Mental Health Services Act (MHSA)
Assembly Bill 114 Plan to Spend Reallocated Funds

Mental Health and Substance Abuse Recovery Commission

May 2, 2018

San Mateo County Health System
Behavioral Health and Recovery Services
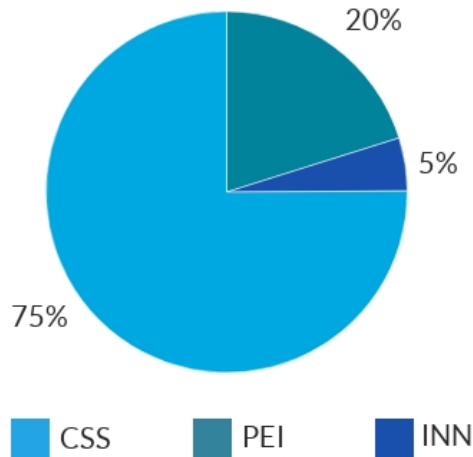www.smchealth.org/mhsa

Agenda

1. MHSA Background

2. Assembly Bill 114

3. Community Program Planning

4. AB 114 Reversion Plans

5. INN – Plan, Technology Interventions and Demos

6. Announcements/Public Comment

MHSA – Prop 63

Transforming our behavioral health care system

Primary MHSA Programs FY 16/17

20%

5%

75%

- CSS
- PEI
- INN

$29.9M Total

Community Service and Supports (CSS)

$22.4M

CSS provides direct treatment and recovery services to individuals of all ages living with serious mental illness or emotional disturbance.

Prevention and Early Intervention (PEI)

$6M

PEI targets individuals of all ages prior to the onset of mental illness, with the exception of early onset of psychotic disorders.

Innovations (INN)

$1.5M

INN funds projects to introduce new approaches or community - drive best practices that have not been proven to be effective.

MHSA imposes a 1% tax on personal income in excess of $1 mill

Assembly Bill (AB) 114

- State Audit

  - Unspent, reserves/trust (excess reserve), subject to reversion

- AB 114

  - Reallocated amounts subject to reversion

  - Allowing counties to submit a plan to spend reallocated funds by June 30, 2020

  - Must be spent in same component

  - For INN three-year clock will begin upon approval of project plans

  - Reversion guidelines expected this month

San Mateo County Impact

- Reversion risk
  - INN - No ongoing projects, need consistent 3-year cycle of stakeholder engagement and approved projects

- DHCS Info Notice 17-059
  - INN – reversion reported at $2.8M+ … closer to $3.8M+

- San Mateo County submitting plans in 3 components
  - Innovation (INN) component: $3,872,166*
  - Prevention & Early Intervention (PEI) component:$600,000
  - Workforce Education & Training (WET) component: $423,332*

Community Program Planning (CPP)

- CPP required for all plans

- For PEI and WET can tap into recent processes

  - PEI 0-25 Taskforce Recommendations

  - WET 10-Year Impact and Sustainability

- For INN we were able to prioritize it because of CPP but required more input

Phase 1

Needs Analysis

- Assessment
- Evaluate outcomes
- Develop recommendations

Phase 2

Strategy Development

- Review findings and recommendations
- Recommend programs and strategies
- Prioritize needs

Phase 3

Plan Development

- MHSARC presentation
- Public comment & hearing
- Board of Supervisor adoption
- Mental Health Services Oversight and Accountability Commission approval

Community Input

PEI 0-25 Taskforce

- Recommendation: 3 areas prioritized for funding
  - Mobile Youth Crisis Support and Prevention – ready to go
  - Children 0-5 and Juvenile Justice involved youth – pending funds availability and key stakeholder processes outside of MHSA

