Mental Health Services Act (MHSA)

Steering Committee Meeting

February 6, 2025

SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH
& RECOVERY SERVICES

Welcome & Introductions

- Share your name, pronouns and affiliation in the chat
- MHSA Steering Committee Members:

- BHC (MHSA Co-chairpersons; TBD)
- Adriana Furuzawa, Felton Institute
- Chris Rasmussen, BHC
- Jackie Almes, Peninsula Health Care District
- Jana Spalding, BHRS OCFA
- Jessica Ho/Dee Wu, 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 Lim, BHC
- Paul Nichols, BHC
- ShaRon Heath, Voices of Recovery

Agenda

1. Welcome & Logistics
2. General Public Comments
3. Announcements
   - MHSA Outcomes Workgroup Recommendations
   - BHSA Taskforce Interest Survey
4. MHSA Annual Update

A few logistics…

- 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

POLL: Demographics

SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH
& RECOVERY SERVICES

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 Comments

SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH
& RECOVERY SERVICES

Announcements

SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH
& RECOVERY SERVICES

BHSA Transition Taskforce

- Purpose: Advisory role for transitioning MHSA to Proposition 1-Behaviorial Health Services Act (BHSA)
  - Inform priorities to meet Prop 1 requirements
  - Provide meaningful input during the Community Program Planning (CPP) phases:
    1. CPP Framework
    2. Needs Assessment
    3. Strategy Development
    4. Three-Year Integrated Plan
  - Represent diverse voices from the expanded list of required stakeholders
- Mark your calendars: April 3rd, June 5th, August 7th, October 2nd, 3–4:30 pm (hybrid meetings)
- Interest Survey: https://www.surveymonkey.com/r/BHSATaskforce

  due 2/28/25

SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH & RECOVERY SERVICES

Taskforce Structure

Composition	Role	Meeting Frequency*	Time Commitment
Current MHSA Steering Committee + additional outreach	Advisory Body	4 x 90-minute hybrid meetings, every other month April - October	12 hours total (3 hours per meeting)
Open to the Public		April 3, June 5, August 7, October 2	Review materials in advance+ inputs during meeting.

** Visit the MHSA website, www.smchealth.org/mhsa, under the "Announcement" tab for most up-to-date information*

SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH & RECOVERY SERVICES

BHSA Community Program Planning Process

SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH & RECOVERY SERVICES

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

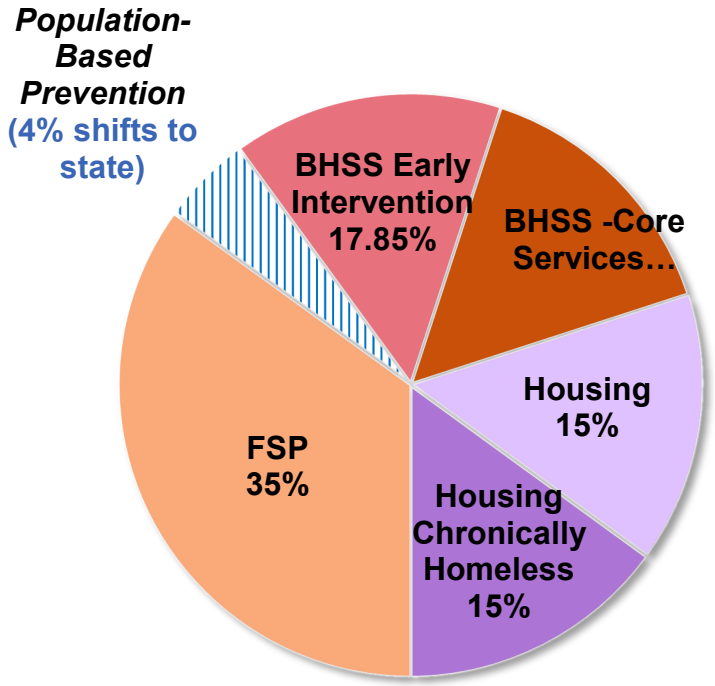
- *Current programs funded by MHSA remain as is through June 30, 2026*

