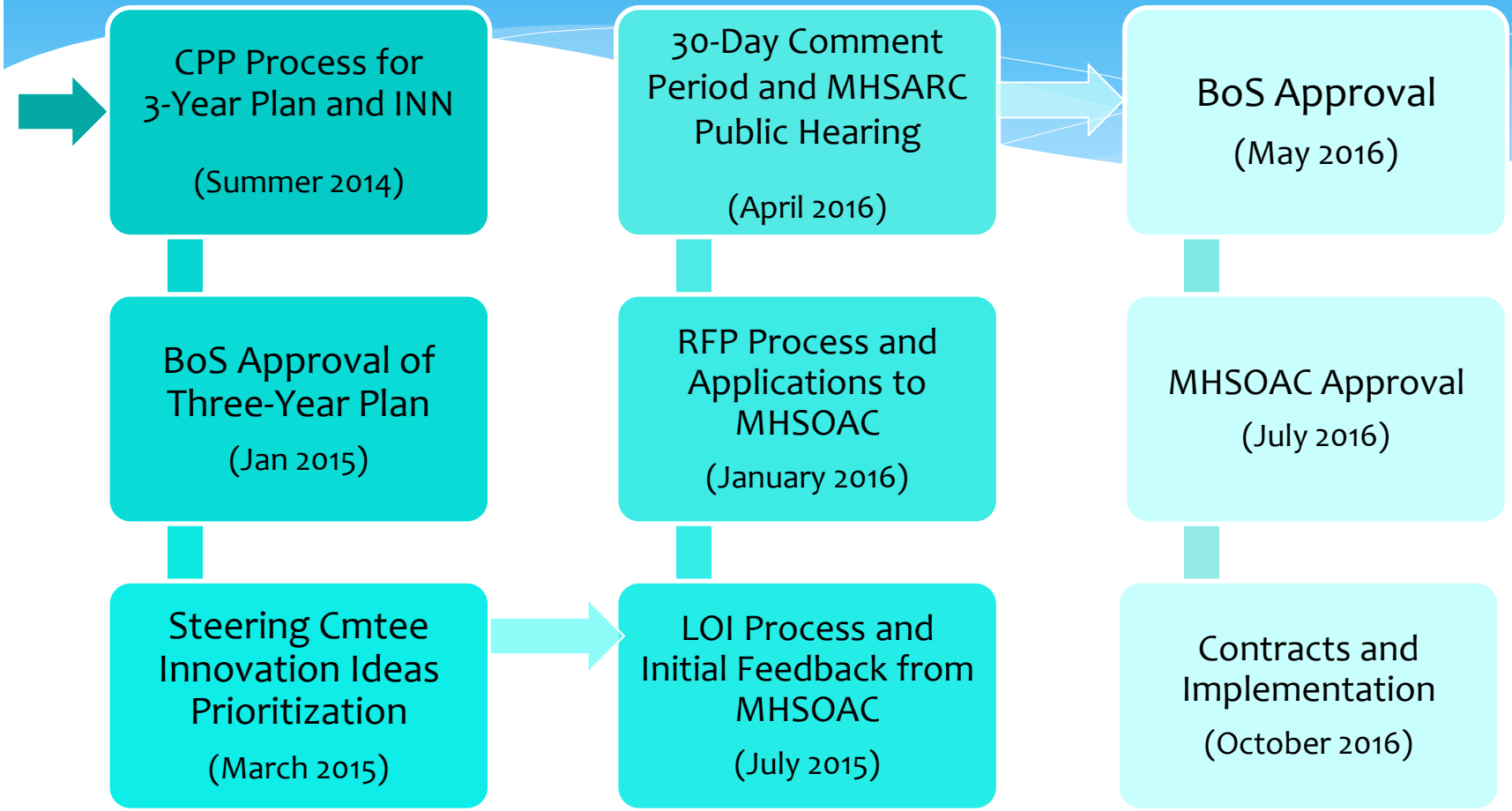
Other Positive Health Indicators



New INN Programs

* Health Ambassador Program – Youth
* LGBTQ Coordinated Behavioral Health Services Center
* NMT within an Adult Service System

Community Program Planning (CPP) Process



CPP – Community Program Planning
BoS – Board of Supervisors
LOI – Letter of Interest
RFP – Request for Proposal
MHSARC – Mental Health Substance Abuse and Recovery Commission
MHSOAC – Mental Health Services Oversight and Accountability Commission

Housing

* **One-time Allocation: $ 6,762,000**

Development	Year	Units	MHSA Amount
Cedar Street Apartments MHA in Redwood City	2009	5 MHSA units/ 14 total units	$524,150
El Camino Apartments MidPen in South San Francisco	2010	20 MHSA units/ 106 total units	$2,163,200
Delaware Pacific Apartments MidPen in San Mateo	2011	10 MHSA units/ 60 total units	$1,081,600
Waverly Place Apartments MHA in North Fair Oaks	2015	15 MHSA units/ 16 total units	$1,973,895
TOTALS		**50 MHSA units**	**$5,742,845**

* **AB 1929 – Release of unencumbered funds $1,073,038**

WET Update

WET continued to implement the prioritized trainings

* Training and Technical Assistance
  * Targeted Training for and by Consumers and Family Members
  * Trainings to Support Wellness and Recovery
  * Cultural Competence Training
  * Evidenced-Based Practices Training for System Transformation
* Behavioral Health Career Pathways Programs
* Financial Incentive Program
* Workforce Development and Retention

New programs/updates for FY 16-17

* Three-Year Plan CPP to begin early 2017
* New INN programs
* Evaluations for CSS- Outreach & Engagement, Health Equity Initiatives and INN programs
* WET sustainability planning and impact report
* Unencumbered housing funds
* MHSA Steering Committee Membership
* MHSA Issue Resolution Process

Program Highlight

Prevention and Recovery in Early Psychosis (PREP)

Felton PREP Prevention and Recovery in Early Psychosis

PREP & BEAM of SAN MATEO

innovation in social services

Fiscal Report

Allocations Per Year

	FY 06/07	FY 07/08	FY 08/09	FY 09/10	FY 10/11	FY 11/12	FY 12/13	FY 13/14	FY 14/15	FY 15/16* (estimate)
CSS	$5,022,392	$8,321,100	$10,472,300	$14,546,300	$12,665,000	$11,976,500	$18,508,727	$16,467,542	$18,142,137	$16,560,239
PEI	-	$1,989,300	$3,997,100	$5,588,900	$3,661,600	$3,136,600	$ 4,935,660	$4,391,344	$4,837,903	$4,416,064
INN	-	-	$1,163,000	$1,163,000	$1,953,100	$794,700	$ 1,233,915	$1,097,837	$1,209,476	$1,104,016
WET	$1,685,900	$1,751,700	-	-	-	-	-		-	-
CF/IT	-	$5,539,300	$1,740,400	-	-	-	-		-	-
HOUS-ING	-	$6,762,000	-	-	-	-	-		-	-
TOTAL	**$6,708,292**	**$24,363,400**	**$17,372,800**	**$21,298,200**	**$18,279,700**	**$15,907,800**	**$24,678,302**	**$21,956,723**	**$24,189,516**	**$22,080,319**

Fiscal Considerations

* AB 100, on July 1, 2012, monthly MHSA allocations based on actual accrual of tax revenue.
* One time allocations in FY 13-14 and FY 14-15, due to change in tax laws
* Unspent funds, increased FY16-17 projections, and savings from INN program allowed for priority expansions
* "No Place Like Home" $2 billion bond - $2million impact to San Mateo off the top and potential impact on expansions
* Prudent reserve remains at $600K

