MENTAL HEALTH SERVICES ACT
STEERING COMMITTEE MEETING
March 6, 2013

PROGRESS REPORT and ANNUAL UPDATE FY 13/14

San Mateo County Health System
Behavioral Health and Recovery Services Division
OUR AGENDA FOR TODAY

- MHSA 101
- PROGRAMS PRESENTATIONS
- PROGRESS REPORT (previous year)
- PLAN FOR FY 13/14
MENTAL HEALTH SERVICES ACT
101
**PROPOSITION 63**

- Passed in November of 2004
- 1% tax on personal income > $1M
- Funds mental health services
  - Co-occurring OK
- No supplant rule
- 3-year reversion cycle for most components
- Plans must emanate from structured planning processes
**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

WET
workforce education and training

PEI
prevention and early intervention

CSS
community services and supports

IT/CF
information technology and capital facilities

INN
innovation

HOUSING
BEHAVIORAL HEALTH AND RECOVERY SERVICES

VISION

MISSION

VALUES

OC
Build Organizational Capacity

PEI
Advance Prevention & Early Intervention

C&F
Empower Clients & Families

DP
Disaster Preparedness

S&S
Enhance Systems & Supports

TW
Foster Total Wellness

D&E
Promote Diversity & Equity

L&I
Cultivate Learning & Improvement

W&E
Welcome and Engage

STRATEGIC INITIATIVES
PROGRAM PRESENTATION
PREP
PREVENTION & REFERRAL IN EARLY PSYCHOSIS
Aims

• Brief review of the PREP program
• Present data on clients screened
• Present demographic data on clients accepted into PREP
• Future Directions for PREP SMC
The PREP Vision

1. **Remission**: To stably remit most cases of schizophrenia through a combination of early detection, rigorous diagnosis, and an array of evidence based treatments.

2. **Rehabilitation**: To restore cognitive, social, and vocational functioning

3. **Recovery**: To help the person return to a normal, productive life

4. **Respect**: To approach treatment as a collaboration with clients to help them achieve their life goals
PREP SMC: Target Population

Recent-Onset Psychosis

• Age 14-35
• Diagnosis of schizophrenia, schizophreniform, schizoaffective disorder, psychosis NOS
• Onset of full psychosis within the past 2 years
• San Mateo County resident
• Any health insurance (or uninsured)
PREP Services

- Comprehensive Diagnostic Assessment
- Individual Care Management
- Individual CBT for psychosis
- Medication Management
- Family Support – individual and groups
- Care Advocate support – individual and groups
- Integrated substance abuse treatment

Coming soon
- Multi-family groups
- Cognitive Training
- Educational/Vocational Support
PREP SMC staffing

- Clinical Program Manager
- 2.5 Care Managers/Therapists
- Family Partner
- Care Advocate
- Medical Director
- Office Manager
Intake Data
Recent Onset Psychotic Experience?

- NO
- YES

Clinical and standardized interviews

Early Psychosis Syndrome?*

- NO
- YES

Referral to appropriate services

Offered all program Components**:

- Care Management
- Individual CBT
- Education and vocational support
- Algorithm-based medication mgmt
- Substance Abuse Treatment
- Multi-family group

*schizophreniform disorder, or in the early stages of Schizophrenia or schizoaffective disorder

** Schedule appointments to meet with all PREP clinical staff
## Initial Phone Screen

<table>
<thead>
<tr>
<th>Eligibility</th>
<th>Number of clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Screened</td>
<td>78</td>
</tr>
<tr>
<td>Eligible for SCID Assessment</td>
<td>42 (54%)</td>
</tr>
<tr>
<td>Screened out at phone screen</td>
<td>36 (46%)</td>
</tr>
</tbody>
</table>
## Reasons for screening out