- AB 114 Plan
  - Mobile Youth Crisis Support and Prevention start up and suicide prevention infrastructure - $450,000
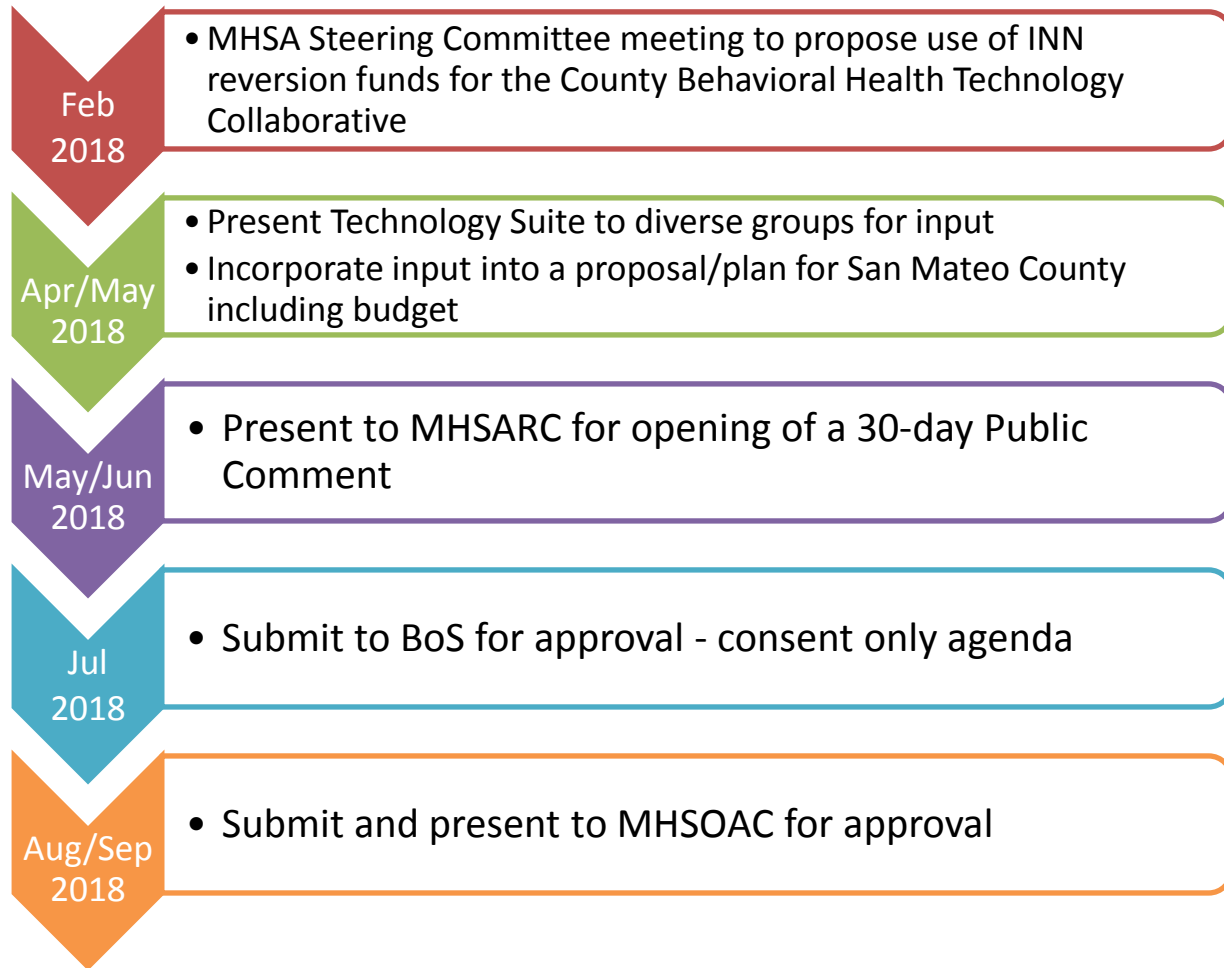 - Trauma-informed system of care for children 0-5 - $150,000

WET 10-Year Impact & Sustainability

- Recommendation: 4 areas
  - Staffing ($233,332)
  - Training for System Transformation ($100,000)
  - Training by/for Consumers and Family Members ($55,000)
  - Behavioral Career Pathways ($35,000)
- AB 114 Plan
  - Continue current WET Plan and begin implementation of targeted recommendations

Innovation

- **MHSA Three-Year Planning Process**
  - Un-met Need: Technology to reach isolated older adults, monolingual communities and transition age youth in crisis
  - Opportunity: County Behavioral Health Technology Collaborative

- **AB 114 Plan**
  - Pilot technology-based interventions that support behavioral health and wellness
    - Increase access to care
    - Promote early detection of behavioral health symptoms
    - Predict onset of mental illness

MHSA Innovation Process Timeline – New Projects

Feb 2018
- MHSA Steering Committee meeting to propose use of INN reversion funds for the County Behavioral Health Technology Collaborative

Apr/May 2018
- Present Technology Suite to diverse groups for input
- Incorporate input into a proposal/plan for San Mateo County including budget

May/Jun 2018
- Present to MHSARC for opening of a 30-day Public Comment

Jul 2018
- Submit to BoS for approval - consent only agenda

Aug/Sep 2018
- Submit and present to MHSOAC for approval

Budget Breakdown

Local Programming	Core Technology	Future Technology	Statewide Marketing & Evaluation
$1,046,500	**$992,578***	**$1,465,591***	**$367,498**

Local Programming

- Keep at the County
- Fund strategies needed to support culturally responsive implementation
- Training of staff and peer workers
- Peer/family support specialists
- Agencies/outreach workers serving monolingual Spanish and Chinese communities
- Local marketing efforts and materials

Implementation

- Tech Suite Advisory Committee
  - Customize apps to respond to specific San Mateo County priorities and needs
  - Develop outreach strategy – access points
  - Evaluation – local learnings
  - Local marketing – identify contractor
- Identify/contract peer/family specialists
  - Conduct training of BHRS staff and community providers
  - Outreach and support

    Target #: 7, 700 (1% of population)

    Age-specific populations

    Language-specific populations

    BHRS clients

Learning Goals

- **Learning Goal 1:** Does the availability and implementation of technology-based mental health apps 1) provide access and 2) promote engagement in wellness and recovery activities and/or 3) mental health services for the four priority populations?

