



Be the one to help

Mental Health Service Act (MHSA) Steering Committee Meeting

Open to the public! Join advocates, providers, clients and family members to provide input on MHSA funded initiatives.

Meeting objectives include:

- Review MHSA framework and principles for funding programs and expansions.
- Learn about the Pride Center outcomes and request for a 2-year extension.
- Hear next steps for the MHSA Innovation funding cycle.
 - ❖ Stipends are available for consumers/clients
 - ❖ Language interpretation is provided as needed*
 - ❖ Childcare is provided as needed*
 - ❖ Refreshments will be provided

*please reserve these services by September 17th, contact Krstie Lui at (650) 573-5037 or kflui@smcgov.org

DATE

Monday, September 24, 2018
3:00 pm – 4:30 pm

Foster City Community Cntr, Wind Room
1000 E Hillsdale Blvd.
Foster City, CA 94404



Caltrain Hillsdale Station to
Mariners' Island Caltrain Shuttle to
Shell Blvd & E. Hillsdale Blvd.

Contact:

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

www.smchealth.org/MHSA



COUNTY OF SAN MATEO
HEALTH SYSTEM
BEHAVIORAL HEALTH
& RECOVERY SERVICES

MHSA provides a dedicated source of funding in California for mental health services by imposing a 1% tax on personal income in excess of \$1 million.



SAN MATEO COUNTY HEALTH

BEHAVIORAL HEALTH & RECOVERY SERVICES

Mental Health Services Act (MHSA) Steering Committee

Monday, September 24, 2018 / 3:00 – 4:30 PM

Foster City Community Center, Wind Room

1000 E. Hillside Blvd, Foster City, CA 94404

AGENDA

- | | |
|---|---------|
| 1. Welcome | 3:05 PM |
| 2. MHSA Background & Updates | 3:15 PM |
| ▪ Proposed Funding Principles | |
| ▪ Innovation Funding – Request for Interest opportunity | |
| 3. Pride Center Outcomes Review and Extension Request | 3:30 PM |
| ▪ Q&A | |
| 4. Announcements/ Public Comments | 4:20 PM |
| 5. Adjourn | 4:30 PM |

Mental Health and Substance Abuse Recovery Commission (MHSARC)

Vote to open of a 30-day public comment period for the Pride Center extension will occur at the next MHSARC meeting on October 3rd.

MHSARC Meetings are held the first Wednesday of the month from 3-5pm at the Health System Campus, Room 100, 225 37th Ave. San Mateo, CA 94403.

Meetings are open to the public!





Mental Health Services Act (MHSA)

Steering Committee Meeting

September 24, 2018 / 3 - 4:30pm

San Mateo County Health System
Behavioral Health and Recovery Services
www.smchealth.org/mhsa



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

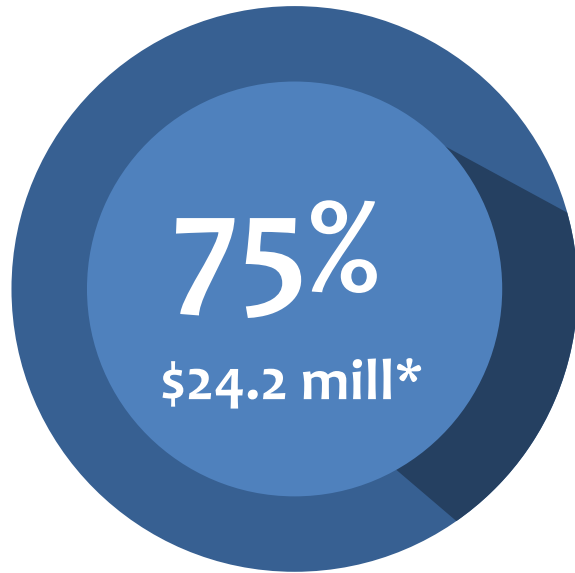
Agenda

1. MHSA Background
2. Funding Principles
3. Innovation Funding
4. Pride Center Outcomes and Extension Request
 - o Q&A
5. Announcements/ Public Comments



MHSA – Prop 63 (2004)

1% tax on personal income in excess of \$1 mill



Community Services & Supports (CSS)

