



Be the one to help



Mental Health Service Act (MHSA) Steering Committee Meeting

Open to the public! Join advocates, providers, clients and family members to provide input on MHSA funded initiatives.

Meeting objectives include:

- Provide input on MHSA funding priorities
- Learn about MHSA program outcomes
- Hear from Innovation program outcomes including the Neurosequential Model of Therapeutics (NMT) for Adults
 - ❖ Stipends are available for consumers/clients
 - ❖ Language interpretation is provided as needed*
 - ❖ Childcare is provided as needed*
 - ❖ Refreshments will be provided

*please reserve these services by January 25th, contact Brittany Ganguly at (650) 573-5062 or bganguly@smcgov.org

DATE

Wednesday, January 30, 2019
3:00 pm – 4:30 pm

Health System Campus, Room 100
225 37th Ave.
San Mateo, CA 94403

Contact:

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

www.smchealth.org/MHSA



SAN MATEO COUNTY HEALTH
**BEHAVIORAL HEALTH
& RECOVERY SERVICES**

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.



SAN MATEO COUNTY HEALTH
**BEHAVIORAL HEALTH
& RECOVERY SERVICES**



Mental Health Services Act (MHSA) Steering Committee

Wednesday, January 30, 2019 / 3:00 - 4:30 PM

Health System Campus, Room 100, 225 37th Ave. San Mateo, CA 94403

AGENDA

- 1. Welcome & Introductions** 3:10 PM
Supervisor Dave Pine

- 2. MHSA Annual Update – Program Outcomes** 3:15 PM
 - *Doris Estremera, MHSA Manager*

- 3. MHSA Innovation Update** 3:30 PM
 - Neurosequential Model of Therapeutics (NMT) – Adults
Toni DeMarco, BHRS Youth Deputy Director

- 4. Funding Priorities and Update to the Plan** 3:45 PM
 - *Steve Kaplan, BHRS Director,*

- 5. Announcements/Public Comments** 4:15 PM
 - New Innovation Funding Cycle Launch – flyer included
 - Technology Suite Advisory Committees – flyer included

- 6. Adjourn** 4:30 PM

Mental Health and Substance Abuse Recovery Commission (MHSARC)

Opening of a 30-day public comment period for the MHSA Annual Update will occur at the next MHSARC meeting:

February 6, 2019 from 3-5pm.
Silicon Valley Community Foundation
1300 S. El Camino Real, Suite 100, San Mateo



Mental Health Services Act (MHSA)

