



Mental Health Services Act (MHSA)

FY 18-19 Annual Update

January 30, 2019 / 3 - 4:30pm

MHSA Steering Committee Meeting

www.smchealth.org/mhsa



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

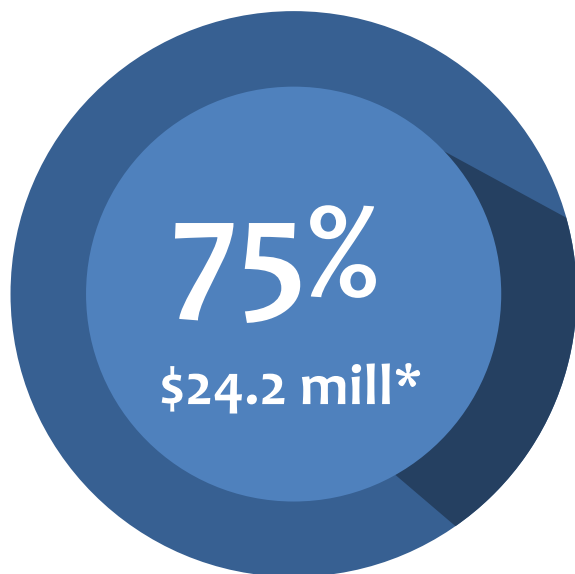
Agenda

1. MHSA Background
2. Annual Update – Program Outcomes
3. Program Highlight – NMT in Adult System of Care
4. Progress on Priority Expansions
5. Update to the Plan
6. 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

Community Services and Supports

Full Service Partnerships*

06/07:	161
07/08:	281
08/09:	336
09/10:	350
10/11:	428
11/12:	426
12/13:	491
13/14:	482
14/15:	477
15/16:	516
16/17:	550

Outreach & Engagement

06/07:	314
07/08:	1,905
08/09:	4,707
09/10:	5,471
10/11:	9,996
11/12:	9,121
12/13:	6,235
13/14:	7,751
14/15:	6,328
15/16:	6,141
16/17:	6,073

System Development

06/07:	1,846
07/08:	3,896
08/09:	3,684
09/10:	4,159
10/11:	4,089
11/12:	4,585
12/13:	2,765
13/14:	2,571
14/15:	2,523
15/16:	2,047
16/17:	2,245

* there are 397 available FSP slots across all age groups

Percent Improvement in Outcomes by Age Group

Year before FSP Compared with First Year with FSP

FSP Outcomes*	Child (16 years & younger)	TAY (17 to 24 years)	Adult (25 to 59 years)	Older adult (60 years & older)
Self-reported Outcomes (Survey data)				
Homelessness	22%	7%	28%	NR
Detention or Incarceration	(24%)	16%	30%	NR
Arrests	67%	65%	87%	NR
Mental Health Emergencies	89%	67%	57%	42%
Physical Health Emergencies	100%	88%	65%	29%
School Suspensions	47%	72%	NR	NR
Attendance Ratings	10%	(4)%	NR	NR
Grade Ratings	14%	1%	NR	NR
Employment	NR	NR	26%	NR

NR = Not Reported

Data is through June 30, 2017

Full Service Partnerships (FSP)

(EHR data from inception, all age groups, n=667)

- **Hospitalizations** improved significantly after first year of FSP, from a 23% (153) any hospitalization to 13% (87).
- **Psychiatric Emergency Services (PES) visits** improved significantly after first year of FSP, from 42% (280) any PES event to 29% (193).

