



# Mental Health Services Act (MHSA)

## Behavioral Health Commission

March 6, 2023



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

# MHSA Components

**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

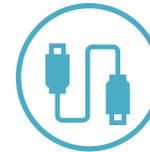
**5%**  **Innovation (INN)**  
New approaches and community-driven best practices

## 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: \$41.2M annual 5-year average through FY 2022-23

# MHSA Annual Update Requirements

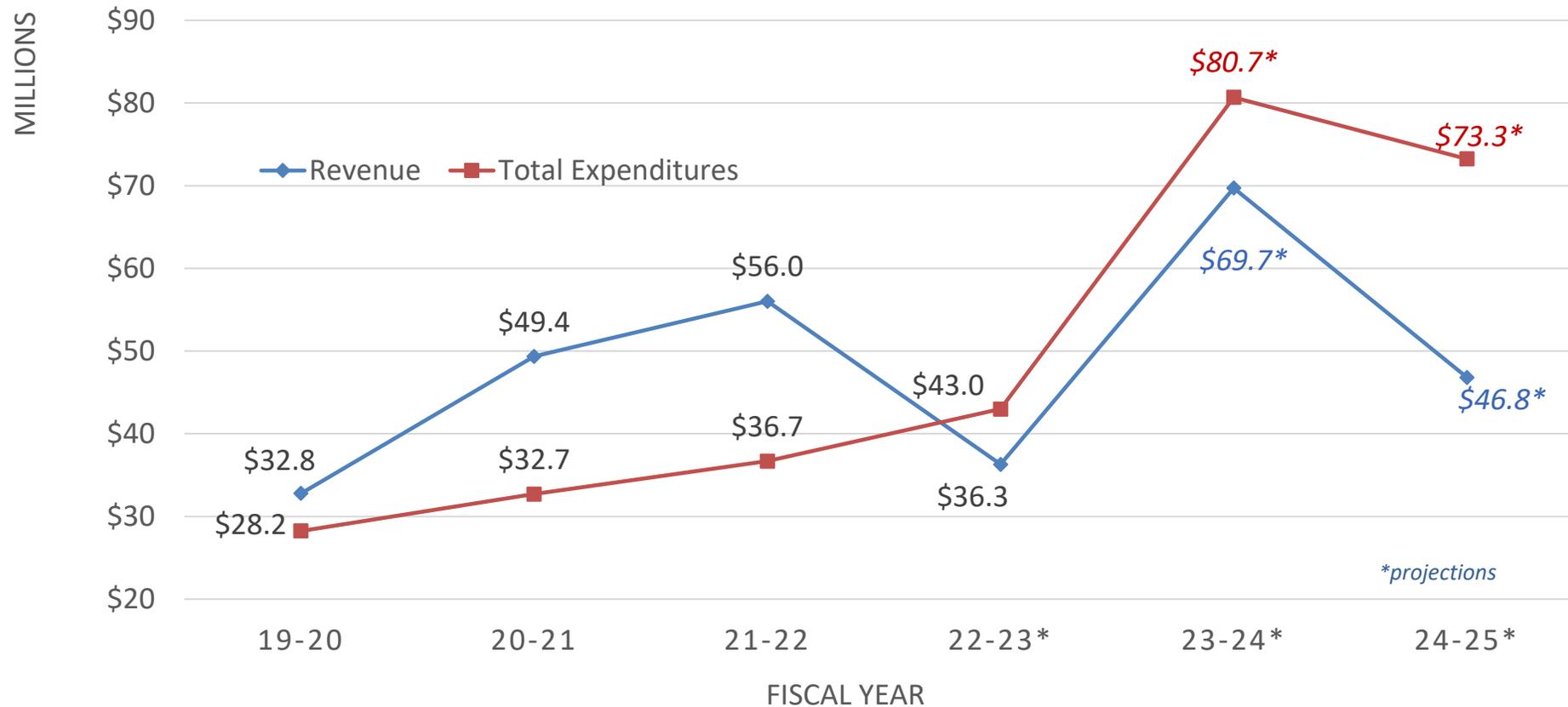
## What's in an Annual Update?