FY 18-19 Annual Update

January 30, 2019 / 3 - 4:30pm

MHSA Steering Committee Meeting

www.smchealth.org/mhsa

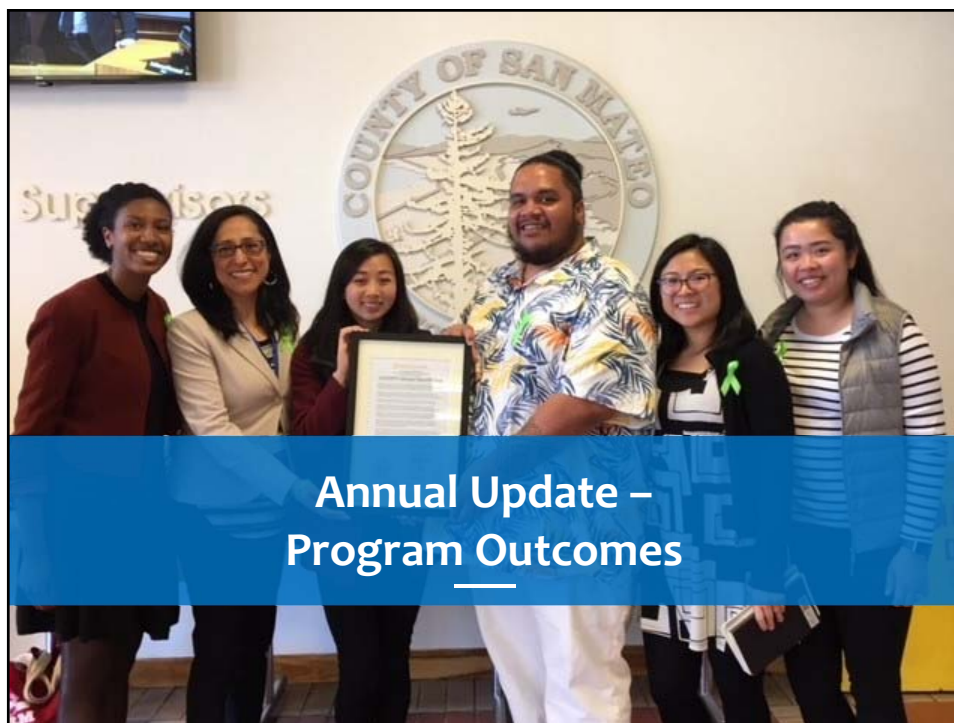
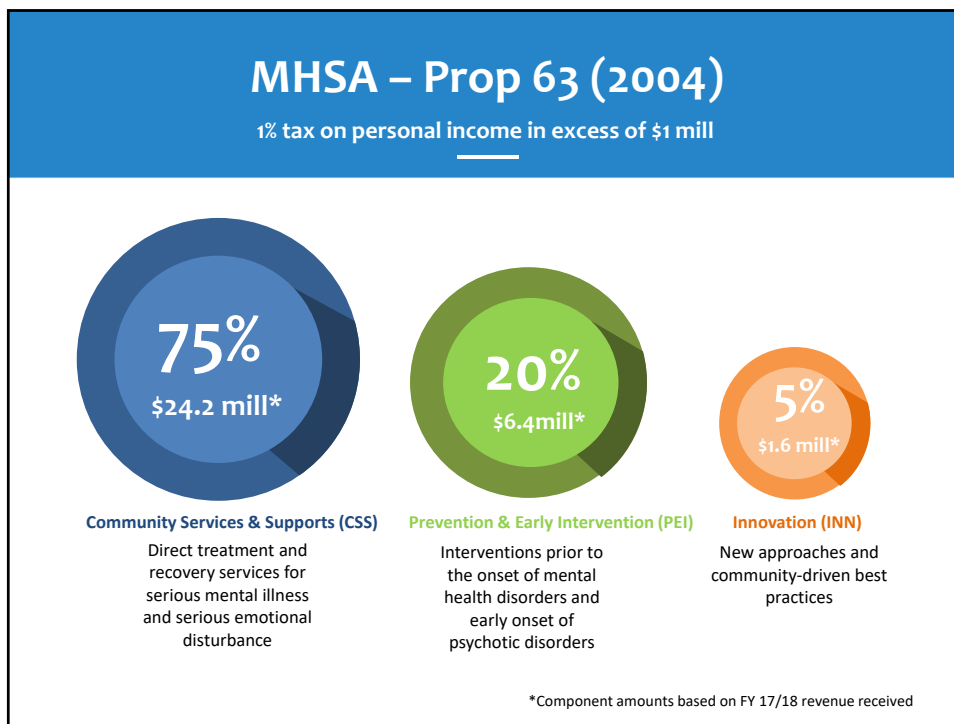


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Agenda

1. MHSA Background
2. Annual Update – Program Outcomes
3. Program Highlight – NMT in Adult System of Care
4. Progress on Priority Expansions
5. Update to the Plan
6. Announcements & Public Comments





Community Services and Supports

Full Service Partnerships*

06/07:	161
07/08:	281
08/09:	336
09/10:	350
10/11:	428
11/12:	426
12/13:	491
13/14:	482
14/15:	477
15/16:	516
16/17:	550

Outreach & Engagement

06/07:	314
07/08:	1,905
08/09:	4,707
09/10:	5,471
10/11:	9,996
11/12:	9,121
12/13:	6,235
13/14:	7,751
14/15:	6,328
15/16:	6,141
16/17:	6,073

System Development

06/07:	1,846
07/08:	3,896
08/09:	3,684
09/10:	4,159
10/11:	4,089
11/12:	4,585
12/13:	2,765
13/14:	2,571
14/15:	2,523
15/16:	2,047
16/17:	2,245

* there are 397 available FSP slots across all age groups

Percent Improvement in Outcomes by Age Group

Year before FSP Compared with First Year with FSP

FSP Outcomes*	Child (16 years & younger)	TAY (17 to 24 years)	Adult (25 to 59 years)	Older adult (60 years & older)
Self-reported Outcomes (Survey data)				
Homelessness	22%	7%	28%	NR
Detention or Incarceration	(24%)	16%	30%	NR
Arrests	67%	65%	87%	NR
Mental Health Emergencies	89%	67%	57%	42%
Physical Health Emergencies	100%	88%	65%	29%
School Suspensions	47%	72%	NR	NR
Attendance Ratings	10%	(4)%	NR	NR
Grade Ratings	14%	1%	NR	NR
Employment	NR	NR	26%	NR