- **Learning Goal 2:** Does engaging with the apps effectively promote wellness and recovery?

AB 114 Innovation Plan Community Forum Schedule

Session	Date	Time	Location
Coastside CSA	17-Apr	8:30am	225 S Cabrillo Hwy. Halfmoon Bay, 1st Floor Conference Room
Peer Recovery Collaborative	17-Apr	12:00pm	210 Industrial Road San Carlos, Suite 102
Northwest/Northeast CSA	17-Apr	3:30pm	725 Price St Daly City
Youth Commission	26-Apr	6:30pm	Closed session
Family Partners & Peer Workers	30-Apr	2:00pm	Closed session
Monolingual Spanish	1-May	6:00pm	802 Brewster Ave Redwood City
Older Adults	2-May	10:00am	2000 Alameda de las Pulgas, San Mateo, Room 208
MHSARC – Public Comment	2-May	3:00pm	225 37th Ave. San Mateo, Room 100
South County	3-May	10:00am	Friendship Center, 802 Brewster Ave, Redwood City
Central CSA	3-May	3:30pm	2000 Alameda de Las Pulgas, San Mateo, Room 201
Diversity and Equity Council	4-May	11:00am	609 Price Ave. Redwood City, Room 107
BHRS Management	8-May	9:00am	Closed session
Monolingual Chinese	8-May	11:00am	2000 Alameda de las Pulgas, San Mateo, Room 208
East Palo Alto CSA	10-May	1:00pm	2415 University Ave , East Palo Alto, Community Room

Thank you!

For more information: smchealth.org/MHSA
Doris Estremera, MHSA Manager
(650) 573-2889 or mhsa@smcgov.org

SAN MATEO COUNTY INNOVATION PLAN TECH SUITE

INN Plan Development

May 2018

Introductions

About RDA: RDA is working with San Mateo County to develop its Tech Suite Innovation Plan.

Check-in: Please share your name, role, and something you are curious about regarding the Tech Suite.
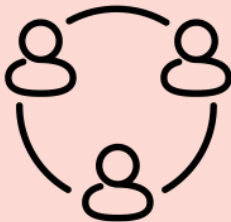
Agenda

Introductions and Background

Overview of the Tech Suite

Demos and Community Input
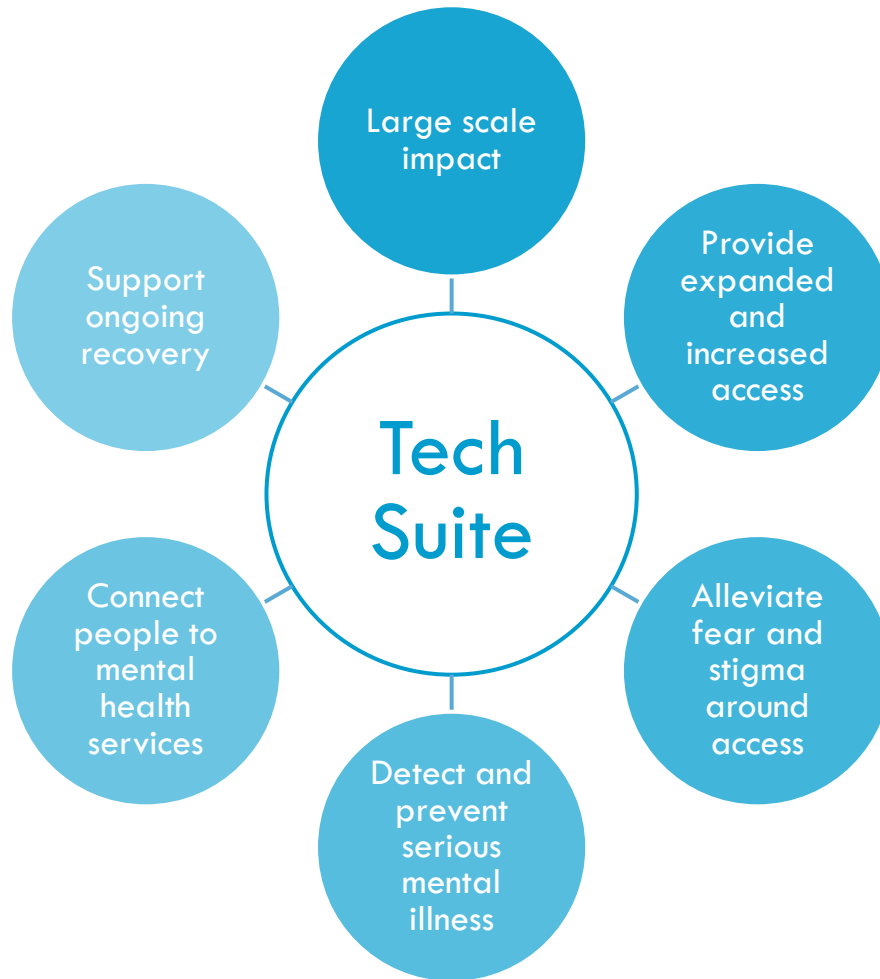
BHRS Work Session

