



Be the one to help



Mental Health Service Act (MHSA) Steering Committee Meeting

Open to the public! Join advocates, providers, clients and family members to provide input on MHSA funded initiatives.

Meeting objectives include:

- Provide input on MHSA Plan to spend available one-time revenue
- Update on MHSA Innovation funding cycle
- Hear from current Innovation project, Health Ambassador Program for Youth
 - ❖ Stipends are available for consumers/clients
 - ❖ Language interpretation is provided as needed*
 - ❖ Childcare is provided as needed*
 - ❖ Refreshments will be provided

*please reserve language and childcare services by April 12th by contacting Tania Perez at (650) 650-573-5047 or tperez@smcgov.org.

DATE

Monday, April 22, 2019
3:00 pm – 4:30 pm

County Health Campus, Room 100
225 37th Ave.
San Mateo, CA 94403

Contact:

Doris Estremera, MHSA Manager
(650)573-2889
mhsa@smcgov.org

smchealth.org/MHSA



SAN MATEO COUNTY HEALTH

**BEHAVIORAL HEALTH
& RECOVERY SERVICES**

MHSA provides a dedicated source of funding in California for mental health services by imposing a 1% tax on personal income in excess of \$1 million.



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



Mental Health Services Act (MHS) Steering Committee

Monday, April 22, 2019 / 3:00 - 4:30 PM

County Health Campus, Room 100, 225 37th Ave. San Mateo, CA 94403

AGENDA

- 1. Welcome & New Member Introductions** 3:05 PM
 - *Supervisor Dave Pine*
 - *Doris Estremera, MHS Manager*

- 2. MHS Background & Updates** 3:10 PM

- 3. Health Ambassador Program for Youth** 3:20 PM
Islam Hassanein, Program Manager, StarVista

Action Item: Motion to Approve One-Year No-Cost Extension

- 4. Budget and Plan to Spend One-Time Revenue** 3:40 PM
 - *Scott Gruendl, BHRS Assistant Director*
Action Item: Motion to Approve Plan to Spend

- 5. Announcements/Public Comments** 4:15 PM
 - Pride Center 2-year extension approved
 - Year Two INN Evaluation Reports now available

- 6. Adjourn** 4:30 PM

Mental Health and Substance Abuse Recovery Commission (MHSARC)

Opening of a 30-day public comment period for one year no-cost extension of innovation projects and plan to spend one-time revenue:

May 1, 2019 from 3:30-5:00pm

County Health Campus, Room 100, 225 37th Ave. San Mateo



Mental Health Services Act (MHSA)

Steering Committee Meeting

April 22, 2019 / 3 - 4:30pm

www.smchealth.org/mhsa



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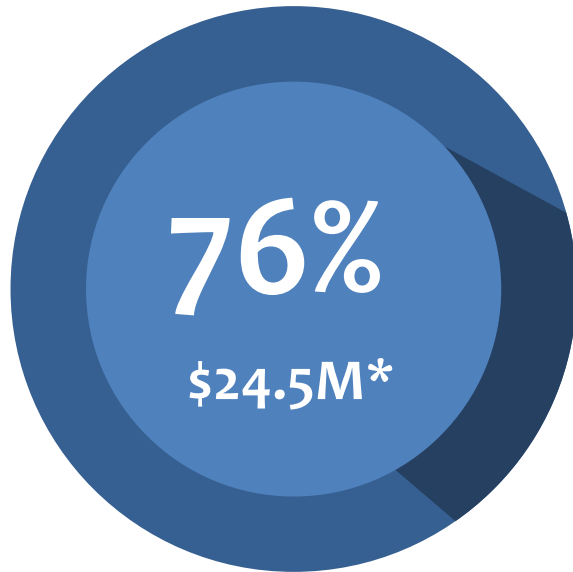
Agenda

1. MHSA Background - Innovation
2. Health Ambassador Program for Youth
 - ✓ Motion to approve
3. Budget and Plan to Spend
 - ✓ Motion to amend
4. Announcements & Public Comments