Community Program Planning (CPP) Process

CPP Activities	Timeline
BHSA Taskforce Implementation (April, June, August, October)	
BHSA Taskforce Promotion	Jan-Feb 2025
BHSA Taskforce Launch	March 2025
CPP Process Framework Development	March 2025
Needs Assessment – Review of Data/Reports + Survey	Apr-May 2025
Strategy Development – Staff and Community Input Sessions	Jun-Sep 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

BHSA Transition Topics*

1. Housing
2. Full-Service Partnerships
3. Early Intervention/CDEPs
4. Substance Use Integration
5. Prevention/CHIP
6. Workforce Development, Peers Certification, Evidence-Based Practices (EBPs)
7. Community Planning Process & Integrated Plan
8. Fiscal Strategies (planning/reporting)
9. Outcome Reporting



** The plan is to map out existing BHRS-wide committees to engage in input related to the BHSA Transition specific needs and overall behavioral health priorities. The BHSA Taskforce will advise on this partner engagement plan.*

BHSA Required Partners

BOLD = new to BHSA

*WIC 5892(d)

- Eligible* Adults and older adults.
- Families of eligible* children and youth, adults, and older adults.
- **Youths or youth mental health or substance use** disorder organizations.
- Providers of mental health services and substance use disorder treatment services.
- Public safety partners, **including county juvenile justice** agencies.
- Local education agencies.
- **Higher education partners.**
- **Early childhood organizations.**
- **Local public health jurisdictions.**
- **County social services and child welfare agencies.**
- **Labor representative organizations.**

BHSA Required Partners

BOLD = new to BHSA

** San Mateo, Daly City, Redwood City, South San Francisco, San Bruno

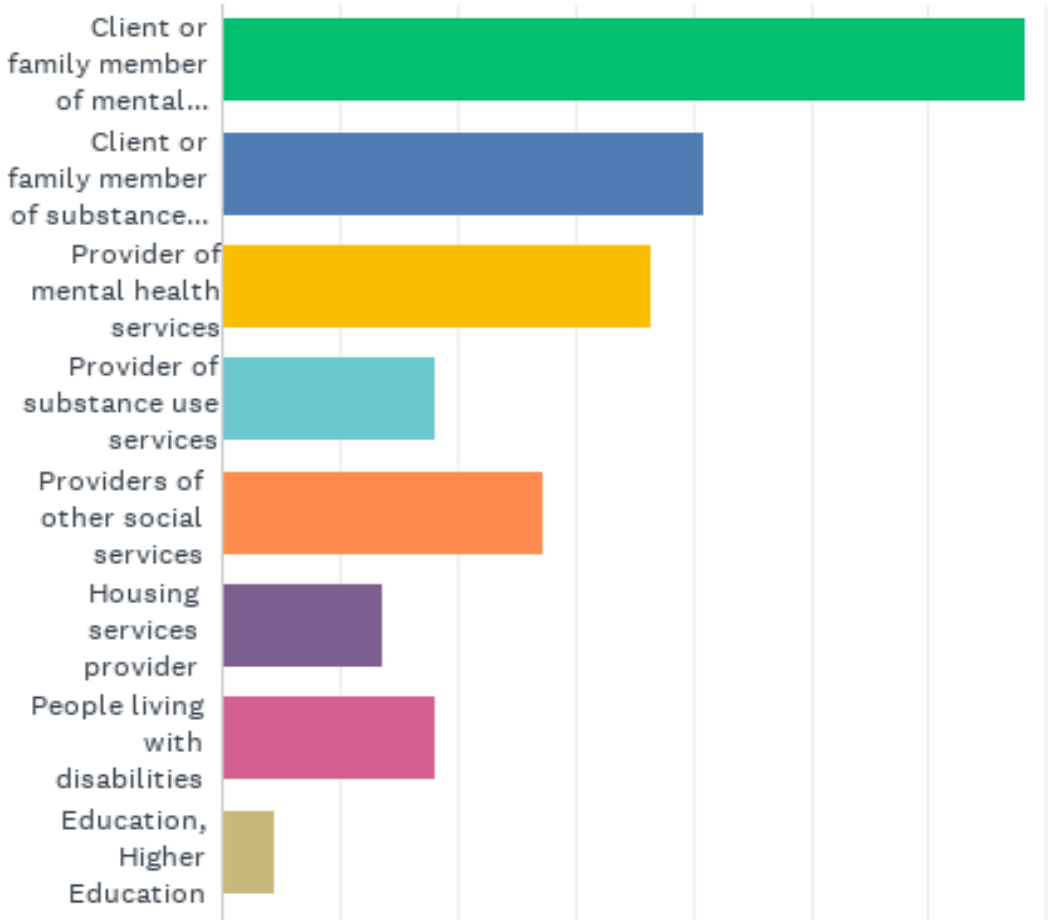
- Veterans.
- Representatives from veterans' organizations.
- Health care organizations, **including hospitals**.
- **Health care service plans, including Medi-Cal managed care plans**
- **Disability insurers.**
- **Tribal and Indian Health Program designees established for Medi-Cal Tribal consultation purposes.**
- **The five most populous cities in counties with a population greater than 200,000.****
- **Area agencies on aging.**
- **Independent living centers.**
- **Continuums of care, including representatives from the homeless service provider community.**
- **Regional centers.**
- **Emergency medical services.**
- **Community-based organizations serving culturally and linguistically diverse constituents.**

