Mental Health Services Act (MHSA)
Steering Committee Meeting

Please join us at the next MHSA Steering Committee meeting!

Agenda items include, Annual Update due in May, opportunity for new Innovation project, Workforce Education and Training Plan, PEI Evaluation Findings for Year 1.

MONDAY, MARCH 30, 2015 / 3-5 pm
San Mateo Public Library, Oak Room
55 West Third Avenue
San Mateo, CA 94402

*open to the public
*stipends available for consumers/clients participating in this meeting
*language interpretation and childcare are available, please contact
Amina Burrell at (650)573-2610 or amburrell@smcgov.org to reserve these services
*light refreshments will be provided

MHSA provides a dedicated source of funding in CA for mental health services by imposing a 1% tax on personal income in excess of $1 million. The MHSA Steering Committee has the important role of making recommendations to the planning and services funded by MHSA in San Mateo County. For more information on MHSA in San Mateo County, please visit **www.smchealth.org/bhrs/mhsa**

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

Mental Health Services Act (MHSA) Steering Committee

Monday, March 30, 2015 / 3:00 - 5:00 PM
San Mateo Public Library, Oak Meeting Room, 55 West Third Ave., San Mateo

AGENDA

1. **Welcome & Introductions**   3:05 PM
   Supervisor Dave Pine, District 1, Board of Supervisors

2. **MHSA Background, Steering Committee Role**   3:10 PM
   Doris Estremera, BHRS MHSA Manager

3. **Workforce Education and Training (WET) Plan Update**   3:15 PM
   Katy Davis, MHSA WET Coordinator

4. **Housing – Supportive Services Funding**   3:30 PM
   ▪ Discussion, Public Comment, SC Action

   Steve Kaplan, Director BHRS

5. **Innovation Project**   3:40 PM
   ▪ Guidelines
   ▪ Breakout Activity, Public Comment, SC Action

6. **Announcements**   4:40 PM

7. **Next Steps and Closing Remarks**   4:55 PM

MARK YOUR CALENDARS!
MHSARC Meeting – PEI Evaluation Results
May 6, 2015 (3-5pm)
San Mateo County Health System, Room 100, 225 37th Ave, San Mateo

Mental Health Services Act (MHSA) Steering Committee

September 30, 2014

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

Background – MHSA (handout)

- Proposition 63 (2004) – 1% tax on personal income in excess of $1 mill

- Funding components
  - Community Services & Supports (CSS)
  - Prevention & Early Intervention (PEI)
  - Innovations (INN)
  - One-time Funding
  - Workforce Education & Training (WET)
  - Housing
  - Information Technology and Capital Buildings (IT/CF)

- Stakeholder Process and Annual Updates

Workforce Education and Training (WET) Plan Update

Why an Update?

- WET is one-time funding from MHSA.

- $1,367,948 left for these next 3 years.

- Last WET Plan submitted in 2009.

- Extensive stakeholder process to ensure we are meeting the **current** workforce and training needs of our community/staff.

Stakeholder Process

- May to October 2014

- Reached over 600 community stakeholders

- 2 surveys

  - BHRS and contract staff

  - Clients/consumer w/lived experience

- 2 community meetings

- 14 stakeholder groups

Identified Training Priorities

7 training priority areas:

1. Trauma-Informed Care

2. Cultural Competence and Humility

3. Crisis Management and Safety

4. Self-Care

5. Co-Occurring Informed Care

6. Support and Integration of Families in Tx

7. Partnering and Collaboration

Lived Experience Training and Workforce Development

- Lived Experience Academy and Speakers' Bureau
  - Refresher Course
  - New Academy
  - Advocacy Academy

- WRAP

- Lived Experience Scholarship

Other Workforce Development Initiatives

- Behavioral Health Career Pathways

  1. Intern/Trainee Program
     Cultural Competency Stipend Program

  2. BH Career Pathways Program

- Development and Retention Efforts

  3. BHRS New-Hire Orientation

  4. BHRS College

MHSA Housing Program Release of Funds

AB 1929

- AB 1929 releases CalHFA MHSA Housing funds to counties to provide "housing assistance"

- Housing Assistance defined as:
  - Rental assistance or capitalized operating subsidies
  - Security deposits, utility deposits, or other move-in cost assistance
  - Utility payments
  - Moving cost assistance
  - Capital funding to build or rehabilitate housing for homeless, mentally ill persons or mentally ill persons who are at risk of being homeless

Action Item

- Support proposal for BHRS to request release of Housing Program funds for scattered sites supportive housing

  - Housing assistance was #6 most mentioned during the MHSA Three-Year Plan needs assessment and prioritized during the Strategy Development Community Input Session

  - Effective way to rapidly re-house individuals and families experiencing homelessness

Innovation Component

Innovation Guidelines

- Opportunity to propose a new Innovative Project

- Guidelines (handout)
  - New practice/approach – evaluated*
  - Change to existing practice
  - Promising community practice/approach to BH setting
  - Not been demonstrated effective (through literature)
    - Practice demonstrated effective can be adapted to respond to a unique characteristic (population, setting, etc.)