Prevention and Early Intervention (PEI)

	Ages 0-25	Adults and Older Adults	All Age Groups	Early Onset of Psychotic Disorders
FY 12-13	420	771	3,786	35
FY13-14	414	1,245	3,601	46
FY 14-15	299	2,090	3,445	60

PEI Updated Guidelines Includes New Categories

	Ages 0-25	Early Intervention	Prevention	Recognition of Early Signs of MI	Stigma & Discrimination Prevention	Access & Linkage to Treatment
FY 15-16	420	680 2,977 – SMART calls	4,784	225	228	983
FY 16-17	482	724 2,657 SMART calls	4,831	247	272	1000

I Am Almighty – By Alexis



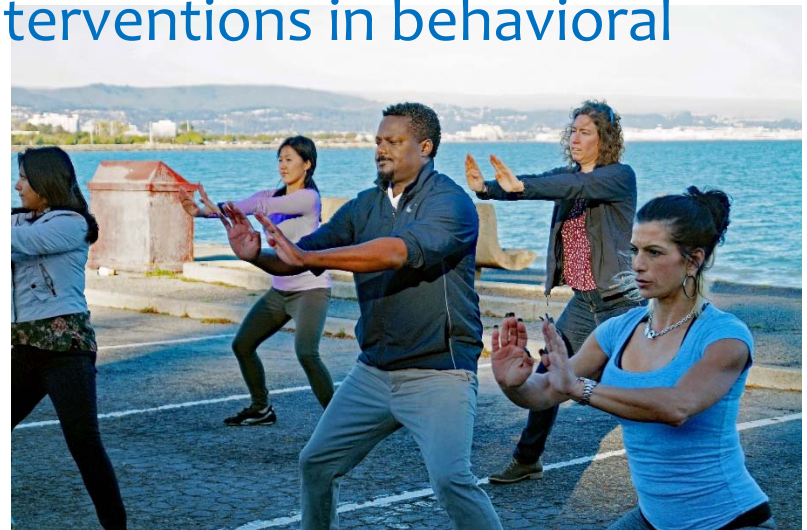
<https://www.youtube.com/watch?v=crDvBYSGFF0&index=14&list=PLZgatuxFMMMyHP9gSZdrkJIYHa5aNB0Ty9>



Neurosequential Model of Therapeutics (NMT) in an Adult System of Care

Community Need

- MHSA FY 14/15 Three-Year planning process
 - Alternative treatment options to deepen focus on trauma informed care and provide improved outcomes for clients
 - Trauma is frequently undiagnosed or misdiagnosed leading to inappropriate interventions in behavioral health care settings.



MHSA Innovation

- Since 2012, BHRS Youth System has provided extensive training in with positive outcomes for children and youth.
- The expansion and evaluation of NMT in an adult system of care is the first of its kind.

Learning Goal 1

Can NMT, a neurobiology and trauma-informed approach, be adapted in a way that leads to better outcomes in recovery for BHRS adult consumers?

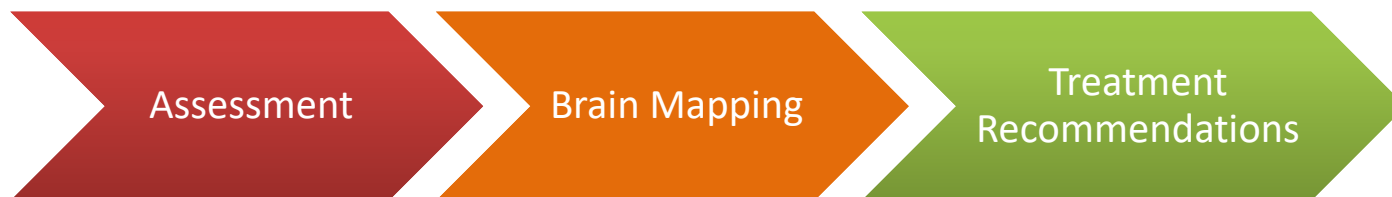
Learning Goal 2

Are alternative therapeutic and treatment options, focused on changing the brain organization and function, effective in adult consumers' recovery?