Priority expansions

Component	Updated Priority Expansions FY 14-17	Implemented	FY
CSS, FSP	Support and assistance program to connect MI with vocational, social and other services	YES California Clubhouse	FY 14/15
	Drop-in Center(DIC) in South County	YES Edgewood DIC	FY 15/16
	FSP slots for transition age youth with housing	YES Edgewood FSP	FY 15/16
	FSP slots for older adults	NO	
CSS, Non-FSP	Expansion of supports for transition age youth		FY 15/16
	Expansion of supports for older adults	NO	
PEI	Culturally aligned and community-defined outreach with a focus on emerging communities and outcome-based practices	NO	Expected FY 16/17
	Expansion of Stigma Free San Mateo, Suicide Prevention and Student Mental Health efforts	NO	Expected FY 16/17

Next Steps

* 30 day public comment
* Public Hearing at the MHSARC
  * January 4, 2017, 3-5pm
  * SMC Health System, 225 37th Ave. Rm 100, San Mateo
* Presentation to the Board for adoption of the plan
* Controller to certify expenditures
* Submit to the State MHSOAC for approval Contact:

Questions, Comments?

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

San Mateo County Health System
Behavioral Health and Recovery Services

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 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:

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

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

Updated 11/9/16

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) • Caminar - Enhanced Supportive Education Services FSP • Edgewood - Comprehensive "Turning Point" FSP • Mental Health Association - FSP 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 System Transformation & Effectiveness Strategies • Peer Consumer and Family Partners • Co-Occurring Contracts with AOD Providers • Juvenile Girls Program • Child Welfare Partners • Puente Clinic for Developmentally Disabled • The California Clubhouse • 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) • Ravenswood Family Health Center (40% CSS; 60%PEI) • BHRS Staff Positions

*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.

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
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 • Middle School Initiative, Project Grow • Teaching Pro-Social Skills
	Prevention	Office of Diversity and Equity • Parent Project • Health Ambassador Program • Digital Storytelling and Photovoice • Health Equity Initiatives (HEI)
	Early Intervention	Community Outreach, Engagement and Capacity Building • Crisis Hotline • SMART MOU • SMMC MOU • Prevention and Recovery in Early Psychosis (PREP) • Primary Care Interface
	Recognition of Early Signs of MI	• Adult Mental Health First Aid
	Access and Linkage to Treatment	• Ravenswood Family Health Center (40% CSS; 60%PEI) • Senior Peer Counseling (50% CSS; 50%PEI) • HEI Outreach Worker Program
	Stigma and Discrimination and Suicide Prevention	• Stigma Free San Mateo County – Be the ONE Campaign • San Mateo County Suicide Prevention Committee (SPC)
Innovations (INN)	N/A	• TBD
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)
Housing	N/A	• 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 (2015)

*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

MHSA Steering Committee

The MHSA Steering Committee plays a critical role in the development of MHSA program and expenditure plans. Specifically, the MHSA Steering Committee makes recommendations to the planning and services development process and as a group, assures that MHSA planning reflects local diverse needs and priorities, contains the appropriate balance of services within available resources and meets the criteria and goals established. The Steering Committee meetings are open to the public and will include time for public comment as well as means for submission of written comments.

Guiding Principles

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

Composition and Membership

The Steering Committee will be co-chaired by a member of the Board of Supervisors and the chair of the Mental Health and Substance Abuse Recovery Commission (MHSARC). Membership will include a broad and diverse set of stakeholders as listed below.

At least 50% of Steering Committee members will represent:

- Clients/consumers; and
- Families of children, adults, and seniors clients/consumers.

At least 50% of ALL positions will include individuals from diverse cultural and ethnic groups including, Pacific-Islander, LGBTQ, African-American, Filipino, Latino, Chinese, and Native American groups.
Minimum 1-2 seats will represent:

- Client/Consumers (youth, transition-age youth)
- Client/Consumers (adults, older adults)
- Families of children, adults, and seniors clients/consumers
- Providers of mental health and substance use services
- Providers of social services
- Cultural competence and diversity
- Disabilities
- Education
- Health care
- Law enforcement
- Veterans and /or representatives from veterans organizations
- Other interests (faith-based, aging and adult services, youth advocacy, etc.)

Members of the Steering Committee will appointed by the BHRS Director after recommendations by a MHSA Membership Selection Group consisting of the MHSA Manager, MHSA Steering Committee member(s) and a representative of the Office of Consumer and Family Affairs and/or the Office of Diversity & Equity. Applications will be accepted on a rolling basis and reviewed during January and May of each year. All selected members will be required to attend an initial orientation regardless of previous experience with organizations or agencies, such as boards, committees, workgroups, service providers, etc. Please visit the MHSA website www.smchealth.org/bhrs/mhsa for the MHSA Steering Committee application and the most up-to-date membership list.

Roles and Responsibilities

The Steering Committee will oversee the Community Program Planning (CPP) process and development of the MHSA Three-Year Program and Expenditure Plan (MHSA Plan) and the Annual Updates. The role of the Steering Committee will be to assure that the recommended MHSA Plan

- reflects local needs and priorities,
- contains the appropriate balance of services within available resources, and
- meets the criteria and goals established by the state Mental Health Services Oversight Accountability Commission (MHSOAC).

Instructions and guidelines for the development of the plan can be found at the MHSOAC website, www.mhsoac.ca.gov.

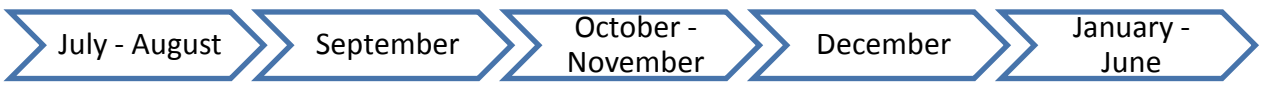
The Steering Committee will also:

- Review input received through the CPP process and make recommendations for strategy development.
- Recommend priorities for inclusion in the MHSA Plan. The MHSARC will open a 30-day public comment period for the Draft MHSA Plan and subsequently, a public hearing.

MHSA Planning Timeline

MHSA planning, implementation and updates are on a Fiscal Year (FY) calendar July 1 – June 30.
Counties are required to plan for and submit a Three-Year MHSA Plan and Annual Updates each year.

Current Three-Year Implementation Phase: July 1, 2014 through June 30, 2017
Annual Updates Due: December 2015, December 2016, December 2017
Next Three-Year Planning Phase: January 2017 – April 2017
Next Three-Year MHSA Plan Due: December 2017



July - August	September	October - November	December	January - June
* Collect data reports from MHSA funded programs for Jan - June of previous Fiscal Year	* Compile all data for full Fiscal Year and present it to the MHSA Steering Committee	*Public hearing, presentation of the MHSA Plan or Annual Update for public comment to MHSARC	* Presentation to the Board * Submission to the MHSOAC	* CPP process * Collect data reports for July – Dec of previous Fiscal Year

Steering Committee Meetings

- The MHSA Steering Committee will **meet twice a year** in the Fall and Spring during Implementation Phase July 1, 2014 – June 30, 2017.
- As we begin the Planning Phase, January 2017 – April 2017 for the next three years of MHSA services there may be 1-2 additional meetings to allow for more engagement in the CPP process and making recommendations.