NR = Not Reported

Data is through June 30, 2017

Full Service Partnerships (FSP)

(EHR data from inception, all age groups, n=667)

- **Hospitalizations** improved significantly after first year of FSP, from a 23% (153) any hospitalization to 13% (87).
- **Psychiatric Emergency Services (PES) visits** improved significantly after first year of FSP, from 42% (280) any PES event to 29% (193).

Prevention and Early Intervention (PEI)

	Ages 0-25	Adults and Older Adults	All Age Groups	Early Onset of Psychotic Disorders
FY 12-13	420	771	3,786	35
FY13-14	414	1,245	3,601	46
FY 14-15	299	2,090	3,445	60

PEI Updated Guidelines Includes New Categories

	Ages 0-25	Early Intervention	Prevention	Recognition of Early Signs of MI	Stigma & Discrimination Prevention	Access & Linkage to Treatment
FY 15-16	420	680 2,977 – SMART calls	4,784	225	228	983
FY 16-17	482	724 2,657 SMART calls	4,831	247	272	1000

I Am Almighty – By Alexis



<https://www.youtube.com/watch?v=crDvBYSGFF0&index=14&list=PLZgatuxFMMYHP9gSZdrkJIYHa5aNB0Ty9>



Neurosequential Model of Therapeutics (NMT) in an Adult System of Care

Community Need

- MHSY FY 14/15 Three-Year planning process
 - Alternative treatment options to deepen focus on trauma informed care and provide improved outcomes for clients
 - Trauma is frequently undiagnosed or misdiagnosed leading to inappropriate interventions in behavioral health care settings.



MHSA Innovation

- Since 2012, BHRS Youth System has provided extensive training in with positive outcomes for children and youth.
- The expansion and evaluation of NMT in an adult system of care is the first of its kind.

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?

Learning Goal 2

Are alternative therapeutic and treatment options, focused on changing the brain organization and function, effective in adult consumers' recovery?



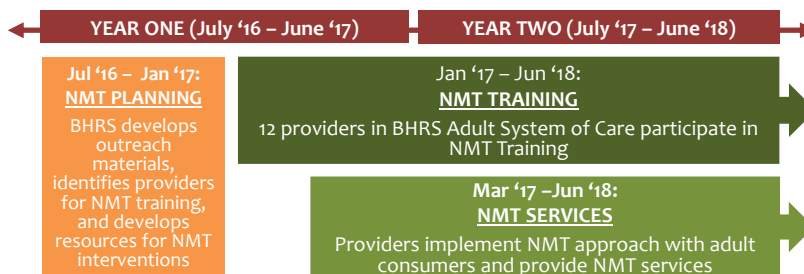
About NMT

- Developed by Dr. Perry at the Child Trauma Academy as an alternative approach to addressing trauma
- NMT uses assessments to guide the selection of individualized alternative interventions (drumming, yoga, expressive arts, etc.)
- Interventions help clients better cope, self-regulate and progress in their recovery



Implementation

- Estimate 75-100 adults served annually
 - General adult clients (ages 26+) receiving specialty mental health services
 - Transition age youth (ages 18-25)
 - Criminal justice-involved clients re-entering the community

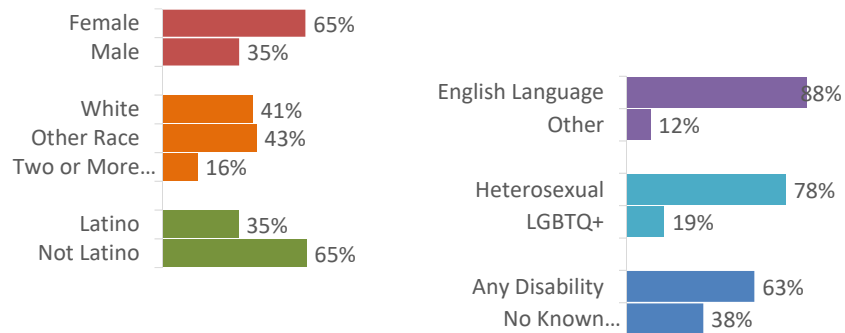


Accomplishments To-Date

- 6 providers completed the NMT training, 5 are continuing to become trainers
- Broad array of resources established
 - Clients: Yoga, drumming, therapeutic massage, animal-assisted therapy
 - Clinics: therapeutic lighting, art supplies, weighted blankets, sensory integration tools