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Number of clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non San Mateo Resident</td>
<td>5</td>
</tr>
<tr>
<td>Psychosis for longer than two years</td>
<td>7</td>
</tr>
<tr>
<td>Non eligible diagnosis</td>
<td>12</td>
</tr>
<tr>
<td>Declined services</td>
<td>4</td>
</tr>
<tr>
<td>No longer interested</td>
<td>3</td>
</tr>
<tr>
<td>Moved out of San Mateo (referred to a different PREP)</td>
<td>2</td>
</tr>
<tr>
<td>Did not engage in phone screen</td>
<td>2</td>
</tr>
<tr>
<td>Incarcerated</td>
<td>1</td>
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</table>
Diagnostic Assessment

<table>
<thead>
<tr>
<th>Eligibility</th>
<th>Number of clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Assessed</td>
<td>42</td>
</tr>
<tr>
<td>Eligible</td>
<td>28 (67%)</td>
</tr>
<tr>
<td>Not eligible</td>
<td>14 (33%)</td>
</tr>
</tbody>
</table>

28 accepted into the program
- 1 declined services upon advice of treating therapist
- 2 did not respond to requests to schedule feedback
## Reasons for screening out at assessment

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Number of clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non eligible diagnosis</td>
<td>10</td>
</tr>
<tr>
<td>Psychosis longer than two years</td>
<td>4</td>
</tr>
</tbody>
</table>

_Prep_ Prevention and Recovery in Early Psychosis_
PREP SMC Clients: Demographics

- Mean age 24 years (range 15-30 years)
- Male (63%), Female (37%)
- Ethnicity
  - Asian = 20.8%
  - Black or African American = 0.0%
  - Hispanic or Latino = 33.3%
  - Native Hawaiian or Other Pacific Islander = 12.5%
  - White = 33.3%
- Primary Diagnosis
  - Schizophrenia = 75.0%
  - Schizoaffective = 16.7%
  - Schizophreniform = 8.3%
Future Directions

- Commence Multi-Family Group
- Hire an Educational/Vocational worker
- Offer Cognitive Training
- Expand services to individuals with Bipolar Disorder?
PROGRAM PRESENTATION

TOTAL WELLNESS
Origins

Principles
The grant funding
The start
Principles

Integrated Care

- Co-located, coordinated care
- Data sharing
- Peer driven supports and services
Grant Funding

SAMHSA + MHSA + In-Kind = Total Wellness Funding
Our Start: The Structure

- **Peer Coaching**
  - Community Workers
  - Contracted Peer Coaches

- **Health Educators**
  - Individual and group interventions
  - Designing and planning interventions

- **Nurse Care Coordinators**
  - Coordinate care
  - Disseminate clinical information
  - Connect clients to services

- **Primary Care**
  - Expand primary care services
Our Challenges and Growth

**Initial Challenges**
- Hiring and Onboarding Staff
- Training, development, and deployment of group and individual services
- Development and standardization of processes

**Current Status**
- TW positions now filled
- Groups and services active
- Processes are standard

**Future Steps**
- Efficient use of staff as well as provide support
- Evaluate and improve effectiveness of services
- Review and improve processes to further reduce waste
Total Wellness Today

Services
Results
Staff Activities – spreading the word
Services

- Peer wellness coaching
- Walking and physical activities
- WRAP groups
- Chronic disease self management
- Nutrition groups
- Nurse care coordination
- Linkage to community wellness resources
- Monthly health classes
- Transportation
- Easy access to Primary Care
- Health education
- Smoking cessation groups

Wellness Services
Results

Processes
Grant Metrics
Client Outcomes
Processes

Referrals
- Eligibility
- Welcome/Registration and Direct Referrals
- Seamless and paperless

Warm Handoff
- TW Staff available during all Primary Care Clinic hours

Labs
- TW Clinical Teams
- Labs done with primary care appointment
- Primary Care schedules blocked to get TW labs

Communication
- Nurse care coordination
- Weekly TW Staff Meetings (PC and BHRS)
- Communication of progress at Central Med Staff Meeting
- Informal huddles and discussions
- Reminder calls
Outcomes
Results: Grant Metrics