- Program Specific Data and Outcomes
- Implementation and Planning Highlights
  - Changes to the 3-Year Plan

- Review Requirements
  - 30-Day Public Comment Period
  - Public Hearing at closing
  - Vote to submit the MHSA Annual Update
  - Board of Supervisor approval



# MHSA Revenue & Expenditures



# Three-Year Plan Priorities to Continue

- \$34.1M One-Time Spend Plan through FY 2025-26
- \$17.5M increase to the MHSA ongoing budget
  - \$6.3M increases to Full Service Partnerships (FSP)
  - \$1.8 M increase to Workforce Education and Training
  - \$1.8M increases to Prevention and Early Intervention
  - \$1.6M increases to Innovation for 5 new Innovation \$6M increases across ongoing programs



# Program Outcomes



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# Client Outcomes - Direct Tx Programs

Emergency  
Utilization



Employment



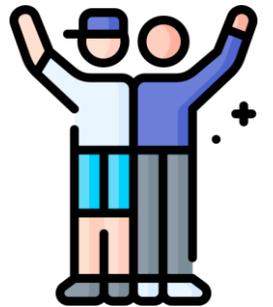
Goals Met



Housing



Connection\*



Criminal  
Justice



Hospitalization



Substance  
Use



Education



*\*To be added next FY based on input from client focus groups*

# Post-Intervention Outcomes

## Homelessness



**Caminar Adult and Older Adult FSP:** 30% (n=116) of Adults and 17% (n=24) of Older Adults reported an incident of being unhoused (i.e., homeless or emergency shelter) after the first year enrolled in FSP compared to 41% and 21% prior to enrolling, respectively.

## Criminal Justice Involvement



**Pathways Program:** 14.9% (n=47) of clients were taken into custody after being admitted to the program, compared to 91.5% before admission.

## Employment - Engagement



**California Clubhouse:** 63% (n=152) of members reported their interest in employment or furthering their education increased since joining the program.

## Education – School Suspensions



**Edgewood Child and TAY FSP:** 21% (n=232) of Children and 2% (n=287) of TAY reported a school suspension incident after the first year in FSP compared to 47% and 26% after the year prior to enrolling in FSP, respectively.

*“I’ve worked with [my NMT provider] longer than anyone else in the past. Past therapists would try to diagnose me, and then give me some form of medication to ‘treat’ me. I don’t think that actually addressed any of my issues... I’ve never had a therapist that’s like let’s do yoga, I’ll do it with you. Let’s do meditation, or this Qigong video together. Sometimes we do sit down and have a serious conversation. But I think developing a bond through doing activities like yoga made me feel more comfortable. [My NMT provider] is very relatable.”*

# Post-Intervention Outcomes

## Substance Use



**Telecare FSP:** 33% (n=107) of Transition Age Youth, Adults and Older Adults reported active substance use after the first year enrolled in FSP compared to 61% prior to enrolling.

## Emergency Service Utilization



**Board & Cares:** 0% (n=116) of clients had a psychiatric emergency episode three months after program admission compared to 12% three months before enrollment.

**Family Assertive Support Team (FAST):** 23% (n=73) of clients had psychiatric hospitalizations and/or psychiatric emergency services (PES) admission post contact compared to 49% pre contact with FAST.

**Prenatal to Three Initiative:** 0% (n=505) of clients had a psychiatric emergency episode three months after program admission compared to 83% three months before enrollment.

## Met Goals



**Adult Resource Management (ARM):** 81% (n=16) of clients discharged from Intensive Case Management completed their goals.

*“Before coming into Telecare, I felt like I didn’t have an identity. In those moments, I didn’t care about my life, I didn’t care about the choices I was making and how they were hurting my family. I was in a dark place. I felt like I was just treading through mud and just going through the motions. It seemed as though no one believed in me, no one was able to see my inner struggle, and no one could see the evolution of changes going on within me. My family, especially my mom, has been a huge influence on helping reawaken me to live the best life I can. She believed in me when I didn’t believe in myself, and so did Telecare. Working with Telecare has given me that truth serum I needed, in the sense that they pushed me to see that I was better than whatever was going on in my life and conflict internally. They worked with me on goals and more and more doors opened. I was able to change my perspective to be more realistic and more understanding and I began to feel like somebody out there does see my worth, even if I couldn’t...I know now I am more than my diagnosis.”*

# Outcomes – PEI Programs

Knowledge,  
Skills



Empowerment



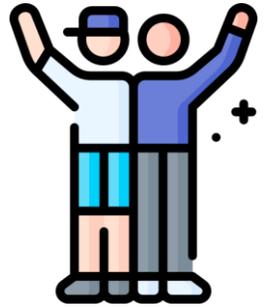
Mental  
Health



Emergency  
Utilization



Connection



Stigma



Cultural  
Humility/Identity



Access



Community  
Advocacy



# Post-Intervention Outcomes

## Knowledge, Skills



**Youth S.O.S.:** 100% (n=30) who received support from Youth SOS crisis staff reported that they learned a new coping strategy to increase mental, emotional, and relational functioning.