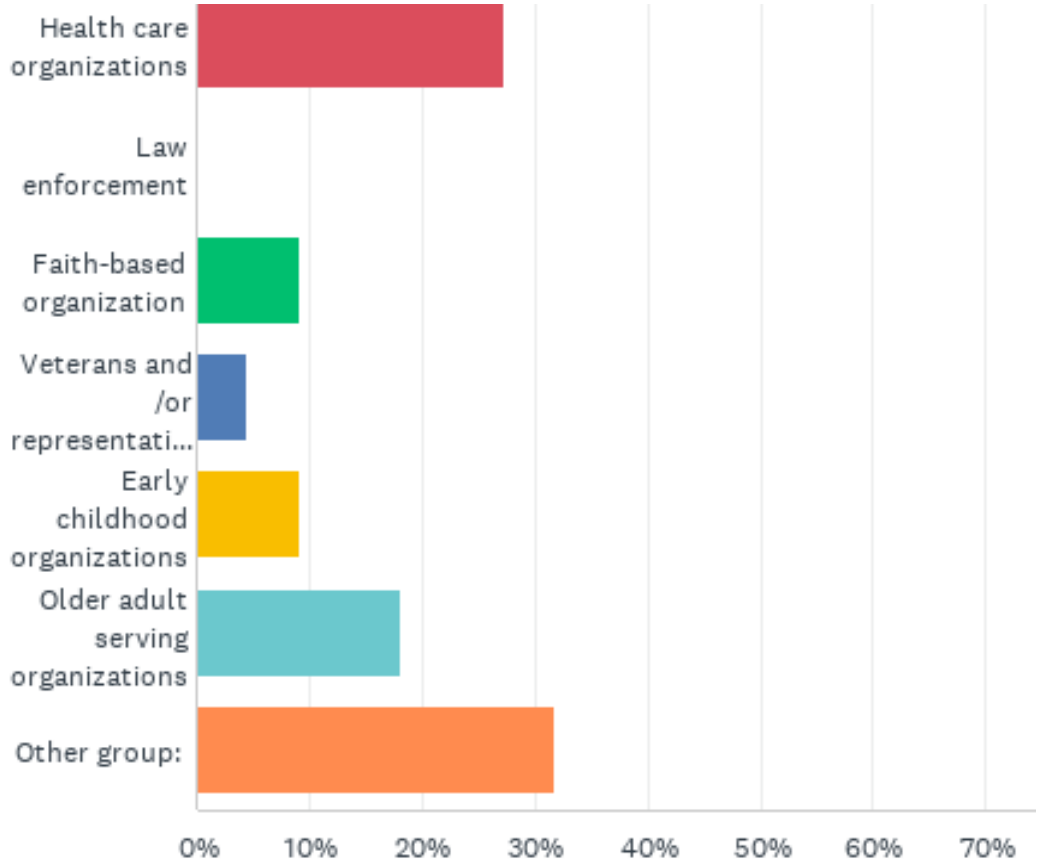
BHSA Required Participation

- Participation of individuals representing diverse viewpoints:
  - Historically marginalized communities
  - Representatives from LGBTQ+ communities
  - **Victims of domestic violence and sexual abuse**
  - **People with lived experience of homelessness**
  - **Health Plans,** Education, **Housing** and Social Services

BOLD = new to BHSA

Sneak Peak – Interest Survey (N = 22)





How? Engagement Activities

- 30-Day Public Comment
- Behavioral Health Commission (BHC) Public Hearing*
- BHSA Transition specific activities
  - BHSA Transition Taskforce
  - Public Health Community Health Improvement Plan (CHIP) Workgroups
  - Input Sessions
  - Focus Groups, Surveys, Key Informant Interviews
  - Subject Matter Experts (Dept of Housing)
  - Community Trainings and Education

- BHRS-wide opportunities that will be leveraged
  - BHC Committees (Youth, Adults, Older Adults, Alcohol and Other Drugs)
  - Housing Operations and Policy Committee
  - Suicide Prevention Committee
  - Health Equity Initiatives
  - Lived Experience Workgroup and Lived Experience Academy
  - Opioid Settlement Fund and other Substance Use planning
  - https://www.smchealth.org/get-involved

** anticipated changes under BHSA; Pubic Hearing required for 3-Year Plan ONLY*

Next Steps

- Taskforce Outreach
- Finalize Taskforce
- Propose CPP Framework

SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH
& RECOVERY SERVICES

MHSA Annual Update

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% 

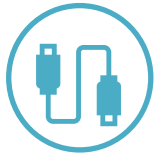
Innovation (INN)

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 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
  - Diverse stakeholder Input
  - 30-Day Public Comment Period and Board of Supervisor approval