Direct treatment and recovery services for serious mental illness and serious emotional disturbance



Prevention & Early Intervention (PEI)

Interventions prior to the onset of mental health disorders and early onset of psychotic disorders

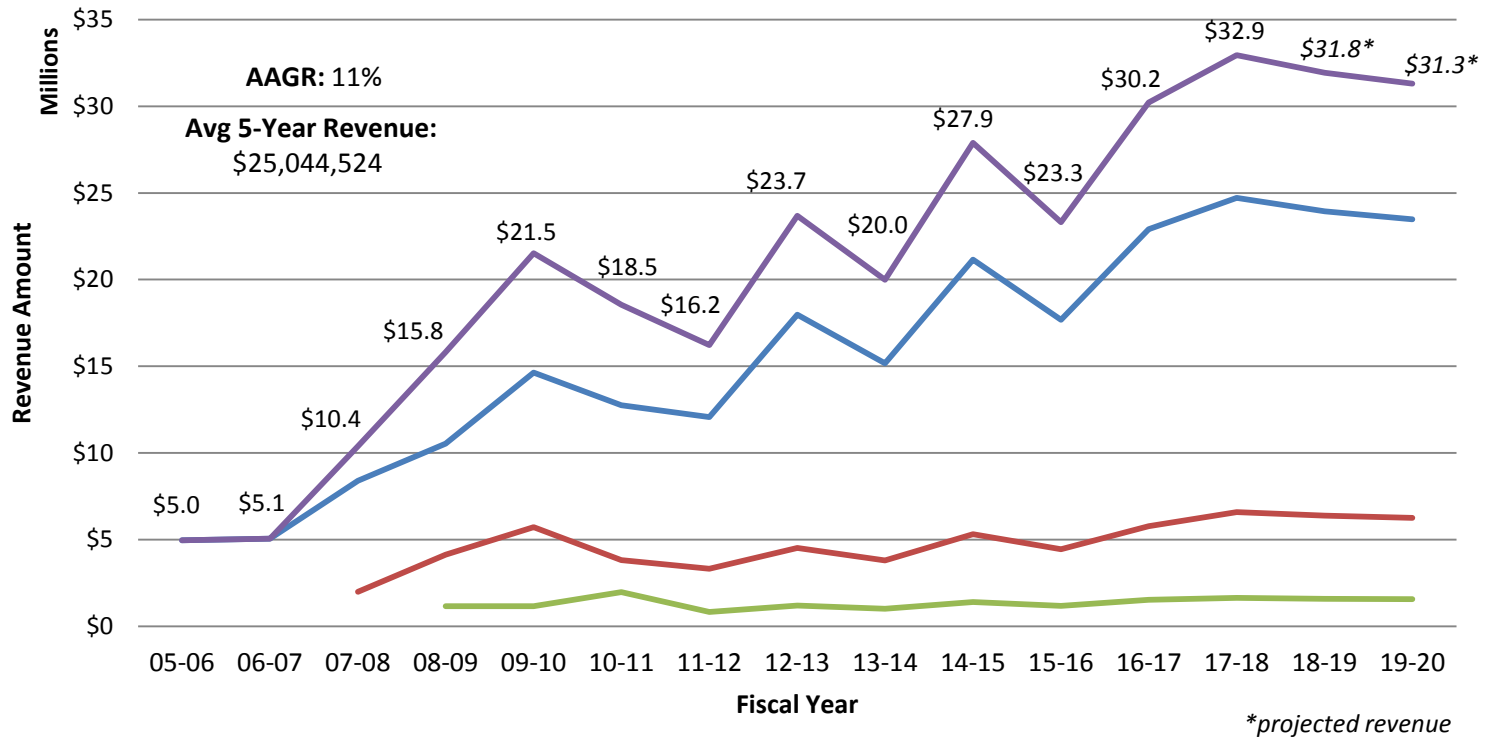


Innovation (INN)