## Stigma



**Mental Health Month:** 88% (n=83) agreed or strongly agreed that they are MORE likely to believe people with mental health and/or substance use conditions contribute much to society.

## Empowerment



**Health Ambassador Program (HAP):** 100% (n=23) are more confident in their ability to advocate for themselves and/or their child/children.

**HAP-Youth (HAP-Y) :** 77% (n=33) reported that their participation led them to consider a career in mental health-related field.

## General Mental Health



**Pride Center:** 88% (n=49) clients assessed post-clinical intervention for depression and 80% (n=49) assessed post-clinical intervention for anxiety, experienced a reduction in symptoms.

**Primary Care Interface:** 68% (n=92) agreed or strongly agreed that they are better able to manage their symptoms and participate in daily life.

*“Partnerships with SMC Libraries, such as with Fiona Potter and the Redwood City Library, gave us all an open door to communicating the facts about Suicide and the truths on how the action of choosing to end One's life can be preventable.”*

*- Suicide Prevention Month (SPM) Participant*

# Post-Intervention Outcomes

## Cultural Identity



**Cariño Project:** 89% (n=73) reported that due to their participating in this program, they feel more connected to their culture.

## Access



### Health Equity Initiatives

**Latino Collaborative, Cesar Chavez Celebration:** 98% (n=66) strongly agreed or agreed that they know where to go to obtain services.

**African American Community Initiative, Juneteenth:** 81% (n=27) strongly agreed or agreed that they know whom to contact for mental health or addiction care.

## Emergency Utilization



**(re)MIND early psychosis:** 70% (n=23) experienced a reduction in hospitalizations; both number of days and number of episodes.

## Connection



**Older Adult Peer Counseling:** 93% (n=41) reported that as a result of participating in the program, they are now connected to community resources and 92% are feeling less lonely.

## Community Advocacy



**GiraSol:** 100% (n=8) youth reported that due to this program, they are more willing to use their voice to prevent discrimination against people with mental health challenges in their community.

*"I feel that I am ready to take this step in figuring out my identity, and orientation to alleviate deeper unresolved questions, doubts, fears, and sources of frustration/sadness."*

*- Pride Center participant*

# Implementation Highlights



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# Digital Billboards

To reach broad audience driving by and target them with digital ads online. Visible on Highway 101 Southbound in the city of San Carlos!



**My Family.  
My Mental Health.  
My MHSA.**

Learn more  
at [myMHSA.org](https://myMHSA.org)

 SAN MATEO COUNTY HEALTH  
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A photograph of a woman with long dark hair and sunglasses hugging a young boy in a green soccer jersey from behind. They are outdoors on a paved area.



**IT'S EASIER WHEN YOU'RE  
NOT DOING THIS ALONE.**

Uncover more mental health  
stories at [myMHSA.org](https://myMHSA.org)

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BEHAVIORAL HEALTH  
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A blue background with a white geometric pattern of overlapping shapes.



**POWERFUL PREVENTION AND  
LIFE-CHANGING TREATMENT.  
THAT'S THE MHSA EFFECT.**

Learn more at [myMHSA.org](https://myMHSA.org)

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A photograph of two people at an outdoor event. A woman on the left is wearing a blue t-shirt with 'OCT' and 'The Spirit of...' on it. A man on the right is wearing a red shirt and a colorful, multi-colored hat with long streamers.



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A photograph of a woman with glasses and a white tank top speaking into a microphone. She is wearing a necklace and has a rainbow flag in the background.

# Digital Ads

To reach a broad audience online, connecting viewers to [www.MyMHSA.org](http://www.MyMHSA.org) - a mechanism to: 1) link to BHRS services; or 2) learn more about MHSA.

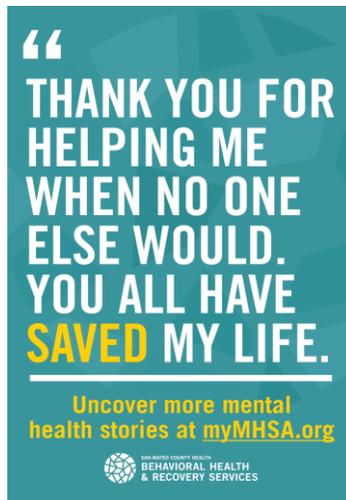


**THE MHSA EFFECT**

Accessible mental health & substance use programs that change lives.

