Agenda

1. MHSA Background
2. Annual Update – Program Outcomes
3. Program Highlight – NMT in Adult System of Care
4. Progress on Priority Expansions
5. Update to the Plan
6. Announcements & Public Comments
MHSA – Prop 63 (2004)

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

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

75%
$24.2 mill*

20%
$6.4 mill*

5%
$1.6 mill*

*Component amounts based on FY 17/18 revenue received
Annual Update – Program Outcomes
## Community Services and Supports

<table>
<thead>
<tr>
<th>Full Service Partnerships*</th>
<th>Outreach &amp; Engagement</th>
<th>System Development</th>
</tr>
</thead>
<tbody>
<tr>
<td>06/07: 161</td>
<td>06/07: 314</td>
<td>06/07: 1,846</td>
</tr>
<tr>
<td>07/08: 281</td>
<td>07/08: 1,905</td>
<td>07/08: 3,896</td>
</tr>
<tr>
<td>08/09: 336</td>
<td>08/09: 4,707</td>
<td>08/09: 3,684</td>
</tr>
<tr>
<td>09/10: 350</td>
<td>09/10: 5,471</td>
<td>09/10: 4,159</td>
</tr>
<tr>
<td>10/11: 428</td>
<td>10/11: 9,996</td>
<td>10/11: 4,089</td>
</tr>
<tr>
<td>11/12: 426</td>
<td>11/12: 9,121</td>
<td>11/12: 4,585</td>
</tr>
<tr>
<td>13/14: 482</td>
<td>13/14: 7,751</td>
<td>13/14: 2,571</td>
</tr>
<tr>
<td>14/15: 477</td>
<td>14/15: 6,328</td>
<td>14/15: 2,523</td>
</tr>
<tr>
<td>15/16: 516</td>
<td>15/16: 6,141</td>
<td>15/16: 2,047</td>
</tr>
<tr>
<td>16/17: 550</td>
<td>16/17: 6,073</td>
<td>16/17: 2,245</td>
</tr>
</tbody>
</table>

* there are 397 available FSP slots across all age groups
Percent Improvement in Outcomes by Age Group

Year before FSP Compared with First Year with FSP

<table>
<thead>
<tr>
<th>FSP Outcomes*</th>
<th>Child (16 years &amp; younger)</th>
<th>TAY (17 to 24 years)</th>
<th>Adult (25 to 59 years)</th>
<th>Older adult (60 years &amp; older)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-reported Outcomes (Survey data)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Homelessness</td>
<td>22%</td>
<td>7%</td>
<td>28%</td>
<td>NR</td>
</tr>
<tr>
<td>Detention or Incarceration</td>
<td>(24%)</td>
<td>16%</td>
<td>30%</td>
<td>NR</td>
</tr>
<tr>
<td>Arrests</td>
<td>67%</td>
<td>65%</td>
<td>87%</td>
<td>NR</td>
</tr>
<tr>
<td>Mental Health Emergencies</td>
<td>89%</td>
<td>67%</td>
<td>57%</td>
<td>42%</td>
</tr>
<tr>
<td>Physical Health Emergencies</td>
<td>100%</td>
<td>88%</td>
<td>65%</td>
<td>29%</td>
</tr>
<tr>
<td>School Suspensions</td>
<td>47%</td>
<td>72%</td>
<td>NR</td>
<td>NR</td>
</tr>
<tr>
<td>Attendance Ratings</td>
<td>10%</td>
<td>(4)%</td>
<td>NR</td>
<td>NR</td>
</tr>
<tr>
<td>Grade Ratings</td>
<td>14%</td>
<td>1%</td>
<td>NR</td>
<td>NR</td>
</tr>
<tr>
<td>Employment</td>
<td>NR</td>
<td>NR</td>
<td>26%</td>
<td>NR</td>
</tr>
</tbody>
</table>

NR = Not Reported

Data is through June 30, 2017
Hospitalizations improved significantly after first year of FSP, from a 23% (153) any hospitalization to 13% (87).

Psychiatric Emergency Services (PES) visits improved significantly after first year of FSP, from 42% (280) any PES event to 29% (193).
### Prevention and Early Intervention (PEI)

<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>

**PEI Updated Guidelines Includes New Categories**

<table>
<thead>
<tr>
<th></th>
<th>Ages 0-25</th>
<th>Early Intervention</th>
<th>Prevention</th>
<th>Recognition of Early Signs of MI</th>
<th>Stigma &amp; Discrimination Prevention</th>
<th>Access &amp; Linkage to Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 15-16</td>
<td>420</td>
<td>680</td>
<td>4,784</td>
<td>225</td>
<td>228</td>
<td>983</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2,977 – SMART calls</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FY 16-17</td>
<td>482</td>
<td>724</td>
<td>4,831</td>
<td>247</td>
<td>272</td>
<td>1000</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2,657 SMART calls</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
I Am Almighty – By Alexis

https://www.youtube.com/watch?v=crDvBYSGFF0&index=14&list=PLZgatuxFMMyHP9gSZdrkJIYHa5aN80Ty9
Neurosequential Model of Therapeutics (NMT) in an Adult System of Care
Community Need

• MHSA FY 14/15 Three-Year planning process
  – 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.
Since 2012, BHRS Youth System has provided extensive training in 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?
• 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