New approaches and community-driven best practices

*Component amounts based on FY 17/18 revenue received

MHSA Revenue Growth



— CSS Revenue — PEI Revenue — INN Revenue — Total

Funding Principles and Guidelines

- San Mateo County is preparing for an economic down turn; costs are increasing and federal and state revenues are not
- Current MHSA programs will not be reduced but can be optimized
- Decisions will need to be made regarding MHSA funding allocations
- Important time to re-embrace MHSA Funding Principles (see handout)

Open for input, comments, clarifications

MHSA Innovation Funding Cycle

- \$1.9M will be available for FY 2019-20 INN projects; a request for Interest process will begin in January 2019
- Current Opportunity: Request for Interest
Technology-based Behavioral Health Interventions
 - Funding may be available for two years to fund community-based agencies or programs as follows:
 - Peer and Family partner specialists \$150,000/year
 - Spanish and Chinese community specialists \$100,000/year
 - Older Adult peer and family partners \$100,000/year
 - Youth peer workers \$100,000/year

www.smchealth.org/bhrs/rfp




MHSA INNOVATION PROJECT REPORT: SAN MATEO COUNTY PRIDE CENTER

September 24, 2018

Presentation Agenda

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- 
- MHSA Innovation Overview
 - About the Pride Center
 - Pride Center Achievements
 - Pride Center Learnings
 - Pride Center Extension Request

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Pride Center Innovation



MHSA INN Project Requirements

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- INN projects must:
 - ▣ Contribute to learning about new approaches/practices in mental health
 - ▣ Be developed through community participation
 - ▣ Avoid replicating programs in other jurisdictions
 - ▣ Align with MHSA values
- By nature, not all innovative strategies will succeed
- INN projects must measure the extent to which they improve:
 - ▣ Access to services, especially for underserved communities
 - ▣ Collaboration
 - ▣ Quality and service outcomes

Community Need: Services to Address High Risk of Mental Health Challenges

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LGBTQ+ individuals are at higher risk of mental illness compared to non-LGBTQ+ people¹

- In San Mateo County, 44% of LGBTQ adults needed access to a mental health professional in past 12 months²
 - Up to 84% among those who identified as gender fluid

Nationally, suicide is the second leading cause of death for LGBTQ+ youth ages 10-24³

- In San Mateo County, 3 of 4 LGBTQ youth considered harming themselves in past 12 months²

Community Need: Access to LGBTQ+ Sensitive Mental Health Services

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There is often mistrust of behavioral health care in LGBTQ+ communities

- Historical trauma of culturally insensitive care
- Shame and stigma around seeking care

San Mateo County residents reported limited access to LGBTQ-sensitive mental health services¹

- 3 in 5 adults cited lack of local health professionals trained to serve LGBTQ+ clients
- Only 43% felt their mental health care provider had the expertise to care for their needs
- 2 in 3 youth did not know where to access LGBTQ-friendly healthcare

¹San Mateo County LGBTQ Commission, 2018 Survey of LGBTQ Residents and Employees of San Mateo County

Community Need: Linkage to Services to Meet Multiple Needs

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Many LGBTQ+ adults and youth San Mateo County have multiple service, educational, and social needs¹

- Many LGBTQ county residents are socially isolated
- 2 in 5 adults struggle to pay for basic needs like rent and food
- 3 in 5 youth reported a lack of LGBTQ inclusive sex education in school

¹San Mateo County LGBTQ Commission, 2018 Survey of LGBTQ Residents and Employees of San Mateo County

How Does the Pride Center Meet LGBTQ+ Community Needs?

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The Pride Center is a service hub that meets the multiple needs of high-risk LGBTQ+ individuals

Social and Community Activities

Support LGBTQ+ individuals through peer-based models of wellness and recovery that include educational and stigma reduction activities

Clinical Services

Provide mental health services focusing on individuals at high risk of or already with moderate to severe mental health challenges

Resource Services

Be a hub for local, county, and national LGBTQ+ resources

How is the Pride Center Innovative?

