Mental Health Services Act (MHSA)
Three-Year Planning

MHSA Steering Committee
March 3, 2019 / 4pm – 5:30pm

www.smchealth.org/mhsa

Agenda

1. Welcome
2. MHSA Background
   o Steering Committee
   o Community Program Planning
3. Needs Assessment – Preliminary Results
4. Strategy Development Launch – Breakout Activity
5. Adjourn
MHSA – Prop 63 (2004)

1% tax on personal income over $1M
$29.7M annual 5-year average for San Mateo County through FY 18-19

- Community Services & Supports (CSS)
  Direct treatment and recovery services for serious mental illness or serious emotional disturbance
- Workforce Education and Training (WET)*
  Direct treatment and recovery services for serious mental illness or serious emotional disturbance
- Prevention & Early Intervention (PEI)
  Interventions prior to the onset of mental illness and early onset of psychotic disorders
- Capital Facilities and Technology Needs (CFTN)*
  Direct treatment and recovery services for serious mental illness or serious emotional disturbance
- Innovation (INN)
  New approaches and community-driven best practices

*Up to 20% of the average 5-year CSS revenue can be allocated annually to WET, CFTN and prudent reserve.

MHSA Steering Committee

- Makes recommendations during planning and implementation, prioritizes services
- Meets 2x/yr + add’l meeting during three-year planning
- All commissioners + application process for broader diverse participation
  - At least 50% represent clients/families
  - At least 50% marginalized cultural/ethnic groups
  - Maximum 2 member from any one agency + stakeholder seats

⇒ Proposing a restructure – more to come!
  - Quarterly meetings to meet the increased demands on MHSA
  - Smaller group of MHSA “experts” to promote meaningful engagement
  - 1-2 Commissioner liaison(s) to allow for more focused participation
  - Focused, time-limited strategy groups to maximize special interests and subject matter expertise
What’s in a Three-Year Plan

- Current program descriptions and outcomes
- Priorities for future funding (if increased revenues)
  - Program expansions and/or improvements
  - Addressing gaps in services
- Expenditure projections

Community Program Planning (CPP)
Need Assessment Phase

- Reviewed 15 local plans, assessments, reports
  - Survey to help prioritize
    - 1,600+ MHSA subscribers and email networks
    - Blog, Social Media, Nextdoor postings
    - Flyers at libraries, clinics
    - BHRS employees
    - Collaboratives, groups, meetings
    - Social Media
    - Community colleges
    - City communication officers

- Strategy Development Phase launches today!

Preliminary Survey Results

- Survey closes on March 20th
- 176 responses to-date
  - 80 BHRS employees
  - 96 broader community
    - 46% identify as client/family member
    - 40% identify as providers (behavioral/social services)
    - 58% white / 74% ages 26-59, 20% 60+

- Top priorities to-date across all age groups
  1. Homelessness/Housing
  2. Mental Health Crisis Supports
  3. Suicide/Suicide Ideation
  4. Trauma

  *BHRS employees - Co-occurring and Complex Cases
Preliminary Survey Results

- Priority populations
  - Immigrants, Homeless, Parents/Families
  - School Age Children, Transition-Age Youth, Older Adults

- Barriers to accessing services
  - Healthcare Coverage, Stigma, Social Determinants, Immigration Status, Lack of Information
  - BHRS employees - Transportation

Strategy Development Launch!
1. Breakout into groups based on top needs (select one)
   • Homelessness/Housing
   • Mental Health Crisis Supports
   • Suicide/Suicide Ideation
   • Trauma

2. Brainstorm the following questions:
   • Are there any program/service that are working well to address the need identified and would benefit from either expansion or enhancements?
   • Is there a new service or program that you would like to see considered to address the need identified?

3. Prioritize strategies

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Thank you!

For more information: www.smhealth.org/MHSA
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