



Be the one to help



Mental Health Service Act (MHSA) Three-Year Plan

Open to the public! Join advocates, providers, clients and family members to provide input on the next 3 years of MHSA funding.

The MHSA Three-Year Plan is developed in collaboration with clients and families, community members, staff, community agencies and stakeholders. It includes priorities for future funding, program expansions and/or improvements and expenditure projections.

Meeting objectives include:

- Provide input and prioritize behavioral health needs
- Develop and prioritize strategies for the next three years
- Review and provide input into available one-time funding

-
- ✓ Stipends are available for clients/family members
 - ✓ Language interpretation is provided if needed*

**Please contact Tania Perez at (650) 573-5047 or tperez@smcgov.org 1 week in advance of the meeting(s) to reserve language/childcare services.*

MHSA Steering Committee Meetings

1) MHSA Needs Prioritization

Wednesday, March 4, 2020

3:30 pm – 4:00 pm (MHSARC)

4:00 pm – 5:30 pm (MHSA)*

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

**The March meeting is combined with the Mental Health Substance Abuse and Recovery Commission (MHSARC), both meetings are open to the public.*

2) MHSA Strategy Prioritization

Wednesday, April 29, 2020

4:30 pm – 6:00 pm

Zoom Meeting: <https://zoom.us/j/125761698>

Dial in: +1 669 900 6833 / **Meeting ID:** 125 761 698

Contact:

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

The Mental Health Services Act (MHSA) provides a dedicated source of funding in California for mental health services by imposing a 1% tax on personal income over \$1 million.



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Mental Health Services Act (MHSA) Steering Committee Meeting Three-Year Plan Strategy Prioritization

Wednesday, April 29, 2020 / 4:30 – 6:00 PM

Zoom Meeting: <https://zoom.us/j/125761698>

Dial in: +1 669 900 6833 / Meeting ID: 125 761 698

AGENDA

- | | |
|---|--------|
| 1. Welcome & Logistics | 15 min |
| • Interconnectedness | |
| 2. MHSA Overview & Community Program Planning (CPP) Process | 15 min |
| • COVID-19 Impact | |
| 3. New MHSA Strategic Initiatives | 45 min |
| • Question & Answer (Q&A)* | |
| 4. Proposed Strategies | 10 min |
| 5. Public Comment* | |
| 6. Next Steps | 5 min |
| 7. Adjourn | |

*** Public Participation:** All members of the public can offer comment at this public meeting. During the meeting, participants will be muted and share screen and chat will be disabled to prevent background noise and disruptions. The host(s) will unmute one participant at a time during the Q&A and Public Comment portions of the meeting. If you would like to speak, please click on the icon labeled “Participants” at the bottom center of the Zoom screen then click on “Raise Hand”. The host(s) will unmute you in the order in which the hand raise notification is received. Please limit your question/comments to 1-2 minutes, the host(s) will be monitoring the time. The meeting will be recorded.

Questions and public comments can also be submitted via email to mhsa@smcgov.org. There will be a 30-day public comment period (details below) once the draft MHSA 3-Year Plan is published.

Mark Your Calendars!

MHSA Three-Year Plan – Opening of 30-day public comment period
Mental Health and Substance Use Recovery Commission (MHSARC)
June 3, 2019 from 3:30pm – 5:00pm





Mental Health Services Act (MHSA)