Given that there are only 2-4 meetings per year, consistent attendance is very important and members who miss two meetings over the course of a year may be removed from the committee. Extenuating circumstances will be considered and the MHSA Membership Selection Group will make the final decision. We will make every attempt to provide you meeting date, time and location well in advance.

For any additional questions about the the Steering Committee please contact Doris Estremera, MHSA Manager at mhsa@smcgov.org or (650) 573-2889.

Mental Health Services Act (MHSA)
STEERING COMMITTEE MEMBER APPLICATION

Date:_____

Name: _____

Title (if applicable): _____

Organization (if applicable): _____

Address: _____

Phone #: _____ **E-mail:** _____

1. **Which stakeholder representative seat are you applying for (select all that apply)?**
   - ☐ Client/Consumers (youth, transition-age youth)
   - ☐ Client/Consumers (adults, older adults)
   - ☐ Families of children, adults, and seniors clients/consumers
   - ☐ Providers of mental health and substance use services
   - ☐ Providers of social services
   - ☐ Cultural competence and diversity
   - ☐ Disabilities
   - ☐ Education
   - ☐ Health care
   - ☐ Law enforcement
   - ☐ Veterans and /or representatives from veterans organizations
   - ☐ Other interests (faith-based, aging and adult services, youth advocacy, individuals served by MHSA programs, etc.)

2. **Age:** ☐ <15 years ☐ 16-25 years ☐ 26-59 years ☐ 60+ years ☐ Decline to state

3. **What is your preferred language? (select ONE)**
   ☐ English ☐ Spanish ☐ Cantonese/Mandarin ☐ Tagalog ☐ Other: _____

4. **Race:** ☐ American Indian/Alaska Native ☐ Asian ☐ African-American/Black
   ☐ Caucasian/ White ☐ Native Hawaiian ☐ Other Pacific Islander
   ☐ Other: _____ ☐ Decline to state

For more information about MHSA and the MHSA Steering Committee Roles and Responsibilities including current membership composition and past meeting materials, visit www.smchealth.org/bhrs/mhsa.

5. Ethnicity: (select all that apply)

Hispanic/ Latino: ☐ Central American ☐ Mexican ☐ South American ☐ Caribbean ☐ Puerto Rican ☐ Other: _____

Non-Hispanic/ Latino: ☐ African ☐ Eastern European ☐ European ☐ Middle Eastern ☐ Other: _____

Asian: ☐ Chinese ☐ Filipino ☐ Japanese ☐ Cambodian ☐ Korean ☐ Vietnamese ☐ Asian Indian/ South Asian ☐ Other: _____

☐ Decline to state

6. Gender assigned at birth: ☐ Male ☐ Female ☐ Decline to state

7. Gender identity: ☐ Male ☐ Female ☐ Transgender ☐ Genderqueer ☐ Questioning ☐ Decline to state ☐ Other: _____

8. Sexual orientation: ☐ Bisexual ☐ Gay/Lesbian ☐ Heterosexual ☐ Queer ☐ Questioning ☐ Decline to state ☐ Other: _____

9. Do you have a disability or learning difficulty? (select all that apply)

☐ Difficulty seeing ☐ Difficulty hearing ☐ Physical/mobility disability
☐ Learning disability ☐ Developmental ☐ Dementia
☐ Chronic health condition ☐ Decline to state ☐ Other: _____

10. Are you a Veteran? ☐ Yes ☐ No ☐ Decline to state

Applications will be accepted on a continuous basis and reviewed twice a year in January and May.

Please return your completed application via email, mail or fax to:

Colin Hart
225 37th Avenue, 3rd Floor
San Mateo, CA 94403-4324
Fax: (650) 573-2841
Email: MHSA@smcgov.org

SEE PAGE 3 FOR ADDITIONAL QUESTIONS →

For more information about MHSA and the MHSA Steering Committee Roles and Responsibilities including current membership composition and past meeting materials, visit www.smchealth.org/bhrs/mhsa.

1. **Please describe your interest in serving as an MHSA Steering Committee member?**

2. **Please describe your experience working with organizations or agencies, such as boards, committees, workgroups, service providers, etc.?**

3. **What is your experience working with communities of culturally diverse backgrounds?**

4. **Every individual has strengths to contribute to a steering committee, what are some of the strengths you would bring to the Steering Committee?**

For more information about MHSA and the MHSA Steering Committee Roles and Responsibilities including current membership composition and past meeting materials, visit www.smchealth.org/bhrs/mhsa.

MENTAL HEALTH SERVICES ACT (MHSA) – Issue Resolution Process

I. Behavioral Health & Recovery Services (BHRS) Grievance/Appeals

BHRS consumer/clients receive client rights information upon admission to any program, which includes information on the right to a problem resolution process and how to file a grievance, appeal or request a state fair hearing after exhausting the internal problem resolution process. The Office of Consumer and Family Affairs (OFCA) is available to assist with grievances, appeals, and/or the fair hearing process. *For a complete list of Consumer Rights, call OCFA at 800.388.5189 or visit www.smchealth.org/BHRS/OCFA.*

II. MHSA Issue Resolution - Background

MHSA County Performance Contracts require that Counties adopt an Issue Resolution Process in order to resolve issues related to

1) the MHSA Community Program Planning (CPP) process;
2) consistency between approved MHSA plans and program implementation; and
3) MHSA funded programs (accessibility, appropriate use of funds, etc).

Counties are required to keep and update an Issue Resolution Log to handle client disputes and complaints. The Issue Resolution Log must include brief description of the MHSA issue, dates, and final resolution.

Specifically, CPP is defined in Title 9 California Codes and Regulations and ensures that:

- MHSA funded services are client and family driven meaning that clients and their families have the primary decision-making role in determining the services and supports that are most effective and helpful.
- The county will demonstrate a partnership with constituents and stakeholders throughout the process that includes meaningful stakeholder involvement on mental health policy, program planning and implementation, monitoring, quality improvement, evaluation, and budget allocations.
- Consumers and their family members will be provided training, opportunities to provide their viewpoints and experiences and granted stipends for their participation.