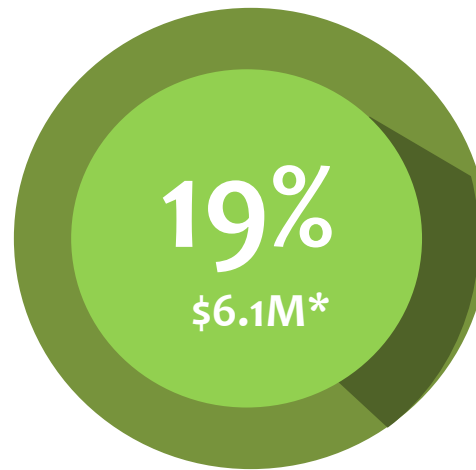
MHSA – Prop 63 (2004)

1% tax on personal income in excess of \$1 million (M)



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

MHSA Innovation

- 3-5 year projects to develop new best practices
- New innovation funding cycle launched in January
 - 35 ideas received, 20 reviewed by Selection Committee
 - Considering 5-6 ideas (handout)
 - Next steps – develop proposals for input at next Steering Committee meeting in the fall and approval by the State MHSOAC

Health Ambassador Program for Youth

Public Comment & Motion to approve

- Motion to approve a one-year no-cost extension of the MHSA Innovation projects, the Neurosequential Model of Therapeutics (NMT) in Adult System of Care and the Health Ambassador Program for Youth (HAP-Y)

