Mental Health Services Act (MHSA) Steering Committee Meeting & FY 2016-17 Annual Update

December 7, 2016
Agenda

* MHSA Background

* Steering Committee Business
  * MHSA Steering Committee Membership
  * MHSA Issue Resolution Process (IRP)
  * INN Evaluation & WET Impact Summary
  * Upcoming Three-Year Planning Process

* Annual Update
Proposition 63 (2004)

* 1% tax on personal income in excess of $1 mill
* Fundable activities are grouped into **Components** each one with its own set of guidelines and rules.
* Principles include community collaboration, health equity, consumer and family driven services, focus on wellness, recovery and resiliency, integrated experience
* San Mateo County took an integrated approach

**Handouts:**
- MHSA One-Pager
- MHSA Funded Program List by Component
## Funding Components

<table>
<thead>
<tr>
<th>Component</th>
<th>Annual Funding Allocation</th>
<th>Reversion Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Services and Supports (CSS)</td>
<td>75—80%</td>
<td>3 years</td>
</tr>
<tr>
<td>Prevention and Early Intervention (PEI)</td>
<td>15—20%</td>
<td>3 years</td>
</tr>
<tr>
<td>Innovations (INN)</td>
<td>5%</td>
<td>3 years</td>
</tr>
<tr>
<td>Workforce Education and Training (WET)</td>
<td>One Time Funding FY 06/07 and FY 07/08</td>
<td>10 years</td>
</tr>
<tr>
<td>Capital Facilities and Information Technology (CF/IT)</td>
<td>One Time Funding FY 07/08 and FY 08/09</td>
<td>10 years (expended)</td>
</tr>
<tr>
<td>Housing</td>
<td>One Time Funding FY 07/08 Unencumbered Funds FY 15/16</td>
<td>3 years*</td>
</tr>
</tbody>
</table>

*new reversion period for AB1929 Housing funds released to Counties*
Planning & Reporting Requirements

* Community Program Planning (CPP) Process
  * Steering Committee
  * MHSARC
  * CSA Community Planning Committees
  * BHRS Blog, Wellness Matters e-newsletter, MHSA website and subscriber list

* Three-Year Plan & Annual Updates
  * Current 3-Year Plan: July 1, 2014 - June 30, 2017
  * Next 3-Year Planning Phase: Jan – March 2017
  * 30 day public review period followed by public hearing
New MHSA Steering Committee Membership Guidelines

* Key components
  * MHSARC members are steering committee members
  * Minimum 1-2 seats on defined stakeholders
  * At least 50% of Steering Committee members will represent clients/consumers and families
  * At least 50% of ALL positions will include individuals from diverse cultural and ethnic groups
  * Membership Selection Group review applications 2x/yr
  * May reopen filled seats if members miss 2 meetings/year

Guidelines and application available on the MHSA website, smchealth.org/bhrs/mhsa
The Office of Consumer and Family Affairs (OCFA) manages grievances.

The MHSA IRP adds the following:

- Any MHSA planning, implementation and stakeholder engagement issues will be reported to OCFA for appropriate logging, acknowledgement and other procedures as appropriate.
- OCFA will check off any service/treatment grievances related to MHSA-funded programs.
MHSA Issue is logged and an acknowledgment letter is sent by OCFA within one working day.

All other procedures will be followed as stated in the Consumer Problem Resolution Process Manual.
All INN projects will involve an extensive participatory evaluation process

* Steering Committee will be a venue for vetting next steps and decisions related to continuation of INN projects

WET Impact report

* Survey to determine priorities, needs, gaps
* Qualitative follow up with Lived Experience Academy members, cultural stipend interns, trainers and other stakeholders
Financial Incentives Program
- Cultural stipend internship program
- Mental health loan assumption

Training by/for Consumers and Family Members
- Lived Experience Academy (LEA) and Training
- Wellness Recovery Action Plan
- Recovery 101, Peer Support 101, Peer and Family Partners