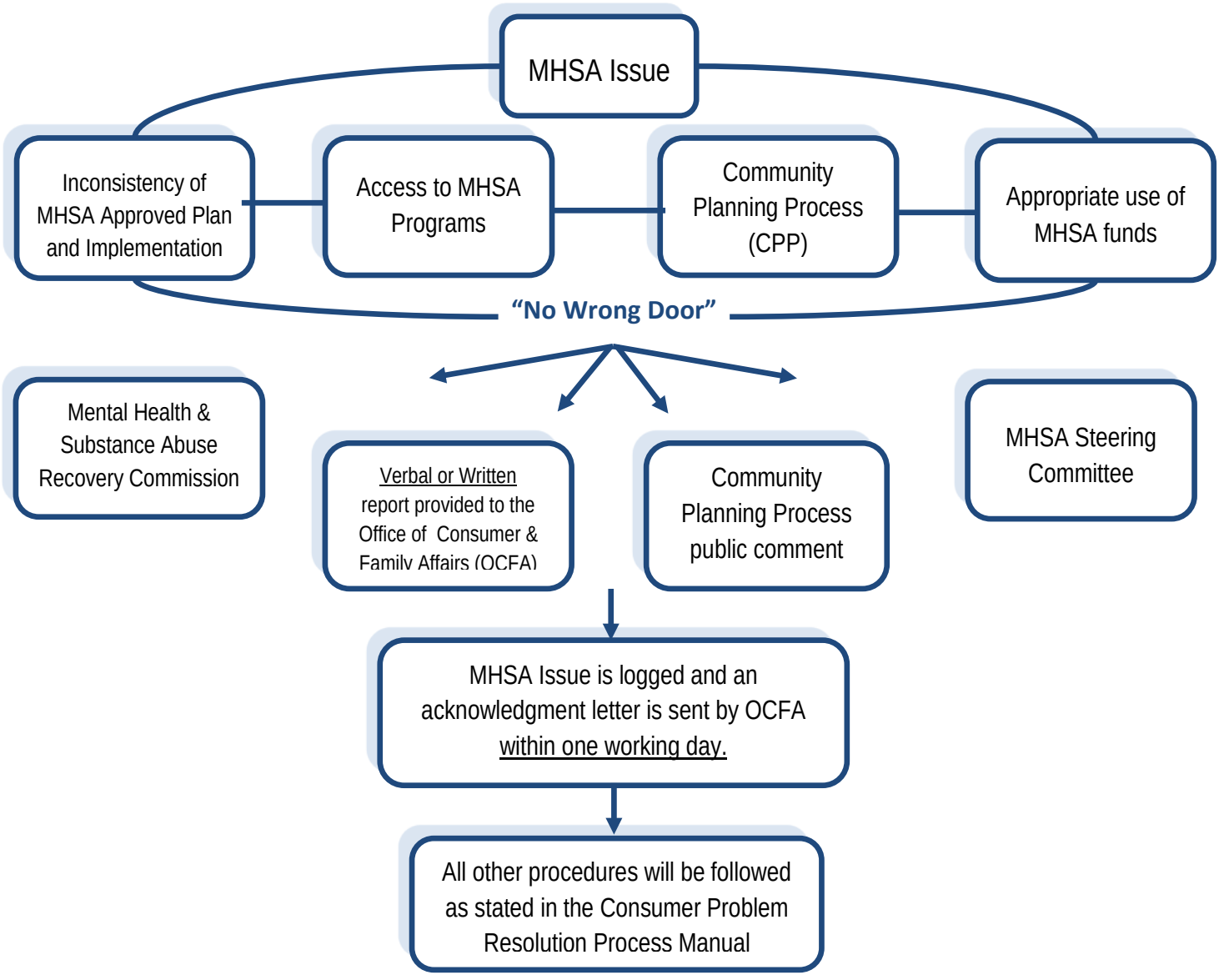
III. MHSA Issue Resolution Process

When an MHSA specific grievances are received by the OCFA, the coordinator will:

- Note in the Grievance/Appeal Log that it is an MHSA-specific grievance.
- Handle all issues related to treatment by MHSA funded programs.

MENTAL HEALTH SERVICES ACT (MHSA) – Issue Resolution Process

- Direct all CPP issues to the MHSA manager or appropriate staff
- If a satisfactory resolution of the CPP issue is determined, the OCFA coordinator or designee will coordinate with the MHSA Manager to provide a resolution letter.
- If a satisfactory resolution is not determined, all other procedures will be followed as stated in the Consumer Problem Resolution Process Manual.
- Where appropriate (e.g. MHSA community planning process issues) the MHSA Manager will consult a sub-committee of the MHSA Steering Committee, which shall include at least 50% consumer/client and family members to resolve the issue. Decision-makers involved in the grievance process will not have been involved in the specific grievance itself and/or in any previous level of review concerning the grievance.



San Mateo County Health System
Behavioral Health & Recovery Services (BHRS)

Mental Health Services Act (MHSA) – Innovation Project Brief #1

Project: Health Ambassador Program – Youth (HAP-Y)

Background – A comprehensive Community Program Planning (CPP) process in San Mateo County identified the **need to decrease stigma and build the capacity of communities to engage in improving access to mental health services**. The proposed HAP-Y project was identified as priority to address this need. The San Mateo County Mental Health and Substance Abuse Recovery Commission (MHSARC) held a public hearing on April 6, 2016 and the San Mateo County Board of Supervisors approved the HAP-Y project plan on May 24, 2016.

The Challenge – While the value of peer education and advocacy in health and wellness is well documented and studies have found that youth are "more likely to make changes if they believe the messenger faces their same concerns and issues," research on youth peer education and community advocacy in mental health is scarce[1]. A recent 2016 study was the first to look specifically at a school-based youth mental health peer education program and observed improvement in participants' knowledge and stigma of seeking help.[2] This provides preliminary evidence and highlights the need for additional research on the effectiveness of youth peers making systematic changes in their communities, reducing stigma and in turn increasing access to mental health services. Evidence-based models for training designed for youth peer educators are limited. Internet searches and direct inquiries with similar programs, see attached listing, further supports the need to pilot this promising approach.

The original HAP (for adults) was developed by the Office of Diversity and Equity in BHRS, on January 2014. Participants complete a 12-week Parent Project® class and are encouraged to take 4 additional trainings to enhance their skills and knowledge about mental health. HAP graduates, including those with lived experience, are empowered to become leaders in their community and serve as a critical liaison to the County by doing outreach, speaking at panels and community events, teaching psycho-educational classes, etc. The idea for a youth focused HAP evolved from recognizing that **informed youth can take a proactive role in their communities, bring awareness, reduce stigma and change cultural beliefs and norms.**

*The Proposed Project –*The HAP-Y project will adapt, pilot and evaluate a psycho-educational process to train youth age 16-25 as ambassadors for mental health awareness, and will support the youth in their ambassador role following graduation. HAP-Y is a three year pilot project with an expected start date of September 1, 2016 and a total estimated cost of $750,000. Key activities include:

1. Adapt the adult HAP model and process appropriate for the youth participants.
2. Provide psycho-educational courses (Wellness Recovery Action Plan®, Mental Health First Aid, Applied Suicide Intervention Skills Training, etc.) for participants, including youth with lived experience.
3. Establish opportunities for engagement (presentations, outreach, advisory roles etc.) post-graduation.
4. Provide ongoing groups for youth to process and troubleshoot outreach activities.
5. Conduct evaluation activities, pre and post-tests, participant surveys, and data analysis.

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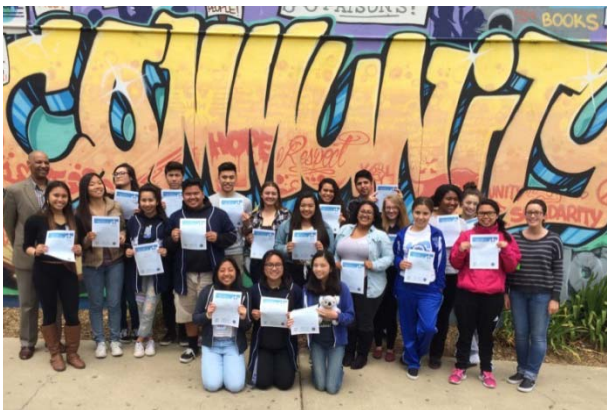
[1] Melissa D. Pinto-Foltz, M. Cynthia Logsdon, John A. Myers, Feasibility, acceptability, and initial efficacy of a knowledge-contact program to reduce mental illness stigma and improve mental health literacy in adolescents, Social Science & Medicine, Volume 72, Issue 12, June 2011, Pages 2011-2019.

