



Be the one to help



Mental Health Service Act (MHSA) MHSA Steering Committee

Open to the public! Join advocates, providers, clients and families to provide input on the **MHSA Three-Year Plan*** recommendations.

MHSA Steering Committee meetings are open to the public. Meeting objectives include:

- Hear the latest MHSA Revenue Projections.
- Provide input on a One-Time Spend Plan.
- Learn about the results of over 35 community input sessions and provide your input on the MHSA Three-Year Plan Recommendations.

**The MHSA Three-Year Plan identifies 1) behavioral health needs; 2) strategies to address the needs; and 3) priorities for future MHSA funding.*

- ✓ Stipends are available for clients/families
- ✓ Language interpretation is provided as requested**

** To reserve language services, please contact us at mhsa@smcgov.org at least 2 weeks prior to the meeting.

DATE & TIME

Thursday, May 4, 2023

3:00 pm – 5:00 pm

Hybrid Meeting:

Location: College of San Mateo, 1700 W. Hillsdale Blvd., College Center (Bldg 10), Rm 468

Parking: Any **visitor** or **student** parking lot is free (do not park in staff lots). Lot G is closest or parking lots F, H, J, and K.

Zoom: <https://us02web.zoom.us/j/89224214146>

Dial in: +1 669 900 6833 / Mtg ID: 892 2421 4146

Contact:

Doris Estremera, MHSA Manager
(650) 573-2889 ♦ mhsa@smcgov.org

www.smchealth.org/MHSA



SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH
& RECOVERY SERVICES

The Mental Health Services Act (MHSA) provides a dedicated source of funding in California for mental health services by imposing a 1% tax on personal income over \$1 million.



Sea la persona que ayude



Ley de Servicios de Salud Mental (MHSA) Plan de Tres Años

¡Abierto al público! Únase con promotores, proveedores, clientes y miembros de familia para dar sus opiniones sobre las recomendaciones para el Plan de Tres Años de la MHSA.

El comité de MHSA es abierto al público. Los objetivos de la reunión incluyen:

- Escuchar las proyecciones fiscales de la MHSA.
- Proveer su opinión sobre el plan de financiamiento iniciales.
- Aprender sobre los resultados de más de 35 sesiones comunitarias y proveer sus opiniones sobre las recomendaciones para el Plan de Tres Años* de la MHSA.

**El Plan de Tres Años de la MHSA identifica:
1) las necesidades de salud mental y uso de drogas y alcohol; 2) las estrategias necesarias; y 3) las prioridades para financiamiento.*

- ✓ Hay retribuciones disponibles para clientes o miembros de familia.
- ✓ Se proporcionará interpretación de idiomas conforme sea necesario.

**Comuníquese con mhsa@smcgov.org para reservar los servicios de idiomas o cuidado infantil.*

FECHA Y HORARIO

Jueves, 4 de Mayo
3:00 pm – 5:00 pm

Reunión híbrida:

Lugar: College of San Mateo, 1700 W. Hillsdale Blvd., College Center (Edificio #10), Sala #468

Estacionamiento: Lotes para **visitantes** o **estudiantes** son gratuitos (*no se estacione en lotes para personales o "staff"*). Lote G es el más cercano o lotes F, H, J, and K.

Virtual (Zoom):

<https://us02web.zoom.us/j/89224214146>

Por Teléfono: +1 669 900 6833 / ID: 892 2421 4146

Contacto:

Doris Estremera, Gerente de la MHSA
(650) 573-2889 ♦ mhsa@smcgov.org

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SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH & RECOVERY SERVICES

La Ley de Servicios de Salud Mental (MHSA) brinda una fuente dedicada de financiamiento en California para los servicios de salud mental al aplicar un impuesto del 1 % sobre los ingresos personales de más de \$1 millón.



