



Mental Health Services Act (MHSA) Three Year Plan & Annual Update

Mental Health and Substance Abuse Recovery Commission
October 1, 2014

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



BACKGROUND – MHSA

- Proposition 63 (2004)

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

- Principles

- Focus on wellness, recovery and resilience
- Cultural and linguistic competency
- Consumer/client and 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 COMPONENTS

Component	Annual Funding Allocation	Reversion Period
Community Services and Supports (CSS)	75—80%	3 years
Prevention and Early Intervention (PEI)	15—20%	3 years
Innovations (INN)	5%	3 years
Workforce Education and Training (WET)	One Time Funding (06/07 and 07/08)	10 years
Capital Facilities and Information Technology (CF/IT)	One Time Funding (07/08 and 08/09)	10 years
Housing	One Time Funding (07/08)	10 years

MHSA PLAN DEVELOPMENT REQUIREMENTS

- Annual Updates
- 3-year MHSA Plan (FY 14-15 through FY 16-17)
- Community Program Planning (CPP) process
 - Develop 3-year Plan with diverse local stakeholder and client/consumer input
 - Meaningful involvement throughout the CPP process
 - Public review period
 - Public hearing at the end of the 30-day public comment

ANNUAL UPDATE

- Annual Update progress report and program presentations at March MHSARC meeting
- A few highlights:

Outreach and 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

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

Full Service Partnerships

06/07:	161
07/08:	281
08/09:	336
09/10:	350
10/11:	428
11/12:	426
12/13:	556

FSP OUTCOMES

Age Group Served	Adult (260)	Child / Youth (152)	Older Adult (66)	TAY (220)	Weighted Average for All FSP Programs
Decreased Homelessness	73%	67%	100%	42%	62%
Decreased Hospitalization	63%	52%	29%	68%	61%
Decreased Incarceration	39%	43%	100%	49%	45%
Decreased Arrests	80%	40%	n/a	71%	67%
Decreased School Suspensions		83%		80%	82%
Increased School Attendance		39%		32%	36%
Decreased Out-Of-Home Placement (Grp Home)		60%		77%	72%
Increased School Grades		47%		35%	43%

Based on data through 2013

PEI PROGRAM NUMBERS

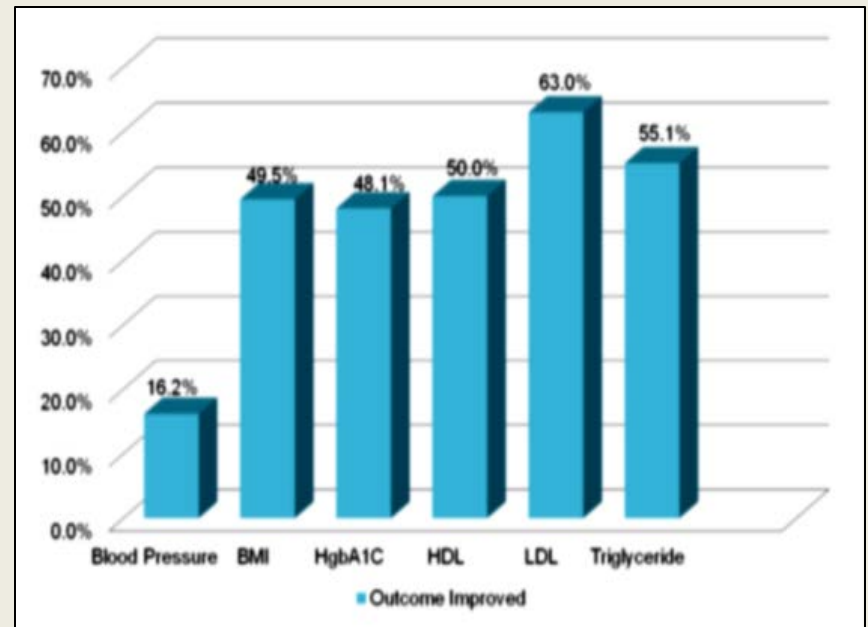
	Ages 0-25	Adults and Older Adults	All Age Groups	Early Onset of Psychotic Disorders
	Early Childhood Community Team <i>(Prevention)</i>	Primary Care/ Behavioral Health Integration <i>(Early Intervention)</i>	Community Outreach Engagement and Capacity Building <i>(Prevention)</i>	Prevention and Recovery in Early Psychosis <i>(Early Intervention)</i>
	Community Interventions for School and TAY <i>(Prevention)</i>	Total Wellness - Training Component <i>(Prevention)</i>	Stigma Free San Mateo County <i>(Prevention)</i>	
Clients Served				
FY 11-12	332	796	3,107	Began June '12
FY 12-13	420	771	3,786	90