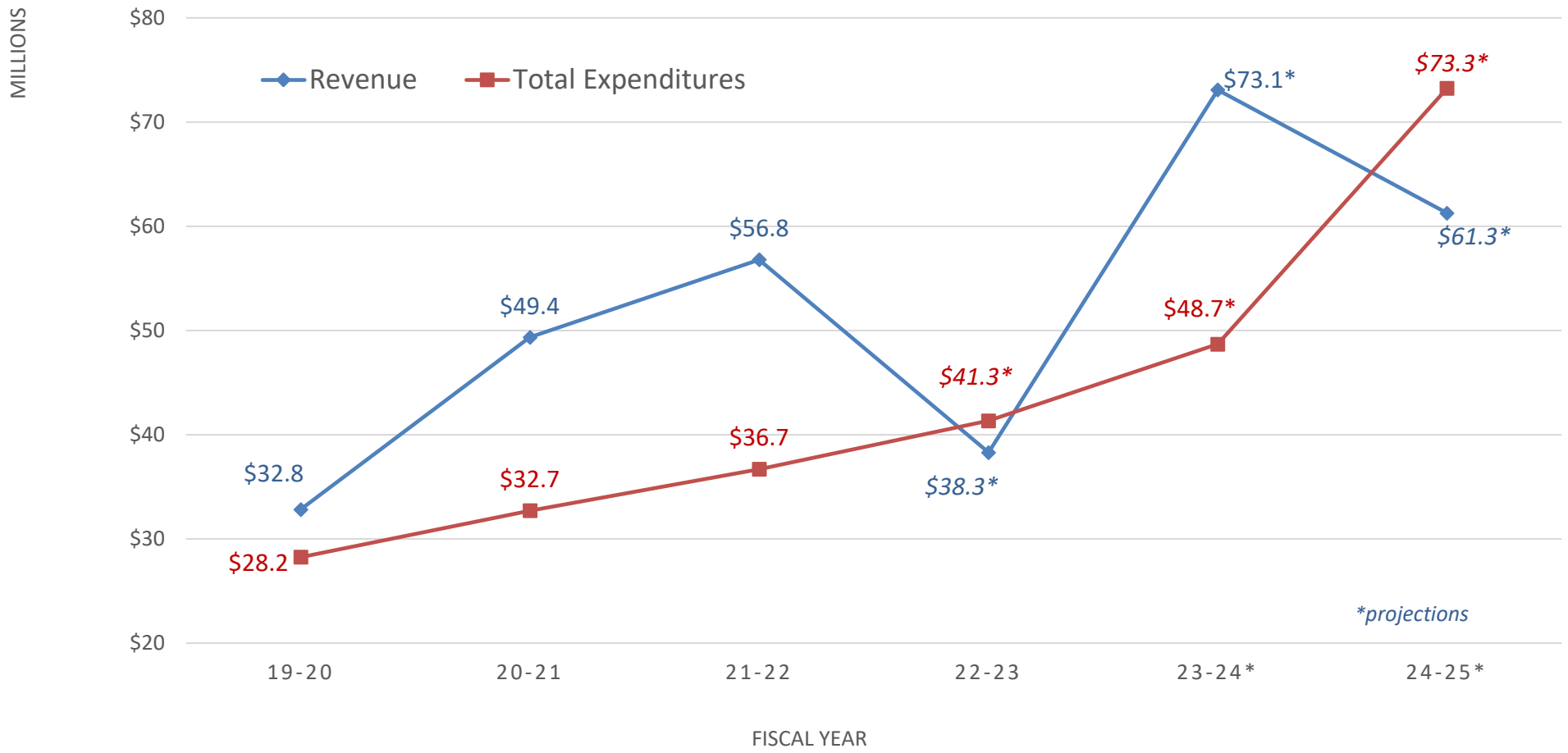
Annual Update Timeline

- **February 28th:** Posting of the MHSA Annual Update
  - www.smchealth.org/MHSA, under "Announcements"
- **March 5th:** Vote to open 30-day comment period + public hearing
- **April 2nd:** Vote to close public comment period
  - 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



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)
