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

BEHAVIORAL HEALTH AND RECOVERY SERVICES

PROGRAM PRESENTATION

PREP

PREVENTION & REFERRAL IN EARLY PSYCHOSIS

PREP San Mateo County

PREP

PREVENTION AND RECOVERY IN EARLY PSYCHOSIS

Dr. Kate Hardy, Clinical Psych.D
UCSF

Aims

- Brief review of the PREP program
- Present data on clients screened
- Present demographic date on clients accepted into PREP
- Future Directions for PREP SMC

PREP
PREVENTION AND RECOVERY IN EARLY PSYCHOSIS

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
PREVENTION AND RECOVERY IN EARLY PSYCHOSIS

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
PREVENTION AND RECOVERY IN EARLY PSYCHOSIS

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
PREVENTION AND RECOVERY IN EARLY PSYCHOSIS

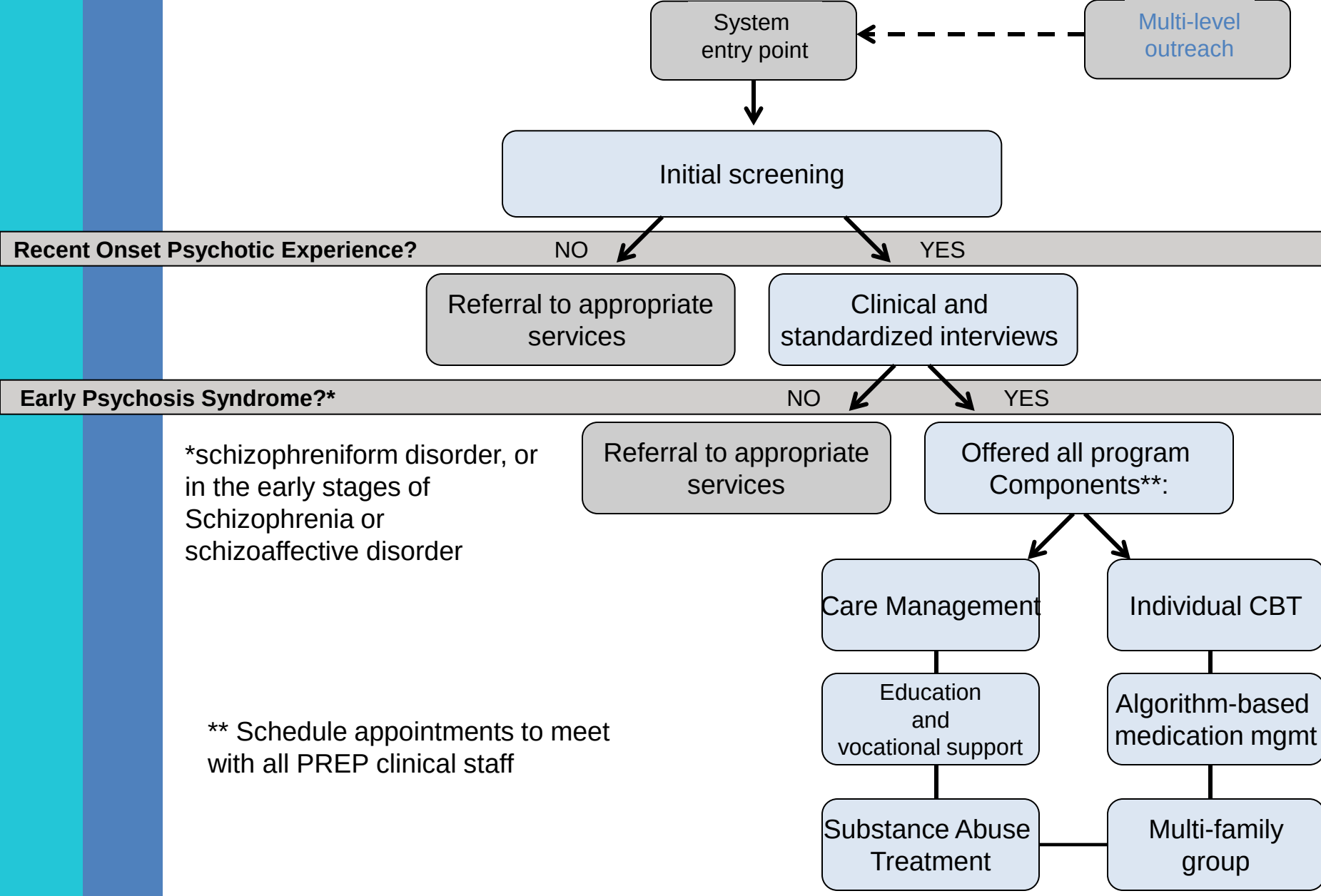
PREP SMC staffing

- Clinical Program Manager
- 2.5 Care Managers/Therapists
- Family Partner
- Care Advocate
- Medical Director
- Office Manager

PREP
PREVENTION AND RECOVERY IN EARLY PSYCHOSIS

Intake Data

PREP
PREVENTION AND RECOVERY IN EARLY PSYCHOSIS



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

** Schedule appointments to meet with all PREP clinical staff

PREP
PREVENTION AND RECOVERY IN EARLY PSYCHOSIS

Initial Phone Screen

Eligibility	Number of clients
Total Screened	78
Eligible for SCID Assessment	42 (54%)
Screened out at phone screen	36 (46%)

PREP
PREVENTION AND RECOVERY IN EARLY PSYCHOSIS

Reasons for screening out

Criteria	Number of clients
Non San Mateo Resident	5
Psychosis for longer than two years	7
Non eligible diagnosis	12
Declined services	4
No longer interested	3
Moved out of San Mateo (referred to a different PREP)	2
Did not engage in phone screen	2
Incarcerated	1

PREP
PREVENTION AND RECOVERY IN EARLY PSYCHOSIS

Diagnostic Assessment

Eligibility	Number of clients
Total Assessed	42
Eligible	28 (67%)
Not eligible	14 (33%)

28 accepted into the program

- 1 declined services upon advice of treating therapist
- 2 did not respond to requests to schedule feedback

PREP
PREVENTION AND RECOVERY IN EARLY PSYCHOSIS

Reasons for screening out at assessment

Criteria	Number of clients
Non eligible diagnosis	10
Psychosis longer than two years	4

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%

PREP
PREVENTION AND RECOVERY IN EARLY PSYCHOSIS

Future Directions

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

PREP
PREVENTION AND RECOVERY IN EARLY PSYCHOSIS

PROGRAM PRESENTATION

TOTAL WELLNESS

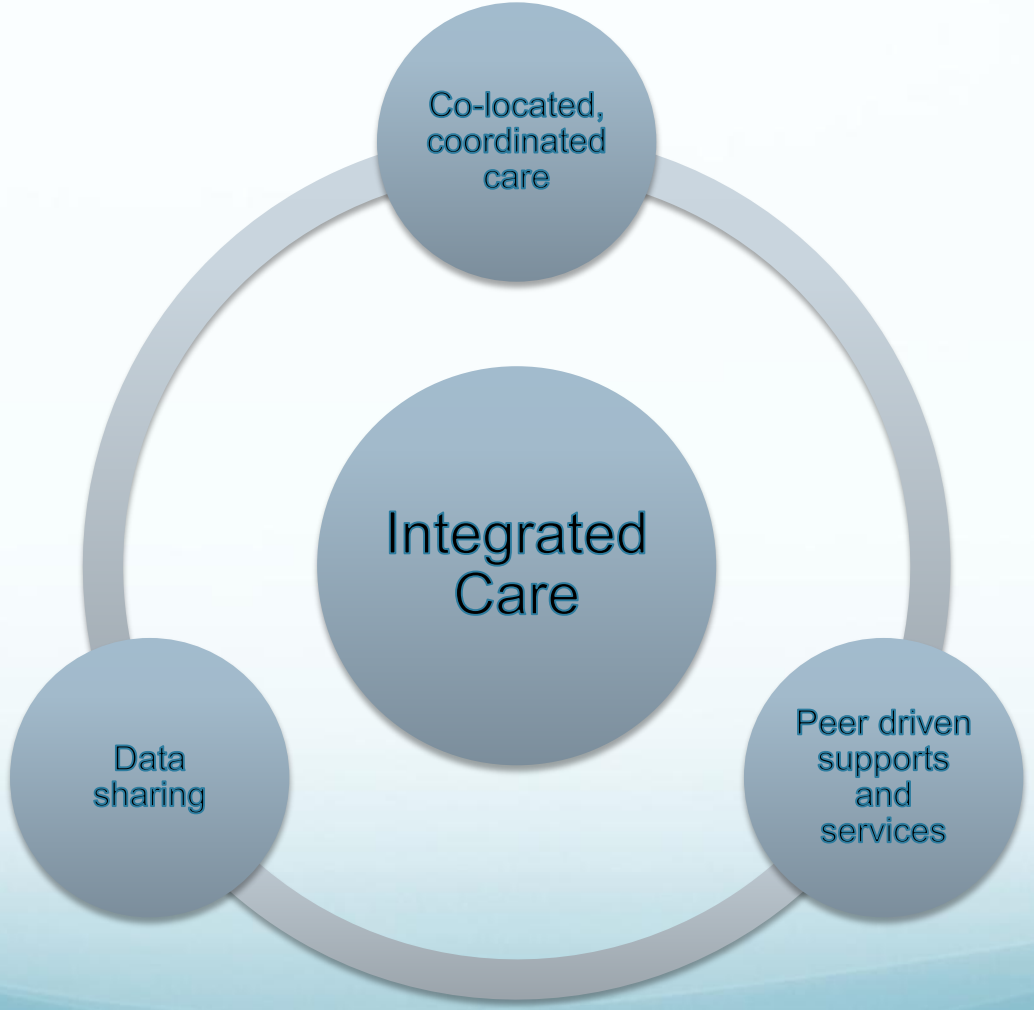
Origins

Principles

The grant funding

The start

Principles


Co-located, coordinated care
Integrated Care
Data sharing
Peer driven supports and services

