

MENTAL HEALTH SERVICES ACT

STEERING COMMITTEE MEETING

May 2nd, 2012

PROGRESS REPORT and ANNUAL UPDATE FY 12/13

**San Mateo County Health System
Behavioral Health and Recovery Services Division**



TODAY'S PRESENTATION

- MHTSA REFRESHER
- PROGRESS REPORT (previous year)
- CURRENT CONTEXT
- FY 12/13

MENTAL HEALTH SERVICES ACT

REFRESHER

PROPOSITION 63

- Passed in November of 2004
- 1% tax on personal income > \$1M
- Funds MH services
 - Co-occurring services OK
- No supplant rule



PRINCIPLES AND FUNDING BOUNDARIES

- Wellness, recovery and resilience
- Cultural competence
- Consumer/family driven services
- Integrated service experience
- Community collaboration

Fundable activities are grouped into 'components', each one with its own set of guidelines and rules.

FUNDING CATEGORIES

workforce education and training

WET

information technology
and capital facilities

IT/CF

CSS

community
services
and
supports

PEI

prevention
and early
intervention

INN

innovation

HOUSING



BEHAVIORAL HEALTH AND RECOVERY SERVICES



STRATEGIC INITIATIVES

PROGRESS

REPORT

MHSA AT A GLANCE – CLIENTS SERVED

outreach and engagement

06/07:	314
07/08:	1,905
08/09:	4,707
09/10:	5,471
10/11:	9,996

system development initiatives

06/07:	1,846
07/08:	3,896
08/09:	3,684
09/10:	4,159
10/11:	4,089

full service partnerships

06/07:	161
07/08:	281
08/09:	336
09/10:	350
10/11:	428

OC

Build
Organizational
Capacity

L&I

Cultivate
Learning &
Improvement

S&S

Enhance Systems
& Supports

C&F

Empower
Clients & Families

W&E

Welcome
and Engage

D&E

Promote
Diversity & Equity

BEHIND THE HIGH LEVEL NUMBERS

INITIATION AND ENGAGEMENT CONSIDERABLY ABOVE TARGET

- Initiation: 2nd visit within 14 days
- Engagement: 3rd and 4th visit 30 days after initiation

PROGRAM	INITIATION	INITIATION BENCHMARK	ENGAGEMENT	ENGAGEMENT BENCHMARK
East Palo Alto Clinic (Adults)	90%	70%	79%	55%
MH Services for Seniors	79%		68%	
North County Clinic (Youth)	82%		68%	

BEHIND THE HIGH LEVEL NUMBERS

- 85 % penetration rate (best in the State) of any county in California for children in foster care. State average: 63%
- **Our Pathways program saw a decrease in jail days of 73% for enrolled clients**
- Through our partnership with Vocational Rehabilitation Services, we have created 13 jobs for mentally ill adults whose histories of hospitalization would not have predicted their insertion in the workforce



CLIENTS SERVED

PROGRAM	FY 06/07	FY 07/08	FY 08/09	FY 09/10	FY 10/11
Full Service Partnership (Adults/Older Adults)	41 A 33 OA	85 A 57 OA	125 A 103 OA	129 A 78 OA	169 A 81 OA
Full Service Partnership (Children/Youth/TAY)	87 C/Y/TAY	67 C/Y 55 TAY	60 C/Y 48 TAY	89 C/Y 54 TAY	135 C/Y 43 TAY
Primary Care-Based Behavioral Health Services	128	665	852	866	845
Outreach East Palo Alto	N/A	1,250	2,978	3,250	3,839
Outreach North County Collaborative	N/A	N/A	430	1,242	5,285
Older Adults System of Integrated Services	100	187	259	280	280

CLIENTS SERVED

PROGRAM	FY 06/07	FY 07/08	FY 08/09	FY 09/10	FY 10/11
Crisis Hotline	168	539	677	728	728
Pathways	56	181	185	123	143
Consumer/family partners	595	842	764	932	904
EBP expansion (youth/adults)	948	2,192	2,125	2,076	2,223
Puente DD clinic	N/A	N/A	69	117	144
Interns	135	131	224	368	350

FULL SERVICE PARTNERSHIPS OUTCOMES

OUTCOMES	CHILDREN & YOUTH	TAY
Decreased Homelessness	34%	47%
Decreased Hospitalization	38%	56%
Decreased Incarceration	37%	45%
Decreased Arrests	100%	83%
Decreased School Suspensions	90%	100%
Increased School Attendance	34%	34%
Decreased Out-of-Home Placement	66%	77%
Improved School Grades	51%	38%