- Other ongoing funding priorities
  - Full Service Partnerships (FSP)
  - Workforce Education and Training (WET)
  - Prevention and Early Intervention (PEI)
  - Innovation projects

Program Outcomes

SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH
& RECOVERY SERVICES

Full Service Partnership (FSP) Client Demographics

(n=501 *)

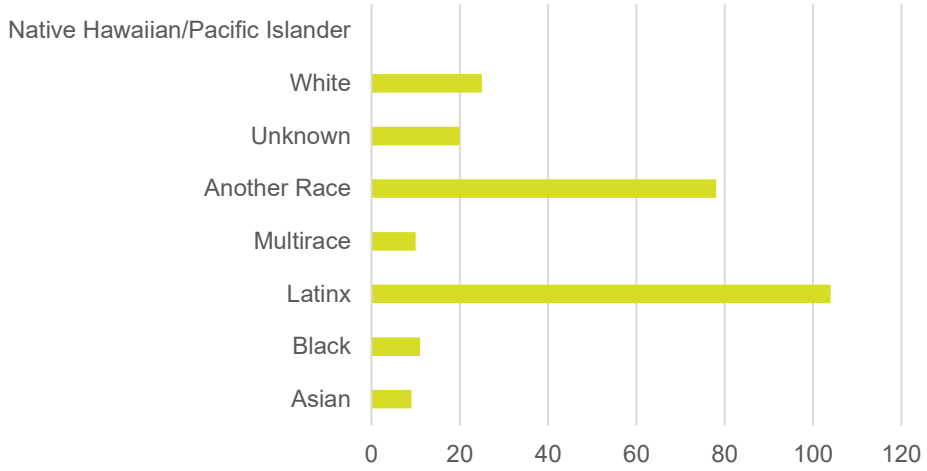
Child/Youth/TAY FSP Clients by Ethnicity