Learn more at [myMHSA.org](http://myMHSA.org)

SAN MATEO COUNTY HEALTH  
BEHAVIORAL HEALTH & RECOVERY SERVICES



“**THANK YOU FOR HELPING ME WHEN NO ONE ELSE WOULD. YOU ALL HAVE SAVED MY LIFE.**”

Uncover more mental health stories at [myMHSA.org](http://myMHSA.org)

SAN MATEO COUNTY HEALTH  
BEHAVIORAL HEALTH & RECOVERY SERVICES



**MHSA: THE IMPACT IS REAL.**

Mental health. Well being. Life-changing care.

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SAN MATEO COUNTY HEALTH  
BEHAVIORAL HEALTH & RECOVERY SERVICES



“**TO GIVE MY DAUGHTER AND ME THE SUPPORT, HOPE AND UNDERSTANDING WE NEED IS INCREDIBLE.**”

Uncover more mental health stories at [myMHSA.org](http://myMHSA.org)

SAN MATEO COUNTY HEALTH  
BEHAVIORAL HEALTH & RECOVERY SERVICES



**MENTAL HEALTH SERVICES ACT**

Transforming mental health & substance use services in San Mateo County.

Learn more at [myMHSA.org](http://myMHSA.org)

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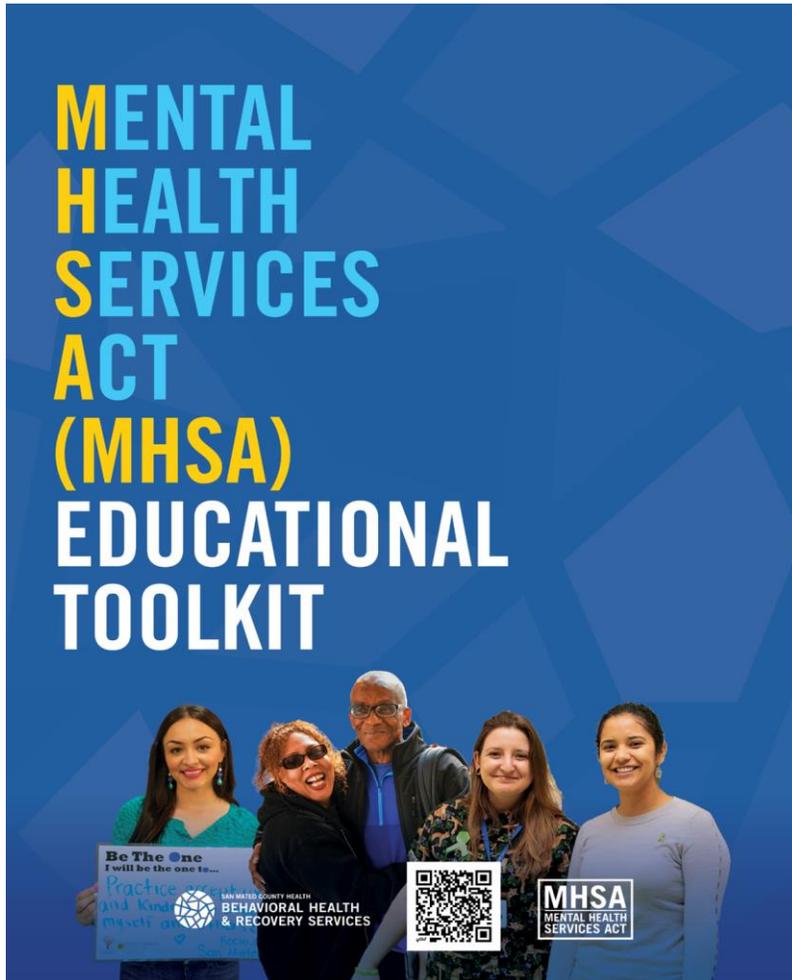


# MHSA Toolkit + Infographic

To help us share the campaign!

The toolkit includes a tagline to use on materials, logos and posts for those of you who manage MHSA-funded programs and to share on social media.

The infographic share overall reach and impact of MHSA in San Mateo County.



# Next Steps

- March 6<sup>th</sup> BHC vote to open 30-day public comment period
- April 3<sup>rd</sup> BHC vote to close public comment period and submit to the Board of Supervisors
- **How to Give Public Comment:**
  - [Quick Tips](#) - How to Give Public Comment at a public meeting
  - [Online Form](#) - <https://www.surveymonkey.com/r/MHSAPublicComment>
  - Email [mhsa@smcgov.org](mailto:mhsa@smcgov.org)
  - Leave a phone message at (650) 573-2889

# Thank you!

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