Next Steps

RDA

Current Status

Need Identified

San Mateo County's 2014 MHSA Plan identified need for tech innovations for youth in crisis and isolated adults and older adults

Opportunity

Los Angeles and Kern Counties formed the *County Behavioral Health Technology Collaborative* to bring technology-based solutions to behavioral health

San Mateo County Opts In

San Mateo County opted-in to the Collaborative

Community Input (Today!)

San Mateo solicits community input to help shape the technology suite

County Behavioral Health Technology Collaborative: Multi-county collaborative with several pre-qualified vendors ready to provide a variety of apps for mental health support.

Tech Suite Benefits

Tech Suite

- Large scale impact
- Provide expanded and increased access
- Alleviate fear and stigma around access
- Detect and prevent serious mental illness
- Connect people to mental health services
- Support ongoing recovery

- ❑ Utilizes commonly used devices like smartphones to expand access to services
- ❑ Makes it easy for youth to connect mental health services
- ❑ Promotes connection for isolated adults and older adults
- ❑ Increases language accessibility (Apps can be modified to provide services in clients' preferred language)

Tech Suite

The Tech Suite is a collection of innovative apps from different vendors that support wellness and recovery.

Outreach
to connect people to tech suite services

24/7 Online Peer Chat and Support Apps
- Chat with trained peer mentor or peer groups

Personalized Wellness Coach
- Mindfulness exercises and behavioral therapy interventions with a friendly AI interface customized to each consumer

Wellness Apps
- Analyzes cell phone data and recommends interventions
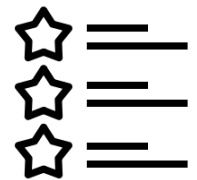
Evaluation
to determine effectiveness and adjust services

RDA

24/7 Online Peer Chat and Support Groups

Benefits

- ☐ Peer chat can help isolated older adults connect with services

- ☐ Peer chat is an opportunity for support/self-care resources for family members

Questions/Considerations

- ☐ How will the County ensure peer listeners/support group facilitators are providing good support?

- ☐ How will peer chat integrate with in-person services and resources?

- ☐ What is the liability/and or plan for when someone is experiencing a crisis?

- ☐ How will the county tailor and design the app interfaces to specific age groups and cultures?

Personalized Wellness Coach

Benefits

- Wellness coaches can support clients who are currently in recovery, but could benefit from less intensive ongoing support

- Wellness coaches may help clients who prefer not to speak to a person due to stigma or other barriers

Questions/Considerations

- How will the app alert a "real person" when someone is experiencing a crisis?

- The county will need to specify roles/responsibilities of providers.

RDA

Wellness App

Benefits

- Providers can leverage WRAP work with clients o
- Can promote early detection of symptoms
- Can provide support/insight between appointments
- Supports medicine management

Questions/Considerations

- How will the app alert a "real person" when someone is experiencing a crisis?
- The county will need to specify roles/responsibilities of providers.