Three-Year Plan Strategy Prioritization

April 29, 2020

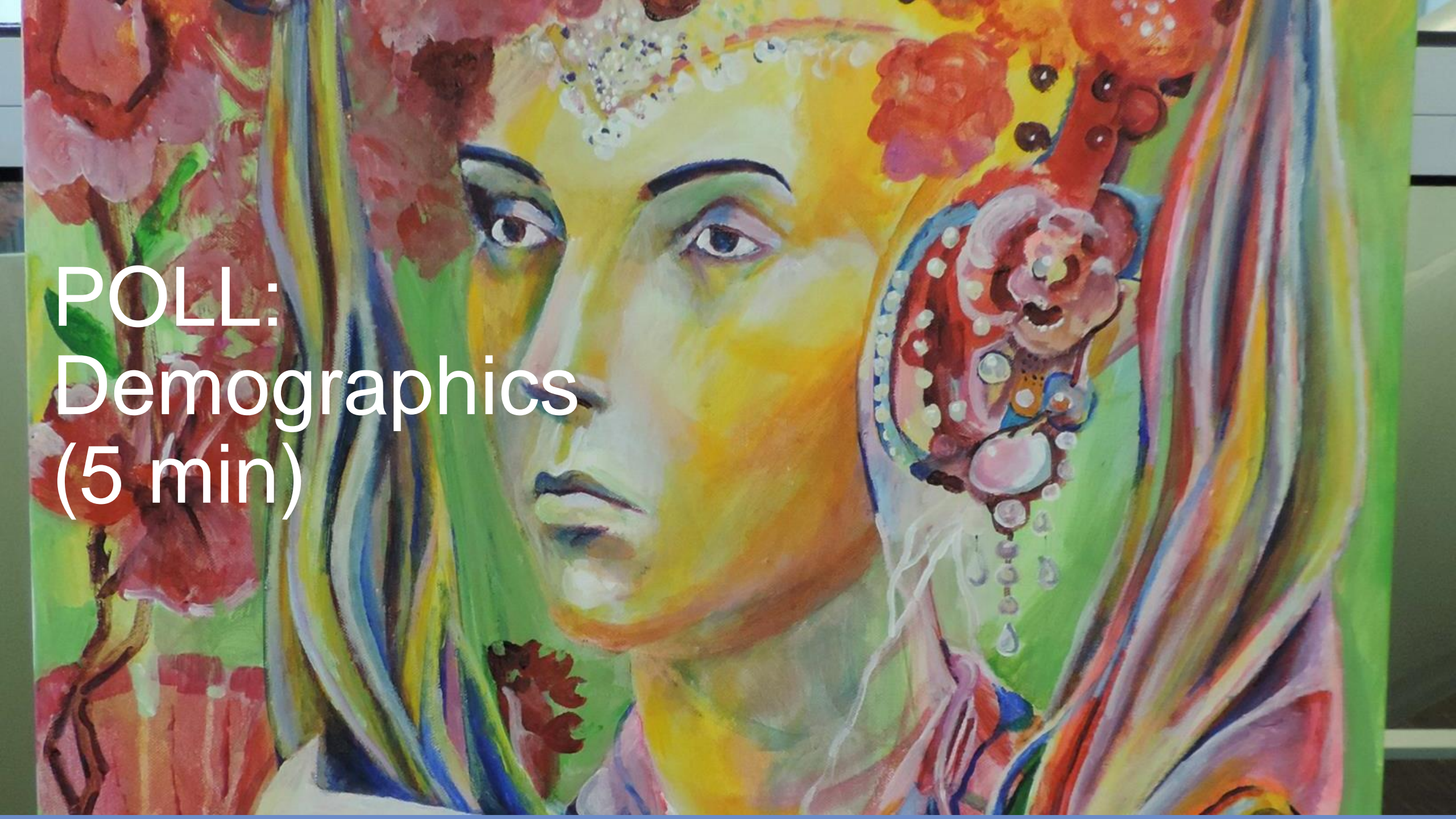


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Logistics

- Interpretation - Spanish
- Stipends for clients and family members participating
- Meeting is being recorded
- Participants are muted, chat and share screen are disabled
- Participation during Q&A and Public Comment
 - “Raise Hand” button
 - Host will unmute one participant at a time
 - 1-2 minutes maximum
- Other opportunities for public comment





POLL: Demographics (5 min)

unparalleled
connected
interdependence essence social
holistic united wholeness
humankind spiritual
ecosystems thread
uncertainty experience
existence welfare family
kindness compassion fundamental
humanity bound generosity healing
community
foundation trauma
interconnectedness




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Agenda


- MHSA Overview
- COVID-19 Impact on MHSA
- Community Program Planning
- New MHSA Strategic Initiatives
 - Q&A
- Proposed Strategies
 - Public Comment
- Next Steps



MHSA Overview

76%  **Community Services & Supports (CSS)**
Direct treatment and recovery services
for serious mental illness or serious
emotional disturbance

19%  **Prevention & Early Intervention (PEI)**
Interventions prior to the onset of mental
illness and early onset of psychotic
disorders

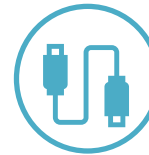
5%  **Innovation (INN)**
New approaches and community-driven
best practices

Workforce Education and Training (WET)



Education, training and workforce
development to increase capacity and
diversity of the mental health
workforce

Capital Facilities and Technology Needs (CFTN)



Buildings and technology used for the
delivery of MHSA services to individuals
and their families.