Enrollment Target

Cumulative

Target  Actual

338  335
Client Outcomes: Functioning

- Were Healthy Overall: 47.50% Baseline Positive, 55.80% Second Interview Positive
- Were Functioning in Everyday Life: 45.70% Baseline Positive, 53.20% Second Interview Positive
- No serious psychological distress: 61.90% Baseline Positive, 73.50% Second Interview Positive
Client Outcomes

- Attending school or employed:
  - Baseline Positive: 27.30%
  - Second Interview Positive: 35.80%

- Were socially connected:
  - Baseline Positive: 51.40%
  - Second Interview Positive: 64.20%
Health Outcomes

Baseline At-Risk  Second Interview At-Risk
Health Outcomes: Improvement

<table>
<thead>
<tr>
<th>Condition</th>
<th>Improvement</th>
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<tbody>
<tr>
<td>Blood Pressure</td>
<td>21.50%</td>
</tr>
<tr>
<td>BMI</td>
<td>42.90%</td>
</tr>
<tr>
<td>HgbA1c</td>
<td>50%</td>
</tr>
<tr>
<td>HDL</td>
<td>34.70%</td>
</tr>
<tr>
<td>LDL</td>
<td>40.50%</td>
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<tr>
<td>Triglycerides</td>
<td>47.60%</td>
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</table>
Healthcare Utilization
Financial Data

Acute/Inpatient vs Outpatient Charges

Inpatient/Acute Charges

$2,223,083

Outpatient Charges

$534,973.00

$785,693.00

$1,662,966

2010-2011

2011-2012
Healthcare Utilization
Financial Data

Acute Services Comparison

- Internal Medicine (2AB)
- Long-Term Care
- Psychiatry Inpatient (3AB)

2010-2011:
- $1,033,004.00

2011-2012:
- $705,754.00
- $424,196.00
- $278,177.00
- $138,602.00
- $42,956.00
Using the Data: The Client Dashboard

<table>
<thead>
<tr>
<th>Category</th>
<th>Indicator (Goal)</th>
<th>Baseline</th>
<th>6 month</th>
<th>12 month</th>
<th>18 month</th>
<th>24 month</th>
<th>30 month</th>
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<tbody>
<tr>
<td>Lungs</td>
<td>Smoking? [No]</td>
<td>20</td>
<td>20</td>
<td>20</td>
<td>20</td>
<td>#N/A</td>
<td>#N/A</td>
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<tr>
<td></td>
<td>Weight</td>
<td>41.7</td>
<td>39.8</td>
<td>39.5</td>
<td>38.8</td>
<td>#N/A</td>
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<tr>
<td></td>
<td></td>
<td>152.0</td>
<td>126.0</td>
<td>125.0</td>
<td>123.0</td>
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<td>#N/A</td>
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<tr>
<td>Blood Pressure</td>
<td>Systolic BP [90-120]</td>
<td>150</td>
<td>125</td>
<td>100</td>
<td>126</td>
<td>#N/A</td>
<td>#N/A</td>
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<tr>
<td></td>
<td>Diastolic BP [60-80]</td>
<td>88</td>
<td>88</td>
<td>77</td>
<td>80</td>
<td>#N/A</td>
<td>#N/A</td>
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<tr>
<td>Blood Sugar</td>
<td>Fasting Glucose [70-99]</td>
<td>91</td>
<td>87</td>
<td>98</td>
<td>90</td>
<td>#N/A</td>
<td>#N/A</td>
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<tr>
<td></td>
<td>Hemoglobin A1c [4.0-5.6]</td>
<td>5</td>
<td>#N/A</td>
<td>#N/A</td>
<td>#N/A</td>
<td>#N/A</td>
<td>#N/A</td>
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<tr>
<td>Heart Health</td>
<td>Total Cholesterol [125-200]</td>
<td>258</td>
<td>243</td>
<td>185</td>
<td>139</td>
<td>#N/A</td>
<td>#N/A</td>
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<td></td>
<td>LDL [20-129]</td>
<td>157</td>
<td>128</td>
<td>110</td>
<td>76</td>
<td>#N/A</td>
<td>#N/A</td>
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<tr>
<td></td>
<td>HDL [≥40]</td>
<td>34</td>
<td>38</td>
<td>43</td>
<td>33</td>
<td>#N/A</td>
<td>#N/A</td>
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<tr>
<td></td>
<td>Triglycerides [30-149]</td>
<td>297</td>
<td>375</td>
<td>201</td>
<td>169</td>
<td>#N/A</td>
<td>#N/A</td>
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</table>