Training for System Transformation
- Cultural Humility, HEI trainings for specific populations
- Evidence-based, community and promising practices

Behavioral Health Career Pathways Program
- Intern/Trainee Program
- LEA Speaker’s Bureau, support for Commissions and Committees
- Jefferson Union High School District Behavioral Health Career Pathways

Financial Incentives Program
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Upcoming 3-Year CPP Process

**Phase 1. Needs Analysis**
- Experiences with MHSA funded programs (what’s working well, gaps, improvements needed)
- Review of evaluation and impact reports
- Recommendation developed for Phase 2

**Phase 2. Strategy Development**
- Review Phase 1 findings and recommendations
- Make further recommendations on programs to continue, discontinue, expansion priorities, etc.

**Phase 3. Plan Development**
- Presentation to MHSARC
- Public Comment
- Public Hearing
- BoS adoption

**Timeline**
- Dec - Feb
- Feb - Apr
- May - June

- February: Steering Committee review of phase 1 findings
- March: Stakeholder CPP training and Strategy Development Input Session
Key Considerations
(from 2014 evaluation of MHSA CPP processes statewide)

* Outreach – use of social media, announcements at community meetings
* Incentives – stipends, childcare
* Use of surveys/questionnaires
* Use less jargon, provide language services
* Training pre CPP activities
  * Provide materials, expectations, background information beforehand
Annual Update

F/Y 14-15
Annual Update Agenda

* Program Outcomes (FY 14/15)
* Program Highlights
  * Prevention and Recovery in Early Psychosis (PREP)
  * Older Adult System of Integrated Services (OASIS)
* Fiscal Report
* New Program Updates
* Next Steps
Program Outcomes
Community Service and Supports
F/Y 14-15
<table>
<thead>
<tr>
<th></th>
<th>Full Service Partnerships*</th>
<th>Outreach and Engagement</th>
<th>System Development</th>
</tr>
</thead>
<tbody>
<tr>
<td>06/07:</td>
<td>161</td>
<td>06/07: 314</td>
<td>06/07: 1,846</td>
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<tr>
<td>07/08:</td>
<td>281</td>
<td>07/08: 1,905</td>
<td>07/08: 3,896</td>
</tr>
<tr>
<td>08/09:</td>
<td>336</td>
<td>08/09: 4,707</td>
<td>08/09: 3,684</td>
</tr>
<tr>
<td>09/10:</td>
<td>350</td>
<td>09/10: 5,471</td>
<td>09/10: 4,159</td>
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<tr>
<td>10/11:</td>
<td>428</td>
<td>10/11: 9,996</td>
<td>10/11: 4,089</td>
</tr>
<tr>
<td>11/12:</td>
<td>426</td>
<td>11/12: 9,121</td>
<td>11/12: 4,585</td>
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<tr>
<td>13/14:</td>
<td>482</td>
<td>13/14: 7,751</td>
<td>13/14: 2,571</td>
</tr>
<tr>
<td>14/15:</td>
<td>477</td>
<td>14/15: 6,328</td>
<td>14/15: 2,523</td>
</tr>
</tbody>
</table>

* there are 392 available FSP slots across all age groups
* **Hospitalizations** improved significantly after first year of FSP enrollment, ranging from a 100% improvement for children to 29% for older adults.

* **Psychiatric Emergency Services (PES) visits** improved significantly for all age groups ranging from 93% for child clients to 42% for older adults.
## Percent IMPROVEMENT in Outcomes by Age Group
Year before FSP Compared with First Year with FSP