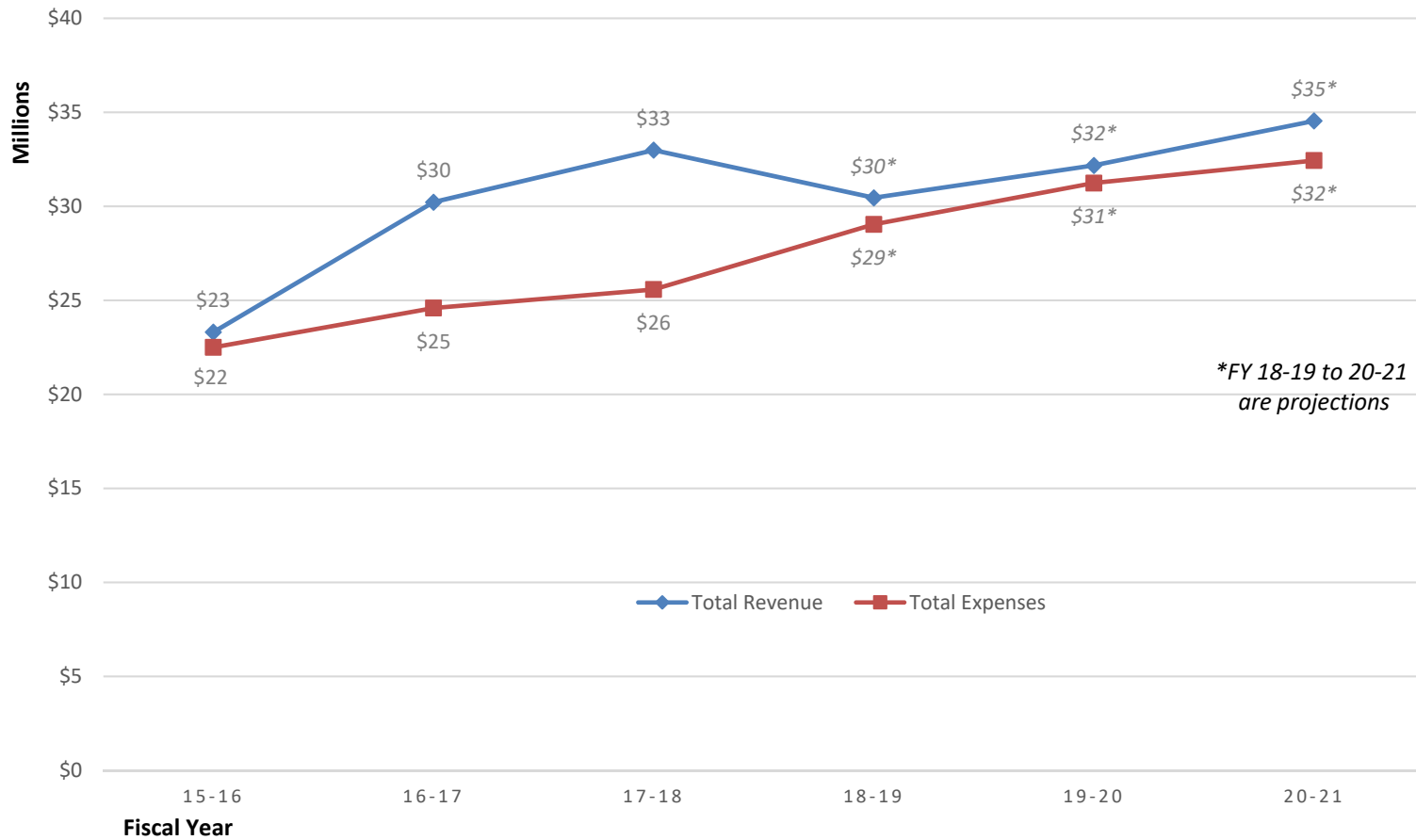


**County Budget Update &
MHSA Plan to Spend One-time**

County Budget Context

- San Mateo County is actively working on budget reductions to general funding.
- While there is a small decrease in MHSA revenue this fiscal year, increases are projected in the following two years.
- MHSA funding will be optimized in accordance to the MHSA Funding Principles and used to continue to strengthen and build on MHSA priorities across behavioral health care services.

MHSA Revenue & Expenditures



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 One-time | \$12.5 M |

Considerations & Priorities

Considerations:

- One-time funding must be spend on original allocated component
 - Only about \$3M is PEI unspent
- Can 'buy us time' for 3-4 years for budget reductions
- Continued need to adequately fund core MHTSA programs

Priorities:

- System improvement for MHTSA core services
- Technology and Capital Facilities (IT/CF) and Workforce Training
- Stop-gap for budget reductions and other ongoing funding needs (Innovation projects)

Public Comment & Motion to Amend

- Motion to amend the MHSA Three-Year Plan to include a Plan to Spend for one-time available funds

Next Steps

- 30 day Public Comment
 - MHSARC 5/8/19
- No-cost extension to State MHSOAC for approval
- Plan to Spend in next Annual Update due December 2019



Announcements & Public Comments

Thank you!



For more information: www.smchealth.org/MHSA

Doris Estremera, MHSA Manager
(650) 573-2889 or mhsa@smcgov.org



SAN MATEO COUNTY HEALTH
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**MHSA Innovation Ideas Prioritization – April 2019
(3 to 5-year projects)**

| Target Population | Need | Potential Reach | Project Description | Innovation | Annual Cost |
|--|---|---|---|--|--------------------|
| Pacific Islander college-aged youth | In San Mateo County Asian/Pacific Islanders have lowest rates of accessing specialty mental health service. Pacific Islander students demonstrate the lowest rate of student success of all ethnic groups. There is a need for culturally relevant mental wellbeing supports for college-age youth. | The largest number of Pacific Islanders in the Bay Area reside in San Mateo County (11,543). Pacific Islanders represent about 1.9% (510) of students in junior colleges in San Mateo County. | Empowerment program for junior college and surrounding community Pacific Islander youth addressing mental well-being and stigma. Program has 3 key components. 1) Leadership institute for cultural education, identity, history, community, mental health, institutions to develop knowledge, skills and mental health networks. 2) Mana sessions to provide a space to decompress, engage in group discussions around mental health and wellness, as well as skill building workshops. 3) Forward Movement Projects are opportunities to give back or be of service to their community. | Culturally relevant college student leadership, community development, mental health promotion program | \$250,000 |
| Low income young adults 18-25 | Young adults have the highest prevalence of severe mental illness however, only 35% receive treatment. BHRS currently intervenes at PES, through referrals or the schools. | MidPen houses 500 low-income young adults throughout San Mateo County | Preventative mental health and harm reduction workshops, a peer support group, mental health screenings, referrals and linkages to resources for mental health and drugs and alcohol, crisis support in low-income affordable housing and surrounding community housing. | Co-location of prevention and early intervention services in low-income housing complexes | \$250,000 |