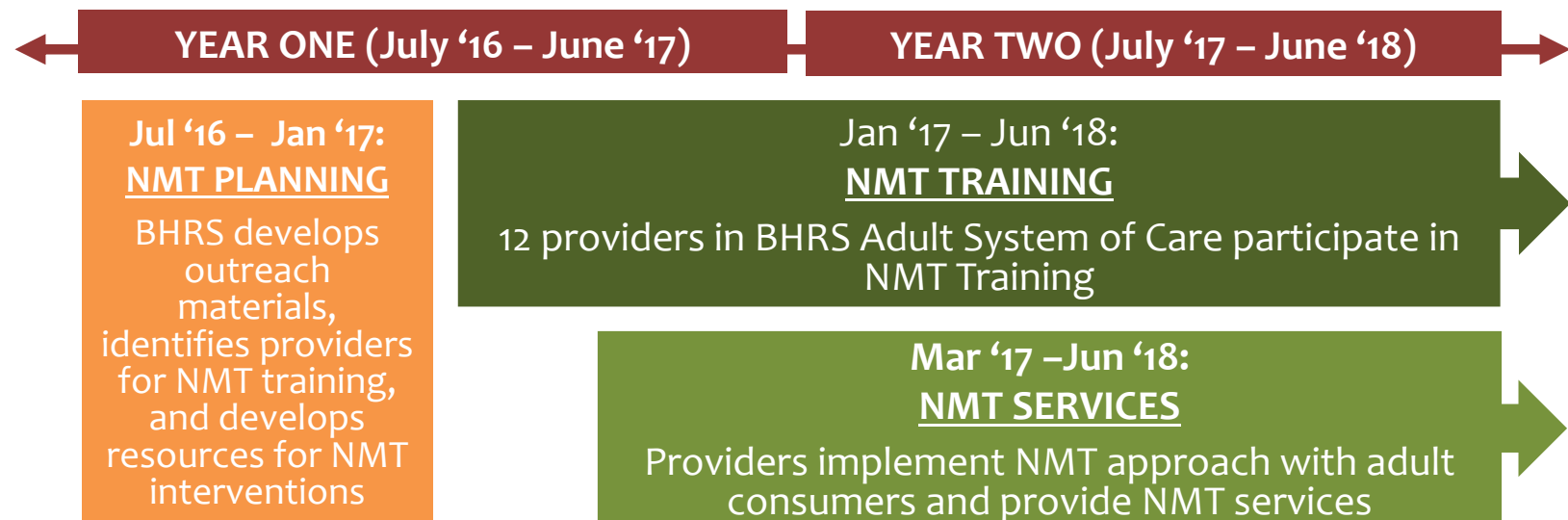
About NMT

- Developed by Dr. Perry at the Child Trauma Academy as an alternative approach to addressing trauma
- NMT uses assessments to guide the selection of individualized alternative interventions (drumming, yoga, expressive arts, etc.)
- Interventions help clients better cope, self-regulate and progress in their recovery



Implementation

- Estimate 75-100 adults served annually
 - General adult clients (ages 26+) receiving specialty mental health services
 - Transition age youth (ages 18-25)
 - Criminal justice-involved clients re-entering the community

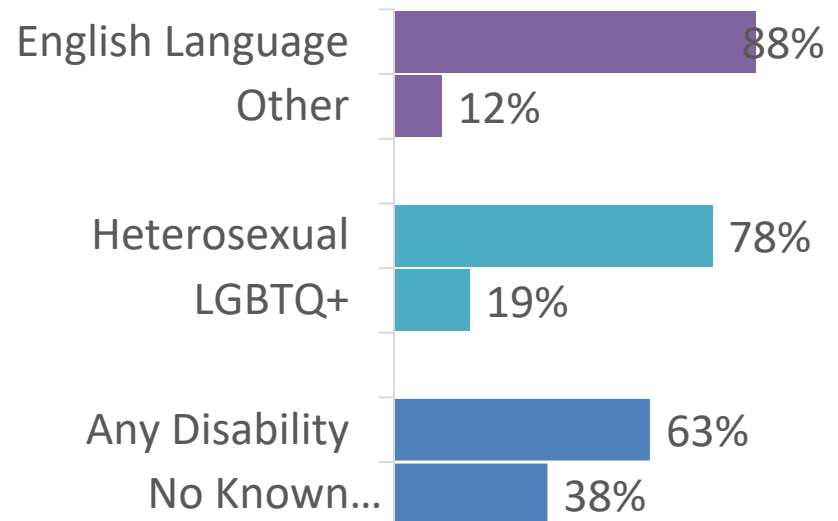
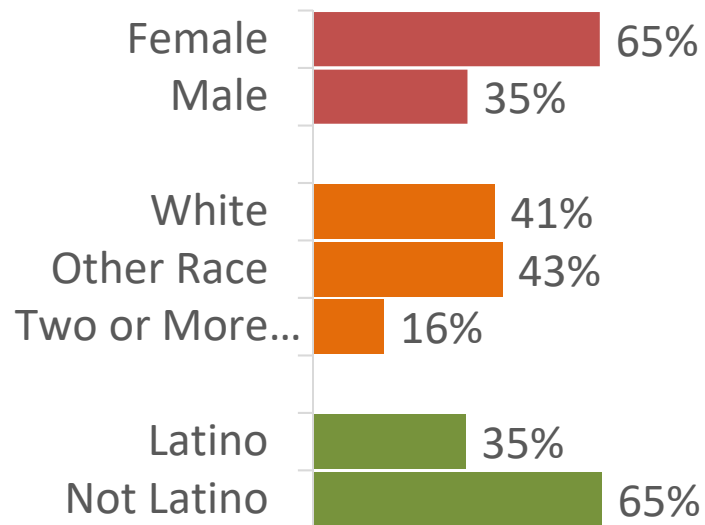