Grant 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


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

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

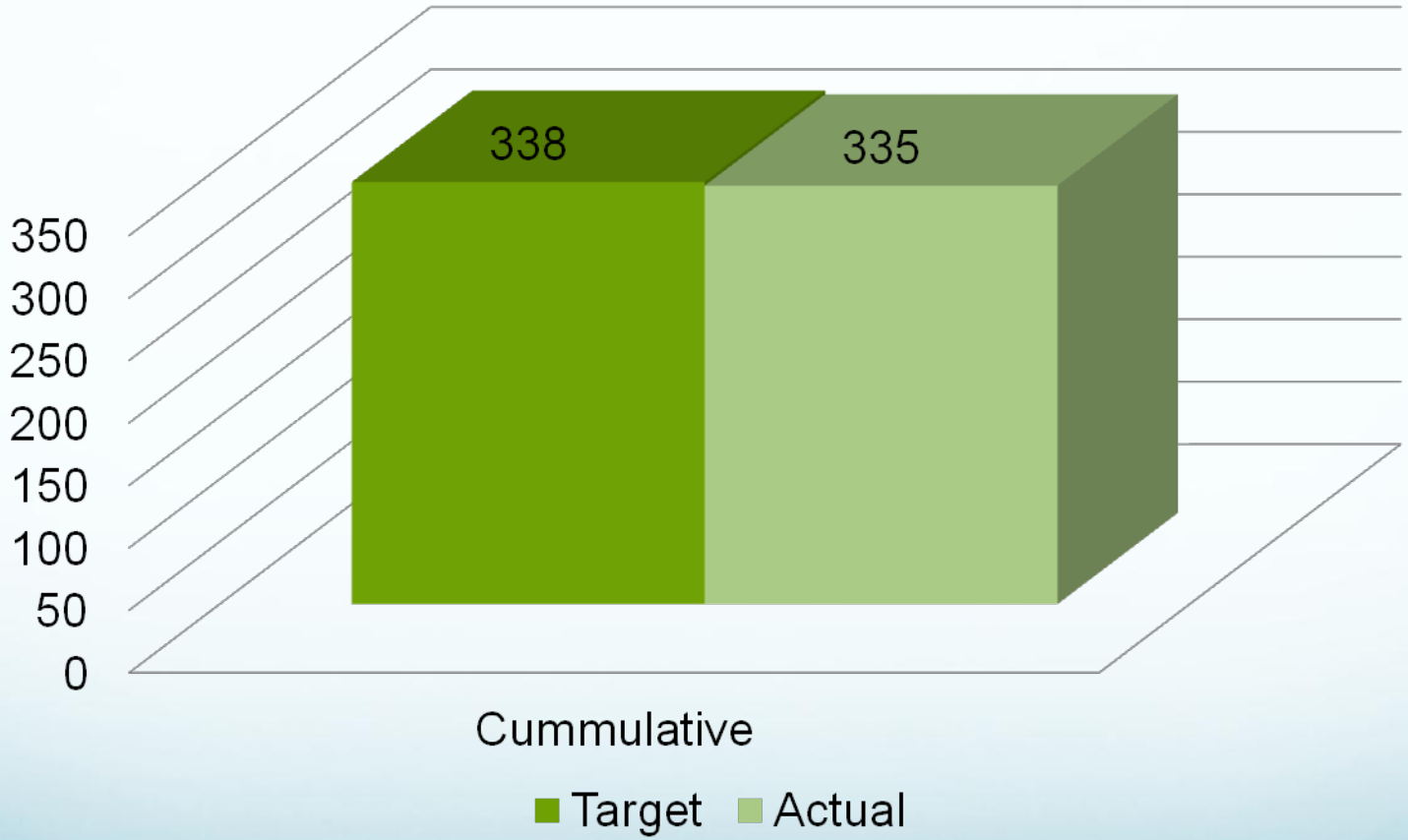
- TW Clinical Teams
- Labs done with primary care appointment
- Primary Care schedules blocked to get TW labs