My Wellness Goals:

- My Action Plan:
Spreading the Word

- Peer Coaching Education
- Smoking Cessation
- Monthly Classes

Education

- Technical assistance to other grantees
- Site visits by other grantee

Consultation and Technical Assistance

- Financial Sustainability Webinar
- Nutrition training to board and care operators

Trainings
Looking Forward

Sustainability
Expansion
Embedding Total Wellness
Sustainability

SAMHSA -> MHSA

In-Kind

Billable Services

MAA

In-Kind

Current Funding

Future Funding
Embedding Total Wellness

Integrated Care

- Peer/Community Supports
- Behavioral Health Care
- Primary and Specialty Care

Care Coordination

Data and Analytics
Our Team
Thank you!
The Total Wellness Team
TARGET POPULATION

- Age 60+
- San Mateo County Resident
- Serious Mental Illness
- Insured by Health Plan of San Mateo
OASIS CLIENT PROFILE

- Serious mental illness
- Multiple, complex medical conditions
- Cognitive impairment
- Functional limitations
OASIS FIELD-BASED SERVICES

- Psychiatric medication evaluation/monitoring
- Intensive case management
- Counseling/therapy
- Escort and transport to medical appointments
OLDER ADULT/OASIS POPULATION

- 13,478 individuals 60+ in San Mateo County
- 1,521 individuals 60+ in BHRS
- 240 OASIS clients
  - 7-10 client admissions per month
  - 3-8 client discharges per month
OASIS DEMOGRAPHICS

- 31 Spanish speaking clients (13%) – half are monolingual speakers
- 30 Mandarin and Cantonese clients (13%) – all monolingual speakers
- Tagalog, Farsi, and Hmong speaking clients
OASIS DEMOGRAPHICS

- Average age is 72
  - 43% of clients in 70s
  - 34% of clients in 60s
  - 15% of clients in 80s
  - 3% of clients in 90s
  - 5% of clients under age 60

- 75% female and 25% male
BOARD AND CARE

- 17 supplemented board and care homes, housing 153 clients
- 8 older adult supplemented homes, housing 81 older adult clients
- 40 supplemented beds providing enhanced level services for more medically complex and functionally impaired adults/older adults
COMPLEX CHALLENGES
QUESTIONS
PROGRESS REPORT
## MHSA AT A GLANCE – CLIENTS SERVED

<table>
<thead>
<tr>
<th></th>
<th>Outreach and Engagement</th>
<th>System Development Initiatives</th>
<th>Full Service Partnerships</th>
</tr>
</thead>
<tbody>
<tr>
<td>06/07:</td>
<td>314</td>
<td>1,846</td>
<td>161</td>
</tr>
<tr>
<td>07/08:</td>
<td>1,905</td>
<td>3,896</td>
<td>281</td>
</tr>
<tr>
<td>08/09:</td>
<td>4,707</td>
<td>3,684</td>
<td>336</td>
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<tr>
<td>09/10:</td>
<td>5,471</td>
<td>4,159</td>
<td>350</td>
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<tr>
<td>10/11:</td>
<td>9,996</td>
<td>4,089</td>
<td>428</td>
</tr>
<tr>
<td>11/12:</td>
<td>9,121</td>
<td>4,585</td>
<td>426</td>
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</table>
## CLIENTS SERVED