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There is no prior model of a coordinated approach across mental health, social, and psycho-educational services for the LGBTQ+ community

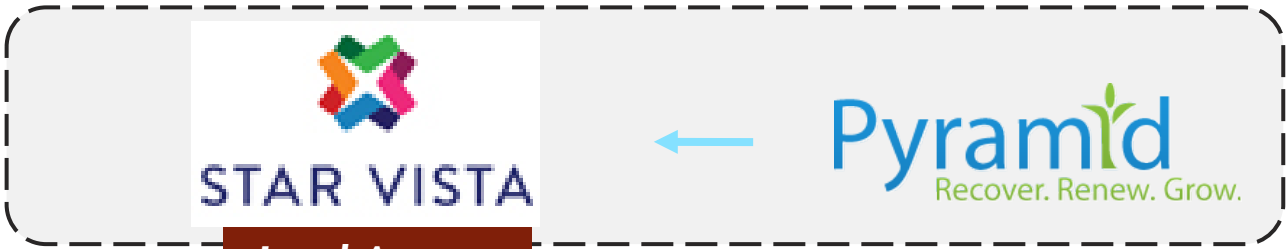
□ Learning Goals

- Access: Does the Pride Center improve access to behavioral health services for the service population?
- Collaboration: Does a coordinated approach improve service delivery for the service population?

Pride Center Collaborative Model

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Formal collaboration
of four partner
organizations