| | | | | | |
|---|--|---|--|---|------------------|
| <p>Clients with co-occurring disorders</p> | <p>In San Mateo Health, addiction-related conditions account for 25-30% of ED and PES visits. Likely 60-80% of BHRS clients (15,000/year) are co-occurring. In FY 17/18 33% (4,950) were identified co-occurring. The Youth Services Center has 75% (45-52) youth with co-occurring diagnosis.</p> | <p>A full-time fellow can potentially carry a caseload of 150 clients and see 100 clients/month</p> | <p>An addiction medicine fellowship in a community hospital setting to provide high quality, coordinated treatment of addiction for co-occurring clients. The fellowship would be housed under the psychiatry residency program. In addition to clinical work with diverse populations they would be assigned one advocacy activity outside their usual work responsibilities made for building opportunities for community change. They would also participate in the structural humility and advocacy training.</p> | <p>Addiction medicine fellowships sponsored by a government agency community hospital</p> | <p>\$157,000</p> |
| <p>Housed older adults at risk of homelessness</p> | <p>43% of all elders age 65+ do not have enough income to meet their most basic needs as measured by the Elder Index. That's over 38,000 elders struggling to make ends meet in San Mateo County. TIES Lines intake unit social workers received 3,301 housing related calls and 598 calls regarding homelessness.</p> | <p>For FY 18/19 there were 1,577 eligible 60+ older adults received/receiving Home Delivered Meals in San Mateo County. 900-1,300 older adults currently served by providers can be potentially screened.</p> | <p>A mental health peer counselor would screen older adults for risk factors cited in the literature including social, economic, anxiety and depression to identify early behavioral health issues and economic stresses that would put older adults at increased risk of homelessness. The peer worker would conduct home visits through home delivered meals program, outreach, group sessions at the senior centers and other community-based settings (e.g., churches, non-profit social services providers), and referrals from senior center staff. Preventative interventions will include behavioral health coaching, mental health linkages, creating safe discussion groups.</p> | <p>Early intervention economic stress screening to prevent homelessness</p> | <p>\$200,000</p> |

| | | | | | |
|--|--|--|---|---|---------------------------|
| <p>Filipino at-risk youth (16-24) in Daly City and North San Mateo County</p> | <p>Filipino youth have highest drop-out rates, highest rates of depression, and suicide.</p> | <p>33% (about 33,000) of Daly City population are Filipino. The Daly City Youth Health Center sees about 52 Filipino youth ages 13-22 for behavioral health counseling</p> | <p>KulturARTS Kafe is a school to career/youth development social enterprise Cafe, cultural arts and wellness center. The components of this program are school to career prep, mental health/wellness ambassadors, cultural identity formation, leadership development, and financial wellness. The social enterprise model will allow for sustainability. The space will also strengthen and build community.</p> | <p>Social enterprise as a cultural arts and wellness center</p> | <p>\$700,000</p> |
| | | | | <p>Total Funding</p> | <p>\$1,557,000</p> |



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

Community Need

- MHSA FY 14/15 Three-Year planning process
 - Stakeholders identified the need for 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 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?