<table>
<thead>
<tr>
<th>PROGRAM</th>
<th>06/07</th>
<th>07/08</th>
<th>08/09</th>
<th>09/10</th>
<th>10/11</th>
<th>11/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Service Partnership (Adults/Older Adults)</td>
<td>41 A</td>
<td>85 A</td>
<td>125 A</td>
<td>129 A</td>
<td>169 A</td>
<td>172 A</td>
</tr>
<tr>
<td></td>
<td>33 OA</td>
<td>57 OA</td>
<td>103 OA</td>
<td>78 OA</td>
<td>81 OA</td>
<td>89 OA</td>
</tr>
<tr>
<td>Full Service Partnership (Children/Youth/TAY)</td>
<td>87 C/Y</td>
<td>67 C/Y</td>
<td>60 C/Y</td>
<td>89 C/Y</td>
<td>135 C/Y</td>
<td>125 C/Y</td>
</tr>
<tr>
<td></td>
<td>55 TAY</td>
<td>48 TAY</td>
<td>54 TAY</td>
<td>43 TAY</td>
<td></td>
<td></td>
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<tr>
<td>Primary Care-Based Behavioral Health Services</td>
<td>128</td>
<td>665</td>
<td>852</td>
<td>866</td>
<td>845</td>
<td>796</td>
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<tr>
<td>Outreach East Palo Alto</td>
<td>N/A</td>
<td>1,250</td>
<td>2,978</td>
<td>3,250</td>
<td>3,839</td>
<td>4,076</td>
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<tr>
<td>Outreach North County Collaborative</td>
<td>N/A</td>
<td>N/A</td>
<td>430</td>
<td>1,242</td>
<td>5,285</td>
<td>4,928</td>
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<tr>
<td>Older Adults System of Integrated Services</td>
<td>100</td>
<td>187</td>
<td>259</td>
<td>280</td>
<td>280</td>
<td>247</td>
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<tr>
<td>Total Wellness</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>88</td>
<td>290</td>
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</table>
## CLIENTS SERVED

<table>
<thead>
<tr>
<th>PROGRAM</th>
<th>06/07</th>
<th>07/08</th>
<th>08/09</th>
<th>09/10</th>
<th>10/11</th>
<th>11/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crisis Hotline</td>
<td>168</td>
<td>539</td>
<td>677</td>
<td>728</td>
<td>728</td>
<td>760</td>
</tr>
<tr>
<td>Pathways</td>
<td>56</td>
<td>181</td>
<td>185</td>
<td>123</td>
<td>143</td>
<td>166</td>
</tr>
<tr>
<td>Consumer / family partners</td>
<td>595</td>
<td>842</td>
<td>764</td>
<td>932</td>
<td>904</td>
<td>1,525</td>
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<tr>
<td>EBP expansion (youth/adults)</td>
<td>948</td>
<td>2,192</td>
<td>2,125</td>
<td>2,076</td>
<td>2,223</td>
<td>2,395</td>
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<tr>
<td>Puente DD clinic</td>
<td>N/A</td>
<td>N/A</td>
<td>69</td>
<td>117</td>
<td>144</td>
<td>148</td>
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<tr>
<td>Interns</td>
<td>135</td>
<td>131</td>
<td>224</td>
<td>368</td>
<td>350</td>
<td>564</td>
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### Full Service Partnerships Outcomes

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Children &amp; Youth</th>
<th>Transition Age Youth (TAY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decreased Psychiatric Emergency Services Visit</td>
<td>67%</td>
<td>59%</td>
</tr>
<tr>
<td>Decreased Hospitalization</td>
<td>57%</td>
<td>65%</td>
</tr>
</tbody>
</table>

Percentage of program participants showing decreased rates of hospitalization and visits to Psychiatric Emergency Services.
FULL SERVICE PARTNERSHIPS
ETHNIC BREAKDOWN (Children and Youth)

- White or Caucasian, 80, 27%
- Mixed Race, 31, 10%
- Hispanic or Latino, 105, 36%
- Black or African American, 45, 15%
- Unknown / Not Reported, 8, 3%
- Other Pacific Islander, 7, 2%
- Other Race, 7, 2%
- Other Asian, 3, 1%
- Japanese, 3, 1%
- Samoan, 1, 0%
- Filipino, 9, 3%
- Chinese, 1, 0%
FULL SERVICE PARTNERSHIPS
ETHNIC BREAKDOWN (Transition Age Youth)