[2] O'reilly, Aileen, James Barry, Marie-Louise Neary, Sabrina Lane, and Lynsey O'keeffe. "An Evaluation of Participation in a Schools- Based Youth Mental Health Peer Education Training Programme."Advances in School Mental Health Promotion (2016): 1-12.

HAP-Y has the potential of empowering youth, including youth with lived experience, increasing engagement in their communities and contributing to mental health workforce development. HAP-Y graduates can conduct outreach, speak at panels and events, teach psycho-educational classes, mentor and join committees, advisory groups, and/or commissions supported by adult allies. They are provided stipends for their participation.

Target Population – The HAP-Y program will recruit a minimum of 30 youth ages 16-25 to participate in the HAP-Y training process and graduate. At least 30% of graduates will be youth with Lived Experience. Youth will be recruited from diverse cultural backgrounds (White, Latino, African American, Filipino, Pacific Islander, Native American), gender identity and sexual orientation and geographic representation.



The Innovation – **MHSA Innovative Project Category:** Makes a change to an existing mental health practice that has not yet been demonstrated to be effective.

Primary Purpose: Increase access to mental health services.

1. The HAP psycho-educational process is innovative, collaborative and client focused and has ***not been evaluated*** to understand its full impact.
2. The current process for graduating HAP adults and the program will ***need to be adapted*** for a youth audience.
3. There is ***limited research*** demonstrating the effectiveness of youth ambassadors in making systemic changes, decreasing stigma and increasing access to mental health services.

Evaluation – **Learning Goal #1:** Is the HAP psycho-educational process for training Health Ambassadors an effective method for building youth capacity and engagement in reducing stigma in their communities?

- Positive changes in pre/post questionnaires for youth ambassadors.
- Positive mental health perceptions, knowledge and awareness from community participants of youth ambassador-led outreach, presentations, efforts, etc.

Learning Goal #2: Are youth ambassadors effective in increasing access to mental health services for other youth, families and their communities?

- Positive perceptions with regards to accessing mental health services from community participants in youth ambassador-led outreach, presentations, efforts, etc.
- Increased knowledge and awareness of how and where to access services

1. All youth ambassadors will receive a pre/post survey. Additionally, youth ambassadors with Lived Experience will receive a pre/post focused on their wellness and recovery.
2. Data will be collected on referrals made to show increased access to services.
3. Community participants in youth ambassador-led outreach, presentation, etc. will receive pre/post surveys to measure perceptions as it relates to stigma and accessing mental health services.

StarVista was selected through a Request for Proposal (RFP) to implement and manage the HAP-Y project, including the administration, participant recruitment and data collection aspects of the evaluation plan. A separate RFP process will be conducted to select a qualified evaluator to develop a thorough evaluation, analysis and reporting. The evaluation plan will include meaningful and diverse youth and stakeholder participation through the MHSA Steering Committee, which will also be the primary venue for vetting next steps and decisions related to continuation of the project.

Attachment – List of similar youth peer education/advocacy programs

Program Name and Website	**Year Established**	**Location**	**Target Population**	**Method(s) of Engagement**
Youth Mental Wellness Ambassadors http://www.somervillema.gov/calendar/youth-mental-wellness-ambassador-launch	2015	Somerville, MA	16-25 years old	The Center for Teen Empowerment Inc. (TE) and the City of Somerville's Health and Human Services Department partner to launch the Youth Mental Wellness Ambassador Program. Youth Mental Wellness Ambassadors, ages 16-24 years old, will implement city wide discussion workshops and events addressing mental health and wellness among youth in Somerville. In partnership with youth serving agencies, schools, and housing, Ambassadors will shift attitudes about mental health, and change cultural beliefs and norms. By providing more youth lead safe spaces to discuss and learn, this program will support the city's commitment to decrease the stigmatization around mental health. - See more at: http://www.somervillema.gov/calendar/youth-mental-wellness-ambassador-launch#sthash.n9hXCf2V.dpuf
Mental Health Ambassadors http://www.sjsu.edu/counseling/Training_Program/Peer_Prevention_Programs/Mental_Health_Ambassadors/	2007	San Jose State University	SJSU students	The MHAs are similar to Peer Counselors in having positive attitudes toward mental health, good communication skills, and skills and knowledge to help students to be healthy and successful. However, MHAs are different from Peer Counselors in: • Primary goal: MHAs' primary goal is making *systematic change* -- changing the culture and attitudes as well as reducing the stigma related to mental health issues for SJSU students and community. Peer counselors primary goal is to provide support to their peers and produce individual changes. • Main activities: MHAs are encouraged to create and engage in diverse programs and activities to help them to achieve their mission (e.g., presentation, tabling, designing handouts, participating in student organization meetings, talking to professors), while peer counselors mainly provide individual peer counseling.

San Mateo County Health System
Behavioral Health & Recovery Services

Mental Health Services Act (MHSA) – Innovation Project Brief #2

Project: Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) Behavioral Health Coordinated Services Center

Background – A comprehensive Community Program Planning (CPP) process identified the **need for culturally specific services and supports including outreach and coordination of services for the LGBTQ community**. The proposed LGBTQ Behavioral Health Coordinated Services Center (The Center) was identified as a priority project to address this need. The San Mateo County Mental Health and Substance Abuse Recovery Commission (MHSARC) held a public hearing on April 6, 2016, following a 30-day public comment period, and recommended the approval of the project to the San Mateo County Board of Supervisors, which approved the project plan on May 24, 2016.

The Challenge – LGBTQ individuals are at higher risk of mental disorders[1] given their experience with multiple levels of stress including constant subtle or covert acts of homophobia, biphobia and transphobia against them. LGBTQ youth are especially vulnerable with higher rates of being victimized, having a mental health disorder and of homelessness and suicide.[2] LGBTQ older adults are also at higher risk of depression and isolation from family and other social supports.[3] Transgender persons and gender non-conforming/variant remain the most vulnerable to mental health problems including suicidality, depression, post-traumatic stress, and substance abuse.[4] While there are LGBTQ services located in the Bay Area, there are very few services in San Mateo County and a thorough literature review points to the scarcity of published research on models of coordination across services for this community. An academic study of LGBTQ community centers across the U.S. found that while nearly 87% offer social support services, direct mental health services are the least offered service.[5] This study also pointed to the need to create partnerships to increase quality, capacity and impact, training opportunities, clinical experience and specialized treatment programs for high risk groups; all services The Center will provide.

The Proposed Project – The Center will provide a coordinated approach across mental health treatment, recovery and supports for high risk LGBTQ communities through collaboration of multiple agencies. The Center will include a space where groups, events and other activities will be held and feature the coordination of three (3) components, summarized below. The Center pilot project has an expected start date of October 1, 2016 and a total estimated cost of $2.2 million for three years.

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[1] King, M., Semlyen, J., Tai, S. S., Killaspy, H., Osborn, D., Popelyuk, D., & Nazareth, I. (2008). A systematic review of mental disorder, suicide, and deliberate self-harm in lesbian, gay and bisexual people. BMC Psychiatry, 8:70

[2] Mustanski, Brian, Rebecca Andrews, and Jae A. Puckett. "The Effects of Cumulative Victimization on Mental Health Among Lesbian, Gay, Bisexual, and Transgender Adolescents and Young Adults."American Journal of Public Health 106.3 (2016): 527.

[3] Fredriksen-Goldsen, Karen I., Hyun-Jun Kim, Susan E. Barkan, Anna Muraco, and Charles P. Hoy-Ellis. "Health Disparities among Lesbian, Gay, and Bisexual Older Adults: Results from a Population- Based Study.(Author Abstract)." The American Journal of Public Health 103.10 (2013): 1802.