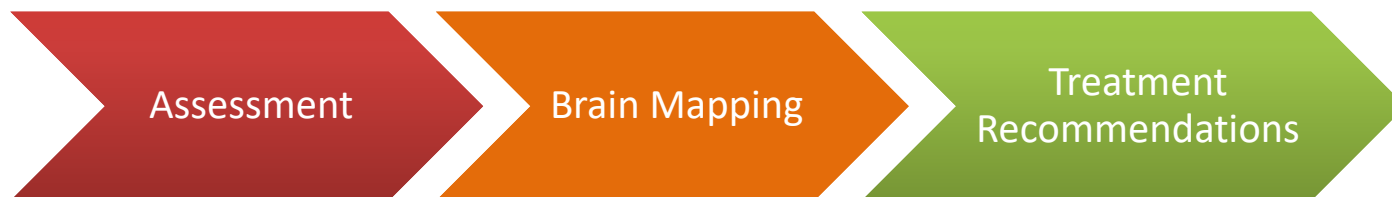
Learning Goal 2

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



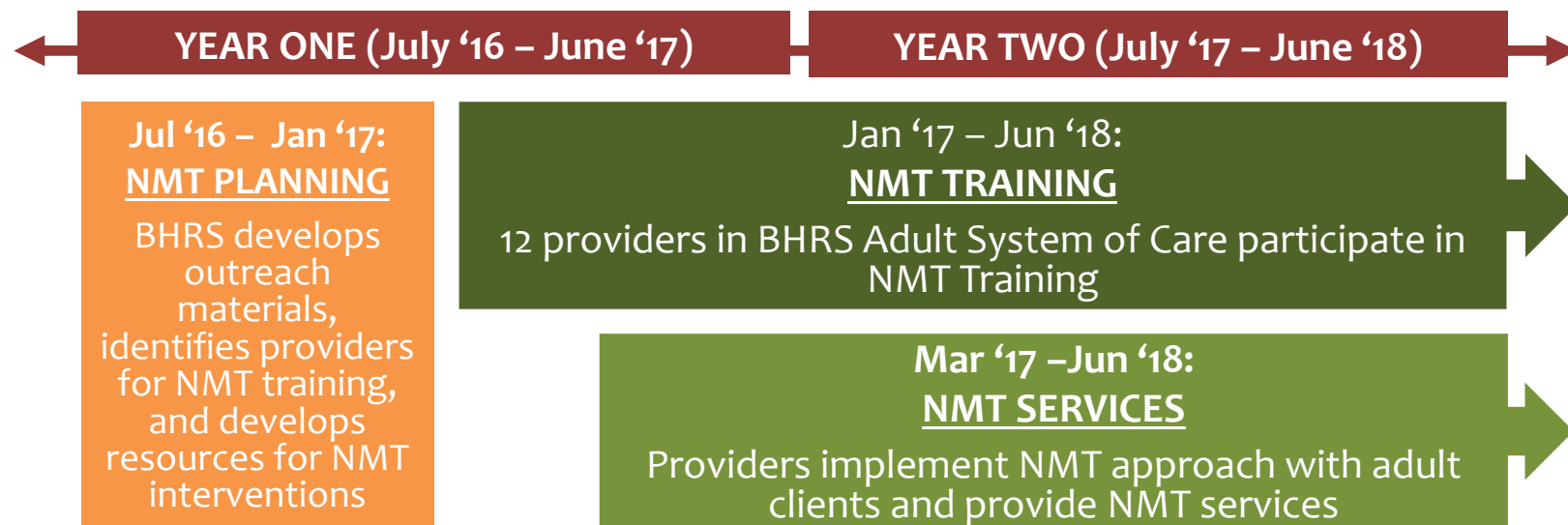
About NMT

- 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

- Target population
 - General adult clients (ages 26+) receiving specialty mental health services
 - Transition age youth (ages 18-25)
 - Criminal justice-involved clients re-entering the community

