



Mental Health Services Act (MHSA)

Behavioral Health Commission Meeting

March 5, 2025



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

Agenda

1. Prop. 1 – BHSA Transition Community Program Planning Process
2. MHSA Annual Update, FY 2024–25



BHSA Community Program Planning Process



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BHSA Transition Timeline

Preparation Apr-Dec 2024

- Statewide Workgroups
- Request For Proposal (RFP) – Organizational Needs Assessment, Project Management, Implementation Assistance, Community Program Planning (CPP) Process
- County Public Health Community Health Improvement Plan – MH Workgroup

Transition Planning Jan 2025-Sep 2025

- Kick-Off BHSA Taskforce and CPP Process – Needs Assessment, Strategy Development, Community Input
- Implement Restructure Recommendations from Organizational Needs Assessment

Plan Development Oct 2025-Jun 2026

- Develop Three-Year Integrated Plan
- Behavioral Health Commission 30-Day Public Comment and Public Hearing (March-April 2026)
- Board of Supervisor Approval

BHSA Launch July 1, 2026

- *Current programs funded by MHSA remain as is through June 30, 2026*

Community Program Planning (CPP) Process

CPP Activities	Timeline
BHSA Taskforce Implementation (April, June, August, October)	
BHSA Taskforce Promotion	Jan-Feb 2025
BHSA Taskforce Launch & CPP Process Framework	April 2025
Needs Assessment – Review of Data/Reports + Survey	April-June 2025
Strategy Development – Staff and Community Input Sessions	July-September 2025
Integrated Three-Year Plan Development	
Plan and Budget Development	Sep 2025 – Jan 2026
Final Input and Approval	
MHSA Steering Committee*	February 2026
BHC 30-Day Public Comment	March 2026
BOS Approval	May 2026


* *Subscribe to and visit the MHSA website, www.smchealth.org/mhsa, “Announcement” tab for most up-to-date information*


MHSA Annual Update




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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

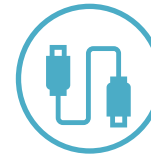
5%  **Innovation (INN)**
New approaches and community-driven best practices

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 Planning Requirements

- Three-Year Plan & Annual Updates

What's in a 3-year Plan?

Existing Priorities

New Priorities

Expenditure Projections

What's in an Annual Update?

Program Specific Data and Outcomes

Implementation and Planning Updates

Changes to the 3-Year Plan

- Community Program Planning (CPP) required

- 30-Day Public Comment Period & Public Hearing – BHC meeting
- Approval by the Board of Supervisors

Annual Update Timeline

- **February 28th:** Posting of the MHSAs Annual Update
 - www.smchealth.org/MHSA, under “Announcements” tab
- **March 5th:** Vote to open 30-day comment period
- **April 2nd:** Vote to close public comment period + public hearing
 - BHC Meetings:
<https://www.smchealth.org/general-information/bhc-public-meetings>



