

Plan to Spend One-time Funds

Steering Committee

Updated MHSA Funding Principles in preparation of budget deficit.



Steering Committee

Provided input on Plan to Spend, postponed 30-Day Public Comment



Steering Committee

Provided input on updated Plan to Spend



Steering Committee

Reviewed MHSA Reserve Goal* and set Priorities for One-Time Funds



Input Sessions

Targeted input sessions were conducted to allow for more client/family members and stakeholder input



San Mateo County MHSA Reserve	
Unspent	\$35.7M
Reserve Goal	-\$16.5M
Obligated	-\$6.7M
Available One-Time	\$12.5 M

3-Year Plan to Spend \$12.5M Available One-time Funds
 *\$3.9M must be spent in Prevention and Early Intervention (PEI)

Priority	Item	FY 19/20	FY 20/21	FY 21/22	Grand Total
System Improvements - Core MHA Services	Recovery oriented, co-occurring capacity	\$500,000	\$250,000	\$250,000	
	Full Service Partnerships/Clinic restructuring		\$2,500,000	\$1,500,000	
	MHA PEI data-informed improvements	\$100,000	\$50,000	\$50,000	
	Trauma-informed systems (BHRS, HSA, CJ, etc)		\$100,000	\$100,000	
	System Improvement Total	\$600,000	\$2,900,000	\$1,900,000	\$5,400,000
Technology for System Improvement	Network Adequacy Compliance	\$100,000			
	Improve productivity	\$100,000	\$225,000	\$173,000	
	Increase access-telepsychiatry/health	\$30,000	\$30,000	\$30,000	
	Technology Total	\$230,000	\$255,000	\$203,000	\$688,000
Workforce and Community Education and Training	Workforce Capacity Development		\$206,000	\$98,000	
	Community Education		\$180,000	\$180,000	
	Crisis Coordination		\$150,000	\$150,000	
	Supported Employment		\$400,000	\$300,000	
	Workforce pipeline and retention		\$124,000	\$124,000	
	Education and Training Total	\$0	\$1,060,000	\$852,000	\$1,912,000
Capital Facilities (must be County-owned)	SSF Clinic		\$500,000		
	EPA Clinic	\$700,000			
	Casia House Renovations	\$100,000			
	Cordilleras		\$500,000	\$500,000	
	Capital Facility Improvements Total	\$800,000	\$1,000,000	\$500,000	\$2,300,000
Stop Gaps (ongoing programs)	Pride Center			\$700,000	
	HAP-Y		\$250,000	\$250,000	
	NMT- Adults		\$200,000	\$200,000	
	Tech Suite		\$300,000	\$300,000	
	Stop Gaps Total		\$750,000	\$1,450,000	\$2,200,000
TOTALS		\$1,630,000	\$5,965,000	\$4,905,000	\$12,500,000

Public Comments Received – for Mental Health Substance Abuse and Recovery Commission (MHSARC) Review

➤ Plan to Spend Available One-Time Funds

Comments	Response
Supported Employment - 12 comments were received in support of one-time funds for Supported Employment.	Supported employment for those with mental illness is a priority that was brought to the community planning process by clients, stakeholders and peer-run agencies. Specifically, Individual Placement and Support (IPS) Supported Employment is included in the Plan to Spend.
Stop-Gap FSP/clinic retooling – 3 comments received I appreciate hearing the clinics will be restructured to allow staff to go out into the community rather than requiring them to go to the clinic. In East Palo Alto, one of the biggest challenges for our outreach and referral partnerships is getting our clients to go to the clinic after we refer them. If the clinic staff is able to go out our work will be more effective.	We agree with your sentiment and are hopeful that the opportunity to retool our clinics will allow for appropriate level of supports for client unmet needs. Thank you for your comment.
I would like you to consider the fact that 1-time MHSA \$ should NOT be used to cover for county budget deficit and “restructuring” clinics. This money (I believe) is not meant to be used for County budget problems. Those \$ are for providing services.	The funding as proposed is aligned with the priorities set by the MHSA Steering Committee; including the use of one-time funds for System Improvements of Core Services and Stop Gaps for Budget Reductions that may impact MHSA direct services to seriously mentally ill clients. The budget deficit stop-gap will allow us to ensure that the most severe clients receive Full Service Partnership services, which include non-mental health services and supports to advance clients’ recovery. Clients’ needing a lower level of care can be transitioned appropriately to BHRS case managers and outpatient therapist who can support continuity of care for the client. Thank you for your comment.
My suggestion is rather than have workers going out to the homes of patients who are in need of assistance, create several local areas/offices for patients to visit and which are in reach because of locations. I would challenge the effectiveness of using the resources going 1:1 to homes.	Thank you for your input. Currently, County Health and BHRS are in a planning process to complete a full review and analysis of space needs. Your feedback will be incorporated into that planning process.
Capital Facilities – Cordilleras – 1 comment received I would like you to consider using actual “SMC” General Budget \$ for capital improvements instead of using MHSA one-time funding to pay one million towards rebuilding Cordilleras. I agree and totally agree that Cordilleras needs help, but I don’t believe it should come out of our very small MHSA budget funding. Especially one-time funding.	The County General Budget is experiencing a deficit overall. Currently, we are identifying all external funding available to complete this \$100M project by 2022. County Health has contributed \$7.8M, State Dept of Health Care Services has approved \$2.3M from Whole Person Care Initiative. The ask from MHSA is \$1M, which is aligned the MHSA Steering Committee priorities for use of these one-time funds. Capital Facilities is an allowable expense.