Innovation Ideas (handout)

- MHSA Three Year Plan Stakeholder Process
- Deciding on concept to move forward for further exploration

Category	Program
Technology Innovations	Online/video psychotherapy
	Client lifestyle data tracking app
	Texting capacity for crisis hotline
LGBTQQI	Centralized LGBTQQI services
Client Advocacy	Health Ambassador Program expansion
Alternative Healing Practices	NMT expansion to adults
Housing	

Key Principles to consider for Innovation Projects

1. Client-centered

2. Increase self-care management

3. Reduce reliance on clinical services

4. Increase reach and improve regular contact with isolated individuals

5. Increase access to behavioral health information and services

Activity – Small Group Breakouts

- Three Groups / 15 minutes with each group

Group A

  o Centralized LGBTQI services and training - Katy

  o Health Ambassador Program expansion - Jei

Group B

  o Technology innovations - Hung-Ming

  o Texting capacity for Crisis Hotline - Paul

Group C

  o Housing project - Diane

  o NMT expansion to adults with trauma history - Toni

Activity - Small Group Breakouts

- Questions to discuss in small groups:
  - Consider each project separately, how does the project match up to the key principles?

  - What is needed to address the key principles, what's missing?

Action Item

- Recommend Innovations Project(s) for consideration

  - Pick three projects you would recommend to explore further

  - Your three recommendations do not need to be in any ranked order… we will need to consider cost, feasibility/readiness, innovation, outcome value

Announcements

- Mental Health Services Act Outcome Reports from the Steinberg Institute and CBHDA to demonstrate the effectiveness of the Prop 63 program.

- RAND Corporation 2-Year Findings Report regarding short-term outcomes form the PEI statewide projects being administered by CalMHSA on behalf of counties.

- Tony Hoffman Award nominations due April 7th

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

Public Comment

Thank you!

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

MENTAL HEALTH SERVICES ACT (MHSA) – Proposition 63

Background

Proposition 63, now known as the Mental Health Services Act (MHSA), was approved by California voters in November 2004 and provided for a dedicated source of funding for mental health services by imposing a 1% tax on personal income in excess of $1 million. MHSA emphasizes transformation of the mental health system while improving the quality of life for individuals living with mental illness by providing funding for effective treatment, prevention and early intervention, outreach support services and family involvement, and programs to increase access and reduce inequities for unserved, underserved and inappropriately served populations.

Principles and Funding Boundaries

MHSA core values are expressed in five guiding principles for planning and implementation:
◆ Community collaboration ◆ Cultural competence ◆ Consumer and family driven services
◆ Focus on wellness, recovery, resiliency ◆ Integrated service experience for clients and family members

Fundable activities are grouped into "Components" each one with its own set of guidelines and rules:

Community Services and Supports (CSS)	Prevention and Early Intervention (PEI)	Innovative Programs (INN)	Workforce Education and Training (WET)	Capital Facilities and Information Technology (CF/IT)	Housing

MHSA also provides funding for Community Program Planning (CPP) activities, which include extensive stakeholder processes. MHSA funding is allocated as follows across the above mentioned components:
◆ 75-80% of the county's annual MHSA funds to CSS; at least 51% of CSS funds must be spent on the most acute clients through Full Service Partnerships
◆ 15-20% of the county's annual MHSA funds to PEI; funds cannot be spent on people who are already known to have a mental illness, with one exception: early onset of psychotic disorders
◆ 5% of the county's annual PEI and CSS funds to INN
◆ One-time funds were allocated to WET, CF/TN, and Housing

San Mateo County Approach

In San Mateo County, MHSA dollars are virtually everywhere in our Behavioral Health and Recovery Services (BHRS) system, which means they are highly leveraged. MHSA-funded activities further BHRS' nine strategic initiatives to advance Prevention and Early Intervention; build Organizational Capacity; empower Consumers and Family Members; Disaster Preparedness; enhance Systems and Supports; foster Total Wellness; promote Diversity and Equity; cultivate Learning and Improvement; and be Welcoming and Engaging to those who seek our services and work with us.

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

MHSA Innovation (INN) Component - Summary of Project Guidelines
- per the latest proposed INN regulations

Innovative Project Definition:

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

What types of projects are considered "innovative"?

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

Primary Purpose & Focus of an INN Project

County must select one of the following as its primary purpose for an INN project(s)*:
1. Increase access to behavioral health services to underserved groups,
2. Increase the quality of behavioral health services, including measureable outcomes,
3. Promote interagency and community collaboration,
4. Increase access to behavioral health services.

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

*can fund more than one project at a time

MHSA Steering Committee Meeting- March 30, 2015 / 3-5pm

MHSA Steering Committee Action Item: Innovations Project(s) for consideration
- Please select three projects you would recommend to explore further
- Your three recommendations do not need to be in any ranked order

Category	Program	Notes	Check mark [✓] your selection(s)
Technology Innovations	Online/video psychotherapy		
	Client lifestyle data tracking app		
	Texting capacity for crisis line		
LGBTQQI	Centralized LGBTQQI services		
Advocacy	Health Ambassador Program Expansion		
Alternative Healing Practices	NMT expansion to adults		
Housing			