Hispanic or Latino	54%
Not Hispanic or Latino	29%
Unknown / Not Reported	17%

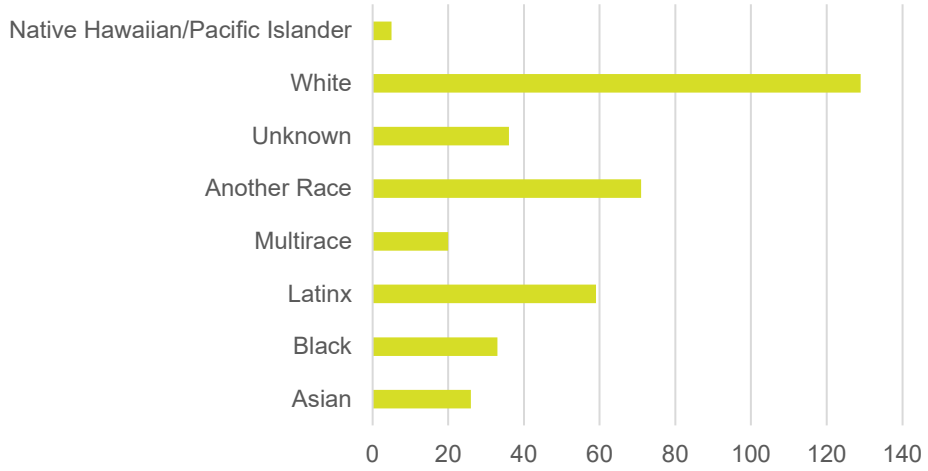
Adult/Older Adult FSP Clients by Ethnicity

Hispanic or Latino	33%
Not Hispanic or Latino	56%
Unknown / Not Reported	11%

Child/Youth/TAY FSP by Race



Adult/Older Adult FSP by Race



General System Development (GSD) Programs

Clients Served

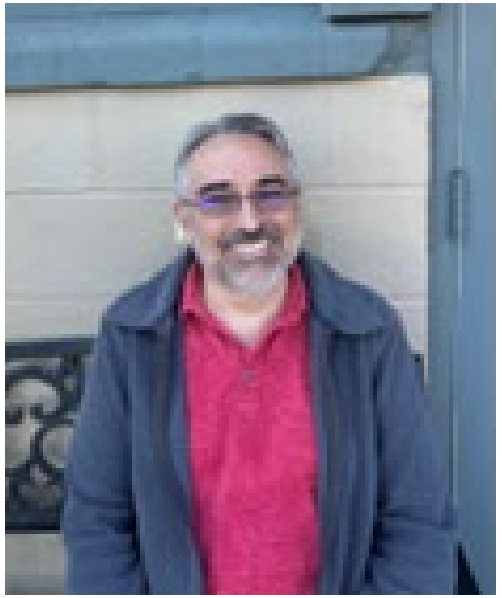
	Substance Use	OASIS	Criminal Justice	Dual Diagnosis	Children/ Youth	Other System Dev	Peer Supports	Outreach to Clients
FY 23-24	307	146	47	271	1,022	1,823	632	247

"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

"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

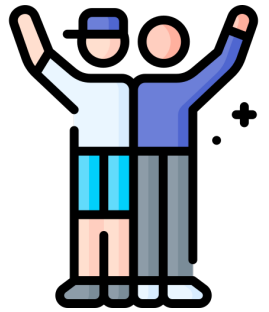
Emergency Utilization

Employment

Goals Met

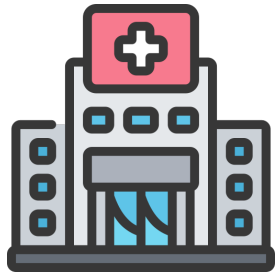
Housing

Connection*



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:** 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	↑	**Caminar:** 5% (n=118) of members reported active employment since joining the program, compared to 1% before enrolling.
Education – School Suspensions	↓	**Edgewood 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

- *"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

Post-Intervention Outcomes

Substance Use		**Telecare 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.