Accomplishments To-Date

- 6 providers completed the NMT training, 5 are continuing to become trainers
- Broad array of resources established
 - Clients: Yoga, drumming, therapeutic massage, animal-assisted therapy
 - Clinics: therapeutic lighting, art supplies, weighted blankets, sensory integration tools

Client Demographics

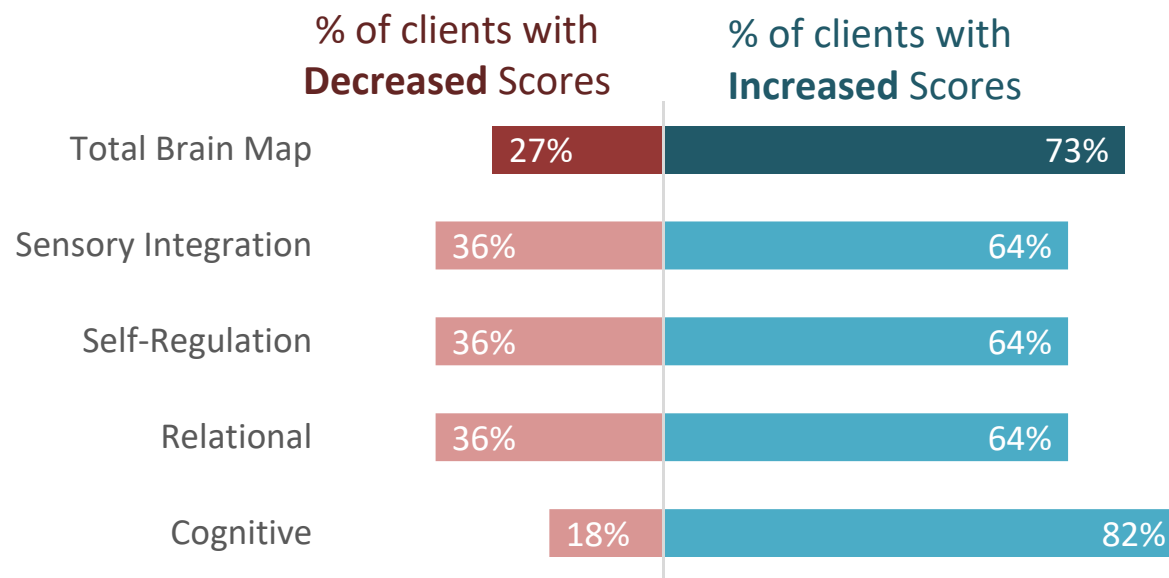
- 60 clients served total (doubled in Year 2)
 - 73% (44) adults, 23% (16) TAY



Client Outcomes

- Clients appear to be benefitting from NMT services

Percentage of Clients with Increased and Decreased Assessment Scores from Baseline to Follow-up, N=11, FY17-18



Client Outcomes (cont'd)

The moment you start, you get the anger out by massaging the clay. All the stress and tension I had in my hands and my mind, I didn't have it anymore. I didn't even remember the reason why I was so upset or hurt.