Lead Agency



Peninsula
Family Service

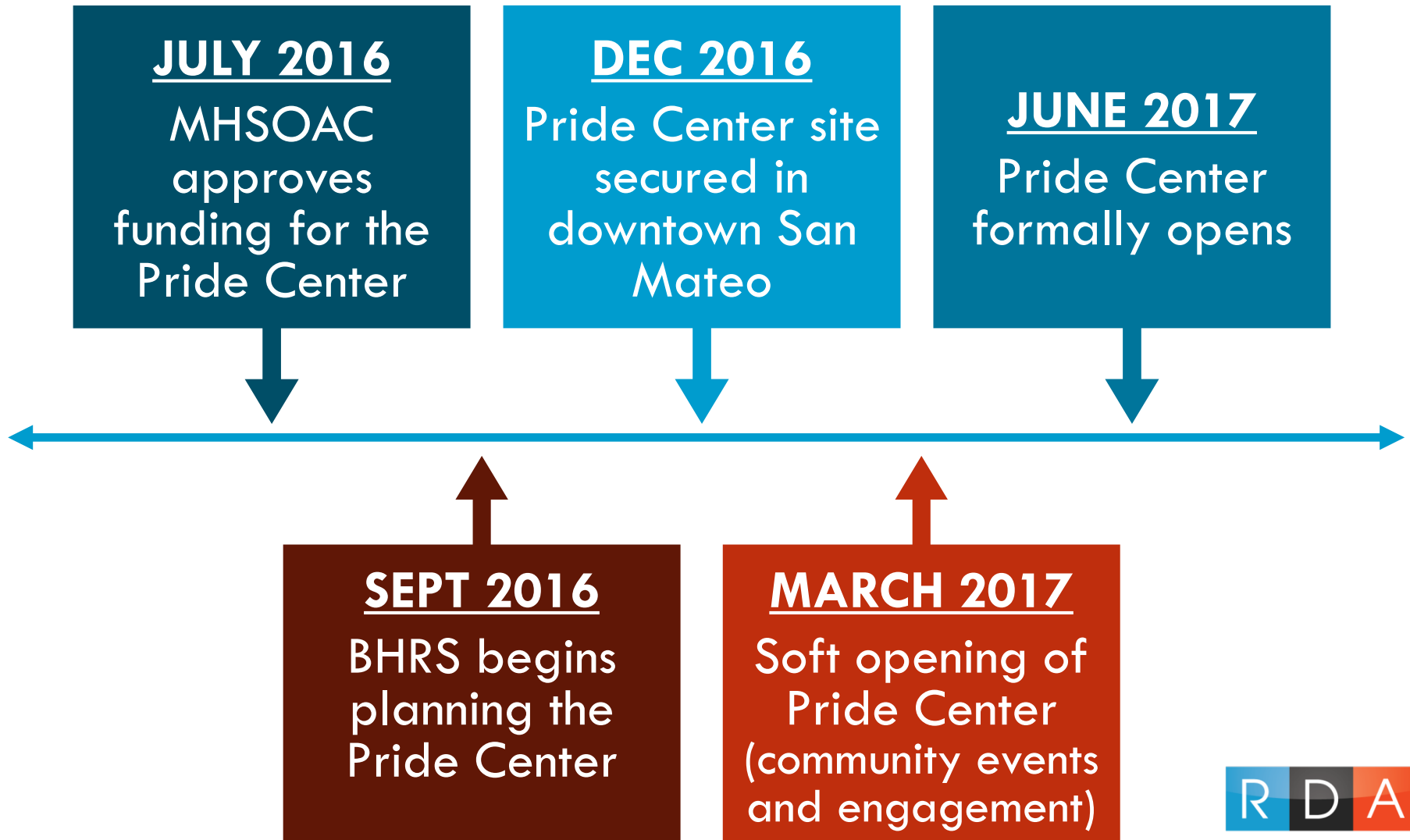


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Pride Center Accomplishments

Timeline of the Pride Center

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Onsite Programs and Services

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- ❑ Psychotherapy
- ❑ Peer support groups
- ❑ Case management with linkage to other supportive services, including public benefits, employment search
- ❑ Social events, including movie nights, intergenerational dinners
- ❑ Informational sessions and service provider trainings



Please refer to handout for comprehensive list of onsite programs.

Collaboration and Training Services

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- Long-term partnerships
 - ▣ County of San Mateo LGBTQ Commission
 - ▣ Pride Initiative, BHRS Office of Diversity and Equity
- Workplace trainings for service providers, school staff
- Student outreach, including info sessions, GSA development
- Co-sponsorships events with public agencies, providers, local businesses
- Outreach and tabling at community events, health fairs, conferences



Pride Center staff
present to students at
Thomas R. Pollicita
Middle School

Please refer to handout for comprehensive list of community partnerships.

Figures on Participant Access, FY2018

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- **1,011** individuals accessed programs on site
 - ▣ 15% accessed therapy services
 - ▣ 4% used case management services

- **Over 2,500** people accessed the Center's trainings, workshops, and events

- **69%** of participants who completed the Pride Center's satisfaction survey had visited the Pride Center more than once
 - ▣ **41%** had visited at least six times

Diversity of Pride Center Participants

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- Two-thirds identify as LGBTQ+
- 76% are cisgender, 24% are transgender, gender queer, questioning, or other
- Most are between age 16 and 59
- 54% are people of color or multiracial
- 5 in 6 are below County's median household income
- 1 in 3 have annual income below \$25,000

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Pride Center Learnings: Access

Having LGBTQ+ Specific Services Engages an Underserved Population

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- The Pride Center is reaching individuals who might not otherwise access clinical services
 - ▣ Having LGBTQ+ therapists draws clients
 - ▣ Pride Center prioritizes therapy for marginalized/vulnerable participants
 - Sliding scale and Medi-Cal
 - ▣ BHRS, educators, other providers now refer LGBTQ+ individuals seeking mental health services to the Pride Center

“In the past when I needed mental health services, I needed to find someone supportive and understanding of what I was feeling...I would have felt much safer [at the Pride Center].”

–Youth participant

Having a Physical Location Creates Community and Reduces Stigma

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- The Pride Center is a safe, inclusive space for the LGBTQ+ community
 - Many participants said the existence of a physical space in a prominent public location helps them feel welcome and proud
- 99% agree that the Pride Center is a safe and welcoming environment
- 92% agree that the Pride Center offers a sense of community
(99% either agree or somewhat agree)

“To have a physical location is so much more meaningful than using online resources...to know that there is a place you can go to feel safe and find community.”
—Adult participant

Sources: *Pride Center participant satisfaction survey (n=172)*
Pride Center participant focus groups

High Quality of Care Promotes Continued Engagement

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- **99%** agree that Pride Center staff understand & affirm their sexual orientation, gender identity
- **85%** of participants agree that the services offered at the Pride Center are improving their mental health (100% either agree or somewhat agree)

“When I went to cisgender, heteronormative therapists... They didn’t get it. The [therapists] here understand it on the inside.”

-Adult participant

“Every single time I come here, it’s a lovely experience. There’s not a single time I cross that door and someone doesn’t ask me how I am.”