Mental Health Services Act (MHSA) Steering Committee Meeting

Thursday, May 4, 2023 / 3:00 – 5:00 PM

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AGENDA

- | | |
|--|---------------|
| <p>1. Welcome & Introductions
 <i>Jean Perry and Leticia Bido, BHC Commissioners & MHSA Steering Committee Co-Chairpersons</i></p> | <p>5 min</p> |
| <p>2. Agenda Review & Logistics – <i>Doris Estremera, MHSA Manager</i></p> <ul style="list-style-type: none"> • Previous meeting minutes available on the MHSA website, www.smchealth.org/MHSA | <p>5 min</p> |
| <p>3. General Public Comment – <i>Commissioner Leticia Bido</i></p> <ul style="list-style-type: none"> • For non-agenda items • Additional public comments can also be submitted via email to mhsa@smcgov.org. | <p>10 min</p> |
| <p>4. Announcements – <i>Commissioner Jean Perry</i></p> <ul style="list-style-type: none"> • Governor’s Proposal | <p>5 min</p> |
| <p>5. MHSA Fiscal – <i>Doris Estremera</i></p> <ul style="list-style-type: none"> • Revenue Projection Updates • One-Time Spend Plan • Public Input | <p>30 min</p> |
| <p>6. MHSA 3-Year Plan – <i>Doris Estremera & Tania Perez, Consultant</i></p> <ul style="list-style-type: none"> • Process Update • Recommendations • Public Input | <p>60 min</p> |
| <p>7. Adjourn</p> | <p>5 min</p> |

*** Public Participation:** All members of the public can offer comment at this public meeting; there will be set opportunities in the agenda to provide input. You can also submit questions and comments in the chat. If you would like to speak, please click on the icon labeled “Participants” at the bottom center of the Zoom screen then click on “Raise Hand.” The host(s) will call on you and you will unmute yourself. Please limit your questions and comments to 1-2 minutes. The meeting will be recorded. Questions and public comments can also be submitted via email to mhsa@smcgov.org.

***REMINDER – Please Complete the Steering Committee Feedback Survey**

https://www.surveymonkey.com/r/MHSA_MtgFeedback





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

May 4, 2023



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**BEHAVIORAL HEALTH
& RECOVERY SERVICES**

Welcome & Introductions

- Share your name, pronouns and affiliation in the chat
- MHSA Steering Committee Members:
 - Jean Perry, BHC (MHSA Co-chair)
 - Leticia Bido, BHC (MHSA Co-chair)
 - Adriana Furuzawa, Felton Institute
 - Chris Rasmussen, BHC
 - Eddie Flores, Peninsula Health Care District
 - Jairo Wilches, BHRS OCFA
 - Jessica Ho/Vivian Liang, North East Medical Services
 - Juliana Fuerbringer, California Clubhouse
 - Kava Tulua, One East Palo Alto
 - Maria Lorente-Foresti, BHRS ODE
 - Mary Bier, North County Outreach Collaborative
 - Melissa Platte, Mental Health Association
 - Michael S. Horgan, Heart & Soul, Inc.
 - Michael Lim, BHC
 - Mason Henricks, SMC Office of Education
 - Paul Nichols, BHC
 - ShaRon Heath, Voices of Recovery
 - Sheila Brar, BHC

Agenda

1. Logistics
2. General Public Comments
3. Announcements
4. Fiscal Projections & One-Time Spend
5. 3-Year Plan Strategy Recommendations



A few logistics...

- Interpretation - Spanish
- Agenda, handouts, slides: www.smchealth.org/MHSA, under “Announcements” tab
 - Past meeting materials/minutes: under “Steering Committee”
- Stipends for clients and family members participating
 - Via chat (private message) - please provide your email
- Meeting is being recorded





POLL: Demographics

Participation Guidelines

- Question/comment opportunity after each agenda item
 - Enter questions in the chat box as we go
 - “Raise Hand” option
- Share your unique perspective and experience
- Share the airtime
- Practice both/and thinking - consider others’ ideas along with your personal interests
- Be brief and meaningful



General Public Comment



SAN MATEO COUNTY HEALTH
**BEHAVIORAL HEALTH
& RECOVERY SERVICES**

Announcements

Mental Health Month




www.smchealth.org/MHM


Governor Newsom's Proposal Modernizing CA's Behavioral Health System




www.chhs.ca.gov/behavioral-health-reform


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

MHSA Planning Requirements

- MHSA Three-Year Plan & Annual Updates
- Community Program Planning (CPP)
 - Diverse stakeholder input
 - MHSA Steering Committee
 - Prioritization & recommendations
 - Behavioral Health Commission
 - 30-Day public comment period and public hearing
 - Recommendation to the Board of Supervisors (BOS) for approval

What's in a 3-year Plan?