[4] Clements-Nolle, K., Marx, R., Guzman, R., & Katz, M. (2001). HIV Prevalence, Risk Behaviors, Health Care Use, and Mental Health Status of Transgender Persons: Implications for Public Health Intervention. American Journal of Public Health, 91, 6, 915.

[5] Rogers, Michael, Tania Israel, Merith Cosden, and Melissa Morgan Consoli. "Enhancing LGBTQ Emotional Health: The Role of LGBT Community Centers in Addressing Access to Mental Health and Social Support Services." N.p.: ProQuest Dissertations, 2012.

1. The social and community component aims to outreach, engage, reduce isolation, educate and provide support to high risk LGBTQ individuals through peer-based models of wellness and recovery that include educational and stigma reduction activities.
2. The clinical component will be comprised of behavioral health services focusing on individuals at high risk of or already with moderate to severe mental health challenges; a strong referral system; and a resource and training ground to build competency working with high-risk LGBTQ.
3. The resource component is to become a hub for local, County and national LGBTQ resources including the creation of an online and social media presence.

Target Population – The Center will reach out specifically to communities that are marginalized, high risk of and/or with moderate to severe mental health challenges, including transgender and gender non-conforming/variant community members, LGBTQ youth, seniors and ethnic minorities. Demographic and mental health outcome data will be collected to ensure The Center is reaching the intended target population. 5,000 outreach encounters, 300-400 unduplicated mental health referrals, and a minimum of 80 clients in the clinical component is expected the first year.

The Innovation – **MHSA Innovative Project Category:** Introduces a new mental health practice or approach. **MHSA Primary Purpose:** 1) Promote interagency *collaboration* related to mental health services, supports, or outcomes and 2) Increase *access* to mental health services to underserved groups.

While it is not new to have an LGBTQ center providing social services (see attached program list)[6], there is no model of a coordinated approach across mental health, social and psycho-educational services for this vulnerable community.

Evaluation –

Learning Goal #1 (Collaboration): Does a coordinated service delivery approach improve outcomes for LGBTQ individuals at high risk for or with moderate or severe mental health challenges?

- Baseline objective: determine current status of coordination and collaboration
- Process measures: increase in communication among providers, referrals, improved satisfaction
- Outcome measures: improved mental health indicators from pre/post scales and client questionnaires assessed at intake and closure and client satisfaction surveys, client engagement

Learning Goal #2 (Access): Does The Center improve access to mental health services for LGBTQ individuals at high risk for or with moderate or severe mental health challenges?

- Demographics, how did you hear about The Center, assessed at intake and after a year to measure impact of outreach efforts

A contract provider will be selected through a Request for Proposal (RFP) process to implement and manage The Center, including the administration, participant recruitment and data collection. A separate RFP process will select a qualified evaluator to develop a thorough evaluation, analysis and reporting. The evaluation plan will include meaningful and diverse LGBTQ and stakeholder participation through the MHSA Steering Committee, which will also be the primary venue for vetting next steps and decisions related to continuation of the project.

[6] http://www.lgbtcenters.org/Centers/find-a-center.aspx

Attachment – List of LGBTQ programs providing similar services

Program Name and Website	**Year Established**	**Location**	**Method(s) of Engagement**
Fenway Health http://fenwayhealth.org/	1971	Boston, MA	The mission of Fenway Community Health is to enhance the physical and mental health of the general community, with an emphasis on services for LGBT individuals. Fenway is 1 of only 9 LGBT-specific community health centers in the United States. Fenway's services include primary medical care and specialty HIV/AIDS, obstetrics, gynecology, gerontology, podiatry, and dermatology services; mental health and addiction services; complementary therapies including chiropractic, massage, acupuncture, and nutrition therapies; health promotion programs, community education programs, programs for the prevention of domestic and homophobic violence, and parenting programs; and family planning services.
Callen-Lorde Community Health Center http://callen-lorde.org/about/	1983	New York, NY	Callen-Lorde Community Health Center provides sensitive, quality health care and related services targeted to New York's lesbian, gay, bisexual, and transgender communities — in all their diversity — regardless of ability to pay. To further this mission, Callen-Lorde promotes health education and wellness, and advocates for LGBT health issues. Callen-Lorde offers a full spectrum of full integrated services including patient care services, primary medical care, health outreach to teen (HOTT) targeting homeless LGBT youth, HIV medical care, Lesbian and Bisexual women's health, mental health, transgender services, dentistry, care coordination services, sexual health education clinic, and pharmacy.
SF LGBT Center http://www.sfcenter.org/	2002	San Francisco, CA	The mission of the San Francisco Lesbian Gay Bisexual Transgender (LGBT) Community Center is to connect our diverse community to opportunities, resources and each other to achieve our vision of a stronger, healthier, and more equitable world for LGBT people and our allies. The Center's strategies inspire and strengthen our community by: • Fostering greater opportunities for people to thrive. • Organizing for our future. • Celebrating our history and culture. • Building resources to create a legacy for future generations. Our own service programs provide leadership that brings the community together to work on issues of civil rights, public policy and community activism, tackling problems of discrimination, homophobia and disenfranchisement. The Center is sought out as a collaborative leader and partner, leveraging the work of community-based organizations through active engagement with over 70 local organizations. Services include: direct programming, economic development, health and wellness, children youth and family services, policy initiatives, and arts and culture.
Center Link: The Community of LGBT Centers http://www.lgbtcenters.org/Centers/find-a-center.aspx	1994	Nationwide Database	CenterLink develops strong, sustainable LGBT community centers and builds a thriving center network that creates healthy, vibrant communities. Using a nationwide database, LGBTQ members can search for centers on their website where lesbian, gay, bisexual and transgender people have access to flourishing LGBT community centers that advance their safety, equality and well-being.

San Mateo County Health System
Behavioral Health & Recovery Services (BHRS)

Mental Health Services Act (MHSA) – Innovation Project Brief #3

Project: Neurosequential Model of Therapeutics (NMT) within an Adult Service System

Background – A comprehensive Community Program Planning (CPP) process identified and supported the **need to provide alternative treatment options to broaden and deepen the focus on trauma informed care and provide better outcomes in recovery for BHRS consumers**. The proposed NMT project was identified as priority to address the need. The San Mateo County Mental Health and Substance Abuse Recovery Commission (MHSARC) held a public hearing on April 6, 2016, following a 30-day public comment period, and recommended the approval of the NMT project to the San Mateo County Board of Supervisors, which approved the project plan on May 24, 2016.

The Challenge –Trauma is frequently undiagnosed or misdiagnosed leading to inappropriate interventions in mental health care settings.[1] In an effort to become a trauma-informed system of care, BHRS provided an intensive training to 30 staff and 10 providers on the NMT evidence-based practice, see attached overview. Ten BHRS staff have become trainers to sustain the work and support neighboring counties. NMT locates the neurobiological reason for an individual's behavioral problems and, if appropriate, provides a holistic approach integrated with multiple forms of targeted therapies that may include music, dance, yoga, drumming, therapeutic massage, etc. These can help regulate brain functioning allowing consumers to self-regulate, for example, an indicator known to be predictive of positive outcomes for those affected by trauma.[2] From a sample of 10 repeated BHRS youth assessments, 100% improved self-regulation and 63% sensory integration, relational, and cognitive domain measures. There is little evidence, despite strong theoretical basis, on the possible application of a neurodevelopmental and sensory-focused treatment with adults[3]; this offers a prime opportunity to pilot the NMT approach with adult consumers.