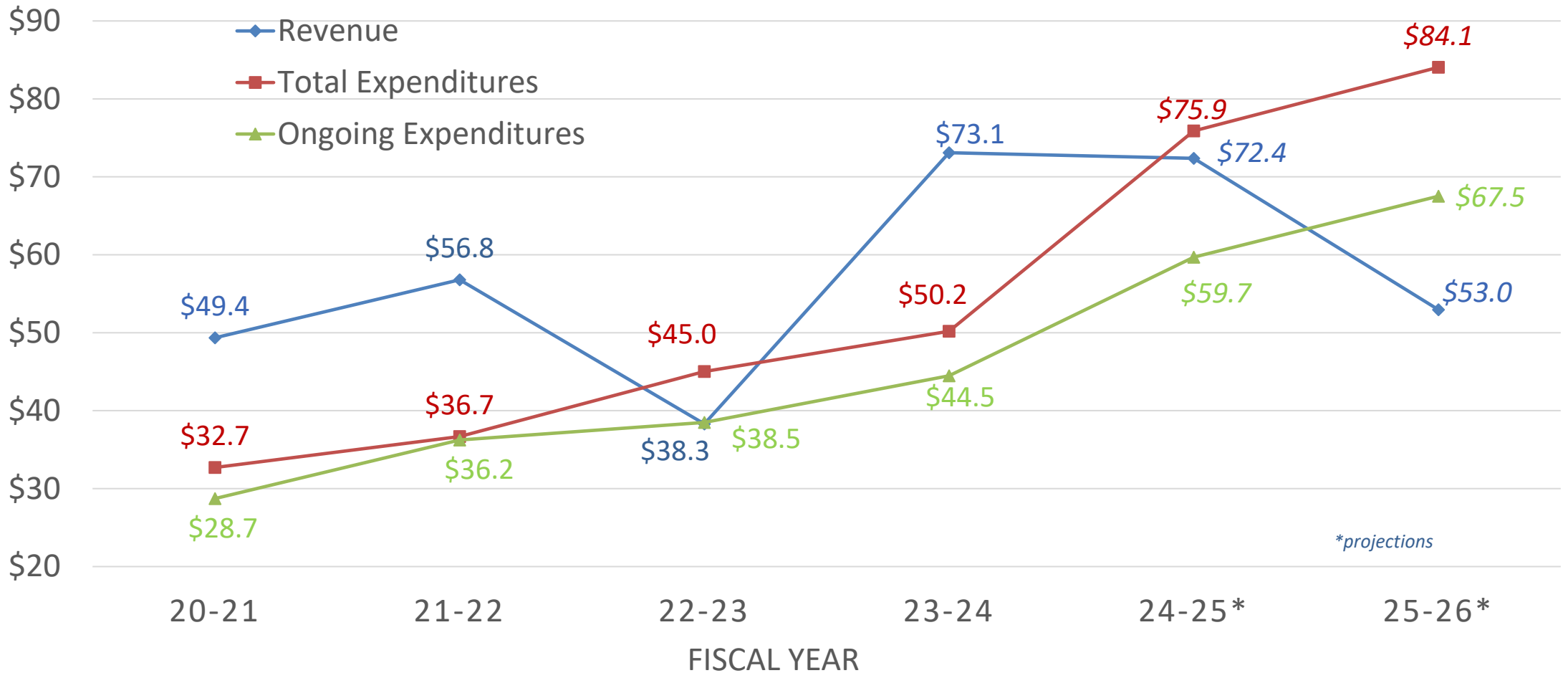
How to Give Public Comment



- Verbally at the BHC meetings:
 - [Quick Tips](#) – How to Give Public Comment at a public meeting
 - www.smchealth.org/general-information/bhc-public-meetings
- Online Form:
 - www.surveymonkey.com/r/MHSAPublicComment
- Email to mhsa@smcgov.org /
 - optional [form](#) can be downloaded from www.smchealth.org/MHSA
- Phone message at (650) 573-2889

MHSA Revenue & Expenditures

MILLIONS



*projections

Three-Year Plan Priorities to Continue

- \$34.1M One-Time Spend Plan through FY 2025-26
 - Supportive housing units
 - Building infrastructure (clinic purchase, renovations)
 - Behavioral Health Community Infrastructure Program (BHCIP) grant match
 - System transformation (contractor incentives, youth crisis continuum of care, communications, early childhood trauma informed network)
- Ongoing funding priorities
 - Full Service Partnerships (FSP)
 - Workforce Education and Training (WET) – student loan repayment, retention, career pathways
 - Prevention and Early Intervention (PEI) – substance use prevention, crisis response, outreach expansions



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Program Outcomes



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Community Services and Supports (CSS)

Clients Served

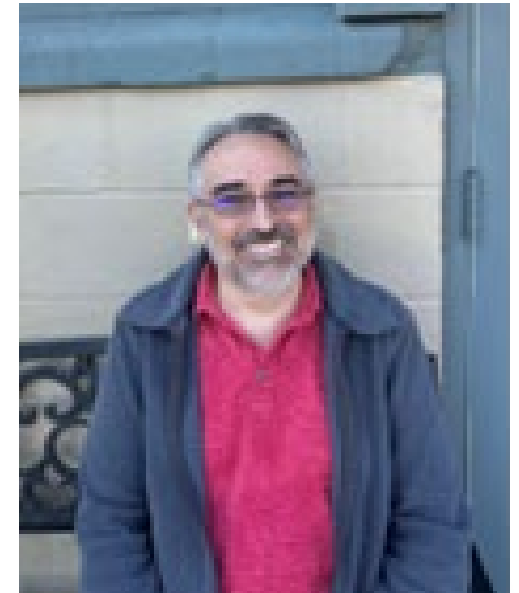
FSP Adult/OA	FSP C/Y/TAY	Substance Use	OASIS	Criminal Justice	Dual Diagnosis	Children/ Youth	Other System Dev	Peer Supports	Outreach to Clients
350	171	307	146	47	271	1,022	1,823	632	247

"It's made changes with my family, with my daughters in this case, we have had better communication. The change has been that we have a better relationship, more interaction."

- Parent of a Youth FSP Client

"The California Clubhouse has been great for me! It has provided structure to my days and allowed me to keep my work skills sharp while allowing me to engage and interact with others in a supportive and low stress but productive work environment."