FULL SERVICE PARTNERSHIPS OUTCOMES

ADULTS	
Decreased Homelessness	88%
Decreased Hospitalization	82%
Decreased Incarceration	96%
Decreased Arrests	100%

OLDER ADULTS	
Decreased Homelessness	100%
Decreased Hospitalization	50%
Decreased Incarceration	100%
Decreased Arrests	100%

HOUSING – KEY ELEMENTS

- Construct or acquire housing units for seriously mentally ill adults, older adults, families with severely emotionally disturbed children and transitional aged youth
- Funds for both construction and operation
- \$100,000 per unit not to exceed one third cost of unit; and up to \$100,000 per unit for unit operating costs
- BHRS responsible for services through Full Service Partnerships



HOUSING PROJECTS

**Cedar Street Apartments
Approved in 2009 - 14 units**



**El Camino Apartments
Approved in 2010 - 20 units**



Delaware Street Apartment - Approved in 2011 – 10 units

HOUSING – FUNDING BREAKDOWN

ONE-TIME ALLOCATION:

\$ 6,762,000

- Cedar Street \$ 524,150
- S. El Camino \$ 2,163,200
- Delaware Street \$ 1,124,860

TOTAL COMMITTED \$ 3,812,210

Remainder:

\$ 2,949,790
(+ interest)



PREVENTION AND EARLY INTERVENTION

- Cautious approach to implementation
 - Approval of PEI plan coincided with beginning of financial recession
- Anti-Stigma initiative has reached 850 individuals in FY 10/11
- Early Childhood Community Team served 26 clients in 1 quarter of operation in FY 10/11.
 - Numbers have increased dramatically with program in full operation in 11/12, currently providing MH consultation services to 130 children and 25 staff, and parent groups in the Coast. Also serving 8 families in Daly City.



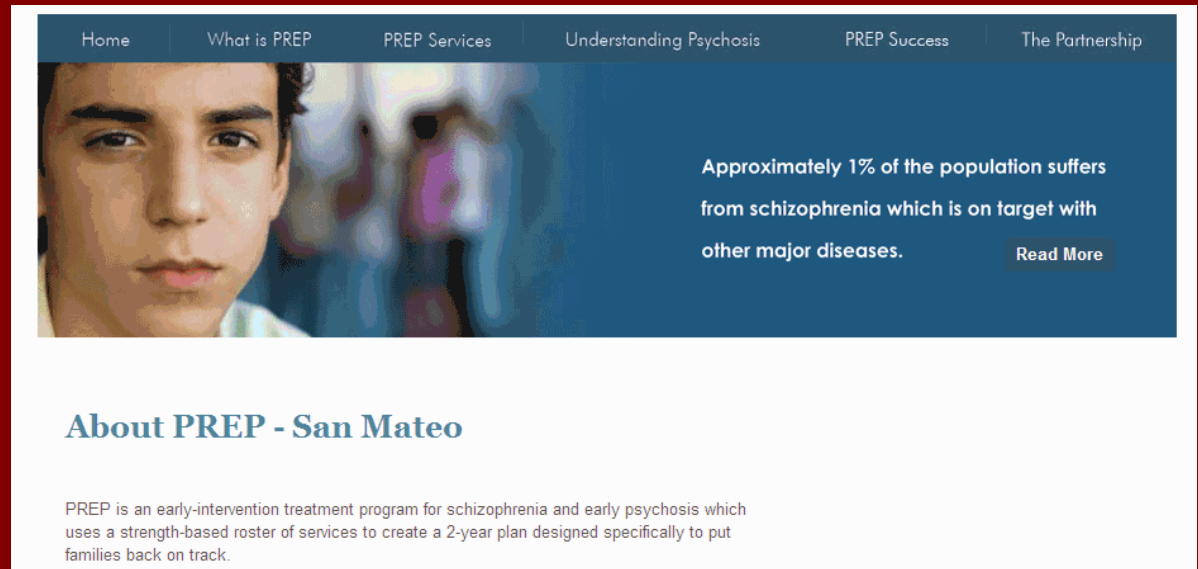
PREVENTION AND EARLY INTERVENTION

- Office of Diversity and Equity
- Community Interventions for School and Transition Age Youth:
 - Teaching Pro-social Skills served 40 students in 6 schools (January through June 2011)
 - Seeking Safety, served 91 clients in 6 months of programming
 - Project SUCCESS: 15 clients served in 1 quarter of programming
 - Middle school initiative served 53 students in FY 10/11



PREVENTION AND EARLY INTERVENTION

- PREP, Prevention and Recovery in Early Psychosis, targets individuals ages 14 to 35 with first onset schizophrenia and other psychotic disorders.