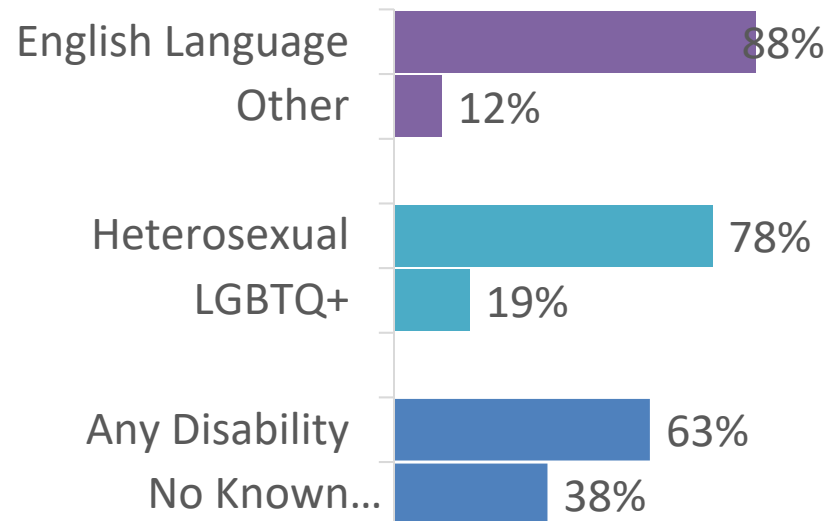
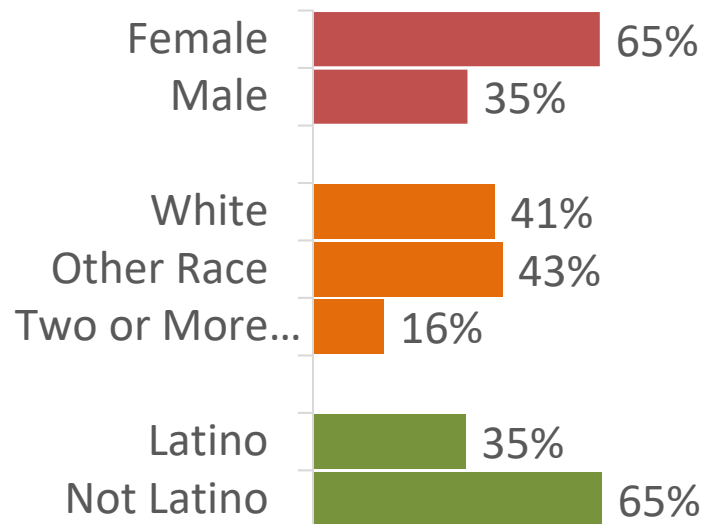


Accomplishments To-Date

- 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

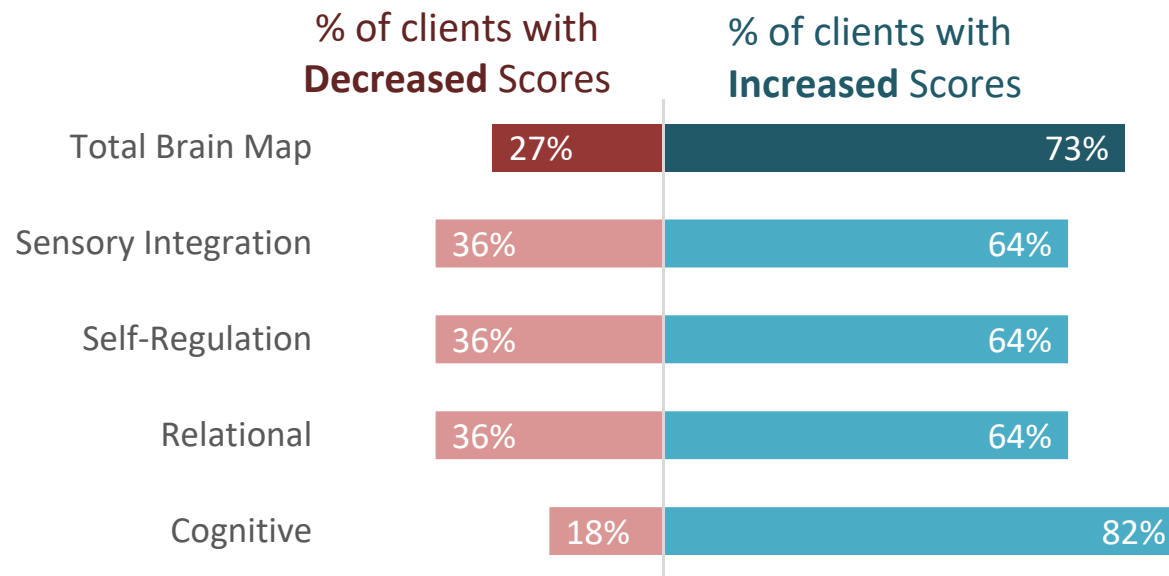
- 60 clients served total (doubled in Year 2)
 - 73% (44) adults, 23% (16) TAY



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

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

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

[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

Next Steps

- 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)