Existing Priorities
New Identified Priorities
Expenditure Plans

Community Program Planning (CPP) Framework



Community Program Planning

- **Needs Assessment**
 - 44 local plans/reports, assessments, data sets reviewed
 - 129 survey responses
- **Strategy Development**
 - **31** Community Input Sessions (400+ participants)
 - 14 collaboratives
 - 14 committees/workgroups
 - 3 key interview groups (transition-age youth, immigrant families, veterans)



8 Categories of Needs Identified

1. Access to Services
2. Behavioral Health Workforce
3. Crisis Continuum
4. Housing Continuum
5. Substance Use Challenges
6. Quality of Client Care
7. Youth Needs
8. Adult/Older Adult Needs



Strategy Prioritization Process

- MHSAs Steering Committee members only:
 1. **TODAY:** Rank the 8 categories of needs to prioritize the areas of investments (funding and planning) over the next three years.
 2. **SURVEY:** Prioritize across the Recommended Strategies within the top selected areas of investment. **Due May 12th**



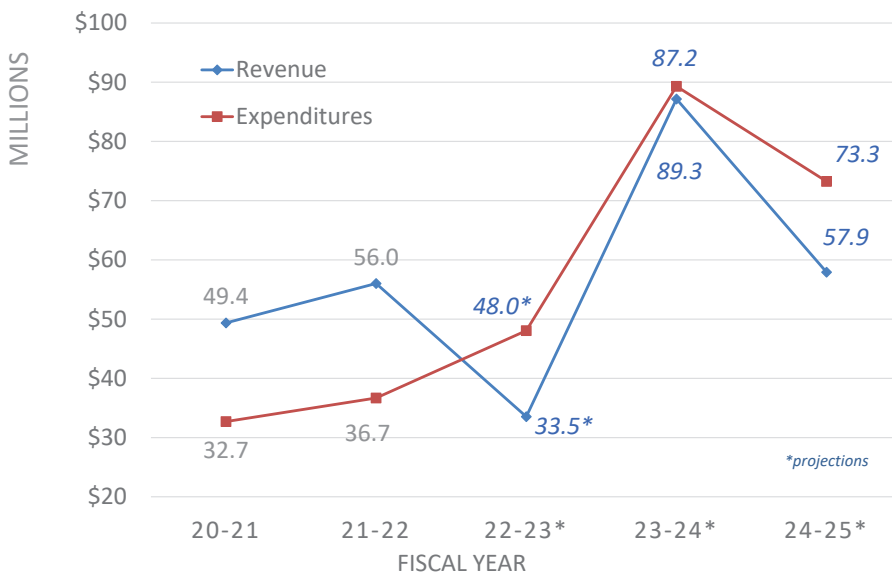
Fiscal Projections + One-Time Spend Plan



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MHSA Revenue & Expenses



Unspent Funds

Fiscal Year End	22/23	23/24	24/25
Trust Fund Balance	\$68.8	\$69.0	\$55.7
Obligated :	\$38.5	\$40.0	\$40.2
Reserve	\$28.4	\$28.4	\$28.4
5% INN	\$1.7	\$4.3	\$2.9
INN Ongoing	\$7.8	\$6.7	\$8.3
Available One-Time	\$30.3	\$29.0	\$15.5