Home What is PREP PREP Services Understanding Psychosis PREP Success The Partnership

Approximately 1% of the population suffers from schizophrenia which is on target with other major diseases. [Read More](#)

About PREP - San Mateo

PREP is an early-intervention treatment program for schizophrenia and early psychosis which uses a strength-based roster of services to create a 2-year plan designed specifically to put families back on track.

PREP referral line is 650.504.3374

PEI
Advance
Prevention &
Early Intervention

W&E
Welcome
and Engage

TW
Foster Total
Wellness

D&E
Promote
Diversity & Equity

C&F
Empower
Clients & Families

WORKFORCE EDUCATION AND TRAINING

- BHRS Staff Mentoring Pilot (40 mentors and mentees)
- Mental Health Loan Assumption Awardees (9)
- Lived Experience Academy (10 graduates)
- *Can We Talk* Consumer & Family Member Employment Conference (150)
- Second Trauma Informed Care Conference (530)
- Ongoing implementation of evidence based practices including Seeking Safety, Motivational interviewing, WRAP, Strength-Based Case Management, trauma-informed care, mindfulness based cognitive therapies (600)
- Continued recruitment of interns and distribution of stipends with increased collaboration with ODE (20 stipends, 65 interns)

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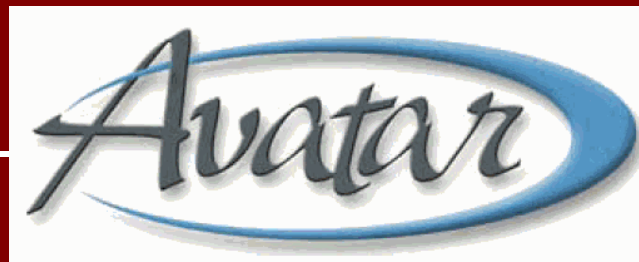
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TECHNOLOGY

- First pilot clinic, East Palo Alto, went live on 12/8/09
- By the end of FY 09-10, there 450 Avatar users and we had full electronic medical record with electronic prescribing, assessments, treatment plans, progress notes, transfer/discharge record
- In FY 10/11 Avatar became the "system of record" as of July 1: fully operational and in use in all of our directly operated County Clinics; began working with contracted CBOs to submit data to us trough Avatar



INNOVATION

- The mission of Total Wellness is to ensure a coordinated and holistic, wellness-based approach for our clients with serious and persistent behavioral health issues
- Services include: nurse care coordination with primary care services; peer wellness coaching; peer led wellness groups such as smoking cessation and well body; health education; nutrition classes and physical activities; TW WRAP group, among others
- A total of 247 individuals have been enrolled and served since the program went live in February 2011

TW

Foster Total
Wellness

CURRENT

CONTEXT

MHSA LANDSCAPE

- Great uncertainty regarding State budget and legislative processes
 - **GOP budget proposal**
 - S.B. 1136 (Steinberg)
 - A.B. 2228 (Hayashi)
 - **TBL 601 (Governor's proposal):**
 - OAC to "receive" plans to support evaluation
 - Repeals county performance contract
 - Designates County BOS to approve plans
 - Appropriates \$60M to DPH for the CA Reducing Disparities project



PLANNING FOR THE FUTURE

PRINCIPLES

- Follow existing MHSA guidelines
- Maximize revenue (e.g., MAA, Medi-Cal) for MHSA funded programs
- Prioritize direct services to clients over indirect services

PLANNING FOR THE FUTURE

PRINCIPLES

- Use reserves to mitigate impact to services (reserves decreasing)
- Evaluate potential scenarios against BHRS's Mission, Vision and Values. When the economy improves, we want to be well positioned to carry-on our work
- Avoid impacting any geographic, ethnic, or linguistic group disproportionately

PRIORITIES IDENTIFIED BY STAKEHOLDERS

P R I O R I T I E S

- Maintenance of effort so as to avoid undermining progress made, thus positioning ourselves well for growth
- Expansion of FSP services
- Implementation of early onset project