Client Demographics

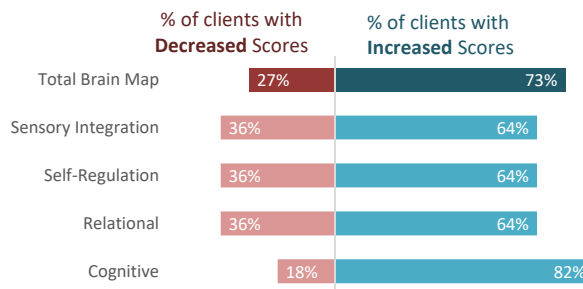
- 60 clients served total (doubled in Year 2)
 - 73% (44) adults, 23% (16) TAY



Client Outcomes

- Clients appear to be benefitting from NMT services

Percentage of Clients with Increased and Decreased Assessment Scores from Baseline to Follow-up, N=11, FY17-18



Client Outcomes (cont'd)

The moment you start, you get the anger out by massaging the clay. All the stress and tension I had in my hands and my mind, I didn't have it anymore. I didn't even remember the reason why I was so upset or hurt.

– NMT Client

- The NMT approach may make it easier for some clients to engage in therapy.

- NMT implementation may be helping clinics and programs within the BHRS adult system of care be more trauma-informed.

[NMT] doesn't feel like the normal going to the counselor and you just tell them your feelings and it's depressing and it's serious. [NMT] doesn't feel like that. It feels light.

– NMT Client

Expectations

- Train 12-18 from up to 6 different BHRS adult system of care programs
- Once providers are fully trained, approximately 75-100 clients will receive an assessment and relevant interventions annually.
- Would like to increase intervention resources
- Sustainability and expansion leveraged through the train-the-trainer model
 - Total for sustainability: \$200,000 annually (.3FTE MHS, maintenance and training, interventions)

