



SAN MATEO COUNTY HEALTH

## BEHAVIORAL HEALTH & RECOVERY SERVICES



### Mental Health Services Act (MHS) Steering Committee

Wednesday, January 30, 2019 / 3:00 - 4:30 PM

Health System Campus, Room 100, 225 37<sup>th</sup> Ave. San Mateo, CA 94403

#### MEETING MINUTES

#### 1. Welcome & Introductions

3:10 PM

*Supervisor Dave Pine*

*Informal introductions: Steering committee members, commissioners, New Director Scott Gilman*

- *Doris Estremera*
  - *Mary (Office of Education) new member on the Steering Committee*
  - *MHSA Steering Committee meets 2x year, attempt to have balanced approach toward decisions for funding*

#### 2. MHSA Annual Update – Program Outcomes

3:15 PM

*Doris Estremera, MHSA Manager*

- *Every year we submit a 3-year plan, last plan 2017-2020*
- *MHSA (Prop 63, passed in 2004) provides dedicated source of funding for transformational work.*
  - *76% of funding towards Community Services and Supports (direct treatment, recovery for individuals with SMI)*
  - *19% Prevention and Intervention*
  - *5% Innovation*
- *Annual Update covers FY 16-17 data*
  - *Full service partnerships*
    - *Increased number of clients served over the years*
    - *606 youth, 427 adults served over history of funding*
    - *Shared success stories from FSP program provided by Edgewood (service provider)*
    - *397 slots available in a year, but we see clients in and out throughout the year and so are able to serve more than 397*
  - *Outreach and Engagement – linking individuals to services*
    - *Outreach collaboratives do their work here*
    - *Numbers dipped in 10-12 because changed how we defined ‘meaningful’ outreach*
  - *System Development- strengthening and expanding internal capacity to respond to demands*
    - *Peer support services, Physicians trained in evidence-based practices, Supported Education and Employment, Integration work*
  - *Full Service Partnerships*
    - *56% funding in SMC goes here*
    - *Data shows improvement made*

- We've seen improvements in all indicators except youth
  - Youth- small numbers for data collection may have impacted negative improvement indicator
  - 1 year in v. 2 years, 2 years shows more positive impact
- Hospitalizations and Psychiatric Emergency Services
  - Improvements in both
- Goal to increase data collection in future years
- Early Intervention
  - Required to spend 51% of funding on 0-25 years old
  - Early community response team, StarVista, Crisis Hotline, Teaching ProSocial Program, Early Psychosis Program, Mental Health First Aid, Office of Diversity and Equity
  - Shared 2-minute video from Story Telling program out of Office of Diversity and Equity

### 3. MHSA Innovation Update

3:30 PM

#### ▪ Neurosequential Model of Therapeutics (NMT) – Adults

*Toni DeMarco, BHRS Youth Deputy Director*

- NMT program launched 7 years ago in youth system
- NMT for adults is direct outcome of adult patients requesting
- It is an evidence-based model for addressing trauma, chronic stress, neglect from a neurodevelopmental framework
- SMC was an early adopter of the program from Dr. Perry and has been a pioneer in implementing in youth and adult programs
- SMC provides a yearlong training program for clinicians
  - 1-year additional training (in addition to regular clinical training), minimum 4 hrs/wk
  - Teaches theory, how to use assessment tool, understand specific interventions
- 5 clinicians are also becoming trainers for the program this year
- This approach addresses underlying trauma in patients and families from systems perspective
- 2 learning goals
  - Can NMT be adapted for adults in a way that leads to better outcomes for adults in BHRS system?
    - 1.5 years in and already seeing success
  - Are alternative therapeutic treatment options focused on changing brain organization effective?
    - So far seeing this as effective with adults as it is with children
- Specific therapies used in NMT include:
  - Drumming, expressive arts, animal assisted therapy, yoga, massage, physical activity
- Interventions help people cope and progress in recovery
- NMT does not replace other treatments, it compliments
  - Fidelity achieved by doing these different interventions and tracking them
- Implementation
  - At almost 100 clients
  - Estimate increased clients with more clinicians trained
- Reassessments (Time 2, Time 3)
  - Report created to track changes in the brain that were targeted with sequential intervention
- Goal to have 2-3 NMT clinicians at each clinic in system
- Various NMT activities happening throughout county service providers, at different clinics

- There programs are changing the way teams are talking about services in general, their own self-care
- 60 clients evaluated
  - 40 adults, 16 TAY
  - 65% female, 35% male
- Outcomes
  - Look for 4 areas of improvement in the brain
    - Sensory integration, self-regulation, relational health, cognitive functioning
    - Adults seem to struggle with cognitive functioning and relational functioning
  - Clients attest to the helpfulness of therapy techniques
- Expectations going forward
  - Train more staff
  - Increase clients who receive NMT services
  - Increase resources to expand program
- Currently working with the ARM team to develop specialized trainings for board and care homes (for providers)
- Questions:
  - How do clients select to participate in this program if they don't self-identify as having trauma?
    - Staff trained for being able to recognize signs of trauma sooner
  - Next question in-audible due to construction in the room
  - What percentage of cost goes into salary v. materials?
    - 1/3 Program Specialist paid for out of MHSA dollars
    - Up until a few months ago people making this happen out of their regular time, no funds allocated specifically for programming
  - Is the program still available for youth?
    - Yes
    - Continue to take applicants to train providers for youth system
    - Program runs January – January
    - The youth system has always included partner agencies, to train providers outside of the county