1% tax on personal income over \$1 million

San Mateo County: \$29.7M annual 5-year average through FY 18-19

COVID-19 Impact on MHSA

- Revenue impact
- Opportunity to strengthen current areas of work
- Potential flexibilities
- One-time funding from fiscal year 2018-19 to allocate to COVID-19 impacts
 - June 3rd - Mental Health and Substance Abuse Commission for input and opening of a 30-day public comment



MHSA Principles & Core Values

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



MHSA Planning Requirements

- Three-Year Plan & Annual Updates
- Community Program Planning Process
 - MHSA Steering Committee
 - Stakeholder Input
 - 30-Day Public Comment Period

What's in a 3-year Plan

Current Program
Outcomes

Strategic Priorities

Expenditure Projections



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Community Program Planning



Update on CPP Process

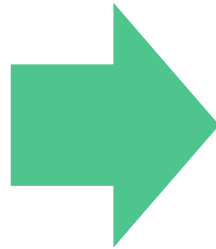
- 21 local plans, assessments, data reports
- 329 survey responses
- 28 stakeholder group input sessions
 - 14 collaboratives/initiatives
 - 8 committees/workgroups
 - 3 stakeholder groups interviewed (transition-age youth, immigrant families, veterans) – 12
 - 3 geographically-focused sessions (Coast, East Palo Alto, North County)
- Subject matter experts, strategic plans



New MHSA Strategic Initiatives

Prioritized Needs

- Homelessness/Housing
- Mental Health Crisis
- Suicide/Suicidal Ideation
- Trauma
- Complex Cases



MHSA Initiatives

1. Housing
2. Crisis Diversion
3. Culturally Responsive and Trauma-Informed Systems
4. Community Engagement
5. Integrated Treatment and Recovery Supports

Housing Continuum - example

Pre- Housing Engagement: Drop-In Centers / Field Services / Post- Psychiatric Emergency Services, Hospitalization, Incarceration



Housing Continuum for Individuals with Mental Illness

** Based on Luke-Dorf Inc and Washington County, Oregon*

REHABILITATION CENTER

- Locked
- 24/7 Staffing
- Most restrictive
- Ideal for highly symptomatic

RESIDENTIAL TREATMENT

- Unlocked
- 24/7 Staffing
- Stabilization and skills building
- Ideal for individuals out of higher level of care

RESIDENTIAL CARE "BOARD & CARE"

- Unlocked
- 24/7 Staffing
- Skill building and long-term stability
- Ideal for support with basic needs

TRANSITIONAL

- Independent units
- Staffing on-site
- Intensive support services on-site
- Ideal for stable individuals needing support

SUPPORTIVE

- Independent integrated housing
- Support service staffing on-site
- Ideal for individuals who are able to manage their needs

MORE STRUCTURED INTENSIVE CARE

LESS STRUCTURED SUPPORTS

Prioritization Process

- MHSA Steering Committee members will:
 1. Rank the new MHSA Initiatives to determine primary focus of MHSA resources and planning over the next three years.
 2. Prioritize across all strategies to determine other areas of impact necessary to meet MHSA legislative requirements and overall goals.
- Via online survey following this meeting and due May 8th




Fiscal Year 2017-20 Priority Expansions Remain a Priority

Priority Expansions	Implemented
Expansion of supports for older adults *	YES OASIS and Senior Peer Counseling expansions
Mobile mental health and wellness services to expand access to Coastside	YES Coastside Multicultural Wellness Program
Expansion of culturally responsive outreach strategies	YES NCOC Chinese Community Outreach
Expansion of Stigma Free San Mateo, Suicide Prevention and Student Mental Health efforts*	YES Suicide prevention mini-grants and stigma survey
Youth mental health crisis support and prevention	In Progress
After-care services for early psychosis treatment	YES PREP/BEAM After Care Services



Question & Answer

An abstract portrait painting of a person's face, rendered with thick, expressive brushstrokes. The face is the central focus, with warm tones of pink, orange, and white. The eyes are dark and intense. The background is a mix of vibrant colors like green, blue, and purple, creating a dynamic and textured effect. The overall style is expressive and modern.

