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 development process of MHSA and assures that local diverse needs and priorities are reflected. For questions and/or comments, contact:
Doris Estremera, MHSA Manager
(650)573-2889
destremera@smcgov.org

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

For more information on MHSA in San Mateo County, please visit www.smchealth.org/bhrs/mhsa
## 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

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**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

<table>
<thead>
<tr>
<th>Component</th>
<th>Annual Funding Allocation</th>
<th>Reversion Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Services and Supports (CSS)</td>
<td>75—80%</td>
<td>3 years</td>
</tr>
<tr>
<td>Prevention and Early Intervention (PEI)</td>
<td>15—20%</td>
<td>3 years</td>
</tr>
<tr>
<td>Innovations (INN)</td>
<td>5%</td>
<td>3 years</td>
</tr>
<tr>
<td>Workforce Education and Training (WET)</td>
<td>One Time Funding</td>
<td>10 years (expires 6/30/18)</td>
</tr>
<tr>
<td>Capital Facilities and Information Technology (CF/IT)</td>
<td>One Time Funding (07/08 and 08/09)</td>
<td>10 years</td>
</tr>
<tr>
<td>Housing</td>
<td>One Time Funding (07/08)</td>
<td>10 years</td>
</tr>
</tbody>
</table>

- Stakeholder Input Process and Annual Updates
Innovation Projects (handout)

- An opportunity to try something that we don’t know a lot about its 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

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

*listed in order of Steering Cmtee prioritization*
## More Great News!

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

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

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

<table>
<thead>
<tr>
<th>Priority Expansions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevention &amp; Early Intervention (PEI)</td>
</tr>
<tr>
<td>Expansion of culturally aligned and community-defined outreach and engagement with a focus on emerging communities and outcome-based replicable practices</td>
</tr>
<tr>
<td>Expansion of Stigma Free San Mateo, Suicide Prevention and Student Mental Health efforts</td>
</tr>
</tbody>
</table>
More MHSA Updates

Local Update
- Annual Update at next MHSARC Meeting
  - FSP Evaluation Outcomes
  - 30 Day Public Comment

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 conditions 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:
Doris Estremera, MHSA Manager at destremera@smcgov.org
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

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

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.