10 7th Cup Demo

RDA

Biomarkers
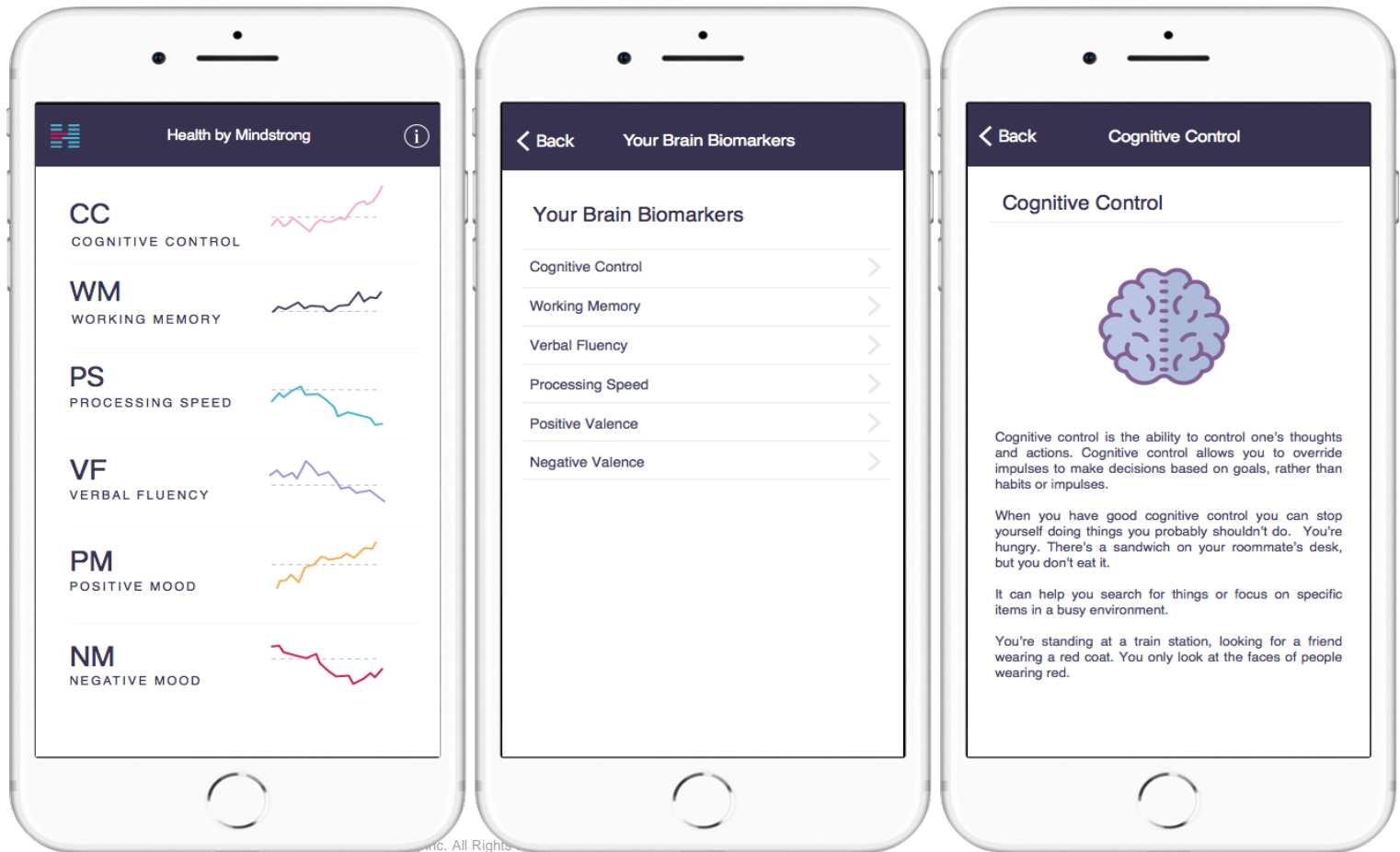
Kelly Jones

Discharge from inpatient
treatment program

mindstrong

KELLY JONES

21 year old
College student

Major depressive disorder & substance abuse
Recent inpatient stay for suicide attempt

Mindstrong Activation

On Discharge

She is introduced to her case worker, shown her biomarker chart and sets up her crisis response preferences.

She downloads and activates the Health App, synchronizing it with her caseworker's Care App.
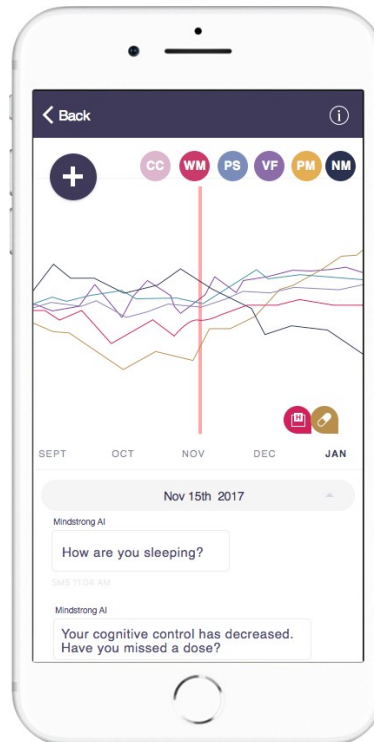
mindstrong

Kelly Is Stable
Two Weeks Post Discharge

At home Kelly continues on the medications she started as an inpatient.