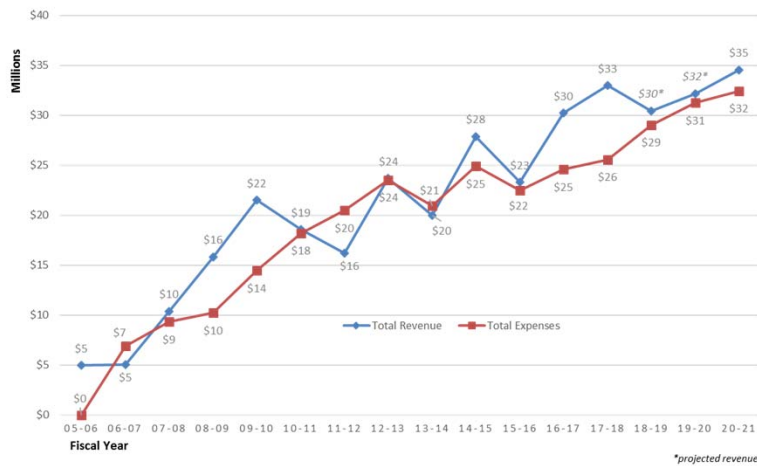


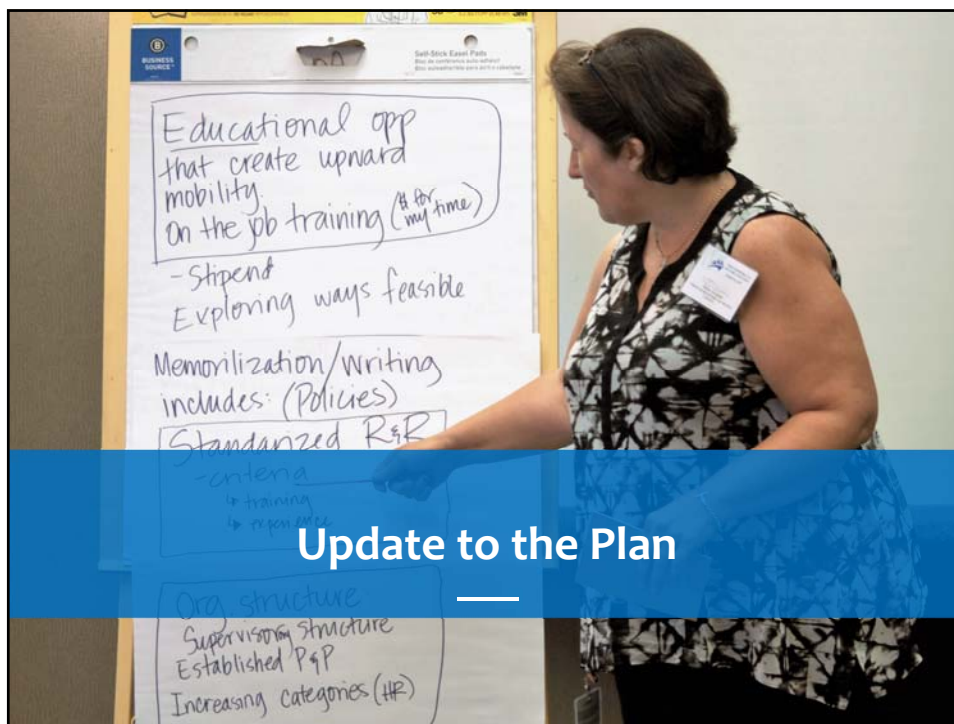
Progress on Priority Expansions

FY 17-18 to 19/20 Expansions

Component	Priority Expansions	Estimated Cost Per Fiscal Year	Implemented
CSS General Systems Development	Expansion of supports for older adults *	\$130,000	YES – Partial Senior Peer Counseling OASIS expansion expected FY 18/19
	Mobile mental health and wellness services to expand access to Coastside	\$450,000	In Progress
CSS Outreach & Engagement	Expansion of culturally responsive outreach strategies	\$50,000	YES Chinese community outreach
Prevention & Early Intervention	Expansion of Stigma Free San Mateo, Suicide Prevention and Student Mental Health efforts*	\$50,000	In Progress
	Youth mental health crisis support and prevention	\$600,000	In Progress
	After-care services for early psychosis treatment	\$230,000	YES PREP/BEAM After Care Services

MHSA Revenue & Expenditures





Update to the Plan

Update to the Plan

- San Mateo County is preparing for a predicted economic down turn. Current MHSA programs and prioritized expansions will not be reduced.
- MHSA funding must be optimized in accordance to the MHSA Funding Principles and continue to strengthen and build on MHSA priorities.
- **Proposed update:**
 - AOT FSP's (Laura's Law) - \$890,639
 - Board & Care for SMI - \$ 1,100,000

Input, public comments?

Motion to Amend

- Motion to amend the MHSA Three-Year Plan to include funding of Laura’s Law FSPs and augmented Board and Care for serious mentally ill clients

MHSA Reserves

- A reserve is in place to allow counties to maintain programs during a recession
 - **Reserve Goal Recommendation:**
50% of Highest Annual Revenue (\$33M)

San Mateo County MHSA Funds	
Unspent	\$35.7M
Reserve Goal	-\$16.5M
Obligated	-\$6.7M
Available to Spend	\$12.5 M

“Available to Spend” Plan Development

- \$12.5M “Available to Spend” will advance MHSa priorities:
 - Innovation Projects - Pride Center, HAP-Y, NMT for Adults, Tech Suite
 - One-time funding needs - Workforce Education and Training, Technology Needs
 - Other considerations - Total Wellness
 - Other Expansions from Three-Year Plan
- Late Spring – MHSa Steering Committee to reconvene



Public Comments

Announcements

- New Innovation Funding Cycle launched - flyer
 - Submit Your Ideas
 - Must address prioritized needs
 - Must complete an Innovation Project Form**Deadline: 2/22/19**
- Technology Suite Advisory Committees - flyer
 - Ongoing monthly meeting through April

Next Steps – Annual Update

- 30 day Public Comment
 - MHSARC 2/6/19 and 3/6/19 (Public Hearing)
 - Public Comment Form
- Presentation to the Board for adoption of the plan
- Controller to certify expenditures
- Submit to the State MHSOAC for approval

Thank you!