Review of MHSA Proposed Strategies

Recommended Strategies

Community Services & Supports / Prevention Early Intervention

MHSA Initiative	Strategy Recommendation
Housing Continuum	1. Drop-in center for homeless with behavioral health challenges in East Palo Alto to include comprehensive services across sectors (co-occurring substance use services, case management, linkages, etc.).
	2. Incentives for sustainability of residential care facilities or board and care homes (subsidies, renovations, etc.).
	3. Mental health workers providing on the field, mobile mental health assessments and treatment for homeless individuals and linkages to housing.
	4. Transitional housing that is designed for and specializes in the needs of transition age youth (16-25 years) with serious mental health challenges.
	5. Trained/certified peers providing housing navigation, support services (e.g. independent living skills, accessing housing subsidies) to clients and training on the issue of homelessness to service providers (primary care physicians, mental health staff, police and first responders, etc.).

[Public Comment #1](#) / [Public Comment #2](#) / [Public Comment #3](#)

Recommended Strategies

Community Services & Supports / Prevention Early Intervention

MHSA Initiative	Strategy Recommendation
Crisis Diversion	6. Trained/certified peers providing peer and family crisis support services to assist clients transition from psychiatric emergency services, hospitalization and incarceration, into the community.
	7. Walk-in services for addressing immediate crisis needs in a less intensive setting than psychiatric emergency services.
	8. School-based, youth-led outreach, suicide education and prevention services.
	9. Suicide support services, education and outreach targeted to underserved communities (people of color, low income, and LGBTQ+, monolingual), including adding language capacity for crisis line(s).

[Public Comment](#)

Recommended Strategies

Community Services & Supports / Prevention Early Intervention

MHSA Initiative	Strategy Recommendation
Culturally Responsive and Trauma-Informed Systems	10. Educational loan forgiveness and/or financial assistance programs to support recruitment and retention of hard-to-fill positions including bilingual and culturally/ethnically diverse clinical positions.
	11. Mental health services co-located in community settings addressing core needs of marginalized communities (core service agencies, immigration service settings, etc.).
	12. Training for providers across service sectors (human services, probation, law enforcement, education, etc.) on the intersection of trauma and racism.
	13. Trained/certified peers providing trauma-informed and culturally responsive mental health 101 training for community-based service providers (senior centers, libraries, core service agencies, etc.).

Recommended Strategies

Community Services & Supports / Prevention Early Intervention

MHSA Initiative	Strategy Recommendation
Community Engagement	14. Culturally-focused outreach and engagement collaboratives to provide ongoing support groups, navigation and linkages, education and outreach for marginalized communities.
	15. Evidence-based youth empowerment models that work with youth to identify mental health and substance use issues to address as community leaders.
	16. Home-based early intervention services for families with young children, including case management, parent education, and parent support groups with an emphasis on wrap-around services to provide support on multiple levels and increasing collaboration between providers.
	17. Parent and family-focused wellness and support services (domestic violence, trauma, rape, healing) to engage and link families in the northern region of the county to behavioral health services.
	18. School-based resources to provide support groups, therapy and educational workshops for families.

Recommended Strategies

Community Services & Supports / Prevention Early Intervention

MHSA Initiative	Strategy Recommendation
Integrated Treatment and Recovery Supports	19. After-care services for clients out of residential treatment with complex needs to provide ongoing specialized case management including outpatient recovery engagement strategies (e.g. incentives to engage).
	20. Supported employment programs based on recovery-oriented, evidence-based practices.
	21. Trained/certified peers providing system navigation and resources, psychosocial rehabilitation, wellness coaching and other wellness and recovery support services.
	22. Early treatment and supports for youth and families as it relates to increased cannabis and alcohol use among youth.

Public Comment



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Next Steps

- Online survey for **MHSA Steering Committee** to prioritize Initiatives and Strategies
- Three-Year Plan draft to the **MHSARC** in June 3rd for opening of 30-day public comment period

3. MHSA Three-Year Plan Development

Thank you!