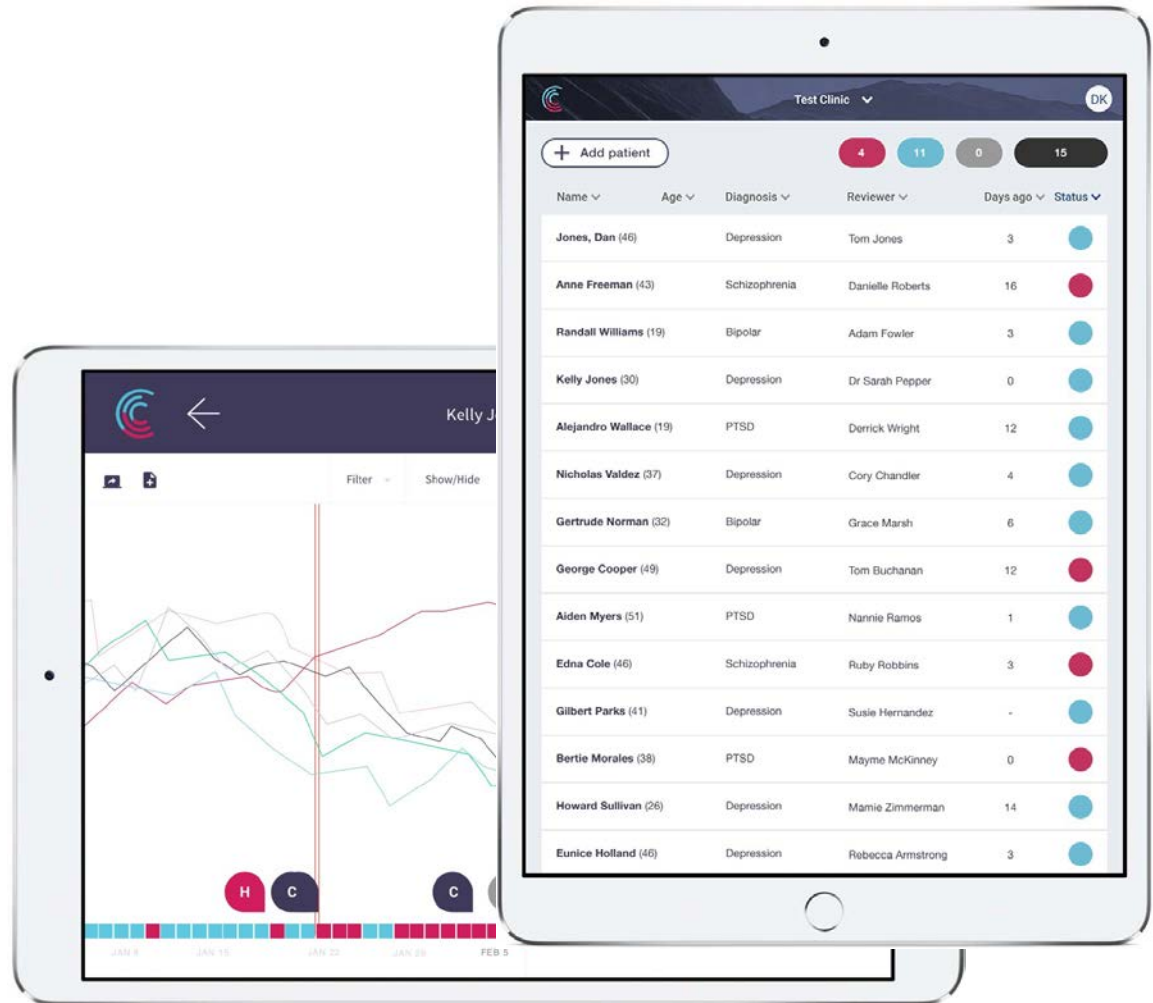*The case manager keeps an eye on her risk index and biomarker panel, both of which remain stable.*
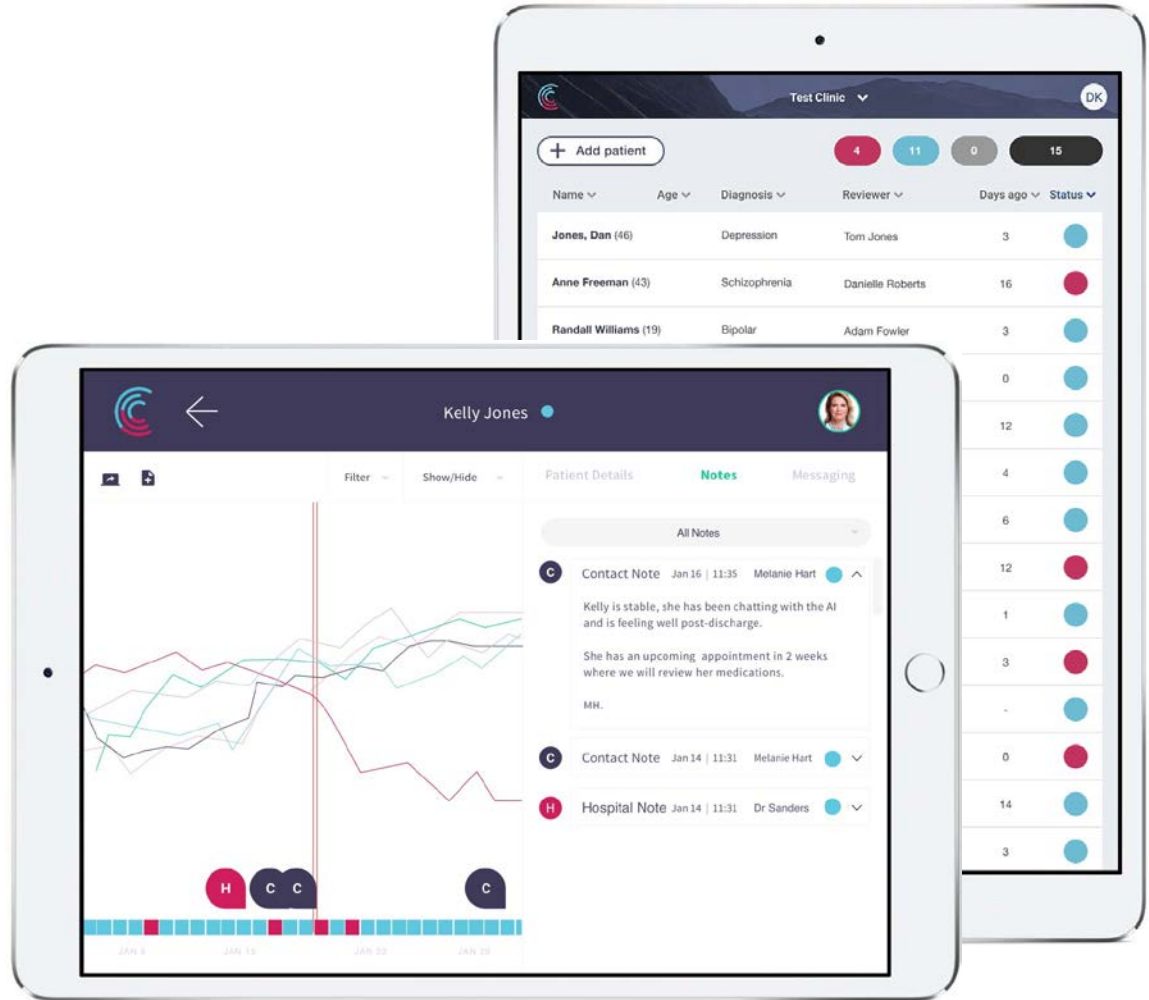
mindstrong