- CA Clubhouse participant



Client Outcomes - Direct Tx Programs

**Emergency
Utilization**



Employment



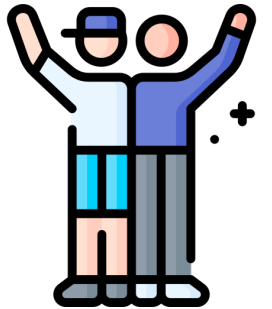
Goals Met



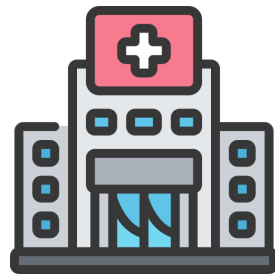
Housing



Connection*



Hospitalization



**Criminal
Justice**



**Substance
Use**



Education



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

Post-Intervention Outcomes

Homelessness



Adult and Older Adult FSP: 35% (n=118) 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: 21.9% (n=33) of clients were taken into custody after being admitted to the program, compared to 93.9% before admission.

Employment - Engagement



Adult and Older Adult FSP: 5% (n=118) of clients reported active employment since joining the program, compared to 1% before enrolling.

Education – School Suspensions



Child and TAY FSP: 8% (n=238) of Children and 2% (n=284) of TAY reported a school suspension incident after the first year in FSP compared to 20% and 10% after the year prior to enrolling in FSP, respectively.

“I can't ask for better team members for me to recover from being homeless and everything else. And they've been very helpful... and it seems like they know what they're doing and I can reach out to them anytime.”

- Adult FSP Client

“My Family Partner has been a great support for me and my family. I have three children receiving mental health services, and my Family Partner is always open to listening to my concerns. She also helps me connect with the school staff and obtain resources to maintain housing for my family. I am very grateful for my Family Partner's support and her responsiveness to my calls.”

- Caregiver/participant

Post-Intervention Outcomes

Substance Use



Adult and Older Adult FSP: 31% (n=152) of Transition Age Youth, Adults and Older Adults reported active substance use after the first year enrolled in FSP compared to 63% prior to enrolling.

Emergency Service Utilization



Board & Cares: 0% (n=78) of clients had a psychiatric emergency episode three months after program admission compared to 24% three months before enrollment.

Homeless Engagement Assessment and Linkage (HEAL): 0% (n=108) of clients had psychiatric hospitalizations and/or psychiatric emergency services (PES) admission post contact compared to 69% pre contact with HEAL.

Prenatal to Three Initiative: 0% (n=581) of clients had a psychiatric emergency episode three months after program admission compared to 92% three months before enrollment.

Individual Goals Met



Adult Resource Management (ARM): 64% (n=58) of clients discharged from Intensive Case Management completed their goals or remained an active client.

Client Story (ARM):

A 54-year-old male client diagnosed with schizoaffective disorder and amphetamine use disorder was referred to intensive case management services after receiving an eviction notice from a supportive housing service. After reviewing the referral details, an ARM case manager worked diligently to build a trusting relationship with this client and his mother, providing legal resources, psychoeducation, and linkages to substance use treatment providers, among other services. With support from this case manager, the client worked with his treatment team. The client has recently participated in the California Clubhouse. He enjoys assisting others when he is there and would also like to pursue higher education in the future, as he has a passion for art and is engaging in artistic hobbies.

Prevention and Early Intervention (PEI)

Clients Served

	Ages 0-25	Early Intervention	Prevention	Recognition of Early Signs of MI	Access & Linkage to Treatment	Stigma Reduction and Suicide Prev
FY 23-24	801	310	2,002	335	9,736	20,879

"It was really in depth and provided great information on identifying potential signs of suicide and how we can support individuals experiencing suicidal thoughts."

- Be Sensitive Be Brave for Suicide Prevention Training participant

"I feel blessed to have taken the classes in this program and to have obtained this accomplishment and the wonderful training I received, which has served me well in my daily life. I have been able to share my knowledge and care with those who need me the most, including my family and part of my community with whom I interact. Thank you so much to this great Health Ambassadors program and the entire team!"

- Health Ambassador Program (HAP) participant



Outcomes – PEI Programs

Knowledge,
Skills



Empowerment



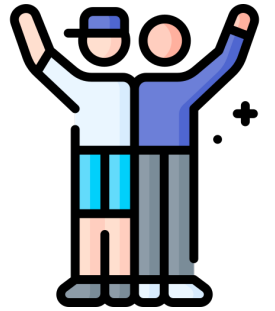
Behavioral
Health



Emergency
Utilization



Connection



Stigma



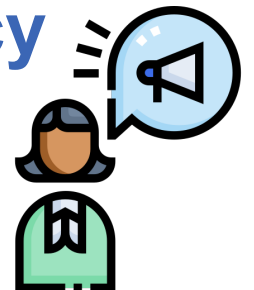
Cultural
Humility/Identity



Access



Community
Advocacy



Post-Intervention Outcomes

Knowledge, Skills



YMCA Mindfulness-Based Substance Abuse Treatment (MBSAT): 90% (n=45) reported that they learned that trauma affects physical, emotional, and mental well-being.

