



Mental Health Services Act (MHSA)

Three-Year Plan Strategy Prioritization

April 29, 2020

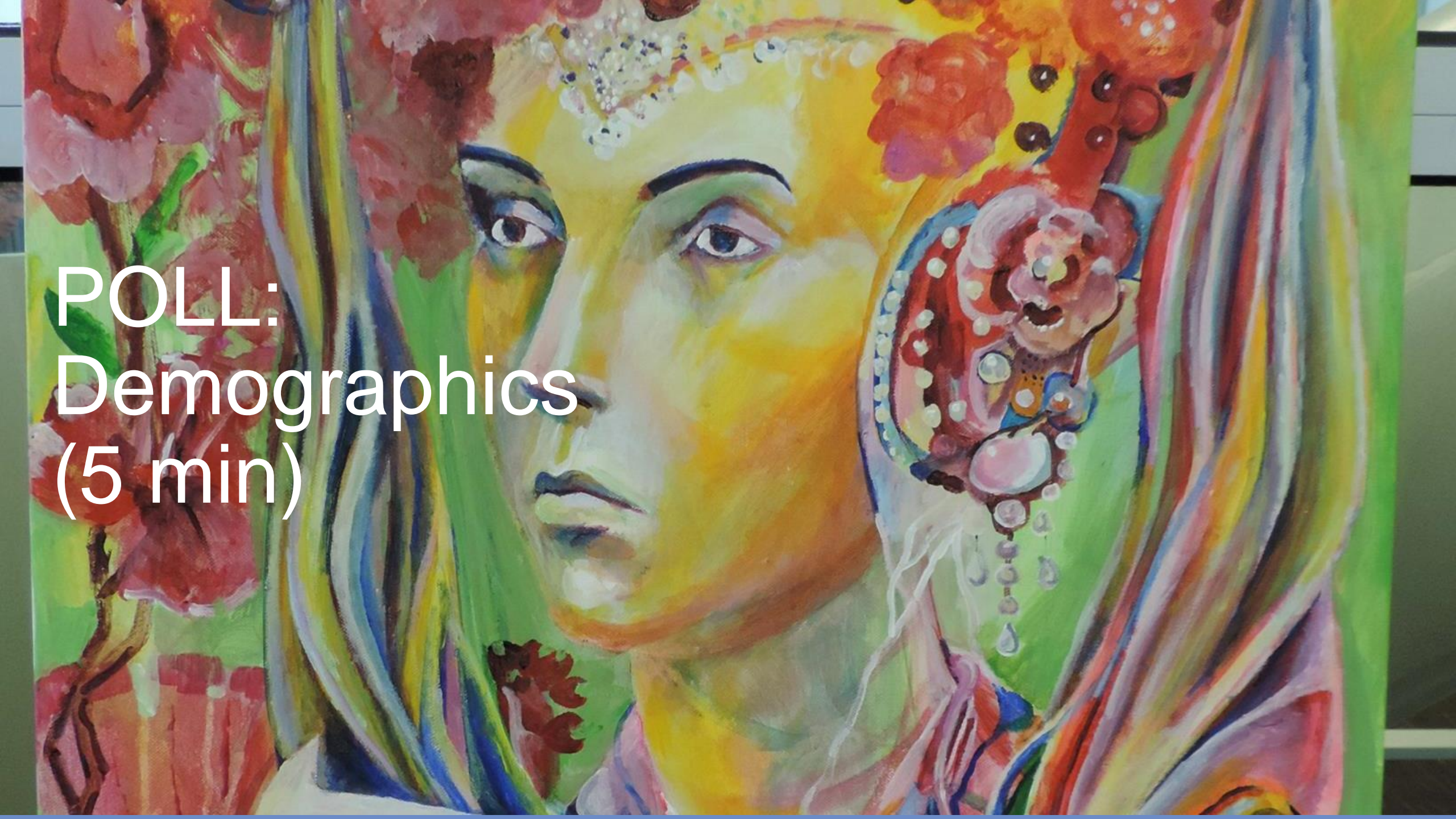


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Logistics

- 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)

unparalleled
connected
interdependence essence social
holistic united wholeness
humankind spiritual
ecosystems thread
uncertainty experience
existence welfare family
kindness compassion fundamental
humanity bound generosity healing
community
foundation trauma
interconnectedness