3-Year Plan to Spend \$12.5M Available One-time Funds

*up to \$3M PEI

| Priority | Item | FY 19/20 | FY 20/21 | FY 21/22 | Notes | MHSA Component |
|--|--|--------------------|--------------------|---|--|----------------------|
| System Improvements - Core MHSA Services | Recovery oriented, co-occurring capacity | | \$500,000 | \$500,000 | \$1M over 5 years to develop co-occurring capacity at all levels including FSPs (Comprehensive, Continuous, Integrated System of Care model) | CSS |
| | Full Service Partnerships (FSPs) | \$100,000 | | | FY 19/20 one-time system improvement consultant for cost and payment alignment and rate analysis. ~\$3M projected revenue growth in FY 20/21 to cover ongoing needed to adequately fund FSPs | CSS/FSP |
| | MHSA data collection/analysis to allow for improvements and planning that is outcomes-oriented and data-informed | \$100,000 | \$100,000 | \$100,000 | Three-year consultant to support all CSS, currently have no CSS GSD data outside of clients served. | CSS |
| | Trauma-informed systems (BHRS, HSA, Probation, etc.) | \$100,000 | \$50,000 | \$50,000 | One-time consultant followed by training expenses | PEI |
| Technology Needs | Network Adequacy Certification Tool (NACT) | \$100,000 | | | Includes consultant fees | IT/CF |
| | M*Model (Dicitiation Software) | | \$110,000 | \$35,000 | Includes professional services, hardware for 100 users and training. Ongoing fees beginning FY 21/22 | IT/CF |
| | Automated Appointment Reminders | | \$5,000 | \$2,000 | Ongoing fees beginning FY 21/22 | IT/CF |
| | Orders Console (Rx Submission via Avatar) | \$10,000 | \$3,000 | \$3,000 | Ongoing fees beginning FY 20/21 | IT/CF |
| | CareConnect Inbox (Direct Messaging via Avatar) | | | \$50,000 | Ongoing fees of \$40,000 beginning FY 22/23 | IT/CF |
| | CareConnect CarEquality (Interoperability) | \$20,000 | \$3,000 | \$3,000 | Ongoing fees beginning FY 20/21 | IT/CF |
| | Training Consultant (create computer-based, in-person training, and written training materials) | \$100,000 | \$80,000 | \$80,000 | Support for ongoing training beginning FY 20/21 | IT/CF |
| | Telepsychiatry/Telehealth | \$20,000 | \$30,000 | \$30,000 | Equipment needed for Skype Business, ongoing fees of \$5,000 beginning FY 22/23 | IT/CF |
| Computer Monitors (larger for clinician 24") | \$140,000 | | | Increase productivity for all administrative and clinical staff | IT/CF | |
| Workforce Education and Training | Web-based training capacity | \$50,000 | | | | WET |
| | Psychodiagnostic Assesment | \$15,000 | \$3,000 | \$3,000 | | WET |
| | EMDR Implementation | \$8,000 | \$5,000 | \$5,000 | | WET |
| | Equipment (PA system, recorder, etc.) | \$1,000 | | | | WET |
| | Training space fees (\$500/day x 50) | \$25,000 | \$25,000 | \$25,000 | | WET |
| | System wide training/conferences | \$50,000 | \$50,000 | \$50,000 | \$5K per training/conference x 10/year | WET |
| | Cultural Competence Stipends for Interns | \$24,000 | \$24,000 | \$24,000 | | WET |
| Crisis Coordination | \$200,000 | \$200,000 | \$200,000 | trainings, regional collab, resources, materials | WET | |
| Capital Facilities (must be County-owned) | SSF Clinic | | \$500,000 | | | CF/IT |
| | EPA Clinic | \$700,000 | | | | CF/IT |
| | Casia House Renovations | \$100,000 | | | | CF/IT |
| Stop Gaps (Ongoing programs) | Total Wellness | | | \$1,400,000 | | CSS |
| | Pride Center | | | \$500,000 | | CSS/PEI |
| | HAP-Y | | \$250,000 | \$250,000 | | PEI |
| | NMT- Adults | | \$200,000 | \$200,000 | | PEI |
| | Tech Suite | | \$300,000 | \$300,000 | | PEI |
| TOTALS | | \$1,863,000 | \$2,438,000 | \$3,810,000 | \$8,111,000 | Total CSS/PEI |