HAP-Youth (HAP-Y): 100% (n=37) reported that they now have knowledge and skills about behavioral health that they can use in their lives

Stigma



Mental Health Month: 82% (n=179) 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): 97% (n=36) are more confident in their ability to advocate for themselves and/or their child/children.

General Behavioral Health



Pride Center: 86% (n=35) of clients assessed post-clinical intervention for depression and post-clinical intervention for anxiety, experienced a reduction in symptoms.

Primary Care Interface: 87% (n=123) agreed or strongly agreed that they are better able to manage their symptoms and participate in daily life.

"My experience with presentations was greatly beneficial to myself, being able to show facts to others and enlighten not only them but myself is a great experience. Before I was unsure, but after I was more confident about my ability to share this knowledge."

- HAP-Y Participant

Post-Intervention Outcomes

Cultural Identity/humility



Cariño Project: 86% (n=37) reported that due to their participating in this program, they feel more connected to their culture.

Health Equity Initiatives, Latino Collaborative, Sana Sana Colita de Rana!: 98% (n=58) strongly agreed or agreed that their identity, cultural background, and experiences were affirmed by the event.

Access



Suicide Prevention Committee: 88% (N=24) of event/training participants reported that through their participation, they learned knowledge and skills that they can use to access behavioral health services.

Emergency Utilization



(re)MIND early psychosis: 95% (n=79) experienced a reduction in hospitalizations; both number of days and number of episodes.

Connection



Older Adult Peer Counseling: 58% (N=26) of individual therapy clients and 81% of group clients (n=17) reported that as a result of participating in the program, they feel supported.

Community Advocacy



Health Ambassador Program for Youth (HAP-Y): 100% (n=37) of youth reported that due to this program, they can contribute to other people's learning about behavioral health.

“With the bipolar expertly managed, I am now free to dream big, once again. I am currently writing a memoir about my recovery journey, which I hope to get published in the next 1-1.5 years. I am teaching yoga, dance, and fitness at community and corporate gyms, as well as high schools.[...] I am leading a full life and have such a bright future ahead. It’s an ongoing journey, but I will carry everything I’ve learned these past 4 years into the rest of my life. Thank you for giving me my life back. I am forever indebted to you all.”

- (re)MIND participant



"I have come a long, long way from when I started receiving services at the Pride Center. From doubting/denial of self, deep sense of shame, regret, and sorrow. To, now being comfortable owning my identity, and gender, and moving past the deep gulfs of sorrow. I am confident that I would still be wondering why I was miserable, and unable to move forward in life without this life changing help. I still have a long road to walk, but the hardest steps have been taken, and I am much more confident about the path that I have ahead. It's still scary, but I am a different person. A deep gratitude to Drae, and to the Pride Center. See you soon."

"Through therapy sessions, I've been able to deal with anxiety and stress much better than in the beginning."

- Pride Center Counseling Client

Implementation Highlights



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MHSA Outcomes Workgroup: Updated Definitions

Emergency
Utilization



Criminal
Justice



Employment



Individual Goals Met



Hospitalization



Housing



Substance
Use



Education



Connection*



Overall recommendations:

- Holistic, person-centered measures of connection, wellbeing, and resilience.
- Focus on strength-based indicators (through social or person-centered approaches) versus deficit-based, crisis-focused indicators (through current medical models).
- Look at the interconnectedness among indicators as these indicators do not work in isolation and one or more indicators may influence the outcomes of others.

Innovation Projects

4 New INN Approved Jan-Feb 2025

- allcove Half Moon Bay
- Peer Support for Peer Workers
- Pet Fostering/Care for Housing Stability
- PIVOT – Medi-Cal eligibility infrastructure

6 Active INN Projects, Annual Reports Available

- Kapwa Kultural Center & Café
- PIONEERS Program Recovery Connection
- Music Therapy
- Adult Residential In-home Support Element (ARISE)
- Mobile Behavioral Health Services for Farmworkers



Questions?

Cultural Group

- LISTEN AS IF YOU WANT TO UNDERSTAND
- PRACTICE "I" STATEMENTS
- OKAY TO RESPECTFULLY TAKE RISKS
- NO PRESSURE TO SPEAK
- BE DISCIPLINED ABOUT ASSUMPTIONS
- NO BLAME
- CONFIDENTIAL
- ENCOURAGING

Direct Pathways

- Invite stakeholders

Indirect

ALWAYS

Thank you!

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