-Youth participant

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Pride Center Learnings: Collaboration

Hub Model Provides Convenient Access to Multiple Services

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- Partners and participants report on the value of the Pride Center's collaborative model
 - ▣ Four member organizations with different specializations
 - ▣ Coordination helps participants who benefit from multiple services
 - ▣ Shared physical site offers community-building, peer support

"I've been involved in a lot of LGBTQ organizations... focused on a particular issue. This [Center] brings it all together."

—Older adult participant

"It's a one-stop shop...[which is important] when you're homeless and have to get everywhere on foot. There's only so many places you can go in a day."

—Adult participant

Partnerships Increase Awareness of LGBTQ+ Community's Needs

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- The Pride Center is a countywide educational resource on LGBTQ+ mental health & wellbeing
 - More providers know the importance of asking sexual orientation and gender identity (SOGI) questions
 - Referrals to Pride Center clinical services are increasing
 - Educators, public agencies, and private businesses have actively sought partnerships with the Center
- The Pride Center's presence at community events is an opportunity for attendees to learn about the available services

"We're a gigantic resource for the San Mateo County community. We're educating the educators and the social service providers. We're building all kinds of networks."

—Community Advisory Board member

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Pride Center Extension Request

INN Learning Goal: Access

More time is needed to understand the full potential of the Pride Center to increase access to services

- It takes time to repair historical mistrust within the LGBTQ+ community about mental health services
- Stigma around seeking care takes time to overcome
 - Potential double stigma: having a mental health issue, and identifying as LGBTQ+
 - Shame and stigma in seeking mental health care is common in some populations, e.g. some Asian Pacific Islander/Latinx communities²

INN Learning Goal: Collaboration

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More time to formalize internal and external collaboration would help the County document the innovative model and measure its impact

- It takes time to build internal policies and procedures among four partner organizations that have not worked together before
- Spending the time to develop a robust network of community partnerships will help the County learn the impact of coordinated service delivery

Extension Request

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- San Mateo County BHRS is seeking approval to request a 2-year MHSA INN extension for the Pride Center in the amount of \$700,000 per year
- The MHSARC will vote to open a 30-day public comment period
- The MHSARC will hold a public hearing and vote on 11/7 to approve the request and close the public comment period

Questions & Answers

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- Is there anything else you would like to know about the Pride Center Learning Goals – Access and Collaboration?



Announcements & Public Comment

Thank you!



For more information: www.smchealth.org/MHSA

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



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Mental Health Services Act (MHSA) Innovation (INN) Component Summary of INN Guidelines

Innovative Project Definition:

A project designed and implemented for a defined time period (not more than 5 years) and evaluated to develop new best practices in behavioral health services and supports.

What types of projects are considered “innovative”?

1. Introduces a behavioral health **practice or approach that is new**.
2. Makes a **change to an existing practice**, including application to a different population.
3. Applies a **promising community-driven practice or approach** that has been successful in non-behavioral health contexts or settings.
4. It has **not demonstrated its effectiveness** (in the literature).
 - o A practice that has been demonstrated effective can be adapted to respond to a unique characteristic of the County for example.

Primary Purpose & Focus of an INN Project

County must select one of the following as its primary purpose for an INN project(s)*:

1. Increase access to behavioral health services to underserved groups,
2. Increase the quality of behavioral health services, including measureable outcomes,
3. Promote interagency and community collaboration,
4. Increase access to behavioral health services.

Innovative Projects may focus impact virtually any aspect, including but not limited to, administrative, governance, and organizational practices, processes, or procedures; advocacy; education and training for services providers, including nontraditional behavioral health practitioners; outreach, capacity building, and community development; system development; public education efforts; research; services and interventions, including prevention, early intervention, and treatment.





MHSA Funding Principles

First adopted in November 2009, updated September 2018

These MHSA Funding Principles were developed to guide annual funding allocations and expansions; they also build from the County's and Health System budget balancing principles to guide MHSA reduction decisions when needed. Decisions regarding MHSA funding are based on the most current MHSA Three-Year Plan; any updates to the recommendations require MHSA Steering Committee approval and stakeholder engagement, which will include a 30-day public comment period and public hearing as required by the MHSA legislation.

