Mental Health Services Act (MHSA) Steering Committee Meeting

Please join us!

The MHSA Steering Committee has the important role of making recommendations to the planning and services development process of MHSA and assures that local diverse needs and priorities are reflected.

Wednesday, October 28, 2015 / 3-5 pm
San Mateo County Health System, Room 100
225 37th Ave. San Mateo, CA 94403

*open to the public
*stipends available for consumers/clients participating in this meeting
*language interpretation and childcare are available, please contact Doris Estremera at (650)573-2889 or destremera@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

San Mateo County Health System
Behavioral Health and Recovery Services Division

Mental Health Services Act (MHSA) Steering Committee

Wednesday, October 28, 2015 / 3:00 - 5:00 PM
San Mateo County Health System, Room 100, 225 37th Ave. San Mateo, CA 94403

AGENDA

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

2. **MHSA Background**   3:10 PM
   Doris Estremera, MHSA Manager

3. **Innovations, Priority Expansions**   3:20 PM
   Steve Kaplan, Director BHRS

4. **MHSA Updates**   3:40 PM
   - Annual Update at next MHSARC meeting
   - CalMHSA videos

   Doris Estremera, MHSA Manager

5. **Input: New PEI/INN Guidelines**   4:00 PM

6. **Announcements**   4:35 PM

7. **Adjourn**   4:45 PM

MARK YOUR CALENDARS!
MHSARC Meeting – MHSA Annual Update 30 Day Public Comment
November 4, 2015 (3-5pm)

flyers available

Mental Health Services Act (MHSA) Steering Committee

October 28, 2015

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

Background – MHSA

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

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 (06/07 and 07/08)	10 years (expires 6/30/18)
Capital Facilities and Information Technology (CF/IT)	One Time Funding (07/08 and 08/09)	10 years
Housing	One Time Funding (07/08)	10 years

- Stakeholder Input Process and Annual Updates

Innovation Projects (handout)

- An opportunity to try something that we don't know a lot about it's effectiveness
  - New practice/approach
  - change to an existing practice
  - Promising community practice in a BH setting
  - Not been demonstrated effective (through literature)
    - Practice that has been demonstrated effective can be adapted to respond to a unique characteristic (population, setting, etc.)

Innovation Input Process

- Input from MHSA Three-Year Plan CPP process

- Steering Committee prioritized areas for funding

- Letter of Interest process gave us information on interest, cost and capacity to implement ideas

- Total Wellness ended June 2015, half year of INN savings plus rollover from previous years = GREAT NEWS!

2016 Proposed Innovation Projects

Category*	Project / Next Step	Estimated cost per year
Alternative Healing Practices	Neurosequential Model of Therapeutics for adults (Expansion)	$100,000
Client Advocacy	Youth Health Ambassador Program (RFP)	$250,000
LGBTQQI	Coordinated LGBTQQI services (RFP)	$700,000
Housing	TBD (no LOI's received)	
Technology Innovations	Social media and texting for youth in crisis (RFP)	$100,000
	Client lifestyle data tracking app (Pilot followed by RFP)	$200,000

*listed in order of Steering Cmtee prioritization

More Great News!

	Previous Projected Expansions FY 2011- 2014	Implemented
Community Services & Supports (CSS), Full Service Partnerships (FSP)	FSP slots for Psychiatric Emergency Services and the Medical Center's Psychiatric Inpatient Unit (Transition Age Youth and Adults)	YES
	FSP slots for Transition Age Youth, with housing	NO
	Integrated FSPs to the Central Region (Adults)	YES
	Wraparound services for children and youth	NO
	Housing for existing FSP Adults	YES
CSS, Non-FSP	Pre-crisis response services	YES
	Supports for youth transitioning to adulthood	NO
	Assessment, supported employment, and financial empowerment	YES
Prevention & Early Intervention (PEI)	Teaching Pro-social Skills	YES
	Parent Project	YES

Current CSS Expansions

	Priority Expansions
Full Service Partnerships (FSP)	Support and assistance program for individuals living in the community to connect them with vocational and social services, etc.
	Drop-in Center (South)***
	FSP slots for transition age youth with housing
	FSP slots for older adults
System Development (non-FSP)	Expansion of supports for transition age youth***
	Expansion of supports for older adults