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smchealth.org/MHSA

**To receive a client/family member stipend for your participation in this meeting, please remain online.*





Mental Health Services Act (MHSA)

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 \$29.7 million average for San Mateo County annually in the last five years through Fiscal Year 2018-19.

Principles and Core Values

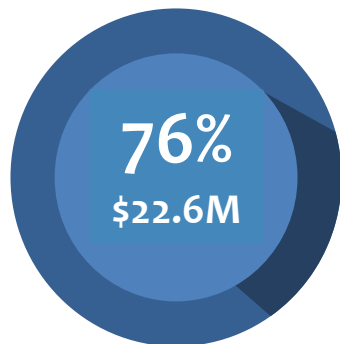
MHSA emphasizes transformation of the behavioral health system, improving the quality of life for individuals living with behavioral health issues and increasing access for marginalized communities.

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

Funding Allocation

MHSA provides funding for Community Program Planning (CPP) activities, which includes stakeholder involvement in planning, implementation and evaluation. MHSA funded programs and activities are grouped into “Components” each one with its own set of guidelines and rules:

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.

San Mateo County Approach

In San Mateo County, MHSA dollars are integrated throughout the BHRS system and highly leveraged. MHSA-funded activities further BHRS' vision, mission and strategic initiatives.



Program and Expenditure Planning

Counties are required to prepare for and submit a **Three-Year MHSA Plan** and **Annual Updates**.

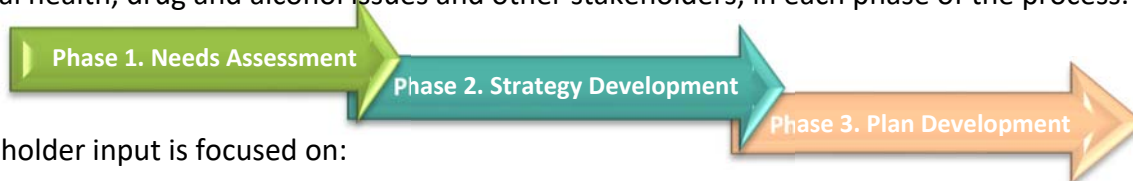
The MHSA Three-Year Plan is developed in collaboration with clients and families, community members, staff, community agencies and stakeholders. The Three-Year Plan includes the following information:

1. Descriptions of existing MHSA funded program under each of the required MHSA components.
2. Priority needs or gaps in services as identified by the planning process.
3. Expenditure projections based on estimated revenues and unspent funds.

Each MHSA Three-Year Plan process builds on the previous planning process and existing funded programs. MHSA funded programs are evaluated throughout their implementation, adjustments are made as needed and outcomes shared to inform recommendations about continuing and or ending a program. All agencies funded to provide MHSA services go through a formal Request for Proposal (RFP) process to ensure an open and competitive process. To receive notification of BHRS funding opportunities, please subscribe at www.smchealth.org/rfps¹.

Stakeholder and Community Input

A **Community Program Planning (CPP)** process is used to engage clients and families experiencing mental health, drug and alcohol issues and other stakeholders, in each phase of the process.



Stakeholder input is focused on:

- ◆ Highlighting what's working well (programs, program components, efforts).
- ◆ Identifying what needs improvement, what's missing from both the CPP and services.
- ◆ Prioritizing identified needs for potential future funding.
- ◆ Developing strategy ideas to address priority needs and serve as the basis for future RFPs and/or solicitation of bids.

Input is gathered at existing community meetings, input sessions, through surveys, and as formal public comment during the required 30-Day Public Comment and Public Hearing. To receive notification of input opportunities please subscribe at www.smhealth.org/mhsa.

Current Timeline

- ◆ Three-Year Plan Implementation: July 1, 2017 – June 30, 2020
- ◆ Annual Updates Due: June 2018, June 2019, June 2020
- ◆ Next Three-Year Planning Phase: January 2020 – April 2020
- ◆ Next Three-Year MHSA Plan Due: June 2020

¹ Counties receive monthly MHSA allocations based on actual accrual of tax revenue, making it difficult to know exact allocations of funding that will be available on an annual basis for new programs. Therefore RFP's can be released at any time within the Three-Year Plan implementation.