FISCAL YEAR 12/13

PLAN

STATE REVENUE PROJECTIONS FY 12/13

	FISCAL YEAR								
	ACTUAL					ESTIMATED			
	07/08	08/09	09/10	10/11	11/12	12/13	13/14	14/15	15/16
CSS	518	650	900	784	741	940	971	1,038	1,146
PEI	115	233	330	216	185	235	243	259	287
INN		71	71	120	49	5%	5%	5%	5%
TOTAL	633	954	1,301	1,120	975	1,175	1,214	1,297	1,433

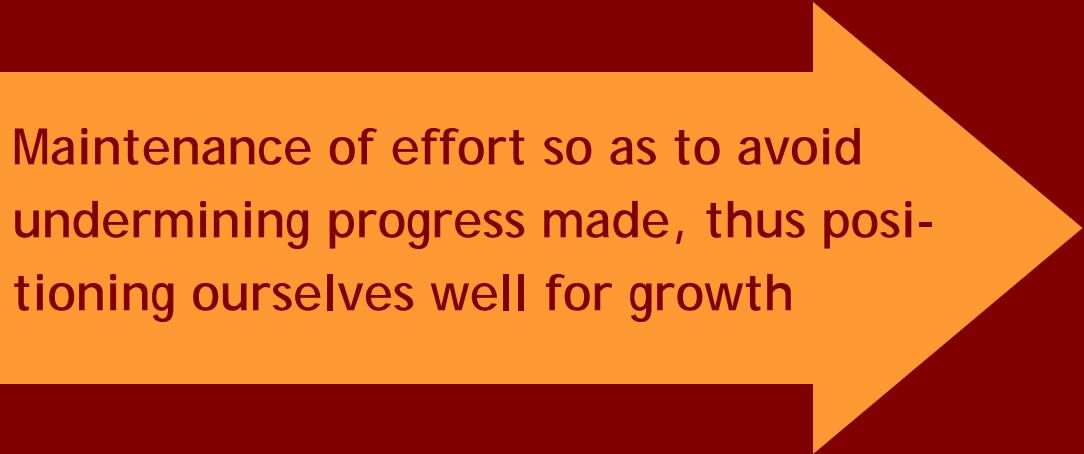
PROPOSED EXPENDITURE LEVELS VS. PROJECTED REVENUE - FY 12/13

	PROJECTED MHSA COST FY11/12	PROJECTED ALLOCATION (*) FY 12/13 (10%)	PROJECTED FY 12/13 (15%)	PROJECTED FY 12/13 (20%)
CSS	\$13,004,477?	\$13,174,150?	\$13,772,975?	\$14,371,800?
PEI	\$4,478,339	\$3,450,260?	\$3,607,090?	\$3,763,920?

San Mateo's strategy of using higher revenue years to carry us through lower revenue years has paid off: for FY 12/13, expenses will be equal to revenue for CSS; for PEI, rollover will allow to maintain program expenditure levels until the revenue fully stabilizes.

() FY 11/12 Allocations: CSS = \$11,976,500 / PEI = \$3,136,600*

PRIORITIES AND THE FY 12/13 PLAN



Maintenance of effort so as to avoid undermining progress made, thus positioning ourselves well for growth



Implementation of early onset project



PRIORITIES AND THE FY 12/13 PLAN

Expansion of FSP services
(prevention of incarceration,
hospitalization, and
homelessness)

**IDENTIFIED
NEEDS**

- SLOTS FOR PSYCHIATRIC EMERGENCY SERVICES AND 3AB (TRANSITION AGE YOUTH/ADULTS)
- EXPANSION OF INTEGRATED FULL SERVICE PARTNERSHIPS (FSP) TO CENTRAL COUNTY (ADULTS) (Currently in North and South)
- SLOTS FOR TRANSITION AGE YOUTH (WITH HOUSING)
- EXPANSION OF WRAPAROUND SERVICES FOR CHILDREN AND YOUTH
- ADDITIONAL HOUSING FOR EXISTING FSP (ADULTS)

OTHER NEEDS IDENTIFIED

COMMUNITY SERVICES AND SUPPORTS

- PRE-CRISIS RESPONSE SERVICES
- EXPANSION OF ASSESSMENT, SUPPORTED EMPLOYMENT AND FINANCIAL EMPOWERMENT FOR CLIENTS
- EXPANSION OF SUPPORTS FOR YOUTH TRANSITIONING TO ADULTHOOD
- TRAUMA-INFORMED CARE SERVICES EXPANSION

PREVENTION AND EARLY INTERVENTION

- EXPANSION OF INTERVENTIONS FOR CHILDREN AND YOUTH AGES 0 TO 25
- EXPANSION OF PARENT PROJECT