Kelly Relapses
Four Weeks Post Discharge

Kelly stops taking her antidepressants and starts to use drugs again.

Mindstrong detects the change in her biomarkers and Mindstrong AI reaches out.

Kelly confides she is feeling very depressed, the AI suggests she speak to her case worker.

mindstrong

Test Clinic ˅   DK

+ Add patient   4   11   0   15

Name ˅	Age ˅	Diagnosis ˅	Reviewer ˅	Days ago ˅	Status ˅
Jones, Dan (46)		Depression	Tom Jones	3	●
Anne Freeman (43)		Schizophrenia	Danielle Roberts	16	●
Randall Williams (19)		Bipolar	Adam Fowler	3	●
Kelly Jones (30)		Depression	Dr Sarah Pepper	0	●
Alejandro Wallace (19)		PTSD	Derrick Wright	12	●
Nicholas Valdez (37)		Depression	Cory Chandler	4	●
Gertrude Norman (32)		Bipolar	Grace Marsh	6	●
George Cooper (49)		Depression	Tom Buchanan	12	●
Aiden Myers (51)		PTSD	Nannie Ramos	1	●
Edna Cole (46)		Schizophrenia	Ruby Robbins	3	●
Gilbert Parks (41)		Depression	Susie Hernandez	-	●
Bertie Morales (38)		PTSD	Mayme McKinney	0	●
Howard Sullivan (26)		Depression	Mamie Zimmerman	14	●
Eunice Holland (46)		Depression	Rebecca Armstrong	3	●

Kelly J   Filter ˅   Show/Hide

H   C   C

JAN 8   JAN 15   JAN 22   JAN 29   FEB 5

Crisis Response Find Kelly

With help from her peer support network

Mindstrong AI and psychiatrist keep her engaged in conversation.

The team help her to the community clinic where she is seen by her psychiatrist and a treatment plan is made.
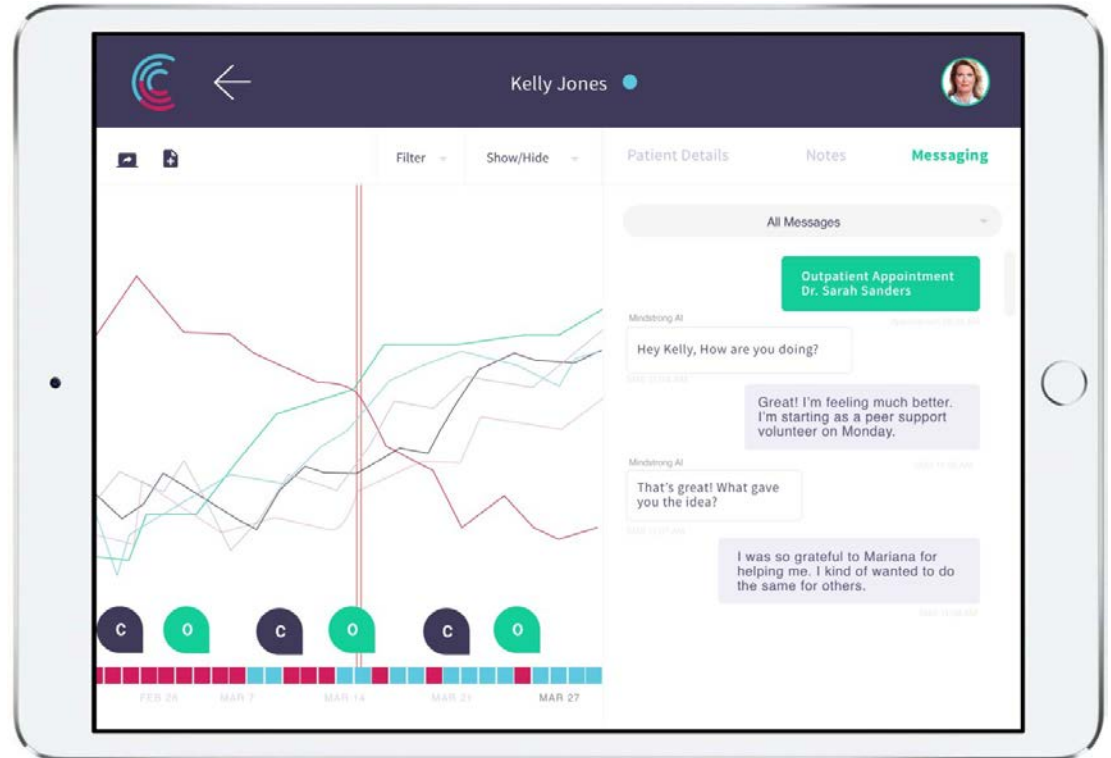