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

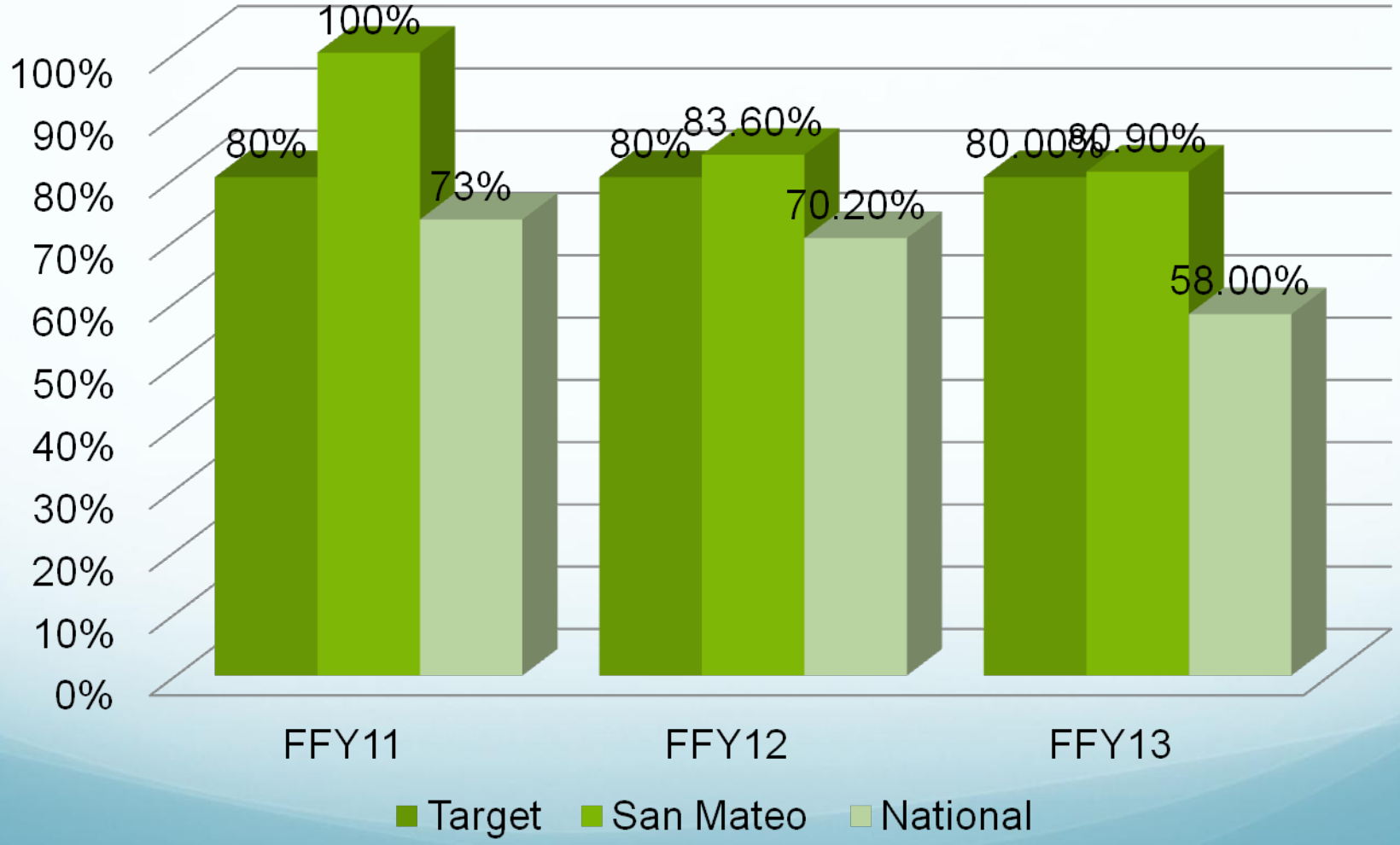
Outcomes

Results: Grant Metrics Enrollment Target

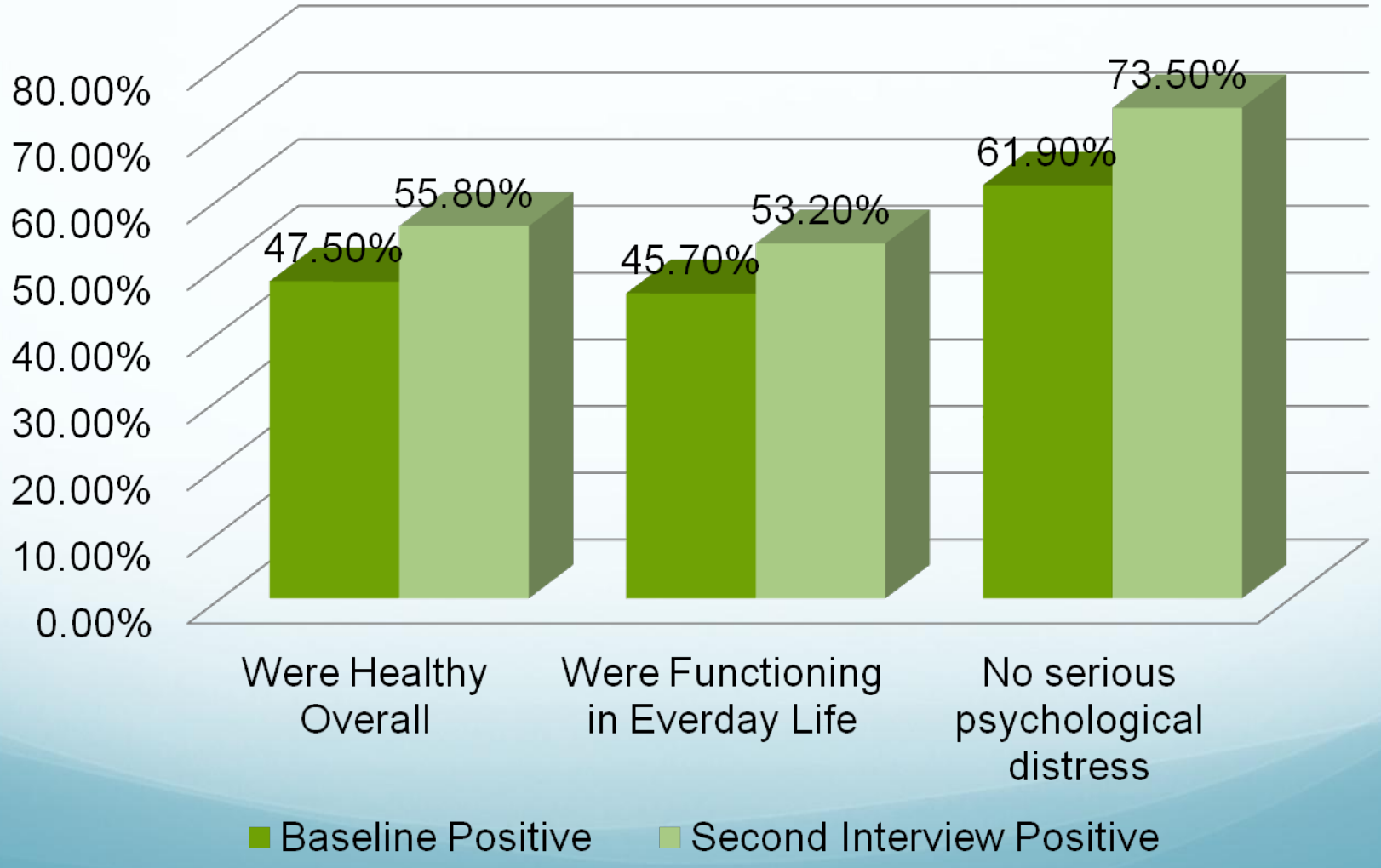


Enrollment Per Year

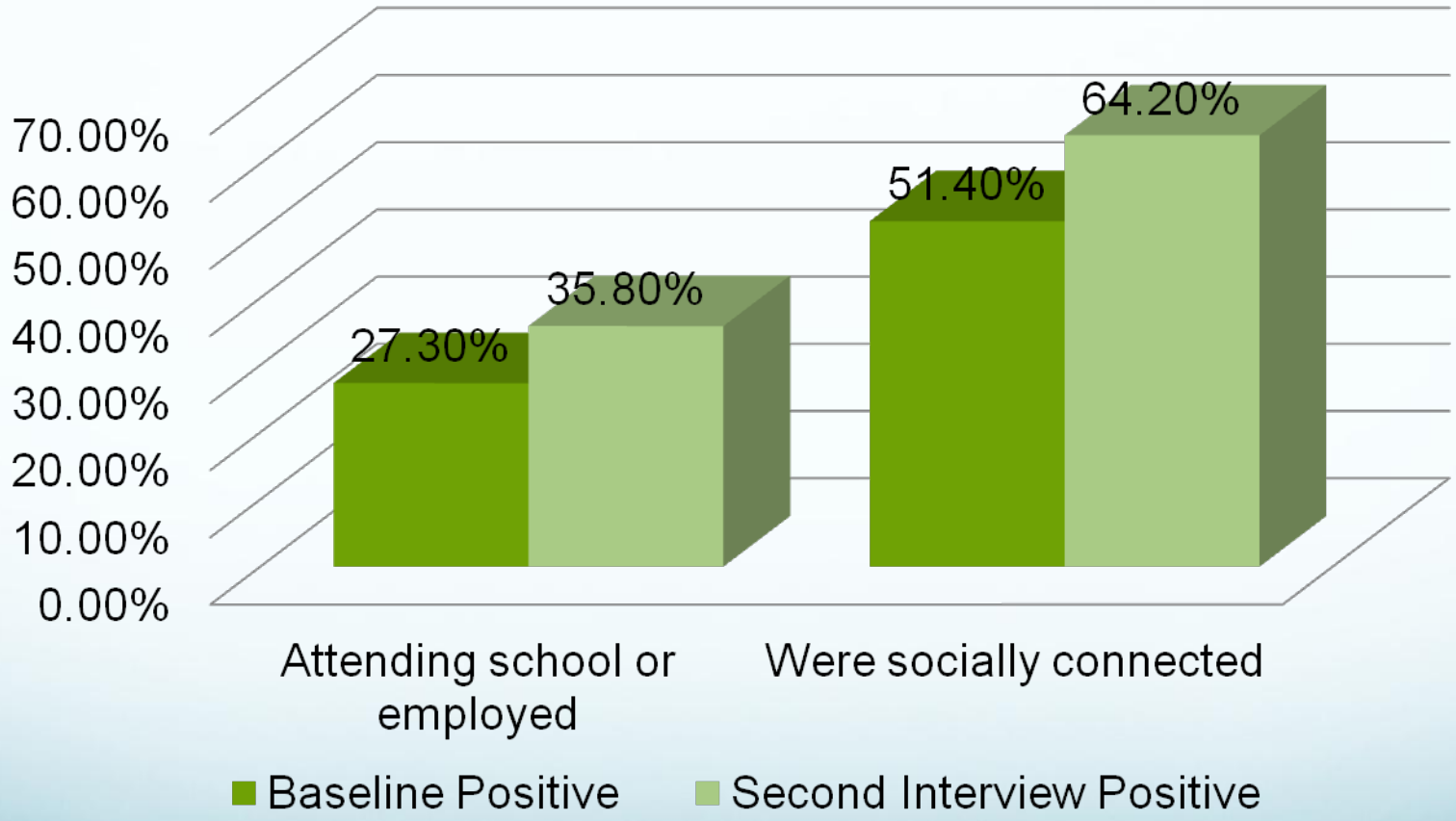
Reassessments



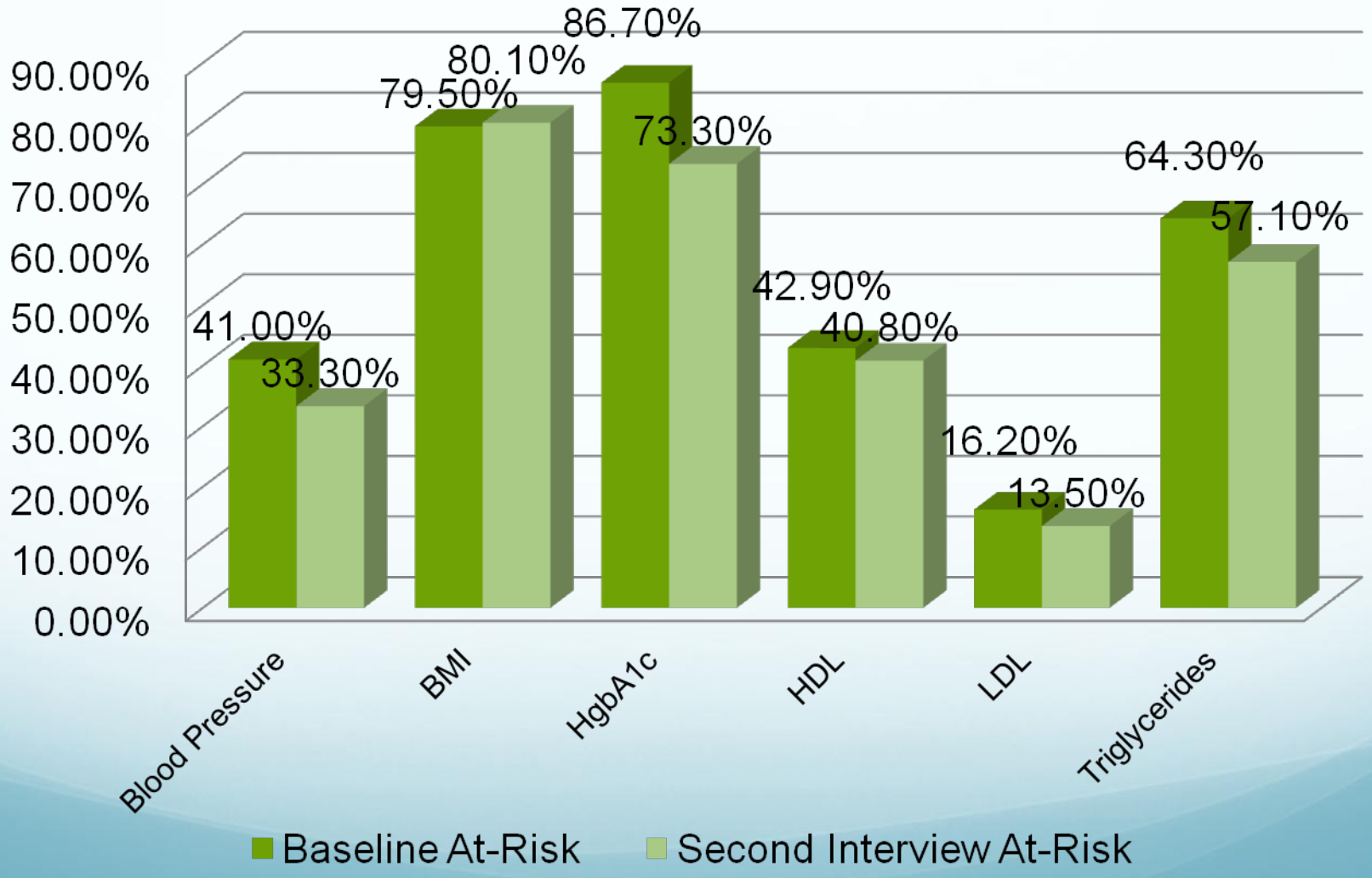
Client Outcomes: Functioning



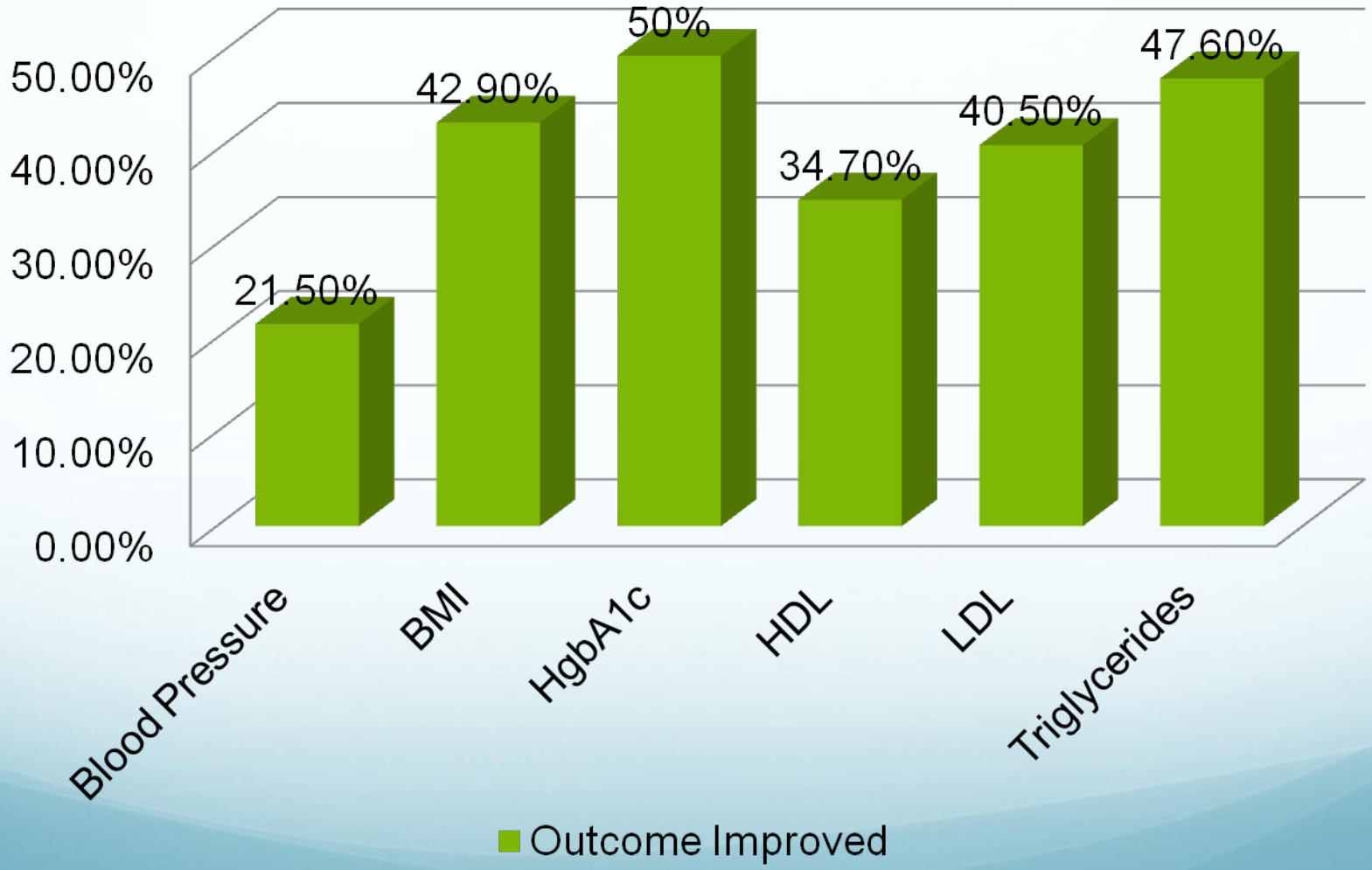
Client Outcomes



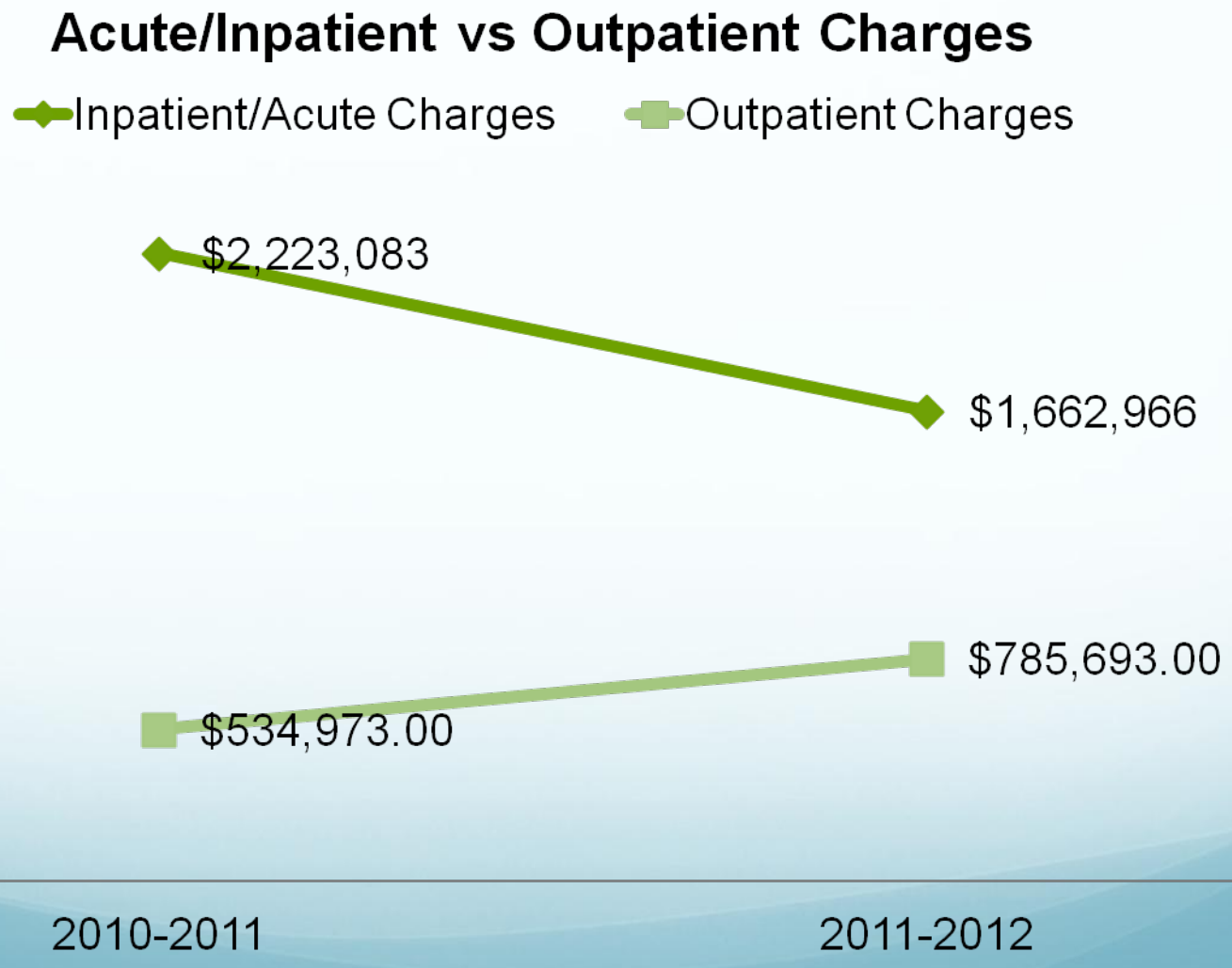
Health Outcomes



Health Outcomes: Improvement



Healthcare Utilization Financial Data



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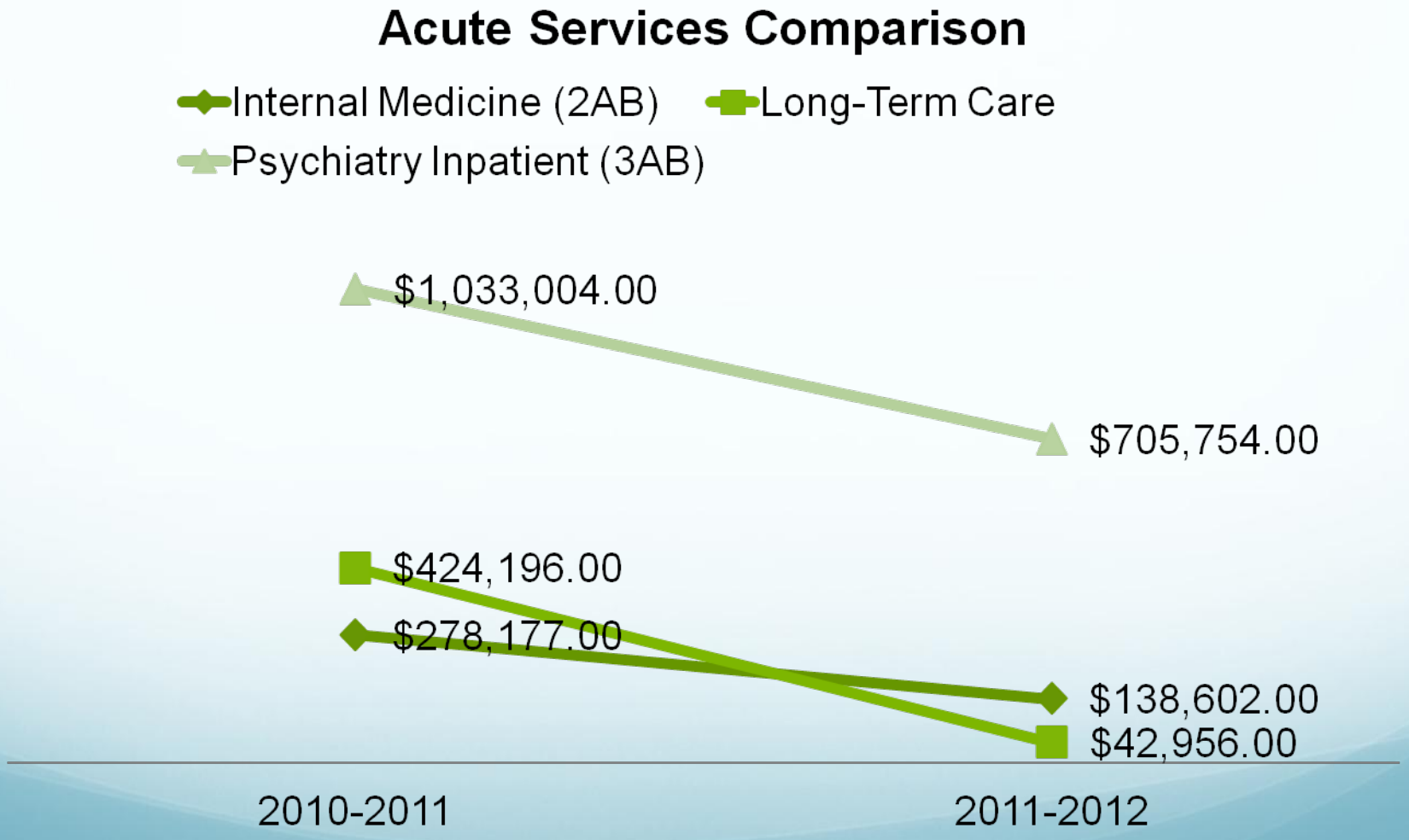


Healthcare Utilization Financial Data

Using the Data: The Client Dashboard

My Total Wellness Individual Health Report