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Agenda


- MHSA Overview
- COVID-19 Impact on MHSA
- Community Program Planning
- New MHSA Strategic Initiatives
 - Q&A
- Proposed Strategies
 - Public Comment
- Next Steps



MHSA Overview

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

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

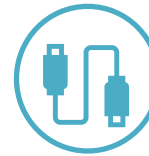
5%  **Innovation (INN)**
New approaches and community-driven
best practices

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

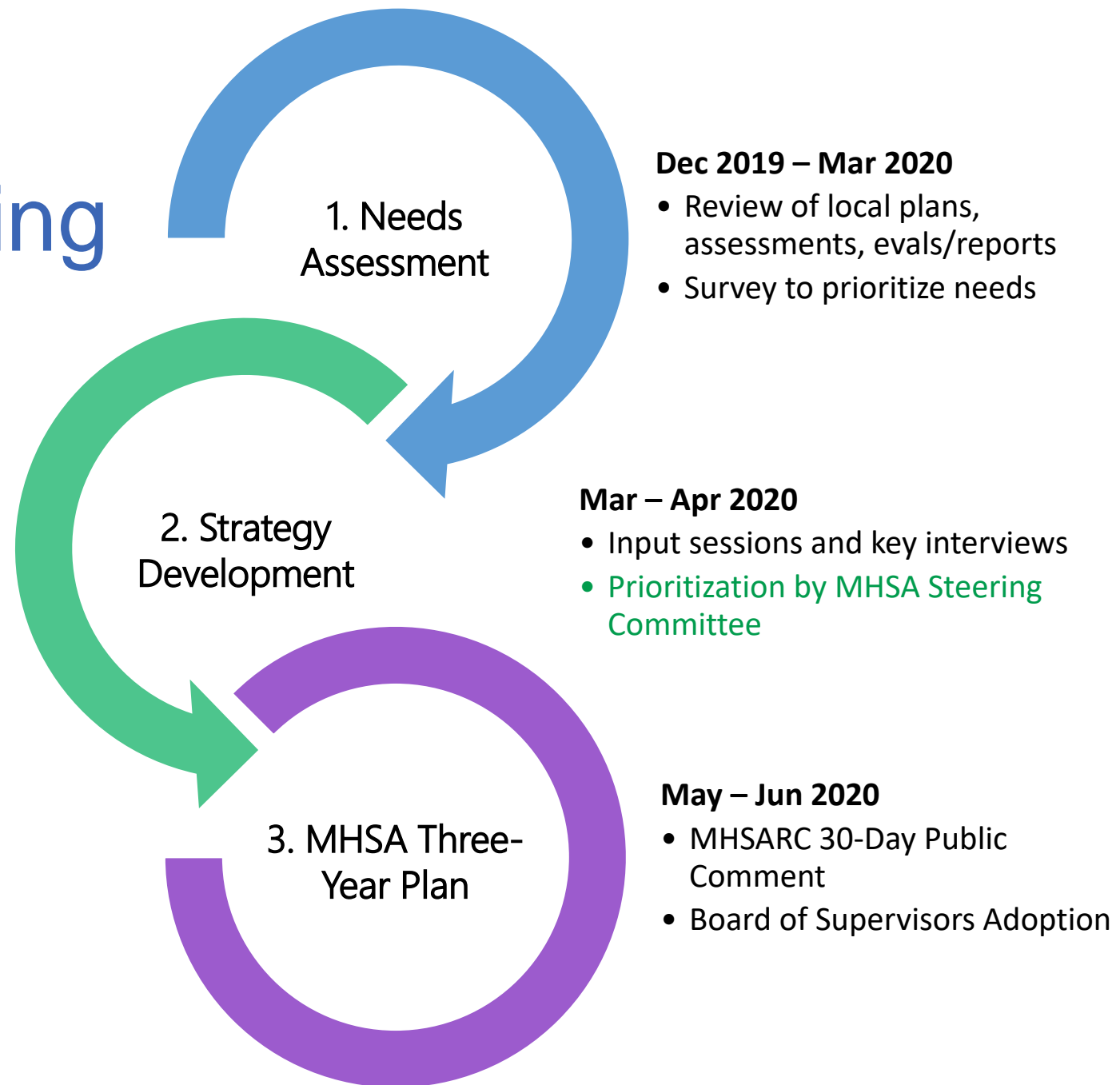
Strategic Priorities

Expenditure Projections



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Community Program Planning



Update on CPP Process

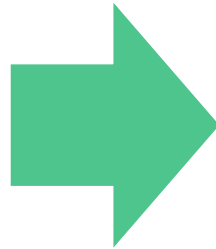
- 21 local plans, assessments, data reports
- 329 survey responses
- 28 stakeholder group input sessions
 - 14 collaboratives/initiatives
 - 8 committees/workgroups
 - 3 stakeholder groups interviewed (transition-age youth, immigrant families, veterans) – 12
 - 3 geographically-focused sessions (Coast, East Palo Alto, North County)
- Subject matter experts, strategic plans



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 - 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

| Priority Expansions | Implemented |
|---|---|
| Expansion of supports for older adults * | YES OASIS and Senior Peer Counseling expansions |
| Mobile mental health and wellness services to expand access to Coastside | YES Coastside Multicultural Wellness Program |
| Expansion of culturally responsive outreach strategies | YES NCOC Chinese Community Outreach |
| Expansion of Stigma Free San Mateo, Suicide Prevention and Student Mental Health efforts* | YES Suicide prevention mini-grants and stigma survey |
| Youth mental health crisis support and prevention | In Progress |
| After-care services for early psychosis treatment | YES PREP/BEAM After Care Services |



Question & Answer

An abstract portrait painting of a person's face, rendered with thick, expressive brushstrokes. The face is the central focus, with warm tones of pink, orange, and white. The eyes are dark and intense. The background is a mix of vibrant colors like green, blue, and purple, creating a dynamic and textured effect. The overall style is expressive and modern.

Review of MHSA Proposed Strategies

Recommended Strategies

Community Services & Supports / Prevention Early Intervention

| MHSA Initiative | Strategy Recommendation |
|--------------------------|--|
| Housing Continuum | 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.). |
| | 2. Incentives for sustainability of residential care facilities or board and care homes (subsidies, renovations, etc.). |
| | 3. Mental health workers providing on the field, mobile mental health assessments and treatment for homeless individuals and linkages to housing. |
| | 4. Transitional housing that is designed for and specializes in the needs of transition age youth (16-25 years) with serious mental health challenges. |
