Mental Health Services Act (MHSA)
Three-Year Plan Strategy Prioritization

April 29, 2020
Logistics

- Interpretation - Spanish
- Stipends for clients and family members participating
- Meeting is being recorded
- Participants are muted, chat and share screen are disabled
- Participation during Q&A and Public Comment
  - “Raise Hand” button
  - Host will unmute one participant at a time
  - 1-2 minutes maximum
- Other opportunities for public comment
POLL: Demographics (5 min)
Call first to check vaccine availability.
Agenda

- MHSA Overview
- COVID-19 Impact on MHSA
- Community Program Planning
- New MHSA Strategic Initiatives
  - Q&A
- Proposed Strategies
  - Public Comment
- Next Steps
Interventions prior to the onset of mental illness and early onset of psychotic disorders

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

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

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

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
COVID-19 Impact on MHSA

- Revenue impact
- Opportunity to strengthen current areas of work
- Potential flexibilities
- One-time funding from fiscal year 2018-19 to allocate to COVID-19 impacts
  - June 3rd - Mental Health and Substance Abuse Commission for input and opening of a 30-day public comment
MHSA Principles & Core Values

- Focus on wellness, recovery and resilience
- Cultural and linguistic responsiveness
- Consumer/client and family-driven services
- Integrated service experience
- Community collaboration
MHSA Planning Requirements

• Three-Year Plan & Annual Updates
• Community Program Planning Process
  • MHSA Steering Committee
  • Stakeholder Input
  • 30-Day Public Comment Period

What’s in a 3-year Plan

Current Program Outcomes
Strategic Priorities
Expenditure Projections
Community Program Planning

1. Needs Assessment
   - Dec 2019 – Mar 2020
     - Review of local plans, assessments, evals/reports
     - Survey to prioritize needs

2. Strategy Development
   - Mar – Apr 2020
     - Input sessions and key interviews
     - Prioritization by MHSA Steering Committee

3. MHSA Three-Year Plan
   - May – Jun 2020
     - MHSARC 30-Day Public Comment
     - Board of Supervisors Adoption
Update on CPP Process

• 21 local plans, assessments, data reports
• 329 survey responses

• 28 stakeholder group input sessions
  • 14 collaboratives/initiatives
  • 8 committees/workgroups
  • 3 stakeholder groups interviewed (transition-age youth, immigrant families, veterans) – 12
  • 3 geographically-focused sessions (Coast, East Palo Alto, North County)

• Subject matter experts, strategic plans

1. Needs Assessment
2. Strategy Development
New MHSA Strategic Initiatives

Prioritized Needs
• Homelessness/Housing
• Mental Health Crisis
• Suicide/Suicidal Ideation
• Trauma
• Complex Cases

MHSA Initiatives
1. Housing
2. Crisis Diversion
3. Culturally Responsive and Trauma-Informed Systems
4. Community Engagement
5. Integrated Treatment and Recovery Supports
Housing Continuum for Individuals with Mental Illness

**Housing Continuum - example**

**Pre- Housing Engagement:** Drop-In Centers / Field Services / Post- Psychiatric Emergency Services, Hospitalization, Incarceration

**Housing Continuum for Individuals with Mental Illness**

*Based on Luke-Dorf Inc and Washington County, Oregon

**REHABILITATION CENTER**
- Locked
- 24/7 Staffing
- Most restrictive
- Ideal for highly symptomatic

**RESIDENTIAL TREATMENT**
- Unlocked
- 24/7 Staffing
- Stabilization and skills building
- Ideal for individuals out of higher level of care

**RESIDENTIAL CARE “BOARD & CARE”**
- Unlocked
- 24/7 Staffing
- Skill building and long-term stability
- Ideal for support with basic needs

**TRANSITIONAL**
- Independent units
- Staffing on-site
- Intensive support services on-site
- Ideal for stable individuals needing support

**SUPPORTIVE**
- Independent integrated housing
- Support service staffing on-site
- Ideal for individuals who are able to manage their needs

**MORE STRUCTURED INTENSIVE CARE**

**LESS STRUCTURED SUPPORTS**
Prioritization Process

• MHSA Steering Committee members will:
  1. Rank the new MHSA Initiatives to determine primary focus of MHSA resources and planning over the next three years.
  2. Prioritize across all strategies to determine other areas of impact necessary to meet MHSA legislative requirements and overall goals.