My Name:	john doe		Baseline Date:	2/15/11		
	My Recovery Team		**My Diagnoses (Please write in)**			
	Nurse Care Manager:		Medical		Psychiatric	
	Primary Care Provider:					
	Psychiatrist:					
	Case Manager:					

	Key	Normal	Caution	At Risk		

My Recovery Progress on Select Health Indicators

	Baseline	6 month	12 month	18 month	24 month	30 month
Conducted Date	2/15/11	7/22/11	2/16/12	7/19/12		
Blood Collected Date	3/3/11	5/19/11	12/15/11	6/20/12		

Category	Indicator (Goal)	Baseline	6 month	12 month	18 month	24 month	30 month
Lungs	Smoking? (No)	20	20	15	20	#N/A	#N/A
Weight	BMI (18.5 to 24.9)	41.7	39.8	39.5	38.8	#N/A	#N/A
	Weight	132.0	126.0	125.0	123.0	#N/A	#N/A
Blood Pressure	Systolic BP (90-120)	150	125	100	126	#N/A	#N/A
	Diastolic BP (60-80)	88	88	77	80	#N/A	#N/A
Blood Sugar	Fasting Glucose (70-99)	91	87	98	90	#N/A	#N/A
	Hemoglobin A1c (4.0-5.6)	5	#N/A	#N/A	5.1	#N/A	#N/A
Heart Health	Total Cholesterol (125-200)	258	243	185	139	#N/A	#N/A
	LDL (20-129)	157	128	110	76	#N/A	#N/A
	HDL (≥40)	34	38	43	33	#N/A	#N/A
	Triglycerides (30-149)	297	375	201	169	#N/A	#N/A

My Wellness Goals:	**My Action Plan:**
I will	I will
I will	I will
I will	I will

Spreading the Word

Education	• Peer Coaching Education • Smoking Cessation • Monthly Classes
Consultation and Technical Assistance	• Technical assistance to other grantees • Site visits by other grantee
Trainings	• Financial Sustainability Webinar • Nutrition training to board and care operators