EVALUATION

- Four FSP service providers were evaluated to understand how well FSPs are working from the perspective of administrators, providers and consumers/clients:
 - Edgewood, Fred Finch, Caminar and Telecare.
- Executive Summary and Full Report available at www.smhealth.org/bhrs/mhsa
- Nine PEI programs are currently being evaluated:
 - NCOC, EPA BHAG, two Seeking Safety programs, ECCT, Crisis Hotlin, Teaching Pro-Social Skills, Project SUCCESS and PREP
- First year report expected soon

INNOVATION – TOTAL WELLNESS (TW)

- Integration of healthcare services (nurse care manager, health & wellness education - nutrition, exercise, smoking cessation, WRAP, among others) into behavioral health clinics
 - Has served over 500 clients at Central and South Clinics
 - The positive outcomes of clients receiving Total Wellness services are notable!
 - Clients are showing health improvements
 - Clients are more engaged (increase in school attendance, employment)
- Clients functioning improved



COMMUNITY PROGRAM PLANNING (CPP) FOR THE THREE-YEAR PLAN

Phase 1. Needs Analysis

Community input on experience with mental health services

What's working well?

What are the gaps in service (populations underserved or unserved, barriers)?

Recommendations for improvement?

Process:

- 1) Review and synthesize various current assessments conducted
 - Community Service Areas planning
 - ODE and Health Equity Initiatives
 - Collaboratives Strategic Plans
- 2) Seek input on additional service gaps and recommendations; incl process input
 - MHSAs Steering Committee
 - Office of Consumer Affairs
 - North County Outreach Collaborative
 - EPA Behavioral Health Advisory Group
 - Follow up with missing voices

April - June

Phase 2. Strategy Development

Community input on MHSAs components and programs

Share and discuss Phase 1 findings - is the interpretation appropriate?

Discuss specific MHSAs component and program needs and prioritize service gaps

Identify and prioritize strategies

Process:

- 1) Strategy Session with general and large group input/discussion and small group breakouts by component (CSS, PEI, WET, INN), large group prioritization
- 2) Community Input Sessions to share results of Strategy Day and seek add'l input
 - MHSARC
 - Diversity and Equity Council
 - Change Agents
 - Geographic-based (Coast, Nth, Mid, Sth)
- 3) Review prioritized strategies, draft proposal

July - August

Phase 3. Plan Development

Community input on Final Plan

Process:

- 1) Presentation to the Mental Health Steering Committee and Public Comment Period opens
- 2) Public Hearing hosted by the Mental Health and Substance Abuse Recovery Commission
- 3) BoS adoption of plan
- 4) Submission of plan to the Mental Health Services Oversight and Accountability Commission

September - November

STAKEHOLDER INPUT

1. CPP process kicked off at MHSARC meeting in March
2. Diverse stakeholder input on needs/gaps in services
3. Themes presented to MHSA Steering Cmttee in June
4. Community Input Session in July with over 95 diverse and engaged stakeholders in attendance
5. Additional input meetings were conducted
6. Findings were presented to the MHSA Steering Cmttee in August and priorities for funding were set

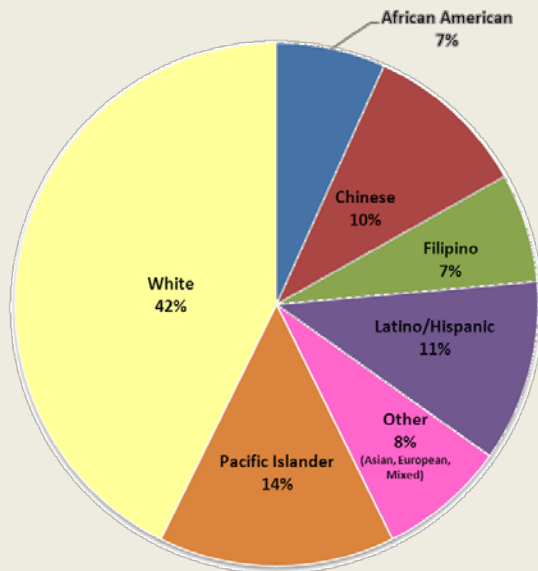
Close to 300 stakeholders were engaged throughout the process, including clients, family members, partner organizations, community leaders and organizations, public, and others