#### 4. Funding Priorities and Update to the Plan

3:45 PM

- *Steve Kaplan, BHRS Director*
  - *All funding priorities are in progress, we've seen good opportunities for this*
  - Changes to the plan
    - Facing \$7.5 million gap in FY 19, \$11million gap over next two years
    - Overall MHSA has continued to grow
    - Previous gap funds between spending and cost
      - These gap funds are put in trust account, available to use at time during recession or possible upcoming rainy-day funds
    - Facing cuts in county general funds – recommendation to supplement with MHSA funds
    - Board and Care for individuals with SMI- currently funded with realignment funds. Recommend using \$1.1 million of MHSA to keep beds in place for these programs
    - Trust account contains \$35 million (reserve for MHSA)
      - Recommending 50% of \$35 million be in reserve account
      - \$6 million for innovation
      - \$12.5 million possibilities for how to use:

- One-time funding for workforce
- Total Wellness
- Pride Center
- Steering Committee meeting in spring to discuss how to use these funds
- Motion to move forward to discuss how to spend \$12.5 million
  - Melissa made the motion
  - Mary seconds the motion
  - Motion approved

**5. Announcements/Public Comments**

4:15 PM

- New Innovation Funding Cycle Launch – flyer included
- Technology Suite Advisory Committees – flyer included
  - New Innovation planning cycle starting, applications are open

**6. Adjourn**

4:30 PM

**Mental Health and Substance Abuse Recovery Commission (MHSARC)**

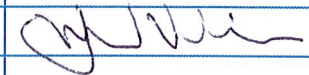
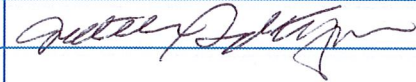
Opening of a 30-day public comment period for the MHSA Annual Update will occur at the next MHSARC meeting:

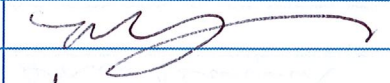
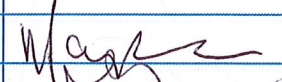
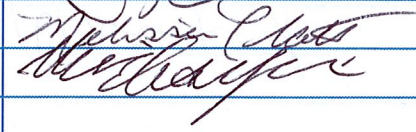
February 6, 2019 from 3-5pm.  
Silicon Valley Community Foundation  
1300 S. El Camino Real, Suite 100, San Mateo



Stakeholder Group	Name(s)	Title (if applicable)	Organization (if applicable)	Email	Signature
Provider of MH/SU Svcs	Adriana Furuzawa	Program Services Manager	SMC Health System, Aging & Adult Services	asawamura@smcgov.org	
Client/Consumer	Aisha Williams		Lived Experience Academy	aishamwilliams92@gmail.com	
Other-Aging and Adult Services	Anna Sawamura	Program Services Manager	SMC Health System, Aging & Adult Services	asawamura@smcgov.org	
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San Mateo County District 1	David Pine*	Supervisor, District 1	Board of Supervisors	DPine@smcgov.org	
Member	Donald Mattei*	MHSARC Commissioner		Donald.mattei@gmail.com	
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Member	Isabel Uibel *	MHSARC Commissioner		isabel.c.uibel@kp.org	
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Family Member	Juliana Fuerbringer		California Clubhouse	julianafuer@gmail.com	
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Client/Consumer- Adults	Michael Lim			mhl-lim@outlook.com	
Client/Consumer- Adults	Michael S. Horgan	Program Coordinator	Heart & Soul, Inc.	michaelhorgan@me.com	
Family Member	Patricia Way*	MHSARC Commissioner	MHSARC	patcway@hotmail.com	
Client/Consumer- Adults	Patrick Field			pfield3311@gmail.com	

01/30/19







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Provider of MH/SU Svcs	Cardum Harmon	Executive Director	Heart & Soul, Inc.	<a href="mailto:cardumh@heartandsoulinc.org">cardumh@heartandsoulinc.org</a>	
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Member	Catherine Koss *	MHSARC Commissioner		<a href="mailto:catekoss@gmail.com">catekoss@gmail.com</a>	
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Member	Isabel Uibel *	MHSARC Commissioner		<a href="mailto:Isabel.c.uibel@kp.org">Isabel.c.uibel@kp.org</a>	
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Client/Consumer	Kate Pfaff*	MHSARC Commissioner		<a href="mailto:kate@redwoodgirl.com">kate@redwoodgirl.com</a>	
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Law Enforcement	Mark Duri	MHSARC Commissioner		<a href="mailto:mduri@smcgov.org">mduri@smcgov.org</a>	
Provider of Social Services	Mary Bier		North County Outreach Collaborative	<a href="mailto:marykbier@gmail.com">marykbier@gmail.com</a>	
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01/20/16



Stakeholder Group	Name(s)	Title (if applicable)	Organization (if applicable)	Email	Signature
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