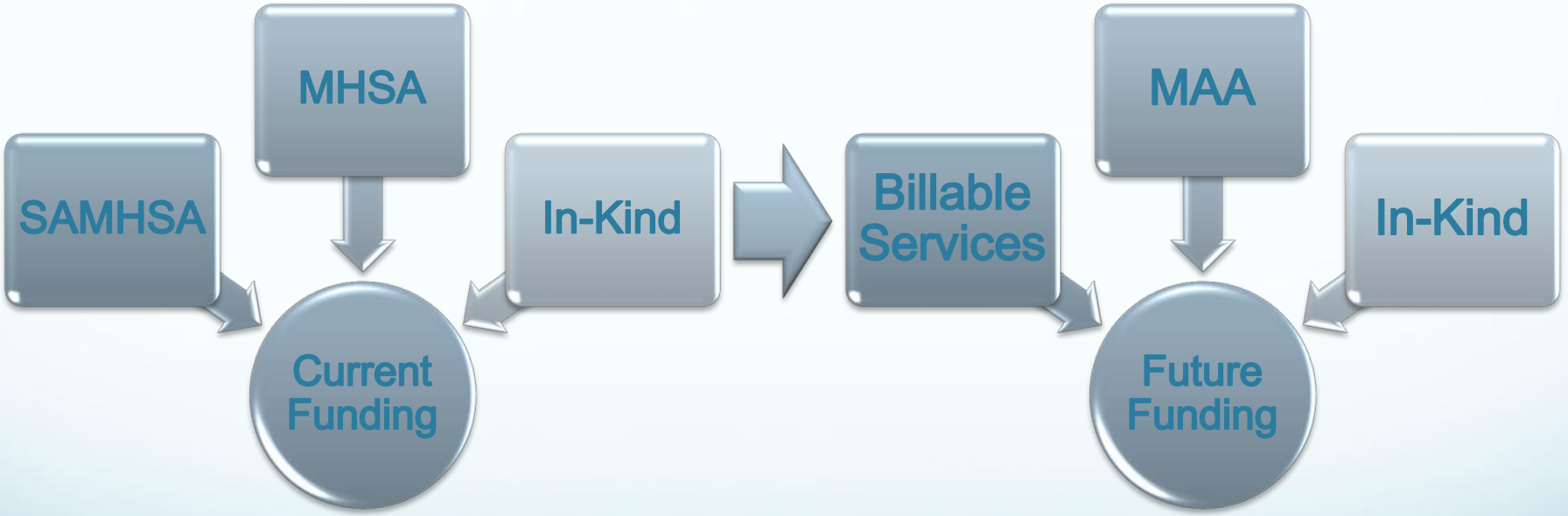
Looking Forward

Sustainability

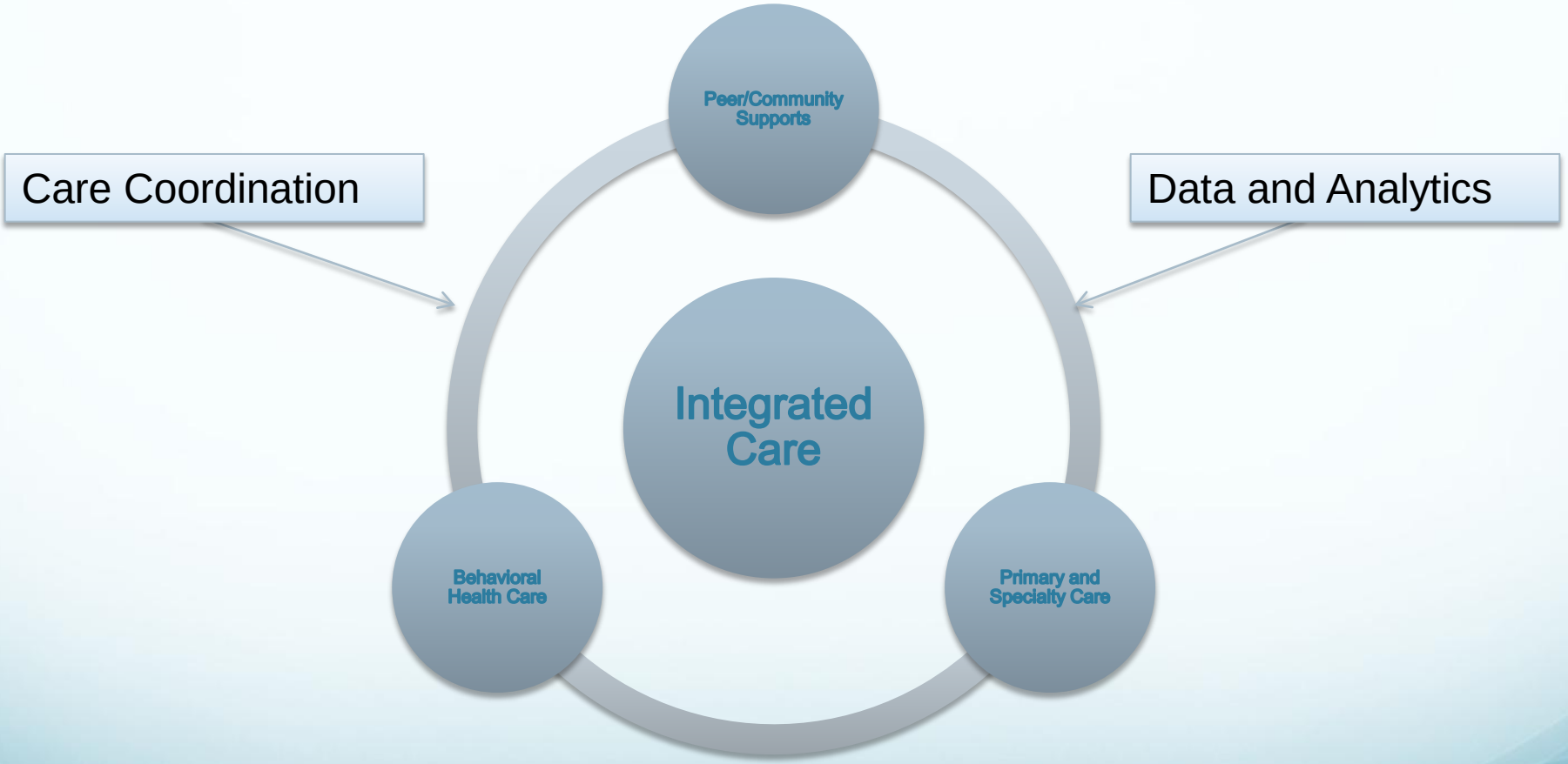
Expansion

Embedding Total Wellness

Sustainability



Embedding Total Wellness



Our Team

Thank you!

The Total Wellness Team

PROGRAM PRESENTATION

OASIS

OLDER ADULTS

SYSTEM OF INTEGRATED SERVICES

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 DEMOGRAHICS

- 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

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

system development initiatives

06/07:	1,846
07/08:	3,896
08/09:	3,684
09/10:	4,159
10/11:	4,089
11/12:	4,585

full service partnerships

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

CLIENTS SERVED

PROGRAM	06/07	07/08	08/09	09/10	10/11	11/12
Full Service Partnership (Adults/Older Adults)	41 A 33 OA	85 A 57 OA	125 A 103 OA	129 A 78 OA	169 A 81 OA	172 A 89 OA
Full Service Partnership (Children/Youth/TAY)	87 C/Y/TAY	67 C/Y 55 TAY	60 C/Y 48 TAY	89 C/Y 54 TAY	135 C/Y 43 TAY	125 C/Y 40 TAY
Primary Care-Based Behavioral Health Services	128	665	852	866	845	796
Outreach East Palo Alto	N/A	1,250	2,978	3,250	3,839	4,076
Outreach North County Collaborative	N/A	N/A	430	1,242	5,285	4,928
Older Adults System of Integrated Services	100	187	259	280	280	247
Total Wellness	N/A	N/A	N/A	N/A	88	290

CLIENTS SERVED

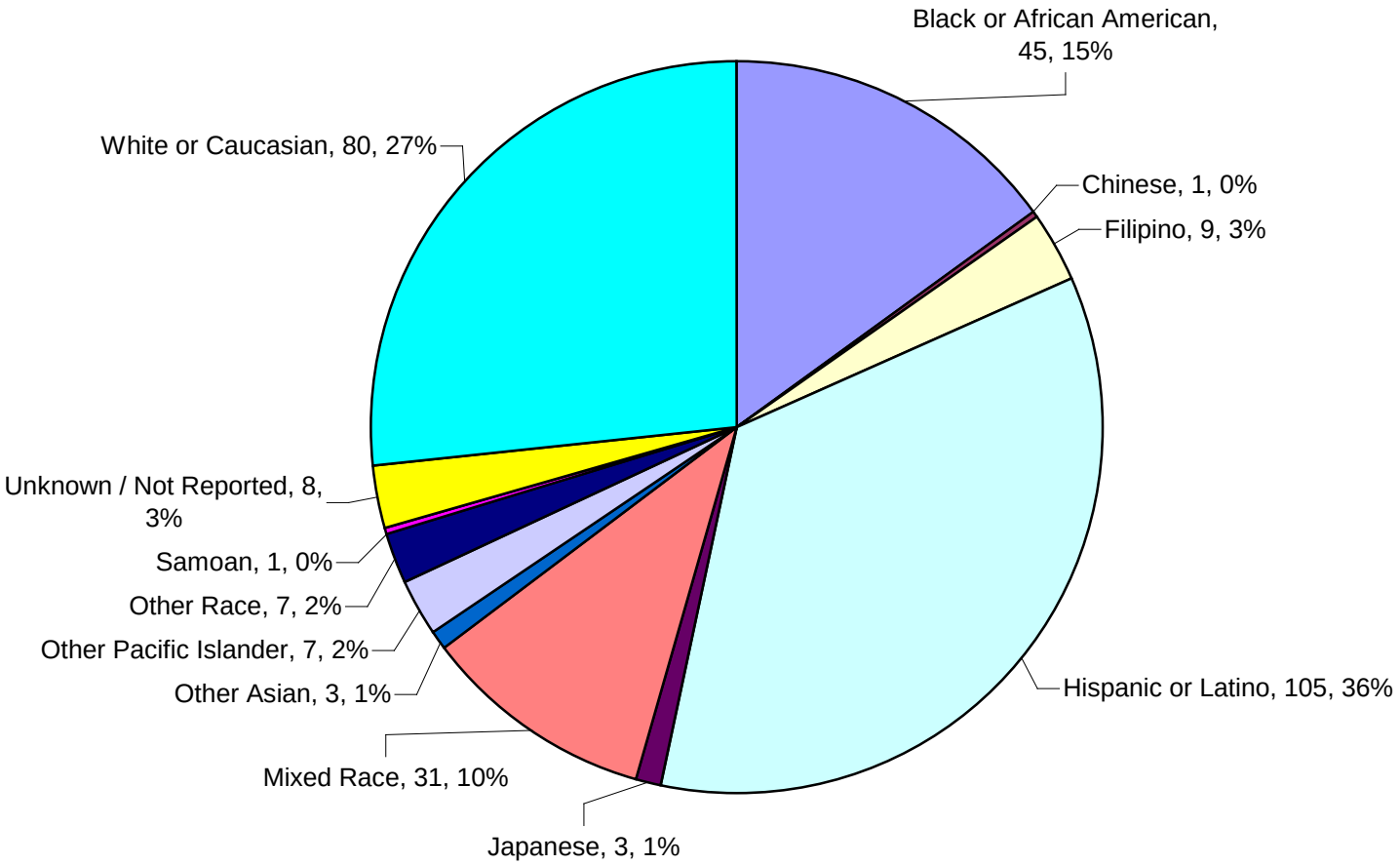
PROGRAM	06/07	07/08	08/09	09/10	10/11	11/12
Crisis Hotline	168	539	677	728	728	760
Pathways	56	181	185	123	143	166
Consumer / family partners	595	842	764	932	904	1,525
EBP expansion (youth/adults)	948	2,192	2,125	2,076	2,223	2,395
Puente DD clinic	N/A	N/A	69	117	144	148
Interns	135	131	224	368	350	564