"I am very grateful to [the treatment team]. My daughter had episodes. She was hospitalized five times for suicide attempts. We clashed at first because of her condition. I was unaware at that time. I was also unaware of the way to work with her condition and the way to work with depression. . . [FSP] is helping me by giving me tools to start. They give me tools for me to use for my family and for parenting." more than my diagnosis."

- *Parent of a youth FSP Client*

Prevention and Early Intervention (PEI)

Clients Served

	Ages 0-25	Early Intervention	Prevention	Recognition of Early Signs of MI	Access & Linkage to Treatment
FY 23-24	801	310	2,002	335	9,736

"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!"

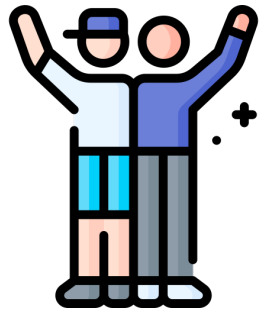
- Health Ambassador Program (HAP) participant

Outcomes – PEI Programs

Knowledge, Skills

Empowerment

Connection



Emergency Utilization

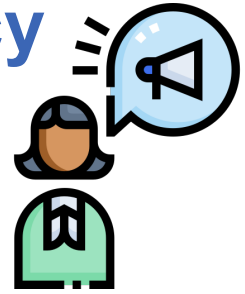
Behavioral Health

Access

Stigma

Cultural Humility/Identity

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) 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 ↑	**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

SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH
& RECOVERY SERVICES

MHSA Outcomes Workgroup: Updated Definitions

Emergency Utilization

Criminal Justice

Employment

Hospitalization

Individual Goals Met

Substance Use

Housing

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.

MHSA Outcomes Workgroup: Recommended Action Items

Data Collection

- ☑ Develop a best practice data collection plan and tools (e.g. surveys, interview and focus group protocols) that would cover all indicators, in collaboration with providers and a vetting process with clients.
- ☑ Provide program staff with implementation technical assistance and include a feedback process for clients.
- ☑ Share survey results with clients and partner agencies.
- ☑ Increase the frequency of data collection – baseline and follow-up every 3 to 6 months.
- ☑ Integrate the County's "Inclusive Language Guidelines" into data collection processes.

Reporting

- ☑ Develop a standardized and high-level intended purpose for all BHRS reports that ties back to required performance indicators and local goals around the reporting.
- ☑ Develop best practices around utilization of data for continuous improvement and provide ongoing technical assistance to providers.
- ☑ Share the results of data analysis with providers and clients to receive feedback and ensure appropriate interpretation and relevant context, prior to publishing the reports.
- ☑ Provide narrative context with all data tables and charts that includes provider and client feedback and the reasons behind the outcomes.
- ☑ Report referral data and goal completion data separately and include narrative insights on client engagement and program effectiveness.

Innovation Projects

- 4 New INN Approved January 2025
  - allcove Half Moon Bay
  - Peer Support for Peer Workers
  - Pet Fostering/Care for Housing Stability
  - PIVOT – MediCal 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?
SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH
& RECOVERY SERVICES

Get Involved!

- **Subscribe** to stay up-to-date and receive opportunities to get involved in MHSA and Prop.1 planning: www.smchealth.org/MHSA
- **Check out** these BHRS-wide opportunities:

  https://www.smchealth.org/get-involved

Thank you!

BHC Commissioner(s), TBD

Doris Estremera, MHSA Manager

Email: mhsa@smchealth.org

Website: www.smchealth.org/MHSA

Let us know how we can improve:

www.surveymonkey.com/r/MHSA_MtgFeedback_2024

SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH & RECOVERY SERVICES