- **Estimate 75-100 adults served annually**
  - General adult clients (ages 26+) receiving specialty mental health services
  - Transition age youth (ages 18-25)
  - Criminal justice-involved clients re-entering the community

**YEAR ONE (July ‘16 – June ‘17)**

- **Jul ‘16 – Jan ‘17: NMT PLANNING**
  - BHRS develops outreach materials, identifies providers for NMT training, and develops resources for NMT interventions

**YEAR TWO (July ‘17 – June ‘18)**

- **Jan ‘17 – Jun ‘18: NMT TRAINING**
  - 12 providers in BHRS Adult System of Care participate in NMT Training

- **Mar ‘17 – Jun ‘18: NMT SERVICES**
  - Providers implement NMT approach with adult consumers and provide NMT services
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
• 60 clients served total (doubled in Year 2)
  – 73% (44) adults, 23% (16) TAY
• 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

<table>
<thead>
<tr>
<th></th>
<th>% of clients with Decreased Scores</th>
<th>% of clients with Increased Scores</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Brain Map</td>
<td>27%</td>
<td>73%</td>
</tr>
<tr>
<td>Sensory Integration</td>
<td>36%</td>
<td>64%</td>
</tr>
<tr>
<td>Self-Regulation</td>
<td>36%</td>
<td>64%</td>
</tr>
<tr>
<td>Relational</td>
<td>36%</td>
<td>64%</td>
</tr>
<tr>
<td>Cognitive</td>
<td>18%</td>
<td>82%</td>
</tr>
</tbody>
</table>
Client Outcomes (cont’d)

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

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.

[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
Expectations

• 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)
Progress on Priority Expansions
## FY 17-18 to 19/20 Expansions

<table>
<thead>
<tr>
<th>Component</th>
<th>Priority Expansions</th>
<th>Estimated Cost Per Fiscal Year</th>
<th>Implemented</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CSS</strong></td>
<td>Expansion of supports for older adults *</td>
<td>$130,000</td>
<td>YES – Partial Senior Peer Counseling OASIS expansion expected FY 18/19</td>
</tr>
<tr>
<td>General Systems</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Development</td>
<td>Mobile mental health and wellness services to expand access to Coastside</td>
<td>$450,000</td>
<td>In Progress</td>
</tr>
<tr>
<td><strong>CSS</strong></td>
<td>Expansion of culturally responsive outreach strategies</td>
<td>$50,000</td>
<td>YES Chinese community outreach</td>
</tr>
<tr>
<td>Outreach &amp; Engagement</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Prevention &amp; Early Intervention</strong></td>
<td>Expansion of Stigma Free San Mateo, Suicide Prevention and Student Mental Health efforts*</td>
<td>$50,000</td>
<td>In Progress</td>
</tr>
<tr>
<td></td>
<td>Youth mental health crisis support and prevention</td>
<td>$600,000</td>
<td>In Progress</td>
</tr>
<tr>
<td></td>
<td>After-care services for early psychosis treatment</td>
<td>$230,000</td>
<td>YES PREP/BEAM After Care Services</td>
</tr>
</tbody>
</table>
MHSA Revenue & Expenditures

*Projected revenue
Update to the Plan

Educational opp that create upward mobility.
- On the job training
- Stipend
- Exploring ways feasible

Memorilization/Writing includes:
- Policies
- Standardized R&R
- Criteria
- Training
- Experience

Org structure
- Supervisory structure
- Established P&P
- Increasing categories (HR)
Update to the Plan

• San Mateo County is preparing for a predicted economic down turn. Current MHSA programs and prioritized expansions will not be reduced.

• MHSA funding must be optimized in accordance to the MHSA Funding Principles and continue to strengthen and build on MHSA priorities.

• **Proposed update:**
  • AOT FSP’s (Laura’s Law) - $890,639
  • Board & Care for SMI - $1,100,000

*Input, public comments?*
Motion to Amend

- Motion to amend the MHSA Three-Year Plan to include funding of Laura’s Law FSPs and augmented Board and Care for serious mentally ill clients
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)

<table>
<thead>
<tr>
<th>San Mateo County MHSA Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unspent</td>
</tr>
<tr>
<td>Reserve Goal</td>
</tr>
<tr>
<td>Obligated</td>
</tr>
<tr>
<td>Available to Spend</td>
</tr>
</tbody>
</table>
“Available to Spend”
Plan Development

• $12.5M “Available to Spend” will advance MHSA priorities:
  • Innovation Projects - Pride Center, HAP-Y, NMT for Adults, Tech Suite
  • One-time funding needs - Workforce Education and Training, Technology Needs
  • Other considerations - Total Wellness
  • Other Expansions from Three-Year Plan

• Late Spring – MHSA Steering Committee to reconvene
Announcements

• New Innovation Funding Cycle launched - flyer
  • Submit Your Ideas
  • Must address prioritized needs
  • Must complete an Innovation Project Form
  
  **Deadline: 2/22/19**

• Technology Suite Advisory Committees - flyer
  • Ongoing monthly meeting through April
Next Steps – Annual Update

• 30 day Public Comment
  • MHSARC 2/6/19 and 3/6/19 (Public Hearing)
  • Public Comment Form

• Presentation to the Board for adoption of the plan

• Controller to certify expenditures

• Submit to the State MHSOAC for approval
Thank you!

For more information: [www.smchealth.org/MHSA](http://www.smchealth.org/MHSA)

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