- Hispanic or Latino, 37, 31%
- Black or African American, 22, 19%
- White or Caucasian, 37, 32%
- Filipino, 5, 4%
- Mixed Race, 10, 9%
- Other Pacific Islander, 1, 1%
- Other Race, 1, 1%
- American Indian or Alaska Native, 2, 2%
### Full Service Partnerships Outcomes

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Adults</th>
<th>Older Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decreased Psych Emergency Services Visit</td>
<td>57%</td>
<td>65%</td>
</tr>
<tr>
<td>Decreased Hospitalization</td>
<td>72%</td>
<td>72%</td>
</tr>
</tbody>
</table>

Percentage of program participants showing decreased rates of hospitalization and visits to Psychiatric Emergency Services.
FULL SERVICE PARTNERSHIPS
ETHNIC BREAKDOWN (Adults)

- White / Caucasian, 146, 52%
- Black or African American, 50, 17%
- Hispanic or Latino, 41, 14%
- Filipino, 9, 3%
- Chinese, 3, 1%
- Other Race, 5, 2%
- Tongan, 1, 0%
- Unknown, 2, 1%
- Japanese, 1, 0%
- Native Hawaiian, 1, 0%
- Other Pacific Islander, 2, 1%
- American Indian / Alaska Native, 1, 0%
FULL SERVICE PARTNERSHIPS
ETHNIC BREAKDOWN (Older Adults)

White or Caucasian, 70, 56%
Black or African American, 27, 21%
Hispanic or Latino, 18, 14%
Filipino, 5, 4%
Mixed Race, 4, 3%
Other Race, 3, 2%
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
- $121,665 per unit not to exceed one third cost of unit; and up to $121,665 per unit for unit operating costs
- BHRS responsible for services through Full Service Partnerships
HOUSING PROJECTS

Cedar Street Apartments - Approved in 2009 (14 units) - Original Sketch

Pictures of the completed project
HOUSING PROJECTS

El Camino Apartments - Approved in 2010 (20 units) - Original Sketch

Completed project

In progress
Delaware Street Apartments - Approved in 2011 (10 units) – Original Sketch
### HOUSING – FUNDING BREAKDOWN

<table>
<thead>
<tr>
<th>ONE-TIME ALLOCATION:</th>
<th>$ 6,762,000</th>
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<tbody>
<tr>
<td>Cedar Street</td>
<td>$ 524,150</td>
</tr>
<tr>
<td>S. El Camino</td>
<td>$ 2,163,200</td>
</tr>
<tr>
<td>Delaware Street</td>
<td>$ 1,124,860</td>
</tr>
</tbody>
</table>

**TOTAL COMMITTED** $ 3,812,210

**Remainder:** $ 2,949,790 (+interest)
Early Childhood Community Team – Targets the 0 to 5 population, parents and child care service providers

- Mental health consultation services provided to 163 children and 25 staff, and parent groups in the Coast. Also serving 11 families in Daly City.

- Clinician and community workers are trained in Touchpoints, Parents as Teachers, and Circle of Security, which are evidence-based practices that have proven effective with this population.
Office of Diversity and Equity Highlights:

- Mental Health First Aid – 4 12-hr trainings provided with blended MHSA funding (WET and PEI)
- Parent Project – Trained 4 new facilitators from different ethnicities and held a Latino and a Pacific Islander Parent Project training that reached more than 30 parents.
- Photovoice / Digital Storytelling
- Various trainings hosted by the health equity initiatives
  - African American Community; Chinese Health Initiative; Pacific Islander Initiative; Filipino Mental Health Initiative; Latino Collaborative; PRIDE Initiative; Spirituality Initiative
PREVENTION AND EARLY INTERVENTION

- Community Interventions for School and Transition Age Youth:
  - Teaching Pro-social Skills at 6 schools sites served:
    - 73 students over 57 sessions (January-February 2012)
    - 69 students over 30 sessions (February-March 2012)
    - 69 students over 82 sessions (April-June 2012)
  - Seeking Safety, served 178 youth in 510 group sessions in FY 11/12
  - Project SUCCESS: 117 youth and adults were seen in FY 11/12; an additional 132 youth were screened
  - Middle school initiative served 52 students in FY 11/12
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.