Maintain MHSA required funding allocations

See attached MHSA Funding and Program Planning Guidelines document.

Sustain and strengthen existing MHSA programs

MHSA revenue should be prioritized to fully fund core services that fulfill the goals of MHSA and prevent any local or realignment dollars filling where MHSA should.

Maximize revenue sources

Billing and fiscal practices to draw down every possible dollar from other revenue sources (e.g. Medi-Cal) should be improved as relevant for MHSA funded programs.

Utilize MHSA reserves over multi-year period

MHSA reserves should be used strategically to mitigate impact to services and planned expansions during budget reductions.

Prioritize direct services to clients

Indirect services are activities not directly related to client care (e.g. program evaluation, general administration, staff training). Direct services will be prioritized as necessary to strengthen services to clients and mitigate impact during budget reductions.

Sustain geographic, cultural, ethnic, and/or linguistic equity.

MHSA aims to reduce disparities and fill gaps in services; reductions in budget should not impact any community group disproportionately.

Prioritize prevention efforts

At minimum, 19% allocation to Prevention and Early Intervention (PEI) should be maintained and additionally the impact across the spectrum of PEI services and services that address the root causes of behavioral health issues in our communities should be prioritized.

Evaluate potential reduction or allocation scenarios

All funding decisions should be assessed against BHRS's Mission, Vision and Values and when relevant against County and Health System Budget Balancing Principles.



MHSA Program Funding Guidelines – Summary

MHSA Component	Categories	Funding Allocation (% of total revenue)
Community Services and Supports (CSS)¹	<ul style="list-style-type: none"> • Full Service Partnerships (FSP) • General Systems Development (GSD) • Outreach and Engagement (O&E) 	<p>76%</p> <p>FSP should be at least 51% of the CSS allocation</p>
Prevention and Early Intervention (PEI)²	<ul style="list-style-type: none"> • Ages 0-25 • Early Intervention • Prevention • Recognition of Signs of Mental Illness • Stigma and Discrimination • Access and Linkages 	<p>19%*</p> <p>Ages 0-25 should be at least 51% of the PEI allocation</p>
Innovations (INN)³	N/A	5%

* PEI expenditures may be increased in which the department determines that the increase will decrease the need and cost for additional services to severely mentally ill persons in that county by an amount at least commensurate with the proposed increase.

Reversion Period: Counties must expend the revenue received for each core component within 3 years (starting with the year revenue is received) or must return it to the State mental health fund.

One-time Funding Components: counties received a one-time allocation to fund strategies in Workforce Education and Training (WET)⁴, Capital Facilities and Information Technology (CF/IT)⁵, and Housing⁶. All one-time funding has been expended. These components can continue to be funded under CSS, as determined by the following additional funding guidelines.

- Up to 20% of the average 5-year total of MHSA funds can be allocated from CSS to the technological needs, capital facilities, human resources, and a prudent reserve.
- Assembly Bill 727 clarifies that counties can fund housing assistance, not just for FSP clients.

Three-Year Plan and Annual Updates:

- up to 5% of total annual MHSA revenues can be allocated for annual MHSA planning efforts.
- All expenditures must be consistent with the current three-year plan or annual update developed through a Community Program Planning (CPP)⁷ process.
 - Current Three-Year Plan Implementation: July 1, 2017 – June 30, 2020
 - Annual Updates Due: December 2018, December 2019, December 2020
 - Next Three-Year Planning Phase: January 2020 – June 2020
 - Next Three-Year MHSA Plan Due: December 2020

Prudent Reserve (PR): Counties are required to establish and maintain a PR for revenue decreases.

- The 50% Local Prudent Reserve requirement was rescinded (Info Notice 11-05)
- Counties may fund to a level determined appropriate and that does not exceed 33% of the counties’ largest annual distribution (Info Notice 18-033).
- All other policy and guidance remains in effect (Info Notice 09-16).

Non-supplantation:

- Funds shall not be used to supplant any state or county funds required to be utilized to provide mental health services, that was in effect on November 2, 2004.