– NMT Client

- The NMT approach may make it easier for some clients to engage in therapy.

- NMT implementation may be helping clinics and programs within the BHRS adult system of care be more trauma-informed.

[NMT] doesn't feel like the normal going to the counselor and you just tell them your feelings and it's depressing and it's serious. [NMT] doesn't feel like that. It feels light.

– NMT Client

Expectations

- Train 12-18 from up to 6 different BHRS adult system of care programs
- Once providers are fully trained, approximately 75-100 clients will receive an assessment and relevant interventions annually.
- Would like to increase intervention resources
- Sustainability and expansion leveraged through the train-the-trainer model
 - Total for sustainability: \$200,000 annually (.3FTE MHS, maintenance and training, interventions)

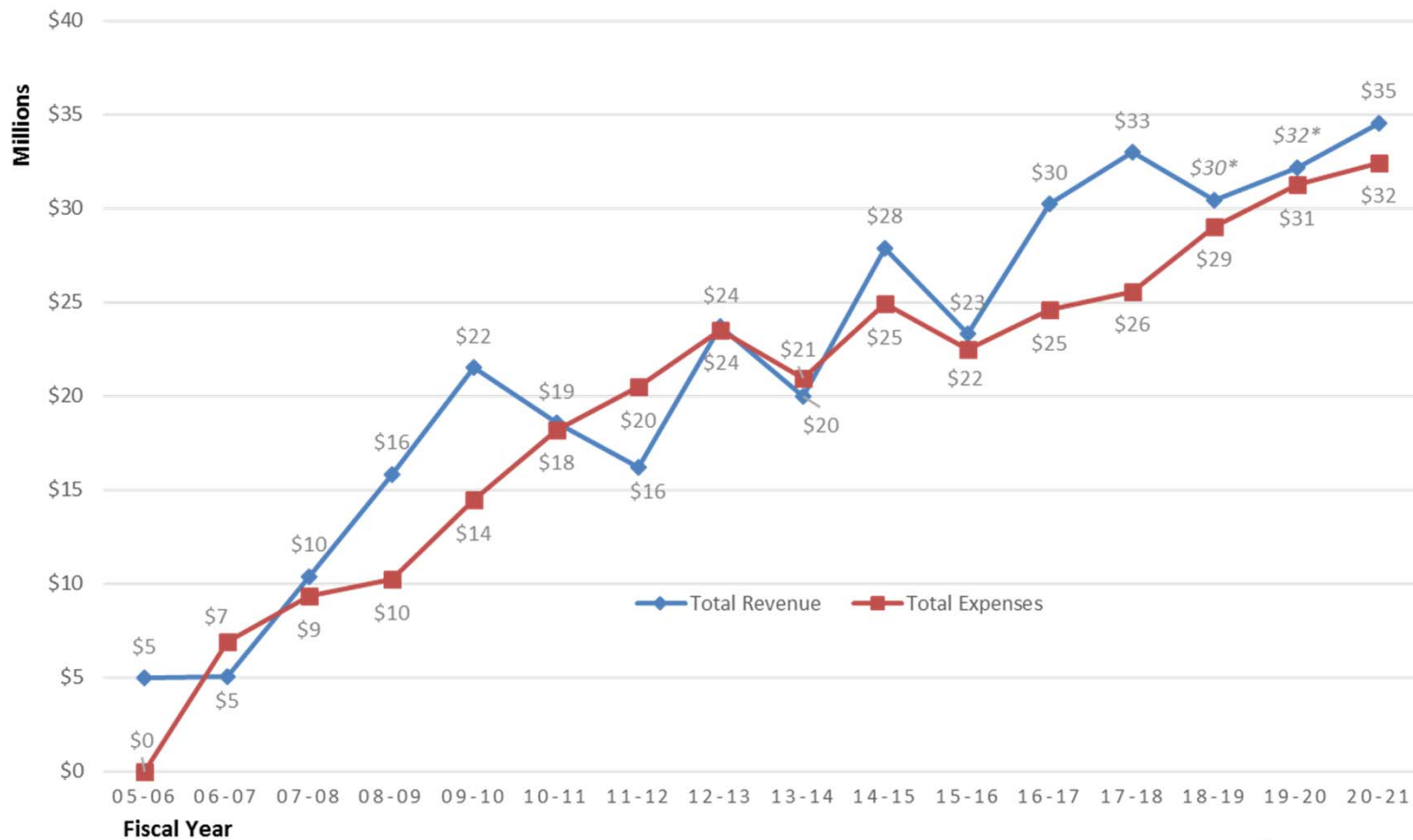


Progress on Priority Expansions

FY 17-18 to 19/20 Expansions

Component	Priority Expansions	Estimated Cost Per Fiscal Year	Implemented
CSS General Systems Development	Expansion of supports for older adults *	\$130,000	YES – Partial Senior Peer Counseling OASIS expansion expected FY 18/19
	Mobile mental health and wellness services to expand access to Coastside	\$450,000	In Progress
CSS Outreach & Engagement	Expansion of culturally responsive outreach strategies	\$50,000	YES Chinese community outreach
Prevention & Early Intervention	Expansion of Stigma Free San Mateo, Suicide Prevention and Student Mental Health efforts*	\$50,000	In Progress
	Youth mental health crisis support and prevention	\$600,000	In Progress
	After-care services for early psychosis treatment	\$230,000	YES PREP/BEAM After Care Services

MHSA Revenue & Expenditures



*projected revenue

Educational opp
that create upward
mobility.
On the job training (# for
my time)

- Stipend
Exploring ways feasible

Memorization/Writing
includes: (Policies)

Standardized R&R

- criteria
↳ training
↳ experience

Org. structure