One-Time Spend Planning

Priority	Item	FY 23/24	FY 24/25	FY 25-26	TOTAL	Description
Housing	Hotel/Property Acquisition	\$11,000,000			\$11,000,000	Planning is continuing for the best use of the funds; may be used to purchase hotels/properties for transitional/supportive housing.
	Supportive Housing Units	\$5,000,000			\$5,000,000	Rollover from previous one-time spend plan. ~25 supportive housing units in Department of Housing (DoH) developments; Notification of Funding Availability (NOFA) released July 2022.
	Board and Care Buyout			\$1,800,000	\$1,800,000	Behavioral Health Continuum Infrastructure Grant - 10% match required for Board and Care buyout .
Capital Facilities	Clinic Renovations	\$4,000,000	\$2,000,000	\$2,000,000	\$8,000,000	Renovations focused on improving safety at BHRS clinical sites, enclosing reception areas and creating spaces that are welcoming for clients.
	Methadone Clinic	\$1,800,000			\$1,800,000	Behavioral Health Continuum Infrastructure Grant - 10% match required. On Veterans Administration campus in Menlo Park w/Santa Clara County.
	Youth Crisis Stabilization and Crisis Residential			\$590,000	\$590,000	Behavioral Health Continuum Infrastructure Grant - will update with a more accurate estimate - applying until round 6.
	2191-95 El Camino Property Renovations	\$250,000			\$250,000	Newly purchased property to be used by the California Clubhouse and Voices of Recovery needs renovations and security enhancements.
Technology	Asset Refresh	\$260,000	\$400,000	\$540,000	\$1,200,000	Computer/phone refresh and service coverage for BHRS

One-Time Spend Planning

Priority	Item	FY 23/24	FY 24/25	FY 25-26	TOTAL	Description
System Transformation	Trauma Informed and Wellness contractors	\$100,000	\$100,000		\$200,000	Estimated cost for consultant services to assist with Trauma Informed and Employee Wellness supports.
	Youth Crisis Continuum of Care Consultant	\$100,000	\$100,000		\$200,000	Estimated cost for consultant services to assist with BHRS System transformation around Youth Crisis Continuum of Care.
	Early Childhood + Children and Youth Collaborative	\$555,000	\$425,000		\$980,000	Early Childhood Mental Health Network: training, capacity building, implementation, and expansion of trauma-informed services. San Mateo County Collaborative for Children and Youth: a county-wide structure to support children and youth behavioral health.
	Contractor Infrastructure	\$2,500,000			\$2,500,000	Infrastructure supports for contracted providers to advance equity priorities and CalAIM payment reform requirements.
	Communications	\$375,000	\$100,000	\$100,000	\$575,000	SMCHealth.org website update; BHRS third party services/products to allow for a more interactive and robust BHRS site + consultant to support series of BHRS & MHSa highlights and short 1-2 min videos.
	GRAND TOTAL		\$25,940,000	\$3,125,000	\$5,030,000	\$34,095,000



Questions



Break Time

Review of Recommended Strategies



SAN MATEO COUNTY HEALTH

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& RECOVERY SERVICES**

Three Key Themes

- These components will be incorporated into EVERY prioritized strategy moving forward:
 1. **Increase community awareness** and education about behavioral health topics, resources and services
 2. **Embed peer and family supports** into all behavioral health services
 3. **Implement culturally responsive approaches** that are data-driven to address existing inequities



SAN MATEO COUNTY HEALTH

**BEHAVIORAL HEALTH
& RECOVERY SERVICES**

Strategy Recommendations

Community Services & Supports / Prevention Early Intervention

Identified Needs	Strategy Recommendations
Access to Services	1. Coordinate behavioral health services for cultural and ethnic communities (centralize services, outreach and education for the Chinese community, hire bilingual/bicultural peer staff, etc.).
	2. Expand drop-in behavioral health services that includes access to wrap around services for youth.
	3. Provide school-based behavioral health services starting in elementary and middle school; include early diagnosis and assessment at high school grade level.
	4. Co-locate prevention services (support groups, programs, workshops, etc.) in community settings such as faith-based organizations, core-service agencies, community spaces, etc.
	5. Conduct racial equity analysis of BHRS policies and procedures to identify barriers to accessing care; include service utilization and staff capacity data.
	6. Expand services for older adults focused on addressing isolation, peer support, social engagement and intergenerational work.
	7. Expand the Health Ambassador Program to include diverse languages/cultures and subject expertise (substance use, justice involved, unhoused, human trafficking, etc.)
	8. Expand outreach partnerships to include increased mild-to-moderate services, faith-based organizations and veteran engagement.
	9. Promote volunteerism to increase social engagement and community cohesion.