FULL SERVICE PARTNERSHIPS OUTCOMES

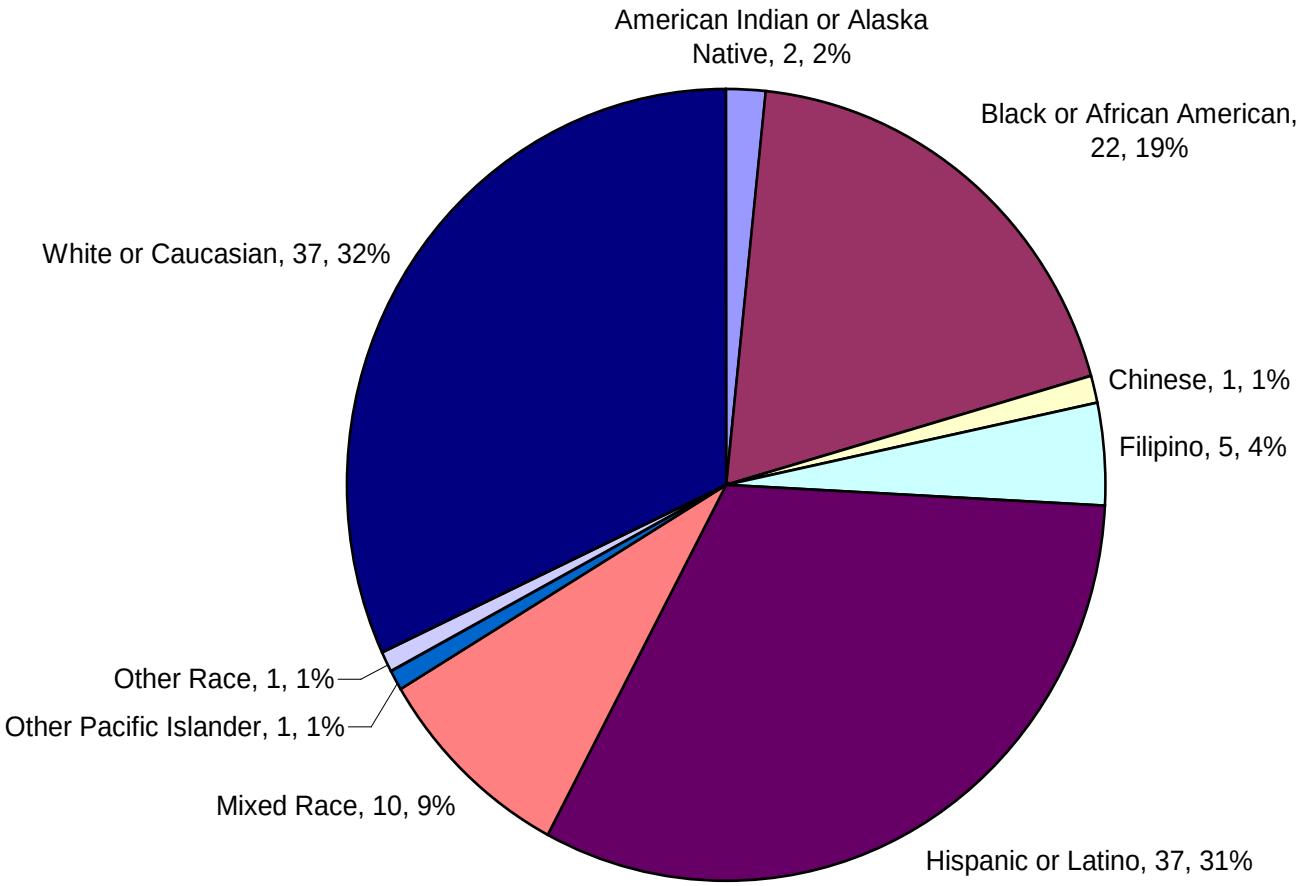
OUTCOMES	CHILDREN & YOUTH	TRANSITION AGE YOUTH (TAY)
Decreased Psychiatric Emergency Services Visit	67%	59%
Decreased Hospitalization	57%	65%

Percentage of program participants showing decreased rates of hospitalization and visits to Psychiatric Emergency Services.

FULL SERVICE PARTNERSHIPS
ETHNIC BREAKDOWN (Children and Youth)



FULL SERVICE PARTNERSHIPS
ETHNIC BREAKDOWN (Transition Age Youth)