• Via online survey following this meeting and due May 8th
Fiscal Year 2017-20 Priority Expansions Remain a Priority

<table>
<thead>
<tr>
<th>Priority Expansions</th>
<th>Implemented</th>
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<tbody>
<tr>
<td>Expansion of supports for older adults *</td>
<td>YES OASIS and Senior Peer Counseling expansions</td>
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<tr>
<td>Mobile mental health and wellness services to expand access to Coastside</td>
<td>YES Coastside Multicultural Wellness Program</td>
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<td>Expansion of culturally responsive outreach strategies</td>
<td>YES NCOC Chinese Community Outreach</td>
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<tr>
<td>Expansion of Stigma Free San Mateo, Suicide Prevention and Student Mental Health efforts*</td>
<td>YES Suicide prevention mini-grants and stigma survey</td>
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<td>Youth mental health crisis support and prevention</td>
<td>In Progress</td>
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<td>After-care services for early psychosis treatment</td>
<td>YES PREP/BEAM After Care Services</td>
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Question & Answer
Review of MHSA Proposed Strategies
# Recommended Strategies

## Community Services & Supports / Prevention Early Intervention

<table>
<thead>
<tr>
<th>MHSA Initiative</th>
<th>Strategy Recommendation</th>
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<tr>
<td><strong>Housing Continuum</strong></td>
<td>1. Drop-in center for homeless with behavioral health challenges in East Palo Alto to include comprehensive services across sectors (co-occurring substance use services, case management, linkages, etc.).</td>
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<td></td>
<td>2. Incentives for sustainability of residential care facilities or board and care homes (subsidies, renovations, etc.).</td>
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<td>3. Mental health workers providing on the field, mobile mental health assessments and treatment for homeless individuals and linkages to housing.</td>
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<td>4. Transitional housing that is designed for and specializes in the needs of transition age youth (16-25 years) with serious mental health challenges.</td>
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<td>5. 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 and first responders, etc.).</td>
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Public Comment #1 / Public Comment #2 / Public Comment #3
# Recommended Strategies

## Community Services & Supports / Prevention Early Intervention

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<td>Crisis Diversion</td>
<td>6. Trained/certified peers providing peer and family crisis support services to assist clients transition from psychiatric emergency services, hospitalization and incarceration, into the community.</td>
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<td>7. Walk-in services for addressing immediate crisis needs in a less intensive setting than psychiatric emergency services.</td>
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<td>8. School-based, youth-led outreach, suicide education and prevention services.</td>
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<td>9. Suicide support services, education and outreach targeted to underserved communities (people of color, low income, and LGBTQ+, monolingual), including adding language capacity for crisis line(s).</td>
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Public Comment
## Recommended Strategies

### Community Services & Supports / Prevention Early Intervention

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<td><strong>Culturally Responsive and Trauma-Informed Systems</strong></td>
<td>10. Educational loan forgiveness and/or financial assistance programs to support recruitment and retention of hard-to-fill positions including bilingual and culturally/ethnically diverse clinical positions.</td>
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<td>11. Mental health services co-located in community settings addressing core needs of marginalized communities (core service agencies, immigration service settings, etc.).</td>
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<td>12. Training for providers across service sectors (human services, probation, law enforcement, education, etc.) on the intersection of trauma and racism.</td>
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<td>13. Trained/certified peers providing trauma-informed and culturally responsive mental health 101 training for community-based service providers (senior centers, libraries, core service agencies, etc.).</td>
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## Recommended Strategies

### Community Services & Supports / Prevention Early Intervention

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<td>Community Engagement</td>
<td>14. Culturally-focused outreach and engagement collaboratives to provide ongoing support groups, navigation and linkages, education and outreach for marginalized communities.</td>
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<td>15. Evidence-based youth empowerment models that work with youth to identify mental health and substance use issues to address as community leaders.</td>
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<td>16. Home-based early intervention services for families with young children, including case management, parent education, and parent support groups with an emphasis on wrap-around services to provide support on multiple levels and increasing collaboration between providers.</td>
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<td>17. Parent and family-focused wellness and support services (domestic violence, trauma, rape, healing) to engage and link families in the northern region of the county to behavioral health services.</td>
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<td>18. School-based resources to provide support groups, therapy and educational workshops for families.</td>
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[Public Comment (Spanish)-Transcript (English) #1 / Public Comment #2]
**Recommended Strategies**

**Community Services & Supports / Prevention Early Intervention**

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<td>Integrated Treatment and Recovery Supports</td>
<td>19. After-care services for clients out of residential treatment with complex needs to provide ongoing specialized case management including outpatient recovery engagement strategies (e.g. incentives to engage).</td>
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<td>20. Supported employment programs based on recovery-oriented, evidence-based practices.</td>
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<td>21. Trained/certified peers providing system navigation and resources, psychosocial rehabilitation, wellness coaching and other wellness and recovery support services.</td>
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<td></td>
<td>22. Early treatment and supports for youth and families as it relates to increased cannabis and alcohol use among youth.</td>
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Next Steps

- Online survey for **MHSA Steering Committee** to prioritize Initiatives and Strategies

- Three-Year Plan draft to the **MHSARC** in June 3rd for opening of 30-day public comment period
Thank you!

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smchealth.org/MHSA

*To receive a client/family member stipend for your participation in this meeting, please remain online.