Mental Health Services Act (MHSA) Components and Programs

Fiscal Year 2019 – 2020

Community Services and Supports (CSS)	
Full Service Partnerships (FSP)	<p>Children and Youth</p> <ul style="list-style-type: none">• Edgewood Short-term Adjunctive Youth and Family Engagement (SAYFE) FSP• Edgewood Comprehensive “Turning Point” FSP• Fred Finch Out-of-County Foster Care FSP <p>Transition Age Youth</p> <ul style="list-style-type: none">• Edgewood Comprehensive “Turning Point” FSP<ul style="list-style-type: none">◦ North and South Drop-in Centers• Caminar Enhanced Supportive Education Services• Mental Health Association Supported Housing <p>Adult /Older Adult</p> <ul style="list-style-type: none">• Telecare - FSP and Housing Support• Caminar - FSP and Housing Support + Assisted Outpatient Treatment FSP• Mateo Lodge - South County Integrated FSP• Augmented Board and Care
General System Development (GSD)	<ul style="list-style-type: none">• Older Adult System of Integrated Services (OASIS)• Senior Peer Counseling Services (50% CSS; 50%PEI)• Pathways, Court Mental Health + Co-Occurring Housing Services• Juvenile Girls Program• Co-Occurring AOD Services and Recovery Support• Child Welfare Partners Program• Puente Clinic for Intellectually Disabled Dual Diagnosis• Peer Consumer and Family Partners• The California Clubhouse• The Barbara A. Mouton Multicultural Wellness Center• Evidence Based Practices (EBP) Clinicians
Outreach and Engagement (O&E)	<ul style="list-style-type: none">• Family Assertive Support Team (FAST)• Ravenswood Family Health Center (40% CSS; 60%PEI)

Innovations (INN)

Health Ambassador Program – Youth (HAP-Y)
The Pride Center - Behavioral Health Coordinated Services
Neurosequential Model of Therapeutics (NMT) in Adult System of Care
Help@Hand - Tech Suite Collaborative



Mental Health Services Act (MHSA) Components and Programs

Fiscal Year 2019 – 2020

Prevention and Early Intervention (PEI)	
Prevention & Early Intervention (Ages 0 – 25)	<ul style="list-style-type: none">• Early Childhood Community Team (ECCT)• Trauma-Informed Systems for 0-5 Providers• Trauma-Informed Co-Occurring Services for Youth• Project SUCCESS• Teaching Pro-Social Skills• Crisis Hotline, Youth Outreach and Intervention Team
Early Intervention	<ul style="list-style-type: none">• Prevention and Recovery in Early Psychosis (PREP)• Primary Care Interface• SMC Mental Health Assessment and Referral Team (SMART)
Prevention	Office of Diversity and Equity (ODE) <ul style="list-style-type: none">• Health Equity Initiatives• The Parent Project• Health Ambassador Program
Recognition of Early Signs of MI	<ul style="list-style-type: none">• Adult Mental Health First Aid
Stigma Discrimination and Suicide Prevention	<ul style="list-style-type: none">• Digital Storytelling and Photovoice• Stigma Free San Mateo County – Be the ONE Campaign• San Mateo County Suicide Prevention Committee (SPC)
Access and Linkage to Treatment	<ul style="list-style-type: none">• Ravenswood Family Health Center (40% CSS; 60%PEI)• Senior Peer Counseling (50% CSS; 50%PEI)• HEI Outreach Worker Program• North County Outreach Collaborative (NCOC)• East Palo Alto Partnership for Mental Health Outreach (EPAPMHO) and East Palo Alto Behavioral Health Advisory Group (EPABHAG)

One-time Funding Allocations	
Workforce and Education Training (WET)	<ul style="list-style-type: none">• Training by/for Consumers and Family Members• System Transformation and Workforce Development• Behavioral Health Career Pathways Program• Financial Incentives – Cultural Stipends, Loan Assumption
Housing	<ul style="list-style-type: none">• Cedar Street Apartments in Redwood City (2009)• El Camino Apartments in South San Francisco (2010)• Delaware Pacific Apartments in San Mateo (2011)• Waverly Place Apartments in North Fair Oaks (2018)• Bradford Senior Housing and 2821 El Camino Real (2019)
Capital Facilities and Information Tech	<ul style="list-style-type: none">• eClinical Care (launched in 2008-09)

MHSA funds are highly leveraged; many of these programs are also funded by other sources.