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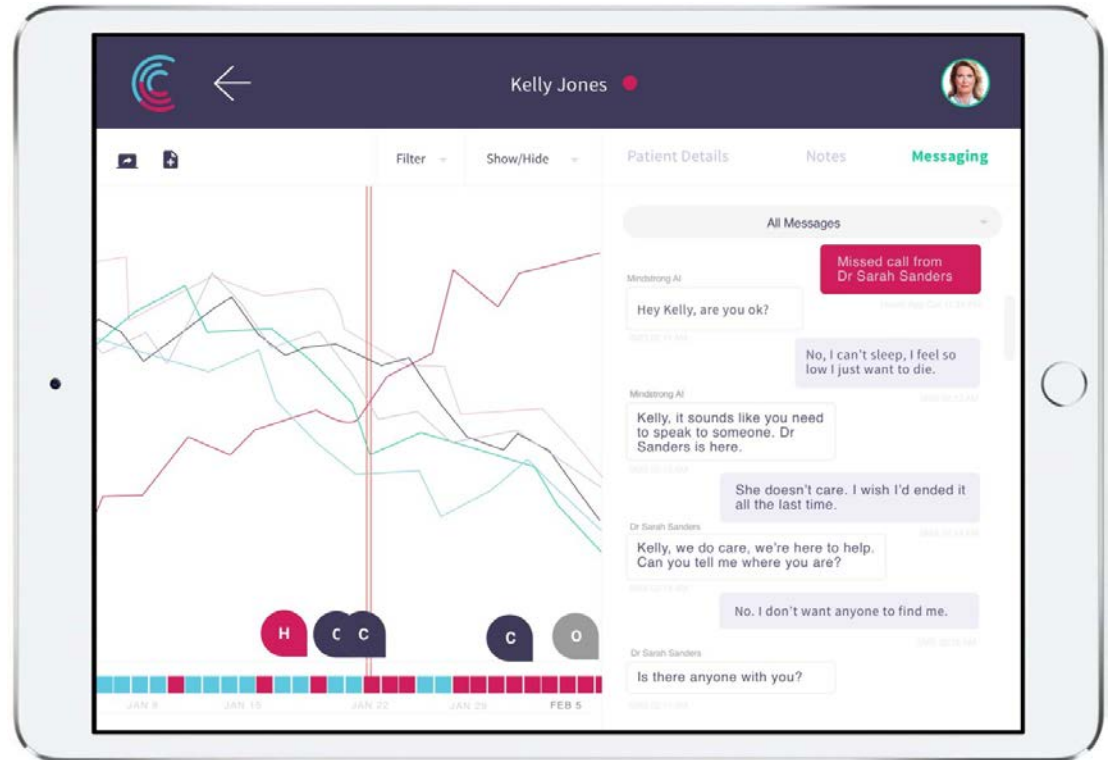
Kelly Recovers

She re-starts medication and returns to college

After the intervention, Kelly starts on a new drug and her biomarkers stabilize.

*She is able to resume her studies.*

mindstrong

Community Input

What questions do you have about the Tech Suite components or planning process?

What would you want the County to consider before implementing these innovative interventions?

What are the needs that these apps can help meet? What components do you think would be most helpful to you/your community/ the community you serve?
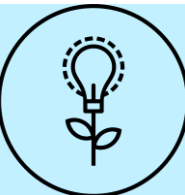
What do you want to learn from the pilot process?

Next Steps

April/May	• Gather community feedback and input
May	• Post plan for 30-day public comment period
June	• Mental Health Board public hearing
June/July	• Board of Supervisors for approval
July/Aug	• Submit to MHSOAC for approval

Thank you!

For further information, please contact:

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