COMMUNITY INPUT SESSION PARTICIPANT DEMOGRAPHICS

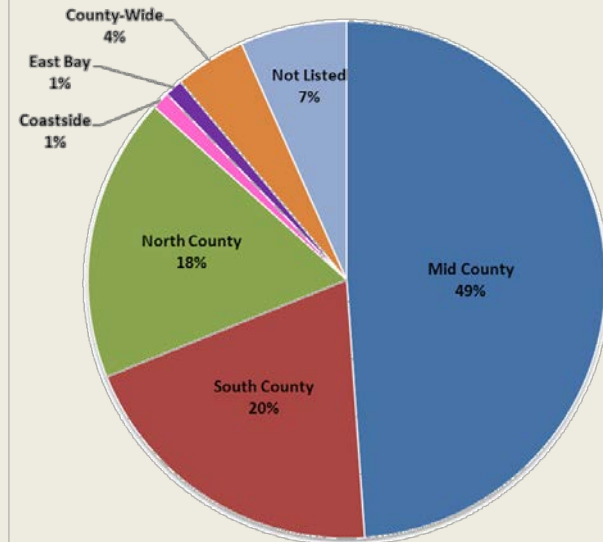
Age:	0 – 15 years	6 – 25 years	26 – 59 years	60+ years
	2%	3%	64%	27%

Gender:	Female	Male	Transgender
	77%	22%	1%

Race / Ethnicity:



Region:



THREE-YEAR PLAN

CSS – FULL SERVICE PARTNERSHIP (FSP)

Program	# of clients we can serve
Children/Youth	
Children and Youth Placed in Out-of-County Foster Care Settings FSP	20
Integrated Services, Individualized Supports (ISIS) FSP	40
“Turning Point” Comprehensive FSP	40
Transitional Age Youth (TAY)	
“Turning Point” Comprehensive FSP	40
Enhanced Supported Education Services	40
Supported Housing Services	20
Adult/Older Adult	
Adult and Older Adult/Medically Fragile FSP	229
FSP Housing Support	90*
Comprehensive FSP and Housing Support	30
Integrated FSP	15

CSS – OUTREACH & ENGAGEMENT (O&E) AND SYSTEM DEVELOPMENT (SD)

- CSS – O&E:
 - Community outreach collaboratives
 - Pre-crisis response
 - Primary care-based and BHRS outreach and engagement to identify and engage diverse populations with behavioral health care needs.
- CSS – SD:
 - Older adult system of care
 - Court mental health programs
 - Peer and family partners
 - Co-occurring disorders services
 - Developmental disabilities services
 - Evidence-based practices.
 - Child Welfare program

THREE-YEAR PLAN PREVENTION & EARLY INTERVENTION (PEI)

- Latest regulations
 - no longer require 51% of PEI funds be spent on children/youth ages 0-25
- Programs in following strategy areas will continue:
 - Community Interventions for Children, School-Age Youth and TAY
 - Community Engagement and Capacity Building
 - Primary Care Interventions
 - Stigma and Discrimination Reduction
 - Prevention of Early Onset of Psychotic Disorders
 - Statewide Projects – CalMHSA
- In addition, two programs were started this FY 13-14 and include the Chinese Outreach Worker pilot project and the Health Ambassador Program.

THREE-YEAR PLAN INNOVATION

- Total Wellness received a 1 year extension with an end date of June 30, 2015
- Beginning July 1, 2015, TW will be partially funded through CSS component
- Will begin the process of developing a new Innovation Project in January 2015

THREE-YEAR PLAN WET, HOUSING, CF/IT

- Workforce Education and Training
 - In the process of developing a new WET Plan to be submitted for both local and State approval this fall 2014
- Housing
 - The Mental Health Association (MHA) of San Mateo County submitted a proposal to develop Waverly Place Apartments in North Fair Oaks community.
- Capital Facilities and Information Technology
 - There are no additional programs planned or projected funding available for this component.