* One Quarter
** Will be funded through Measure A per Board of Supervisors 11/18/2014
*** Reprioritized from Previous Expansion Plan

Current PEI Expansions

	Priority Expansions
Prevention & Early Intervention (PEI)	Expansion of culturally aligned and community -defined outreach and engagement with a focus on emerging communities and outcome-based replicable practices
	Expansion of Stigma Free San Mateo, Suicide Prevention and Student Mental Health efforts

More MHSA Updates

Local Update

- Annual Update at next MHSARC Meeting
  - FSP Evaluation Outcomes
  - 30 Day Public Comment
- CalHMSA videos - https://youtu.be/YxvflJiguhI

Statewide Update

- New PEI & INN Guidelines
  - Inn Guidelines went into effect October 1st
  - PEI Guidelines will go into effect January 1st

Required PEI Programs

- At least one Prevention to reduce risk factors and build protective factors; may include relapse and/or universal prevention

- At least one Early Intervention to provide treatment and services for a mental illness early in its emergence.

- At least one Outreach for increasing recognition of early signs of mental illness.

- At least one Access and Linkage to connect children, adults and seniors with severe mental illness, as early in the onset of these condition to treatment.

- At least one Stigma and Discrimination to reduce negative feelings, attitudes, beliefs, perceptions, stereotypes and or discrimination related to mental illness.

- May include Suicide Prevention, as a consequence of mental illness

Required Strategies in all PEI Programs

- Create access and linkage to treatment

- Improve timely access to services for individuals and families from underserved populations

- Provided in convenient, accessible, acceptable culturally appropriate settings.

- Non-stigmatizing and non-discriminatory
  - Focus on recovery, wellness and resilience
  - Use culturally appropriate language, practices and concepts
  - Reach individuals/families from underserved communities

Other PEI Program Requirements

- Serve all ages – at least 51% of PEI funds for ages 0 to 25 and/or parents, caregivers or families of this age group

- Use effective methods: evidence-based, promising practices, community or practice-based standards

- Reporting and evaluation...

Input Activity – Operationalizing the PEI Guidelines

- Four Groups / 15 minutes with each group

  1. Prevention

  2. Early Intervention

  3. Increasing Recognition of Signs of Mental Illness

  4. Stigma and Discrimination

Activity - Small Group Breakouts

Refer to Handout:

- **Any problems or barriers you can foresee with collecting this info?**

- **What are some ideas or solutions to make it work?**

  - Report back (10min)

Announcements

- Reminder: MHSA website subscriber feature, BHRS blog, BHRS Wellness Matters

   www.smchealth.org/bhrs/mhsa
   http://smcbhrsblog.org
   www.smchealth.org/bhrs/wm

- MHSARC Meeting every 1st Wed of the month
   MHSA Annual Update - 30 Day Public Comment
   November 4, 2015 (3-5pm)
   225 37th Ave. San Mateo, Room 100

Other Announcements
Public Comment

Thank you!

For questions or comments contact:
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or (650) 573-2889

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 Prevention and Early Intervention

New Guidelines - Reporting Requirements

	PROGRAMS			
STRATEGY	**Prevention** (ECCT)	**Early Intervention** (SMART)	**Increasing Recognition of Signs of MI** (MHFA)	**Stigma and Discrimination Reduction** (Be the ONE)
Improve Timely Access	☐ # that followed through with a referral ☐ Average interval between referral and participation in program/treatment			
Access and Linkage	☐ # of individuals with SMI referred ☐ Average duration of untreated MI			

Small Groups Questions:

1. Any problems or barriers you can foresee with collecting this info?

2. What are some ideas or solutions to make it work?

Definitions:

"Improving Timely Access to Services for Underserved Populations" means to increase the extent to which an individual or family from an underserved population who needs mental health services because of risk or presence of a mental illness receives appropriate services as early in the onset as practicable, through program features such as accessibility, cultural and language appropriateness, transportation, family focus, hours available, and cost of services.

"Access and Linkage to Treatment" means connecting children with severe mental illness and adults and seniors with severe mental illness, as early in the onset of these conditions as practicable, to medically necessary care and treatment, including but not limited to care provided by county mental health programs.