Strategy Recommendations

Staff Recruitment & Retention

Identified Need	Strategy Recommendations
Behavioral Health Workforce	1. Create a pipeline program focused on increasing Asian American and African American behavioral health staff, develop partnerships with local and neighboring academic and non-academic programs.
	2. Create more entry level positions and internships for students of diverse backgrounds; streamline hiring (e.g., onboarding and process to hire interns).
	3. Target recruitment activities to reach black, indigenous, people of color (BIPOC) communities (e.g., partner with BIPOC-focused communities and student organizations and networks).
	4. Implement recruitment and retention financial incentives such as, retention bonuses, signing bonuses, educational loan repayment for staff and contracted providers.
	5. Examine and adjust caseload size and balance, particularly for bilingual staff.
	6. Expand type, flexibility, and access to staff wellness and engagement opportunities (e.g., appreciation, healing activities, mentoring, behavioral health supports, networking events).
	7. Explore opportunities for alternative and flexible schedules and remote work.
	8. Implement supports for direct service staff, including peers, to advance in their careers, specifically BIPOC staff (e.g., scholarships to pursue licensure/credentials, mentorship).
	9. Invest in support, retention and leadership development of peer support workers (training, fair compensation, career paths, and flexible hours, engage them in decision-making).
	10. Address extra help and contracted positions, especially for those that interface with the community.
	11. Research, plan, and implement compensation and benefits that are aligned with competing agencies and neighboring counties (e.g., salaries, cost of living, retirement plans, housing vouchers).

Strategy Recommendations

Community Services & Supports / Prevention Early Intervention

Identified Need	Strategy Recommendations
Crisis Continuum	1. Create stabilization unit(s) and dedicated teams.
	2. Expand step-down from hospitalization facilities, programs and teams (e.g., respite centers).
	3. Create a youth crisis residential in the County.
	4. Expand intensive outpatient services (extended Intensive Outpatient Programs for youth, day treatment programs, detox centers, etc.).
	5. Provide respite care and language-appropriate navigation supports for parents with children who experience a behavioral health crisis (5150, psychiatric emergency services, hospitalization, etc.).
	6. Expand non-armed 24/7 mobile mental health crisis response to serve the entire community.
	7. Expand drop-in centers for individuals that struggle with mental health and/or substance use.

Strategy Recommendations

Community Services & Supports / Prevention Early Intervention

Identified Need	Strategy Recommendations
Housing Continuum	1. Expand clinicians available to the Homeless Engagement Assessment Linkage team (a field-based outreach, engagement and intervention services).
	2. Expand supportive housing slots for individuals living with mental health and substance use challenges that do not require homelessness as an eligibility requirement.
	3. Provide housing maintenance and peer supports including case management, wrap around services, hoarding resources, and specialized services for older adults and other vulnerable communities.
	4. Develop a comprehensive housing database that includes real time waitlist times and availability.
	5. Incentivize board and cares (streamline the application process, reduce/subsidize licensing costs, etc.).
	6. Provide housing navigation and locator resources; include re-entry supports, bilingual peer supports, streamlined case management, simplified housing application and subsidized fees.
	7. Provide supports for section 8 housing including funding, vouchers, and training to landlords.

Strategy Recommendations

Community Services & Supports / Prevention Early Intervention

Identified Need	Strategy Recommendations
Substance Use Challenges	1. Create integrated services for complex needs including individuals with dual diagnosis or co-occurring mental health and substance use needs.
	2. Create longer-term sober living arrangements.
	3. Expand non-medication supports for individuals with addiction.
	4. Expand recovery-focused drop-in centers.
	5. Expand resources for reunification (support for parents, how to talk/interact with their children, etc.).
	6. Provide access to Narcan for clients and family members.
	7. Provide family-centered recovery supports that includes child care at every stage.
	8. Address intergenerational trauma in recovery and treatment.
	9. Expand early intervention resources for addiction.
	10. Provide education about substance use prevention starting in elementary school (how to say no, healthy boundaries, etc.).