The Proposed Project – The NMT project is intended to adapt, pilot and evaluate the application of the NMT approach to an adult population, within the BHRS Adult System of Care. It is a three year pilot project with an expected start date of September 1, 2016 and a total estimated cost of $108,000 for the first year, $78,000 each subsequent year. Key activities include the following:

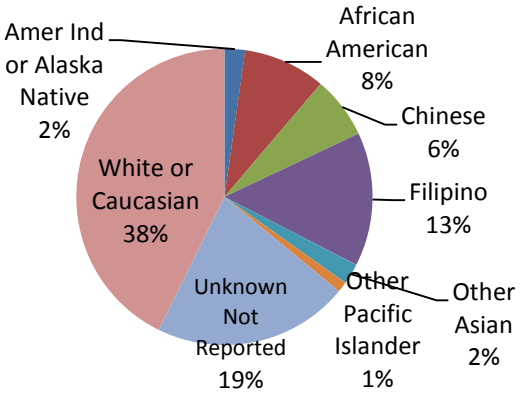
1) Adaptation of and formal training on the NMT approach, core concepts and metrics.
   - CTA will train 12-18 staff selected from up to 6 different BHRS adult system of care programs to bring the NMT model into their clinical work. It is estimated that approximately 75-100 consumers will receive an assessment and relevant interventions annually.
2) Implementation and follow through on the NMT-derived key recommendations.
3) Tracking improvement of the NMT metric domains for adult consumers to inform whether the NMT approach can improve outcomes and recovery for adult consumers.
4) Ensure fidelity to the NMT model, as required by the CTA for continued certification.

[1] Center for Substance Abuse Treatment (US). Trauma-Informed Care in Behavioral Health Services. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 2014. (Treatment Improvement Protocol (TIP) Series, No. 57.) Chapter 3, Understanding the Impact of Trauma.
[2] Perry, B.D. & Dobson, C. (2013) The Neurosequential Model (NMT) in maltreated children. In (J. Ford & C. Courtois, Eds) Treating Complex Traumatic Stress Disorders in Children and Adolescents, pp 249-260. Guilford Press, New York
[3] Gardner, J. (2016). Sensory Modulation Treatment on a Psychiatric Inpatient Unit. Journal of Psychosocial Nursing and Mental Health Services,54(4), 44-51.

Target Population – Adult consumers receiving longer-term or residentially-based services will be selected to bring the NMT model into their current clinical treatment. Potential BHRS adult consumers present the following demographics:

Ethnicity:
19% Hispanic/Latinc

Race:



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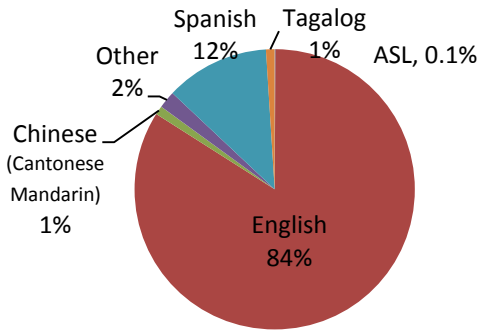


The Innovation – **MHSA Innovative Project Category:** Makes a change to an existing mental health practice that has not yet been demonstrated to be effective. **MHSA Primary Purpose:** Increase quality of mental health services, including measurable outcomes.

NMT has been integrated into a variety of settings serving infants through young adults. Yet, there is no outcome research for NMT conducted in an adult setting or population and it has not been implemented anywhere in a formal and intentional manner for an Adult System of Care. Expansion and evaluation to the adult system of care would be the first of its kind. The Child Trauma Academy (CTA) and its creator, Dr. Perry, are very supportive and will collaborate on the adaptation, implementation and evaluation.

Evaluation –

Learning Goal #1: Can NMT, a neurobiology and trauma-informed approach, be adapted in a way that leads to better outcomes in recovery for BHRS adult consumers?

- A decrease in psychiatric hospitalizations.[4]
- A minimum of 80% of consumers will agree that the NMT model was helpful in their recovery goals.

Learning Goal #2: Are alternative therapeutic and treatment options, focused on changing the brain organization and functioning, effective in adult consumers' recovery?

- At least 60% of adult NMT consumers will show improvement in each of four NMT functional domains: Sensory Integration, Self-Regulation, Relational, and Cognitive.

1. All providers and consumers receiving NMT approach will participate in the evaluation plan.
2. Data will be aggregated from individual metric assessments, pre/post health questionnaires and encounter data are all possible methods to be included.
3. The NMT "mapping process" provides scores in four functional domains (Sensory Integration, Self-regulation, Relational, and Cognitive) and rescored as a follow up or post assessment.

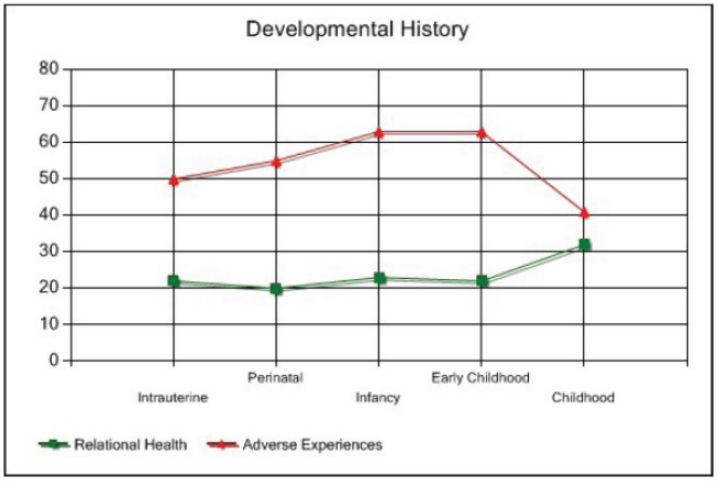
BHRS will manage the project, coordinate with CTA to adapt and administer the training, and ensure proper data collection. A Request for Proposal process will be conducted to select a qualified evaluator. Data cleaning, analysis and reporting will be conducted by a contract evaluator. The evaluation plan will include meaningful and diverse stakeholder participation through the MHSA Steering Committee, which is made up of diverse stakeholders and cultural groups and is open to the public. The MHSA Steering Committee will also be the primary venue for vetting next steps and decisions related to continuation of the project.

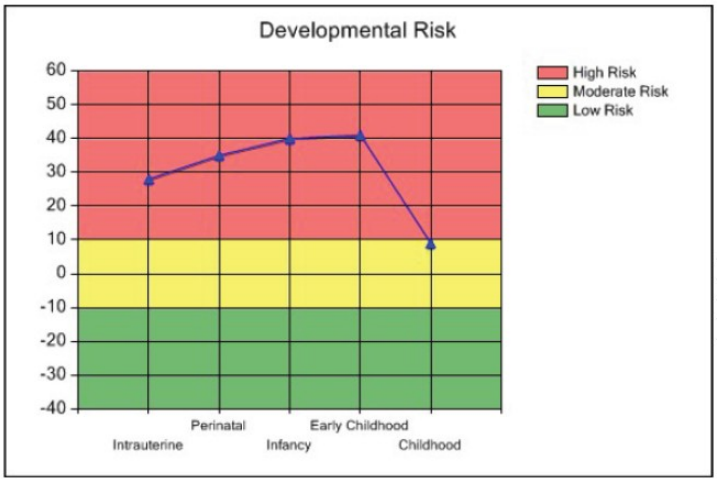
[4] Substance Abuse and Mental Health Services Administration. The Business Case for Preventing and Reducing Restraint and Seclusion Use. HHS Publication No. (SMA) 11-4632. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2011.