| | 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.). |

[Public Comment #1](#) / [Public Comment #2](#) / [Public Comment #3](#)

Recommended Strategies

Community Services & Supports / Prevention Early Intervention

| MHSA Initiative | Strategy Recommendation |
|------------------|--|
| Crisis Diversion | 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. |
| | 7. Walk-in services for addressing immediate crisis needs in a less intensive setting than psychiatric emergency services. |
| | 8. School-based, youth-led outreach, suicide education and prevention services. |
| | 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). |

Recommended Strategies

Community Services & Supports / Prevention Early Intervention

| MHSA Initiative | Strategy Recommendation |
|--|--|
| Culturally Responsive and Trauma-Informed Systems | 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. |
| | 11. Mental health services co-located in community settings addressing core needs of marginalized communities (core service agencies, immigration service settings, etc.). |
| | 12. Training for providers across service sectors (human services, probation, law enforcement, education, etc.) on the intersection of trauma and racism. |
| | 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.). |

Recommended Strategies

Community Services & Supports / Prevention Early Intervention

| MHSA Initiative | Strategy Recommendation |
|----------------------|--|
| Community Engagement | 14. Culturally-focused outreach and engagement collaboratives to provide ongoing support groups, navigation and linkages, education and outreach for marginalized communities. |
| | 15. Evidence-based youth empowerment models that work with youth to identify mental health and substance use issues to address as community leaders. |
| | 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. |
| | 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. |
| | 18. School-based resources to provide support groups, therapy and educational workshops for families. |

Recommended Strategies

Community Services & Supports / Prevention Early Intervention

| MHSA Initiative | Strategy Recommendation |
|---|---|
| Integrated Treatment and Recovery Supports | 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). |
| | 20. Supported employment programs based on recovery-oriented, evidence-based practices. |
| | 21. Trained/certified peers providing system navigation and resources, psychosocial rehabilitation, wellness coaching and other wellness and recovery support services. |
| | 22. Early treatment and supports for youth and families as it relates to increased cannabis and alcohol use among youth. |

Public Comment



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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

3. MHSA Three-Year Plan Development

Thank you!



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