Strategy Recommendations

Community Services & Supports / Prevention Early Intervention

Identified Need	Strategy Recommendations
Quality of Client Care	1. Provide ongoing resource navigation and peer support in crisis situations.
	2. Create client centered services (meet people where they are, provide virtual/in-person, services in their language, flexible hours, etc.).
	3. Implement best practice sharing across BHRS clinics, including integrated services and identification of supports that can be offered across the county.
	4. Develop a streamlined BHRS intake process across the network of care.
	5. Develop partnerships for substance use referrals for clients with Access and Care for Everyone (ACE).
	6. Develop partnerships with indigenous community spaces and cultural healers.
	7. Address Adverse Childhood Experiences, Social Determinants of Health, and intergenerational trauma.

Strategy Recommendations

Community Services & Supports / Prevention Early Intervention

Identified Need	Strategy Recommendations
Adult/Older Adult Needs	1. Create internal processes to regularly review utilization and outcome data to inform responsive services for older adults.
	2. Create partnership between the County and Veterans Administration to increase supports for veterans (integration with primary care services, resources for women veterans on sexual assault, suicide prevention for veterans, etc.).
	3. Expand capacity for neuropsychological evaluation and diagnosis.
	4. Expand in-home hoarding supports (linkages to services, case management, specialized therapy, decluttering, etc.)
	5. Expand services for individuals with complex needs; develop partnerships with organizations that can support complex client needs.
	6. Expand the OASIS team peer specialist' support for older adults, caregivers and family members.
	7. Develop an outreach and communication strategy on behavioral health and wellness in multiple languages; leverage existing networks (SMC Alert, neighborhood CERTs, etc.).
	8. Expand culturally relevant suicide prevention strategies.
	9. Expand prevention services to older adults prior to complications; develop partnerships with organizations that can provide these services.

Strategy Recommendations

Community Services & Supports / Prevention Early Intervention

Identified Need	Strategy Recommendations
Youth Needs	1. Address gaps in the crisis continuum for youth (increase 5150 beds, language capacity, expand non-law enforcement response, stabilization unit, crisis residential, etc.).
	2. Expand school-based behavioral health education and services starting in middle school that includes family therapy and peer support groups for parents, youth, and school staff.
	3. Expand school-based wellness centers.
	4. Expand afterschool-based programming.
	5. Expand availability of diverse wellness counselors and clinicians on all school campuses.
	6. Integrate wraparound services in schools, in partnership with community-based organizations.
	7. Provide Narcan in high schools (used to reverse opioid overdose).
	8. Expand Social Emotional Learning (SEL) curriculum in schools.
	9. Expand the Health Ambassador Program for both Youth and Adults; include case management and increased support for ambassador's families.



Public Comment

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BEHAVIORAL HEALTH
& RECOVERY SERVICES

Next Steps

- Online survey for **MHSA Steering Committee** members to prioritize the Recommended Strategies, due May 12th
- Three-Year Plan posted and open to 30 days public comment at the **Behavioral Health Commission** meeting on June 7th

3. MHSA
Three-Year
Plan

Thank you!

Jean Perry, BHC Commissioner
Leticia Bido, BHC Commissioner
Doris Estremera, MHSA Manager

Email: mhsa@smchealth.org

Website: www.smchealth.org/MHSA

Meeting Feedback:
https://www.surveymonkey.com/r/MHSA_MtgFeedback



SAN MATEO COUNTY HEALTH
**BEHAVIORAL HEALTH
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MHSA One-Time Spend Plan FY 23-24 to 25-26

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	Grand Totals		\$25,940,000	\$3,125,000	\$5,030,000	\$34,095,000