For more information: www.smchealth.org/MHSA
Doris Estremera, MHSA Manager
(650) 573-2889 or mhsa@smcgov.org



SAN MATEO COUNTY HEALTH
**BEHAVIORAL HEALTH
& RECOVERY SERVICES**



**San Mateo County Health System
Behavioral Health and Recovery Services (BHRS)
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 \$27 million average for San Mateo County annually in the last five years through Fiscal Year 2017-18.

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 for clients and family members

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 virtually everywhere in the BHRS system and 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.

Program and Expenditure Planning

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

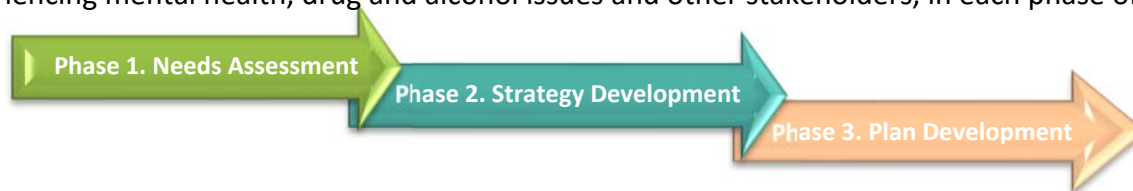
The **MHSA Three-Year Plan** is developed in collaboration with clients and families receiving services, community members, staff, community agencies and stakeholders and includes the following:

1. Existing MHSA funded program descriptions and goals for 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 upon existing funded programs and input received through previous planning. 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

MHSA Three-Year planning uses a Community Program Planning (CPP) process to engage clients and families experiencing mental health, drug and alcohol issues and other stakeholders, in each phase of the process.



- ◆ 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 ideas to address priority needs and potentially serve as the basis for future RFPs

Input is gathered at existing community meetings, specific 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: December 2018, December 2019, December 2020
- ◆ Next Three-Year Planning Phase: January 2020 – June 2020
- ◆ Next Three-Year MHSA Plan Due: December 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 2017 – 2018

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 • Mateo Lodge - South County Integrated FSP
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 • Pathways, 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) and Services
Outreach and Engagement (O&E)	<ul style="list-style-type: none"> • Family Assertive Support Team (FAST) • North County Outreach Collaborative (NCOC) • East Palo Alto Partnership for Mental Health Outreach (EPAPMHO) and East Palo Alto Behavioral Health Advisory Group (EPABHAG) • Ravenswood Family Health Center (40% CSS; 60%PEI) • HEI Outreach Worker Program (50% CSS; 50% 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



Mental Health Services Act (MHSA) Components and Programs

Fiscal Year 2017 – 2018

Prevention and Early Intervention (PEI)	
Prevention & Early Intervention (Ages 0 – 25)	<ul style="list-style-type: none"> • Early Childhood Community Team (ECCT) • Project SUCCESS • Seeking Safety • 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 (50% CSS; 50% PEI)

One-time Funding Allocations (through FY 2017-18)	
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 (2017) • Bradford Senior Housing and 2821 El Camino Real (2018)
Capital Facilities and Information Tech	<ul style="list-style-type: none"> • eClinical Care (launched in 2008-09)

*In San Mateo County, MHSA funds are integrated throughout the BHRS system; many of these programs are also funded by other sources.



MHSA Funding Principles

First adopted in November 2009, updated September 2018

These MHSA Funding Principles were developed to guide annual funding allocations and expansions; they also build from the County's and Health System budget balancing principles to guide MHSA reduction decisions when needed. Decisions regarding MHSA funding are based on the most current MHSA Three-Year Plan; any updates to the recommendations require MHSA Steering Committee approval and stakeholder engagement, which will include a 30-day public comment period and public hearing as required by the MHSA legislation.

Maintain MHSA required funding allocations

See attached MHSA Funding and Program Planning Guidelines document.

Sustain and strengthen existing MHSA programs

MHSA revenue should be prioritized to fully fund core services that fulfill the goals of MHSA and prevent any local or realignment dollars filling where MHSA should.

Maximize revenue sources

Billing and fiscal practices to draw down every possible dollar from other revenue sources (e.g. Medi-Cal) should be improved as relevant for MHSA funded programs.

Utilize MHSA reserves over multi-year period

MHSA reserves should be used strategically to mitigate impact to services and planned expansions during budget reductions.

Prioritize direct services to clients

Indirect services are activities not directly related to client care (e.g. program evaluation, general administration, staff training). Direct services will be prioritized as necessary to strengthen services to clients and mitigate impact during budget reductions.