<table>
<thead>
<tr>
<th>Self-reported Outcomes*</th>
<th>Child (n = 136)</th>
<th>TAY (n = 182)</th>
<th>Adult (n = 298)</th>
<th>Older adult (n = 53)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homelessness</td>
<td>44%</td>
<td>0%</td>
<td>21%</td>
<td>*</td>
</tr>
<tr>
<td>Detention or Incarceration</td>
<td>-16%</td>
<td>17%</td>
<td>21%</td>
<td>*</td>
</tr>
<tr>
<td>Arrests</td>
<td>64%</td>
<td>70%</td>
<td>86%</td>
<td>*</td>
</tr>
<tr>
<td>Mental Health Emergencies</td>
<td>93%</td>
<td>68%</td>
<td>53%</td>
<td>42%</td>
</tr>
<tr>
<td>Physical Health Emergencies</td>
<td>100%</td>
<td>85%</td>
<td>64%</td>
<td>29%</td>
</tr>
<tr>
<td>School Suspensions</td>
<td>5%</td>
<td>-1%</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Attendance Ratings</td>
<td>41%</td>
<td>76%</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Grade Ratings</td>
<td>6%</td>
<td>6%</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Employment</td>
<td>*</td>
<td>*</td>
<td>38%</td>
<td>*</td>
</tr>
</tbody>
</table>

* Not Reported

Data is through December 30, 2015
Program Highlight

Older Adult System of Integrated Services (OASIS)
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

• Co-occurring Substance Use
OASIS FIELD-BASED SERVICES

- Psychiatric medication evaluation/monitoring
- Intensive case management
- Counseling/therapy
- Escort and transport to medical appointments (this only to client under psychiatric care)
- All services are voluntary
Average age is 74
• 1 under 50
• 2.7% of clients are in 50s
• 29.7% of clients are in 60s
• 45.4% of clients are in 70s
• 17.3% of clients are in 80s
• 3.8% of clients are in 90s
• 1 is over 100 (102)
In FY 2015-2016 (06/10/16) total served 301 clients (50 new open & 48 discharged)

In FY 2015-2016 total served 36 Spanish speaking clients (19%), and served 31 Cantonese/ Mandarin speaking clients (17%)

Other languages clients speaks: Tagalog, Farsi, Hmong, Korean and Russian.

In FY 2016-2017 (12/07/16) total served 227 clients (23 new open & 19 discharged)
REFERRAL PROCESS

* CALL OD LINE (573-3689) & LEAVE MESSAGE.
* OD Return call to gather client’s information & screen for OASIS eligibility. (will discuss in staff meeting)
* If eligible for OASIS then a psychiatrist and case manager will be assigned within a week. (Unless case is urgent.)
**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
Program Outcomes
Prevention & Early Intervention
F/Y 14-15
## PEI Programs

<table>
<thead>
<tr>
<th></th>
<th>Ages 0-25</th>
<th>Adults and Older Adults</th>
<th>All Age Groups</th>
<th>Early Onset of Psychotic Disorders</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 12-13</td>
<td>420</td>
<td>771</td>
<td>3,786</td>
<td>35</td>
</tr>
<tr>
<td>FY 13-14</td>
<td>414</td>
<td>1,245</td>
<td>3,601</td>
<td>46</td>
</tr>
<tr>
<td>FY 14-15</td>
<td>299</td>
<td>2,090</td>
<td>3,445</td>
<td>60</td>
</tr>
</tbody>
</table>
In FY 14-15 Total Wellness completed its final year as an MHSA Innovation project and has since secured funding for continuation through the Health Plan of San Mateo.

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.

By the end of FY 14-15, Total Wellness served 601 clients since its inception in 2011.
Positive Outcomes of Total Wellness Clients

Physical Health Indicators

- Blood Pressure: 16.2%
- BMI: 49.5%
- HgB A1C: 46.1%
- HDL: 50.0%
- LDL: 63.0%
- Triglyceride: 55.1%

Positive Engagement Indicators

- Attending school or employed: 27.30%
- Were socially connected: 35.80%
- Baseline Positive: 51.40%
- Second Interview Positive: 64.20%

Other Positive Health Indicators

- Were Healthy Overall: 47.50%
- Were Functioning in Everyday Life: 45.70%
- No serious psychological distress: 53.20%
- Baseline Positive: 61.90%
- Second Interview Positive: 73.50%
New INN Programs