MHSA Three-Year Plan Strategy Recommendations

FY 23-24 to FY 25-26

30+ community input sessions and key interviews were conducted to brainstorm strategies to address San Mateo County behavioral health needs. The MHSA Steering Committee will be voting to prioritize across the Identified Needs and across the Strategy Recommendations. This prioritization will inform the allocation of resources over the next three-years. Across all community input sessions, three core themes emerged. These components will be incorporated into EVERY prioritized strategy:

1. **Increase community awareness** and education about behavioral health topics, resources and services
2. **Embed peer and family supports** into all behavioral health services
3. **Implement culturally responsive** approaches to address existing inequities that are data-driven

Direct Services & Supports / Prevention Early Intervention

Identified Needs	Strategy Recommendations
Access to Services	1. Coordinate behavioral health services for cultural and ethnic communities (centralize services, outreach and education for the Chinese community, hire bilingual/bicultural peer staff, etc.).
	2. Expand drop-in behavioral health services that includes access to wrap around services for youth.
	3. Provide school-based behavioral health services starting in elementary and middle school; include early diagnosis and assessment at high school grade level.
	4. Co-locate prevention services (support groups, programs, workshops, etc.) in community settings such as faith-based organizations, core-service agencies, community spaces, etc.
	5. Conduct racial equity analysis of BHRS policies and procedures to identify barriers to accessing care; include service utilization and staff capacity data.
	6. Expand services for older adults focused on addressing isolation, peer support, social engagement and intergenerational work.
	7. Expand the Health Ambassador Program to include diverse languages/cultures and subject expertise (substance use, justice involved, unhoused, human trafficking, etc.)
	8. Expand outreach partnerships to include increased mild-to-moderate services, faith-based organizations and veteran engagement.
	9. Promote volunteerism to increase social engagement and community cohesion.

Recruitment & Retention Strategies

Identified Need	Strategy Recommendations
Behavioral Health Workforce	1. Create a pipeline program focused on increasing Asian American and African American behavioral health staff, develop partnerships with local and neighboring academic and non-academic programs.
	2. Create more entry level positions and internships for students of diverse backgrounds; streamline hiring processes (e.g., onboarding and process to hire interns).
	3. Target recruitment activities to reach black, indigenous, people of color (BIPOC) communities (e.g., partner with BIPOC-focused communities and student organizations and networks).
	4. Implement recruitment and retention financial incentives such as retention bonuses, signing bonuses, educational loan repayment for staff and contracted providers.
	5. Examine and adjust caseload size and balance, particularly for bilingual staff.
	6. Expand type, flexibility, and access to staff wellness and engagement opportunities (e.g., appreciation, healing activities, mentoring, behavioral health supports, networking events).
	7. Explore opportunities for alternative and flexible schedules and remote work.
	8. Implement supports for direct service staff, including peers, to advance in their careers, specifically BIPOC staff (e.g., scholarships to pursue licensure/credentials, mentorship).
	9. Invest in support, retention and leadership development of peer and family support workers (training, fair compensation, career ladders, flexible hours, and mentorship).
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	11. Research, plan, and implement compensation and benefits that are aligned with competing agencies and neighboring counties (e.g., salaries, cost of living, retirement plans, housing vouchers).

Direct Services & Supports / Prevention Early Intervention

Identified Need	Strategy Recommendations
Crisis Continuum	1. Create stabilization unit(s) and dedicated teams.
	2. Expand step-down from hospitalization facilities, programs and teams (e.g., respite centers).
	3. Create a youth crisis residential in the County.
	4. Expand intensive outpatient services (extended Intensive Outpatient Programs for youth, day treatment programs, detox centers, etc.).
	5. Provide respite care and language-appropriate navigation supports for parents with children who experience a behavioral health crisis (5150, psychiatric emergency services, hospitalization, etc.).
	6. Expand non-armed 24/7 mobile mental health crisis response to serve the entire community.
	7. Expand drop-in centers for individuals that struggle with mental health and/or substance use.