Definitions

¹ **Community Services & Support (CSS)** provides direct treatment and recovery services to individuals of all ages living with serious mental illness (SMI) or serious emotional disturbance (SED):

- a. **Full Service Partnership (FSP)** plans for and provides the full spectrum of services, mental health and non-mental health services and supports to advance client's goals and support their recovery, wellness and resilience.
- b. **General Systems Development (GSD)** improves the mental health service delivery system. GSS may only be used for; treatment, including alternative and culturally specific; peer support; supportive services to assist with employment, housing, and/or education; wellness centers; case management to access needed medical, educational, social, vocational rehabilitative or other services; needs assessment; individual Services and Supports Plans; crisis intervention/stabilization; family education; improve the service delivery system; reducing ethnic/racial disparities.
- c. **Outreach and Engagement (O&E)** is to reach, identify, and engage unserved individuals and communities in the mental health system and reduce disparities. O&E funds may be used to pay for strategies to reduce ethnic/racial disparities; food, clothing, and shelter, but only when the purpose is to engage unserved individuals, and when appropriate their families, in the mental health system; and general outreach activities to entities and individuals.

² **Prevention & Early Intervention (PEI)** targets individuals of all ages prior to the onset of mental illness, with the exception of early onset of psychotic disorders. PEI emphasizes improving timely access to services and reducing the 7 negative outcomes of untreated mental illness; suicide; incarcerations; school failure or dropout; unemployment; prolonged suffering; homelessness; and removal of children from their homes.

- a. **Early Intervention** programs provide treatment and other services and interventions, including relapse prevention, to address and promote recovery and related functional outcomes for a mental illness early in its emergence. Services shall not exceed 18 months, unless the individual receiving the service is identified as experiencing first onset with psychotic features, in which case early intervention services shall not exceed 4 years.
- b. **Prevention** programs reduce risk factors for developing serious mental illness and build protective factors for individuals whose risk of developing a serious mental illness is greater than average and, as applicable, their parents, caregivers, and other family members. Services may include relapse prevention and universal prevention.
- c. **Outreach for Recognition of Early Signs of Mental Illness** to families, employers, primary care health care providers, and others to recognize the early signs of potentially severe and disabling mental illnesses.
- d. **Access and Linkage to Treatment** connects individuals with severe mental illness as early in the onset of these conditions as practicable, to medically necessary care and treatment, including care provided by county mental health programs. Examples include screening, assessment, referral, help lines, and mobile response.
- e. **Stigma and Discrimination Reduction** activities reduce negative feelings, attitudes, beliefs and/or discrimination related to mental illness or seeking services. Examples include social marketing campaigns, speakers' bureaus, targeted education and training, anti-stigma advocacy, and efforts to encourage self-acceptance.
- f. **Suicide Prevention** programs are optional. Activities prevent suicide but do not focus on or have intended outcomes for specific individuals. Examples include campaigns, suicide prevention networks, capacity building, culturally specific approaches, survivor-informed models, screening, hotlines or web-based resources, training and education.

³ **Innovation (INN)** projects are designed and implemented for a defined time period (not more than 5 years) and evaluated to introduce a new behavioral health practice or approach; make a change to an existing practice; apply a promising community-driven practice or approach that has been successful in non-behavioral health; and has not demonstrated its effectiveness (through mental health literature).

⁴ **Workforce Education & Training (WET)** provides clients and families training to help others, promote wellness and other positive outcomes. Providers are able to work collaboratively to deliver client-and family-driven services, outreach to unserved and underserved populations, and provide linguistically and culturally relevant services.

⁵ **Capital Facilities & Technological Needs (CF/TN)** includes facilities for the delivery of MHSAs services to clients and their families or for administrative offices; support an increase in peer-support and consumer-run facilities; community-based settings; and technological infrastructure to facilitate the highest quality and cost-effective services and supports.

⁶ **Housing** is used to acquire, rehabilitate or construct permanent supportive housing for clients with serious mental illness and provide operating subsidies. This service category is part of CSS.

⁷ **Community Program Planning (CPP)** process is used to develop MHSAs three-year plans and updates in partnership with stakeholders to identify community issues related to mental illness, lack of services and supports; analyze the mental health needs in the community; and identify and re-evaluate priorities and strategies and includes a 30-day public comment, a public hearing by the local mental health board and local board of supervisors.