- Health Ambassador Program – Youth
- LGBTQ Coordinated Behavioral Health Services Center
- NMT within an Adult Service System
Community Program Planning (CPP) Process

CPP Process for 3-Year Plan and INN
(Summer 2014)

BoS Approval of Three-Year Plan
(Jan 2015)

Steering Cmtee Innovation Ideas Prioritization
(March 2015)

30-Day Comment Period and MHSARCA Public Hearing
(April 2016)

RFP Process and Applications to MHSOAC
(January 2016)

LOI Process and Initial Feedback from MHSOAC
(July 2015)

BoS Approval
(May 2016)

MHSOAC Approval
(July 2016)

Contracts and Implementation
(October 2016)

CPP – Community Program Planning
BoS – Board of Supervisors
LOI – Letter of Interest
RFP – Request for Proposal
MHSARCA – Mental Health Substance Abuse and Recovery Commission
MHSOAC – Mental Health Services Oversight and Accountability Commission
**Housing**

* One-time Allocation: $6,762,000

<table>
<thead>
<tr>
<th>Development</th>
<th>Year</th>
<th>Units</th>
<th>MHSA Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cedar Street Apartments</td>
<td>2009</td>
<td>5 MHSA units/14 total units</td>
<td>$524,150</td>
</tr>
<tr>
<td>MHA in Redwood City</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>El Camino Apartments</td>
<td>2010</td>
<td>20 MHSA units/106 total units</td>
<td>$2,163,200</td>
</tr>
<tr>
<td>MidPen in South San Francisco</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delaware Pacific Apartments</td>
<td>2011</td>
<td>10 MHSA units/60 total units</td>
<td>$1,081,600</td>
</tr>
<tr>
<td>MidPen in San Mateo</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Waverly Place Apartments</td>
<td>2015</td>
<td>15 MHSA units/16 total units</td>
<td>$1,973,895</td>
</tr>
<tr>
<td>MHA in North Fair Oaks</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td></td>
<td><strong>50 MHSA units</strong></td>
<td><strong>$5,742,845</strong></td>
</tr>
</tbody>
</table>

* AB 1929 – Release of unencumbered funds $1,073,038
WET Update

WET continued to implement the prioritized trainings

* Training and Technical Assistance
  * Targeted Training for and by Consumers and Family Members
  * Trainings to Support Wellness and Recovery
  * Cultural Competence Training
  * Evidenced-Based Practices Training for System Transformation
* Behavioral Health Career Pathways Programs
* Financial Incentive Program
* Workforce Development and Retention
New programs/updates for FY 16-17

* Three-Year Plan CPP to begin early 2017
* New INN programs
* Evaluations for CSS- Outreach & Engagement, Health Equity Initiatives and INN programs
* WET sustainability planning and impact report
* Unencumbered housing funds
* MHSA Steering Committee Membership
* MHSA Issue Resolution Process
Program Highlight
Prevention and Recovery in Early Psychosis (PREP)

PREP & BEAM of SAN MATEO
innovation in social services
Fiscal Report
## Allocations Per Year