Supervisory structure
Established P&P
Increasing categories (HR)

Update to the Plan

Update to the Plan

- San Mateo County is preparing for a predicted economic down turn. Current MHSA programs and prioritized expansions will not be reduced.
- MHSA funding must be optimized in accordance to the MHSA Funding Principles and continue to strengthen and build on MHSA priorities.
- **Proposed update:**
 - AOT FSP's (Laura's Law) - \$890,639
 - Board & Care for SMI - \$ 1,100,000

Input, public comments?

Motion to Amend

- Motion to amend the MHSA Three-Year Plan to include funding of Laura's Law FSPs and augmented Board and Care for serious mentally ill clients

MHSA Reserves

- A reserve is in place to allow counties to maintain programs during a recession
- **Reserve Goal Recommendation:**
50% of Highest Annual Revenue (\$33M)

San Mateo County MHSA Funds	
Unspent	\$35.7M
Reserve Goal	-\$16.5M
Obligated	-\$6.7M
Available to Spend	\$12.5 M

“Available to Spend” Plan Development

- \$12.5M “Available to Spend” will advance MHSA priorities:
 - Innovation Projects - Pride Center, HAP-Y, NMT for Adults, Tech Suite
 - One-time funding needs - Workforce Education and Training, Technology Needs
 - Other considerations - Total Wellness
 - Other Expansions from Three-Year Plan
- Late Spring – MHSA Steering Committee to reconvene



Public Comments

Announcements

- New Innovation Funding Cycle launched - flyer
 - Submit Your Ideas
 - Must address prioritized needs
 - Must complete an Innovation Project Form**Deadline: 2/22/19**
- Technology Suite Advisory Committees - flyer
 - Ongoing monthly meeting through April

Next Steps – Annual Update

- 30 day Public Comment
 - MHSARC 2/6/19 and 3/6/19 (Public Hearing)
 - Public Comment Form
- Presentation to the Board for adoption of the plan
- Controller to certify expenditures
- Submit to the State MHSOAC for approval

Thank you!



For more information: www.smchealth.org/MHSA

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