Maintain prevention efforts

At minimum, 19% allocation to Prevention and Early Intervention (PEI) should be maintained and additionally the impact across the spectrum of PEI services and services that address the root causes of behavioral health issues in our communities should be prioritized.

Sustain geographic, cultural, ethnic, and/or linguistic equity.

MHSA aims to reduce disparities and fill gaps in services; reductions in budget should not impact any community group disproportionately.

Evaluate potential reduction or allocation scenarios

All funding decisions should be assessed against BHRS's Mission, Vision and Values and when relevant against County and Health System Budget Balancing Principles.



MHSA Program Funding Guidelines – Summary

MHSA Component	Categories	Funding Allocation (% of total revenue)
Community Services and Supports (CSS)¹	<ul style="list-style-type: none"> • Full Service Partnerships (FSP) • General Systems Development (GSD) • Outreach and Engagement (O&E) 	<p>76%</p> <p>FSP should be at least 51% of the CSS allocation</p>
Prevention and Early Intervention (PEI)²	<ul style="list-style-type: none"> • Ages 0-25 • Early Intervention • Prevention • Recognition of Signs of Mental Illness • Stigma and Discrimination • Access and Linkages 	<p>19%*</p> <p>Ages 0-25 should be at least 51% of the PEI allocation</p>
Innovations (INN)³	N/A	5%

* PEI expenditures may be increased in which the department determines that the increase will decrease the need and cost for additional services to severely mentally ill persons in that county by an amount at least commensurate with the proposed increase.

Reversion Period: Counties must expend the revenue received for each core component within 3 years (starting with the year revenue is received) or must return it to the State mental health fund.

One-time Funding Components: counties received a one-time allocation to fund strategies in Workforce Education and Training (WET)⁴, Capital Facilities and Information Technology (CF/IT)⁵, and Housing⁶. All one-time funding has been expended. These components can continue to be funded under CSS, as determined by the following additional funding guidelines.

- Up to 20% of the average 5-year total of MHSA funds can be allocated from CSS to the technological needs, capital facilities, human resources, and a prudent reserve.
- Assembly Bill 727 clarifies that counties can fund housing assistance, not just for FSP clients.

Three-Year Plan and Annual Updates:

- up to 5% of total annual MHSA revenues can be allocated for annual MHSA planning efforts.
- All expenditures must be consistent with the current three-year plan or annual update developed through a Community Program Planning (CPP)⁷ process.
 - Current Three-Year Plan Implementation: July 1, 2017 – June 30, 2020
 - Annual Updates Due: December 2018, December 2019, December 2020
 - Next Three-Year Planning Phase: January 2020 – June 2020
 - Next Three-Year MHSA Plan Due: December 2020

Prudent Reserve (PR): Counties are required to establish and maintain a PR for revenue decreases.

- The 50% Local Prudent Reserve requirement was rescinded (Info Notice 11-05)
- Counties may fund to a level determined appropriate and that does not exceed 33% of the counties’ largest annual distribution (Info Notice 18-033).
- All other policy and guidance remains in effect (Info Notice 09-16).

Non-supplantation:

- Funds shall not be used to supplant any state or county funds required to be utilized to provide mental health services, that was in effect on November 2, 2004.

Definitions

¹ **Community Services & Support (CSS)** provides direct treatment and recovery services to individuals of all ages living with serious mental illness (SMI) or serious emotional disturbance (SED):

- a. **Full Service Partnership (FSP)** plans for and provides the full spectrum of services, mental health and non-mental health services and supports to advance client's goals and support their recovery, wellness and resilience.
- b. **General Systems Development (GSD)** improves the mental health service delivery system. GSS may only be used for; treatment, including alternative and culturally specific; peer support; supportive services to assist with employment, housing, and/or education; wellness centers; case management to access needed medical, educational, social, vocational rehabilitative or other services; needs assessment; individual Services and Supports Plans; crisis intervention/stabilization; family education; improve the service delivery system; reducing ethnic/racial disparities.
- c. **Outreach and Engagement (O&E)** is to reach, identify, and engage unserved individuals and communities in the mental health system and reduce disparities. O&E funds may be used to pay for strategies to reduce ethnic/racial disparities; food, clothing, and shelter, but only when the purpose is to engage unserved individuals, and when appropriate their families, in the mental health system; and general outreach activities to entities and individuals.