<table>
<thead>
<tr>
<th></th>
<th>FY 06/07</th>
<th>FY 07/08</th>
<th>FY 08/09</th>
<th>FY 09/10</th>
<th>FY 10/11</th>
<th>FY 11/12</th>
<th>FY 12/13</th>
<th>FY 13/14</th>
<th>FY 14/15</th>
<th>FY 15/16* (estimate)</th>
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<tbody>
<tr>
<td>CSS</td>
<td>$5,022,392</td>
<td>$8,321,100</td>
<td>$10,472,300</td>
<td>$14,546,300</td>
<td>$12,665,000</td>
<td>$11,976,500</td>
<td>$18,508,727</td>
<td>$16,467,542</td>
<td>$18,142,137</td>
<td>$16,560,239</td>
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<tr>
<td>PEI</td>
<td>-</td>
<td>$1,989,300</td>
<td>$3,997,100</td>
<td>$5,588,900</td>
<td>$3,661,600</td>
<td>$3,136,600</td>
<td>$4,935,660</td>
<td>$4,391,344</td>
<td>$4,837,903</td>
<td>$4,416,064</td>
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<tr>
<td>INN</td>
<td>-</td>
<td>-</td>
<td>$1,163,000</td>
<td>$1,163,000</td>
<td>$1,953,100</td>
<td>$794,700</td>
<td>$1,233,915</td>
<td>$1,097,837</td>
<td>$1,209,476</td>
<td>$1,104,016</td>
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<tr>
<td>WET</td>
<td>$1,685,900</td>
<td>$1,751,700</td>
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<td>-</td>
<td>-</td>
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<td>-</td>
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<td>-</td>
<td>-</td>
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<tr>
<td>CF/IT</td>
<td>-</td>
<td>$5,539,300</td>
<td>$1,740,400</td>
<td>-</td>
<td>-</td>
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<td>-</td>
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<tr>
<td>HOUS-</td>
<td>-</td>
<td>$6,762,000</td>
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<td>-</td>
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<tr>
<td>TOTAL</td>
<td>$6,708,292</td>
<td>$24,363,400</td>
<td>$17,372,800</td>
<td>$21,298,200</td>
<td>$18,279,700</td>
<td>$15,907,800</td>
<td>$24,678,302</td>
<td>$21,956,723</td>
<td>$24,189,516</td>
<td>$22,080,319</td>
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</tbody>
</table>
Fiscal Considerations

* AB 100, on July 1, 2012, monthly MHSA allocations based on actual accrual of tax revenue.

* One time allocations in FY 13-14 and FY 14-15, due to change in tax laws

* Unspent funds, increased FY16-17 projections, and savings from INN program allowed for priority expansions

* “No Place Like Home” $2 billion bond - $2 million impact to San Mateo off the top and potential impact on expansions

* Prudent reserve remains at $600K
## Priority expansions

<table>
<thead>
<tr>
<th>Component</th>
<th>Updated Priority Expansions  FY 14-17</th>
<th>Implemented</th>
<th>FY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CSS, FSP</strong></td>
<td>Support and assistance program to connect MI with vocational, social and other services</td>
<td>YES California Clubhouse</td>
<td>FY 14/15</td>
</tr>
<tr>
<td></td>
<td>Drop-in Center(DIC) in South County</td>
<td>YES Edgewood DIC</td>
<td>FY 15/16</td>
</tr>
<tr>
<td></td>
<td>FSP slots for transition age youth with housing</td>
<td>YES Edgewood FSP</td>
<td>FY 15/16</td>
</tr>
<tr>
<td></td>
<td>FSP slots for older adults</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td><strong>CSS, Non-FSP</strong></td>
<td>Expansion of supports for transition age youth</td>
<td></td>
<td>FY 15/16</td>
</tr>
<tr>
<td></td>
<td>Expansion of supports for older adults</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td><strong>PEI</strong></td>
<td>Culturally aligned and community-defined outreach with a focus on emerging communities and outcome-based practices</td>
<td>NO</td>
<td>Expected FY 16/17</td>
</tr>
<tr>
<td></td>
<td>Expansion of Stigma Free San Mateo, Suicide Prevention and Student Mental Health efforts</td>
<td>NO</td>
<td>Expected FY 16/17</td>
</tr>
</tbody>
</table>
Next Steps

* 30 day public comment

* Public Hearing at the MHSARC
  * January 4, 2017, 3-5pm
  * SMC Health System, 225 37th Ave. Rm 100, San Mateo

* Presentation to the Board for adoption of the plan

* Controller to certify expenditures

* Submit to the State MHSOAC for approval Contact:
Questions, Comments?

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