PREP referral line is 650.504.3374
WORKFORCE EDUCATION AND TRAINING

- BHRS Staff Mentoring Pilot (40 mentors and mentees; 50 workshops attendees)
- Mental Health Loan Assumption Awardees (42)
- Lived Experience Academy (34 graduates)
- Ongoing implementation of evidence based practices including Seeking Safety, Motivational interviewing, WRAP, Strength-Based Case Management, trauma-informed care, mindfulness based cognitive therapies (1,100)
- Continued recruitment of interns and distribution of stipends with increased collaboration with ODE (20 stipends, 65 interns)
- High School Career Pathways – Students and East Palo Alto Academy and Terra Nova High School taught about behavioral healthcare and behavioral health care careers – (140 students)
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.
TECHNOLOGY

- Upgraded infrastructure to accommodate more than 600 users including use by San Mateo Medical Center Psychiatric Emergency Services and Psychiatric Inpatient
- Upgraded software to comply with Meaningful Use requirements
- Employed a person to support contracted Community Based Organizations to enhance their use of Avatar
- Paid 40% of the salary of a trainer to create online Electronic Health Records trainings and keep our training/support documentation up to date
MHSA LANDSCAPE

• More local flexibility
  • Contradictory instructions still in the books
• Monthly influx of tax dollars on an accrual basis
  • Great for cash flow, challenging for planning
  • First disbursement to San Mateo on September 2012, monthly after that.
  • Will know exact allocation for FY 12/13 at the end of FY 12/13.
• Uncertainty in terms of revenue: hard to predict how much money we will have at the end of the year
MHSA LANDSCAPE

• Oversight and Accountability to “receive” plans to support evaluation
  • Ongoing FSP evaluation and PEI evaluation in the works
• County Board of Supervisors to approve plans
• County Controller to certify expenditures
• Increased demands on the dollars, with several emerging legislative proposals that would affect the use of MHSA dollars
  • Two years ago the State “borrowed” more than $800 million. Last year, $60 million were redirected to the statewide Disparities Reduction project.
  • SB 585 (Steinberg); AB 1367 (Mansoor); SB 664 (Yee)
## REVENUE EVOLUTION

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>CSS</th>
<th>PEI</th>
<th>INN</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/08</td>
<td>518</td>
<td>115</td>
<td>-</td>
<td>633</td>
</tr>
<tr>
<td>08/09</td>
<td>650</td>
<td>233</td>
<td>71</td>
<td>954</td>
</tr>
<tr>
<td>09/10</td>
<td>900</td>
<td>330</td>
<td>71</td>
<td>1,301</td>
</tr>
<tr>
<td>10/11</td>
<td>784</td>
<td>216</td>
<td>120</td>
<td>1,120</td>
</tr>
<tr>
<td>11/12</td>
<td>741</td>
<td>185</td>
<td>49</td>
<td>975</td>
</tr>
<tr>
<td>12/13</td>
<td>1,005</td>
<td>251</td>
<td>66</td>
<td>1,322</td>
</tr>
<tr>
<td>13/14</td>
<td>884</td>
<td>221</td>
<td>58</td>
<td>1,163</td>
</tr>
</tbody>
</table>

ACTUAL (millions) vs. ESTIMATED
FISCAL YEAR 13/14

PLAN
### EXPENDITURE vs. REVENUE
#### FYs 11/12 and 12/13

<table>
<thead>
<tr>
<th></th>
<th>ACTUAL EXPENDITURES FY11/12</th>
<th>ACTUAL ALLOCATION FY11/12</th>
<th>PROJECTED EXPENDITURES FY12/13</th>
<th>ACTUAL ALLOCATION FY12/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>CSS</td>
<td>$13,077,905</td>
<td>$11,976,500</td>
<td>$14,118,447</td>
<td></td>
</tr>
<tr>
<td>PEI</td>
<td>$5,942,713</td>
<td>$3,136,600</td>
<td>$5,708,136</td>
<td></td>
</tr>
</tbody>
</table>