ESTIMATED FUNDING

	San Mateo County MHPA Estimated Funding			
	CSS	PEI	INN	TOTAL
FY 13/14	\$15,123,417	\$4,032,911	\$1,008,228	\$20,164,556
FY 14/15	\$19,661,895	\$5,243,172	\$1,310,793	\$26,215,860
FY 15/16	\$17,013,844	\$4,537,025	\$1,134,256	\$22,685,126
FY 16/17	\$18,312,454	\$4,883,321	\$1,220,830	\$24,416,605

- Tax dollars on an accrual basis
- \$2 m PEI funding shortfall over the next three years

PREVIOUS PRIORITY EXPANSIONS

- MHSA-specific priorities identified by stakeholders in previous planning years remain top priorities moving forward:

Component	Expansions for FY 2011-12 through FY 2013-14	Completed
CSS - FSP	FSP slots for Psychiatric Emergency Services and the Medical Center's Psychiatric Inpatient Unit (Transition Age Youth and Adults)	YES
	FSP slots for Transition Age Youth, with housing	NO
	Integrated FSPs to the Central Region (Adults)	YES
	Wraparound services for children and youth	NO
	Housing for existing FSP Adults	YES
CSS, Non-FSP	Pre-crisis response services	YES
	Supports for youth transitioning to adulthood	NO
	Assessment, supported employment, and financial empowerment	YES
PEI	Teaching Pro-social Skills	YES
	Parent Project	YES

PROPOSED PRIORITY EXPANSIONS -CSS

Component	Expansions for FY 2014-15 through FY 2016-17	Cost \$			
		Per Unit/#	FY 14/15	FY 15/16	FY 16/17
FSP	Support & assistance program for individuals living in community & connecting them with employment, volunteer, friendship centers, etc.		\$75,000	\$300,000	\$300,000
	Drop In Center (South)*		\$75,000	\$300,000	\$300,000
	FSP slots for Transition Age Youth with housing	\$46,000 (5)	\$57,500	\$230,000	\$230,000
	FSP slots for Older Adults	\$23,000 (5)	\$28,750	\$115,000	\$115,000
Non-FSP	Expansion of supports for Transition Age Youth	\$3,500 (40)	\$35,000	\$140,000	\$140,000
	Expansion of supports for Older Adults	\$3,700 (35)	\$32,500	\$130,000	\$130,000
TOTAL CSS			\$246,250	\$1,215,000	\$1,215,000

* Reprioritized from Previous Expansion Plan

PROPOSED PRIORITY EXPANSIONS - PEI

Component	Expansions for FY 2014-15 through FY 2016-17	Cost \$		
		FY 14/15	FY 15/16	FY 16/17
PEI	Expansion of culturally aligned and community-defined outreach and engagement, focus on emerging r/e/c/l communities and outcomes and replicable practices (Outreach Team)	\$37,500	\$150,000	\$150,000
	Expansion of Stigma Free San Mateo, Suicide Prevention and Student Mental Health efforts	\$12,500	\$50,000	\$50,000
TOTAL PEI		\$50,000	\$200,000	\$200,000

PROPOSED PRIORITY EXPANSIONS PEI & CSS

Component	Cost			
	FY 14/15	FY 15/16	FY 16/17	TOTAL
CSS	\$246,250	\$1,215,000	\$1,215,000	\$2,676,250
PEI	\$50,000	\$200,000	\$200,000	\$450,000
TOTAL	\$296,250	\$1,415,000	\$1,415,000	\$3,126,250

NEXT STEPS

Phase 3. Plan Development



- 30 day public comment
 - Received comments and questions already
- Public Hearing at the MHSARC
 - November 5th, 3-5pm
 - SMC Health System, 225 37th Ave. Rm 100, San Mateo
- Presentation to the Board for adoption of the plan
 - December/January
- Controller to certify expenditures
- Submit to the State MHSOAC for approval

Thank you!

For questions or comments contact:
mhsa.smcgov.org