MHSA Overview

Community Services & Supports (CSS)
- Direct treatment and recovery services for serious mental illness or serious emotional disturbance
- 76%

Prevention & Early Intervention (PEI)
- Interventions prior to the onset of mental illness and early onset of psychotic disorders
- 19%

Innovation (INN)
- New approaches and community-driven best practices
- 5%

Workforce Education and Training (WET)
- Education, training and workforce development to increase capacity and diversity of the mental health workforce

Capital Facilities and Technology Needs (CFTN)
- Buildings and technology used for the delivery of MHSA services to individuals and their families.

1% tax on personal income over $1 million
San Mateo County: $29.7M annual 5-year average through FY 18-19
What’s in a Three-Year Plan

1. Community Program Planning (CPP)
2. Revenue and Expenditure Projections
3. Ongoing Program Commitments
4. Strategic Priorities

Community Program Planning

- 400+ individuals engaged via survey, input sessions and meetings
- Demographics collected for survey and April 29th meeting
  - 28 targeted and geographically-based input sessions conducted (not represented in the data)
  - 57 stipends to clients and family members were provided
Revenue Projections

- San Mateo County’s MHSA Ongoing Expenditure Projection is $29,986,179

Expenditure Projections

- Current fiscal priorities
  - Ongoing: $30M
  - One-Time: $12.5M
  - Operational Reserve Goal: $17M

- New fiscal considerations (one-time)
  - $5M unspent from FY 2018-19 allocated to COVID-19 related impacts
  - $2M from operational reserve in FY 22-23.
  - $5M in new MHSA Innovation programs (pending approval)
## Plan to Spend $5M One-Time (COVID)

<table>
<thead>
<tr>
<th>Priority</th>
<th>Item</th>
<th>Total Annual Cost</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Technology Supports</td>
<td>Phones + Data Plan for BHRS Clients</td>
<td>$108,000</td>
<td>Cost is for data plan + free phones for BHRS clients ($360/unit; 300 units)</td>
</tr>
<tr>
<td></td>
<td>Phones + Data Plan for Contractors</td>
<td>$270,000</td>
<td>Cost is for data plan + free phones for MHSA contractors ($360/unit; 750 units)</td>
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<tr>
<td></td>
<td>Tablets + Data Plan</td>
<td>$46,000</td>
<td>Cost is for tablets + data plan for residential sites/B&amp;C; for telehealth, staff, etc., ($460/unit; 100 units)</td>
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<td></td>
<td><strong>Technology Total</strong></td>
<td><strong>$424,000</strong></td>
<td><strong>$424,000</strong></td>
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<tr>
<td>Workforce Needs</td>
<td>Workspace assessment and safety</td>
<td>$200,000</td>
<td>Safety assessment + measures (pexi glass, cubicle reconfiguration, other spaces, PPE)</td>
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<td></td>
<td><strong>Workforce Needs Total</strong></td>
<td><strong>$200,000</strong></td>
<td><strong>$200,000</strong></td>
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<tr>
<td>Clients supports</td>
<td>Client activities/needs</td>
<td>$50,000</td>
<td>For residential sites; card games, apps, food, supports</td>
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<td></td>
<td>Alternative Care Sites</td>
<td>$100,000</td>
<td>For residential clients that are COVID-19 positive and need to be quarantined</td>
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<td>Hotels for homeless</td>
<td>$200,000</td>
<td>Mass jail releases and reduction of shelter beds due to COVID</td>
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<td></td>
<td>Co-occurring detox facility</td>
<td>$200,000</td>
<td>Reduced beds due to physical distancing</td>
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<td>COVID Testing Program for high risk clients</td>
<td>$96,000</td>
<td>Regular 2x/week testing at Palm Ave Detox (25 tests/wk) will allow clients to enter tx immediately and CYOC as needed; will allow MediCal billing</td>
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<td><strong>Client Supports Total</strong></td>
<td><strong>$846,000</strong></td>
<td><strong>$846,000</strong></td>
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<td>Primary Care Interface</td>
<td>$1,337,972</td>
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<td></td>
<td>Resource Management</td>
<td>$2,192,028</td>
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<td><strong>Stop Gaps Total</strong></td>
<td><strong>$3,530,000</strong></td>
<td><strong>$3,530,000</strong></td>
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<td><strong>TOTAL</strong></td>
<td><strong>$5,000,000</strong></td>
<td><strong>$5,000,000</strong></td>
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Prioritization Results

Strategic Priorities

MHSA Strategic Initiatives - Ranked

1. Housing
2. Crisis Diversion
3. Culturally Responsive and Trauma Informed
4. Integrated Treatment and Recovery Supports
5. Community Engagement
Top 2 strategies for Housing Initiative

<table>
<thead>
<tr>
<th>Strategy Recommendation</th>
<th>Priority Weighted Avg</th>
</tr>
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<tr>
<td>Mental health workers providing on the field, mobile mental health assessments and treatment for homeless individuals and linkages to housing.</td>
<td>1.73</td>
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<tr>
<td>Trained/certified peers providing housing navigation, support services (e.g. independent living skills, accessing housing subsidies) to clients and training on the issue of homelessness to service providers (primary care physicians, mental health staff, police/first responders, etc.).</td>
<td>2.0</td>
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MHSARC Motion

1. Vote to open a 30-day Public Comment Period for the Mental Health Services Act (MSHA) Three-Year Program and Expenditure Plan FY 20/21 through FY 22/23 & Annual Update FY 20/21

2. Vote to open a 30-day Public Comment Period for the MHSA Plan to Spend $5 Million in One-Time Funds for COVID-19 related impacts
Next Steps

- MHSARC Public Hearing July 1st + vote to close 30-day public comment period
- Board of Supervisors Adoption

Thank you!

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