San Mateo’s strategy of using higher revenue years to carry us through lower revenue years has paid off, allowing us to maintain the expenditure level using previous years unspent, encumbered dollars.
## Identified Priorities - Current Plan

### Projected Expansion

<table>
<thead>
<tr>
<th>Category</th>
<th>Item</th>
<th># Units</th>
<th>Cost Per Unit</th>
<th>Total Annual Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CSS FSP</strong></td>
<td>Slots for psychiatric emergency services and 3AB (TAY and Adults)</td>
<td>10</td>
<td>$22,193</td>
<td>$221,930</td>
</tr>
<tr>
<td><strong>CSS FSP</strong></td>
<td>Slots for TAY, with housing</td>
<td>5</td>
<td>$46,000</td>
<td>$230,000</td>
</tr>
<tr>
<td><strong>CSS FSP</strong></td>
<td>Expansion of integrated FSPs to Central (Adults)</td>
<td>5</td>
<td>$8,733</td>
<td>$43,665</td>
</tr>
<tr>
<td><strong>CSS FSP</strong></td>
<td>Expansion of Wraparound services for children and youth</td>
<td>5</td>
<td>$36,000</td>
<td>$180,000</td>
</tr>
<tr>
<td><strong>CSS FSP</strong></td>
<td>Additional housing for existing FSP Adults</td>
<td>25</td>
<td>$5,774</td>
<td>$144,350</td>
</tr>
</tbody>
</table>

### CSS FSP Total

$819,945

| **CSS NON-FSP**   | Pre-crisis response services                                         | 80      | $3,125        | $250,000          |
| **CSS NON-FSP**   | Expansion of supports for youth transitioning to adulthood          | 1       | $135,000      | $135,000          |
| **CSS NON-FSP**   | Expansion of assessment, supported employment, and financial empowerment for clients | 1 | $100,000 | $100,000 |

### CSS NON-FSP Total

$485,000

### Totals

$1,304,945
## IDENTIFIED PRIORITIES – CURRENT PLAN

<table>
<thead>
<tr>
<th>PROJECTED EXPANSION</th>
<th>Description</th>
<th>Quantity</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>PEI 0 TO 25</td>
<td>Expansion of Teaching Pro-social Skills</td>
<td>1</td>
<td>$200,000</td>
</tr>
<tr>
<td>PEI OTHER</td>
<td>Expansion of Parent Project</td>
<td>1</td>
<td>$20,000</td>
</tr>
</tbody>
</table>

**PEI TOTAL**

- **Our known unspent dollars (previous year) are already committed for ongoing programming**
- **Our expansion dollars are committed for agreed upon funding priorities in process of being implemented up to $1.3M for CSS and $220K for PEI**
- **We expect a revenue decline in the following year**
- **Pressures on MHSA dollars continue to mount at the State level**
- **Need to assess Prevention and Early Intervention in FY 14/15**
Continue implementing identified priorities
Assess and plan for 14/15 and beyond for Prevention and Early Intervention
When revenue for current fiscal year is known, go down the list of identified priorities for implementation, taking into account projected dip in revenue for FY 14/15 and potential for legislatively-driven appropriations of MHSA dollars at the state level
Continue close monitoring of State developments
DISCUSSION
Public comment period opens today, closes on May 1st
- Forms in the back of the room
- April 3, 2013 Mental Health and Substance Abuse Recovery Commission, 225 37th Avenue, room 100, San Mateo

Public hearing to be held on May 1st, 2013, at 225 37th Avenue, San Mateo, from 3 to 5 pm

Board of Supervisors to adopt plan in May

Controller to certify expenditures before the end of the current fiscal year

Plan to be sent to the Oversight and Accountability Commission as soon as all previous steps are finalized

Continue the work!
THANK YOU