² **Prevention & Early Intervention (PEI)** targets individuals of all ages prior to the onset of mental illness, with the exception of early onset of psychotic disorders. PEI emphasizes improving timely access to services and reducing the 7 negative outcomes of untreated mental illness; suicide; incarcerations; school failure or dropout; unemployment; prolonged suffering; homelessness; and removal of children from their homes.

- a. **Early Intervention** programs provide treatment and other services and interventions, including relapse prevention, to address and promote recovery and related functional outcomes for a mental illness early in its emergence. Services shall not exceed 18 months, unless the individual receiving the service is identified as experiencing first onset with psychotic features, in which case early intervention services shall not exceed 4 years.
- b. **Prevention** programs reduce risk factors for developing serious mental illness and build protective factors for individuals whose risk of developing a serious mental illness is greater than average and, as applicable, their parents, caregivers, and other family members. Services may include relapse prevention and universal prevention.
- c. **Outreach for Recognition of Early Signs of Mental Illness** to families, employers, primary care health care providers, and others to recognize the early signs of potentially severe and disabling mental illnesses.
- d. **Access and Linkage to Treatment** connects individuals with severe mental illness as early in the onset of these conditions as practicable, to medically necessary care and treatment, including care provided by county mental health programs. Examples include screening, assessment, referral, help lines, and mobile response.
- e. **Stigma and Discrimination Reduction** activities reduce negative feelings, attitudes, beliefs and/or discrimination related to mental illness or seeking services. Examples include social marketing campaigns, speakers' bureaus, targeted education and training, anti-stigma advocacy, and efforts to encourage self-acceptance.
- f. **Suicide Prevention** programs are optional. Activities prevent suicide but do not focus on or have intended outcomes for specific individuals. Examples include campaigns, suicide prevention networks, capacity building, culturally specific approaches, survivor-informed models, screening, hotlines or web-based resources, training and education.

³ **Innovation (INN)** projects are designed and implemented for a defined time period (not more than 5 years) and evaluated to introduce a new behavioral health practice or approach; make a change to an existing practice; apply a promising community-driven practice or approach that has been successful in non-behavioral health; and has not demonstrated its effectiveness (through mental health literature).

⁴ **Workforce Education & Training (WET)** provides clients and families training to help others, promote wellness and other positive outcomes. Providers are able to work collaboratively to deliver client-and family-driven services, outreach to unserved and underserved populations, and provide linguistically and culturally relevant services.

⁵ **Capital Facilities & Technological Needs (CF/TN)** includes facilities for the delivery of MHPA services to clients and their families or for administrative offices; support an increase in peer-support and consumer-run facilities; community-based settings; and technological infrastructure to facilitate the highest quality and cost-effective services and supports.

⁶ **Housing** is used to acquire, rehabilitate or construct permanent supportive housing for clients with serious mental illness and provide operating subsidies. This service category is part of CSS.

⁷ **Community Program Planning (CPP)** process is used to develop MHPA three-year plans and updates in partnership with stakeholders to identify community issues related to mental illness, lack of services and supports; analyze the mental health needs in the community; and identify and re-evaluate priorities and strategies and includes a 30-day public comment, a public hearing by the local mental health board and local board of supervisors.



MHSA Funding Available – Submit Your Innovative Ideas!

The Mental Health Services Act (MHSA) funds Innovative Projects to develop new best practices in behavioral health, ideas must:

1. Introduce a new practice or approach
2. Make a change to an existing practice, including application to a different population.
3. Apply a promising community-driven practice or approach that has been successful in non-behavioral health contexts or settings.
4. NOT have been demonstrated effective (in the literature, research, etc.).

Ideas should address the following prioritized needs:

- Engagement and integration of **older adults**
- **Culturally relevant** outreach and service delivery
- Integration of **peer/family** supports
- Integration of **co-occurring** practices
- Engagement services for **transition-age youth**
- Broader **housing** options across the continuum of care

* For more information visit, smchealth.org/mhsa. For your idea to be considered, you must complete an Innovation Project Form, available on smchealth.org/mhsa and submit it to mhsa@smcgov.org by **2/22/19**



SAN MATEO COUNTY HEALTH

**BEHAVIORAL HEALTH
& RECOVERY SERVICES**

Questions?

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