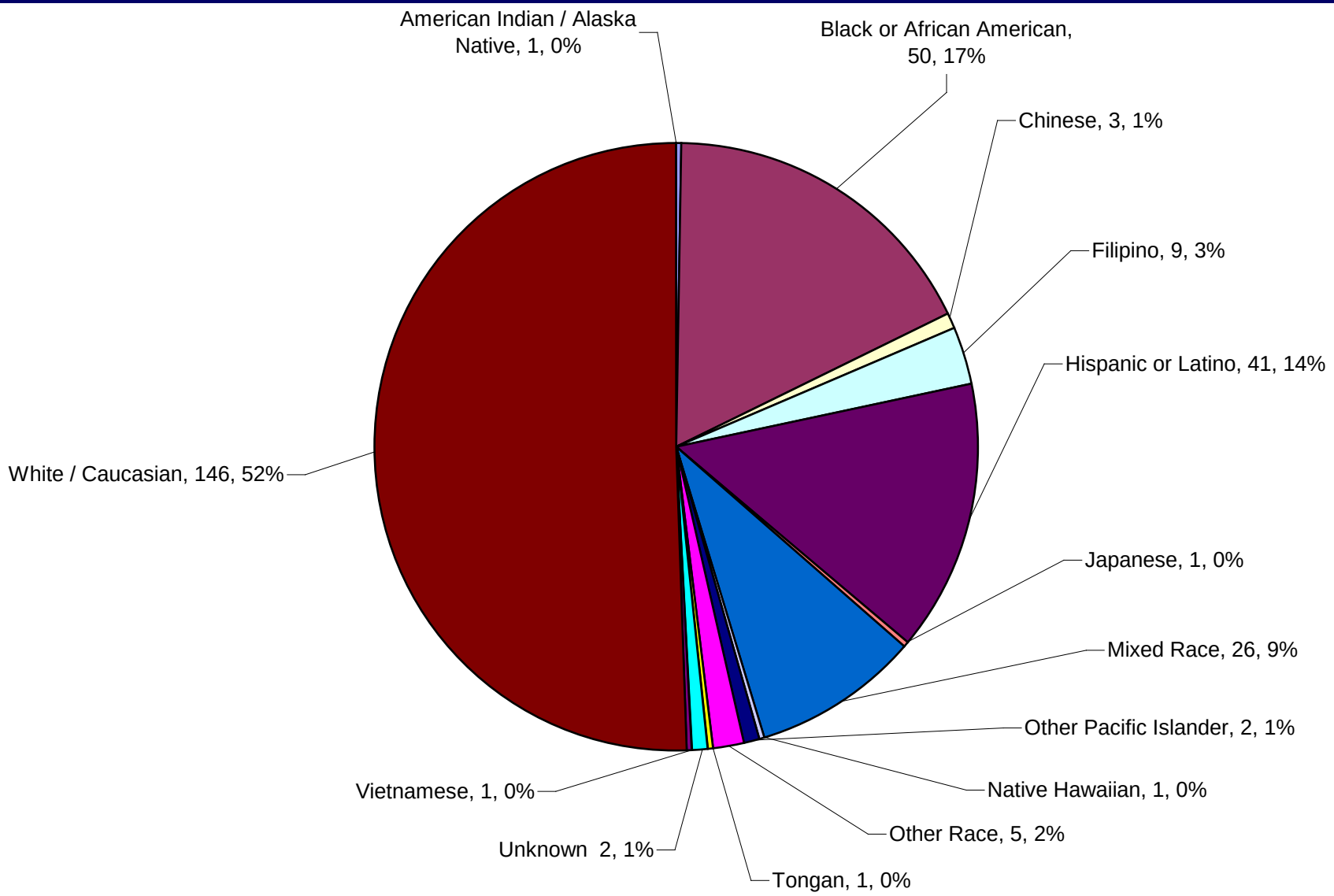


FULL SERVICE PARTNERSHIPS OUTCOMES

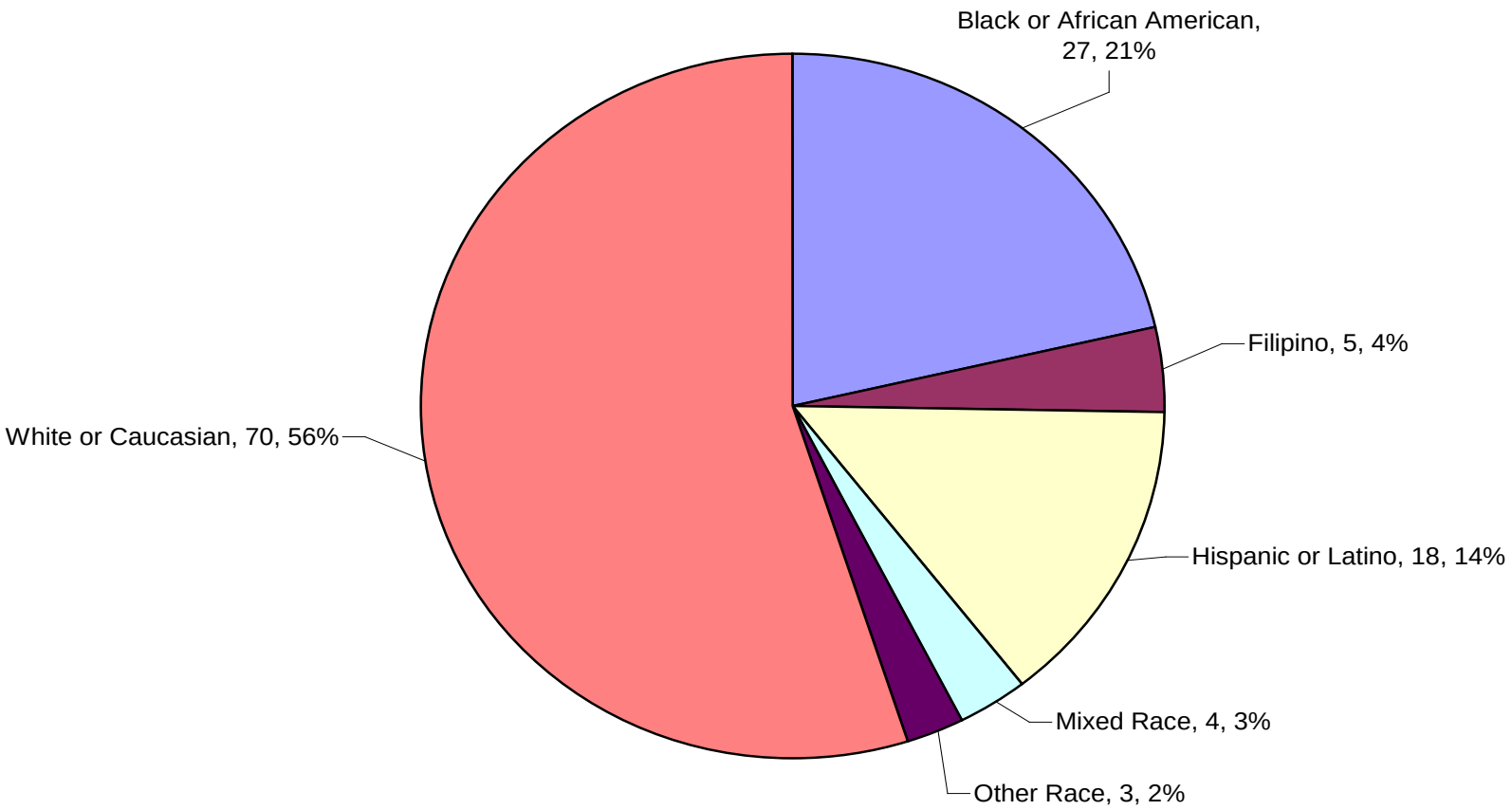
OUTCOMES	ADULTS	OLDER ADULTS
Decreased Psych Emergency Services Visit	57%	65%
Decreased Hospitalization	72%	72%

Percentage of program participants showing decreased rates of hospitalization and visits to Psychiatric Emergency Services.

FULL SERVICE PARTNERSHIPS ETHNIC BREAKDOWN (Adults)



FULL SERVICE PARTNERSHIPS ETHNIC BREAKDOWN (Older Adults)



HOUSING – KEY ELEMENTS

- 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

C&F
Empower Clients & Families

S&S
Enhance Systems & Supports

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

In progress

Completed project

HOUSING PROJECTS

Delaware Street Apartments - Approved in 2011 (10 units) – Original Sketch

HOUSING – FUNDING BREAKDOWN

ONE-TIME ALLOCATION:		$ 6,762,000
▪ Cedar Street	$ 524,150	
▪ S. El Camino	$ 2,163,200	
▪ Delaware Street	$ 1,124,860	
TOTAL COMMITTED	$ 3,812,210	
Remainder:		$ 2,949,790 (+interest)

C&F
Empower Clients & Families

S&S
Enhance Systems & Supports

PREVENTION AND EARLY INTERVENTION

- 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.

PEI Advance Prevention & Early Intervention

W&E Welcome and Engage

TW Foster Total Wellness

D&E Promote Diversity & Equity

C&F Empower Clients & Families

PREVENTION AND EARLY INTERVENTION

- 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

PEI Advance Prevention & Early Intervention

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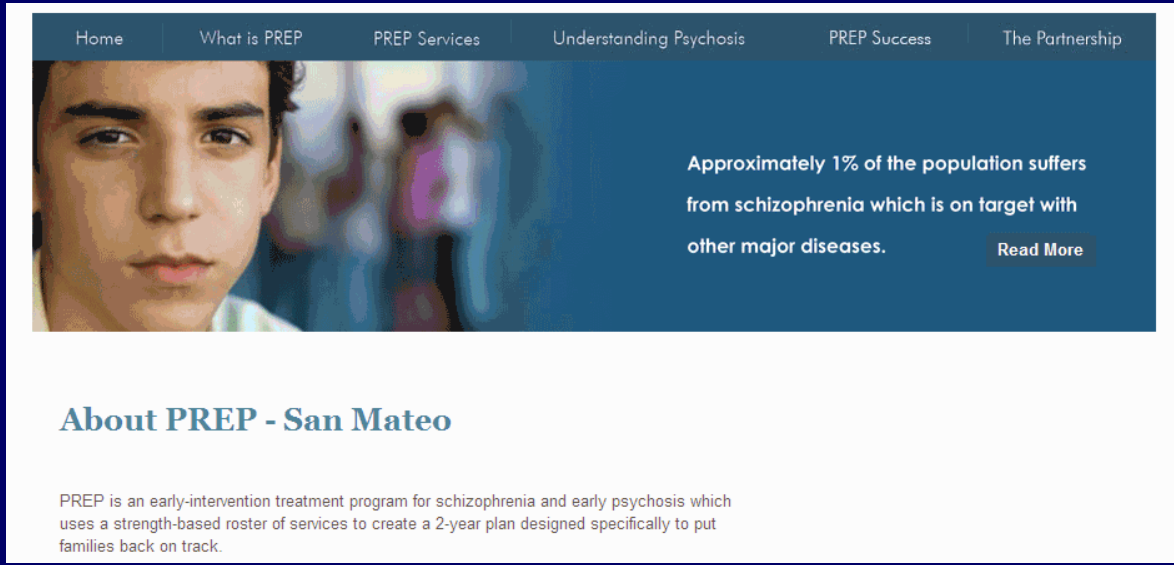
PREVENTION AND EARLY INTERVENTION

- 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

PEI Advance Prevention & Early Intervention

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C&F Empower Clients & Families

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)

INNOVATION

- 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

TW
Foster Total Wellness

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

OC
Build Organizational Capacity

Avatar

S&S
Enhance Systems & Supports

CURRENT CONTEXT

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

	FISCAL YEAR						
	ACTUAL (millions)					ESTIMATED	
	07/08	08/09	09/10	10/11	11/12	12/13	13/14
CSS	518	650	900	784	741	1,005	884
PEI	115	233	330	216	185	251	221
INN	-	71	71	120	49	66	58
TOTAL	633	954	1,301	1,120	975	1,322	1,163

FISCAL YEAR 13/14

PLAN

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

	ACTUAL EXPENDITURES FY11/12	ACTUAL ALLOCATION FY11/12	PROJECTED EXPENDITURES FY12/13	ACTUAL ALLOCATION FY12/13
CSS	$13,077,905	$11,976,500	$14,118,447	
PEI	$5,942,713	$3,136,600	$5,708,136	

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				
CATEGORY	**ITEM**	**# UNITS**	**COST PER UNIT**	**TOTAL ANNUAL COST**
CSS FSP	Slots for psychiatric emergency services and 3AB (TAY and Adults)	10	$22,193	**$221,930**
CSS FSP	Slots for TAY, with housing	5	$46,000	**$230,000**
CSS FSP	Expansion of integrated FSPs to Central (Adults)	5	$8,733	**$43,665**
CSS FSP	Expansion of Wraparound services for children and youth	5	$36,000	**$180,000**
CSS FSP	Additional housing for existing FSP Adults	25	$5,774	**$144,350**
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

PROJECTED EXPANSION				
PEI 0 TO 25	Expansion of Teaching Pro-social Skills	1	$200,000	**$200,000**
PEI OTHER	Expansion of Parent Project	1	$20,000	**$20,000**
PEI TOTAL				**$220,000**

- 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

MOVING FORWARD

- 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

NEXT STEPS

- 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