Direct Services & Supports / Prevention Early Intervention

Identified Need	Strategy Recommendations
Housing Continuum	1. Expand clinicians available to the Homeless Engagement Assessment Linkage team (a field-based outreach, engagement and intervention services).
	2. Expand supportive housing slots for individuals living with mental health and substance use challenges that do not require homelessness as an eligibility requirement.
	3. Provide housing maintenance and peer supports including case management, wrap around services, hoarding resources, and specialized services for older adults and other vulnerable communities.
	4. Develop a comprehensive housing database that includes real time waitlist times and availability.
	5. Incentivize board and cares (streamline the application process, reduce/subsidize licensing costs, etc.).
	6. Provide housing navigation and locator resources; include re-entry supports, bilingual peer supports, streamlined case management, simplified housing application and subsidized fees.
	7. Provide supports for section 8 housing including funding, vouchers, and training to landlords.

Direct Services & Supports / Prevention Early Intervention

Identified Need	Strategy Recommendations
Substance Use Challenges	1. Create integrated services for complex needs including individuals with dual diagnosis or co-occurring mental health and substance use needs.
	2. Create longer-term sober living arrangements.
	3. Expand non-medication supports for individuals with addiction.
	4. Expand recovery-focused drop-in centers.
	5. Expand resources for reunification (support for parents, how to talk/interact with their children, etc.).
	6. Provide access to Narcan for clients and family members.
	7. Provide family-centered recovery supports that includes child care at every stage.
	8. Address intergenerational trauma in recovery and treatment.
	9. Expand early intervention resources for addiction.
	10. Provide education about substance use prevention starting in elementary school (how to say no, healthy boundaries, etc.).

Direct Services & Supports / Prevention Early Intervention

Identified Need	Strategy Recommendations
Quality of Client Care	1. Provide ongoing resource navigation and peer support in crisis situations.
	2. Create client centered services (meet people where they are, provide virtual/in-person, services in their language, flexible hours, etc.).
	3. Implement best practice sharing across BHRS clinics, including integrated services and identification of supports that can be offered across the county.
	4. Develop a streamlined BHRS intake process across the network of care.
	5. Develop partnerships for substance use referrals for clients with Access and Care for Everyone (ACE).
	6. Develop partnerships with indigenous community spaces and cultural healers.
	7. Address Adverse Childhood Experiences, Social Determinants of Health, and intergenerational trauma.

Direct Services & Supports / Prevention Early Intervention

Identified Need	Strategy Recommendations
Adult/Older Adult Needs	1. Create internal processes to regularly review utilization and outcome data to inform responsive services for older adults.
	2. Create partnership between the County and Veterans Administration to increase supports for veterans (integration with primary care services, resources for women veterans on sexual assault, suicide prevention for veterans, etc).
	3. Expand capacity for neuropsychological evaluation and diagnosis.
	4. Expand in-home hoarding supports (linkages to services, case management, specialized therapy, decluttering, etc.)
	5. Expand services for individuals with complex needs; develop partnerships with organizations that can support complex client needs.
	6. Expand the OASIS team peer specialist' support for older adults, caregivers and family members.
	7. Develop an outreach and communication strategy on behavioral health and wellness in multiple languages; leverage existing networks (SMC Alert, neighborhood CERTs, etc.).
	8. Expand culturally relevant suicide prevention strategies.
	9. Expand prevention services to older adults prior to complications; develop partnerships with organizations that can provide these services.

Direct Services & Supports / Prevention Early Intervention

Identified Need	Strategy Recommendations
Youth Needs	1. Address gaps in the crisis continuum for youth (increase 5150 beds, language capacity, expand non-law enforcement response, stabilization unit, crisis residential, etc.).
	2. Expand school-based behavioral health education and services starting in middle school that includes family therapy and peer support groups for parents, youth, and school staff.
	3. Expand school-based wellness centers.
	4. Expand afterschool-based programming.
	5. Expand availability of diverse wellness counselors and clinicians on all school campuses.
	6. Integrate wraparound services in schools, in partnership with community-based organizations.
	7. Provide Narcan in high schools (used to reverse opioid overdose).
	8. Expand Social Emotional Learning (SEL) curriculum in schools.
	9. Expand the Health Ambassador Program for both Youth and Adults; include case management and increased support for ambassador's families.