Overview of the Neurosequential Model of Therapeutics ©

The Neurosequential Model of Therapeutics (NMT) is a developmentally sensitive, neurobiology---informed approach to clinical problem solving. NMT is not a specific therapeutic technique or intervention. It is an approach that integrates core principles of neurodevelopment and traumatology to inform work with children, families and the communities in which they live. The Neurosequential Approach has three key components – training/capacity building, assessment and then, the specific recommendations for the selection and sequencing of therapeutic, educational and enrichment activities that match the needs and strengths of the individual.

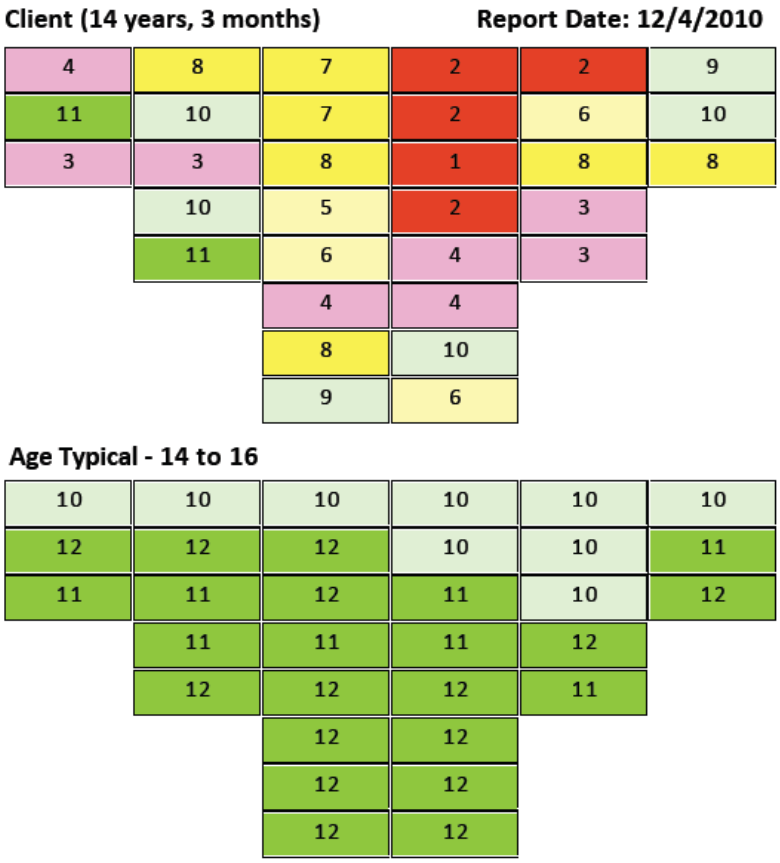
The NMT assessment process examines both past and current experience and functioning. A review of the history of adverse experiences and relational health factors helps create an estimate of the timing and severity of developmental risk that may have influenced brain development (see graph). In the sample graph, both the timing and severity of risk and resilience factors are plotted (top graph) to generate an overall developmental risk estimate (bottom graph). In this case this individual was at high risk for developmental disruptions – with potential significant functional consequences – during the entire first five years of life.





A review of current functioning identifies problems and strengths in current functioning and helps generate a visual representation of the child's estimated current functioning organized into a neurobiological fashion; this generates a Functional Brain Map (see below). The NMT "mapping" process helps identify various areas in the brain that appear to have functional or developmental problems; in turn, this helps guide the selection and sequencing of developmentally sensitive interventions. These interventions are designed to replicate the normal sequence of development beginning with the lowest, most abnormally functioning parts of the brain (e.g., brainstem) and moving sequentially up the brain as improvement is seen. The NMT is grounded in an awareness of the sequential development of the brain; cortical organization and functioning depend upon previous healthy organization and functioning of lower

neural networks originating in the brainstem and diencephalon. Therefore a dysregulated individual (child, youth or adult) will have a difficult time benefiting from educational, caregiving and therapeutic efforts targeted at, or requiring, "higher" cortical networks. This sequential approach is respectful of the normal developmental sequence of both brain development and functional development. Healthy development depends upon a sequential mastery of functions; and a dysregulated individual will be inefficient in mastering any task that requires relational abilities (limbic) and will have a difficult time engaging in more verbal/insight oriented (cortical) therapeutic and educational efforts.



The NMT Web---based Clinical Practice Tools (aka, NMT Metrics) help provide a structured assessment of developmental history of adverse experiences, relational health and current brain---mediated functioning. These NMT Metrics are designed to complement, not replace, existing assessment tools (e.g., CANS, CAFAS) and psychometrics (e.g., CBCL, IES, WISC, WRAT). They are designed to allow use across multiple systems using multiple assessment packages. The primary goal of the NMT Metrics and assessment is to ensure that the clinical team is organizing the client and family's data (and planning) in a developmentally sensitive and neurobiology---informed manner.

Above is an example of a functional brain "map" produced by the web---based NMT Clinical Practice Application. The top image (with the red squares) corresponds to a client (each box corresponds to brain functions mediated by a region/system in the brain. The map is color coded with red indicating significant problems; yellow indicates moderate compromise and green, fully organized and functionally capable). The bottom map is a comparative map for a "typical" same---aged child. The graphic representations allow a clinician, teacher, or parent to quickly visualize important aspects of a

child's history and current status. The information is key in designing developmentally appropriate educational, enrichment and therapeutic experiences to help the child.

This clinical approach helps professionals determine the strengths and vulnerabilities of the child and create an individualized intervention, enrichment and educational plan matched to his/her unique needs. The goal is to find a set of therapeutic activities that meet the child's current needs in various domains of functioning (i.e., social, emotional, cognitive and physical). An individual demonstrating significant problems in brainstem and diencephalic functions may end up with recommended activities that include music, dance, yoga, drumming, various sports, therapeutic massage to more traditional play therapy, sand tray or other art therapies. Later in the treatment process, after improved brainstem and diencephalic functioning, the treatment recommendations would shift to more insight oriented--- and cognitive---mental interventions such as PCIT or TF---CBT.

The NMT training and capacity building component incorporates didactic teaching with web--- based sessions using on clinical cases presented by participating clinicians. It also incorporates multimedia and reading materials that focus on child development, neurobiology, traumatology, attachment theory and a host of related areas relevant to understanding the impact of maltreatment and other developmental insults on the developing child. The CTA has developed an NMT training certification process for individual clinicians and organizations. This training process provides the necessary exposure to the core concepts, practical application and use of the web--- based NMT Metrics to establish and maintain fidelity required for examining clinical outcomes and conducting research using the NMT Metrics as part of the evaluation package. Certified clinicians from across the world demonstrate high fidelity and inter---rater reliability when "evaluating" and scoring the same client data.

The NMT is widely applicable to a variety of clinical and educational environments and has been integrated into a variety of settings across the full life cycle – infants through adults --- including therapeutic preschools, early head start programs, infant mental health, ECI programs, residential treatment centers, and in numerous private and outpatient clinical practices working with young children, youth and adults. Several large public child protective services and child mental health settings have become certified and routinely use the NMT.

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